

PD-ABW-340



AFGHANISTAN

FINAL NARRATIVE REPORT

**INTEGRATED APPROACH PROGRAM on:
HEALTH PROMOTION
MOTHER & CHILD HEALTH CARE AND NUTRITIONAL ACTIVITIES,
URBAN WATER & SANITATION ASSETS IMPROVEMENT,
and LOCAL CAPACITY BUILDING**

January – December 2001

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1. Executive summary:

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Program Title: Integrated Approach Program on : Health Promotion Mother & Child Health Care and Nutritional Activities, Urban Water & Sanitation Assets Improvement, and Local Capacity Building

Grant N°: HAD-G-00-01-00073-00

Location: Kabul City – Afghanistan

Disaster: Civil War

Time period covered by this report: January 2001 – December 2001

2. Program overview:

2.1. Goal, objectives of the program and target population:

Project goal:

To control morbidity and mortality among the most vulnerable individuals (women of child bearing age and children under five) of the population of Kabul City through the improvement of their health and nutritional status.

Wider objectives:

To detect, to treat and to prevent severe and moderate acute malnutrition among under-five year old children living within urban areas of Kabul City as well as common diseases among women and children, especially through the reduction of health hazards linked to water (or other vector) borne diseases in four areas served by an Action Contre la Faim feeding center.

- Incidence of acute malnutrition among children 6-59 months between 3 and 8% throughout the year;
- Nutritional coverage of between 25 and 50% of malnutrition cases in Kabul through feeding programs.
- Incidence of water borne diseases reduced by 5% in the sanitation improvement working areas.
- Treatment and adequate referral, for diseases, of at least 15% of children and 12% of women of childbearing age in Kabul.
- 15% of households in Kabul City visited over 12 months for health promotion and house-to-house screening activities.

Immediate objectives:

Objective # 1: Treatment of malnutrition in Kabul City:

Profile of the targeted population:

At the beginning of year 2001, the Internally Displaced People (IDPs) were not present among the beneficiaries admitted. Between January and June, the percentage of IDPs admitted into the treatment program remained at a maximum level of 1%. During the summer period, from July to September, the percentage of IDPs increased from 2,9% in July to 6,8% in September, then this percentage remained lower than 1% until the end of the year.

Mainly these IDPs were observed in Dashti Barchi, Behzad and Khair Khana III, due to Hazara movement (Bamyian and Uruzgan provinces) and people coming from the North of Kabul and the Southern part of the Shamali Plain. The reasons for movement included both insecurity in the place of origin, high prices and drought. During the year 2000, this observation was not reported.

Children from 6 to 29 months are the most commonly admitted children in TFCs while the children admitted in SFCs are older generally from 24 months up to 59 months. In TFCs, Action Contre la Faim also admits mothers with breast milk deficiency who attend with their child(ren) aged less than 6 months.

Expected outputs:

- A decreased rate of mortality of severely malnourished children;
- A decrease in the existing severe malnutrition cases among the under five year old childhood population of Kabul City;
- A decrease in the existing moderate malnutrition cases among the under five year old childhood population of Kabul City;
- An improved access to feeding services providing adequate care of quality for 195,000 under five year old children through the constant improvement in the functioning of the centers and in the efficiency of the therapeutic program;
- An improved referral and transfer of all the malnourished children to the appropriate center.

Objectively measurable indicators:

- An incidence of cured beneficiaries greater than 80% of discharges, an incidence of defaulters below 15% of discharges, and an incidence of death below 5% of discharges.
- An average daily weight gain of at least 10 g/kg of body weight in TFCs and 2.5 g/kg of body weight in SFCs.
- A duration of treatment less than 30 days in hospital-based TFCs, than 35 days in day care TFCs and under 8 weeks (for cured beneficiaries) in SFCs.
- At least 10% of children with stable or decreasing weight¹ are discharged cured within 16 weeks of treatment.
- 50% of visited defaulters and non-arrived transfers are readmitted in the feeding program.

¹ Children are considered to be "stable weight" when they are remaining under 80% Weight-for-height for 10 consecutive weeks, or when they remain below 75% W/H for 6 consecutive weeks.

- Less than 6% of TFC cured beneficiaries who are followed-up in SFCs relapse according to SFC criteria, and less than 2% according to TFC criteria.
- The home visitors refer 15% of children admitted in SFCs and 10% of children admitted in TFCs.
- 5% of children admitted in feeding centers are referred from a MCH where the nutrition surveillance has been implemented.

Objective # 2: To provide "mother and child health care" in 8 MCH clinics of urban areas and rural outskirts of Kabul City:

Profile of the targeted population: The MCH centers beneficiaries are children under 5 years old and women of childbearing age. During the year 2001, 56.6% of children under 5 years old attended the MCH centers and 43.4% of the total attendance was women.

Most of the beneficiaries who attended the clinics were originally from the surrounding areas, they know that the clinics are regularly supplied and services free of charge. In some areas as Kamari, the Kuchi nomadic community uses the ACF health facility during their stay in the summer time.

Expected outputs:

- An improved access to medical services providing care of adequate quality for 206,400 children women of childbearing age;
- An improvement in the early detection of emergencies obstetrics cases;
- A better referral of all the at risk emergencies to the appropriate center of reference (Indira Gandhi Hospital for the pediatric cases and Malalai Hospital for the obstetrics emergencies).
- An improved use of family planning services;
- A better and more effective coverage of the targeted diseases vaccination through the implementation of EPI.

Objectively measurable indicators:

- 7 MCH clinics regularly supplied in essential drugs, medical and general equipment;
- 7 MCH clinics benefiting from a monthly technical supervision;
- Pre-natal care coverage: 30% of pregnant women in the 8 communities attend at least 1 pre-natal consultation.
- At risk rate in MCH clinic: high-risk pregnancies are detected for at least 25% of women attending a pre-natal consultation.
- TT immunization coverage: 80% of women after first consultation are received first dose of tetanus toxoid
50% of women are received second dose of tetanus toxoid
- Postnatal care coverage: at least 30% of women who attended antenatal care will attend at least one post-partum visit within 20 days of delivery.

Objective # 3: To ensure prevention of malnutrition and common diseases among women and children:

Profile of the targeted population: This objective targets all the women attending either a feeding center or a MCH. As a total 174,438 women attended health education sessions at least once among an ACF nutritional and / or medical structure including the home visit health education session. Majority of the ladies, 72%, received Health Education through the MCH clinics, 13,4% at home, 12,3% in the Supplementary Feeding Centers and 2,1% in Therapeutic Feeding Centers.

Expected outputs:

- A raised awareness of community members – with a focus on both men women – on the link between nutrition, feeding practices and family health and on some water, hygiene and health issues relevant to the communities;
- The stimulation of a change in their attitudes and practices concerning certain water and sanitation and health issues which relate to community health, especially as regards the use and the management of sanitation facilities;
- An increased medical and nutritional knowledge of MoPH medical personnel within the health structures that are supported (cf. indicators measuring progress on activity);
- An increased knowledge and an improvement in the hygienic habits of the Traditional Birth Attendants working in the surroundings of each of the MCH clinics;

Objectively measurable indicators:

- 30% of women attending the feeding centers have memorized 15 key messages out of 30 from the health topics addressed during health education sessions.
- 70% of women attending one of the 8 ORT corners in the MCH clinics know the 3 rules of home diarrhea case management (fluid, feeding and care seeking) and how to prepare ORS and ORT at home.
- 25% of women visited in their homes remember 4 key messages from the topics addressed in the health education sessions done during home visiting.
- 15% of mother improving their practice and knowledge from one visit to the next.
- Increased knowledge in water and hygiene fields of 25% of the households in the four communities.
- The households use private wells in an appropriate way and there are no more than 5 faecal coliforms per 100 ml. of drinking water at the point of delivery for un desinfected supplies.
- People use latrines hygienically and children's faeces are disposed of immediately and hygienically.
- 35% of people from three neighborhoods connected their wastewater on the drainage system.
- Increased number of households who put their waste daily in refuse collection points.
- Women attending pre-natal consultations are referred and assisted by a TBA for delivery.
- Women assisted by a TBA at delivery are referred to the MCH clinic for a post-partum consultation.

Objective # 4: To improve hygiene conditions through water and sanitation localized projects as well as food security of vulnerable households through income-generating activities.

Profile of the targeted population: 282,000 people living in the four neighborhoods concerned by the projects, among which 47,940 children under five as well as 1,292 FOODAC beneficiaries selected amongst the most vulnerable residents living in three of the four neighborhoods (daily workers, peddlers on the streets...).

Expected outputs:

- Better availability of safe drinking water and reduced number of water table contamination points in four areas of Kabul City, which will be appraised through the follow up of the water quality (from a bacteriological / faecal point of view) of cross-sections of representative wells;
- People living in the concerned neighborhoods have an environment that is acceptably free of solid waste contamination, including medical waste;
- Decrease of household food shortage vulnerability by 22% over the considered duration of the different projects (6 months).

Objectively measurable indicators:

- 20% of the wells in Aqa Ali Shams area are safe drinking water points;
- 30% of the latrines in Aqa Ali Shams area are no more at risk of contaminating water resources by having a proper design allowing separating the urine from the excreta as well as a built-up pit and the bottom of the vault at least 1.5 meters above the water table, by being emptied on a regular basis and by having night-soil disposed of in a safe and hygienic way;
- Improvement of 75% of the drainage system of Proja-e Jadeed area (including the first section achieved in 2000); improvement of 30% of the drainage system of Khair Khana III area (including the first section achieved in 2000); improvement of 50% of the drainage system of Bibi Mahroo area;
- Vector breeding or resting sites are modified where necessary and practicable;
- There is no contaminated or dangerous medical waste at any time in the living areas where the project has been implemented , including all the areas around ACF feeding centers;
- 1,267 families (by rotating the labor every 26 workdays on the projects) in our different working areas are able to settle food stocks and thus alleviate food shortage in the short term, resettle assets or livestock, purchase the bulk of other necessary items with the few resources they earn, or pay back debts, through the delivery of a 156-kg wheat ration (6 kg per day during 26 workdays), which would allow each household to feed the family for approximately 40 days (almost 22% of the requirements of a half-year, which corresponds to the program implementation period).

2.2 Geographic locations:

Nbr	Areas	Population Size	Home visiting	Day-care	TFC (24h/24)	SFC	MCH clinic
NORTH							
1	Khair Khana I (district # 11)	74,230	1	1		1	
2	Khair Khana III (district # 15 – south)	69,371	1	1		1	ARCS clinic
3	Proja-e Jadeed (district # 15 – north)	76,918	1	1		1	1
4	Taïmani (district # 4)	37,552	1	1		1	ARCS clinic
5	Char Qala-e Wazeer Abad (district # 10 – north)	70,017	1	1		1	1
6	Bibi Mahroo (district # 10 – east)	85,092	1	1		1	1
7	Shahr Aora – Wazeer Akbar Khan (district 10)	44,123	1		1	1*	
WEST							
8	Parwan-e Seh (district # 4)	54,919	1	1*		1*	
9	Dorahi-e Paghman (district # 5)	72,411	1	1		1	
10	Dasht-e Barchi (district # 6 – north)	61,460	1	1		1	MSF C1 clinic
11	Qala-e Wazeer (district # 6 – south)	93,339	1	1*		1	1
SOUTH							
12	Jamal Mena (district # 3)	38,886	1		1	1	
13	Aqa Ali Shams (district # 7 – north)	101,166	1	1		1	MDM MCH
14	Dogh Abad (district 7 – south)	85,816	1	1*		1	
EAST							
15	Behzad (district # 1 – downtown)	98,174	1	1	1*	1	
16	Bini Hesar (district # 8 – south)	188,610					1
17	Shah Shaheed (district # 8 – north)	43,812	1			1*	
18	Rahman Mena (district # 8 – east)	54,488	1	1		1	ARCS clinic
19	Qala-e Ahmad Khan (district of Bagrami)	3,560				1	1
20	Kamari (district of Bagrami)	2					1
TOTAL		1,353 944	18	14	3	18	7

* Centers closed at the end of December 2001

Table 1: Areas where ACF is implementing health and nutrition activities, Kabul – Year 2001

3. Program Performance:

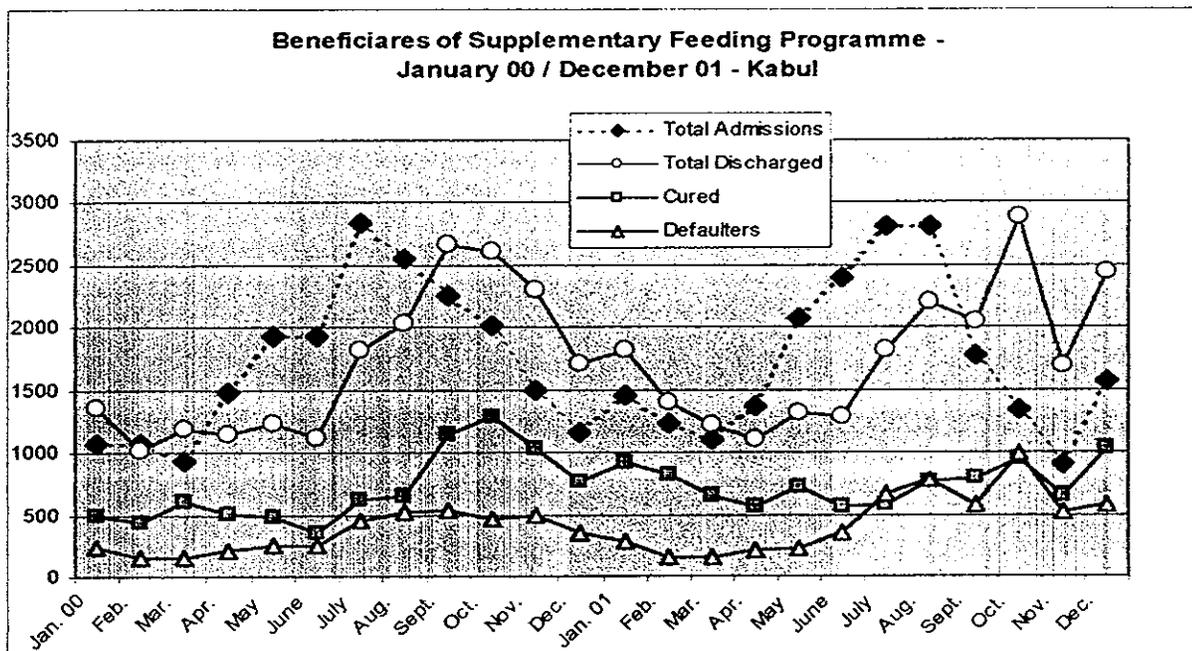
Objective # 1: Treatment of malnutrition in Kabul City.

Action Contre la Faim (ACF) has run during the reporting period a total number of 18 Supplementary Feeding Centers (SFCs), 14 TFC Day Care and 3 TFC 24/24h in Hospitals in Kabul City. Nevertheless, at the end of December 2001, due to lack of funds ACF had to close 3 SFCs, 3 Day Care and 1 TFC 24/24h. The closure of the centers has been based on the numbers of beneficiaries admitted, the geographical possibility of referral.

ACF nutritional centers cover a large part of Kabul city (See Appendix n2), the number of beneficiaries in charge in the centers evolve according to the season, indeed the number of children can double during summer time. As during the year 2000, this year 2001, the peak of malnutrition was observed during summer. Since the events of the 11th of September, unusual movements and an increased rate of defaulters have been observed, especially in October due to the security situation in Kabul city.

² Kamari & Qala –e-Ahmad Khan are in Bagrami District, therefore the population figure indicated in Qala-e-Ahmad Khan includes Kamari population.

The following graph allows a good idea of the evolution.



❖ The supplementary feeding program:

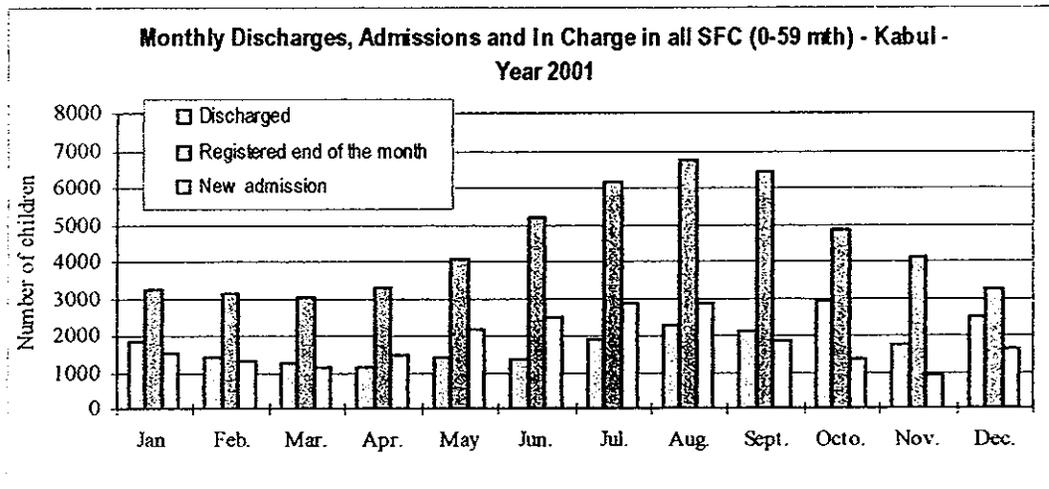
Action contre la Faim adapted the organization in the centers in order to take in charge more beneficiaries during summer time. The number of distribution per day had been increased. One center can distribute dry ration for 250 beneficiaries per day. A mobile team reinforced the usual team during the summer months.

