

# 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

2 June 2004

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### In Brief

**Appeal No. 01.55/2004; Programme Update No. 1; Period covered: 1 January to 31 March 2004; Appeal coverage: 31.7%; Outstanding needs: CHF 7,128,981 (USD 5,524,200 or EUR 4,613,778).**

**(Click here to go directly to the attached Contributions List (also available on the website).**

**Appeal target: CHF 11,090,663 (USD 8,594,082 or EUR 7,180,746)**

**Programme summary:** Forty-four per cent of the appeal funding coverage has been utilised in the implementation of programmes during the first quarter. While the health programme has a total share of 36 percent from the coverage to date, most of the funding is earmarked for basic health centre projects, leaving the community-based first aid and environmental health components with very little to effectively implement their activities. Disaster management and humanitarian values are other areas facing inadequate funding prospects.

Despite the funding challenges, the Afghan Red Crescent Society, supported by the Federation, continued to provide vital healthcare services through its 49 fixed clinics throughout Afghanistan.

As part of the national society's efforts to position its established health activities within the ongoing defined basic package of health services, a survey was conducted so that objective criteria could be utilised in determining the clinics to be closed, those to become social service centres, those to become basic health centres and clinics that would remain in the current society format.

The Afghan Red Crescent Society constitution review process gained momentum. An analysis of the revised constitution has been performed and a comparative new draft has been prepared for discussion. The national society will also formally establish an interim branch membership system whilst it proceeds with work on its new constitution. This is a step in the right direction for the society in becoming a better functioning national society with well defined roles of governance and management and improved procedures, systems and structures.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning. (Refer below to access the detailed logframe documents). All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>.

## Operational Developments

The new Afghan national constitution was formally ratified by the country's president in January. The constitution outlines a tolerant, democratic Islamic state under a strong presidency, a two-chamber parliament and an independent judiciary. It also declares men and women equal before the law. It recognises minority languages as the third official language, apart from Pashto and Dari, where these are spoken.

Following the adoption of the new constitution, the disarmament process progressed in earnest. Dozens of mujahideen turned over weapons to the International Security Assistance Force (ISAF) in Kabul. The disarmament programme provides assistance to demobilised militias in the way of money and promises education, farm equipment and jobs. Under the UN sponsored disarmament, demobilisation and reintegration programme, Afghan authorities decided to reduce its military forces by 40 per cent. A total of 3,544 militias were demobilised while 2,127 went through the reintegration process. The defence ministry reported 3,000 soldiers deserted from the newly reconstructed Afghan National Army (ANA). The ANA is currently estimated to have 7,000 personnel.

The first post-Taliban elections have been rescheduled for September 2004, three months later than originally planned. The joint Election Commission and United Nations Assistance Mission for Afghanistan (UNAMA) decided that the delay would enable holding both the presidential and parliamentary elections concurrently. The main reason for the delay has been the inability to reach the target of registering 10 million voters. An encouraging statistic is that 26 per cent of registered voters to date are women.

The previous Special Representative of the UN Secretary General for Afghanistan, who completed his tenure in January, told the UN Security Council that there should be an immediate expansion of the ISAF and stressed the need to convene another international conference to improve and accelerate the performance of the Afghan government and its international partners in implementing the Bonn process. In a related development, the European parliament adopted a report in January considering "it is imperative that neighbouring states, especially Pakistan and Iran, respect Afghanistan's sovereignty, refrain from interfering in Afghanistan's internal affairs and end all support, tacit or otherwise, for any political or armed Afghan faction". It particularly urged Pakistan to take immediate and effective steps to prevent anti-government Afghan formations and leaders, political or military, from using its territory as a sanctuary and as a base for operations against the Afghan government, coalition forces and local development aid workers.

Following a visit by the Pakistan Prime Minister in January, the two countries resolved to strengthen their cooperation in fighting terrorism and enhancing trade and commerce between the two nations.

On the economic front, the forecast growth rate is 30 per cent which illustrates remarkable progress. However this figure needs to be seen in the light of starting from an exceptionally low base. The opening of a major international trading bank in Kabul this year is an example of economic evolution.

Donor nations at the Berlin conference pledged USD 8.2 billion in aid for reconstruction of Afghanistan over a period of three years. This includes the current year's total requirement of USD 4.4 billion.

Afghanistan and its six neighbours - China, Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan - signed a regional cooperation accord to step up the fight against narcotics.

Security threats continued to come from a combination of factional fighting, anti-government elements and increased insurgency in the southern region. Coalition operations have continued in Afghanistan and the drug eradication campaign has proceeded.

Despite security concerns affecting humanitarian operations throughout the country and in particular the killing of an Afghanistan Red Crescent Society (ARCS) branch president in March, the national society continued to operate and provide assistance to meet the need of Afghanistan's vulnerable people.

## Health and Care

**Overall Goal: Vulnerability to health hazards and emergencies in Afghanistan is further reduced.**

**Programme Objective: To strengthen the capacity of ARCS to contribute to the improvement of the health status of vulnerable people and to respond effectively to disasters through health interventions in Afghanistan.**

**Basic health centres project objective:** To provide healthcare services to the vulnerable people of Afghanistan through ARCS health facilities.

### Progress/Achievements

A clinics assessment survey was conducted so that objective criteria could be utilised in determining the clinics to be closed, those to become social service centres (SSCs), those to become basic health centres (BHCs) and clinics that would remain in the current national society format. (Specific criteria for each category are available from the national society and country delegation.) An analysis to identify which clinics meet each category of criteria is in progress. All 49 clinics are still currently operating as per the ARCS format.

The survey is part of ARCS efforts to position its established health activities within the ongoing Ministry of Health defined basic package of health services (BPHS). The process is also to meet the performance-based partnership agreement system (PPA) requirements which is integral to health service reconstruction.

A cost recovery study to be undertaken by Federation consultants will augment the clinic survey. It will also contribute to the ongoing discussions with the Ministry of Health on protocols for the national society's health activities. The study will investigate cost recovery possibilities such as schemes to include community participation in the running of clinics with a focus on vulnerability.

