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# Afghanistan

## Annual Report 2014

 International Federation  
of Red Cross and Red Crescent Societies

**MAAAF001**

**30 April 2015**

**This report covers the  
period:** 1 January to 31  
December 2014

*ARCS MHT nurse dressing a child's  
burn wound in Kama district of  
Nangarhar province in April 2014.  
Photo: Afghan Red Crescent Society*



## Overview

The year 2014 witnessed an increase in activities of **disaster management (DM) programme** with the aim of strengthening Afghan Red Crescent Society (ARCS) efforts in disaster preparedness and response. To achieve this, ARCS with support from IFRC and ICRC developed draft DM early warning system (EWS) standard operating procedures (SOP) which was used as a basis to collect feedback through consultative workshops attended by stakeholders in northern, south-central western, north-central western and north-eastern regions. A total of 150 participants including heads of branches, DM officers, health focal points and volunteers attended these workshops. A total of seven new vehicles were procured for the disaster response units (DRUs) which were handed over to the ARCS for preparedness and response to disasters in emergency operations.

Similarly, Resource Management System (RMS) training workshops were conducted for the ARCS staff from HQ and regional levels with the technical support from IFRC Asia Pacific zone office in July and November 2014. A disaster management module and volunteer management module development are in progress.

During the reporting period, a DREF appeal was launched to respond to the flash floods and landslide in northern Afghanistan. Over 2,000 beneficiaries received relief assistance that included NFIs and shelter. In effect to this, two emergency shelter trainings were conducted in Jowzjan and Takhar provinces, whereby 200 newly recruited volunteers were trained. The trained ARCS volunteers have demonstrated the skills learned by responding to severe flash floods in central, northern, northeastern, western and southwestern regions of the country where a total of 15,160 families were affected, 1,793 people killed, 97 went missing and 52,906 displaced.

ARCS volunteers assisted Afghanistan National Disaster Management Authority (ANDMA), International Organization of Migration (IOM), United Nations office for the coordination of humanitarian affairs (UNOCHA) and other aid agencies to conduct needs assessments in the flood affected regions and assisted in distribution of food and non-food relief items to the affected families. Also, ARCS assisted 156 flash flood affected families in Jalalabad with NFIs in the month of May 2014. The operation was jointly conducted by ARCS, ICRC and IFRC. Also, ARCS DM department has assisted more than 7,000 internally displaced populations (IDPs) and disaster affected families with food and non-food items in eastern, southern, central south eastern, northern and north eastern regions of the country.

In an effort to strengthen and increase community resilience and sustainable development the community-based disaster preparedness (CBDP) manual was developed and approved by ARCS DM department with technical support of IFRC. A total of 2,000 copies of this manual were printed in Dari language, distributed to the seven regions and 34 ARCS branches. Following this, 11 community-based disaster preparedness trainings were conducted. The main outcome from the trainings was to increase the response capacity of the communities through setting up preparedness plans for identified hazards common to specific regions. In addition, 275 new and previously CBHFA trained volunteers received training on CBDP in Khost, Kunduz, Baghlan, Takhar, Badakhshan and Sar-e Pul provinces.

Likewise, 12 disaster preparedness committees were established in Sar-e Pul, Badghis, Badakhshan, Baghlan, Takhar and Kunduz provinces with the objective of building capacities at the community level to timely respond to disasters. Seven out of the twelve established CBDP committees were provided with office equipment and emergency response tools to enable the CBDP committee member/volunteers.

CBDRR Facilitator's Guideline and Participants Handbook as well as the Vulnerability and Capacity Assessment (VCA) Guidelines were translated in Pashto language. Following this, CBDRR training was conducted for 30 CCBHI trained volunteers in Jalalabad, the trained volunteers are now able to conduct VCAs in their respective communities in order to reduce risk and cope with disaster using locally available resources.

A five-day integrated CBDRR/community-based health and first aid (CBHFA) training workshop was conducted for 35 community members and ARCS staff/volunteers in Balkh province, similarly a CBDRR training was conducted in Herat province for 31 ARCS staff/volunteers from Zendajan district. The main objective of CBDRR trainings was to increase awareness of vulnerable communities on DRR to reduce their vulnerabilities and increase their capacities to be able to prepare for, respond to and cope with the effects of disasters using their own locally available opportunities and resources.

Under the **health and care programme**, 45 ARCS clinics and 21 mobile health teams (MHT) continued to complement primary health care services of the government's basic health care package in communities without access to health care facilities. In effect to this, in order to increase and scale-up coverage of the MHTs across the country, 10 MHT vehicles supported by the DFATD project were delivered to Kabul and handed over to ARCS. Targeted provincial location for the 10 MHTs has been identified.

With the new government in place a 'no hire and no fire' directive has been circulated by the president countrywide. As a result, the recruitment of fourth staff for ten new MHTs has been put on hold until further notification as it is anticipated that the cabinet members will be appointed by the government in early 2015.

The ARCS clinics in Kapisa, Paktika and Balkh province have started operations in the newly constructed buildings with funding support from IFRC. Post construction of all the three clinics were provided with standard medical and non-medical equipment that will contribute to the provision of quality services in the clinics. Likewise, construction of three new ARCS clinic building in Badakhshan, Faryab and Parwan provinces were completed and renovation of one clinic in Zabul province (out of there targeted clinics this year) was initiated and to be completed in quarter one of 2015.

The CCBHI programme was expanded in the Parwan province during the reporting period. Recruitment and orientation of CCBHI project staff was completed in the third quarter including the selection of target areas for assessment and baseline study that required proper guidance. As the procurement process of the construction materials for latrines and wells has been handed over to ARCS this year, significant delays in the procurement process was a challenge; at the end of 2014, only 20 per cent of the 180 latrines, and 15 wells were completed. Likewise, the procurement of 23,000 first aid kits is still pending even though the process started in February 2014. This will be completed in quarter one of 2015.

Ongoing efforts were made to contribute to increased coverage of maternal, newborn, and child health (MNCH) and immunization services reach in coordination with the provincial health department. With the establishment of grandmother committees in target villages, it has been observed through beneficiary communications that women in the project area were motivated to attend health facilities to receive the maternal and child health (MNCH) services such as ante-natal, post-natal, and family planning.

As part of the ongoing capacity building efforts with the ARCS, most of the planned HIV/AIDS and community-based training activities under the health and care programme saw completion. ARCS staff and volunteers were assisted and trained both within and outside the country on emergency health in the northern region, CBHFA ToT in Kandahar for 20 provincial trainers, and National Disaster Water and Sanitation Training

organized by Indian Red Cross through SARD coordination support. The software component of CCBHI project in Balkh, Samangan and Nangarhar continues to engage community participation and has been further expanded in Parwan province. The youth peer education (YPE) HIV program has been running successfully in the schools. During the reporting period, a total of 10,094 students participated in peer-to-peer education sessions. A total of 440 students, 84 teachers and school authorities were trained on HIV/AIDS. In addition a total of 13,250 cc of blood was donated by VNRBD (Pledge-25) members.

A DREF operation was launched in the month of May to respond to floods and landslides in northern Afghanistan. The health intervention components in the DREF provided an opportunity to strengthen the integration of emergency watsan, hygiene promotion and psychosocial support (PSS) activities with the engagement of CBHFA volunteers in actions. The training plan and reporting of CBHFA volunteers in emergency response support was developed. Trainings on epidemic control for volunteers (ECV), household water treatment storage (HHWTSS) and psychosocial support (PSS) for CBHFA volunteers were conducted.

ARCS continues to build on the 'working together' strategy with the MoPH which was reinforced with the joint 2014 World AIDS day celebrations in Mazar, Kabul, Jalalabad and Herat city whereby ARCS engaged in various awareness sessions and ensured visibility and messaging around the ongoing HIV/AIDS prevention programme activities.

Coordination efforts continue to be enforced through regular health tripartite meetings (ICRC-ARCS-IFRC). To name some, ARCS health care in danger (HCiD), communication/beneficiary communications committee meetings jointly with ICRC and watsan cluster meetings with MoPH. The MOPH emergency health preparedness and response director worked in close coordination with ARCS emergency health unit staff for the Ebola virus preparedness plan in Afghanistan.

A call for proposal on Partnership for Strengthening Maternal, New-born and Child Health (PSMNCH) from DFATD was shared to ARCS management with Afghanistan identified as priority country of interest with a five-year budget of \$2 million. The development of Afghanistan proposal is supported by Canadian Red Cross Deputy Country Representative based in Pakistan with inputs from ARCS and IFRC health team. For 2015, British Red Cross has confirmed the funding of CHF 73,000 on food security component from Guernsey Overseas Aid. A five-year (2015-2017) concept paper for GTZ focusing on ARCS community health and development programming was developed. The proposed project also integrates support of branch development, volunteer management and PMER capacity for ARCS.

On the **organizational development** front, ARCS had two meetings with the Ministry of Justice of Afghan government to advocate for the approval of the ARCS law and emblem law. The branch development project is going well and progress is made towards the set objectives for the project. One Leadership and one management training at the regional level continued to provide foundation and impetus for ongoing organizational development work. A total of 13 Movement coordination meetings have been jointly hosted by ARCS, IFRC and the ICRC in seven regional offices to review the implementation of the joint planning process, coordination and discuss needs and challenges with regard to humanitarian service delivery in the country. A plan and road map was developed for conducting ARCS provincial assemblies and five provincial assemblies have been conducted in five branches (provincial governance board is elected in five branches).

