

Revised Plan 2011



Afghanistan

Executive summary

Afghanistan has experienced three decades of internal conflict which is still on-going in several parts of the country and has seriously affected its socio-economical infrastructure, causing wide scale displacement of people both within and outside the country accompanied by widespread poverty. The cumulative impacts of the conflict and its aftermath have deprived many people access to basic facilities like water, electricity and basic health care. Besides the effects of these man-made disasters, the frequent occurrence of natural disasters which in most cases leads to loss of life and damage to infrastructure thus doubles the challenges for the people in Afghanistan. Discrimination among different ethnic groups and a number of gender-related issues are other consequences of the ongoing conflict in the country.



The Afghan Red Crescent Society staff and volunteers distributed relief items to the earthquake affected people in remote areas of Samangan province, north-central Afghanistan. Photo: IFRC

In this unstable situation, the Afghan Red Crescent Society (ARCS), the only indigenous, nationwide humanitarian organization in Afghanistan since its establishment in 1934, has provided assistance to the most vulnerable communities, through its 34 branches spread across all provinces of the country, and its active volunteers and members. However, the ARCS, which was quite self-sufficient earlier, also suffered severe damage to its socio-economic and functional infrastructure as a result of many years of conflict and political upheaval. The current socio-political change process and the move towards the restoration of peace in the country have had a positive effect on the national society.

It is in this context that the ARCS revised programme support plan for 2011 was developed to provide need-based services to the most vulnerable communities in the country. The four programmes of disaster management (DM), health and care, organizational development and principles and values are aligned with the three strategic aims of Strategy 2020, which will be implemented in close collaboration with key government ministries, concerned UN agencies, and partners within the Red Cross Red Crescent Movement.

The ARCS strategic disaster management plan is linked with the government national disaster management plan (NDMP) and Strategy 2020 aim one (save lives, protect livelihoods, and strengthen recovery from disasters and crises).

The programme will be implemented in line with the International Federation of Red Cross and Red Crescent Societies (IFRC)'s Strategy 2020 on disaster risk reduction and commitment to the priorities outlined in the Hyogo Framework for Action, the Regional 'Building Safer Communities' concept and the Millennium Development Goals.

Under the health and care programme, ARCS has been providing health facilities to vulnerable communities through its basic health centres, comprehensive community-based health intervention, emergency medical

units, community-based health and first aid initiatives as well as its HIV prevention project. The overall goal of the programme is linked with IFRC's Strategy 2020 aim two (enable healthy and safe living).

The organizational development programme seeks to enable the ARCS towards becoming a well-functioning national society and increasing its institutional capacity by developing its human resources, financial systems, branches, legal base and management systems for its youth, volunteers and members. This would help the National Society to provide effective and efficient services to vulnerable communities, thereby contributing towards all the three aims and enabling action one of the Strategy 2020.

The principles and values programme aims to address discrimination and stigma in targeted communities; thereby contributing towards strategic aim three (promote social inclusion of non violence and peace).

Support will continue to be channelled through the harmonized operational plan which was developed in a participatory way. The first harmonized plan was developed in April-June 2008 through close consultation and coordination with the ARCS headquarter departments and branches, the IFRC and International Committee of Red Cross (ICRC) programmes and with back up support from the Asia Pacific zone office in Kuala Lumpur. This process was to harmonize support towards the ARCS five year strategic plan in order to achieve the set objectives of the plan.

This plans aims to target 1.91 million people directly in some of the most marginalized communities.

The budget for 2011 is CHF 6.25 million.

[Click here to go directly to the attached budget summary of the plan.](#)

Country context

Afghanistan is a landlocked, mountainous country in south-central Asia, with plains in the north and southwest. Despite impressive economic growth over the past five years, this rugged country remains one of the poorest in the world – with more than half the estimated population of 24.9 million living below the poverty line¹.

The large number of refugees is still a major obstacle to be tackled by the Afghan government. Since major repatriation operations to Afghanistan resumed in 2002, more than five million Afghans have returned to their country, mostly from Pakistan and Iran, while another half million internally displaced people have gone back home. However, approximately three million Afghans still remain in the two neighbouring countries alone. Localized conflict continues to displace some communities within Afghanistan, while drought, poverty and lack of job opportunities oblige many Afghans to seek employment abroad. The violence is also linked to drug production and trafficking which obstruct the building of a viable and effective state.

In terms of food security, the national risk and vulnerability assessment found that some 6.6 million Afghans do not meet their minimum food requirements. In addition, around 400,000 people each year are seriously affected by natural disasters, such as droughts, floods, earthquakes and extreme weather conditions.

In 2009, on the Corruption Perceptions Index of Transparency International, Afghanistan was ranked as the 179th most corrupt country in the world out of a total of 180. The country also ranks 181 out of 182 countries in the latest United Nations Development Programme's Human Development Report.

ARCS with the ongoing support of its two main partners –IFRC and International Committee of the Red Cross (ICRC) – is working to meet the needs of vulnerable people (particularly those affected by natural and man-made disasters) through its core programmes of disaster management, health and care, organizational development and humanitarian values.

National Society priorities and current work with partners

ARCS built up a five-year strategic plan (2008-2012) which directs the implementation of its programmes based on specific strategic directions. The development of ARCS five-year strategic plan was done in a participatory way in close coordination with ARCS departments at the headquarters and ARCS branches. The IFRC and ICRC country delegations as well as the joint IFRC and ICRC technical team in Asia Pacific

¹ Voice Of America news, 2008

zone office provided support. Currently, ARCS is implementing the 3rd harmonized operational plan 2010-2011, developed following a participatory process and development of the next harmonized operational plan (2011-2012) will be started soon following the same bottom-up participatory process.

The disaster management, health and care, organizational development and principles and values (under the youth and membership programme) are the core programmes having clear objectives to be achieved during the period of the strategic plan. Based on the ARCS strategic plan and Strategy 2020, the National Society has set up the following priorities to be achieved during 2011:

Under disaster management, the priorities are:

- Increasing the resilience and self-reliance of individuals, communities and reduce the impact of disasters. In targeted disaster prone areas; and
- Improving the capacity of ARCS in human and material resources, systems and procedures for effective response to meet the needs of those people affected by disasters.