This program is running well and its organization is suitably defined. The supervisor (national staff) is following it. He compiles and writes the monthly reports and seconds the expatriate for the analysis of the overall program.

By the end of December 2001, a total of 21 451 malnourished children had been admitted in 18 Supplementary Feeding Centers including 19 531 moderate malnourished children aged from 6-59 months. The difference between these figures are children under 6 months and Therapeutic Feeding Centers follow up beneficiaries. Following the 11th of September, there was no rupture in the running of the SFCs and therefore the beneficiaries did not face a break in their treatment.

This program is directly linked to a preventive health component: Home Visiting program (Cf. Objective 3). Indeed, defaulter cases and children with stable weight are followed at home. Moreover, during the house to house visits the home visitors screen children under 5 years old in order to detect malnutrition cases.

Due to augmentation of cases of acute malnutrition, the number of beneficiaries in charge of the program "Registered end of the month" can double during summer (see the following graph). As in the previous years, summer had a negative effect on the nutritional status of the population. Indeed the number of admissions increased dramatically at this period. This is directly linked with the hygiene, the water and sanitation situation that provoked lots of diarrhea cases.



Supplementary feeding centers Results:

For the year 2001, amongst the total discharged beneficiaries, the average percentage of cured is 64,5%, 35,5% of defaulters and 0% of death.

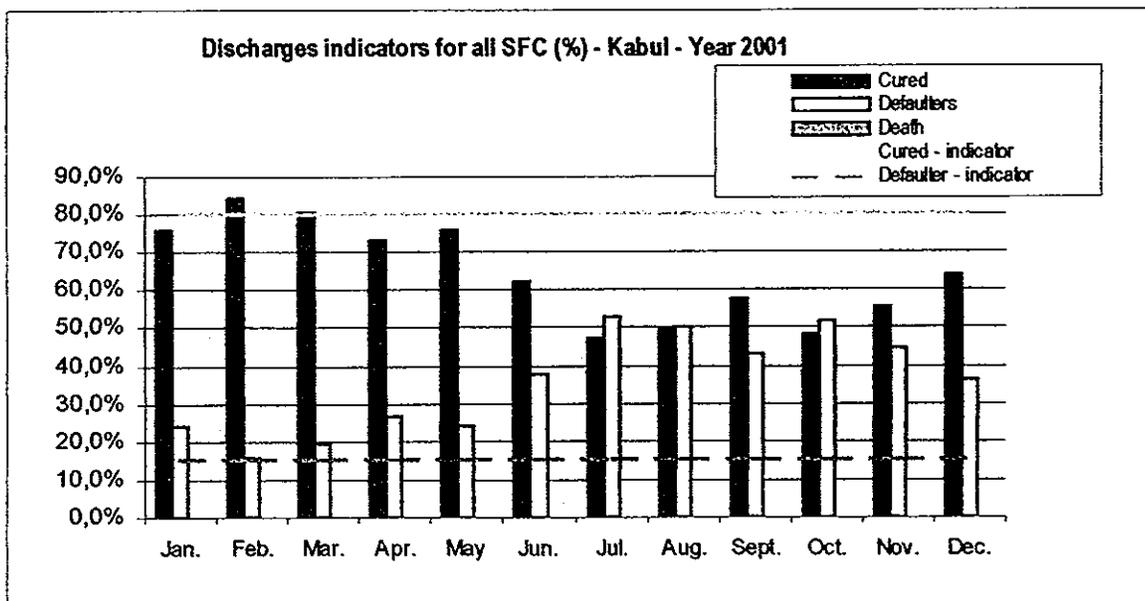
Following the 11th of September 2001, the SFC program faced a major drop in the admission due to insecurity in September and October, many people left the capital which resulted in a high rate of defaulters.

Until May 2001 the percentage of defaulter remained below 25%, this proportion increased during the summer time months. Directly linked with the hygiene and the water and sanitation situation that provokes an increase in diarrhea cases, there is a deterioration of the nutritional status of the population during the summer time. This increased diarrhea leads to an increased length of stay of the beneficiaries during the summer months and thus more caretakers tend to abandon the treatment before the end.

The main causes generating a high defaulter rate were as follows:

- As mentioned above, the length of stay is longer during summer period (because of diarrhea cases) and women refuse to stay up to the end of the children treatment.
- The mothers have more external activities, seeking for work (sewing, tailoring, harvesting)
- They also have more opportunities to find non official daily basis work in summer.
- Mothers believe that the direct contact with the sun is not good for their children and prefer to stay at home.

After the events of the 11th of September and the expatriates evacuation, the program continued running without any interruption in the activities thanks to the courage, the engagement and the excellent capacity of reaction of the national team.



The average gain of weight for the total number of cured beneficiaries is 2,5 g / Kg of body weight / day, with an average length of stay at 9,8 weeks (68,8 days). Too often, especially through out the summer, mothers do not accompany their children but prefer to delegate this activity to the siblings of the patient pretending being too busy with house work. Moreover, the incidence of diarrhea has a negative impact on the gain of weight and then on the length of stay.

Usually, the beneficiaries staying until the end of the treatment follow quite regularly the 8 planned weekly distributions. There is not too much absenteeism and the follow up can be done correctly. Within the discharged beneficiaries, 19 % beneficiaries are called "criteria not reached", which means a child whose weight for height percentage still remains below 85% after 10 weeks of treatment. Nevertheless, in comparison to last year, the percentage of children discharged under "criteria not reached" was 22,6%.

This absence of response to the treatment depends on different factors:

- Social problems : large family, poor resources with consequence on the health and nutritional status of the children and sharing of the dry ration with others children of the family.
- Hygiene problems: body hygiene, food hygiene, poor availability of clean drinking water (Bagrami), water and sanitation problems (Char Qala Wazir Abad, Aqa Ali Sham, Khair Khana I and Proja-e-Jadeed) which induce regular diseases.
- Chronic medical problems : cardiac and vascular diseases, congenital malformations.

Around 80 % of beneficiaries are gaining weight during their presence in SFC centers. The "stable and decreasing weight" beneficiaries are specifically followed through home-visiting program.

Stable weight children are visited by home visitors, causes of reducing or static weight are elucidated during the visit: misunderstanding of the mother, misuse of the premix cooked as a cake instead of a porridge, premix shared among the all family or by the total number of children.

The children found to have medical condition are referred to the nearest Therapeutic Feeding Center where the doctor in charge will carry a complete examination.

Vaccination in SFCs is under the responsibility of UNICEF. Action Contre le Faim is ensuring good collaboration with UNICEF EPI program in order to vaccinate a maximum of children and women. The health educator checks and follows the vaccination status of all the beneficiaries upon admission and keeps contact with patients in case of vaccine shortage, as it has been unfortunately the case during the year, by asking them to come back later.

A big effort had been made to increase the vaccination coverage in children from 9 to 59 months through the health education. Through out the year results have been improving, the vaccination coverage for the children aged from 9 to 59 months reaching at the end of the year 92,2%, when it was 41.2% in the year 2000.

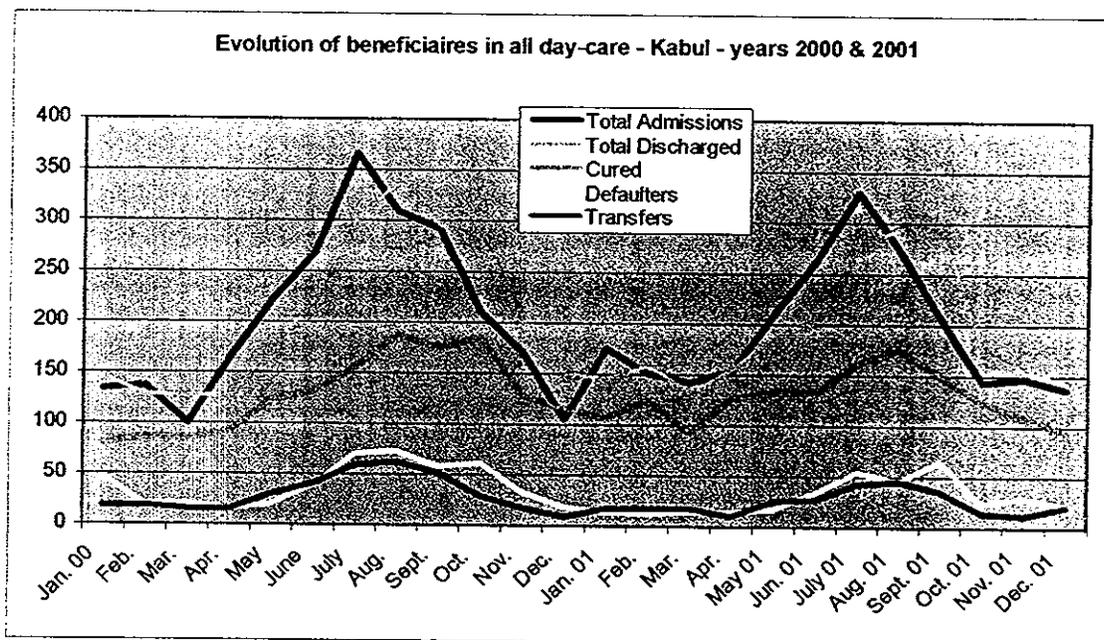
The Action Contre la Faim nutritional survey undertaken in March 2001 in Kabul city showed that the coverage of ACF supplementary program was 20,7 % with a global acute malnutrition rate among 6 – 59 months old children of 3,8 %³. Unfortunately it was impossible to organize a follow up anthropometric nutritional survey after the 11th of September for security reasons.

³ Result expressed in Z-score

❖ The therapeutic feeding program:

- TFC / Day-care centers:

As observed in the SFC program, the number of TFC Day Care beneficiaries in charge increased during summer time.



Day Care Centers Results:

A total of 2 332 beneficiaries were admitted during the reporting period. The results in Day Care program are excellent, severe medical cases have already been treated in the hospital 24/24h TFC for the acute phase of the treatment, then they are referred to the Day Care centers. Therefore, Day Care centers are receiving mainly children for whom the nutritional rehabilitation will be the essential part of the treatment. The Day Care beneficiaries are medically under control.

The system of reference between the day-cares and the hospitals 24/24h TFC is well organized and followed by the home visitor teams.

The gain of weight expressed in grams per kilogram of body weight per day of treatment is equivalent to 15 g in average⁴ for the year 2001 program, which is a good reflection of the activity. Children are reaching criteria of discharge within the expected time.

Indicators	Average 2001
Cured %	82,8
Defaulters %	17,2
Death %	0,0
Gain of Weight (g/kg/d)	15 ⁵
Length of Stay, cured (days)	29 ⁶

Table 2: Day Care centers objective measurable indicators, Kabul – Year 2001

⁴ Average of the monthly average

⁵ Action Contre la Faim objective: 10 to 20 g/kg/day

⁶ Action Contre la Faim objective: <= 30 days

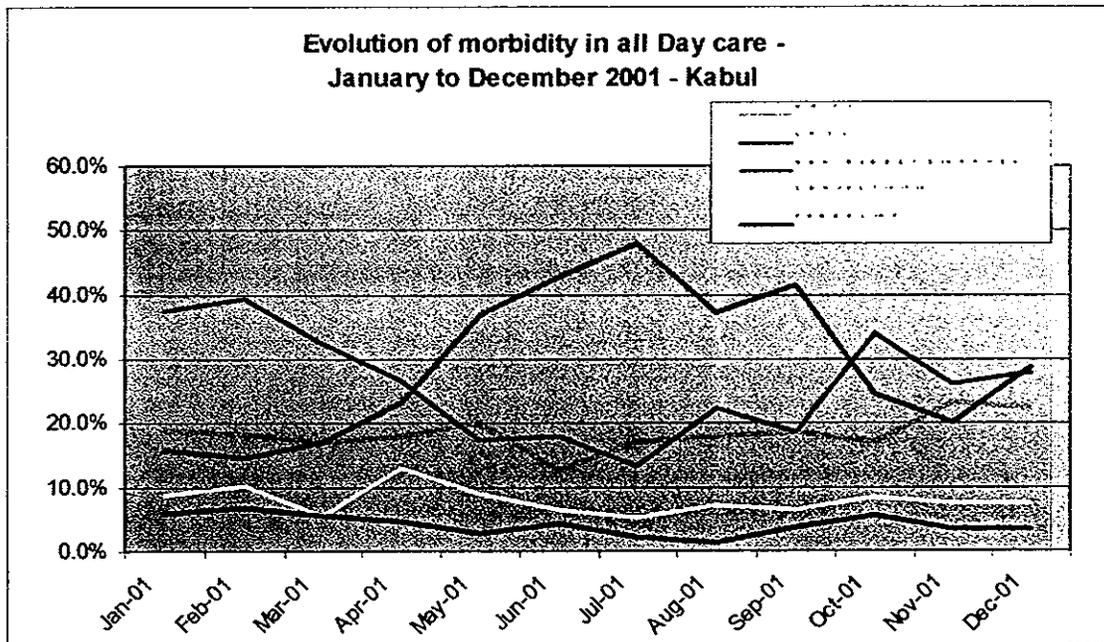
In addition, the existing facilities of the centers in addition to a reduced number of beneficiaries in charge allow a very good attention to the patients and caretakers. The mothers can explain their constraints and receive a complete health education session, topics can be discussed several times and are well integrated by mothers.

The anticipated summer increase in the defaulting rate did not affect the Day Care activities to the same extent as the other programs (SFC / TFC 24/24h), the relation between mothers and staff being closer in the Day Care, it helps to prevent absenteeism and defaulting.

The defaulter rate 30,5% reached its peak in September 2001, due to the insecurity in town.

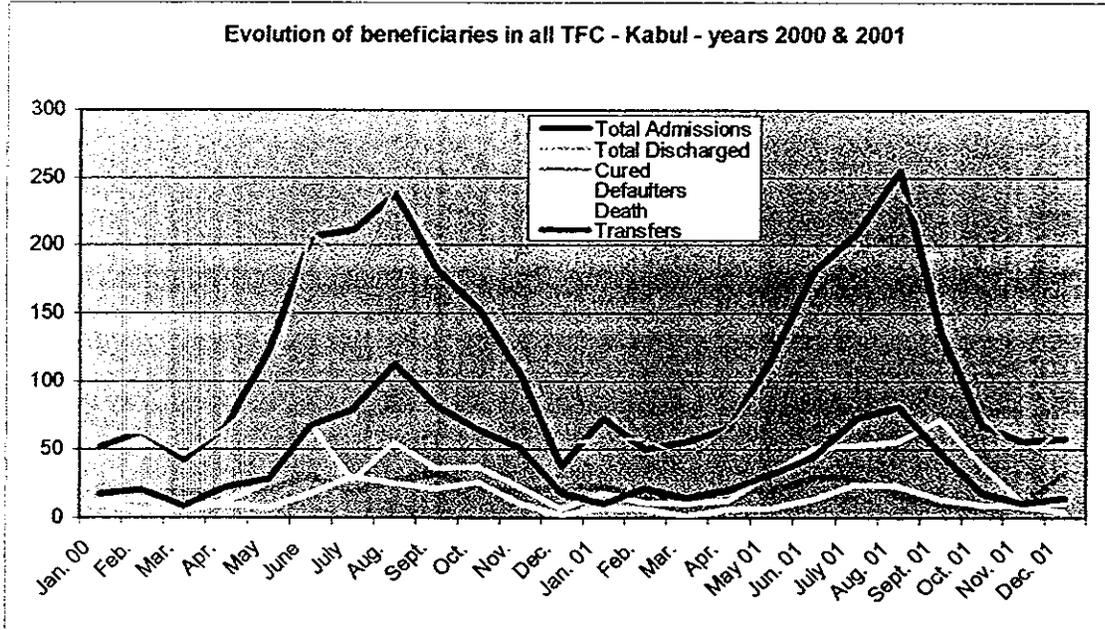
A doctor supervises the general activities and follows the medical condition of the children in each of the Day Care centers. On the following graph, the seasonal effect on certain diseases appears clearly: with lower proportions of respiratory infections in winter months and increasing diarrhea during the summer.

Conjunctivitis is common in part due to cultural habits with mothers use of "Khol" powder as an antiseptic. Often, the same stick is used for all the children present and the stick is rarely cleaned.



- TFCs 24/24h in Pediatric Hospitals:

During the year 2001, Action Contre la Faim kept running 24/24h TFC care in 3 Hospitals⁷ in Kabul. Regarding admissions within the 24/24h TFC in the Pediatric Hospitals, the same trend as in SFCs and Day Care was observed, with the main peak of admissions being during the summer.



