

# Report 2006-2007



International Federation  
of Red Cross and Red Crescent Societies

## Afghanistan

Appeal No. MAAF001

7 April 2008

This report covers the period 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



A member of one of the two newly created Afghanistan Red Crescent disaster response units, who are trained and equipped to provide effective assessment and response to disasters.

## In brief

### Programme summary

The security situation in the country has deteriorated steadily over the two years, leading to some decreased implementation rate of the programmes, and consequently support from the partners also declined over the two years in some areas.

Due principally to these factors, the disaster management (DM) programme budget was revised down almost 40 per cent in 2006-2007. Despite these challenges, the Afghanistan Red Crescent (ARCS) DM programme's key achievements included finalization of the DM strategic plan for 2008-2012, operational planning for 2008-2009, completion of standard operating procedures (SOPs), needs assessment and capacity building, the construction of a warehouse, establishment of two disaster response units in two regions, conducting DM-related training workshops, response to frequent disasters and strengthening partnerships with internal and external stakeholders.

The health programme witnessed a significant progress in its four project components, including the finalization of the health strategic plan and operational plan for 2008-2009. Major achievements include conducting different types of trainings for the ARCS health staff, conducting and participating in all health stakeholders coordination meetings including with the ministry of public health, United Nations related agencies, Movement partners and other non-governmental organizations, supporting 34 ARCS clinics and the operation of ten emergency medical units (EMU) teams, supporting the community-based first aid (CBFA) project and expanding it to new provinces, and initiating and supporting the HIV/AIDS prevention project.

2006-2007 also saw major achievements for the organizational development (OD) programme in its five project components, notwithstanding some complex challenges in the change process. The main achievements include the revision of the ARCS constitution, development of the ARCS human resources regulations and finance system manuals and forms as well as its youth policy. In addition, the national society also saw the finalization of a five-year strategic plan and membership regulations, the establishment of a youth club and preparation for two other in the future, training of over 26,590 members and staff of ARCS, conducting two youth national camps, and providing the opportunity for the youth volunteers to participate in youth exchange

programmes.

The humanitarian values programme was implemented under the organizational development programme in 2007. This programme had a slow beginning as the concept of a HV programme was quite new to the ARCS. Despite this, the main achievements of the HV during the period was dissemination of the Movement Fundamental Principles, improved profile of the ARCS and Movement partners, Movement activities and International Humanitarian Law (IHL) due to the promotion activities of ARCS volunteers in schools and local communities. One of the major and outstanding achievements of this programme was increased participation of women in such activities. The HV plan for 2008-2009, including a logical framework and programme matrices, were also completed during this period.

**Financial situation:** The total 2006-2007 budget was CHF 9,606,168 (USD 8.59 million or EUR 5.82 million), of which 91 per cent per cent was covered. Overall expenditure against income for the period was 77 per cent.

**Click the following links to go directly to the attached financial reports:**

[report 2006](#)

[report 2007](#)

[report 2006/2007](#)

**No. of people we help:**

Programme title	Total no. of beneficiaries		
	Men	Women	Total
Disaster management	65,860	53,885	119,745
Health and care	1,041,951	859,019	1,900,971
Organizational development	18,350	8,240	26,590
Humanitarian values	40,470	77,100	117,570

**DM indirect beneficiaries: 300,000 (Men: 195,000/Women: 105,000)**

**Our partners:** Approximately 20 partners, including key government ministries, the United Nations and its agencies, organizations recognized under the government's national disaster management plan, and partners within the Movement.

The main donors for 2006-2007 so far include the Swedish, Finish, Japanese, British, Hong Kong, Australian, American and Norwegian Red Cross Societies.

## Context

Frequent violent incidents, including armed attacks, explosions, suicide bombings, kidnapping of foreigners, combined with small and large scale natural disasters like earthquakes, floods, landslides and two harsh winters made 2006 and 2007 the most difficult and volatile years for humanitarian action in Afghanistan since the new government came to power in 2001.

After the North Atlantic Treaty Organization (NATO) forces assumed the lead military role in Afghanistan from US troops in July 2006, Afghanistan experienced a new round of violence that was previously uncommon in the country. The security situation in the provinces, particularly in the south, south-west, east and west of the country was very tense. In some parts, the Taliban managed to seize and control some districts and challenge Afghan and NATO forces. Southern provinces experienced huge military operations, led by NATO and Afghan forces, against the Taliban which in some cases caused civilian casualties.

Despite concerted efforts by the Afghan government and its international allies, the situation is not yet stable and under control. The critical security situation during 2006/2007 was a major obstacle for aid agencies to reach remote and needy areas, especially as some of foreigners including aid-workers were targeted and abducted by anti-government and other criminal groups.

As a result of this deteriorating situation the security restrictions for both the Federation and the ARCS have increased significantly. This prevented either party carry out monitoring and evaluation field visits in rural areas and limited the implementation of planned activities by the ARCS. However, Federation staff were still able to make limited field trips to ARCS branches and its sub-delegations. The ARCS and Federation therefore relied mostly on monthly reports being filed from sub-offices in Jalalabad, Herat, Mazar and Kandahar to the national headquarters in Kabul.

# Achievement of objectives

## Disaster management

**Programme objective:** ARCS disaster preparedness and response capacity at national and branch levels are strengthened and community preparedness improved.

