

# Appeal 2001-2002



International Federation  
of Red Cross and Red Crescent Societies

## Afghanistan (Appeal 01.34/2001)

*Click on programme title or figures to go to the text or budget*

1. Institutional and Resource Development	287,538
2. Disaster Response	860,951
3. Disaster Preparedness	1,504,017
4. Health and Care	4,872,342
5. Coordination and Management	294,875
<b>Total</b>	<b>7,819,724</b>



## Introduction

### National Context

Afghanistan is entering its 22nd year of conflict, first with the Soviet Union and now an embittered internal struggle, that has ruined the economy, caused dire poverty and reduced the living conditions of many to bare subsistence level. Afghanistan has the lowest child survival rate and the second-highest maternal mortality rate in the world. Only 69.9 per cent of the children survive to the age of five, and the average life span is 44 years. Literacy is estimated at around 30 per cent for men and 13 per cent for women.

The country's population is estimated at 20 million people, with 80 per cent living in rural areas. More than 2.6 million Afghans live abroad as refugees, making them the biggest refugee group in the world for the 20th successive year, while hundreds of thousands of people are displaced inside the country.

The Taliban movement, which currently controls about 90 per cent of the country, has so far been unable to gain full control and continues to be challenged by the Northern Alliance. The Kabul government is internationally isolated: it is recognized only by Pakistan, Saudi Arabia and the United Arab Emirates.

Due to the continuing conflict, there is no prospect of any improvement in the socio-economic situation. For the average Afghan this means more years of extreme vulnerability, without the safety net available in other societies.

Besides the effects of the conflict Afghanistan is vulnerable to natural disasters. The seismic fault that bisects the country is the site of frequent earthquakes, while snow melt from the mountains and spring rains combine to cause landslides and floods. In 2000, a severe drought, the worst in 30 years, affected a large part of the country.

### **National Society Priorities**

The Afghan Red Crescent Society is arguably the only indigenous, nationwide humanitarian organization able to work with all ethnic groups and to reach women through its services, and is, therefore, extremely well placed to assist the most vulnerable in this war-ravaged country. It currently has 1,200 staff and 5,900 volunteers, operates in 31 of the 32 Afghan provinces, and has an extensive network of branches, in addition to buildings and warehouses throughout the country.

With the help of the International Federation, the ARCS carries out a major health programme through a network of 48 clinics providing preventive and curative primary health care, employing equal numbers of men and women in the medical positions and with a developing Mother and Child Health (MCH) component. Through a Community-Based First Aid /Youth programme (CBFA), it recruits and trains volunteers in the villages, town neighbourhoods and schools. As a result, up to the end of July 2000, over 5900 volunteers were recruited.

With the help of the ICRC, the National Society carries out a food distribution programme which targets over 24,000 vulnerable families in Kabul, and it has food-for-work projects in most of the branches, such as the restoration of irrigation canals. Other programmes include social welfare for homeless and destitute people through residential centres (Marastoon), mines awareness, and dissemination and tracing.

The deterioration of the socio-economic situation in Afghanistan, has weakened the Society's ability to function. It has been able to maintain and strengthen its activities mainly with the support of the International Federation and the ICRC. However, management changes have been frequent at headquarters and branch level, and in programme departments causing loss of institutional memory, as well as most of the knowledge about (and in some cases respect for) the Red Cross and Red Crescent Fundamental Principles, and the Movement's standards concerning governance and management.

Despite its problems and its dependence on extensive support from the International Federation and the ICRC, including programme management, financial skills and other governance issues, the ARCS continues to hold a unique position in the country, based on recognition by the population of the value of its activities, past and present.

Its priorities are:

- institutional development and a reduced reliance on outside aid, through resource development
- Health and care, with a particular emphasis on services to women and children.
- Disaster preparedness and emergency relief, including assistance to drought affected populations.

### **Priority Programmes for Federation Assistance**

The functional relationships between the components of the Movement are determined by the Seville Agreement, which defines *lead agency* and *lead role* status. The current conflict in the country determines that the lead agency role is taken by the ICRC. In the meantime, the Federation takes a lead role in maintaining and strengthening the ARCS structures and in delivering humanitarian services through them.

The objectives of the Federation's assistance in Afghanistan are:

- to strengthen ARCS capacity to manage its programmes effectively, to develop local resources with special focus on the grassroots foundation in the branches, and to re-establish its governance.
- to increase understanding of the Red Cross and Red Crescent Movement in Afghanistan.
- improve the overall health of people lacking access to health care, with a special emphasis on decreasing morbidity and mortality rates of women and children, and reducing the need for more complex treatment of those living in the rural and remote villages, and in the poor urban areas.

- to strengthen the efficiency and effectiveness of ARCS disaster preparedness and response systems and increase the ability of communities and individuals to prepare for and cope with disaster situations.

[return to top](#)

# 1. Institutional and Resource Development

## Background and progress to date

Over the years, the support of the International Federation and the ICRC has enabled the ARCS to maintain and strengthen its activities despite the socio-economic deterioration and the changing political and military situation. However, the 21 years of war wiped out ARCS's own resources and seriously strained its financial management systems, while the frequent changes that have occurred regularly at all levels in the ARCS management have resulted in a loss of institutional memory, of knowledge about RC basics, and of good practices concerning governance and management. These frequent changes in the leadership also put a heavy strain on the working relations with the ICRC and the International Federation and on the counterpart method for the transfer of skills and knowledge. As a result, ARCS and its programmes became increasingly dependent on extensive support from the International Federation and the ICRC, including for financial and governance issues.

In order to reverse the increasingly dysfunctional trend within the National Society, the International Federation started an Institutional Development and Resource Development Programme in July 1999. Its overall strategy is to strengthen ARCS's capacity to manage programmes effectively, to develop local resources with a special focus on the grassroots level in the branches, and to re-establish its governance. This is described in detail in the 'Afghanistan Country Assistance Strategy 2000 - 2001'.

In 2000, six awareness-raising workshops on the Movement's fundamental principles and its standards for governance and management were organized for about 210 ARCS senior staff. The first self-assessments took place and the first viable resource development schemes have since been identified. A project has been developed to re-establish a membership system.

The support that the ICRC and the Federation provides to ARCS has been completely reorganized, through the introduction of a new type of agreement in March 2000, linking budgets to real expected outcome per programme, thus allowing better quality, transparency and accountability in the delivery of humanitarian services. The idea of the counterpart relation for transfer of knowledge and skills in programme management has been formalized and strengthened. Together with the new agreements, ARCS, with the support of the Federation and ICRC, took its first rationalization measures: an initial reduction of the overblown core structure, the introduction of a new, uniform staff grading system, with job descriptions and reporting forms for programme staff, and the introduction of new financial accounting and reporting systems.

While several institutional changes were initiated in 2000, ARCS's capacity to absorb all the changes has to be taken into consideration. The ID and RD programme in 2001/2002 will therefore seek to consolidate these initial steps, while also moving the programme forward.

The ICRC is an equal partner in supporting the ARCS and strengthening its capacity. An integrated and coordinated joint ICRC - Federation approach was developed in 2000, and proved to be very fruitful. This will be continued into 2001 - 2002.

**Goal** The goal of the institutional and resource development programme is to help transform the Afghan Red Crescent Society into a well-functioning National Society and to strengthen its capacity to manage, deliver and account for humanitarian services.

### Objectives and Activities planned

The ARCS institutional development (ID) programme directors with their counterparts have selected the following objectives for 2001 and 2002. They took into account the experiences of the ID and resource development (RD) programme in 2000, the strengths and weaknesses of the ARCS and the real opportunities and constraints prevailing today in Afghanistan.

