

# FINAL REPORT



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

## AFGHAN CRISIS

29 April 2003

*Previously named Humanitarian Crisis Appeal*

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

*Appeal No. No. 32/01*

*A Preliminary Appeal was launched on 21 September 2001 for CHF 8,765,000 for two months. Responding to the evolving situation, revision no. 1 was issued on 3 October 2001, with the budget increased to CHF 40,280,340 for six months. Revision no. 2 was issued on 19 December 2001, with a total revised budget of CHF 28,748,124 for 12 months. Revision no. 3 was issued on 14 May 2002, with a total revised budget of CHF 37,176,906. The budget was readjusted in September to CHF 26,280,950.*

*Disaster Relief Emergency Fund (DREF) Allocated: CH 600,000*

*Period covered: September 2001 - December 2002 ; last Operations Update (no. 29) issued on 20 December 2002*

### Summary

In the aftermath of the 11 September 2001 tragedy in the United States, the humanitarian plight of millions of people in Afghanistan and its surrounding region was brought into focus. The Federation's response to the ensuing cycle of events was immediate.

With the evolving political, security and humanitarian situation, the Federation adopted a flexible approach in its preparations. Preliminary Appeal no 32/01 was launched on 21 September 2001 seeking CHF 8,675,000 in cash, kind and services to undertake contingency planning and preparedness measures to assist approximately 300,000 people for two months. CHF 600,000 was released from the Federation's Disaster Relief Emergency Fund to allow assessments, initial relief activities, and pre-positioning of stocks.

The first revised appeal for CHF 40,280,340 was issued on 3 October 2001 for 6 months to put in place the operational elements required to assist 300,000 beneficiaries at the Afghan borders, or refugees crossing the borders to neighboring countries.

As security and access in Afghanistan improved and activities inside the country resumed, the second revision was launched on 19 December 2001. This appeal reflected an expansion of activities inside Afghanistan as well as a continuation of programmes to refugees in the surrounding countries.

In May 2002, The Federation together with the National Societies in the region undertook to review again their activities and issued a revised Afghan Crisis appeal to reflect the situation as well as achievements/lessons learned since the onset of the operation to ensure more efficient and effective assistance to vulnerable groups. This last revision remained a multi-country appeal covering activities in Afghanistan, Pakistan, Iran and Central Asia and took into account identified needs in the region, as well as, considered integration of emergency response activities into longer term perspective for the national societies. The appeal was also extended until 31 December 2002. To consolidate the Federation's effort - and to be more explicit on programme objectives and activities for our members - the Annual Appeal (01.25/2002) for Afghanistan was canceled and incorporated into this last extension.

### **Context w**

Nearly one year has passed since the day after various Afghan factions signed a milestone accord paving the way for a political transition in their war-ravaged country. During this period Afghanistan faced a number of advances in the political, humanitarian and cultural realm - the country established a transitional administration, while three million children went back to school, including more than one million girls banned from education under the Taliban regime, and more than 1.8 million refugees returned to their homeland. The changes in government are bringing hope of a new beginning for Afghanistan. However, the reconstruction of the infrastructure, following the devastation over the past two decades, will be a lengthy and expensive process. Following the initial euphoria of returning to their homes, many Afghans faced the difficult challenge of re-establishing their lives in a country devastated by a quarter century of conflict. Humanitarian agencies scrambled during the year to provide for the immediate needs of the returning families. But substantive reconstruction aid for infrastructure repair and employment is still urgently needed.

The people of Afghanistan have endured almost unparalleled hardship for the past 23 years of war, instability and displacement, causing an ever growing deterioration of its socio-economic situation. Life expectancy and several health indicators are among the worst in the world. A woman dies every 30 minutes because of a pregnancy-related complication and one in five Afghan children dies before their fifth birthday. Growth stunting because of malnutrition is 54 percent for boys and 49 percent for girls. Infectious diseases - such as malaria and tuberculosis continue to be a major cause of illness and death. Vaccination coverage is as low as 40% across the overall territory. Life expectancy at birth is 45 for men, 46 for women. In most development rankings, the country belongs to the lowest group. Its 22 million<sup>1</sup> population, of which an estimated 75% live in rural areas with many in isolated areas, has a dependency ratio of 84%, mostly under 15 years and elderly people. The challenges are compounded by an annual population growth of 1.4%, due to a very high fertility rate of 6.9%.

To compound matters, Afghanistan is extremely disaster prone. It is entering its fourth year of drought. Although the snow and rainfall have improved over the last year, this has not been enough to counteract the effect of the drought or to ensure sufficient water in the rivers. The seismic fault that bisects the country is the site of frequent earthquakes, while snow-melt from the mountains and spring rains combine to trigger landslides and floods. Since the beginning of 2002, there has been three earthquakes, causing death and destruction in villages in the Hindu Kush mountain region and numerous floods.

Security continues to remain a pivotal issue in the reconstruction of the country. The Kabul transitional government was formed in line with the provisions of the Bonn Agreement, after a loya jirga - meeting of Afghan leaders - in June 2002. However, the composition of the government is not universally supported by Afghans and the authority's writ does not extend into many areas; much of the country is still ruled by local leaders, who wield great power. Instability and violence remain, particularly in the north, the south-east and, to a lesser extent, in the west. Whether caused by the attacks of extremists, by factional rivalries, abuses of power or common banditry, insecurity and

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<sup>1</sup> According to the last population census results, which was carried out in 1979.

lawlessness undermine the people's confidence in the peace process, hamper economic activities, limit reconstruction assistance and threaten the exercise of the most basic human rights. There are still over one million internally displaced people (IDPs) in different regions of Afghanistan. The displacement problem is particularly acute in southern provinces, where an estimated 400,000 people are scattered after leaving their communities due mainly to the severe drought as well as ethnic tension in the north. The International Security Assistance Force (ISAF) was established in the capital - nearly 5,000 soldiers from more than 20 countries patrol the streets of the capital - but its operation has yet to be expanded elsewhere. International funding, after initial interest, has begun to slow.

The prolonged war in Afghanistan has put a terrible strain on the most vulnerable and their resources in the entire region confronting it with huge humanitarian challenges. Although the dramatic changes in the military situation in Afghanistan meant that original expectations of how the humanitarian crisis would develop did not materialize, the concerns for many vulnerable groups in Pakistan, Iran, Tajikistan, Uzbekistan and Turkmenistan remained. Despite the massive number of returns to Afghanistan some four million Afghans still remain outside the country, including an estimated two million in Iran and 1.5 million in Pakistan<sup>2</sup>.

Furthermore, the region had already faced years of political, social and economic uncertainty, compounded by severe drought and significant population movements, which affected millions of people and translated into increased vulnerability. The existing refugee population, including Afghan refugees from previous years, lacked access to effective primary health care facilities, clean water and basic relief items. Advocacy and awareness raising was also required to prevent discrimination and tolerance to existing refugees in the region.

### **Coordination w**

The Afghan Red Crescent Societies and Federation worked in partnership with their sister organisation, the International Committee of the Red Cross (ICRC), as well as government authorities and United Nations agencies as part of a co-ordinated effort to confront the major ongoing humanitarian crisis in Afghanistan and its neighbouring countries.

All components of the International Red Cross and Red Crescent Movement have been active in Afghanistan for several years. The challenge of providing a co-ordinated and effective response to the complex humanitarian crisis in-country was enormous. The Afghan Red Crescent Society (ARCS), Federation, ICRC and supporting National Societies established a close working relationship in Afghanistan to ensure resources were deployed where most needed. The function of Lead Agency for the Movement intervention in Afghanistan was assumed by the ICRC, which is entrusted to perform the general and specific responsibilities as outlined in the Seville Agreement, providing, the general direction and co-ordination of the Movement activities in Afghanistan. The Federation exercised its Lead Role regarding the support of the ARCS, planning, implementing and providing the support needed for the health, natural disaster and drought including water, sanitation, and organisational development programmes. A joint memorandum of understanding - signed by the Movement components in May 2002 harmonised planning of National Society capacity building in Afghanistan. This supplemented a comprehensive range of country level tripartite accords as well as bilateral programmes between the ARCS and Federation.

Good relationships between the components of the Movement have helped to achieve positive positioning of the local Red Crescent Societies with the Government and other humanitarian agencies, which shared similar objectives and principles. This was particularly evident in the case of earthquake-devastated Nahrin in Afghanistan, when top-level negotiations ensured that various health facilities - including a Red Crescent clinic - were located in such a way that best serve the local population. There has been strengthening of links with WHO, particularly on polio eradication campaign and UNFPA, the latter has been supporting the ARCS mother and child health services for

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<sup>2</sup> Source: UNHCR

years now. Federation/ARCS met regularly with UN Assistance Mission in Afghanistan (UNAMA), which is leading programme integration of the various UN agencies in the country, as well as other humanitarian actors. The Federation/ARCS were members of various task force groups established by the government of Afghanistan in co-operation with UNAMA in preparation for the harsh Afghan winter.

The Red Crescent volunteer base was seen as a unique humanitarian force by many external institutions, who sought partnerships. A vivid illustration of this was effective co-operation over the past two years between Pakistan Red Crescent (PRCS), UNICEF and WHO on polio eradication campaign. The PRCS received strong support and co-operation from the Government, in particular from the Ministries of Health and Education, and Government Relief Cells. It maintained close links with other organisations and donors in the country such as UNAMA, UNFPA and UNHCR. Federation/PRCS met regularly with UNHCR and its implementing agencies in Pakistan to co-ordinate assistance to Afghan refugees in the camps.

Co-ordination was a strong and integral component of all programmes. The Federation and the National Societies participated in the co-ordination meetings and information sharing with the UN and other international agency counterparts ensuring the proper programme co-ordination while maintaining their neutral and independent role. Regular consultations were held with embassies and missions of donor governments in order to build the profile of the Federation to the international community, the media, the government and the people of the region. The nature of the operation, as well as the number of beneficiaries were co-ordinated with the UN and its implementing partners. There was a constant exchange of information on operational matters with the main stakeholders. Regular consultations were held with counterpart agency community on the security and political situation in the region.

## **Objectives, activities and results w**

**Note on means of verification:** all the following operation details were supplied by National Society staff, in conjunction with Federation programme delegates. The information was verified by the Federation's reporting delegate in Kabul.

## **1. Afghanistan:**

### **Health w**

**Context:** Afghanistan has some of the worst health indicators in the world, including excessively high infant, child and maternal mortality rates. Communicable diseases and poor nutrition, as well as, pregnancy complications account for the preponderance of avoidable morbidity and mortality. The lack of public health services in rural areas, where most people live, exacerbates the situation. Facilities are concentrated in cities and only serve a fraction of the population. These services are mostly clinically oriented and curative based. In recent years, the quality of health services has decreased because of shortage of qualified staff, poor motivation and few resources. Non-medical factors contributing to poor health status include poverty, barriers to access to care, gender discrimination, poor water and sanitation conditions, and inadequate household food security.

The Red Crescent has responded by providing assistance to hundreds of thousands of vulnerable people - particularly women and children on a daily basis via its nation-wide network of clinics. This has included curative services as well as a greater emphasis on preventative care, such as mother and child health including immunisation, and health education. This major effort was part of a broad humanitarian push - coordinated by the government's Ministry of Public Health and including key partners, such as the World Health Organisation (WHO) - to protect Afghans from illness.

At the end of 2002, ARCS, supported by Federation was operating 48 fixed clinics throughout Afghanistan, with full maternal and child health (MCH) services in 35 of these clinics. All clinics offered health education, and consultation and treatment and provision of essential drugs, with 39 clinics also offering expanded programme of immunisation (EPI) and 35 clinics offering growth monitoring services. Family spacing was offered in 32 clinics, with intra uterus device (IUD) insertion in six clinics in Kabul region. Additionally, ARCS trained the existing traditional birth attendants (TBAs) aiming to reduce pregnancy related deaths among women. Nine clinics, in Kabul, Herat, Mazar and Jalalabad regions, offered training and supervision to 238 TBAs.

In addition to the fixed clinics, the Afghan Red Crescent, supported by the Federation, operated six mobile health clinics, of which three were based in Kandahar, one in Herat and another two in Mazar region. The ARCS mobile clinics had a dual role. Their primary objective was to respond to epidemics and health emergencies in times of natural disasters, while in normal times, they focused to enlarge the catchment area of ARCS and achieve a greater access to remote areas by providing primary health care services, offering assistance with referral of seriously ill patients and complicated deliveries, participating in polio national immunisation days (NIDs) and measles vaccination campaigns, as well as linking the ARCS clinics with the CBFA trained volunteers facilitating community health and disaster preparedness training. Their success contributed to the creation of 5 Emergency Mobile Units in the course of the year based in each of the 5 regions.

In 2002, the ARCS provided more than two million health services to people in need.

***Objective 1: The outbreak of common disease is prevented for 800,000 beneficiaries through preventive health care***

**Activities carried out to achieve this objective:** All 48 Federation-supported ARCS clinics remained fully operational throughout the year despite the difficult situation. From 1 January to 31 December 2002, **557,367** people attended group health education sessions in the clinics and **172,992** received individual health education on specific topics relevant to them or their children. Health education sessions were held daily in all clinics and covered common health problems, hygiene, sanitation, and immunisation plus other topics according to local and seasonal needs. For instance, during the winter months more emphasis was placed on teaching mothers to recognise symptoms of serious respiratory tract infections, such as pneumonia, and to seek early treatment. While in summer time, the ARCS took proactive approach to preventive care against diarrhoeal disease, gastritis, malaria and typhoid. Other common health problems covered during the education sessions included nutrition, hygiene and child spacing.

Data collected from the beginning of the year, up to and including December 2002 shows:

Services provided (persons)	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Total
Individual health education	12'907	10'112	15'055	15'282	13'152	14'212	16'274	22'282	17'908	13'948	9'432	12'428	172'992
Group health education	35'029	34'181	44'642	48'563	45'481	50'585	49'683	39'145	51'472	67'808	46'934	43'844	557'367

An average of 76 per cent of the total beneficiary group were women and children aged under 15 years - 16% were under 5 years, while 20% were of 5-14 years and 40% of women were over 15 years.

**203,804** children received vaccination against one or more preventable diseases - diphtheria, whooping cough, tetanus, polio, measles and tuberculosis.

Data collected from the beginning of the year, up to and including December 2002 shows:

Services Provided (persons)	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Total
Vaccination to children	17'853	14'478	16'262	19'293	17'890	15'120	18'170	15'625	18'150	16'174	18'245	16'544	203'804

In addition to the normal EPI (Expanded Programme of Immunisation) activities of the clinics, all clinics offering EPI services took part in five anti-polio national immunisation campaigns (NIDs). Federation and ARCS regional health officers were involved in the monitoring. Clinics and health officers were also involved in the measles eradication programme. In 2002 there was one measles campaign of several days, which started in Kabul and eventually covered most of the country.

**Impact:** Health education is one of the most important preventive health services. Each ARCS clinic operated on the front-line of the ongoing health emergency in Afghanistan and prevention was at a basic level, but clinics staff reported that simple messages on hygiene and other health issues were getting through, often preventing the situation from getting worse.

Routine immunisation of children was and continues to be one of the most effective procedures to reduce childhood mortality and morbidity. In Afghanistan there are still sporadic cases of paralysis caused by wild polio virus. However training in recognition, and the setting up of sentinel sites for reporting, means that these cases can be identified earlier and preventive measures can be taken in the area.

Presently there are still nine clinics with no EPI component, but ARCS is negotiating with Ministry of Public Health to ensure EPI in all clinics by the end of 2003. Extension of EPI to all ARCS clinics will ensure routine immunisation of all the children and women of child bearing age, who utilise ARCS clinics.

**Lessons learned/future focus:** Afghanistan continues to face massive humanitarian needs. Preventive care, including health education as well as ongoing vaccination against several illnesses such as measles and tetanus, remains crucially important. In 2003-2004, the Red Crescent will continue to reduce the health vulnerability of Afghans, particularly women and children by providing regular health education, either in groups or individually.

**Objective 2: Morbidity and mortality is reduced for 580,000 beneficiaries via curative services and standardising service levels and activities across the network of 48 ARCS health clinics.**

**Activities carried out to achieve this objective:** Afghan Red Crescent clinic staff, including the mobile health teams, conducted **802,281** consultations in the year 2002 treating a range of illnesses. Each doctor, health educator and midwife throughout the clinic network conducted an average of 40-50 consultations per day. The most common conditions treated in the clinics were respiratory tract infections, particularly during the winter months, and diarrhoeal diseases.

Throughout the operation, monthly epidemiological data was collected and analysed by ARCS and Federation health staff. Reports were shared with relevant organisations and feedback was always provided to the clinics.

In 2002, laboratory service was established in Laghman clinic of Jalalabad region. By the end of 2002, ARCS was offering laboratory examinations in 11 clinics. During 2002, in the ARCS laboratories, **44,279** examinations were carried out to assist in diagnosis and treatment, the majority of tests being stool analysis for parasites, urine analysis, and blood slides for malaria. Since 1 January up to 31 December, 524 medical kits were distributed to the clinics. All clinics received their supplies of essential medicines and medical items monthly from the sub-delegations even in the period of high

insecurity. In some remoter areas three months supply was given at one time, just before the winter, for fear of the vehicles not being able to reach the clinics due to roads being blocked by snow.

Data collected from the beginning of the year, up to and including December 2002 shows:

Services provided (persons)	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Total
Consultation & treatment	66'887	60'633	64'895	71'501	74'126	56'003	93'243	84'138	86'784	75,909	75'086	68'985	802'281
Lab examination	2'888	2'528	4'016	3'567	3'999	3'993	3'890	4'196	3'923	3'880	3'719	3'682	44'279

The Afghan Red Crescent, in cooperation with the Federation, planned to reallocate clinics where necessary, to avoid duplication of medical services and expand its network of clinics in the country based on need, population catchment, availability of alternative health facilities and community acceptance and participation. Plans included a maximum of six new clinics in rural areas, based on long term funding projections and the ability of ARCS to find and maintain adequate staffing for these clinics.