### Capacity building

There were a number of achievements over the two years, the impact of which achievements is commented on below. The ARCS DM department completed its own DM Strategic Plan (2008-2012), in line with the national disaster management plan and all applied standards. With the support and input of the Federation it is also aligned with recent Federation strategic initiatives.

The DM department, in collaboration with the health team, conducted vulnerability capacity assessment (VCA) in 18 disaster-prone districts of six provinces to strengthen the planning, disaster preparedness and response capacities in five regions of Afghanistan.

External training needs assessment lead to the drafting of a two-year capacity building plan which will be implemented in 2008 by the ARCS. Also, based on the findings of the needs assessment, standard operating procedures (SOPs) were drafted in 2007 and were handed over to ARCS for further comments and approval.

The contingency plan for small-scale disaster drafted through a four-day participatory workshop in June 2007, and submitted to ARCS for approval after being reviewed by the South Asia regional office. A national logistics workshop for 20 staff and volunteers of the ARCS from all regions was conducted and facilitated by the South Asia regional office DM staff in November 2006.

Additional internal and external DM training workshops were conducted for ARCS staff and volunteers which enabled them to establish stronger links with communities in targeted areas. The below table shows variety types of trainings during the period:

Region	Number of trainings		Total no. trained	National ARCS/Federation trainings		External trainings	No of participants
	CBDP	DP/DR		Types of trainings	No of participants		
Central	4	0	119	DM general	30	RDRT	5
Western	10	2	305	DM general	75	Finance	1
Southwest	3	1	77	DM training of trainers	25	NDPRM/NDRT	5
Northern	7	4	297	WPNS	20	RDRT	2
Eastern	13	1	312	Logistics	25	Logistics	2
<b>Total:</b>	<b>37</b>	<b>8</b>	<b>1,110</b>		<b>175</b>	Fleet logistics	0
							<b>15</b>

Two meetings were held for all external DM stakeholders, including the relevant government department and various non-governmental organizations, the first in January 2007 and the second in March 2007. The objective of the first meeting was to set the groundwork for clear understanding of roles and responsibilities of the ARCS within the government of Afghanistan's national DM framework. The second meeting led to defining strategic directions to draft the ARCS strategic DM plan, in line with the ARCS five-year strategic plan.

Internal movement coordination mechanism between ARCS and the International Committee of the Red Cross (ICRC) were greatly improved through participation, facilitation, trainings and regular meetings, leading to clear agreements over such issues as use of storage capacity in insecure areas.

### Disaster response

ARCS disaster response units in Kabul and Mazar were trained and equipped to provide effective assessment and response to disasters in February 2007.

The table below outlines a variety of disaster response operations during 2006 and 2007 in all five regions of Afghanistan by ARCS in coordination with ANDMA and other stakeholders including the ICRC through meetings organized at headquarters and provincial levels:

Regions	Families affected	Beneficiaries	Relief items distributed							
			tent	blanket	tarpaulin	Kitchen sets	Cooking sets	Jerry can	Pressure cooker	Plastic sheet
Central	5791	40537	900	6760	1180	1180	0	1480	0	0

Western	673	4711	381	4026	200	1102	0	816	0	418
Southwest	1038	7266	544	310	257	318	390	13	274	0
Northern	851	5957	586	3535	738	524	0	1513	292	273
Eastern	806	5642	292	1455	244	92	14	389	0	5
<b>Total:</b>	<b>9159</b>	<b>64113</b>	<b>2703</b>	<b>16086</b>	<b>2619</b>	<b>3216</b>	<b>404</b>	<b>4211</b>	<b>566</b>	<b>696</b>

The winter relief operation in December 2006 was a significant operation for which the Federation provided extensive support. The details of distribution in this operation were as follows:

Categories	Regions				Total	Non-food relief items distributed				
	Central	Western	Northern	Eastern		Blanket	Stove	Cooking set	Kitchen set	Pressure cooker
IDPs	743	391	647	520	2,301	6,903	2,301	520	1,587	194
Flood affected	380	0	0	210	590	1,770	590	210	380	0
Returnees	435	235	195	885	1,750	5,250	1,750	815	690	245
Drought affected	255	210	60	0	525	1,575	525	0	315	210
Destitute people	978	983	490	330	2,781	8,343	2,781	330	1,468	983
<b>Total</b>	<b>2,791</b>	<b>1,819</b>	<b>1,392</b>	<b>1,945</b>	<b>7,947</b>	<b>23,841</b>	<b>7,947</b>	<b>1,875</b>	<b>4,440</b>	<b>1,632</b>

Reconstruction of a 2,000 square metre warehouse inside the ARCS headquarters increased the ARCS warehouse space for non-food items from 15,000 families to 35,000.

#### Constraints and challenges:

Some planned activities were not carried out due to a delay in donor response to the appeal, coupled with operational constraints. This prompted a revision in the work plan for both years and reduction of target activities to more realistic and achievable levels. The main activities revised out of the plan and budget included construction of a new warehouse building in Herat region, replenishment of disaster preparedness stocks, telecommunication equipments, development of logistics system and procedure, refresher workshops as well as development of training manuals.

The very poor security situation was another big constraint for DM programme during this period, as with most programmes, meaning it was not possible to conduct workshops or even make field visits to some areas.

