

AFGHANISTAN: INTEGRATED COMMUNITY HEALTH CARE PROGRAMME & DISASTER PREPAREDNESS

9 April 1999

appeal no. 1.29/99

situation report no. 1

period covered: 31 December 1998 - 31 March 1999

A large earthquake brought a Movement based response, with the relief operation dominating activities during the reporting period. Nevertheless, health services and training continued, as did institutional development projects.

Latest Events

Almost one year to the day after the 1998 earthquake in Rustaq, another one hit Wardac province. While this dominated the work of most delegates, other operations continued as normal.

Red Cross /Red Crescent Action

Integrated Community Health Programme •

The Federation-supported health clinics, with the exception of that in the earthquake area, functioned normally during this reporting period.

At the request of several NS from March 3rd up to March 22, a review of the integrated health programme in Afghanistan was undertaken. It included members of the Swedish, Norwegian and Swiss Red Cross as well as the Senior Relief Health Officer from the Secretariat. 25 out of 46 clinics were visited in 4 regions. The general impression of the team members was very positive as to the usefulness of the clinics and the appropriateness of the services provided. In every clinic, discussions were held with the beneficiaries as to better understand what they feel about the services. Very useful information was collected that will allow certain improvements. The main issue raised by all the women interviewed by the team was the need to develop MCH activities in the clinics. This message was also brought to the team members during all their meetings with health authorities at the different regions. A number of improvements needed were identified during the review that will be discussed in May during the

forthcoming Afghan meeting hosted by the Danish Red Cross. The final report will be distributed before hand to all the participants

TYPE OF SERVICE	January	February
Consultation and treatment	80,957	71,188
Health education - in group sessions	28,693	27,642
Health education - individual sessions	14,269	15,077
Laboratory tests	930	620
Family planning sessions	27	42
Pregnancies registered by TBAs	93	133
Deliveries attended by TBAs	87	98
Tetanus toxoid vaccination for mothers	3,010	2,242
Vaccination for children	12,021	5,441
TOTAL PATIENT SERVICE UNITS*	140,087	122,483

*some patients receive more than one service

Community Based First Aid component (CBFA) •

Training of CBFA volunteers covering remote villages continues in the Mazar, Herat, Kandahar, Jalalabad and Central Region. Although recruitment and training of female volunteers has not begun due to local regulations forbidding women to work or go to school, wives, sisters and close relatives of trained volunteers are being trained in their respective homes. Discussions are currently underway with the authorities to officially train female volunteers. Community Based Disaster Preparedness, Health Education, Mine awareness, Principles of RC /RC Movement, Community Based First Aid are topics included in the training. Periodic refresher courses continue for the trained volunteers and meetings are held on a regular basis for the CBFA Supervisors for co-ordination of the programme with the CBDP and Health Programme. The target number of volunteers to be trained this year is 1,500. Training of volunteers during the winter months is very difficult due to accessibility.

CBFA	Kabul	Jalalabad	Herat	Kandahar	Mazar*	TOTAL
Volunteers	209	205	299	125	42	880
Trainers	4	1	2	2	3	12

Disaster Preparedness/Community Based Disaster Preparedness (CBDP) •

Floods

Heavy rains during the first week of February caused damage to homes in Kandahar and Helmand provinces. Families whose houses had been destroyed or significantly damaged received aid after a joint ARCS/Federation team assessed the situation. Just over 100 homes were affected and of these families, 94 received assistance in the form of plastic sheeting, blankets, cooking sets, jerry cans, and small rations of high protein biscuits.

Socio-economic response

In Mazar, 12 bales of used clothing were distributed to 197 female-headed and 146 male-headed families.

Earthquake

An earthquake located at 33.7°N / 69.03°E hit central Afghanistan on 11 February at 14:08:47 GMT (18:38:47 local time). The epicentre was 33 kilometres deep, and registered a surface wave magnitude of 5.9 (approximately 5.5 on the Richter scale). A smaller quake minutes before served as a warning, and contributed to the low death toll since people had already fled outside. The traditional construction methods (stone and timber with mud mortar) were unable to withstand the seismic shocks. The biggest impact of the earthquake was in Wardak and Logar Provinces (60 - 100 km south of Kabul), but it was also felt as far as Pakistan. Local authorities reported more than 40 severe aftershocks, which drove earthquake victims to seek safety by sleeping outdoors, despite temperatures between minus 5° and minus 8° C (23 - 46° F) and wet weather. In summary:

- { 70 dead;
- { 537 persons with injuries requiring treatment;
- { 18,611 families affected;
- { 6,255 houses destroyed, and 12,037 severely damaged;
- { approximately 150,000 people (6 - 10 per household) homeless;
- { 39 wells destroyed;
- { 1,452 head of livestock killed.