Within the framework of this initiative, preparations started for the construction of two new ARCS clinics - one in Adraskan in Herat region, where the need was recognised after the mobile team had been visiting in the area, and the local community offered assistance in finding and clearing the land. The second clinic will be in Nahrin, where the need was recognised following the devastating earthquake early in the year 2002. A third new clinic in Panjsher Valley, Central Region, will open in early 2003, here the community have donated a building and work is nearly completed on renovating the building to make it suitable for use as a clinic. Staff for the new Panjsher clinic have already been identified by ARCS. Land has also been donated to ARCS to replace two clinics, working out of unsuitable premises, in Wardak of Kabul Region and Baghdis of Herat region.

The Federation has been also assisting the National Society to renovate and repair some of the existing clinic buildings. By the end of 2002, repair works were carried out in ARCS clinics in Ghor of Herat region, Ghazni of Kabul region and nine clinics in Kabul city. Also, latrines were repaired in Nimroz clinic, Herat region. More than 50% of renovation of the building donated to ARCS for a clinic in Panjshir of Kabul region was completed, the rest of the work to be completed in 2003. A request for quotations for renovation of Farah ARCS clinic in Herat region has been made. The contract for renovation of Darinoor clinic in Jalalabad region is under process. Soon after the contract is signed with a company, the renovation work will start there too.

**Impact:** The 48 ARCS fixed clinics and six mobiles, throughout Afghanistan, allowed for a wide coverage of health services to some of the country's most vulnerable populations. The overarching objective of the ARCS was to improve the health status of the population of Afghanistan by ensuring access to a basic package of quality services that were accessible, equitable, sustainable and effective. The basic package of health services primarily targeted women and children and focused services to address the top causes of morbidity and mortality.

ARCS clinics were often all that stood between communities and a complete breakdown of medical care. As a result, vulnerable communities in many parts of Afghanistan had regular and long-term access to a functioning basic health care system. Improving the health of vulnerable Afghans contributed to poverty reduction and the overall economic development of the country.

**Lessons learned/future focus:** Progress was greatest at those clinics serving the bigger population centres. The tyranny of isolation afflicted all humanitarian efforts in Afghanistan's rugged regions. ARCS basic health provision was not immune to this huge challenge. Another main constraint encountered during the operation was the frequent changes of health staff by some branches. Discussions with ARCS headquarters for preventing this were effective to some extent, but this issue

still remains a challenge. Following loss of staff, the number of mobile health clinics in Kandahar went down from three to two in November 2002. Now the ARCS has only two mobile teams operating in the south of the country based in Zabul and Kandahar.

Rural Afghans are the most vulnerable in the country to preventable disease, and health coverage needs to be expanded to remoter regions, as many of the existing clinics are located in urban areas. The planned construction of clinics could not be finalised in 2002 due to early arrival of harsh Afghan winter, which inevitably slowed the progress of works on the sites. Because of this, the plan of action has been extended into next year, within the context of the Afghanistan Country Appeal 2003.

There are many health needs throughout Afghanistan. The Federation is prepared to support the ARCS in the establishment of new clinics if the following criteria are met: an identified need, with no other health facilities in the area; a population of at least 20,000 persons in the catchment area; full community support for a clinic and community participation in the establishment of the clinic, and ARCS are able to identify suitably qualified staff prepared to work in the clinic. With the increase in mobile teams in 2003 (as part of the health EMUs) it is envisaged that through their visits to remoter areas the teams might identify sites, in collaboration with ARCS branches, for new clinics.

***Objective 3: Maternal and child morbidity and mortality is reduced and family planning improved through the introduction of maternal and child health (MCH) and reproductive health across the ARCS clinic network***

**Activities carried out to achieve this objective:** At the end of the year 2002, the total number of traditional birth attendants (TBAs) trained since the start of the programme was 238. Of these, 57 new TBAs were trained during 2002. The annual target was 160 new TBAs, however, due to the lack of trained female staff, particularly midwives, it was not possible to achieve this target.

Throughout the operation period, Afghan Red Crescent TBAs and ARCS clinic female health staff provided mother and child health care and reproductive health services. In 2002:

- **38,299** women received antenatal and/or postnatal care from ARCS midwives;
- **16,686** persons or couples received family planning advices and supplies;
- **86,959** women of child bearing age received tetanus vaccine to protect themselves and their unborn children against this fatal, but preventable, disease;
- **32,580** children were seen for growth and nutritional monitoring;
- TBAs, trained and monitored by ARCS midwives, made **19,256** home visits, for antenatal and post natal care and assisted in **4,986** deliveries.

Data collected from the beginning of the year, up to and including December 2002 shows:

TBA report	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Total
TBA home visits	2'004	1'513	2'191	1'224	775	508	787	1'224	2'361	1'389	2'117	3'163	<b>19'256</b>
Deliveries	539	409	484	454	262	376	434	438	421	271	364	534	<b>4'986</b>
Ante and post-natal care	1'953	2'412	2'952	2'549	2'552	2'754	3'281	3'186	4'295	4'043	4'014	4'308	<b>38'299</b>
Growth monitoring	2'083	2'343	2'603	2'889	1'904	2'225	3'544	2'973	3'914	2'640	2'801	2'661	<b>32'580</b>
Family planning	1'311	1'031	955	758	814	222	723	1'617	2'229	2'255	2'652	2'119	<b>16'686</b>
Tetanus vaccine to women	7'709	6'600	7'173	8'333	6'751	6'355	8'496	6'724	7'073	8'279	6'423	7'043	<b>86'959</b>

Efforts were made to integrate CBFA and TBA activities at clinic level to promote health education, referral and immunisation coverage by CBFA trained volunteers. Namely, CBFA volunteers were assisting TBAs in the field in case of obstetric emergencies, helping to mobilise communities to

support with transport to hospital, and in cases needed assisting to carry the woman to hospital or clinic. They were also participating in practical work like repair and building of the clinics and encouraging community participation. CBFA volunteers participated in training for disaster preparedness and response and assisting health EMUs during natural disasters and emergencies. MCH staff attended several training sessions, seminars and workshops in order to develop and strengthen their activities.

**Impact:** Maternal and child health care was crucial for improving the health of women and children in Afghanistan. By the end of 2002, ARCS clinics offering full MCH services increased from 19 to 35 clinics.

**Lessons learned/future focus:** ARCS is committed to having MCH services in all clinics. However, the difficulty of finding suitably qualified female staff, particularly in rural areas, has been a huge challenge for the National Society. The challenge was to also increase the number of TBAs trained and supervised by ARCS midwives.

Work will continue on an intensified effort to expand the ability of the network of clinics to assist women and children, by establishing new, and upgrading incomplete, MCH components in all clinics.

***Objective 4: The quality of ARCS clinics services is improved through medical and managerial training for health staff***

**Activities carried out to achieve this objective:** On-the-job training was provided during the various monitoring and supervision visits, throughout the year. In addition, the following training, seminars and workshops took place in 2002:

- In **February**, eight ARCS female doctors participated in a refresher course on AFP surveillance, as part of the polio eradication programme, conducted by WHO and Ministry of Public Health (MoPH) in Kabul.
- In **March**, a workshop on IUD (Intro-uterine Device) insertion /infection prevention was conducted in one of the ARCS clinics in Kabul. Eight ARCS female doctors participated in this workshop.
- In **April**, Federation and ARCS health department staff attended the Safe Motherhood Initiative (SMI) workshop conducted in Kabul by MoPH and UNICEF. The main objective of this workshop was to find ways and study possibilities for reducing the very high maternal mortality rate throughout the country.
- In **May**, Federation and ARCS health department staff attended an HIV/AIDS workshop in Nepal. Objectives for the first south Asia regional meeting were to establish a regional response framework to enhance co-operation between the South Asia Red Cross and Red Crescent Federation and National Societies in their response to HIV/AIDS; develop a regional response mechanism for the implementation of the RC & RC HIV/AIDS activities, and scale up the capacities of the RC & RC South Asian National Societies to respond regionally to HIV/AIDS. During the meeting, the National Societies of Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka developed a strategic plan for the South Asia regional response including the type of the joint response model, its name and logo, aims and objectives, institutionalisation mechanisms, organisational structure, membership criteria, roles and responsibilities of the sister National Societies vis-a-vis the Federation's secretariat, ways of communication among the national societies and other pertinent details. The participants formed a group of South Asia Red Cross Red Crescent Networks on HIV/AIDS (SARNHA) and decided to meet twice a year in the

member countries on rotation basis to review the progress against the agreed activities and further strengthen the co-operation mechanisms.

- In **June**, training in a number of areas continued. For instance, one ARCS mobile health team attended an AFP (polio) surveillance world health organisation (WHO) training course and health staff in the Kabul region attended a course on the prevention of diarrhoeal disease.
- In **July**, a three-day workshop was held in Kabul - with participants from all regions - to learn lessons and share best practices from all health programmes across the country. Also, a major evaluation of a diarrhoea reduction campaign - involving Tearfund and Action contre la Faim - in Kandahar was staged providing an important forum of lesson learning for clinic staff and volunteers in the southwest.
- In **August**, a two-day workshop for pharmacists from six ARCS clinics in the Herat region was held. Topics included rational drug use, stock management, health information systems and HIV/AIDS awareness. Workshop methods included a visit to the medical warehouse, group work and lectures. In Kandahar, medical staff participated in a three-day financial management workshop.
- In **September**, a three day training workshop for all doctors in northern region was held in Mazar. Also, ARCS regional health officer, Kabul and HIV/AIDS focal person, attended a three day community health promotion workshop facilitated by MoPH.
- ARCS MCH supervisor participated in a three day reproductive health and safe motherhood initiative workshop facilitated by UNFPA and UNICEF in co-operation with MoPH;
- Zabul female clinic staff attended a two day MCH training in Kandahar clinic;
- laboratory technicians from Helmand and Zabul attended two day refresher workshop in Kandahar;
- one nurse and one health educator attended a two day malaria and leishmaniasis workshop in Kandahar facilitated by Health Net International (HNI);
- one nurse from Herat participated in a ten day Primary Health Care/MCH workshop facilitated by WHO.
- In **October**, a four-day workshop on management and communication was held in Mazar for all chief doctors of the ARCS clinic in northern region;
- Federation deputy health co-ordinator attended a four-day workshop on health education organised by the ministry of public health. The workshop aimed at developing a standard health education guidelines;
- A doctor from ARCS clinic in Herat attended a three-day workshop on family planning, conducted by International Medical Corps (IMC) in Herat from 21 to 23 October;
- A midwife from ARCS clinic in Herat attended a course on MCH conducted by IMC in Herat from 7 to 20 October. Another midwife from the same clinic attended a course on primary health care organised by WHO in Herat from 26 September to 5 October;
- ARCS, with the Federation's support, conducted a 21-day TBA initial training course in Jaghartan village, Injil district of Herat province;
- On 13 to 15 October, the Federation health officer for Herat region attended a three-day workshop on safe motherhood initiative organised by UNICEF.
- In **November**, the midwife of ARCS Badghis clinic in Herat region received a one week MCH training from MoPH;
- A manual on STDs (sexually transmitted diseases), which includes management of STDs, syndromic diagnosis, treatment and surveillance of STDs, was drafted in December and then printed and distributed to all ARCS clinics.

- In **December**, a 10 day TBAs refresher course was conducted from 19 to 30 December at Porak village in Logare, 25 km away from Logar ARCS clinic. 17 TBAs participated in the course.
- A 21 day training course for 20 TBAs was conducted in Baghlan from 16 December and continued up to 5 January 2003.
- Two workshops on ARI were conducted by MoPH at Maiwand and Indera Gandhi hospitals in Kabul from 10 to 11 December. Eight doctors and nine health educators from Kabul ARCS clinics attended these workshops.
- A workshop on HIS was conducted at the ARCS training centre in Taimany clinic from 21 to 23 December. This workshop was organised by ARCS with the support from Federation. 17 head doctors from Kabul region clinics attended this workshop.
- ARCS health officer for Kabul region and HIV/AIDS focal point and the deputy director of CBFA attended the second SARNHA (South-Asia Regional Network for HIV/AIDS) meeting and workshop in Bangladesh from 21 to 27 December.
- ARCS and Federation health departments staff members attended the celebration of world AIDS Day at MoPH on 1 December as well as the national seminar on HIV/AIDS on 3 December. The ARCS HIV/AIDS awareness programme for the year 2003 was presented in the above mentioned seminar by the ARCS health officer for Kabul region and its HIV/AIDS focal point.

Senior ARCS health staff and Federation delegates were implementing a concerted informal mentoring system of individual capacity building of the ARCS's clinic staff, a process that is often more effective than structured one-hit workshops. This mentoring of ARCS health staff on the ground covered key issues as health data reporting and medicine supply management.

**Impact:** The ARCS has a unique comparative advantage over all the other hundreds of humanitarian organisations operating in health care in Afghanistan: it is national, permanent and indigenous. Over years of conflict and change ARCS clinics have continued to provide impartial health care to those most in need. As such, its standing in the community is high but at the same time the community expects ever more from the service. Federation-supported training has helped to meet these growing demands. It strengthened the strategic approach of the National Society to current challenges - such as attracting quality staff to remote areas - as well as future planning, such as how to better work with key partners, such as the Ministry of Public Health. As a result, the Afghan Red Crescent is better equipped to meet the future challenges of ongoing uncertainty as well as limited resources.

This support did have an impact as feedback from patients on the quality of service at ARCS clinics was consistently good. The ARCS reported back - and the Federation witnessed - the considerable benefit of this type of relationship building and knowledge transfer. When ARCS/Federation teams returned to clinics there was regularly clear evidence of improvements in the quality of advice to patients and procedures.

**Lessons learned/future focus:** Further training of all medical and related staff is necessary to ensure the most effective use of scarce resources and to update all staff as new initiatives come into action. The Afghan Red Crescent - with its unique reach and status - needs to be better represented to become a more influential player at the strategic level of health policy and practice in-country.

***Objective 5: ARCS responds to epidemics and health emergencies, for a maximum of 1,000 affected families, in times of natural disaster***

**Activities carried out to achieve this objective:** The ARCS developed emergency mobile units (EMUs) in all regions with overall co-ordination responsibilities by Kabul during emergencies. All EMU staff participated in the disaster preparedness/emergency response training sessions in the regions facilitated by the three, Norwegian and Finnish emergency response unit (ERU) delegates. In Mazar, Herat and Kandahar, the workshops were initiated in late February and completed in early

March, while in Jalalabad and Kabul the training took place in March 2002. A further training for the health EMUs is planned for February 2003, with the same trainers from Norway and Finland.

The ARCS EMUs have been very effective in responding to emergency health needs of people affected by *outbreaks or natural disasters*. The Afghan Red Crescent mobile teams from Mazar and Baghlan were among the first on the scene to provide emergency treatment to victims of devastating earthquakes that hit Samangan and Nahrin districts deep in the Hindu Kush mountain range in March-April 2002.

The earthquake in *Samangan* province measured 7.2 on the Richter Scale and caused a massive landslide in Sari Kunda. Rubble from the mountain measuring 3-4 metres high, 6-8 metres wide and 150 metres in length completely blocked a river, causing nearby homes to be flooded and leaving hundreds of families homeless. A Federation health delegate (who was in Mazar to train the emergency mobile unit staff) and field officer, the ARCS Branch President and ICRC, jointly with UN conducted an initial assessment the same day using UN helicopter. Following the assessment, the ARCS sent emergency health staff, CBFA trainer and equipment to the area. Immediate first aid was provided to the injured and the Red Crescent volunteers also helped villagers to search for survivors.

The epicentre of the next earthquake with magnitude of 6.0 occurred approximately 160 km north of Kabul on 25 March at 19:26, followed by a series of aftershocks including one of 5.0 on the Richter scale on 26 at 2:15. Major destruction occurred in the Eastern part of Baghlan province, particularly in the *Nahrin* district. A Red Crescent health EMU, equipped with medical supplies, arrived in Nahrin on 26.03.2002. Because of the confusing nature of early reports, the team not only provided immediate medical assistance, but also verified the extent of the disaster in terms of numbers affected and most pressing needs. An estimated 800 people died in the earthquake and around 7,000 families lost their homes. The EMU treated 198 people within the first 24 hours and referred eight seriously injured to the hospital in Pol-i-Khomri, using the EMU vehicle to transfer the patients. During the first week the EMU treated a total of 1,760 patients in Nahrin, whilst the team's health educators concentrated on health education messages, such as diarrhoea prevention, to the surrounding villages.

The ARCS EMUs were similarly effective in responding to *epidemics and health emergencies*. For example, on the request of the ministry of public health and WHO, the ARCS health emergency mobile unit spent several days in Charsadah district of Ghor province to assess the possibility of typhoid outbreak there. The reports on the epidemics, however, were not confirmed and the team continued its routine work as mobile health units. The team provided curative services to 421 people in this district and returned to their base in Herat. Similarly, in July 2002, the Kandahar EMU responded to on a suspected cholera outbreak in Zabul province - later dismissed, the cause being an increase in seasonal diarrhoea. However, the team treated 155 patients and offered health education to over 1,000 people. They also distributed 216 bars of soap, wrapped in paper containing basic hygiene messages, during the health education sessions.

The Afghan Red Crescent and Federation disaster management and health departments have begun work to integrate the EMUs closer to the DP programme. As a first step, regional DP supervisors will receive additional training and join EMUs during crisis response.

**Impact:** ARCS EMUs have already demonstrated their efficiency and professionalism in responding to various disasters - health epidemics, outbreaks and natural disasters. Thanks to their rapid intervention many lives were saved.

**Lessons learned/future focus:** In 2003-2004, efforts will continue to increase the capacity of emergency mobile units to respond both during disaster and non-disaster times. Minimum of 16 ARCS health staff will be trained in each of Afghanistan's five regions on health emergency assessment and response so that the ARCS has the capacity to respond, within 48 hours, to emergency

health needs of 1,000 families affected by outbreaks or natural disasters, in each region and to provide health services to people in remote areas through mobile health teams. The ARCS will work closely with Ministry of Public Health, WHO and other agencies to improve planning and response for future emergencies in Afghanistan.