Despite all these challenges, the Federation worked closely with the ARCS at all levels to make them capable of taking more responsibilities in future. The Federation's focus was not only on response to frequent disasters in the country, but also gave priority on preparing the community to reduce their vulnerability to disaster and health problems, and to build sustainable livelihoods.

#### Best practices and lessons learned

The process of building a comprehensive and long-term ARCS capacity in disaster management, based on the understanding of the close link between disaster and development, will require consistent and long-term support. Finalization of the disaster management strategic plan for 2008-2012 and standard operating procedures, carrying out need assessments and a range of capacity building activities along with building a coordination network with internal and external stakeholders were, and will remain crucial to sustain long term impact.

#### Working in partnership

The ECHO<sup>1</sup> DM project started in August 2006 and ended on 30 June 2007. The ARCS/Federation worked with several key partners involved in DM activities in Afghanistan, to plan disaster mitigation response efforts and coordinate programme interventions in delivering better services to the most vulnerable and disaster affected communities. The government's national emergency team, the United Nations Assistance Mission in Afghanistan (UNAMA) and UNDP recognize the national society as a major player for response to 2,142 families (approximately 15,200 individuals) in the north and central regions affected by the harsh winter in 2006. Coordination in terms of disaster preparedness and response was maintained with Movement components, the government department of disaster preparedness, UN agencies and other non-governmental organizations. Regular movement coordination meetings took place on DM related issues and for disaster affected families. The Federation DM manager joined the United Nations disaster assessment and coordination team in 2006. The national society and Movement partners were responsible for the disaster operations for vulnerable and disaster affected people through the ARCS disaster response team emergency medical units.

#### Contributing to longer-term impact

The support from the Federation country and regional offices was of crucial importance in ensuring that the achievements mentioned above were reached. The development of a more strategic and long term approach to

<sup>1</sup> European Commission's Humanitarian Office

capacity building of the ARCS DM capacity, aligned with Federation priorities and strategic directions will also be of help in ensuring the ARCS's DM efforts can be best supported by the Federation.

The tables above demonstrate the level of ARCS response and preparedness activities which mitigated disaster impact on affected communities through essential relief supplies in targeted communities.

The frequent response to immediate needs during the many disasters over the two years strengthened the partnership and coordination network with internal and external stakeholders, including the Afghanistan national disaster management authorities (ANDMA), which was further strengthened through regular meetings and interactions. The impact on the targeted population by providing necessary basic relief assistance was highly appreciated by communities themselves as well as by government authorities at headquarters and provincial level.

## Health and care

**Programme objective:** ARCS capacity to address public health issues in normal situation and in disasters with focus on women and children in communities is enhanced.

Significant progress has been made in all four project components of the ARCS health programme over the last years, namely basic health centres (BHC), emergency medical units (EMUs), community based first aid (CBFA) and HIV and AIDS. During the period the ARCS prepared the first draft of its overall strategic plan for the next five years (2008-2011), in which the ARCS/Federation health teams contributed in developing health and care section. The strategic plan was also used as a basis for the operational plan and budget 2008/09, supported by the Federation's annual appeal.

The rapid internal assessment of basic health centres, CBFA and EMU programmes and the external review of the EMUs in 2006 both provided key lessons learned about these programmes, which were used as a basis for the development of the 2008-2009 programme, as outlined below in the lessons learned and best practice section.

The ARCS with the support of the Federation organized various trainings for health staff as outlined in the table below. In addition to these, the ARCS health programme reform initiative and the first national level training on public health in emergencies were conducted.

An annual review and planning workshop was conducted in January 2007 with key ARCS and Federation health staff. Two ARCS staff members were sent to Pakistan for project management training in 2007.

### **Summary of trainings and workshops conducted during 2006 and 2007**

Name of training / workshop	Number of participants			Location	Year		Remarks
	Men	Women	Total		2006	2007	
Maternal and Child Health Care	0	16	16	Kabul region	✓	✓	
Maternal and Child Health Care	0	6	6	Herat region	✓		
Maternal and Child Health Care	0	29	29	Mazar region	✓	✓	
HIV/AIDS	10	2	12	Kabul	✓		Counselling training for clinics doctor
Health Management Information System	23	6	29	Kabul region	✓		
Psycho-Social Support	3	20	23	Kabul region		✓	
Primary Health Care Centre	4	27	31	Kabul region		✓	
Public Health in Emergencies	26	0	26	Kabul region		✓	
CBFA	113	32	145	Kabul region		✓	Team leader workshop
CBFA	83	160	243	Kabul region	✓		Team leader workshop
HIV/ AIDS	401	580	981	Kabul		✓	Different types of training workshops
<b>Grand total</b>	<b>663</b>	<b>878</b>	<b>1,541</b>				

Interagency coordination and networking was reinforced through the monthly national technical coordination committee, provincial health coordination committee and emergency task force meetings, in addition to several other coordination meetings between the ARCS and the ministry of public health, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO).

The health management information system (HMIS) formats were printed and distributed to all basic health centres and EMU teams as per their needs. The HMIS formats are standard ministry of public health reporting formats which are being used by clinics and EMU teams. The ARCS health officers carried out monitoring visits of the basic health centres and EMUs, in the regions including Herat and Jalalabad, central and Mazaar regions, the latter two with the ministry of public health. The ongoing security situation prevented monitoring visits in the Kandahar region.

