



# THE AFGHAN RED CRESCENT SOCIETY HUMANITARIAN ACTION IN AFGHANISTAN



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**THE AFGHAN RED CRESCENT SOCIETY**  
HUMANITARIAN ACTION IN AFGHANISTAN

## **AN OUTLINE OF AFGHAN RED CRESCENT SOCIETY (ARCS) HISTORY**

Afghan Red Crescent Society (ARCS) was founded to assist vulnerable people who are affected by natural and non - natural disasters. At first, in 1929, Municipality of Afghanistan conducted a meeting to build a National Relief Assembly at Pol-e-Bagh-e-Omoomi, representatives of different communities were participated, and they elected key members of this organization at the same time.

Secondly, in 1932, International Red Cross and Red Crescent Movement held a conference in Hague and they decided to ask Afghan Government to establish National Society of the country. Subsequently, Afghan authorities changed the name of National Relief Assembly to Mehrab-e-Ahmar and this organization became part of Finance Ministry's organizational structure, but Meharab-e-Ahmar couldn't fulfill ten essential conditions in order to be recognized as an Official National Society by International Red Cross and Red Crescent

Movement. Thus, in 1934, the Mehrab-e-Ahmar was separated from Finance Ministry and it was named as the Red Crescent. Then, in 1941 the Red Crescent was changed to the Afghan Red Crescent Society, and the ARCS formed statutes to legitimate its humanitarian activities. So, the king of the time officially announced , as an Independent National Relief Organization and prince Ahmad Shah, kings' firstborn became president of the ARCS as volunteer. Finally, the International Committee of Red Cross recognized the ARCS in 1945 and at the same year the ARCS gained membership of the International Federation of Red Cross and Red Crescent as its 83th member.

## THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network. The Movement is neutral and impartial, and provides protection and assistance to people affected by disasters and conflicts.

The Movement is made up of nearly 100 million members, volunteers and supporters in 191 National Societies. It has three main components:

- The International Committee of the Red Cross (ICRC)
- The International Federation of Red Cross and Red Crescent Societies (IFRC)
- 190 member Red Cross and Red Crescent Societies

As partners, the different members of the Movement support communities in becoming stronger and safer through a variety of development projects and humanitarian

activities. The Movement also works in cooperation with governments, donors and other aid organizations to assist vulnerable people around the world.

The ICRC, the Federation and the National Societies are independent bodies. Each has its own individual status and exercises no authority over the others.

## **THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT / THE AFGHAN RED CRESCENT SOCIETY**

The Fundamental Principles are an expression of the Red Cross Red Crescent Movement's values and practices. They were developed based on the Movement's experience responding to suffering and needs over the previous century. The Fundamental Principles are at once operational and aspirational. They serve both as a guide for action and as the Movement's common identity and purpose.

The Fundamental Principles guide the work and decisions of the Red Cross Red Crescent Movement for all Red Cross Red Crescent workers in all situations and at all times.

Proclaimed in Vienna in 1965, the seven Fundamental Principles bond together the Red Cross and Red Crescent National Societies, the International Committee of the Red Cross and the International Federation of Red Cross



and Red Crescent Societies. They guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

In 2015, National Societies, the IFRC and the ICRC will come together to commemorate the 50th anniversary of the adoption of the Fundamental Principles. The commemoration not only celebrates this remarkable milestone, but also is an opportunity to share experiences and to learn from one another, and to reassert the contemporary relevance and importance of the Fundamental Principles.

### **HUMANITY**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation

and lasting peace amongst all peoples.

### **IMPARTIALITY**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### **NEUTRALITY**

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

### **INDEPENDENCE**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### **VOLUNTARY SERVICE**

It is a voluntary relief movement not prompted in any manner by desire for gain.