Under health and care, the priorities are:

- Improvement of the health status and capacity of communities to cope with health and disaster challenges through integrated community-based health and first aid (CBHFA);
- Improvement in access to safe drinking water, establishment of positive health and hygiene practices of communities in the targeted areas and an increase in sanitation facilities;
- Improvement in emergency health preparedness and response, to provide greater curative and preventive health services in targeted areas during emergencies and normal circumstances;
- Improvement in access and equity to targeted vulnerable populations with a focus on maternal, newborn and child health care; and
- Expansion of the youth peer education including voluntary non-remunerated blood donation in existing areas (Kabul, Herat, Mazar-e-Sharif, and Jalalabad) as a part of the HIV and AIDS prevention project.

Under organizational development, the priorities are:

- Supporting the national society organizational development process which includes human resources development, logistics development, financial management and sustainability development, and branch and membership and local governance development;
- Supporting the national society legal base, leadership and management development;
- Support youth development in major cities all over the country;
- Volunteering development to pave the way for a well-balanced and sustainable development of the ARCS; and
- Ensuring the national society capacity is enhanced and can deliver quality services to the most vulnerable people of Afghanistan.

Under principles and values, the priorities are:

- Promotion of humanitarian principles and values;
- Promotion of its fundamental principles and humanitarian values 'in action'; and
- Seeking partnership with ICRC in dissemination and proper consultation on the implementation of the Fundamental Principles.

The programmes will employ a comprehensive and integrated approach to programme management ensuring more realistic and sustainable interventions. The aim is to integrate the various programmes to meet the needs of the vulnerable in a more holistic way. This is in line with an "Integrated Programming Approach" initiative currently being implemented in South Asia.

ARCS has good working relationships with Red Cross Red Crescent Movement partners as well as with external bodies including the Afghanistan National Disaster Management Authority, United Nations Assistance to Afghanistan (UNAMA), Office for the Coordination of Humanitarian Affairs (OCHA), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Health Organization (WHO), 12 key ministries and many international non-governmental organizations, either through meetings and/or unilateral and integrated approaches. Some other government and non-governmental agencies such as the Afghanistan Independent Human Right Commission, the ministries of social and labour affairs, education, public health and religious affairs, and some UN agencies could be direct or indirect partners for the implementation of the principles and values programme.

The table below shows the partner national societies supporting ARCS programmes.

Partner	Programme component
IFRC	National society capacity building, disaster management, health and humanitarian principles and values
ICRC	Promotion of humanitarian principles and values, disaster management and response in conflict areas, health, mine awareness, protection and tracing
Norwegian Red Cross	Organizational development and capacity building and health programmes
Finnish Red Cross	Health and organizational development programmes
Swedish Red Cross	Health programme, organizational development and capacity building
Danish Red Cross	Disaster management programme
Japan Red Cross	Disaster management, health, and organizational development and capacity building
British Red Cross	Health and organizational development programmes
Australian Red Cross	Health programme
Canadian Red Cross	Disaster management
German Red Cross	Organizational development (youth)
Italian Red Cross	Disaster management

Secretariat supported programmes in 2010-2011

Disaster management

a) The purpose and components of the programme

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

The disaster management programme budget for 2011 is CHF 2,503,598.

The disaster management programme is designed to increase the self-reliance of individuals and communities with an aim of reducing the impact of disasters in targeted disaster prone areas. This will be achieved through improving the capacity of ARCS in human and material resources, and systems and procedures for effective implementation of risk reduction, response and recovery activities that meet the needs of populations affected by disasters. This will further be undertaken through an integrated approach and coordination with other involved actors in the country.

The disaster management programme was developed following the lesson learnt from the regional building safer communities programme and the regional disaster management review. At the national level, ARCS will draw on the outcomes of the well-prepared National Society phase II and phase III surveys. This will be followed by ARCS, with support from IFRC, by building its DM response capacity through earthquake and flash floods contingency plans that were developed in 2009 and approved in 2010.

To increase the overall reduction of risk within vulnerable communities the disaster management programme will work closely with other programmes. In the field of health, integration will be sort through public health in emergencies, mobile units, and community-based health and first aid. The organizational development programme will engage in the area of volunteer management and branch development. Principles and values are incorporated into all disaster management and disaster risk reduction training and into assessments and beneficiary selection criteria. International disaster response laws, rules and principles (IDRL) will be integrated with the national disaster risk reduction framework and IDRL will be promoted in dialogue with the Afghanistan National Disaster Management Authority to enhance the understanding of the fundamental humanitarian principles and values of the Movement.

The disaster management and disaster risk reduction activities conducted by ARCS shall be made visible and advocated through a communication plan developed with the planning, monitoring, evaluation and reporting (PMER) unit. As the PMER unit does not have a specific budget for its activities, this has been integrated into existing programmes; for example, training, evaluation and monitoring, reporting and publishing visibility materials, and assistance to the disaster management department in establishing a monitoring and evaluation system for all disaster management relevant activities.

ARCS organizational preparedness activities at national and branch levels will ensure that non-food relief supplies are available as required for the immediate assistance to 16,000 families (96,000 individuals; 45 per cent women and 30 per cent children under 15 years of age) of the total targeted population. A total of 150,000 people who will be indirectly reached, (including 45 per cent women) will benefit from the IFRC support through disaster risk reduction awareness campaigns in targeted areas.

Programme Component 1: Building safer communities

Outcome 1: Increase the self-reliance of individuals and communities and reduce the impact of disasters in targeted disaster prone areas.