### Basic health centres

As part of the transformation from clinics to more comprehensive basic health centres, the 21 BHCs including 15 with the support of the Federation and six clinics with ARCS resources were renovated and drinking water and sanitation part was rehabilitated. Likewise, nine of these clinics were provided with carpets, kitchen sets and necessary utensils by the ARCS. New reporting formats for the relevant health programmes were introduced which enabled the ARCS as well as the Federation to collect required information in an effective manner.

The following table shows the achievements of the Federation-supported clinics in 2006 and 2007.

Category	Achievements of 2006					Achievements of 2007				
	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL FOR 2006	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL FOR 2007
<b>Category 1: OPD activities</b>										
OPD visit under five years male	11,439	7,226	11,101	10665	40,431	12017	8417	10768	6061	37263
OPD visit under five years Female	13,842	7,739	11,125	10,954	43,660	11926	8642	10933	6111	37612
OPD visit over five male	17,886	11,273	19,234	18,818	67,211	20285	13955	15944	9307	59491
OPD visit over five female	28,018	19,545	34,174	35,241	116,978	36823	24906	30270	16818	108817
Re-attendance	4,707	7,254	7,616	8,014	27,591	7436	6697	6673	3835	24641
Sub- Total					295,871					267824
<b>Category 2: Immunization</b>										
BCG	8,065	5,419	5,455	4259	23,198	5981	4757	3912	2610	17260
DPT / Polio	17,574	8,647	9,953	16149	52,323	5501	5668	5528	3207	19904
DPT3/Polio3	7,648	7,907	6,130	4224	25,909	4511	4908	4969	3078	17466
Measles	30,246	47,556	45,040	7106	129,948	6046	9200	4912	3498	23656
TT women	24,775	34,055	9,479	18307	86,616	16687	18196	29024	9314	73221
Sub- Total					317994					151507
<b>Category 3</b>										
<b>MCH activities</b>										
Family planning	2,372	4,061	14,023	3862	14,318	3693	3052	3133	1533	11411
Antenatal care	7,482	8,709	7,261	3892	27,344	6690	6022	8424	5218	26354
Postnatal care	1,888	1,647	1,655	3281	8,471	1586	1731	3534	1251	8102
Children growth monitoring	2,082	619	1,781	1860	6,342	1825	1853	2192	1647	7517
Sub- Total					56475					53384
<b>Grand Total</b>					<b>670,340</b>					<b>793,923</b>
<b>Category 4: Health Education</b>										
Group health education	27,322	22,650	11,599	11172	72,743	72743	14694	23661	14710	125808
Individual health education	12,130	18,881	6,324	4604	41,939	41939	10976	10390	8847	72152
Note: Health Education has been a part of the other activities such as OPD, MCH and Vaccination, so it is not counted in the total beneficiaries.										

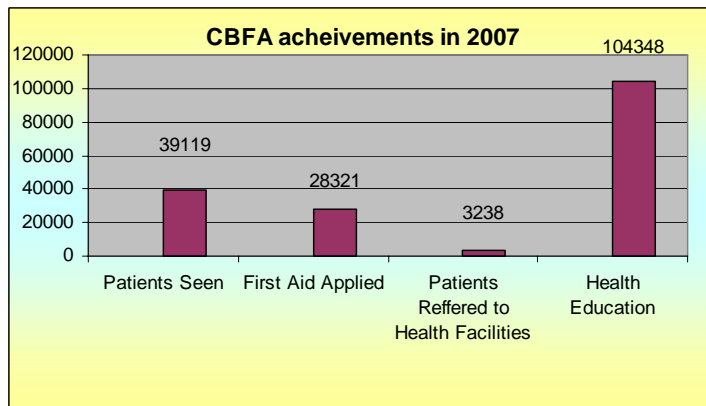
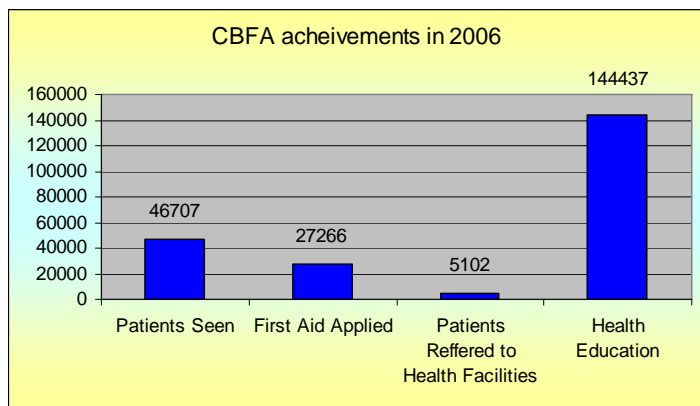
### Emergency medical units

The ten EMU teams were fully operational in the last two years and responded to various emergencies, especially floods and disease outbreaks such as diarrhoea, dysentery and acute respiratory infections. The teams in central region worked together with the national disaster response team and CBFA volunteers to provide public health services to the flood affected population in 2007. The team also assisted the victims of road accidents during the reporting period. The following table shows the achievements of the ten EMU teams during 2006 and 2007 (see also programme updates 1-5 and operation updates for additional details).

