

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

22 July 2003

Appeal No. 01.52/2003

Appeal Target: CHF 14,523,714 (USD 9.97 or EUR 9.8); budget revised to CHF 10,703,983 with this update (see attached).

Programme Update No. 2

Period covered: April - June 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

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In Brief

Appeal coverage: 47%; for details please refer to the attached contributions list, also available on the Federation's website.

Outstanding needs: CHF 5,670,460

Related Emergency or Annual Appeals: 10/02; Afghanistan Earthquake

Programme Summary: The Afghan Red Crescent Society (ARCS) acknowledges the need to become a better functioning national society and has undergone a visioning exercise in which it drafted an external 5 year vision of Afghanistan, its own internal vision and the ARCS mission statement. It also carried out an internal problem analysis and set out goals. The presidents of branches, the ARCS leadership and senior staff all participated in the workshop. The ARCS further committed to form a constitution review commission and develop a 5-year development plan.

The Society is confronted with the challenge of how to fit its established health activities with the recently defined Basic Package of Health Services (BPHS). The MoH wish to contract out the provision of these services, with the assistance of the World Bank, USAID and the EU, to NGOs who will provide the whole BPHS in individual provinces or clusters, and build the capacity of the MoH staff, for a period of up to 3 years. ARCS is therefore assessing its 50 clinics and how to position them in the light of the new policy and are liaising with the various stakeholders within and outside the Movement.

Security in the region of Kandahar has been the major constraint on the Watsan project (within the Health and Care programme); as a result, the 2003 project targets for the hardware component have been revised downwards to 200 boreholes from the original target of 500 new and 300 reconditioned. All irrigation programmes are suspended for the time being. The project has been renamed "Environmental Health" to reflect a new focus on hygiene education and sanitation activities instead of on the hardware element. The budget for this renamed project has been cut by 85 per cent (CHF 1.275 million).

A slowdown in donor response coupled with operational constraints, necessitated changes in the plan of action. This is reflected in the 26% reduction from the previously appealed amount. Apart from the reduced Watsan activities, other activities cut from the budget include construction of 3 new clinic buildings, renovation of 29 clinics, 5 cholera kits, 5 emergency health kits and 72 medical kits. Overall the Health and Care appeal budget has been cut by 36 per cent. Disaster Management has been increased by 11 per cent.

there has been no change to Humanitarian Values, Organisational Development has been trimmed by 18 per cent, while there is no change for Federation Coordination and International Representation.

Despite increasing security concerns, factional infighting and criminal activity affecting humanitarian operations throughout the country, the Afghan Red Crescent continues to operate and provide assistance to meet the needs of the Afghanistan's most vulnerable people.

Operational developments

Afghanistan is approaching the anniversary of its Interim Government administration, established by a Loya Jirga held in July 2002 and proceeds with nation-building initiatives despite political and security challenges. The policy reform programme continues with, most recently, the administrative reform decree which aims to ensure that the civil service is free of political affiliations. This builds upon an earlier decree that called for provincial governors to hold only one position – either civil or military but not both. So far, senior provincial personnel changes continue across the country without major incident.

The pattern of security from April to June has been mixed and sporadic, but with certain trends emerging. Insecurity continues to be a combination of 3 main ingredients: terrorist/extremist, factional and criminal. Additional factors are opium production and cross-border tensions.

As winter has given way to the fighting months of summer there has been acceleration in the incidence of terrorist and factional fighting and threats. This seasonality is a normal feature of conflict in Afghanistan – one that makes it harder to define the real, long-term trends. The main factional infighting has to a large extent been in Dari-i-Suf and Ghorband in the northern region and to a lesser extent in the Badghis, Ghor and Shindand areas of the western region.

A suicide attack on an ISAF bus in June resulted in the deaths of four German soldiers. Threats of further attacks on government, the international military and VIPs have since been made. Heightened security measures are probably responsible for the low number of new incidents however there are signs of increased willingness to target non-military internationals, including humanitarian workers. Moderate or pro-government Afghan civilian leaders and tourist spots have also been selected as targets.

Criminality has surged over the period relating to the poppy harvest and involving Taliban elements. There is also a steady level of armed robberies, in cities and on the roads, while kidnapping of children has been reported in Kabul. Caches of arms and ammunitions have been seized in Kabul and Kunduz by ISAF and Coalition forces respectively. The security situation in most of the east, southeast and south of country severely limits the access of the United Nations and other international aid agencies, to carry out their activities and provide assistance to vulnerable groups, including IDPs.

There have been fresh calls from the Taliban leadership to regroup and claims to have instituted a new command system. However extremist fighters have suffered several reversals and few major successes. In recent fighting with the Afghan forces supported by the coalition, 40 Taliban insurgents were reported killed in the Spin Boldak area. Similarly 10 were killed and 60 fled in the Sairobi area along the Kabul-Jalalabad road. Afghan and coalition forces have established several joint checkpoints on the main Kandahar-Spin Boldak road to inspect all traffic for security purposes.

While relations with Pakistan have been poor, with accusations that extremists are using Pakistan as a base for anti-government operations in Afghanistan, a joint commission on security has been formed between the two governments and the coalition, which has met once in June.

The ISAF remains operational only around Kabul. Calls for it to extend its mandate are increasing as insecurity is increasingly identified as the critical factor for success in all areas of nation building and reconstruction. The ISAF is to come under the NATO authority and the current German contingent is to be replaced by a Canadian contingent of 2000 troops in August to serve for a six months period.

A Disarmament, Demobilisation and Re-integration (DDR) programme is about to begin, though funding is contingent on difficult reforms in the Ministry of Defence. The success of the DDR initiative will be a key test and perhaps a landmark for the normalisation of the country.

The last three months has witnessed increased interest in the civil-military Provincial Reconstruction Teams (PRT) in the reconstruction effort. Assessments of possible interventions have been in progress in the Herat and Mazar areas by German and British teams respectively. The PRT is seen as a confidence building mechanism which would speed up reconstruction activities in those areas not accessible by the humanitarian community due to insecurity. The Ministry of Health (MoH) has recently published a policy for a Basic Package of Health Services for Afghanistan (BPHS). This policy is an attempt to standardise basic health services across the whole country and will be based on a provincial, or cluster of districts approach. Each province or cluster will offer 4 levels of health care. The government, with support of the World Bank, EU and USAID, is offering to contract these services, in designated provinces or clusters, to NGOs who will provide the whole BPHS in that province/cluster and build the capacity of the MoH staff for a period of up to 3 years. IDP and Refugees: Since last year around 1.6 million refugees have returned from Pakistan while 280,187 refugees returned from Iran and were assisted by UNHCR. The UNHCR is planning to assist 1.2 million refugees expected to return home this year and 300,000 Internally Displaced Persons (IDPs).

Following sustained good rainfall and wide use of fertilizers, FAO predict a very good wheat harvest this year (planting season, December 2002 to May 2003). A total surplus of 650,000 tonnes, mainly from the north and northeast is envisaged from an estimated countrywide production of 4.6 million tonnes. Apart from Helmand province most of the areas in the south are yet to recover from the effects of drought and are classified as deficit areas. Among other causes, internal displacement due to the four-year-long drought and unattended irrigation structures feature as aggravating factors. The Central region is also rated as a deficit area due to the large non-farming urban population of Kabul. Other agricultural concerns include the effect of frost on fruit trees that lead to low production.

Health and Care

Programme goal: The health vulnerability of one million Afghans - mostly women and children is reduced.

Programme Objective: The capacity of the Afghan Red Crescent to reduce health vulnerability has increased.

The programme comprises four projects:

- Health clinics (including mother and child health);
- Emergency mobile units (EMUs);
- Environmental Health (formerly water and sanitation);
- Community Based First Aid (CBFA).

Health clinics (including MCH)

Project objective: The capacity of ARCS to provide high quality primary health care (PHC) services, including mother and child health (MCH) and health promotion is heightened.

Expected result 1: ARCS clinics provided regular medical consultation and treatment to the vulnerable people.

Progress/Achievements: During the April-June quarter 158,412 patients were treated in the 49 ARCS clinics throughout Afghanistan (compared to 140,000 in the first quarter). The table below illustrates the cumulative figures to date.

Services provided	January	February	March	April	May	June*	Total
Patients seen	64,112	38,601	40,752	52,734	53,181	51,497	300,877
Lab tests	2,985	3,598	2,917	4,051	3,832	3,504	20,887

* Statistics for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting

An average of 20 per cent were children under 5-years-old while 18 per cent were children aged 5 to 15 years. 42 per cent of those treated were women. The women and children total was 80 per cent. Major health concerns were

respiratory tract infections, especially in the winter months. Cases of diarrhoea have risen in May and June, with the onset of summer. It is likely diarrhoea will be a major health problem in the coming months. Clinics are establishing oral rehydration therapy (ORT) corners for the summer months, where children's rehydration can be monitored and they can be given specific health advice, before the child is sent home or referred elsewhere. Malaria cases are also rising in certain areas.

Impact: In many places the ARCS clinic is the only access to health care for the vulnerable families, who know they will receive consultation from qualified and dedicated doctors and that the appropriate drugs will be available free of charge.

Constraints: There is still a need for health facilities in more remote areas of Afghanistan. Constraints include finding qualified health staff to work in remote areas.

The Ministry of Health (MOH) has recently produced a document Basic Package of Health Services for Afghanistan (BPHS). This document is an attempt to offer basic health services across the whole country and will be based on a provincial, or cluster of districts approach. Each province or cluster will offer 4 levels of health care:

- Health Post (HP): working from the homes of one Community Health Worker (CHW) and one Traditional Birth Attendant (TBA) and offering basic health services to 100-150 families, including DOTS regime for follow-up treatment of patients with tuberculosis.
- Basic Health Centre (BHC): covering 15,000-30,000 population, offering services similar to most of the present ARCS clinics, but also including normal deliveries.
- Comprehensive Health Centre (CHC): covering 30,000-60,000 population, and including in-patient beds, emergency obstetric care and blood transfusion.
- District Hospital (DH): covering up to 4 districts and a population of 100,000-300,000. Services will include major surgery, x-ray facilities and dental surgery.

The government, with support of World Bank, EU and USAID, is offering to contract these services, in designated provinces or clusters, to NGOs who will cover the whole BPHS in that province/cluster and build the capacity of the MOH staff for a period of up to 3 years. Sustainability after this time has not yet been addressed.

ARCS, with support of Federation, is currently looking to ways that the present Primary Health Care Programme, with one or two clinics only in most provinces, but with a nationwide coverage, can best fit into this new BPHS to support the most vulnerable, particularly women and children, in Afghanistan.

Expected result 2: ARCS clinics provided regular health education, either in groups or individually.