Key activities:

- Provide technical input into national society disaster risk reduction programmes in the areas of community based disaster risk reduction (CBDRR) training, vulnerability capacity assessment learning by doing, advocacy and awareness.
- Conduction CBDRR training of Trainer (ToT) for 25 key staff and volunteers.
- Support ARCS DM programme to further update and translate CBDRR curriculum, participation hand book and facilitators' guide in local languages and to organize 20 CBDRR/CBDP training workshops (each for 3 days/25 volunteers) in selected disaster prone branches.
- Assist ARCS DM programme to implement school earthquake safety activities in 5 schools.
- Community awareness on earthquake risk reduction initiative (CBDRR) in three selected urban communities' north region.
- Conducting three VCAs, identifying risk mapping in 9 disaster prone communities.
- Support ARCS capacity to enhance good cooperation and coordination with ANDMA and other involved actors and sign MoU with ANDMA if required.
- Support ARCS to convene two regional DM officers meetings.
- Organize regular Movement internal coordination meetings (monthly basis) and a climate change refresher training workshop for 25 trained staff.
- Support ARCS to finalize DM policy, support DM programme to develop and update Movement DM humanised plan and support ARCS to conduct lesson learned workshop and update DM strategic plan.
- Assist ARCS DM for their active participation and contribution to regional DMWG meeting.

Programme Component 2: Strengthening the disaster response and preparedness for response

Outcome 1: Improve the capacity of ARCS in human and material resources, systems and procedures for effective response to meet the needs of those people affected by disasters.

Key activities:

- Support ARCS to organize one NDRT refresher workshop for 25 ARCS trained staff/volunteers.
- Support ARCS staff participation in advance training workshops (NDRT, RDRT, Relief and FACT) and refresher training for disaster response unit (DRU) trained staff/volunteers (24 members).
- Support ARCS to conduct midterm evaluation (DR capacity building)
- Support ARCS DM in publication of case study (on DRU/NDRT and website story) and to update procedures for database and deployment of DRU/NADRT's members
- Upgrading EoC with advance equipments
- Organize one knowledge sharing exchange visit for staff /volunteers outside the country
- Pre-positioning of ARCS disaster preparedness (DP) stocks with non-food items in four regions (for 8,000 families).
- Support ARCS to adopt and standardize evaluation & monitoring and reporting materials.
- Organize 5 relief trainings for 100 ARCS staff/volunteers as well as code of conduct /sphere training workshop for 25 key staff/volunteers
- Support ARCS DM to conduct simulation exercise (earthquake in Kabul).
- Update earthquake and floods contingency plans.

b) Potential risks and challenges

Due to the lack of proper human resource and financial systems and procedures at ARCS headquarter and branch levels, the National Society has not improved its capacity to a sustainable level. The National Society is strongly committed to continue its efforts in strengthening these organizational development aspects to be able to improve service delivery. The unstable security situation in the country due to the on-going conflict is probably the major challenge for ARCS and IFRC at this time. ARCS is attempting to accelerate implementation of its activities but the security constraints, frequent staff turn-over, transfer of experienced ARCS disaster management staff to other national society departments and involvement of staff and

volunteers in response to disaster and emergency situations affect the implementation of other programme planned activities such as trainings, workshops, etc.

Health and care

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, illness and the impact from diseases and public health emergencies.

The health and care programme budget for 2011 is CHF 2,677,692.

The plan for 2011 is focused on the five different ARCS health projects - community-based health and first aid, water and sanitation, emergency health, mother, newborn and child health (MNCH), HIV and voluntary non-remunerated blood donation, through which the ARCS will provide integrated health services (preventive, promotional and curative) to around 2,500,000 (direct 1,500,000 and 1,000,000 indirect) people. The majority of the beneficiaries will be women and children, mainly in remote areas, who are in need of health services.

Programme component 1:

The ARCS community-based first aid (CBFA) programme was initiated in 1997 and today currently has in place more than 25,000 active volunteers across 34 provinces of the country, which is supported by the IFRC and ICRC. The backbone of the National Society, ARCS volunteers' unique presence within existing communities continue to ensure that first aid services and key public health preventative and promotional messages, are relevant, and appropriate to the current context of the community as life evolves.

In line with strategic aims 1, 2 and 3 from IFRC's Strategy 2020, priority areas in 2011 will include continuing to rollout the new community-based health and first aid (CBHFA) approach which aims to strengthen key aspects of community health through greater community involvement, participation and ownership in order for communities to better understand key existing health risks. In addition, the CBHFA approach supports communities in identifying preventive and promotional solutions aimed at improving overall community health and wellbeing for all.

Taking into account the recommendations highlighted in a recent evaluation of the CBFA programme in 2009, and harmonizing the programme in line with Strategy 2020, several areas will be prioritized in 2011. With recognition of the importance of gender roles in improving overall community health, substantial resources will be devoted to reaching out to more women in rural areas in particular, through the CBHFA approach. Commitment to invest in training additional female trainers, along with a supportive and mentoring environment for such trainers, will be a key strategy in overcoming key challenges that exist in Afghanistan in accessing such marginalized groups.

Valuing the significant contribution CBHFA volunteers play alongside emergency medical unit (EMU) teams in health emergencies as well as natural and man-made situations in saving lives of those most vulnerable, priority actions include equipping volunteers with key knowledge and skills around epidemic control. This will enable the volunteers to be better prepared to respond more effective and efficiently during emergencies. CBHFA volunteers will also work in close collaboration with other ARCS health programmes such as EMU teams and MNCH clinics in 2011 to focus on increasing coverage for vaccine-preventable diseases for children under five as a means to reduce morbidity and mortality.

Programme component 2:

Following an internal assessment, carried out jointly by ARCS and IFRC in 2006 which highlighted a tremendous need of health and hygiene promotion activities and need of safe drinking water in very remotes areas in the northern region, the comprehensive community-based health intervention (CCBHI) project was initiated in 2007 with support from the British Red Cross. Fundamental to the success of CCBHI to date has been the emphasis given to uphold primary health care principles such as participation, equity, integration and inter-sectoral collaboration. Promoting a community-based primary health care approach, the CCBHI project covers key strategic aims 1, 2, and 3 from Strategy 2020 through integration of key interventions areas such as water and sanitation both in terms of water supply and training in health and hygiene promotion, CBHFA, disaster risk reduction, maternal and child health and reproductive health.