Category	Year	First quarter	Second quarter	Third quarter	Fourth quarter	Total
Patients treated	2006	12,599	18,284	30,725	35,489	97,097
	2007	42,386	38,250	46,141	37,976	164,753

### Community based First Aid

The CBFA project was expanded to three new provinces which included Bamyan, Kunduz and Saripul. The ARCS trained a total of 1,296 new volunteers, including 611 women. The volunteers were provided with First Aid materials and publicity materials such as vests, badges and bags. The CBFA volunteers participated in the assessment and relief operations of the flood affected population, especially in central, northern and western region in addition to their routine First Aid and health promotional activities. In addition a four-day house-to-house hygiene promotion and health education campaigns was carried out in August 2007, in which a total of 125 volunteers including 60 women volunteers participated. The following charts shows the main achievements and services provided by the CBFA volunteers.



### HIV and AIDS prevention

The ARCS with the support of Federation initiated a HIV/AIDS prevention project in 2006. The programme is focused on life skills-based youth peer education approach.



Afghanistan Red Crescent Volunteers taking part in a rally in the snow during World Aids Day 2006, promoting the Federation's "come closer" HIV and AIDS campaign.

A baseline study on knowledge and attitude was carried out by an external consultant firm with the financial and technical support of the Federation during the last quarter of 2007. The ARCS HIV Programme team provided extensive inputs and participated in all phases of the study of students in 27 targeted schools of three districts in Kabul.

A similar study was carried out in July on 141 ARCS headquarters staff members. The findings of these studies will be used to design sensitization sessions targeting to staff members and develop a workplace policy on HIV/AIDS. Similarly a review of the HIV/AIDS programme carried out by the Federation's South Asia regional office helped the ARCS to improve programme implementation.

HIV/AIDS and sexually transmitted infections, in collaboration with the Indian non-governmental organization MAMTA<sup>2</sup>. The ARCS has now trained 35 master trainers and 180 peer educators in three targeted districts of Kabul city. In addition 750 teachers, 27 head-teachers, 30 parents and 32 CBFA team leaders were trained and sensitized on HIV and AIDS issues.

During 2007, the ARCS conducted two training of trainers on life skills-based peer education on adolescent sexual and reproductive health,

As part of celebrating World AIDS Day through rallies and street dramas, the ARCS with the coordination of the ministry of public health organized three anti-stigma and discrimination and HIV awareness campaigns through 480 youth peer educators, CBFA and youth volunteers, targeted to 550 barbers and beauty parlours in different districts of Kabul during the reporting period. In addition, approximately 12,000 information brochures and leaflets on HIV and AIDS, youth peer education and Avian Influenza, printed in English and local languages, were distributed accordingly.

<sup>2</sup> Health Institute for Mother and Child

Some of the most significant HIV and AIDS related meetings in which the ARCS participated included the Federation's regional HIV global alliance planning meeting and working group) and in International Congress on AIDS in Asia and the Pacific.

Two focal points from HIV and AIDS and humanitarian values departments were assigned to work on designing and implementing anti-stigma and discrimination activities. The HIV/AIDS department had a presentation followed by a stage show on stigma and discrimination, and a quiz (broadcast on national television) related to HIV/AIDS and sexually transmitted infections to the national youth camp, in which more than 250 youth volunteers, from all parts of Afghanistan, participated.

The Indian Red Cross training manual on life skills, HIV/AIDS and peer education were shared with the ARCS and have been translated into two different local languages (Pashto and Dari). These guidelines will help the national society in proper implementation of the HIV/AIDS prevention programme through school youths.

Since October 2007, several meetings have been conducted between the Federation, ARCS and the ministry of public health as well as WHO on the possibilities of applying to the GAVI fund<sup>3</sup>. However, as one of the ministry of public health's criteria for proposals meant the project would have to be in highly affected conflict areas, ARCS decided not to submit a proposal.

#### Constraints and challenges:

During the period one of the major constraints was the tense security situation which caused many disruptions. The Federation also decided in August 2006 to hand over to ICRC the management of eight basic health centres and CBFA project in Jalalabad and Kandahar where the security situation was not stable. In addition, the ARCS/Federation was not able to monitor and supervise some of the health programmes in remote areas. Meanwhile the retention of staff was made difficult due to the lack of a competitive salary, and national society staff left their jobs and joined other places.

#### Best practices and lessons learned

- Regular refresher training for EMU, clinic and CBFA staff and volunteers is needed in order to upgrade knowledge and skills on their field of work and improve programme management capacity.
- Health and hygiene promotion activities need to be integrated within the catchment areas of clinics for making sustainable change in safe hygiene practices of the people.
- Delivering humanitarian assistance by EMU teams together with the national disaster response team and CBFA volunteers during the flood operation in the central region was good practice, providing better and more efficient assistance through integrated programming.
- The life skills-based youth peer education on adolescent sexual and reproductive health has proved to be a good approach to initiate open discussion and safer sexual practices among adolescent and youth, avoiding peer and parental pressures to facilitate good decision making. As a youth peer educator said, *"Now I can speak about sexually transmitted diseases, discuss them with my peers and also share its preventive measures"*.

#### Working in partnership

ARCS implemented the basic package of health services through its 42 clinics and ten EMUs according to the strategy of the ministry of public health, which recognizes the national society as one of its strongest partners.

