AFGHANISTAN

HEALTH, DISASTER PREPAREDNESS AND RESPONSE

CHF 7,993,000
2,240,000 beneficiaries

Programme no 01.29/99

The Context

Twenty years of conflict in Afghanistan have brought a constant deterioration in the country's socio-economic situation and a dramatic worsening of the plight of the most vulnerable In the course of 1998 Taliban forces gained control of more than 90% of the country, everywhere imposing strict Islamic rule. With determined opposition from the Northern Alliance forces and mounting regional tensions, the situation remains as unpredictable as ever. Adding to the country's woes are the natural disasters – earthquakes, floods and landslides – that occur with unfailing regularity.

Centrally administered public services have virtually disappeared in Afghanistan, but are provided to a limited extent through municipalities. In remote areas the Mullahs, mosques, Shuras or village elders play an important welfare role in the Islamic tradition, depending on capacity.

The Federation's decision to focus on health and relief programmes in its assistance programme to the Afghanistan Red Crescent Society (ARCS) in 1998 was shaped by the chronic malnutrition rates and low immunisation levels resulting from the collapse of the health system and the destruction caused by the internal conflict and natural disasters. The ARCS, as the only indigenous, nation-wide humanitarian organisation, able to work with all ethnic groups and reach women through its services, is uniquely placed to assist the most vulnerable of this war-ravaged land.

ARCS POSITION	FEMALE	MALE
	52%	48%
DOCTORS	29	38
NURSES	38	33
HEALTH EDUCATORS	30	13
PHARMACISTS	17	28
VACCINATORS*	26	17
LABORATORY TECHNICIANS	2	2
TOTAL	142	131

funded by both Federation and UNICEF

Based on its plan of action for 1997-2000, the Federation in 1998 continued to emphasise the development and reinforcement of the ARCS network of branches and health clinics throughout the country.

In the first half of 1998 the ARCS/Federation registered over 880,000 beneficiary contacts through the ARCS health facilities. Assistance focused on women and children, considered the most vulnerable, since they have one of the highest mortality and morbidity rates in the world. With females forming 78% of their beneficiaries, the clinics assist over a million women and girls per year. The clinics employ approximately equal numbers of men and women in medical positions. A pilot MCH project in Ghazni led to the establishment of training programmes involving and benefiting women, and upgrading the response to the high rates of female and infant mortality.

Through a revised Health Information System (HIS) clinic outputs were monitored, trends analysed, and services adapted to the needs of the patients. The ARCS network is complemented by 900 first aid volunteers, who spread health messages in remote areas where health facilities are lacking. They were recruited and trained by the Community Based First Aid (CBFA) programme. Together with the Youth members, they substantially increased the ARCS volunteer base .

Afghanistan, a disaster prone country, needs a strong disaster preparedness and response mechanism. The Disaster Preparedness Programme continued the development of an ARCS DP and response plan. Because the Society has undergone numerous changes in recent years, it still requires constant support and guidance in upgrading its capacity. In 1998 it responded to floods across the country by assisting more than 43,000 beneficiaries, besides supplying aid after the two major earthquakes earlier in the year.

Institutional Development enhanced ARCS service capacity through guidance in management, accountability, technical training, and other support. The Federation provided some hardware and training to the headquarters, regions and branches. Financial support continued as in previous years.

The Operation

In 1999, ARCS programmes supported by the Federation will target more than 1.5 million beneficiaries. A three year plan covering programmes from 1997 to 2000 has had its goals reduced to a level that takes into account time constraints, limited funds, and the general working environment. However, the situation in Afghanistan requires a long term commitment from the Federation since problems caused by the conflict will prevail for many years.

Integrated Community Health Programme

The main priority identified by the ARCS is to improve the health of the population. Afghanistan's public health system is practically inoperative and hence dependent on external

support. The programme seeks to empower vulnerable individuals, families and communities to identify and address their own primary health care needs, and to improve access to basic health care services through the clinic network. The Federation will continue to fund medicine and supplies to the clinics, pay incentives to clinic staff, and provide technical support. Monitoring and evaluation will be an ongoing process.

Because of one of the worst records on gender equality in the world, reflected in the high death rates of women and children, mostly related to maternity complications, it is imperative that ARCS programmes address the specific needs of women, despite the difficulties arising from the Sharia Laws.