Endorsement of full community participation and ownership by all people, including marginalized groups such as women, has resulted in significant and visible progress made in widespread change in attitudes and behaviour in improving health hygiene practices and fostering sustainable change in the health status and

well being of people. Reinforcing its commitment to Strategy 2020 and expanding its services to address existing health issues and needs, and underlying vulnerabilities of those in remote areas the ARCS will further expand the CCBHI project in 2011 to other provinces of the northern region with the support from British Red Cross and Finnish Red Cross.

Programme component 3:

The EMU project was initiated in 2002 as a means to provide emergency health services following the Nahrine earthquake. The project has evolved over the years with the EMU teams providing essential curative, preventive and promotional services during health emergencies as well as during normal times to communities living in remote areas, where access to basic health services is limited.

Almost ten years on, the ARCS's ten EMU teams operating in five regions across the country continue to play a vital role across the country in responding to emergencies to those most vulnerable and in need. This can be seen by the various types of health emergencies, natural and man-made disasters in which the EMUs have played an active role including: disease outbreaks such as cholera, flooding, earthquakes and population movement. With strategic aims 1 and 3 from Strategy 2020 in mind, attention in 2011 will see greater investment made in positioning ARCS much more strategically as a key stakeholder to the Ministry of Public Health (MoPH) particularly in the area of emergency health preparedness and response where current gaps exist across the country.

With the overall focus of the EMU teams to provide relevant, effective, emergency health services and recognizing the ever increasing trend of outbreaks and flooding within Afghanistan as well as current gaps to address such needs, ARCS will focus on investing in a more holistic and integrated approach in 2011. This will be achieved under the EMU project by emphasis on enhancing the ARCS EMU teams' technical expertise and capacity to be greater prepared to respond to the common and more frequent health emergencies. Alongside this, and complementary to the EMU teams current focus to provide essential basic health care services in emergencies will be an emphasis on developing emergency water and sanitation capacity to be integrated into the EMU teams overall operational response during health emergencies and natural disasters. Pre-positioning of contingency stock of essential supplies will also be a central component in preparing for early action.

Through its alignment with Strategy 2020, ARCS will be better positioned to focus on promoting a more effective and streamlined approach with emphasis on linking greater its emergency health program such as the EMU to its community health programmes such as the CCBHI and CBHFA as a means of working towards reducing vulnerability and increasing community resilience.

Programme component 4

The ARCS mother, newborn and child health (MNCH) programme commenced in 1991 with the establishment of 47 basic health clinics (BHCs). Years later, the ARCS basic health clinics continue to provide key preventive, promotional and curative services to more than a million vulnerable people, especially women and children, across the country with IFRC's and ICRC's support. With strategic aims 2 and 3 from Strategy 2020 in mind, attention in 2011 will be focused on investing significant resources towards strengthening and promoting an integrated health system.

ARCS will focus on key areas highlighted in an external evaluation carried out in 2009, by focusing firstly on consolidating the numbers of clinics towards those that continue to remain relevant to the existing needs of the population. This will also include improvement to health care service delivery, standards and quality of its clinics, to be greater aligned with the Ministry of Public Health's (MoPH) basic package of health services (BPHS) which will be prioritized particularly to MNCH.

Recognizing the importance of health workforce development, ARCS will focus on scaling up skills training for its health staff in key areas in order to be responsive to the needs and expectations of people. Focus on construction of new clinic buildings and establishment of delivery rooms will be increased to further enhance greater equity and access for mothers and pregnant women to essential reproductive health services such as antenatal, postnatal, immunization, delivery and family planning. Access to such services is vital for mothers and pregnant women in Afghanistan where maternal and infant mortality rates are among the highest in the world.

Acknowledging prevalent health patterns that exist at a community level, the ARCS CBHFA volunteers/programme will be integrated with the ARCS clinic programme by referring necessary cases, as well as focusing on community driven action to address key underlying social, behavioural and

environmental factors particularly around MNCH and common diseases, in order to improve good health and well being.

Programme component 5:

The ARCS launched its HIV prevention project in 2006 with a particular focus on life skills-based youth-peer education for adolescents on sexual reproductive health and sexually transmitted diseases. Fives years on, this approach has proven to be effective as a means of conveying key messages on HIV prevention and safe sexual practices among adolescents and youth in a difficult socio-cultural context. The ARCS HIV prevention programme has reached 135 Afghan schools in four regions (Kabul, Mazar, Herat and Jalalabad) and has positioned itself as a key stakeholder to the MoPH and Ministry of Education (MoE) in the area of HIV prevention across the country.

Promoting strategic aims 2 and 3 from Strategy 2020, the HIV prevention project will focus its attention in 2011 by continuing to invest in its existing 1,220 youth peer educators across the country, while further expanding to new schools in the four regions. In addition, ARCS will continue to focus on training additional VNRBD motivators and establishing further “Club 25” groups in existing regions to promote voluntary non-remunerated blood donation.

<p>Programme Component 1: Community-based health and first aid (CBHFA)</p> <p>Outcome: Improved health status and capacity of communities to cope with health and disaster challenges through integrated community-based health and first aid.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Conduct training courses for 380 new men/ women volunteers in CBHFA new approaches. • Mobilize volunteers to celebrate world AIDS Day and First Aid Day as well as before/during NIDS through CBFA volunteers. • Procure and distribute refilling first aid materials. • Carry out community-based first aid activities and integrated approach activities with emergency mobile unit and ARCS relevant programmes. • Conduct monthly and quarterly monitoring and supervision, refresher ToT course on CBFA new approach (CBHFA in action) for female trainers, ToT on disease prevention and health promotion for CBHFA trainers and training on disease prevention and health promotion for CBHFA volunteers. • Follow up visit by trainers. • Conduct community assessment by trainers, team leaders and volunteers. • Develop and disseminate information, education and communication (IEC) materials.
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<p>Programme Component 2: Water and sanitation</p> <p>Outcome: Access to safe drinking water and sanitation facilities is increased; positive health and hygiene practices of community people are improved in the targeted areas.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Recruitment of health and hygiene officer and CCBHI programme officer. • Conduct baseline study of the new targeted areas. • Site selection and digging of 21 wells in targeted areas (Balkh and Sar-e-pul). • Establishment of 6 community health committee in new targeted areas. • Site selection of 25 per cent of houses in targeted areas for construction of sanitary latrines. Select and train of new women and men volunteers on first aid, health promotion, reproductive health and DRR in targeted areas. • Conduct 5 hygiene campaigns in new targeted areas. • Develop and distribute IEC/BCC materials. • Regular monitoring and supervision visits from CCBHI programme staff to targeted areas.