The national society's 49 clinics, supported by the Federation, continue to provide vital health care services. All clinics offer health education, consultation, treatment and provision of essential drugs. Two more clinics were trained and approved by UNICEF to offer expanded programme of immunisation (EPI) services, bringing the total to 42. A total of 35 clinics offer antenatal, postnatal and child growth monitoring services. Family spacing is offered in 32 clinics, and intra-uterine device (IUD) insertion is available in six clinics in the Kabul region.

ARCS provided further training to existing traditional birth attendants (TBAs) with the aim of reducing pregnancy and delivery related deaths. The construction of a new clinic in the remote area of Adraskan district in Herat province was completed during the first quarter.



*Training of TBAs is vital in reducing maternal and infant mortality*

During the first quarter, around 41,000 people attended group health education sessions in ARCS clinics with more than 5,000 people receiving individual health education. A total of 5,000 women attended antenatal consultations while 2,900 attended postnatal consultations. Over 8,000 children attended for growth monitoring. TBAs made over 7,000 home visits to pregnant and lactating women and delivered 2,094 babies.

In addition to routine immunisation, health staff and volunteers were involved in the ongoing polio national immunisation days and measles campaigns where all children under 5 years are targeted.

The national society also participated in a pilot tetanus vaccination programme for women of child bearing age in the highly populated cities of the country. This year, emergency mobile unit staff and community-based first aid (CBFA) volunteers will attend training provided by the Ministry of Health to participate in pulse immunisation campaigns.

More than 8,000 couples received family spacing advice and supplies. In selected city clinics, trained staff provided IUDs. Due to funding problems, United Nations Population Fund (UNFPA) supplies were not optimal during this quarter and are expected to be even less available in the second quarter.

The table below lists the cumulative figures of attendances and different services rendered to the vulnerable communities during the reporting period.

Categories	January	February	March	Total
Patients seen	56,665	52,437	51,811	160,913
Laboratory tests	3,239	3,372	2,767	9,378
Group health Education	50,288	48,609	49,018	147,915
Individual health education	13,325	16,932	11,200	41,457
Antenatal visits	1,912	1,986	2,064	5,962
Postnatal visits	724	1,221	983	2,928
Children growth monitoring	3,004	3,307	2,496	8,807
BCG	3,582	3,032	2,950	9,564
DPT and polio	12,627	9,181	9,061	30,869
DPT polio(3 <sup>rd</sup> dose)	3,966	2,888	2,574	9,428
Measles	3,934	2,887	2,718	9,539
Tetanus (women)	9,231	10,273	9,702	29,206
Family spacing clients	2,576	2,090	3,531	8,197
TBA deliveries	897	444	753	2,094
TBA home visits	3,040	3,516	4,179	7,559

To further compliment rather than duplicate Ministry of Health services, the World Health Organisation (WHO) has been approached to include ARCS clinic staff in the integrated management of childhood illness (IMCI) and the internationally recommended control strategy for TB (DOTS) training. Thus over the next three years the goal is to have all ARCS clinics offering IMCI, DOTS and malaria control programmes in line with BPHS standards.

As part of building the capacity of the national society to deliver quality service, the Federation and ARCS national headquarters staff attend Ministry of Health consultative group meetings on health and nutrition, taskforce meetings on health management information systems (HMIS) and health emergency preparedness and response.

Three three-day workshops were held in Kabul, Jalalabad and Mazar to introduce clinic staff to the new HMIS system and to undertake a review of clinic protocols based on WHO standards. Reproductive health workshops were held in Kandahar, Herat and Mazar. TBA training and refresher training took place in all five sub-delegations during the quarter, including a one-day course for 13 new TBAs held in Mehterlan-Jalalabad. EPI workshops were held in Herat, Mazar and Kabul to prepare ARCS staff and volunteers for effective participation in immunisation programmes.

National society and Federation regional health officers continue regular supervision and mentoring support visits to all clinics - security permitting - and actively encourage branches, particularly through the branch presidents, to become more involved in clinic activities and in all aspects of the integrated primary healthcare programme. CBFA and the health clinics are working more closely in the areas where there is a clinic near CBFA teams of volunteers. Volunteers are also encouraged to make contact with their nearest clinic.

Coordination is a key aspect in all regions. ARCS and Federation health officers attend all health coordination meetings. Normally there is a monthly meeting at the Ministry of Health in all regions, plus other adhoc meetings, chaired by the ministry. The health teams also meet regularly with UN agencies such as UNICEF, and with other NGOs providing health services. ARCS clinic staff are also invited to attend training offered by the Ministry of Health and NGOs. The national society has invited external organisations to attend or cofacilitate training workshops. At the central level there are many taskforce meetings covering issues such as reproductive health, EPI, communicable diseases and health education. National society and Federation senior health staff are involved in many of these taskforces and also attend regular health NGO meetings.

## Impact

ARCS clinics in many cases provide the only access to healthcare for vulnerable people. There is confidence in the community that national society clinics will provide consultation by qualified and dedicated doctors and that appropriate drugs will be available free of charge. Health education is one of the most important health activities to advise and teach people how to prevent ill health and when to seek medical attention urgently. There is an increased emphasis on nutritional education in 2004 - crucial in a country where the under-five mortality rate is 257/1,000 live births and stunting from chronic malnutrition is estimated to affect up to 59 per cent of Afghan children (source MOH/UNICEF/CDC 2002).

In a country with a maternal mortality rate of 1,600/100,000 live births and an infant mortality rate of 165/1,000 live births, and where the majority of women deliver with no trained health person in attendance, antenatal attendance and TBA services are vital. When mothers bring their children for growth monitoring they also receive advice on nutrition and other important health messages. Children showing signs of malnutrition are seen by the doctor to treat any medical causes and then referred to nutrition centres where available. With the alarmingly high prevalence of chronic malnutrition, the synergy of monitoring, nutritional education and IMCI initiatives are receiving increasing importance in all ARCS clinics.

Immunisation is one of the most effective preventive measures. Children can be protected from diphtheria, whooping cough, tetanus, polio, measles and tuberculosis. Pregnant women who have received the tetanus vaccine not only protect themselves but also their unborn child. This vaccine is offered to all women of child bearing age. Family spacing impacts positively on the health of those families who are able to space their children, thus ensuring that women have time to recover from one pregnancy before embarking on another. Expansion of EPI to all clinics will ensure the national society makes a greater impact on increasing immunisation coverage. Out of 49 clinics, 42 now offer EPI.

