

# ANNUAL 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

## AFGHANISTAN

May 2002

*This Annual Report is intended for reporting on the Federation's Annual Appeals only.*

*Appeal No. 01.34/2001*

*Appeal Target: CHF 7,820,000 (USD 4.8m / EUR 5.3m)*

### *Operational Developments*

In 2001, Afghanistan experienced its third year of drought and twenty-third year of conflict. The plight of the Afghan people continued to worsen, forcing increasingly higher numbers to flee their homes and seek shelter elsewhere. Global attention finally focused on Afghanistan and the surrounding region after the September 11 tragedy in the United States. The prevailing insecurity forced thousands of Afghans to leave the major cities and head for the safety of smaller villages in rural areas, while others made for border cross points. The population movements did not occur on the scale originally forecast, but the numbers already in Pakistan and Iran, together with those who were in camps on or near the west and south Afghan borders, gave cause for great concern.

The volatile security situation forced humanitarian agencies including the UN, the ICRC and the Federation to evacuate their international staff from Afghanistan in mid-September. In the following months, and often in very difficult circumstances, the Afghan Red Crescent Society (ARCS) continued their operational activities with the support of the Federation's local staff, who also kept Federation offices open and maintained daily contact with the secretariat. Most impressively, ARCS' networks of health clinics, community-based first aid (CBFA) volunteers and traditional birth attendants were a vital support for many vulnerable people. However, the dangerous security conditions, coupled with financial constraints in the last half of 2001, halted water and sanitation activities in the drought programme, seriously affected the CBFA and clinic related training programmes, and interrupted institutional development.

Six years of the Taliban regime ended in the last quarter of 2001, with the advances of the Northern Alliance and US led military action. An interim government took office on 22 December, and at the time of writing, the political and military situation was more stable than it had been for many years, notwithstanding occasional security incidents.

In November and December a small number of Federation delegates returned to the country. Together with local staff, they concentrated their efforts on supporting the activities that had continued throughout the recent conflict; on resuming those that had been disrupted; on expanding others where feasible and appropriate; on assisting the ARCS in replacing lost capacity and strengthening its disaster preparedness; and on monitoring the fluid situation. However, there were several constraints on the re-establishment of full-scale operations. Apart from loss of vehicles and lack of

communications, the fragile security situation still hampered access to many rural areas, thus rendering meaningful assessments and identification of needs impossible. Furthermore, the number and types of delegates being made available were insufficient. A final constraint was the loss of capacity and change in key personnel in the ARCS.

## ***Objectives, Achievements and Constraints***

### ***Organizational Development***

**Objective 1** To reassert the pre-eminence of the Fundamental Principles of the Red Cross and Red Crescent Movement in the ARCS and to strengthen its capacity to manage, deliver and account for humanitarian services.

#### **Achievements**

*Awareness of fundamental principles/self-assessment, planning and reporting skills:* Building on the experiences from 2000, a four-day national society leadership and relief workshop was held for new ARCS staff in Mazar-i-Sharif in May, organized jointly with the ICRC. Topics included Red Cross/Red Crescent history and principles, Strategy 2010, self-assessment techniques, strategic planning and financial management. A total of 45 participants attended. The evaluation of the workshop by the participants was satisfactory.

In the last week in December visits were made to the ARCS branches in Parwan and Kapisa to hold an introductory workshop, which until then had been impossible owing to the branches' location at the front line.

In April a planning workshop was held for 25 administrators and ARCS middle management staff from headquarters and branches in the Kabul region. The main objective of the second workshop was to strengthen management capacity on project planning. At the same time the workshop offered an opportunity to test the "Project Planning Guideline" which had been prepared in line with the recommendations of the November 2000 OD review. Topics covered were: Introduction to Management and Planning, Project Cycle and Reporting.

After months of preparation, ARCS also held its Strategic Planning (SP) and Country Assistance Strategy (CAS) workshop from 5 to 9 June, bringing together 51 ARCS participants, seven representatives from six sister national societies (the Japanese, Swedish, Norwegian, Danish, German and Swiss Red Cross Societies), the Federation's head of Asia and Pacific department in Geneva, the Federation's regional OD delegate and 11 Federation and ICRC country delegation national and expatriate personnel. This workshop was the ARCS' first step in developing a three-year strategic plan. After five intensive days it resulted in a mission statement, a problem analysis, and subsequent goals and objectives. A first draft plan of action, expected results and impact indicators were also prepared during the workshop but still needed finalization.

As part of the preparation for the CAS workshop, a study tour was organized for four ARCS leadership staff to the Nepal Red Cross Society (NRCS) from 19 to 25 May. During the stay, the ARCS had the chance to observe and discuss NRCS' governance and membership system, volunteer network, financial and administrative management system and resource mobilization activities. The ARCS leadership had the opportunity in turn to observe NRCS' activities at headquarters and branch level. Reports on the visit were shared between the two national societies and with others in the region. A similar study tour was organized in June to Sri Lanka after the south Asia Regional Constitution Review Workshop, at which three ARCS senior staff including the second vice president participated.

Following the discussions on the tripartite general and core structure agreements signed in March 2001, the ARCS agreed to: improve its organizational structure and management by separating the

headquarters from the regional branch; carry out an overall branch assessment in 2001 to justify international support on the basis of performance indicators; solve problems caused by accumulated balances and improve its financial systems; and to limit itself to current staff numbers for its core structure.