The Navision Dynamic implementation process started from January 2013 with the processing of 2013 financial transactions on live run. The full implementation of Navision Dynamic system was achieved in July 2014 with system testing and validation. The status of the Navision project closure was reviewed with the senior leadership of ARCS (Secretary General and Vice President) and partners (IFRC HoD, OD manager and ICRC co-operation delegate). The Navision finance and logistic system progress made in 2014 is a record milestone on the development work that was done with the team of ARCS finance and logistics department.

IFRC OD manager closely worked with the ARCS secretary general; both secretary general and OD manager developed strategic development and change process plan which will be applied in 2015 onwards. Likewise, OCAC recommendation implementation is jointly being reviewed by the ARCS Secretary General, his management team, IFRC country delegation and OD/VM delegate from Kuala Lumpur.

ARCS as a volunteer-based organization invests highly in managing its volunteers and members information via the new database system implemented in ARCS south central and southern region. Under the youth programme, more than 34,950 youth volunteers attended ARCS youth clubs and corners in 21 provincial branches, of which 40 per cent were female youth. One more youth club (central youth club) was established

in Kabul (headquarters) with this new youth club to provide more opportunity is available for the youth volunteers to explore their knowledge, skill and experience with their peers countrywide.

Mainly the youth program aims at building interpersonal capacity of youth on building a discrimination and violence free environment and to promote co-existence and peace within the peer to peers awareness component of the programme. In 2014, 1,200 youth were engaged with learning classes on Movement principles and values (YABC). Moreover, a number of 4,050 youth benefited from the Youth Agents for Behavioral Change (YABC) training sessions in 21 youth clubs and 50 youth corners in ARCS 21 branches.

In effect to this, 1,050 new youth volunteers were recruited and trained in various subjects such as Movement history, principles, voluntary task and first aid. Recruitment of volunteers strengthens the volunteer base and networking of the ARCS. A total of 52 youth volunteers were trained in youth clubs in Mazar-e-Sharif and Paktika branches in fundraising activities. The trained youth volunteers could generate AFN 7,000,000 (US\$120,690) through various fundraising events across the country.

A total of 2,000 trained youth volunteers took part in community related activities such as polio eradication campaigns, planting trees, cleaning the cities within hygiene campaigns and sport activities. Youth volunteers have a positive influence in the community by their active contribution and raising awareness for positive behavioral change in the community.

Five branches elected their provincial governance board and were educated about the Movement (ARCS, IFRC, and ICRC) and their areas of operation. ARCS senior management distributed certificates to the provincial governance board members to ensure they understand their role and responsibilities as the ARCS branch governance board members.

**PMER** strengthening initiatives contributed to developing and coordinating PMER systems and events, building the capacity of the PMER unit in ARCS, and actively encouraging and enabling the unit to support ARCS programme departments to meet the needs of communities in accordance with internationally accepted standards. In an effort to institutionalize PMER within the National Society, ongoing development of a PMER framework, long term PMER strategy and emergency plan of action tools and guidelines aims at synchronised organisational and institutional changes to improve the overall performance and accountability of ARCS programmes to communities, Movement and non-Movement partners.

IFRC continued with the skill development initiative for ARCS PMER focal points during the reporting quarter, mentoring sessions were held on different PMER topics such as concept notes and proposal writing. At the end of the reporting quarter, a first draft of the PMER framework has been circulated for feedback and suggestion to all partners and APZ/SARD office. A follow up ARCS PMER framework working group members meeting is scheduled to take place on 17 December to share feedback received to finalize the ARCS PMER framework document for roll out in early 2015. Likewise, in the month of October, a consultation workshop and development process of a long term PMER strategy was conducted with technical support provided by IFRC SARD office and SRC PMER advisor.

IFRC supported ARCS with the development of annual operational plan for the year 2015. ARCS planning guidelines for 2015, quarter planning and reporting templates have been reviewed and aligned with the current operational plan for use across all programmes. The following documents were further disseminated during the ARCS pre-planning meeting held in June whereby 50 ARCS staff and senior management member participated. During the reporting period all steps detailed in the annual planning process guidelines was carried out at ARCS HQ, regions and branches whereby the plans from different programme departments at various levels were consolidated by the planning technical committee at national level. ARCS senior management, heads of programs/regional offices, regional operational managers, key program staff at HQ, IFRC and ICRC program delegates participated in this process.

Similarly, mentoring and coaching session on various PMER topics and PMER framework are ongoing as part of the skill development initiative for ARCS PMER focal points to take a leadership role and engage with their respective programme units for all future PMER work. Close coordination was maintained with PMER focal point from IFRC South Asian Regional Delegation (SARD) to plan and conduct a PMER ToT in the month of June whereby 25 ARCS staff from the headquarters and regions was trained.

## Working in partnership

- Partner National Societies supporting ARCS and IFRC in implementing its programmes include the Australian, British, Canadian, Danish, Finnish, German, Japanese, Netherlands, New Zealand, Norwegian and Spanish Red Cross Societies. In addition, ARCS and IFRC have partnerships with CIDA, Italian Development Organization, and the Japanese Government.
- ARCS have also established partnership with MoPH, Ministry of Education (MoE) and in close collaboration with WHO and local NGOs at regional levels. IFRC health department has initiated linkages with UNICEF for child protection programme components and with WHO for the emergency health.

## Progress towards outcomes

### Business Line 2: To grow Red Cross Red Crescent services for vulnerable people.

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
<b>Outcome 1:</b> The ARCS is better organizationally prepared to respond to and cope with a rising number of natural disasters.			
<b>Output 1.1:</b> ARCS standard operational procedures, relief management guidelines and systems of disaster response at all levels are improved, standardised and enforced.			
a) ARCS Standard Operating Procedures; relief and recovery guidelines are standardised disseminated and enforced throughout the national society's 34 branches.	2	17	14
b) Senior management of the ARCS at headquarters and regional level are conversant with their provisions and ability to take appropriate decisions to guide efficient response.	0	All ARCS's senior management (on-going)	In progress
<b>Output 1.2:</b> Adequate trained human and logistic resources of ARCS are available at all levels in addition to a systemic pre-positioning of relief supplies in all ARCS branches.			
a) 200 staff and 800 volunteers have received training in relief management, logistics, DRU, NDRT and RDRT.	0	100 staff	150 staff
	N/A	400 volunteers	450 volunteers
b) Selected disaster prone communities are better prepared for emergency response through training and mobilisation of ARCS volunteers.	N/A	24	18

#### Comments on progress towards outcomes:

##### Output 1.1:

- Six early warning consultation workshops and DM SOP workshops (northern, north eastern and central north western region) have been conducted whereby 150 ARCS staff and volunteers to make them aware on various components of early warning system gather participant perspectives and comments to further develop the standard operating procedures and early warning systems.
- A DREF was launched on 9 May by ARCS with technical support provided by IFRC in response to the floods and landslides that occurred in April which affected thousands of families across Afghanistan. The latest DREF update can be accessed at: <http://adore.ifrc.org/Download.aspx?FileId=69961>. A total of 190 volunteers were mobilized (154 in northern and 36 in north eastern regions). These volunteers were involved in conducting the initial rapid assessment, relief distribution and health and hygiene awareness session with support of the MHTs.
- ARCS and IFRC DM staff continue to participate in the OCHA and UNHCR coordination meetings for shelter cluster and NFIs, emergency preparedness and protections. During the reporting period, two coordination meetings were held with ANDMA and UN OCHA to discuss and regularly participate in the

flood response updates at the HQ and field level. IFRC was represented at regional disaster response team training organized by SARD in Nepal.

**Output 1.2:**

- Seven new DRU vehicles were procured and after custom clearance, registration, installation and programming of the radios were handed over to ARCS. It is planned to provide equipment (kits) to the DRU teams and personnel by end of 2015.

**Indicator variance explanation:**

Nothing to report.

**Outcome 2: Health emergency preparedness and response capacity of ARCS is enhanced.**

**Output 2.1: ARCS preparedness capacity and ability to respond to the most common and frequent health emergencies is enhanced, including pre-positioning of contingency stocks of essential supplies as preparation for early action.**

a) ARCS has prepositioned 7 watsan kits 2 (one in each region)	0	3	5 (167%)
b) 64 staff from mobile health teams (MHTs) staff have received training on emergency health (EH)	30	63	64 (101%)
c) 1 PSS master training for 15 ARCS Health, DM and OD staff is conducted	0	1	0
d) 88 CBHFA Trainers are trained in PSS	0	44	20 (45%)
e) 500 CBHFA volunteers received one-day orientation on PSS	0	250	840 (336%)

**Output 2.2. Through community assessments and consultations, communities are better prepared for health emergency response**

a) CBDRR trained volunteers from 10 communities will have received CBHFA training.	0	5	1
b) One Field Based Mission Training (FBMT) conducted in target communities.	1	1	0
c) 520 CBHFA volunteers are trained on epidemic control (ECV) in targeted vulnerable communities	0	260	602 (232%)

**Comments on progress towards outcomes**

**Output 2.1:**

- Four new MHTs were established in Kapisa, Daikundi, Khost and Badghis provinces in addition to 17 existing MHTs. Additional 10 MHT vehicles, medical and non-medical equipment and supplies were procured supported by DFATD project in the last quarter of the year bringing the total number of MHTs to 31. However, 10 MHTs will be operational in 2015.
- The total number of beneficiaries reached through 21 MTS in 2014 were 547,892 through routine basic health and emergency health services which included consultations, vaccinations, wound dressings, health sessions and referrals (42 per cent were children under five and 58 per cent were over five years of age).
- The mapping of existing ARCS MHTs operating in seven regions was done by ARCS Emergency Health Focal Person through field visit and meetings with provincial public health authorities from 24 Jan to end of Feb 2014. Key positive outcome of the mapping and field visits was the re-establishment of coordination with MoPH, particularly the involvement of MHTs in the immunization outreach activities in

the catchment areas of the eastern region of which supply of vaccines were made available to MHTs from MoPH clinics and EPI centres for routine immunization and NIDs campaign.

