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RETURN

Information Update

1 – 15th January 2004

ADVICE FOR CIRCULATION: This update is intended for Afghans abroad, as well as those displaced inside their country, to help them make an informed choice about returning to their homes. It is a public document and should be circulated as widely as possible.

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ANNOUNCEMENT

As a result of increased insecurity for UN and NGO staff in the South, South-East and East of Afghanistan, UNHCR has temporarily suspended the facilitation of returns from Pakistan. All UNHCR direct field monitoring in Nimroz, Kandahar, Hilmand, Uruzgan, Zabul, Paktia, Paktika, Khost, Ghazni, Kunar, Laghman, Nuristan and Nangarhar is at present suspended. The UNHCR offices in Ghazni and Lashkargah are closed as of January 2004. UNHCR will re-evaluate the possibility of restarting the return operation on a continual basis. Provided the security situation stabilises, facilitated return will resume in early 2004.

Important Message for Afghan refugees in Iran: During 2002 and 2003, UNHCR and the Ministry of Refugees and Repatriation provided transportation to returnees and their luggage from the Dogharoun–Islam Qala border to Herat city. From January 2004 onwards, returnees arriving at the Islam Qala reception centre will be expected to organise their own transportation to Herat. A variety of buses and trucks will be available for hire at the border.

On arrival in Herat transit centres, returnees will receive their entire cash grant. It includes the usual rate from Herat to their final destination, plus an additional \$4 per person (\$2 for children less than one year) for maximum of seven persons. This last amount covers the cost of the travel from the border to Herat transit centres.

From the border (Zero point reception centre), the travel is organised by the returnees themselves. Returnees are advised to negotiate the price with drivers before they board a bus or

truck. Reference prices will be posted. The cost of the travel from Islam Qala to Herat is paid in Herat by the travellers. (See page 12)

1. VOTER REGISTRATION

By the first week of January 2004, 274,964 Afghans were registered in the eight main cities. This includes 215,781 men and 59,183 women. The current rate of registration is far below the rate necessary to complete registration for elections next year. It is necessary therefore that registration teams have access to all areas of the country.

This week's figures show that Jalalabad continues to lead the turnout of Afghans registering with 29 percent of the total number of voters registered in all cities.

In terms of women's participation, Bamyan continues to have the highest proportion of women registering, with 43 percent of the total 23,403 voters registered. This figure is followed by Herat, where 29 percent of registered voters are women.

2. LOYA JIRGA

Afghanistan's Loya Jirga has agreed on a new constitution that aims to bring stability and unity to the nation.

The aim of the document is to unify the diverse Afghan nation and to prepare the ground for elections later this year. It envisages a powerful presidency - in line with the wishes of current leader Hamid Karzai - and two vice-presidents.

The constitution is designed to consolidate an ethnically diverse state. The constitution also provides for women having guaranteed representation in the new parliament, as well as a powerful presidency.

Agreement was reached after three weeks of heated debate that exposed the country's fragile ethnic relations.

3. SECURITY

Areas of concerns: Security in the provinces bordering the Islamic Republic of Pakistan - Nuristan, Kunar, Jalalabad, Khost, Paktia, Paktika, Hilmand, Kandahar, Zabul, Uruzgan and Ghazni – has been a concern, particularly over the past two months. Measures have been taken by Coalition and Afghan forces and the Pakistani government to counter security incidents. During his meeting in Kabul with Afghan authorities in mid-January, Pakistan's prime minister vowed to beef up security along the border with Afghanistan, where anti government militants are active, as part of the neighbors' joint fight against terrorism.

Kandahar Province: The UNHCR office in Kandahar city was the target of an attack on 5 January. There were no casualties and the office continues to function. There were also two explosions in the centre of Kandahar city on 6 January 2004 which left 16 civilians, including several children, dead and more than 50 people injured.

Hilmand Province: Four suspected Taliban were killed last week when a bomb they were planting exploded prematurely in the southern province of Hilmand on a road regularly used by Afghan soldiers.

