

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

Afghanistan

Executive summary

Afghanistan has been in the midst of a civil war since 1978. This has severely affected its socio-economic infrastructure and caused large scale displacement of people within and outside the country, as well as high levels of poverty. As a result, access to basic facilities like clean water, electricity and basic health care is very poor. The frequent occurrence of natural disasters like floods, droughts, earthquakes, landslides and severe winters further increase the vulnerability of an already struggling population. Discrimination among different ethnic groups and gender is widespread and a serious issue.

In this unstable situation, the Afghan Red Crescent Society (ARCS), the only local humanitarian organization in Afghanistan that supports indigenous groups nationwide, is providing assistance to the most vulnerable populations through its 34 branches spread across all provinces of the country and its active volunteers and members. The years of conflict and difficult working conditions have nevertheless also strained ARCS, which despite having achieved positive changes in recent years, is still in need of substantial capacity building.

The ARCS has been involved in an extensive strategic planning process during 2008, with technical support from the International Federation and International Committee of the Red Cross (ICRC) delegates based in Kabul, New Delhi and Kuala Lumpur. It is in this context that the present ARCS programme support plan for 2009-2010 has been developed to provide needs-based services to the most vulnerable communities in the country. The four programmes of health and care, disaster management, organisational development and humanitarian values are in line with the four Global Agenda Goals. Implementation will be carried out in close collaboration with key government ministries, concerned UN agencies, and partners within the Red Cross Red Crescent Movement.

In line with ARCS's disaster management strategy, the disaster management programme will attempt to address the following two main areas in disaster management: (1) community preparedness and mitigation in line with the regional disaster risk reduction initiative "Building safer communities"; and (2) strengthening disaster response and preparedness for response capacity. Both areas will contribute towards Global Agenda Goal one (reduce the number of deaths, injuries and impact from disasters). The expected outcomes will be: increased resilience and self-reliance of individuals and communities; reduced impact of disasters; and improved capacity of ARCS in terms of human, material resources, systems and procedures for effective disaster response to meet the needs of those people affected by disasters.

Under its health and care programme, the ARCS has been providing health services to vulnerable communities through its basic health centres, emergency medical units, community-based health and first aid initiatives, HIV prevention project and Marastoon (social welfare) project. The overall goal of the programme is linked with the International Federation Global Agenda Goal two (reduce the number of deaths, illness and impact from disasters and health emergencies). The expected outcomes will be "improved health status of communities and strengthened capacity to cope with health and disaster challenges". This will be achieved through: community-based integrated health and first aid activities; increased access to curative and preventive health services; improved maternal and child health care; reduced vulnerability to HIV through preventing further infections and



An emergency medical unit doctor assists villagers in remote areas of Herat province, Western Afghanistan.

reducing stigma and discrimination; improved access to safe blood and improved living conditions (shelter, food and non-food) and health care for the residents of the Marastoons.

ARCS has strived to attain the characteristics of a “well-functioning national society”. Important achievements so far include: revision of its constitution (now pending approval by the government); separation of governance and management; membership recruitment process; finance development process at headquarters; sustainability and core cost support (salary support); development of fundraising policy; and human resource assessment and restructuring process. The ARCS organizational development and capacity building programme is developed based on its strategic and harmonized plan. The organisational development programme seeks to lead the ARCS further towards becoming a “well-functioning national society” by developing its human resources, financial systems, branches, legal base, and management systems for youth, volunteers, members and staff.

The principles and values programme aims to address discrimination and stigmatisation in target communities based on a number of factors, thereby contributing towards Global Agenda Goal four (promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion). The expected outcomes of the programme will be: enhanced knowledge, understanding and application of the Fundamental Principles and values (including non-discrimination, non-violence, tolerance and respect for diversity) within the Red Cross Red Crescent Movement; increased awareness among decision makers of principles and values issues in society; and integration of principles and values into the national society’s operational programmes (disaster management, health and migration).

The total budget for 2009 is CHF 5,441,177 (USD 4.97 million or EUR 3.47 million) and for 2010 is CHF 6,457,287 (USD 5.9 million or EUR 4.11 million). [Click here for the budget summary.](#)

Country context

Afghanistan is a landlocked and mountainous country in South-Central Asia, with plains in the north and southwest. Following decades of war, the country is now one of the poorest in the world, ranking 174 out of 178 in the United Nations Development Programme’s (UNDP) Afghan Human Development report 2007. The maternal mortality rate is one of the highest in the world with 1,600 per 100,000 live births and child mortality is 257 out of 1,000 live births.

Afghanistan is very prone to different types of natural disasters, resulting in heavy casualties and damage to infrastructure. According to the CRED-International Disaster Database, there were 57 large-scale disasters between 1970 and 2006, with an estimated 21,300 people killed and approximately 11 million affected. Climate change is also fuelling an escalation in the frequency and intensity of disasters. In 2009–10, ARCS, with the support of the International Federation, will focus on addressing the humanitarian consequences of climate change by continuing its commitment to disaster risk reduction.

Despite numerous efforts by the government and various other parties, the health status of the Afghan people is below that of its regional neighbours. Two decades of conflict and turmoil in Afghanistan have caused long-lasting poverty, social injustice and a damaged health infrastructure. As a result, health indicators are very poor. The ratio of physicians to the general population is only 11 per 100,000. Life expectancy at birth is 35.3 (for males) and 35.8 (for females)¹. Additionally, access to safe drinking water is limited especially in rural areas with about 82 percent of rural and 67 percent of urban populations not having access to safe drinking water. Meanwhile, over 90 percent of the rural population and almost 70 percent of urban dwellers do not have access to sanitation facilities. Personal hygiene practice is generally considered to be extremely poor². Similarly, access to improved drinking water is 23 percent with 43 percent in urban areas and 18 percent in rural areas, and the use of adequate sanitation lies at 12 percent, with 28 percent in urban areas and 8 percent in rural areas (only 25 percent of the mentioned population have water sources within their compounds³).