- A total of 64 health staff was trained in one induction and one emergency health training course whereby 32 MHT staff participated. The overall objective of the training was to get a clear understanding and appreciation of the Red Cross Red Crescent Movement, their roles and responsibilities as members of ARCS MHT to provide primary health care services in the communities and to respond in times of disasters and public health emergencies. Following this, a regional Emergency Health Training was conducted in Mazar whereby 32 ARCS health staff including MHT, CBHFA and CCBHI staff from northern and north eastern regions participated. The participants' capacity in the areas of emergency response in coordination of other ARCS response teams was enhanced. The training included sessions on how to perform rapid health assessment and how to better coordinate and work jointly with DRUs (Disaster Response Units) of ARCS in the regions and other stakeholders during disasters. The trained staff will form a pool of emergency responders in the northern and north eastern regions to be deployed during major disasters and calamities in the country.
- The capacity of ARCS health to emergency health response has scaled up with the exposure in responding to different emergency context in the country. Eight MHTs were deployed to response to disasters and public health in emergencies in coordination with MoPH in 2014. A total of 33,085 beneficiaries received emergency health assistance from five MHT teams who responded to flash flood and landslide disasters in northern Afghanistan, one team to internally displaced population in Herat province, one team to Pakistani refugees' camp in Khost province and one team to cholera outbreak affected population in Nangarhar province, eastern region.
- New stocks of 1,800 hygiene kits, 500 PSS kits for volunteers and 5,000 PSS kits for three to six years' old children, 150,000 purification tablets and 50,000 PUR sachets were procured for prepositioning as part of DREF replenishment. A total of 190 volunteers were mobilized (154 in north and 36 in north eastern regions) and took active part in the initial rapid assessment; relief distribution and health and hygiene education; which were carried out in support to the MHTs.
- In the month of August, a six-day emergency watsan training for ARCS staff was organized in Kabul with the technical resource staff from SARD and APZ watsan unit. A total of 28 key health staff from seven regions were trained. The training aimed at enhancing the knowledge and skills on water supply, water quality, excreta disposal and better understanding of hygiene promotion software tools using the hygiene promotion box for emergency response. Technical know-how on the deployment and use of watsan kit 2 was demonstrated through field simulation exercise. Following the training, a one-day meeting between IFRC and ARCS was facilitated with health and DM staff with the aim of developing a strategy and plan of action for the emergency WASH.
- Five watsan kits 2 were procured in 2014 to be prepositioned in flood-prone regions in eastern, central northern, central southern, northern and north eastern regions which will be done in early 2015.

#### **Output 2.2:**

- Trained CBHFA volunteers on epidemic control, psychosocial support and household water treatment and safe storage (ECV, PSS and HHWTSS) have increased this year. The involvement of community volunteers in ARCS emergency preparedness and response capacity is paramount for immediate assessment, reporting and response. More than 100 per cent (840) of CBHFA volunteers were trained on psychosocial support (PSS) against the target of 800 in 2014. During the year, a total of 602 volunteers in six provinces of Nengarhar, Laghman, Balkh, Baghlan, Kunar and Badakshan province were trained on epidemic control and household water treatment and safe storage.
- Community awareness on disaster risk, hazards and building capacity to plan for risk reduction and preparedness for response in health programming in CCBHI project areas was promoted with initiation of a five-day CBDDR training for 32 community participants from targeted CCBHI communities' of Nengarhar province. The participants composed of CBHFA volunteers, community elders, CCBHI project staff and DM staff from provincial branches were trained on CBDDR approach and conducted a simulation on Vulnerability Capacity Assessment (VCA) in order to identify the capacity and risk/problem

of their community and prepare a risk reduction and mitigation plan for follow up in 2015.

#### **Indicators' variance explanation**

**Indicator 2.1.a:** Five watsan kits were procured instead of two during the year with the funding support from Canadian RC. The five additional kits procured this year (3 watsan kits existing in 2013) was timely and adequate for the ARCS to be able to contribute in responding to watsan interventions with local WASH actors.

**Indicator 2.1.b:** All medical staff from 21 MHTs received training on basics of emergency health. However, other ARCS health programme and clinic staff were targeted and included in the emergency health trainings as necessary to support as surge team in times of major disaster operations. Hence the number of trained staff exceeded the set target in 2015.

**Indicator 2.1.c:** Due to engagement of ARCS in emergency response to flood and landslide, activities contributing to this indicator is shifted to 2015 plan of action.

**Indicator 2.1.d:** Provincial trainers in the south western region have not yet received PSS ToT training. Three female trainers of the target 20 female trainers were not recruited. Therefore, it is planned to include female provincial trainers in 2015 trainings.

**Indicator 2.1.e:** Trained provincial PSS trainers continue to conduct specific PSS orientation sessions for newly trained CBHFA and previous trained volunteers as targeted. The additional training on PSS refresher to 190 volunteers of the DREF support in northern and north eastern regions increased the number of volunteers trained from 240 in 2013 to 840 this year.

**Indicator 2.2.a:** No field based mission training (FBMT) was held in 2014. ARCS health department has included FBMT trainings in 2015 plan.

**Indicator 2.2.b:** Epidemic control and household water treatment and safe storage trainings was conducted in eight flood prone provinces increasing the number of volunteers trained from 166 (organized in three provinces) in 2013 to 602 volunteers in 2014. A total of 30 trainings for 602 volunteers were completed this year.

### **Business Line 3: "To strengthen the specific Red Cross Red Crescent contribution to development"**

<b>Measurement</b>			
<b>Indicators</b>	<b>BL</b>	<b>Annual Target</b>	<b>Year to Date Actual</b>
<b>Outcome 1: Through close work with communities and relevant institutions, the ARCS are increasing community resilience in selected areas.</b>			
<b>Output 1.1: A context-specific disaster risk reduction (DRR) approach complete with a community-based disaster risk reduction (CBDRR) training curriculum, and aligned, where relevant, with the CBHFA approach, is prepared, and a pool of minimum four ARCS master trainers is achieved.</b>			
a) CBDRR training materials in local language has been distributed to all ARCS branches and relevant communities.	0	1000	2000 CBDP training manual translated and printed in Dari.
			1 CBDRR facilitator and participants' book and VCA guidelines were translated in Pashtu.
b) Four training of trainers in CBDRR and CBHFA have each undertaken one regional training session to more than 20 relevant ARCS staff per region.	0	140	80

<b>Output 1.2: Vulnerability assessments and sensitisation of communities are initiated in at least 2 regions under the guidance of the regional CBDRR / CBHFA trainers.</b>			
a) At least two risk reduction projects per region have been identified and initiated with relevant communities.	0	7	0
<b>Output 1.3: Targeted ARCS branches disseminate risk reduction awareness session through schools.</b>			
a) 15 schools were involved with organizing risk reduction awareness sessions.	0	8	0
<b>Comments on progress towards outcomes:</b>			
<ul style="list-style-type: none"> <li>A total of 2,000 copies of the ARCS CBDP manual was printed and distributed to ARCS provincial branches.</li> <li>As part of the ongoing capacity building initiatives, five ARCS staff members were enrolled in an online 'Gender in Community Based Disaster Risk Management' course in March 2014. In general, the course aims to integrate gender perspective in disaster risk management to ensure that both women and men have the necessary capacities in addressing their respective vulnerabilities to enable them to protect themselves, their families and their immediate communities. In addition, the course will help in informing the development of the ongoing gender strategy and framework for this project.</li> </ul>			
<b>Indicator variance explanation:</b>			
Indicator 1.2.a & 1.3.a: Activities contributing to the following indicators were not conducted due to lack of funding during the reporting period.			
<b>Outcome 2: Increased access to improved curative and preventive health services at community level.</b>			
<b>Output 2.1. Improved access particularly for children and women to basic health services in ARCS operational areas.</b>			
a) 12 new clinic buildings with delivery rooms have been constructed in remote areas increasing vulnerable mothers/pregnant women's access to good quality health care services.	0	3	2 (67%)
b) 42 clinics providing basic health care services to at least 909,000 beneficiaries particularly women and children will be supported (5% annual increase)	826,750 patients	868,000 patients	2,144,315 (247%)
c) At least 115,000 people served at ARCS clinics for ANC, PNC and family planning (10% annual increase)	96,171	105,000	107,660 (103%)
d) At least 309,000 people reached by fixed and outreach immunization activities (5% annual increase)	280,208	294,000	556,260 (189%)
e) At least 123,000 women received tetanus toxoid (5% annual increase)	111,894	117,000	133,867
<b>Output 2.2. ARCS health clinic have well-trained staff</b>			
a) 88 clinic staff (doctors and midwives/nurses) has on a yearly basis received basic /refresher trainings on IMCI, HMIS, Infection Prevention (IP) and MNCH sessions.	0	88	85 (97%)
<b>Output 2.3. : Increased life skills and knowledge amongst youth in terms of sexual &amp; reproductive health, safe health behaviour and practices.</b>			
a) 80 (40 male and 40 female) volunteer trainers have received training on trainers (ToTs) on sexual reproductive health and STIs in four cities.	100	0	0
b) 2,000 youth peer educators (YPE) are trained in sexual and reproductive health/STI prevention and FA.	525	1000	920 (92%)
c) 25 Pledge 25 are established in four cities (each with 25 youth to promote voluntary blood donation are established).	15	12	12 (100%)