Nimroz Province: Authorities have increased efforts to trace suspected al-Qaida and the Taliban militia believed to be hiding there. Dozens of suspected Taliban fighters armed with assault rifles and rocket propelled grenades staged the attack in the Khashrud district of Nimroz province, about 120 miles south-west of Kandahar on 12 January 2004. According to Kareem Baravi, Governor of Nimroz, four policemen were killed in this fighting.

Balkh Province: According to the Afghan military, a bomb exploded on 11 January 2004 in front of the office of the French aid group Agency for Technical Cooperation and Development (ACTED), injuring two people. On 8 January, 2004 police removed a bomb from a ditch near a UN office in Mazar-e-Sharif and destroyed it.

Disarmament process: According to the Afghan TV and Radio, an agreement has been signed on 13 January 2004 between the officials of the Ministry of Defence of Afghanistan and ISAF to collect both light and heavy weapons from Kabul City and relocate these outside of city.

A delegation from the Ministry of Defence of Afghanistan went to Mazar in the beginning of the current week to accelerate the collection of arms and reorganise the military divisions of Jamiat and Junbish into one unit of the Afghan National Army.

4. HEALTH IN AFGHANISTAN

Overview: As a result of 23 years of conflicts, political instability, collapsed economy and three years of severe drought, health services system in Afghanistan turned to be the poorest in the world. There are health services available only in a limited number of provinces; more in big cities rather than the districts.

According to WHO, shortages of health facilities have caused the following problems:

- Life expectancy rates in Afghanistan are among the lowest in the world with less than 50 years of age for men and women.
- About 25% of children die before the age of five. Lack of basic health care and malnutrition contribute to the high death rates.
- Afghanistan has the second highest maternal mortality rate in the world.
- About half of the children less than five years of age are stunted due to chronic malnutrition and up to 10% are suffering from acute malnutrition.

- Mental health is a major health concern in the country. Experts estimate that approximately 30-50% of population undergoing violent conflict develops some level of mental distress.

At present, more than 26,320 staff, 4,200 doctors (670 women and 3,530 men) are serving in 100 hospitals and health centres in the country under the direct supervision of the MoH. These health centres in total have 7,483 beds and 12 hospitals provide practical training for medical students.

Government hospitals in Afghanistan provide only 20% of the required medicine, free operations and surgeries, and the patients have to provide the remaining 80% of the medicine and operation materials.

Central region:

Kabul: In Kabul province, more than 11,931 health staff of whom 4,368 are doctors (3,624 male and 742 female), 13,258 are nurses (9,870 male and 3,388 female) and 2,856 are midwives (84 male and 2,772 female), provide medical services in 13 hospitals and 69 clinics, which is the 30% of the health facilities in entire country. MoH estimates that each 1,000 people in Kabul have access to one doctor. Kabul population is estimated three million.

According to MoH, the number of health centres and health staff in other provinces of the central region are as follow:

Provinces	Hospitals	Clinics (BHC, CHC,MOB)	Doctors		Nurses		Midwives	
			F	M	F	M	F	M
Kapisa	1	17	0	36	36	372	12	0
Parwan	1	55	12	60	240	1,896	60	12
Wardak	1	34	24	104	160	360	64	8
Logar	2	20	5	45	35	215	20	10
Chazni	0	40	112	256	496	1,056	400	64
Bamyan	2	16	15	55	85	200	20	0

Available Treatment and Health Facilities: Minor treatment and surgeries such as superficial injuries, burns, emergency cases of war wounds, thoracic and abdominal injuries, orthopaedic cases, peritonitis, appendicitis, obstructions, gastrectomy, inter abdominal abscesses, removal of renal stones, open cardiac surgery, urinary system, malaria and TB and other simple cases are mostly possible to be treated in Kabul and to an extent in a few provinces of the central region. In addition some infectious diseases such as leprosy is treated in two well-equipped centres in Kabul and Bamyan provinces. According to MoH, there are 15-20 cases of leprosy per year in Afghanistan. Bamyan has the highest number of leprosy cases. LEPCO, an international NGO, provides treatment of leprosy for free.

Vaccination facilities of six infectious diseases are available in all clinics in big cities, particularly in Kabul and Parwan provinces.