**Objective 1** To raise awareness about the fundamental principles of the Red Cross and Red Crescent Movement among current staff and new employees of ARCS.

Activities to achieve objective 1:

- Continue the translation into Dari and Pashto, and the printing and distribution of basic reference materials on the Movement ( the ID application guides and self-assessment tools, the code of ethics and fundamentals of voluntary service, the National Society Governance Guidelines, the Guidelines for National Society Statutes, the Framework for National Society Capacity Building, the Resource Development Handbook, the Management Handbook, Federation policy statements).
- Use participants in the six National Society Leadership Workshops in 2000, as resource persons for staff and volunteer training organized by other programmes in 2001 (e.g. health programme, Marastoon programme) for sessions related to RD and ID.
- Organize one four-day National Society Leadership Workshop for the 35 new ARCS staff that join the ARCS annually.

**Objective 2** To assist the 4 regional and 26 provincial branches in obtaining self-assessment, planning and reporting skills.

Activities to achieve objective 2:

- Organise in the beginning of 2001 and 2002 four-day self-assessment and planning workshops for about 125 key staff of branches in the five regions of Afghanistan, with the following agenda items (in 2001): the Characteristics of a Well-Functioning National Society; Strategy 2010 conducting a self-assessment; producing an annual branch development plan; training branch staff in branch activity reporting.
- After the workshops, visit the branches on a quarterly basis to follow up with them the implementation of the annual plan and reporting against the plan.

**Objective 3** To expand the resource development programme, by using successful strategies identified in 2000 in the branches of the Central Region and in Kabul in other branches and regions of Afghanistan and by continuing the search for other RD strategies. To integrate the resource development programme with the CBFA and DPP programmes.

Activities to achieve objective 3:

- Organise regional tours, making two-day visits to each branch in the region, to introduce concepts of revenue generation (product choice, market analysis, estimation of expenditure and income, analysis of profit and investment return ratios, etc), to explore the concrete possibilities for RD projects in that particular branch and to set an agenda for project proposals.
- Initiate at least 16 new and viable revenue generation projects in 2001 (5 in the branches of the central region, 2 in the HQ and 9 in the other regions of Afghanistan) and 20 new projects in 2002, bringing the total to 46 (including the 10 projects initiated in 2000).
- Develop resource development strategies for the 5 provinces of the central region.
- Visit all the branches where RD projects were initiated, on a monthly basis during the first three months after the launching of the projects and afterwards on a quarterly basis, in order to follow-up on the implementation of the project agreements, and on the proper management and reporting of the projects.
- Integrate the resource development programme with the CBFA and DPP programme where it exists, by involving volunteers in RD activities like the ARCS special week.
- In mid-2001, organize five regional RD evaluation workshops, aiming at (1) sharing RD experiences (strengths and weaknesses); (2) exploring in depth techniques of a second RD strategy besides revenue generation (e.g. the ARCS Special Week); and (3) discussing priorities for using revenue.

**Objective 4** To enhance awareness at all levels of ARCS of the membership system that has been developed in 2000, and to build skills to promote and manage the systems. To stimulate discussion on the roles and duties of members in relation to the governance, management and activities of the ARCS. To promote familiarity with the ARCS Statutes.

Activities to achieve objective 4:

- Present the new membership system developed in 2000 to all branches, by adding one day to the Self-Assessment and Planning Workshops, in order to clarify and discuss the roles and duties of the different types of members, to identify member recruitment techniques and possible target groups, and to explain the administration of member registration.
- In 2001 the branches will recruit at least 3,000 members and in 2002 another 3,000.
- Compile the reports of the branches on the registration of new members, and distribute new cards and registers when needed.
- Visit the branches on a quarterly basis (see Objective 2 activities) to follow-up all aspects of recruitment, registration, reporting and accounting of this process; encourage branches to move ahead with giving active members a room in the branch premises, and finding concrete responsibilities and tasks for them, but also giving them the possibility to participate in decision making on branch activities.
- Organize a two-day membership evaluation seminar at the end of 2001, the first year of the re-establishment of an ARCS membership system.

**Objective 5** To assist the ARCS to optimize its organizational setup, by improving its staff management systems and structures.

Activities to achieve objective 5:

- Together with the ARCS Cadre and Personnel Department, conduct a three-day Human Resource Management Workshop in the Headquarters in Kabul, with the participation of a representative sample of branch heads and administrators, with aim of (a) drawing up updated staff regulations, printing the regulations, and sending one copy to all ARCS staff members, (b) training staff in the principles of job descriptions and (c) training staff recruitment and staff management techniques.
- Assist the ARCS and its Cadre and Personnel Department to develop job descriptions for all staff of the ARCS, at headquarters as well as in the branches, and in particular for the core structure departments.
- Visit the branches on a quarterly basis (see Objective 2 activities) to explain and follow up with the branch administrators the implementation of the staff regulations and the use of staff management techniques.

**Objective 6** To increase the English language and computer skills of 80 ARCS staff in the ARCS headquarters.

Activities to achieve objective 6:

- Hold an annual computer course for 20 participants, with at least 50 per cent cost-recovery from the participants.
- Hold an annual English language course for 20 participants, with at least 50 per cent cost-recovery from the participants.

**Objective 7** To develop transparent and uniform financial management and accounting systems for headquarters and all ARCS branches and to improve the budgeting, accounting and financial reporting skills of the administrators in branches and headquarters.

Activities to achieve objective 7:

- Facilitate three meetings with key ARCS accountants in order to determine and develop a uniform and transparent internal accounting system.
- Organise five regional two-day financial management seminars for all the branch administrators, to introduce the new ARCS accounting system, and to improve their budgeting, accounting and financial reporting skills

- Visit all the branches on a bi-monthly basis, to review all the budgeting, accounting and (financial and activity) reporting requirements under the respective agreements, and provide further on the spot training
- Set up in the Central Region of Afghanistan a centralized financial management system, where funds for the branches will be transferred through the ARCS headquarters and financial reporting will also take place through the headquarters.

The ARCS will take charge of the ID/RD programme, and will be assisted by the International Federation. The ARCS president will have the overall responsibility for the programme, but will delegate day-to-day responsibility for programme implementation to the ARCS ID/RD unit, consisting of two ID/RD officers. The International Federation will provide one ID delegate, two ID field officers and one Finance Development Officer.

### **Expected results**

- The society's ID - RD unit will have further contributed to maintaining basic awareness about the fundamentals of the Movement by its participation as resource persons in training programmes organized by other programmes and its organisation of an annual National Society leadership Workshop.
- Regional and provincial pranches of ARCS will have analysed their strengths and weaknesses. Thirty branches will have made an annual branch development plan and reported against the plan. The 30 branches will be familiar with the four core areas of Strategy 2010.
- At least 46 successful (i.e. with a positive net earning capacity) revenue generation projects will be active: 10 projects already initiated in 2000, 16 new projects in 2001 and 20 new projects in 2002. The branches of the central region will have increased the number of RD strategies used to between three and five from the choice of seven (namely individual donors, business men and private companies, income generation projects, RC/ RC movement, NGOs and UN agencies).
- ARCS will have recruited up to 3,000 new members annually, and at least ten branches will have created a permanent role for members on their premises by the end of 2002.
- ARCS will have updated staff regulations and a job description for each employee detailing his responsibilities and rights.
- ARCS will have more than 80 staff knowledgeable in computer use and English.
- ARCS will have a new and uniform internal accounting system. All branches will apply the basic budgeting, accounting and reporting requirements under the programme agreements.

