# 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

*8 December 2003*

**Appeal No. 01.52/2003**
**Appeal Target: CHF 10,703,983.**
**Programme Update No. 3**
**Period covered: July to September 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 organisation and its millions of volunteers are active in over 180 countries. For more information: www.ifrc.org*

## In Brief

**Appeal coverage: 48%; See attached Contributions List for details.**

**Outstanding needs: CHF 5,578,096**

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

**Programme Summary: The Afghan Red Crescent Society (ARCS) has established a constitution review commission during the reporting period, as part of its commitment to normalise its systems and procedures and to build a solid foundation for its future development. The commission has been meeting regularly to produce a revised constitution and statutes, with support of the Federation and ICRC, and using the outputs from the consultative vision/mission process from May.**

**Investments in branch facilities, skills and resources have increased this quarter, with allocations for income generation projects, grants for renovation and basic equipment and further inputs to communications, IT and English language skills. However direct access to branches has been highly restricted due to security problems in many areas of the country.**

**The ARCS health department has defined its new approach in response to a changing context in the sector. This involves reappraisal of every clinic, modest downsizing, relocation and standardisation of services in line with national policy. The plan will be implemented in 2004, but further changes to government policy may emerge in the interim and this is being monitored by the Movement.**

**The water sanitation project has made steady progress despite access problems - this has been achieved by targeting the safer areas, where water sanitation issues are nevertheless a priority.**

**Community-based first aid remains a key project and is now seen as a priority for the coming years. More volunteers, male and female, have been trained and the project is set to expand to new geographical areas.**

**Disaster response operations, particularly for floods, have been common during the quarter, with ARCS travelling to many affected districts for assessment and distribution. However one of these vital missions was attacked by gunmen on 13 August resulting in two staff members being killed and three injured – now a more cautious approach to ARCS field missions is required, with an inevitable impact on operations.**

**Despite progress in nearly all the expected results, the overall tempo of implementation has been affected by the lack of access resulting from deterioration in security. This has meant that site visits to some construction projects are not possible, resulting in late identification of obstacles and problems. Similarly the delegation is unable to provide the necessary level of mentoring support to branches, and to field operations (which ARCS continue to run). For these reasons the budget requirement for the current year is reduced further, since the mid-year forecast was done, from CHF 10,703,983 to CHF 8,826,970.**

## Operational developments

The quarter has seen an upsurge in violence and growing insecurity affecting virtually the whole country. The most troubling incidents involve the deliberate targeting and killing of humanitarian workers; such attacks are believed to be 'terrorist' in nature and have been concentrated in the south and south-east. Staff of both national and international agencies have been affected with the result that many agencies have scaled back their operations/ movements. There have also been statements from rebel leadership at different levels, identifying humanitarian agencies as enemies and calling for resistance to them. Two Afghan Red Crescent workers were killed in August and three others injured during a deliberate attack in Ghazni province.

Of course the insecurity also affects millions of Afghans, harming economic development and preventing normalisation. As well as anti-government activity there is a growing incidence of crime and continuing 'warlordism' – these do not target the aid community particularly, but add to the general instability and create other sets of risks that must be considered when planning operations.

One of the developments causing concern is the apparent spread geographically of operations of the Taliban, even into the north of the country. Calls for an expansion of the International Security Assistance Force (ISAF) mandate and area of operations have been growing. Some expansion seems likely and a decision is expected in October. The extent of the expansion of the mandate and area of operation will be dependent on political will and the commitment of troops.

The government has instituted changes in the Defence Ministry to decrease the dominance of the Northern Alliance; this has encouraged the United Nations to set the disarmament, demobilisation and reintegration process in motion. This will be a major test of the central government and of the commitment of the factions to the Bonn process. Another major landmark on the path to normality will be the constitutional Loya Jirga; due in October this has been postponed to December this year – the draft constitution itself has yet to be published.

Economically the country does manage to move ahead, growing at between 20 and 30 per cent, even excluding the poppy harvest. The road reconstruction efforts are making headway, stimulating trade and providing much needed jobs.

## 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:
1. Health clinics (including mother and child health);
2. Emergency mobile units (EMU);
3. Environmental health (formerly water and sanitation);
4. Community-based first aid (CBFA).

**1. Health clinics** (including MCH) project

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*:

| Services provided | July | August | September | Total |
|---|---|---|---|---|
| Patients seen | 56,360 | 52,896 | 58,664 | 167,920 |
| Lab tests | 3,793 | 3,707 | 3,087 | 10,587 |

During the third quarter of 2003 over 160,000 patients were treated in the 49 ARCS clinics throughout Afghanistan. This brings to over 460,000 people seen by the clinics in the year to date and over 31,000 lab tests conducted. An average of 80 per cent of patients seen in the third quarter were children under 15 years and women. Major health concerns were diarrhoea and respiratory tract infections. Malaria cases were high in specific areas.

*Impact*: In many places the ARCS clinic provides the only access to health care for vulnerable families, who know they will receive consultation from qualified and dedicated doctors and that the appropriate drugs will be available free of charge. Access to curative services means improved quality of life and reduced morbidity and mortality.

*Constraints*: There is still an unmet need for health facilities in many remote areas of Afghanistan. Constraints include finding qualified health staff to work in remote areas.

The Ministry of Health (MoH) earlier this year defined a 'Basic Package of Health Services' (BPHS) for Afghanistan. This package is an attempt to offer standard basic health services across the whole country and will follow a provincial, or cluster of districts approach. Each province or cluster will offer four levels of heath care:

- Health Post - working from the homes of one CHW (community health worker) and one TBA (traditional birth attendant) and offering basic health services to 100-150 families. Including DOTS (Directly Observed Therapy) regime for follow-up treatment of patients with tuberculosis.
- Basic Health Centre - covering 15,000-30,000 people, offering services similar to most of the present ARCS clinics, but including normal deliveries.
- Comprehensive Health Centre - covering 30,000-60,000 people, and including in-patient beds, emergency obstetric care and blood transfusion.
- District Hospital - covering up to four 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 the World Bank, European Commission, USAID and Asian Development Bank is in the process of contracting these services, in designated provinces or clusters, to non-governmental organisations (NGOs) who must then provide the whole BPHS in that province/cluster and build the capacity of the MoH staff for a period of up to three years. Sustainability after this time has not yet been addressed.

The ARCS, with Federation support, is currently looking at ways that the present ARCS programme - with one or two clinics only in most provinces, but with nationwide coverage - can best fit into this new BPHS and the geographical division of service providers. Uncertainties that persist regarding this new and evolving government policy hinder planning.

Expected Result 2: ARCS clinics provide regular health education, either in groups or individually.

*Progress/Achievements*:

| Service provided | July | August | September | Total |
|---|---|---|---|---|
| Group Health Education | 49,371 | 49,194 | 54,183 | 152,748 |
| Individual Health Education | 14,635 | 12,450 | 14,397 | 41,482 |

During the third quarter of 2003 over 150,000 people attended group health education sessions in ARCS clinics and over 40,000 people received individual health education. This brings the total number of people receiving group health education for the year to date to 428,000 and the total for individual health education to 117,000.

Topics include care of children with respiratory tract infection and when to seek urgent medical treatment, hygiene and the prevention and treatment of diarrhoea, nutrition, the importance of immunization 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. Group health education can stimulate discussion and lead to healthy behavioural changes. Individual health education allows for a person to sit with a health professional and have detailed explanations tailored to her/his individual needs.