The ethnic fabric and geopolitical situation of Afghanistan entails a high risk of discrimination amongst different ethnic groups. Gender discrimination is rampant with women being deprived of education and access to health as well as being prevented from taking part in community related activities. ARCS leadership and core programme staff and volunteers need to be gender-sensitized. ARCS has a volunteer base of 1,000,000 male and female volunteers throughout the country.

Besides Red Cross Red Crescent Movement support to the core programmes of the national society, ICRC carries out an extensive operation in Afghanistan that includes visiting detainees, restoring links between

¹ WHO, 2003

² UNICEF, 2005

³ Best Estimate, UNICEF 2006

dispersed families, health services (support to selected hospitals and six physical rehabilitation centres largely devoted to helping landmine victims) and rehabilitation projects. Mine and unexploded ordinance awareness programmes, rehabilitation of water and sanitation services as well as the promotion of international humanitarian law are also carried out.

During 2008, the International Federation and ICRC, through their offices in Kuala Lumpur, have provided technical support to develop a harmonized plan for ARCS, which was later presented at a partnership meeting in Geneva. A committee, consisting of representatives from the ARCS, ICRC and the International Federation country office will be formed to follow up, monitor the implementation of the plan, and mobilise technical and financial resources from potential partners including support through this 2009-10 plan and ICRC's Planning For Results 2009.

Afghanistan at a glance⁴

1. HDI ranking-174
2. Life expectancy- 43.1
3. Adult literacy rate- 23.5 percent
4. GDP per capita on PPP⁵ - USD 964
5. Maternal mortality (per 100,000 live births)- 1,600
6. Under 5 mortality rate (per 1,000 live births)- 257

National Society priorities and current work with partners

ARCS has developed a five-year strategic plan (2008-2012) to provide strategic directions for the national society. The plan sets out the national society's core programmes and objectives in disaster management, health and care, organisational development and humanitarian values (youth and membership programme). All four core programme areas are in line with the Global Agenda Goals of the International Federation.

The strategic planning was carried out using a participatory approach which involved ARCS branches, volunteers and members. A harmonized plan was developed based on the ARCS strategic plan, the International Federation appeal for 2008-2009, ICRC Planning For Results 2008 and a partner national society plan (Norwegian Red Cross) with the facilitation and technical support of the International Federation organisational development coordinator and ICRC cooperation delegate. Subsequently, the harmonized plan was presented by the ARCS leadership in a partnership meeting in Geneva. The Asia Pacific zone office will be engaged in the review and follow up at a later stage in the future.

The ARCS is currently considering the development of a cooperation agreement strategy and is consulting with partner national societies, ICRC and the International Federation. A Movement memorandum of understanding and other bilateral agreements will be developed to implement ARCS's harmonized plan, and form the basis for the cooperation agreement strategy process. The International Federation country office in Afghanistan will initiate dialogues with ARCS, ICRC and partner national societies to develop a plan for the process.

In line with ARCS's disaster management strategy, the focus of the disaster management programme will attempt to address the two main areas in disaster management: (1) community preparedness and mitigation in line with the regional disaster risk reduction initiative "Building safer communities"; and (2) strengthening disaster response and preparedness for response capacity. The ARCS, in consultation with the International Federation country office and South Asia regional office, is in the process of strengthening organizational and community capacity through the disaster risk reduction programme entitled "Building safer communities in South Asia". This programme is guided by the International Federation's strategies and standards and is in line with the Hyogo Framework for Action.

ARCS and the International Federation have been working together to strengthen the national society's disaster management department and its resources, and enhancing its operational capabilities to enable it to provide an effective and timely response in any disaster situation. There are three national disaster response units, each team consisting of 12 people, in the central, western and northern parts of the country, as well as nine regional disaster response team trained staff with the capacity to intervene at an early stage of a disaster. Presently ARCS is in the process of finalising two disaster response and contingency plans, one for flash floods and the other for earthquakes.

The disaster management working group will strengthen regional cooperation, coordination, knowledge sharing and networking among the national societies in the region. It will help to strengthen the capacity of each national society in "building safer communities" in South Asia. The regional disaster management review and the disaster management/disaster risk reduction framework which has been developed will further help to strengthen the national society's preparedness and response capacity and mechanisms.

⁴ Afghan Human Development Report 2007

⁵ PPP – Purchasing power parity

The overall purpose of the health and care programme is to improve the health status of vulnerable people in selected areas of high health vulnerability. This is in line with the Global Agenda Goal two to reduce the number of deaths, illness and impact from diseases and public health emergencies. The overall purpose will be achieved through community-based first aid; emergency mobile units; health clinics; HIV prevention; voluntary non-remunerated blood donation; and social welfare (Marastoons).

The ARCS, with support from the International Federation, carried out a rapid internal assessment of its health programme in late 2006. This helped the ARCS to identify the priorities of the programmes for 2007-08. These priorities remain valid for the 09-10 planning process. However, during the 2009-10 period, the assessment will be repeated and the priorities adjusted accordingly if needed. A joint evaluation of emergency mobile units was also done in August 2006 by the Norwegian Red Cross, South Asia regional office and ARCS/International Federation. The evaluation recommended the integration and linking of the emergency mobile units programme with community-based first aid and clinics, and is now included as part of the 2009-10 plan.