The ARCS is a member of the inter-agency emergency task force comprising WHO, other UN components and ministries, to address avian and human influenza at national level. The national society is also the member of HIV/AIDS coordination committee. The ARCS has been regularly participating in coordination meetings with the ministry of public health, UNICEF, WHO, the Swedish Committee for Afghanistan and other stakeholders, helping the national society to properly manage its health intervention and to avoid duplication of services.

Two MoUs related to health were signed between the ARCS and the ministry of public health and ministry of education respectively, defining the roles, responsibilities and coordination mechanism. In addition to traditional movement partners, the ARCS have been seeking support from new partners, especially to secure long-term funding to support long-term programming.

#### Contributing to longer-term impact

The ARCS has been providing preventive, promotional and curative health service through its clinics focusing to reduce illnesses and deaths of mothers and children during disasters (collectively with CBFA and EMU

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<sup>3</sup> Formerly the "Global Alliance for Vaccines and Immunisation", GAVI is a public-private global health partnership providing funding in this area

programmes) and normal situations. According to a report by John Hopkins University in 2007<sup>4</sup>, immunization has had positive impact in decreasing the incidences of vaccine preventable diseases as there has been 18 per cent increase in immunization in comparison to 2003 for example increase access vaccine against TB from 56.5 per cent to 70.2 per cent and immunization against polio from 29.9 per cent to 69.7 per cent. The infant mortality rate has improved from 165/1000 to 129/1000 live births and under five mortality rate from 256/10,000 (2003) to 191/10,000 children per year.

Although exact figures are not available to accurately demonstrate the level of ARCS's contribution, as an officially recognized key partner of the ministry of public health with 42 ARCS clinics providing services as part of the basic package of health services, it is fair to assume that the ARCS has made significant contribution to these improvements.

The HIV/AIDS prevention project has been warmly accepted by the ARCS management and other stakeholders as a study was carried out in the ARCS headquarters and the same time MoUs have been signed with the ministry of public health and the ministry of education which paved the way for ARCS to build strong linkages and partnerships with both ministries, which will help the national society to properly implement the project aiming to prevent the spread of HIV in the country. Considering the cultural context of Afghanistan, establishing this project in collaboration with the government constitutes significant progress.

## Capacity development

**Objective:** The ARCS has strengthened its organizational and managerial structures and systems with focus on financial management, fundraising and youth management.

Overall, the organizational development (OD) programme was implemented as planned by the ARCS OD department, with technical and financial support of the Federation. The programme focused on the revision of the ARCS constitution, finalization of the ARCS five-year (2008-2012) strategic plan, development of the ARCS human resources regulations, development of the ARCS finance system, revised membership regulation, fundraising policy and establishment of youth clubs.

The ARCS new constitution was developed with all stakeholders (finalized in January 2008) and will be submitted for the final approval and signature of the President of Afghanistan. The key articles of the constitution are revised based on the existing need of the national society and recognize the ARCS as an independent humanitarian organization operating as an auxiliary to Afghan government, it also sets out the new governance structure of the national society. In addition a joint ARCS, Federation and ICRC commission is formed to develop the emblem law.

Development of the national society's first ever strategic plan (for 2008-2012) was a significant achievement. The process started in August 2006 and was carried out in five stages (as described in previous programme updates) between the last quarter of 2006 and March 2007. The whole process was implemented with a participatory approach at ARCS headquarters and branches involving all ARCS staff, volunteers and members. A final draft was completed in June 2007, and finalized in December 2007, following a review by the national society leadership and the Federation OD coordinator for Asia Pacific. The Federation annual appeal and the ARCS annual plan for 2008-09 were prepared based on the strategic plan.

The ARCS human resource regulation was finalized based on an external consultant's recommendations in March 2006, focused on a well-defined human resources policy and implementation of a human resources' cycle. A senior working commission consulted widely before finalizing the regulations in mid-July 2007. The regulations allow the national society to appropriately address all staffing issues, resulting in the decrease of 260 staff in 2006/2007. As part of the human resources development activities recommended, more than 1,500 ARCS staff received English and computer training courses through national society training centres.

ARCS finance system manual and its related accounting forms were finalized as part of the mid-term (18 months) finance development recommended by the external needs assessment. The finance manual and accounting forms were developed and was translated into local languages. The next phase will be training, recruiting skilled staff, and provision of the IT facilities and software. Up to six members of the national society finance department were sent to Nepal to learn about new finance system, and 20 finance staff are receiving English and computer training.

A general introduction was made to improve planning, monitoring and evaluation and reporting (PMER) skills; these approaches in 2006 were followed by further practical training for senior ARCS and Federation programme managers in 2007. This was complemented by improving reporting formats at various levels, and discussion with

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<sup>4</sup> Johns Hopkins Bloomberg School of Public Health. Indian Institute of Health Management Research/ Results from Recent Health Assessment in Afghanistan 2007

ARCS on allocating dedicated resources to PMER which will be followed up in 2008. All these processes were financially and technically supported by the Federation country and regional offices.

The membership regulation was developed which paved the way for establishment of branch-based governance bodies in 34 provinces. During 2006/2007, 2,350 new members were recruited out of which 497 were women. The total number of recruited members since February 2005 is 4,090, out of which 760 are women. The development of the membership regulation has enabled ARCS to expand the network of its volunteers in almost all parts of the country. Besides this, the ARCS established four governance bodies at district levels in two provincial branches.