*Constraints*: The opportunities for thorough supervision of health educators have been limited by travel restrictions; however health education has taken place regularly in all clinics. Further training of health educators and all clinic staff should improve the delivery of the health messages.

Expected Result 3: ARCS provided regular ante-natal and post natal care through its clinics.

*Progress/Achievements*:

| Services provided | July | August | September | Total |
|---|---|---|---|---|
| Antenatal Visits | 3,801 | 5,833 | 4,010 | 13,644 |
| Postnatal visits | 578 | 751 | 294 | 1,623 |

In the third quarter of 2003 more than 13,000 women attended antenatal consultations, with over 55 per cent being women attending for the first time in this pregnancy. During the same period, over 1,600 women attended for postnatal consultations in ARCS clinics. This brings the total of antenatal visits for the year to date to just over 30,000 while the cumulative total of postnatal visits is over 5,400.

*Impact*: Ante-natal attendance is crucial to monitor the pregnancy, offer advice, and to urge referral for at-risk pregnancies in a country where the majority of women deliver with no trained health person in attendance. 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 coming in for antenatal support and advice, postnatal attendance remains low. Clinic staff have been urged to stress the importance of postnatal attendance.

Other constraints include the scarcity of qualified female staff to offer these services in all clinics. Presently this service is offered in 35 of the 49 ARCS clinics and they are actively seeking more qualified female staff.

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

*Progress/Achievements*:

| Services provided | July | August | September | Total |
|---|---|---|---|---|
| Children growth monitored | 3,574 | 3,888 | 3,279 | 10,741 |

Over 10,000 children attended growth monitoring in the third quarter of 2003 bringing the total for the year to date to over 28,000.

*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, treated for 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 more remote areas, where it is also difficult to find the qualified staff and there are fewer centres.

Expected Result 5: Women and children are receiving vaccinations from ARCS clinics regularly.

*Progress/Achievements*: The table shows that in excess of 27,000 women and children received routine vaccinations from ARCS in the reporting period. The total number of vaccinations for the year to date now exceeds 70,000.

| Services provided | July | August | September | Total |
|---|---|---|---|---|
| BCG | 3,036 | 3,816 | 3,122 | 9,974 |
| DPT and Polio | 10,081 | 9,690 | 9,776 | 29,547 |
| DPT Polio (3rd dose) | 3,142 | 3,645 | 3,091 | 9,878 |
| Measles | 2,682 | 3,175 | 2,966 | 8,823 |
| Tetanus (women) | 9,362 | 9,028 | 8,634 | 27,024 |

In addition to routine immunization, ARCS health staff and volunteers were also involved in the on-going polio NIDs (National Immunization Days) and measles campaigns, where all children under five years are targeted. The ARCS also participated in a pilot tetanus vaccine programme for women of child bearing age in the highly populated cities of the country.

*Impact*: Immunization 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 percent of the women who received tetanus vaccine in ARCS clinics were pregnant at the time.

*Constraints*: It is difficult for children in more remote areas without clinics to receive routine vaccinations. In the southern and western regions the mobile teams are discussing with the Ministry of Health and UNICEF regarding the establishment of a cold chain, so that they can take the immunisation programme to remote areas.

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

*Progress/Achievements*: Over 9,000 people or couples received family spacing advice and supplies in the third quarter of 2003. An average of 49 per cent of people attending each month was receiving family spacing services/advice for the first time. The total number of family spacing clients for the year to date is over 23,000.

| Services provided | July | August | September | Total |
|---|---|---|---|---|
| Family spacing clients | 2,909 | 3,401 | 2,917 | 9,227 |

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 pregnancy. 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*: Family spacing is a relatively new concept in Afghanistan. In the major cities more women and men, are accessing this service but it remains underutilised in rural areas. Family spacing is being included in the health education programme for all ARCS clinics to try to improve this situation.

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

*Progress/Achievements*: During the reporting period, Federation and ARCS health officers were briefed on the BPHS endorsed by the Ministry of Health. They, in turn, briefed clinic staff in their respective regions during supervisory visits.

A two-day training workshop on nutrition and growth monitoring was conducted for the midwives of the ARCS Kabul clinics, in August. Ten midwives attended.

A four-day EMU training workshop was conducted in Mazar during August for the EMU staff of the region. Health educators from the ARCS clinics in Mazar participated in a two-day workshop on nutrition conducted by the Ministry of Health in July.

A five-day training workshop was held in July for the vaccinators of ARCS clinics in the Herat region. The midwife and TBA trainer from the Darinoor (Jalalabad Region) attended training in emergency obstetric care in Jalalabad University Hospital in July. The midwife from Darinoor also attended a six-day training of trainers (ToT) refresher course for midwives conducted by the Ministry of Health in Jalalabad during August.

*Impact*: Training 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, many provinces have been off-limits to all Federation staff, making it very difficult to conduct 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 along with the security constraints this activity has been impeded.

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

*Progress/Achievements*: Three-week training for 20 new TBAs from Badakhshan province in Northern Region was started in the last week of September. The table below outlines services provided by ARCS-trained traditional birth attendants in the last quarter. In the year to date there have been over 5,000 TBA deliveries and over 25,000 TBA home visits.

| **Services provided** | **July** | **August** | **September** | **Total** |
|---|---|---|---|---|
| TBA deliveries | 712 | 628 | 612 | 1,952 |
| TBA home visits | 3,958 | 3,632 | 3,683 | 11,273 |

*Impact*: Nearly 2,000 women had their babies delivered by trained TBA in the third quarter of 2003. These TBA also made over 11,000 home visits to pregnant and lactating women to offer health advice on the care of the pregnant woman and her baby.

*Constraints*: There continues to be a shortage of well-qualified midwives to train as TBA supervisors, especially in rural areas.

Expected Result 9: Better coordination of primary health care activities across the country has been assured by regular supervision visits and liaison and coordination with MoH and all health partners.

*Progress/Achievements*: ARCS and Federation regional health officers continue regular supervision visits to all clinics, where security permits. In all regions health officers attend monthly coordination meetings at the Ministry of Health, as well as other ad-hoc meetings for health-related agencies. Health officers in all regions have regular liaison with the Ministry of Health and other agencies, including UNICEF, WHO and various 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*: Regular liaison including the sharing of ideas is helping ensure that beneficiaries receive the best possible service from all health agencies and that agencies do not duplicate services.

*Constraints*: In the year to date the ARCS has lost three experienced regional health officers to other agencies offering higher salaries.

Expected Result 10: Community participation in the management of clinics is increased.

*Progress/Achievements*: As outlined in the first programme update, a health committee was appointed for the Mehterlan clinic in Laghman province. Following this initiative, preliminary work has been done to appoint similar health committees to other ARCS clinics, with at least one per region.

*Impact*: Establishing health committees will ensure community participation in the health services provided by ARCS which will in turn make a positive effect on sustainability of its clinics. The impact will remain limited until the model can be rolled out at more clinics.

*Constraints*: Health committees are a new concept for ARCS and the community. It is anticipated that the successful establishment up of the Mehterlan health committee will provide the template for clinics in other regions.

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

*Progress/Achievements*: Negotiations on expansion of EPI services to the rest of ARCS' clinics took place in the regions with the Ministry of Health and UNICEF but there was no progress made on this during the third quarter.

*Impact*: Out of 49 clinics 40 already have EPI. Expansion of EPI to all clinics will ensure a greater contribution by the ARCS in increasing immunisation coverage.