ARCS participates in the annual regional health meeting and HIV coordinators meeting. Although ARCS is currently not planning to be part of the HIV Global Alliance of South Asia, the ARCS HIV coordinator and the International Federation health delegate participated in the HIV Global Alliance planning meeting in New Delhi in 2007. The ARCS nominated its HIV coordinator as a member for the HIV Global Alliance working group during the meeting.

ARCS is present and provides services in all 34 provinces across the country through its branches, active volunteers and members. The years of conflict have nevertheless proved a huge challenge for ARCS and a need for substantial support in capacity building exists. The organisational development programme will focus on the following priorities which are in line with the organisational development priorities set out in the five-year strategic plan: (1) review of the legal base; (2) enhancing staff capacity and development, and organizational restructuring of the national society; (3) development of systems for finance management; (4) fundraising; (5) assets management; (6) membership development; (7) volunteer management; (8) youth management; and (9) development of pools of employed personnel and volunteers, equipped with the professional skills to carry out core programme activities.

The principles and values programme will integrate its components within other core programmes. This will enable ARCS to send its messages through its wide network of volunteers from the different programmes to the remotest parts of the country. By doing this, the principles and values programme aims to reduce gender discrimination, violence and intolerance among different ethnic and religious groups.

The ARCS has a good partnership with the government. ARCS disaster response and preparedness initiatives will be carried out in conjunction with the Afghan National Disaster Management Authority (ANDMA) and 12 key ministries, United Nations Assistance Mission for Afghanistan (UNAMA) and related UN agencies, and other international non-governmental organizations working in the field of disaster management, preparedness and response. Furthermore, ARCS is a member of the national emergency taskforce. As part of its health programme, the national society will implement the basic health centres programme under the Ministry of Public Health basic package of health services. As a member of the HIV coordination committee for Afghanistan and national AIDS control programme (of the Ministry of Public Health), ARCS's HIV interventions are closely coordinated with government interventions. For the smooth implementation of its HIV programme component (which is also being implemented in schools), the national society has signed agreements with the Ministries of Public Health and Education.

Currently, the main supporters of the ARCS programmes, through the International Federation, are the following national societies: Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross, Norwegian Red Cross, Swedish Red Cross, Greek government and OPEC Fund for International Development. At the same time, the national society has bilateral relations with other partner national societies like Qatar Red Crescent, Iran Red Crescent, Kuwait Red Crescent, and the United Arab Emirates government through its embassy in Kabul. The ARCS has also been collaborating with the ICRC in the provision of humanitarian assistance to conflict-affected populations. The ICRC is financially supporting the ARCS's disaster management programme in line with the new harmonised plan for warehouse construction and food for work project under the community preparedness/disaster risk reduction component. ICRC supports the community-based first aid project (in 15 provinces) and nine basic health clinics of the ARCS health programme. At the same time, ICRC covers some costs (transportation costs and lunch costs) for 39 volunteers of the national society.

The table below shows the partners supporting ARCS programmes:

Partner	Programme component
International Federation	National society capacity building, disaster management, health and principles and values.
ICRC	Promotion of humanitarian principles and values, disaster management and response in conflict areas, health, mine awareness, protection and tracing.
Australian Red Cross	Disaster management, health and organizational development
British Red Cross	Health programme.
Danish Red Cross	Disaster management programme.
Finnish Red Cross	Disaster management, health and capacity building and response.
German Red Cross	Health programme.
Italian Red Cross	Has agreed to support Marastoons project.
Japanese Red Cross	Disaster management, health, and organisational development and capacity building.
Norwegian Red Cross	Disaster management and health programmes through the International Federation and ICRC.
Swedish Red Cross	Disaster management, health, and organisational development and capacity building.
Iran Red Crescent, Kuwait Red Crescent, Qatar Red Crescent and UAE Red Crescent.	Bilateral partners, supporting health (Marastoon) and disaster management programmes.
Greek government	Disaster management, health, organisational development and principles and values
OPEC Fund for International Development	Disaster management programme.
UN Mine Action Centre	National society mine awareness programme.
UN World Food Programme (WFP)	ARCS is the implementing partner of WFP in response operations.

Secretariat-supported programmes in 2009-2010

Logical frameworks are available on FedNet⁶, or [upon request](#).

Disaster Management

a) The purpose and components of the programme

Programme purpose
Reduce the numbers of deaths, injuries and impact from disasters.

The disaster management programme budget for 2009 is CHF 1,100,000 and for 2010 is CHF 1,700,000.

ARCS is a member of the regional disaster management working group which endorsed the "Building safer community" initiative. "Building safer communities" is a regional initiative that promotes the disaster risk reduction approach among all the national societies in the region. Additionally, the national society is committed to an integrated programme approach which integrates disaster management, health and organisational development and was endorsed by the secretary generals of national societies in the South Asia region at the secretary generals' forum. The ARCS is also committed to the harmonisation process between ARCS, ICRC and the International Federation which gives strategic direction to the disaster management programme, which is to focus on underlying causes of vulnerability to disasters while concurrently building capacity to prepare for, mitigate and prevent disasters through national, local and community level capacity building. The ARCS also aims to strengthen disaster preparedness and response capacity at the local and national level, and link this to the regional and zonal response mechanisms. As auxiliary to the Afghan government, the ARCS disaster management programme will be closely coordinated with the Afghan National Disaster Management Authority as well as relevant UN agencies and NGOs. Presently ARCS is in the process of finalising two disaster response and contingency plans, one for flash floods and the other for earthquakes. The International Federation and ICRC attend various UN coordination meetings as observers. ARCS is recognised as one of the main implementing bodies in disaster response in the country and participates in the coordination meetings in that capacity.