*Resource Development:* Since the end of 1999 six resource development projects were started, all in the Kabul region. These projects were two bakeries, one animal husbandry project, one wheelbarrow project, one vegetable growing project, and one shop construction project. No new projects were started in 2001. Of the six projects, only the shop construction project in Ghasni had some success, although questions regarding the proper use of profits remain unsolved. In 2001 the five remaining projects were terminated. In May, a three-day workshop was held to evaluate all of the six income generating projects. The 15 participants from the ARCS branches which initiated the projects and the ARCS OD unit that reviewed and approved the proposals, concluded that in principle income generating projects should be pursued in the future. To increase chances of success the workshop specifically recommended that follow up and timely reporting of financial activity should be strengthened, profits shared on an 80 to 20 per cent basis between branches and headquarters and that any modifications should be made in consultation with the Federation's OD department and the ARCS OD unit. Poor follow up, lack of agreement on the use of profit, flawed decisions and feasibility studies were the main factors mentioned which contributed to the limited success of established projects.

*Membership System:* The membership system was finalized by the OD department of the Federation and ARCS in the first quarter of 2001. Owing to the security situation and frequent changes in ARCS leadership, by December no adequate action had been taken regarding implementation of the membership system.

*English language and computer skills:* In the English language course which was inaugurated in January 2001 in ARCS Maqar-e-asli, 43 participants were taught by two English teachers in an Absolute Beginners class (20 persons) and a Lower Intermediate class (23 persons). The 22 participants in the computer course that started in 2000 graduated on 22 March 2001 from the Afghan Turk Computer Institute. An assessment carried out by the OD department showed that most of the participants in the course did not have access to computers in their respective offices.

*Financial management:* At the beginning of 2001 a joint CIRCA and Federation visit was made to the ARCS headquarters' finance department to review the accounting system and to analyze the accumulated balances on the basis of proposals submitted and approved prior to 31 March. The Federation's finance development officer visited the branches in Ghazni, Wardak and Badakhshan to establish a new accounting system and discuss the reasons and intended use of their accumulated balances. In the northern region he and the ARCS regional accountant conducted one-day training sessions for administrators in Samangan, Pul-i-Khumri and Kunduz. In Herat and Kandahar, two-day financial management seminars were conducted in June for administrators and accountants of the different branches in the western and southern regions. Based on the curriculum defined the previous year, the training covered financial issues of the core structure and programme agreements, financial reporting requirements, accounting system and practical exercises. The seminars were needed because financial management and reporting had not yet reached appropriate standards, although significant improvements were made during the past year. The ARCS finance manager from Kabul headquarters facilitated the workshop designed to unify ARCS internal accounting systems and strengthen the link between branches and headquarters.

### **Constraints**

The implementation of the activities planned for 2001 was seriously hampered by lack of funding as well as the events in Afghanistan after September 11. Since the OD programme ran out of funds by June 2001, the workshops on self-assessment, planning and human resource management workshop

did not take place. Neither did three of the five planned financial management seminars or the scheduled national society leadership workshops for the eastern and western regions. Instead, Federation OD field officers and ARCS OD unit headquarters staff travelled to ARCS branches in the western region to follow up on progress made and to discuss any problems arising. The lack of funds also caused serious delays in the implementation of English courses for ARCS staff. Because of the events in Afghanistan that took place in the last quarter of 2001, all OD activities came to a halt. Plans for the branch review and the follow-up for the CAS could not take place. Moreover, the shift in power in Afghanistan also led to major changes within the ARCS. During the last months of 2001 practically all of the senior ARCS management in headquarters and branches were replaced. It was unclear to what extent the new leadership was willing to act on plans and decisions taken by the previous ARCS management. The Federation's local staff were in continuous contact with the ARCS leadership to try to influence their choice of personnel and stress the importance of staff having the right qualifications.

### ***Disaster Response***

**Objective 1** To continue to assist the ARCS and strengthen its ability to reduce the impact of the ongoing drought on vulnerable groups.

#### **Achievements**

*Monitoring of impact:* During the first half of the year five mobile health teams continued to collect and process information from the 144 villages they visited. The information was based on observations and informal discussions with the villagers. Some 70 per cent of the villagers reported that people had migrated to other places within or outside Afghanistan. It was unclear what percentage of this migration was seasonal or traditional and what was directly drought induced, but drought and poverty were often mentioned as reasons for leaving.

The reports also cited lack of health care in the villages (43.2 per cent), lack of potable water (13.6 per cent) and lack of food (13.6 per cent) as causes for health related problems. A shortage of food was reported from 86 per cent of the villages. Loss of livestock was reported from 80 per cent of all areas and cultivated land was clearly less than the previous year. Access to health care was extremely difficult; as only 18.6 per cent of the villages were within a two-hour walking distance from a health facility, including private sector services (pharmacies for example). Traditional birth attendants were found in only 5.6 per cent of places visited. Polio national immunisation days (NIDs) covered nearly 97 per cent of all villages.

Rapid screening of the nutritional status of children was done systematically by applying MUAC to children brought to the mobile health teams because of illness or for vaccinations; results differed significantly from one area to another. The most shocking results were found in June 2001 in the Shamulzai district of Zabul province, where the severe malnutrition rate was as high as 8.8 per cent in some villages and 1.4 per cent of the sample group presented oedema (in some villages as much as 18 per cent of the children). The sample group included 1,923 children under five from 66 villages, who were screened during a mass immunization campaign against measles. Although measurements were carried out only on a limited scale, a particular cause of concern was the situation in the Khas Urozgan district of Urozgan province, where only 50 per cent of the children screened fell within the normal nutritional status and severe malnutrition ranges from 3.1 to 7.8 per cent were recorded. Another area of concern was Maruf district in Kandahar province with severe malnutrition systematically above 4 per cent, and 20-30 per cent of the children at risk. In most operational areas, results obtained were similar to that of other organizations such as MSF-Holland, indicating that roughly 74-80 per cent of the children seen had normal nutritional status, around 20 per cent were at risk or moderately malnourished, and between 1 to 4 per cent were severely malnourished.