Progress/Achievements: In second quarter of 2003 139,752 people attended group health education sessions in ARCS clinics and 40,693 people received individual health education. These numbers were slightly up on the first quarter. The table below illustrates the cumulative figures to date.

Services provided	January	February	March	April	May	June	Total
Group Health Education	55,172	40,185	40,482	47,021	49,622	43,109	275,591
Individual Health Education	13,021	10,732	11,249	15,887	13,654	11,152	75,695

** Statistics for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting*

Topics included care of a child with respiratory tract infection and when to seek urgent medical treatment, hygiene and the prevention and treatment of diarrhoea, nutrition, the importance of immunisation and family spacing.

Impact: Health education is one of the most important health activities to advise and teach people how to prevent ill health and when to seek medical attention urgently. Group health education can stimulate discussion and lead to healthy behavioural changes. Individual health education allows for a person to sit quietly with a health professional and have detailed explanations tailored to her/his individual needs. Health education activity is designed to produce long-term benefits with behavioural changes and knowledge allowing the beneficiaries to take more control of their health.

Constraints: Although health education has been carried out regularly in all clinics, further training of health educators and all clinic staff is required in communicable diseases, DOTS regimes and child nutrition.

Expected result 3: ARCS provided regular antenatal and postnatal care through its clinics.

Progress/Achievements: 9,258 women attended antenatal consultations during the second quarter of 2003, with over 55 per cent being women attending for the first time during their current pregnancy. In the same period 1,864 women attended for postnatal consultations in ARCS clinics. The table below illustrates the cumulative figures to date.

Services provided	January	February	March	April	May	June	Total
Antenatal	3,201	1,917	2,063	3,205	2,844	3,209	16,439
Postnatal	619	636	691	594	622	648	3,810

** statistics for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting*

Impact: Antenatal attendance to monitor the pregnancy is crucial in a country where the majority of women deliver with no trained health person in attendance, to offer advice, and to urge referral for at-risk pregnancies. Similarly postnatal attendance can ensure mother and child are checked and advice given to ensure a healthy future for mother and baby.

Constraints: Although more women are now attending for antenatal support and advice, postnatal attendance remains low. Clinic staff have been urged to stress the importance of postnatal attendance, pre-natally. Other constraints include the lack of qualified female staff, to offer these services in all clinics. Presently this service is offered in 35 of the 49 ARCS clinics. ARCS is actively seeking more qualified female staff. Home visits by TBAs and clinic staff continued to remain minimal.

Expected result 4: ARCS provided regular growth monitoring services through its clinics.

Progress/Achievements: 11,046 children attended for growth monitoring in period April to June 2003, almost double the number for the first quarter. The table below shows the cumulative figure to date.

Services provided	January	February	March	April	May	June	Total
Children growth monitoring	2,112	1,921	2,201	3,596	3,934	3,516	17,280

stats for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting

Impact: When mothers bring their children for growth monitoring they also receive advice on nutrition and other important health messages. Children showing signs of malnutrition are seen by the doctor, to treat any medical causes, and then referred to nutrition centres, where available.

Constraints: For malnourished children there are referral centres in most regional capitals. However, there is still a problem for malnourished children in remote areas, where such centres are fewer and there are fewer qualified staff available.

Expected result 5: Women and children received vaccination from ARCS clinics regularly.

Progress/Achievements: Approximately 89,000 children and over 43,000 women received routine vaccinations in ARCS clinics in the first 6 months of 2003, including over 15,000 children who completed all vaccines. Vaccines administered to date are tabulated below;

Services provided	January	February	March	April	May	June	Total
BCG	2,641	2,403	2,382	3,233	3,197	2,851	16,707

DPT and Polio	8,095	8,287	11,521	10,260	9,513	8,954	56,630
DPT Polio (3rd dose)	2,175	1,941	2,531	3,120	2,833	2,770	15,370
Measles	2,490	2,186	2,350	3,207	2,560	3,157	15,950
Tetanus (women)	6,578	6,536	7,100	8,825	7,491	7,283	43,813

** Statistics for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting*

ARCS health staff and volunteers were also involved in the on-going polio National Immunisation Days (NIDs) and measles campaigns, where all children under 5 years are targeted.

ARCS also participated in a pilot tetanus vaccine programme for women of childbearing age, in Kabul, Jalalabad, Mazar and Kandahar cities. In Jalalabad the first round in February reported 91 per cent coverage.

Impact: Immunisation is one of the most effective preventive measures. Children can be protected from diphtheria, whooping cough, tetanus, polio, measles and tuberculosis. Pregnant women who have received tetanus vaccine not only protect themselves, but also their unborn child. This vaccine is offered to all women of child bearing age and an average of 30 per cent of the women who received tetanus vaccine in ARCS clinics were pregnant at the time.

Constraints: Difficulties continue in the more remote areas which do not have clinics which affects immunization coverage. While there have been discussions with the Ministry of Public Health and UNICEF, it has not yet been possible to establish cold chains for the Mobile Health Teams in Kandahar and Herat to take the immunization programme to remote areas.

Expected result 6: ARCS clinics provided regular family planning services.

Progress/Achievements: 7,993 people or couples received family spacing advice and supplies in the second quarter of 2003. Nearly half of those seeking advice were attending for the first time. Attendance figures for the year to date are shown below;

Services provided	January	February	March	April	May	June	Total
Family spacing clients	1,940	2,223	2,098	2,712	2,584	2,697	14,254

** Statistics for June are expected to rise, as it was not possible to receive all reports from all clinics at the time of reporting*

Services offered include the oral contraceptive pill, contraceptive injections, male condoms and, in selected city clinics, after careful training of staff, the IUD (intra-uterine device). The pill remains the most commonly requested method, followed by injection and then condoms.

Impact: Families who are able to space their children can ensure that women have time to recover from one pregnancy before embarking on another. Families can also plan the number of children they wish to have and the best possible spacing between the children, to try to ensure healthy mothers and healthy children.

Constraints: The concept of family spacing is a new concept in rural Afghanistan. To remedy this, family spacing has been included in the health education programme for all ARCS clinics.

Expected result 7: Managerial and technical knowledge and skills of the ARCS clinics staff have been promoted and improved.

Progress/Achievements: A 10-day UNFPA-funded workshop on all aspects of reproductive health care was held in Mazar in April for doctors and midwives from 13 clinics in the northern region. This was followed by a 3-day workshop in May for health educators from 16 Northern region clinics on health education and reproductive health.

A 5-day planning workshop for clinic doctors was held in Jalalabad in April. In May a refresher workshop for all clinic nurses from the region was conducted in Herat.

All ARCS Health educators from Central Region attended a 3-day health education workshop held in Kabul in May. In the same month clinic doctors participated in a 3-day refresher workshop in Kabul on IUD insertion, facilitated by the ARCS MCH supervisor.

In June, a 3-day workshop on STIs and HIV was held in Kabul for clinic doctors from Kabul and Jalalabad.

The midwife and TBA trainer from Darinoor, Eastern Region, was invited to attend training in Emergency Obstetric Care in Jalalabad University Hospital in June/July.

Regional health officers (ARCS and Federation) and health delegates plan regular monitoring and supervision visits to clinics across their regions. During these visits on-the-job training is offered to all relevant staff. However, due to security constraints, many planned field trips had to be postponed in recent months.

Impact: Regular workshops for clinic staff, and supervision visits, are important to keep staff updated and motivated and to enable them to offer the best possible service to the clients attending the clinics.

Constraints: Due to security constraints, particularly since the murder of an ICRC delegate in March this year, many provinces have been off-limits to all Federation staff, making it very difficult for on-site supervision and training. ARCS health officers have made some visits, but due to staff turnover and lack of ARCS health officers in some regions, plus security constraints, this activity has slowed down considerably over the past few months.

Expected result 8: The knowledge and skills of the ARCS existing traditional birth attendants (TBAs) have been refreshed as well as additional new TBAs have been trained.

Progress/Achievements: A 2-day refresher course for a group of TBAs was held in Herat in the month of April, 2003.

The table below shows a breakdown per month of deliveries and home visits performed by ARCS trained TBAs

Services provided	January	February	March	April	May	June	Total
TBA deliveries	403	473	523	720	624	457	3,200
TBA home visits	1,380	1,604	1,949	3,109	3,618	2,992	14,652

** TBA stats for June are low, as it was not possible to receive all reports from all clinics and TBA supervisors at the time of reporting*

Impact: Over 3,000 women had babies delivered by trained TBAs in the first 6 months of 2003. These TBAs also made over 14,000 home visits to pregnant and lactating women to offer health advice on the care of the pregnant woman and her baby.

Constraints: Qualified midwives are still not available in all places, thus training of TBA supervisors continued to suffer.

Expected result 9: Better co-ordination of primary health care activities across the country has been assured by regular supervision visits and liaison and co-ordination with MOH and all health partners.

Progress/Achievements: The ARCS and Federation regional health officers continue regular supervision visits to all clinics, wherever security permits. In all regions health officers and delegates attend regular monthly health coordination meetings at Ministry of Public Health, as well as other ad-hoc meetings for health related agencies. Health officers and delegates in all regions have regular liaison with MOH and other health related agencies, including UNICEF, WHO and NGOs. ARCS branches, particularly branch presidents, are being actively encouraged to become more involved in the clinic activities and in all aspects of the Integrated Primary Health Care Programme.

Impact: The importance of regular liaison, including sharing of ideas, helps to ensure that beneficiaries receive the best possible service from all health agencies and that agencies do not duplicate services for the beneficiaries.

Constraints: In the last 6 months ARCS have lost three experienced regional health officers to other agencies who offer higher salaries.

Expected result 10: Community participation in the management of the clinic is increased.

Progress/Achievements:

As stated in the previous Programme Update, a health committee has been appointed to Mehterlan clinic in Laghman province. The committee has representatives from the community, ARCS branch and MOH, and includes 3 female members. The concept is to be replicated in at least one ARCS clinic in every region.

Impact: Health committees encourage community participation and involvement in the management of the clinics. They promote better understanding and cultivate good relationship with the beneficiaries as well as enhance accountability. This contributes to motivation of staff, which in turn reflects on the improved services offered to the vulnerable members of the community. The success of the Mehterlan clinic experience has encouraged the ARCS to make plans to replicate health committees in at least one RC clinic in every region.

Constraints: Health committees are a still a new concept for ARCS however the success with Mehterlan should mean this is less of a constraint in the future.

Expected result 11: ARCS expanded MCH including expanded programme on immunisation (EPI) to all its clinics.

Progress/Achievements: As outlined in the previous Programme Update, EPI services commenced in Taloqan clinic, Takhar province at the beginning of the year. The ARCS has also now taken over the support and management of vaccinators, from UNICEF/MOH, in all ARCS clinics offering EPI services.