TFC 24/24h Results:

A total of 1 326 beneficiaries were admitted to the hospital TFCs during the year 2001.

The 24/24h TFC results in hospitals for the year 2001 are as follows:

Indicators	Average 2001
Cured	36,2 %
Defaulters	47,7 %
Death	16,1 %
Gain of Weight (g/kg/d)	13,9
Length of Stay, cured (days)	23

Table 3: 24/24h TFC objective measurable indicators, Kabul – Year 2001

The low rate of cured beneficiaries is due to the following reasons:

- In TFCs 24/24h the number of transfers accounts for around 30 % on average of the children who left the centers over the reported period, which is high compared to that of the day care centers. This can be explained by the fact that the beneficiaries with complicated medical problems are first treated in the hospital TFC and as soon as they pass from phase I to phase II (when the medical problem is solved), they are referred back to the Day-care centers. This retro-transfer to the day care centers is necessary, especially during the summer months, as the capacity of the hospital TFCs is limited. Moreover, this retro-transfer system has as well an impact on the defaulting rate, as often mothers are reluctant to stay for an average of 30 days in the hospital. Consequently, the children transferred to Day Care centers do not get cured in the TFC hospitals but in the Day Care centers. In all transferred beneficiaries from 24/24h hospital TFCs to TFC day-care, 70 % arrived at destination. For the 30% of beneficiaries who did not arrive in the TFC day-care, they are traced by the home visiting team, in order to try to convince them to be readmitted.
- The defaulting rate, which is high has as well an impact on the cured rate. As mentioned above, the mothers do not appreciate to stay long in the hospital and specially the ones coming from far who may have family commitments,

⁷ Maywand Hospital has been closed at the end of December.

financial constraints, As soon as the medical problem is managed and the child seems better, they decide to leave. Moreover, the conditions in hospitals are not comfortable, e.g. the mothers sleep in a bench near the bed. Additionally, an other reason for the mothers to default is the fact that in summer two children may stay in the same bed due to the overcrowding of the TFC pediatric unit.

The mothers are provided with daily meals during their stay in the hospital. However, they did not appreciate the food provided, then ACF decided to improve the meals composition by adding vegetables and local food corresponding with Afghan's culture (to add Nan bread). Even with this amelioration, the mothers become rapidly bored with the provided food.

The tuberculosis cases, treated in collaboration with Save the Children in Maywand hospital need a longer time to be cured. Before one month of tuberculosis treatment, the children do not gain weight. If the children develop a resistance or a respiratory complication, the treatment will become even longer. Unfortunately, the mothers cannot stay a long time in hospital provoking many defaulter cases amongst this group of children.

- The death rate is as well high. The mains reasons are: acute medical conditions and late coming to the hospital. Moreover, all the complicated cases coming to the Day Care centers or SFCs or MCH are referred to the 24/24h TFC, which means that all complicated cases are treated in the Hospitals TFCs. The referral system between the TFCs 24/24h TFCs and the day-care TFCs has been improved in order to avoid the late arrivals. These transfers have been done by home visitors permanently and recently attached to the hospital based TFC who are in charged to follow this movements.

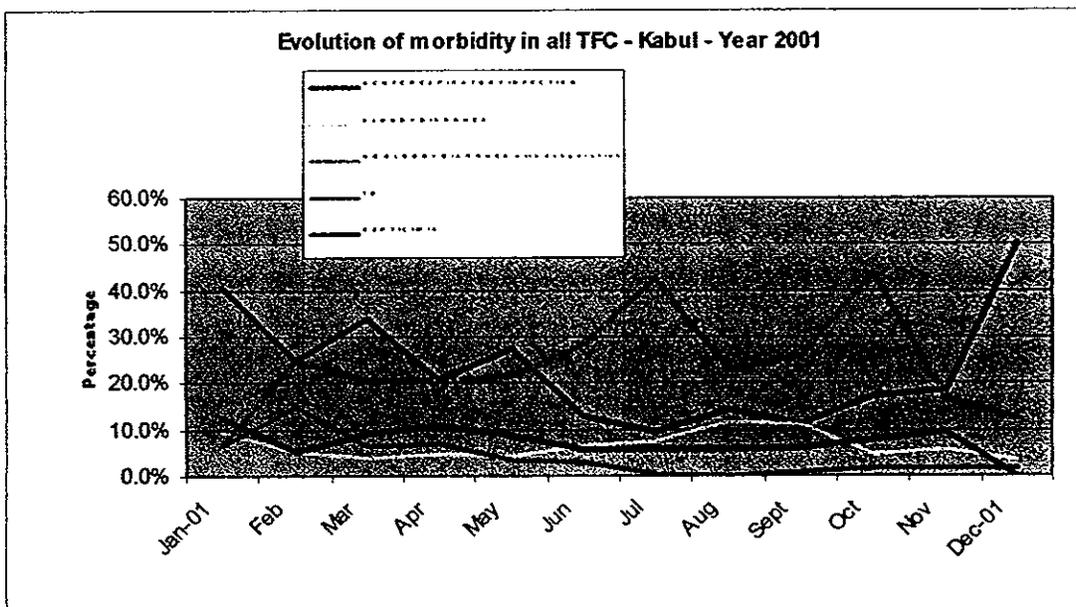
Most of the deaths occurred in children presenting severe congenital malformation or disability.

Amongst the beneficiaries who completed their treatment in the 24/24h TFC hospital have a satisfactory gain of weight (13.9g/kg/day) and an excellent length of stay (23 days). These two indicators show that the level of care in the Hospital TFCs is satisfactory. Nevertheless, better results could be obtained by the use of specific re-nutrition products (F75, F 100). In addition, these products are easier to prepare, their use will demand less in terms of training with regards to the preparation of the milk and training frequency due to the frequent turn over.

Some constraints have been faced in the Hospital TFCs due to the fact that all the staff is under Minister of Public Health (MoPH) responsibility, therefore ACF has no authority regarding their management.

- The perpetual movement of staff, specifically in Indira Gandhi Hospital. As university hospital, the doctors and the nurses move from a ward to an other every 3 months. It means that the training for the management of severe malnutrition needs to be done regularly and the capitalization of the work is not possible. In Maywand hospital, the staff stays 8 months in ACF supervised re-nutrition ward, so that the best results are obtained in this hospital. But, this organization requires a lot of energy from the supervision team (international and national) to obtain a minimum of quality in the work.
- The Hospital staff motivation. The people working in hospitals with ACF are under the supervision of the head of doctors. The relation is sometimes another obstacle; they have other interests and priorities as they do not get regular salary payment from MoPH. ACF provided them with some incentives and organized workshops every 6 months in order to increase their involvement in nutrition activities and make them more responsible.

As in day-care centers, the main pathologies, which show the same seasonal trends and appear to have similar effects and direct consequences on nutritional status of the population are acute respiratory infections and diarrhea.



In the workshop and training sessions organized during year 2001, in collaboration with the MoPH, Action Contre la Faim specifically mentioned the management of the common diseases linked with acute malnutrition and their complications as of paramount importance. The different workshops undertaken by ACF have a continuity, the MoPH organized the same specific courses in universities on the nutrition and acute malnutrition treatment and integrated these topics in its national curriculum.

A library has been created in the ACF office in order to give some references and support for the trainings.

Objective # 2: To provide "mother and child health care" in 8 MCH clinics of urban areas and rural outskirts of Kabul City

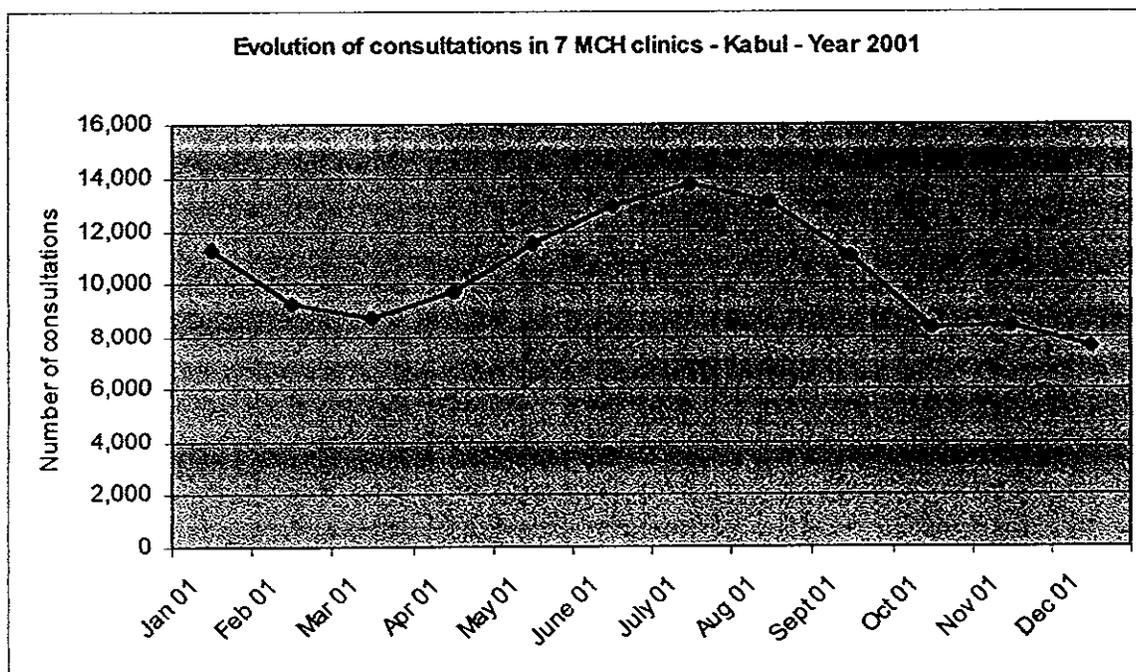
During the year 2001, Action Contre la Faim has been running 7 Mother and Child health care centers (MCH). The number of consultation are evolving according to the season, Acute Respiratory Infections during the winter and Watery Diarrhea during the summer are the main reasons for consultations. That is the reason why ACF developed special activities like ARI corners and ORT corners in order to adapt the health care to the problematic.

In MCH program, the health workers training are realized in collaboration with MSF and MDM who support respectively 3 and 4 MCH clinics in Kabul city. This activity had to stand by after September 11th, due to security reasons. As a total from January to August 2001, 224 health workers received at least one training session.

❖ General consultations

A total of 125 881 consultations have been realized throughout the year. These consultations are composed of Pediatric consultations (general and dressing) and Women consultations (Antenatal, Postnatal, General consultations, Gynecology and dressing).

A last clinic, the seventh one located in Qala-e-Wazir has been opened in May 2001, after long negotiations with the MoPH authorities. This clinic is an ACF private structure belonging to the MoPH future plans.



The peak of consultations was in July due to hot weather and seasonal diseases, (diarrhea diseases and communicable diseases). From the beginning of June ACF started Oral Re-hydration Therapy Corner (ORT) activity in the seven MCH clinics. A trained nurse is in charge of the assessment and treatment of the diarrhea cases under the guide of the pediatrician and the ACF supervisors. The women attending ORT – corners received health education about home management and prevention of diarrhea.

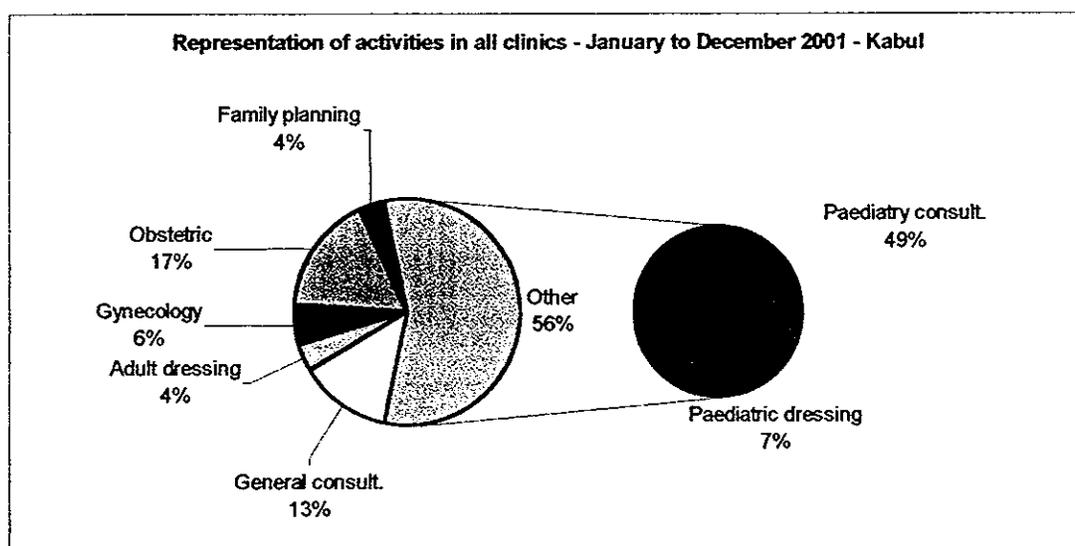
The October dramatic reduction in the graph represents the termination of summer time affections as well as insecurity during the military conflict following the events of September, 11th.

The level of activity in the clinics remained stable from October to December, while it should have increase due to the annual peak of lower respiratory tract infections. This stability is related to the insecurity situation during this period, which brought staff absenteeism and low attendance.

	CQWA	Projed Jedid	Bagrami	Kamari	Beni Hessar	Bibi Mahro	Qala Wazir
Nb of consultations	25 838	23 100	16 674	15 168	16 906	19 049	9 146

Table 4: Breakdown of number of consultations per clinic, Kabul – Year 2001

Many efforts have been done to increase mother care specifically in pre and post-natal care. This activity represents 17% of the global consultations and still needs to be increased, as well as Family Planning activity, through health education. The following graph gives a good idea of the repartition between the different activities.



❖ Consultations in pediatric

71 209 consultations in total during year 2001, including 62 845 consultations and 8 364 dressings.

Dressing consultation includes follow up of burns, injuries and injections as well as new cases. Sometimes injections prescribed by doctors or health workers from private clinics are realized within ACF MCH clinics, indeed patients believe in the safety of our nursing care. If the injections are harmful (contraindicated, expired, not adjusted dosage) the medical personal will explain the risk encountered by the patient. Risks of drug abuse and injections are part of the health education session topics.

	CQWA	Projed Jedid	Bagrami	Kamari	Beni Hessar	Bibi Mahro	Qala Wazir
Nb of consultations	10 485	11 746	8 300	8 144	9 117	9 414	5 639
Nb of dressing	1 795	1 137	1 530	894	862	1 475	671

Table 5: Breakdown of number of pediatric consultation and dressing per clinic, Kabul – Year 2001

Respiratory diseases represent 41,8 % of the total causes of consultations and diarrheal diseases 19,6 %.

Acute Respiratory Infections are the major causes of consultations resulting of poor living condition and lack of appropriate knowledge on prevention of communicable diseases.

Diarrheal diseases (bloody and watery) , skin infections, and intestinal parasites are the other major reasons for consultations, they are linked with poor hygiene and sanitation condition and educational problems.

Eye diseases (infectious conjunctivitis) are due to poor personal hygiene and cultural habits of mothers (using kohl and all the family using the same towel) which increase transmission of infections to others.

