

AFGHANISTAN: HUMANITARIAN ASSISTANCE FOR ENDURING EMERGENCIES

19 July 2000

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The Afghanistan Red Crescent Society (ARCS), arguably the only indigenous, nation wide humanitarian organisation in the country, is doing its utmost to maintain its ability to work with all ethnic groups and to reach women through its services. Operational in 30 of Afghanistan's 32 provinces and with an extensive network of branches, it continues to reach more than three million beneficiaries a year.

The context

More than 20 years of conflict have ruined Afghanistan's economy and reduced the living conditions of most of its 20 million population to a bare subsistence level. As long as the conflict continues it is unlikely the socio-economic situation will improve, leaving most Afghans facing years of extreme vulnerability. The government administration and infrastructure and the health care and social welfare system have almost completely collapsed. Except in a few cities or urban areas, telephones, utilities, roads and other municipal services are almost non-existent.

The strength of the Movement - the Afghan Red Crescent Society (ARCS), the ICRC and the Federation - has clearly been its ability to sustain, countrywide, a continuous presence and activities over the years.

Latest events

As the summer progresses the consequences of the drought are spreading to more and more areas of the country. A fire raged through the Shorak and Narang forests in Kunar province in early May burning houses and damaging flora. On 12 May, a flood reportedly killed two persons and affected

800 families and agricultural lands in Manwara, Shegal and Manoki districts of the same province. An earthquake said to be measuring 5.8 on the Richter scale jolted the Afghan capital and surrounding areas. No reports of severe damages or casualties were received.

A haemorrhagic fever outbreak in the Qara, Bagh and Gulran districts of Herat province on 3 June, reportedly left 10 dead. Shor village also reported 14 deaths on 5 June. The outbreak occurred in a remote area of Herat in a confined community of 350 inhabitants.

Political tensions in the country continued in May and June. Internationally, the UN Security Council discussed further sanctions against the Taliban.

Red Cross/Red Crescent action

Health Programme •

Health Data (see Annex 2)

A total of 746,663 health services were provided from 1 January up to 31 May. This represents 37% of the year's target. However, it should be noted that this figure contains January - April data from only 46 of 48 clinics and May data from only 45 clinics. Women and children under age of 15 form over 80% of the total beneficiary group.

The five leading causes of morbidity during May were non-war related injuries (9.5%), dysentery (6.1%), diarrhoea (5.9%), throat infection (5.8%) and bronchitis (5.5%), whereas in April these were non-war related injuries (9.5%), bronchitis (7.5%), throat infection (6.8%), worm infestation (6.6%) and other aches and pains (5.1%).

Distributions

The essential drugs purchased as an emergency supply due to the delayed arrival of the medical kits were received in early May and immediately distributed to a number of clinics across the country. The long awaited batch of 500 kits finally arrived in mid-May at Tughundi border. Thirteen medical kits were airlifted to the northern region to avoid further delays. The remaining kits have been distributed to the regional storage facilities for further distribution to health institutions. The delay has caused problems in the clinics as some doctors had to prescribe medicines from the local market and the ARCS Kandahar had to request the Ministry of Public Health (MoPH) and other private traders for medicines.

Upon request, in Kandahar, Jalalabad and Mazar-i-Sharif, UNICEF donated Oral Rehydration Salts (ORS) - 6,000, 5,000 and 5,000 sachets, respectively. A request for 50,000 more is pending. Contraceptives have now also been placed at the disposal of the female doctor in the ARCS Helmand clinic. Laboratory reagents and some equipment were replenished in the 9 ARCS laboratories.

Renovations

Following the visits of the civil engineer to Kunduz and Samangan, agreements have been drafted for renovation and construction works in the clinics located in these provinces. In the clinic in Samangan, 2 additional rooms and a bathroom for the female section will be added within the framework of the expansion of maternal and child health care (MCH) services. The clinic run by the ARCS Kunduz branch will require construction works as the ARCS has to move from current premises owned by the Ministry of Telecommunications. Due to the appointment of the new governor in Kunduz, a 50% community contribution, supported and advocated by the previous governor, is now doubtful.

By the end of June, the civil engineer started his field visits to Zabul, Kandahar and Helmand for further assessments of the clinics in these provinces. Community contribution towards all renovation works has been discussed with the presidents of the respective branches and will be followed up.