***Objective 6: The catchment area of ARCS' primary health care activities is enlarged and greater access to remote areas is achieved***

**Activities carried out to achieve this objective:** In normal times, the ARCS EMUs have been working as *mobile units* providing health care services to remote areas of Afghanistan tackling the general and long-term disaster of lack of comprehensive basic health care. At the end of 2002 there were two mobile teams in Kandahar, two in Mazar region and one in Herat. The teams have been visiting remote villages and offering consultation and treatment alongside health education messages.

The mobile health team in **Herat** has been visiting mainly villages of Adraskan district, offering health education and much needed consultation and treatment to people living far from any health facility. Covering around 200 villages, the team treated 20,533 patients and offered group health education to 37,056 people in 2002.

Mobile teams in **Kandahar** have mainly visited villages in Khaki Afghan district and Shamulzai district of Zabul province and Maruf district of Kandahar province. During the year they treated 17,493 patients and offered group and individual health education to 14,468 people. An average of 38% of those treated were children under 15 years, with an average of 18% being less than 5 years of age.

There were many problems related to the mobile clinics in Kandahar, particularly at the beginning of the year, as they had previously been part of the drought programme, which came to an end in June 2001, due to lack of funding. Over the year, the ARCS mobile teams lost several members and by the end of the year 2002 the number of the mobile teams in Kandahar went down from three to two.

**Mazar** has two mobile teams working out of Mazar-i-Sharif and Puli-Khumry. Both teams, as one EMU, were in Nahrin, following the earthquake in Nahrin on 25 March 2002. The mobile teams initially worked alongside the Japanese Red Cross Society team in their temporary clinic, until new ARCS staff were identified. The Mazar mobile team then continued visiting the surrounding villages, accompanied by one of the delegates, for several weeks, concentrating on disaster related illnesses, preventive health and education. Throughout the year the teams have mainly visited villages in Baghlan province, which includes Nahrin, Samangan, Sherbagan and Mazar provinces. In total they have treated 19,800 patients and offered health education to 15,980 people, in groups or individually.

**Impact:** The mobile units played a vital part in reaching some of the poorest and most vulnerable members of Afghan society, who had no access to basic health care facilities. They made an enormous impact in terms of covering those who are too far from the mainstream care structure. Amid the decades-old ongoing crisis, the Afghan Red Crescent has stood firm, supporting millions of Afghans, often in places beyond the reach of other organisations. This has been its most significant achievement.

**Lessons learned/future focus:** Isolated communities continue to be more vulnerable than their city counterparts. As an auxiliary to the Afghan government, the ARCS is in a position to provide sustainable, long-term and community-based assistance to vulnerable people. Continued investment in the ARCS will enable more effective support to be provided to people in need. For 2003, the ARCS is negotiating with MoPH and UNICEF to provide cold chain from fixed centres so that the mobile teams may also offer vaccination services in these remote areas.

### Community Based First Aid w

**Context:** Afghanistan’s long period of war and instability has had a major impact on the quantity and quality of health hospitals, public health centres and health provision generally. The problem is particularly acute in remote areas. The Afghan Red Crescent’s community based first aid (CBFA) programme was launched as a direct response to this crisis and sought to expand the reach of basic health care in Afghanistan. This programme is one of the Afghan Red Crescent’s most effective means of supporting vulnerable people in isolated areas of Afghanistan making significant contribution to reducing health vulnerabilities in the country. By mobilising and training volunteers from local communities, the ARCS contributed to strengthening the local coping mechanisms.

Launched in 1997, the CBFA now has over 12,000 volunteers across the country. They are trained to provide first aid in many different circumstances. CBFA volunteers often operate in areas beyond the reach of mainstream health services, making their skills even more vital. The volunteers are also encouraged to teach other villagers basic health education and first aid so that the community has more capacity to deal with day-to-day incidents as well as more serious challenges. Prevention and preparedness are the key tools that volunteers have to support their communities.

Young Afghans are among those who have suffered the most from the country’s years of tragedy. Instead of enjoying a peaceful childhood and adolescence with the opportunity to pursue their education, youngsters have instead had to concentrate on staying alive. Such an environment has been a fertile ground for the growth of intolerance, juvenile delinquency and violence. Throughout the years of turmoil the Afghan Red Crescent has been working with youth, strengthening their commitment to coexistence in a country where the rule of the gun has often been the norm - 97 per cent of children under 16 witnessed violence and 65 per cent experienced the death of a close relative. The ARCS youth programme ran mainly through schools. Teachers were trained to recruit and mentor Red Crescent youth volunteers in health education, first aid as well as how to spread the message of humanity and togetherness. At the close of 2002, the Federation supported ARCS youth programme, which was started in 1999, comprised a total of 402 teachers from 206 schools and 9,278 youth.

***Objective 1: The volunteers serve their community by planning and carrying out activities, such as first aid, health education and mine-awareness training***

**Activities carried out to achieve this objective:** During the year 2002, **2,899** volunteers from 2,567 villages were recruited, trained and equipped in community based first aid. That makes a total of **12,477** trained and equipped volunteers from 11,994 villages in 148 districts of 23 provinces from the beginning of the programme in 1997 until the end of 2002. Together, these CBFA volunteers serve an estimated 623,850 families or close to 3.7 million people.

Volunteers were selected by the communities. Each team of volunteers, comprising of 15 to 25 members, had elected one team leader, as a spokesperson, who also liaised with the district team leader. Each district team leader was responsible for 5 to 10 teams in his/her district. Each province has one full time training team, with two trainers, who did training and follow-up activities each month. At regional level there was one full time supervisor with one assistant supervisor, who visited the trainers in their provinces every month and, on a less regular basis, all team leaders. They also held training workshops for all team leaders in their region, twice a year, and organised competitions and other activities from group up to regional level. The regional supervisors reported to ARCS CBFA general department, based at the headquarters.

Table below shows the number of ARCS volunteers trained in CBFA across the country since 1997:

Region	1997-2000	2001	2002	Total
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	No of Volunteers	No of Villages	No of Volunteers	No of Villages	No of Volunteers	No of Villages	No of Volunteers	No of Villages
Kabul	2,071	2,218	551	535	1,431	1,382	4,053	4,135
Herat	1,389	1,384	619	604	655	398	2,663	2,386
Mazar	1,053	1,003	322	302	331	326	1,706	1,631
Kandahar	1,105	1,082	815	710	60	55	1,980	1,847
Jalalabad	1,262	1,259	391	330	422	406	2,075	1,995
<b>Total</b>	<b>6,880</b>	<b>6,946</b>	<b>2,698</b>	<b>2,481</b>	<b>2,899</b>	<b>2,567</b>	<b>12,477</b>	<b>11,994</b>

During the Taliban period it was not possible for ARCS and the Federation to train women as volunteers. In the wake of the dramatic changes in their country, ARCS together with Federation staff in late 2001 started preparations for a pilot project in Kabul where two women would be trained to become the very first trainers for women within the normal CBFA programme. Another significant event took place in December 2001, when 25 women who in 1999 were trained in a secret CBFA course, finally were given their certificates and ID cards. By the end of 2002, **197** women from 192 villages were trained on CBFA and received their certificates.

Activities of the volunteers included the provision of first aid, referral to health facilities, and advise and dissemination on basic health and hygiene issues to groups and to individuals. When a landslide hit Samangan the ARCS volunteers were the first to arrive on the disaster site; and meanwhile, in Kandahar and Herat, they helped internally displaced people find accommodation as well as distribute food and water. On a day to day basis, volunteers raised awareness to guard against diarrhoea-related ailments and other preventable illnesses, that remain huge killers in Afghanistan. During the summer of 2002, hundreds of volunteers took to streets in Kabul to warn people of danger during an outbreak of diarrhoeal illness. Volunteers were also regularly deployed as part of national immunisation days to protect children, particularly in areas beyond the reach of other organisations. The National Society played a significant part in the campaign to eradicate polio. During 2002, **2,817** volunteers took part in the national Polio campaign, vaccinating **345,495** children in their respective villages. Combining with campaign organisers - WHO, the United Nations children’s fund (UNICEF), Rotary International and the Centre for Disease Control and Prevention - Red Crescent volunteers and staff contributed to ensure that five million Afghan children are now protected against polio.

In 2002, ARCS volunteers disseminated health messages to **1,193,293** individuals in mosques and social gatherings regarding hygiene/sanitation, safe water, prevention of diarrhoea, how to prepare ORS (oral rehydration solutions), vaccination, safe motherhood, birth spacing, washing hands with soap, the importance of polio vaccination for children under five years, first aid and mine awareness. First Aid was reported applied in a total of **504,536** cases, with a total of **23,959** referrals. The most common cases dealt with were diarrhoea and wound care, including burns and fractures. Table below shows activities of the ARCS CBFA volunteers from the beginning of the year, up to and including December 2002.

Services provided (persons)	Jan 02	Feb 02	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Total
FA/health advise	14,428	7,900	14,020	22,351	31,038	12,448	47,434	114,806	48,168	17,089	21,838	153,016	<b>504,536</b>
Referral to health facilities	569	495	1581	817	1,718	1,779	3,634	3,174	2,179	3,267	2,464	2,282	<b>23,959</b>
Dissemination of health messages	16,308	10,882	26,946	198,778	81,791	27,535	111,673	214,314	72,462	77,546	117,430	237,628	<b>1,193,293</b>
Social mobilisation/ vaccination to children	497	25,236	18,577	5,300	48,049	4,899	3,600	0	99,000	182,210	0	140,337	<b>345,495</b>
No of volunteers participating in NID	0	91	68	56	112	0	18	0	172	675	0	1,625	<b>2,817</b>

Reports regarding the activities of volunteers during the fighting and US led military actions in Afghanistan are few and have many shortcomings, but indicate that many volunteers made a tremendous effort in their communities. They participated in search and rescue after air strikes, gave first aid to a large number of people injured by the fighting and air strikes and helped transfer them to hospital, and were involved in assessments for relief operations and identification of beneficiaries as well as in the distribution of food stuffs and non-food items provided by the ARCS, the Federation, the ICRC and other NGOs. They also took part in the collection, transfer and burial of dead bodies.

In 2002, Federation CBFA staff focused a lot on helping the ARCS trainers to carry out adequate follow-up of the volunteers, with monthly meetings with group and district team leaders and quarterly meetings with volunteer groups. Workshops were held, in order to increase the ARCS trainers' understanding of the CBFA programme, to help them organise their work better, and also to evaluate and upgrade their teaching skills and knowledge. ARCS and Federation CBFA staff facilitated topics like analysis of the programme description, planning activities, collecting reports from volunteers, conducting follow-ups, and encouraging volunteers to serve their communities. Workshops were held for the team leaders of Kandahar, Jalalabad and Herat regions. Topics included volunteerism, volunteers' role in disasters and first aid.

In all provinces where the CBFA programme was active, the CBFA staff managed to conduct First Aid competition to improve knowledge and make learning more fun - and effective - particularly for youngsters. During this competition 2,289 volunteers from 143 groups in 58 districts competed first at group and district level. The winners then continued competing at provincial, regional and national level. 62 volunteers from 45 districts of 12 provinces participated at provincial and regional level, and six volunteers from five regions participated in a final round at the national level.

Efforts were made to integrate CBFA more closely with other programmes, particularly health and disaster management, to increase its effectiveness. There is a very good liaison now between ARCS CBFA supervisors and health officers in each region, which was not the case before. CBFA volunteers are coordinating closely their efforts with the mobile team or water and sanitation initiatives. CBFA volunteers are all encouraged to make contact with their nearest clinic, not necessarily ARCS, as volunteers are in many places where there are no ARCS clinics.

**Impact:** CBFA volunteers often operated in areas beyond the reach of mainstream health services, making their skills even more vital, which often meant the difference between life and death. The expansion of the pool of volunteers has increased their capacity and ability to cross-train and encourage each other and in turn provide better community support. Because volunteers live and work in the communities they serve, they are effective in promoting the message of tolerance and togetherness. CBFA has also been an important 'learning by doing' programme as well as being a useful entry point to provide practical community assistance.

Volunteers can make a real impact, particularly in the control of communicable diseases and in community mobilisation. The participation of the volunteers in the polio national immunisation days is an excellent example of the importance of the volunteer programme. According to UNICEF statistics, incidents of polio have fallen drastically in Afghanistan in recent years with only seven reported cases in 2002 compared to 27 two years before. The disease is hoped to be eradicated from Afghanistan by the end of 2003.

**Lessons learned/future focus:** The provision of health care services is difficult in the current Afghan context. The barriers to development - such as poor roads and low education - will take generations to significantly improve. In the meantime, an effective way to make a difference, and quickly, is by working with communities so that they can empower themselves at the basic level in terms of health care.

The first aid programme needs to continue extending basic health care coverage to isolated areas. Further integration of the CBFA programme into the primary health care programme is also required to increase effectiveness. This process is ongoing. Knowledge sharing of better practice needs to be improved as does the methodology of volunteer recruitment so that more committed and energetic Red Crescent youngsters - inspired by the power of humanity - join and remain in the ranks of the ARCS.

Although the project has achieved a measured success during the last year, there is a need to ensure the continued growth of the volunteer programme and organising the volunteer base into smaller and manageable groups responsible for first aid, health education, water and sanitation, disaster management and youth.

The National Society has recognised that lack of motivation is a serious problem among volunteers but has reported that the first aid competition and various training has managed to infuse some fun and commitment into this grassroots volunteer/health programme. Another challenge has been the narrowness of the first aid programme in terms of a volunteerism perspective. The Afghan Red Crescent hopes that a more innovative approach - including a more holistic approach to volunteerism - will invigorate the organisation.

***Objective 2: Teachers and youth volunteers are motivated and implement ARCS youth programme activities - such as first aid and health education - and promote the Movement's Principles***

**Activities carried out to achieve this objective:** In 2002, **132** teachers from **67** schools were recruited, trained and equipped. In turn, they recruited and started training of **3,340** youth in their schools. Each new volunteer received a first aid bag and a Dari or Pashto manual. At the close of 2002, ARCS youth programme was implemented in **206** schools. The ARCS has recruited and trained a total of **402** teachers and **9,278** young volunteers since 1999.

*Youth volunteers recruited and trained since 1999*

Region	Province	1999			2000			2001			2002			Total		
		Schools	Teachers	Youth	Schools	Teachers	Youth	Schools	Teachers	Youth	Schools	Teachers	Youth	Schools	Teachers	Youth
Kabul	Kabul	40	80	2,000	17	35	850	23	36	1,150	15	30	750	95	181	4,750
Jalalabad	Nangarhar	4	11	218							4	10	165	8	28	383
Mazar	Balkh				17	31	829				24	43	1,574	41	74	2,403
	Maiman										10	21	300	10	21	300
	Samangan							9	18	244				9	18	244
Herat	Herat				19	39	407	10	20	240	14	28	551	43	87	1,198
<b>Total</b>		<b>44</b>	<b>91</b>	<b>2,218</b>	<b>53</b>	<b>105</b>	<b>2,086</b>	<b>42</b>	<b>74</b>	<b>1,634</b>	<b>67</b>	<b>132</b>	<b>3,055</b>	<b>206</b>	<b>402</b>	<b>9,278</b>

As mentioned above, it was not possible for ARCS and the Federation during the Taliban period to train women as volunteers. This also applied in the youth programme, since schools for girls were closed and female teachers were not working. Only in January and February 2002 ARCS was able to carry out the first training courses for female teacher volunteers in Kabul and Mazar-i-Sharif. Female teacher volunteers and youth volunteers that were trained before the Taliban period were also encouraged to become active again. A seminar was held in the Afghanistan Radio TV hall, to reactivate the female volunteers and also to explain the role of the youth volunteers in the society. Today, the ARCS has **4,060** female volunteers across the country.

In 2002, ARCS youth and teacher volunteers offered first aid treatment to over **4,000** and also disseminated basic health education messages to some **24,380** people, both inside the school and in the wider community with the aim to improve the community's understanding of health issues and increase hygienic behaviour. Cases included bleeding, fractures, various wounds, diarrhoea, burns,

fever, shock and animal bites. The total number of cases though is far from complete due to inability to collect all reports.

ARCS youth volunteers spent a lot of time with youngsters and introduce them to other young people through fun things, such as sport and theater. With the encouragement of the ARCS, female volleyball teams were established in a number of schools. Football teams were established also among male ARCS volunteers. The ARCS volunteer team won 3<sup>rd</sup> position in a national football tournament bringing immense joy in young people's life, who had seen nothing but destruction and war. These achievements are particularly important in the Afghanistan context, where sport activities like this were prohibited for many years under the Taliban rule.

ARCS volunteers encouraged groups of youth to operate as focal points for various community activities - in schools and elsewhere. 100 youth volunteers distributed cool safe drinking water during the commemoration ceremonies held in Kabul stadium on 11 September. In the parade ceremony of Afghan new Solar year 1381, 200 teacher volunteers and youth volunteers participated, presenting the ARCS youth programme in Kabul. The teacher and youth volunteers of Kabul city participated in the distribution of school chest which were donated by the American children to Afghan children. First aid competitions were organised among the ARCS youth volunteers across the country. Youth volunteers were instrumental in mobilising communities for vaccination during polio national immunisation days.

To maintain, monitor and motivate teacher volunteers and school youth, monthly school visits and monthly meetings with the teacher volunteers were carried out in all target regions. In order to motivate principals to support youth activities, the ARCS youth staff had a number of meetings with headmasters. A one day seminar was also held for 112 school principals of male and female schools of Kabul city in August 2002. The opening ceremony was attended by ARCS secretary general and Federation head of delegation. Topics covered included importance of volunteers, the role of youth volunteers in the National Society, and the importance of heads of schools as role models for the youth. The headmasters showed eagerness to help in realising the objectives of the youth programme in their respective schools.

**Impact:** Youth volunteers are beginning to be recognized as a force to support the community. Through youth activities, the ARCS has managed to establish more community links. It has achieved better understanding of the RC Fundamental Principle and Humanitarian Values and raised awareness on tolerance as well as lower levels of violence among the target groups.

**Lessons learned/future focus:** Recent experience has shown that the ARCS need to:

- extend impact of its community development initiatives beyond the National Society itself;
- better understand the communities it works with and support the ties that bind them and work to undermine the splits that divide them;
- expand processes and activities - such as sport - that build trust and community;
- lead by example - demonstrate by doing - basing behaviour and attitudes on the Movement's Fundamental Principles;
- improve dissemination of knowledge of humanitarian values as part of the process of changing behaviour in the community and champion individual and community values that encourage respect for others and a willingness to work together to find solutions; and,
- integrate youth members and youth activities into all programmes and activities of the National Society.