ARCS fundraising policy was developed and after that all ARCS fundraising activities will be managed based on the new developed policy. The lack of a specified fundraising unit at the ARCS structure slowed the progress in relation to this project. ARCS plans to establish such a unit under its finance department in 2008.

A new youth club was established in Kandahar region and two new clubs will be established in two other provinces. To date, 18,000 youth volunteers were trained in youth clubs in five regions and participated in activities like polio vaccination for 560 children, HIV/AIDS campaign, blood donation, participating in the collection of information on development of youth policy, participating in two annual national youth camps, field visits from other provincial branches, school visits, and participating in the celebration of Red Cross Red Crescent Day and Peace Day. The head of the ARCS youth department, together with the Federation OD manager, participated in a volunteers in emergency workshop conducted in Malaysia. Up to six youth volunteers participated in the annual international youth exchange programme in Japan. To provide better support to ARCS youth club activities, 14 desktop computers were donated to the national society and youth database was established in two clubs.

Following the regional joint OD/Health/DM forum in November 2007, a working grouping of senior staff was formed in December to work on the integrated programming model, but work in earnest will only start later in 2008

The ARCS constructive activities and developments towards assisting the neediest people in 2007 were highly appreciated by the President of Afghanistan who honoured the ARCS President and Secretary General with two medals of success which was widely broadcasted in the local media.

#### Constraints and challenges:

Security, unskilled staff of the ARCS and resistance towards change were the main constraints. Due to bad security in some provinces some projects like membership development and the youth programme could not be monitored closely. However areas where security issues were less challenging were monitored by ARCS colleagues and the Federation. Unskilled staff slowed down the change process in ARCS which cause some problems like indirect resistance towards this process and delays in replying or in giving feedbacks. It is hoped that the problems will be solved gradually after the ARCS accepts the positive side of this process.

#### Best practices and lessons learned:

Development of the strategic plan was a very useful and significant step, and will be easily accepted and implemented by the national society because they rightly consider it as their own product. Provision of trainings to the ARCS staff, volunteers and youth had a positive result on their knowledge and on their service delivery capacity. Establishment of good coordination and communication between staff and heads of the programmes as well as follow ups were good lessons learned and allowed the national society to establish and implement better projects than the past.

#### Working in partnership

The OD as a cross cutting programme worked with almost all programmes (membership, youth, monitoring and evaluation, human resources, finance, dissemination, external relations, health programme, disaster management, branches and with the senior advisor to the ARCS president and Secretary General) of the national society and with the cooperation department of the ICRC. The national society has a bilateral friendship agreement with the Japanese Red Cross Society for a youth project in which the OD department is the facilitator in implementation and finance.

Three MoUs were signed with ministries of education, higher education and religion affairs for the better implementation of the programmes particularly youth, volunteers and membership. These MoUs assure the smooth running of the programme in their related areas.

#### Contributing to longer-term impact

Finalization of the ARCS strategic plan is a step towards the change process which will help the national society in long-term planning. The ARCS's new constitution recognizes the organization as an independent humanitarian organization with an auxiliary role to the Afghan government and also sets out the new governance structure of the national society. Finalization of the ARCS human resources regulation and development of the finance system will

enable the ARCS to decrease the staff density while ensuring that future staff would be qualified and skilled, and to have a standard and computerized system of finance, supported by improved project design and reporting skills.

Recruitment of 2,350 members and 3,000 volunteers enabled the ARCS to expand its network in all parts of the country and to establish governance bodies at branches and headquarters. Bringing 681 youth in two occasions under national youth camp from different social and ethnic groups had a constructive step towards unity and decreasing the spirit of discrimination. The support provided by the youth clubs and youth camps to girls increased participation in sports activities was also a good example of this.

## Humanitarian values

**Objective:** ARCS staff and volunteers, as well as selected community groups (including residents of Marastoons) have a better understanding of humanitarian values, which is reflected in their behaviour and actions.

A workshop was conducted by the South Asia humanitarian values coordinator for the staff and volunteers from core programmes of the ARCS in the second quarter of 2007. The concept of HV was introduced to the participants and examples of ways in which HV can be used to for protecting human dignity were given from other sister national societies.

With the technical support of the Federation and the financial support of the ICRC, the ARCS HV department recruited and trained 30 volunteers to promote awareness of the Movement, its Fundamental Principles, activities and international humanitarian law. The volunteers reached a total of 76,899 women and 40,270 men over the two years through schools, health clinics and the communities of Kabul and Parwan provinces.

The HV and HIV/AIDS joint initiative was co-ordinated between ARCS HV and health department for sensitization and to ensure the support of the ARCS leadership. Questionnaires on knowledge, attitude and practice related to HIV and AIDS were filled by the ARCS headquarters staff and the first joint activity was carried out through a HIV/AIDS campaign carrying the message of anti-stigma.

Peace Day was widely celebrated by the HV volunteers in Kabul, with religious leaders trained as HV volunteers disseminating the values of humanity, co-existence and anti-discrimination to 17,261 participants through out the mosques. As part of a memorandum with the ministry of religious affairs, these religious leaders also regularly talk about tolerance and non-discrimination at public gatherings, in collaboration with the HV programme. Two Memorandums of Understanding (MoUs) were signed with the ministries of higher education and religious affairs to facilitate the implementation of HV with the support of these ministries in the third quarter of 2007.