Training workshops for clinic staff and supervision visits are keeping staff updated and motivated, enabling them to offer the best possible service to the client. Similarly, regular liaison, including sharing of ideas, helps to ensure that beneficiaries receive the best possible service from all health agencies and that agencies do not duplicate services.

As CBFA and health teams are beginning to work more closely, greater trust and understanding is slowly building up between volunteers and the clinics. This is improving service delivery to patients referred to clinics by volunteers. The national society is working towards clinics requesting the help of volunteers in following up patients, particularly poor attendees for antenatal clinics or immunisations.

The establishment of health committees is boosting community participation in health services provided by the national society which will, in the long-run, improve the sustainability of clinics.

## Constraints

Funding constraints have meant the implementation of the first phase of the BPHS is focussing on the rural and most under-served areas. As more funding is secured over the three-year period of this programme, other areas will be targeted, with the goal of 70 per cent coverage by the end of three years. Since the majority of ARCS clinics are located in urban areas, at least for the initial phase of BPHS, these services may provide the only access to medical care for many of the communities in which they exist. A recently completed ARCS/Federation survey of national society clinics has identified clinics that may be redundant to Ministry of Health facilities when the BPHS is implemented. There is a plan to change some facilities into SSCs for training and volunteer recruitment. Ten facilities were identified as being able to downgrade services to meet the standards of a BHC under the BPHS. As PPAs are signed and implemented in areas where these clinics have been identified, one of the above three options will be put in place. However in the first quarter of 2004, no PPA was fully implemented in any area where ARCS clinics are located, thus all 49 clinics are still in operation under national society format. .

Although many women are now attending antenatal support and advice, postnatal attendance remains low. Clinic staff have been urged to stress the importance of postnatal attendance during their antenatal visits.

## Afghanistan Annual Appeal No. 01.55/2004; Programme Update No. 1

Organisations working in Afghanistan are highly dependent on UNFPA which provides all safe birth and reproductive health kits. However in March the UNFPA informed all organisations with orders pending (promised delivery date of January 2004) that it would only be able to deliver 20 per cent of requirements due to underfunding. While family spacing is a relatively new concept in Afghanistan, the scarcity of reproductive health items would erode confidence in the national society's services to the clinic's female catchment population. Other constraints include the lack of qualified female staff in general and, in particular, offering these services in all clinics. A proactive recruitment drive, with transportation provided, has had some success in attracting the appropriate staff, but like the Ministry of Health, all health facilities continue to have difficulties meeting these needs because of the cultural sensibilities of the Afghan population.

Recognising the importance of regular supervision and follow-up of TBAs after training, there is still a need for well qualified midwives to train as TBA supervisors, especially in rural areas. The national society is actively seeking more qualified female staff.

Most children in clinic catchment areas are receiving vaccinations. However many areas are still not covered by clinics and it is difficult for children in these parts of the country to receive routine vaccinations. In Kandahar and Herat the mobile teams are discussing with the Ministry of Health and UNICEF to try to establish a cold chain so that they can take the immunisation programme to remote areas. 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 qualified staff.

Due to security constraints, many provinces have been off limits to all Federation staff, making it very difficult for on-site supervision and training. ARCS health officers have made some visits but, due to staff turnover and shortages in some regions, along with the security constraints, this activity has slowed down considerably over recent months.

**Emergency mobile units project objective:** To respond to disasters and emergencies through mobile medical units in coordination with the ARCS disaster response unit and in close collaboration with other partners, and also provide community outreach services to under-served communities.

### Progress/Achievements

An emergency mobile unit (EMU) training-of-trainers (ToT) course, facilitated by Norwegian and Finnish emergency response delegates, was held in March with ten participants from around the country. Most of these were ARCS regional health officers. The facilitators also conducted refresher training for the Mazar EMU team members.

The Herat mobile teams travelled to Iran in early January to take part in the response to the Bam earthquake in a cross-border operation between the two sister societies. Upon their return to Afghanistan, they responded to the flood in Injeel district. The mobile teams from Kabul, Kandahar, Mazar and Jalalabad all provided services to their respective districts/cities.

During the first quarter, the mobile teams treated 11,700 patients in remote areas without access to primary healthcare facilities. Most of these people also received health education in groups or individually. Tabulated figures below show the monthly attendance breakdown.

Services Provided	Month	January	February	March	Total
EMU activities	Patients seen	3,441	3,082	5,177	11,700

Presently there are two teams in each of Kandahar, Mazar and Herat, one team in Kabul and one in Jalalabad. As mentioned in the previous section, the Kandahar and Herat sub-delegations are also working with the Ministry of Health and UNICEF to try to set up a cold chain to offer outreach vaccinations to remote areas. Due to security problems, the teams could not visit the villages regularly, especially in the Kandahar region. In addition to the health services provision in the villages, the mobile teams actively took part in national immunisation days for polio eradication and TB vaccination campaigns.

During the opening quarter, 706 new CBFA volunteers were trained in 212 villages, many of which receive care from the emergency health teams. The close link between the two programmes involves social mobilisation of villagers for national immunisation days and clinical visits to remote areas.

The health department has coordinated regularly with the emergency preparedness and response director of the Ministry of Health. Regular coordination with the WHO and Ministry of Health has taken place regarding possible disease outbreaks in various parts of the country.

### Impact

The EMU ToT course will contribute to the sustainability of the project with a pool of local trainers and a reduction in reliance on external expertise, as well as ensuring ongoing capacity building. The contribution of the EMU teams in response to the health emergencies is gradually being increased, which in turn is improving the lives of vulnerable people and addressing urgent cases. EMU activities also raise the profile of the national society in the field.

The mobile teams bring much needed health support to remote areas where there are no other health facilities. The new volunteers and mobile teams have a good rapport which is contributing to improving the service delivered to beneficiaries.

### Constraints

Security has been a major constraint, especially for the deployment of the EMUs to some of the more needy areas. Other constraints have been the loss of some key staff, mainly for financial reasons. The national society has instituted a hardship allowance which will hopefully decrease turnover.

**Environmental health project objective:** To supply clean water to vulnerable populations and increase the availability of sanitation facilities and hygiene promotion, integrated with the community-based health and DM programmes.