In addition to the systematic data collection from villages and the continuous nutritional screening done by the mobile teams, various field assessments were carried out both individually or jointly with other members of the Red Cross/Red Crescent in 2001, to *inter alia* Ghor, the Nouzad district in

Helmand province, the Registan desert in Helmand province, and the Maslakh and Shaidayee IDP camps in Herat.

Since operations ceased after mid-September, activities such as information collection to analyze morbidity and the health situation, continuous nutritional screening, assessments in other drought affected areas as well as data collection on internal displacement could not be carried out. Nonetheless, it was clear that the ongoing drought, exacerbated by the recent conflict, resulted in much greater vulnerability among the poor in the region, necessitating emergency health and other relief interventions.

*Drought CBFA volunteers:* Under the drought response programme, seven CBFA training teams (each consisting of two trainers) were active in the first six months of 2001, and six teams in the last six months (four in Kandahar and two in Herat). During the year, they recruited, trained and equipped 693 volunteers from 626 villages in 33 training sessions. This brought the total of drought CBFA volunteers up to 1,248 from approximately 1,150 villages. The drought CBFA volunteers were trained in specific drought related health concerns and preventive health practices.

*Preventive community health care:* In the first half of the year, the five mobile health teams immunized 7,119 children and 1,623 women, against an overall annual target of 12,000. In addition, the Kandahar mobile team carried out a three-day EPI campaign from 15 to 17 August among internally displaced people in Regwa and Panjwai districts, where they vaccinated 75 children and 15 women. The mobile teams also participated in monitoring and supervision during all the polio immunisation days in six districts in Kandahar province and five districts in Helmand province. Over 30,000 persons attended group health education sessions, and over 14,000 participated in individual health education sessions organized by the mobile health team staff. Overall, over 75 per cent of the mobile teams' beneficiaries participated in the health education sessions on topics such as nutrition, family planning, immunization, breast feeding and hygiene.

*Curative community health care:* In 2001, over 57,000 patients were treated by the mobile health teams. The disease pattern was mostly similar to that seen in other areas in the country and not specifically drought related. Age and gender distribution was 17 per cent children under 5 years, 21 per cent between 5 and 15 years, 35 per cent female adults and 27 per cent male adults; approximately the normal gender/age distribution in Afghanistan.

*Emergency response:* In August, the Nimrooz mobile health team responded, together with the Ministry of Public Health and WHO, to an acute diarrhoea outbreak in Gulran district in Herat province. The team treated 150 patients, including three suspected cases of cholera.

*Supplementary feeding:* In July, the Federation concluded that an immediate supplementary feeding programme was necessary in Shamulzai district, Zabul province, to address the evolving nutritional crisis there. The conclusion was based on further analysis of malnutrition data obtained by the ARCS/Federation mobile health teams in May/June 2001; preliminary feedback from an Oxfam food security assessment in the district; the World Food Programme's decision to stop free food distribution in the district (although maintaining its support for Oxfam's food for assets schemes); and the fact that no other agencies were operating or planning to initiate needed food support in the area. However, no concrete activities were started owing to lack of human resources and logistical means, as well as the suspension of activities of all mobile teams after September 11.

*Water and sanitation:* Water and sanitation needs were prioritized in cooperation with international and national agencies. Assessment trips were carried out to define the most needy villages in which to implement projects. A total of 43 bore holes were completed in Farah province and 10 in the Kandahar region. All bore holes were equipped with hand pumps. Some 10,000 people benefited from this programme and 21 latrines were rehabilitated in Kandahar town.

During this process ARCS staff received on the job training. Unfortunately the links with CBFA could not be established as projected, and hygiene education had to be carried out by the engineers.

*Emergency shelter materials:* In 2001, the ICRC and the Federation continued their coordination on the appropriate response to internal displacement. In early January, ARCS and the Federation, supported by the ICRC, provided 2,456 internally displaced families with winter shelter assistance comprising 352 tents, 2,104 tarpaulins, and 9,842 blankets. Most of the relief items were distributed to Baluch families who had to flee the Registan desert in 2000 owing to lack of water and rapidly dying livestock. The families assisted were stranded in 12 camps in Kandahar's Maiwand and Panjwai districts and eight different camps in Garmser and Bust districts in Helmand. The distributions followed an initial survey conducted at the end of 2000 in regions of southern Afghanistan including Garmser, Bust and Nahr-e-Saraj districts in Helmand and Maiwand, Panjwai, Shah Wali Kot and Arghandab districts in the Kandahar province.

In Mazar-i-Sharif, a joint ARCS/Federation/ICRC distribution was carried out in November after a survey conducted by the ICRC. In Dasht-e-Shor 870 families were beneficiaries and in Sar-i-Pol 2,058 families. From the Federation stocks 6,250 blankets, 1,250 jerry cans, 1,255 cooking sets and five rolls of plastic sheeting were distributed.

The conditions of displaced populations were continuously monitored by the Federation's delegates in both Herat and Kandahar, and by the drought coordinator.

Under the disaster preparedness programme sufficient stocks were available for an initial response, if deemed necessary.

*Development/reorientation:* Following the various reviews of the drought programme and discussions on modifications, the team members participated in two important training workshops in line with the revised focus of the project, i.e. more emphasis on preventive activities: a two-day training was conducted on 18 and 19 August to familiarize all team members with preventive activities, standardized diagnosis and treatments, weight-for-height measurement techniques, and the collection of information. From the end of August to 4 September, the teams completed a workshop on the Expanded Programme of Immunization (EPI) component conducted jointly with REMT, UNICEF and WHO.