### **UNITY**

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

### **UNIVERSALITY**

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

## THE ARCS EMBLEM



The ARCS emblem identifies its volunteers, staff and properties at conflicting areas to armed groups in order to prevent their misunderstanding and attacks on the ARCS volunteers, staff and belongings, and so armed groups don't stop volunteer humanitarian activities and the emblem is made of a painted Red Crescent on the white background. Subsequently, this emblem is an indication of neutral and impartial assistant to the victims of armed conflicts and affected people from disasters.

**USES OF EMBLEM:*****Protective use******Identifying use***

Protective emblem is bigger than identifying one, so protective emblem locates at the top of the ARCS properties - Headquarters of NS and its delegations, buildings, Installation, Clinics, Hospitals, Offices, convoys that carry supplies for the victims of disasters - to insure its safety.

Identifying emblem is smaller than protective one, that it is used by the ARCS volunteers and staff in order to introduce themselves during ceremonies, travels and normal situation to the communities.

Inappropriate use of the NS and International Red Cross and Red Crescent Movement's emblem create negative repercussions on the fundamental principles and jeopardize the ARCS statutes.

## THE ARCS HUMANITARIAN ACTION IN AFGHANISTAN (PROGRAMS/ACTIVITIES)

### DISASTER MANAGEMENT



The Afghan Red Crescent Society (ARCS) as a national society in Afghanistan has responded to disasters in all over the country since its inception in 1934 through its humanitarian services considering the seventh accepted principles of the movement (Humanity, Impartiality, Neutrality, Independence, Voluntary services, Unity, Universality). However, in 1997, on the basis of the level of its responding to disaster through its disaster

management, it has been widely recognized as the disaster management in the country, delivering humanitarian assistance to affected communities.

The ARCS-DM is designed to reduce the impact of disasters on vulnerable communities and to strengthen community disaster preparedness capacity, coping mechanisms and hazard awareness. The program places great emphasis on risk reduction strategies at the community level. It also requires action at the national level to ensure a coherent coordination mechanism and proper implementation of disaster management program efforts within the overall framework of the recovery and development. The preparedness element of the program is vital as most humanitarian agencies including the government's department for disaster preparedness, function on a response-oriented level for gaining better recognition through the Government and the people of Afghanistan.

The ARCS-DM, having a nation-wide coverage through 34 provincial branches and a national

network of volunteers, is capable for the implementation large-scale and long-term preparedness and response programs. Through all the years of conflict, it has consistently provided assistance to multitude of vulnerable Afghans in all over the country. A comprehensive and strong disaster management structure is one of the key issues that will greatly enhance the ARCS capacity to prepare and respond to disaster effectively along with reducing the impact of disasters on vulnerable communities.

**Disaster Response:** Disaster response continues to represent the largest portion of ARCS response activities to assist thousands of affected people annually ranging from internal displaced people to victims of natural disasters. The sharp increase in the number of natural disasters countrywide in recent years has prompted the ARCS-DM to devote more attention to Disaster preparedness activities, aiming to make the Afghan Red Crescent Societies and communities moreaware of the risks they face, enabling them how to reduce



their vulnerability, and to empower them how to cope when disaster strikes their communities. Armed conflict and poverty, flooding and drought, earthquakes and epidemic disease have affected hundreds of people in the past. The impact is high; leaving people traumatized by the death of family and friends, their lives devastated by the loss of homes, properties and food stocks.

As a result, the impact of disasters has increased dramatically in the last few decades in terms of the number of people affected.

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**Disaster Relief:** Afghanistan is mostly prone to droughts, floods, avalanches, earthquake and other natural calamities. Among all the provinces, 6 provinces are said to be very high winter risk -prone areas. And 6 provinces are the high flood risk-prone areas.

Among all the disasters that occur in Afghanistan, floods are the most frequent and devastating which cause too much damages to

the people in the different disaster prone areas. Another killer risk is the landslides -the most dangerous and tragic in Afghanistan. As the most families in Afghanistan live in the hills and in the areas that are mostly threatened by the landslides, so they are all the most vulnerable people and need more relief and humanitarian assistance.

