

AFGHANISTAN

ASSISTANCE PROGRAMME

CHF 11,007,000

1,500,000 beneficiaries

Programme No. 01.29/98

Internal conflict in Afghanistan continued and intensified throughout 1997, provoking a constant worsening of the country's socio-economic situation and a corresponding increase in the numbers of the most vulnerable. By mid 1997 the Taliban movement controlled two thirds of the country and was enforcing strict Islamic rules, prohibiting women from working outside the home, with the exception of the health sector. Thus, a large number of women, including some one million widows caring for children, are deprived of any possible income to sustain their families. Although it was difficult to predict the outcome of international peace initiatives and the internal power struggle underway at the end of 1997, a return to political stability seemed unlikely.

The Operation

The Federation operation is an emergency assistance programme providing direct support to the Afghan Red Crescent Society (ARCS) to develop its health and relief programmes and reinforce its organisational structure throughout the country. As the only indigenous, nation-wide humanitarian organisation, able to work with all ethnic groups and to reach women through its services, the ARCS is uniquely placed to assist the most vulnerable members of this war-ravaged land.

In 1998, as in 1997, the target beneficiary population for ARCS programmes supported by the Federation will be 1.5 million people. Increasing emphasis will be placed on extending programmes to rural areas, where services are poor or non-existent, and strengthening ARCS branches at local and regional levels, in co-operation with the ICRC.

To cope with the operational difficulties that arise almost daily, it is essential that both institutions plan and act from a broad Movement perspective. To that effect, the "Memorandum of Understanding between the ICRC and the Federation" signed in January 1996 will continue to provide the basis for an effective, co-ordinated response of the Movement towards the increasing humanitarian needs in Afghanistan.

Government Action

In the absence of any effective central government in Afghanistan, municipalities provide some basic services at city and town level while in remoter areas the mosque and mullahs play an important welfare role.



Red Cross/Red Crescent Action

National Society

The ARCS is now operational in 31 of the country's 32 provinces. Its main branch activities are the provision of basic health services through Red Crescent clinics and emergency relief assistance. As of September 1997, the Society was running 46 clinics in 27 provinces. In the course of the year it assisted some 1.5 million beneficiaries.

Federation

In 1997 the Federation provided support to ARCS in line with the Emergency Appeal 1997. The main objectives were to provide basic health services, integrating health education programmes into a common framework to link curative and preventive health, support the ARCS in its institutional development, maintain and increase rehabilitation/welfare services, and carry out disaster relief services and first aid programmes. The relief programme was consolidated into a disaster preparedness plan and an emergency relief support plan.

Concerning the current gender issue in Afghanistan, the Federation maintains a clear position of promoting equality and mitigating the practical effects of the Taliban authorities' policy of segregation.

ICRC

The ICRC carries out its traditional mandate of providing protection and assistance related to armed conflict. It has also taken a leading role in the development of branches in provinces which are directly affected by the conflict. The ARCS disaster preparedness plan is supported by the Federation in non-conflict areas, and by the ICRC in conflict areas.

Other Agencies' Action***UN agencies, NGOs***

The leading agencies are UNHCR and WFP, with UNICEF, UNDP, WHO and others playing a lesser role, all under the co-ordination of UNOCHA. Due to the gender issue and the Kabul disturbances in July 1997, the number of NGOs working in Afghanistan was reduced from 160 to some 100. These are operating mainly in Kabul, Jalalabad, Mazar, Herat and smaller urban centres. Remote provinces remain largely untouched.

Co-ordination

The strongest co-ordination is at city and field level, where regular informal and formal co-ordination meetings are held to review needs and avoid duplication of effort.

The heads of the Federation and ICRC Delegations meet regularly, in close consultation with the President of the ARCS, in order to continually reassess the response required. Close co-operation is also established at regional level through the sub-Delegations in Jalalabad, Kandahar, Herat and Mazar.

Assessment of needs

Statistics of population movements are difficult to establish and have to be evaluated with more than usual caution. Kabul has an estimated 400,000 IDPs and the number of street children is estimated at 50,000 by the UN. With the conflict still raging, significant population movements will probably continue internally and cross-border: approximately three million Afghan refugees living in neighbouring countries, mainly Pakistan and Iran, making huge influxes possible at any time. Hostilities in northern Afghanistan may make Turkmenistan more exposed.

The main need identified by the National Society relates to the deteriorating standards of health care in most parts of Afghanistan. The country's health delivery system is generally inoperative or at best, poor.

In terms of gender equality, conditions in Afghanistan are among the poorest in the world. Almost all basic rights for females are denied under the current Islamic interpretation. Women and children have a significantly higher death rate, mainly maternity-related. While the future for women looks generally dismal, one of the few places they are allowed to go to on their own is a health clinic. It is therefore imperative that the health programmes address the specific needs of women and implement imaginative ways of addressing the injustices currently imposed on them.

Action in 1998 will follow two main tracks:

- | To further improve and expand the Society's Integrated Community Health system in order to reach the most vulnerable rural communities;
- | to increase the Society's capacity to help victims of disasters.

The Federation, in close co-operation with the ICRC, has made considerable efforts to strengthen and support the branches at both regional and local levels. This momentum must be maintained if the gains made are to be consolidated.

Objectives in 1998

- | To provide basic health services to the vulnerable population through ARCS dispensaries throughout the country and to integrate health education programmes into a common framework, linking curative to preventive health;
- | to expand Community Based First Aid (CBFA) in order to develop a network of first aid volunteers and build an effective emergency response;
- | to assist the ARCS in strengthening its disaster preparedness capacity;
- | to support the ARCS in its institutional development;
- | to strengthen the ARCS Youth Programme;
- | to support ARCS rehabilitation/welfare centres (Marastoons) in Herat, Mazar and Kabul.