<p>Programme Component 3: Emergency health</p> <p>Outcome: Access to curative and preventive health services in normal and disaster situation is improved in target areas.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Recruitment of ARCS emergency health coordinator. • Expansion of one EMU team. • Prepare and disseminate IEC materials. • Monitoring and evaluation field visits (ARCS HQ & IFRC).
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- Monthly supervision of EMUs from RHOs.
- Emergency health training on vaccine preventable diseases for EMU team members.
- Water and sanitation training for EMU/ water and sanitation members.
- Procurement of 3x water and sanitation kits 2 (Herat, Central, Kandahar) and medical kits.
- Emergency health response & coordination simulation exercise (EMU teams, DRUs, & CBHFA volunteers) – northern region.
- Epidemic control training for volunteers and EMU team (northern region).
- Development of Standard Operating Procedures (SoPs) for EMUs during emergencies and normal times.
- Provide emergency health services (during emergencies and normal situations) and participate in national immunization days.
- Participate in emergency task force meetings at all levels.
- Maintenance of emergency mobile unit vehicles.
- Continue to conduct orientation sessions on avian and human influenzas to all Afghan Red Crescent Society staff and volunteers in targeted areas.
- Organize public awareness and mass media campaigns (for general public) during outbreaks of diseases.
- Surveillance and monitoring through ARCS staff and volunteers during outbreaks of diseases.

Programme Component 4: Mother, new born and child health

Outcome: Access to targeted vulnerable populations for curative and preventive health services is improved; maternal, newborn and child health care is improved.

Key activities:

- Closure of 6 remaining clinics, construct 3 new buildings in replacement of rented clinics and renovate 10 clinics.
- Provide gas for expanded programme for immunization (EPI) activities and for sterilization of medical instruments.
- Establish delivery rooms to at least 10 clinics.
- Procure 10 delivery kits.
- Conduct refresher training on Emergency Obstetric Care (EOC) for clinics midwives, HMIS training to clinics midwives and nurses and infection prevention training courses to clinics midwives and nurses.
- Monitoring and supervision of the clinics by ARCS regional health officers and monitoring and supervision of the clinics by ARCS/IFRC headquarters.
- Carry out outreach immunization activities.
- Programme management for ARCS regional health officers.
- IMCI Training for ARCS clinic doctors.
- Organize review and planning meetings targeted to concerned health staff.
- Provide health management information system format to the clinics on regular basis, provide curative and preventive health services and provide mother, newborn and child healthcare (antenatal, natal, post natal care and family planning).
- Participate in at least two external meeting and regional health meetings/ trainings.
- Prepare and disseminate visibility materials.
- Provide hardship allowance to clinics staff (remote clinics) and hardship allowance for vaccinators in outreach activities.

Programme Component 5: HIV and voluntary non-remunerated blood donation

Outcome: Vulnerability to HIV and its impact is reduced through prevention of further infection and reducing stigma and discrimination; access to safe blood for children and mothers is improved.

Key activities:

- Expand the project in the existing targeted branches (20 schools in Kabul, Jalalabad and Mazar provinces).
- Conduct 4 ToT course to 80 new YPE trainers and 20 Youth Peer Education Trainings to 500 students, teachers and HIV positive people (25 peer educators in each session) in Kabul, jalalabad, Mazar and Herat.
- Procurement of 2,000 YPE kits.
- Marking of world AIDS day at school and community level in targeted branches through contribution of YPEs.
- Organize at least one anti-stigma and discrimination campaigns in targeted areas (Kabul, Jalalabad,

Mazar and Herat)

- Develop and distribute information, education and communication materials.
- Conduct 4 voluntary non-remunerated blood donation motivation trainings for 80 blood motivators (Kabul, Mazar, Jalalabad and Herat).
- Conduct 200 VNRBD sessions to 5000 students, teachers and principles in (Kabul, Mazar, Jalalabad and Herat).
- Establish 4 Club 25 and recruit 100 blood donors in (Kabul, Mazar, Jalalabad and Herat).
- Observe world blood donor day with contribution of 200 VNRBD motivators and blood donors and 80 CBHFA volunteers (Kabul, Mazar, Jalalabad and Herat).
- Conduct 1 counselling training to 25 councillors (ARCS health staff and teachers as counsellors) (Kabul, Mazar, Jalalabad and Herat).
- Conduct 12 refresher trainings to 300 people (HIV/AIDS trainers, district coordinators, YPEs, counsellor, and community-based first aid trainers) (Kabul, Mazar, Jalalabad and Herat).
- Monitoring and supervision visits and monthly meetings with YPE trainers and peer educators.
- Conduct 1 symposiums to 600 people on voluntary non-remunerated blood donation and HIV and AIDS (Kabul, Jalalabad, Mazar and Herat)
- Conduct 500 sessions through 500 peer educators to 12,500 peers at targeted areas (Kabul, Jalalabad, Mazar and Herat)
- Participate to regional HIV meeting.
- Donation of blood by 40 VNRB donors for people who are living with AIDS (Kabul, Jalalabad, Mazar and Herat)
- Conduct training session to 300 CBFA volunteers through CBHFA approach (Mazar and Central).

b) Potential risks and challenges

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

Organizational development/Capacity building

a) The purpose and components of the programme

Programme purpose

Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

The organizational development/ capacity building programme budget for 2011 is CHF 915,316.

For 2011, the organizational development programme seeks to lead ARCS towards becoming a strong and well-functioning National Society and increasing its institutional capacity by developing its human resources, financial systems, branches, legal base, leadership and management systems for its youth, volunteers and members. This will help the National Society in providing effective and efficient services to vulnerable communities thereby contributing towards all three strategic aims of Strategy 2020. The expected outcomes of the programme include:

- i) supporting the ARCS organizational development process, which will cover human resource development, branch development, financial management and sustainability development, planning, monitoring, reporting and communications development;
- ii) legal base leadership and management development;
- iii) youth development; and
- iv) volunteering management development.