### Progress/Achievements

Progress in the first quarter has been very encouraging despite various constraints. Much has been achieved in trying to supply people with clean water from newly rehabilitated and constructed wells. A total of 45 wells were rehabilitated and 52 new wells were constructed, bringing the cumulative total to 97 wells. Below is the table indicating the breakdown between Kandahar and Herat.

Period	Province	Rehab.	New wells	Total
January	Kandahar		10	10
	Herat	20	15	45
February	Kandahar		9	54
	Herat	25		79
March	Herat		10	83
	Kandahar		14	97
<b>Total</b>				<b>97</b>

The programme is on course to achieve the target of 220 wells to be constructed this year. The rehabilitated and newly constructed wells will cover a total of 13,350 people. The government regulation is that one well covers 25 families with an average of six people. The wells being constructed by the national society/Federation follow the government policy which came into effect in December 2003.

The hygiene promotion continued on from last year with a few changes in the approach so that more people can benefit from the ongoing activities with volunteers from CBFA. A baseline survey was conducted in Herat and the indications are that there is a gap in information on hygiene. Communities have shown a willingness to participate in the programme. Hygiene promotion in Kandahar is quite advanced despite security issues restricting the team to the city limits. Kandahar has two hygiene trainers in the programme and they have continued to monitor the



*Red Crescent community  
constructed wells benefit  
thousands of people*

volunteers recruited and trained last year. Over 10,000 people collectively in Herat and Kandahar have received hygiene education sessions in the first quarter.

A workshop was conducted in Herat for 20 female branch volunteers to be involved in the hygiene promotion programme. The volunteers will be responsible for hygiene promotion in the areas of operation and also train community volunteers who will conduct house-to-house hygiene promotion in their respective areas.

It was planned to support the community-based construction of 170 family latrines in Herat (100) and Kandahar (70) during the first quarter. Progress has been made with the distribution of 104 latrine slabs in Kandahar district five. A production site was commissioned in a district in Herat province for the latrine slabs, and community meetings were held where the modalities of programme implementation were discussed and agreed upon. The most significant output from the meetings was the overwhelming response from the communities to participate in the project and they further agreed to contribute materials. The construction of 100 family latrines is underway.

### **Impact**

There has been a reduction in cases of waterborne diseases, with a considerable reduction in diarrhoeal cases. Water sources have been created closer to communities making it easier for them to source clean water. There has been positive feedback from communities who have to date not been involved in the programme, requesting health and hygiene education. This is evidence of greater awareness in communities of the importance of this knowledge.

The use of female volunteers is gaining greater acceptance in rural communities. In some cases, female volunteers are holding public hygiene promotion sessions where men are quite happy to receive instruction from a woman, which is significant in the cultural context of Afghanistan.

In Kandahar there has been significant improvement in the disposal of human waste as well as the cleanliness of the surroundings of targeted communities.

### **Constraints**

The two main constraints for the programme are security and funding. Security has been the major concern especially for Kandahar, where activities have been reduced to the city limits. Lack of funding is also threatening this key element of the health programme, and this needs to be addressed as a matter of urgency to ensure the ongoing implementation of the planned activities.

**Community-based first aid project objective:** To deliver preventive health services such as first aid, health education, HIV awareness, participation in immunisation campaigns - particularly in rural communities - through community-based volunteers linked to branches and health centres; further to continue to provide timely responses to disasters and disease outbreaks.

### **Progress/Achievements**

After completion of the reorganisation of trained CBFA volunteers in the central and eastern regions during the past year, the focus has shifted to the western and northern areas. Following an assessment in 11 areas, 67 courses were organised for previously trained volunteers in the Herat region and 64 courses in the Mazar region. Volunteers were organised into town or village community groups composed of five members, with each having a responsibility for activities in each project core area.

The programme is active in 23 of the 33 provinces of Afghanistan and has been expanded to include the Farah and Jawzjan provinces of the western and northern regions respectively. Training has already commenced Farah.

The training programme for new volunteers is ongoing in provinces where the programme is already established. During the first quarter, a total of 706 new volunteers covering 212 villages (comprising of 599 male and 107 female volunteers) have been trained. This brings the total number of CBFA volunteers to 16,528 across the country, organised in 778 groups in 164 districts, covering 13,621 villages of the 23 provinces. Most of the trained volunteers have received first aid materials after a long absence of these recourses.

Over 10,000 volunteers were targeted by team leaders and trainers for follow-up sessions. To date, nearly 7,000 have participated in these sessions. These active volunteers have provided first aid or advice to almost 82,000 people and provided health education and mine and disaster awareness to over 132,000 individuals.

In an effort to increase sustainability, the CBFA staff and volunteers endeavour to mobilise communities to contribute towards supporting the group of volunteers in their localities. The goal this year is to double the current number of 71 such corners though no progress was made in the first quarter.

The CBFA volunteers have commenced spreading awareness messages on HIV/AIDS in their respective areas. They are disseminating simple messages on ways of transmission, signs and symptoms and prevention in order to sensitise and familiarise the community on HIV/AIDS.

### **Impact**

With the team approach, the profile and visibility of volunteers is on the rise in the covered areas which is improving the scope for passing health messages. The continued provision of timely first aid, coupled with relevant health messages, will in the long-term contribute to increasing the coping capacities of the vulnerable in the community.

Communities are placing more trust in volunteers. This is resulting in the public more readily utilising the community corners to access first aid or health advice. This in turn is leading to offers of resources such as dressings and supportive activities from members of the public.

Remote communities are benefiting from the health education activities of CBFA volunteers, gaining knowledge and the capacity to protect themselves from common preventable diseases and conditions such as diarrhoea and malaria. There has also been a heightened awareness of the importance and benefits of immunisation for children and mothers. Communities have received timely first aid for basic injuries/illnesses. Mine awareness education is proving valuable for a country that has been caught up in armed conflict for the past quarter century.

Female volunteers are having a significant impact as they are able to reach the women in their families and share health messages on topics ranging from mother and child health to reproductive health. It is also notable that female volunteers are taking a more proactive role and are able to deliver health education to men in some instances.

Knowledge of HIV/AIDS is totally unknown in some areas with low literacy rates. Dissemination work of volunteers is chipping away at this mountain of ignorance.