⁶ FedNet is an intranet and available to Movement members only

Programme component 1: Building safer communities

Outcome: Increase the resilience and self-reliance of individuals and communities and reduce the impact of disasters.

The major activities will be community preparedness and mitigation under the “building safer community” umbrella. The aim will be to address the risks faced by the communities in order to reduce their vulnerabilities to diseases and disasters, and advocate with national, regional and international organisations, governments and humanitarian actors and the private sector, to improve the lives of the most vulnerable population. The key activities of this component will be vulnerability capacity assessment learning by doing, harmonise community-based disaster preparedness and first aid, community awareness, publication of information, education and communication materials and adaptation of the disaster risk reduction training curriculum for communities and volunteers. Some 255,000 people will be targeted including women and school students. The major partners for this component of the disaster management programme will be Finnish Red Cross, Swedish Red Cross, Japanese Red Cross, Norwegian Red Cross and Danish Red Cross.

Programme component 2: Strengthening disaster response and preparedness for response

Outcome: Improve the capacity of ARCS in human and material resources, systems and procedures for effective response to meet the needs of those people affected by disasters.

The aim of ARCS is to maintain and promote its human resource knowledge, skills and experience, as well as financial and material capacity, for effective disaster management. ARCS will complete and implement disaster response and contingency plans for flash floods and earthquakes which are being developed in 2008. Furthermore, the ARCS will consolidate the disaster response units in line with the national disaster preparedness and response management/national disaster response team guidelines and promote the training of national society volunteers and staff for regional disaster response teams and field assessment and coordination teams. The national society will also strengthen the coordination system among Movement partners, in line with the harmonisation plan, and with external partners to ensure effective and efficient disaster response assistance to the disasters-affected population. An estimated 245,000 individuals, including 45 percent women and children will benefit through the assessments and distributions of food and non-food items across the country in 2009. The major partners for this component of the disaster management programme will be the Finnish Red Cross, Swedish Red Cross, Japanese Red Cross, Norwegian Red Cross and Danish Red Cross.

b) Profile of target beneficiaries

More than three decades of war has not allowed the government and other related organisations to conduct a proper multiple risk mapping. Seismic maps indicate that almost 70 percent of the territory is in the earthquakes risk zone. Other types of disasters which the population mostly face are flash floods, heavy snow fall, avalanches and drought. ARCS’s disaster management programme aims to increase the coverage of humanitarian needs, and plans to assist 500,000 beneficiaries in 2009 and 600,000 in 2010 in targeted disaster prone areas across the country (45 percent of all beneficiaries will be women). The selection process of the beneficiaries is a big challenge in the Afghanistan context, due to the lack of stability, poor economy, frequent disasters, limitations and difficulties in accessing rural areas, as well as the large number of returnees and internally displaced people. The selection process of beneficiaries will be based on their vulnerability and the scope of a disaster’s impact, and considering the code of conduct and seven Fundamental Principles. The ARCS, international Federation and ICRC have nevertheless agreed on a clear selection criteria based on risk and vulnerability mapping, disaster history and records.

c) Potential risks and challenges

The unstable security situation and conflicts, frequent natural disasters such as drought, exacerbated by climate change and resulting in huge population displacement, as well as food crises are all serious challenges. High turnover of staff at the national society’s headquarters, lack of skilled and qualified staff and lack of proper communication facilities between branches and national headquarters pose delays and difficulties in programme implementation.

Health and Care

a) The purpose and components of the programme

Programme purpose

To improve the health status of vulnerable people in selected areas of high health vulnerability, to reduce the number of deaths, illness and impact from diseases and public health emergencies.

The health and care programme budget for 2009 is CHF 3,308,123 and for 2010 is CHF 3,724,233.

Programme component 1: Community-based health and first aid

Outcome: Improved health status and capacity of communities to cope with health and disaster challenges through integrated community-based health and first aid.

The community-based first aid programme was initiated in 1997. The purpose of the programme is to implement health promotion activities and first aid at community level, and build the capacity of the community to deal with small injuries and understand basic health issues. The programme also focuses on emergency response activities through the emergency mobile units and disaster management team during disasters and public health emergencies. Up to June 2006, the programme was technically and financially supported by the International Federation. Due to the tense security situation, the programme support was transferred to ICRC in the south, east and western regions. Currently the ARCS is implementing the community-based first aid programme in almost 34 provinces, while the International Federation supports the programme in 13 non-conflict provinces. ARCS has around 19,000 community-based first aid volunteers from which about 8,000 are supported by the International Federation country office.

The community-based integrated approach in first aid and health involves engaging communities and their volunteers to use simple tools adapted to the local context in order to promote behavioural change in health, first aid and safety practices. It is more than just training. The community-based first aid volunteers in 13 International Federation-supported provinces will provide preventive, promotional and first aid services to the community in their catchment areas. In the next two years, ARCS will train 1,000 volunteers in the targeted communities in the new community-based first aid curriculum which uses the “learning by doing” methodology and integrates various community health aspects. These volunteers will then work in the communities providing basic health awareness and knowledge of the most common preventable diseases and first aid. During the implementation period, the ARCS will establish 50 community-based first aid corners (these are small gathering points for community-based first aid volunteers) which will help to organize community-based first aid activities. The community-based first aid volunteers will also be regularly mobilised during national immunization days, World First Aid Day as well as HIV/AIDS awareness campaigns. This component will also include avian influenza prevention and preparedness at community level. Annually, 240,000 community members benefit from the community-based first aid programme in targeted areas.