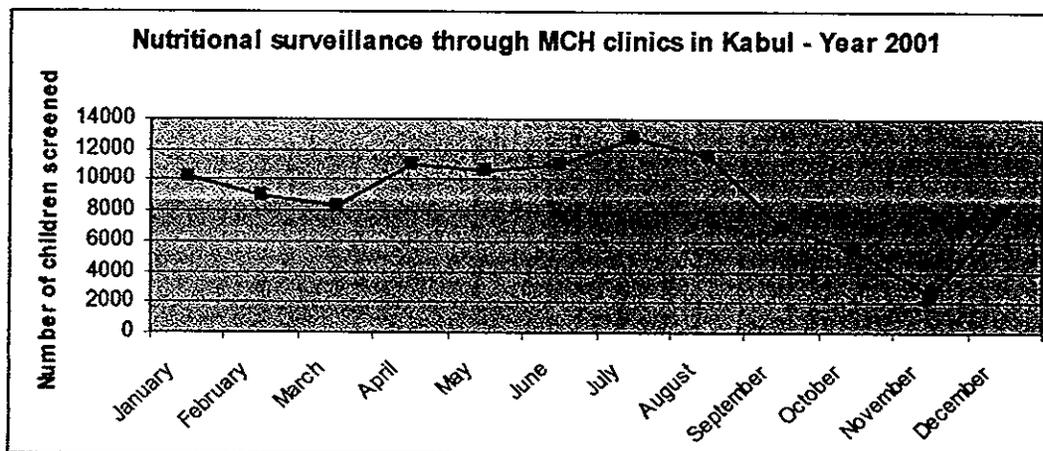
Total consultations = 71 209	QW	PJ	CQWA	BH	Kamari	Bagrami	B.H	Total
Upper ARI	26.1 %	22.2 %	26.9 %	34.6 %	25.4 %	26.7 %	36.2 %	27.8 %
Lower ARI	20.7 %	13.3 %	10.3 %	14.8 %	12.7 %	18.4 %	15.6 %	14 %
Watery Diarrhea	10.5 %	12.3 %	17.7 %	10.5 %	9.4 %	12 %	13.4 %	13.1 %
Dysentery	8.4 %	4 %	5.7 %	8.1 %	8.8 %	8 %	4.8 %	6.5 %
Eye diseases	3.2 %	6.2 %	7.7 %	5.3 %	10.1 %	5.9 %	3.2 %	6.1 %
Intestinal Parasite	9 %	8.2 %	7.3 %	7.5 %	8.9 %	4.9 %	6.4 %	7.6 %
Urinary tract infections	3.1 %	2.5 %	3.7 %	2.1 %	2.2 %	4.6 %	2.2 %	2.9 %
Skin diseases	7.1 %	7 %	8.3 %	6.2 %	6.3 %	5.5 %	7.2 %	6.8 %

(results in percentage, without others in table we do not reached 100 %)

Table 6: Children under 5 years Morbidity per clinic, Kabul – Year 2001

Children under 5 years old are systematically screened and referred to nutritional centers if necessary. This screening network has been extended to a total of 26 clinics supported by different NGOs or MoPH, in order to set up a nutritional surveillance system. The program started in July 2000, refresher course for the involved staff have been organized by the supervisors of ACF in 2001, each clinic received anthropometric measurement equipment (Salter scale, Measuring Board, MUAC tape) and stationery. Data are collected by ACF and distributed on monthly basis to the MoPH, the NGOs working in Kabul. During the year 2001 a total of 107 309 children were screened which represent approximately 9,000 children screened per month. After events of September, the bombing of the town affected seriously this program nevertheless, the data collection remained possible for some clinics.

As a result of one year, 460 severely malnourished and 1 693 moderately malnourished have been detected and all of them have been referred to ACF nutritional centers.



❖ General consultations for women:

A total of 21 302 general consultations including 16 371 medical consultations and 4 931 dressings.

	CQWA	Projed Jedid	Bagrami	Kamari	Beni Hessar	Bibi Mahro	Qala Wazir
Nb of consultations	2 923	2 612	2 670	2 462	1 550	2 981	1 173
Nb of dressing	1 592	923	567	676	558	431	184

Table 7: Number of women consultations and dressing per clinic, Kabul – Year 2001

The main pathologies treated in the MCHs are :

- Acute respiratory tract infections : it is particularly true in the clinics outside the town (Kamari, Bagrami, and Beni Hessar) and the poorest area (Bibi Mahro). The population there does not have good living conditions, it can be considered as very precarious.
- Peptic diseases : the stress and the conditions linked with pregnancy are the main causes of this pathology.
- Urinary tract infection : this is the reflect of lack of personal hygiene.

Total consultations = 13 629	QW	PJ	CQWA	BH	Kamari	Bragrami	BM	Total
Upper ARI	8.6 %	9 %	12.3 %	13.2 %	13.7 %	21.9 %	18.5 %	14 %
Lower ARI	3.7 %	4.3 %	5.9 %	3 %	13.1 %	8.2 %	10.2 %	7.4 %
Watery Diarrhea	21.7 %	0.1 %	1.3 %	0.5 %	0.1 %	0.5 %	0.6 %	2.1 %
Dysentery	1.4 %	1.3 %	5.3 %	6.2 %	5.5 %	3.1 %	2.9 %	3.8 %
Eye diseases	2.2 %	2.8 %	5 %	1.3 %	5 %	3.9 %	3.7 %	3.8 %
Intestinal Parasite	0.5 %	1.4 %	3.1 %	3.2 %	3.5 %	1.4 %	3.1 %	2.5 %
Muscular-skeletal diseases	5.5 %	18.6 %	2.1 %	9.4 %	12.7 %	9.8 %	13.1 %	11.3 %
Peptic diseases	11.7 %	10.9 %	11.5 %	19.4 %	10.4 %	16.7 %	14.5 %	12.8 %
Urinary tract infections	12.3 %	14.1 %	22.6 %	12.5 %	9.9 %	4.8 %	7.3 %	11.9 %
Skin diseases	4.5 %	3.8 %	5.9 %	1.9 %	6.6 %	2.6 %	5.2 %	4.5 %

Table 8: Women Morbidity percentage per clinic, Kabul – Year 2001

❖ Consultations in gynecology / obstetrics

A total of 7 515 gynecology consultations and 21 169 obstetric consultations have been done. For each clinic, a gynecologist (female staff) and a midwife with the assistance of a health educator take in charge the mothers.

	CQWA	Projed Jedid	Bagrami	Kamari	Beni Hessar	Bibi Mahro	Qala Wazir
Gynecology	2 192	1 331	655	780	766	1 446	345
Obstetric	4 913	4 538	2 522	1 953	3 374	2 842	1 027

Table 9: Number of gynecology consultations per clinic, Kabul – Year 2001

CQWA is the most populated area and a very old neighborhood of Kabul city, where many Hazara people live. The socio economical situation of the resident is one of the poorest in Kabul. Their source of income is coming from daily work and carpet weaving. ACF MCH clinic is the only one in this area, that's explain its high attendance.

Concerning gynecology consultation, 59,8 % of cases are genital infection. This kind of diseases is directly linked with hygiene. Here again the lack of health education appears as a vital element to have a direct impact on the epidemiological evolution.

The Afghan's culture constraints do not permit mothers to come regularly to the clinics. Their movements are restrained. This is particularly true for post-natal consultations because of a traditional belief which consists in staying 40 consecutive days at home after delivery. But, with the specific health education developed for pregnant women, in average during the year 2001, out of the 15 958 mothers who attended a prenatal consultation, 25% visited the midwife after delivery and 23,9% of them within 10 days.

❖ Contraception methods

A total of 4 686 counseling consultation for family planning were achieved through out the 7 MCH clinics.

	CQWA	Projed Jedid	Bagrami	Kamari	Beni Hessar	Bibi Mahro	Qala Wazir
Family planning	1 938	813	430	259	679	460	107

Table 10: Breakdown of Family planning consultation per clinic, Kabul – Year 2001

We can notice an unequal repartition of the activity, this is the result of the different midwives and the difference in the acceptance in the different communities of the 7 clinics. The clinics provide three kind of contraception, the daily pills, the injection which provide 3 months of contraception and condoms. Indeed, each of the three method are equally prescribed. Depro-provera is utilized for simple contraception for women after 35 years old and sometimes for younger women when

there is a medical prescription. If a problem appears during the delivery, the doctor can choose to avoid other pregnancies before a minimum of time. Doctors received specific training about this drug and follow regularly the women.

Condoms are commonly well accepted being a mechanical, non drug method. This also protects the couple in case of any infection.

The highest part of consultations concerned women between 18 and 35 years old. For women under 18 years old, the doctors minimize the utilization of contraceptive, only a medical complication will require it.

With birth control, women have more facilities to look after their last child. They have time to finish the breastfeeding and to manage the weaning correctly before the next delivery, which decrease as well the risk for the child to become malnourished. In addition, the space birthing give time to mothers to recover themselves and avoid complications for next pregnancies.

To give this treatment, doctors need to have the written agreement from the husband in order to avoid any problem with the authorities. Then after evidence of no current pregnancy the contraceptive method can be started.

Objective # 3: To ensure prevention of malnutrition and common diseases among women and children

The prevention of malnutrition is implemented through health education and home visiting, a group of female health educator/home visitor is developing these activities in the nutrition centers, the mother child health clinics and through out the community by two different approach, the follow up of the malnourished and the screening of new cases.

❖ Education component

The health education program targets the main causes of malnutrition by developing large health topics:

- Breastfeeding
- Weaning
- vaccination
- Diarrhea & dehydration
- Pregnancy
- Hygiene : environmental, food and body
- Tuberculosis
- Acute respiratory infections
- Burns
- Family planning.
- Malnutrition
- Nutrition

For each topic, there are different supports : flipcharts, flannel board, posters and some toys to represent situation, for example the delivery.

During the complete year 2000 and the first 6 months of the year 2001, the home visiting team developed an health education evaluation through questionnaire on health education message comprehension. The target group was composed of 50% of beneficiaries and 50% of non beneficiaries. A total of 677 caretakers were interviewed three consecutive times with an interval of one month each time. Each interview was followed by a house health education session based on all topics developed above.

Results based on 4 key messages						
	First visit			Last visit		
	Nb of correct answer	Total interviewed	% of correct answer	Nb of correct answer	Total interviewed	% of correct answer
Body hygiene	1	64	1.6 %	34	64	53.1 %
Breastfeeding	89	138	64.5 %	111	115	96.5 %
Vaccination	28	46	60.9 %	43	46	93.5 %
Pregnancy	23	66	34.8 %	65	67	97 %
Total	141	314	44.9 %	253	292	86.6 %

Table 11: Results of the health education evaluation, Kabul – Year 2001

The full report results (currently being completed) are showing a strong effect of home visitors health education topics in the families and the positive change of caretakers behavior expected.

The health educators were trained on how to carry out health education sessions and how to motivate the mothers. The supervisors for health education program participated in the elaboration of all supports and tested them before introducing a new one.

- Health education in SFCs

All the mothers attending a SFC participated in a health education session before receiving their ration. These sessions are limited to 12 mothers per session and last ten minutes. This duration is depending of the attendance of the center, can be longer especially during winter when the centers are not overcrowded. One topic per week is presented. Thus, during child treatment, they will have attended all the different health topics.

Newly admitted mothers are receiving training about the porridge preparation. In each SFC, mothers attend a porridge demonstration maximizing the good utilization of the dry ration at home.

SFC Health educators are following up the mothers having a child with stable or decreased weight. They analyze the reasons why this child is not responding to the treatment. If no improvement is recorded, and a maximum of 4 interviews have been realized, they will contact the home visitors in order to visit the family and evaluate deeply the factors.

- Health education in TFCs and MCH clinics

During the afternoon, in the Day Care TFCs, the health educators organize one session each day. Mothers are generally very attentive to those sessions due to the relative low number of mothers and the comfortable environment existing in the Day Care. There is an adequate atmosphere for transmission of messages.

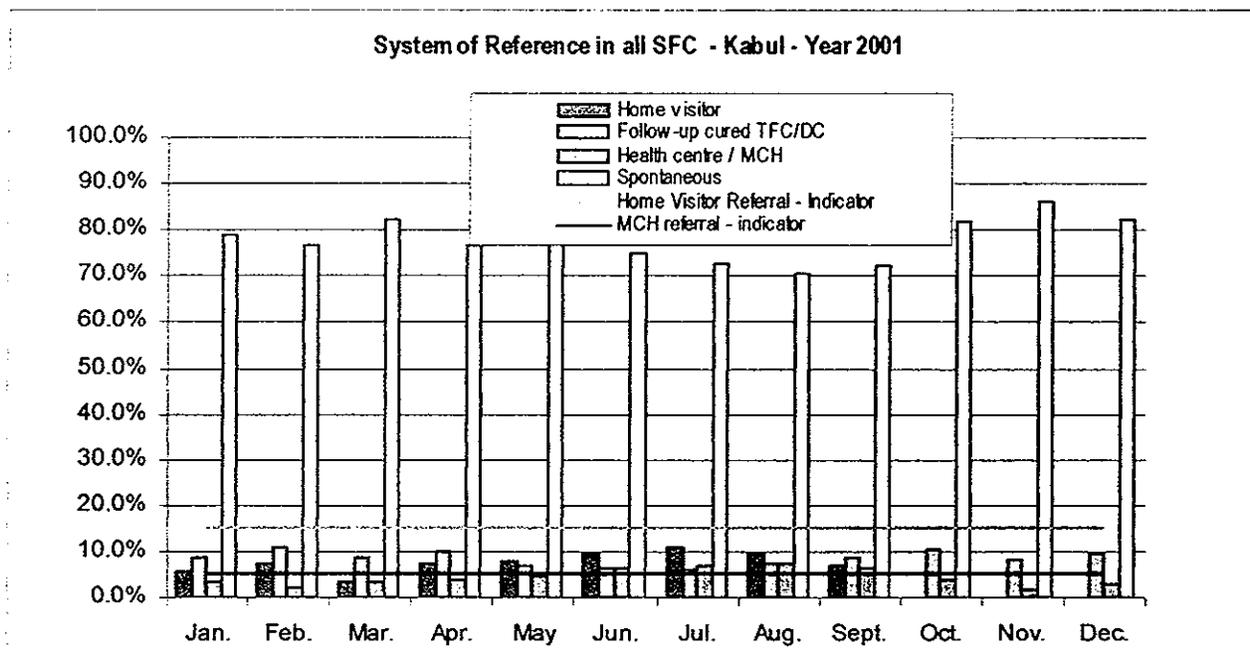
In each hospital TFC the health educator is trained on chlorination of water, preparation of the therapeutic milk, porridge preparation, management of diarrhea, management of mother milk deficiency in order to adapt the health education session to the reality of the hospital and replace the staff in case of emergency or absence.

In MCH clinic, before consultation (except in case of emergency), the mothers attend a health education session. Different topics are developed everyday. Specific health education, care during pregnancy, is organized for pregnant women. The educators ask them to come for regular session on precise dates. Midwives are usually carrying out on those special sessions assisted by three specialized health educators. They work with specific material and posters in order to motivate the mothers and make the sessions attractive.

- ❖ Home visiting program:

The network operational in Kabul City employs 42 home visitors, 12 supervisors and 2 direct assistants for the expatriate (a sort of management officer). They are all female personal.

The home visitors work in pairs, for security and cultural reason, one women cannot move alone from one house to another one; these 21 teams are attached to a feeding center (18 SFCs, 14 Day-cares (always in link with one SFC), and 3 hospitals).



The activities of home visitors are:

- To undertake systematic screening in households
- To find and refer back the defaulter cases to the centers
- To follow the transfers between different structures
- To follow the "stable weight" children at home and help the family if possible by health education
- To conduct health education in households

The main difficulties in implementation of these activities were:

- Security problems: often the Taleban authorities created problems when realizing that some women were going from house to house in the district. One of the major problems was the confusion done between home visiting and nutritional survey which was forbidden since the Minister decided to supervise himself this kind of activity (June). The "Vice and Virtue" Minister visited ACF centers and followed the home visitors during their movements.
- Wrong or incomplete addresses of beneficiaries
- The beneficiaries have moved back to rural areas
- Husbands were often in disagreement with the necessity for the women to attend distribution centers or therapeutic feeding center
- The mothers refused to come even with an explanation on the high necessity of nutritional treatment

The referral system between MCH clinics and nutritional centers is easier. Mothers are usually come to the clinic because of a medical problem and with the willingness to treat their child. With a reference decided by a doctor, the mothers in consultation with their husbands will follow the advice with less reluctance.

The nutritional screening in the districts allowed ACF to increase the center's coverage. Some specific measuring boards have been created in order to facilitate the transport, Salter scale and MUAC tapes were also supplied.

Following the events of September 11th, Home visiting activity as it had been running had to stop due to the military conflict and the insecurity situation in the town. The female home visitors continued their activities in the feeding centers and MCH clinics. They conducted health education sessions, assisted the other staff and replaced the vacant posts as many persons left Kabul and its insecurity.

Objective # 4: To improve hygiene conditions through water and sanitation localized projects as well as food security of Vulnerable households through income-generating activities.

A great part of the water and sanitation component of the program was based on Local Capacity Building (LCB). Basically, LCB aims at involving the local populations in the different steps of the projects (contacts with the local authorities, surveys, implementation of the works, running and maintenance of the facilities, income generation possibly...). Therefore, it was decided to set up a LCB committee – neighborhood committee - within each of our working areas.

LCB committees are the pillars of the water and sanitation component. A hasty setting up of the committees would have created strong expectations and then possible frustrations among the communities. That is why ACF did not want to launch any LCB activity before getting serious guarantees with regards to the funding. Consequently, the LCB committee setting up process was not launched before April. At the same time, it was difficult to obtain all the necessary authorizations. The Taleb-led Kabul Municipality took a lot of problems concerning the signature of a Protocol Agreement. This postponed the starting of the civil engineering works.

Once all the necessary authorizations were obtained, the water and sanitation component of program could run more or less smoothly until September. The evacuation of the whole international personnel following upon the US / UK air strikes following upon the tragic events of September the 11th disrupted some aspects of the implementation of the water and sanitation projects, so that some indicators could not be measured correctly. Some objectives could not be completely reached as explained further in the present report. Anyway, most activities were completed by the end of the year 2001.

❖ Local Capacity Building (LCB) and Health Education (H.E)

One LCB committee has been set up in each of the four neighborhoods where water and sanitation activities were implemented in 2001 as follows:

- 6 members within the LCB committee of Aqa Ali Shams
- 13 members within the LCB committee of Bibi Mahroo
- 8 members within the LCB committee of Proja-e Jadeed
- 9 members within the LCB committee of Khair Khana III.