The volunteering development project will be a continuation of the ICRC-Swedish Red Cross integrated programme project activities. Only those activities will be included in IFRC budgets which are not included under the integrated programme project of the ICRC and Norwegian Red Cross. In 2011, a total of 309,000 (direct 60,750 and indirect 248500) people are expected to be reached and will benefit directly and indirectly from the organizational developmentprogramme. About 30 per cent of the people would be women.

This programme will channel support to ARCS organizational development projects through the developed harmonized operational plan. The 2008 harmonized plan was a major learning process for all programmes of the ARCS. It not only helped the ARCS programmes to achieve their set objectives through a harmonized approach but it also enabled them to share experiences between themselves, IFRC and ICRC programmes

while developing the 2009-10 and 2010-11 harmonized plan. The youth and volunteering component of the organizational development programme is integrated with community-based development programmes, community based first aid and HIV components of the ARCS health and disaster management programmes. The principles and values programme (discrimination and anti-stigma) is implemented through school students and community volunteers of the ARCS. The disaster response activities of the ARCS are mainly implemented by community volunteers. During the planning process, the organizational development, health and disaster management programmes developed their respective projects and activities following the integrated approach, which will also be considered during implementation process. The ARCS organizational development programme is aligned with the "Action 1 of IFRC's Strategy 2020, which will contribute towards building strong national societies. This will also capitalize on progress made in activating the governing board during the first half of 2011 and working towards the proper separation of executive and management functions. With the further development of the membership programmes at branch level and building branch capacity, it is planned to conduct a general assembly within this timeframe and strengthen the representative membership of the board as well.

<p>Programme Component 1: Supporting the national society organizational development process.</p> <p>Outcome: The service delivery capacity of ARCS is enhanced at all levels (headquarters and branches) and achieving towards the status of strong and well-functioning national society will provide effective services to the vulnerable countrywide.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Support the implementation process of the human resource development policy, regulation, procedures, skills building workshop and trainings and plans for both, headquarters and branch levels. • Support development of ARCS warehousing system including procedures, policy, hardware, communications, workshop and training through the bi-lateral partnership with Norwegian and Danish Red Cross projects. • Continue providing technical support to ARCS planning, monitoring, reporting and communications systems development as well as supporting ARCS accounting and financial management systems development process. • Technical and expertise support to ARCS OD/CB processes and interventions. • Engage an external consultant and support the ARCS fund raising and resource mobilization development process. • Support ARCS branch and membership development programme in 34 branches and establish local assemblies and conduct training/workshops for the local assembly members of the branches. • Support and strengthen ARCS regional offices for better coordination and organise regional Movement coordination meetings in five regions. • Support ARCS by reviewing its organisational development and capacity building needs, revising the ARCS strategic plan 2008-2012 and aligning in line with IFRC's Strategy 2020.
<p>Programme Component 2: National society leadership and management development.</p> <p>Outcome: Capacity of the ARCS's governance board members and senior management to effectively lead the organization and its legal base and service delivery are improved.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Organize orientation for the ARCS Board members and senior management. • Explore the opportunities for ARCS Board members and senior management to have access to training and workshops according to their needs. • Support ARCS to hold an Annual General meeting/ General Assembly at headquarters and support ARCS leadership to convene regular Board meetings. • Provide technical support and investigate training opportunities for ARCS board members at regional and global levels. • Provide support to the ARCS president, vice-president and SG to attend statutory meetings and suitable conferences at both regional and global levels.
<p>Programme Component 3: National society youth development.</p> <p>Outcome: The ARCS base of youth volunteers is strengthened.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Review and adopt the youth policy on the quality service delivery of the youth programme and the retention of the youth volunteers. • Provide further development of new 4 and continuation support of programme to youth club activities in 13 branches. • Expand youth activities in schools and support youth corners in the schools.

<ul style="list-style-type: none"> • Facilitate one national training workshop on volunteer management for the HQ and branches. • Conduct youth campaigns on promotion of Red Cross Red Crescent principles, principles and values on national and international days and Red Cross Red Crescent events. • Dissemination of IEC materials to the youth volunteers in communities. • Support youth volunteers exchange visit at national and international level. • Conduct two training workshop for youth supervisors on leadership development.
<p>Programme Component 4: National society volunteering development.</p> <p>Outcomes: ARCS volunteer mobilization and management system is improved and strengthened.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Provide technical support to ARCS in implementation of the volunteer policy through the IP Project of ICRC-SwRC at headquarters, regional and branches level. • Provide technical support to ARCS developing and implementing a systematic volunteer data base through the IP Project of ICRC-SwRC as well as to organize training and workshops on volunteer management for the headquarters and branches. • Implement the newly developed volunteering policy in the National Society headquarters and five branches • Support ARCS plans to strengthen the volunteer management department and strengthening ARCS volunteering management department. • Celebration of the International Volunteer Year in Afghanistan by the Movement.

b) Potential risks and challenges

There is an essential need to define the roles and responsibilities of the ARCS president (chair of the governance board); vice-president and the secretary general Once their level of authority is defined it will assist with decision making and the implementation of programmes. Employment of too many unskilled, unsuitable and unprofessional staff in the organization is another major challenge for ARCS in respect of human resource management. Security is another key constraint which hampers programmes at branch level. Due to the high level of security threats at branch level, access to do proper monitoring and evaluation is another significant issue for all programmes. IFRC, through the leadership and management development programme, is helping the National Society to understand and appreciate the roles and responsibilities of the president, secretary general, vice- president and heads of country and regional offices. ARCS will be able to identify an appropriate organizational structure with an optimum number of positions and minimum required skills, qualifications and experience through a human resource development initiative which will help the National Society to address its human resource-related issues. ICRC and IFRC also continuously remind the ARCS about maintaining its neutrality and independence, building its image, as well as defining and understanding the roles and responsibilities of branches and the volunteers which will enable/assist ARCS to operate in the conflict areas.