Throughout the years of turmoil, the Red Crescent remained, working with youth, strengthening their commitment to coexistence. However, this work was often ad hoc and relied on individual inspiration. That motivation remains among the volunteers and staff of the Afghan Red Crescent but more needs to be done in the area of programme implementation. What is needed is support to build National

Society capacity so that it can effectively harness the inspiration that exists among individuals. It is an important and exciting challenge as the Red Cross and Red Crescent has no greater calling than to foster coexistence and tolerance in war-torn communities. Being an indigenous humanitarian organisation means the Red Crescent is best placed to build on the connectors that link communities while at the same time work to undermine the factors that divide Afghans. The National Society needs to expand its presence much wider into the community and the youth programme is one important aspect of that effort.

Due to the ban on sports, entertainment and the restrictions for girls under the Taliban government, it was extremely difficult to develop a broad range of activities for youth volunteers during the past six years. The ban has now been lifted by the present government and the ARCS feels that it is time to intensify its efforts in recruiting new youth volunteers - male and female and develop more comprehensive youth activities.

### **Water-sanitation w**

**Context:** Minimal rainfall and a depleted water table have resulted in a water-shortage crisis in the Southwest of Afghanistan. In spite of a trend towards recovery and an overall improvement in production, three years of drought had a severe impact on the rural population, resulting in the depletion of livestock and assets, accumulation of debts, and general undermining of the productive capacity of the entire communities. The disaster has been part of a region-wide crisis that encompasses the two Baluchistan provinces in neighbouring Iran and Pakistan. The Federation water and sanitation interventions, therefore, were of vital importance. The focus was on the drought belt of Zabul, Kandahar, Helmand, Nimruz and Farah.

**Objective 1: Improve the health of vulnerable people in drought-affected areas by providing safe water, sanitation and hygiene education to a target population of 80,000 people.**

**Activities carried out to achieve this objective:** Throughout the year 2002, Afghan Red Crescent engineering teams have been travelling the provinces surveying needs, wants and the local geology before sinking a borehole to underground reserves that will provide a safe and regular supply of water to about 30-35 families most in need. By the end of 2002, a total of 173 new boreholes were drilled and 40 were deepened, mainly in Farah, Qala-e-Qah district. On average, a borehole was sunk in nine days, depending on the hardness of the rock, the level of the water table and the amount of water in the underground reserve. It was then mounted with a handpump and sealed with a concrete slab.

Table below shows a summary of new boreholes and existing wells deepened by the Federation/ARCS in 2002.

Month	Kandahar Town	Maruf district	Dand district	Shega district	Farah, Qala-e Qah district	Total (new boreholes)	Total (deepened wells)
January	1	0	0	0	0	1	0
February	5	0	0	0	0	5	0
March	8	0	0	0	0	8	3
April	3	0	0	0	0	3	8
May	4	0	0	0	3	7	6
June	9	0	0	0	3	12	7
July	4	0	0	0	2	6	7
August	10	0	0	0	6	16	3
September	13	3	2	0	2	20	1
October	0	8	7	1	11	27	0
November	0	4	19	1	0	24	0
December	3	16	5	1	19	44	5

Total	60	31	33	3	46	173	40
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Scores of boreholes are providing thousands of families with safe water every day but there remains a need for communities to better manage their resources as well as be more aware of health issues. To ensure successful and sustainable behavior change, it is important that there is an understanding of the forces that impact health/hygiene behaviors. Core is the attitudes, beliefs and perceptions of individuals, the community and society. The Federation has launched a pilot project to carry out a qualitative research aiming to improve the understanding of local attitudes, beliefs, perception and knowledge of hygiene behaviours particularly within the female population. This would help to design appropriate training, as well as to gauge women’s interest in becoming water and sanitation or health promotion volunteers. Further, as a result of this initiative, the Red Crescent would establish relationships and trust with the female population for future volunteers programmes. With the introduction of a female water and sanitation hygiene delegate in November 2002, three women’s focus group discussions were held in Kandahar town in December to look at hygiene knowledge, attitudes and practices.

Based on the survey result, training curriculum or module will be developed on hygiene, health, water conservation and community based management, followed by training of key Red Crescent CBFA volunteers, emergency mobile unit members, as well as community representatives and village volunteers. A concerted effort will be made to ensure that women volunteers are recruited for training, initially in the areas of Kandhar town, where the Federation already has a borehole programme. This has started with the employment of a local female health promotion officer. There is also an opportunity to conduct some focus groups with men as the Red Crescent also has a male health promotion officer. It would allow to compare the perceptions, beliefs and attitudes between gender too.

Additionally, preparations started to establish one local water emergency unit in support of the health EMUs to respond to emergencies. The unit will have a stock of chlorine, bladder tanks, standpipes and pumps, delivery hoses, latrine material and tools. Procurement of the required materials is ongoing. The stock will be stored in the ARCS warehouse in Kandahar or Kabul to be available for the emergency response within 72 hours. Training of the unit members will be carried out early next year. The water emergency unit will enable the National Society to respond rapidly and effectively to future emergencies and ensure safe water supply to maximum 5,000 affected individuals.

**Impact:** Provision of water is crucial for Afghans restoring their communities. Safe water supply improves health of vulnerable people living in the drought affected areas - the bore holes drilled and deepened by the Federation in this year benefit over 55,000 people in the target areas. However this needs to be backed up with changes in hygiene practices.

**Lessons learned/future focus:** The lack of water continues to affect harvests, access to potable water, pasture, water and fodder for animals and the livelihood of the whole community of southwest Afghanistan. The lack of rain caused groundwater levels to drop by up to 20 metres, as experienced in the Baluchistan desert. Rivers are drying up two months earlier than normal. Most people’s coping mechanisms are very fragile, with up to 90 percent of livestock being lost, harvests being devastated and huge debts accumulating. Massive population displacement - caused by war and drought - has been one consequence. However, since March 2002, refugees from Pakistan and Iran have been repatriated into the drought-affected provinces of Farah, Nimruz, Helmand, Kandahar and Zabul. Tens of thousands returned placing an even greater strain on limited water resources. The Federation will therefore continue provision of water and sanitation and wider training in hygiene to vulnerable people in drought-affected areas aiming at lowering their health vulnerability. Emergency water and sanitation relief in drought-hit areas needs to be more holistic; hardware installation - i.e., boreholes and pumps - needs to be accompanied by the raising of awareness of community resource management and safe hygiene. A software component in addition to the already thriving hardware programme is therefore planned.

## **Disaster Preparedness and Response w**

**Context:** Afghanistan is extremely disaster prone. In addition to the ongoing humanitarian disaster, earthquakes, floods, drought and landslides regularly affect millions. The country continues to experience some of the world's biggest shifts in population. War, displacement, poverty and social and economic deterioration have taken a huge toll. Community and national capacity to prepare for, respond to and mitigate disasters is extremely low.

In the face of such hazards and high vulnerability, the Afghan Red Crescent - with its national network of volunteers - is the only indigenous organisation capable of implementing large-scale and long-term preparedness and response programmes. The National Society has been trying to strengthen the capacity of communities to prepare for and respond to disaster. To support this process it has been improving its human resources, planning, procedures, the co-ordination of its programmes and pre-positioning of relief stocks. It has been also raising community awareness of hazards and mitigation and the importance of self-reliance.

### ***Objective 1: The Red Cross / Red Crescent Movement responds with timeliness and appropriateness to natural disasters***

**Activities carried out to achieve this objective:** In 2002, ARCS managed to recruit disaster preparedness (DP) supervisors in each region. The National Society has now four supervisors across the country based in Mazar, Herat, Jalalabad and Kabul.

A number of meetings to improve coordination and integration between the DP and other ARCS programmes took place. A four-day DP workshop was held for ARCS field and headquarters staff. It was also attended by the ICRC and the government's office for disaster preparedness (ODP). The workshop covered basic aspects of DP, including planning, assessments, logistics and policy.

A second workshop on disaster preparedness was held in August 2002, this time for female staff members, volunteers and the government disaster preparedness office - 16 participants, in total. The workshop focused on assessments, surveys, logistics, disaster preparedness planning, disaster preparedness policy, CBFA, programmes and activities.

A new warehouse was also renovated in Herat and is now being used exclusively for the stocking of emergency DP supplies.

As long term capacity building continues, the Red Crescent also responds to various emergencies. On many occasions, the ARCS has demonstrated its ability to quickly assess disaster situations even though it still relies on wider Movement support to be fully operational:

- The ARCS, Federation and ICRC responded in a timely and appropriate fashion to floods in Jalalabad region by providing four tonnes of food and 37 tents to the affected families.
- Afghan Red Crescent volunteers were also part of the immediate relief effort in the wake of a massive explosion that killed 17 and injured 172 people, near Jalalabad in August 2002. The blast devastated a local NGO affecting hundreds in the nearby village of Tappa-e-Darunta. More than 150 families were also made homeless. Under the co-ordination of the UN's assistance mission to Afghanistan (UNAMA), Red Crescent volunteers distributed tents, blankets, sheeting and food, provided by the Federation, World Food Programme (WFP), the UN's refugee agency (UNHCR), WHO, and Italian NGO Intersos. The local government also used the Afghan Red Crescent's survey victims' list in a charity project to make payments to families of those who were killed and injured.
- The National Society provided basic relief to 1,200 flood victims in Sayad village, Kapiza province and to 800 families affected by floods in Takhar province.

- In September, ARCS carried out the distribution of non-food items to newly arrived returnees in Kabul. 43 families were provided with blankets, jerry cans and cooking sets from the existing stock following assessment.
- The fire incidence left some 350 people without shelter in the village of Daga in Batikot District in May. The ARCS responded with distributions of food and basic relief items to the most severely affected families, 39 in total. The villagers were supplied with full food ration, along with tents, blankets, cooking sets and jerry cans.
- Furthermore, the Afghan Red Crescent supported 1,586 internally displaced families in Spin Boldak, Kandahar region, with blankets, jerry cans and cooking sets. Another 2,800 internally displaced families in Badghis, Farah, Ghor, Herat and Nimroz provinces were supported with food and other relief items in partnership with UNICEF and the Iranian Red Crescent Society (IRCS).
- ARCS helped victims of another fire incident that happened in December 2002 in Wacha Jawar, Achin District, Nangarhar province. 204 blankets, 34 cooking sets and 68 jerry cans were released from the ARCS/Federation existing stocks to provide immediate help to the affected community.
- A blast in Hesar Shahi IDP camp in the eastern regional of the country, affected some 35 families. ARCS provided each family with 500 Afghani (USD 11) from their own funds.
- The National Society continues providing assistance to people of earthquake-devastated Nahrin in Baghlan province. In addition to the health care activities described above under the health section, five schools for 2,380 boys and girls are being built in Almatuo, Gawi, Joi Kalan, Tolihaa and Abserni Baraqi. Just before the Nahrin earthquake, the Red Crescent was the first on the scene after an earthquake in Samangan and helped in search and rescue.
- The earthquake in Samangan province also caused damage to houses and minor injuries to residents in Kabul, where 32 families were reported to have lost their homes. The ARCS made an immediate survey of the affected areas and made donations of food and non-food items to all the affected families identified.
- The ARCS winterisation programme was the latest in several efforts to assist vulnerable people in immediate need. With economy in ruins, limited access to food, lack of essential utilities such as health care, electricity, gas, water supply and sanitation facilities, large groups of the population were exposed to the combined effects of the winter, which included physical isolation, high food insecurity, shelter needs and poverty. Despite a major international effort to support ongoing local rehabilitation efforts, large groups of population, particularly displaced people and returnees, were at risk. With some 270,000 people on the move at various times during this winter there was potential for a major emergency.

Working with the United Nations Assistance Mission for Afghanistan (UNAMA), the Afghan government, other UN agencies and NGOs, the Afghan Red Crescent was a part of a wider humanitarian - and coordinated - efforts to help many Afghans survive the bleak and freezing winter months. The Red Crescent assisted 18,439 vulnerable families after being allotted responsibility for four provinces - Kapisa, Logar, Parwan and Wardak - in the Central Region. The Red Crescent, in co-ordination with other agencies, provided coal, blankets, plastic sheeting and a stove so that the families could survive the winter. Each beneficiary family was supplied with 200 kg of coal, two blankets, 16 m<sup>2</sup> transparent plastic sheeting and one mineral coal stove with dual purpose - heating and cooking.

*Disaster Preparedness stock available by item in Afghanistan*

Items	Unit	Kabul	Mazar	Herat	Kandahar	Jalalabad	Total
Blanket	pc	9,926	3,800	0	1,751	0	15,477
Cooking set	set	3,149	500	0	531	0	4,180
Tent	set	1,377	3	0	430	0	1,810
Plastic sheet	4mx6m	0	0	0	136	0	136
Plastic sheet	1.8mx24m	14	0	0	344	0	358
Jerry cans	pc	7,938	500	0	398	0	8,836

Shovel	pc	344	231	99	199	0	873
Pick axes	pc	99	50	20	52	0	221
Generator	pc	1	1	0	1	1	4
Plastic rope	meter	400	0	150	200	0	750
Stretcher	pc	147	3	50	50	0	250
Emergency FA kit	kit	80	0	0	40	0	120
Sleeping bag	pc	60	0	0	55	0	115
Kitchen set	set	0	0	600	1,161	0	1,761
Tarpaulin	pc	0	0	0	46	0	46

**Impact:** National Society capacity in DP strengthened through more experience in DP planning and the regions being better prepared for emergencies. The ARCS experience in assessment has also increased. The ARCS has become operationally more effective. On many occasions it has demonstrated its ability to quickly assess disaster situations and respond to victims of calamities and other vulnerable groups. The relief assistance provided by ARCS to returnees and victims of disasters offered a minimum level of sustenance and dignity for the vulnerable Afghans. Through the implementation of winter programme in close co-operation and co-ordination with other humanitarian organisations, the impact of adverse winter conditions on the vulnerable communities was reduced thereby alleviating some of the hardships they encountered. The distributions greatly boosted the ARCS's image and public awareness.

Recruitment of new and qualified DP staff in the regions significantly improved the operational effectiveness of the ARCS leading to better service delivery to vulnerable communities. The National Society, backed by the Federation, has been increasingly establishing effective coordination with the UN and other agencies. The DP training further strengthened links between the different departments within the National Society, particularly between DP, CBFA and Youth & Volunteers, as well as with Government's ODP. This was vital for integrating ARCS activities into future strategic ODP plans.

**Lessons learned/future focus:** Recent emergency operations have provided several clear lessons on the way forward and these form the basis of the 2003-2004 programme:

- the training of staff and volunteers as well as the pre-positioning of stocks in key locations increased effectiveness but more of each is needed;
- community based disaster preparedness (CBDP) is generally weak and this process of grassroots capacity building must proceed before effective disaster management can be achieved;
- internal co-ordination - particularly with emergency health programmes, as well as, external links - particularly with government crisis planning - needs to improve; and
- the lack of a National Society disaster management plan is a serious weakness that needs to be addressed.

The analysis of the achievements/lessons learned demonstrated that more remains to be done to improve the efficiency and effectiveness of the ARCS disaster management system and to reduce the impact of natural disasters on vulnerable communities and their subsequent dependency on humanitarian aid. Hence, the need for future similar interventions will be indispensable. The emphasis will be put on the sustainability of ARCS regional DP elements by supporting stable human resource policy in order to avoid frequent staff turn-over, which is still the biggest constraint for the National Society.

The ARCS mirrors the society it serves; it has been ravaged by decades of upheaval and uncertainty. It is a slow process to build its capacity in disaster management, and that is why the Federation is seeking a long-term support.

## Organisational Development w

**Context:** The dramatic changes in the country following the tragic events of 11 September 2001, led to replacement of a large proportion of the senior management at headquarters and branch level, resulting in a loss of institutional memory, understanding of the Movement, its Fundamental Principles and standards concerning governance and management.

Despite its problems and its dependence on extensive support from the Federation and ICRC, the Afghan Red Crescent Society has continued to hold a unique position in the country, based on recognition by the population of the value of its activities, past and present. ARCS is the only indigenous nation-wide humanitarian organisation in the country with the ability to work with all ethnic groups and to reach women through its services. It is operational in all 32 provinces, and with an extensive network of branches and volunteers.

Over the 2002, the Federation with the support of ICRC has been assisting ARCS in replacing lost capacity, and in retaining and strengthening its management structures to enable it to more effectively respond to the needs of the most vulnerable.

***Objective 1: The new ARCS leadership has a good awareness and understanding of the Principles and objectives of the Red Cross and Red Crescent Movement***

**Activities carried out to achieve this objective:** The Federation, ICRC and the ARCS conducted regular tripartite meetings at leadership and technical levels to share information. The Federation established a liaison office at the headquarters of the ARCS in Kabul - Federation delegates, on rotation basis, spent a working day once a week at the National Society compound. This further improved the co-operation and improved efficiency of our operations. Everyday contact facilitated rapid identification and solution of constraints/problems encountered during the implementation.

The understanding of the Movement's Fundamental Principles and objectives was integrated into all ongoing activities of the National Society.

Leadership mentoring was implemented via personal contacts with Federation delegates and workshops. Leadership workshops both at branch and headquarters levels were conducted for ARCS senior staff members. A three day financial management workshop was also held in Kabul for the ARCS headquarters staff. The workshop was organised jointly by the Federation and ARCS and was run entirely by Afghan staff. The workshop introduced the tripartite and bilateral agreements signed in May 2002 by the three Movement components.

Several members of the National Society leadership took part in a major three-day planning workshop - with Federation support - to chart the course of the Afghan Red Crescent in 2003 and 2004.

The ARCS hosted the 10th South Asia secretary generals meeting. Due to unforeseen circumstances the meeting took place in Islamabad from 25-28 August. During the meeting the ARCS president/secretary general committed himself to upholding the principles of the movement and stated he would initiate the process for review of the ARCS statutes as soon as possible.