Impact: With all vaccinators becoming part of the ARCS clinic team, it will be easier to incorporate them in all clinic activities. Working as a team it is hoped that any non-immunised child, or woman of childbearing age, who arrives at the clinic for any reason, will more easily be referred to the vaccinators to ensure the highest coverage.

Constraints: It was not possible to introduce MCH services where it does not exist because of unavailability of qualified staff.

Expected result 12: ARCS clinics have better integration with CBFA at provincial level.

Progress/Achievements: CBFA and the health clinics are working more closely in the areas where there is a clinic near to the CBFA teams of volunteers. Volunteers have also been encouraged to make contact with any nearby clinic, if there is no ARCS clinic in the area.

Impact: Greater trust and understanding continues to build between volunteers and the clinics, so that the clinics take more notice when patients are referred by the volunteers. It is hoped that the clinics will also request the help of volunteers in following-up patients, particularly poor attendees for antenatal clinic or immunizations. This is an ongoing process and slowly progress is being made.

Constraints: This is still a gradual process, but CBFA and health teams continue to work more closely

Coordination Health Clinics: Coordination is a key aspect in all regions. Health officers, ARCS and the Federation, attend all health coordination meetings. Normally there is a monthly meeting at MOH in all regions, plus other ad-hoc meetings, chaired by the Ministry. The health teams also meet regularly with UN agencies, such as UNICEF, and with other health providing NGOs in their regions. ARCS clinic staff are also, at times, invited to attend trainings offered by the Ministry and other NGOs and have also invited others to attend or co-facilitate training workshops. At Central level there are many task force meetings, covering among others, RPH, EPI,

communicable diseases, health education. ARCS and Federation senior health staff are involved in many of these task forces and also attend the regular health NGO meetings.

Emergency Mobile Units

Project objective: The capacity of emergency mobile units (EMU) to respond – both during disaster and non-disaster times - in each of Afghanistan’s five regions has increased.

Expected result 1: The ARCS responded efficiently to emergency health needs of people (up to 1,000 within 48 hours) affected by disaster in each of the five regions.

Progress/Achievements: Thankfully there has been no major disaster to date this year. However, during the first 6 months of 2003 the Kandahar EMU has responded, with DP staff to floods in Mianishan Arghandab district of Kandahar. The Mazar EMU, with DP staff responded to flooding in and around Mazar and the Herat EMU to a malaria outbreak in Karokh District.

The first Watsan EMU training, facilitated by the Watsan delegate, was held in June this year. The training for ARCS and Federation engineers took place at Jabul Saraj, on the river not far from Kabul. Due to security constraints the venue was changed from Kandahar to Kabul.

As outlined in the previous Programme Update, a second EMU training, facilitated by the two Norwegian and one Finnish ERU trained delegates who took part in the first training, was held in February.

Impact: The training has greatly improved the ability of the EMU teams to respond to a major disaster. The Watsan EMU team is able to assist any of the health EMUs with clean water for a minimum of 5,000 people.

Constraints: Some of the equipment that had been on order for many months only arrived in country at the end of January. It was therefore not possible to test all the equipment during the field exercise in February, although this is now being done with the teams and the health officers in all regions. It is hoped that another field exercise as well as further training on assessment in an emergency will be held later this year.

Expected result 2: The ARCS provided health education, treatment and consultation to up to 80,000 people in remote areas through its mobile health teams.

Progress/Achievements: In the period between April and June 2003, mobile teams treated 15,416 patients, who would not otherwise have had access to primary health care. This is a 50 per cent increase in patients treated on the first quarter. Most received health education in groups or individually. Tabulated figures below show the monthly attendance breakdown.

Services provided	January	February	March	April	May	June	Total
Patients seen	6,230	851	3,274	4,519	8,110	2,787	25,771

** At the time of reporting, one team in Herat is still in the field and not all statistics for June have been received*

Presently there are two teams in Kandahar, two teams in Mazar, two in Herat, one in Kabul and one in Jalalabad. Due to security and also the loss of one doctor, the Kandahar teams have not been in the field for the last 3 months. One of the Kandahar teams is supporting the Zabul fixed clinic while ARCS endeavors to replace staff who have left. The other team is planning to make an assessment in Mianishan (Arghandab district of Kandahar) in July and then hopes to be able to make visits in this district. Kandahar and Herat sub-delegations are also working with MOH and UNICEF to try and set up the cold chain to offer outreach vaccinations to remote areas. The Kandahar staff have also been utilized in providing first aid training to Federation drivers and have provided support services to the other health activities. For 20 days in June they were out monitoring the measles campaign in and around Kandahar. The Jalalabad team also monitored the measles vaccination campaign in June. The Kabul team worked in a camp for families displaced by flooding in Shomali plain for most of May and June.

Impact: The mobile teams bring much needed health support to remote areas where there are no other health facilities.

Constraints: Security has been a major constraint, particularly in recent months. The Herat team has returned from Farah, due to security concerns, and has now moved to Baghdis while as outlined above, the Kandahar teams have not being in the field for three months.

The lack of a safe cold chain for vaccines is a constraint on commencing EPI activities.

Other constraints have been the loss of some key staff, mainly for financial reasons, including one of the very experienced Kandahar team doctors.

Expected result 3: The ARCS recruited CBFA volunteer teams in the catchment areas of the EMU.

Progress/Achievements:

During the first six months of 2003, 20 new CBFA volunteers were trained in Adraskan, where one of the Herat mobile teams is working, and 20 TBAs were trained in Baghlan, where one of the Mazar teams is working.

Impact: The new volunteers and mobile teams have good contact and can work together to improve the lives of the beneficiaries.

Constraints: Ongoing security constraints in various regions have made it difficult for teams to travel to some of the more needy areas.

Coordination EMUs:

The health department has coordinated regularly with the MOH emergency preparedness and response (EPR) director and attended and made presentations on the EMUs at EPR workshops in Kabul. Regular coordination with WHO and the Ministry has taken place regarding possible disease outbreaks in various parts of the country. One example is the malaria outbreak in Karokh (district of Herat), where MOH trained the team to do simple blood tests in the field and provided the equipment for this testing.

Environmental Health (previously Water and Sanitation)

Project objective: The provision of water and sanitation to vulnerable people in drought-affected areas has increased.

Expected result 1: Safe water provided to 85,000 (revised down from 150,000) people via constructed wells that are community managed.

Progress/Achievements:, 25 new boreholes were drilled in Kandahar town, Maruf, Dand, and Shega districts of Kandahar province and in Qala-e-Qah district of Farah province during the second quarter of 2003, bringing clean, safe drinking water to hundreds of families. The table below shows the monthly figures of boreholes drilled.

	January	February	March	April	May	June	Total
New Boreholes	30	8	14	9	16	0	77
Deepened Boreholes	0	2	0	0	0	0	2

Impact: The health of beneficiaries is greatly improved with clean drinking water, and sufficient water for hygiene practices. Improved water facilities in clinics are important to ensure the best hygiene practices.

Constraints: Progress remains slow in districts outside of Kandahar town due to security constraints. The project is being revised to take into account the changing situation and the present realities (both security issues and reduced funding). It is now envisaged to drill 200 boreholes by the end of 2003 and to concentrate more on the

hygiene education and latrine project, around the area of existing wells. The target population has been revised down to 85,000 from the planned 150,000.

Expected result 2: Three agricultural self help groups have improved irrigation increasing efficient use of water.

Progress/Achievements:

No progress on this during the first 6 months of 2003.

Constraints: Security has been the main constraint in supporting agricultural self help groups. Under the revision of the project this activity will now be suspended, at least for the rest of the year.

Expected result 3: Three rainwater catchments established in grazing areas benefiting 50,000 people.

Progress/Achievements:

No progress on this during the first 6 months of 2003.

Constraints: Security has been the main constraint. Under the revision of the project this activity will now be suspended, at least for the rest of the year.

Expected result 4: Wider training in hygiene, reducing water-related disease in target areas.

Progress/Achievements: A hygiene survey on attitudes, beliefs and perceptions was completed in Kandahar town in January. Following this survey the first 5-day training for female volunteer hygiene promoters was carried out. By the end of March a total of 29 female hygiene promoters had been trained. Each volunteer committed to pass on the hygiene message to 50 other women. The volunteers will be supported and followed up monthly. The project was halted temporarily at the end of March, due to security and the hygiene delegate was withdrawn. The project is now restarting, using the female volunteers already trained to continue the training. The programme will now also include training male volunteers, who can take the messages to the mosques, male leaders and to other men.

Impact: This programme is in the early stages, but it is hoped that the cascading of the training by women to women will improve the hygiene knowledge of the community and lead to a reduction in water related diseases. At the same time similar messages will be passed to the men of the community and the project will concentrate on the areas around the wells already drilled.

Constraints: Security, particularly in the Kandahar region, led to this project being put on hold. However, the plan is now to continue with the hygiene promotion programme, involving male and female volunteers and to concentrate the health messages around the areas where wells have already been drilled and where more emphasis will also be placed on the an integrated programme, water, latrines and hygiene messages.

Expected result 5: Sanitation facilities improved in drought-affected areas of Kandahar, Farah and Herat.

Progress/Achievements: There has been little work on sanitation facilities in the first 6 months of 2003. However it is now envisaged to be a key area of the programme, supporting families, who are already benefiting from safe water, to build latrines and concentrating on improving hygiene practices. Federation/ARCS will support the construction of latrines by the families, with advice and with partial support for basic materials such as slabs and flap doors.

Impact: Hygiene promotion coupled with support to build latrines and clean water is helping to reduce the cases of waterborne diseases in the community.

Constraints: Security issues have impacted on this activity to date in 2003. However unless there is a major deterioration in security it is believed that this is a viable project for the rest of the year.

Expected result 6: Improved information management and planning of activities via a new database.

Progress/Achievements:

Work on the new database is in the early stages.

Constraints: Presently the major constraint is that the Watsan delegate has finished his mission and there is urgent need for a replacement delegate.

Coordination Environmental Health

Throughout the programme there has been very strong coordination with ICRC and other agencies and NGOs involved in environmental health projects in the south east of the country.

Community Based First Aid (CBFA)

Project objective: The capacity of the community based first aid project to reduce vulnerability, particularly in remote areas, has increased.

Expected result 1: During a six month pilot project, in at least two regions, volunteers of CBFA programme are reorganised into village or town community groups, of 10 volunteers each.

Progress/Achievements: In order to reorganise CBFA trained volunteers in village teams, a broad survey of all volunteers has been completed in Central Region provinces and in the Eastern (Jalalabad) Region.