Medical problems experienced by the disaster victims included cuts, bruises, head trauma, arm and leg fractures, and respiratory ailments due to exposure. ARCS and other health facilities in the area reported the number of patients seeking treatment for acute respiratory infections increased by 50% above the norm for this time of year. The authorities were not in a position to assist the earthquake victims, and appealed to both foreign and local organisations in the country for relief aid.

The earthquake was felt strongly in Kabul, alerting Movement staff to a possible disaster. At daybreak, a joint ARCS/International Federation/ICRC assessment team left Kabul. A decision was subsequently taken to form a joint task force to co-ordinate planning, conduct initial assessments and medical evacuations, and distribute non-food items. Relief goods from all three bodies were pooled and trucks were dispatched with supplies as areas were assessed. Following the initial assessments, the ICRC took responsibility for the distribution of pooled resources while the ARCS and International Federation continued with the assessments which were concluded on 23 February. Several NGO's joined in the assessment.

Staff and volunteers from the ARCS were instrumental in obtaining data during the assessment phase. Those with specialised training moved from village to village providing first aid to the injured and gathering data from village leaders and other earthquake victims, with support provided from the Federation.

The UN moved several international staff and local officers to the area and the UN's Office of the Co-ordinator for Humanitarian Assistance (OCHA) issued a number of situation reports. Other agencies that offered relief goods included WFP, CARE, NCH, RADAA, AREA, MedAir, Save the Children.

With the support of the Federation, the ARCS was able to help victims survive and recover from the disaster and bad weather. Provision of first aid helped to reduce the likelihood of further medical complications including infections or problems brought on by arduous travel to health facilities. Additional medical services were provided to the affected communities through ARCS mobile health teams.

Follow-up monitoring of health needs in the affected area will continue for several months to take into account destroyed amenities including wells, other water sources, and latrines, plus the need to bury or incinerate more than 2,000 dead animals, to reduce health hazards. The ARCS Health Information System collated and analysed data from the ARCS health clinics.

Distribution of non-food items was done to meet the basic needs of the most vulnerable. In addition to shelter materials and cooking sets, some beneficiaries were provided with shovels and other tools to recover buried belongings and bury dead animals. Disaster preparedness stocks now need to be replenished to ensure adequate coverage for the spring flooding that has already begun.

Staff and volunteers from the ARCS Health Department, CBFA, CBDP, and Youth service worked in this operation. Training provided by the ARCS, International Federation and ICRC had prepared several hundred people to respond to such a disaster. During the early days of the operation, the effects of such training were evident, as trained ARCS personnel were visibly more effective than non-trained. The operation pointed out an increasing need to build capacity within the ARCS in disaster preparedness and response, and to contribute to vulnerability reduction by providing disaster preparedness training to communities.

This is the third large earthquake to cause devastation in Afghanistan in the past 12 months. With spring flooding already affecting parts of Afghanistan, capacity building and adequate stockpiling of relief goods are urgent priorities if the ARCS is to respond effectively to the multiple needs in this disaster prone country.

Several learning points were identified:

- * The ARCS needs more training throughout the country in disaster preparedness and response.
- * Pre-positioned stocks made it possible for the ARCS/Federation to immediately respond to the disaster.
- * Common terminology needs to be adopted by Movement components and other organisations working in disaster settings.

Institutional Development (ID) •

Both the ICRC and the Federation continue to support the ARCS in ID, especially by providing monthly running costs and incentives to the HQ, Regions and Branches. Plans are underway to reduce and streamline the overall support to ARCS. The main Delegation in Kabul and the four Sub-Delegations have conducted training workshops relating to Management, Finance, Red Cross / Red Crescent Principles and other related topics during this reporting period. Selected ARCS staff were sent on two regionally organised workshops in Nepal and Pakistan to enhance their capacity and provide exposure to the bigger RC / RC world.

The ARCS Youth Department is currently drawing up plans to start a pilot programme of recruitment of Youth Volunteers in 30 schools, under Phase 1 covering 3 regions. This programme will be expanded based on the lessons learned from this pilot project.

Outstanding needs

A reporting delegate is required for this delegation.

Funding support for 1999 is required. Further information on programmes next year is presented in the Federation's 1999 Emergency Appeal.

Contributions

See Annex 1 for details.

Conclusion

Despite an extremely difficult operational context and very low funding, the Federation continues to provide support to the National Society and its activities. This includes the development of an integrated health system and efforts to reinforce the capacity of ARCS. Further financial support to the Federation appeal is crucial, to help alleviate the plight of 20 million people in a country ravaged by 20 years of warfare and frequent natural disasters and where governmental structures able to take care of the most vulnerable are almost non-existent.

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