One of the biggest relief activities of the ARCS-DM was in 2008 through which 80,000 food kits have been distributed into two rounds to affected families in the north, north east and north west of Afghanistan in the most drought affected and insecure areas.

**Disaster Recovery:** Recovery activities continue until all systems return to normal or better after the disaster happens. Currently, Disaster Recovery measures short term supports including returning vital life support systems to minimum operating standards, temporary housing, public information, health and safety education, reconstruction and counseling new

supportive programs.

### **Community Based Disaster Risk Reduction (CBDRR)**

:A process of disaster risk management in which at-risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation on disaster risks in order to reduce their vulnerabilities and enhance their capacities. This means that people are the key points in decision making and in the implementation of disaster risk reduction activities.

All the activities in this process are done on the basis of a conceptual framework of elements according to the possibilities and resources through the ARCS-DM to minimize vulnerabilities and disaster risks throughout a vulnerable community, to avoid [prevention] or to limit [mitigation and preparedness] the adverse impacts of hazards within the broad context of sustainable development.

**Disaster Preparedness (DP):**Preparedness actions are done as advance measures through

the ARCS-DM in a close partnership with the IFRC to establish community capacities and mechanisms to minimize adverse impacts of disasters when occurring. The emergency management team, community officials and the general public must be able to react promptly and effectively in the event of a disaster incident or emergency since there is often no warning and preservation of life, depending on prior preventive policy actions and rapid decision making.

Preparedness can assist in various ways such as: updating resource inventories, identifying equipment needs, creating task forces, drawing up action plans, creating a state of alert/public awareness, reviewing the emergency operation plans for comprehensiveness, reviewing of response readiness for personnel, carrying out the orientation, drills, table top, functional and full-scale exercises.

**Internal Displaced Persons (IDPs) :** Through this program indicating and recording hundreds of IDP families due to disasters at the community

level in order to provide effective services in close coordination with all involved agencies.

The main target of this program is to help and support those families who are mostly affected from the disaster and who are displaced from their won living areas. Sheltering and medication are the key activities that are implemented through this program to displaced families.

**This program is mainly focusing on the following activities:**

- Focused effort to address the problem of IDPs during the emergency response
- Assist in provision of relief items for IDPs and taking steps for their deportation.
- Sheltering and medication to IDPs

Restoring family link (RFL): Transferring human remains, locating people, exchanging messages

Conflict and disaster separate families, leading to years of uncertainty about the fate of a relative. So, The ARCS-DM in joint cooperation with ICRC aims to locate people, exchange messages, reunite families and clarify the fate

of missing persons.

As per International Humanitarian Law (IHL), the parties to an armed conflict have responsibilities regarding the remains or persons who die as a result of the conflict the overall objective to respect the families' rights to know the fate of their loved ones, the possibility to mourn and to solve legal/economic challenges

**Transferring Human Remains:** The ARCS strives to re-establish family links disrupted as a result of the armed conflict in Afghanistan.

Upon the request of the family, and in accordance with the national authorities and parties to the conflict, the ARCS offers its humanitarian services to facilitate the transfer of human remains of those who have died as a result of the armed conflict, to their relatives.

The transfer of human remains seeks to achieve the sole humanitarian purpose which is to ensure that families are informed of the fate of their relatives and enable them to mourn their dead, in accordance with appropriate customs.

### Health Program Services (Programs and Projects)



The Health Services Directorate is one of the core sections of the ARCS. Its main responsibilities to deliver health services to the disaster affected population based on the RC/RC goals based on Movement Strategic Direction 2020 and look forward to reduce human suffering, remove passion and to improve health services quality for the most vulnerable communities around the country. Since the establishment of the ARCS (1313),

the Health Service Department has delivered the basic health services in the fields of first aid and health centers and gradually, by great efforts, its services (First Aid & Health Basic services) have been improved to MNCAH MotherNewnatehild Adolescent and child Health Centers, MHTs and hospitals.