A Memorandum of Understanding (MoU) had been prepared for each committee. Unfortunately, only two Memoranda could be signed due to the lack of co-operation from the local authorities. However, LCB and H.E. Assistants managed to ensure a more or less good functioning of each committee. Each LCB and H.E. Assistant provided the LCB committee members with initial training in various fields: health and hygiene, sanitation assets maintenance, technical data collection...

Once the LCB committees settled, activities were carried out as follows:

→ *Aqa Ali Shams LCB committee*

- Home visiting / selection of the 500 private wells
- Home visiting / selection of the 800 private latrines
- Numbering of the households / private household data collection (preparation of a small data base)
- Contacts with the farmers and the landowners from the area (night-soil collection / feasibility study of composting units)
- Preparation and organization of the community-based hygiene promotion sessions (feeding center + school)
- Participation to the preparation of the possible projects 2002.

→ *Bibi Mahroo LCB committee*

- Neighborhood cleaning campaign / measurement of the uncontrolled refuse through community mobilization
- Counting up of the total number of potential private connections on the future drainage network
- Private connection promotion campaign and counting up of the total number of private wastewater connections on the drainage network
- Decision about the locations of the refuse collection tanks
- Refuse collection tank filling rate monitoring
- Contacts with the farmers from the area (possible composting project in future)
- Participation to the preparation of the possible projects 2002.

→ *Proja-e Jadeed LCB committee*

- Private connection promotion campaign and counting up of the total number of private wastewater connections on the drainage network
- Latrine vault emptying trap door promotion campaign
- Neighborhood cleaning campaign.

→ *Khair Khana III LCB committee*

- Neighborhood cleaning campaign / measurement of the uncontrolled refuse through community mobilization
- Private connection promotion campaign and counting up of the total number of private wastewater connections on the drainage network
- Decision about the locations of the refuse collection tanks
- Refuse collection tank filling rate monitoring.

Concerning private connections, the LCB committees carried out surveys in order to count up the total number of families connecting their wastewater on the drainage networks. **With regards to the indicator “35 % of people from three neighborhoods connected their wastewater on the drainage system”, we have considered only the connections on the main stone masonry canals since such connections are easier to assess**, since families living along stone masonry canals are representative enough. We have not either considered the rainwater connections. First, they might be numerous (many potential drainpipe inlets). Furthermore, since most of households are financially vulnerable, there is little chance that they spontaneously connect their rainwater on the drainage system. For sure, they will prefer connecting their wastewater first. Shortly, we do not eventually prefer to consider rainwater connections as a reliable indicator.

	No potential wastewater connections	No of actual wastewater connections	Percentage of households connecting their wastewater
Bibi Mahroo	64	47	73.4 %
Proja-e-Jadeed / Khair Khana III	368	235	63.9 %
Total:	432	282	65.3 %

Table 12: *Private wastewater connection monitoring in the neighborhoods of Bibi Mahroo, Proja-e-Jadeed & Khair Khana III.*

Hygiene promotion activities were also implemented within the scope of the water and sanitation component of the program. Many constraints prevented us from implementing all the activities that were planned initially. LCB and H.E. Assistants undertook the provision of relevant health and personal hygiene information as well as relevant information concerning the running of sanitation facilities for men through goodwill and co-operative mullahs (readings and group discussions in the mosques of Aqa Ali Shams Bibi Mahroo and Proja-e-Jadeed areas). In Khair Khana III, the lack of goodwill and co-operation from most mullahs blocked the implementation of hygiene promotion activities. **Anyway, the tragic events of September the 11th and their consequences prevented the LCB and H.E. Assistants from completing what had started earlier in the year...** Specific media such as posters and booklets (drawing, transfer, storage of water / regular upkeep of the well / proper use and regular upkeep of the latrines) were prepared for specific community-based hygiene promotion sessions within our SFC of Aqa Ali Shams (females) and within the school of Aqa Ali Shams (males). The testing of the media took more time than planned since we wanted to get hygiene promotion messaged effective. In fact, the sessions took place at the beginning of January 2002. The sessions aimed at providing the beneficiaries of the well and latrine projects with relevant personal, domestic and environmental hygiene messages as well as some messages linked to the maintenance of the various assets. The sessions were subject to distributions of non-food items (water tanks, buckets, soap...). All in all, **about 2,600 sessions were implemented: 2*800 sessions for latrines + 2*500 sessions for wells...** Finally, we could not implement H.E. within schools for the children living in the neighborhoods targeted by water and sanitation activities. **Actually, the negotiations with the Ministry of Education (MoE) turned out to be too much difficult and no agreement was found about the allowance issue. ACF will study the possibility to reuse the different media that had been prepared for the purposes of possible school-based hygiene promotion courses in future.**

❖ Well and latrine rehabilitation projects in Aqa Ali Shams (district 7)

The physical implementation of the works started in mid-June. It made full-time busy 110 skilled workers, among which masons, steel bar benders, carpenters and well diggers. 151 unskilled workers were employed for the production of concrete rings as well as the transportation of materials and tools, and the rehabilitation works within households lead by widows or disabled males. Such manpower allowed the completion of 40 latrines and 28 wells per week in normal circumstances. The production rhythm decreased a bit during the first weeks of bombardment in October. However, the works could be completed by the end of November as more or less initially planned in spite of heavy logistic constraints (work on a just-in-time basis, transportation of the material...).

	AMOUNT TO BE ACHIEVED	AMOUNT COMPLETED	BALANCE	% REACHED
Latrines	800	804	-4	100.50 %
Wells	500	507	-7	101.40 %

Table 13: *Well and latrine rehabilitation projects in Aqa Ali Shams (district 7) – Results reached at the end of the project.*

Globally, the community participation was fully satisfactory throughout the implementation of the projects. The community participation concerns regular latrine vault emptying too. The first latrines were emptied in August. LCB and H.E. Assistants provided night-soil collectors with some technical guidelines with a view to getting a more hygienic night-soil collection and disposal. LCB and H.E. Assistants also got in touch with local farmers and landowners in order to study the feasibility of a night-soil composting project that might be implemented during the year 2002. Other pictures show some achievements as follow.

Concerning wells, an average depth of 10 meters had been initially considered. Finally, it turned out that the average depth was between 6 and 7 meters, which means that only 8,500 concrete rings had to be poured instead of 13,500 concrete rings initially planned. Moreover, in many cases, the drainage channel of the well was connected to an irrigated garden, so that there was no point in building any soakage system. Therefore, a not inconsiderable margin was drawn on the well project. Such a margin was totally reused within the scope of the latrine rehabilitation project. Actually, we decided to bring some developments that were not planned initially: stone masonry stairs, inside plastering (mortar + mud), outside plastering (mud) and installation of a drainpipe. Basically, this allowed making the average price of a latrine rehabilitation increasing from 50 USD to about 75 USD.

At the beginning of the project – from mid-June till mid-July – water analyses were carried out on all the selected wells, which excludes the wells that were dried up at the time of the survey. Comparative analyses were supposed to be conducted on each well on a just-in-time basis at the end of the works, i.e. from the end of September until the end of October approximately. Actually, we can reasonably and scientifically compare analyses carried out in June / July and analyses carried out in September / October (summer). Unfortunately, the events of the last autumn severely affected the logistics of the water and sanitation projects, in terms of provision of water analysis consumables especially. The Water and Sanitation Department suffered from a shortage of culture medium from September, so that it was not possible to achieve any new water analysis. New culture medium samples arrived in Kabul in January 2002. In winter, there is more water in wells and the temperatures are very low, so that faecal pollution risks are limited. Bacteriological analyses were carried out on a cross-section of 50 representative wells. Most of them were free of any pollution in January 2002. Of course we cannot compare such analyses with those achieved in June / July 2001. Please see the results of the different water analyses (cf. Appendix WS1). Anyway, the cross-section of 50 representative wells will be the reference for further monitoring in the coming months. New comparative water analyses will be conducted in June / July 2002 and in January 2003.

❖ Wastewater drainage network and refuse collection projects in Bibi Mahroo (district 9)

The refuse collection tank project – initially planned in June – could not start due to some delay in the getting of the authorizations. Actually, Bibi Mahroo area is not on the Master Plan of Kabul City. Finally, the works started in mid-July. The ditch network project – initially planned from September until November – started at the same time. The drought allowed starting the ditch network project at that time. Actually, in July, there was no water in the part of the channel for irrigation purposes. Consequently, we decided to start the works, following the request of the community from Bibi Mahroo area. That should have allowed farmers to irrigate their winter wheat in good conditions from October. Unfortunately, the US / UK air strikes badly affected the implementation of the works. Actually, the building site of Bibi Mahroo was located very near the international airport of Kabul that was frequently targeted by the air strikes. Consequently, the works there took some delay.

Some changes quickly appeared as regards the refuse collection project. Actually, we had to cancel some of them and we had to reduce the capacity of many others due to the exiguity of most streets. Some changes have also appeared since the previous intermediate report (until August the 31st). Actually, two new tanks were built. Finally, the project concerned the building of 10 tanks of 4,000 liters (internal size: 3*1.5 m) and 8 tanks of 1,750 liters (internal size: 2*1 m)⁸ instead of 20 tanks of 4,000 liters initially planned.

	AMOUNT TO BE ACHIEVED	AMOUNT COMPLETED	BALANCE	% REACHED
4,000-litre coll. Tank	20	10	10	50 %
1,750-litre coll. Tank	0	8	-8	-
Total coll. Capacity (litre)	80,000	54,000	26,000	67.50 %

Table 14: Refuse collection tank project in Bibi Mahroo (District 9) – Results reached at the end of the project.

At the end of the project, we obtain a total collection capacity of 54,000 liters for about 4,000 families, which is by far satisfactory in accordance with the usual SPHERE standards, even if some families have to walk quite a lot to the closest refuse collection tank. Initially, it was planned to get a total collection capacity of 80,000 liters. The exiguity of the streets

⁸ A collection capacity of 2,000 liters can be possibly reached according to the packing down of the solid waste.

was a huge constraint. Once the refuse collection tanks completed, the LCB and H.E. Assistants and the neighborhood committee members started the monitoring of the refuse collection process. The quantity of waste is measured in each collection tank every 15 days. The monitoring clearly shows that the number of households putting their waste regularly in refuse collection tanks did not increase between the end of September and December (*cf. Appendix WS2*). Two main reasons can explain such a failure in the use of the refuse collection tanks as follows:

- The neighborhood of Bibi Mahroo is very near the airport that was frequently subject to heavy bombing from October the 7th so that most people may have been afraid to leave home only to throw away their waste in refuse collection tanks.
- The air strikes severely disrupted the functioning of the Sanitation and Gardens Department of the Kabul Municipality, so that many tanks were completely full or at least nearly full, which may have discouraged households to use correctly the refuse collection tanks.

Nevertheless, we have been noticing a significant improvement of the refuse disposal process since the beginning of the year 2002. For comparison only, **the average monthly volume of waste that was disposed of through refuse collection tanks was a bit less than 6.900 m3 between September and December 2001, while the average monthly volume of waste that is disposed of through refuse collection tanks has been nearly 18.500 m3 since January 2002.** Starting from that record, the number of households putting their waste regularly in refuse collection tanks has increased⁹ from the end of the year 2001 in the neighborhood of Bibi Mahroo (district 9).

With regards to the ditch network project, the main problem concerned the "irrigation canal / drainage canal" twinning. The upstream part of the canal is for irrigation purposes, while the downstream part is for rainwater and wastewater drainage purposes. Many discussions took place with the farmers and the landowners about that. Finally, the twinning is effectively managed through a system of gates – concrete slabs in fact – and overflows aiming at regulating the irrigation flow. The works were completed December the 13th, i.e. five months after their start. All the different tasks to be achieved were 100% completed. Please refer to the intermediate narrative report (January – August 2001) for the list of tasks.

❖ Wastewater drainage network project in Proja-e Jadeed (District 15)

The works there started May 9 with one month delay. Some changes appeared during the digging in the first days of the implementation. The stone masonry canal (main part of the drainage network) goes along a water-supply network. In 2000, the design as well as the location of our canal was decided in accordance with the recommendations of the technical services of the Kabul Municipality, taken into account the presence of the water-supply network. Unfortunately, it turned out that, in some places, the location of the water-supply network had nothing to do with what we had been said by the Kabul Municipality. Consequently, in some places, we had to reduce the size of the walls (from 50 cm to 40 cm maximum) in order to wedge the canal between the water-supply network and the road. A security width of 10 cm has been kept between the pipes of the water-supply network and the edge of the wall of the canal. In some other places, we had to change a bit the location of the canal in order to avoid unplanned septic tanks. Please refer to the intermediate narrative report (January – August 2001) for more details about such changes as well as the different tasks that were 100% completed.

Let us note that the US / UK air strikes affected the implementation of the works in Proja-e-Jadeed. For example, a bomb fell down on the building site some minutes before the start of the works hence fears and problems that we can easily understand. That explains some delay in the completion of the works.

Comparative water analyses were carried out on a cross-section of 20 representative wells at the end of March 2001, e.g. one year after the beginning of the works of the first section. At that time, it turned out that the works achieved in 2000 seemed to have a positive impact on the water quality in the neighborhood. Please refer to the intermediate narrative report (January – August 2001) for the results of those comparative water analyses. It was also planned to conduct new comparative water analyses on the same cross-section of 20 representative wells in September 2001, e.g. one year after the end of the works of the first section. Unfortunately, the events of the last fall disturbed a lot the logistics of the mission, so that the Water and Sanitation Department was without water analysis consumables, culture medium especially. No analysis could be carried out until the beginning of the year 2002. New water analyses were carried out on the cross-section of 20 representative wells in March 2002, i.e. two years after the start of the first section and nearly one year after the start of the second section. **For the second consecutive year, we clearly notice a much better water quality in the neighborhood of Proja-e-Jadeed (*cf. Appendix WS3*).** The SPHERE standards usually recommend no more than 10 colonies of faecal coliforms per 100 ml of drinking water. **In March 2000, only two of the 20 representative wells were above the SPHERE standards. A minimum of 15 wells has been above the SPHERE standards since March 2001.** Out of the four wells below standards in March 2002, three of them did show a fair level of contamination (respectively 11, 12 and 19 colonies of faecal coliforms per 100 ml). Moreover, out of the four wells that were below standards in March 2002, one of them was dried

⁹ In a city such as Kabul, we can reasonably assume that the daily quantity of household waste does not vary too much from one month to another one.

up in March 2001, so that the little deterioration between March 2001 and March 2002 must be qualified. New water analyses will be carried out in September 2002 and in March 2003.

	No surveyed wells ¹⁰	No wells below standards	No wells above standards	%
March 2000	20	18	2	10.0 %
March 2001	16	0	16	100.0 %
March 2002	19	4	15	78.9 %

Table 15: Water quality monitoring in the neighborhood of Proja-e-Jadeed (district 15).

At the same time, in the SFC of Proja-e Jadeed, we have noticed a quite significant drop of the number of summer admissions. From May until September, admissions can be reasonably put down to acute diarrheas. Shortly, we can assume that the quoted better water quality has been positively impacting on the nutritional status of children between 66 and 59 months, in summer especially. **Between 2000 and 2001, we have observed a drop in the total number of summer admissions (from May till September) of more than 19%.**

	No admissions 2000	No admissions 2001	Balance	Δ%
May	144	114	- 30	-20.8 %
June	142	152	+ 10	+7.0 %
July	183	178	- 5	-2.7 %
August	208	126	- 82	-39.4 %
September	118	73	- 45	-38.1 %
Total	795	643	- 152	-19.1 %

Table 16: Malnutrition situation in the SFC of Proja-e-Jadeed (district 15) between the summer 2000 and the summer 2001 – Children between 6 and 59 months.

❖ Wastewater drainage network and refuse collection projects in Khair Khana III (district 15)

Some changes quickly appeared as regards the refuse collection project. Actually, we had to cancel some of them and we had to reduce the capacity of many others due to the exiguity of most streets. Finally, the project concerned the building of 22 tanks of 4,000 liters (internal size: 3*1.5 m) and 16 tanks of 1,750 liters (internal size: 2*1 m)¹¹ instead of 30 tanks of 4,000 liters initially planned.

	AMOUNT TO BE ACHIEVED	AMOUNT COMPLETED	BALANCE	% REACHED
4,000-liter coll. Tank	30	22	0	73.30 %
1,750-liter coll. Tank	0	16	-16	-
Total coll. Capacity (liter)	120,000	116,000	4,000	96.70 %

Table 17: Refuse collection tank project in Khair Khana III (district 15) – Results reached at the end of the project.

At the end of the project, we obtain a total collection capacity of 116,000 liters for about 3,700 families, which is by far satisfactory in accordance with the usual SPHERE standards, even if some families have to walk quite a lot to the closest refuse collection tank. Initially, it was planned to get a total collection capacity of 120,000 liters. **The exiguity of the streets was a huge constraint.** Once the refuse collection tanks completed, the LCB and H.E. Assistants and the neighborhood committee members started the monitoring of the refuse collection process. The quantity of waste is measured in each collection tank every 15 days. The monitoring seems to show that the number of households putting their waste regularly in refuse collection tanks in the neighborhood of Khair Khana III is more satisfactory than it is in the neighborhood of Bibi Mahroo (cf. Appendix WS2). **Between September and December 2001, the average monthly volume of waste that was disposed of through refuse collection tanks was a bit less than 50.400 m³.** The year 2002 has been following the same trend so far.