### **Constraints**

Instability, poor roads, an insecure working environment, high transportation costs, and a lack of adequate funding for follow up of activities are the major constraints. Trainers cannot reach all team leaders monthly nor conduct group meetings with all trained volunteers. Provision of dressing material for refilling of volunteers' first aid kits has also been slowed down and some provinces, such as Herat, did not have dressing material until February.

Security (robbery, armed theft and anti-government elements) is an additional burden for communities which are already affected by unemployment and poverty. Many of the more able community members, who could have assisted volunteers on the way to self-sustainability, have left, and thus mobilising local resources to ensure sustainability and improve coping mechanisms remains a slow and difficult process.

## Disaster Management

**Overall Goal: Vulnerability of communities to natural and man-made disasters is reduced.**

**Programme Objective: To reduce the impact of disasters on vulnerable communities in disaster-prone areas by strengthening their disaster preparedness capacity and raising community awareness through a well structured ARCS disaster management department.**

### Progress/Achievements

The disaster management (DM) department was involved in various DM activities during the first quarter. The national society participated in response to operations coordinated by the UNAMA and central government ministries, particularly the Ministry of Rural Rehabilitation and Development. The Federation DM coordinator has had several meetings with national society counterparts concerning the newly proposed DM structure, bonus system, job descriptions and other related issues. The recommendations made by the structural adjustment committee have been adopted and the final draft has been handed over to ARCS leadership for final approval.

As part of promoting the Disaster Emergency Fund at branch level, the Herat branch organised an inaugural ceremony for DEF in the Safa Khan Village of the Zinda district. The ceremony was attended by more than 350 people, gathered from 20 villages. The local contribution made by the communities reached AFS 12,000 (around USD 250). A second ceremony for another district in the same province is scheduled to take place.

In March, two community-based disaster preparedness (CBDP) training workshops were conducted for 22 volunteers in each of the Kunar (eastern region) and Herat (western region) provinces respectively. Their aim was to introduce the concept of CBDP, give basic knowledge and identify a number of volunteers suitable for future training and membership. As a result, individual action plans have been developed whereby each volunteer committed to train 15 volunteers in his/her village.

A basic DM workshop was conducted in the eastern region with 22 participants, including ARCS branch relief officers and CBFA volunteer team leaders. The aim was to give participants basic DM skills and knowledge.

Two staff from the DM department participated in the *Reach Out* workshop held in Pakistan. Two DM officers, one from the northern region and one Federation staff member participated in the Regional Disaster Response Team ToT in Bangladesh.

The first SPHERE project workshop was conducted by the Agency Coordination Body for Afghanistan Relief (ACBAR) for the DM department and staff from other programmes.

As an entry point to an effective DM policy and plan at national and branch level, a vulnerability capacity assessment, used to identify districts/communities for the CBDP programme, has been completed in the Nawa district of Helmand province. As a result, five villages have been identified as disaster-prone areas and around 700 families are considered to be living in those high risk areas. The process has started for the rest of the targeted areas.

As part of disaster response activities, 15 families were provided with emergency assistance in the Hindu Kush mountains along Afghanistan's north-east border with Pakistan, following an earthquake in Badakhshan province, 275 km north of Kabul. The ARCS Mazar region helped with first aid, evacuation, assessment and the provision of household items. A total of 16 families were given assistance following a flash flood in Kandahar. The Kandahar branch assisted with non-food items.

With support from the ICRC, ARCS provided emergency assistance to 51 families displaced by internal fighting in Laghman province, in addition to 80 families returning from Pakistan.

As part of the effort to establish a geographical information system (GIS) database, a new ARCS officer was recruited and trained as the national GIS officer. Regrettably, he resigned and joined another organisation. Another new member of staff has since been recruited and is undergoing training.

The ARCS DM department and the central region were provided with necessary administrative kits. The process has started to supply the remaining regions' offices with similar kits.

### **Impact**

The response activities undertaken mitigated the disaster impact on affected communities and assisted vulnerable families with medical care and essential food and non-food items. These activities increased the ARCS response capacities at various levels.

Recruited and trained volunteers/communities will enable the national society to approach communities and implement successful risk reduction measures involving the direct participation of people most likely to be exposed to hazards. Communities are having involvement in planning, decision-making, and operational activities at all levels of responsibility. This is an ongoing process and the real impact will be measurable in the longer term.

The new DM structure will further contribute to build sustainable and strong preparedness and response capacity in the national society to better assist vulnerable communities. It is hoped the new structure will help reduce staff turnover.

### **Constraints**

The lack of adequate qualified human resources in the ARCS DM department is still an outstanding issue. It is hoped the situation will be improved by the implementation of the new structure. For meaningful DM and other programming, a clear recruitment policy needs to be in place.

## **Humanitarian Values**

**Overall Goal: The ARCS' humanitarian message contributes to reduced vulnerability of Afghans to violence and intolerance.**

**Programme Objective: The capacity of ARCS to advocate and act for tolerance and humanitarian values among the community is increased.**

**Humanitarian values project objective:** To increase the capacity of ARCS youth and staff to become key promoters of Fundamental Principles and humanitarian values.

**Youth project objective:** To strengthen the capacity of ARCS to bring positive change within society among Afghan youth.

### **Progress/Achievements**

Little progress was made on the youth project as it is focussed mainly in schools which were closed for most of the first quarter.

Three separate workshops on humanitarian values were organised in the Herat region with 30 young people (male and female) attending each. The curriculum also included first aid and DM.

A youth theatre group has been formed in the Mazar youth club. The aim of the group is to organise shows which deliver messages of humanity, togetherness, peace building and non-discrimination aimed at a youth audience. The group has to date performed at the club but intends to tour schools and youth gatherings.

The ARCS assistant youth director presented the concept of promoting humanitarian values to the western and central regions branch advisory committee meetings, at which the branch presidents indicated their clear commitment to this programme.

A lack of funding has meant no progress has been made on printing materials for the standard youth curriculum.

The youth officers of Kabul, Herat, Jalalabad, and Mazar regions visited schools where the youth programmes are run. On these visits, youth volunteers' activities are monitored and discussions are held with headmasters. Headmasters are being very supportive of the youth programme. During the visits, teacher volunteers who are guiding the youth activities have been advised to provide opportunities for students to organise school and community activities such as school cleaning campaigns, dissemination, etc.

Upon the commencement of the school year, youth officers recommenced monthly meetings with teacher volunteers. At these meetings, teacher volunteers present reports on the progress of volunteer recruitment and share ideas for better implementation of the programme.