As the effects of the drought continued, it was agreed to continue the programme with several modifications, especially concerning the mobile health teams.

### **Constraints**

Most activities were temporarily halted from mid-July until mid-August, when new health staff were recruited and training was conducted, in line with proposed modifications agreed upon with the ARCS. During this period, only one mobile health team continued its activities in Nimrooz.

Following the security developments in the drought affected areas after September 11, the mobile teams suspended all planned activities. However, the staff of four mobile teams made a four-day assessment of the health facilities in Parwan and Kapisa provinces in the first week of December, and the Nimrooz mobile team were used to complement staff in the ARCS Herat city clinics. The lack of security and access also caused a complete halt in the water and sanitation operations, a situation which lasted until the end of the year.

### ***Disaster Preparedness***

**Objective 1** To improve the efficiency and effectiveness of the ARCS disaster preparedness and response system and to reduce the impact of natural disasters on communities and their subsequent dependency on humanitarian aid.

### **Achievements**

During the discussions on the new programme agreement for 2001, the ARCS was asked to review its organizational set-up and consider DP as a unit coordinating the various departments of the national society and not as a component of relief. In January and August 2001 DP coordination meetings were held with all regional DP supervisors to facilitate the exchange of experiences and skills and also to

discuss the DP concept. During the meeting in August the Federation's delegate and officers organized sessions with the supervisors to discuss and draw up objectives and activities for 2002 and 2003. The meeting agreed to emphasize preparation of a DP plan and to conduct training sessions. In June a three-day DP workshop was held in Kabul covering topics including the DP concept, disaster risk management assessment, the different components of a DP plan, vulnerability and capacity assessment (VCA) and data collection techniques. The workshop was attended by ARCS DP regional supervisors and headquarters health, CBFA, logistics, relief, dissemination and ID departments, including a representative from the government's office for disaster preparedness. In April, DP supervisors were asked to establish regional DP task forces with members from the Movement's three components, following the model set in the Mazar region, where such a task force was established in 2000.

In the Jalabad region a DP task force was subsequently established in May, with seven members (ARCS regional DP, CBFA and food for work supervisors, the head doctor at the ARCS clinic, the Federation's logistics officer, a field delegate and an ICRC field officer). The task force prepared the first draft of required resources (human resources and skills, transport, communication, stocks, etc.) to identify additional needs at regional level. It also drew up maps for three of the four provinces in the eastern region and developed two potential disaster scenarios showing various intervention possibilities. A draft DP plan for the northern region was also created. The DP supervisor in the east region (Jalabad) managed to conduct a vulnerability capacity analysis (VCA) in Laghman province from 25 September to 10 October. Laghman province consists of five districts, all of which are disaster prone areas. No progress was made on plans to develop and mobilize local resources for disaster preparedness and a disaster plan. At the end of the year, a DP stock for approximately 9,000 families was available.

### **Constraints**

The developments of plans and implementation of the different activities were seriously compromised by the high turnover of ARCS staff.

### ***Health and Care***

#### ***Basic Health Care (Clinic Support) component***

A total of 2,085,132 primary health care interventions were provided from 1 January to 31 December. Over 77 per cent of the total beneficiary group were women and children aged under 15 years. Most of the 48 Federation-supported ARCS clinics remained fully operational despite the difficult situation during the last three months of 2001. Normal replenishment of medical supplies continued in many areas during this period of high insecurity.

**Objective 1** To prevent outbreaks of communicable and preventable diseases through preventive health care services such as vaccination, health education and the routine collection of epidemiological data.

### **Achievements**

In 2001 the 48 ARCS clinics recorded 460,404 participants in group health education sessions and 159,924 in individual health education sessions. Health education sessions were held daily in all clinics and covered common health problems, hygiene, sanitation, immunization and other topics according to local and seasonal needs. In addition to the routine Expanded Programme of Immunization (EPI) activities in the clinics (outlined under objective 5 below), 34 clinics took part in all anti-polio immunization days, and Federation and ARCS regional health officers were involved in monitoring. ARCS clinics staff and Federation staff also took part in the measles vaccination campaigns in Kabul in early November and late December.

### **Constraints**

Owing to difficulties with communications and transport from remote clinics, particularly in the last quarter of 2001, collection of reports on health activities and epidemiological data was often delayed. This was an ongoing problem.

**Objective 2** To reduce morbidity and mortality in the community by the provision of curative services such as case management on an outpatient basis, early diagnosis and treatment, basic laboratory services and distribution of medicines.

### **Achievements**

A total of 919,510 consultations and cases treated were recorded by the ARCS clinics, while over 9,595 complicated cases were referred elsewhere, mostly to hospitals. The most common conditions treated in the clinics were respiratory tract infections, particularly during the winter months. A total of 20,675 cases of pneumonia were seen and treated, or referred elsewhere and 9,306 cases of pneumonia were reported in February, with only 746 in August. Diarrhoea and dysentery cases were highest in the summer months, with a total of 46,171 diarrhoea and 38,514 cases of dysentery in 2001. In July there were 6,872 cases of diarrhoea reported compared with 2,142 in December. The peak month for malaria was June, with 1,601 cases of the total 12,178 for the year. The clinic reporting the highest number of cases was Badakhshan (a rice growing area and ideal breeding ground for mosquitoes) with 3,859 cases. A total of 939 cases of measles was reported in 2001. The highest numbers was reported by Herat 1 clinic (122), Wardak clinic (107), Qayaq district clinic located in Ghazni province (100) and Badakhshan clinic (81). Two cases of polio were reported in 2001, the first case from Herat 2 clinic in March and the second from Dehberi Clinic, located in the western part of Kabul city, in December. Both cases were immediately followed up by WHO.