In the Central region the assessment has been completed in 10 districts of six provinces. Based on this, 53 groups have been reorganised. 25 additional training courses are now necessary in order to form teams of volunteers in each village, cluster, or town communities. Details of progress to date can be observed in the table below:

Region	Province	District	No. of Groups reorganised into 5-10 member team	Need of additional training to form teams 5-10 member	Location where additional training is needed
Central	Kabul	Bagramy	4 groups	3 course 60 vols.	Butkhak, Shaiwaki, Bagramy
		Dehsabz	3 groups	3 courses 60 vols.	Paimonar, prison,
		KhakJabar	2 groups	2 courses 40 vols.	Big & Small Mulaomar Sumuch (Cave)
	Ghazni	Andarr	10 groups	6 courses 120 vols	Sardeh, Jalalzey, Naney, etc.
		Khajaomri	9 groups	4 course 80 vols	
	Wardak	Nerkh	2 groups	2 courses 40 vols.	Omerkhal, Hasanzy
	Logar	Madagha	7 groups	3 courses	
	Parwan	Bagram	6 groups	2 course	Bagram
		Center	3 groups		
	Kapisa	Kohistan	7 groups		
Total	6	10	53 groups	25 course 500 vols	

The survey in the eastern region was completed in June and implementation of the new approach is in the preliminary phase. To build up volunteer teams in 21 districts of Nangahar province, 69 additional courses will be undertaken. In 5 districts of Laghman province and in 4 districts of Kunar province, 50 and 6 additional training sessions are required respectively.

Impact: The survey provided the opportunity to identify volunteers currently active in their villages. The results suggest an active rate of over 60%. Inevitably, volunteers will move on, or will find other more pressing issues to occupy their free time but will always carry the knowledge that they have gained with them. It is important to reconfirm the active volunteers on a regular basis.

Constraints: Instability, poor roads, and unemployment are the main constraints on volunteers' performance and participation. Despite these difficulties the trainer's supervisors and team leaders are in constant contact with each other to solve problems arising in their areas.

Expected result 2: Each year 2,500 new volunteers are recruited and trained and (depending on the assessment of the pilot project) 500 villages or town communities have five trained and equipped motivated volunteers each to serve their communities and to improve health and hygiene.

Progress/Achievements: During the April-June quarter a total of 882 volunteers from 284 villages of 13 districts in 12 provinces have been recruited, trained and partially equipped with a First Aid kit.

This brings the total number of newly recruited and trained volunteers this year to 1765 (or 71 per cent of the annual target), drawn from 967 villages.

The total number of volunteers trained since the commencement of the project in 1997 is now 14,233 from 12,961 villages, in 153 Districts of 23 provinces.

During the Taliban regime, the training of female volunteers was forbidden but 346 have now been trained since April 2002.

To encourage learning and to help attract youth volunteers, the ARCS stages first aid competitions at group, district and provincial level, culminating in an annual national level competition. In the first six months of 2003, five first level competitions have been held in 24 districts of 5 provinces amongst 68 groups of volunteers. From 957 volunteers who participated, 68 winners have been identified at group level who will then participate in the competition at district level in the coming months.

Leadership training has been provided for 369 volunteer team leaders through four workshops in the regions of Kabul, Mazar, Herat and Jalalabad.

A ten-day training workshop was held in Kabul in June for 65 trainers, supervisors and assistant supervisors of CBFA and Youth programmes from across the country. This workshop was facilitated by three very experienced trainers from the Iranian Red Crescent, who brought the skills and knowledge of their programme and allowed for exchanges of ideas between the two neighboring countries.

Impact: The Afghan Red Crescent CBFA training programme is being implemented in the remote areas where there are still no health facilities. This process helps contribute to strengthening the local community coping mechanisms.

The flow-on effect is that families, who do not have access to mainstream health services, receive health education and learn to protect their children against preventable diseases, such as diarrhoea and learn the importance of immunization. Remote communities now also receive timely First Aid for injuries such as broken bones and bleeding. Another impact is the trained volunteers promote mine awareness education which is extremely important in a country that has been caught up in war for the past 20 years.

The importance of female volunteers cannot be over-emphasized as they are able to talk to other women in their community and pass on health messages on all topics, particularly covering reproductive health topics to improve the health of mothers and their children. The increasing number of trained female volunteers, while still small at this stage, is having an immediate and significant impact.

Constraints: Maintaining motivation is a serious problem among volunteers, particularly those isolated in remote communities. The Afghan Red Crescent aims to introduce a new improved methodology of volunteer recruitment so that more committed and energetic Red Crescent volunteers inspired by the power of humanity join and remain with the Afghan Red Crescent.

Expected result 3: Volunteers have carried out activities, such as first aid, health education, disaster awareness, mine awareness and promotion of humanitarian values.

Progress/Achievements: During the April-June quarter an average of 6,616 volunteers per month have offered first aid or advice to 76,871 casualties, and promoted health education, mine and disaster awareness to 229,109

individuals. This brings the total for the six months to June to 157,442 casualties attended to and health messages disseminated to 599,018 individuals.

Impact:

- Due to the activities of the ARCS volunteers, more people are considering health issues in their daily life.
- More mothers are keen to immunise their children during NIDs.
- People with no access to vaccines in their respective areas are referred to the main towns or cities to get their children immunized.
- In some districts of Herat and Ghazni where the volunteers have established ARCS corners, people are attending health education session regularly to learn about various aspects of first aid, health and sanitation.

Constraints: Due to budget constraints this year (the appeal medical and first aid budget has been revised down by 20 per cent – or CHF 244,978), the provision of dressing material for replenishing volunteers' first aid kits has been affected. In some provinces there is no dressing material available in stock and the first round of refilling which should have been done in March had to be suspended. A lack of basic resources such as dressing materials may adversely affect volunteer's motivation.

Expected result 4: The volunteers have mobilised communities to contribute local resources to the project and improve local coping mechanisms.

Progress/Achievements: The Afghan Red Crescent, CBFA staff and volunteers as far as possible have concentrated their efforts to mobilise communities to contribute to support volunteers in their localities. CBFA corners have been established in 71 villages since 2000 although no new ones have been established in 2003.

Impact: By strengthening local coping mechanisms, communities become less vulnerable to poor health.

Constraints: Due to insecure living conditions in the villages, many of the more able community members who could assist volunteers in self-sustainability have left the villages for the major cities, or even abroad. Since joblessness and poverty are prevalent in many communities, mobilizing local resources to ensure sustainability and improve coping mechanisms will remain a slow and difficult task.

Expected result 5: CBFA's roles and functions are integrated into those of disaster management, water and sanitation, youth and humanitarian values programmes.

Progress/Achievements: The Disaster Management department has started actively involving CBFA volunteers in their activities. 28 CBFA volunteers in the Logar province will be trained in disaster management.

Volunteers in all regions are helping in dissemination of material about clean water and looking after the environment.

Impact: As the process is still in its early stages, there is no measurable impact at this stage. However, in the event of a disaster once volunteers are trained in disaster management they will be available to carry out assessment of affected areas. CBFA-trained volunteers will be an invaluable asset in spreading the messages of humanity, coexistence and tolerance, building on their links with their local communities.

Constraints: This is a slow process, but it is encouraging to see that already greater links are being forged between the volunteers and the environmental health, disaster management, youth and humanitarian values projects.

Coordination CBFA:

ARCS CBFA teams are beginning to link more closely with the health clinic and EMU managers, water and sanitation engineers and hygiene promoters and youth and humanitarian values teams both at HQ level and in the regions. They also work closely with ICRC, particularly the dissemination department and with MOH and UNICEF, predominantly on support of National Immunization Days.

Disaster Management

Programme goal: The impact of disasters on vulnerable communities is reduced as is their subsequent dependency on humanitarian aid.

Programme objective: The capacity of the Afghan Red Crescent's disaster management - both in preparedness and response is increased.

Expected result 1: The ARCS has comprehensive disaster management structure at national headquarters and Branch level with greater capacity in disaster response.

Progress/Achievements: The ARCS has developed a proposal for a reorganized disaster management structure. The delegation has proposed some changes in the structure and modification of job descriptions.

The ARCS have been involved in number of disaster response activities during the reporting period. The most prevalent hazard that caused emergencies is flood due to seasonal torrential rains. Major response operations took place in Northern Afghanistan during the second quarter (see table below).

Response operations in Northern Afghanistan

#	Province	Tent (set)	Blanket (pcs)	Plastic Sheet (rolls)	Jerry Cans (cans)
1	Balkh (Mazar)	127	327	45	742
2	Jawzjan	55	165	15	110
3	Kunduz & Takhar	153	1525	40	1030
4	Faryab	10	633	0	424
5	Baghlan	16	378	0	252
Total		361	3,028	100	2,558

Also during the second quarter, flooding affected 200 families in the Parwan (Central region) province. ARCS dispatched an EMU to provide medical cover for displaced families for two weeks. Other aspects of the humanitarian operation were covered by other agencies, with good coordination by UNAMA and central government ministries, particularly the Ministry of Rural Rehabilitation and Development (MRRD). Federation staff contributed to the coordination and planning in the early stages.

Torrential rains on 24 May 2003 resulted in severe flood in the villages of Laghman province, Eastern Afghanistan. A survey was conducted by the Disaster Preparedness (DP) Regional supervisor together with the ARCS CBFA trainer and branch relief officer. 78 households (751 individuals) lost all their belongings and have been assisted with non-food items.

ARCS Jalalabad (Eastern Afghanistan) supported by the Federation sub-delegation was engaged in the American Red Cross (AmCross) donated school chests distribution. A total of 20,172 (504 chests) students benefited from relief operation in Nangahar and Laghman provinces. Distribution in Kunar province is ongoing and some 3,600 students will be reached (90 chests) by the end of the operation.

Construction of warehouses in Jalalabad and Mazar has commenced. Progress of the work is being monitored by the ARCS branches in Mazar and a local engineer hired from one of the construction companies in Jalalabad. The work is expected to be completed by September 2003.

The terms of reference for the Disaster Management and Co-ordination Unit (DMCU) have been drafted and are under discussion within the delegation and ARCS. The process should be completed by August 2003. In order to

facilitate work of DMCU and make it more effective, an Emergency Operations Control Center (EOCC) with necessary equipment, communication, maps and furniture will be established in ARCS DM department. This is a new activity to strengthen ARCS DM structure and capacity.

The Government's Office for Disaster Preparedness (ODP) has been promoted to ministry level and became a department recently – the Department for Disaster Preparedness (DDP).