*Constraints*: No new MCH activities have commenced during the third quarter of 2003. The ARCS hopes to be able to find more trained female staff to commence full MCH activities in at least two new clinics by the end of 2003. The shortage of qualified female staff is a hindrance for all agencies, particularly those seeking to work in remote areas.

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*: Trust and understanding is gradually building between the clinics and volunteers. This is leading to clinics taking greater note when patients are referred by volunteers. The aim is to eventually have clinics requesting the assistance of volunteers in patient follow-up, particularly in addressing the issue of poor attendance for ante-natal clinics and immunization.

*Constraints*: The pace of improved cooperation between the health teams and CBFA continues to only be gradual, in part due to logistical reasons.

*Coordination*: Coordination is a key aspect in all regions. Health officers, ARCS and Federation, attend all health coordination meetings. Normally there is a monthly meeting at the MoH in each region, 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 MoH or NGOs and have in turn 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. The ARCS and Federation senior health staff are involved in many of these task forces and also attend the regular health NGO meetings.

**2. Emergency Mobile Units project**

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*: The Kandahar EMU teams were deployed to Zahre Dasht of Kandahar province on 21 July where they participated in the response to a diphtheria outbreak. They continued their contribution by taking part in the diphtheria vaccination campaign in Zahre Dasht up to 13 August.

One of the Kandahar teams was deployed to Spin Boldak of Kandahar on 13 September to respond to a cholera outbreak. The ARCS team together with Medicins Sans Frontieres staff set up a cholera treatment centre in Spin Boldak and the team is continuing to provide its services. The second team was deployed to Zabul Province on 18 September to investigate reports of a cholera outbreak in Daichopan District. However due to security problems the team could not enter the area and was forced to return.

One of the mobile teams of Mazar was deployed to Badakhshan on 18 September where it took part in responding to a pertussis outbreak in Ragh district.

*Impact:* The contribution of the ARCS EMU teams in response to health emergencies is gradually being increased. This is helping improve the lives of vulnerable people in addressing urgent cases. It also raises the profile of ARCS among the communities and other players in the field. The Ministry of Health is showing increasing interest in this capability.

*Constraints*: Insecurity is the main obstacle, especially for EMU deployment. This was exemplified in the inability of the deployment of an EMU team to investigate the report of a cholera outbreak in the Daichopan district in September.

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 third quarter of 2003 mobile teams treated over 19,000 patients, who would not otherwise have had access to primary health care. Most of these people also received health education in groups or individually. The total number of patients seen for the year to date now exceeds 45,000.

| **Services provided** | **July** | **August** | **September** | **Total** |
|---|---|---|---|---|
| Patients seen | 7,827 | 7,301 | 4,853 | 19,981 |

Presently there are two teams each in Kandahar, Mazar, and Herat, and one team each in Kabul and Jalalabad. Kandahar and Herat sub-delegations are also working with the Ministry of Health and UNICEF to try and establish a 'cold chain' - to offer outreach vaccinations to remote areas.

Due to security problems the teams could not visit villages regularly, especially in the Kandahar region. In addition to the provision of health services in villages, the mobile teams took part in NIDs for polio eradication and TT vaccination campaigns.

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

*Constraints*: The security situation continues to be a major constraint. This has meant only 56 per cent of the targeted beneficiaries have been reached with three quarters of the year gone. Security concerns prevented the Kandahar mobile team from going to the Khanashine district of Helmand province where cases of acute watery diarrhoea had been reported by CBFA volunteers. Other constraints have been the loss of some key staff, mainly for financial reasons.

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

*Progress/Achievements*: During the reporting period 44 new CBFA volunteers were trained in Adraskan, where one of the Herat mobile teams is working. Over 80 volunteers were trained in Parwan and Kapisa provinces, in the areas where the Kabul mobile team worked. This brings the total number of new CBFA volunteers trained in catchment areas of the EMUs to over 160.

*Impact*: The increase in new volunteers helps improve the lives of beneficiaries. CBFA volunteers maintain good contact and cooperation with the mobile teams, enhancing their capacity to help the most vulnerable.

*Constraints*: Security constraints in some regions, particularly towards the end of the reporting period, have made it difficult for teams to travel to some of the needy areas.

*Coordination*: The health department has coordinated regularly with the Ministry of Health emergency preparedness and response (EPR) director and attended, and made presentations on the EMUs at EPR workshops in Kabul. Regular coordination with the World Health Organisation and the ministry has taken place regarding possible disease outbreaks in various parts of the country. There has been good coordination between ARCS EMU teams and the Ministry of Health, UN agencies and NGOs in responding to current malaria outbreaks in Badakhshan and Kandahar provinces.

**3. Environmental Health (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 as outlined in the second programme update) people via constructed wells that are community managed.

*Progress/Achievements*: In the third quarter of 2003, 71 new boreholes were drilled in Kandahar town, Maruf district of Kandahar province, and in Farah town and Qala-e-Qah district of Farah province, bringing clean, safe drinking water to hundreds of families. The well of the ARCS branch and clinic in Ghor was rehabilitated as well. The total of new boreholes drilled for the year to date is 148 while the number of deepened boreholes remains at two.

| | July | August | September | Total |
|---|---|---|---|---|
| New Boreholes | 5 | 29 | 37 | 71 |
| Deepened Boreholes | 0 | 0 | 0 | 0 |

*Impact*: The health of beneficiaries is greatly improved with clean drinking water, and sufficient water for hygiene practices. Appropriate 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 was revised to take into account the changing situation and deteriorating security environment. It is now planned to drill 200 boreholes by the end of 2003 and to concentrate more on the hygiene education and latrines project, around the area of existing wells.

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

*Progress/Achievements*: No progress on this during 2003.

*Impact:* None.

*Constraints*: Security has been the main constraint to supporting agricultural self help groups. Under the revision of the project this is now suspended, until at least the end of 2003.

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

*Progress/Achievements*: No progress on this expected result.

*Impact*: None

*Constraints*: Security has been the main constraint. Under the revision of the project this activity is 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*: During the third quarter the environmental health team provided hygiene education to over 2,000 people including women and children in the areas where the boreholes are drilled and the latrines are constructed.

*Impact*: It is hoped that there will be a cascading effect through the training by women to women will improve the hygiene knowledge of the whole community and lead to a reduction in water related diseases. 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*: Once again security, particularly in Kandahar region, is the main constraint. 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 latrines constructed, and where more emphasis will also be placed on the an integrated programme of water, latrines and hygiene messages

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

*Progress/Achievements*: In the third quarter 75 latrines were constructed in Kandahar town and 10 latrines are under construction in Farah. The Federation/ARCS is supporting the construction of latrines by the families, through the provision of advice and some basic building materials.

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

*Constraints*: No major constraints and unless there is a major deterioration in security in the project area, it is expected to be a viable activity.

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

*Progress/Achievements*: Work on the new database is still only in the early stages so little progress to report at this stage.

*Impact*: None at this stage.

*Constraints*: Absence of an environmental health delegate until September was the main constraint during the reporting period.

*Coordination*: 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.

**3. 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*: Based on the survey done in April to June in the Kabul and Jalalabad regions, the reorganisation of 53 groups of volunteers was completed and the need for an additional 500 volunteers was identified. Some 303 volunteers were trained in the third quarter, covering 104 villages. Details are outlined in the table below:

| Region | Province | District | Volunteers trained | Villages covered |
|---|---|---|---|---|
| Kabul | Ghazni | Centre | 115 | 66 |
| | | Andar | 40 | 8 |
| | Wardak | Chak | 88 | 21 |
| Eastern | Nangarhar | Rodat | 60 | 9 |
| **Total** | | | 303 | 104 |

In other provinces of the central and eastern regions, training teams could not conduct training (see constraints below).