In the nine existing ARCS laboratories, 38,528 examinations were carried out, the majority of tests were stool analysis for parasites, urine analysis, and blood slides for malaria. From 1 January to 31 December, 466 medical kits were distributed to the clinics. Most clinics received their supplies monthly from the sub-delegations. However clinics in remote areas, Nooristan and Ghor, received a three-month supply during the winter months.

### **Constraints**

Owing to the security situation and transport problems there were occasional interruptions in stock to Parwan, Kapisa and Badakhshan clinics. No additional laboratory facilities were established in the reporting period. Constraints included lack of qualified laboratory staff in the most needy areas, and the inability to make a full needs assessment in other areas, owing to the security situation. It was not a priority to have laboratory facilities in clinics where there was already a functioning laboratory nearby.

**Objective 3** To maintain and strengthen ARCS primary health care capacity and to reinforce its programme management skills.

### **Achievements**

The ARCS clinics and health department were supported with the payment of incentives for the staff and running costs, in addition to the medical equipment and medicines. Basic repairs, and replenishment of medical equipment were carried out where necessary

### **Constraints**

After the 11 September crisis, the incentives for the clinics' staff were provided in a timely manner, but for two months no running costs were provided to the clinics owing to interruptions in cash flow. Some of the clinics were not fully staffed, since it was difficult to find suitably qualified staff, particularly in remote areas.

The political instability rendered it impossible to reallocate any clinics to areas with greater needs during the reporting period. It was also impossible to pilot a community cost sharing scheme in any of the clinics for the same reason.

**Objective 4** To increase the quality of services through advanced training of health staff.

### **Achievements**

On-the-job training was provided during the various monitoring and supervision visits, throughout the year. In addition, the following training sessions, seminars and workshops took place:

- In May, three clinic doctors participated in a three-day financial management workshop organized by the Federation.
- In June, a four-day Training of Trainers (ToT) course was organized in Kabul for seven male health educators from seven clinics in the central region.
- Two female ARCS clinic doctors participated in a one-month course for gynaecologists organized by WHO/MoPH in Mazar.
- Seven female doctors from seven ARCS clinics attended an HIS workshop organized by WHO/MoPH in Kabul.
- Three ARCS nurses and one ARCS laboratory technician participated in three-day courses organized by HealthNet International on malaria control and bed nets, in the southern region.
- Two ARCS laboratory technicians also participated in a 13-day refresher training course on malaria microscopy for lab technicians, organised by HealthNet International in Kandahar.
- In July, a four-day seminar was organized for female health educators from various clinics in the central and southern regions.
- Two male doctors from Logar and Wardak clinics attended a two-day training on acute flaccid paralysis (AFP) surveillance, organized in collaboration with WHO. A similar one-day training was attended by eight female doctors from Kabul's eight clinics in July, and at the end of August one nurse from Bamyan clinic received this training.
- In collaboration with WHO, two male and eight female doctors from ARCS Kabul clinic participated in a two-day workshop on the control of diarrhoeal diseases from 21 to 22 July. Two male and eight female health educators from the same clinics subsequently received the training on 25 and 26 July.
- A three-day training workshop on mother and child health (MCH) was conducted for doctors in Kabul city clinics from 10 to 12 November at the ARCS Taimany clinic. Five female doctors participated in this workshop.
- A three-day workshop was conducted in Herat in December for the doctors, pharmacists, nurses, and vaccinators in ARCS clinics on disaster preparedness, epidemiology, early warning systems and ARI.
- From 14 to 16 July, 13 midwives from ARCS Kabul clinics and those located in Badakhshan and Kandahar attended a three-day workshop on "Counselling on maternal and child health care (MCH) and family planning (FP), while nine female health educators from ARCS clinics in Kabul region were trained later.
- Eight female dressing nurses attended a two-day workshop on the MCH concept and dressing from 26 to 27 August in Kabul.
- Five female doctors participated in a workshop on MCH conducted in Kabul from 10 to 12 November at the ARCS Taimany clinic.

Reference reading materials were distributed to all ARCS clinics in April, with extracts from international articles, such as, "Increased susceptibility to malaria during early postpartum period", and "The global tuberculosis situation and the new control strategy of the WHO". A primary health care (PHC) manual and a health education manual, both translated into Dari, were also distributed to all clinics. Books in English were also distributed in the central region covering safe motherhood, obstetrics, gynaecology and breast feeding.

### ***The mother and child health (MCH) component***

**Objective 5** To gradually develop and strengthen the maternal and child health component in the ARCS clinic network, with special emphasis on disease prevention, health promotion, birth spacing and the promotion of reproductive health.

#### **Achievements**

*Community Based Reproductive Health:* At the end of the year, the total number of TBAs trained since the start of the programme was 224. Of these, 40 new TBAs were trained in 2001 (20 in the Qayaq district of Ghazni province in April, and 20 in Badghis in August). The programme aims to train 160 new TBAs annually.

From 1 January to 31 December the TBAs made 12,212 home visits as part of ante-natal and postnatal care of mothers. They attended 2,941 deliveries and referred 659 mothers at risk to relevant health centres. They also provided health education to 59,802 women and distributed 2,078 safe delivery kits.

*Clinic Based Reproductive Health:* Parwan ARCS clinic in Kabul region started MCH activities in November, bringing the total number of clinics offering MCH services to 21. In December, efforts were intensified 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, depending on the availability of qualified female staff. These activities were described in the Humanitarian Crisis Emergency Appeal (32/2001).