Principles and values

a) The purpose and components of the programme

<p>Programme purpose</p> <p>To strengthen ARCS for the best practice of the principles and values and to advocate for gender and marginalized groups.</p>
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The principles and values programme budget for 2011 is CHF 23,529.

The principles and values programme will train the staff and volunteers of the health and disaster management programmes on how to incorporate principles and values into their action while implementing programmes and conducting activities. The principles and values programme will advocate for gender issues at all levels of the National Society including its staff and volunteers and the community as well. This will be achieved by conducting gender mainstreaming workshops, seminars and meetings with different ARCS programmes and other stakeholders in order to focus on the accessibility of women, children, the elderly and marginalized members of the community as well.

The principles and values programme will mainly target existing National Society staff and volunteers with training and orientation on the incorporation of principles and values into their behaviour and actions. Currently, there are 1,500 programme and non-programme staff in the National Society and around 40,000 volunteers. The direct beneficiaries of principles and values will be 3,000 ARCS employees (1,500 each year) and 20,000 volunteers (10,000 each year) in 16 provinces (30 per cent of who are women). The indirect beneficiaries of principles and values will be the people reached through health, disaster

management and organizational development programmes, because the principles and values programme is a cross cutting activity and is carried out by the operational programme staff and volunteers demonstrating the principles and values to the field.

<p>Programme component 1: Promotion of humanitarian principles and values.</p> <p>Outcome: The ARCS is regarded by the community as a well functioning humanitarian organization through the promotion of the Fundamental Principles.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • To develop a principles and values policy to outline the intervention of the programme in the Afghanistan context. • Revise the principles and values training manual. • Organize principles and values awareness workshops and co-ordination meetings for the different ARCS programme staff and volunteers in the headquarters and 15 branches.
<p>Programme Component 2: Operation of Fundamental Principles and humanitarian values.</p> <p>Outcome: Beneficiaries and the community feel content, comfortable and proud of the ARCS programme service delivery.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Organize 40 training workshops for youth, community based first aid and disaster management volunteers about principles and values. Raise awareness of discrimination and intolerance through the ARCS operational programmes in the field. • Monitor ARCS field activities to locate gaps where the principles and values can be highlighted. • Determine the extent of female participation in the national society activities at all levels. • Address the side effects of discrimination, stigma and intolerance throughout meetings, workshops and seminars to ARCS staff and volunteers. • Conceptualize and disseminate a culture of peace and co-existence into the principles and values components.

b) Potential risks and challenges

The commitment from the ARCS leadership, staff and volunteers is very important for the integration of the principles and values components into their activities. The unstable security situation in the country is another risk which will prevent access to women and marginalized groups in remote areas. To attract the full support of the ARCS leadership and enhance staff awareness, meetings and workshops will be conducted for them. Although the security constraints are beyond the control of the programmes, ARCS may still focus on the areas where there are fewer risks, and adopting the community approach of community-based first aid and disaster management volunteers would help to apply and practise the principles and values at community level.

Role of the secretariat

a) Technical programme support

The IFRC Afghanistan country office has four main programmes including disaster management, health and care, organizational development and principles and values. The Secretariat is being restructured to serve the needs of its constituent national societies and the field. The devolution of operational responsibilities from Geneva to the zones is underway and further rationalization of guidance is being incorporated into Strategy 2020. The role of the national Society will assume greater significance in accordance with the stated priorities of the secretary general of the IFRC and the country office will form an integral part of its host National Society. The principles and values programme is supported under the organizational development programme and one officer is partially assigned to take responsibility of the principles and values file. There are five expatriate delegates including head of office, organizational development, health and care, disaster management and finance/administration as well as two partner national society delegates working under IFRC to support ARCS core programme activities.

The IFRC's country office currently provides technical support to the ARCS's disaster management, health, organizational development and principles and values programmes. Additional support is provided by the IFRC's South Asia regional office in New Delhi and the Asia Pacific zone office in Kuala Lumpur. These offices will provide further technical support to key projects including human resource development, finance development and logistics development. These supports are mainly technical expertise and advice in the field of human resource development and human resource management, financial development and resource mobilization and financial resources.

The organizational development and capacity building department provides technical and financial support to the ARCS harmonized plan mainly by assisting the National Society to develop its institutional infrastructure and the necessary policies, procedures, guidelines, rules and regulations for this to occur, as well as enhancing the capacity of ARCS staff through trainings and workshops. For some specific technical support or professional expertise, the IFRC will engage a consultant for a short period. Technical and consultancy support mentioned above will also be sought from South Asia regional office and Asia Pacific zone organizational development coordinator if needed.

b) Partnership development and coordination

The harmonization operational plan has enhanced and improved the coordination among the Movement partners. Furthermore, the ARCS have been holding regular tripartite coordination meetings with Movement partners. In the field of organizational development and capacity building there is close cooperation and coordination with the ARCS, partner national societies (Norwegian, Finnish, Swedish, British, German and Japanese Red Cross societies) and ICRC (cooperation department) to achieve the objectives set in the ARCS five-year strategic plan. A number of other project cooperation agreements for logistics development have also been put into practice through partnership projects. IFRC will play a vital role in the implementation of the ICRC-Swedish Red Cross integrated programme project on the ARCS volunteering management and development. There are signed partnership agreements with several ministries of the Afghan government and partner national societies which fully support the organizational development and capacity building programme plan. The national society and country office take part in the regional coordination meetings and networks such as the regional health and HIV meetings, the disaster management working group meetings as well as organizational development, PMER and communications network meetings.

As the only nationwide indigenous organization in Afghanistan, ARCS is a well recognized humanitarian organization and works in close cooperation with the government and UN agencies. ARCS is a member of the national commission for disaster management, the government's disaster management coordinating body. ARCS branches are also members of the provincial commissions. ARCS implements the basic package of health services through its 47 clinics and ten emergency mobile units, which is the strategy of the ministry of public health. The ministry has officially recognized the ARCS as one of its strongest partners in the implementation of the government's health strategy (a memorandum of understanding has been signed between the ministry of public health and ARCS). ARCS is also a member of the inter-agency emergency task force, comprising WHO, other UN agencies and government ministries, to deal with avian and human influenza at national level. The National Society is a regular participant in the inter-agency health cluster meeting led by WHO and it is also a member of the national AIDS control programme led by the ministry of public health. In addition, ARCS has been implementing a drug abuse harm reduction programme through a drug abuse rehabilitation centre in the central region, which is supported by the ministry of counter narcotics. ARCS has also signed memorandum of understanding with the ministry of education and ministry of public health for the ongoing implementation of HIV and AIDS programme.