### **Indicators**

- The number of Red Crescent documents translated into the Afghan languages.
- The number of staff trained in the fundamental principles of the Movement.
- The number of branches having an annual development plan and reporting against it on a quarterly basis.
- The number of successful RD projects, how many of the seven RD strategies are utilised in branches and headquarters.
- The ratio of locally generated income at ARCS branches and headquarters against income from the Federation and the ICRC.
- The number of newly recruited members and the number of branches that give a place on their premises and responsibilities to their members.
- The existence of updated staff regulations and job descriptions for all ARCS staff.
- The number of ARCS staff knowledgeable in English and computer use.
- The existence of a uniform ARCS accounting system and the number of branches able to apply it; a centralised financial system in the Central Region.

### **Critical assumptions**

- The volatile war situation does not hamper the implementation of the programme or undo possible outcomes.
- Financial support is forthcoming, since the long-term financial sustainability of ARCS activities is likely to be achieved before peace has returned to the country and the economy has got back to normal.
- The long-term effects of the programme are not hindered by high turnover of trained staff.
-

**Monitoring and Evaluation arrangements**

Monitoring will be carried out through a review of the monthly and quarterly reporting against the mentioned objectives, plans of action and expected results, and by the use of the indicators listed. Reports include those from the branches and headquarters, from the ID/RD unit, from the Federation ID department and other departments, and from visiting donors. It will also take into account consultations with the ICRC and Federation delegates on perceived progress on the respective issues, a review of the financial statements of the ARCS at branch level and national level and monthly monitoring visits to branches and headquarters.

Evaluation will take the form of reports and feedback from delegates from the ICRC and Federation; one annual external programme evaluation, in the form of a mission, and donor reports.

[return to top](#)

## 2. Disaster Response

### Background and progress to date

Rainfall was well below normal in both 1998 and 1999. The situation was made worse by an unusually dry winter in 1999/2000. By mid-2000 insufficient precipitation had affected almost the whole of Afghanistan, creating the worst drought in 30 years.

Initially, the worst affected areas were the southern and southwestern regions (covering the provinces of Zabul, Kandahar, Uruzgan, Helmand, Nimroz and Farah) and remote provinces such as Ghor and the southern tips of Ghazni and Paktika. However, as summer progressed, the acute water shortage spread northwards, affecting nearly all of Afghanistan's provinces.

Rivers and springs, especially in southern and southwestern Afghanistan, have dried up, and water tables in wells and karezes have diminished. Rain was not expected before late 2000 or even early 2001.

The lack of water has had a negative impact on harvests (especially those produced from rain-fed lands), access to potable water for human consumption, sanitation, and pasture, fodder and water for animals.

The scope and impact of the drought varies with the geographical location of communities and their livestock. Communities residing originally in desert and semi-desert areas, mainly the Kochies (or nomads), were the first and worst affected. Their flocks have been reduced by 30 to 60 per cent since December 1999 and are no longer productive (neither breeding nor producing milk). Most of the affected nomads are no longer able to sustain themselves.

Communities living on higher altitude plateaus - generally stable agriculturalists - began moving in small numbers as from mid-2000, after their food production, access to drinking water and limited flocks had been severely compromised. There was a serious threat of larger scale displacements. The impact of the drought on city dwellers depends on their living conditions, income status and their access to safe water. Inevitably, water access will become more limited as more people congregate in urban areas, while in general unsafe drinking water has become a health threat as communities have to share resources with larger numbers of people, as well as animals.

Food shortages have increased. On 8 June 2000, the FAO/WFP forecast that the aggregated 2000 cereal output would be 44% lower than in 1999, requiring an unprecedented cereal import of 2.3 million tonnes.

In this context, the lack of available health and veterinary services or basic relief assistance, combined with a very poor infrastructural base, could generate a major tragedy if immediate and appropriate action is not taken.

Whatever the rainfall in the next rainy season, most of the drought related problems will continue until at least mid-2001. While access to water for agriculture, and animal and human consumption may improve, the health status of the population will not return to its normal pre-drought level until food security is re-established after the next harvest.

#### ***Red Cross/Red Crescent Approach during 2000***

In the specific context of Afghanistan, the Federation and the International Committee of the Red Cross (ICRC) closely coordinated their efforts to support the Afghan Red Crescent Society (ARCS) in its efforts to respond to the drought emergency. In late March 2000, the ARCS, the ICRC and the Federation established a Joint Commission to assess and monitor the situation and meanwhile develop an appropriate approach to the Red Cross Red Crescent Movement's intervention in Afghanistan.

The Movement's objectives and plan of action, developed at the end of May 2000, are based on a gradual but integrated approach. Activities have been designed to allow for a build-up phase with a possible replication in other areas if the drought spreads. They emphasize the importance of linking and integrating

preventive and curative community health care with efforts to rehabilitate and improve access to water resources for farming and livestock.

The ICRC, as the Movement's leading agency in Afghanistan, has assumed the responsibility for covering the logistical and financial requirements of the plan of action and, if deemed necessary, will consider an international appeal on behalf of the Movement.

After the establishment of the Joint Commission various drought assessment missions were carried out in April, followed by a comprehensive survey undertaken by the ARCS, in cooperation with the ICRC and Federation, in May.

A Joint Assessment Mission - consisting of National Society experts in general relief, agro-vetinary techniques, water and sanitation and health/nutrition - carried out a rapid survey at the end of May, as part of the Federation's drought response efforts in South Asia. Simultaneously, Federation/ARCS rapid assessments were carried out in Nimrooz and Farah provinces, while the ICRC undertook a comprehensive survey in Ghor province, completing the overall picture of the drought situation in the most affected regions. Specific assessments continued over the following months.

By the end of August 2000, the ARCS with support of the Federation and in close collaboration with the ICRC and with its logistical support, had provided the following assistance:

- 1,101 families (or 9,002 individuals) received end May/early June tents, blankets, cooking sets and jerrycans from stocks prepositioned under the ARCS' regular Disaster Preparedness Programme. This followed an earlier ARCS distribution of food to the same beneficiaries.
- Five out of 8 additional volunteer training teams were established in Zabul, Helmand, and Nimrooz by the end of August. These teams have recruited and trained 124 volunteers. They complement the 3 teams planned under the normal community based first aid programme, which have trained 457 volunteers up to end of August 2000.
- One of the 5 mobile health team had been established by early August and was working in 4 districts of Zabul province, one of the most affected areas. About 700-800 patients from approximately 150 to 160 villages received consultation of whom 600 were treated by end August. The second and third mobile teams were ready in September.
- Further joint ARCS/ICRC/Federation assessments are being conducted among drought related internally displaced persons in the western region prior to developing an assistance strategy.

ICRC support to the ARCS' efforts has included Food For Work projects, reinforcing food production and collecting and analysing data on drought.

In addition, as from June 2000, the ARCS started distribution of over 2,445 metric tons of various food items to the drought affected areas. These food items originate principally from the United Arab Emirates and the Iranian Red Crescent, while a small proportion has been funded from the ARCS's own resources in its branch in Herat.

#### ***Other NGOs/UN Action***

In early June 2000, the UN launched its appeal, "Strategy of the Assistance Community in Response to the Drought in Afghanistan", covering the period 1 June 2000 - 31 May 2001. It mainly aims at the provision of food security, potable water, protection of livelihoods and preventive health. The largest proportion of the appeal targets a country-wide free food distribution of 120,000 tonnes of wheat to roughly 1.5 million people. Other international agencies currently active include MSF, DACAAR, Islamic Relief Agency, OXFAM and Mercy Crop International, with whom cooperation and coordination efforts are maintained in order to avoid duplication and ensure complementarity. A survey of the activities and location of other organisations in response to the drought was conducted by the ICRC in August.