<b>Output 2.4. The community resilience is increased by reducing health risks through community based promotion and disease prevention activities through CBHFA and CCBHI programmes.</b>			
a) 3,180 (2,460 male and 720 female) volunteers in 123 communities in 34 provinces are trained in CBHFA approach	360 Male	1,460 (1,100 M, 360 F)	1,140 (78%) (660 M, 480 F)
b) 10 grandmother committees in 10 selected communities are established in CCBHI target areas.	0	5	12 (120%)
c) 800 CBHFA volunteers (400 male and 400 female) received health and hygiene training in CCBHI targeted areas.	240 (120 M, 120 F)	520 (260 M, 260 F)	208 (40%) (101 M, 107 F)
d) 1,080 CBHFA volunteers (420 male and 660 female) trained in reproductive health in CCBHI targeted areas.	120 Female	400 (140 M, 260 F)	240 (60%) (100 M, 140 F)
e) 1,005 sanitary latrines (25% of targeted communities) and 104 wells have been dug in Balkh, Samangan and Nangarhar provinces.	192 latrines/ 44 wells	505 latrines/ 54 wells	15 latrines/0 wells (3%)

#### Comments on progress towards outcomes

##### Output 2.1:

- Forty five ARCS clinics were supported and continued to complement primary health care services of the MoPH-Basic Health Services Package (BPHS) in the communities where people do not have access to other health facilities. A total of 2,144,315 beneficiaries were reached for primary health care services including immunization which is more than 25% increment comparing to annual achievements of 1,672,886 in 2013. The number of women and children with access to MNCH and immunization services has also increased: 60% of the total health consultations were provided to women and more than 28% beneficiaries (women and children) have received MNCH services of vaccination, antenatal/postnatal care, family planning, growth monitoring, nutritional screening and birth deliveries.
- In north region, three ARCS clinic construction in Jawzan, Balkh and Samangan provinces were completed. Distribution of 1,480 winterization kits in January 2014 targeting mothers who sought MNCH consultation in the clinics was completed. Four rounds of TT vaccines and immunization of their children below six years of age was completed.
- The service coverage on NIDs (national immunization days) for polio campaign has increased to 3% in 2014. Five regions namely, eastern, northern, north-eastern and central regions were active in their involvement in the NIDs-polio campaign. The ARCS volunteers, MHTs and clinics were the usual main agents for community mobilization in the NIDs. ARCS' MHTs and CBHFA volunteers including MoPH community health workers (CHWs) worked in a coordinated manner and contributed in nine NID campaign rounds to immunize children against polio and administered polio drops to a total of 556,260 under-five children. A total of 1,003 CBHFA volunteers were mobilized and recognized as social motivators and health educators by Ministry of Public Health authorities during the campaign specifically in the remote and insecure areas.
- Upgrading ARCS health care facilities continued to be supported in 2014. The three newly constructed clinics in Kapisa, Paktika and Mazar-e-sharif and renovation of two clinics in Jalalabad and Bambalakit of eastern region were officially handed over and started delivery of basic health service in the 1<sup>st</sup> quarter of 2014. Likewise, the construction of two new clinic building supported in 2014 was completed in Parwan and Faryab in December. During the year, provision of new medical and non-medical equipment and materials were supported to ARCS clinics of Paktika, Kapisa, and Balkh and Wardak provinces.
- Support to improve the capacity of clinic and MHT staff to deliver effective services was enhanced. In 2014, a total of 53 clinic and MHT staff (vaccinators and midwives) in central south, central north, northern and north eastern regions received trainings on vaccination refresher; maternal, neonatal, child health which includes family planning and reproductive health coordinated with MoPH. The trained volunteers were able to refresh their knowledge on new vaccine and procedures on Pneumonia to the EPI system,

family planning and reproductive health care were highlighted.

**Output 2.2:**

- Health management information system (HMIS) trainings for clinic and MHT staffs were accelerated with the ARCS HQ HMIS officer in place. Trainings were organized in five out of seven regions for a total of 85 ARCS staff. The participants were oriented on the updated templates of the HMIS, trained on how to fill the forms, compile monthly reports and analyse the data for further planning. Through the MoPH HMIS training and coordination, the registration of ARCS clinics to MoPH HMIS was reactivated to ensure the services are accredited and capture in the MoPH HMIS data. The participants were oriented on the updated templates of the HMIS and were practically trained on how to fill the forms, compile monthly reports and analyse the data for further planning.

**Output 2.3:**

- The YPE/HIV program implementation in schools has been running successfully and supported by the annual renewal of MoU between the ARCS and Ministry of Education. So far, a total of 308 teachers and school authorities (150 male & 158 female) in targeted schools received HIV/YPE sensitization workshop.
- To increase awareness among the youth in life skills, knowledge on sexual and reproductive health and healthy behaviour practices, trainings were conducted for youth peer educators in schools whereby 920 new youth volunteers were trained. Trained YPE-volunteers were able to reach 34,888 students (15,086 male and 19,802 female) through peer-to-peer education sessions. Sessions on HIV transmission, prevention, how to avoid discrimination and stigma about those living with HIV, how to prevent sexually transmitted infections, healthy lifestyles and how to provide first aid services were discussed with students.
- A total of 12 Pledge 25 groups was established in four cities (Mazar, Kabul, Herat and Jalalabad). The Pledge 25 members were able to recruit 240 blood donation motivators and were trained on first aid and VNRBD respectively. During the year, a total of 63,400 cc of blood was donated by 255 ARCS Pledge 25 members.
- Anti-stigma campaigns were conducted in Mazar-e-Sharif and Herat city respectively whereby 322 students and teachers participated. The main objective of the campaigns was to enhance knowledge of volunteers about self-stigmatization and educate the volunteers about discrimination and stigmatization of HIV/AIDS patients in the community. The participants learned the ways to eliminate discrimination and stigmatization of people who are living with HIV as well as how to prevent STIs and HIV/AIDS.

**Output 2.4:**

- The implementation of CBHFA programme in six ARCS regions has been on-going despite security conditions. The CBHFA programme has expanded to 24 provinces. The number of volunteers trained increased this year with a total of 1,140 CBHFA volunteers (660 males and 480 females) trained in 24 provinces. Since the roll-out of CBHFA training in 2010, the total number of CBHFA volunteers trained has increased from 2,131 as of end of 2013 to 3,479 in end of 2014. All trained CBHFA volunteers are registered in the ARCS volunteer data-base system that was initiated two years ago. All trained CBHFA volunteers were provided with CBHFA volunteer and first aid manual which they could use for first aid activities.
- Three CBHFA ToTs were conducted in northern, eastern and south-western regions for newly recruited and existing CBHFA trainers. A total of 39 CBHFA trainers (19 female and 20 male) were trained from 13 provinces. The CBHFA ToT conducted in the southwest region was initially not included in 2014 plan due to accessibility issues with the on-going war and unstable security situation, but later identified as the most vulnerable with significant number of humanitarian needs.
- In 2014, 12 female trainers are supported by IFRC in line with the programme objective to increase the participation and service reach of women in community health and first aid education and promotion activities especially those in rural communities
- The services provided by CBHFA volunteers in 2014 have increased whereby a total of 589,233 beneficiaries were reached with health education, first aid, and referrals.
- In July 2014, CBHFA volunteers in Balkh province carried out dissemination activities in the mosques and conveyed messages concerning personal and environmental hygiene, prevention of communicable

diseases, the dangers of plastic hand guns and fire crackers children play with. Environmental clean-up campaign was organized by 47 CBHFA volunteers and 27 health committee members in Narang, Marawara district of Kunar province involving volunteers from target schools and community in cleaning of drainage, roads and streets.

- The implementation of CCBHI project expanded to Parwan province covering two villages this year. Food security and nutrition interventions have been initiated in Balkh province targeting 213 households for vegetable gardening and poultry farming. Trained volunteers in CCBHI project communities in the provinces of Balkh, Samangan and Nangarhar continue to conduct community health education, hygiene promotion and reproductive health care motivation. The establishment of grandmother committees has motivated mothers to attend health facilities to receive professional and skilled MNCH services resulting to reduce mortality and morbidity cases related to mothers and children. A total of 9,857 community members in Balkh and Samangan province participated in health and hygiene sessions and received messages on different health topics including vaccination, family planning, measles, using of sanitary latrines, delivery care and importance of safe drinking water.
- The implementation of watsan hardware component for the construction of latrines and wells was delayed in 2014 due to lengthy procurement procedures of ARCS. Only 15 latrines were completed in 2014 while the construction of 125 latrines, one water reservoir and 15 wells will be completed in 2015. Twelve mechanical tools kits for the repair of wells were distributed to trained mechanic volunteers in CCBHI project villages. Trained mechanic volunteers will help community people to repair small damages of wells and ensure the wells are maintained for proper functioning.