The youth and the teacher volunteers delivered first aid services to those students sustaining minor injuries. In Jalalabad city, youth organised a school cleaning campaign which was appreciated by teachers.

Thirty youth volunteers participated in the Red Crescent health camp to help and assist people during Afghan new year celebrations in Mazar city. Teacher volunteers were deployed in Mazar city to provide first aid at sporting events.

The youth club in Mazar city was fully functional with increased attendance of youth volunteers. A total of 417 youth volunteers participate in the club's English and computer courses. The national society has allocated land to construct a new youth club to replace the rented premises. Designs and estimates have been completed and are undergoing the validation process prior to tendering procedures.

Renovation of the ARCS youth office and youth club in Kabul have been completed.

Two new 26-seater buses, procured through the Abu Dhabi logistics base this year, have been allocated to the Kabul and Mazar youth clubs.

As the programme was suffering in Kandahar region due to the absence of the youth supervisor, an assistant was recruited temporarily to pursue youth and humanitarian value related activities.

Preparations are underway to commence the promotion of the humanitarian values programme through teacher volunteers once the school year is in full swing.

### **Impact**

Youth activities taking place outside schools have contributed to enhancing the national society's image among the community. The Ministry of Education and local and national authorities have shown interest and support for the programme.

The youth clubs are venues for people of different backgrounds to get together socially. This is helping cultivate a culture of tolerance, coexistence and understanding. This assists reducing discrimination among the Afghan community's youth.

### **Constraints**

Lack of adequate funding for the programme is impeding its expansion. Further funds are urgently required for the ongoing implementation of this key programme. The progress of activities for the first quarter is already low. Herat, Kandahar and Jalalabad regions will be most affected as available funds can only cater for the monitoring activities. Kabul and Mazar regions may continue to run youth clubs in addition to the monitoring. Other activities such as national youth camps, drawing competitions, first aid, sports competitions, new recruitment and training, and many others many not be implemented if the funding situation does not improve. The Federation will continue advocating for resources towards the success of this important programme.

Staff retention continues to be problematic with more attractive remuneration packages available for staff in other organisations. This has led to a 'brain drain' of talented staff. The Federation will explore interim solutions to reduce these difficulties while ARCS addresses human resource issues.

## **Organisational Development**

**Overall Goal: ARCS has improved its capacity in service delivery to vulnerable people.**

**Programme Objective: The capacity of the ARCS to implement sustainable programmes has been increased.**

### **Progress/Achievements**

A new Federation organisation development (OD) delegate started his mission at the end of March to support ARCS to increase its capacity to run needs driven volunteer-based services and programmes with well defined roles of governance and management, membership, improved procedures, systems and structures.

In an effort to improve the efficiency of the branches, job descriptions for Herat branch officials were revised following a consultative process. As a result, the branch leadership prepared the revised job descriptions which are now to be approved by headquarters.

Branch presidents' meetings of the southern region in Kandahar and the western region in Herat were held. All branch presidents, ICRC and Federation heads of sub-delegations, and representatives of the ARCS national headquarters participated. The meetings reviewed branch activities undertaken and outlined future activities.

Programme managers and senior management participated in several meetings held during February regarding the 2004 plans and budgets. A set of operational plans based on the approved appeal document were finalised and divided between the national and regional levels. The participatory process involved ARCS and Federation field staff, including delegates, which provided for a consultative process for preparation of plans of action, budgets and guidance for implementation of programme activities.

A consultative strategic planning workshop was held with all the relevant ARCS departments. During the exercise, a national society draft programme, with strategic objectives and annual targets through to 2008 was produced. This was a follow-up to the national society commitment ensuing from the visioning and mission workshop held in June, 2003. The summaries were presented in the South Asia regional partnership meeting held at the end of March. The workshop also resulted in the preparation of a plan of action for the continuation of the ARCS strategic planning process which commenced in April.

The terms of reference and schedules were prepared for the South Asia Regional Delegation (SARD) fundraising consultant to return and carry out follow-up work with the national society. The consultant will facilitate development of the ARCS resource mobilisation policy, including possible fundraising strategies for mobilising in-country human, financial and technical resources from a more diversified set of sources. The consultant will also facilitate the production of a two-year plan with budgets and prepare draft promotional materials.

Progress on ARCS financial development remained stalled, pending the appointment of a national finance development officer who will be a counterpart and focal person within the national society. Another recruitment process is to commence soon after the last preferred candidate turned down the employment offer.

The Federation, in coordination with the ICRC cooperation department, developed a draft format for discussion and use by ARCS when recruiting staff supported by the Federation and/or ICRC. The format is designed to minimise and systematise staff turnover and aims at establishing more control, while getting the national society human resources department more actively involved and also getting programme managers on board in decision making. The tool is finalised and is yet to be introduced.

ARCS is now in the process of re-establishing a membership system, following on from the clear commitment shown by the national society's leadership. A general consensus among the three components of the Movement is that, whilst work on its new constitution proceeds, ARCS will formally authorise an interim branch membership system. To this end, the OD team has initiated discussions with health, CBFA, DM and humanitarian values/youth Federation programme staff and their respective national society counterparts, and with the ICRC on recruitment and organisation of branch membership. This is especially to establish the linkage with thousands of trained CBFA and other volunteers at village level and to encourage them to register as members in their respective provincial branches. A plan of action for branch membership organisation is to be developed and implementation is envisaged this year.

With the support of the Federation, ARCS explored different models of increasing the impact of branches to compliment ongoing initiatives at the field level. A draft development concept was prepared and circulated to branches through the sub-delegations for further inputs. The concept aims at bringing additional support to certain least-developed branches as necessary and engages ARCS headquarters in the programme.

To improve the functional capacity of priority branches and ARCS headquarters, the national society is in the process of further identifying branches to benefit from five computers and five base radios to be supplied by the Federation. This is in addition to 19 computers, and ten high frequency radios supplied and installed in 2003. The delegation coordinates closely with the ICRC in the provision of equipment. Two computers belonging to the training centre were repaired with support from the Federation after being out of use for nearly a year. The Federation IT department is also looking into options for getting ARCS connected to the internet.