The community-based first aid programme is not yet well integrated into other existing programmes (clinics, emergency mobile units, disaster management and ARCS branches). ARCS has been working to implement a health reform programme to integrate the different health programmes to work more jointly. The programme has been collectively supported Finnish, Japanese, Norwegian and Swedish Red Cross societies.

Programme component 2: Emergency mobile units

Outcome: Access to curative and preventive health services improved in target areas.

The ARCS started the emergency mobile units project in 2002 as one of the key means to provide emergency response services to the affected people. Currently the ARCS has ten emergency mobile teams (each team is made up of a doctor, a nurse and a driver) operating in five zones of the country, with two teams in each zone. Since the Nahrine earthquake operations in March 2002, the ARCS emergency mobile teams have been involved in large-scale operations, providing medical assistance and treatment to people suffering from illnesses. An emergency mobile units programme evaluation conducted in the second-half of 2006 recommended that the coordination between the emergency mobile unit teams, community-based first aid volunteers and disaster management should be further strengthened at all levels. The emergency mobile unit teams will continue to provide emergency health services to the victims of natural disasters, diseases outbreaks and road accidents. The teams will also provide preventive, promotional and curative services to needy people in remote areas during non emergency situations. Annually, the teams assist more than 200,000 members of vulnerable communities. The emergency mobile units programme has been fully funded since its establishment in 2002 by the Norwegian Red Cross.

Programme component 3: Health clinics and community-based health interventions

Outcome: Improved access to targeted vulnerable population for curative and preventive health services. Improved maternal, newborn and child health care.

The health clinic project started in 1991. Currently, the ARCS runs 46 clinics, out of which 34 are run with the financial and technical support of the International Federation. The clinics are implemented under the basic package of health services which is the standard package introduced by the Ministry of Public Health. Health and

hygiene promotion activities need to be integrated within the catchment areas of clinics to facilitate sustainable change in safe hygiene practices. Furthermore, the community-based first aid programme has to be integrated with clinics, and the referral system needs to be strengthened. Through the 34 clinics supported by the International Federation, the ARCS is providing access to basic health facilities and services of high quality to 1,000,000 vulnerable people, especially women and children. These include preventive (immunization), promotional and curative services. In order to improve the health condition of the communities, the ARCS has started a comprehensive community-based health intervention project in three districts of Mazar province. This five-year project has focus on improving access to safe drinking water, improving sanitation facilities and providing curative services through clinics and/or emergency mobile units in the project sites. This component is mainly funded by the British Red Cross.

Programme component 4: HIV and voluntary non-remunerated blood donation

Outcome: Vulnerability to HIV and its impact reduced through preventing further infections and reducing stigma and discrimination, as well as improved access to safe blood for children and mothers.

The ARCS has been implementing an HIV awareness programme since 2002. In 2006, the ARCS started a five-year HIV prevention project with a particular focus on life skills-based youth-peer education. The programme will be implemented at school level in Kabul, Mazar, Herat and Jalalabad cities. Life skills-based youth peer education on adolescent sexual reproductive health and sexually transmitted diseases has been found to be the most effective way to convey messages on safe sexual practices among adolescent and youth in difficult socio-cultural contexts. It gives youth the information needed to enable them to make safe decisions and avoid peer and parental pressures. In addition, the ARCS will establish 24 “Club 25”⁷ and hold seven symposiums in Kabul, Mazar, Herat and Jalalabad to promote voluntary non-remunerated blood donation. The Swedish Red Cross has been supporting this programme since 2006.

Programme component 5: Social welfare (Marastoon)

Outcome 1: The living conditions (shelter, food and non-food) and complementary services of the residents of the Marastoons are improved.

Outcome 2: The health of residents of the Marastoons is improved.

Currently there are five Marastoon centres across the country which mainly focuses on providing accommodation, food, training and re-integration of homeless and destitute Afghan people. The Marastoons programme was officially handed over to the national society at the end of 2006. This component used to fall under the principles and values programme but has now been included under health and care. The main focus will be the provision of shelter (650 beds), food and non-food items, as well as complementary services to 1,800 beneficiaries over two years. Basic health care (which will be provided through ARCS clinics), support for special health needs (mental and physical) and health education are also planned. The project will improve water sanitation facilities and the hygiene conditions of the residents, renovate existing functional facilities and provide training in management and reporting to enhance the capacity of residents and staff members of the Marastoons.

b) Profile of target beneficiaries

The plan for the next two years (2009-2010) is focused on the five different ARCS health projects (community-based health and first aid, emergency mobile units, health clinics and community based health intervention, HIV voluntary non-remunerated blood donation, and social welfare – Marastoon) through which the ARCS will provide integrated health services (preventive, promotional and curative) to around 1,600,000 people. The majority of the beneficiaries will be women and children, mainly in remote areas, who need health services. ARCS has initiated a comprehensive community-based health intervention project in three districts of Mazar province which will benefit around 10,000 individuals. Similarly, through the life skills-based youth peer education on adolescent sexual and reproductive health with focus on HIV and sexually transmitted infections, the ARCS has been targeting school youth. Indirectly, the parents, siblings and other community members are also reached with HIV awareness. The Marastoon project will cover the needs of 1,800 residents (900 per year) who are currently staying in five social welfare centres of the national society across the country.

c) Potential risks and challenges

Security is identified as the major risk for the programme, while access to the emergency-affected sites is always a challenge. Access to women in the community is difficult due to social and cultural practices and this poses a real challenge to provide effective services to the women and children.