The ARCS health clinics have played a very major role in reducing human suffering Maternal Mortality Rate and Infant mortality Rate as Per MoPH BPHS Guideline during war decades, specially, during the internal active fighting in Kabul (1375 – 1371) and during the Taliban's regime, Government in Kabul and other major areas of Afghanistan. In the above mentioned periods, the health infrastructures have been seriously affected, as for as, the health ministry was not able to even respond to the basic health needs in cities.

In the other hand, the limited numbers of internal and external organizations have been involved in health services in the country. During the active fighting in Kabul (1371 – 1376), four



clinics and four mobile health teams in different areas controlled by different sides were active and delivering health services. In 1376, the Afghan Red Crescent Society added the Mother and Child health services as a fundamental element. In the current situation, the ARCS Health Service Department as assistant to the government has a particular importance that has placed a tangible achievement in people's health recovery in the target areas.

### **MAIN PROGRAMS/ACTIVITIES**

**HIV/AIDS Program:** The HIV/AIDS concentrating on the principle of social safety runs preventive trainings. The beneficiaries of this program includes different categories such as: youth, school teachers and principle, HIV/AIDS patients, cities populations, districts, villages, families, mountains and quarters people. These trainings are delivered by trainers, volunteers and project responsible regarding the reorganization, mode of HIV transmission, signs of being infected with diseases spread through sexual intercourse, blood donation,

barbers, glamour suites, and decrease physical resistance due to drug use. In these training meetings targeting prevention from HIV/AIDS, mostly concentrated on running seminars, informative posters distribution about the sanitation and HIV/AIDS sensitivity.

In struggling against taunts and discrimination campaigns, with participation of volunteers and government authorities, it has been found that hundreds of needy people in the mentioned field have benefited from the services.

This program has been developed in 2006 for five years. In 2010, after its extension, it has started activities as a part of MNCH and it is still continued. The main target of the HIV/AIDS program of ARCS is participation in reducing human suffering from HIV/AIDS through local responding, prevention through care and implementation of activities against the taunt and discrimination.

**The above targets are achieved through the following points:**

Participate and being involved in reducing the Reduce new cases of the virus among young people through educating the same age youths and improving the living modes.

2. Improving the lives quality of those who are suffered with HIV/AIDS and their families, through support the activities of the Anti-Defamation and discrimination.

3. Reducing the infection of HIV virus through the blood transmission by increasing the blood donation and its test on voluntary bases. At the very beginning, it is tried to reduce the Anti-Defamation and discrimination in society through campaigns by teachers, parents and students.

4. The national society expects to spread out the prevention activities on Anti-Defamation and discrimination in the targeted schools and society.

**Treatment of children with cardiac surgery, Congenial Heart Defects:** The national society since the end of 1388 the Treatment of children

with congenital Heart Defect Surgical treatment Project cardiac surgery, maternity pests project has been started by Health Service Department in all over the country. This project is further concentrated in Treatment of children with cardiac surgery, maternity pests, type of cardiac surgery, maternity insect pest species simple and complex heart pierced diseases pests such as (Pulmonic Valve stenosis =PS, Aortic Valve stenosis-AS, Mitral Valve stenosis-MS, Tricuspid Valve stenosis -T.C. S).

**The first targeted groups: children with cardiac maternity pests**

**The second targeted groups:** all the people suffering children with cardiac diseases without considering the age, and sex the patients are included in the list according to their echo examinations. To respond to treatment of patient's agreements with equipped health centers inside and outside the country of understanding was signed among the parties.

The patients are introduced to the centers by

turn and their immediacy.

**The CBHFA:** This project is one of the fundamental sections of the ARCS that trains volunteers at community based. The CBHFA volunteers are the remarkable power delivering health services to disaster affected people and rescue lives.

Participating in other humanitarian affairs such as movement introduction to communities, its emblems, briefing on HIV/AIDS risks and any other humanitarian assistance.