#### **Indicators variance explanation**

**Indicator 2.1.a:** All 45 ARCS clinics providing basic health services was supported in 2014. IFRC supports the running cost of 45 clinics and the hardship allowance of 17 clinics while ICRC provides the medicines and other medical supplies.

**Indicator 2.4.a.** Trained female volunteers exceeded the target. The recruitment of female trainers to motivate women's participation in CBHFA trainings contribute significantly to the increased number of female volunteers trained.

**Indicator 2.4.b.** Establishment of grandmother committees exceeded the target due to additional project communities included in Nangarhar province.

**Indicator 2.4.c-d.** Training on hygiene promotion and reproductive health for CBHFA volunteers in CCBHI project communities in Nangarhar and Parwan province to be completed in 2015. The target number of CBHFA volunteers to be trained include the expansion to Herat province expected to start in 2015.

**Indicator 2.4.e.** the construction of wells, latrines and water reservoir in 2014 was delayed and will be completed in 2015. The delay was caused due to lengthy procurement procedures of ARCS and the slow processing of documentation requirements.

**Outcome 3: The institutional capacities of ARCS are enhanced at all levels to achieve a stronger and more sustainable NS able to provide effective and higher quality services in keeping with broader levels of acceptance countrywide.**

**Output 3.1: Updated statutes, Red Crescent - and Emblem Law are developed and enforced and governance board sat all levels are put in place and discharging their duties, roles and responsibilities accordingly.**

a) ARCS constitution is approved, disseminated and put in practice in the ARCS headquarters and all 34 provincial branches.	0	Constitution is approved	Constitution is approved (80%)
b) ARCS draft emblem law and NS law is finalized and disseminated internally and externally to the government departments.	0	Draft Law in place	Draft law is finalised (80%)
c) Number of leadership and governance members provided with training on ARCS governance issues at headquarters and provincial branches.	0	All (ongoing)	3
d) 15 branches have conducted their provincial assemblies	0	7	5

and branch governance boards are in place.			(81%)
<b>Output 3.2: Policies, procedures, guidelines and systems on management and skills building of ARCS are developed in line with S2020.</b>			
a) ARCS policies and guidelines on staff management and skills building are in place at all levels of the National Society.	0	1 policy	33%
b) ARCS finance, audit and youth policies are developed and implemented.	0	3 branches	33%
<b>Output 3.3: The financial management capacity of ARCS is strengthened at all levels through the installation of an enhanced computerized accounting and updating of financial regulations and procedures.</b>			
a) ARCS has consolidated its computerized financial management capacity both at head quarter and regional level.	0	1 HQ + 7 regional offices	33%
b) The Navision financial software is functional at ARCS headquarters and seven regional offices and expanded to seven provincial branches.	0	7 regions	33%
c) Navision training is provided to the ARCS finance staff in the headquarters and seven regional offices.	0	7 branches	33%
<b>Output 3.4: The functional capacity of branches has been strengthened – leading to improved services and response to emergencies in line with its strategic and operational plan.</b>			
a) 40% of ARCS branches are better functioning according to the well- functioning branch standard.	5%	25%	20% (7 branches at regional level)
b) All 34 branches are provided with the leadership, management, planning, monitoring, evaluation and reporting trainings.	0	5 branches	15%
c) Each branch has recruited 100 new members including male and female.	0	50 members	2,612 members
d) 15 branches have provincial governance boards in place by end of 2015.	0	15 branches	5 branches

**Comments towards progress towards outcomes:****Outcome 3.1:**

Three meetings were conducted with the Afghan Justice Ministry in relation to the ARCS law and emblem law which was developed by a technical committee and approved by the ARCS governance board. Approval for both laws will be sought in 2015.

One leadership and one management training workshop was conducted whereby more than 94 staff from the ARCS headquarters, regional offices and branches are being trained. The purpose of these trainings are to orient the heads of the provincial branches to better manage their staff and operation in the field; our understanding is that the branches are the front line of the ARCS operation, therefore they should be equipped and educated to run the day to day operation of the ARCS in the remote areas and provide better/qualitative humanitarian services to the most destitute people in the country.

Thirteen regional Movement coordination meetings were conducted across seven ARCS regional offices. The objectives of these meetings are to review the implementation and coordination between the ARCS, IFRC and ICRC, taking into account the humanitarian need in the country, and to review challenges and problems that affect humanitarian service delivery in the field.

Based on the ARCS leadership proposal and agreement of the IFRC delegation, OD manager is closely working with the ARCS secretary general to assist him on the annual operational plan implementation and strategic development/change process (SG office set up, review the key programmes/projects and restructuring of the ARCS). So far, key programmes/projects of the ARCS are reviewed and strategic development plan is drafted and given to the ARCS secretary general for his comment and inputs. At the same time two commissions (management and senior leadership) were proposed and established. The main

task of these committees will be to work on the strategic development plan and implement it and the senior leadership committee will comment and support the plan of the management team commission. The members of the commission are as follows:

- 1) Management team: Mr. Dindar ARCS Secretary General, Mr. Hussaini IFRC OD Manager and Mr. Sharif ARCS President Advisor.
- 2) Senior leadership committee: Mr. Walizada ARCS Vice President, Mr. Dindar ARCS Secretary General, IFRC HoD, ICRC Cooperation Coordinator, Mr. Hussaini IFRC OD Manager and Mr. Sharif ARCS President Advisor.

The above two commissions will lead all strategic development/change work in ARCS and will regularly meet and report to ARCS President.

A regulation was developed to guide the establishment process of ARCS provincial assembly in branches. An orientation/sensitization workshop on establishing provincial-level assemblies was conducted for the provincial assembly members and volunteer management department staff so that they can further facilitate establishment and roll out of the entire process.

A training workshop was conducted for the ARCS seven regional office supervisors and 34 branches membership officers to ensure they understand the importance of establishing provincial governance board.

In 2014, provincial assemblies were conducted in ARCS five branches of Jalalabad, Herat, Kapisa, Takhar and Faryab. This is a joining point between the communities and the ARCS branches and will help ARCS in better service delivery to vulnerable communities.

#### **Output 3.2:**

The updated finance manual has been translated and approved for use by senior leadership. Two hundred printed copied was made for distribution and dissemination across ARCS branches, regional offices and HQ. The initial training of all HQ finance staff was conducted in the last quarter of 2014. Volunteer management guidelines are developed, the roll out of these documents will further support the ARCS finance, and youth and volunteering departments in managing their work and speed up the implementation rate of planned activities.

A team was assigned to list ARCS strategies, policies, rules & regulations and guidelines documents of the ARCS and identify the need to develop more documents needed. According to the OCAC assessment report development of necessary documents are highlighted as priority to the ARCS.

#### **Outcome 3.3:**

During 2014 through the IFRC finance development work, ARCS was supported in following up with the concerns of the independent advice from oversight functions such as the SIDA constituted audit of ARCS on internal systems and control audit carried out in January 2014, the independent joint anti-corruption monitoring and evaluation committee snap audit on ARCS. Also the senior leadership have taken note of the management letter and comments of the ARCS external auditors on ARCS 2012 audited financial statement. Initial training on anti-corruption policy has been conducted for all HQ finance staff while there is a plan to conduct a wider dissemination with the leadership and programme managers once the senior leadership schedules a suitable date for the same.

Navision has been implemented at the national headquarters and five regional offices while the other two regional offices will be implemented after the office set up has been finalised. Twenty four staff members of ARCS finance both at the HQ and regional offices have been trained on Navision. Additionally, the regional staff continues to receive support and guidance from the HQ on the review of their work in the Navision system. On top of that two ARCS finance staff together with the IFRC finance development delegate attended training for finance trainers (TFT) in India and three other ARCS finance staff attended finance training (Mango) in Dubai. The live running of ARCS Navision finance software at ARCS HQ and five regional offices and project implementation completion status still requires a lot of technical support and close monitoring from management due to the poor work attitude amongst ARCS finance staff.

The processing of financial transaction on Navision live run from 22 December 2013 marked the changeover

date from the old system being replaced in order to buy time and simultaneously affect development process in the new system. Following the conclusion of the two years' audit in the second quarter of 2014, the opening financial accounts balances from the NS audited 2012 financial statement drawn from the old quick book financial system was migrated into Navision which had hitherto been running without opening balances. The full implementation was achieved in July 2014 with system testing and validation.

Also the Navision finance and logistic system progress made in 2014 is a record milestone on the development work that was done jointly by the ARCS/IFRC finance and logistics department. Therefore, the achievement made so far is a step towards strengthening the NS capacity to move forward on the finance development work at all levels. In the coming year focus will be on enhancing and strengthening finance functions, processes, systems and procedural compliances including but not limiting to review of current financial controls, compliances to rules and procedures.

During the reporting period, technical support was provided in reviewing and developing job descriptions for five key finance staff working on Navision finance system as well as the deputy finance director. The divisions of responsibilities with regard to financial management between finance and programme staff, reporting and budget control functions, accounting system and practices, banking and cash management regulations were clearly defined in the revised job descriptions. In addition, regional finance staff continues to receive guidance and support from HO staff, through remote support from the visual private network (VPN). The practice of monthly account closing and real time account reconciliation will be pursued gradually. Source of verification is the accounts statements and financial reports generated from the Navision system. Working advances are reported on a monthly basis through the sub delegation and those from the HQ are followed up through the IFRC programme budget holders.