### **Impact**

The arrival of the new OD delegate will allow for more interaction with ARCS headquarters on institutional development matters which were deferred in the first half of 2003 in favour of branch development. This will support effective programme implementation and develop branches as an effective functional unit in serving the vulnerable community. The position will provide the national society with the expertise to link and optimise its support to the vulnerable communities through its network of branches.

Support to the branches is effectively increasing the capacity of branches in planning and implementing programmes aimed at reducing the vulnerability of millions of Afghans at the community level.

A revived membership system will encourage further democratisation and contribute to diverse participation and a solid fundraising foundation. It will also enable the national society to accelerate the constitution process as well as define the roles of governance and management, including the establishment of clear policies.

### **Constraints**

Ongoing proactive Federation support will be required to support the national society in the total overhaul of its human resources system and procedures. Recommendations in this respect have been drafted. Capacity building of the ARCS could significantly be undermined due to national society staff turnover. There will be continued dialogue with ARCS management on human resource issues by the Federation.

Afghanistan reconstruction is steadily progressing after decades of conflict and destruction, although there are still many transitional issues which pose challenges to long-term planning. The national society's strategic development plan will therefore need further reassessment and ongoing support from the Federation, as well as a wider debate involving various stakeholders.

Programme management remains weak and not integrated, and so this too is a major focus for support and guidance. It is largely linked to the lack of a tradition of institutionalised planning in ARCS and this remains one of the many challenges to be tackled at present and in future. More Federation effort and support is therefore necessary to improve this understanding in ARCS through facilitation, coaching, discussions, consultations and mentoring counterparts.

## Representation, Management and Implementation

### Coordination, cooperation and strategic partnerships

#### Progress/Achievements

The ICRC/Federation/ARCS Memorandum of Understanding (MoU) on respective roles was signed in March 2004 after being agreed upon by the ICRC and Federation in Geneva. The agreement, negotiated at the field level, was duly signed by the ARCS president and the Afghanistan ICRC and Federation heads of delegation. The MoU will ensure a coordinated approach to the intervention of the Movement components in Afghanistan and support to the national society, as well as enhancing a common understanding of the aims and objectives of the cooperation.

Five bilateral annual programme agreements between the Federation and ARCS were also signed in March, in synergy with the Federation's support strategy within the 2004 financial year, as reflected in the appeal.

A tripartite youth friendship programme agreement was signed in February with ARCS, Japanese Red Cross Society and the Federation. The Japanese Red Cross Society will render support to the programme for an initial period of three years with financial assistance of USD 150,000 as well as equipment.

The Italian and Japanese Red Cross Societies, and the Red Crescent Society of the Islamic Republic of Iran visited the delegation and ARCS programmes. The Italian Red Cross Society showed interest in supporting the national society's health projects while the Japanese expressed continued interest in supporting the capacity building in DM in earthquake disaster-prone areas. The Iranians are interested in establishing a clinic in Kabul.

The Federation held several meetings with the ICRC cooperation department on progress on ARCS support in areas of common interest - the scope and contents of a tripartite core structure support agreement, constitution, MoU, vehicle fleet, security, first aid opportunities, Iranian Red Crescent support, strategic plans, and the ARCS programme coordination unit. In the sub-delegations, meetings were held between the Federation heads of sub-delegations and their respective ICRC counterparts to ensure effective cooperation and coordination between the two institutions.

The delegation attended regular bi-weekly ICRC, ACBAR coordination meetings, and weekly UNAMA security and emergency taskforce meetings.

ARCS participated in the third South Asia regional partnership meeting attended by 14 partner national societies (PNS), the ICRC, senior management of the six south Asian national societies and SARD. The gathering, facilitated by SARD and the ICRC, provided the opportunity for ARCS to articulate its strategic objectives and interact with PNS, as well as bringing a two-way understanding of the humanitarian challenges facing Afghanistan and the importance of partnership. Several PNS pledged to support ARCS programmes, including discussions on prospects in new programme areas.

#### Impact

The MoU between the ICRC, the Federation and ARCS facilitates a strong Movement presence in Afghanistan and ensures coordinated support to the national society will help ARCS deliver better services to the vulnerable communities it serves. It constitutes a basis for long and medium-term planning and defines the roles and responsibilities of the Federation in supporting ARCS with resources, in order to ensure the development and long-term sustainability of effective structures and programmes agreed by the partners.

Through improving coordination, ARCS is forging stronger links with other key humanitarian actors in Afghanistan, to better coordinate humanitarian efforts, thus avoiding duplication and providing adequate, more effective support to vulnerable groups.

The South Asia regional partnership meeting assisted the national society in engaging with its partners in the planning and priorities of its programme objectives. The development of local as well as long-term partnerships will diversify donor support and ensure sustainability of programmes and services to vulnerable Afghans.

### **Constraints**

The ARCS capacity for effective networking with the national authorities and other stakeholders is still weak. Through counterpart mentoring and current progress with partnerships, and the ARCS' comparative advantage as a nationwide organisation, the Federation will continue to encourage the national society to take ownership of participation in different forums, in order to position itself as major stakeholder serving the vulnerable Afghan communities.

### **Effective representation and advocacy**

#### **Progress/Achievements**

Ongoing contact with international and humanitarian organisations was maintained and new contacts established. In Kabul, the liaison delegate made contact with the Ministry of Foreign Affairs, the Ministry of Finance, ECHO, the Japan International Cooperation Agency and various embassies. The acting health coordinator and the deputy health coordinator took lead roles in liaising with the Ministry of Health. The DM delegate, the programme coordinator and the head of delegation maintained regular contact with the ICRC, the Department for Disaster Preparedness, UNAMA and ECHO. The heads of sub-delegations were the focal points for international representation and advocacy in their respective regions.

Through these contacts, an ARCS environmental project proposal (for CHF 90,000) was presented for possible funding to the Japanese embassy under the "Grant Assistance for Grassroots" project. Likewise, the DM team is discussing partnership and possible funding with UNAMA. The health coordinator was able to pursue further discussions on developing an MoU with the Ministry of Health based on the approved bilateral minutes endorsed in November 2003.

The delegation met on various occasions with the UNAMA resident humanitarian coordinator for update briefs on progress on Afghanistan developments and, at their invitation, with the UN electoral office on the possibilities on the participation of ARCS CBFA volunteers in first aid posts at or near voter registration centres.