MCH staff attended several training sessions, seminars and workshops in order to develop and strengthen their activities. (See objective 4)

*Immunization:* From 1 January to 31 December, ARCS clinics provided 97,083 doses of (tetanus toxoid) TT vaccines to women of child bearing age (pregnant and non-pregnant). They also administered 254,518 doses of different vaccines to children (BCG, polio DPT measles). At total of 14,387 children also received Vitamin A at the ARCS clinics. ARCS clinics and regional and Federation staff also took part in anti-polio NIDs and measles campaign as mentioned under objective 1.

*Ante/post natal care and growth monitoring:* From 1 January to 31 December, ARCS clinics provided 19,770 ante and post natal care services to 10,924 mothers. In addition, ARCS clinics provided 24,145 growth monitoring services for 14,926 children, using the Road to Health hart. (The annual target for growth monitoring is 25,000 children).

#### **Constraints**

Finding and recruiting qualified female health staff is the key to the development and strengthening of further MCH activity in all ARCS clinics. This applied particularly to the rural areas, and was also the reason why no new midwives could be trained as TBA trainers and supervisors in 2001.

### ***The Community Based First Aid/Youth Component***

**Objective 1** To expand the network of trained, equipped and motivated volunteers in some 8,000 villages in Afghanistan and to assist them to carry out community and referral services.

#### **Achievements**

*Recruiting and training:* During the year 2001, 2,005<sup>1</sup> volunteers from 1,853 villages were recruited, trained and equipped in the community based first-aid programme. (The annual target is 2,500

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<sup>1</sup> In addition, 693 CBFA volunteers were recruited and trained within the context of the drought programme. (See the section on Disaster Response.

volunteers covering 2,500 villages.) A total of 8,194 volunteers were trained and equipped in 390 groups from 8,139 villages in 85 districts of 14 provinces from the beginning of the programme in 1997 until the end of 2001. Together, these CBFA volunteers served an estimated 415,000 families or close to 3 million people. At most, 17<sup>2</sup> training teams (each consisting of two trainers) were operational in 2001, conducting a total of 96 training courses.

Since 2000, the programme also included the training of volunteers by volunteers. In 2001 a total of 1,352 people (628 females and 724 males) were trained by the ARCS volunteers, twice the number of people trained the previous year, when 648 were trained. This meant that a total of 2,000 people have been trained by volunteers so far. The CBFA trainers began evaluations in 2001, with 111 people, of whom 85 of those (or 77 per cent) passed the evaluation and were issued with their first-aid bags and ID cards.

During the Taliban period it was impossible 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 began preparations for a pilot project in Kabul in which two women will be trained to become the very first trainers for women within the CBFA programme. Another significant event took place in December 2001, when 25 women who in 1999 were trained in a secret CBFA course, were finally given their certificates and ID cards.

*Volunteer activities:* Health education for a reported total of 214,505 people was carried out by volunteers in mosques and social gatherings regarding hygiene/sanitation, safe water, prevention of diarrhoea, preparation of ORS, vaccination, safe motherhood, birth spacing, mine awareness etc. First Aid was administered in a reported total of 114,439 cases, with 18,293 referrals. A total of 17,707 cases were referrals to clinics or health centres for medical care, while 586 cases were referrals to birth assistants. In 2001, 1,118 volunteers took part in the three rounds of the national polio campaign, vaccinating 170,362 children in their respective villages.

Other activities accomplished by or with the help of volunteers for the welfare of their respective communities included the digging of wells, repairing or building latrines and bridges, repairing roads, reconstruction of flood beds and spraying of locusts. At the time of writing, information on the number of volunteers involved in these activities was not yet available. Reports regarding the activities of volunteers during the recent fighting and US led military actions in Afghanistan were few and sketchy, but indicated nonetheless that many volunteers had 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 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.

*Follow-ups:* In 2001, Federation CBFA staff focused mainly on helping the ARCS trainers to carry out adequate follow up of the volunteers, with monthly meetings with group and district team leader and quarterly meetings with volunteer groups. Five trainers' workshops (one in each region) were held, in order to increase the 34 trainers' understanding of the CBFA programme description, to help them organize their work better, and also to evaluate and upgrade their teaching skills and knowledge. ARCS and Federation CBFA staff facilitated topics such as analysis of the programme description, planning activities, collecting reports from volunteers, conducting follow ups, and encouraging volunteers to serve their communities.

Encouragingly, many improvements were made in the course of 2001. In the first three quarters of the year, the trainers managed to meet an average of 206 of the 390 team leaders per month, as well as an

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<sup>2</sup> This figure does not include the CBFA trainers operating within the context of the drought programme. (See the section on Disaster Response.)

average of 95 of the 390 volunteer groups per month. With regard to the latter, it is worth mentioning that on average 80 per cent of the volunteers in the groups participated.

*Workshops for team leaders:* In 2001 all regions (only Kabul and Kandahar in 2000) also conducted one three-day workshop each (the annual target was two workshops per region) for group and district team leaders in order to strengthen the network of trained volunteers. A total of 298 team leaders from 74 districts in 11 provinces attended. The facilitators were ARCS and Federation technical programme staff and ICRC dissemination officers. They covered topics designed to increase the ARCS volunteers' understanding of their role in the community and in the ARCS branches. The impact of these workshops could be seen in the gradually increased number of health education sessions conducted by volunteers in their villages, the increased participation of the team leaders in the follow-up meetings and the increased number of volunteers reporting. The latter improvement was also due to the introduction of a new reporting format in 2001.

*First-Aid Competitions:* In all 14 provinces where the CBFA programme was active, the CBFA staff managed to conduct a first round of first-aid competitions in all 14 provinces where the CBFA programme was active. During this competition 3,632 volunteers from 261 groups in 66 districts competed first at group level, before the competition continued on district, provincial and regional level. Kandahar and Jalalabad regions had not yet reached the regional level of the first round when activities were stopped due to the insecurity in the wake of the September 11 attacks. The second round of the first aid competition (which would also have included national level competition) began in Kabul, Herat and Mazar, but was not completed owing to the above mentioned lack of security.