For the first time, the health First Aid program has started in ARCS in June 1997, commencing from Nangarhar, Kabul, then, in Herat, Kandahar, and Mazar-e- Sharif and currently it is active in 34 provinces of the country.

This program covers 15000 villages in 302 districts and 34 provinces of the country (Afghanistan)

**The ARCS Central Hospital:** The central hospital of the ARCS is district level hospital that has treatment and prevention sections.

**The treatment section works in the following areas:**

General Internal, medical OPD and Inpatient Services

2. Surgery OPD and Inpatient Service

3. Orthopedic OPD service and physiotherapy

4. Child Internal OPD, Immunization, Lash mania treatment and Inpatient Services

5. Gynecology OPD, inpatient along with normal birth and Mother and Child Support along with Family Arrangement Services

6. Tooth section including diagnosis and treatment

All staff in ARCS central hospital are professionals that include treatment specialists, nurses, technicians and administrative staff both male and female who are in the people's service for 24 hours.

All expenses and expenditures of the hospital are paid from the Health Service Department budget and its medicines are quarterly provided

by ICRC based on the requirement.

**Fixed Clinics:** There are 45 ARCS fixed health clinics have license from MoPH in 34 provinces based on the laid standards, policies and strategies in MoPH. For delivering well health services in clinics, the HealthService Department always runs training workshops for enhancement of the professional capacities of doctors, nurses, midwives, First Aid volunteers, HQ and regional staff.

These clinics are in basic health center level that their all services are according to the basic health package services of MoPH. All the services are free of charges for poor and needy people.

**The basic health services are the followings:**

1. **MNCH:** includes before, during and after birth care including normal birth services and families along with IMCI
2. Massive immunization services (fixed center and harvested area)

3. **Providing basic medicine:** these clinics by providing quality drugs to vulnerable people in harvested areas, specially, in villages and districts of the country even, in areas where people can't access to the basic health services, tries to meet the needs of people in terms of basic health services.

4. wound dressing services

5. Public Nutrition Services (check child growth)

6. **Health education:** in addition to the health services for the patients, the clients learn any required health and hygiene trainings as well.

7. Epidemic control services

8. Environmental health services (individual and group health training)

9. Strengthen mental health and social services by advising including referral services

**Project Base Health Sub Clinics:** Under The partnership agreement between ARCS and QRCS there are established 10 new SHCs 6 in Ghazni and 4 in Zabul the services are mostly linked with MoPH BPHS and the same as BHCs



- QRCS stands for Qater Red Crescent Society
- BPHS stands for Basic Package of health Services delivery
- MopH stands for Ministry of Health

Under the partnership agreement between ARCS and NRC there are established 10 new 4 SHCs Kundoz and 6 in Khost the services are mostly linked with MoPH BPHS and the same as BHCs these sun Health Clinics were previously supported by QRCS and from August 2018 own ward the clinics support handed over to NRC

- NRC stand for Norwegian Red cross

Under The partnership agreement between ARCS and QRCS there are established 1 new CHC in Kandahar, the clinic services is mostly linked with MoPH BPHS and the above the BHCs with the OPD and IPD service

- OPD stands for OUT PATIENT DEPARTMNR
- IPD stands for

## **HEALTH IN EMERGENCY (HIE)**

**Mobile Health Teams MHTs** :In addition to

the fixed health clinics, the Health Service Department has 31 MHTs in its structure that provides medical services in emergency cases targeting the natural and unnatural disasters affected areas. These teams are ready to deploy to the different areas according to the need, but the main responsibilities of such teams are in IDPs camps, disaster prone areas, border emigrants and returnees, remote and the areas out of reach.

The mobile clinics are based and ready in 5 major provinces (Kabul, Kandahar, Nangarhar, Balkh and Herat) these teams when required, in addition to health services, assist people in implementing vaccine to mothers and children, giving information on types of Influenza diseases, health and hygiene care as well. As a result, tens of patients are treated by these teams daily.