Further visits were made to the embassies of China, Germany, Great Britain, Iran, Japan, Korea, the Netherlands, Pakistan, Sweden/SIDA, Turkey, along with USAID and the representative office of Denmark. Discussions focussing on national Society/Federation programmes in Afghanistan were held with Charge de Affaires, first secretaries, heads of political sections, and heads of international aid assistance of the respective diplomatic offices.

The Federation offices were also visited by the first secretary of the Norwegian embassy who was interested in the progress of the government's national DM plan. The Herat office was visited by a public health consultant for international assistance of the Swiss embassy.

Several activities were undertaken to promote the Federation in Afghanistan with the government protocol department and development budget office of the Ministry of Foreign Affairs

International Women's Day was marked by a ceremony at ARCS headquarters with keynote speeches from the national society, Federation head of delegation and women's representatives.

A first batch of the ARCS Federation brochure has been printed. Further Dari and Pashto version will be printed. Fifteen hundred copies of an updated booklet 'Afghanistan People Programme and Priorities' depicting national society activities in each region, has been printed in Geneva and copies have been dispatched to Afghanistan. The ARCS continued to produce the bi-weekly newspaper distributed to various stakeholders.

Following last year meetings and submission of the Health and DM programmes, the Federation's name is now on the AIMS (Afghanistan Information Management Service) web site.

### **Impact**

The visibility and credibility of the Red Crescent as an important humanitarian actor and partner continues to increase. The ARCS, as a representative Afghan organisation speaking on behalf of people in need, is becoming a more powerful voice when the Movement advocates on key issues.

### **Constraints**

The ARCS needs support to demonstrate more vigorously its added value as a nationwide, indigenous, community-based organisation, by meeting the humanitarian challenges in Afghanistan, and through its unique role guided by the Movement's Fundamental Principles and values. Its profile needs to be lifted both internationally and locally. Although this is a slow process, the Federation is committed to providing ongoing support to the national society through various processes, including the constitution review, reintroduction of the membership system, financial development, advocacy through contacts with embassies and other humanitarian actors.

### **Governance support**

The Federation is helping the ARCS revise its constitution, establish a provisional membership and set up a new Kabul branch for which terms of reference, concept paper and budget have been prepared. An analysis of the revised constitution has also been performed and a new draft has been prepared for discussion. This assisted the leadership with the preparations for the South Asia regional partnership meeting in March.

### **Impact**

A revised constitution will enable the national society to define the roles of governance and management. The provisional membership systems, once implemented, would encourage further democratisation, including the establishment of clear policies. External meetings within the Movement continue to increase the national society's understanding of management and integrity issues and setting programme priorities.

### **Constraints**

The ARCS needs continued commitment and a strategy for implementing change management so as to ensure that it does not miss the opportunity to become a visible player in the nation building process. It has to demonstrate more effectively the added value of its unique role and better position itself as an auxiliary to the public authorities and to secure government's support in order to fulfil its role in the humanitarian challenge facing the country.

### **Delegation management**

Responding to the scale of the needs in Afghanistan and in support of the substantial programme of ARCS, the delegation has been coordinating with various sister national societies and other donors. The delegation obtained budget approval from the Secretariat and helped the national society in preparation of operational plans against available resources while continuing to liaise with various stakeholder on where there are shortfalls.

There was further streamlining of the delegation by the end of the first quarter with some delegates coming to the end of their missions. An OD position was reintroduced to support and reinforce the capacity building and institutional development issues as outlined earlier in this report. The delegation has been addressing recommendations of an audit undertaken by the Secretariat-based internal audit department. The quarterly head of sub-delegations meeting held in Kabul in February discussed operational and management concerns.

The delegation continues to facilitate information exchange and utilise the resources of the SARD and Geneva. Examples include the South Asia regional partnership meeting, the impending SARD humanitarian values programme evaluation and the Geneva consultation on ARCS health services cost recovery and sustainability study.

### **Impact**

The Federation continues to have a key role to play in supporting and enabling the ARCS to develop as a key and consistent stakeholder in providing services to the vulnerable community. It adds value in representation, advocacy, information exchange, resource mobilisation and appropriate support to the national society.

### **Constraints**

The national society is necessarily still heavily reliant on Federation and ICRC support for its programmes and core structure, and there is still much to do to further encourage national society ownership of its programmes and activities. Thus, significant Federation support will be required for some time to come, although the delegation will begin to look at ways in which the delegation's structure and costs might be streamlined. The Federation and ICRC are in the process of reviewing the tripartite core structure agreement which, among others, articulates the above concerns and the way forward.

**[Contributions list below; click here to return to the title page and contact information.](#)**

APPEAL No. 01.55/2004

## PLEDGES RECEIVED

18/05/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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## CASH

REQUESTED IN APPEAL CHF ----->				11,090,663		TOTAL COVERAGE 31.7%
CASH CARRIED FORWARD				2,046,593		
AMERICAN - RC				132,700	23.01.04	HEALTH COORDINATOR
BRITISH - GOVT/DFID GRANT 2004				50,000	29.01.04	
DANISH - RC				120,000	22.01.04	TRAINING OF TRADITIONAL BIRTH ATTENDANTS
CAPACITY BUILDING FUND				100,000	03.03.04	
FINNISH - RC	20,000		EUR	31,510	19.03.04	CBFA PROGRAM IN JWAZJAN PROVINCE
FINNISH - GOVT/RC	27,000		EUR	42,107	23.04.04	DISASTER MANAGEMENT/VCA
JAPANESE - RC	60,776		USD	76,973	17.03.04	INTERNATIONAL FRIENDSHIP
NETHERLANDS - RC	102,496		EUR	161,483	17.03.04	ENVIRONMENTAL HEALTH PROJECT IN HERAT
SWEDISH - GOVT	1,900,000		SEK	320,150	06.04.04	HEALTH, DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT
SWEDISH - RC	1,500,000		SEK	252,750	16.04.04	HEALTH ACTIVITIES
SUB/TOTAL RECEIVED IN CASH				3,334,266	CHF	30.1%

## KIND AND SERVICES ( INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATES			70,000		
NORWAY	DELEGATES			54,800		
CANADA	DELEGATES			58,400		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				183,200	CHF	1.7%

## ADDITIONAL TO APPEAL BUDGET

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