Concerning the second section of the wastewater drainage network, nearly 1,600 concrete pipes were produced and installed in the secondary ditches. By the way, all the secondary ditches were completely cleaned within the framework of the FOODAC component.

Comparative water analyses were carried out on a cross-section of 20 representative wells at the end of March 2001, e.g. one year after the beginning of the works of the first section. It was also planned to conduct new comparative water analyses

¹⁰ Number of non-dried up wells within the cross-section of 20 representative wells.

¹¹ A collection capacity of 2,000 liters can be possibly reached according to the packing down of the solid waste.

on the same cross-section of 20 representative wells in September 2001, e.g. one year after the end of the works of the first section. Unfortunately, the events of the last fall disturbed a lot the logistics of the mission, so that the Water and Sanitation Department was without water analysis consumables, culture medium especially. No analysis could be carried out until the beginning of the year 2002. New water analyses were carried out on the cross-section of 20 representative wells in March 2002, i.e. two years after the start of the first section and nearly one year after the start of the second section. **Certainly, we have not noticed any significant improvement of the water quality in the neighborhood of Khair Khana III as a whole (district 15). However, the quality of seven wells improved between March 2000 and March 2001 (cf. Appendix WS3).** Moreover, many wells dried up between March 2000 and March 2002, which largely distorts the results. New water analyses will be carried out in September 2002 and in March 2003.

	No surveyed wells ¹²	No wells below standards	No wells above standards	%
March 2000	20	14	6	30.0 %
March 2001	12	6	6	50.0 %
March 2002	8	2	6	75.0 %

Table 18: Water quality monitoring in the neighborhood of Khair Khana III (district 15).

One of the reasons of such a lesser improvement – compared to the one that we have observed in the neighborhood of Proja-e-Jadeed – could be the salinity of many wells in the area of Khair Khana III. Actually, many private open shallow wells abstract water from the top of a salty groundwater. Starting from that record, many households do not take care of their well at all. It is not rare to see families throwing their domestic waste in their own well. **It appears clear that such misuse is responsible for contamination of all the other neighboring wells, whatever they may be salty or not.** Definitely, hygiene promotion is something crucial in the neighborhood of Khair Khana III. Otherwise, the impact of any drainage project will be limited.

Since there was no obvious improvement of the water quality, we could not notice any drop of the number of summer admissions in the SFC of Khair Khana III. At least, there was no significant deterioration of the nutritional status of the children between 6 and 59 months throughout the summer 2001.

	No admissions 2000	No admissions 2001	Balance	Δ%
May	153	142	-11	-7.2%
June	167	122	-45	-26.9%
July	229	212	-17	-7.4%
August	127	210	+83	65.4%
September	116	137	+21	18.1%
Total	792	823	+31	+3.9%

Table 19: Malnutrition situation in the SFC of Khair Khana III (district 15) between the summer 2000 and the summer 2001 – Children between 6 and 59 months.

❖ FOODAC program

All the FOODAC beneficiaries were selected through a socio-economic survey carried out by the ACF home-visiting teams in March. A copy of the questionnaire was enclosed to the proposal.

In 2001, the WFP decided to decrease the daily ration of wheat from 6 kg to 5 kg in accordance with the market prices usually encountered within Kabul City. Nevertheless, we managed to increase the number of men-day from 32,927 to 33,592 after negotiation with the WFP. The total number of men-day has been distributed in accordance with the proposal that was finally submitted to the WFP in March 2001 as follows¹³:

- Bibi Mahroo – refuse collection tank project: 686 men-day
- Bibi Mahroo – wastewater drainage network: 6,332 men-day
- Khair Khana III – refuse collection tank project: 919 men-day
- Khair Khana III – wastewater drainage network: 2,613 men-day
- Proja-e Jadeed – wastewater drainage network: 23,042 men-day.

¹² Number of non-dried up wells within the cross-section of 20 representative wells.

¹³ Finally, the well project beneficiaries from Aqa Ali Shams will not be concerned by the FOODAC component, since it was practically impossible for almost all of them to come and produce concrete rings at the ACF Stock.

Finally, 1,292 families – instead of 1,267 families initially planned - were reached by the FOODAC program through the delivery of a 130-kg wheat ration (5 kg per day during 26 workdays). Such provision of food was supposed to allow each household to feed the family for approximately 33 days (almost 18% of the requirements of a half-year). Finally, 168,000 kg of wheat – instead of 197,650 kg initially planned – were distributed throughout the implementation of the FOODAC program. A little part – i.e. less than 2 MT – was distributed within the scope of maintenance activities (ditch and canal cleaning).

The completion of the FOODAC projects was followed by monitoring of the FOODAC beneficiaries. ACF home visitors interviewed not less than 98 families that benefited from the FOODAC distribution in order to get a better idea of the origin of the beneficiaries as well as the way beneficiaries used the wheat that was distributed. At the same time, 48 non-beneficiaries were interviewed too with a view to giving a comparison order between beneficiaries and non-beneficiaries (*cf. Appendix WS4*).

Results show a good targeting of the beneficiaries. Actually, it turns out that 56% of the FOODAC beneficiaries are workers (daily workers, skilled workers...) and that 22% are peddlers on the streets. Basically, **we can consider that 78% of the FOODAC beneficiaries are among the most vulnerable part of the population living in the three concerned neighborhoods (Proja-e-Jadeed, Khair Khana III and Bibi Mahroo)**. At the same time, a bit more than 13% of the beneficiaries were state employees. That might be the sign of some cheating at the time of the selection survey.

However, **nearly 97% of the beneficiaries used the FOODAC wheat within their family, which seems to prove that they actually needed the FOODAC wheat**. For 49% of them, the ACF wheat was their main source of food. At last, **a bit more than 78% of the beneficiaries bought their food while only 39% of the non-beneficiaries did it, which makes a difference**.

❖ Hygiene and sanitation in the clinics and feeding centers

During the year 2002, in the MCH clinics and the feeding centers, the Water and Sanitation Department mainly worked on the rehabilitation of latrines. Latrines were rehabilitated or even rebuilt in the following clinics or feeding centers: Rahman Mina SFC, Bagrami SFC, Bagrami MCH, Kamari MCH, Bini Hesar MCH, Bibi Mahroo MCH, Bibi Mahroo DC, Jamal Mina SFC, Khair Khana I DC, Khair Khana III DC and Proja-e-Jadeed DC. In some clinics or centers such as Bibi Mahroo DC, Bibi Mahroo MCH, Shahr Aora SFC, Qala-e-Wazeer MCH, the well was successfully deepened and improved.

An incinerator was built in the ACF Stock in order to dispose of the medical waste – as well as some non-biodegradable waste – safely and hygienically. This particularly concerns the contaminated or dangerous medical waste: needles, syringes, phials... The incineration of the medical waste could not start before the building of a special well-secured ash pit. Anyway, the incineration of the medical waste from ACF health structures did not start before the very end of the year 2001 due to the events of the fall. For the same reasons, ACF could not take charge of the disposal of the medical waste coming from any health facility present in an area where ACF has been working. Shortly, the objective **“there is no contaminated or dangerous medical waste at any time in the living areas where the projects have been implemented, plus all the areas around ACF feeding centers”** could not be reached.

6. Conclusion

Action Contre la Faim achieved most of the objectives planned for the year 2001. ACF within its 6 years of presence in Afghanistan developed a high quality of service through its nutritional and medical structures and through the community with the home visiting and health education program. At the end of the year 2001, ACF was still the only NGO treating acute malnutrition in Kabul city. Although the expatriate team evacuated the country following the 11th September 2001 events, the nutrition and health programs kept running with the ACF national staff.

Following the political change, a population estimated equivalent to 10% of the Kabul city will return to Afghanistan and will transit by the capital which will create a major public health problem. Already at the end of March 2002, the SFC program count 2,5% of malnourished beneficiaries in charge, newly arrived from Pakistan. The UNHCR sub-office in Kabul considers that most returnees will settle down in the districts 3, 5, 7, 9, 11 and 15 in the coming months in view of all the prior population movements. A huge arrival of returnees in the three quoted neighborhoods might come and exacerbate current poor water and sanitation conditions in the coming weeks or by the end of next summer at the latest.

The MoPH is not currently in a position to take over the health and nutrition program in Kabul, this situation will last for months as the MoPH was not operational for more than 20 years and many senior qualified staff have left the country. During

the Taleban period and until now, ACF supported all its nutrition and health structures 100 %. According to the WHO database, 83 % of health facilities in the country currently have an NGO involvement.

Those are the reasons why ACF must continue the provision of high quality health care at least for a transitional period allowing time for the preparation of satisfactory hand over without creating micro emergency. At the present time, one health facility loosing NGO support cannot provide continuous health care to the increasing population of Kabul city.

Nevertheless, in 2002 ACF will build closer relationships with the MoPH and will try to get it more involved in the management of the centers in order to start a hand over process.

APPENDIX LIST

- Program results according to indicators
- Health & Nutrition staff training, year 2001
- Map of Kabul
- Appendix Water & Sanitation 1
- Appendix Water & Sanitation 2
- Appendix Water & Sanitation 3
- Appendix Water & Sanitation 4

Appendix 1:

Results obtained according to indicators posed :

INDICATORS DEFINED / JANUARY TO DECEMBER 01	OBJECTIVES REACHED BETWEEN JANUARY AND DECEMBER 01	% Reached
PURPOSE		
Nutritional program		
3 – 8 % acute malnutrition among 6 – 59 months old children throughout 2001	3,8 % acute malnutrition found during the nutritional survey undertaken in March 01.	100 %
25 – 50 % coverage of malnutrition cases by feeding centers	20,7 % coverage of malnutrition cases by feeding centers found during the nutritional survey undertaken in March 01	82,8 %
Home visiting program (stopped from 09 / 01 up to 12 / 01 included for security reasons)		
15 % of Kabul households visited for house to house screening activities and health promotion	13 690 houses visited during the year 2001 by the Home visitors out of 257 142 H (1H = 7 persons) 5,5 % of Kabul household visited	37 %
Mother and Children Care program		
Treatment and adequate referral, for diseases, of at least 15 % of children (45 900) and 12 % of women of childbearing age (46 656) in Kabul (1 800 000 people)	71 209 pediatric consultations 54 672 women consultations	100 % 100 %
Water and Sanitation program		
Incidence of water borne diseases reduced by 5% in the sanitation improvement working areas.	Between 2000 and 2001, in Proja-e-Jadeed MCH clinic, decrease of the diarrhea rate among the pediatric consultations from 6 to 21 points throughout the period passing from April until August.	
OUTPUTS		
Supplementary Feeding Centers :		
<u>Discharged indicators :</u> > 80 % discharged cured < 15 % defaulters < 5 % death	<u>Discharged indicators :</u> 64,5 % discharged cured 35,5 % defaulters 0 % death	80,6 % 75,8 % 100 %
<u>Activities indicators :</u> - Average daily weight gain of 2,5 g/Kg/d of body weight (discharged cured) - Treatment duration < 8 weeks for discharged cured	<u>Activities indicators :</u> - Average = 2,5 g/Kg/d - Average = 9,7 weeks	100 % 72,9 %
< 6 % of follow up TFC cured relapse to SFC criteria	4,7 % of follow up TFC cured relapse to SFC criteria	100 %
< 2 % of follow up TFC cured relapse to TFC criteria	1,8 % of follow up TFC cured relapse to TFC criteria	100 %
Home visiting program		
This program had to stop activity from September UP TO December 01 included for security reasons		
>10% of stable weight children discharged cured	10,7 % of stable weight discharged cured	100%
>50% of contacted defaulters and non-arrived transfers are re-admitted into feeding centres	67,8 % contacted defaulters had been re-admitted Statistical period = 01/01 to 08/01	100%
>30% of visited defaulters and non-arrived transfers are re-admitted into feeding centres	29,8% visited defaulters had been re-admitted Statistical period = 01/01 to 08/01	99,4%
>15% of children admitted in SFCs are referred by home visitors	7,7% of admission are referred by home visitors Statistical period = 01/01 to 08/01	51,3%
>10% of children admitted in TFCs are referred by home visitors	30,3% of children admitted in Day-cares are referred by home visitors Statistical period = 01/01 to 08/01	100%
>3% of children screened are referred to Feeding Centres	5,6% of children screened are referred to FCs Statistical period = 01/01 to 08/01	100%
>95% of children referred are admitted into feeding centres	94,8% of children from referral system are admitted Statistical period = 01/01 to 08/01	99,8%
On average 50% of key HE messages per topic are memorised by women attending feeding centres: - breast-feeding - weaning - pregnancy - diarrhoea & hygiene	During 8 last month, the mothers memorised 53,7% of the following key message : - breast-feeding = 49,1 % - weaning = 61,3 % - pregnancy = 51,3 % - diarrhoea & hygiene = 51,3 %	100 %

- vaccination - TB - ARI	- vaccination = 50,2 % - TB = 50,8 % - ARI = 62 % Statistical period = 01/01 to 08/01	
>70% mothers attending feeding centres have memorised at least 50% of key HE messages : - breast-feeding - weaning - pregnancy - diarrhoea & hygiene - vaccination - TB - ARI - ALL topics	62,2 % of mothers have memorised a minimum of half part of the key messages : - breast-feeding = 46,9 % - weaning = 90,6 % - pregnancy = 66,4% - diarrhoea & hygiene = 49,3 % - vaccination = 68,8% - TB = 55% - ARI = 58,1 % - ALL topics = 61,7 % Statistical period = 01/01 to 08/01	89%
[>25% of women visited in their homes remember 4 key messages from HE topics]	44,9 % of the interviewed mothers remembered 4 key messages from HE topic and 86,6% of them after 3 home visits	100 %
[15% of mothers improving their knowledge and practise from one visit to the next]	41,7 % of the mothers improved their knowledge	100 %
Therapeutic Feeding program (TFCs 24/24h and Day-cares)		
Discharged indicators : > 80 % discharged cured < 15 % defaulters < 5 % death	Discharged indicators : (for TFCs and Day-cares) 59,5 % discharged cured 32,5 % defaulters 8,1 % death	74,4 % 79,4 % 96,7 %
Activities indicators : - Average daily weight gain of 10 g/Kg/d of body weight (discharged cured) - Treatment duration < 30 days in TFCs and 35 days in Day-care for discharged cured	Activities indicators : - Average = 14,4 g/Kg/d - Average = 26,2 days	100 % 100 %
Mother and Children Care program		
>5% of children admitted in SFCs are referred by MCH where the nutrition surveillance has been implemented	4,8 % of admission are referred by MCH	96,8 %
30 % of pregnant women in the 7 communities attend at least 1 pre-natal consultation (517 540 total population of the 7 community *0.51*0.5*0.2 for Preg ladies)	60,4 % of pregnant women in Kabul city attend at least 1 pre-natal consultation (15958/26394pregnant women)	100 %
25 % of high-risk pregnancy are detected in pre-natal consultation	29,6 % attending first pre-natal consultation have been detected at risk	100 %
13 % of pregnant women attending ante-natal consultation are adequately vaccinated for tetanus toxoid (at least 2 doses)	34,6 % of women attending pre-natal consultation received TT2 or more.	100 %
30 % of women who attended ante-natal care will attend at least one post-natal visit within 20 days of delivery	24,6 % of women who attended ante-natal care came for at least one post-natal visit within 10 days of delivery	82 %
XX % of women attending pre-natal consultations are referred and assisted by a TBA for delivery	Not realized	0 %
XX % of women assisted by a TBA at delivery are referred to the MCH clinic for a post-natal visit	Not realized	0 %
70 % of women attending one of the 7 ORT corners in the MCH clinics know the 3 rules of home diarrhea case management (fluid, feeding and care seeking) and how to prepare ORS and ORT at home	78 % of mothers answered correctly to the 3 rules of home diarrhea case management	100 %
Water and Sanitation program		
20% of the wells in Aqa Ali Shams area – e.g. 500 wells – are safe drinking water points.	507 wells rehabilitated, improved and effectively protected through a concrete ring lining, a 3*3 meters apron, a 82-cm high reinforced concrete well curb and a 8-cm high reinforced concrete cover with a lid.	101.4 %
30% of the latrines in Aqa Ali Shams area – e.g. 800 latrines - are no more at risk of contaminating water resources by having a proper design allowing	804 latrines rehabilitated or reconstructed, improved, standardized, emptied every month or every month and a half in accordance with the useful capacity of a	100.5 %