Under the social welfare/Marastoon component of the programme, 400 beneficiaries from destitute families including men, women and children were supported by the ARCS Marastoons in five regions - Kabul, Herat, Jalalabad, Kandahar and Mazar-i-Sharif. The support comprises shelter, food, clothing and school education for the youth and vocational training for both youth and adults. Till now, 60 residents were re-integrated back to the society while 50 more were newly recruited in five regions.

The Federation handed over the Marastoon programme to the ARCS following the establishment of the Marastoon department at ARCS headquarters level, including the employment of two qualified programme officers, provision of IT equipments and on-the-job training. Following the earlier financial and technical support of the German Red Cross through the Federation, this exit strategy to hand over this programme to ARCS was a success for both the Federation and ARCS as the ARCS is now enabled to implement this programme independently. However, if and when technical support is still required they will be supplied by the Federation OD department

### Constraints and challenges:

Lack of proper information and awareness of HV caused some misunderstanding and confusion at the beginning of the programme. Lack of funding sources meant only 30 volunteers could be trained, along with sometimes difficult access to the religious leaders to be trained as volunteers were the other challenges.

Restructuring within ARCS had an impact on the HV programme as the qualified HV coordinator was moved to another department, which affected and slowed down activities. Some planned activities, like HV training/dissemination workshops for university volunteers, could not be conducted due to lack of adequate funds under the programme.

### Best practices and lessons learned:

The ARCS is committed to support HV programme but have limited financial and technical resources to make such a programme sustainable. Further discussions should take place with the leadership of the ARCS to promote recruiting qualified staff for the programme. It is recommended to give more training for the delegation and ARCS

staff who are working in HV and visits to successful HV programme in other national societies in the region may be helpful. As is often the case with HV programmes, sourcing funding is difficult.

Practical vocational training of the ARCS Marastoon staff was one of the successful activities for enhancement of the capacity; such an activity facilitated the newly established Marastoon department to take full the ownership of the programme.

#### Working in partnership

Humanitarian values is programme which cuts across all other national programmes, especially in partnership with DM, health, youth and volunteers, OD, dissemination and information and human resource departments. The ARCS HV programme is working with the ICRC, especially in supporting the dissemination of the Fundamental Principles and international humanitarian law. The ministries of higher education and the religious scholars of Afghan government are also playing a positive role for giving the chance to HV programme to approach its target groups through academic and community levels.

#### Contributing to longer-term impact

The coordination of HV with all core programmes has a direct impact on ensuring that human dignity is incorporated as part of the service delivery by the ARCS staff and volunteers. The volunteers' dissemination activities have contributed to improving the reputation of the ARCS, allowing ARCS to promote messages of tolerance. Moreover, the work of religious leader who became volunteers for promoting respect for human dignity from the viewpoint of religion helps encourage listeners to apply it to changing behaviour within their families and communities.

The ARCS social welfare programme has re-integrated individuals and families back to the society after these beneficiaries spent some years in the Marastoons, with the families who have returned to society equipped with school and vocational training and are running their lives independently.

## Implementation and coordination

The Federation delegation in Kabul and four sub-offices all over Afghanistan and in Peshawar logistics office in Pakistan provided the technical and financial support to ARCS and its 34 branches, from planning to implementation of the core programmes in the field as well as monitoring and evaluation tasks.

With the support of the Federation, the ARCS closely coordinated all disaster response and humanitarian relief assistance at all levels with local governmental authorities, ANDMA, the UN family and non-governmental organizations at national and provincial levels. The Federation improved ARCS DM capacity by reinforcing its human, materials, technical expertise and their coping mechanisms, which was appreciated by the ANDMA.

With the support of the Federation, the ARCS health programme was responsible for the implementation of all health related interventions. The head of ARCS health programme, with the support of regional health officers and technical officers, coordinated all health activities carried out by national society. Regular coordination meetings between Movement components and all external stakeholders were held during this period and the Federation health teams joined ARCS during field trips.

Frequent coordination meetings were also held with ICRC, particularly in the areas of health and OD at headquarters and provincial levels to harmonize support to ARCS.

## Looking ahead

The Federation delegation is committed to support the ARCS humanitarian programme in Afghanistan. The bulk of the support is rendered for the development of the national society's most vital institutional capacities. The implementation of the ARCS Strategic Plan 2008-12 is being worked upon by a special governance lead task force, supported by the Federation and the ICRC.

The Federation delegation continues, together with the ICRC, to work with the ARCS headquarters to follow up and ensure the continued progress in areas of success over the past two years - the introduction of the new statutes (constitution), assisting the leadership to re-build the financial management and human resource system and branch development through the health and DM programmes implemented by the national society staff and volunteers in the field.

While the extended and expanded conflict situation diminishes the humanitarian space in the country, the Federation and the ICRC will continue to coordinate their activities in order to provide the best support to the ARCS for the benefit of the most vulnerable in Afghanistan.

A detailed outline of future plans can be found in the [Appeal 2008-09](#).

## How we work

*All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

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".

### **Global Agenda Goals:**

- 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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