**Goal** The goal of the drought response programme is to continue to assist the ARCS and strengthen its ability to reduce the impact of the drought on vulnerable groups.

#### **Objectives and Activities planned**

The Federation's objectives cover its support to the ARCS as agreed in the Red Cross/Red Crescent Movement's joint plan of action. They apply only to the most drought affected southern and southwestern provinces: Zabul, Kandahar, Uruzgan, Helmand and Nimrooz.

**Objective 1** To further monitor the impact of the drought.

Activities to achieve objective 1:

- Recruit, train and equip 960 community based first aid volunteers in order to build a basic health surveillance system; maintain a minimum of five mobile health teams;
- Conduct nutritional surveys when and where appropriate;
- Collect additional data on water, food security and other organisations' activities.

**Objective 2** To provide preventive and curative community health care to vulnerable communities, and especially to women and children, in the drought stricken areas.

Activities to achieve objective 2:

- Maintain five mobile health teams which will provide basic curative care, health education and immunisation. (One team each for Zabul, Uruzgan, Kandahar, Helmand and Nimrooz provinces until at least the end of June 2001).
- Provide supplementary feeding to pregnant and lactating women and children under five when necessary.
- Continue bi-monthly training for the health staff in preventive and curative care and nutrition assessment and surveillance.
- Raise the awareness among the newly recruited community based first aid volunteers of specific drought related health concerns and specific preventive health practices.

**Objective 3** To provide access to safe water and sanitation facilities.

Activities to achieve objective 3:

- Evaluate water and sanitation needs and provide accordingly.
- Train ARCS staff in the construction of culturally acceptable latrines and wells.

**Objective 4** To set up stockpiles of emergency shelter materials in the event of drought related displacements.

Activities to achieve objective 4:

- Relocate sufficient stocks of shelter materials to high risk areas.
- Replenish stocks after distribution.

**Objective 5** To develop - and reorient if necessary - further assistance strategies or phase out the emergency response activities.

Activities to achieve objective 5:

- Coordinate intensively with other actors in the drought response efforts.
- Monitor the consequences of the drought (see also Objective 1).
- Integrate the volunteers in the regular CBFA programme by the end of June 2001.
- Maintain close links between the Drought Response Programme and the regular Federation supported programmes in Afghanistan.
- Phase out the mobile health teams and water and sanitation activities.

### **Expected results**

- 960 volunteers will have been trained and equipped and will be monitoring the consequences of the drought in a similar number of villages.
- 30,000 patients will have been assisted (20 days/month/team, 6 months, daily beneficiary contacts 50/team/day).
- 12,000 children under one year of age and women of child bearing age will have been immunised.
- Bimonthly random nutritional surveys will have been conducted.

- 24,000 pregnant and/or lactating women and children under five years old will have been assisted with supplementary feeding if necessary.
- 50 ARCS health personnel will have been trained in nutritional assessment and supplementary feeding programmes.
- Volunteers recruited for the programme and their communities will have greater awareness of specific drought related health concerns and specific preventive health practices.
- 50 wells and sanitation facilities will have been constructed (or deepened), either directly or through other specialised organisations, serving 12,500 individuals.
- ARCS staff will have improved skills in water and sanitation.
- 1,000 families (or an estimated 9,000 beneficiaries) will have been provided with shelter.
- Appropriate data will have been obtained in order to target assistance effectively.

### **Indicators**

- Number of patients treated and/or immunised through the mobile health teams.
- Number of volunteers trained and equipped with first aid bags and manuals.
- Number of follow-up meetings with volunteers and group leaders.
- Number of nutritional assessments.
- Number of beneficiaries assisted with supplementary feeding (if necessary).
- Number of wells or sanitation facilities constructed or rehabilitated.
- Number of beneficiaries assisted with non-food items.
- Number of health and other staff trained.

### **Critical Assumptions**

- Sufficient precipitation during the next rainy season.
- Availability of sufficient health staff, female and male, national and expatriate.
- Sufficient allocation by the ARCS of managerial and supervisory personnel.
- The objectives and plan of action for 2000 are achieved.
- Security constraints in certain areas do not increase.
- Sufficient delegates are made available.

### **Monitoring and Evaluation arrangements**

Monitoring of this programme will be carried out in the following ways:

- Reviewing monthly and quarterly progress reports provided by the different departments/individuals involved in the programme.
- Through consultation with other actors, in particular the ICRC, and through data gathered from them regarding perceived progress towards the different objectives and expected results.
- By reviewing monthly financial reports for the programme, at ARCS and Federation level.
- By continuous monitoring visits to the affected areas, the mobile health teams and the sites of water and sanitation activities.
- By monitoring the impact of possible supplementary feeding on the nutritional status of the communities served.

[return to top](#)

## 3. Disaster Preparedness

### Background and progress to date

In the last two years, ARCS has responded to the Maidan/Wardak earthquake in the central region, floods in Helmand and drought in the Southern Region from the disaster preparedness (DP) stocks pre-positioned at the regional level. During these operations, the Community Based Disaster Preparedness (CBDP) staff were able to use their knowledge and experience in disaster response. Furthermore, 489 staff/volunteers received DP training at various workshops and meetings held at regional and provincial levels. Eight DP staff members from ARCS/Federation were sent to Pakistan to take part in CBDP training courses organized by the Pakistan Red Crescent Society in cooperation with the Federation regional delegation.

A review of the CBDP programme carried out in November 1999 identified weaknesses that included the lack of a DP plan and a training manual. Following this review, it was decided that CBDP would be treated as a goal, rather than a specific activity. Thus, the DP programme in the years 2001/02 will focus primarily on strengthening the capacity of the DP staff, developing a DP plan (at national and regional levels), the organization and training of relevant ARCS staff and volunteers in relation to the DP plan, the strengthening of links between the ARCS headquarters and branches and establishing DP stock for 15,000 families.

**Goal** The goal of the disaster preparedness programme is to improve the efficiency and effectiveness of the ARCS disaster preparedness and response system and to reduce the impact of natural disasters on communities and their subsequent dependency on humanitarian aid.

The ARCS will have the overall responsibility for the implementation of the programme. The Federation through its delegates and national staff will assist ARCS by providing technical and material support.

### Objectives and Activities planned

**Objective 1** To strengthen the managerial, administrative and human resource capacity of ARCS disaster preparedness structures at headquarters and regional levels.

Activities to achieve objective 1:

- Every third month conduct a three-day coordination and training session for the DP staff to facilitate the exchange of experiences and skills.
- Twice a year, organize and carry out five-day workshops on DP concepts and practice, VCA and the SPHERE Project, for 500 ARCS staff and volunteers in each region.
- Provide all DP regional offices and the headquarters with administrative kits, identifying bibs and other dissemination materials.
- Organize field visits for supervision, monitoring and support purposes once every two months to each region.

**Objective 2** To develop a disaster preparedness plan and an efficient response capacity.

Activities to achieve objective 2:

- Draw lessons from the "Drought Task Force" (composed of the three components of the Movement); explore ways of expanding it by including other departments as appropriate and transforming it into a DP/DR task force or commission. (by the first half of 2001).
- Develop guidelines on tasks, responsibilities and roles of ARCS staff and volunteers in the National Society's DP plan. (By the end of 2001).
- Facilitate one workshop in each region on the DP Plan and task forces and explore ways of forming DP/DR task forces at regional and branch levels (last quarter of 2001- early 2002).
- In order to optimize the efficient use of the Movement's resources, consult and closely collaborate with ICRC and replenish nonfood stocks in Kabul, Kandahar, Mazar and Herat for a target number of 15,000

families, as part of the DP plan. All items will adhere to SPHERE standards (all stocks to be replenished by mid 2001 and immediately after responding to disasters).