Problems: The health services for some cases such as dialysis, haemophilia, chemotherapy, thalassemia, cancers, radiotherapy, Neuro- surgery and operations that need advanced tools are not available in Afghanistan. There are few private dialysis centres, which are not enough to meet the needs. There are no cancer specialists and specific cancer centres so far in the country.

There are no electronic diagnostic tools available in the health centres except in ISAF clinics that are not accessible for all. Even a simple diagnostic tool such as Ultra sonography or Ultra Sound is not widely in practice in big hospitals.

According to MoH, returnees are transferring 30-40 % of HIV cases. At present, HIV treatment facilities are not available in Afghanistan. Doctors can only provide symptomatic or temporary treatment and patients have to travel to other countries for complete treatment.

Private Clinics: There are a large number of private clinics in all the cities in the central region registered with the MoH, charging patients between 50 – 100 Afs for an examination, 20 – 30 Afs for malaria blood test and 100 Afs for doing an X-Ray.

Assistance and Future Plans: ICRC besides other health services provides artificial limbs, crutches, and orthopaedic facilities for mine victims and others all over the country. In addition, the emergency hospital in Kabul, MoH's technical orthopaedic centre and Sandy Gall Afghanistan Appeal in Kabul and other major provinces provide surgical operation, artificial limbs, Physiotherapy, Arthritic and prosthetic facilities, and Ankle Orthosis for foot, hand and knee.

MoH with collaboration of international organizations such as WHO, UNICEF, World Bank, USAID, MSH and other aid agencies is working to update the health services system in Afghanistan. The efforts in this regard include conducting primary health awareness training, health education for community, renovation of health centres, establishment of new health centres, providing advanced health tools, surveying health service system all over the country for further improvement.

Implementation cost of the above programmes is estimated USD 49,584,885 (from the World Bank and USAID) plus 13,125,875 Euro from EC (European Community).

Northern Region:

There is one Central Hospital, a 200-bed Military Hospital, Kod-o-Barq Hospital, 40-bed LEPCO Hospital, Noor Eye Hospital, Jordan Government Hospital and Police Hospital in Mazar City. About 50% of the patients and those coming from other parts of the region approach central hospital for treatment.

There are 10 clinics in Mazar City and 24 in other parts of the region. Two of these clinics are in Balkh and Khulm districts with the in bed facilities.

There are 477 doctors (127 doctors working or Department of Public Health (DoPH) in Mazar city and 350 doctors in Balkh province). Other districts and provinces in the region are lacking doctors especially female doctors for maternity services.

There are limited health services available for malaria, leishmaniasis, general operations, dentistry, TB, MCH (Mother and Child Health), blood bank, maternity services, skin diseases, psychology and laboratory examinations. Due to the shortage of medicines and lack of laboratory equipment in this region the doctors are not able to provide the patients with proper health services. In some cases such as biological check, heart and brain operation or hormone check up, dialysis, haemophilia, thalassemia and chemotherapy, patients need to travel to other part of the country or abroad. There are facilities for some kinds of surgeries such as bone, heart and chest operations.

There are 300 drugstores in the market while because of the high prices of medicines most of the patients are not able to afford buying it.

There are 28 International NGOs supporting public health services in the region in terms of staff salary, medicines, and equipment.

Malaria Campaign Centre (MCC): MCC established in 1948 covers the whole region tries to control malaria and some other diseases. At present MCC is active in Faryab, Jowzjan, Balkh, and Sar-i-pul provinces including Zari, Aqkupruk and Sholgara districts.

Malaria cases have been mostly noticed in Balkh, Chemtal and Charbolak districts of Balkh province and in some villages in Faryab. It is said that a large number of returnees coming from Pakistan have been infected with malaria.

According to the MoH, 100 to 150 leishmaniasis cases were registered in a day last year, which shows the need for preventing this disease to become an epidemic.

Problems: Lack of public awareness about diseases like TB, leishmaniasis, polio etc particularly in the suburban districts, and shortage of CHW (Common health worker) in the villages and districts to raise health awareness amongst the public are major problems.