Plan of Action

Integrated Community Health Programme

The ARCS, with assistance of the Federation, has been providing curative and preventive health services through a nation-wide network of clinics (currently 46) since 1990. To redistribute health services more equitably and to focalise community participation, the Integrated Community Health Programme of the ARCS was introduced in June 1997 with the following priorities:

- | Shift the focus of health services to rural areas where 75% of the population live, with little or no access to health care.
- | Consolidate the existing health services and strengthen health workers' efficiency through appropriate training.
- | Facilitate the availability, at community level, of qualified staff for women's reproductive health needs through the training of Traditional Birth Attendants (TBAs);
- | Improve access of women to appropriate Mother & Child Health (MCH) services in the clinics, to reduce the main causes of maternal mortality.
- | Build up the management capacity of the ARCS branches in the supervision and monitoring of clinics' activities.
- | Develop a network of volunteers, trained in CBFA, as the first level of health care in communities.

The wider objectives of the programme are to empower vulnerable individuals, families and communities to identify and address their own primary health care needs, and to improve their access to basic preventive and curative health services. This programme also addresses the unequal gender issue by offering basic health services for women and children, including ante-natal and post-natal care, reproductive health care, health education, growth monitoring, preventive and curative health services. Its five components are: developing the clinic network; establishing a health information

system; adding laboratories to the clinics; developing the clinics' MCH services; and promoting CBFA.

It is anticipated that it will take three years (1997-2000) to develop middle-term sustainable activities. The Federation will continue to provide medicines, pay incentives to clinic staff and assist with the monitoring and evaluation of services. Close co-operation with the ICRC will ensure that change keeps pace with the gradual strengthening of the branches. The Federation will be the main supplier of medicines to all ARCS clinics; the ICRC will supplement supplies to branches in conflict areas.

Emergency Relief / Disaster Preparedness Programme

Emergency relief needs have a number of causes, including natural disasters, population movements and conflict-linked vulnerability. Afghanistan is prone to natural disasters. They include floods, earthquakes, droughts and severe winter weather which frequently isolates people in mountainous provinces for up to five months every year. In 1997 the lead time to bring in relief items was approximately three months, mainly due to transport difficulties. To rectify this, a forward line of 16 preparedness stores will be arranged in the most disaster prone locations. Buffer stocks will also be stored in the Federation's four sub-Delegation areas — Kandahar, Mazar, Herat and Jalalabad. If disasters occur in areas with poor security, close co-ordination with the ICRC will be necessary.

The Federation will assist ARCS branches on regional and local levels to build up volunteer distribution teams, in particular first aiders and youths, and give training in survey and distribution techniques. A Food for Work scheme will be introduced into the Disaster Preparedness programme, thus assisting the creation of self-help capacities against disasters.

Funding is sought for the purchase of disaster preparedness items for 123,000 people as well as food, blankets and household utensils for 372,500 beneficiaries. Relief supplies in kind are welcome and with Federation co-ordination can be sent into Mazar and Herat by rail/truck.

Institutional Development

With the Federation in the lead role, both the Federation and the ICRC are supporting the ARCS in institutional development. The most important task in 1998 will be to assist the ARCS to set up effective financial and administration systems. Other tasks are: to strengthen the ARCS branches as a nucleus for major programmes; to assist the ARCS national headquarters' communications with the branches through improved telecommunication networks; to train staff in all aspects of Red Crescent work; to reactivate membership recruitment and training; to increase fund-raising activities. The Federation will continue to lend support to the running costs of ARCS headquarters and branches, together with the ICRC.

Youth development

This programme will assist ARCS in developing and establishing a national youth policy in co-ordination with other policy development initiatives. The National Headquarters and branches will be helped to strengthen their capacities by increasing the involvement of youth volunteers in their work, and by responding better to the needs of young people who not only belong to the "most vulnerable", but equally are part of the volunteer work force. One priority area will be to involve youth volunteers and the Youth Department in the CBFA and disaster preparedness activities. A Youth Delegate joined the Delegation in August 1997 and will remain throughout 1998.

Rehabilitation / Welfare Programmes (Marastoons)

This is an ongoing programme. For over 50 years the ARCS has been running "Marastoon" programmes for handicapped and disadvantaged people and although many have disappeared, Marastoons are still operating in four provinces. Currently the Federation, together with the ICRC, is

assisting Marastoons in Herat, Mazar and Kabul. Support will be required for at least another two years.

Capacity

National Society

The ARCS has the capacity to implement programmes, with external support. Given the constant worsening of the country's socio-economic situation and the corresponding increase in the numbers of vulnerable, the institutional development of the Society's National Headquarters and its branches will need mid/long term assistance from the Federation.

Federation

The opening of a sub-Delegation in Kandahar in April 1996 and the permanent stationing of a Federation Delegate in Jalalabad in May 1996 strengthened support for the Society in the east of the country and brought the number of sub-Delegations to four (Jalalabad, Kandahar, Herat and Mazar). By end 1997 the Federation Delegation will be manned by 12 Delegates.

The Delegation's close relationship with the ICRC is a key element which has enhanced the Federation's ability to provide more assistance and promote partnership, particularly in the area of relief support. Access to the ICRC plane for people and freight, support in terms of accommodation, assistance with cross-border logistics from Pakistan to Afghanistan and, most importantly, guidance in security matters have all been crucial. The continuation and strengthening of this relationship will ensure that ARCS receives support in both stable and unstable areas of the country.