

AFGHANISTAN: HEALTH, DISASTER PREPAREDNESS AND RESPONSE

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Programme assessments and independent feedback from various sources indicate that the Federation assisted programmes are achieving their objectives, with quality services delivered to the intended beneficiaries. Areas which require improvement are being addressed. Although the needs in Afghanistan are enormous, the Federation will continue to focus on quality rather than quantity service delivery.

The context

Responding to the humanitarian needs provoked by the conflict and humanitarian crisis in Afghanistan, the Federation established the following objectives:

- To improve the overall health of those people in Afghanistan who are not likely to have other access to health care, with a special emphasis on decreasing the morbidity and mortality rates of women and children and reducing the need for more complex treatment of those living in rural and remote villages;
- To strengthen the efficiency and effectiveness of ARCS disaster response systems and increase individual and community abilities to prepare for and cope with disaster situations;
- To provide better service delivery by the ARCS by building its capacities and its grassroots foundation;
- To strengthen the Red Cross Red Crescent Movement in Afghanistan.

Latest events

In early August the Taliban captured Charikar, the capital of Parwan Province and entered Jabul Siraj and Gulbahar town, 60 kilometers north of Kabul, the stronghold of opposition commander Ahmad Shah Masood. Reports indicated that hundreds of people were killed and more than 200,000 displaced by the fighting. To date, more than 12,000 of these displaced are sheltered in the Russian Embassy compound in Kabul. In line with the Seville agreement, the ICRC is responsible for providing assistance to IDP's.

The majority of the people in Kabul and elsewhere are facing increased hardship due to a downward trend in economic conditions as a result of restrictions imposed by the Government of Pakistan in October. However, in late November both Pakistan and Iran opened their borders for exports into Afghanistan. Inflation remains high and the prices of basic supplies have increased sharply over the last few months. On November 14, the UN imposed comprehensive economic sanctions on Afghanistan, provoking demonstrations and damage to several UN offices in Kabul and other regions of Afghanistan.

The Taliban have recently indicated that women may be allowed to attend schools. Although the numbers are very limited, it is considered an encouraging sign.

Red Cross/Red Crescent action

Integrated Primary Health Care Programme •

From January through September 1999, the ARCS clinics registered over 1,300,000 beneficiaries treated. Around 78% of these are women and children who are targeted as the most vulnerable. The Mother and Child Health (MCH) Programme will continue to be incorporated into the existing clinic structure and health education curriculum. This will vastly improve the ability of health care professionals to monitor pregnancies while introducing mothers to health education and follow-up activities. These activities commenced in Herat, Mazar-i-Sharif and Laghman in August, and continued in Ghazni. The inauguration of the MCH component in the MJM Clinin in Mazar-i-Sharif was attended by the Taliban authorities, international organisations, local shura, ARCS and the Federation. It is particularly noteworthy that the Federation's MCH Delegate (a woman) was allowed to address the audience -- a rare occasion in the presence of the Taliban authorities. The authorities and the community acknowledged the vital need for the programme, and following this event the authorities have indicated further support for the MCH programme. Six midwives from the Herat, Jalalabad and Mazar region attended the Training of Trainers (ToT) course conducted by the Swedish Committee in Peshawar. Traditional Birth Attendants (TBA) training commenced in 3 regions, and by December a total of 86 volunteers had been trained. The MCH delegate gave first-aid training examinations to 7 female CBFA volunteers, and conducted training to 24 female volunteers. The ARCS is proud to currently have female volunteers from among the TBA and CBFA programme.

The following table reflects figures on services provided in the 46 ARCS clinics from January to September, 1999:

Type of Activity	Figures
Consultation and treatment of Cases	742,787
Group Session Health Education	280,861
Individual Health Education	133,142
TT Vaccine for mothers	48,379
Vaccination for Children	154,778
No. of mothers received MCH services	8,457
No. of pregnant women registered by TBAs	1,359
No. of deliveries conducted by TBAs	645
No. of cases referred to hospital	9,326
Total	1,379,734

Through the Health Information System (HIS), different data from the 46 clinics was collected and the information shared with the Ministry of Public Health and the different agencies. In October a joint ARCS and Federation team comprised mainly from the Health Department made an assessment trip to Bamiyan and re-initiated the activities of the clinic which had been closed in late 1998 due to frequent fighting and looting. Co-ordination meetings of both ARCS and Federation Regional Medical

Co-ordinators, together with CBFA staff, was carried out on a bi-monthly basis for the purpose of co-ordination of programme and to upgrade the level of services provided in the clinics. Similarly, regular monitoring visits were made to the 47 ARCS clinics. In addition to the on the spot training given to the clinic staff, periodic training sessions were carried out. All services provided by the ARCS clinics are free of charge. Standard medical-kits with 51 different medicines and dressing materials were distributed on a periodic basis to the clinics.