Assistance and Future Plan: WHO is supporting the government in conducting upgrading courses for doctors, nurses, vaccinators, lab technicians and other health workers, provides hospitals with medicines and X-Ray machine, conducts EPI (Expanded Programme for immunisation) and supporting campaign against TB, malaria, leishmaniasis, diarrhoea and respiratory infections. WHO supports TT vaccination programme four times a year for women between 15 – 45 years of age. Almost 92,000 women have received two rounds of TT vaccination. The third round is yet to be done. UNICEF, WHO and MoH support the TT vaccination campaign through 900 female volunteer health workers.

World Bank is going to support DoPH in its activities this year. Barak and BDF (Bakhtar Development Foundation) will cooperate in achieving this objective.

14 new clinics will be established in different districts of Balkh province this year.

Southern Region:

There are six hospitals (including a military hospital) in Kandahar, and 43 clinics run and established by the government and national and international NGOs in the cities and districts of the Southern provinces.

Two Indian doctors and three nurses arrived in Kandahar about two months ago working in the military hospital. In addition, Indian government is going to provide this hospital with medicines worth 10 million Indian rupees, in the near future. The hospital is equipped with ultrasound and endoscope machines as well as the equipment of Neuro-surgery but no specialists to run them.

At the present, no treatment facilities for dialysis, haemophilia, thalassemia, chemotherapy and leprosy are available in the South.

Due to lack of surgeons and required equipment, Neuro, spinal cord, open-chest, internal ear and nose, and some complicated eye surgeries are not possible to be done in the Southern region's hospitals.

Kandahar: The main hospital in Kandahar, as well as a military hospital, has ENT, X-Ray, TB, Paediatric, Medical, Surgical, Orthopaedic, Gynaecology, Ophthalmology, and Dental wards. Infectious diseases prevention, and malaria and TB treatment facilities are available free of charge in both hospitals. However, in most cases patients have to buy their own medicines from the market.

- **Clinics:** There are 27 clinics in Kandahar province, nine of them located in the city and 18 in the districts.

Hilmand: There is only one hospital in Lashkargah City, with ENT, Surgical, Medical and Paediatric wards, and eight clinics in other districts in Hilmand.

Zabul: One hospital and one clinic are functioning with X-Ray, Medical, Paediatric and Surgical wards in Qalat city, and five clinics in other districts of Zabul province. Patients from the districts of Siwray, Shahr-i-safa and Khak-i-Afghan travel to Qalat City for treatment, as there are no facilities in their districts.

Nimroz: There is one hospital and one clinic in the city of Zaranj, and patients from Kang, Chakhansoor, Khashrud and Charburjak districts travel to Zaranj for treatment.

Uruzgan: There is one government hospital, one clinic for females and one for males in Tirin Kot city. There is a clinic in each district run by one or two nurses but not a single Doctor. A 60-bed clinic constructed with the financial support of WHO, was inaugurated on 2 December 2003 in the province. AHDS (Afghan Health and Development Services) is going to build 19 BHP (Basic Health Posts) and four MCH/CHC (Comprehensive Health Centre) in Uruzgan province to be funded by EU.

Health situation in IDP camps: MSF has suspended its operations in IDP camps in Zari Dasht due to lack of security but another NGO, INTERSOS, still continues its activities. In Spin Boldak, MSF still provided health services to IDPs, while AHDS's mobile clinic serves IDPs in Panjwai and Maiwand districts of Kandahar. Other IDPs in the region do not have access to such facilities.

Problems: Most patients in the region have to travel abroad to Pakistan, Iran or even India for several surgeries or treatments. The services provided by the regional hospitals in the south are insufficient. Lack of surgeons and medical specialists, technicians for ultrasound and other medical equipment and shortages of medicine are some of the problems that hospitals in the south face.

Assistance and Future Plan: The World Bank, USAID and European Community has a comprehensive plan to support health facilities at different levels.

Construction of eight clinics in Kandahar is going on with the support of USAID, which will provide basic health services. Construction of more clinics, one in each of the 16 districts, is expected to be supported by the World Bank, USAID and EU.

44 more clinics are planned to be constructed in the Hilmand province within the next three years by IBNISINA NGO to be supported by the World Bank, and 21 in Zabul to be funded by EU.