*Impact*: With the team approach the profile and visibility of ARCS volunteers has increased in the mentioned areas. The community is now more aware of the team of volunteers and the scope for passing on health messages has increased. Volunteers continue to offer timely first aid, coupled with relevant health messages, which will in the long term increase the coping capacity of people in the area.

*Constraints*: Instability, poor roads and security issues are the major constraints. An ARCS convoy was attacked in the Andar district of Ghazni province. CBFA trainers who had been conducting training in that area were forced to cease their activities and move to Ghazni City for safety reasons

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Unemployment and the poverty associated with it also impede the number of people ready to commit to the concept of volunteering.

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 this quarter a total of 883 volunteers from 255 villages, in 14 districts of 12 provinces have been recruited, trained and equipped with first aid kits. This brings the total number of new volunteers trained and recruited for the year to date to 2,648.

In total, the number of volunteers trained since the commencement of the project in 1997 is 15,116 volunteers - from 13,220 villages, in 155 districts of 23 provinces. The number of newly-trained includes 52 female volunteers who were enlisted during the reporting period in Kabul and Herat, bringing the total number of female volunteers to 398, since training of women started in April 2002.

To encourage and upgrade the knowledge of volunteers for the purpose of better performance the ARCS is holding first aid competitions among volunteers. These competitions progress from group, district, provincial, regional and finally national levels with the finals held annually. During the reporting period, first aid competitions at district, provincial and regional level, in the south-west region were held in eight districts of Herat province among 82 groups of volunteers. In the Kabul region competitions were conducted in 43 districts among 218 groups. Provincial and regional level competitions were conducted in the Kabul region. CBFA volunteers from the Kabul and Ghazni provinces were the eventual winners. Provincial and regional level competitions in the Herat region are planned for October. Competitions in the other regions will start in October.

Team leader workshops have been conducted for 82 volunteer team leaders from eight districts in Herat and 221 team leaders from 37 districts of the Kabul region. The workshops were facilitated by ARCS, Federation and ICRC personnel.

*Impact*: The CBFA training programme is implemented in remote regions were there are often no existing health facilities. This makes the training of volunteers in CBFA all the more vital. These trained volunteers greatly enhance the capacity of remote communities in receiving health education, protection against preventable diseases, such as diarrhoea that can lead to malnutrition or even death, and the importance of immunization to protect children. Communities also gain the capacity to be able to receive timely first aid for basic injuries/illnesses. CBFA volunteers also provide mine awareness education which is extremely important in this Afghanistan.

Female volunteers also make a major impact in that they are more effective in being able to talk to other women in their families and communities, passing on health messages on all topics, particularly reproductive health, to improve the health of mothers and their children.

*Constraints*: Lack of motivation is a serious problem among some of the volunteers, particularly those isolated in remote communities. The ARCS aims to introduce an 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 national society.

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 last quarter, CBFA volunteers offered first aid or advice to 144,107 casualties and health education, mine and disaster awareness to 204,242 individuals. In the year to date, 301,449 casualties have been attended to while education has been provided to 801,260 people.

*Impact:* The impact is that more people are considering health measures in their daily life. More mothers are keen to immunize their children during NIDs. Even some people who have no access to vaccines in their respective areas are referred to the main towns or cities to get their children immunized against the six deadly childhood diseases. In some districts of Herat and Ghazni, where the volunteers have established ARCS corners, people are attending health education sessions regularly to know more about arresting bleeding, immobilising broken limbs, dressing injuries, birth spacing, preparing ORS for dehydrated children and so on. Thus the presence of volunteers is felt in the community all the time.

*Constraints*: Due to budget constraints earlier this year, the provision of dressing material for refilling of volunteer's first aid kits was impeded. In some provinces there was no dressing material available in stock until July. The first round of refilling scheduled for March had to be delayed until July. This has adversely affected the motivation of some volunteers.

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

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

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

*Constraints*: Unemployment and poverty are prevalent in many communities which substantially impedes the ability communities to be able to contribute local resources. Many villages have also lost talented, able people who would have been able to assist volunteers, forced to move to other cities or countries to seek work.

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*: Volunteers are helping in dissemination about clean water and keeping the environment neat and clean in cholera-affected areas in Spin Boldak of Kandahar province. Volunteers in Kunar province have assisted in relief distributions with the relief team sent from Kabul.

*Impact*: In the event of a disaster these volunteers trained in disaster management will be available to carry out assessment of the affected areas, identifying the extent of the damage, the number of casualties and the immediate needs of the affected population. 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.

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.

*Constraints*: No major constraints, however the integration of volunteers into various programmes is a slow process.

*Coordination*: CBFA teams are linking more closely with the health clinics and EMU, water and sanitation engineers and hygiene promoters and youth and humanitarian values teams both at headquarter level and in the regions. Examples of this have been the involvement of CBFA volunteers in the cholera outbreak in Spin Boldak, and reporting on incidents of diarrhoea in the Helmand provinces. They also work closely with ICRC, particularly the dissemination and mine awareness departments and with the Ministry of Health and UNICEF, particularly for support to NIDs involved in social mobilisation.

## Disaster Management

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

**Programme Objective**: The Afghan Red Crescent disaster management - both preparedness and response - capability 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 disaster management (DM) department was involved in several major activities during the reporting period: response activities in north, central, western and eastern regions and the DM Training Manual Development workshop held in Kabul (see Result 5).

ARCS disaster management staff completed a number of response operations in the central region of Afghanistan assisting over 3,800 flood-affected families. Activities were coordinated with the Government's Department for Disaster Preparedness (DDP) through meetings organised by DDP and involving 12 key ministries, where the national society participates as a key actor in the national disaster response system.

The DM department has distributed aid for flood victims in provinces of Ghazni, Paktika and Paktia. Despite the tragic incident in Ghazni province, when two ARCS DM staff were killed by unidentified gunmen, the department is committed to continue relief operations where the security situation permits.

The ARCS Farah branch was involved in responding to a sand-storm in western Afghanistan. The ARCS distributed 500 shovels and wheelbarrows in order to enable affected families clean up water-canals, wells, irrigation systems and so on. ARCS Nanghahar distributed American Red Cross donated school chests to 2,000 students.

The rehabilitation of the ARCS emergency operations centre is continuing - expected to be completed by the end of the year. Furniture and meeting/workshop materials have been procured and stored in ARCS central warehouse in Kabul. Construction of warehouses in Mazar and Jalalabad is in progress. In Jalalabad 80 per cent of construction is completed and should be fully completed in the coming weeks. Mazar warehouse construction was delayed due to tensions between two local rival groups. The constructing warehouse in Mazar is located on ARCS land, which is not yet surrounded by walls. In order to secure ARCS relief goods stored in the warehouse as well as equipment in the regional emergency operational center a proposal has been made by the Mazar sub-delegation to build a surrounding wall. The construction cost will be USD19,000 which is reflected in revised budget.

*Impact*: The response activities mitigated disaster impact on communities and assisted vulnerable households with essential food and non-food items. Activities have increased the ARCS capacity in assessments, planning, logistics and reporting as well.

ARCS branches are becoming more involved in joint assessments and relief operations with local authorities, UN and NGOs. This is evidence of the positive development of the national societies' profile. This process needs to be developed further, to the point where the ARCS has input to policy.