**The working areas of the MHTs :** In normal situation, health services for those who live in remote areas and don't have access to health services, especially, in emergency

cases when natural and unnatural disasters happen, each MHTs are going to field for almost 20 days providing Health services in coordination with provincial Public Health Directorate as well as in case of Natural and Man-made disasters they are coordinating with ARCS disaster management. As well as, these units are also involved in national vaccination day, running regional practices in terms of unexpected disaster response. Transferring injuries to health centers through referral services, implementing urgent assessment based on need are also part of their activities.

Considering the effectiveness, access, and equality in delivering standard and quality health services, there is a possibility for the expanding of MHTs in all provinces of the country and it is seriously in plan to be implemented in near future.

**Health interventions at community level project:** This project is in line to the increasing the people's awareness in promotion of health and improve health habits at villages and

districts level. The major goal of this project is providing latrines, supply drinking water in order to reduce the occurrence of such diseases that are caused by inhabit environmental health and Contaminated water supply.

This project includes two major sections (Software, Hardware)

**Treatment of patients with severe burns and Bone Fractures osteo myelitis Osteo proses and osteomalacia break-diseases mostly orthopedic Problems in children of 0 to11 years age:**

In 1368-1989, based on an agreement between ARCS and German Peace Village it has been agreed that in a long term program, Patients with severe burns and break-diseases should be deployed to Germany for treatment. All internal expenses of this program are through ARCS and external expenses are through German Peace Village.

The German Peace village doctors come to Afghanistan twice a year in specific months and

checks up the patients. Those patients, whose treatment is not possible in Afghanistan, are deployed to Germany with doctors. In 1392, in 68th round, 61 patients deployed to Germany for treatment. In every round, the number of patients are different. Thousands of patients have been deployed so far. All expenses during the treatment in Germany are paid by German Peace Village that in this time period from the start of this process till yet, the groups of more than 60- 70 patients from 34 provinces have been deployed to Germany for treatment and after treatment they returned back to Afghanistan. The representative of German Peace Village has twice traveled to Afghanistan and after checkup and identifying patients, have transferred them to Germany with the German Passports and Visa. By improving this program, ARCS wants to reduce the human suffering of poor and needy people in Afghanistan.

**Blood Donation:**

The ARCS volunteers participate in blood donation campaigns every year to assist

injuries who are in urgent need of blood and to celebrate world blood donation day.

This humanitarian action happens in line with ministry of public health, ARCS regional and provincial branches and other health organizations in Afghanistan.

## YOUTH AND VOLUNTEERS



Volunteers are back bone of the ARCS, and so they provide humanitarian services to the affected people at the time of need during disasters without any expectations. Volunteers have significant and effective roles at accomplishments of the ARCS humanitarian plans, and volunteers are one of the National Society's strong supportive dimension.

The ARCS has been registering about 31400 volunteers in its membership system so far, that they have actively been participating counter deadly HIV AIDS disease, Sports and Medical

First Aid programs at the communities.

### **ARCS youth clubs and corners:**

ARCS youth clubs and corners are continuing with promotion of social inclusion and youth interpersonal capacity building through 31 youth clubs in 31 branches and 260 schools. The program is meant to contribute to build a strong youth volunteering network to strengthening the humanitarian service delivery of the society to the most vulnerable and to train youth as agents of change in the community to decrease discrimination, stigmatization and violence and to contribute to co-existence and peace building and re-conciliation in the country.

ARCS 31 youth clubs and youth corners in HQ and 31 branches were supported with capacity building for youth on social inclusion subjects and school subjects with a total number of (8970) youth attendants, male & female. Youth capacity building give young students to be able becoming potential for the country development, this also decreases



youth vulnerability to drug addiction and to be reduces being recruited by armed groups as child soldiers.

ARCS Youth clubs are also platform to leverage friendship and peace among youth circles, throughout launching sports games and matches amongst youth. With this youth are also provided with psycho-social support as they are coming from a community where different types of violence are existing.