Evolving from the ARCS strategic plan of 2012 - 2015, 34 branches of ARCS finance development work was mapped out to be done on piecemeal basis with the coverage of nine branches in each successive year. While the branches development is important, present demand will be to sustain the process in the implemented areas, to ensure full utilisation and exploration of lessons learnt before roll out finance development work to all ARCS branches. A needs assessment for the same has been planned for three branches in the first quarter of 2015. In order to conduct this request for no cost extension on the current financial component for OD pledge has been forwarded to Nor Cross as current funding period is till 31 December.

The updated finance manual has been translated and approved for use by senior leadership. Once finalized the finance manual was disseminated across ARCS branches, regional offices and HQ. The initial training of all HQ finance staff was conducted in the second quarter of 2014. The plan to conduct a wider dissemination with the leadership and programme managers has been kept on hold due to the senior leadership not being able to come up with suitable date. Therefore, this activity will be shifted to 2015.

#### **Output 3.4:**

A total of 2,612 new members were recruited across 34 ARCS provincial branches; of the total, 427 are female members. The recruitment of members at the provincial branches will pave the way for establishing provincial and general assemblies and to ensure Afghan communities is involved and taking part in the ARCS decision making process at different levels (headquarters, regions and branches). Furthermore, this will enable the ARCS to advocate for a decentralized approach, more democracy and will pave the way for the second general assembly in 2016/2017.

In 2014, governance board elections were conducted in ARCS five branches of Jalalabad, Herat, Kapisa, Takhar and Faryab. This is a joining point between the communities and the ARCS branches and will help ARCS in better service delivery to vulnerable communities.

A briefing and training workshop was conducted for five branches elected governance board and they were educated about the RCRC Movement (ARCS, IFRC, ICRC) and their areas of work. Their certificate was distributed by the ARCS senior management to ensure they understand their role and responsibilities as the ARCS branch governance board members.

<b><u>Indicator variance experience:</u></b> Noting to report.			
<b>Outcome 4: Youth programmed of ARCS in youth clubs and schools is strengthened and expanded to promote youth's skills development and ensuring that youth becomes a relevant contributor to positive social development including promotion of tolerance in the community.</b>			
<b>Output 4.1: Youth policy; guidelines and training curriculums have been developed including plans for youth programmes in schools and communities.</b>			
a) 30% increase in the volunteer database has been achieved, and through a systematic volunteer training, 40 % of all youth volunteers take part in dissemination of principles and values in their communities.	10%	23%	15%
<b>Output 4.2: Red Cross Red Crescent Movement knowledge, humanitarian values and social development issues are disseminated to youth in schools and communities enabling them to become proactively engaged in community development, awareness raising and service delivery for the community.</b>			
a) 40% of volunteers and youth are trained and made aware to disseminate the fundamental principles of the movement and contribute to promoting tolerance in their communities.	5%	30%	15%
<b>Output 4.3: The ARCS volunteering management system is improved and better harmonized ensuring a trained pool of volunteers capable at producing solutions and participating in efforts to reduce risk and vulnerability at all levels.</b>			
a) Volunteers' management and retaining systems with policy, guidelines and structures for promotion, recognition and protection of volunteers are integrated and enforced.	0	25,000 volunteers	20%
b) Volunteering management policies and guidelines, hereunder with clear indication of retaining activities for volunteers have been applied in 60% of ARCS branches.	10%	45%	15%
c) A well-functioning ARCS youth and volunteering department administers all relevant training of volunteers throughout the National Society.	0	13,000 volunteers	20%
<b><u>Comments towards progress towards outcomes:</u></b>			
<b><u>Output 4.1:</u></b> During the reporting period, 34,956 youths benefited from various youth club activities. These trained youth volunteers continue to disseminate sensitization information about ARCS activities and Movement principles among their families and in respective communities. This in turn promotes the whole idea of safer access of ARCS staff and volunteers in targeted intervention communities/villages.  A total of 1,750 youth volunteers were deployed in social welfare activities such as hygiene promotion and demonstration, vaccination campaign in the remote areas which are catered by ARCS regional offices. In effect to this, communities are motivated to take part in improving the environmental and personal hygiene conditions as well as prevent water borne diseases in their respective communities. Also, 20,000 children received polio vaccination.  ARCS central youth club is established in Kabul, this youth club will take the lead support for youth volunteers' activities and involve them in the ARCS's strategic decision making process and provide technical support to enhance youth volunteers capacity.  A total of 700 youths took part in celebration of the Red Cross Day, the International Peace Day, international women day, the International Volunteers Day in ARCS seven regions. Youth volunteers conveyed real Red			

Cross Red Crescent messages to the participants through songs, role plays and sport games.

**Output 4.2:**

During the reporting period 12 volunteer database managers from seven regional offices were conducting training on volunteers database (RMS). This in turn will help ARCS volunteering management department to have a clear picture and record of its volunteers all over the country working under different programmes of the ARCS.

Various training workshop being conducted for the ARCS volunteers management department staff and volunteers in ARCS headquarters and seven regional offices. The ARCS trained volunteers are (survey, assessment, distribution, RFL, vaccination events, dead body exchange programme and etc.) involved in the ARCS operation in all 34 branches and seven regional offices.

Youth club activities are run in 21 youth clubs in 21 of the ARCS branches. A total of 34,956 volunteers benefitted through regular youth activities such as trainings on computers, English language, Red Cross Red Crescent Movement P&V (YABC, volunteerism) first aid and landmine awareness. During the reporting period, a total of 1,200 youth enrolled and graduated from various training courses organized by ARCS youth clubs. Forty five percent (45%) of the youth who benefitted from these activities were female youth.

A total of 2,000 volunteers from Kabul, Jalalabad, Herat regional offices and branches participated in a national vaccination campaign and hygiene promotion campaigns. In addition, 100 trained youth volunteers were engaged in response to support the IDPs in Herat with raising awareness on hand washing and promotion of Hygiene. As a result, a number of 10,000 IDPs benefitted and could prevent most of the seasonal diseases, which might threaten their health.

During the reporting period, a total of 1,050 youth (577 male and 473 female) from 21 youth clubs in 21 branches of the ARCS were recruited and trained as volunteers. The recruitment increased the total number of ARCS youth to 14,814. These youth volunteers have added value to build upon a stronger youth network and contribute to ARCS's volunteering activities as per the need.

**Output 4.3:**

A total of 37 master trainers and 2,100 youths from youth clubs and youth corners were trained on YABC and PSS in seven regional offices and 20 branches. The trained youths contribute significantly in bringing about changes in the behaviour of their families, relatives and peers in decreasing discrimination, violence and intolerance in the community.

ARCS youth volunteers conducted 203 training sessions on Youth Agents for Behavioral Changes (YABC) for youths in central, northern, eastern, western and southern regions with coverage of 21 branches, whereby 4,050 youths (45 per cent female) from youth clubs and youth corners from the schools participated. The number trained in YABC are actively engaged with carrying out the messages of non-discrimination, co-existence, conflict resolution, Psychosocial support to their communities in order to contribute towards a discrimination and violence free community in Afghanistan.

**Indicator variance explanation:**

Nothing to report.

**Business Line 4: To heighten Red Cross Red Crescent influence and support for our work.**

**Measurement**

Indicators	BL	Annual Target	Year to Date Actual
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**Outcome 1: Partnerships and coordination are strengthened with relevant Afghan government departments and local authorities to support Red Cross Red Crescent integrated preparedness modalities and Disaster Law legislation.**

**Output 1.1: Coordination and advocacy efforts with relevant ministries have been undertaken to promote integrated disaster and health program interventions in times of emergency and in long term development programming in the country.**

e) 27 MHTs mobilized in response to disease outbreaks in coordination with MoPH and ANDMA.	10	22	21 (95%)
f) ARCS/IFRC celebrated World Blood Donors Day (14 <sup>th</sup> June), World First Aid Day (14 <sup>th</sup> September) and World AIDS Day (1 <sup>st</sup> December) in collaboration with MoPH, MoED and WHO.	Annual	Annual	Organized annually (100%)

**Outcome 2: The capacities among young people and especially youth volunteers in the ARCS to actively engage with civil society on humanitarian action and promotion of humanitarian access in Afghanistan have been strengthened.**

**Output 2.1: ARCS staff capacity to train youth and volunteers in 'understanding the humanitarian law' learning package; HPV and psycho social support has been strengthened and integrated.**

a) The ARCS Youth and Volunteer Department has developed a universal curriculum for the general training of youth and volunteers.	6,850	9,275	25%
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**Comments on progress towards outcomes**

**Output 1.1:**

- ARCS Health is represented in the EPI (Expanded Program of Immunization) committee meetings and attended health and WASH cluster meetings in Kabul with IFRC health. The MoU between ARCS and MoEd is renewed annually in line with the implementation of HIV and Youth Peer Education program in schools.
- ARCS attended the presentation of the Afghanistan national disaster management plan for health sector facilitated by MoPH. As key health partner of MoPH in emergency situations, ARCS roles and responsibilities is the national emergency health preparedness and response plan is included in the areas of first aid, mobile health teams and community surveillance. Coordination meeting with the MoPH emergency health department was initiated in line with the Ebola preparedness and response plan of the country which was coordinated through ARCS.
- ARCS health department is an active partner of MoPH in the celebration of the annual World Blood Donor's (WBD) day, World AIDS day and World First Aid day (WFAD). ARCS contributed to the celebration at different levels and were part of the WBD steering committee. Dissemination about the ARCS first aid trainings has increased during the WFAD event with the posting of banners in strategic areas in the major cities in different ARCS regions and provinces.