*Constraints*: The ARCS is still not clear about the final DM structure, which delayed adjustment of some job descriptions at headquarters and branch level. Considering future possible difficulties in funding DM staff, the national society is working on restricting the number of staff at headquarters and branch level. There is still room for improvement, especially in rapid needs assessment and report writing at branch level, as well as strengthening cooperation with the DDP-Government and UN Assistance Mission in Afghanistan (UNAMA).

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*: The ARCS supported by the Federation started a regional disaster preparedness plan development exercise that will form the basis for the draft national disaster preparedness plan. The exercise covers response planning as well. The first planning workshop was held in Kandahar on 23-24 August 2003. Other regions will be covered in the coming months. The ICRC, UNAMA regional offices and DDP regional representatives are invited to participate in the exercise and give feedback.

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

*Constraints*: Delays in developing an ARCS disaster preparedness policy and a plan is preventing the national society implementing all planned activities for 2003. Constraints in development of the earthquake mobilisation plan and testing its effectiveness as well as in developing final national DP plan are indicated in the revised budget.

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

*Progress/Achievements*: The disaster response national plan is being developed alongside the national disaster preparedness plan. Activities are similar to result 2.

*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*: As per constraints outlined for expected result 2. Constraints in publishing the disaster response manual and organising disaster drills are indicated in the revised budget. Some of the activities are limited due to a deteriorating security situation in most provinces of Afghanistan.

Expected Result 4: The ARCS has a 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 procurement of necessary equipment and uniforms for the unit has been completed. The standard operating procedures for the unit has been designed and handed over to ARCS leadership for approval. A limited number of staff have been deployed to some of the central region flood affected areas. Deployments depend on the scale and location of the disaster and the capacity of the local branch.

*Impact*: The DRU will increase the effectiveness of the Afghan Red Crescent to provide speedy response to the vulnerable groups affected by disasters.

*Constraints*: A comprehensive training for DRU staff has not been organised yet due to the engagement of ARCS DRU staff members in various activities and workshops. The formation of branch disaster response teams was delayed due to a lack of trained volunteers at branch level. Most of the activities are limited due to security reasons. The two ARCS employees killed and three injured in Ghazni province in August 2003 were DM department employees, who had been distributing relief items to flood victims.

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*: An eight-day Disaster Management Training Manual Development workshop was held at the ARCS training centre in Kabul in July 2003. The lack of training manuals in disaster management (both in response and preparedness) has been the main obstacle in the human resource development process, particularly at branch (volunteers) and community level. ARCS staff and volunteers from all over the country, supported by DM specialists from the Nepal Red Cross, Pakistan Red Crescent and the Sri Lanka Red Cross, and facilitated by the regional disaster preparedness manager and a consultant from India, have developed a draft basic disaster management training manual. The manual will be edited and finalised by the South Asia regional delegation disaster management department and the consultant. Getting acquainted with the methodology of developing a manual was a secondary vital outcome of the workshop. However, the ARCS human resource capacity in disaster management, especially regional staff and volunteers, is low and continues to require plenty of support from the Federation.

A disaster preparedness session was presented by the Federation disaster preparedness officer at the Volunteer Team Leaders Refresher Workshop in Kabul on 29 September 2003. The session was arranged with the ARCS CBFA volunteers department within the ongoing CBFA activities in the central region. The presentation covered ARCS DM structure, disaster preparedness components and mobilising local resources to better prepare for and respond to disasters. Participants showed a great interest to receive further training on DP techniques and necessary precautions and preparations for disasters.

A disaster preparedness training session was organised by the eastern region disaster management supervisor for CBFA volunteers, as part of the CBFA volunteers training held on 20-25 September 2003 for Laghman, Kunar and Nangarhar provinces.

The DM department has committed itself to strengthening itself by transferring disaster management knowledgeable ARCS staff from different departments. This is the first stage in a long-term human resource development process in the national society's disaster management department

*Impact*: The development of a basic disaster management training manual will enable the national society to conduct training for staff and volunteers on a regular basis in more consistent and professional way. The methodology learnt by the ARCS during the workshop can be used for the development of other training manuals for the national society.

*Constraints*: The recruitment and training of 20 disaster management volunteers in ARCS branches continues to be limited due to the deterioration of the security situation. This meant it was impossible to visit some of the branches and organise training.

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

*Progress/Achievements*: The Federation DM department has had several meetings with its ARCS counterpart regarding the structure, procedures and job descriptions and other community based disaster preparedness (CBDP) related issues. It was agreed that a special consultant from the Nepal Red Cross would visit Afghanistan for a limited period of time to strengthen the ARCS CBDP programme, review and develop new implementation procedures, if necessary. The consultant would support the ARCS to organise a CBDP ToT workshop. A focal point for CBDP programme – CBDP director - was appointed in September 2003.

The vulnerability and capacity assessment (VCA) to identify communities/districts for CBDP programme has been completed in the northern region provinces of Baghlan (Baghlan, Andarab and Doshi districts), Samangan (Hazart-e-Sultan, Khuram-u-Sarbagh and Rabatak districts) and Takhar (Farkhar, Chal and Namakab districts).

*Impact*: Clear implementation procedures and training of trainers will enable the ARCS to enhance its relationship with communities to help them improve their coping mechanisms. This is an ongoing process and real impact will be measurable in the longer term.

*Constraints*: The main constraint is the lack of qualified people. This situation should be improved by the ToT workshop, increasing the number of qualified staff.

The VCA in the central region has been impeded by security restrictions in the area. Implementation of CBDP activities – community hazard awareness – have been restricted due to the security situation with it not safe to travel to certain districts and villages.

## 3. 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 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*: In August, a five-day regional humanitarian values workshop organised by the South Asia regional delegation Delhi was held in Kabul. Information and dissemination officers from the Bangladesh, Sri Lanka, Nepal, India and Pakistan national societies participated along with ARCS youth officers and staff, together with several Federation and ICRC personnel.

*Impact*: Youth officers gained valuable knowledge about humanitarian values from the workshop.

*Constraints*: Most humanitarian values texts are in English, and need to be translated into Dari and Pashto.

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*: During the third quarter the Kandahar region youth officer recruited and trained 16 teacher volunteers from five schools of Zabul province and three schools in Kandahar, using ARCS basic training modules which cover first aid, humanitarian values, RCRC Movement and disaster management. This was the first youth training programme to have taken place in Kandahar region.

Sixty volunteers who are teachers in 30 schools in Kabul city (two per school), received additional training in the concept of humanitarian values within the youth/humanitarian values programme.

Some 450 leaders from 45 schools of Kabul city have been recruited in the year to date. As outlined in the previous programme update, these 450 have attended a ToT course facilitated by 90 teacher volunteers, using ARCS youth training modules.

Around 2,800 youth volunteers from schools in Kabul city, and from Nangarhar, Kunar and Herat provinces have been recruited and trained in first aid by 280 youth leaders with the assistance of 56 teacher volunteers in 28 schools.

ARCS youth officers have been able to organise enrolment ceremonies in Kabul, Mazar, and Herat regions. In these ceremonies 110 youth leaders from Kabul region, 50 from the Mazar region and 100 from the Herat region received their identification cards and certificates.

Throughout the reporting period, work has been underway to translate key humanitarian values and Federation dissemination texts and other documents into Dari and Pashto.

*Impact*: The schools targeted during the quarter are better informed about the Red Cross Red Crescent Movement and about the ARCS programmes and activities, especially the role and contribution of Afghan Red Crescent youth. As recruitment and training of teacher volunteers grows, it continues to increase the capacity to grow the youth movement in the national society.