UNICEF, WHO, AHDS, IBNISINA, HOPEWORLDWIDE, IAHC, MSF, ICRC, CARE INTERNATIONAL and HANDICAP are working to provide medicines and medical equipment to the hospitals and clinics in the South through the MoH.

Southeastern Region:

Paktia and Khost Central Hospitals: The Ministry of Health, ISAF, ICRC, WHO, UNICEF, IMC and WFP agencies support health services in the region.

Problems: People in the Southeastern region especially living in the villages face lack, or non existence of health facilities in their districts. Bad roads and poor transportation especially in winter time is one of the main obstacles for patients to reach health services and for doctors to reach their places of work.

Caesareans, acute abdominal pain, kidney stone, prostate, vesicle stone and orthopaedic related operations are done, and infectious disease, malaria, TB and Leprosy treatment facilities are available in these hospitals.

Future Plan: Paktia provincial Public Health Department (PHD) is in need of nursing specialist for the Paktia hospital. PHD's future plan is to construct a 200-bed hospital and MCH centre in the district in 2004.

Eastern Region:

There are a total of eight Public Hospitals and 109 clinics, run and established by the government, and National and International NGOs in the Eastern Region.

Nangarhar Province: There are a total of six hospitals in Jalalabad city and the neighbouring districts. Public Health Hospital with 400 beds X-Ray, TB, Medical, Surgical, Orthopaedic, Gynaecology, Ophthalmology and Dental wards facilities, University Hospital with Paediatric, Gynaecological, Surgical, Dermatological and EPI wards, Fatima-o-Zahra Hospital for females with Medical and Gynaecological wards, Ophthalmology Hospital established by ISRA Islamic Foundation, a 50-bed hospital in Shinwar District and another 10-bed hospital in Khogyani district are providing the people considerable health services.

In addition, an Orthopaedic Centre (funded by Sandy Gall's Afghanistan Appeal) is located in the compound of Jalalabad Public Health Hospital provides Physiotherapy, Arthritic and Prosthetic services, artificial limbs and Ankle Orthosis for foot, hand and knee. In 2003, this hospital provided 500 artificial limbs (mainly for mine victims), and 2,000 ankle orthosis for disabled persons, including returnees. The centre's Mobile Team conducts weekly field visits to Kunar, Laghman, Ghani Khil, Chaparhar and Lal Pur locations, does survey and registers disabled persons in the area.

AABRAR (Afghan Amputee, Bicyclists for Rehabilitation and Recreation) is also located in the Jalalabad Public Health compound and provides bicycles and wheel chairs for disabled persons.

People receive health services in the field of orthopaedic, urology, gynaecological and abdominal surgery from the hospitals in Jalalabad, while they go abroad for chest and Neuro-Surgeries. Various eye surgical operations are done in both, the Public Health and Ophthalmology hospitals.

All kinds of diseases including the infectious ones are treated in the Public Health Hospital except the dialysis, haemophilia, thalassemia and leprosy. However chemotherapy, Bronchoscope, CT scanning and eye scan machine is currently not available in Jalalabad.

There are a total of 64 clinics (29 state run clinics and 35 others established by the national and international NGOs), in Nangarhar province. Five of the clinics are functioning in Jalalabad city and the rest in other districts of the Nangarhar province. There is a mental hospital also serving the patients in the province.

Laghman province: There is only one hospital with Surgical, Medical, Gynaecological and Paediatric wards in Laghman Province. Urology and abdominal related surgeries are possible to be done in Laghman, while orthopaedic and chest related surgery cases are referred to Jalalabad or abroad. There are a total of 22 clinics established and run by the government and NGOs in Mehtarlam City, and Alingar, Dawlat Shah, Qarghayee and Alishang districts.

Kunar province: There is only one hospital in Kunar province providing medical, gynaecological, dental, ENT and surgical services. Abdominal surgery is done in this province and chest, orthopaedic and kidney (stone) related surgery cases are referred to Jalalabad or Pakistan. There are about 20 clinics established and run by the government and NGOs in this

province. One of these clinics is for females with gynaecology and medical sections located in Asad Abad city.