**Indicators variance explanation**

Nothing to report.

***Business Line 5: "To deepen our tradition of togetherness through joint working and accountability".***

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
<b>Outcome 1: ARCS PMER policy, planning, standard reporting procedures are in place and used at HQ, zone and branch levels.</b>			
<b>Output 1.1: ARCS leadership approves a PMER policy articulating the rationale and expectations of all programmes regarding planning, M&amp;E and reporting.</b>			
a) A PMER policy is in place approved by the board and issued by the Secretary General.	0	PMER policy	20%
b) ARCS has an integrated PMER plan cutting across all programmes	0	Yes	Yes (100%)
c) ARCS have PMER guidelines and manuals and using them to guide PMER activities.	0	1 PMER manual	1 PMER manual (100%)

<b>Output 1.2: ARCS rolls out a monthly reporting aligned with the annual planning system.</b>			
a) By the end of 2013, ARCS begins implementation of a monthly reporting system at branch, region and quarterly at HQ levels.	0	34	15 (44%)
b) 100% of branches and 100% of regions are reporting on a monthly basis following an approved and common indicator system.	0	100%	30%
<b><u>Comments on progress towards outcomes</u></b>			
<p><b>Output 1.1:</b> Based on the recommendations of the ARCS PMER capacity assessment study that was done in December 2013, a three year PMER capacity building plan and monitoring and evaluation was developed and shared with ARCS senior management and different partners supporting the PMER component of the development operational plan.</p> <p>The IFRC PPP manual has been translated and adapted in Dari with localized examples and pictures. A total of 600 copies of IFRC PPP manual (Dari version) have been printed and will be distributed in 2015.</p>			
<p><b>Output 1.2:</b> ARCS reviewed and finalized the monthly and quarterly reporting formats based on common indicator reporting system for programmes. A total 25 ARCS HQ and regional staff have been oriented on the use of monthly and quarterly reporting format during the PMER TOT. However, as there is no structure in place at branch level to support the use of these tools and templates it is difficult to track compliance with their use.</p> <p>As this is an ongoing process, 30% of ARCS regions who were trained on standard reporting formats in 2013 continue to use the monthly and quarterly reporting formats which are submitted to headquarters for consolidation and submission to ARCS senior management for effective programme management. It has been requested during the regional planning mentoring session conducted in August 2014 to conduct more advanced PMER training at the region and branch level in 2015 on standardized planning and reporting templates.</p>			
<b><u>Indicators variance explanation</u></b>			
<b>Indicator 1.1.a.</b> During the reporting period, a desktop research was conducted to collect best practice on PMER strategies amongst Red Cross Red Crescent Movement partners, sister national societies and INGOs. This activity will be conducted in 2015.			
<b>Outcome 2: ARCS human resources are in place at HQ and regions and have the skills necessary to support improved monitoring and reporting.</b>			
<b>Output 2.1: Headquarters PMER have improved skills and constructive management to carry out PMER responsibilities.</b>			
a) All PMER staff at HQ are trained on the four components of PMER.	0	7	25 (357%)
<b>Output 2.2: HQ PMER have improved skills and constructive management to carry out PMER responsibilities.</b>			
a) A PMER management structure is in place and functional.	0	1	27%
b) Seven PMER staff at HQ are trained in basic excel and survey methodologies.	0	7	15 (214%)
c) Seven PMER officers at HQ have received training in basic statistics in relation to ARCS programmes.	0	7	0
<b>Output 2.3: Branches and zones have targeted staff with enhanced skills to carry out basic monitoring and reporting responsibilities.</b>			

a) All programme staff in branches and zones are trained in basic programme monitoring and reporting.	0	160	223 (139%)
<b><u>Comments on progress towards outcomes</u></b>			
<p><b><u>Output 2.1:</u></b> In continuation to capacity building efforts at the ARCS HQ, region and branch level, a four-day national-level PMER refresher ToT was conducted in June 2014 with facilitation support provided by IFRC SARD whereby 25 PMER focal points from ARCS HQ and regional offices participated. As per the pre/post-test assessment, it was seen that after the PMER refresher ToT, the level of programme staff understanding increased by 33 per cent.</p> <p>This ToT contributed in creating a pool of 24 PMER focal person across all programme departments who will take the lead in executing the PMER concept within the National Society and improving the overall quality of the PMER in the target programme areas. As an output the trained members will also lead the ARCS operational planning/mentoring process for 2015 scheduled for quarter three.</p> <p><b><u>Output 2.2:</u></b> During the reporting period, seven ARCS regions have appointed its regional operation managers as the PMER focal points. IFRC supported the ARCS with the development of job descriptions for PMER focal points at the headquarters, region and branch level which has been approved and endorsed by ARCS senior management and HR. A total of 12 HQ and regional PMER focal points have been oriented on their job descriptions. At present the branch manager is the focal PMER person with shared programme responsibilities. However, 2015 plan will include a dedicated PMER focal person at the branch level.</p> <p>A total of 15 ARCS PMER unit staff was oriented on a one-day mentoring session on the basics of monitoring and evaluation and baseline survey. However, regular monitoring follow up of the annual operational plan is not being done by the HQ at the regional and branch level which in turn affects the information/data being reported on a quarterly basis to the HQ and overall quality of reports. At the moment it is seen that ARCS does not have a culture of indicator reporting to measure progress against planned activities under various programme departments. It is planned to have specific reporting workshops for ARCS regions during quarter one of 2015.</p> <p><b><u>Output 2.3:</u></b> ARCS reviewed and revised the standard M &amp; E plan template currently being used by health, OD and PMER programme departments. ARCS reviewed and finalized the monthly and quarterly reporting formats based on common indicator reporting system for programmes. A total of 223 ARCS staff were oriented on the same. However, ARCS HQ is conducting quarterly joint monitoring visits with IFRC and ICRC. Monitoring questionnaires for IFRC and ICRC supported programmes were reviewed and modified as per needed in the month of May 2014. A total of 223 ARCS staff from HQ, region and branch have been oriented on the use of ITT during the two-day PMER mentoring session conducted across all seven ARCS regional offices during the month of August 2014.</p> <p><b><u>Indicators variance explanation</u></b> <b>Indicator 2.2.c:</b> Activities contributing to this indicator will be conducted in 2015.</p>			
<b>Outcome 3: ARCS programme management and coordination in targeted programmes is improved due to enhanced capacity in PMER.</b>			
<b>Output 3.1: Targeted staff at field and HQ drawn from DM, health and youth has improved skills in monitoring, evaluation and reporting</b>			
PMER tools and guidelines are in place for use in guiding programme monitoring and evaluation.	0	1 PMER framework/ 1 PMER strategy	1 PMER framework (100%)/ 1 PMER

strategy (50%)

**Output 3.2: ARCS annual planning process at all levels follows a logical framework/results-based approach**

ARCS has developed planning guidelines and is using annual planning guidelines for the annual planning process.	0	1 ARCS joint planning guidelines	1 ARCS joint planning guidelines
All ARCS programme staff at HQ, branch and regions are trained on programme planning.	0	160	223

**Comments on progress towards outcomes****Output 3.1:**

**PMER Framework:** The two-day workshop for the development of ARCS PMER framework was organized in Kabul on 10 and 11 February 2014. The workshop introduced the Nepal Red Cross Society (NRCS) PMER framework to ARCS staff for discussion and to work towards adopting it in ARCS context. The workshop was attended by 60 senior and mid-level managers from NHQ, regions and provincial branches, as well as representatives from ICRC and Norwegian Red Cross. Following this, the terms of reference (ToR) for the PMER framework working group was finalized along with the work plan. The drafting of the PMER framework has been initiated with the technical support from IFRC.

Following the workshop, a TOR for working group was developed on who would take the lead in the process for developing a PMER framework. Two working group meetings were held in the month of May and June 2014 whereby 12 participants from ARCS, IFRC and ICRC participated to review the Nepal Red Cross PMER framework document and templates and come up with a plan of action.

At the end of fourth quarter, the ARCS PMER framework was drafted and shared with relevant stakeholders. The document has been translated into Dari language and shared with the Secretary General of ARCS who provided his feedback and comments to further improve the document. An implementation plan and roll out of the document will be done in Q1 & Q2 of 2015.

**PMER strategy:** During the reporting period, a desktop research was conducted to collect best practice on PMER strategies amongst Red Cross Red Crescent Movement partners, sister national societies and INGOs. Following this, PMER delegate in consultation with the south Asia regional planning and reporting officer developed a TOR for developing the four-year ARCS PMER strategy to strengthen and institutionalize an integrated PMER system within the ARCS programmes.

A PMER strategy development consultation workshop was conducted from 12 to 14 October 2014, with technical support provided by SRC and IFRC South Asia regional delegation (SARD). Drawing from previous learnings a participatory approach was adopted for this consultation workshop whereby 41 participants from ARCS branches, regions and headquarters (HQ); ARCS volunteers and PNS/IFRC/ICRC participated and informed the process to develop a long term PMER strategy for the ARCS. The specific objectives of the PMER workshop was to extract learnings of the current overall ARCS, DM/Health technical strategy development process to inform the ARCS PMER strategy development process, to identify the existing strength and weakness of ARCS PMER functions at different level and programme departments in a SWOT analysis format, to get participants inputs for ARCS PMER strategic goals and strategic outcome statements and to propose a detailed roadmap of the ARCS PMER strategy development process in terms of a) identifying roles and responsibilities, and b) identifying key steps with a timeline.