The existing productive co-operation between the ARCS and the Government was further strengthened during the Nepal workshop (see Disaster Management Expected Result 2). The DDP has invited ARCS to participate in DDP internal Co-ordination meetings. The co-ordination meeting involves 12 key ministers including Public Health, Agriculture, Defence, Interior Affairs, Information & Culture, Commerce, Rehabilitation and Re-constructions, Municipality, Ministry of Hajj, Water and Power and the ARCS Disaster Management Department. The Federation has also participated in co-ordination meetings to support ARCS. The ARCS/Federation staff have been asked by the President of DDP to assist them in general co-ordination efforts. The Federation DM Delegate and ARCS Head of DM have met the President of DDP and discussed a number of issues such as: relations between the ARCS and DDP, role of ARCS in National Disaster Management Plan, joint assessments/operations, VCA and the necessity of organizing country-wide co-ordination meetings on Disaster Management involving UN and NGOs.

DP stocks have been replenished recently in order to strengthen ARCS DP and response capacity. Some 2,000 rolls of plastic sheeting, 280 pick axes and 1,500 shovels were procured locally and 4,500 kitchen sets, 2,803 jerry cans and 10,000 blankets were contributed by the Finish Red Cross.

Impact: The new structure will help the Afghan Red Crescent improve its disaster management capacity and provide timely and effective assistance to the vulnerable communities. Through the implementation of flood response operations in close co-operation and co-ordination with other humanitarian organisations, the impact of disasters on the vulnerable communities has been reduced thereby alleviating some of the suffering they encountered. The distributions greatly boosted the Afghan Red Crescent's image and public awareness.

Constraints: No major constraints. The ARCS is putting more emphasis on Disaster Management structure at National and at branch level. A review of existing disaster preparedness and relief staff structure is to be done in July-August to reorient responsibilities and job descriptions if necessary.

Expected result 2: The ARCS has well defined disaster preparedness policy, strategy and earthquake mobilisation plan, which are linked with the strategic planning of Afghan authorities and other agencies operating in the country.

Progress/Achievements: Little progress has been made thus far on the development of the Afghan Red Crescent disaster response policy and a plan. An overall Afghan Red Crescent strategy and vision needs to be developed as a priority. The DM policies and plans cannot be developed in isolation. The Afghan Red Crescent has indicated the importance of having clear policies and procedures in disaster preparedness and response during the participatory planning workshop in May 2003 and the Appeal 2003 revision exercise in June 2003. The Federation will advocate the idea of drafting a policy document by ARCS DM Department in the near future.

Four Afghan Red Crescent and two Federation staff and a Government representative (DDP) participated in Regional DM Planning workshop and Disaster Simulation Exercise held in Nepal on 9-14 June 2003. The workshop had a positive impact on ARCS's relationship with the Department for Disaster Preparedness (DDP), promoting new avenues to become a stronger partner of the Government in disaster risk reduction and response activities and establishing its role in the national disaster management structure.

Impact: A clear disaster preparedness plan will help the Afghan Red Crescent Society to better position itself with the Government and other agencies involved in disaster management. The plan will ensure adequate, well-targeted and efficient mobilization of resources to mitigate the effects of disasters on vulnerable communities.

The relationship between the ARCS and the government in the area of disaster preparedness and response activities has been strengthened.

Constraints: While little progress has been made towards establishing a well defined disaster preparedness policy, strategy and earthquake mobilization plan, activities in the near future will address this. Regional workshops of ARCS branches and stakeholders on a provincial and regional Disaster Preparedness plan are being organized for August to October 2003. This exercise will contribute to developing a National Disaster Preparedness Plan for ARCS.

Expected result 3: The ARCS has effective disaster response policy and plan at national and Branch levels.

Progress/Achievements: A Disaster Response National plan will be developed alongside the National Disaster Preparedness plan. ARCS branches will formulate provincial responses as well as a disaster preparedness plans and present it to regional workshops (refer result 2) on planning. Work is continuing on developing a disaster response manual. A drafting workshop will be held in July and the final product will be edited by the Disaster Response Manager at SARD.

Impact: A consistent, agreed and shared disaster response policy and plan will increase the effectiveness of the Afghan Red Crescent Society to respond to the immediate needs of the disaster-affected communities.

Constraints: Little progress has been made thus far on the development of the Afghan Red Crescent Society disaster response policy and plan. The special committee was established to follow up ARCS participatory planning workshop (vision and mission) and develop recommendations on long term strategy and programme implementation. The recommendations will help ARCS to formulate a draft disaster response policy which will be further discussed with the Federation DM Department.

The process of development of disaster response as well as disaster preparedness policy and plan, including forging links with the Government, has been delayed. The process is therefore still in its preliminary stages so the ARCS will concentrate on formulating its own policy and plan. The slow progress will lead to postponement of policy adoption by the leadership until the end 2003 or early next year. Consequently, modifications have been made in current activities.

Expected result 4: The ARCS has strong disaster response unit (DRU) at national headquarters and disaster response teams at Branch levels with strengthened human resource development system in the Branches to support new volunteers.

Progress/Achievements: The Afghan Red Crescent has developed a disaster response unit (DRU) at headquarters level. The DRU consists of eight people selected from the existing staff from diverse profiles - four from disaster management department, one from health, one from CBFA and two from logistics department. The unit has two vehicles on standby to ensure its timely deployment to a disaster-affected area. A pactor station has been installed in one of the vehicles in order to maintain constant communication between the unit, regional centres and the headquarters. The procurement of necessary equipment for the unit is in progress and it is expected to be completed in July 2003. The draft Standing Operational Procedures have been developed together with ARCS DM Department and these will be finalized in July 2003.

Impact: The ARCS's capacity to provide a speedy response to vulnerable groups affected by disasters has been enhanced with the establishment of the DRU. The unit has already made an impact, being deployed during the assessment and response operations in the northern region flood response.

Constraints: Comprehensive training is necessary to ensure more effective and rapid disaster response. The first session of the training was scheduled for May 2003, but due to involvement of DRU members in various workshops, ARCS activities and relief operations, it is postponed until August 2003.

Some of the activities were revised and adopted to current developments. ARCS will develop the concept of a central disaster emergency fund rather than establish it in the current year.

Expected result 5: The ARCS has more skilled and experienced volunteers and staff recruited from a wider base leading to better assessments and more relevant programmes. Volunteers recruited from vulnerable

communities become members of the Society so that their perspectives are reflected in National Society's policies and services.

Progress/Achievements: A two-day DP workshop for ARCS disaster management staff from the Herat, Farah, Badghis, Nemrooz and Ghor branches was held in Herat from 16-17 June 2003, facilitated by the Federation Head of Sub-delegation, DM Officer, Logistics coordinator and ICRC Head of Sub-delegation.

An ARCS-DP supervisor has been appointed in Kandahar after almost a year after the predecessor resigned. This will alleviate difficulties experience in implementing the programme in Kandahar.

A Disaster Management Training Manual is being developed with support from the South Asia Regional Delegation (SARD) and National Societies from the region: Bangladesh, India, Nepal, Pakistan and Sri Lanka. A workshop with regional participation of SARD and NSs will take place in Kabul from 22 to 29 July 2003. The outcome of the workshop will be a DM Training Manual for ARCS.

Impact: With the expanded network of trained volunteers, the Afghan Red Crescent is establishing stronger links with the communities it works with and allowing it to implement successful risk reduction measures.

Constraints: Training of 20 disaster management volunteers at branch level was delayed due to staff turnover in the National Society and engagement of DM National and Regional staff in various activities and training. The Federation sub-delegations have been asked to prepare a plan of action for volunteers training in close cooperation with ARCS DM Regional Supervisors. Only one refresher training and coordination workshop will be organized this year due to time constraints which has meant a change in activities for the current year.

Expected result 6: The ARCS has enhanced community awareness of disaster hazards within target communities and functioning community based disaster preparedness programme in eight disaster-prone provincial Branches aiming at developing strong local coping mechanisms and self-sustaining capacities of the vulnerable communities.

Progress/Achievements: The Vulnerability and Capacity Assessment (VCA) to identify communities/districts for Community Based Disaster Programme (CBDP) has been completed in Sarkani, Marawarah and Wata districts of Kunar province in Eastern region. The process is ongoing in Takhar province of the Northern region. The rest of the Northern (Samangan and Baghlan) and Central region (Logar, Kapisa) are expected to be completed by 15 September 2003. Twenty volunteers in Kunar, Logar and Kapisa provinces were assigned by the Afghan Red Crescent Society for disaster management training in co-operation with community based first aid (CBFA) department. Training is planned for August-September 2003.

Twenty CBFA team leaders were trained in Disaster Preparedness in Nimruz province of West Afghanistan.

Impact: CBDP programme will strengthen communities' capacities to identify and cope with hazards, and broadly improve residents' livelihoods. The full impact of this programme will be felt once the VCA is completed and findings are acted upon.

Constraints: The main constraint is the lack of qualified human resources. Additional staff will be recruited to ensure successful implementation of the planned activities. It is planned to organize a staff exchange visit/study tour to the Nepal Red Cross Society that will build the capacity of ARCS in community based disaster preparedness.

The establishment of CBDP volunteer committees at branch level will be postponed until next year till proper volunteer management and programme monitoring structures are developed at branch and regional levels. It would be difficult to introduce a matching grant system and develop branch disaster emergency fund through local contributions without a strong CBDP network. The activity will be implemented for next year when CBDP project delivers real achievements in volunteer networking and community awareness.

Humanitarian Values

Programme goal: Young Afghans are less vulnerable to discrimination, violence and intolerance - involving youth as change agents able to shape the present and future of the Afghan Red Crescent and to target the vulnerable people in the community.

Programme objective: The Afghan Red Crescent's capacity to advocate and act for tolerance and coexistence and promote humanitarian values among the youth is increased.

Expected result 1: The Afghan Red Crescent has a structure and active youth network with a viable youth policy, increased visibility, credibility and stronger voice in the community. As their involvement in decision making process of the Afghan Red Crescent grows, their motivation and commitment to community work increases contributing to strengthening of the National Society's future.

Progress/Achievements: A first aid training course in Kabul, facilitated by the Iranian Red Crescent, was organised for community-based first aid staff (CBFA) in which the five regional youth programme officers were among the participants.

Offices for the youth officers recruited during the first quarter, have been identified, and will be equipped soon.

Impact: There is a stronger presence of ARCS youth officers in the different regions who are able strengthen the youth programme.

Constraints: Due to protracted recruitment procedures, the Mazar assistant youth officer did not take up her appointment. The Kandahar assistant youth officer quit the programme after he had been trained, without giving any reason. Therefore the Kandahar and Mazar ARCS branches have been without assistant youth officers. However a new officer was recently recruited for Mazar.

Expected result 2: Young volunteers recruited and adequately trained, coached and supported by experienced teachers are committed. Their mobilisation within the National Society and the local communities contribute to create more tolerance.

Progress/Achievements: Thirty volunteers who are teachers in 15 schools in Kabul city received additional training in the concept of the humanitarian values programme.