⁷ Club 25 aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose:
The service delivery capacity of ARCS is enhanced at all levels.

The organisational development/capacity building programme budget for 2009 is CHF 1,000,000 and for 2010 is CHF 1,000,000.

Programme component 1: Foundation and well-functioning organisation
Outcome: Ensuring a well-functioning organization with strong legal base and sustainable systems, procedures and staff with desired level of managerial and technical competencies.

ARCS completed its constitution revision process with technical support from the International Federation and ICRC. The revised constitution is now at the office of the president of Afghanistan, awaiting his signature. Once signed, ARCS will work towards strengthening its legal base through implementation of the ARCS revised constitution and adaptation of ARCS's law and emblem laws. The ARCS revised constitution will be disseminated widely to the government and non government organisations, international agencies, authorities, stakeholders, national society branches, youth and volunteers and members in the communities. A joint commission of national society, International Federation and ICRC will be set up to develop ARCS Law and Emblem Law.

ARCS will also work towards developing the necessary system and procedures for human resources management and development. To this effect, technical support will be needed to finalize the human resources policy which is going to be developed based on the human resources consultant report and recommendations. Some other activities under this component include conducting training needs assessment and organising relevant training, as well as facilitating knowledge sharing and learning process in regional, continental and global forums, meetings and workshops.

Programme component 2: Financial sustainability
Outcome: Ensuring financial sustainability.

The ARCS fundraising policy was developed in 2005 by an independent consultant appointed by the South Asia regional office. After its development, the national society has achieved success in a number of areas. Since 21 March 2008, the national society has been paying its staff salaries from its own resources. Remarkable progress was also achieved in ARCS's finance management system at the headquarters level - computerisation of the financial system, training of finance staff and development of various accounting forms and finance manuals. ARCS will work further towards strengthening its financial sustainability and self reliance and setting up a transparent financial management system. Major activities around this component include implementing the newly-developed financial management system and managing resources. Resource mobilisation and financial management training/workshops will be organised for finance staff of headquarters and branches. Focus will be given to the implementation of the resource mobilisation plan/policy. The development of manuals, reporting formats, skills and capacities of key staff, the computerisation of the accounting system in selected regional branches, and the introduction of an external audit system, will also be priority tasks under this component.

Programme component 3: Leadership capacities
Outcome: Improving national society leadership capacities to develop and implement strategies, and ensure good performance and accountability at all levels (headquarters and branches).

Over the last years, the most significant achievement towards building leadership capacities was the separation of the ARCS governance from the management. An understanding has been built up on the need for a change process with regard to organizational development and capacity building. This component will focus on the development of leadership capacities and branches. Leadership capacities will be enhanced by ensuring that the leadership/governance is well-informed about their roles and responsibilities. The capacity of the branches will be strengthened through trainings in branch systems and procedures. A governance board will be established at district level and a branch presidents' coordination meeting will be facilitated at the headquarters and in the regions. An effective communications system between headquarters and branches will also be set up.

Programme component 4: Programme development and management
Outcome: Increasing capacity for planning, monitoring, evaluation and reporting programme development and management

To strengthen its service delivery, ARCS will work to enhance its capacity in programme development and management. This programme component will, therefore, include activities that ensure a better understanding of planning, monitoring, evaluation and reporting within all ARCS core programmes. ARCS will also be provided with support to establish a functioning planning, monitoring, evaluation and reporting unit, and conduct planning, monitoring, evaluation and reporting training for programme staff of the headquarters and branches.

The first ever strategic plan developed by ARCS, which will guide the national society to achieve its long term vision and mission through its harmonized operation plan, can be considered a major achievement. The International Federation planning, monitoring, evaluation and reporting unit will continue to provide technical support to ARCS's core programmes in the coming years.

Programme component 5: Grassroots services

Outcome: Developing a nation-wide coverage of grassroots units and services.

The grassroots services component involves activities related to youth and volunteers at ARCS grassroots, branch and community level. An initiative will be undertaken to review the youth and volunteering policies to strengthen the ARCS volunteer base by focusing on building the capacity of the youth and volunteers. Attention will be given to ensure a diverse volunteer base with representatives from all communities particularly from vulnerable groups and women. ARCS plans to implement the volunteer policy and to establish a youth and volunteer management system in all its 34 branches including the establishment of provincial governance boards. Various trainings and workshops will be given to newly-recruited youth and volunteers as well as governing board members. The aim will be to recruit at least 8,000 new members in all branches.

b) Profile of target beneficiaries

The total number of beneficiaries targeted to benefit from the organisational development programme is approximately 2,200,000 persons over the next two years. The beneficiaries include ARCS staff, volunteers, members, youth and communities in urban and rural areas. About 30 percent of the beneficiaries targeted will be women.

c) Potential risks and challenges

As the majority of the staff who are working in the national society are not skilled or qualified, the building up of ARCS capacity for service delivery will be a major challenge. Security constraints pose another key challenge and have the potential to hamper programme implementation. Due to the high level of security threat at the branch level, the conduct of monitoring and evaluation activities will also be a challenge for all programmes.

Principles and Values

a) The purpose and components of the programme

Programme purpose

Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The principles and values programme budget for 2009 is CHF 33,053 and for 2010 is CHF 33,053.

Programme component 1: Promotion of Fundamental Principles and humanitarian values

Outcome: Enhanced knowledge, understanding and application of Red Cross Red Crescent Fundamental Principles and principles and values (including non-discrimination, non-violence, tolerance and respect for diversity).