- As part of the DP plan, establish, train and equip two rescue teams in each region, comprising of about 15 volunteers each, that can be mobilized in time of disasters (ongoing during year 2001-2002).
- Establish and strengthen the links between ARCS branches in the most vulnerable provinces, such as Kunar, Uruzgan, Ghor, Paktia and Faryab, and ARCS regional offices and the HQ by installing HF radio communications. (When the situation in the country permits, HF radios can be installed gradually in all vulnerable provinces; by the end of 2002).
- Assess the storage capacities of ARCS and gradually transfer the responsibilities of DP stocks storage to ARCS (start with one region in 2001 and gradually extend to all regions in 2002 after the initial evaluation).

**Objective 3** To raise awareness of the issue of sustainability within ARCS and work with the community to develop and mobilize local resources for disaster preparedness and the disaster plan.

Activities to achieve objective 3:

- Research and document traditional capacities and systems of disaster preparedness and response, to enable the ARCS to mobilize local resources and reduce external dependency.
- Work closely with CBFA/Youth and ARCS clinic staff to include DP topics in their training, in the follow-up of volunteers and in health education in the communities and clinics.

### **Expected results**

- All DP supervisors will have the knowledge, skills and support to do their job efficiently. About 500 ARCS regional and branch staff will be familiar with the role of ARCS in disasters and the SPHERE Project Standards. All DP offices will have the necessary kits and bibles and produce appropriate dissemination materials.
- A National Society DP plan will have been developed with clear guidelines on the tasks, responsibilities and roles of ARCS staff and volunteers; on procedures, tasks and responsibilities of each component of the Movement; and the rules of conduct that govern relationships with the National Disaster Preparedness Office and other players in the field.
- DP stocks will be replenished.
- ARCS branches' links and relationships with ARCS headquarters will have been strengthened and the communications capacity of at least five branches improved.
- ARCS will gradually assume responsibility for stock storage.
- At least 25 per cent of ARCS regional and branch staff will have familiarized themselves with the community's coping mechanisms and practices during disasters.
- Links will have been established with appropriate ARCS departments, volunteers, communities and villages and those attending ARCS clinics, resulting in a greater awareness of ARCS DP activities and their roles.

### **Indicators**

- The number of meetings, training and workshops held per year at national and regional levels and the number of ARCS staff and volunteers familiar with the society's DP plan and SPHERE standards.
- The number of well functioning DP offices; the number of appropriate bibles and dissemination materials produced and utilized.
- A DP plan developed and adequate, appropriate DP stocks pre-positioned in four regions.
- Number of rescue teams established, trained and equipped and the number of storage points taken over and well managed by ARCS.
- ARCS willingness and ability to address its total dependency on external resources and to draw lessons from Afghans' coping mechanisms.
- The number of sessions held with volunteers, clinic clients and the community at large and their awareness levels.

### **Critical assumptions**

- The volatile security situation will not hinder the proper implementation of the programme.
- Commitment in the ARCS leadership and a reduction in the high turnover of staff.

- The coping mechanism of the population is not undermined by excessive amounts of aid to the country and to ARCS from uncritical donors, within and outside the Movement: this would increase their dependency on external aid while sapping ARCS motivation to consolidate the communities' coping mechanisms and mobilize local resources.
- There will be a clear understanding of the programme agreement between ARCS and the International Federation and compliance with it.

### **Monitoring and Evaluation arrangements**

Monitoring will be done by Federation delegates and DP staff and the ARCS DP headquarters team on joint periodic visits to the regions and branches, and by Federation field delegates and staff in the regions who supervise and monitor DP activities and developments. Supervisors' quarterly meetings and monthly reports will also be used as monitoring tools.

The evaluation of the programme will be based on field reports of DP headquarters staff and feedback from delegates and field staff. Twice a year a SWOT analysis will be conducted at regional and national levels. A yearly internal evaluation will be undertaken and an external evaluation by supporting societies and other partners will be done by the end of the second year.

[return to top](#)

## 4. Health and Care

### Background and progress to date

According to the World Health Report 1999, the infant mortality rate in Afghanistan in 1998 was 152 per 1,000 and the maternal mortality rate was 170 per 10,000 live births, one of the highest in the world. Only an estimated six per cent of deliveries are attended by trained staff. Growth stunting due to malnutrition is 54 per cent for males and 49 per cent for females. Infectious diseases (ARI, acute diarrhoea) are on the increase, and malaria and tuberculosis continue to be a major cause of morbidity, mortality and disability. Life expectancy at birth in 1998 was 45 years for males, and 46 for females.

Most of these extremely bad health indicators are the result of an absence of public health services in the rural areas, where 75 per cent of the population lives. Most health facilities are concentrated in the cities and serve a small fraction of the population. These services are mostly clinically oriented and curative based. In recent years the quality of services declined, because of a lack of qualified staff, low motivation and few resources.

The Ministry of Public Health (MoPH) runs hospitals throughout the country, with assistance from WHO/UNICEF and other international organizations such as ICRC and MSF. The MoPH and a few NGOs, such as the Swedish Committee, MSF, Health Net International, DACAR and Ibsina support some clinics, some of them with a mother and child health (MCH) component.

In these difficult circumstances, the Afghan Red Crescent Society (ARCS) is the only indigenous, nationwide humanitarian organization able to work with all ethnic groups and to reach women through its services. In order to carry out its main priority, 'to improve the overall health of people lacking access to health care, with a special emphasis on services for women and children, and reaching those living in remote villages and poor urban areas' (Country Assistance Strategy 2000 - 2001), ARCS implements an Integrated Primary Health Care Programme with a three-pronged approach, consisting of a Basic Health Care component (Clinic Support), a Mother and Child Health Care (MCH) component and a Community Based First Aid/Youth component.

With the support of the International Federation, the ARCS has been implementing the Basic Health Care component since 1992, through a growing countrywide network of clinics. Today, it operates 48 clinics, spread over the entire country, providing preventive and curative health care, such as primary care services, basic laboratory services, health education, vaccinations, epidemiological data collection, and minor surgery in remote areas. In 1999 the programme reached approximately 2,000,000 beneficiaries.

More recently, in order to address the precarious health situation of mothers and children in the rural areas, the ARCS, with the support of the Federation and UNFPA, began developing and strengthening its MCH component through the training of traditional birth attendants, provision of ante natal and postnatal care, and immunization and growth monitoring in a growing number of its clinics. At the end of 2000, the MCH component had been enhanced in seven clinics.

With the start of the Community Based First Aid component in June 1997, ARCS introduced the community component into its first aid training, and established a network of first aid volunteers: by the end of the year 2000 around 5,900 volunteers had been trained and were covering 5,923 villages and some parts of Kabul city. The volunteers have been providing first aid, health education and community services, and have been liaising between communities, ARCS and governmental and non-governmental organizations. The Youth aspect of the CBFA/Youth Component has given first aid training to 234 teachers from 114 schools and to 2,043 youth volunteers.

The Health Review that took place in March 1999 confirmed that the clinics play an essential role in providing primary health care to the needy in Afghanistan and that the motivation of staff is high. Following its recommendations, the salary structure of ARCS clinic staff was revised upwards and clinics are being

opened in Kandahar and Urozgan. A training curriculum to increase the clinical knowledge and management skills of clinic staff is being designed. The new agreements that were introduced in March 2000 provide better conditions for programme ownership and management by ARCS. A start has been made on exploring cost-sharing mechanisms, but this has not been put in practice, nor has the recommended increased community participation, although discussions with ARCS are continuing.