- **Nuristan province:** There is no hospital in Nuristan province, but six clinics functioning in Paroon, Barg-i-Matal, Kamdesh, Wama, Nangaraj and Duaba districts. IMC, NAC and UNICEF support some of them.
- **Expenses:** All surgery operations with some medicines in the eastern region's hospitals are free of charge, however in some cases; the patients have to buy the required medicines from the market. The Fathimath-o-Zahra Hospital for females, Ophthalmology Hospital and other clinics provide medicines with 40 - 70% subsidies.
- **HIV:** The doctors (in the Public Health Hospital) tend to assume that some of the returnees are infected by HIV. They indicated that all returnees should be tested but returnees do not wish to be tested. Only one person, a returnee, was tested (against his wish) for HIV, and was diagnosed HIV positive. He wanted to give his blood to a needy patient relative. The doctors wanted to refer him for treatment but he escaped from the hospital.
- **Specific Epidemic Diseases:** According to the Public Health Hospital, there are no specific epidemic diseases. Many people suffer from malaria (especially PF cases) and snake bite cases in the summer (averagely four cases per day in the districts), Rabies have been increased during the last two years. More than 7,000 individuals (with 55% of young boys and girls) are suffering from TB. TB cases have increased by 30% in the last five years.
- **Health Facilities for IDPs and Returnees:** There is a clinic (run by ISRA) providing health services to IDPs in Hisar Shahi camp in Nangarhar province camp, serving both, Gujar families and old IDPs. There are three UNHCR funded clinics run by HNI providing returnees and IDPs in Jalalabad, Batikot and Kot districts with medical services. The TBA and Hygienic programme in Hisar Shahi camp run by IRC is supported by UNHCR.

There is no clinic in IDP locations of Laghman province. Public Health mobile team provides medical assistance to IDPs in Alikhel village twice a month, and patients from other IDPs locations approach local clinics for treatment.

Problems: The anti venereal injections for snakebite cases are not available in the hospitals and the patients have to purchase it from the market. 40 patients died of snakebites since they could not afford to buy the required expensive injections.

The doctors complain against those TB patients who do not complete the full course. This is may be one of the reasons that the number of TB patients has been increased.

Future Plan: Provincial Public Health Department in Nangarhar is planning to establish 14 more clinics (including a mobile one for Kuchies) in the provinces in the near future.

Western Region:

Herat province: In this province there are seven hospitals (Regional Hospital and District Hospital): Herat Regional Hospital, Herat Eye Hospital, Guzara primary health care district hospital (50 beds), Ghoryan PHC district hospital, Ube PHC district hospital, Gulran PHC District Hospital and Shindand PHC District Hospital. The medical staffs of these hospitals consist of: 158 male and female doctors, 50 assistant doctors, 32 pharmacist, 27 dentists/assistants, 21 lab-technicians, five X-Ray technicians, 21 physiotherapists, 78 vaccinators, and 182 nurses.

The patients in some of the hospitals receive free medicines, which are available in the hospital's drugstores, but in case more medicines are needed, the patients are asked to purchase from the market. The patients are not charged.

In Herat regional hospital some surgical operations are done, but for most cases patients are sent to Iran for treatment. malaria, TB, chemotherapy, dialysis patients can get necessary treatment in Herat Hospital.

There are around 500 midwives in Herat City and districts who are trained by DoPH and introduced to each of the districts.

- **Clinics:** In Herat province, there are 34 clinics in different districts. Each clinic has four to 70 medical and non-medical staff. Some of these clinics have ambulances that reach to eight. In some clinics. There are medicines for patients free of charge, but in some clinics there are no medicines to distribute.
- **Malaria and Leishmaniasis Campaign Programme:** The malaria and leishmaniasis campaign ward of Herat Hospital has been serving people since many years. In this ward the treatment and medicine is free of charge. This program is supported by WHO and Health Net organizations.
- **Drugstores:** There are many drugstores in and outside the city of Herat that import the medicines from Iran, Pakistan, India, China and very few from other countries. DoPH committee monitors the drugstores and in case they find out-of-date medicines, confiscates the medicines and takes action against it legally. A few of the drugstores open during the night in Herat City and some districts.