The major activities under this component will be to review existing guidelines and policies for the principles and values programme, update the principles and values training manual, and organize principles and values awareness workshops and co-ordination meetings for staff and volunteers of all core programmes in 15 branches. Principles and values training for community-based first aid, youth/volunteers and disaster management officers in five regional branches and refresher humanitarian values training for headquarters staff and volunteers will also be priorities in 2009 and 2010.

Programme component 2: Integration of principles and values with other core programmes

Outcome: A Fundamental Principles and values component is integrated into all national society operational programmes (disaster management, health, youth and volunteers, and social welfare).

The major activities under this component will be: principles and values training workshops for disaster management, health and youth staff and volunteers; establishment of volunteers committees in 100 villages; and raising awareness of anti-discrimination, intolerance and stigma, and its incorporation into health, disaster management and volunteers programmes. Field visits will also be organised for the targeted communities to show the negative impacts of discrimination while cultural awareness competitions will be held in villages to encourage villagers to practice the traditional positive values which exist in the community.

b) Profile of target beneficiaries

The targeted population will be people from different ethnic groups, with an even balance between men and women among those who have been affected by discrimination and stigma.

c) Potential risks and challenges

The instability in the country poses a risk towards the implementation of the programme. Furthermore, humanitarian values is such a sensitive issue that serious problems could arise if it is not explained and coordinated well with the various stakeholders including the government. One way for the national society to mitigate potential problems, is to ensure a clear and consistent communication on the issue.

Role of the secretariat

a) Technical programme support

The International Federation's country office provides technical support to the ARCS's disaster management, health and care, organizational development and principles and values programmes. Additional support is provided by the International Federation's South Asia regional office and Asia Pacific zone office in Kuala Lumpur. The International Federation supports the ARCS in developing guidelines and operational procedures, as well as strengthening partnerships within and outside the Movement. The International Federation has been assisting the ARCS to develop the capacity of both human and material resources (e.g. project management trainings, proposal development, providing essential office materials such as computers, multimedia, cameras, overhead projectors and USB disks). Efforts have been made to impart technical skills in preparing training modules and research proposals, and in carrying out assessments. As part of the Movement harmonization process, ARCS has followed a participatory and harmonized planning approach to develop a harmonized plan, which can be considered as the initial stages of the integrated programming approach that ARCS committed to at the South Asia secretary generals' forum in Sri Lanka in November 2006.

The International Federation country office will need the following technical and financial programme support from South Asia regional office/zone office for its core programmes:

In disaster management, support will be needed for:

- Implementation of the standardised training material/curriculum on disaster risk reduction;
- Application of vulnerability capacity assessment techniques;
- National/regional disaster response teams, logistics trainings/workshops; and
- Finalisation of contingency planning.

In health, support will be needed from South Asia regional office for the following:

- Provide public health, project management and refresher training courses to ARCS/International Federation country office staff members;
- Technical support to design and develop information, education and communication materials;
- Participate in evaluations, particularly the evaluations of emergency mobile units, basic health units and community-based first aid programmes.
- Baseline studies, including knowledge, attitude and practices (KAP) surveys, on HIV and community-based health issues.
- Regular monitoring visits to assess the health programme and give feed back and recommendations to the ARCS/International Federation health teams to improve management of the projects;
- Designing/develop formats/templates for supervision, monitoring and evaluation;
- Implementation of the HIV project, as it is new within the ARCS health programme; and
- Technical and financial support in implementation of the avian influenza project.

In organisational development, support is required for the following:

- In finance - capacity building to build up ARCS's capacity with regards to financial management and policies, procedures and systems, installation of finance software, reporting, following the audit train, and training of finance staff;

- In human resources and administration - implementation of various human resources procedures from the region, administrative support (e.g. accommodation, visas, travel for internal and external visitors) and regional training for the administration/human resources manager;
- In IT – regional office/zone office is expected to send the new version of software to update all International Federation software as well as sending monitoring tools to monitor Internet users (new version of Wingate) or other new versions of virus scan to update computers as well as provide training for IT staff;
- In planning, monitoring, evaluation and reporting - capacity building to strengthen the planning, monitoring and evaluation and reporting procedures and capacity. More specifically, the planning, monitoring and evaluation and reporting department and all key programme staff will need refresher project planning process and monitoring and evaluation training workshops. The Kuala Lumpur zone office will be required to follow up on the ARCS harmonised plan.

b) Partnership development and coordination

Afghanistan was chosen as the country to develop and pilot a harmonised Movement-wide approach for the development of the national society. For this purpose, a joint International Federation/ ICRC mission from the offices in Kuala Lumpur visited the country to find a harmonised Red Cross/Red Crescent Movement approach to support the development of the national society's strategic and operational plans. The harmonised plan was developed with the participation of ARCS, ICRC and International Federation country delegations with the technical support of the zone team. To assist the national society with the implementation of the Movement-harmonised plan, the International Federation and ICRC recruited four international delegates (International Federation - one delegate and ICRC - three delegates).

Based on the ARCS initiative and with technical and financial support of the International Federation (country and South Asia regional offices) and ICRC country delegations, a partnership meeting was conducted in Geneva in June 2008. Altogether, 16 partner national societies' representatives, participants from the International Federation country office, regional and zone offices, ARCS team and representatives of the ICRC country delegation and headquarters participated. In this meeting the ARCS harmonised operational plan was presented and the new modalities of harmonised support, implementation and monitoring and evaluation were discussed which will reinforce and operationalize the spirit of cooperation within the Movement and lead to a more harmonised and coordinated International Federation and ICRC support to the ARCS. Participants expressed their interest and willingness to support the national society and asked for more time to read the national society's harmonised plan and send their respective teams for better understanding of the plan and for more concrete feedback and action.

The ARCS has also established good partnerships with the government, United Nations Assistance Mission in Afghanistan (UNAMA) as well as related UN and international organisations. The ARCS disaster response and preparedness initiatives will be carried out in conjunction with the Afghan National Disaster Management Agency and 12 key ministries. The ARCS health programme will implement its basic health units under the Ministry of Public Health's basic package of health services, and will work as a member of the HIV coordination committee for Afghanistan and national AIDS control programme (of the Ministry of Public Health) for its HIV intervention, as well as a member of the national emergency taskforce for emergency preparedness and response. For the smooth implementation of its HIV programme component (which is also being implemented in schools), the national society has signed agreements with the Ministries of Public Health and Education. For better implementation of principles and values programmes, the ARCS has signed memorandums of understanding with the ministries of religious affairs, education and higher education.

ARCS will continue to take part in the regional disaster management working group that meets every six months to ensure exchange of knowledge and experience. The ARCS fully supports the outcomes of the disaster management working group meetings and will continue its support to the disaster management review and mapping which will feed into the development of the regional disaster management/disaster risk reduction framework. In the field of health, ARCS participates in the annual regional health meeting and HIV coordinators meeting.

c) Representation and Advocacy

The ARCS plays an auxiliary role to the Afghan government. ARCS will continue to require support from the International Federation to assume its auxiliary position and accompany ARCS to key stakeholders meetings and conferences to advocate for Red Cross/Red Crescent principles and priorities. Past efforts in this regard have enhanced the standing of ARCS as a formally recognised stakeholder among UN agencies, and other international and national non-governmental organisations. Similarly the International Federation has been supporting the ARCS health team members to participate in International conferences, meetings and training workshops on a regular basis.

The International Federation country office has been advocating and strengthening the links between ARCS and other international organisations. As a result, ARCS was able to attract relevant international organisations for psychosocial support training of its health staff. Furthermore, the International Federation is advocating for reduced stigma and discrimination due to HIV, targeting ARCS staff and volunteers (both senior and mid-level) and the national HIV control programme (NACP). The International Federation has also participated with ARCS in various task forces and meetings related to HIV and focus has been to adopt more comprehensive community-based health interventions.

d) Other areas

Integrated programme approach

ARCS is committed to pursue the integrated programme approach for the core programmes activities in disaster management, health and organisational development under its 2009-10 plan. Cross-cutting issues such as human resources, financial management, PMER and humanitarian values will be integrated/implemented by all programmes. The programme coordinator and planning, monitoring, evaluation and reporting unit with the support of the concerned programme managers/delegates will ensure that the integration is taking place.

Membership services

The international Federation country office in Afghanistan can play a vital role to support the implementation of the programmes of the partner national societies under an integration or service agreement with the International Federation, through ARCS. There are some bilateral sister national society partners which are engaged in humanitarian activities in Afghanistan through the ARCS or independently. Measures will be taken to encourage them to work under an integration or service agreement with the International Federation. The Afghanistan country office will expand its structure and human resources to cater for the services to partner national societies interested in working in Afghanistan.

Promoting gender equity and diversity

The ARCS has made efforts to maintain gender equity as a central component in programme planning, implementation and management. For instance, to address the high maternal and child mortality rates, the basic health units under the health programme have been providing services primarily focused on women and children, and 59 women health professionals are working in these centres.

Emphasis has also been given to recruit more women personnel (staff and volunteers), in line with the human resources and volunteer policies that are being developed. Statistics show that almost 37 percent of 20,000 youth volunteers, who attend the youth clubs, are women. The on-going membership development programme in all 34 branches has recruited more than 5,000 members among which 29 percent are women. Recruitment of new members (both men and women) paved the way for the national society to establish national and branch-based governance bodies, at the headquarters and branch levels.

Quality, accountability and learning

Based on procedures developed by the newly established monitoring and evaluation department at the ARCS headquarters, the national society will work towards carrying out regular monitoring of the programmes with the longer-term aim to make this part of normal practice.

The activities planned include quarterly monitoring and supervision visits from the respective programme departments at ARCS headquarters to the branches and target communities (using standard formats), monthly monitoring visits from programme personnel in the branches, meetings with the concerned stakeholders, learning visits and information sharing. Monthly, quarterly, annual and operational reports will be made. Also mid-term and final assessments will be carried out to evaluate the effectiveness and impact of the programmes.

One of the major plans of the International Federation is to come up with a harmonised monitoring and evaluation plan for assistance provided by all Movement partners to ARCS programmes. Such a harmonisation will allow for the development of a wider-scale knowledge-sharing system to be put in place. As far as the health programme is concerned, the ARCS plans to conduct an evaluation of the community-based first aid programme in 2009.

The ARCS health programme is guided by the basic package of health services of the Ministry of Public Health, which is a standardized package of primary health care. In order to maintain the quality of services ARCS has been regularly conducting field visits to the project sites which enable them follow up and monitor the activities. Standard supervision and monitoring checklists are used during their field visits. The International Federation's health department has been providing technical support to the ARCS health department in designing and developing monitoring, supervision and evaluation tools. Meanwhile the Ministry of Public Health has also initiated a joint supervision and monitoring mechanism, through which the Ministry of Public Health together with the basic

package of health services implementers, conduct visits to the clinics to ensure the services provided live up to the standard of quality. ARCS is one of the members of this mechanism.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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<Country map below; please click here to return to title page>