Eighty new volunteers who are teachers in 40 schools in Kabul, Mazar, Jalalabad and Herat regions have also been recruited and trained by youth officers in the regions. No teachers were recruited in Kandahar due to unforeseen delays in programme negotiations and school exams. The teachers went back to their respective schools and recruited a total of 400 volunteers as youth leaders. These 400 youth leaders then attended a 'Training of Trainers' (ToT) course, using the youth training module, described in the first quarterly report. The module includes information on humanitarian values, the history of the Red Cross and Red Crescent Movement, first aid, disaster management, health education and other subjects.

The above-mentioned 400 youth leaders each identified ten volunteers in their respective regions, and their training will take place during the next quarter.

Impact: Humanitarian messages are being introduced and understood in 40 new schools, and strengthened in the 15 schools in Kabul city where the teachers underwent additional training.

Constraints: Longer than expected recruitment, training and negotiating processes caused time delays and the loss of new recruits.

Expected result 3: Youth volunteers are more motivated by the humanitarian mission of Afghan Red Crescent and their enthusiasm grows through regular contacts inspiring other youngsters to join action and campaign for tolerance.

Progress/Achievements: Youth officers have visited 250 schools in Kabul, Jalalabad, Herat and Mazar, where the youth programme is active. During their visits they monitored the ongoing training of youth leaders, and held discussions with teachers about the youth programme.

Youth officers conducted regular monthly meetings with 183 teacher volunteers from Kabul, Herat, Mazar and Jalalabad regions, collected their progress reports, and shared information about the introduction and implementation of the humanitarian values programme in their respective schools.

In addition, youth volunteers in a further 54 schools of Kabul city, disseminated messages about humanitarian values to their peers.

Preparations for forthcoming sport competitions and seminars for youth volunteers began in the regions

As a prelude to World RCRC day on 8 May, an art competition was organised among 180 youth volunteers from 90 schools in Kabul city. The topic of the competition was 'humanity'. The exhibition was opened on 6 May. Representatives from UN agencies, ICRC, IFRC, ARCS, Kabul city schools' headmasters, teacher and youth volunteers attended the event. The ARCS president presided over the occasion and awarded prizes to the three winners.

In Herat a regional art competition was organised for girls in 14 schools. The topic of the competition was 'humanity' and in the near future an exhibition of the best paintings will be held.

In Kabul, 40 youth volunteers clad in colourful RCRC Movement tee-shirts emblazoned with the slogan 'peace for all', participated in World RCRC day celebrations organised by ARCS at the Intercontinental Hotel, in Kabul.

In Mazar city, 1,500 male and female youth volunteers, as well as 300 volunteer teachers, organised a big youth rally and celebrated World RCRC day in style, carrying banners painted with messages of coexistence and peace and others with messages about HIV/AIDS.

Youth volunteers who are also first aiders, together with teacher volunteers in Kabul city, provided first aid for 829 individuals suffering from bleeding, bone fractures, fever, diarrhoea, dislocations and other injuries.

Youth volunteers from Kabul city cleaned 12 schools, washed doors and windows and watered trees and flowers as part of a new initiative introduced during the monthly teachers' meetings, to enable youth to provide a service to the community.

110 teacher volunteers from Samangan, Faryab and Balkh provinces of Mazar region participated in the Ministry of Health and WHO polio campaign, and vaccinated 7,002 children.

Impact: Trust is being established between the youth volunteers and the communities, thus raising ARCS's image. People are more aware of ARCS and its activities.

Constraints: Newly recruited youth officers lack experience and need further training. Not all youth officers and staff have equal knowledge about the RCRC Movement and the objectives of the humanitarian values programme.

Expected result 4: Better contacts and links are created between the youth volunteers from different regions of the country, as well as other National Societies youth sections.

Progress/Achievements: Plans were discussed for the proposed youth camp in Jalalabad, which will have to be relocated because of insecurity in the region.

In Kabul, the ARCS youth director discussed with the Federation the issue of twinning Afghan youth volunteer with youth volunteers from other National Societies. ARCS youth officers will discuss the matter with teachers and their peers.

Impact: The proposed youth camp and possible twinning of Afghan youth volunteers with peers from other National Societies will have future impacts.

Constraints: Ongoing insecurity in Jalalabad causing the need to relocate the proposed youth camp. This will mean additional planning and effort.

Expected result 5: Better links with ICRC dissemination works are established.

Progress/Achievements: Regular information-sharing sessions and co-ordination meetings were held with the ICRC. ICRC staff and delegates were invited by the youth officers to training workshops, art exhibitions and meetings.

Impact: Better co-ordination with ICRC enables the ARCS to get input and guidance on their youth activities in the sphere of humanitarian values, and knowledge about international humanitarian law.

Constraints: No major constraints.

Co-ordination with other stakeholders: Meetings were held with the departments of education of the government in the regions as well as at the national level, with the ICRC, NGOs UN and UNHCR. The latter is implementing a peace education programme with youth, through various NGOs. It was agreed to share information about their programme, and IFRC and ARCS were invited to attend future meetings.

Organizational Development

Programme goal: A strong civil society has reduced the vulnerability of millions of Afghans.

Programme Objective: The Afghan Red Crescent society has increased its ability to run needs driven, volunteer-based services and programmes.

Expected Result I: ARCS branches have increased their capacity to deliver services aimed at reducing the vulnerability of millions of Afghans.

Progress/Achievement A five-day visioning and a one-day constitution review workshop were conducted at the Afghan Red Crescent Headquarters from 15 to 22 May. The workshop was attended by the presidents of 29 ARCS branches (two branches sent senior staff as representatives), ARCS leadership and senior programme officers from ARCS headquarters, as well as representatives from the Federation and the ICRC. The number of participants totaled 100 each day.

The main outcomes of these planning meeting were:

1. A vision and mission statement for 3-5 years.
2. Internal vision of the ARCS, and external vision of Afghanistan.
3. Identification and analysis of the major problems currently faced by ARCS.
4. Goals and objectives for the ARCS for the coming 3-5 years.

Several meetings and workshops were organized for the presidents of the ARCS provincial branches in all regions, so as to follow up on programme implementation. The meetings are becoming a permanent feature, and are functioning as a forum for collective advice and guidance on the activities of the ARCS branches. The frequency of the meetings varies from monthly to quarterly. The intention is to create ARCS Regional Committees who will act as the advisory body for all ARCS activities (including Federation/ICRC-funded programmes), planning, monitoring, internal and external relationships and problem solving.

A two-day Financial Development Workshop was held in Herat for Afghan Red Crescent branch presidents and administrators in the western region.

Impact: ARCS now has a vision, a mission and goals on which it can build a long-term development plan. The review workshops have brought about greater awareness of the need for a change process, as well as for participatory planning as an institutional priority. ARCS branch meetings continue to instill a sense of ownership, a knowledge-sharing culture, and a commitment to efficient and targeted programme implementation.

Constraints: The Afghan Red Crescent commission on the national society's development plan and constitution review may need strengthening with appropriate representation and support from the Federation and the ICRC. The process would need to be given a wider debate involving various stakeholders.

Expected Result 2: ARCS headquarters has appropriate structure and increased capacity to assist branches in planning and implementing programmes aimed at reducing the vulnerability of millions of Afghans at the community level.

Progress/achievements: At the end of the ARCS visioning and constitution review workshop, a commission comprising three branch presidents and key senior staff was appointed by the ARCS leadership to follow up on the National Society's strategic planning process, and to undertake a constitutional review in line with minimum requirement stipulated in the "Guidance". The crucial issues to be addressed relate to programme efficiency and support mechanisms to enhance branch capacities.

To improve the ARCS functional capacity, a joint ICRC/Federation initiative to equip branches is underway. Twenty Landcruisers have been given by the ICRC to priority branches and ARCS headquarters. The Federation has made available 19 computers, and 10 HF radios are in process of being installed in a number of ARCS branches.

In the meantime ARCS, with Federation support, has translated and printed the ARCS branch assessment documents and the governance booklet. These have been distributed to all branches. This will enable the ARCS branches, in coordination with the Federation and ICRC field offices, to develop and undertake branch development activities.

Impact: The ARCS participatory visioning exercise, the first in a decade, has opened the door for further inclusive consultative planning processes and has not only effectively improved headquarters and branch relationships, but has also brought about a better understanding about analyzing their problems and finding solutions, which will contribute to enhanced planning. Vehicles, computers, and radio communication are essential in strengthening functional capacity, which in turn leads to better programme implementation for the benefit of vulnerable communities.

Constraints: Development of an effective ARCS structure is a major challenge in a country that has been ravaged by decades of conflict and destruction. Internal instability at the branch level coupled with a high ARCS staff turnover greatly decreases the impact of capacity building efforts. Nevertheless, preliminary steps have been taken in this regard, but there is still a long way to go.

Expected Result 3: The Afghan Red Crescent has improved its programme monitoring and evaluation systems to ensure relevance, and quality service to beneficiaries

Achievements. ARCS programme and senior staff took part in a two-and-a-half-day programme review workshop designed to assess the progress and relevance of Federation-supported programmes and to adjust their implementation as necessary. During the workshop the participants analyzed each programme's expected results, and reviewed the activities. The head of the Federation Regional Finance Unit also made a presentation for the participants on financial management.

Impact: The Annual Appeal, budgets and the planning of future activities were reviewed and revised in line with implementation constraints. To a large extent, the ARCS participants gained insight into programme management issues which will go a long way towards developing better programming.

Constraint: Programme management remains weak and incoherent and a major area to be built-up. It is largely linked to the lack of any tradition of institutionalized planning in the ARCS. Ownership and development of programme planning is therefore envisaged in current and future ARCS strategic development plans

Expected Result 4: The Afghan Red Crescent has a stronger human resource base, policies and practices enabling the society to carry out effectively its progress and services to the vulnerable.

Progress and achievements: Capacity building of the national society continued through various trainings for ARCS staff in the area of CBFA, DM, VCA, and HR. The OD senior officer and Head of OD ARCS participated in the Regional Human Resource Development Workshop in April held in Sri Lanka. The OD officer participated in the Regional Fundraising Managers Forum in Islamabad in June 2003. From ideas and knowledge gained, a two-day workshop for local training programs on HRD and Fundraising will be organized.

To upgrade the financial skills of the ARCS Branches, a financial management workshop was conducted for senior management from ARCS branches in Herat Region in the last week of June. The workshop was attended by the ARCS Head of OD and the Federation Financial Development Officer.

As a part of the IT/Telecom capacity building project, the Federation trained 10 ARCS staff during a nine-day workshop in the use of PC hard and software, and telecommunications radio spectrum works. The trained teams are already engaged in installing HF communications in the provincial branches, and are teaching the branch staff how to use the equipment.

Impact: Structured training combined with mentoring and good HR management contribute to increased levels of staff and volunteer capacity, and the performance of the National Society, thus enabling it to carry out its services to the vulnerable effectively.