In Kandahar clinic, the ARCS constructed a shade providing protection against the sun for the waiting clients. In the Central Clinic in Mazar-i-Sharif a well was dug as a joint effort by the ARCS with Habitat and UNICEF. The new health programme agreements are well received by the clinic staff. The agreements involve them more in the implementation of the financial aspects of the programme.

Vaccination and Diarrhoea Prevention Campaign

The ARCS and Federation Health Officers participated in the National Immunisation Days (NIDs) for eradication of poliomyelitis, conducted from 1 - 3 May and 3 - 5 June, respectively. The Federation Health Officers served as supervisors in various regions and transportation was provided for personnel and cold chain logistics. The ARCS vaccinators from various clinics participated in the NIDs. The vaccination programme in ARCS Kandahar clinic started mid-May, with two female vaccinators co-funded by UNICEF.

Two diarrhoea prevention campaigns were launched in Jalalabad and Mazar-Sharif in June. In Jalalabad, 5,000 families with wells received leaflets with messages regarding preventive measures against diarrhoea. The leaflets were distributed by the Ministry of Public Health who were also chlorinating the wells. Banners placed in different places in the city and radio broadcasts complemented the campaign. In Mazar-i-Sharif, 200 posters were posted all over the city, while another 5,000 leaflets were distributed. Radio broadcasts were granted and will continue daily over the coming months in Dari, Pashtu, Turkmen and Uzbek.

Strengthening maternal and child health care (MCH)

In May and June, the Federation MCH delegate visited various clinics in Kabul, Jalalabad, Herat, Badghis and Mazar-i-Sharif to monitor and further assess the different MCH services and to determine course of action for the remaining six months of the year.

The planned expansion of MCH services in ARCS Ghor clinic has not been carried out because of the security constraints. Instead, expansion in Badghis is considered as the needs are numerous and few facilities exist there.

Possibilities for strengthening MCH services in all clinics with female staff by providing ante-natal cards, clean delivery kits and contraceptives have been assessed. A Training of Trainer course for midwives in Herat possibly supported by the Danish Afghan Committee is scheduled for October.

In January - end of May period, the ARCS-trained traditional birth attendants (TBAs) assisted in 265 deliveries, distributed 340 clean delivery kits and registered 502 pregnant women. In addition, 4,268 females received contraceptives. Thirteen TBAs in Mazar carried out health courses on breast feeding, tetanus immunisation for women of child bearing age and referred some obstetric cases to the ARCS clinic.

In Herat, the training of 20 TBAs started on 11 June. Thirteen of these TBAs are illiterate widows with experience in assisting at deliveries. Another course for 20 TBAs, started in Mazar-i-Sharif on 17 June. Both courses are expected to be completed in July. The training of 20 TBAs in Lagman's Alingar district has been completed.

General Training

A health training team was established in each of the five regions in May. The teams include the ARCS and Federation Regional Health Officers, a doctor and another health staff. The teams received training (from 27 - 29 May in Kabul) on the following topics: teaching methods, micro planning process, primary health care concept, the importance of Community Based First Aid and linking of volunteers

with clinics, maternal and child health care and disaster preparedness. These teams will plan workshops at the regional level for all categories of health workers. The Federation Health

Co-ordinator gave a lecture on epidemiology within the Public Health Training Course sponsored by the Ministry of Public Health and WHO.

Regular monthly monitoring visits to most clinics have been carried out, except in the northern region due to security constraints.

Development Programmes •

Community Based First Aid (CBFA)

A total of 416 volunteers, covering 396 villages were trained during May and June. They were recruited in 14 districts of all 5 regions in Afghanistan. This brings the total number of trained this year to 730, or 29% of the annual target.

Follow-up meetings have been held with 133 volunteer groups in all regions. In total, 2,390 volunteers participated. During these follow-up meetings, first aid bags have been refilled. Volunteers also received refreshment courses on topics such as hygiene and sanitation, bleeding, mine-awareness, vaccination, suffocation, burns, fits, malaria, volunteerism and the Red Cross and Red Crescent Movement.

In May and June, volunteers handled 5,204 cases in the Eastern, Western, Central and Northern Regions, varying from the provision of first aid, referral to hospitals or other health facilities and the provision of requested advise in their respective villages. The total number of cases reported this year is 7,299 but it is not complete due to inability to collect all reports. The cases reported include mostly fractures, bleeding, diarrhoea, burns and common cold, animal bites, food poisoning and mine injuries. Volunteers from all but the Northern Region, reported on the effects of the drought.