A review of the CBFA component in November 1999 reported that the programme was proceeding very well, mainly due to the energy, commitment and drive of CBFA staff and trainers. However, it pointed out that an upcoming challenge would be the involvement of women in CBFA training.

In the health field the ARCS receives modest but regular assistance from the German Peace Villages and the Jacob Well Foundation, through the donation of medicines. Health Net International has been providing training for laboratory technicians at ARCS clinics, and works with the Society to sell mosquito nets.

**Goal** The goal of the health and care in the community programme is to strengthen the capacity of ARCS and to provide primary health care services that put special emphasis on decreasing the morbidity and mortality rates among women and children and reaching the rural areas.

## **Objectives and Activities planned**

The health and care in the community programme consists of three components, with the following objectives. (Detailed project information on each component is available on request.).

### ***The Basic Health Care (Clinic Support) component***

**Objective 1** To prevent outbreaks of communicable and preventable diseases through preventive health care services such as vaccination, health education and the routine collection of epidemiological data.

Activities to achieve objective 1:

- Organize health education in all 48 clinics, in group and individual sessions, on common health problems, hygiene, sanitation and immunization, for an estimated 500,000 to 700,000 people annually.
- Vaccination (see details of immunization under MCH).
- Collection and analysis of epidemiological data (utilizing HIS) for internal and external feedback and reporting.

**Objective 2** To reduce morbidity and mortality in the community by the provision of curative services such as case management on an outpatient basis, early diagnosis and early treatment, basic laboratory services and distribution of medicines.

Activities to achieve objective 2:

- Treat 650,000 patients annually on an outpatient basis in ARCS clinics; referral of complicated cases to the nearest hospital.
- Supply essential medicines and medical items to the clinics on a monthly basis and ensure adequate medical stock management.
- Establish laboratory services in five ARCS clinics in areas where such services do not exist.
- Provide preventive and curative health services during disasters as needed.

**Objective 3** To maintain and strengthen ARCS primary health care capacity and to reinforce its programme management skills.

Activities to achieve objective 3:

- Sustain, review and strengthen the network and staffing of the 48 ARCS clinics in all the regions of Afghanistan
  - by supporting the necessary number of staff in all the clinics and ARCS HQ.
  - by providing the necessary running costs for the clinics.
  - by closing or reallocating a few clinics to avoid duplication of services.

- by renovating existing clinics and by repairing and replenishing furniture and equipment (including medical equipment).
- Maintain and reinforce the management capacity of the ARCS health department:
  - by developing job descriptions and monthly report formats for all ARCS health department staff in HQ and regions.
  - by creating training opportunities for all ARCS clinic staff to enable them to acquire health management skills.
  - by conducting a quarterly co-ordination meeting between ARCS and Federation health staff.
- Initiate local resource development to decrease dependency on external resources
  - by introducing Community Cost Sharing Schemes in at least one ARCS clinic per region as a pilot scheme, and expand, based on experience.

**Objective 4** To increase the quality of services through advanced training of health staff.

Activities to achieve objective 4:

- Conduct training, seminars and lectures for 350 technical staff of ARCS Health Department at different levels (HQ, regions, clinics) per region, quarterly.
- Distribute guidelines, such as the Integrated Management of Childhood Diseases, Rational Use of Medicine and MCH Guidelines, plus medical text books on preventive and curative health and extracts of international publications on emerging health issues.

### ***The MCH component***

**Objective 5** To gradually develop and strengthen the maternal and child health component in the ARCS clinic network, with special emphasis on disease prevention, health promotion, birth spacing and the promotion of reproductive health.

Activities to achieve objective 5:

- Train 12 midwives annually as traditional birth attendant (TBA) trainers and supervisors.
- Train and equip 160 community based TBAs annually.
- Provide ante-natal and post-natal care to over 30,000 mothers and newborns through TBA home visits, including health education.
- Develop and strengthen further MCH activity in all ARCS clinics through female technical staff..
- Immunize 75,000 children under one year of age with six vaccines and 35,000 women of reproductive age (between 15 and 45 years) against tetanus.
- Provide a growth monitoring service for 25,000 children under five by using the Road to Health Chart.
- Provide the opportunity for CBFA training for women where possible and strengthen the link with CBFA volunteers in the field by integrating CBFA and TBA activities at clinic and community levels.

### ***The Community Based First Aid/Youth component.***

**Objective 6** To expand the network of trained, equipped and motivated volunteers in about 8,000 villages in Afghanistan and to assist them to carry out community and referral services.

Activities to achieve objective 6:

- Recruit, train and equip on an annual basis 2,500 volunteers covering 2,500 villages or city neighbourhoods:
  - by recruiting appropriate volunteers through the assistance of village shuras, conducting 10 training courses per year per team (16 teams) and equipping volunteers with first aid kits.
- Maintain, monitor and motivate volunteers (over 5,900 by the end of 2000, then an additional 250 per month) and strengthen their structure:
  - by conducting monthly meetings with group and district leaders (six meetings a year per trainer) and quarterly meetings with volunteer groups.
- by conducting two leadership workshops per year per region for group and district leaders and organizing competitions on various health and Movement topics, twice a year at provincial and regional level, and once at national level.
- Assist volunteers to plan and carry out activities in villages and town neighbourhoods, such as:

- organizing health education in village mosques and communities on topics such as sanitation, immunization, use of ORS and mine awareness campaign once a year per village.
- organizing referrals to the nearest clinics or hospitals.
- each male volunteer to recruit and train at least one female and one male volunteer from his family or village.
- Increase the understanding of ARCS branches and departments about the volunteers' work and the role of CBFA in the sustainable development of the National Society and strengthen the links of CBFA with branches and other departments:
- by organizing regional workshops for branches and departments twice a year (total of 10 workshops annually) and encouraging ARCS branch and department staff to participate in ongoing CBFA courses in their areas.
- by holding planning and information sharing meetings with Health, Youth and Volunteers, DPP, Dissemination and other relevant departments twice a year.
- Explore cost sharing mechanisms and resource mobilization strategies for the future sustainability of the programme:
  - by introducing self-sustainability topics and examples of self-sustainable projects in all training and workshops, and by establishing groups in each region to study ways of mobilizing local resources to cover some of the material and financial needs of the programme.

**Objective 7** To expand the number of trained and equipped teacher volunteers and school youth.

Activities to achieve objective 7:

- Recruit, train and equip 160 teacher volunteers from 80 schools annually in order to recruit 1,600 school children to join ARCS youth each year:
  - by disseminating the Movement's principles in schools.
  - by organizing the recruitment and training of 1,600 youth in 80 schools and equipping the schools with first aid materials for first aid and health education training and activities.
- Maintain, monitor and motivate teacher volunteers and school youth (about 254 teachers and 2,034 youth by the end of 2000, growing by 160 teachers and 1,600 youth per year):
  - by conducting meetings with teacher volunteers once a month and visiting schools at least once a month to observe and supervise teachers' activities
  - by refilling first aid kits.
  - by organizing a competition on first aid and sports among schools twice a year and motivating headmasters to support youth volunteers' activities.
  - by supporting ARCS youth sport activities.

The ARCS will take charge of the Integrated Primary Health Care Programme, and will be assisted by the International Federation. The ARCS president will have the overall responsibility for the programme, but will delegate day-to-day responsibility for programme implementation to the ARCS Health Department. ARCS will mobilise the necessary competent staff and volunteers. The International Federation will provide one Health Coordinator, one MCH delegate and one CBFA delegate, as well as the necessary national staff.