*Constraints*: There is not yet a unique training module focusing on youth.

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

*Progress/Achievements*: An Afghan Red Crescent youth club was opened in the Mazar region. The opening ceremony was attended by representatives from the ICRC, United Nations and some government officials.

Some 120 youth volunteers and the teacher volunteers from five schools of Kabul city together with a number ARCS-CBFA volunteers participated in a first aid rally held on September 13 to help mark World First Aid Day. The event was covered by national and international media.

Outings for ARCS youth members from different schools and communities were arranged during August and September. The aim of these get-togethers was to provide fun for the children whilst also providing an opportunity to pass on humanitarian messages.

During the reporting period, ARCS youth officers visited 176 schools in Kabul, Jalalabad, Herat and Mazar provinces, where the ARCS youth programme is active. During their visits they monitored the ongoing training of youth leaders and volunteers, and held discussions with teachers about the youth programme. They also conducted monthly meetings with 335 teacher volunteers in these regions.

A volleyball competition tournament among the female youth volunteers from 24 schools of Kabul city was organised by the ARCS youth department. This was the first such competition among the female youth volunteers and they exhibited great enthusiasm for the event and a desire for further such competitions.

With regard to dissemination, ARCS youth and teacher volunteers in Kabul and Mazar addressed over 42,000 individuals in different communities, principally in mosques and schools, on different Red Cross Red Crescent topics. This included humanitarian values, such as reconciliation, the emblem and health messages. Awareness sessions on the danger of HIV/AIDS were also presented by youth and teacher volunteers to over 7,000 students in their respective schools.

During the reporting period youth and teacher volunteers in Kabul and Mazar who are also first aiders, provided first aid for 1,077 individuals. A total of 488 youth and volunteers from Mazar city participated in various community service activities such as the rehabilitation of the Estad Jahed school wall, cleaning four mosques and two schools.

Some 116 teacher volunteers from Balkh province in Mazar region participated in the Ministry of Health and WHO polio campaign, and vaccinated 34,917 children. Nearly 30 female teacher volunteers of Balkh province of Mazar region participated in tetanus vaccinations in ten district of Mazar city, with 4825 women being vaccinated.

Five female volleyball teams were formed with the help of ARCS youth officers and teacher volunteers in five schools of Faryab province of Mazar region. In Afghanistan the participation of women in sports was prohibited for many years.

*Impact*: Trust is being established between the youth volunteers and the communities, thus raising the ARCS's image. People are more aware of ARCS and its activities. Young people continue to be exposed to the messages and values of the Movement which hopefully will be measured as an impact in the future in the form of increased Red Crescent youth membership.

*Constraints*: In order to follow and monitor the activities efficiently it is important for the monthly reports compiled by the ARCS regional youth officers, be submitted on time. This does not always happen.

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

*Progress/Achievements*: A visit by the youth director from the Japanese Red Cross Society (JRCS) together with a colleague helped give ARCS youth members and volunteers a chance to discuss the JRCS youth programme and its activities. These discussions helped broaden the vision and understanding of ARCS youth members about the work of other national societies

The ARCS youth officer for the central region, together with one staff member from the international department, attended a two-day international youth conference on peace and reconciliation in Iran. Youth members from over 50 national societies participated.

*Impact*: Relations between the ARCS and other national societies, notably the JRCS, have strengthened. The JRCS in particular has indicated a strong desire to support ARCS youth activities, as well as another a proposal on dissemination of information about HIV/AIDS prevention in schools.

*Constraints*: The ARCS proposal concerning the HIV/AIDS dissemination programme has not been finalised. This is delaying their overall support for youth activities.

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

*Progress/Achievements*: Meetings to harmonise planning for future activities were held regularly during the third quarter between the information/humanitarian values delegate and ICRC counterparts. In addition, the Federation youth manager gave a presentation on humanitarian values dissemination through youth at a five-day workshop organised by the ICRC to raise awareness about the work and mandate of the RCRC Movement among ARCS and ICRC staff.

*Impact*: ARCS staff are more motivated to utilise ICRC dissemination material and are seeking to have key documents translated into Dari and Pashto. The ARCS is also keen to support the ICRC in making their own presentations to external audiences.

*Constraints*: The limited amount of material in Dari and Pashto. It is difficult to find suitably skilled translators who also understand the Red Cross Red Crescent terminology. Presentation packages on Power Point and overheads need to be updated, but due to other pressing priorities this has not been done.

## 4. Organisational 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 1: ARCS branches have increased their capacity to deliver services aimed at reducing the vulnerability of millions of Afghans.

*Progress/Achievement*: A clear procedure for the establishment of income generating projects in the ARCS branches and allocation of budgets for renovation of branch offices and buildings, on the basis of priorities and needs, was prepared. A number of income generating project proposals have been submitted from around the country and allocations will be made shortly. Generally the standard of submissions was mixed.

During July a financial management meeting was conducted for the heads and administrators of the branches of the central region. The meeting was facilitated by the senior management of the administration and finance and OD

departments. The financial problems of the branches were discussed and decisions were made as to how to address these issues. All nine central region branch administrators spent one week working within the headquarters finance department, receiving coaching in relevant methods and systems.

As outlined in the previous programme update, the Afghan Red Crescent established a vision and mission statement for the next three to five years and underwent an identification and analysis exercise to address problems/issues within the national society aimed at improving its capacity to deliver better services to the most vulnerable.

*Impact*: The branches have strong interest in developing their financial self-sufficiency. The provision of small amounts of funding gives them the opportunity to test and establish income sources that rely on local capacity.

*Constraints*: While representatives from the branches have participated in the resource development workshop, they still lack skills/ability in putting together adequate proposals for income generating projects, especially market analysis.

Expected Result 2: ARCS headquarters has appropriate structures and increased capacity to assist branches to plan and implement programmes aimed at reducing the vulnerability of millions of Afghans.

*Progress/Achievements*: After the Visioning and Constitution Review Workshop (as outlined in the previous programme update), the Afghan Red Crescent Society is able to refer to a clear vision and mission statement. A committee was assigned from the three components of the Movement (ARCS, ICRC and Federation representatives), to edit and finalise the participants' recommendations.

The participatory appeal process meeting was conducted at the ARCS headquarters on 29-31 July 2003. Participants included senior management from headquarters and head of six Afghan Red Crescent branches, as well as representatives from the Federation and ICRC. The aim of the workshop was to conduct a 'SWOT' analysis and stakeholder analyses before setting the goals, objectives, expected results and activities for the 2004 appeal.

The new training centre was opened in July. The facility will be used for a wide range of activities such as the regional disaster preparedness workshop, appeal process meeting.

In August the ARCS commission edited the participant's recommendation on the strategic planning exercise and give it to the planning department for action. The commission's work on the constitution review was completed and proposed changes will be submitted to ARCS management.

A computer training room was opened in August and 20 staff from various departments at ARCS headquarters enrolled for courses. An English training programme for 47 staff (25 beginners and 22 intermediate) is successfully continuing. In addition a literacy course for illiterate staff has commenced.

*Impact*: The establishment of the in-house training centre is an important step for the national society's development. Many workshops, seminars and gatherings which used to be conducted outside the ARCS compound, now can be held in the training centre very effectively. Computer literacy and English language are becoming key skills. The training facility provides a venue for the provision of these skills which is a major boost to the motivation of staff.

*Constraints*: None have been experienced during the quarter.

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

*Progress/Achievements*: ARCS organisational development (OD) staff attended training on how to monitor programmes.