Following this, the PMER strategy development consultation meetings were conducted at regional level from 17 November to 25 December 2014 in five ARCS regions (northeast, east, west, southwest and northwest central). These meetings were conducted along with the regional Movement Coordination Meetings (MCMs) wherein one day was set aside for discussion on PMER strategy development. The regional level meetings were facilitated by ARCS PMER HQ team with participation from regional/branch program officers, operational managers and heads of branches. However, it is seen that due to the delay in the MCM schedule the PMER

strategy development was delayed significantly and will now be finalized during quarter one and two of 2015.

### **Output 3.2:**

ARCS planning guidelines for 2015, annual planning and quarterly reporting templates have been reviewed, translated into Dari and aligned with the current annual operational plan process for use across all programmes.

The ARCS planning guidelines were further disseminated during the ARCS pre-planning and lesson learnt meeting held on 24 June whereby 50 ARCS staff and senior management members participated. An output of this meeting was to roll out and orient ARCS staff on an annual operation planning process guideline that builds on the lessons learnt from the previous planning cycles, and provides and advises on key elements that should be included in the annual operational planning process for 2015.

Besides this a lessons learnt case study session was presented by ARCS eastern regional operation manager highlighting challenges, opportunity, strengths and weaknesses from the 2014 joint planning process.

The first phase of the process involved conducting interviews and focus group discussions with beneficiary communities to establish needs and priorities. This information was used to inform the design of appropriate interventions at branch and regional level.

The methodology adopted for the planning process at the regional level was a combination of a two-day PMER mentoring session followed by a two-day finalization of annual operational plan. The PMER mentoring sessions covered concepts of results-based management, the logical framework approach, planning, monitoring and evaluation plan, and reporting templates and process. To analyse the impact of the mentoring session, pre and post-tests were conducted to analyse the improved knowledge on PMER concepts. The test results for each region is as follows:

Region	No. of Participants	Pre-test	Post -test	Progress/change
West	40	31%	72%	41%
East	27	37%	61%	24%
North East	35	35%	71%	36%
South West	32	25%	52%	27%
North	38	48.5%	72.9%	24.4%
North West central	27	40%	61%	21%
South West central	24	28%	40.3%	12.3%
<b>Total</b>	<b>223</b>	<b>34.9%</b>	<b>61.4%</b>	<b>26.5%</b>

At the headquarters level, respective programme department working groups were formed and the annual planning process exercise was conducted in consultation with IFRC and ICRC in order to align community/organization needs versus resources available and service provided in 2015.

The plan has been reviewed by Secretary General of ARCS and will be presented to the governing board for approval during Q1 of 2015.

### **Indicators variance explanation**

Nothing to report:

## **Stakeholder participation and feedback**

- Community involvement in ARCS community-based health interventions is a vital element for the success of the programmes. The CCBHI programme is based on community participation and decision making process. Coordination of the programme is the responsibility of the community health committees which makes the community an important stakeholder in CCBHI interventions.

- The village committees in CCBHI and CBHFA programme areas were instrumental in programme implementation. During the reporting period, ARCS established grandmother committees in Balkh and Nangarhar provinces to disseminate programme-related messages given the influence of grandmothers in Afghan communities.
- Tripartite meetings between three Movement partners (ARCS, ICRC and IFRC) have been established, which is an appropriate and useful platform for sharing information, ideas and challenges, and discussing and agreeing on solutions. One major agreement was the decision of the Movement partners to work together to provide required and standard first aid kits and implement CBHFA module#4, during any kind of first aid trainings.
- The ARCS/IFRC health team members regularly participated the health, and WASH cluster meetings to share information and get/give feedback on the ongoing health and WASH programmes at country levels. Similarly the ARCS regional health officers participated in the monthly provincial health coordination meetings.
- Community-based disaster risk reduction activities and implementation of DRR small scales project are very crucial to DM programme. This approach is accepted by disaster prone communities and is the only proper mechanism of communication between communities and ARCS as communities are the first disaster responders and supportive stakeholders during emergencies and disaster situations. At the same time, the grass-root level of the population will be given awareness on DRR through CBDRR committees.
- Training of CBDP volunteers are of great importance since they are basically the ones assisting and giving information to the ARCS branches of the occurrence of disasters and taking part in assessment, registration and distribution of relief assistance to disaster affected population.

## Key Risks or Positive Factors

Afghanistan has been suffering from poor security, difficult terrain, harsh weather conditions, and conservative norms and debilitated communications infrastructure for decades. This coupled with complex work environment; prolonged conflict and insecure situation are major challenges faced by IFRC and ARCS in provision of emergency relief in the country. The result of the runoff election was made public on 22 September after the two presidential candidates reached an agreement to form a National Unity Government. Mr Ashrafghani was declared as the winner of the runoff election with Dr Abdullah as the Executive Manager of the cabinet. The Independent Election Commission did not provide any details as to number or percentage of votes cast for each candidate. The idea of the unity government was proposed by the international community currently active in Afghanistan in order to avoid the risk of open conflict between the supporters of both candidates.

The country's political and security situation can be highlighted as the main constraint in impacting and influencing ARCS programmes and activities. Security concerns resulted in a slow-down of some humanitarian operations, limiting the ability of ARCS staff and volunteers reaching communities, especially those located in remote areas.

Increased violence and security incidences marked the beginning of spring in the country. This escalation of violence has led to decreased humanitarian access. Increased hostilities against humanitarians along three major highways and stand-off attacks and intimidation of the local population hamper their access to basic services and assistance. This has resulted in a slow-down of some humanitarian operations, limiting the ability of ARCS staff and volunteers to reach vulnerable communities, especially those located in remote areas. In the month of May, one ARCS CCBHI staff member in Nangarhar was abducted while conducting household survey for baseline study. After hours of interrogation, the staff member was released. As a result the survey was suspended and all ARCS staff were advised to return to Jalalabad city. The suspended planned baseline activity in the mentioned village was later resumed with support from the health committee and community.

In November, a hand grenade was thrown into ARCS Charsang clinic compound in Balkh province by a group of unidentified men. ICRC has done its initial investigations and AOGs verbally denied being involved in this incident. According to head of Balkh branch, reasons behind this incident could be the community reaction on insisting to have their own people work as clinic staff and/or could be the police who were relocated by the

government to other areas. The provincial branch has settled the situation through meeting with the district leader and community *shura*. If there is no assurance of community support on protection and security of the clinic staff in the area, ARCS will have to suspend all clinic related activities from this area. In Kunduz province, one CBHFA volunteer suspected as anti-government was arrested by police for intimidation and was then released. In the eastern region, IFRC and ICRC staff movement are restricted to provinces and even to the main city of Jalalabad due to security concerns. Movement is allowed only for attending official meetings.

Severe monsoon floods and landslides in northern and northeastern Afghanistan caused suspension of induction course for newly recruited MHT staffs, who were deployed to support the emergency relief operation.

Inadequate staff capacity in the National Society continued to be a major challenge particularly affecting the ability of ARCS to deliver upon strategic and operational plans at headquarters, regional and branches levels. Also high turnover of trained staff and internal re-shuffling of ARCS staff between departments leads to a mismatch of roles and competencies thereby resulting in low output and effective implementation of planned programme activities.

Monitoring of the ARCS activities at the branch level is another key challenge. Poor coordination and communication between the ARCS programmes as well as branches, lack of reporting mechanism and clear job division at the management level continued to be a major area of concern that needs to be addressed as a matter of priority.

#### **Lessons learned and looking ahead**

- Community-based health programmes have been found to be instrumental in building the capacities of communities to reduce potential health risks. The CCBHI programme adopted an integrated approach with the CBDRR project to increase the resilience of vulnerable communities to cope with public health emergencies and reduce the impact of disasters.
- Coordination and cooperation in the area of DM and DRR at the headquarters, regional and branch levels and community and government authorities need to be improved in order to ensure effective interventions.
- Communication between the ARCS programmes at headquarters, regional and branch levels, particularly during implementation, required further improvement to ensure information is shared and harmonize the working relationship.
- PMER skill is recognized as a requirement for programme staff who are directly involved in programme planning to manage their projects. Setting, monitoring and reporting on indicators in compliance with monthly implementation plans are some of the key focus for PMER capacity building for programme staff.
- The capacity of gender department for gender analysis of program and projects and applying gender mainstreaming approaches into foundation documents is not sufficient. These are the areas where gender department needs to enhance their capacity.
- Understanding the essence of beneficiary communication to incorporate in the program implementation is necessary. Beneficiary communication has slowly been integrated in health programs. However, there is still a need to further develop the beneficiary communication and accountability strategy within the ARCS set up and how this will be applied in different programs. The ARCS Communication Beneficiary Communication and Accountability strategy will be included and defined in the ARCS strategy 2016-2020.
- Cooperation and coordination between gender and other ARCS program need to be improved, this will help gender department to help program and support department to incorporate gender norms into their programme, projects, and foundational documents.
- The knowledge of gender needs to be improved and increased among ARCS program department to ensure proper applying gender perspectives into activities and programs.

#### **Financial situation**

[Click here to go directly to the financial report.](#)

## How we work

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

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 nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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