At community level, ARCS has developed a good working relationship with community elders and school head masters to run its membership and volunteers programmes in the communities which give the National Society a widespread, functioning and energetic base.

Under the principles and values programme, close partnerships will be sought with the ICRC, UN agencies, CARE International, the Afghanistan independent human right commission, and the government ministries of education and religious and social affairs.

c) Representation and advocacy

ARCS has an auxiliary role to the Afghan government, and is supporting the ministry of public health to achieve its set objectives by implementing various health projects. IFRC works with ARCS to strengthen coordination and communication between the two stakeholders at country level. The IFRC health programme staff members participate with ARCS in key stakeholders meetings and conferences to advocate for the National Society as mentioned above. Similarly, IFRC supports ARCS health team members to participate in international conferences regularly, where the National Society health programmes are highlighted and have an interest.

Promoting gender equity and diversity

ARCS has considered gender balance a central component in each phase of the programme planning and implementation, making for a better impact in the community. Further, the recruitment of women personnel at all levels of the organization has been emphasized and included in the human resource policy document which is currently under development. IFRC and the National Society work together to promote gender

balance in its programmes and support areas. Such action includes the basic health centres (clinics) which provide services primarily focused on women and children, aimed at reducing morbidity and mortality. Altogether, 65 women health professionals (doctors and midwives) are working in, or running activities for, the 37 IFRC-supported community health centres. Similarly more focus has been given to recruit women community-based first aid volunteers and youth peer educators in different parts of the country. Through the HIV and AIDS prevention programme, the National Society recruited 450 women youth peer educators (45 per cent) among a total of 1,013 youth peer educators. Out of 25,000 youth volunteers, approximately 7,000 of them benefit through their involvement in 13 youth clubs in five regions of the country. Almost 38 per cent of them are women. This is a positive indication for gender development in the youth network in Afghanistan. In the on-going membership development programme which recruited more than 12,000 members, 28 per cent are women. However, the security situation is a major threat to the ability of women employees and volunteers to work in many parts of the country. There are many cultural and religious issues that also prevent full acceptance of the affirmative action being taken by the National Society in this regard.

One of the main humanitarian activities is to advocate for gender equity at all levels in the National Society. This includes staff, volunteers and people reached. The principles and values programme monitors activities to ensure that women and men are taking an active part in national society programmes, social activities and decision making. Meanwhile, gender is mainstreamed for all ARCS operational programmes in the field.

Quality, accountability and learning

In order to ensure quality of work, the health department of the ARCS will carry out monitoring and supervision visits to the field on a quarterly basis. The health officers and trainers (at regional and provincial levels) will carry out monthly monitoring visits. By the end of the programme (appeal timeframe) an internal rapid assessment of all projects as well as mid-term evaluation of the comprehensive community-based health intervention and final evaluation of the HIV and AIDS project will be carried out to evaluate the effectiveness of the programme. The IFRC health department will provide technical support to the ARCS health department in designing and developing monitoring, supervision and evaluation formats and would be a part of the monitoring and evaluation team.

There will be a review of the ARCS disaster management programme (strengthening disaster response and preparedness for response) supported by Danish Red Cross in 2010. The last well-prepared National Society review was done in 2007 and the next round will be carried out in 2011.

The principles and values programme staff in the National Society and IFRC country office with the support of the PMER unit, are dedicated to establishing a monitoring and evaluation mechanism on a monthly, quarterly and annual basis. The PMER aspect of the principles and values programme will continue to be strengthened in the coming years.

To date, PMER in Geneva finalized a revision of the planning training module based on the project planning process approach and monitoring and evaluation training. This training will be rolled out in 2010-11 to enhance the quality and accountability of all programmes. Additionally, work is ongoing for the finance development system, with the ARCS finance manual and accounting forms already developed.

How we work

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this report, please contact:

In Afghanistan:

- Afghan Red Crescent Society: Fatima Gailani (President); phone: +93.799.385.533; email: fatigli@yahoo.com
- IFRC country office in Afghanistan: Finn-Jarle Rode (Head of office); phone: +93.700.274.881; fax: +87.37.6304.3426; email: finnjarle.ode@ifrc.org

IFRC South Asia office in Delhi:

- Azmat Ulla (Head of regional office); phone: +91.11.2411.1125; fax: +91.11.2411.1128; email: azmat.ulla@ifrc.org
- Michael Higginson (Regional programme coordinator); phone: +91.11.2411.1122; email: michael.higginson@ifrc.org

IFRC Asia Pacific zone office in Kuala Lumpur:

- Jagan Chapagain (Head of operations); phone: +603 9207 5702; email: jagan.chapagain@ifrc.org
- Alan Bradbury (Head of resource mobilization and PMER); phone: +603 9207 5775, email: alan.bradbury@ifrc.org
- Please send all funding pledges to zonerm.asiapacific@ifrc.org.

[<Budget summary and map below; click here to return to the title page>](#)

MAAAF001 - Afghanistan

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	1,451,000	818,732				2,269,732
Land, vehicles & equipment	4,000		49,000			53,000
Transport & Storage	88,763	148,387	9,370			246,520
Personnel	460,534	689,486	377,217	15,000	124,542	1,666,779
Workshops & Training	223,000	286,026	229,000			738,026
General Expenditure	106,507	552,253	187,852	7,000		853,612
Depreciation	7,060	8,758	3,382			19,200
Contributions & Transfers						
Programme Support	162,734	174,050	59,496	1,529	8,658	406,467
Services						
Contingency						
Total Budget 2011	2,503,598	2,677,692	915,316	23,529	133,200	6,253,335



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Afghanistan