Ghor province: In Ghor, people have been suffering lack of medical services. There are some medical centres and health facilities, but not so many to respond to health needs in all the villages. There are some diseases that are common in Ghor province: anaemia, UTI, TB, and liver cirrhosis.

There is one regional hospital in Ghor. According to the head of DoPH, there are only 9 male doctors and one female doctor with 50 unskilled nurses. The medical services in this hospital are free of charge. The hospital lacks blood bank, X-Ray, and orthopaedic wards. The head of DoPH stated that most medical cases are referred mainly to Herat.

There are 11 clinics throughout the province and are not well equipped with basic medical instruments.

Badghis province: There is only one regional hospital with 52 beds to admit patients in Badghis province, which is located in Qala-e-Now. The hospital has eight doctors, 24 nurses in wards as surgery, paediatric, malaria, TB, nutrition, maternity, EPI and laboratory, and PHC). The hospital is almost equipped and have medicine to distribute for only in-bed patients, but very few outpatients who are really vulnerable.

There are 25 clinics in Badghis province. Each clinic has one or two MD doctors, four nurses, one pharmacist and two vaccinators. There is only one private physiotherapy centre in Qala-I-Now City.

Farah province: There is a regional hospital in Farah province, which has 60 beds. The hospital is not very much equipped. There are 13 doctors, 60 nurses with six wards. The hospital is supported by some of the international organizations. There are 10 Basic Health Clinics (BHC) and three Public Health Clinics (PHC) in Farah province with 91 medical staff.

Medical Assistance: Some of the international and local agencies like DoPH itself, DAC, NPO/RRAA, CHA, MDM-F, HRS, MDM-P, Ibn-i-Sina, WHO and UNICEF assist the health centres (hospital and clinics) with medicines and equipment.

UNHCR through its IP CHA provides medical services to the returnees on their way back home at Zero Point Islam Qala (reception centre), Islam Qala transit centres, and Herat transit centres. The medical services and medicines are free of charge.

Problems: Most of the people in the remote areas mainly rely on Mullahs and some inexperienced traditional health workers in their villages for their treatment. This is mainly because of the lack of health awareness in these areas.

Reportedly, there are malaria, anaemia, EGE, ARI, TB and meningitis in western provinces. The number of burning cases (women burning themselves) and traffic incidents (car accidents) are high in Herat and Farah provinces.

5. ANNOUNCEMENT TO RETURNEES

Afghan refugees are advised to take note of the following:

- No more returnees will be registered in any location in Pakistan until further notice.

- From January 2004 onwards the Salang tunnel will be reopened during the day and night-time according to the new traffic control schedule and security rules.
- UNHCR encashment and distribution facilities in Gardez, Khost, Kandahar, Daman, Mohmandara, Pul-i-Khumri and Pul-i-Charkhi are closed. UNHCR will announce which of these facilities will be reopened when assisted returns from Pakistan are restarted.
- Returns from Iran are not affected. Encashment/distribution facilities in Herat and Zaranj are giving returnees from Iran continuing to the South, Central, East, and areas of the North full transport grants, non-food and food packages (including the portions of the assistance which would normally be received at the second encashment centre).
- Returnees have the free choice of either returning to their village (location of origin) or to any other place in Afghanistan – but not to the IDP camps.
- Returnees are advised to have their VRFs with them while travelling in the host country and Afghanistan. Anyone who is discovered to have received assistance before will not receive assistance. The entire family will be checked against the VRFs at the encashment centre. Returnees should not approach just any Distribution Centre (DC), but only the one marked on their VRFs; otherwise they will not receive assistance.
- Returnees are also advised to have their vaccination and health records and those of their children with them for medical uses in clinics on the way to return and in Afghanistan. Children under age five will be vaccinated.
- The returnees' personal belongings are exempt from all customs duties. But please note that returnees can take neither commercial amounts of any item nor can they export government-proscribed items. Returnees should also advise their truck drivers not to carry business goods on returnee trucks in order to avoid delay at the border and undesired consequences at the customs. Returnees are advised to ensure the truck is empty when they began loading their belongings.
- IOM Transit Centre in Shibar district, which used to provide overnight facilities for returnees and IDPs travelling from the south and central regions to the north, is now closed.