Insufficient dressing material and antiseptic solutions reported by volunteers during the previous period were solved by a large number of refills carried out during the follow-up meetings.

The procurement of motorbikes for CBFA training teams has been further delayed due to a strike in Pakistan's Northwest Frontier Province.

A general CBFA planning meeting for all ARCS Regional Supervisors and trainers is scheduled for mid-July in Kabul. The topics will include the annual appeal planning, the 2001 programmes, budgeting and the progress of the programmes in the last six months.

Youth Programme

Following various meetings with the Department of Education and different school masters, 32 volunteer teachers have been recruited for the youth programme in Mazar-i-Sharif. Their training will start in July. The ARCS Youth Director monitored 17 schools in Kabul where the Youth Programme is carried out.

Disaster Preparedness and Response •

Drought

The fact finding initiatives started in April were followed by a comprehensive 12 day drought assessment. This was jointly undertaken by the ARCS, Federation and the ICRC from early to mid May, and covered nearly all districts of Kandahar, Zabul, Helmand and Uruzgan. The joint assessment mission was composed of specialists from different National Societies in the fields of general relief, agroveter, water/sanitation and health/nutrition. Simultaneously, Federation/ARCS rapid assessments were carried out in Nimrooz and Farah provinces in the southwestern region. Further, ARCS/Federation assessments were done in Paktika end May/early June. During June, ARCS CBFA team leaders and volunteers participated in the drought assessment in the central region. The Federation delegation provided technical expertise to UNDP/UNOCHA in processing survey results. More reports were received on the deteriorating situation in Ghor and other provinces in the country.

The Federation and the ICRC closely coordinate their efforts to support the ARCS in its response efforts to the drought. The Red Cross and Red Crescent Movement's objectives and plan of action are based on a gradual but integrated approach and a joint ARCS/Federation/ICRC Drought Commission.

The planned approach is to link and integrate preventive and curative community health care with efforts to rehabilitate and improve access to water sources for farming and livestock.

The Federation's support to the ARCS will also focus on integrated community health care in order to:

- a) provide access to safe water and sanitation facilities for human consumption;
- b) establish five mobile health teams to provide preventive and curative care to vulnerable communities, especially women and children;
- c) recruit, train and equip 1,440 additional volunteers who receive instruction in basic health awareness, water and sanitation and first aid, in order to foster a basic health surveillance system and to encourage preventive health practices;
- d) further assess the nutritional status of communities and potentially provide supplementary feeding to mainly pregnant and lactating women and children under five;
- e) prepare for additional shelter inputs when needed;
- f) complement epidemiological warning systems by expanding the current health information system and through linking up with other health providers, in order to be adequately prepared to intervene in potential outbreaks of common diseases.

The following Federation supported activities related to drought were carried out in May-June: from 29 May - 3 June, in a combined ARCS and Federation project, Kochie (nomadic herdsmen) families were surveyed along the Argandab and Tarnak rivers and 1,101 selected families (9,002 individuals) received tents (255), cooking sets (1,101), jerry cans (1,101) and blankets (2,202). The beneficiaries were mainly from the Registan desert, southern Kandahar. This distribution followed an earlier ARCS food distribution to the same beneficiary group as well as other drought affected persons located in these areas.

Seventy four volunteers were trained in 4 districts in Helmand and Zabul provinces by 2 newly established training teams. Additional teams are planned for Zabul, Uruzgan and Nimrooz in July to further accelerate the emergency volunteer training programme. In order to adequately intervene in and monitor the consequences of the drought, a slightly different approach is taken in the recruitment of volunteers in these areas - these volunteers will be recruited from as many districts as possible within each province.

The procurement of essential supplies and equipment for the mobile health teams is underway and the ARCS is actively looking for the appropriate staff, including preferably a female doctor and a nurse per a mobile team. As soon as these preparations are completed the first teams will be assigned to the worst affected and mostly uncovered drought stricken areas.

Other Disaster Preparedness and Disaster Response activities

No progress has been made on the draft Disaster Preparedness plan. This plan includes the co-ordination mechanisms within the Red Cross and Red Crescent Movement, the responsibilities and tasks of various departments and ways of mobilising resources during an emergency. The Disaster Preparedness plan for the northern region stalled due to the appointment of a new Regional President.