*Impact*: Work-related training is nearly always a morale booster. The monitoring skills of staff will be vital for the future of the ARCS, as they are increasingly expected to be able to demonstrate quality and impact.

*Constraints:* No clear procedure for monitoring and evaluation of the programmes has yet been institutionalised in the ARCS. More staff from the national society need to be trained in how to monitor and evaluate programmes and the systems need to be implemented. The Federation is working to educate and motivate ARCS leaders in this regard.

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

*Progress/Achievements*: Contact was made with different enterprises regarding the translation of the human resource development manual. The handbook was translated into Dari and is ready to be printed for further use of the ARCS cadre and personnel department.

*Impact*: Having human resource procedures will enable the national society to have clear rules and regulations for recruitment of staff on the basis of competencies and qualifications. It is expected that better staff management will decrease turnover and improve motivation and performance. However any impact can only be assessed over the long term once established human resource systems are put in place and staff turnover and quality is monitored.

*Constraints*: A human resource policy needs to be developed and adopted in the national society as soon as possible. Most of the colleagues from ARCS are eager to accept organisational changes in the society, but the techniques of how to change are still poorly understood. There is also a likelihood of considerable resistance to more transparent recruitment and human resources practices.

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/Achievements: The Afghan Red Crescent society is revising its constitution and plans to introduce a membership system on a pilot basis in the cities of Kabul, Mazar-e-sharif, Jalalabad and Herat. The constitution commission work continued through the reporting period and is ready to submit its draft to the leadership.

A membership system proposal was drafted by the Federation and discussed with the ARCS OD counterpart. This has yet to be finalised. A separate image building/dissemination initiative has been prepared and submitted to the president and secretary general.

*Constraints*: It is important that the work on dissemination material for the purpose of image building and work on the introduction of a membership system commences as soon as possible. However there is no clear policy for recruiting members. Such a policy needs to be passed by the Afghan Red Crescent in close cooperation with the Federation. However this process is going extremely slowly, due in part to insufficient senior level prioritisation.

## 5. 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 Afghan Red Crescent is still at the initial stage of defining its strategic objectives. Over the last few months, a committee with the support of the Federation delegation has continued to work on the society's development plan as a follow up to the visioning exercise held in May 2003. A draft plan is expected soon.

*Impact*: The strategic plan 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. This will all be done through the Federation's cooperation agreement strategy (CAS) mechanism.

*Constraints*: A host of complex issues, ranging from security, political progress and the general stability in Afghanistan present a huge challenge in terms of long term planning. The Afghan Red Crescent strategic planning process is therefore a slow process. Continued support from the Federation is thus necessary to enable the national society to outline its plan and participate effectively in the partnership for and effective coordination of support to the ARCS programme.

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

*Progress/Achievements*: The implications of the various evolving government policies are becoming apparent for the Afghan Red Crescent Society. By and large, the national society is using the government policies as a prompt and it is redefining and redesigning its 2004 programmes accordingly, especially health and disaster management. The programme directions have necessitated the national society to be an active partner in various Government and UN forums. A partner national society (PNS) meeting in Geneva discussed among other issues, the programme strategy for 2004 and beyond, and commitments for support will sought.

*Impact*: The partnership meeting will help the Afghan Red Crescent engage its partners in the planning for 2004, and in mobilisation of resources necessary for meeting the needs of the most vulnerable community reached through ARCS programmes.

*Constraints*: ARCS decisions on programme strategy, especially in the health programme, will be crucial in the partner national societies' commitment and support. These decisions have yet to be finalised.

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 cooperation strategy (RCS).

*Progress/Achievements*: The South Asia secretaries-general meeting held in Kabul in July 2003, reviewed progress on the implementation of the Movement strategy in the region which is among efforts focused on raising awareness and participation of the ARCS. The RAS has helped to facilitate the national society's understanding of the regional programme priorities such as DM, HIV/AIDS and population movement including drawing on support from the other national societies in the sub-region.

*Impact*: The national society is becoming active within the South Asia regional delegation and beginning to better understand the Movement as a whole. The regional strategy continued to help the Afghan Red Crescent to prioritise its own objectives to serve the vulnerable in a more sustainable and systematic manner.

*Constraints*: The ARCS strategic understanding is still at the early stage of development and is not assisted by the complex and evolving political and security situation in Afghanistan. Ongoing Federation efforts and support is therefore necessary in increasing the Afghan Red Crescent strategic capacity 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 memorandum of understanding (MoU) advanced draft has been shared with partners including a courtesy translated copy to the ARCS. Feedback has been received and recommendations are being deliberated and incorporated as necessary for a final draft to be authorised for signature by the ICRC/Federation secretariats in Geneva.

*Impact*: Once finalised, the MoU will help ensure a coordinated approach to the intervention of the 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 society. It will constitute a basis for long and medium term planning and define the roles and responsibilities of the Federation in supporting the national society with resources, in order to ensure the development and long term sustainability of effective structures and programmes, agreed by the partners.

*Constraints*: In the absence of a new MoU, there is an understanding that cooperation is based on the 2002 MoU, which involves bilateral arrangements between the Federation and the ICRC, and is complemented by a general tripartite agreement with the Afghan Red Crescent.

Expected Result 5: A cooperation 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 as outlined in the previous programme update between the Federation and the Afghan Red Crescent expired on 30 April 2003. Discussions are underway on the development of a tripartite core structure agreement for 2003 which will be developed in due course.

*Impact*: Programme agreements enable all programme departments to efficiently and effectively deliver humanitarian services as well as ensuring a strong coordinated Movement presence in Afghanistan. In turn, harmonised support to the national society helps the ARCS deliver better services to the vulnerable communities it serves.

*Constraints*: There is the continued need for more harmonised planning and programming. A core structure agreement will define the scope and level of Federation and ICRC financial support to the Afghan Red Crescent national headquarters and provincial branches, to further promote coordinated support to the ARCS core structure and management principles.

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

*Progress/Achievements*: The Afghan Red Crescent has been engaged in dialogue with the Ministry of Health regarding the policies defined in the BPHS. The BPHS is being developed with the assistance of the World Bank, European Union and USAID. The new system will see the contracting out of health services to NGOs. The Afghan Red Crescent and the Federation has been in discussions with the ministry over the positioning of the ARCS health programme (50 clinics, EMU and CBFA), and the overall function the national society can play in the health sector under the new system. The ARCS/Federation now sits on the national health consultative group (a national policy coordinating body) as well as several other health task forces. In the meantime the ARCS/Federation continues to collaborate with UNAMA, the Government and other NGOs in the DM arena where they play a key, active role and are involved in wide-ranging functions (response, coordination, preparedness and policy).

*Impact*: Strategic partnerships between the Afghan Red Crescent and other country-based as well as international agencies/organisations help the society strengthen its position as a key humanitarian player in the country. Through effective networking and coordination the Red Crescent is recognised as a credible partner in disaster response. The ongoing dialogue with the Ministry of Health is aimed at ensuring the ARCS remains a major player in the health sector in the country under the new BPHS system.

*Constraints*: The Afghan Red Crescent needs to be more proactive in developing effective networking and coordination and use its strength as a springboard to build strategic and sustainable ventures with other partners that will optimise support to vulnerable people.

Expected Result 7: The Afghan Red Crescent contributes as an active member in regional organisational 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 ARCS is involved in many regional initiatives facilitated or coordinated by the South Asia regional delegation. The most recent regional secretaries-general meeting was hosted by the ARCS and sessions saw progress and consensus on a range of common issues, such as strategy development, human resource management, constitutional and legal bases as well as debate on other key challenges.