Additionally, the ARCS received support from ICRC for dissemination and tracing training and activities, in which the Fundamental Principles and humanitarian values were key core component.

**Impact:** In the second half of the year 2002, there was stability in the National Society headquarters and this contributed to more clarity and coherence of leadership as well as understanding of the Red Crescent's role and responsibility in meeting its humanitarian obligation in Afghanistan. A strong commitment from the leadership will hopefully facilitate the process to translate principles into action. The various workshops carried out during the last year aimed at reinforcing basic management

and leadership skills as well as an understanding of basic integrity issues that all RCRC staff and activities must adhere to.

**Lessons learned/future focus:** Understanding of the power of humanity is increasing. But there is still some way to go. The Afghan Red Crescent remains in need of reconstruction, both human and physical. It has major organisational issues it still needs to confront. There has been progress but the National Society leadership - along with the whole of Afghan society - is subject to several external uncertainties.

***Objective 2: ARCS branches improve their capacity to implement activities***

**Activities carried out to achieve this objective:** The process of establishing a proper volunteering base for Afghan Red Crescent branches continued throughout 2002. The Federation was providing technical support for the National Society to lead the change strengthening the recruitment system within various branches and improving volunteer management. Regular meetings were organised for volunteer district leaders. The sessions covered issues such as introduction to the Movement, volunteering in the Red Cross/Red Crescent Movement and recruitment system.

The ARCS Mazar made available a room for its youth volunteers. Youth volunteers contributed minor maintenance and repairs. The Federation covered the majority of expenses and also provided equipment, such as tables and shelves. The new centre in Mazar will also consolidate the above progress, particularly among the youth volunteers, as it will accommodate the ongoing English classes as well as be used for meetings, social events, games and training.

Since January 2002, three-day financial management workshops were held for the ARCS staff in Herat, Kandahar, Mazar-i-Sharif and Jalalabad. The workshops were a joint ARCS and Federation enterprise and were run entirely by Afghan staff. The workshops aimed to introduced uniformity in financial reporting.

Three participants from the National Society attended the planning and reporting workshop in Bangladesh organised by the Federation Regional Delegation the last week of October. Another four attended the workshop on VCA in Bangladesh.

A meeting on planning and reporting was held in Mazar too for the ARCS youth and DP supervisors.

In March representatives of the ARCS participated in the Better Planning Initiative (BPI) and Change Management workshops, which took place in Sri Lanka and were organised by the Regional Delegation in Delhi.

A three day leadership training workshop for the ARCS headquarters' senior staff members and Branch presidents was also conducted.

A two day resource development workshop was held in Herat for the five ARCS Branches of the western region. During the workshop the seven resource development strategies and a format for income generation project proposals were introduced to the participants.

A branch assessment was carried out in the second half of 2002. This process was capacity building in itself and will enable the ARCS to map its strengths and weaknesses and better align its programmes with the most urgent needs.

The Federation has also been assisting the ARCS in renovating its provincial branch buildings in Parwan and Badghis.

Every year in October, the National Society celebrates the ARCS 'special week'. In 2002, the ARCS took the opportunity to raise awareness of its activities and much needed funds. The celebrations included events involving government officials, community leaders and the media. There were theatrical and musical shows throughout the country, while ARCS regional Branches distributed relief items to people in greatest need of assistance as they took part in fundraising activities. Volunteers took to the streets, market places and government offices in main towns to talk about the Red Crescent, its mission, principles and activities. Although this war-torn country's economy is still fragile, people seemed more than willing to make donations, reflecting perhaps a growing hope for the future.

**Impact:** Innovative approaches to volunteerism are securing the long term future of the Afghan Red Crescent by creating a better sense of belonging and 'ownership' within the National Society's membership. As the organisation's pool of committed and multi-skilled volunteers grows, the Red Crescent's ability to support its vulnerable communities increases. New volunteers are the injection of new blood. They gave the National Society a real lift and increased the vibrancy and presence of the Red Crescent in Afghanistan. Through its volunteers, the ARCS better understands the communities it works with and supports the ties that bind them.

In terms of financial management, the workshops in all regions increased branch capacity to be more aware of their responsibilities and efficient in their budgeting and use of resources. The leadership workshop aimed at promoting the principles of self-reliance and resource development strategies, as well as improving the ARCS human resource management and optimising the National Society organisational set-up. The resource development workshop increased the capacity of the ARCS Branches to initiate and manage more successfully income generating projects. The income from these projects will make the ARCS less dependent on external funding and contribute towards a future sustainability of the ARCS programmes.

The participation in regionally organised workshops enabled the National Society to share knowledge, to contribute its own learning and experience and at the same time enrich its own capacity building plans by learning and adapting systems actively from other models of successful practice.

The ARCS special week celebrations were small, but important steps towards rebuilding the National Society future. The volunteers not only raised funds, they also spread the message of the power of humanity.

The Branch assessment exercise will lead to a comprehensive picture of the 32 ARCS branches. The assessment is the first phase in a process that will ultimately lead to the formulation of a Branch development programme for the coming years.

**Lessons learned/future focus:** Developing branch capacity is a major task, particularly in isolated regions. Initial steps were taken but there is a long way to go. Internal instability in the Branches has remained a serious concern. A high turnover of the ARCS staff members significantly reduced the impact of capacity development efforts. The unpredictable security situation was also a serious constraint on branch development. A growing number of volunteers calls for a broader training programme with clear guidelines for volunteer management that needs to be developed. The representation of women among volunteer ranks needs to increase too.

***Objective 3: The ARCS headquarters provides effective support to branches and their services***

**Activities carried out to achieve this objective:** The National Society leadership has stepped up its efforts to develop closer relations with branches. This was a two track process and was assisting branches in their programmes as well as ensuring compliance of branch staff with the principles of the movement.

The ARCS reorganised its development unit at the headquarters and established an organisational development department staffed with young and energetic people. The department has served as a link between different programme departments and co-ordinated various ARCS training programmes too. Preparation works started on the review of the ARCS headquarters systems, procedures and structures.

Head of ARCS organisation development department, the deputy head and a member of the ARCS advisory board participated in a three-day regional branch development workshop held on 11-13 December in Sri Lanka. Representatives of six National Societies from south-east Asia attended the workshop. The participants discussed and shared information on different branch development initiatives undertaken by the National Societies in the region. The main output of the workshop was a draft framework on branch development, which will help to clarify many issues on the Characteristics of a Well Functioning Branch and the support, that is needed from national headquarters. The framework will be used as a guidelines for the effective support to ARCS Branches and their services from their headquarters.

Besides the branch assessment, ARCS representatives paid regular visits to branches.

The Afghan Red Crescent leadership pledged its commitment to building youth volunteerism at the branch level. The statement came at a major symposium on expanding National Society membership among youngsters and using them as community ambassadors bearing the Red Crescent's message of coexistence.

Three ARCS staff members participated in the regional reporting and planning workshops in Bangladesh organised by the Federation Regional Delegation the last week of October, while another four staff members attended the regional workshop in Dhaka on vulnerability and capacity assessment that took place on 26-29 October.

Construction of the ARCS training centre in Kabul was initiated - 70 per cent of the works had been completed by the end of 2002. Once the training centre is completed, the facility will provide an excellent opportunity both for the provision of training in the national society and also a possible means of income generation.

**Impact:** The National Society leadership has become even more forthright in its commitment to improve headquarters support to branches. Improvement in communication between various ARCS departments will lead to identification of shared strengths and weaknesses, which will ultimately lead to improved organisational structure in the National Society and better service delivery. Investment in the human capital of the ARCS is paying off. There is a definite increase in openness to new ideas and a hunger to learn more about the key ingredients of a well-functioning branch.

**Lessons learned/future focus:** The political situation in Afghanistan remains complex. In spite of the good intentions and genuine efforts of the leadership of the National Society, the influence of some governors and commanders carries more weight. As a result, appointments of Branch staff by the ARCS headquarters have been overruled by local authorities many times. The Afghan Red Crescent leadership clearly stated it intends to limit the influence of local governors and commanders in the affairs of the branches and is developing its approach on this issues. The ARCS leadership needs to work further to promote the Fundamental Principle of unity in Afghanistan.

The headquarters has upped the ante in terms of its verbal commitment to its colleagues in the Afghan Red Crescent's 31 branches, but these words need to be matched by action. Another important factor is the stability of existing leadership and staff so that they build their effectiveness and institutional memory.

Several major lessons were drawn from recent experience, including the Afghan Red Crescent's need to:

- stabilise its leadership and staff so that institutional expertise and memory can be strengthened in order to better assist vulnerable people;
- improve human resource management in order to improve effectiveness of the service delivery to the vulnerable;
- move towards the establishment of a membership system from within and outside the vulnerable communities;
- strengthen the capacity of branches - with better and clearer support from headquarters - to offer community assistance;
- seek to diversify its financial support, by increase indigenous sources of income;
- improve its ability to plan strategically both within and outside of the Movement leading to improved assessment of vulnerability and planning of programmes and better co-ordinate the efforts with other humanitarian partners to ensure better coverage and avoid duplication.
- continue moves to strengthen the legal base so that the leadership is more accountable to an emerging membership. A new constitution will improve the ability of the National Society to develop effective and focused programmes through democratisation, diverse membership base and improved neutral positioning. The strengthening of the legal base will also lead to increasing of ARCS resources for the vulnerable.

## 2. Pakistan:

### Health w

**Context:** Though the potential flight of refugees, subsequent to the military operation in Afghanistan, did not occur on the scale originally forecast, the numbers that arrived at Chaman border, in addition to those already in Pakistan, raised humanitarian concerns and called for immediate action. Donor support enabled the Federation to assist the National Society in running health, water and sanitation programmes, which improved the health, hygiene quality and health/education provided to both the refugees and the local population, as well as to provide immediate support to new refugees from Afghanistan. The priority of the Pakistan Red Crescent Society (PRCS) was to improve the overall health of people lacking access to health care with a special emphasis on services for women and children.

***Objective 1: Afghan refugees and the local population of Baluchistan and NWFP provinces benefit from basic curative and preventive health and hygiene services, including polio and other vaccinations***

**Activities carried out to achieve this objective:** PRCS, supported by the Federation, managed to establish three Basic Health Units (BHUs) in Quetta, Chaman and Muhammed Khel, Baluchistan Province and one BHU in North-West Frontier Province.

Additionally, the National Society operated mobile health units (MHUs) - one in the Muhammad Khel camp in Baluchistan, which provided outreach health and hygiene education to refugees, as well as to the local population in some nearby villages to supplement the work of the basic health units, and another one in two urban slum areas in Peshawar, NWFP, providing essential basic curative and preventive health services to Afghan minority groups.

Along with these new health units - developed under the current Afghan Crisis emergency appeal - the work of the existing four MHUs - established at the very end of 2000 in the context of the drought operation - was ongoing throughout the year 2002, covering 40-50 villages around Quetta, Mastung, Noshki and Quilla Saifullah in Baluchistan Province on a regular fortnightly basis.

The main focus of the clinics' work was on vital preventive health through education since most of the health problems were preventable, including diarrhoea, respiratory, skin and eye infections. By doing so, the project addressed basic underlying causes of ill health within the communities it served. The principle beneficiaries were women and children. Although the health messages were basic, most of the information shared with the beneficiaries were new to them.

Basic curative and preventive health was provided both to vulnerable refugees and locals. Over 30,000 beneficiaries were reached every month through preventive and basic health care provided by PRCS health units - basic and mobile. The number of beneficiaries varied from district to district and seasonally, according to the health and nutritional problems encountered. The five most common disease were respiratory tract infections, skin problems, joint and bone problems, diarrhoea and gastric ailments. Health education sessions focused mainly on diarrhoea, disease spread by flies, balanced diet, malaria, safety from heat, scabies and the benefits of polio vaccination.

The mobile clinics fully participated, in partnership with Government of Pakistan, WHO, Unicef, Rotary International and other organisations, in community mobilisation and administration of vaccines during National Immunisation Days. PRCS volunteers acted as motivators in the community - encouraging villagers to get their children vaccinated. The National Society, usually, served in the hard to reach areas of Pakistan to help eradicate Polio. In total, 360,000 children were provided with polio vaccination by mobile health teams in 2002. The polio activities of the National Society were financially supported by the Federation's Global Polio Appeal, but are mentioned here in the context of linkages with the current emergency operation and the ongoing health activities of the Society.

Additionally, ongoing basic health and hygiene education was provided by the four female health educators in the Landi Karez camp in Chaman, where the Federation was active in the provision of safe water and basic sanitation to the camp population. The hygiene educators carried out four sessions every day, the education was provided to 120 beneficiaries daily, targeting refugee women and children, and bars of soap were distributed after the end of session as an incentive. The ARCS health promotion officers also trained nine female refugees as trainers. They were then helping the ARCS in community mobilisation, as well as in disseminating basic health education messages to the camp's population.

**Impact:** Ongoing health and nutrition monitoring was undertaken in operational areas to measure specific impact of the assistance and to track the overall trends with regards to health and nutritional status in target communities. The teams have seen a clear improvement in the health status of the target beneficiaries, confirmed by the beneficiaries themselves and with a concomitant reduction in drug consumption. PRCS curative and preventive health care provision significantly lowered vulnerability of beneficiaries, both Afghans and locals alike. Hygiene education in particular proved to be very effective with a noticeable increase in safe practices by refugees and locals. Less diarrhoea and fewer cases of malaria were recorded in activity areas.

PRCS health units targeted areas that lacked of medical facilities ensuring an impact even at the most basic level. Significant was how partners looked to the PRCS to provide work in areas that are beyond the reach of other agencies and in the case of polio vaccination, this had a proven track record of protection. The polio eradication programme made an additional and effective contribution to the health of Afghan children in Pakistan.

**Lessons learned/future focus:** The team witnessed an improvement in hygiene practices, but toilet habits still remain traditional and use of latrines is not widespread. Hygiene education needs to be extended to males despite past efforts failing to make great impacts in this aspect. In addition, PRCS provincial branches need to better manage and monitor the activities of each health unit.

The Federation/PRCS are planning to continue the water/sanitation programme in Chaman next year and thus the work of the hygiene educators is envisaged to continue and indeed to expand to other locations and with a wider scope to include community based first aid.

The question of sustainability of health programmes, especially mobile teams, always arises. Indeed even fixed point health units are inherently unsustainable in that qualified professional personnel are required to provide safe services and care to the patients and for those receiving health education. Nevertheless, given the huge health needs in the far-flung areas of the country and the harsh geographical conditions which require strong vehicles, a balance needs to be struck between the sustainability issue and the need to provide essential health services where no other organisation or Government agency is providing them. The issue of cost recovery within health activities was the focus for the start of a case study towards the end of 2002. This needs to be further developed during 2003 and an active effort is planned to investigate and develop better local resource mobilisation for health programmes. It is believed that even in the current socio-economic context in Pakistan, there are possibilities for broadening the in-country donor and partner base for health activities.

***Objective 2: The Pakistan Red Crescent Society health programme is effective and well supported***

**Activities carried out to achieve this objective:** Refresher Community Based First Aid (CBFA) Training of Trainers (ToT) for health personnel in Baluchistan was completed in June 2002. New MHU/BHU personnel in Baluchistan also received CBFA ToT training. The training aimed at supporting the National Society's health personnel and further strengthening health programming capacity, especially at the Branch level. The health programme management training for PRCS Headquarters and Branch health managers, as well as the CBFA ToT for the BHU and MHU personnel of NWFP will be provided in January 2003, dates to be confirmed. The health team has started working on the development of a training model for Branch-level health programme management. The training module will be finalised in early 2003 and the training is scheduled for February 2003.

**Impact:** Increased capacity of the PRCS to effectively manage resources and measure impact of resource allocation. Improving health condition of vulnerable communities is the priority of the National Society at all levels. Training of this type was central to the quality and impact of their services. PRCS human resources are thin on the ground but training such as this ensured that those health workers who were assisting vulnerable people, provided an effective service in difficult conditions.

**Lessons learned/future focus:** Providing basic health care, particularly in rural areas, continues to be a major challenge to the PRCS. However, it is concentrating on investing in existing human resources to provide the best support possible. Issues of sustainability of health programmes will be ongoing beyond the duration of this appeal. In 2003, Federation health team will work with PRCS health task force to explore revenue generation opportunities by undertaking a case study on possible cost recovery within PRCS health activities. This is vital for longer term sustainability of basic health care to marginalised communities.

***Objective 3: Chaman hospital provides services to the local and refugee population with the support of Federation-donated medical equipment***

**Activities carried out to achieve this objective:** A district hospital is conveniently located at 3.2 km from the Chaman border, close to the staging or transit camp the UNHCR had set up at Kilie Faizo and also close to the UNHCR refugee camp at Rhogani. Due to poor equipment and insufficient number of staff it had only been able to receive a limited number of patients and others had been transported for 2.5 hours to Quetta. With the efforts of the Japanese Red Cross Society, which provided a full technical and financial support to the operation, the hospital was upgraded - new

equipment and other required materials were provided, along with training for the medical personnel. The project was co-ordinated by a team consisting of five health delegates sent by the Japanese Red Cross.

Monitoring to maintain the quality of service, was jointly carried out by the Federation and PRCS: Good co-ordination and communication with the partners was maintained throughout the operation. This was crucial to the success of the operation.

**Impact:** As a direct result of the Federation's intervention, the hospital provides an improved medical service both to refugees and locals. Health condition of the community that the Chaman hospital serves significantly improved. The humanitarian challenge in this part of Pakistan is immense and complex and a partnership approach - whereby expertise is shared - is a proven way forward to effectively support beneficiaries. The community that Chaman hospital serves benefited from this consultative and cohesive strategy.

**Lessons learned/future focus:** One of the key achievements has been the partnership arrangements to support this project. The partners comprised the Federation, Plan International, World Health Organisation and Government of Baluchistan, with additional support from PRCS. An evaluation of the project, together with the partnership arrangements will be undertaken in the first half of 2003. The partners remain members of the Steering Group for the time being. The Federation/PRCS will continue monitoring visits to the hospital to maintain the quality of the services.