Redundant or duplicated clinics will be closed to allow the opening of clinics in Kandahar, Uruzgan, Paktika, Kunar and Khost, where no ARCS health facility exists. The reallocation of running and staff costs will facilitate this expansion. However, due to lack of funds, the localities for such a health post or clinic will require financial support to build facilities or enable the ARCS to identify and convert suitable buildings.

Through the ARCS network it is planned to extend services to the grassroots level with a cadre of volunteers trained not only to provide health care but also to serve as a primary point of referral for villagers via several systems. This community level approach allows for early intervention as most patients seek assistance in hospitals when it is often too late. Moreover, in the event of a disaster these volunteers can be mobilised to provide emergency disaster response units through additional training modules in community based disaster preparedness. They can be trained to assist with medical evacuations, assessments, provision of emergency relief supplies and general logistical support, in addition to community education in vulnerability reduction (safe water, mine awareness, food preparation, etc.).

The Mother and Child Health (MCH) programme will be enhanced within the existing clinic structure and health education curriculum. This will vastly improve the health care professionals' ability to monitor pregnancies, while exposing mothers to health education and follow-up. Services will include ante-natal, peri-natal and post-natal care, reproductive health care, health education, growth monitoring, and preventive and curative health care. Traditional Birth Attendants (TBAs), working in villages, will develop better maternal care and earlier referrals for complications. The TBAs can also be cross-trained using modules developed through the Community-Based First Aid programme and its related Community-Based Disaster Preparedness and Response (CBDP) programme.

Disaster Preparedness Programme

Afghanistan is prone to numerous natural disasters. Two major faults stretching through the country make it an area of high seismic activity. Snow melt and rain combine each year to cause flooding and landslides in a multitude of small communities throughout much of the country. The Federation's support to the ARCS in disaster preparedness and response has a two prong approach aimed at equipping the ARCS to provide better disaster services to the most vulnerable and to reduce vulnerability by improving individual and community coping mechanisms.

The Federation together with the ARCS will assess the needs and respond only to hazards which communities are unable to cope with. Rather than establishing large stocks of relief

goods, it will provide skill-building experience in warehousing, logistics, distributions, and other relief activities – all the while providing beneficiaries with needed aid.

Skills in survey and assessment of disaster areas, and preventive measures in disaster prone areas still require improvement which will be resolved through guidelines and training for the ARCS and community members emphasising vulnerability reduction. ARCS relief teams need to be further developed and better equipped to have more impact, so that reliance on Federation and ICRC intervention can eventually be phased out. Secondly, the DPP concept requires the prepositioning of small ARCS non-food relief goods throughout the country, since experience shows that stocks translate into a quick and appropriate relief response. Distribution methods and control still remain problematic, mainly due to the vast areas, poor road conditions, and security. Encouraging the involvement of the authorities in a disaster response concept will have to wait for more stable times.

Institutional Development

Although both the Federation and ICRC support the ARCS in its institutional development, the Federation has the lead role. The main task in 1999 at NHQ is to help the ARCS redesign its financial and administrative system, to provide more efficiency, transparency, and accountability. Emphasis will also be placed on improving management and communication skills while building the capacity of ARCS branches to implement programmes. The benefits of a trained volunteer workforce to provide community level services will also be promoted.

Objectives of the Operation

- Improve the overall health of those people in Afghanistan who are not likely to have other access to health care, with a special emphasis on decreasing the morbidity and mortality rates of women and children and reducing the need for more complex treatment of those living in rural and remote villages

- Strengthen the efficiency and effectiveness of ARCS disaster response systems and increase individual and community abilities to prepare for and cope with disaster situations

- Provide better service delivery by the ARCS by building its capacities and its grassroots foundation

- Strengthen the Red Cross Red Crescent Movement in Afghanistan.

Plan of Action

The Federation will seek to realise the above objectives by helping the Society in the following areas.

- Through the 46 ARCS health clinics, more than 1.5 million patient contacts are anticipated in 1999. They will receive preventive education, diagnostic services, treatment, and when needed, referral to other health facilities.

1. Clinics will be repositioned, to avoid duplication and meet needs in under-served provinces.

2. The clinics will ensure that an integrated approach to health care services is maintained.

3. Investment in skill building training for paid staff and volunteers will continue.

4. The management capacity of the ARCS Branches in the supervision and monitoring of clinic activities
will be strengthened; service delivery will be regularly evaluated; physicians will be given continuing
education sessions to improve monitoring.