Constraints:

Capacity building of the ARCS is significantly reduced due to National Society staff turnover. Continued dialogue with the ARCS management may impact better on HR issues. Good follow up on meetings and workshops can contribute effectively to the achievement of expected goals.

Expected Result 5: The Afghan Red Crescent is a better functioning National Society with well defined roles of governance and management, and improved procedures, systems and structures.

Progress and achievements: The leadership of the Afghan Red Crescent has committed to undertake a review of the currently-dormant constitution, and to create a 3-5 years development plan. A working commission has been appointed and the first draft of the plan is expected by the end of July. The Federation, the ICRC and ARCS continue to hold trilateral and bilateral meetings at leadership and technical levels to share information.

Impact: There is growing awareness in the ARCS about the need to adapt to RC/RC Movement standards. A revived constitution would enable the National Society to define the roles of governance and management. Once it is implemented, it would encourage further democratization, including the establishment of clear policies and a diverse membership base. Meetings within the movement continue to increase the ARCS's understanding of the management and integrity issues that all RC/RC staff must subscribe to.

Constraints: Nation building efforts are ongoing, but it is a long and complex process compounded by security and political challenges, and requiring a mindset change. The Afghan Red Crescent Society needs a clear strategy so as to ensure that it does not miss the opportunity to become a visible player in the nation-building process. It has to demonstrate more effectively the added value of its unique role as an auxiliary to the public authorities by meeting the humanitarian challenge facing the country.

Due to the difficulties in the OD programme implementation, expected results 6 and 7 have been made redundant for this year and the relevant elements incorporated into those already described.

Coordination: The National Society maintained its contacts with the Federation and ICRC delegations on matters of programming and issues of mutual institutional concern. With the support of the South Asia Regional Delegation

it continues its endeavors to function within the network of the South Asia National Societies. It also met the visiting PNS teams, and established contacts with the Saudi and Iranian Red Crescent Societies. ARCS, DP and Health programme officers participated in various external meetings involving the MoH and the DDP, as well as the UN Agencies' coordination and task force gatherings.

Federation Coordination

Programme goal: The Afghan Red Crescent develops sustainable capacity building and programming.

Programme objective: The Federation has facilitated longer strategic partnerships between the National Society and wider Movement and non-Red Cross/Red Crescent Movement Partners.

Expected result 1: The CAS process is launched, establishing partnership between the Afghan Red Crescent, other components of the Movement and external humanitarian actors.

Progress/Achievements: The Federation is assisting the Afghan Red Crescent to develop its strategic mapping and planning capability so that it knows better what the community needs, its own capacity to respond, as well as the resources available internationally to assist activities. This will all be done through the Federation's cooperation agreement strategy (CAS) mechanism. However little progress has been made since the last Programme Update in the CAS development process in relation to Afghanistan (see 'Constraints' below).

Impact: No impact at this stage as the process is yet to be completed. The CAS will help the National Society to articulate: in what areas it requires support; and how its actions will fit into a broader and coordinated humanitarian effort to assist vulnerable Afghans.

Constraints: The extreme situation in Afghanistan has slowed progress in the National Society's strategic planning. The Afghan Red Crescent is still at the initial stage of defining its strategic objectives which may entail a delay in undertaking the CAS process.

Expected result 2: A partnership meeting is held with the participation of the main stakeholders to review the Afghan Red Crescent strategic plan and co-ordinate the programming/support of various partners.

Progress/Achievements: The meeting is envisaged in the latter part of 2003.

Impact: The partnership meeting will help the Afghan Red Crescent engage its partners in the planning for 2004.

Constraints: How the ARCS's health programme is affected by the MoH's recently published policy for a Basic Package of Health Services could impact on the ARCSs input at the meeting.

Expected result 3: The Afghan Red Crescent develops a plan to implement the objectives and action points of the Strategy of the Movement in line with the Regional Co-operation Strategy.

Progress/Achievements: The Afghan Red Crescent leadership has taken a first bold step in defining its vision and mission, and has initiated the development of a 3-5 year plan aligned to the Strategy of the Movement and the Regional Co-operation Strategy.

Impact: The National Society is more active in longer term planning and better understands the Movement. The regional strategy will help the Afghan Red Crescent to prioritize its own objectives to serve the vulnerable in a more sustainable and systematic manner.

Constraints: More Federation efforts and support is therefore necessary into building this understanding in the Afghan Red Crescent through facilitation, coaching, discussions, consultations and personal contacts with counterparts.

Expected result 4: A Memorandum of Understanding is signed between the Afghan Red Crescent Federation and ICRC ensuring clear allocation of respective roles and responsibilities in the ongoing humanitarian crisis in Afghanistan.

Progress/Achievements: A tripartite MoU has been drafted and consultations are ongoing.

Impact: The MoU will ensure a coordinated approach in the intervention of the RCRC Movement components in Afghanistan, and support to ARCS, so as to reach a common understanding of the aims and objectives of the cooperation with the Afghan Red Crescent. It will constitute a basis for long and medium term planning and define the roles and responsibilities of the Federation in supporting the ARCS with resources, in order to ensure the development and long term sustainability of effective structures and programmes, agreed by the partners.

Constraints: The previous MoU involved bilateral arrangements between the Federation and the ICRC, and was complemented by a general tripartite agreement with the Afghan Red Crescent. The current draft MoU, through protracted consultations, aims at including all three partners and has yet to be finalized.

Expected result 5: Co-operation agreement is signed between the Afghan Red Crescent, Federation and ICRC outlining the roles that the three Movement partners will undertake together with regard to strengthening and developing the National Society.

Progress/Achievements: The bilateral Annual Programme Agreements between the Federation and the Afghan Red Crescent expired on 30 April 2003. As it was desired to synchronize the Federation's support strategy with the financial year, the Federation signed, unlike last year, a programme agreement from 01 May to 31 December 2003. A separate agreement was signed for each programme area and harmonized with the 2003 appeal.

The tripartite core structure agreement for 2003 is under discussion, and will be developed in due course. The agreement will define the scope and level of Federation and ICRC financial support to the Afghan Red Crescent national headquarters and provincial branches, thus enabling all programme departments to efficiently and effectively deliver humanitarian services. This agreement indicates the introduction of a 'service charge' concept in 2003 establishing a clear link between programme delivery and the Afghan Red Crescent core structure, reflecting sound management practice.

Impact: Good coordination between the ICRC, the Federation and the Afghan Red Crescent makes a strong Movement presence in Afghanistan even more potent. A coordinated support to the National Society will help the Afghan Red Crescent deliver better services to the vulnerable communities it serves.

Constraints: The Movement's contributions to the overall humanitarian efforts need to be enhanced by more harmonized planning and programming.

Expected result 6: Strategic partnerships are developed between the Afghan Red Crescent and country-based, as well as international agencies/organizations.

Progress/Achievements: No progress in this quarter

Impact: Strategic partnerships between the Afghan Red Crescent and other country-based as well as international agencies/organizations will help the Society strengthen its position as a key humanitarian player in the country.

Constraints: The Afghan Red Crescent has to been more proactive in developing effective networking. Through effective programmes the Red Crescent is recognized as a credible partner in disaster response. However, this foundation needs to be built upon to maximize the impact of the humanitarian efforts in Afghanistan. The Federation will, therefore, continue to strengthen coordination with the UN and the NGOs, as various international organizations - several hundred in Kabul alone - seek to optimize their support to vulnerable people.

Expected result 7: The Afghan Red Crescent contributes as an active member in regional organizational development fora, which are seeking to define mutual capacity building support in specific areas between all six National Societies in the region.

Progress/Achievements: The Afghan Red Crescent is part of the Red Cross/Red Crescent regional structure and participates in regional networks activities of all six National Societies in the region. In May, six members of the Afghan Red Crescent took part the Regional Disaster Response Team (RDRT) training held in Sri Lanka. The member names will be maintained in a database and in times of disasters the members may be deployed to support other National Societies around the SARD region. Four of the participants from Afghanistan were further nominated to take part in the regional disaster planning and disaster simulation exercises held in Nepal during June. The National Society is also an active member of the SARD, HIV/AIDS forum.

Preparations are ongoing for the next regional meeting of Secretary Generals of South Asian Red Cross Red Crescent Societies, to be held in Kabul. The previous one was held in Islamabad in August 2002 hosted by the Afghan Red Crescent. This meeting is an effective forum for the management of the National Societies to share ideas, knowledge, exchange experiences, develop joint actions to meet the humanitarian needs and find solutions to prevailing challenges in the region. The Secretary Generals of the National Societies in the region pledged to work together and to support each other.

Impact: Mutual capacity building between the National Societies of the region, knowledge sharing and best practice experience helps the Afghan Red Crescent strengthen its professionalism resulting in better services to target beneficiaries.

Constraints: The Afghan Red Crescent needs to focus on follow-up mechanisms to maximize benefits from the forum. Again, retaining trained staff, as with many NGOs, is proving an elusive task and undermines the capacity-building effort of the National Society.

Expected result 8: The Federation Appeal 2003-2004 is developed in a participatory manner.

Progress/Achievements: The appeal 2003-2004 will be developed through participatory discussions on the basis of the Afghan Red Crescent's forthcoming vision and strategic directions.

Impact: The participatory discussions will strengthen the sense of programme ownership in the Afghan Red Crescent leading to better understanding of the humanitarian challenges in the country, the goals and objectives of the Red Crescent support strategy, and better services to Afghanistan's vulnerable communities.

Constraints: The Afghan Red Crescent is still in the process of developing its vision, strategy and strategic plan which should embrace the changing political, humanitarian, and development landscape.

International Representation

Programme goal: The Federation and its policies are well known in the international arena.

Programme Objective: The Federation's role in Afghanistan as an effective coordinator of programmes in the core areas is maximized.

Expected result 1: Country advocacy strategy is developed with the National Society to highlight Afghanistan's needs within the Federation's global advocacy priorities HIV/AIDS, disaster preparedness and promotion of humanitarian values.

Progress/Achievements: No progress has been made so far, but this will be a priority for the next quarter.

Impact: The Afghan Red Crescent, as a representative Afghan organization speaking on behalf of people in need, will be a powerful voice when the RC/RC advocates on key issues. These include the need to address growing intolerance in the community. Advocacy in favour of people affected by HIV/AIDS will be an important focus of ARCS's efforts. This will be pursued through dialogue with Governments and other concerned parties, through private diplomacy, communications, and conferences or public statements of policy.

Constraints: The National Society - with Federation assistance - needs to build its capacity to represent the voice of vulnerable Afghans at various local, regional and international forums.

Expected result 2: Good relationships are developed and maintained with national authorities to define the Afghan Red Crescent's in-country role, and the government's support to the National Society to fulfill this role.