Social inclusion is one of the topics which is trained by the youth educators within the youth clubs and youth corners in the schools. Social inclusion is one of the YABC concepts that enables youth to promote tolerance, co-existence and a culture of none-violence and discrimination.

### **Sport Committee:**

Sport Committee is part of the Youth and Volunteer Department. The ARCS has male and female teams, that 125 of Volleyball, Ping-Pong and Karate athletics are trained by professional

trainers at the ARCS gym.

Male Volleyball team has participated 36 Afghan National Olympic Tournament that this team has been 30-time champion and second-best for 6 times during last 9 years. Thus, Female Volleyball team has participated 15 Tournaments that female Volleyball team has been 12-time champion for last 7 years.

The ARCS male football team has achieved significant successes for last 14 years and some of its players have gained Afghan National Team Membership.

Some of the ARCS Male and female Ping-Pong players are from Kabul MARASTOON that they have generally participated 20 tournaments, and so they have become 13-time champion during last 8 years.

The ARCS Karate team has gained 38 Gold Medals, 19 Silver Medals and 18 Bronze Medals at the internal and foreign competitions for last 7 years. Finally, sport committee's achievements have considerably introduced

the ARCS thought out Afghanistan.

### **Membership System:**

Membership System Section has been part of the ARCS main organizational structure since beginning and it has a long history within the ARCS.

Membership system activities were postponed for a while, but in 1999, its reactivation was felt necessary. Subsequently, International Federation Red Cross and Red Crescent Organizational Development cooperated to reactivate the ARCS Membership System in number of provinces of Afghanistan. Membership system section was officially founded in 2006, within the ARCS main headquarter and branches headquarters at provinces. More than 20,000 of volunteers were registered by this system, each volunteer pays 30 Afghanis at the initiative of their membership.

Saved money from volunteers' registration process is spent to help affected and vulnerable

people by a consultation with the ARCS provincial representatives.

Originally, the Membership System has been built with an aim to alleviate human suffering, and so volunteers have become great support to the ARCS humanitarian goals.

Base on the movement's fundamental principles each member has right to vote for the ARCS presidents' election or candidate himself/herself for the head of groupscashier position and or president of the ARCS.

**SOCIAL WELFARE CENTRE (MARASTOON)**

MARASTOON previously used to be known as Orphanage (DARUL AITAM) or Town House (DARUL MASAKEN) and government used to handle these places. But, in 1963, according to the similarities of field activities between the ARCS and DARUL AITAM or DARUL MASAKEN of government, they agreed to let the ARCS generally tackle these responsibilities.

Currently, hundreds of orphans, widows with their children and needy families live in the ARCS MARASTOONS in Kabul, Kandahar, Herat, Balkh, and Nangarhar provinces.

The ARCS MARASTOONS provide proper facilities; furniture and accommodation for its residents, and Medical Clinics, School and Vocational Training Projects serve them as well. Additionally, hundreds of people with mental disabilities receive treatment in the MARASTOONS, so a number of them get cure and they continue their normal lives within their own families. Years of settlement in the ARCS MARASTOON capable affected, needful and vulnerable families and people to improve their confidence and use vocational training projects to become professional in an occupation, and so they can tackle their own problems.

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Afghan Red Crescent Society



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## **Mission**

The Afghan Red Crescent Society as a humanitarian, impartial and independent society and as a member of the International federation of RC/RC having an auxiliary role alongside the government in alleviation of human suffering throughout the country has always endeavored to render its humanitarian activities in line with the movement seven fundamental principles and without discrimination of any type. The ARCS volunteers play a significant role in achieving its humanitarian objectives and also it have access to remote and war affected areas through them to assist the victims and the most vulnerable. The ARCS staff, volunteers and members are supposed to promote, prevail and institutionalize culture of living together, compatibility and humanitarian values in everywhere for everyone.