separating the urine from the excreta as well as a built-up pit and the bottom of the vault at least 1.5 meters above the water table, by being emptied on a regular basis and by having night-soil disposed of in a safe and hygienic way.	latrine vault (about 0.350 m3), and night soil disposed of through traditional manure spreading.	
Improvement of 75% of the drainage system of Proja-e Jadeed area (including the first section achieved in 2000).	23,042 men-day used at the end of the project.	100 %
Improvement of 30% of the drainage system of Khair Khana III area (including the first section achieved in 2000).	2,613 men-day used at the end of the project.	100 %
Improvement of 50% of the drainage system of Bibi Mahroo area.	6,332 men-day used at the end of the project.	100 %
Vector breeding or resting sites are modified where necessary and practicable.	No sanitary survey could be carried out at the end of the projects.	-
There is no contaminated or dangerous medical waste at any time in the four living areas where the projects have been implemented, including all the areas around ACF feeding centers.	Only the areas around ACF clinics and feeding centers are guaranteed to be free of contaminated or dangerous medical waste.	0 %
ACTIVITIES		
Supplementary Feeding Centers :		
18 SFCs fully operational, regularly supplied with food and non-food stuffs and benefit from daily technical supervision	18 SFCs are fully operational in Kabul city	100 %
35 000 children screened in SFCs	31 342 children already screened in SFCs	89,5 %
25 000 moderately malnourished children admitted into SFCs (excludes follow up beneficiaries)	19 595 moderate malnourished children were admitted in SFCs program	78,4 %
> 70 % of discharged children vaccinated against measles (due to ACF)	65,7 % of discharged children were vaccinated in SFCs program	93,8 %
Home visiting program		
This program had to stop activity in September due to security reason		
>80% stable weight children visited >1 time in their homes	90,5 % stable weight had been visited at least 1 time in their home Statistical period = 01/01 to 08/01	100 %
>50% of defaulters and non-arrived transfers are contacted	44,5 % defaulters and non-arrived transfers are contacted Statistical period = 01/01 to 08/01	88,9 %
5,500 children screened at home each month	An average of 3 809 children screened at home each month Statistical period = 01/01 to 08/01	69,3 %
Carers of moderately malnourished children attend > 7 health education sessions (different topics)	Each week a new topics is chosen, the mothers come at least 9 weeks (average = 9 for cured beneficiaries, 16 for criteria not reached and 6 for defaulters), they follow a minimum of 9 sessions Statistical period = 01/01 to 08/01	100 %
3,500 health education sessions per month carried out in the homes	1 954 health education sessions per month carried out in the home Statistical period = 01/01 to 08/01	55,8 %
10 HE Supervisors receive 1 or more refresher courses on each HE topic	12 HE supervisors participate in a workshop about health education session management, followed by regular training about each topics used. During this workshop, the health education material had been reviewed and adapted again in order to improve the efficiency.	100 %
44 home visitors receive HE refresher courses on a monthly basis by HE supervisors	42 home visitors + 12 HV supervisors	100 %
Improved communication and teaching skills of 12 health education supervisors	12 home visiting and health education supervisors (and 39 health educators).	100 %
Therapeutic Feeding program (TFCs 24/24h and Day-cares)		
3 TFCs 24/24h and 14 Day-cares fully operational, regularly supplied with food and non-food stuffs and benefit from daily technical supervision	17 TFCs are fully operational in Kabul city	100 %
4 000 severe malnourished children admitted into TFCs	3 658 severe malnourished children were admitted in	91,5 %

(hospitals and Day-cares)	TFCs program	
38 doctors in pediatric hospital have increased knowledge on the management of severe malnutrition through 2 workshops	29 doctors participated in a 3 days workshop done in February and August on management of the malnutrition treatment	77%
Increased knowledge of 37 nurses working in TFCs 24/24h and Day-cares	28 nurses participate in 2 training sessions of 1 day	76%
Mother and Children Care program		
Implementation of a nutritional surveillance system : network of 18 SFCs and 26 MCH clinics where reliable anthropometric measurements and data can be collected in monthly basis	Through 18 SFCs and 26 MCH clinics all around Kabul city, the systematic screening system has been implemented. A monthly report was distributed to NGOs interested in it.	100 %
Each children attending an MCH clinic part of the network is screened	All children coming for consultation go through the nurse room, the route is respected and strict.	100 %
7 MCH clinics are managed and able to provide : - Pediatric consultations - Women general OPD and gynecology consultations - Ante and post-natal consultation - Special health education sessions for pregnant women in 4 of them - Family planning - Health education	7 MCH clinics are supported by drugs and medical equipment supplies, supervision and staff training which allows to provide all services.	100 %
65 000 pediatrics consultations and dressing cons.	71 209 pediatric consultations and dressing cons.	100 %
30 000 women OPD consultations and dressing cons.	54 672 women OPD consultations and dressing cons.	100 %
7 000 women attend at least one ante-natal consultation	15 958 women attended one ante-natal consultation	100 %
4 000 pregnant women attend special health education sessions in 4 MCH clinics	8 757 women participated in specific health education sessions (extended to 7 MCH clinics)	100 %
3 000 women get a family planning consultation for a contraceptive method at least once	4 686 women came for Family planning	100 %
Each women attending a consultation participates in a health education session (maximum 12 women per session)	When the women arrive in the clinic, they start with HE session and receive a paper. After, they can go to consult the doctor (except if it is an emergency)	100 %
7 ORT corners are open between June and October	7 ORT corners opened on the 1 st of June up to 1 st of October	100 %
Visits of TBAs to the MCH clinics for taking pre-natal follow-up card	Not realized	
Quarterly meetings between TBAs working in the area and midwives of the MCH clinics	Not realized	
Number of cases referred to TBAs	Not realized	
Number of cases referred from TBAs	Not realized	
20 % of infants getting adequate doses of BCG, DTP and measles vaccination in MCH clinics	38 981 children less than 2 years have been vaccinated	100 %
Increased knowledge for 14 doctors (gynecologists and pediatricians) , 8 midwives, 7 nurses, 7 pharmacists, 7 cleaners and 7 guards about specifics topics.	Increased knowledge for 14 doctors (gynecologists and pediatricians) , 8 midwives, 7 nurses, 7 pharmacists, 7 cleaners and 7 guards about specifics topics.	100 %
5 to 10 TBAs per clinic participating in a six day training workshop on basis obstetrics issues	Not realized	
Water and Sanitation program		
1,267 families (by rotating the labor every 26 workdays on the projects), in our different working areas (Aqa Ali Shams – district 7, Bibi Mahroo – district 9, Proja-e-Jadeed and Khair Khana III – district 15) are able to settle food stocks, through the delivery of a 156-kg wheat ration (6 kg per day during 26 workdays), which would allow each household to feed the family for approximately 40 days (almost 22% of the requirements	1,292 families (by rotating the labor every 26 workdays on the projects), in three different working areas (Bibi Mahroo, Proja-e-Jadeed and Khair Khana III) are able to settle food stocks, through the delivery of a 130-kg wheat ration (5 kg per day during 26 workdays), which would allow each household to feed the family for approximately 33 days (almost 18% of the requirements of a half-year),	102.0 %

of a half-year), e.g. 197,650 kg of wheat to be distributed as planned initially.	e.g. 168,000 kg of wheat have been distributed.	85.0 %
Increased knowledge in water and hygiene fields of 25% of the households in the four communities.	Not less than 2,600 community-based hygiene promotion sessions took place within the ACF feeding center of the school of the neighborhood of Aqa Ali Shams. <i>Not tested in Bibi Mahroo, Proja-e-Jadeed and Khair Khana III in spite of some mosque-based hygiene promotion sessions.</i>	25 %
Private wells are used in an appropriate way by the households and there are no more than 5 faecal coliforms per 100 mL of drinking water at the point of delivery for un-disinfected supplies.	Out of a cross-section of 50 representative wells, only four of them show more than 5 colonies of faecal coliforms per 100 ml of water (<i>January 2002 – New analyses are planned in June / July 2002</i>).	92 %
People use latrines hygienically and children's faeces are disposed of immediately and hygienically.	In Aqa Ali Shams, 804 latrines are emptied every month or every month and a half, which we consider as a good indicator of latrines used hygienically.	100 %
35% of people from three neighborhoods connected their wastewater on the drainage system.	All in all, 65.3 % of the households from Bibi Mahroo, Proja-e-Jadeed and Khair Khana III living along the main stone masonry canals of the drainage systems have connected their wastewater.	100 %
Increased number of households who put their waste daily in refuse collection points.	In the neighborhood of Bibi Mahroo, the average monthly volume of waste that is thrown away in refuse collection tanks passed from 6.900 m ³ to 18.500 m ³ between the period going by September and December 2001 and the period going by January and March 2002.	100 %
At least 16 persons of LCB committees have the ability or aptitude to mobilize residents, and they are trained, supervised and equipped adequately to ensure their work is carried out efficiently and safely.	LCB and H.E. Assistants provided 36 LCB committee members with an initial training session in various fields: health and hygiene, sanitation assets maintenance, technical data collection...	100 %
Users took responsibility, through LCB mobilization, for the management and maintenance of water supply and sanitation facilities.	Wells are used in a proper way. Latrines are emptied every month or every month and a half. Ditches and canals are regularly monitored. There is an increased number of households putting regularly their waste in refuse collection tanks.	100 %
Health Education	School-based: cancelled. Mosque-based: finally cancelled. Aqa Ali Shams projects: 2,600 community-based hygiene promotion sessions.	33.3 %
Providing 500 households with 2 collecting buckets of 20 liters, plus 5 metallic storage buckets of 20 liters.	Each of 507 households was provided with 2 collecting buckets of 20 liters, 5 metallic storage buckets of 15 liters, one bar of soap and one leaflet within the scope of community-based hygiene promotion sessions.	101.4 %
Access to a certain quantity of water for 500 households.	After cleaning and / or deepening of their well, 507 households can make use of a quantity from 300 to 350 liters of drinking water.	101.4 %
Turbidity is below 5 NTU.	Out of a cross-section of 50 representative wells, only six of them show turbidity above 5 NTU (<i>January 2002 – New analyses are planned in June / July 2002</i>).	88 %
Providing 800 households with 1 water tank of 200 liters for the cleaning of the latrine, and 1 jug for the wiping and hand washing.	Each of 804 households was provided with 1 water tank of 200 liters for the cleaning of the latrine, 1 jug for the wiping and the hand washing, one bar of soap and one leaflet.	100.5 %
Technically sound design and construction specifications are approved by the intended users.	No complain has been received so far for the 804 rehabilitated latrines.	100 %
Building of 30 refuse collection tanks in Khair Khana III area.	In Khair Khana III area, a total collection capacity of 116,000 liters is available instead of a collection capacity of 120,000 liters.	96.7 %

Building of 20 refuse collection tanks in Bibi Mahroo area.	In Bibi Mahroo area, a total collection capacity of 54,000 liters is available instead of a collection capacity of 80,000 liters.	67.5 %
1 refuse collection of 4,000 liters is available for 400 families.	A collection capacity of 54,000 liters is available for approximately 4,000 families in Bibi Mahroo area. A collection capacity of 116,000 liters is available for approximately 3,700 families in Khair Khana III area.	100 %
The medical waste from the different health facilities within the four areas is transferred, then burnt in a correctly designed, constructed and operated incinerator.	Only the medical waste from ACF clinics and feeding centers is transferred, then burnt in a correctly designed, constructed and operated incinerator.	0 %

Total number of training for the year 2001

Nr	Month	Department	Subject	Position	Nr of participant
1	January -01	MCH	Placenta Previa	Gynecologists	5
2		MCH	Placenta Previa	Mid-wife	6
3		MCH	Pharmacy management	Pharmacist male	4
4		MCH	Pharmacy management	Pharmacist female	2
5		MCH	Malnutrition	Pediatrician	6
6		MCH	Burns	Dressing nurses	6
7		MCH	Malnutrition	Pediatric nurses	6
8		Day Care	Management of severe malnutrition	Nurses	19
9		Hospital	Management of severe malnutrition	doctors	16
10		SFC /MCH		Health educators	5
11	February -01	MCH	Hypertensive disorders in pregnancy	Gynecologists	4
12		MCH	Hypertensive disorders in pregnancy	Mid-wife	8
13		MCH	Hygiene	Pediatrician	3
14		MCH	Body hygiene	Ped. nurses	6
15		Hospital	Management of severe malnutrition	doctors	13
16	March - 01	MCH	Evaluation of training	all staff	36
17		MCH	HIS case definition	Mid-wife	7
18		MCH	HIS case definition	Pediatrician	6
19		MCH	HIS case definition	Gynecologist	4
20		MCH	Burns	MCH nurse	6
21		MCH	Burns	Dressing nurses (male)	2
22		MCH	Burns	Dressing nurses (female)	4
23		Kitchen garden		Guards	5
24	April -01	Hospital	Dehydration	Nurses	12
25		Hospital	Dehydration	Nurses	12
26		Hospital	Dehydration	Nurses	10
27		Day Care	Dehydration	Nurses	9

28	May -01	Hospital	Dehydration	Nurses	9
29		SFC	Dehydration	Health educators	5
30		SFC	Anthropometric measurements	Measurer	34
31		Day Care	Management of severe malnutrition	Nurses	9
32		MCH	Family planning	Gynecologists	7
33		MCH	Family planning	Mid-wife	8
34		MCH	ARI	Pediatrician	6
35		MCH	ORT management	ORT nurses	8
36	June - 01	ORT	ORT management	ORT nurses	8
37		ORT	ORT management	ORT nurses	7
38		ORT	ORT management	ORT nurses	8
39		Day Care	Re hydration	Nurses	19
40		SFC	Hygiene - nutrition	Health educators	13
41		MCH	Vaginal discharge	Gynecologists & Mid-wife	14
42		MCH	Diarrhea Diseases	Pediatrician	7
43	July -01	MCH	T.B	Gynecologists	5
44		MCH	T.B	Mid-wife	9
45		Kitchen garden		Guards	3
46		MCH	CDD	Pediatrician	6
47		MCH	T-B	Pediatrician	6
48	August -01	MCH	HIS monthly reporting	Gynecologist & Mid-wife	15
49		MCH	10 topics	Health educators	7
50		SFC	10 topics	Health educators	4
51		Hospital	Management of severe malnutrition	doctors	19
					472

AQA ALI SHAMS AREA (DISTRICT 7)
COMPARATIVE WATER ANALYSES ON A CROSS-SECTION OF 50 REPRESENTATIVE WELLS
BETWEEN JUNE / JULY 2001 AND JANUARY 2002

Nr	Well code	pH	Turbidity (NTU)		Number of faecal coliforms (colonies / 100 mL)		Remarks
			June / July 2001	January 2002	June / July 2001	January 2002	
1	AAS_W_003	7,5	-	5	-	0	
2	AAS_W_006	7,1	200	5	200	0	Dry in June / July 2001
3	AAS_W_015	7,5	60	5	>200	0	
4	AAS_W_023	-	-	-	-	0	
5	AAS_W_034	7,5	-	5	-	0	Dry in June / July 2001
6	AAS_W_048	7,7	-	<5	-	0	Dry in June / July 2001
7	AAS_W_055	7,7	100	<5	>200	0	Dry in June / July 2001
8	AAS_W_060	7,5	30	5	73	0	
9	AAS_W_075	7,5	75	<5	18	0	
10	AAS_W_081	7,5	50	5	>200	0	
11	AAS_W_104	7,5	-	<5	-	0	
12	AAS_W_109	7,5	6	<5	170	0	Dry in June / July 2001
13	AAS_W_115	7,5	<5	<5	180	0	
14	AAS_W_132	7,5	15	10	>200	0	
15	AAS_W_134	7,5	10	<5	>200	0	
16	AAS_W_157	7,5	<5	<5	>200	0	
17	AAS_W_164	7,5	30	30	>200	0	
18	AAS_W_181	7,5	20	<5	>200	7	
19	AAS_W_198	7,5	200	<5	187	4	
20	AAS_W_204	7,5	-	<5	-	0	Dry in June / July 2001
21	AAS_W_217	7,5	1 000	5	>200	0	
22	AAS_W_232	7,6	20	<5	>200	>200	
23	AAS_W_248	7,5	150	10	>200	0	
24	AAS_W_256	7,5	35	<5	150	0	
25	AAS_W_259	7,5	10	<5	>200	2	
26	AAS_W_274	7,5	40	<5	>200	0	
27	AAS_W_289	-	300	-	>200	>200	
28	AAS_W_305	7,5	100	<5	130	0	
29	AAS_W_312	7,5	15	<5	>200	0	
30	AAS_W_315	7,5	20	5	>200	0	
31	AAS_W_323	7,5	30	<5	>200	0	
32	AAS_W_342	7,5	5	<5	150	0	
33	AAS_W_349	7,5	10	10	>200	0	
34	AAS_W_354	7,5	5	10	>200	0	
35	AAS_W_361	7,5	75	5	>200	0	
36	AAS_W_386	7,5	75	<5	40	1	
37	AAS_W_392	7,5	50	<5	>200	0	
38	AAS_W_395	7,5	-	<5	-	0	
39	AAS_W_401	7,5	30	<5	100	5	Dry in June / July 2001
40	AAS_W_403	7,5	5	<5	>200	0	
41	AAS_W_412	7,5	10	<5	>200	0	
42	AAS_W_423	7,5	100	<5	20	0	
43	AAS_W_430	-	20	-	200	0	
44	AAS_W_441	-	12	-	>200	>200	
45	AAS_W_445	7,5	-	5	-	0	Dry in June / July 2001
46	AAS_W_450	7,6	7	10	40	0	
47	AAS_W_462	7,5	20	<5	>200	0	
48	AAS_W_473	7,5	25	5	170	0	
49	AAS_W_481	7,5	200	<5	146	0	
50	AAS_W_490	7,5	75	<5	>200	0	

Bibi Mahroo (district 9) - ACF refuse collection tank project 2001
Refuse collection monitoring 2001

Nr	Volume 1		Volume 2		Volume 1		Volume 2	
	Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2
1	-	1,440	1,800	2,160	2,200	2,250	4,050	4,500
2	-	2,300	2,620	2,680	2,680	2,700	2,180	2,200
3	-	0,800	1,000	1,140	1,150	1,200	1,800	1,900
4	-	1,600	2,020	2,360	2,360	2,360	3,500	3,600
5	-	0,400	0,500	0,640	0,650	0,680	0,700	0,800
6	-	1,600	2,160	2,300	2,320	2,350	2,300	2,350
7	-	1,000	1,350	1,620	1,650	1,750	2,400	2,500
8	-	0,400	0,540	0,640	0,650	0,650	1,800	1,850
9	-	2,700	3,240	3,670	3,700	3,700	0,600	0,700
10	-	1,170	1,460	1,750	2,250	2,700	2,800	2,900
11	-	0,300	1,350	1,410	1,420	1,450	2,750	2,800
12	-	0,670	1,350	1,550	1,800	2,250	1,200	1,300
13	-	2,700	2,950	3,060	3,080	3,100	2,300	2,350
14	-	1,200	1,440	1,470	1,480	1,500	1,400	1,450
15	-	Not completed	0,250					
16	-	Not completed	0,240					
17	-	Not completed	0,090					
18	-	Not completed	0,070					
Balance		16,840	21,080	24,290	22,150	22,250	10,650	11,270
			5,140	2,310	0,900	1,200	-0,660	1,620
							Partial emptying	

The volumes (m3) are the volumes of solid waste that is disposed of in each refuse collection tank.
 Each refuse collection tank is monitored twice a month.