Progress/Achievements: The ARCS with the support of the Federation continues to foster a productive relationship in the sector of disaster management with the Government's Office of Disaster Preparedness (ODP). This body is coordinating 12 key ministries in the sector. The Federation and ARCS are regular participants in their coordination meetings and have been invited by the President of the ODP to act as its assistant in the forum. A representative of the ODP department participated in the South Asia RC/RC regional disaster management planning and simulation workshop held in Nepal in June.

The Federation with the ARCS health department attended a workshop on Joint Donor mission organized by the Ministry of Health on implementation of the Basic Package of Health Services in Afghanistan held from 21-23 April. It also participated in several meetings chaired by the MoH such as an MCH task force for drafting a reproductive health strategy, health emergency preparedness and response, and a communicable disease task force. ARCS was also invited to attend a Safe Motherhood Initiative workshop conducted by the MoH.

The Federation's deputy health coordinator, is a member of the EPI task force helping to plan the MoH Global Alliance for Vaccine Immunisation (GAVI) programme for the next three years, covering the seven most populated provinces (with over 45% of the total population).

A number of meetings were held with MoH, EC and MSH in relation to the implementation of a new basic package of health services and the 'Performance based Partnership' agreements (contracting out health services to NGO's per cluster or province), sponsored by the WB, EC and USAID respectively. Further meetings are planned in July with the MoH, and sponsors of the new government health policy. This will help the Afghan Red Crescent define its role in the public health sector.

In Herat, at the invitation of the Minister of Finance and the Governor, the Federation made a presentation on ARCS activities and the Federation's support role. The ICRC and UN Agencies also participated.

Impact: Effective networking with the national authorities helps the National Society to better position itself as an auxiliary to the public authorities and to secure the government's support to the National Society in order to fulfill its role.

Constraints: The Afghan Red Crescent has to demonstrate more vigorously its added value as a nation-wide, indigenous, community-based organization by meeting the humanitarian challenges in Afghanistan and through its unique role as a community representative in Afghanistan's emerging post-war civil society. Its profile needs to be lifted locally.

Expected result 3: Advocacy materials are produced and disseminated to counterparts, agencies, organizations and partners.

Progress/Achievements: The newly-recruited Federation information delegate will work closely with ARCS to develop the public relations section. A brochure featuring the humanitarian challenges in Afghanistan, its vulnerable communities, people, programmes and priorities has been developed, printed and widely disseminated to partners within and outside of Afghanistan. The Afghan Red Crescent continues to produce and distribute to the general public a bi-monthly newsletter and a quarterly magazine "Sramiasht" (Red Crescent).

Impact: The visibility and credibility of the Red Crescent as an important humanitarian actor and partner is being increased and improved.

Constraints: More dissemination materials will need to be developed in order to lift the profile of the Red Crescent, its mandate and activities.

Expected result 4: Networking is increased with representative offices of the UNAMA, UNHCR, WHO, UNICEF and UNFPA as well as other international organizations/agencies, notably with DFID, USAID, ECHO, SIDA, NORAD and DANIDA.

Progress/Achievements: The Federation Head of Delegation met several diplomats and representatives of the UN agencies and international organizations during the constitution day at the Norwegian Embassy. This was also the case at the Pakistani embassy get together on 30 June.

Regular consultations were held with UNAMA on national capacity building and planning and policy development on disaster management. The Afghan Red Crescent is recognized as a key stakeholder in the process.

The delegation regularly attended the weekly NGO co-ordination meetings at the UNAMA, ACBAR and the ICRC.

A number of meetings were held with ECHO, UNAMA, WHO, ECHO, British RC, DFID, Finnish RC team, American RC team, Norwegian RC team, and CIDA

The Federation and ARCS met with UNFPA. The ARCS was requested to become a member of the MoH HIV/AIDS taskforce, with special emphasis on HIV/AIDS awareness under the Global Fund for Malaria, TB and HIV.

During May the Federation in Herat and Mazar was represented in the Provincial Reconstruction Teams (PRT) assessment discussions chaired by the German and British ambassadors. In Herat, the ICRC and Federation were requested to comment on the NGO draft law.

In Kabul, the Federation took part in reviews of the proposal for Dutch funding to the Central region. UNAMA and the Federation jointly made recommendations for two projects totaling 600,000 USD. The sub delegation also attended meetings about the agriculture sector and constitution-making process.

Impact: The Red Crescent has stronger links with government representatives and other key humanitarian actors in Afghanistan, so as to better co-ordinate humanitarian efforts, thus avoiding duplications and providing adequate, more effective support to vulnerable groups.

Constraints: More contacts and better coordination is required. The Federation will be assisting the Afghan Red Crescent in developing a communication strategy, which will help strengthen the links with other humanitarian actors in the country, and advocate more vociferously on behalf of the vulnerable.

Expected result 5: Opportunities are explored to establish partnership links with ADB, KFW, IMF and World Bank.

Progress/Achievements: No action has been taken so far. This will be pursued in the future.

Expected result 6: Red Cross Red Crescent programmes have sufficient and diversified donor support from national and international sources.

Progress/Achievements: The Afghan Red Crescent work is mainly supported by the Federation and the ICRC. It has to yet explore other possibilities for donor support from national and international sources.

Impact: Diversified donor support will ensure sustainability of programmes and services to vulnerable Afghans.

Constraints: A complex political climate in the country as well as prevailing security problems hinder transparent and accurate analysis of the resources of the National Society across the country. Mechanisms and systems of accountability are yet to be developed.

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

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

APPEAL No. 01.52/2003

PLEDGES RECEIVED

22.08.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				10'703'983	TOTAL COVERAGE 47.0%	
CASH CARRIED FORWARD				588'600		
AMERICAN - RC		269'851	USD	366'997	21.03.03	MEASLES PROG, VACCINATOR CAPACITY BUILDING
AUSTRIAN - RC		199'496	EUR	294'356	13.03.03	HEALTH PROGRAMME
CHINA - TAIWAN RC		1'100	USD	1'486	09.07.03	
FINNISH - GOVT		150'000	EUR	221'325	01.04.03	TRAINING OF VOLUNTTERS & RENOVATION OF WAREHOUSES IN MAZA-I-SHARIF & JALALABAD
FINNISH - GOVT		123'012	EUR	189'808	15.07.03	DISASTER MANAGEMENT
FINNISH - GOVT		39'000	EUR	60'177	23.07.03	RENOVATION WAREHOUSE, DISASTER MGT, DISTRIBUTION RELIEF ITEMS
GREEK - GOVT/RC		45'000	EUR	66'026	11.02.03	CONSTRUCTION OF ADRASKAN HEALTH CLINIC
MONACO - RC		230	EUR	335	15.01.2003	
NETHERLANDS - GOVT		95'695	EUR	139'284	10.12.2002	
NEW ZEALAND - RC		2'680	NZD	2'009	16.06.03	
NORWEGIAN - GOVT/RC		2'290'000	NOK	428'230	25.04.03	EMU PROJECT
NORWEGIAN - GOVT/RC		5'050'385	NOK	944'422	25.04.03	INSTITUTIONAL DEV., DISASTER PREPAREDNESS
NORWEGIAN - GOVT/RC		1'500'000	NOK	280'500	25.04.03	ORGANISATIONAL DEVELOPMENT
SWEDISH - RC		6'200'000	SEK	1'029'200	13.06.03	HOD KABUL, OD, HEALTH
UNFPA		5'000	USD	6'808	01.04.03	EMERGENCY REPRODUCTIVE HEALTH
SUB/TOTAL RECEIVED IN CASH				4'619'563	CHF	43.2%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIA	DELEGATE(S)			54'538		
CANADA	DELEGATE(S)			6'078		
FINLAND	DELEGATE(S)			24'969		
GERMANY	DELEGATE(S)			47'967		
NETHERLANDS	DELEGATE(S)			70'307		
NORWAY	DELEGATE(S)			79'999		
SWITZERLAND	DELEGATE(S)			53'881		
GREAT BRITAIN	DELEGATE(S)			76'221		
SUB/TOTAL RECEIVED IN KIND/SERVICES				413'960	CHF	3.9%

REVISED BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no: 01.52/2003
Name: Afghanistan

Programme

	Organisational development CHF	Health & care	Disaster Management CHF	Humanitarin values CHF	Federation coordination CHF	International Representation CHF	Total CHF
Shelter & Construction	180,000	404,400.00	271,000	18,203	0	0	873,603
Clothing & Textiles	0	0	46,000	0	0	0	46,000
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	191,950.00	0	0	0	0	191,950
Medical & First Aid	0	983,150.00	0	22,007	0	0	1,005,157
Teaching materials	9,500	33,794.00	5,250	22,000	0	0	70,544
Utensils & Tools	35,376	0	115,300	0	0	0	150,676
Other relief supplies	0	190,840.00	0	0	0	0	190,840
SUPPLIES	224,876	1,804,134	437,550	62,210	0	0	2,528,770
Land & Buildings	0	0	0	15,000	0	0	15,000
Vehicles	0	2,000.00	3,000	6,706	0	0	11,706
Computers & Telecom equip.	131,200	26,766.00	21,800	3,500	0	0	183,266
Medical equipment	0	0	0	0	0	0	0
Other capital expenditures	2,250	15,000.00	7,600	18,165	0	0	43,015
CAPITAL EXPENSES	133,450	43,766	32,400	43,371	0	0	252,987
Warehousing and distribution	0	3,648.00	290,644	0	0	0	294,292
Transport & Vehicle Costs	105,341	283,588.86	145,656	16,332	0	0	550,918
TRANSPORT & STORAGE	105,341	287,236.86	436,300	16,332	0	0	845,210
Programme Support	146,261	408,417.26	103,461	35,156	0	0	693,295
PROGRAMME SUPPORT	146,261	408,417.26	103,461	35,156	0	0	693,295
Expatriate staff	837,600	1,286,400.00	195,500	144,000	0	0	2,463,500
National staff	538,124	1,950,530.00	145,200	104,400	0	0	2,738,254
consultant		6,500.00		0	0	0	6,500
PERSONNEL	1,375,724	3,243,430.00	340,700	248,400	0	0	5,208,254
W/ shops & Training	139,010	258,280.00	93,600	44,296	0	0	535,186
WORKSHOP & TRAINING	139,010	258,280.00	93,600	44,296	0	0	535,186
Travel & related expenses	30,000	26,575.00	20,700	35,950	0	0	113,225
Information	45,652	19,749.00	14,800	27,000	0	0	107,201
Other General Costs	49,860	191,753.00	150,100	28,142	0	0	419,855
GENERAL Expenses	125,512	238,077.00	185,600	91,092	0	0	640,281
TOTAL BUDGET:	2,250,174	6,283,341	1,629,611	540,857	0	0	10,703,983