*Cost sharing and resource mobilization:* In order to explore cost sharing mechanisms and resource mobilization strategies for the future sustainability of the programme, volunteers were urged to establish ARCS corners in their respective villages. These ARCS corners were used for giving first aid, conducting health education and dissemination on the Red Cross/Red Cross movement, as well as collecting community material contributions. In 2001, 62 new ARCS corners were established, bringing the total up to 65. However, no material contributions were made by the communities to any of these ARCS corners. The corners have nonetheless remained valued referral places for people in the villages.

### **Constraints**

Because of a serious lack of funds for the CBFA programme, recruiting and training of new volunteers was stopped from the beginning of September until the end of the year. For the same reason, priority was given to the workshops for team leaders, while the ten regional workshops planned for ARCS branches and departments (to increase the understanding of the volunteers' work and role) was cancelled. The unstable security situation in the last quarter of 2001 also restricted follow-ups, and the mine awareness campaign planned for October was cancelled.

The low number of evaluations of trained volunteers carried out in 2001 was due to insufficient planning and late start-up of the evaluation of the men, and political and traditional restrictions regarding the evaluation of the women.

The participation of ARCS volunteers in the polio campaign, although better in 2001, was low. This was due to the fact that relatives and friends of the people in charge of health centres tended to be favoured, so that they could obtain the incentives paid by WHO to each participant.

**Objective 7** To expand the number of trained and equipped youth and teacher volunteers.

### **Achievements**

*Recruiting and training:* In 2001, 74 teachers from 50 schools were recruited, trained and equipped. In turn, they recruited and began the training of 1,332 young people in their schools. This meant that 47 per cent of the annual target was reached for recruiting, training and equipping teacher volunteers (the target is 160 teachers), 63 per cent of the target for schools (the target is 80 schools) and 83 per

cent of the target for recruited youth (the target is 1,600 youth). At the end of 2001, the Federation-supported youth programme begun in 1999 comprised a total of 273 teachers from 152 schools and 2,805 youth.

As mentioned above, during the Taliban period it was impossible for ARCS and the Federation to train women as volunteers. This also applied to the youth programme, since schools for girls were closed and female teachers did not work. At the end of 2001 ARCS began preparations for the first training courses for female teacher volunteers to be held in Kabul and Mazar-i-Sharif in January and February 2002. Female teacher volunteers and youth volunteers who were trained before the Taliban period were also encouraged to become active again. On 29 December a seminar was held in the Afghanistan Radio TV hall, to reactivate female volunteers and to explain the role of the youth volunteers in the society.

*Maintaining, monitoring and motivating:* To maintain, monitor and motivate teacher volunteers and school youth, the following number of school visits and meetings with the teacher volunteers were carried out. Kabul: six visits to schools, seven meetings with teachers; Mazar: seven visits to schools, five meetings with teachers; Jalalabad: four visits to schools, three meetings with teachers; Herat: four meetings with teachers. The annual targets are monthly school visits and meetings with teachers.

To motivate principals to support youth activities, the ARCS Youth staff in the Kabul region in accordance with the programme description had two meetings with headmasters, from a total of 74 schools. The headmasters were eager to help in realizing the objectives of the youth programme in their respective schools. In the Mazar region, the youth supervisor conducted one meeting with the headmasters. For the first time, the Kabul region was able to organize a first-aid competition among the youth of 27 schools. In the other regions, no first-aid competitions were organized.

### **Constraints**

The relatively low attainment of annual targets for recruiting and training of teacher and youth volunteers, as well as for organizing sports and first-aid competitions, visits to schools and meetings with teacher volunteers, was due to the lack of funds in the last four months of 2001 and the unstable security situation. In part, it was also due to a reluctance in the ARCS CBFA department to conduct youth training. The CBFA and youth were two different departments in the ARCS, with a rather competitive relationship. Attempts were and continue to be made to address the issue. In the Mazar region, ARCS youth activities were for a long period prohibited by the regional president of education. Only in May did the head of the ARCS youth department obtain a letter from the Minister of Education in Kabul, which facilitated the start-up of activities.

### ***Coordination and Management***

Meetings between the delegates and national staff were held regularly up until the September evacuation. These were related to the programme and general support agreements, the annual appeal planning process, future strategy as well as facilitating the exchange of information, experiences and expertise in order to better understand each other's roles. Federation staff made field visits to the regions served by the sub-delegations. Evaluation of programme progress was necessary as a result of insufficient funding later in the year which led to cuts in some programme activities.

Coordination meetings between the Federation, the ARCS and the ICRC were held throughout the year with participation in each other's workshops. Since September, the constant changes in ARCS senior management staff reversed this process so that many new staff were unfamiliar with the objectives of the Red Cross/Red Crescent Movement and the learning process had to be restarted. As a result, for example, negotiations on programme agreements for 2002 have had to be extended by three months and workshops are being planned in 2002 to familiarize ARCS staff with both Federation and ICRC roles. There has been active participation in coordination meetings of both

international and national humanitarian organizations. Regular contacts were maintained with embassies and donor organizations.

Financial management and reporting was carried out to an adequate standard and the evacuation of delegates from mid-September until late November provided a good indicator of the competencies of local staff, who maintained this standard throughout the period. Logistical support to Federation-supported ARCS programmes continued throughout the year with few problems. Even during the difficult circumstances after September 11, which resulted in vehicles and equipment being looted, supply chains were relatively quickly re-established where the security situation allowed but nonetheless many difficulties were encountered.