## **Expected results**

### **Basic Health Care component:**

- Each ARCS clinic will provide health care services for 13,500 beneficiaries annually.
- There will be 13 laboratories in 2001.
- Sufficient essential medicines will be available at all times in all clinics and there will be a timely supply of medicines.
- HIS will provide useful information not only for the health services but also for epidemiological and demographic data on Afghanistan, which is not available due to the conflict.
- Beneficiaries will be more aware of health promotion behaviour as the result of clinic health education.
- The health programme will have greater management capacity.
- The quality of the services provided will have improved.

### **MCH component:**

- The MCH component will have been developed and strengthened in at least 24 of the 48 clinics by the end of 2001 and the rest of clinics by the end of 2002, and all will be equipped appropriately.
- More emphasis will have been put on preventive care in all clinics.
- At the end of each year 12 midwives will have been trained as TBA trainers.
- At the end of each year 160 TBAs will have been trained and equipped.
- At the end of each year, in each clinic, 800 women in the reproductive age group (between 15 and 45 years) will have been immunized with a minimum of two rounds of tetanus vaccine.
- The Road to Health Chart will have been introduced and will be used by all clinics to measure the weight of all children under five years of age.
- At the end of each year, in each clinic, 1,600 children under 1 year of age will have been immunized with BCG, measles, and at least two rounds of polio and DPT vaccines and provided Vitamin A capsules.
- Attendance for MCH services will have increased by 10 per cent per year.
- The number of women assisted by trained TBAs will have increased by 2,000 per year.
- CBFA will have been better integrated into the PHC/MCH clinic activities.

#### **CBFA/Youth component:**

- At the end of each year 2,500 new villages or town neighbourhoods will have at least one trained and equipped volunteer.
- Volunteer groups and district leaders will have acquired the necessary experience, skill and knowledge to lead, motivate and maintain volunteers. Volunteers will support needy people, and refresh, reinforce and upgrade their knowledge and skills.
- Volunteers will plan and carry out activities, such as first aid, health education, and mine-awareness that will result in better hygiene and sanitary practices, more immunization and the ability to make oral rehydration salts.. The network of volunteers will also have been expanded and strengthened.
- ARCS branches and other department staff will be more aware of CBFA`s aims and objectives, demonstrate ownership of the programme and give support to the programme and its volunteers.
- Working groups will generate ideas on the mobilization and use of local resources. Volunteers will be more aware of the harm of aid dependency, change their attitude and use local resources.
- Each year ARCS youth membership will grow by 1,600, and ARCS will be visible in the schools.
- Teachers and youth volunteers will be able to maintain their motivation and activities and refresh and strengthen their knowledge and skills.
- The principals and headmasters of the schools where the youth programme is active will have become more aware of ARCS and its humanitarian mission, and will cooperate with the youth volunteers in their schools to join ARCS youth and volunteers department.
- ARCS youth members will be more aware of their roles and responsibilities in the Society.
- Sports activities will contribute to the physical and mental well-being of young people and foster better understanding among them.

#### **Indicators**

##### **Basic Health Care component:**

- The number of patients treated.
- The number of laboratory facilities installed.
- The timely delivery of medical kits to all the clinics.
- The proper use of data collection (HIS).
- Increased management skills.
- The quality of services provided.

##### **MCH component:**

- The number of midwives and TBAs trained.
- The number of clinics equipped and strengthened to carry out MCH activities.
- The number of children and women immunized.
- The number of clinics using the Road to Health Chart appropriately.
- The number of women requesting birth spacing services.
- The number of pregnancies attended by trained TBAs, number of home visits, number of referrals of obstetric cases.

- The number of women having received DP/CBFA training.

### **CBFA/Youth component:**

- The number of volunteers recruited and trained.
- The number of meetings held with group and district leaders and with volunteer groups.
- The group and district volunteer leaders take responsibility in maintaining, supporting and motivating volunteers.
- The number of volunteers having built latrines, and washing their hands after using the toilet and before meals.
- The number of volunteers having had children and wives of child bearing age in their family immunized.
- the number of volunteers that recruited and trained at least 1 male and 1 female volunteer in their village.
- The number of villages having at least 10 families able to prepare oral dehydration fluids.
- The number of ARCS branches and departments having a better awareness of the volunteers role and activities.
- A yearly decrease in demands to refill the first aid materials.
- The number of schools having an ARCS corner with 2 trained teachers and 20 youth volunteers.
- The number of school supervisory meetings attended by at least 60 per cent of the teachers.
- The percentage of youth volunteers stating correctly the principles of the Movement and describing the three components of the Movement.
- The number of school principals supporting youth activities in their schools.
- The positive attitude among the youth.

### **Critical assumptions**

- The volatile war situation does not hamper the implementation of the programme or undo possible outcomes.
- Since the long-term financial sustainability of ARCS activities is not likely to be achieved before peace has returned to the country and normal economical activities have resumed. adequate funding is essential to avoid failure. The achievement of objectives may be hampered by slow or inadequate funding, which can cause inertia, demotivation and demoralization, as can the failure to recruit a required delegate.
- The quality and sustainability of the programmes is not diminished by a high turnover of trained staff in ARCS. The programme is not deprived of skilled individuals because of political and family considerations in appointing personnel.
- Voluntary service is not made unattractive by a lack of role models in ARCS infused with the spirit of the Movement.

### **Monitoring and Evaluation arrangements**

#### **Monitoring:**

#### ***Basic Health Care component:***

- Analysis of monthly reports and data from HIS.
- Joint monthly visits to all clinics by ARCS and Federation health officers and delegates.
- Four joint field visits a year by ARCS Head of Health Department and the Federation Health Co-ordinator and Deputy Health Co-ordinator to monitor and evaluate the programme, and specifically to measure its strengths/successes and weaknesses/failures.
- Monthly management meetings between ARCS Head of Health Department and the Federation Health Co-ordinator or Deputy Health Co-ordinator, to improve the quality of services and necessary feedback.
- Monthly monitoring of the medical stocks by the Federation Health Department.
- Occasional donor visits.

#### ***MCH component (besides the above):***

- Monthly pictorial report from TBAs, which will be compiled by the midwife trainer as an important reflection of the mother and child health situation in the villages.
- Monthly and quarterly report from the MCH delegate, which will keep the Secretariat in Geneva and the donors informed about the progress of the programme.

### ***CBFA/Youth component***

- Volunteer group leaders conduct regular visits and meetings with volunteers in their groups.
- Trainers hold monthly educational and supervisory meetings with groups, district leaders and teachers, bimonthly meetings with volunteers at group level and monthly reports.
- Regional supervisors visit villages, school training sessions, volunteers meetings, monthly and quarterly reports.
- Trainers and supervisors have quarterly meetings with HQ and Federation team.
- ARCS programme managers, Federation delegate and field officers visit the regions.
- Delegates' monthly and progress reports.
- Occasional visits by participating societies.
- Internal evaluation by ARCS and Federation staff and external evaluation by participating societies and consultants every two years.

### **Evaluation**

Evaluation will be organized internally through an annual examination of process, impact and outcome of the projects against the set objectives, and through an external review by donors, participating societies and consultants.

## 5. Coordination and Management

### Background and progress to date

The support of the International Federation and the ICRC enabled ARCS to maintain and strengthen its activities despite the socioeconomic deterioration and changing political and military situation. However, frequent changes in the ARCS management are occurring regularly at all levels, resulting in a loss of institutional memory, of knowledge about Red Cross/Red Crescent basics, and of good practices concerning governance and management. The 21 years of war dried up the ARCS's resources and put a serious strain on its financial management systems. The frequent changes in the leadership also put a heavy strain on working relations with the ICRC and the International Federation and on the counterpart method for the transfer of skills and knowledge. As a result, ARCS and its programmes increasingly relied on the extensive support from the International Federation and the ICRC, including for financial skills and governance issues.