#### **Water-sanitation w**

**Context:** Baluchistan is the country's largest and the least developed province in the remote south-western region of Pakistan. With the worst drought in living memory in its fourth year, water availability in the province has been rapidly decreasing creating much greater vulnerability among the poor in the area. The reports show the water table has dramatically receded. A decade ago, water was available 30 metres below the surface. Now reportedly it is difficult to find any above 100 metres. The water crisis has had severe implications. The general health of the population has been declining. Those worst affected were Afghan refugees living in the camps established in the desert of the Chaman area prevailed by choking dust storms. Given the current situation, the Federation's intervention became increasingly important. Every day, the Federation delivered from 1,500,000 to 2,000,000 litres of safe drinking water to its beneficiaries.

**Objective 1: *The Afghan refugees in the Balushistan camps of Landi Karez (17,000), Dara (30,000), Roghani (21,000) in Chaman and Muhammad Khel near Noshki (69,000) have safe access to high quality water as well as hygiene and sanitation services***

**Activities carried out to achieve this objective:** The Federation's efforts were keyed on:

- delivering sufficient water to the Afghan refugees settled in the camps in Baluchistan.
- ensuring the proper sanitation in the camps by construction of latrines;
- cleaning and maintaining daily the camp latrines and tanking capacities; and
- raising awareness of refugee population at large on the basic hygiene, through providing health education and health promotion activities, in particular through links to BHU and MHU, women and children being the main target groups.

Recognising that water is essential to life and health and that in emergencies, as the situation was in the Chaman area, if not supplied in adequate quantities and quality, there might have been an outbreak of epidemics such as cholera, and other water borne diseases, the Federation undertook to provide safe water to some 103,000 refugees, accommodated in the camps of *Landi Karez, Roghani, Dara and Mohammed Khel* of Baluchistan province. The provision of water aimed at meeting the minimum required 15 litres, while striving to provide the recommended 20 litres per person per day. The Federation arranged and managed all the logistical and administrative means to support the

uninterrupted provision of water to these camps, a remarkable achievement in what is a dusty desert plain. Due to the large concentration of the refugee population in the area, the quality of water was regularly tested and all sources under the management and responsibility of the Federation were protected. Water for drinking was treated/disinfected in order to avoid the outbreak of water born diseases.

In **Landi Karez** camp, Federation rehabilitated an existing tube-well - a generator, water pump and pipes were procured and installed successfully. This eventually allowed to significantly increase the pumping capacity of the well. The tube-well was connected with the water distribution network, which was also installed by the Federation within the framework of the current operation. Since then, the need for trucking in water from the nearby Chaman town has been decreasing and was finally discontinued in mid-January 2003. During the early stage of the operation, the Federation used to procure potable water for the refugees in Chaman at the price of one rupee<sup>3</sup> for every 7.5 litres.

The well, the only available water source for the camp was able to provide 11-12 litres of water per second thus meeting the need of the entire camp population, supplying each individual with the required 15 litres of water per day. Water was provided to beneficiaries through the camp's tanking capacities (22 bladder tanks, in total: two bladder of 5,000 litres each, six bladder tanks of 15,000 litres, and 14 bladder tanks of 10,000 litres) installed by the Federation. The water yield allowed to export at times a limited quantity of water to the neighbouring camps as well.

At the later stage of the operation, the Federation installed a water reticulation system - an underground distribution pipeline, which delivers water from the main reservoir. This greatly increased efficiency and effectiveness of the Federation's efforts to provide water to refugees annihilating the need to truck in water to each tap stand, 25 in total, installed by the Federation. In order to achieve this, 6.5 kilometres of pipeline network was laid from the tube well premises to existing water tanks scattered across the camp. The reticulation system also increased the amount of water to 20 litres per person per day. Additionally, 22 washing points were constructed in the camp.

The Federation managed to construct a total of **700** cluster latrines in this camp. The cluster latrine is an basic construction with a bamboo frame, tarpaulin for the in-wall and a concrete slab, produced locally (15-20 slabs per day). The beneficiary population was involved in construction of the latrines. This ensured participation, workmanship and a sense of ownership. Hand washing was the key message promoted.

The Federation's health team was cleaning and maintaining the latrines on a daily basis in order to ensure the adequate sanitary situation in the camp, while at the same time making efforts to raise awareness of refugees on the basic hygiene. 200 beneficiaries were reached every week through hygiene education. The health messages delivered to beneficiaries were basic and included toilet habits, how to treat diarrhoea, importance of nutrition and hand washing.

For the refugees sheltered in **Dara and Rogani** camps, the Federation procured and trucked in 15 to 20 litres of potable water per person every day from the Chaman town. Every day, a convoy of 13 Federation operated trucks supplied the desert camps. Each truck made four to five trips - some 100 km - over difficult terrain every day.

Dara's water distribution network was very poor; pipes leaked and tap stands were broken. Efforts were made to rehabilitate the camp's water supply systems by shifting and replacing pipes of the reticulation network to provide a better service to beneficiaries and ensure every family had access to safe potable water through the main water distribution network. Until the repair works on the water distribution network were completed, water had been trucked in to each block that was not linked to the system.

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<sup>3</sup> Exchange rate: 1 USD = 60 Rupees

Water distribution in Roghani was better, but there was still a need for maintenance of pipelines and existing tap stands to prevent the leakage and avoid water contamination and wastage. By renovating the water distribution system in the camps, the Federation was able to provide a better service to its beneficiaries. Water storage tanks for seven schools in the camp were also constructed.

In *Muhammad Khel*, the Federation installed a water distribution network (approximately 800 meters of the piping system) and linked it with the two T-70 water tanks installed during the early phase of the operation. As a result of this intervention, the network was able to provide potable water to some 35,000 people in the camp. The integrated water system significantly reduced the vulnerability of the camp's population to disease and ill-health.

**Impact:** The camps, where the Federation was working, are located in the desert with no alternative water sources. As a result of the Red Crescent intervention, the refugee population of the target camps had a regular supply of potable water, thus reducing their vulnerability to ill-health. The operation boosted Red Crescent image among the beneficiaries and also greatly lifted its credibility among other organisations operating in the area.

Safe and adequate water supply, combined with the health awareness efforts within the target groups, prevented the spread of preventable diseases such as diarrhoea, dysentery, typhoid and worm infestation. It gave better life to this vulnerable group. Sanitation conditions in the camp were proper. The availability of culturally acceptable latrines reduced the risk of transmission of faeco-oral disease-bearing vectors.

**Lessons learned/future focus:** The community participation in maintaining proper sanitation in the camp remained poor despite continuous efforts of the Federation/PRCS staff. Further push is required to encourage them ultimately aiming to hand over the responsibility over cleaning activities to the camp's population.

There is a clear need to continue with the water and sanitation activities which were started early in the Humanitarian Crisis operation. Around 90,000 people in the camps in Chaman, Baluchistan are still completely dependent on full assistance for water provision and are receiving 15-20 litres of water every day as part of the Federation's support for the crisis. The vulnerability of the Afghan refugee population in the camps remain extremely high. Consequently, a water and sanitation project has been included in the Disaster Management component of the Pakistan Annual Appeal 2003, reflecting the fact that this continues to be a response to an emergency which has now turned into a chronic need.

The Baluchistan Provincial Branch has had no previous experience in the area of water and sanitation, but given the ongoing drought situation and humanitarian situation, it is planned to continue with the water/sanitation activities in Chaman, while at the same time using the opportunity to develop a water/sanitation capacity within the Branch, to enable the Branch to also deal with future drought-related activities and drought mitigation. Thus a programme of training and support will be given to key personnel within the Provincial Branch in a major effort to scale up the Branch's water/sanitation capacity and associated hygiene education linking with the work of the mobile and basic health units. It is also intended that Chaman will be one of the locations for District Branch development, building on the existing PRCS activities there.

### **Relief and Shelter w**

**Context:** The Federation jointly with the PRCS responded effectively to needs of Afghan refugees by distributing blankets, kitchen sets, soap, tarpaulins and other non-food items from the stock donated by American, Austrian, Bahrain, British, French, Netherlands, Swiss, Norwegian, German, Thailand, Spanish and Yemen Red Cross Red Crescent Societies. Federation and PRCS were able to provide

immediate response to the emergency needs of relocated refugees supporting them with basic relief items. The Federation/ARCS assistance was crucial to Afghan refugees sheltered in the camps to help them prepare for the challenges of cold winter months. Assistance was provided in close co-ordination with the UN and its implementing agencies to avoid duplication of efforts and maximise the effectiveness of humanitarian aid.

***Objective 1: Improve the lives of target vulnerable groups among the refugee population.***

**Activities carried out to achieve this objective:** The total number of refugee families supported within the framework of the Afghan Crisis operation with basic relief items stands at **35,041** (approximately **245,287** individuals) of which 21,108 families (approximately 147,756 individuals) were sheltered in NWFP, while 13,933 families (approximately 97,531 individuals) were accommodated in the Chaman camps, Baluchistan province, south-west part of Pakistan.

The relief distributions focused mainly on new refugees accommodated in the camps set up in the rugged areas of Quetta and Chaman, close to the Afghanistan border. Federation and PRCS were also able to provide immediate response to the emerged needs of relocated refugees in NWFP through supporting them with basic relief items - blankets, jerry cans, tarpaulin, kitchen sets, coal stoves, kerosene lamps and tents - to help them survive through the cold season - in close coordination with UNHCR and Commissionerate for Afghan Refugees (CAR) - more than 80,000 refugees, from different ethnic groups, were moved to the three new camps in respective tribal areas in Kurram, Bajaur and Kyber Agencies as the refugee camp near Peshawar known as Jalojai, was closed down by the Provincial authorities aiming to keep large groups of refugees outside of the area.

The distributions were implemented subsequent to a detailed needs assessment carried out by the Federation/PRCS in the target camps and was conducted from central distribution points established in each camp. The National Society mobilised its volunteers to undertake the on-site distributions. The overall coordination of the operation was on the part of the Federation delegate and PRCS relief co-ordinator. Federation representatives were present at all distribution points to ensure the competence of the distribution management and to ensure the intended beneficiaries received the assistance.

The stock report at the end of the narrative displays in-kind contributions to Pakistan-related activities under this appeal per donor organisations.

**Impact:** The relief supplies, provided within the framework of the operation, helped refugees survive through the cold season. The assistance offered a minimum level of sustenance and dignity for this vulnerable group. Beneficiaries expressed their satisfaction with the received items. They expressed gratitude for the attention and support during this time.

**Lessons learned/future focus:** Given changed expectations over the population movement across the border with Afghanistan, the situation and ensuing humanitarian needs in Pakistan subsequently changed. The circumstances, as they developed, required from the Federation to approach the situation with a certain level of flexibility in order to be able to meet operational and programme needs. Relief items, received by the Federation as in-kind contributions to Pakistan-related activities under the Afghan Crisis Appeal were intended for some two million beneficiaries and it was a challenge for the Federation Delegation to distribute the huge stocks of items. The distributions, however, were ongoing continuously since December 2001 and were carried out according to disaster relief rules and regulations, in compliance with the Red Cross and Red Crescent principles targeting the most vulnerable people. Another, challenge faced by the Federation was the co-ordination with other aid agencies operating in the area with their own huge stocks of relief items pre-positioned for the distribution expecting a massive refugee inflow, which did not materialise.

## **Disaster Response and Preparedness w**

**Context:** Pakistan, like other neighboring countries in the region, is among the high risk countries in terms of its vulnerability to different types of disasters. 27,312,592 people (1.99 per cent of its population annually) were killed or affected by disasters in the period 1999-2001 (World Disasters Report, 2002). Natural hazards include earthquakes, drought, landslides, mud flows, avalanches and floods. The disaster-proneness of Pakistan varies with its regions and the altitude. The central Indus valley and the vast Indus delta plain in the south are regularly scene of devastating river floods, while in Balochistan the inhabitants must contend with recurrent acute food shortages. Both the arid west and the mountainous north are regularly affected by devastating earthquakes. As in many Asian countries, some of the poorest sections of the population live in the flood plains, and since the suburbs of Karachi are particularly overpopulated, cyclones in that area are extraordinarily damaging.

Mechanisms in place to counter the effects of these disasters are relatively weak in Pakistan. The PRCS has been making serious endeavors to improve its disaster preparedness and response activities at all organisational levels. Efforts were keyed on enhancing the PRCS capacity and that of the community to deal with vulnerabilities arising out of disasters through a structured institutional development process in Branches and National Headquarters, targeted training for staff, volunteers and communities and other focused mitigation activities.

***Objective 1: The disaster response capacity of PRCS and of the community is improved by training staff and volunteers in Baluchistan and NWFP***

**Activities carried out to achieve this objective:** Community level training on disaster response and first aid was ongoing by PRCS disaster preparedness facilitators through the National Society mobile health units. A gender component was included in all training programmes to assist the PRCS in increasing gender equity and awareness at all levels. Female participation was ensured in all workshops held by the PRCS. To mention one, there was an hour session during the UK DFID funded community based disaster preparedness training for staff and volunteers of the Baluchistan Provincial Branch in late September 2002. Of 19 participants, eight were female. The issues discussed during the training session included: understanding of the terminologies used in disaster management, types of hazards, disasters and their effects, mitigation, preparedness and response for different disaster situations, disaster management cycle, indigenous coping mechanism, gender in disaster, vulnerability and capacity assessment (VCS), survey, need assessment, community organisation, community hazard mapping and preparation of community DP Plan.

A two-day better planning initiative (BPI) workshop - for National Society branch and headquarters staff, volunteers and Federation delegates - was conducted in July.

The Federation arranged for the local procurement of 12,000 blankets and 1,000 tents. These items replenished the National Society's emergency stock, which had been used in the launch of the humanitarian crisis operation.

The plans for the construction of a PRCS training centre and warehouse in Quetta were formally agreed and preliminary work to prepare the site was completed. However, the early arrival of colder weather in Quetta meant that the main construction could only be started in February or March 2003. For this reason, the plan of action was extended into the year 2003, within the context of the Pakistan Country Appeal. Once the project is completed, the facility will provide an excellent opportunity both for the provision of training in the Provincial Branch and also a possible means of income generation.

Two basic disaster management training courses for PRCS staff and volunteers from Provincial Branches were carried forward to early 2003. The plan of action envisaged also to provide relief response and logistical management training for PRCS staff in Baluchistan and NWFP. This will be done early 2003, dates to be confirmed.

The importance of the National Society's role in assisting victims of disasters was demonstrated many times in 2002. The PRCS responded rapidly and effectively to those affected by severe floods in Peshawar. One hundred families, whose houses were destroyed or badly damaged, were given tents and food parcels from the PRCS's emergency stocks. Another example of the PRCS rapid and effective intervention was the National Society's response to earthquakes in remote northern Pakistan supplying the families affected by the disaster with basic relief items from its existing DP stock.

**Impact:** Community level training improved the skills of the target beneficiaries in disaster response. By including a gender component in all training sessions, the National Society increased gender equity and awareness at all levels of the Society's activities. The BPI training aimed at helping Red Cross Red Crescent staff and volunteers plan better humanitarian assistance to support beneficiaries in a way that strengthens links in communities and weakens divisions.

The PRCS' replenished emergency stock will enable it to be in a position to respond more effectively to future crises. The warehouse and the training centre, once completed, will support the relief operation, and in longer-term, contribute to the income generating activities of the National Society thus greatly increasing its operational capacity.

PRCS intervention in response to the earthquakes and floods was very much appreciated by the beneficiaries, partner agencies and government authorities. The operation received a huge media coverage in local newspapers. It greatly boosted the PRCS's image and public awareness. Stronger links and confidence was established between the Red Crescent and Government authorities. It lifted the PRCS's credibility among other organisations operating in the area.

**Lessons learned/future focus:** National Society capacity building in terms of operational and management ability is still required on a significant scale. Building National Society capacity in disaster management is a slow process, requiring a strategic approach, and it may still take several years to build up experience and knowledge to achieve well functioning and effective indigenous mechanisms. The Federation is therefore very keen to secure consistent long-term support.

### **Humanitarian Values w**

**Context:** Years of instability in the region, compounded by consequences of continued political and economic uncertainty, along with numerous natural and man-made disasters, resulted in extreme poverty and collapse of health and social welfare systems in Pakistan. In these circumstances, the role of the Pakistan Red Crescent Society as an auxiliary to the Government has increased dramatically. The National Society's role is to champion those individual and community values which encourage respect for other human beings, and a willingness to work together to find solutions to community problems. The PRCS is in unique position to bring this about through its mandate, and with its physical presence in all parts of the country and a national network of volunteers.

***Objective 1: Develop new initiatives to ensure greater understanding of humanitarian values and the Movement's Fundamental Principles within the National Society and the community, while increasing the profile and image of the PRCS as a countrywide humanitarian organisation.***

**Activities carried out to achieve this objective:** The Federation was working with the PRCS Information Officer to encourage ongoing publication and dissemination of PRCS emergency and other ongoing activities. Over the last year, a brochure on the PRCS activities/programmes was prepared in local languages and distributed to the general public through the PRCS provincial Branches. A number of events/press-briefings were also held to raise the understanding of Federation/National Society mission and role. As part of the PRCS image building initiative a poster campaign on Fundamental Principles and volunteers was carried out across the country.

The PRCS was regularly disseminating information about the programme activities through local media concerning the operational matters and globally through its normal channels of publications. A number of articles were published in the national newspapers and the Federation's Web Page on the PRCS projects in support of the vulnerable groups in the country. The PRCS launched the Federation's *World Disaster Report 2002* before journalists, diplomats and representatives from government, partner organisations and NGOs.

A workshop on the Fundamental Principles for 19 Red Crescent staff and volunteers was held in September in Quetta, Baluchistan Province.

Additionally the National Society received support from ICRC for dissemination and tracing training and activities, in which the Fundamental Principles and humanitarian values were key core components.

**Impact:** The National Society knows Pakistan and its people far better than the Federation. Supporting the PRCS to refine its communication tools, enabled it to reach a broader audience at a deeper level with its message of tolerance and humanity.

The *World Disaster Report* launch provided an opportunity for the National Society to underline how significant a role mitigation and preparedness can play in reducing disaster losses. The report is a good communications tool. It was used to highlight issues facing the Red Cross Red Crescent network as well as the activities of the PRCS. As such it raised, the understanding of the National Society's (and Federation's) mission and role in Pakistan.