Transport Assistance: Returnees will receive cash assistance at the encashment centres in Herat. The distribution centres in Mazar and Kunduz are assisting only returnees from the Central Asian republics.

Note on Land: UNHCR has learned about the existence of fraudulent schemes which extract money from refugees in return for a promise to get them government land for housing. As far as UNHCR is aware there is at present no legitimate government Programme to distribute land. The

general freeze on land distribution ordered by the President's decree is still enforced. UNHCR would like to advise refugees not to pay any money for fraudulent land schemes and to check the authenticity of any land scheme with the Representatives of the Ministry of Refugees and Repatriation in Pakistan and Iran or with UNHCR offices.

UNHCR/BBC Radio Programme:

There is a joint BBC/UNHCR radio Programme specifically aimed at Afghan refugees, IDPs and returnees. The Programme deals with the situation in Afghanistan, including security, development activities of the Afghan government, United Nations and other aid agencies, and the challenges that the Afghans, especially returnees, are facing. The BBC radio Programme is part of UNHCR's efforts to provide an accurate account of the situation in Afghanistan to those wishing to return home, and to offer a forum for a wider debate on all aspects of repatriation and reintegration. The Programme is broadcast from Saturday to Thursday (6 days a week) week on Short wave frequencies of 13,605 kHz, and 9,795 kHz and on FM frequency of 89 MHz in Kabul.

Language	Days	GMT	Afghanistan Time
Pashto 1 st edition	Saturday to Monday	0916	1346
Pashto 2 nd edition	Tuesday to Thursday	1603	2033
Dari 1 st edition	Saturday to Monday	1616	2046
Dari 2 nd edition	Tuesday to Thursday	0846	1316

It has a section for listeners' letters. If you have any comments or questions please write to the following addresses. The BBC will include them in the Programme as time permits.

- Afghanistan: BBC, Post Box No. 1, Central Post Office, Kabul, Afghanistan.
- Pakistan: BBC, Post Box 255, University Town, Peshawar, Pakistan.
- Iran: UNHCR (BBC) – P.O.Box No. 91775 – 1876, Mashhad, Iran.

BBC FM transmitters in different provinces of Afghanistan are as follows:

City	Kabul	Mazar	Jalalabad	Bamyan	Kunduz	Faizabad	Pul-i-Khumri	Herat
FM Trans. MHz	89.0	89.0	89.0	89.0	88.1	88.4	99.6	89.2

City	Gardez	Kandahar
FM Trans. (MHz)	87.9	88.0

UNHCR/ERTV Radio Programme

UNHCR has also a joint radio Programme with Afghanistan Radio and TV, "Coming Home", as part of its efforts to provide information for refugees. The Programme is broadcast on Sundays and Fridays (two days a week) at 2100 hrs for 30 minutes in Dari and Pashto languages.

Prices of Essential Commodities in the Marketplace (WFP 1st week of January 04)

Cities	Wheat (Kg)		W/Flour (Kg)		Bread (Kg)		Diesel/Litre	
	AFS	US\$	AFS	US\$	AFS	US\$	AFS	US\$
Kabul	8.2	0.17	11.0	0.23	15.0	0.31	14.0	0.29
Kandahar	9.6	0.20	11.8	0.24	12.0	0.25	14.8	0.31
Jalalabad	8.7	0.18	12.3	0.25	17.6	0.36	16.8	0.35
Herat	7.6	0.16	11.8	0.24	15.0	0.31	14.0	0.29
Mazar	6.0	0.12	7.0	0.14	15.0	0.31	14.0	0.29
Faizabad	5.7	0.12	7.1	0.15	17.6	0.37	18.0	0.38

For further information, please contact:

Sima Alinejad on (0093) 70 279 230, E-mail: ALINEJAD@unhcr.org

Or Abdul Qayyum Karim on (0093) 70 280 565, E-mail: KARIMAQ@unhcr.org