*Impact*: The regional forum is proving particularly powerful in promoting shared learning, common understanding and effective coordination. The Federation, having recognised this potential, is instituting a strategy for change that

delegates secretariat management authority and many administrative functions to the regional level. One effect of this is that individual national societies are closer to and more involved in the decisions that affect them.

One of the benefits of this approach is improvements in regional ties between sister national societies. In turn this leads to opportunities for joint training, exchanges, regional disaster response and similar initiatives that reduce costs, improve response and build unity. The society's disaster management personnel have thus benefited from training in Nepal while dissemination personnel from the region have attended humanitarian values training in Kabul.

*Constraints*: The Afghan Red Crescent need to focus on developing and instituting follow up mechanism to maximise the benefit of this forum. However there is the need to build up the capacities in the areas of human resources, management, systems, procedures and policies to achieve this.

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

*Progress/Achievements*: A three-day appeal participatory workshop was held in July attended by some 40 people comprising six branch presidents, ARCS heads of programme, ARCS field programme officers, senior management staff and delegation counterparts. Participants discussed and analysed the 2003 programme progress, the outcome of the ARCS vision and strategic directions workshop, the current Afghanistan context inclusive of new Government policies and the security constraints. The appeal process was guided by the 2004 appeal guidelines and the project planning process (PPP). The workshop was followed up by technical departments who produced a first draft which was then deliberated on and fine-tuned at a two-day workshop in August attended by the ARCS management, all Federation delegates, ICRC and the ARCS president. This resulted in a final draft. During the appeal process a one-day harmonisation meeting with the ICRC was conducted.

*Impact*: The participatory discussions strengthened the sense of programme ownership of the Afghan Red Crescent in the appeal. The process has also enhanced the understanding of all participants in the humanitarian challenges faced, and the goals and objectives of the Red Crescent strategy in providing better services to Afghanistan's vulnerable communities.

*Constraints*: The Afghan Red Crescent planning capacity still requires further strengthening.

## 6. 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 maximised.

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 made on this expected result in this quarter.

*Impact*: None as no progress yet on the expected result.

*Constraints*: The national society – with Federation assistance – still needs to further build capacity to effectively represent the voice of vulnerable Afghans at various local, regional and international fora.

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 fulfil this role.

*Progress/Achievements*: A number of meetings with the Ministry of Health were held by the ARCS/Federation health team supported by the team from the Secretariat health department. The agenda for the discussions was the Afghan Red Crescent's role in the new health system.

The ARCS health department together with the Federation participated in several meetings chaired by the Ministry of Health - such as the mother and child health task force, health emergency preparedness and response, and a communicable disease task force. Regional health coordination meetings and regional expanded programme on immunisation meetings were attended by the Afghan Red Crescent/Federation in all regions.

The Afghan Red Crescent Society DM department continues to strengthen its relationships with the Government's DDP. The latter is mandated to coordinate preparedness and response activities through meetings, consultations and negotiations at various levels. At all levels the ARCS is considered as one of the key players in disaster management activities. Staff of the DDP participated in the ARCS CBDP workshop in October 2003.

*Impact*: Afghan Red Crescent society is better positioning itself as an auxiliary to national and local authorities, and securing government support for the longer term.

*Constraints*: The Afghan Red Crescent has to demonstrate more vigorously its added value as a nation-wide, indigenous, community-based organisation 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, organisations and partners.

*Progress/Achievements*: The Federation information delegate appointed earlier this year continues to work closely with the Afghan Red Crescent to enhance its public relations section. The ARCS continues to produce and distribute to the general public a bi-monthly newsletter and a quarterly magazine *Sramiasht* (Red Crescent). As outlined in the previous programme update, a promotional brochure on the Afghan Red Crescent, its challenges and the work it does was widely distributed to partners nationally and internationally.

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

*Constraints*: No major constraints, however more advocacy material needs to be developed and produced.

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

*Progress/Achievements*: The Federation head of delegation and head of Asia Pacific met several diplomats and representatives of the UN and international agencies. A formal reception was organised by the Federation for diplomatic representations, UN and international agencies and key ministries.

Regular consultations and meetings continue with UNAMA on national disaster management systems, disaster preparedness planning and the ARCS role in the national disaster management structure. The Federation and ARCS participated in a 'roundtable coordination meeting' on disaster management organised by UNAMA. The aim of the event was to pull together of group of key stakeholders in DM and to produce an acceptable comprehensive disaster management programme (DMP) for Afghanistan. The DM team participated in a one-day workshop on national capacity building in disaster risk reduction organised by the international NGO InWent (supported by the German Government).

The Federation and ARCS health team supported by a team from the Secretariat held a number of meetings with WHO, UNICEF, European Commission and the World Bank regarding the new health system in Afghanistan and the ARCS role in it.

*Impact*: The Afghan Red Crescent Society has stronger links with key UN and international agencies to better coordinate humanitarian activities and better position itself within overall humanitarian efforts.

*Constraints*: More intensive contacts, initiatives and coordination are 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 the World Bank.

*Progress/Achievements*: The first contact was made with the representative of ADB in a capacity building workshop organised by InWent. It was agreed to arrange a bilateral meeting with the Federation/ARCS and discuss disaster management activities in Afghanistan and the national society's role in that area.

*Impact*: Networking with new stakeholders is enabling the ARCS to become known among key development partners for Afghanistan who could be the basis for new partnerships and long term co-operation.

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:* Not applicable as for reasons stated above.

*Constraints*: A complex political climate as well as prevailing security problems hinders transparent and accurate analysis of the resources of the national society across the country. Mechanisms and systems of accountability are yet to be developed.

Coordination with other stakeholders

Several meetings with the ARCS youth and information/dissemination departments were held during the reporting period, as well as with the ICRC and key interlocutors involved in dissemination and advocacy. These included Save the Children Fund UK, the Afghan Coordinating Body for Afghan Refugees (ACBAR), and MediaAction International. During the visit of the JRCS youth director in August, meetings were held with a number of stakeholders, including Save the Children Fund UK, Social Volunteers Foundation, the Japan Embassy and the deputy minister of education.

*For further information please contact:*

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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

# Afghanistan

ANNEX 1

**APPEAL No. 01.52/2003** **PLEDGES RECEIVED** 03/12/2003

## CASH

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|---|---|---|---|---|---|---|
| | | | | | | **TOTAL COVERAGE** |
| REQUESTED IN APPEAL CHF ----------> | | | | **10,703,983** | | **47.9%** |
| 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 |
| SINGAPORE - RC | | 10,955 | SGD | 8,586 | 23.09.03 | HEALTH & CARE |
| 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 | | | | 4,628,149 | 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) | | | 59,959 | | |
| JAPAN | DELEGATE(S) | | | 10,842 | | |

# Afghanistan

ANNEX 1

**APPEAL No. 01.52/2003** **PLEDGES RECEIVED** 03/12/2003

| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
|---|---|---|---|---|---|---|
| NETHERLANDS | DELEGATE(S) | | | 70,307 | | |
| NORWAY | DELEGATE(S) | | | 79,999 | | |
| SWITZERLAND | DELEGATE(S) | | | 84,599 | | |
| GREAT BRITAIN | DELEGATE(S) | | | 106,447 | | |
| SUB/TOTAL RECEIVED IN KIND/SERVICES | | | | 497,738 | CHF | 4.7% |

## ADDITIONAL TO APPEAL BUDGET

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