**Bibi Mahroo (district 9) - ACF refuse collection tank project 2001
Refuse collection monitoring 2002**

Nr	Emptying		Emptying		Emptying	
	Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2
1	4,950	5,400	0,000	1,570	1,800	2,020
2	2,640	3,360	0,000	0,480	0,800	0,840
3	1,980	2,160	0,000	0,240	0,360	0,480
4	4,500	5,400	0,000	0,670	0,670	0,900
5	1,080	1,440	0,000	1,200	0,240	0,360
6	2,400	2,450	0,000	0,450	0,900	1,120
7	3,150	3,600	0,000	0,450	0,670	1,120
8	1,200	1,920	0,000	0,240	0,480	0,720
9	1,080	1,440	0,000	1,800	2,520	3,240
10	4,050	4,950	0,000	3,150	3,600	3,820
11	3,150	3,800	0,000	2,250	2,700	3,150
12	3,150	4,050	0,000	1,800	2,250	2,700
13	3,300	3,600	0,000	1,500	1,800	2,100
14	1,500	1,650	0,000	1,200	1,350	1,500
15	2,080	2,600	0,000	1,170	1,430	1,560
16	0,750	1,200	0,000	1,200	1,440	1,680
17	0,450	1,350	0,000	1,350	1,800	2,250
18	0,450	1,500	0,000	2,700	3,150	3,370
Balance		10,010	-51,870	21,850	4,310	4,750
			Emptying			

The volumes (m3) are the volumes of solid waste that is disposed of in each refuse collection tank. Each refuse collection tank is monitored twice a month.

Khair Khana III (district 15) - ACF refuse collection tank project 2001
Refuse collection monitoring 2001

Nr	Code	September		October		November		December	
		Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2
1	A1	0,750	1,500	1,700	2,100	3,740	4,800	5,700	6,000
2	A2	1,040	2,340	2,400	2,500	4,050	5,300	5,900	6,300
3	A3	0,880	2,360	2,400	2,530	5,670	6,080	6,550	6,700
4	A4	1,040	2,210	2,400	2,550	3,850	4,200	4,950	5,300
5	A5	1,670	2,000	2,200	2,570	2,950	3,400	2,900	3,400
6	A6	0,430	1,090	1,400	1,900	1,200	1,400	1,700	1,950
7	A7	0,000	0,500	0,630	1,000	1,930	2,400	2,600	2,700
8	A8	0,670	1,570	1,750	2,150	2,850	3,600	4,470	4,800
9	A9	1,350	2,250	2,400	2,810	2,920	3,530	4,510	4,870
10	A10	0,850	1,575	1,800	2,200	2,100	2,670	3,200	3,480
11	A11	2,400	2,500	2,680	2,950	5,700	6,140	6,400	6,400
12	A12	0,670	0,990	1,200	1,800	1,880	2,530	3,200	3,600
13	A13	0,800	1,400	1,620	2,000	4,210	4,740	5,400	5,750
14	A14	0,900	1,350	1,540	1,950	3,050	3,370	4,120	4,700
15	A15	1,000	1,800	2,040	2,350	2,200	2,700	3,450	3,730
16	A16	1,400	2,300	2,500	2,900	5,150	5,890	6,500	6,600
17	A17	0,900	1,800	1,950	2,385	3,050	3,400	3,900	4,200
18	A18	0,000	0,250	0,400	0,800	1,850	2,200	2,500	2,650
19	A19	0,000	0,500	0,750	1,300	4,130	5,500	6,400	6,800
20	A20	1,070	1,608	1,970	2,500	3,920	4,860	5,450	6,000
21	A21	0,720	0,960	1,150	1,600	4,260	5,450	6,150	6,400
22	A22	0,860	1,300	1,560	1,950	3,730	4,410	4,950	5,300
23	A23	0,700	1,250	1,420	1,850	3,560	4,150	4,870	5,100
24	A24	1,300	1,870	2,000	2,350	3,300	4,120	4,250	4,600
25	A25	0,400	0,804	1,000	1,350	2,930	3,850	4,320	4,680
26	A26	1,070	1,608	1,930	2,340	3,710	4,250	4,820	4,950
27	B1	0,888	1,554	1,720	2,240	4,350	5,850	6,500	6,930
28	B2	0,660	1,350	1,500	1,860	5,410	6,300	6,580	6,900
29	B3	0,600	1,200	1,460	1,930	3,780	4,050	4,800	5,100
30	B4	0,743	1,230	1,580	2,210	3,100	3,900	4,600	4,900
31	B5	0,700	1,000	1,340	1,780	3,860	4,600	5,200	5,550
32	B6	1,400	1,800	2,200	2,630	4,100	4,950	5,630	5,950
33	B7	1,300	1,820	2,180	2,600	4,370	5,010	5,900	6,300
34	C1	Not completed	Not completed	1,200	1,920	1,950	2,300	3,000	3,300
35	C2	Not completed	Not completed	0,850	1,540	1,800	2,150	3,200	3,500
36	C3	Not completed	Not completed	1,250	1,700	4,200	5,100	6,100	6,700
37	D1	Not completed	Not completed	0,800	1,320	4,100	4,950	5,950	6,400
38	D2	Not completed	Not completed	0,500	1,120	2,720	3,000	4,350	4,900
39	D3	Not completed	Not completed	0,900	1,480	2,150	2,870	3,480	3,800
40	D4	Not completed	Not completed	0,300	1,220	2,700	3,070	3,800	4,300
Balance		20,478	12,931	17,665	56,245	26,560	25,210	13,240	

The volumes (m3) are the volumes of solid waste that is disposed of in each refuse collection tank.
Each refuse collection tank is monitored twice a month.
Two of the 40 refuse collection tanks were built by Habitat.

Khair Khana III (district 15) - ACF refuse collection tank project 2001
Refuse collection monitoring 2002

Nr	Code	February		March		April	
		Volume 1	Volume 2	Volume 1	Volume 2	Volume 1	Volume 2
1	A1	-	1,090	1,270	1,920	2,500	
2	A2	-	1,040	1,300	1,620	1,950	
3	A3	-	1,148	1,800	2,321	2,500	
4	A4	-	1,768	2,200	2,850	2,930	
5	A5	-	3,032	3,700	3,950	4,200	
6	A6	-	3,810	4,300	4,750	4,870	
7	A7	-	0,000	0,700	0,950	1,000	
8	A8	-	3,600	3,800	4,100	4,300	
9	A9	-	0,900	1,020	1,090	1,300	
10	A10	-	0,000	0,810	0,980	1,090	
11	A11	-	9,000	9,500	10,000	10,200	
12	A12	-	2,700	3,010	3,780	3,950	
13	A13	-	2,436	3,212	3,890	3,970	
14	A14	-	2,790	3,800	4,050	4,200	
15	A15	-	0,000	0,500	1,700	1,870	
16	A16	-	0,000	0,700	0,990	1,200	
17	A17	-	0,000	0,560	0,880	1,000	
18	A18	-	0,000	0,780	0,920	1,150	
19	A19	-	4,650	4,980	5,410	5,500	
20	A20	-	0,000	0,780	1,380	1,380	
21	A21	-	0,750	1,120	1,530	1,520	
22	A22	-	1,300	1,890	2,120	2,350	
23	A23	-	0,540	1,800	2,350	2,450	
24	A24	-	0,945	1,750	1,870	1,970	
25	A25	-	0,275	1,850	1,980	2,010	
26	A26	-	1,830	2,130	2,350	2,430	
27	B1	-	1,782	2,560	3,450	3,560	
28	B2	-	1,792	2,700	3,560	3,850	
29	B3	-	3,000	3,500	4,370	4,650	
30	B4	-	1,549	2,010	3,680	3,770	
31	B5	-	0,970	1,770	2,290	2,380	
32	B6	-	1,389	1,980	2,580	2,780	
33	B7	-	1,575	1,900	2,370	2,480	
34	C1	-	1,170	1,880	2,950	3,200	
35	C2	-	0,914	1,850	1,980	2,090	
36	C3	-	1,030	1,680	2,980	3,020	
37	D1	-	2,475	2,712	2,891	2,990	
38	D2	-	1,552	2,120	3,340	3,520	
39	D3	-	1,300	1,810	2,250	2,570	
40	D4	-	2,475	3,150	3,860	3,970	
Balance		3,900	66,577	24,307	21,398	18,621	0,090

The volumes (m3) are the volumes of solid waste that is disposed of in each refuse collection tank.
Each refuse collection tank is monitored twice a month.
Two of the 40 refuse collection tanks were built by Habitat.

Proja-e-Jadeed (district 15) - ACF drainage network project (2000 - 2001)
 Water quality analyses on a cross-section of 20 representative wells
 Comparative analyses between March 2000, March 2001 and March 2002.

Nr	Location	Ph		Turbidity (NTU)			No colonies of faecal coliforms / 100 mL		
		March 2000	March 2001	March 2002	March 2000	March 2001	March 2002	March 2000	March 2001
1	House 202	7,7	7,4	7,3	<5	<5	43	8	1
2	House 836	7,7	-	7,5	<5	<5	40	-	0
3	Hand pump	>8.2	-	-	<5	-	14	-	-
4	House 513	7,5	7,9	7,5	<5	10	53	0	3
5	House 662	7,5	7,5	7,5	<5	<5	3	2	0
6	House 644	7,7	7,6	-	<5	<5	23	1	-
7	House 622	7,7	7,5	7,7	<5	5	1	0	0
8	House 478	7,7	7,7	7,8	<5	5	13	0	0
9	House 311	7,7	7,6	7,5	12	<5	11	0	0
10	House 322	7,7	7,6	7,8	6	5	14	7	11
11	House 47	>8.2	7,8	7,5	300	<5	13	0	0
12	House 15	7,5	7,5	7,5	<5	<5	24	0	0
13	House 119	7,9	7,7	7,5	7	8	20	0	0
14	House 107	7,5	7,5	7,5	<5	<5	40	3	0
15	House 89	7,6	-	7,5	<5	5	32	-	19
16	House 114	7,7	-	7,5	<5	-	73	-	1
17	House 218	7,7	7,5	7,5	<5	<5	17	1	0
18	House 336	7,9	7,5	7,5	<5	8	16	1	34
19	House 486	7,5	7,6	7,5	<5	<5	78	0	0
20	House 565	7,7	7,5	7,5	<5	5	29	0	12

The number of colonies of faecal coliforms per 100 mL is the average number of colonies on 2 samples. In case of disagreement between the 2 samples, a 3rd sample is systematically carried out.

Khair Khana III (district 15) - ACF drainage network project (2000 - 2001)
Water quality analyses on a cross-section of 20 representative wells
Comparative analyses between March 2000 and March 2001

Nr	Location	Ph		Turbidity (NTU)		No colonies of faecal coliforms / 100 mL			
		March 2000	March 2001	March 2000	March 2001	March 2000	March 2001	March 2000	March 2001
1	House 69	7,9	7,4	<5	18	20	>200	-	-
2	House 35	7,7	7,5	5	8	38	>200	>200	-
3	House 17	7,7	-	50	-	124	-	-	-
4	House 588	7,9	-	<5	-	102	-	-	-
5	In front of house 92	7,7	7,5	<5	<5	37	68	127	-
6	House 312	7,9	7,8	<5	<5	75	136	3	-
7	In front of house 376	7,5	7,5	<5	<5	39	25	-	-
8	House 377	7,5	7,5	<5	<5	0	0	0	0
9	House 437	7,5	7,5	<5	<5	16	0	0	0
10	In front of house 450	7,9	-	<5	-	36	-	-	-
11	House 450	7,5	7,7	<5	<5	4	0	0	0
12	Public hand pump	7,3	7,5	<5	<5	35	0	0	0
13	In front of house 680	7,3	-	<5	-	1	-	-	-
14	House 682 - tap	7,3	-	<5	-	0	-	-	-
15	House 511	7,7	-	<5	-	36	-	-	-
16	House?	7,7	-	<5	-	39	-	-	-
17	House?	7,9	7,5	<5	12	42	13	-	-
18	Mosque (Khulafat Rashedin)	7,8	7,5	<5	<5	1	0	-	-
19	Public hand pump***	7,7	-	<5	-	3	2	0	0
20	House?	7,5	-	<5	-	140	-	-	-

The number of colonies of faecal coliforms per 100 mL is the average number of colonies on 2 samples.
 In case of disagreement between the 2 samples, a 3rd sample is systematically carried out.

FOODAC KABUL 2001 MONITORING - BENEFICIARIES

Name of the home visitors

Date of the visit:

Information concerning the beneficiaries

- Name
- Address

- Number of people in the family (sharing the same meal)
- Head of family (male or female)
- Sources of income in the family:

Information concerning sources of wheat (PROPORTIONNAL PILLING)

What are your sources of wheat, in the family?

Bought (1)	Given (2)	Exchanged (3)	Borrowed (4)	Family production (5)	ACF (6)	Humanitarian help (7)	Others (8)	TOTAL

(1) Bought where (market, neighborhood...), which price?

(2) Who gives you wheat (friend, brother, father...)?

(3) With whom did you do the exchange? Instead of what?

(4) Who loaned you wheat? At what interest?

(5) Where are your fields?

(6) how many seers?

(7) Free food or food for work? Which agency?

(8) Precise:

Information concerning use of FOODAC wheat (PROPORTIONNAL PILLING)

How did you use the wheat received from ACF FOODAC Program?

Family consumption (1)	Sold (2)	Exchanged (3)	loaned (4)	Given (5)	stolen(6)	Others (7)	TOTAL

(1) row or in flour?
 If row, why?
 If in flour, cost per seer of flour?

(2) Where (market, neighborhood...)?
 Price per seer?

(3) With whom did you do the exchange? Instead of what?

(4) to who did you loan some wheat? At which interest?

(5) to who did you give some wheat?

(6) when have you been stolen?

(7) Precise:

Information concerning humanitarian help:

What have you received these three last months (food and non-food items), from which organization?

Item	Organization

How many seers of wheat do you have today in your house?

FOODAC KABUL 2001 MONITORING - NON BENEFICIARIES

Name of the home visitors

Date of the visit:

Information concerning the non-beneficiaries

- Name
- Address

- Number of people in the family (sharing the same meal)
- Head of family (male or female)
- Sources of income in the family:

Information concerning wheat (PROPORTIONNAL PILLING)

What are your sources of wheat, in the family?

Bought (1)	Given (2)	Exchanged (3)	Borrowed (4)	Family production (5)	Humanitarian help (6)	Others (7)	TOTAL

(7) Bought where (market, neighborhood...), which price?

(8) Who gives you wheat (friend, brother, father...)?

(9) With whom did you do the exchange? Instead of what?

(10) Who loaned you wheat? At what interest?

(11) Where are your fields?

(12) Free food or food for work? Which agency?

(13) Precise:

Information concerning humanitarian help:

What have you received these three last months (food and non-food items), from which organization?

Item	Organization

How many seers of wheat do you have today in your house?