The June meeting of the community based disaster preparedness (CBDP) supervisors is postponed to mid-July as most supervisors were called upon to assist in the food distribution in the drought affected areas. The meeting will focus on the results of the Vulnerability Capacity Assessments carried out in various provinces, the CBDP Training Guidelines, Programme Agreements, etc.

Institutional and Resource Development (IDRD) •

In view of the ID/RD objective to raise awareness and knowledge of the ARCS staff, English language and computer courses will start in early July. Preparations are underway for the earlier planned 6th National Society Leadership Workshop that will now be organised on 30 July - 2 August in

Kabul and is intended mainly for new ARCS staff. It will also be a good preparation for the Country Assistance Strategy workshop.

Different planning meetings have been held for the Country Assistance Strategy (CAS) Workshop scheduled for 2 - 5 September. The workshop will be aiming at self-assessment, establishment of a

National Society development plan, integration of the "Strategy 2010" into NS plans, building National Society ownership of the CAS, and specifying regional links.

The Logar revenue generation project, a bakery, regained its earning-capacity by adjusting prices of bread. The budgets of the revenue generation projects of Ghazni and Paktia branches needed adjustment because of the loss of value of the Afghani against the Pakistani Rupee. The Bamyan branch completed a proposal for an animal husbandry project. In the beginning of July, the IDR unit will visit the branches of the Eastern region to introduce the revenue generation methodology and further explore RD strategies.

The reintroduction of the membership system is under consideration.

In May, a joint ARCS/ICRC/Federation team completed the introduction of the new agreements and new planning, budgeting, financial reporting and activity reporting requirements. Four financial management workshops were held: on 1 - 3 May in Jalalabad, on 8 - 10 May in Kandahar, on 21 - 23 May in Herat and on 29 - 31 May in Mazar. A total of 130 staff members of all 31 ARCS branches and the headquarters participated in the workshops. The workshops offered an excellent opportunity to discuss new agreements in an open atmosphere, and to make all concerned parties comfortable with their practical aspects. At the same time, it was clear that the ARCS in general and many of the branches in particular still need considerable time to fully understand and assimilate all the implications in terms of programme ownership, programme management, reporting, financial management procedures, etc. In order to continue to assist the ARCS in developing its accounting and financial management capacity, the position of Finance Development Officer (FDO) was created in the Federation delegation.

The participation in the workshops of the branches located in the areas under the control of the Northern Alliance (Takhar, Badakshan, Kapisa and Parwan) proved that the principle of unity is alive in the National Society of this war-torn country.

In line with observations from several review missions (ID, CBFA, CBDP) and Partner National Society visits, the ARCS agreed to reduce their core structure by 15% in the headquarters (i.e. some 35 positions) as from 1 July. In the process, the ARCS will establish a new uniform and countrywide grading system for all staff in the country.

The new Federation gender policy has been translated into the Afghan language.

Outstanding needs

The CBFA Delegate (female) is urgently needed in order to enhance the training of female volunteers. In order to increase the response efforts to the drought, a Water & Sanitation Delegate and two Health/nutrition Delegates are also urgently required. At least one of the Health delegates should be female, preferably with experience in carrying out nutritional assessments and supplementary feeding. Additional support is required for the health programme, including the MCH component and for the minimum required disaster preparedness stocks.

External relations - Government/UN/NGOs/Media

Different delegates and national staff participated in different co-ordination meetings related to the drought and other topics in all regions of Afghanistan.

Contributions

See Annex 1 for details.

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This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

Annex 2

STATISTICS ON THE DIFFERENT HEALTH SERVICES PROVIDED

January 1 - May 31, 2000

No.	Type of activity	Number of services by type	% of total
1	Consults & treatment of cases	363,040	48.6%
2	Health Education - Group	163,538	21.9%
3	Health Education - Individuals	59,201	7.9%
4	Laboratory tests	12,030	1.6%
5	Vaccination TT for mothers	28,511	3.8%
6	Vaccination for children	94,100	12.6%
7	Vitamin A for children	10,267	1.4%
8	MCH services for mothers	4,591	0.6%
9	Contraceptives distributed to females	4,268	0.6%
10	Pregnancies registered by TBAs	502	0.0%
11	Deliveries carried out by TBAs	265	0.0%
12	Clean delivery kits distr. by TBAs	340	0.0%
13	Hospital referrals	6,010	0.8%
GRAND TOTAL		746,663	100.0%

Notes:

