

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

AFGHANISTAN

Appeal no. 01.55/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	6,436,581
Disaster Management	1,749,292
Humanitarian Values	867,682
Organisational Development.	2,037,108
Total	11,090,663¹

¹ USD 8,317,997 or EUR 7,098,024

National Context

The Afghan people are living through a critical stage in the country's development – the transition from conflict to peace. Real gains are being made by the Afghan Transitional Authority and its partners, but threats to peace remain and a descent into further widespread fighting cannot be ruled out. The success of the rehabilitation and nation building process will decide the future for 26 million Afghans and have a great influence on the wider region.

Afghanistan remains one of the poorest and least developed countries in the world. In human terms this translates into 25 per cent of children dying before their fifth birthday and new casualties every day from mines, hunger and preventable diseases. However, in the face of huge challenges, people are striving for a better life for themselves and their families; the thirst for education and the readiness to rebuild are astonishing.

Nation building is moving ahead with progress towards a new constitution, due to be finalised in 2003, and national elections scheduled for 2004. Efforts are being made to build the judiciary, police and, in tandem with a demobilisation process, a national army. Some of the wounds and divisions in Afghan society are beginning to heal.

Reflecting the shift from an emergency to a rehabilitation context, the humanitarian community is reassessing its objectives and approach. Relief input, though still important, is increasingly being replaced by more developmental, capacity building approaches. The International Red Cross Red Crescent Movement, working as it does in support of an indigenous national Red Crescent society, is well placed to develop effective responses to emerging needs in a sustainable and strategic way.

The Afghan Red Crescent Society (ARCS), with the support of the Federation and the rest of the Movement, assisted millions of vulnerable people through the worst years of the conflict and will have a unique role in the country's future.

With the increasing focus on capacity development, the ARCS/Federation recently carried out assessments of ARCS branch and headquarters structures – an essential step to identify strengths and weaknesses and to see where improvement is needed. The society also organised a national meeting, with representatives from all provinces and departments, to define a vision and mission for the coming years.

This important, consultative process yielded further insights into the direction of the national society. Close ties exist between ARCS and the government and, like other organisations, it functions in a policy framework developed by government. Far reaching changes in policy and strategy in key sectors such as health are in hand now. The Movement is working to help shape these changes (through participation in key committees) and also to define how to respond to changing policies - redefining service delivery programmes to meet new realities. The health clinic programme in particular is under review to develop a roadmap for ARCS health services in a post-conflict context where government is contracting the provision of a basic package of health services to different agencies in different geographical areas.

Decades of power struggles and conflict have inevitably taken a toll on the national society but it survives with substantial capacity intact as well as high recognition and the goodwill of millions of Afghans. To some extent this survival story is due to the continuous support from the rest of the Movement. Examples of Federation support since 1991 are:

- Building national society programme capacity and maintaining awareness of its specific role as a champion of humanitarian values.
- Providing resources for curative and preventive health services to millions of vulnerable people – particularly mothers and children using the ARCS' nationwide network of clinics. The ARCS also takes part in national immunisation initiatives– efforts that have protected 5.8 million children from polio.
- Building of disaster response capacity in the society through coaching, training and physical resources such as warehouse capacity and vehicles. The response capacity has been shown repeatedly – from the frequent seasonal floods that affect parts of the country to the Nahrin earthquake disaster in 2002. Rapid notification and response, combined with effective coordination with other actors, make this an increasingly effective programme.

- Coordinating and helping to attract international donor support to maintain ongoing programmes and also to respond to emergencies such as the post-September 11 operations, where ARCS took a central role in the wider, regional Movement response.
- Drawing the ARCS into policy debates, agency coordination fora and collaborative ventures with other actors, as part of an overall push towards raising their profile and increasing representation skills; also directly representing the national society on the international stage when necessary.

Red Cross Red Crescent Priorities

Movement context

The Afghan Red Crescent, like any national society, contributes to and benefits from the Red Cross Red Crescent (RCRC) network. In particular ARCS is involved in the many regional initiatives facilitated or coordinated by the South Asia regional delegation, based in Delhi. The most recent regional secretaries general meeting was hosted by ARCS and sessions saw progress and consensus on a range of common issues, such as strategy development, human resource management, constitutional and legal bases as well as debate on other key challenges.

The regional forum is proving particularly powerful in promoting shared learning, common understanding and effective coordination. The Federation, having recognised this potential, is instituting a strategy for change that delegates secretariat management authority and many administrative functions to the regional level. One effect of this is that individual national societies are closer to and becoming more involved in the decisions that affect them.

One of the benefits of this approach is improvements in regional ties between sister national societies. In turn this leads to opportunities for joint training, exchanges, regional disaster response and similar initiatives that reduce costs, improve response and build unity. The society’s disaster management personnel have thus benefitted from training in Nepal while dissemination personnel from the region have attended humanitarian values training in Kabul.

Both the Federation and ICRC have been reviewing their programmes in Afghanistan in the light of developments that can be both rapid and contradictory. The security context in particular makes strategic planning problematic, with progress, then setbacks and uncertainty. At the same time it is necessary to take account of government and donor policies that are increasingly developmental in nature.

The Federation is seeking to increase its capacity building engagements with the national society - strengthening management and programming at the central level, but focusing also on delivery capacity and sustainability in the provincial branches. The Federation delegation promotes the aspect of volunteerism in the national society and is also working with ARCS on membership and other ways of grounding Red Crescent services and identity in the communities they serve.

Also, as part of capacity building, the delegation works to empower the ARCS in self-assessment, visioning and planning – building its own identity, determining programme priorities and finding solutions to the many difficulties that Afghanistan presents those working in the country.

Several partner national societies have been contributing to reconstruction efforts independently of the Federation, but often working with ICRC and, to a lesser extent, with the ARCS. Their activities are summarised as follows:

<i>Red Cross Partners –Activities in 2003</i>	
America	American Red Cross are active in funding water, hygiene and health education, targeting women and children; involvement of the ARCS is minimal.
Australia	Australian Red Cross support work in Herat City, with a focus on environmental health, with some ARCS input.
Britain	British Red Cross main involvement is via ICRC, providing funding and personnel for the rehabilitation of the water supply in Kabul.
Denmark	Danish Red Cross’ focus is on Ghazni where it supports the reconstruction and management of health facilities, facilitated by ICRC with some ARCS input.
Finland	Finnish Red Cross supports the reconstruction and management of district hospitals in Samangan and Shiberghan with occasional

Germany	collaboration of ARCS. German Red Cross supports the Marastoon (shelter and training for the destitute) project for ICRC, in close collaboration with ARCS.
Japan	Japanese Red Cross funds work in Taloqan and Kunduz, also in health service reconstruction and staff training, working closely with ICRC.
Norway	Norwegian Red Cross is active in health reconstruction in Kabul, working partly with Kuwait Red Crescent.
Spain	Spanish Red Cross is active in water supply and sewage systems in Kabul.
Sweden/ Switzerland	The Swiss and Swedish Red Cross Societies work jointly in support of initiatives for hygiene, health and humanitarian values, in collaboration with ICRC.

In many fields, such as tracing, food-for-work projects and support to shelters for the destitute, the ICRC works in support of ARCS capacity (with input from the Federation, which has the lead role in this field). However, ICRC also has priorities in programme areas which it implements in its own right:

- Promotion of international humanitarian law (IHL) and the Fundamental Principles of the Movement to various specific audiences;
- Protection of civilian populations and those detained in connection with conflict; visiting places of detention and maintaining dialogue with different factions involved in conflict; and
- Urban water supply, habitat systems, specialist health services (with inputs from partner societies, including delegated projects).

Both the ICRC and Federation delegations maintain memoranda of understanding (MoUs) with the ARCS regarding their respective roles and responsibilities in Afghanistan, which serves to ensure efficient use of resources through cooperation and coordination among the different components of the Movement. In the same way, signed agreements provide a framework for the relations between the ICRC and the Federation – standard practice in complex emergency situations such as Afghanistan.

National society strategy and programme priorities

The Afghan Red Crescent does not have a current strategic plan, however the choice of strategic directions is increasingly on the agenda. This is due in part to a series of Federation-supported reviews and assessments during 2002 and 2003. Development of a strategic plan is now a priority and this will in due course lead to development of a cooperation agreement strategy (CAS).

In 2002 a branch assessment was carried out by the ARCS with Federation and ICRC participation. Each of the 31 branches was visited by an assessment team and standard information gathered through observations and interviews. Although good performance was noted in many areas there were consistent weaknesses identified - human resource (HR) systems, knowledge and application of systems, understanding of the fundamental principles, connection with local communities and basic functional facilities. Altogether the picture is of branches trying hard to deliver services but with inadequate resources and support.

A review of the national headquarters was undertaken by a consultant in 2003. Separation of governance from management was identified as a priority, though a functioning membership system is a prerequisite. Other key issues included better and structured communication with branches, delegation of branch HR to the local level, raising ARCS' profile both nationally and internationally, and standardisation of reporting systems.

Health and organisational development (OD) programmes were also assessed in 2003, by technical department heads from Geneva. Service provision to vulnerable and remote areas was seen as an issue for greater prioritisation, along with standardisation of the services offered by clinics. The overall positioning of ARCS in the health sector was also queried. In OD, a more bottom-up approach to planning was proposed, as was reduced Federation input to traditional OD, in favour of capacity building through programmes.

A national 'visioning' workshop was held in 2003, with the participation of all branches and departments and produced the following vision:

“ARCS is a national society in which the activities are performed on the basis of the Fundamental Principles of the RCRC Movement and the statutes of the national society. Membership systems, volunteers’ networks and the financial base of the national society are improved. The national society receives support from the government and the international community and is able to respond to the needs of the most vulnerable people affected by natural or human made disasters through its programmes in the national headquarters and branches. Staff have received proper training and work is given to employees on the basis of professional ability. Attention is paid to the public health, especially of women and children. The national society has good relations with the components of the RCRC Movement, sister national societies, and national and international organisations.”

One analysis of this process and its outputs was that ARCS at all levels needs to gain better understanding of the Movement - the range of activities that define a national society, the auxiliary role, the focus on the most vulnerable. Participation in regional networking is seen as one way to address these shortcomings.

The ARCS, with growing awareness of the need to adapt its structure and systems to the Movement standards, has in 2003 embarked on the process of reviewing its dormant constitution. Once implemented, in 2004, it will enable the national society to define the roles of governance and management and prompt further democratisation, including clear policies and a diverse membership base.

Similar efforts in developing a three to five year national society development plan will, in 2004, ensure a clear strategy and ensure that ARCS does not miss the opportunity to become a visible player in the nation building process. It will also demonstrate more effectively the added value and ARCS’ unique role as an auxiliary to public authorities in meeting the humanitarian challenge facing the country. The ARCS strategic mapping will bring a better understanding of community needs, its own capacity to respond as well as the resources available internationally to assist activities. This will be complemented and reinforced through the Federation's CAS mechanism, a key tool in the Federation's efforts to coordinate the programming of various partners.

Strengthening the National Society

Over many years substantial investment has been made in building the capacity of the Afghan Red Crescent; its continued nationwide presence and delivery of vital services is a testament to the success of these efforts. However the national society has also been buffeted by the conflict – both military and political – that has dominated the country’s recent history. This, together with the chronic poverty which the nation endures, has greatly hindered the development of a better functioning organisation. The ARCS remains in need of infrastructure, stronger human resources, better systems and local income sources. A simple SWOT analysis of ARCS reveals both the potential and the obstacles it faces.

Internal	External
<p>Strengths</p> <ul style="list-style-type: none"> ▪ Indigenous, national organisation ▪ Long experience ▪ International Red Cross and Red Crescent Movement support ▪ Symbol of neutrality, public recognition. ▪ Participation in regional fora. ▪ Experience in health and relief ▪ Willingness to change. 	<p>Opportunities</p> <ul style="list-style-type: none"> ▪ International interest and commitment. ▪ Movement support and strong Federation and ICRC presence ▪ Improvements in the economic, social and political environment. ▪ Developing national context in which ARCS could secure a key role. ▪ Better links with relevant ministries and departments being forged. ▪ Engaging Afghans returning from abroad in nation building activities.
<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Frequent leadership and staff changes. ▪ Poor institutional memory. ▪ Governance system is weak and statutes are not respected. ▪ Insufficient trained human resources, particularly volunteers and youth. ▪ Lack of sustainability and diversity in income sources. ▪ Links between headquarters and branches are inadequate. 	<p>Threats</p> <ul style="list-style-type: none"> ▪ Renewed instability leads to a lack of progress to development and donor fatigue. ▪ New displacement and upheaval. ▪ Public frustration at slow rate of progress. ▪ Future governments abuse the independence of ARCS. ▪ Further natural disasters, such as drought and earthquake.

The internal vision for ARCS, defined and adopted with representatives of all 31 branches, supports the picture of the SWOT – great aspirations, significant potential and major challenges. Health programming remains a central component of the activity of ARCS, but also shapes its identity.

The primary health care clinics have served an important humanitarian role and helped to maintain the profile of ARCS across the country. Health education and preventive services have been strengthened and further progress towards community health models of activity is foreseen, community-based first aid (CBFA) being perhaps the most promising model.

Disaster management work has progressed during 2003 and ARCS is better positioned than ever for effective response activities. The introduction of a community-based disaster preparedness (CBDP) component in 2004 will enhance the preparedness aspect of the disaster management equation while building links between branches and their communities and generating a stronger volunteer base.

There still remains much work to be done on recruiting volunteers and on involving youth in the organisation. To date most youth projects have tended to target young people as beneficiaries; the challenge for 2004 is to begin facilitating their role as deliverers of services to their communities. The humanitarian values, CBDP and CBFA programmes all present opportunities for developing a more active youth element in the ARCS.

Additionally the Federation will undertake discreet interventions in support of the institutional capacity of ARCS, in the branches and at headquarters. Gaps in HR systems, telecommunications and logistics will all be addressed, while further investments will be made to provide the basic office facilities that many branches and departments still lack.

The Federation's 2004 programme in Afghanistan aims to build on past progress, as the country has an obligation to seize on the current comparative stability and maximise use of available international resources. The programme's overall goal is to continue to ensure the capacity of the ARCS to support the millions of vulnerable people in need of assistance has increased within the year.

Four integrated Federation programmes in health, disaster management, humanitarian values and OD will contribute to achieve this goal. In addition the new element of implementation and management gives added value in terms of coordination, cooperation and strategic partnerships, representation and advocacy, governance support and delegation management.

1. Health and Care

Background

More than two decades of civil war in Afghanistan has left the health sector critically damaged and has had a major impact on the health of vulnerable people, particularly women and children. Several statistics illustrate the gravity of the situation: one woman dies every half hour due to pregnancy related complications and one in four children die before their fifth birthday. In Afghanistan, malnutrition and communicable diseases remain among the most significant causes of morbidity and mortality. The large majority of health services are and have been for the last decades financed by international assistance, without coordinated planning. The health system emerging after decades of conflict is too small, fragmented, used only by a minority of the population, grossly gender and urban biased, concentrated along vertical lines across the country and is severely underfinanced. The gravity of the situation is reflected in some of the worst health indicators found anywhere in the world.

Selected Indicators – 2002	
Maternal Mortality Rate	1700/100,000 live births
Infant Mortality Rate	165/1,000 live births
Under Five Mortality Rate	252/1,000 live births
Life Expectancy at Birth	43 years
Total Fertility Rate	6.8 children for child-bearing woman
Crude Birth Rate	48/1,000 habitants
Crude Death Rate	22/1,000 habitants
Population Annual Growth Rate	4.5%
% of population using improved drinking water source (2000)	Urban :19 Rural :11
% of population using adequate sanitation facilities (2000)	Urban :25 Rural :8
% of Immunization 2001	BCG :54% DPT3:44% OPV3:45% Measles:46%
% of population urbanised	23

Source: *World Health Report 2002, The State of the World's Children 2003*

Outbreaks of communicable diseases have increased health vulnerability especially of women and children in Afghanistan. During the last couple of years outbreaks of measles, pertussis, diphtheria, cholera and meningitis affected thousands of people and left hundreds of casualties.

It is estimated that there are only 500-600 primary health care facilities in Afghanistan scattered heterogenously throughout the country, leaving the large majority of the population with no access to health services. Hospitals are reported to number between 60 and 100 of varying standards, severely under-used and unevenly distributed with the largest concentration in and around the Kabul area.

Data on the structure of the health workforce is inconsistent but a striking feature is the over representation of doctors numbering slightly less than the nurses and midwives put together. This is thought to be largely a result of the proliferation of training venues in the 1980s and 1990s under a weak central government unable to exercise authority over local decision makers. Distribution is also severely uneven with 68 per cent of doctors and 63 per cent of other health professionals found in the Kabul province. Women represent only 26 per cent of doctors and 30 per cent of nurses. Government community health workers are thought to number around 3000 with varying levels of training from a few weeks up to six months. On the supply side, drug shortages are acute, inadequate imports and poor distribution systems hamper access, quality controls are virtually non-existent and irrational drug use is widespread.

In the face of these formidable challenges the Transitional Islamic Government began a process to determine the major priorities for rebuilding the national health system aiming, over time, to make essential health services available to all Afghans. A basic package of health care services (BPHS) was developed for the purpose of:

- providing standardised services in primary health care; and
- providing equitable access, emphasising under-served areas.

The BPHS aims to provide a comprehensive set of health services based on a global system of district health with four standard types of health facilities, ranging from district hospitals with inpatient and outpatient services, to health centres with health posts having increasing focus on health promotion and preventive care.

The Federation support to the ARCS began in 1991, running clinics in Kabul. In the ensuing years assistance was gradually extended to support over 50 clinics in 28 provinces and an additional five health emergency mobile units (EMUs) providing primary health care services to vulnerable people. The ARCS has stood strong during the decades

of conflict and civil strife, consistently providing essential health care to the huge numbers of vulnerable people in Afghanistan.

The following have been the major achievements in 2003:

- Around 650,000 people have benefitted from curative and preventive health services in the ARCS clinics.
- The EMUs responded, in tandem with disaster response staff, to disasters all over the country (such as the Nahrin earthquake), disease outbreaks and floods in many areas.
- Water sanitation team drilled 320 new boreholes and deepened two existing boreholes in the south and western regions allowing large numbers of vulnerable people to have much needed access to safe drinking water. Some 232 latrines have been constructed in the same regions and around 4,000 families have been reached with hygiene messages, which have a known impact of reducing waterborne diseases in the community.
- Some 2,500 new volunteers from about 1,000 villages were recruited and trained in hygiene and health promotion joining the strong team of over 15,000 CBFA volunteers country-wide.

The above success has been built on the following:

- A national network of 50 clinics providing preventive and curative services including health education (regarding hygiene, breast feeding, nutrition, immunisation, water and sanitation), vaccination of mothers and children, family planning and other maternal and child health services.
- Five EMUs responding to emergencies and providing health care services to vulnerable people living long distances from health facilities.
- A strong water sanitation team in the southwest providing safe drinking water to thousands of people suffering from lack of access to clean water in sufficient quantities.
- A CBFA project where the ARCS has built a network of trained volunteers throughout the country. During the last five years more than 15,000 volunteers have been trained to provide first aid and health education to people in thousands of villages. Since the inception of the programme six years ago, they responded effectively in disasters, the first on the scene in many cases. The importance of this vast network becomes apparent when considering that community health workers in the country are estimated by the World Health Organisation to number only 3,000.

In the face of changing realities the Federation supported ARCS in analysing how the altering contexts would affect the society and its health programmes. Focus was specifically on ways to adapt activities to the changing contexts and maximising the impact of ARCS in serving vulnerable populations in accordance with the Movement's principles.

For many years the primary health care programme has stood strong, ensuring essential health services each year to nearly a million Afghans in perilous times of political instability and conflict. The clinics have been crucial in alleviating vulnerability but have also been central to the identity and development of the ARCS – particularly at branch level.

The newly formed government is now taking on responsibility for health service delivery. Government policy is to draw in new service providers in health, and provide BPHS covering different provinces and districts. Part of the implementation of the BPHS will be through a system of performance-based partnership agreements (PPA), based on health sector reconstruction. The challenge for ARCS will be to redefine its services to meet changing contexts through partially scaling down clinics where appropriate, while at the same time developing new services and scaling up the CBFA and EMU components.

In 2004, three clinics will be closed, while five others will be converted to social support centre (SSCs); ten other clinics will be upgraded to the new national standards while five will be relocated to under-served areas. This will mark the start of a radical realignment – one that will continue in the coming two to three years during which time it is crucial that donor support be sustained to allow for a successful transition. The ARCS will seek to withdraw from clinics in areas where other agencies are moving in to implement the partnership agreements as part of the BPHS. In under-served areas the society will maintain its clinics or extend them through relocation, while also using the EMU to provide a mobile clinic service to remote areas in addition to responding to emergencies.

The extensive network of CBFA volunteers is important in today's health sector context in Afghanistan. Health promotion – prevention of communicable diseases, hygiene education, immunisation activities, HIV prevention and first aid – will be among the many areas targeted by a growing number of CBFA volunteers, supported by consistent supervision and training. The range of their activities will also be expanded in order to provide a greater service to their communities, as well as to help motivate them, with closer links to branches, EMUs and the disaster management (DM) programme.

The EMU have consistently proved their value, as was evident from the response to the Nahrin earthquake during the first half of 2002. They have also been used during disease outbreaks and other emergencies throughout the country and can play a key role through integration into a larger national system of epidemic surveillance and response, currently being developed. During normal situations EMU provide health care services in remote areas, with little access to health centres.

The health programme has great potential to increase its impact through further linking of hygiene education with drilling wells and constructing latrines.

New health projects will be tested and developed with an emphasis on unmet needs, starting with health education, disability and HIV/AIDS. The new social support centres will provide one platform for the emerging services. Service concepts will be developed and tested locally depending on the priorities of particular communities working towards maximising sustainability of the health programme components - analysing cost recovery schemes, cost reduction, income from properties and small enterprises. Cross-learning from different initiatives around the country and the South Asia region will be important to the development of the programme and the Federation will promote and facilitate exchanges and information sharing.

Overall Goal

Vulnerability to health hazards and emergencies in Afghanistan is further reduced.

Programme Objective

To strengthen the capacity of ARCS to contribute to improvement of the health status of vulnerable people and to respond effectively to disasters through health interventions in Afghanistan.

The programme comprises four projects, whose objectives are reduced vulnerability via:

1. Basic Health Centres

To provide health care services to the vulnerable people of Afghanistan through ARCS health facilities.

2. Emergency Mobile Units

To respond to disasters and emergencies through mobile medical units in coordination with the ARCS disaster response unit and in close collaboration with other partners, and also provide community outreach services to under-served communities.

3. Environmental Health

To supply clean water to vulnerable populations and increase the availability of sanitation facilities and hygiene promotion, integrated with the community based health and DM programmes.

4. Community Based First Aid

To deliver preventive health services such as first aid, health education, HIV awareness, participation in immunization campaigns, particularly in rural communities, through community based volunteers linked to branches and health centres; further to the continued provision of timely response to disasters and disease outbreaks.

Expected results	Indicators	Risks/Assumptions	Activities
Project One: Basic Health Centres (BHCs)			
Total number of clinics scaled down to 42 and 10 clinics adjusted to new standard.	Three clinics closed Five clinics converted to SSCs Ten clinics adjusted to basic health centres Five clinics relocated to under-served areas	Security commitment of donors. Availability of staff (especially female). ARCS volunteers commitment.	Status assesment of clinics. Identify clinics to be closed, relocated, changed to social services centres (SSC) or adjusted to BHC Conduct health education through the SSCs.
ARCS clinics provide primary health care service.	By 2004, all ARCS clinics provide primary health care service.		Provide ante and post-natal care at clinic level. Provide basic curative and preventive health care in 32 clinics. Support transition of 10 clinics to BHCs.
ARCS health staff build capacity to competently deliver care services.	Remaining clinic staff receive refresher training including on HIV/AIDS.		Conduct refresher training for remaining clinic staff.
Project Two: Emergency Mobile Units			
ARCS has capacity to respond to emergency health needs of people affected by disease outbreaks and/or natural disasters in all regions.	Each EMU has capacity to provide emergency basic health care services to maximum 1,000 families during disease outbreaks and during/after natural disasters.	Security Availability of staff (especially female)	Train health staff on health emergency assessment and response. Provide medical kits, equipment, running costs to mobile teams.
ARCS have provided health services to people in remote areas through mobile health teams.	40,000 vulnerable people have received health services from ARCS mobile health teams in 2004.	Security Availability of staff (especially female)	Provide basic health services to 10,000 people per team. Establish three new mobile teams.
Project Three: Enviromental Health			
Safe water for human consumption provided to 150,000 people.	150,000 people will have access to safe drinking water by end 2004	Security Commitment of MoH Availability of staff (especially female)	Construct 220 wells Deepen 100 dried out wells with simple cable tool.
People of various levels trained in hygiene, water and sanitation.	Health education (hygiene, water and sanitation) provided to 150,000 people in targeted areas		Conduct water saving seminar in Kandahar/Herat Train ARCS water sanitation officers. Conduct workshops for: ARCS CBFA and disaster preparedness (DP) staff; volunteers. Produce dissemination materials. Provide regular hygiene education to beneficiaries
Sanitation facilities provided.	400 private and 10 public latrines constructed.		Construct private and public latrines in Kandahar and Herat. Produce and distribute

Expected results	Indicators	Risks/Assumptions	Activities
			dissemination materials on hygiene.
Project Four: Community-Based First Aid			
Previously trained volunteers are regrouped and reorganised.	Evidence that previously trained volunteers have been regrouped and reorganised.	Security. Commitment of the Ministry of Health (MoH), donors, ARCS volunteers. Availability of staff (especially female.) Government policies.	Reorganise previously trained CBFA volunteers into groups in another two regions (Herat and Mazar).
Expansion of CBFA to five new provinces.	2,500 new CBFA volunteers are active in target areas.		Train 1,500 replacement volunteers and 1,000 volunteers (including women) in five new provinces.
Active volunteers supplied with first aid materials and visibility items.			Provide first aid bags and materials to members of CBFA teams.
Volunteers have carried out health activities (first aid, health education, disaster awareness), promotion of humanitarian values (HV) and participated in immunisation campaigns.	100 volunteer clusters partly supported by their communities.		Monthly home visits by CBFA team member to conduct documentation. Teach health education, train a first aider in every home; spread awareness of disasters and HV during home visits. Regular dissemination of mine awareness in villages and towns. Organise regular meetings for CBFA team leaders, provincial volunteers. Organise regional CBFA workshops and annual CBFA competition for volunteers, leading to World First Aid Day.
Increased sustainability of CBFA project will have been achieved.			Mobilise communities to support CBFA programme through funding and materials. Double number of 'CBFA Corners', initiated by volunteers supported by the community. Organise meetings with communities to improve local coping mechanisms. Produce CBFA health video
Awareness on HIV/AIDS has increased in areas covered by CBFA programme.			Adapt and develop IEC material on HIV/AIDS Conduct training workshop for CBFA team leaders and community leaders Participate in international HIV/AIDS seminars and World AIDS Day

2. Disaster Management

Background

Capacity in disaster management over the years has been undermined by conflict in the country for over two decades, collapsed public infrastructure, dire poverty, disrupted society, a whole host of disasters and the severe damage to the institution of the ARCS. Despite these challenges, the ARCS has been responding to varying community needs and at the same time building its own capacity for the past one-and-a-half years.

There are approximately two million returnees and over 1.3 million internally displaced persons (IDPs) in Afghanistan which gives ARCS the opportunity to identify the needs and vulnerabilities within the country, and develop appropriate assistance projects in coordination with UNHCR, International Organisation for Migration (IOM) and other key partners. The national society has not been involved in direct response activities to people on the move (IDPs, returnees); basic activities will be implemented in 2004 to enter the field of population movement step-by-step.

The Federation has been working closely with ARCS at all levels, to build an institution capable of tackling greater challenges in coming years, not only to respond to frequent disasters in Afghanistan but also to prepare communities in reducing their vulnerability towards disasters and health problems and build sustainable livelihoods. The process of building a comprehensive and long-term ARCS capacity in disaster management, based on the understanding of the close link between disasters and development, will require consistent and long-term support.

Internal	External
<p>Strengths</p> <ul style="list-style-type: none"> ▪ Coordination with other departments during disasters ▪ Emergency Mobile Units ▪ CBFA volunteers network trained in basic disaster preparedness ▪ DM regional officers ▪ Country-wide network of branches ▪ Disaster response unit ▪ Pre-positioned stocks at regional level ▪ Warehouse capacity in two strategic regions (Mazar and Jalalabad) and in the central region ▪ Communication systems (HF radios) in 15 provinces 	<p>Opportunities</p> <ul style="list-style-type: none"> ▪ Support from sister societies, Federation and ICRC ▪ Access to the Federation's disaster response emergency fund (DREF) ▪ Support from the regional disaster response teams (RDRT) ▪ Regional staff exchange with other societies in South Asia ▪ Consultancy support focused on community-based programmes from South Asia national societies ▪ Expanded donor sources (internal-external) ▪ Development of the <i>National Disaster Management Plan</i> by the government and involvement in planning process ▪ Entering into agreement with government (Department for Disaster Preparedness) on activities such as VCA, logistics network, response teams ▪ Better coordination with UN, NGOs, national and international agencies
<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Lack of a country-wide communication network covering all provinces ▪ DP policy and strategic directions need to be developed. ▪ Low numbers of trained volunteers in DM at branch level/community level ▪ Lack of rescue teams at branch and community level ▪ Insufficient risk mapping and early warning systems ▪ CBDFP training manual requiring review and development. ▪ Poor coordination with CBFA and EMU at planning stage. ▪ Lack of coordination between DP/ICRC 	<p>Threats</p> <ul style="list-style-type: none"> ▪ Renewed instability in Afghanistan ▪ Disaster occurring in remote hard-to-access areas (land mines, conflict etc.) ▪ Willingness of target community members to actively participate in the projects ▪ Lack of coordination between agencies involved in disaster management.

Recent emergency operations and implementation of the disaster management programme have provided several clear lessons on the way forward, the basis of the 2004 programme:

- Training of staff and volunteers in basic disaster management has impact;
- Training ARCS staff on regional disaster response team (RDRT) has provided capacity to plan effective, better programmes;
- Knowledge sharing with other societies on regional platforms has enriched ARCS staff, at the same time, challenging them to plan for and build capacities;
- A process of grassroots capacity building through CBDP must proceed before effective and comprehensive disaster management can be achieved;
- Internal coordination - particularly with emergency health programmes and CBFA - needs to improve and be formally framed within the ARCS national disaster management plan;
- Logistics capacity of ARCS needs to be improved to pre-position stocks in disaster-prone branches as a tool for rapid response activities;
- Management of information related to disasters, such as databases, maps and documents, is important, as are improved communication and access to information through the internet;
- External links - particularly with government crisis planning - need to be improved;
- Mapping of developments in population movement in Afghanistan will help to develop an assistance project in the next year or two.

The ARCS has developed a rapid response mechanism - disaster response unit (DRU) - at the headquarters level, which will be expanded further with regional DRU development. A process has also begun to develop national language training materials on DM based on regional standard curricula. The first such module on basic DM was developed by ARCS staff, with external support from Federation, and sister societies from Pakistan, Nepal and Sri Lanka in 2003. Further modules will be developed in 2004 on CBDP, CBDP training of trainers and disaster response. The focus will also be on developing linkages with schools/colleges to raise awareness, infrastructure for improved communication within and outside ARCS, staff visits to sister societies and post-disaster lessons learned workshops.

One of the main tasks for the continuation of the DM programme is to position the national society within the governmental disaster management framework and, accordingly, ARCS is in the process of developing its first draft of a national disaster preparedness and response plan.

The ARCS has been working with several partners including the government Department for Disaster Preparedness (DDP), UN Assistance Mission in Afghanistan (UNAMA), other UN agencies and NGOs in planning, disaster mitigation and response efforts.

The Federation has been the main partner in ARCS' efforts to strengthen its DM capacity to deliver improved services to vulnerable and disaster affected communities. The ICRC supports a conflict preparedness programme, loosely linked to the ARCS DP programme and also supported by the Federation. The Federation is coordinating its intervention with the other components of the Movement as well as key actors in DM - DDP, UNAMA, UN agencies and NGOs. Its DM activities, especially response operations, will be implemented in conformity with the SPHERE project and better programming initiative (BPI) by using the extensive network of CBFA volunteers. The network will serve as an effective vehicle to deliver humanitarian services to vulnerable communities.

The ARCS strategic planning capability is still emerging and Federation representation in this sphere will remain strongly supportive.

Overall Goal

Vulnerability of communities to natural and man-made disasters is reduced.

Programme Objective

Reduce impact of disasters on vulnerable communities in disaster-prone areas by strengthening their disaster preparedness and raising community awareness through a well structured ARCS disaster management department.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Disaster Management			
Communities are better prepared to respond to disasters.	<p>CBDP programme implemented in 8 branches.</p> <p>Local DP and contingency plans initiated.</p> <p>160 CBDP squad volunteers trained</p>	Willingness of community members to accept new ideas, methods of work and change in attitudes and practices.	<p>Conduct vulnerability analysis in 8 branches.</p> <p>Initiate CBDP in 8 provinces; recruit/train CBDP squad.</p> <p>Promote branch disaster emergency fund and matching grants.</p> <p>Promote community DP/DR plans, small-scale income-generating projects and plant fruit-bearing trees.</p>
Community awareness of disasters within target groups (24 communities) in disaster-prone areas increased.	Number of vulnerable communities received training.	Willingness of community members to accept new ideas, methods of work and change in attitudes and practices.	<p>Conduct disaster awareness in communities and with school children.</p> <p>Distribute visibility materials.</p> <p>Enhance community understanding of hazards.</p> <p>Produce CBDP manual in local language.</p>
The ARCS has more skilled human resources including volunteers at national and branch levels.	10 DM staff in disaster-prone branches trained and the number of trained staff/volunteers increased. 300 volunteers trained in DM.	<p>Effective implementation.</p> <p>ARCS headquarters commitment to support policy development process.</p> <p>Effective implementation</p> <p>ARCS headquarters commitment to support policy development process</p>	<p>Train DM staff; recruit and train branch volunteers.</p> <p>Develop and review DM and training manuals.</p> <p>Arrange study tours to sister societies in region.</p> <p>Arrange visit of regional consultants to Afghanistan.</p> <p>Participate in international, regional workshops.</p> <p>Organise national VCA workshop for headquarters and branches, and refresher training in DM, CBFA and EMUs.</p>

Expected results	Indicators	Risks/Assumptions	Activities
ARCS has an effective DM policy and plan at national and branch level.	ARCS DM plan and policy integrated in government national plan. VCA in 10 branches. Disaster simulation done and lessons learnt.	Effective implementation. ARCS headquarters commitment to support policy development process.	Organise stakeholders workshop on ARCS DM plan. Conduct VCA in 10 branches
The ARCS has a wide-ranging DM structure.	In one year ARCS has a comprehensive DM structure. Effective DM and coordination unit. DP stocks for 15,000 families. Disaster simulation exercise done.	Effective implementation. ARCS headquarters commitment to support development process.	Reorganise and review effectiveness of DM structure. Organise training in assessment methods, coordination and reporting, and skills development (staff/volunteers). Recruit and assign 20 volunteers in 15 branches; prepare volunteers database. Construct warehouses in Kandahar, Herat and Ghor. Gather stockpiles for 15,000 families. Establish GIS database.
ARCS has proper comprehension of population movement to undertake relevant service projects for IDPs and refugees.	ARCS compiles full data set on migration and displacement. Practical population movement mapping is complete.		Promote ARCS knowledge of population movement. Map population movement developments. Undertake pilot project focusing on displaced people. Assist vocational training for children of returnees.

3. Humanitarian Values

Background

Afghanistan presents one of the Movement's toughest challenges in terms of changing behaviour in a society that has for so long been dominated by a culture of violence. Young people in Afghanistan, both boys and girls, are at last enjoying the liberty to attend school and socialise in a way that they were denied for years under previous regimes. The year 2004 will be an important moment therefore to motivate them towards issues crucial to their lives – friendship, peaceful living, tolerance and humanitarian values.

The ARCS wants to help guide the young along the path of coexistence and away from strife and hatred. To have a meaningful impact, awareness leading to a change in behavior is needed.

Support for the youth and humanitarian values programme by the ARCS leadership, the Federation and the ICRC, as well as from a large pool of young people, is one of the factors that stand in the programme's favour. However, a lack of knowledge among ARCS youth about how humanitarian values can be disseminated is an obstacle. There is

also an imbalance between the numbers of male and female school children and youth willing and able to participate in the programme.

Advocacy, aimed at reducing discrimination and promoting an atmosphere of tolerance will be at the heart of humanitarian values work during 2004. Lessons learned from the 2003 programme, which focused almost exclusively on youth training and activities with only a slant towards classic humanitarian values development, include:

- Recognition that youth activities are not, in themselves, humanitarian values (HV) dissemination, but rather a vehicle through which HV issues can be introduced and implemented. In 2004 therefore, the programme will be structured so as to have one overall programme objective and two project objectives, one concerning youth activities and the other the dissemination of humanitarian values through youth, the media and other channels.
- Recognition of the need to distinguish between the ICRC and Federation’s different target groups, and to ensure that there is no duplication in their respective programmes. For 2004, the two institutions are working towards harmonising their approaches to dissemination.

SWOT analysis of the Afghan Red Crescent’s capability to change behaviour in the community

Internal	External
<p>Strengths</p> <ul style="list-style-type: none"> ▪ The youth programme is supported by the ARCS leadership ▪ Functional youth and dissemination departments in ARCS ▪ Trained staff in headquarters/branches ▪ Availability of good programme plans in the youth and dissemination programmes ▪ The youth programme is active in 225 schools in the five regions ▪ 559 teacher volunteers who have been recruited and trained remain active and supportive to the youth programme ▪ Presence of 11,664 youth volunteers in the ARCS youth programme (mid-2003) 	<p>Opportunities</p> <ul style="list-style-type: none"> ▪ Support of the youth programme by the Federation and ICRC. ▪ Support of the PNS for the ARCS youth programme ▪ Government support for the ARCS youth programme. ▪ Participation of youth in the programme ▪ Presence of the media, and its support to the youth programme ▪ Increased school attendance ▪ Youth are the best agents to bring reconciliation
<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Lack of personnel in HV programme ▪ Few women volunteers and personnel compared with the number of men ▪ Lack of awareness about humanitarian principles and values among youth as well as ARCS youth department staff and volunteers ▪ Lack of communication facilities, technical administrative abilities, and transport facilities ▪ Lack of dissemination and training on HV ▪ There is no internal income within the ARCS to support the youth programme. ▪ Lack of ARCS youth national policy 	<p>Threats</p> <ul style="list-style-type: none"> ▪ Lack of security poses problems for programme implementation in some provinces ▪ Ethnic and political discrimination ▪ Family economic problems ▪ Lack of donor interest to fund youth programmes ▪ World attention is no longer focused on Afghanistan, and interest in helping to rebuild the country is waning

The youth/humanitarian values programme will focus on advocacy aiming to reduce discrimination and violence within society at all levels. There will be a strong emphasis on the training of key resource people within ARCS (100 teachers and 500 youth leaders), who will take part in the creation of a range of HV-oriented initiatives throughout the year. These will complement and dovetail with youth-focused activities in clubs and schools.

National societies around the region will be encouraged to share knowledge of their HV programmes with the Federation delegation and ARCS. Exchange visits between key ARCS youth leaders and counterparts in other societies for information sharing and capacity building with regards to the dissemination of humanitarian values will be highlighted.

Overall Goal

The ARCS' humanitarian message contributes to reduced vulnerability of Afghans to violence and intolerance.

Programme Objective

The capacity of ARCS to advocate and act for tolerance and humanitarian values among the community is increased.

1. Humanitarian Values

To increase the capacity of ARCS youth and staff to become key promoters of Fundamental Principles and humanitarian values.

2. Youth

To strengthen the capacity of ARCS to bring positive change within the society among Afghan youth.

Expected Results	Indicators	Risks/Assumptions	Activities
Project one: Humanitarian Values			
Existing youth volunteers of ARCS and the newly-recruited core teacher volunteers and core youth leaders are more motivated by the humanitarian mission of the ARCS and the Federation, and their enthusiasm inspires other youth to join the campaign.	By the end of 2004 existing volunteers, 500 newly recruited core teacher volunteers and newly recruited youth leaders become key players in dissemination of HVs.	Security. ARCS commitment. Staff stability. Donor funding.	Training on dissemination of HVs organised for 100 core teacher volunteers and 500 core youth leaders in Kabul and provinces. Establish 50-strong theatre group. Performances to be given by end of 2004 organised by core teacher volunteers, youth leaders, ARCS youth officers.
Improved coordination and cooperation with the ICRC ensuring complementary projects and solid messages passed to target groups.	By the end of 2004 clear definition between ICRC and Federation target groups and focus for HV.	Security. ARCS commitment. Staff stability.	Hold monthly coordination meetings with ICRC to exchange information on project progress. Conduct 6 dissemination sessions for ARCS and Federation staff on HV and Movement. Joint sessions with ICRC envisaged.
HV training with core group of teacher volunteers and youth leaders has enabled the spread of HV messages within their schools, communities and homes.	HV core group of 100 teacher volunteers and 500 youth leaders feel confident to share their knowledge of HV within their schools, communities and homes.	Security. ARCS commitment. Staff stability.	Organise nation-wide school competition on theme of non-discrimination and implemented by 100 core teacher volunteers and 500 youth leaders. Link HV activities to key dates throughout the year (World RCRC Day, World HIV/AIDS Day). Produce HVs materials and training tools in Dari and Pashto for Kabul and provinces. Translate/publish/distribute copies of each of 10 key HV. Assist in production of ICRC 'Story of an Idea'.

Local media has better understanding of the Movement and HV and gives higher priority to ARCS visibility.	Local media reports accurately on the work of the ARCS/Movement and gives these high profile. Increased media awareness on HV mandate of the Movement and the Fundamental Principles.	Security. ARCS commitment. Staff stability.	Organise 10 presentations on HV and the Movement to local journalists in 2004. Organise 10 presentations in 2004 to journalism students in media training courses in Kabul and provinces run by INGOs.
ARCS information dissemination department has better understanding of information use in HV work.	Articles on HV and work of core ARCS disseminators appear in ARCS newspaper and magazine.	Security. ARCS commitment. Staff stability.	Forge closer links between ARCS and information/ dissemination department; members of ARCS youth department engaged in HV activities through contribution to ARCS magazine/newspaper. Professional media training for 3 departmental staff.
Project Two: Youth			
ARCS has good youth organisation in its target areas with increased visibility and credibility among the community, strengthening the future of the national society.	By end 2004 core teachers and youth leaders have knowledge of new setup of the programme and commitment and quality of volunteers has increased.	Security. ARCS commitment. Staff stability.	Develop training module for youth volunteers. Train 100 existing volunteer teachers in leadership, benefiting from training tools developed by Federation and ICRC. Teacher volunteers recruit 500 youth leaders and train them on the new training module. Support ARCS for the development of a Red Crescent youth policy. Support youth activities during key dates (World Red Cross Red Crescent Day, World HIV/AIDS Day) and production of promotional materials (posters, t-shirts).
Existing youth volunteers are more motivated by the humanitarian mission of the ARCS and their enthusiasm inspires other youth to join the society.	ARCS programmes are coordinating activities more closely. More youth join ARCS citing example of existing volunteers.	Security. ARCS commitment. Staff stability.	ARCS youth officers visit schools at least monthly to assess ongoing activities, meet teacher volunteers monthly to share knowledge, and meet each other quarterly. Organise sports competitions (football, volleyball) as well as drawing/first aid competitions among youth. Support running of two existing youth clubs and create two more. Implement activities for young people as focal points for various community activities in schools, youth clubs etc.

Better links exist between youth volunteers from different parts of the country, making them more effective in spreading the message on HV.	ARCS youth activities take place in target areas.	Security. ARCS commitment. Staff stability.	Hold youth camp for 250 youth volunteers from the 5 regions. Facilitate twinning of ARCS youth with youth organisations of other societies from within and outside South Asia region. Facilitate exchange of youth goodwill missions to other societies.
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4. Organisational Development

Background

The ARCS is well placed to provide humanitarian assistance to the most vulnerable of this war-ravaged country. It operates in all Afghanistan's provinces and has an extensive network of branches. No other humanitarian organisation has such a comparative advantage: it is indigenous, volunteer and community-based and nation-wide, making the RCRC one of the most effective supporters of Afghanistan's most vulnerable.

However, the ARCS urgently needs revamping of its management systems, as well as reconstruction of physical resources. A further issue is that the constitution does not fit the current context and is not fully adhered to. A key development during 2003 was the emergence of leadership keen to embrace change and create a national society that can build on its significant achievement in surviving the past.

The investment in organisational development (OD) and capacity building is vital. For the Federation to fulfil its mission of strengthening the national society, it is necessary to develop good systems, invest in staff and volunteers and help them to position ARCS strategically to play a key role in Afghanistan's future. This programme aims to increase efficiency and impact, provide general tools and training and develop the roots of ARCS in the communities they serve. Close coordination with other programme areas is necessary as implementing programmes provide many of the best entry points for capacity building initiatives.

Internal	External
<p>Strengths</p> <ul style="list-style-type: none"> ▪ Experience in delivering humanitarian services. ▪ Impartial in the service delivery. ▪ Branch assessment survey and headquarters review completed ▪ Recruitment of experienced staff ▪ Growing volunteer base ▪ Completed strategic planning and constitution review workshop ▪ Training centre for national and regional training ▪ Regional platform for dialogue/decision making/exchange of experiences 	<p>Opportunities</p> <ul style="list-style-type: none"> ▪ Support by components of the Movement and their presence in the country. ▪ Government with recognised legitimacy – nation building ongoing ▪ Improved political and economic situation in the country ▪ Commitment of the international community toward rehabilitation of the country. ▪ Good relations with the UN agencies and other international organisations.
<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Lack of coordination between branches and headquarters ▪ Lack of clear procedures for use of income received from the internal resources. ▪ Insufficient support from headquarters to the branches. ▪ Continued staff turn over. ▪ Lack of computers in some departments of the headquarters ▪ Constitution not respected or relevant. ▪ Capacity of ARCS is weak. 	<p>Threats</p> <ul style="list-style-type: none"> ▪ Interference of some governors in the financial affairs and staff appointments of the branches. ▪ No job opportunities for Afghan returnees. ▪ Weak links between communities and the ARCS branches

The OD programme seeks to progress at two levels:

- operational so that service delivery and beneficiary support are improved;
- strategic so that coordinated humanitarian actions are more effective.

Movement at the strategic level will be via the cooperation agreement strategy (CAS), a Federation-wide tool to help articulate in what areas it requires support, and how its actions will fit into a broader and coordinated humanitarian effort to assist vulnerable people.

The 2004 programme draws on several major lessons from recent experience and on a series of reviews and assessments made during 2003, including a visit from the technical head of the OD department in Geneva. Together these lessons and analyses highlight the ARCS need to:

- stabilise its leadership and staff so that institutional expertise and memory can be strengthened in order to better assist vulnerable people;
- standardise human resource management in order to improve line management and motivation – getting the right people in the right jobs;
- move towards the establishment of a membership system from within and outside vulnerable communities – thus establishing the basis for a governance system as well as changing the nature of the relationship between the ARCS and the people;
- strengthen the capacity of branches - with better and clearer support from headquarters - to offer community assistance. Branches are a fundamental unit of the national society and only through their effective functioning can the ARCS progress;
- diversify its sources of income, particularly local income;
- improve its ability to plan strategically both within and outside the Movement leading to improved assessment of vulnerability, more relevant programmes and better coordination with other humanitarian partners to ensure coverage and avoid duplication;
- in coordination with ICRC, continue moves to strengthen the legal base and the constitution so that the leadership is more accountable to an emerging membership.

Overall Goal

ARCS has improved its capacity in service delivery to vulnerable people.

Programme Objective

The capacity of the ARCS to implement sustainable programmes has been increased.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Organisational Development			
ARCS staff capacity in management and technical skills have been increased – improving efficiency and impact at the beneficiary level.	Strategic plan (3-5 years) has been developed. 70% of ARCS programme and management staff have enhanced capacity in the field of strategic planning, appeal process, financial management, fundraising, resource development and reporting skills.	Stability in the country. ARCS and donor commitment	Organise workshops on strategic planning and appeal process, and financial management for 75 persons in regions. Organise reporting workshop in headquarters Create and implement clear financial policy for the ARCS headquarters and branches. Build in monitoring and programme evaluation. Participation of OD and related staff in the regional workshops. Continue English and computer

Expected results	Indicators	Risks/Assumptions	Activities
By developing new income sources, financial self-reliance has been improved and a sound foundation created for programmes.	15 income generation projects have been established in the branches. Fundraising activities have been started in ARCS headquarters and branches.	Stability in the country. ARCS and donor commitment	training for ARCS staff. Organise follow-up workshops on resource development. Establish 10 new income generation projects in branches. Provide resource development policy for better use of nett income earned from projects. Continue image building activities for the purpose of fundraising. Initiate fundraising activities in ARCS headquarters/branches.
ARCS human resource management has been improved, by optimising its organisational set-up.	Human resource policy and systems have been adopted and are being implemented.	Stability in the country. ARCS and donor commitment	Adopt regional HR development manual in ARCS headquarters/branches. Expert review of ARCS HR systems, with recommendations. Organise HR management workshop for ARCS senior management. Organise capacity building follow-up workshop for 50 ARCS middle managers. Conduct basic training for 50 ARCS staff. Arrange exchange visits to regional sister societies for key HR staff.
Membership system, volunteer management procedures and external cooperation have been introduced and developed, in collaboration with ICRC.	ARCS has more than 3,000 members all over the country, representative of their areas. Volunteers are active in programme delivery in every province. Branches and departments attend relevant coordination meetings regularly.	Stability in the country. ARCS and donor commitment.	Continue image building for the purpose of membership recruitment. Extend membership system in branches . Create procedures for volunteer recruitment and management as service providers. Organise cooperation meetings with government and NGOs. Advocate for adoption of national Red Crescent law. Observe the World RCRC Day and ARCS special week in branches/headquarters . Support ARCS' constitution review and development process
ARCS branches have	All branches have been able	Stability in the country.	Renovate/provide equipment to

Expected results	Indicators	Risks/Assumptions	Activities
increased their ability to deliver effective services.	to develop their human and material resources. All branches are able to perform effective services to the communities	ARCS and donor commitment.	branch offices - complemented by ICRC. Continue implementation of branch assessment recommendations in accordance with regional branch development module. Arrange exchange visits with South Asian societies to increase branch development knowledge. Community centre concept is piloted in all regions.

5. Representation, Management and Implementation

Background

In a context of multiple actors, developing government policy and variable/declining donor interest, it is of the greatest importance that ARCS forges and maintains strong partnerships and cooperation with other organisations. The challenges in Afghanistan are so great and resources so limited, that agencies have a responsibility to avoid duplication and to support one another. Links to government, at national and local levels, are also key factor.

In all areas, but particularly in health and DM, the delegation has been taking steps to draw ARCS into the different coordination fora, steering groups, policy committees and information sharing mechanisms - working to overcome obstacles for indigenous organisations in an arena often dominated by international organisations. Through participation on national health policy committees the ARCS is raising its profile, enhancing its credibility and contributing a Red Crescent perspective to the debate. In DM the ARCS is now a regular member of emergency response committees and a contributor to policy development; increasingly the government is looking to the Movement for technical input and implementation capacity in DM.

Coordination, Cooperation and Strategic Partnerships

Other cooperation areas for action in 2004 are:

- Strengthening coordination with ICRC, including harmonisation in planning, developing common positions on programming and also on administration and security. This will be led by the heads of delegation of both organisations; however programme managers and heads of sub-delegations are natural counterparts and will be expected to demonstrate a high level of coordination and joint working in their respective sectoral or geographical areas.
- Working with the Secretariat in Geneva to form better links with partners and if possible developing new and better mechanisms for its contribution in Afghanistan. There is still great partner interest in supporting Afghanistan. The delegation will encourage and facilitate a multilateral approach, but will also look positively on proposals for other ways of coordinated working, while seeking to safeguard the ARCS from pressures that work against its development.
- To explore working with the Pakistan country delegation and/or sending a representative from the Afghanistan delegation to Islamabad, to promote the work of the ARCS and Federation to diplomatic missions that are cross-accredited to Afghanistan.
- Maintaining cooperation agreements and MoUs with key partners - focusing on relevance, achievability and follow through. Development and finalisation of these documents is rigorous and their application needs to be similarly prioritised.
- Continue and expand the links with the South Asia region. The regional delegation plays a key role, but increasingly the ARCS can be expected to develop direct bilateral communication and mutual support initiatives with regional neighbours; the delegation will promote and advise.
- Improve networking inside Afghanistan with all relevant actors, mainly government and humanitarian agencies; particular attention will be given to promoting the ARCS role in such networking. The capacities,

expertise and potential of ARCS are increasingly being recognised by those looking for implementing partners. Part of the networking agenda will be to present a true picture of the national societies, making clear the areas of interest and strategic importance. Progress in the area of strategic planning therefore becomes increasingly important.

Effective Representation and Advocacy

Other work to secure the national society's auxiliary but autonomous role is ongoing, alongside discussions of the ARCS constitution and, with ICRC, a new Red Crescent Act.

The Federation has been working to ensure that the humanitarian situation in Afghanistan receives the attention it deserves from different audiences. With partner societies the Secretariat continues to lobby for substantial and long-term commitments of resources, as well as supplying information on the context and the Movement's activities. Through press releases, news stories and internet postings, the public are also educated and informed about developments and the ongoing needs.

Continuing from 2003, the advocacy and information priorities will be:

- Developing agreed advocacy messages in key areas such as health, humanitarian values and DP. The Movement has credibility and authority in Afghanistan which could be more fully exercised. Close coordination between the three components will be important, particularly for any public advocacy themes.
- Ensuring ARCS participation in relevant local, national and international fora, with an emphasis on active engagement, key messages and the pursuit of agreed outcomes. In any such fora the Federation, with ICRC, will offer coaching, advice and inputs. The purpose of ARCS participation needs to be clear, the messages must be sharp and relevant, outcomes must be captured and appropriately disseminated.
- Raising the profile of the ARCS, both nationally and internationally, with advocacy based around service delivery and comparative advantage. The public perception of ARCS is particularly important as they seek to develop a membership base.
- Enhancing the Federation's own status to ensure respect and understanding for the role of the delegation and of the South Asia regional delegation. The Afghanistan delegation was officially recognised by government in 2003, so is already in a privileged position – this should be consolidated during 2004.
- Produce dissemination materials about the Movement and all aspects of its work in Afghanistan. These will be developed in local languages and with due consideration to cultural norms.

Governance Support

Leadership of the ARCS is relatively new and continues to benefit from orientation and insights from the country delegation regarding the specifics and workings of the Movement. Development of a viable membership base is becoming a priority and the Federation will advocate consistently for this, bringing in the necessary support and technical inputs to ensure progress. Democratisation of the organisation can only strengthen its status and increase the connections to beneficiaries and other stakeholders.

Delegation Management

In response to the scale of the needs in Afghanistan, the Federation maintains substantial programmes and a large delegation team. However during 2003 it has been possible to limit the size of the expatriate team, for instance responsibilities for health at sub-delegation level have mostly been handed over to local staff and to the national society. Similarly the IT delegate successfully trained and handed over job functions to a local staff member. Increasingly the delegation is looking to local capacity and to the empowerment of the ARCS as implementer. A new delegate position has been created to cover the HV programme, recognising the potential for greater impact in this core area. Additionally the country delegation now draws on regional expertise and resources provided by the South Asia regional delegation. Shared tools and resources have been developed in the region, which benefits ARCS and the country delegation - the regional HR handbook is an example. Regional delegates and structures also furnish important support in training, financial management and reporting.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.55/2004

Name: Afghanistan

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	10,000	190,000	21,840	280,000	0	0	501,840
Clothing & textiles	0	105,000	0	0	0	0	105,000
Food	2,200	0	0	0	0	0	2,200
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	616,721	0	0	0	0	0	616,721
Medical & first aid	1,079,160	0	11,392	0	0	0	1,090,552
Teaching materials	96,008	9,344	15,000	16,000	0	0	136,352
Utensils & tools	0	109,800	0	50,000	0	0	159,800
Other relief supplies	169,829	0	0	0	0	0	169,829
SUPPLIES	1,973,918	414,144	48,232	346,000	0	0	2,782,294
Land & Buildings	0	0	0	0	0	0	0
Vehicles	50,000	0	54,500	0	0	0	104,500
Computers & telecom	58,261	56,029	33,510	157,151	0	0	304,951
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	108,261	56,029	88,010	157,151	0	0	409,451
Warehouse & Distribution	8,000	120,620	0	0	0	0	128,620
Transport & Vehicules	415,279	125,636	41,149	87,172	0	0	669,236
TRANSPORT & STORAGE	423,279	246,256	41,149	87,172	0	0	797,856
Programme Support	418,378	113,704	56,399	132,412	0	0	720,893
PROGRAMME SUPPORT	418,378	113,704	56,399	132,412	0	0	720,893
Personnel-delegates	995,490	396,260	199,888	496,361	0	0	2,087,998
Personnel-national staff	1,718,654	313,770	171,990	346,394	0	0	2,550,807
Consultants	0	11,300	0	30,000	0	0	41,300
PERSONNEL	2,714,144	721,330	371,878	872,755	0	0	4,680,106
W/shops & Training	466,651	48,800	124,897	163,600	0	0	803,948
WORKSHOPS & TRAINING	466,651	48,800	124,897	163,600	0	0	803,948
Travel & related expenses	7,816	41,951	13,960	37,158	0	0	100,885
Information	13,575	25,002	86,004	87,542	0	0	212,123
Other General costs	310,559	82,076	37,153	153,318	0	0	583,106
GENERAL EXPENSES	331,950	149,029	137,117	278,018	0	0	896,114
TOTAL BUDGET:	6,436,581	1,749,292	867,682	2,037,108	0	0	11,090,662