### ***Conclusions***

In retrospect, 2001 was a difficult year for two main reasons. Despite realistic planning objectives, it became evident by mid-year that donors were not providing the necessary support, and stringent rationalization of programme activities had to be carried out. This clearly effected the morale of the delegation. After the evacuation in mid-September, the situation became even more serious with many activities stopped altogether, although to their credit the ARCS clinic staff managed to keep the 48 clinics running throughout the difficult period despite enormous constraints. Constant changes within the ARCS coupled with a shortage of delegates added to the problems. At year's end the situation looked bleak but the outlook is now much more optimistic as the response to the Humanitarian Crisis Appeal, which incorporated the annual appeal for 2002, was positive.

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*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

*This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

John Horekens  
Head  
Relationship Management Department

Simon Missiri  
Head a.i.  
Asia & Pacific Department

**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Interim report	
Annual report	X
Final report	

**Appeal No & title: 01.34/2001 Afghanistan**  
**Period: year 2001**  
**Project(s): AF000, AF004, AF006, AF160, AF503, AF506, AF530**  
**Currency: CHF**

**I - CONSOLIDATED INCOME 2001. CASH. KIND. SERVICES**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	7,819,724				
less Cash brought forward	-340,963				
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>8,160,687</b>				
<u>Contributions from Donors</u>					
American Red Cross (DNUS)	3,832				3,832
Australian Red Cross (DNAU)	1,767				1,767
British Red Cross (DNGB)	315,279				315,279
Donor - Unidentified (D000)	37				37
German Govt.via German Red Cross	345,687				345,687
Great Britain - Private Donors (DPG)	24,538				24,538
ICRC (DM04)	243,690				243,690
Netherlands Govt.via Netherlands R	618,434				618,434
Netherlands Red Cross (DNNL)	130,199				130,199
Norwegian Govt.via Norwegian Red	462,000				462,000
Norwegian Red Cross (DNNO)	52,156				52,156
Private Donors-online donations (DP	16				16
Swedish Govt.via Swedish Red Cro	571,500				571,500
Swedish Red Cross (DNSE)	185,900				185,900
Swiss Red Cross (DNCH)	110,680				110,680
Switzerland - Private Donors (DPCH	50,576				50,576
Denmark				34,825	34,825
Germany				7,228	7,228
Greece				44,846	44,846
Japan				86,734	86,734
Norway				54,374	54,374
Sweden				44,845	44,845
Switzerland				32,033	32,033
USA				43,038	43,038
UNFPA			75,583		75,583
<b>TOTAL</b>	<b>3,116,292</b>		<b>75,583</b>	<b>347,923</b>	<b>3,539,798</b>

**II - Balance of funds**

Opening balance	-340,963
CASH INCOME Rcv'd	3,116,292
CASH EXPENDITURE	-3,125,737
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<b>CASH BALANCE</b>	<b>-350,408</b>

## Appeal No & title: 01.34/2001 Afghanistan

Period: year 2001

Project(s): AF000, AF004, AF006, AF160, AF503, AF506, AF530

Currency: CHF

### III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	498,068	255,756			255,756	242,312
Clothing & Textiles	357,545	64			64	357,480
Food/Seeds		37			37	-37
Water	106,369	75,115			75,115	31,254
Medical & First Aid	1,209,126	572,190	75,583		647,773	561,352
Teaching materials	60,331	3,729			3,729	56,601
Utensils & Tools	101,178	352			352	100,826
Other relief supplies	150,912	41,006			41,006	109,906
<b>Sub-Total</b>	<b>2,483,527</b>	<b>948,250</b>	<b>75,583</b>		<b>1,023,833</b>	<b>1,459,694</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings		454			454	-454
Vehicles	61,732	113			113	61,619
Computers & Telecom equip.	133,702	13,288			13,288	120,414
Medical equipment	18,000	138			138	17,862
Other capital expenditures	27,330	2,425			2,425	24,905
<b>Sub-Total</b>	<b>240,764</b>	<b>16,419</b>			<b>16,419</b>	<b>224,346</b>
<u>TRANSPORT &amp; STORAGE</u>						
	698,995	329,641			329,641	369,354
<b>Sub-Total</b>	<b>698,995</b>	<b>329,641</b>			<b>329,641</b>	<b>369,354</b>
<u>PERSONNEL</u>						
Personnel (delegates)	1,047,649	421,646		347,923	769,569	278,080
Personnel (local staff)	1,667,293	1,161,043			1,161,043	506,251
Training						
<b>Sub-Total</b>	<b>2,714,942</b>	<b>1,582,689</b>		<b>347,923</b>	<b>1,930,612</b>	<b>784,330</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts		4,947			4,947	-4,947
Travel & related expenses	147,848	71,348			71,348	76,500
Information expenses	84,986	24,678			24,678	60,308
Administrative expenses	313,269	148,493			148,493	164,776
External workshops & Seminars	275,223	112,432			112,432	162,791
<b>Sub-Total</b>	<b>821,325</b>	<b>361,897</b>			<b>361,897</b>	<b>459,428</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	527,284	117,510			117,510	409,774
Technical services	157,841	35,183			35,183	122,658
Professional services	175,045	39,029			39,029	136,016
<b>Sub-Total</b>	<b>860,170</b>	<b>191,722</b>			<b>191,722</b>	<b>668,448</b>
Operational provisions		-304,881			-304,881	304,881
Transfers to National Societies						
<b>TOTAL BUDGET</b>	<b>7,819,724</b>	<b>3,125,737</b>	<b>75,583</b>	<b>347,923</b>	<b>3,549,243</b>	<b>4,270,480</b>

**Consumption rate:** Expenditures versus income 100%  
Expenditures versus budget 45%