Community Based First-Aid (CBFA) •

The CBFA programme is expanding to provide coverage to more than 3,000 remote villages. To-date more than 2,900 volunteers have been trained, and a major breakthrough occurred when 2 batches of women volunteers were recruited. Seven female volunteers passed the exams in October and a further 24 are currently undergoing training. There is a considerable demand among the various Red Cross Branches and the community to expand the programme, but this is dependent on resources and the security situation. In November a review of the CBFA programme was carried out jointly by the Federation and Danish Red Cross.

CBFA Statistics 1997- November 1999

Region	Province	District	Volunteers	Villages Covered
Kabul	2	12	747	884
Herat	1	4	648	646
Jalalabad	2	15	691	704
Kandahar	1	2	345	336
Mazar-i-Sharif	3	8	482	460
Total	9	41	2,913	3,030

Youth Programme •

A pilot Youth Programme was started towards the middle of the year, and a total of 434 youth volunteers from 46 schools in Kabul have been registered to date. 72 volunteer teachers in Kabul and 20 in Jalalabad were given an intensive course in First-Aid and the Youth Programme. First-Aid examinations were conducted in November for the Youth Volunteers in Kabul where certificates and prizes were handed to outstanding volunteers. A similar programme was just started in Jalalabad in 10 schools where the recruitment of volunteers is in progress. Based on the success and failures, this programme will be expanded to the various regions in the coming year.

Community Based Disaster Preparedness Programme (CBDP) •

Responding to the major earthquake in Maydan Wardak in February and the seasonal floods affecting different parts of the county, assessments were made by the ARCS in line with a community approach and supporting the coping mechanisms of the community. Twelve disaster workshops were organised jointly by the ARCS and the Federation, involving 255 trainees. A review of the CBDP programme was carried out in November by the Danish Red Cross and Federation team. Pre-positioning of non-food item stocks continues in Kabul and 3 out of the four sub-delegations. Items include tents, blankets, jerry-cans, plastic sheeting, shovels, pick-axes, and cooking-pots.

Institutional Development (ID)●

Starting in August a series of 2-day workshops on awareness and self-analysis were conducted in the Central region and various ARCS departments in Kabul for a total of 142 participants. In late September a four day workshop on "National Society Leadership workshop" was held in Kabul for 34 senior and key ARCS staff, in conjunction with the UNFPA-funded "Management & Resource Development Program". The aim of the workshop was to increase awareness of the National Society management regarding the Red Cross Red Crescent Movement (history, fundamental principles, Seville agreement, governance, management, characteristics of a well functioning society, and resource development), as well as undertaking self-assessments and identifying priorities for future development

of the National Society. The importance of reproductive health was also a focus of the workshop. The UNFPA Director for Asia and the Pacific, together with the country Director for Afghanistan, attended the first day of the session. A similar regional workshop was also organised in Herat in early December, attended by 25 key ARCS staff.

The exploration of resource development strategies applicable to Afghanistan continued with selected Branches and HQ's departments. Following this, the ARCS leadership decided to establish a National Society Resource Development Commission and a resource development workshop was organised in late October for these members. In early December the Logar Branch initiated a bakery project to increase its own revenue while other Branches are in the final stages of preparing revenue generating projects. These will be carefully studied to identify and expand resource development.

In early September a joint ICRC and Federation team comprised of senior staff visited Afghanistan to conduct a review related to ID and co-operation issues with ARCS. Recommendations were submitted to respective Headquarters in Geneva, and follow up meetings were held jointly by the ICRC and the Federation with the ARCS leadership in Geneva and Kabul. One of the major outcomes of the review was to terminate all current agreements on programmes and core structures on December 31, 1999, and to start with a new agreement with effect on January 1, 2000.

External relations - Government/UN/NGOs/Media

Despite very difficult conditions, the Federation and ARCS have succeeded in coordinating with the key agencies involved.

Outstanding needs

With over 63% of the current appeal covered, there are few further outstanding needs.

Contributions

See Annex 1 for details.

Peter Rees-Gildea
Director
Operations Funding and Reporting Department

Hiroshi Higashiura
Director
Asia and Pacific Department