**Goal** To ensure efficient and effective resource support and technical support for the sustainable development of the ARCS.

### Objectives and Activities planned

**Objective 1** To coordinate and support the Federation Delegation's delegates and national staff in their endeavours to assist the ARCS in accordance with the Strategy 2010.

Activities to achieve objective 1:

- Organize bimonthly meetings with all delegates and national staff to facilitate the exchange of experiences and expertise and to foster better understanding between different levels of the delegation.
- Conduct field visits to the regions (where sub-delegations are based) at least once every fourth month.
- Organize working groups within the delegation and the ARCS to evaluate programme progress.

**Objective 2** To maintain good working relationships with the ARCS and ICRC and build good relationships with international and national non-governmental organizations and donor governments.

Activities to achieve objective 2:

- Facilitate and participate actively in coordination meetings with both the ARCS and the ICRC.
- Organize joint workshops and other activities bringing together the three components of the Movement.
- Participate actively in all coordination meetings of international and national humanitarian organizations.
- Prepare and send regular situation reports.
- Visit embassies of donor governments at least twice a year and regularly provide them with the Delegation's situation reports.

**Objective 3** To ensure and coordinate the delegation's financial management and the provision of timely financial and other reports.

Activities to achieve objective 3:

- Provide regular financial and technical advice to all programme departments and field officers.
- Process daily all financial transactions of working advance holders, field officers, petty cash and banks.
- Provide the Secretariat with monthly (when possible weekly) records of all financial transactions.
- Send a monthly financial report and cash requests from the programme departments, using the required cash forecast and budgets and budget analysis.
- Provide monthly all programme related financial transactions to all programme departments.
- Follow up regularly donor financial reporting requirements and respond accordingly.

**Objective 4** To provide logistical support, in the form of transport and material resources, to the Federation supported ARCS programmes.

Activities to achieve objective 4:

- Procure supplies for Federation supported ARCS programmes as per Federation standard procurement standards.
- Store relief items and other products in accordance with Federation standards.
- Submit monthly store and TMS reports.
- Maintain the Federation vehicle fleet.

### **Expected results**

- There will be a high morale and good team spirit in the delegation, leading to effective support to the National Society and better service to the most vulnerable.
- A environment will have been created that is conducive to better cooperation and trust amongst the three components of the Movement, to coordination with international and national non-governmental organizations, and to better understanding of Federation supported activities among donors.
- There will be progress in the financial area comprising: improved cash flow management, accurate financial reporting, updated knowledge of financial status per programme, up to date and regular financial donor reports and transparent accounts.
- Procurement will be effective and efficient, with appropriate costs and quality.

### **Indicators**

- The number of meetings held in the delegation, number of field visits done by the head of delegation, the finance delegate and logistics delegates and national staff, and the quality and achievements of working groups.
- The number of joint workshops and meetings held among the management of the three components of the Movement. The number of situation reports prepared and sent and the number of visits to embassies and other donor organizations.
- The amount and quality of financial and technical support and advice the programmes receive. The number of transactions processed and sent to the Secretariat and the number of financial reports provided to programmes and donors.
- The increasing participation of the National Society in programming and planning.
- Positive feedback from stakeholders on the Federation's ability to assist the ARCS to develop the its capacity to plan and implement the reforms necessary to develop into a well functioning National Society.

### **Critical assumptions**

- The unstable political situation in Afghanistan does not deteriorate further, leading to new humanitarian disasters. However, the volatile war situation may hamper the implementation of the programme or undo possible outcomes.
- The long-term financial sustainability of ARCS activities is unlikely to be achieved before peace has returned to the country and normal economic activities have resumed.
- The long-term effects of the presence of the delegation are not minimised, as recently, by a high turnover of trained staff.

### **Monitoring and Evaluation arrangements**

The monitoring of this programme will be carried out through regular assessments done by the head of delegation, technical delegates and the finance delegate, as well as through feedback from the ID consultant and selected Federation experts.

Evaluation will be undertaken jointly by Federation regional delegates, country-based technical delegates, National Societies, Federation Secretariat technical services, participating National Society representatives and other supporting agencies, as applicable.

[return to top](#)

<b>DELEGATION: AFGHANISTAN</b>						
<b>PROGRAMME</b>	<b>Disaster response</b>	<b>DP</b>	<b>Health &amp; services</b>	<b>IDRD</b>	<b>Coord. &amp; mgt</b>	<b>TOTAL</b>
Shelter & construction	49,185	353,183	95,700	0	0	<b>498,068</b>
Clothing & textiles	16,400	341,145	0	0	0	<b>357,545</b>
Food & seeds	0	0	0	0	0	<b>0</b>
Water	106,369	0	0	0	0	<b>106,369</b>
Medical & first aid	117,521	10,000	1,081,605	0	0	<b>1,209,126</b>
Teaching materials	3,884	590	55,856	0	0	<b>60,331</b>
Utensils & tools	18,040	54,938	0	28,199	0	<b>101,178</b>
Other relief supplies	10,883	0	140,029	0	0	<b>150,912</b>
<b>Sub total supplies</b>	<b>322,282</b>	<b>759,856</b>	<b>1,373,190</b>	<b>28,199</b>	<b>0</b>	<b>2,483,527</b>
Land & Buildings	0	0	0	0	0	<b>0</b>
Vehicles	2,304	1,230	58,198	0	0	<b>61,732</b>
Computers & telecom	6,250	44,474	76,579	0	6,400	<b>133,702</b>
Medical equipment	0	0	18,000	0	0	<b>18,000</b>
Other capital expenses	5,738	0	21,100	0	492	<b>27,330</b>
<b>Sub total capital</b>	<b>14,292</b>	<b>45,703</b>	<b>173,877</b>	<b>0</b>	<b>6,892</b>	<b>240,764</b>
Programme management	58,054	101,416	328,542	19,389	19,883	<b>527,284</b>
Technical services	17,378	30,359	98,348	5,804	5,952	<b>157,841</b>
Professional services	19,272	33,667	109,067	6,437	6,601	<b>175,045</b>
<b>Sub total programme support</b>	<b>94,705</b>	<b>165,442</b>	<b>535,958</b>	<b>31,629</b>	<b>32,436</b>	<b>860,170</b>
<b>Transport &amp; storage</b>	<b>82,886</b>	<b>167,422</b>	<b>414,116</b>	<b>17,974</b>	<b>16,597</b>	<b>698,995</b>
Personnel (delegates & expatriates)	162,372	134,784	486,815	104,078	159,600	<b>1,047,649</b>
Personnel (local staff)	102,798	137,896	1,334,992	53,079	38,529	<b>1,667,293</b>
<b>Sub total personnel</b>	<b>265,170</b>	<b>272,679</b>	<b>1,821,807</b>	<b>157,157</b>	<b>198,129</b>	<b>2,714,942</b>
Travel & related expenses	16,500	13,733	91,129	9,175	17,311	<b>147,848</b>
Information expenses	11,741	14,954	49,896	4,951	3,443	<b>84,986</b>
Expert fees	0	0	0	0	0	<b>0</b>
Admin. - general expenses	26,575	39,237	209,492	17,897	20,067	<b>313,269</b>
Training workshops / seminars	26,800	24,991	202,877	20,555	0	<b>275,223</b>
<b>Sub total travel, training, general exp.</b>	<b>81,616</b>	<b>92,915</b>	<b>553,394</b>	<b>52,579</b>	<b>40,821</b>	<b>821,325</b>
<b>Total budget</b>	<b>860,951</b>	<b>1,504,017</b>	<b>4,872,342</b>	<b>287,538</b>	<b>294,875</b>	<b>7,819,724</b>