The workshop on the Fundamental Principles further raised understanding of humanitarian values within the National Society. The First Aid day celebrations increased the profile and image of the National Society as a countrywide humanitarian organisation and advocated on the importance of First Aid skills dissemination in the communities.

The profile and image of the National Society further increased as a countrywide humanitarian organisation. The brochure helped to increase the understanding of the PRCS operations, its mission and objectives among the local communities. The poster campaign aimed at disseminating knowledge of the Movement and the Fundamental Principles to Red Crescent beneficiaries and the general public. As a result, more people both within and outside of Red Crescent knows about Red Cross Red Crescent Movement and have better understanding of Humanitarian Values, which will ultimately lead to increased number of Red Crescent volunteers and members.

**Lessons learned/future focus:** More needs to be done to spread the message of the power of humanity in order to bring about a change in the behavior of people, increase tolerance, mutual understanding and respect for human being. The National Society recognises the need to have a more focused approach to this work and to profile and project these issues in more depth and more widely. In 2003, the PRCS will continue to build on its dissemination and information capacity and develop promotional initiatives aimed at building a culture of non-violence in the resolution of differences in the community.

### 3. Iran:

The Iranian Red Crescent Society (IRCS) supported an estimated 10,000 refugees sheltered in two camps inside the Afghan border, one in Makaki and on Mile 46 with food, clothing, shelter, blankets and basic relief, as well as water and sanitation support to the camp. The IRCS was in charge of the general camp management, which also included health care through its field doctors stationed in the camps. The number of IDPs accommodated in the two camps within the Afghan border with Iran diminished gradually and the camps eventually were closed in May 2002. The Federation and the IRCS efforts were then focused on supporting Afghan refugees in Iran with safe water distributions

within the framework of an ongoing draught relief operation, which was run outside of the Afghan crisis appeal. Some 65,000 Afghan refugees were provided with 500,000 litres of potable water daily. Activities carried out under the relief operation are subject to a separate reporting.

The Federation Delegation in Iran provided logistics support to the Afghanistan operation by ensuring the delivery of needed relief supplies in transit to the final distribution points inside Afghanistan. The delegation co-operated and co-ordinated with the IRCS logistics especially in warehousing, transportation and custom clearance activities for all relief supplies with Afghanistan as final destination. The Federation and the IRCS help in joint-cross border logistics operation ensured smooth implementation of relief operation inside Afghanistan.

Additionally, the IRCS arranged for the distribution of basic relief items to some 300,000 IDPs sheltered in six camps around Herat in Afghanistan. Assistance with relief items was also provided to the victims of the earthquake in Nahrin, Afghanistan

## 4. Central Asia:

### **Disaster preparedness and response w**

**Context:** As part of contingency planning, efforts were made to increase response capacities of the National Societies in the Central Asian region expecting a refugee influx from Afghanistan. Each National Society established close co-operation with their respective ministries of emergencies and developed disaster response plans, jointly with their governments and major humanitarian actors. The contingency plans focused on establishing disaster preparedness stocks, training of staff and volunteers on camp management, as well as advocacy and awareness initiatives to prevent discrimination and tolerance to Afghan refugees in the region.

The National Societies jointly with the Federation Delegations in Central Asia, ensured the reception, transport and subsequent delivery of goods and vehicles, and where appropriate, undertook local procurement in support of the operation. Additionally, the National Societies provided vocational training for the existing Afghan population, including Afghan refugees from previous years, in the field of health, administration and education in order to facilitate the reintegration of qualified personnel into the society upon their return. In coordination with ICRC, the National Societies focused on a mines awareness for the region's 40,000-strong Afghan population as many youngsters, in particular, were unaware of the danger of mines in their homeland - reportedly there are more than 10 million mines in Afghanistan spread over 824 sq. km. More than 100 deaths and injuries are caused every month by the hidden killers.

Since there was no new population movement as a consequence of the events in Afghanistan, the pre-positioned emergency stock was eventually relocated to Afghanistan.

***Objective 1: Increased material and technical capacity of the Red Crescent Societies of Turkmenistan, Uzbekistan and Tajikistan for population movement contingency planning.***

### **Activities carried out to achieve this objective:**

***Turkmenistan:*** The Turkmenistan Red Crescent Society established six new branches. All of the new Turkmen RC offices are in the areas bordering Afghanistan. They are fully operational, with professional and motivated staff as well as renovated premises. Medical nurses and trained volunteers provided health dissemination for local communities. 180 people - both Afghan refugees and locals - received training on first aid and preventive diseases. Each participant was supplied with first aid kit. The Turkmen Red Crescent was also engaged in the provision of safe water for some 5,000 people in two districts of Lebap, close to the Afghanistan border. The National Society, with financial support from the British Red Cross, constructed a total of six water pumps in that area.

Training on preparedness of local communities for a possible refugee influx was carried out in six districts of Lebap and Mary regions, the areas bordering Afghanistan. Representatives of the city administration, education and health public authorities attended the sessions along with Red Crescent staff and volunteers.

Stocks of essential non-food items - tents, blankets, tarpaulins, cooking sets, hygiene kits and basic medical equipment - were established to increase emergency response capacity of the national society.

*Disaster Preparedness stock available by item in Turkmenistan*

Item	Quantity (pc)
Kitchen sets	1'300
Blankets	2'000
Mattresses	1'000
Tents	500
Bed linen	2'500
Hygienic sets	1'661
Kerosene stoves	300
Jerry Cans	500

Vocational training was organised for 280 Afghans in the field of health, administration and education in order to facilitate the reintegration of qualified personnel into the society upon their return.

*Vocational training provided by the Turkmen Red Crescent*

Training courses	Beneficiary number
Driving	80
Computer	150
Small business	25
Finance management	25
<b>Total</b>	<b>280</b>

Public awareness campaigns were prepared and launched aiming at preventing discrimination and improving integration and acceptance of Afghan refugees in Turkmenistan by printing and distributing relevant information material on the situation and life of the refugees. A total of 16,800 booklets in Russian and other local languages were printed and distributed through the newly established branches at schools and public places with a main focus on areas bordering Afghanistan.

*Booklets printed and distributed within the public awareness campaign*

Topic	Quantity
Refugees issues	3'000
First Aid - fractures, bleeding, shock	4'800
First Aid - burns, heat stroke, electric injuries, poisoning, bites	4'800
Tuberculosis and rational nutrition	1'200
Pediculosis and hygiene	1'200
Drug addiction & HIV/AIDS	1'800

**Uzbekistan:** As part of contingency planning, the following items were pre-positioned as disaster preparedness stocks:

*Disaster Preparedness stock available by item in Uzbekistan*

Item	Quantit (pc)
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Kitchen sets	1'600
Blankets	5'000
Mattresses	1'000
Tents	1'300
Bed linen	1'000
Hygienic sets	1'000
Kerosene stoves	300
Jerry Cans	500
Tarpaulin (roll)	600

The Uzbek RC is in the process of purchasing a warehouse in Tashkent for both disaster preparedness stocks as well as for the transit of goods to Afghanistan. The warehouse, however, will require repair/renovation. The Uzbek RC is also planning to construct containers on the land, which was donated by the government authorities for the warehouse. The containers will provide additional storage facility for the National Society.

194 Afghan refugees improved their computer skills through the vocational training provided by the Uzbek RC.

**Tajikistan:** The radio network of the Tajikistan RC was upgraded by the purchase of following radio equipment:

- four HF base stations for Murgab, Vanch, Kurgen Turbe and Dzhirgatal.
- five VHF base stations for Khorog, Kulyab, Kurgen Turbe, Khudjand and Dzhirgatal.
- five VHF vehicle sets for vehicles in each oblast.
- 23 handsets to provide supplementary communications at the six locations where VHF base stations exist.

A warehouse in Dushanbe, capital of Tajikistan, was purchased and renovations, as well as construction of additional storage facilities will commence in early 2003.

*Disaster Preparedness stock available by item in Tajikistan*

<i>Item</i>	<i>Quantity</i>
Tents summer	110
Tents winter	10
Plastic bags	1'000
tarpaulin	100
Kitchen sets	500
Hygiene kits	1'000
Kerosene stoves	310
blankets	2'590
shovels	500
hoes	500
mattresses	500

Vocational training was provided to 484 Afghan in four rounds. They were trained in computer literacy, English, sewing, management, first aid, nursing and public health.

**Kyrgyzstan:** The Kyrgyz RC made efforts to improve health condition among Afghan families through seminars on basic hygiene with a main focus on women and children. Afghan families were also provided with hygiene kits, school sets and school sport items. Some 547 Afghan refugees received medical services ranging from electrocardiogram, echocardiogram, x-ray and laboratory examination to consultation from doctors and ultrasound screening at health centres operated by the Kyrgyz RC. Additionally, the National society participated in voluntary repatriation of Afghan refugees to their home country in co-operation with UNHCR. The society had a clearly defined role - provision of health services for repatriates on their trip to the Uzbeki-Afghan border. Refugees on the

move were extremely vulnerable and basic health care from experienced National Society health staff and volunteers provided a significant mitigating influence.

The National Society also helped organise World Refugee Day celebrations, which allowed Afghan, Chechen and Tajik refugees to showcase their cultures as well as raise awareness of plight of displaced people. The event was well covered by major newspapers and television channels providing an excellent opportunity to advocate on refugee issues.

**Impact:** The local Red Crescent structures became more visible, influential and credible in their work with refugees and returnees in a key geographic zone. The border areas were important springboards for returnees on their way back home and the need to support such people was important. The disaster preparedness stock greatly increased emergency response capacity of the National Societies in the region. The communications system upgrade enhanced the disaster management capacity of the Central Asian Red Crescents. The region regularly suffers disasters and being better prepared to respond in a timely and focused manner will reduce vulnerability in the region's most exposed communities.

The vocational training will facilitate the reintegration of qualified personnel into the society upon their return. The skills of refugees increased strengthening their and their family's ability to thrive rather than simply to survive once they go back home. Advocacy initiatives aimed at preventing discrimination and improving integration and acceptance of Afghan refugees in the three Central Asian countries. Raising awareness of communities on the challenges facing vulnerable people was the first step towards changing community behaviour to be more tolerant of refugees. Imparting preventive and curative knowledge to the local communities helped reduce risk.

**Lessons learned/future focus:** The operation clearly demonstrated that the National Societies are capable to work effectively under emergency situations, although they still hugely depend on the Federation's resources. This was achieved through increased communication and cooperation with respective government authorities and other humanitarian actors in the region, as well as between the local Red Cross Red Crescent structures, although at times, position of some governments regarding the Afghan refugees and possible new influx was not very clear and there was also some pressure on the National Societies at the early stage of the crisis.

The operation enabled the National Societies to realistically assess their strengths and weaknesses and identify areas, where they require more training. It greatly boosted the importance of disaster planning at different levels.

### **Monitoring and Evaluation w**

Monitoring was an important aspect of the Federation's and the National Societies' work in the region to ensure the quality of services to beneficiaries. Federation delegates undertook regular monitoring in the field to evaluate changing needs and make any necessary changes to the operation.

Monitoring activities in Afghanistan included:

- analysis of monthly reports and data from ARCS clinics.
- periodic visits to all ARCS clinics by ARCS and Federation health officers and delegates.
- regular management meetings between ARCS head of health department and the Federation health co-ordinator to improve quality of services and necessary feedback.
- monitoring of medical stocks by the Federation Health Department.
- pictorial report from TBAs, which were compiled by the midwife trainer as an important reflection of the mother and child health situation in the villages.

Monitoring of the disaster preparedness & response component of the operation was done by the Federation/National Society disaster management team on joint periodic visits to the regions and

branches, and by Federation field delegates/staff in the regions who supervised and monitored DP activities and developments. DP supervisor's meetings and reports were also used as monitoring tools.

With regard to the performance of the PRCS health teams in their delivery of the services, the National Society kept the attendance record showing daily presence of team members and data on numbers of beneficiaries per week. Monitoring of morbidity data was carried out on a regular basis. Records are available on the drug and hygiene items' consumption/utilisation, as well as on health education and promotion activities per location. For water and sanitation activities, daily reports showing quantity of water delivered to beneficiaries in each target camp were produced.

Support to the National Societies in Central Asia, was provided through the Federation's Regional Delegation in Almaty, Kazakhstan and through a country delegation in Tajikistan and representatives in Kyrgyzstan, Uzbekistan and Turkmenistan.

Since the beginning of the operation, 29 operations updates with inputs on all the activities included in the appeal were issued and are available on the Federation web page under *Where we work / Afghanistan / 2001*

<http://www.ifrc.org/where/country/cn6.asp?iYear=1&countryid=14&view=>

In early 2003, the Federation will also engage in a major lesson learning evaluation of what was a complex but effective operation that has had a significant impact on improving the lives of vulnerable Afghans.

### **National Society Capacity Building w**

Building the capacity of the National Society to assist vulnerable people was *the* priority of this Afghan crisis appeal. All Federation support aimed to empower the local Red Crescent to provide sustainable support to communities in need. The focus was put on building on past experiences, emphasising the development of the national society branches' capacity through a broadening of volunteer base and a continued integrated approach to programme activities. Efforts were made to improve the quality of Red Crescent services through training for National Society staff. ICRC contributed towards the capacity building of the National Society in areas falling under its statutory competencies strengthening the National Societies' long term humanitarian role.

### **Conclusion w**

This operation was closed at the end of 2002, but major progress was made on a number of levels to confront the major ongoing humanitarian crisis in Afghanistan and its surrounding region as part of a co-ordinated effort.

In the past 12 months a fragile peace has settled in the country. Afghans have counted in momentous first anniversaries - of the coalition air campaign targeting the Taleban and al-Qaeda, the fall of Kabul, the Bonn Conference and the installation of the leadership of Hamid Karzai. While those events ushered in a new era of freedom for many Afghans, they have also thrown up a new round of challenges.

Following the events of September 11 and during the first three months of intensified conflict in Afghanistan, ARCS managed to maintain most of its activities, despite the very difficult security and operational circumstances while expatriate delegates had to leave the country. The Afghan Red Crescent support of vulnerable people is countrywide. It has been providing continuous humanitarian assistance in what is probably the deepest political, economic and social crisis anywhere in the world. Armed conflict and instability has taken its toll on the ARCS, but it has shown remarkable endurance remaining one of the few constant Afghans have been able to turn to throughout years of turmoil.

Donor support of the activities within the framework of the Afghan Crisis Appeal was excellent. It was a complex operation holding many lessons and laying the groundwork for programmes in 2003, which will seek donor support as part of the Annual Appeal 2003. Total funding for the operation was 122% (the appeal sought CHF 26,280,950 and received cash and kind contribution totalling CHF 31,596,402). The 6 countries involved in the appeal have spent 94% of their budgets as per the table below:

	<b>Afghanistan</b>	<b>Pakistan</b>	<b>Iran</b>	<b>Central Asia</b>	<b>Total</b>
<b>Total budget</b>	<b>13'811'100</b>	<b>8'359'138</b>	<b>1'836'199</b>	<b>2'274'513</b>	<b>26'280'950</b>
income cash	13'971'937	6'364'486	1'865'101	2'698'110	24'899'634
income kind	2'288'974	3'616'626	142'762	187'189	6'235'551
outstanding pledges	107'421	322'753	15'065	15'978	461'217
<b>Total income</b>	<b>16'368'332</b>	<b>10'303'865</b>	<b>2'022'928</b>	<b>2'901'277</b>	<b>31'596'402</b>
<b>Total expenditure</b>	<b>-12'513'143</b>	<b>-8'644'896</b>	<b>-2'011'084</b>	<b>-1'601'827</b>	<b>-24'770'950</b>
Percentage of budget	91%	103%	110%	70%	94%
Reallocation to annual appeal 2003	3'855'189	1'658'969	11'844	1'299'450	6'825'452

The Appeal was well supported by donors and implementation was successful in spite of the complicated and constantly changing nature of the environment. At the operation closing, the balance of unspent funds totals CHF 9,825,452. The Federation proposes that these funds be used in the annual appeals for Afghanistan (no. 01.52/2003), Pakistan (no. 01.56/2003), and Central Asia (no. 01.87/2003) as per the suggested reallocation above. If any donor would like to see their funds allocated to other purposes, please contact us before 01 June 2003.

The International Red Cross and Red Crescent Movement is in Afghanistan for the long haul to support its colleagues in the local National Society. This ongoing engagement will ensure that the most vulnerable receive assistance.

The situation in Afghanistan has been steadily improving. The political and military situation in the country is currently more stable than for many years. The challenge for Afghans in 2003 and beyond is to build on this comparative stability and continue to reconstruct the country, both its communities and physical infrastructure. This is the principal goal of the Afghan people, their leaders, the international community and humanitarian organisations including the International Federation of Red Cross and Red Crescent Societies. There are many dangers - old and new - still facing Afghanistan. But after 23 years of war, the people are not likely to give up the chance of peace easily. The International Federation - which has been in Afghanistan for 12 years - will continue to work with the Afghan Red Crescent to bring assistance to millions of vulnerable people.