• Approximately 1,500 CBFA volunteers will receive training that will enable them to give first line care in their communities to an estimated 240,000 beneficiaries in 1,500 villages in 1999.

• 200 Traditional birth attendants (TBA) will provide peri-natal and post-natal care to families in their communities, reaching 4,000 beneficiaries.

1. The incorporation of MCH elements into the ARCS system as the main component of all ARCS clinic
services will continue.

2. Qualified staff for women's reproductive health needs at community level will be recruited and trained
through TBAs.

• Community based disaster preparedness will be incorporated into most training modules to increase community coping skills in times of disasters, thus giving safeguards to 200,000 people. CBDP and CBFA services will be linked.

1. Training modules will be developed for use in health education, TBA, and CBFA skill building efforts.

• Individual and community vulnerability to disasters will be reduced through community-based initiatives that teach better preparedness and self-care skills and increase the ARCS DP capacity to provide quality service to disaster victims.

1. Training in disaster preparedness and response will be given to 2,300 paid ARCS staff and branch
volunteers.

2. ARCS will be helped to develop a disaster preparedness and response structure and to define its role within
a national disaster plan; stocks will be pre-positioned to bolster the ARCS DP capacity.

3. Co-operation with ICRC on Food for Work (FFW) projects will be developed to avoid constant direct

relief and create self help capacities against disasters.

• Nation-wide, communities will benefit from improved management and service delivery through institutional and capacity building measures at the ARCS NHQ and key branches.

1. The NS volunteer base will be expanded, drawing on people from all walks of life in order to increase
RC service delivery to community members. Further training for ARCS personnel will be given and
ARCS will be helped to design or redesign programmes so that it can manage them independently in the
future and will be given guidance in revenue generation schemes that can access the few resources available
in country.

• The RC Movement will be strengthened in Afghanistan by:

1. incorporating training and guidance to the ARCS in the Fundamental Principles and their practical
application in all programmes receiving Federation support; in co-operation with ICRC

2. assisting in positioning the ARCS as the only indigenous humanitarian network in Afghanistan.

Beneficiaries

Besides direct beneficiaries, the entire family often benefits from services such as the health clinics, where health education is available as well as patient care. Village leaders assist the ARCS in determining beneficiary lists in disaster operations.

Resource Planning

UNFPA support will continue through 1999 for the integration of other MCH services into 14 additional ARCS clinics.

Capacity

• Afghan Red Crescent Society

The ARCS operates in 31 of Afghanistan's 32 provinces. It has an extensive network of branches and a growing cadre of volunteers, plus buildings and warehouses throughout the country that are utilised to support service delivery. However, because of frequent changes in ARCS management and lack of resources, the Federation and ICRC must provide extensive support to it in everything from financial skills to governance issues.

• Federation

The Federation Delegation is based in Kabul and has four sub-delegations: Mazar, Kandahar, Herat and Jalalabad. In total 13 delegate positions are envisaged to continue to provide effective technical and managerial support to programmes: a Head of Delegation and a technical team of delegates – Finance/
Administration Delegate, Logistics Delegate, ID Delegate, Health Co-ordinator, Health-MCH Delegate, Health-CBFA Delegate and DP-CBDP Delegate. The four sub-delegations are managed by one field delegate each, supported by local staff to supervise programmes and provide technical assistance to local ARCS branches. The sub-delegation in Peshawar, Pakistan, which provides a logistical and administrative base for operations, is covered by one Field Delegate.

- Other Red Cross/Red Crescent Resources

Discussions were begun with the Pakistan Red Crescent Society on Federation facilitated workshops and exchange of experiences to help foster and develop cross border co-operation.

Co-operation

Co-operation between the Federation and ICRC was enhanced by the Seville Agreement in 1997. ICRC assumed lead agency status. Testimony of the good working relationship was clearly manifested during the two major and complex earthquake operations in early 1998. Implementation of the Seville Agreement in Afghanistan
has been used as a case study in a number of Seville Agreement training sessions with ICRC, Federation, and NS. Regular meetings with all three arms of the Movement take place in Afghanistan, New Delhi, and Geneva. (Please refer to ICRC EMERGENCY APPEAL 1999 for programme descriptions.)

Co-ordination was maintained with UN agencies and NGOs working in Afghanistan, although their presence was severely reduced in the second half of 1998.