# AFGHAN CRISIS APPEAL (32/00)

FINAL FINANCIAL REPORT - EXPENDITURES September 2001-March 2003

## CASH&IN-KIND

EXPENSES SEPT 2001- MARCH 2003	AFGHANISTAN					PAKISTAN					IRAN			CENTRAL ASIA			TOTAL		
	CATEGORY/ACTIVITY	Watsan	DP/DR	Health	OD	IN KIND	Total	Relief/Watsan	Health	OD/DP	IN KIND	Total	Cash	IN KIND	Total	Cash	IN KIND	Total	Cash
Shelter & Construction	112'308	905'017	27'244	17'132		1'061'701	756'014	4'143	441		760'598	0	0	0	357'467	0	357'467	2'179'766	0
Clothing & Textiles	165	759	1'232	157		2'313	130'252	0	0		130'252	0	0	0	109'486	0	109'486	242'051	0
Food/Seeds	1	6	62	1		70	0	0	34		34	0	0	0	2'960	0	2'960	3'064	0
Water & Sanitation	156'842	0	2'054	317		159'213	277'539	544	59		278'142	0	0	0	0	0	0	437'355	0
Medical & First Aid	0	0	629'148	0		629'148	4'866	120'535	149		125'550	0	0	0	726	0	726	755'424	0
Teaching materials	0	0	4'786	0		4'786	33	17	6		56	0	0	0	0	0	0	4'842	0
Utensils & Tools	74	0	811	0		885	65'629	0	58		65'688	0	0	0	71'125	0	71'125	137'698	0
Other relief supplies	1'733	397'303	82'966	1	1'327'247	1'809'250	43'923	15'095	4'450	2'859'311	2'922'779	937'089	43'400	980'489	17'130	99'468	116'598	1'499'690	4'329'426
<b>Sub-Total Supplies</b>	<b>271'123</b>	<b>1'303'085</b>	<b>748'303</b>	<b>17'608</b>	<b>1'327'247</b>	<b>3'667'366</b>	<b>1'278'257</b>	<b>140'333</b>	<b>5'197</b>	<b>2'859'311</b>	<b>4'283'098</b>	<b>937'089</b>	<b>43'400</b>	<b>980'489</b>	<b>558'894</b>	<b>99'468</b>	<b>658'362</b>	<b>5'259'890</b>	<b>4'329'426</b>
Land & Buildings	0	0	0	0		0	0	0	0		0	31'367	0	31'367	50'411	0	50'411	81'779	0
Vehicles	25'570	127'325	197'843	24'396		375'134	185'649	92'824	30'941		309'414	31'511	0	31'511	0	0	0	716'059	0
Computers & Telecom equip.	40'221	188'416	300'057	77'583		606'277	29'910	11'806	8'341		50'057	22'851	0	22'851	54'270	0	54'270	733'455	0
Office Furniture & Equipment	387	1'781	19'656	3'634		25'458	24'378	16'436	4'134		44'948	2'231	0	2'231	0	0	0	72'637	0
Household Furniture & Equipment	286	1'316	2'064	273		3'939	1'309	655	218		2'182	0	0	0	0	0	0	6'122	0
Generators	876	4'028	32'909	836		38'648	14'513	6'316	2'105		22'935	0	0	0	0	0	0	61'583	0
Medical equipment	0	0	3'578	0		3'578	5'230	62'026	872		68'127	0	0	0	0	0	0	71'705	0
Other capital expenditures	0	0	1'499	0		1'499	746	0	660		1'406	0	0	0	0	0	0	2'905	0
<b>Sub-Total Capital Expenditure</b>	<b>67'340</b>	<b>322'866</b>	<b>557'606</b>	<b>106'721</b>	<b>0</b>	<b>1'054'533</b>	<b>261'734</b>	<b>190'063</b>	<b>47'272</b>	<b>0</b>	<b>499'070</b>	<b>87'960</b>	<b>0</b>	<b>87'960</b>	<b>104'681</b>	<b>0</b>	<b>104'681</b>	<b>1'746'245</b>	<b>0</b>
Warehousing/inspection	2'528	40'876	21'852	2'228		67'483	17'983	7'670	15'683		41'336	6'830	0	6'830	11'649	0	11'649	127'298	0
Transport & Vehicles	55'769	347'268	395'269	43'414	370'027	1'211'747	322'105	92'418	50'876	437'482	902'881	17'172	26'262	43'434	70'756	0	70'756	1'395'047	833'771
<b>Sub-Total Transport &amp; Storage</b>	<b>58'297</b>	<b>388'144</b>	<b>417'121</b>	<b>45'642</b>	<b>370'027</b>	<b>1'279'230</b>	<b>340'088</b>	<b>100'088</b>	<b>66'558</b>	<b>437'482</b>	<b>944'217</b>	<b>24'002</b>	<b>26'262</b>	<b>50'264</b>	<b>82'404</b>	<b>0</b>	<b>82'404</b>	<b>1'522'345</b>	<b>833'771</b>
Programme management	52'126	239'761	437'089	49'732		778'708	235'487	117'743	39'248		392'478	115'670	0	115'670	108'238	0	108'238	1'395'094	0
Technical support	14'584	67'081	123'488	13'914		219'067	68'829	34'415	11'472		114'715	34'632	0	34'632	29'953	0	29'953	398'367	0
Professional services	16'178	74'414	136'986	15'435		243'013	76'353	38'177	12'726		127'255	38'418	0	38'418	33'227	0	33'227	441'913	0
<b>Sub-Total Programme Support</b>	<b>82'887</b>	<b>381'256</b>	<b>697'563</b>	<b>79'081</b>	<b>0</b>	<b>1'240'788</b>	<b>380'669</b>	<b>190'335</b>	<b>63'445</b>	<b>0</b>	<b>634'449</b>	<b>188'720</b>	<b>0</b>	<b>188'720</b>	<b>171'418</b>	<b>0</b>	<b>171'418</b>	<b>2'235'374</b>	<b>0</b>
Personnel (delegates)	84'193	281'065	481'206	201'515	591'701	1'639'680	546'252	221'786	98'053	319'833	1'185'924	268'787	73'100	341'887	217'203	87'721	304'924	2'400'060	1'072'355
Personnel (local staff)	89'466	422'915	1'721'816	125'983		2'360'180	371'649	136'386	64'291		572'326	5'427	0	5'427	152'447	0	152'447	3'090'380	0
<b>Sub-Total Personnel</b>	<b>173'659</b>	<b>703'980</b>	<b>2'203'022</b>	<b>327'499</b>	<b>591'701</b>	<b>3'999'860</b>	<b>917'901</b>	<b>358'172</b>	<b>162'343</b>	<b>319'833</b>	<b>1'758'250</b>	<b>274'214</b>	<b>73'100</b>	<b>347'314</b>	<b>369'651</b>	<b>87'721</b>	<b>457'372</b>	<b>5'490'440</b>	<b>1'072'355</b>
Travel & related expenses	9'506	38'832	87'352	33'235		168'925	96'363	44'774	16'021		157'158	20'410	0	20'410	39'270	0	39'270	385'763	0
Information	687	3'611	30'408	863		35'569	6'266	4'279	7'581		18'125	1'325	0	1'325	5'565	0	5'565	60'584	0
Administrative Expenses	38'739	110'943	263'693	47'318		460'692	92'309	40'575	20'890		153'775	7'174	0	7'174	17'888	0	17'888	639'529	0
Communication	11'345	50'392	79'231	12'271		153'239	60'532	32'020	12'669		105'221	16'769	0	16'769	26'124	0	26'124	301'352	0
Professional Fees	239	1'097	2'071	508		3'914	15'800	6'388	2'095		24'282	140	0	140	643	0	643	28'979	0
Financial Charges	17'109	62'741	102'201	14'355		196'406	26'436	13'218	4'444		44'098	11'448	0	11'448	23'023	0	23'023	274'975	0
Workshops & Seminars	1'515	2'071	223'968	10'327		237'881	2'679	2'084	14'351		19'114	0	0	0	14'444	0	14'444	271'439	0
Fixed Asset Insurance	822	3'782	5'944	784		11'332	333	167	56		556	0	0	0	185	0	185	12'073	0
Other Admin Costs	-136	-625	918	3'250		3'408	2'196	898	391		3'484	1'958	0	1'958	447	0	447	9'298	0
<b>Sub-Total</b>	<b>79'825</b>	<b>272'845</b>	<b>795'786</b>	<b>122'910</b>	<b>0</b>	<b>1'271'367</b>	<b>302'913</b>	<b>144'403</b>	<b>78'497</b>	<b>0</b>	<b>525'813</b>	<b>59'224</b>	<b>0</b>	<b>59'224</b>	<b>127'589</b>	<b>0</b>	<b>127'589</b>	<b>1'983'992</b>	<b>0</b>
Transfers to NS	0	0	0	0		0	0	0	0		0	297'112	0	297'112	0	0	0	297'112	0
Provisions	0	0	0	0		0	0	0	0		0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>733'132</b>	<b>3'372'177</b>	<b>5'419'401</b>	<b>699'460</b>	<b>2'288'975</b>	<b>12'513'144</b>	<b>3'481'563</b>	<b>1'123'395</b>	<b>423'312</b>	<b>3'616'626</b>	<b>8'644'896</b>	<b>1'868'322</b>	<b>142'762</b>	<b>2'011'084</b>	<b>1'414'638</b>	<b>187'189</b>	<b>1'601'827</b>	<b>18'535'399</b>	<b>6'235'552</b>

avril 28, 2003

## Stock Report of Relief Items in Afghanistan

### American RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/SHE/US/01068	Tent	set	1,500	1,500	0	
HC/SHE/US/01003	Blanket	pc	10,000	10,000	0	
HC/SHE/US/01002	Tarpauline	pc	9,000	9,000	0	
AFAC9023225	New Emergency Health kits	kit	1	0	1	
Not available	New Emergency Health kits	kit	1	1	0	
HC/MED/US/01005	New Emergency Health kits	kit	4	0	4	
AFAC9023226	School Chest	kit	2,724	2,677	47	To be repacked and distributed in Jalalabad

### Austrian RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/WAT/AT/01007	Jerry can	pc	5,016	0	5,016	

### British RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/SHE/GB/01026	Kitchen set	set	600	0	600	DP stock
HC/SHE/GB/01032	Tent	set	4,000	1,102	2,898	non-winterised tents; DP stock
HC/SHE/GB/01025	Blanket	pc	3,000	3,000	0	

### Danish RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
AF/SHE/DK/02003	Blanket	pc	10,020	0	10,020	DP stock
AF/SHE/DK/02004	Rubbhall	set	1	1	0	

### Finnish RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/SHE/FI/01076	Tent with floor	set	150	1	149	DP stocks
HC/SHE/FI/01076	Stove	pc	150	1	149	DP stocks

### Irish RC

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/SHE/IE/01096	Blanket	pc	8,000	8,000	0	

**Norwegian RC**

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/OTH/NO/01008	Delegate kit	kit	10	10	0	
HC/MED/FED/01098	Cholera kits	kit	2	0	2	
HC/MED/NO/02001	Cholera kits	kit	8	0	8	
HC/MED/NO/01007	New Emergency Health kits	kit	1	1	0	
HC/SHE/NO/01060	Rubbhall	set	1	0	1	

**Slovenian RC**

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
HC/SHE/SI/02004	Tent	set	10	0	10	DP stocks
HC/SHE/SI/01104	Blanket	pc	996	0	996	DP stocks
HC/MED/SI/01103	Medicine	box	65	0	65	
HC/MED/SI/01106	Orthopaed Med	box	153	116	37	
HC/MED/SI/01101	First aid kit	kit	830	612	218	
HC/MED/SI/01109	Rainboots	pair	600	0	600	DP stocks
HC/MED/SI/01105	Sheets	pc	1,000	104	896	
HC/MED/SI/01107	Bed linen	pc	296	50	246	
HC/MED/SI/02005	Sleeping bags	pc	227	2	225	DP stocks

**Items procured by the Federation**

Tracking No	Items	Unit	Received	Distributed /Installed	Balance	Remarks
Not available	Hand pumps	set	150	107	43	
HC/MED/FED/01102	Del Agua	kit	1	1	0	

## Stock Report of Relief Items in Pakistan

### American RC

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/US/01002	Kitchen Sets	set	5'000	4'856		144	
HC/SHE/US/01001	Tarpaulins	pcs	18'980	17'114		1'866	To be distributed in Baluchistan
HC/MED/US/01005	NEHK	kit	5	1	4	0	
HC/SHE/US/01004	Tents 4x4, double fly	pcs	500	500		0	
local procurement	Blankets	pcs	6'600	6'600		0	
local procurement	Clothes	set	10'000	10'000		0	
local procurement	Shoes	pair	10'000	10'000		0	

### Austrian RC

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/WAT/AT/01015	Jerry Cans 15 ltr, collp.	pcs	10'200	5'184	5'016	0	
HC/WAT/AT/01012	PE+Fittings 200m 1"	roll	2	2		0	
HC/WAT/AT/01010	Water Purification tab.	pcs	990'100	3'100		987'000	
HC/WAT/AT/01014	Squatting plates	pcs	518	460		58	
HC/WAT/AT/01012	Tap stands	pcs	8	4		0	
HC/WAT/AT/01016	Soap	pcs	20'427	20'427		0	
HC/WAT/AT/01012	PE+Fittings 1"	pcs	20	20		0	
HC/WAT/AT/01012	PE-T- pieces	pcs	20	20		0	
not available	Fix-coupling storz C-1	pcs	4	4		0	
not available	Bladder tanks 5000.ltr	pcs	4	4		0	
not available	Plastic Sheeting 4x60 m	rolls	27	27		0	

### Bahrain RC

Tracking No.	Items	Unit	Received	Distributed/ Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/BH/01056	Blankets	pcs	11'695	11'695		0	
HC/SHE/BH/01057	Tents	pcs	498	102		396	
HC/WAT/BH/01058	Water Tanks	pcs	50	41		9	
None	Sleeping Bags	pcs	990	694		296	
HC/SHE/BH/01063	Jackets	pcs	4'500	4'500		0	
HC/SHE/BH/01063	Jerseys	pcs	1'501	1'501		0	

### British RC

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/GB/01035	Tarpaulins	pcs	4'000	48		3'952	
HC/SHE/GB/01034	Kitchen Sets	set	3'998	3'486		512	
HC/SHE/GB/01033	Blankets	pcs	20'000	20'000		0	

**German RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/DE/01039	Kitchen Sets	set	500	500		0	
HC/SHE/DE/01040	Blankets	pcs	10'000	10'000		0	
HC/SHE/DE/01041	Tents	pcs	897	897		0	

**French RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/WAT/FR/01049	Bladder Tank 5,000 ltr	pcs	4	3		1	
HC/WAT/FR/01052	Butyl Tank 70,000 ltr	pcs	4	3		1	
HC/WAT/FR/01051	Butyl Tank 95,000 ltr	pcs	4	2		2	
HC/WAT/FR/01055	PVC pipe ID 50 mm	roll	4	3		1	
HC/WAT/FR/01053	Tap stands	pcs	20	20		0	
HC/WAT/FR/01055	Chlorine	bttl	400	400		0	
HC/WAT/FR/01055	PE pipes ID 32 mm	roll	5	5		0	
HC/WAT/FR/01055	PE pipes ID 63 mm	roll	5	5		0	
HC/WAT/FR/01055	PVC pipe ID 75 mm	roll	2	2		0	
HC/WAT/FR/01054	Pumps Atlanta	pcs	4	2		0	
HC/WAT/FR/01050	BladderTank 15,000 ltr	pcs	4	4		0	
HC/WAT/FR/01055	Fitting kits	case	1	1		0	

**Netherlands RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/MED/NL/01061	NEHK	kit	10	10		0	
HC/SHE/NL/01062	Kitchen Sets	set	2'494	2'398		96	

**Norwegian RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/WAT/NO/01042	Jerry Cans 10 ltr, collapsible	pcs	50'000	49'757		243	
HC/MED/NO/01007	NEHK	kit	2	1	1	0	
HC/SHE/NO/01060	Rub Hall	pcs	3	2	1	0	

**Spanish RC**

Tracking No.	Items	Unit	Received	Distributed/ Installed	Transferred to Afghanistan	Balance	Remarks
HC/MED/ES/01073	First Aid Kits	kit	100	19		81	
HC/SHE/ES/01065	Rubb Hall	pcs	2	1		1	
HC/SHE/ES/01066	Tents 4x4	pcs	130	0		130	
HC/SHE/ES/01019	Family Circular Tents 12 m2	pcs	250	5		245	

HC/WAT/ES/01070	Bladder Tank 10000 ltr	pcs	14	10		4	
HC/WAT/ES/01072	Pumps Honda WH40D	pcs	5	4		1	
HC/WAT/ES/01071	Flat Water Hose 2"	m	1'000	100		900	
HC/FOO/ES/01022	BP-5 Compact Food	pcs	10'008	10'008		0	
HC/SHE/ES/01021	Tarpaulins	pcs	4'500	4'500		0	
HC/SHE/ES/01075	Blankets	pcs	1'475	1'475		0	
HC/SHE/ES/01067/20	Kitchen Sets	set	2'001	2'001		0	
HC/WAT/ES/01018/74	Jerry Cans	pcs	6'768	6'768		0	
HC/WAT/ES/01071	Tap Stands and Spare Parts	pcs	16	16		0	
HC/WAT/ES/01071	Flexible Water Hose 2"	m	250	250		0	
HC/WAT/ES/01071	Flat Water Hose 3"	m	500	500		0	
HC/WAT/ES/01071	Flexible Water Hose 3"	m	120	120		0	
HC/WAT/ES/01071	Talbo Tap-Hose	pcs	120	120		0	
MDM Spain	Waterpurification 12btlx1kg	crt	16	13		3	
MDM Spain	Pool Tester	pcs	1	0		1	
MDM Spain	Bladder Tank 15000 ltr	pcs	1	1		0	
MDM Spain	Bladder Kits	kit	4	4		0	
MDM Spain	Flexible Water Hose 6m roll	roll	4	4		0	
MDM Spain	Water Distribution Set	set	4	4		0	

**Swiss RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/CH/01036	Blankets	pcs	6'000	6'000		0	
HC/SHE/CH/01037	Kitchen Sets	set	1'008	1'008		0	

**Yemen RC**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
HC/SHE/YE/01085	Tents	pcs	200	143		57	
HC/SHE/YE/01086	Kitchen Sets	set	200	0		200	
HC/SHE/YE/01087	Clothes	lot	1	1		0	
HC/SHE/YE/01084	Blankets	pcs	1'988	1'988		0	
not available	Cooking Oil	kg	800	800		0	
not available	Sugar	kg	800	800		0	
not available	Rics	kg	800	800		0	

**Items procured by the Federation**

Tracking No.	Items	Unit	Received	Distributed / Installed	Transferred to Afghanistan	Balance	Remarks
Local Procurement	Kerosene Lamps	pcs	9'500	4'139		5'361	to be distributed in Baluchistan
Local Procurement	Skillets (for bread)	pcs	4'500	4'118		382	
Local Procurement	Coal Stoves	pcs	5'000	3'362		1'638	
HC/SHE/FED/01045	Tents	pcs	1'000	1'000		0	
HC/SHE/FED/01046	Blankets	pcs	12'000	12'000		0	