



# WOMEN-LED HEALTH PROMOTION: BUILDING COMMUNITY RESILIENCE

Afghan Red Crescent  
CASE STUDY



Front page: Grandmothers club meets in Abkal village,  
Pusht-Kuh district, Herat to discuss safe pregnancy  
and delivery

## Context

In Afghanistan (Islamic Emirate of Afghanistan, IEA), a complex humanitarian landscape has created significant challenges for healthcare delivery. With over one-third of the population experiencing high levels of food insecurity driven by climatic shocks and high food prices, and recurring disease outbreaks due to poor sanitation and water quality, community-based health approaches have become increasingly needed. Restrictions on women's movement have prevented access to essential services, particularly reproductive healthcare. Afghanistan maintains one of the world's largest per capita populations of persons with disabilities.

Amid these challenges, the Afghan Red Crescent Society (ARCS), with support from the Finnish Red Cross (FRC), has implemented a Community Based Health Programme spanning 40 communities across Kabul, Herat, and Baghdis provinces. The project demonstrates how women and girls, despite societal limitations, have become powerful agents of change in health promotion, disease prevention, and hygiene practices.

## Project Overview

The Community Based Health Programme (CBHP) represents a longstanding partnership between the Afghan Red Crescent Society (ARCS) and the Finnish Red Cross (FRC), which has provided support since the 1990s. Operating in 40 communities across Kabul, Herat, and Baghdis provinces, the program takes a comprehensive approach to community health resilience.

The initiative integrates several complementary components. Health promotion activities address key public health concerns through education and behavior change, while emergency preparedness training builds local capacity to respond to health crises. First aid training is provided in both communities and schools, creating a network of community members with basic first aid skills.

Infrastructure development in the project sees schools receiving essential facilities including flush latrines, dedicated menstrual hygiene rooms, handwashing stations, sustainable water wells, and waste management systems. These installations are designed with accessibility features for people with disabilities, reflecting the program's commitment to inclusion.

The project's design deliberately builds upon existing community structures while introducing new practices and infrastructure, creating a sustainable approach to health improvement that respects local contexts while addressing critical needs.

# The Approach

## Women-Centered Knowledge Networks

The project established a multi-layered approach to health education, with women and girls playing central roles. Grandmothers' clubs serve as community-level health promotion structures where older women, respected for their traditional knowledge, receive updated health information and training. These clubs focus on topics such as safe pregnancy and delivery, newborn care, breastfeeding, family planning, and menstrual hygiene.

In schools, health clubs for girls up to age twelve provide foundational health and hygiene education before they face educational restrictions. Girls receive hygiene kits containing menstrual pads, soap, and lotion, while also learning about proper handwashing, nail cutting, and menstrual hygiene. The clubs conduct daily morning sessions where students share health messages with their peers.

Female health volunteers, often young women with some formal education but limited employment opportunities, lead teams that deliver health information throughout their communities. These volunteers find purpose and social connection through their work while serving as vital sources of knowledge for the Afghan Red Crescent and their communities.

## Infrastructure for practical implementation

Beyond education, the project provides critical infrastructure to support health practices. Schools receive flush latrines, menstrual rooms, handwashing stations, potable water wells, and waste management facilities—all designed to be accessible for people with disabilities. Solar-powered water pumps help communities access increasingly deep groundwater, while training in water conservation techniques like rainwater harvesting prepares communities for environmental challenges.

## Empowerment through peer education

The project's design ensures that health messages come from trusted community members rather than outsiders. Schoolgirls share information with their families, volunteer health teams provide door-to-door education, and grandmothers influence maternal and child health practices. This peer-based approach transforms traditional knowledge systems by integrating modern health practices into existing cultural frameworks.



"Parents are interested in getting more information about hygiene promotion and menstrual hygiene. They would appreciate concrete assistance like hygiene kits for the households."

**Zubaida Amiri, Head Teacher  
Urdokhan School**

In Urdokhan school in Herat province, education on health and hygiene has become a vital bridge between school and home life. Head teacher Zubaida Amiri observes growing family interest in these topics.

With girls' education now restricted to age twelve and reproductive health education removed from curricula, the school's hygiene promotion program takes on additional significance.

Young students become important messengers, carrying essential information about menstrual health and safe pregnancy practices back to their communities, ensuring this knowledge continues to circulate even after their formal education ends.



## Impact and Outcomes

The community-based approach has yielded significant improvements in health practices and outcomes. Village grandmothers who previously assisted with home deliveries now encourage women to use health facilities with trained midwives. When home births do occur, these traditional birth attendants are better equipped to recognize danger signs and refer women to clinics when necessary.

Communities report reduced diarrheal disease incidence as families adopt water purification practices—boiling, filtering, or solar disinfection. Improved personal hygiene, particularly handwashing, has become more widespread as children bring these practices home from school. School attendance has improved as menstrual hygiene management becomes more accessible for girls.

The program's impact is exemplified by two volunteers from different generations. Bebe Jan, 60, a grandmother with minimal formal education who assisted with home births for years, now encourages women to deliver at health facilities after her training in the Grandmothers' club. She teaches water purification methods and recognizes when to refer people to clinics, contributing to reduced diarrheal disease in her village.

For Razia, a 21-year-old whose education was cut short by government restrictions, health volunteering provides purpose and connection. With her high school education and two years of science studies, she leads a volunteer team promoting hygiene practices. "The health volunteering changed my life. I was very lonely before and now I have a lot of friends," shares Razia, whose team's work has helped reduce waterborne illness in the community.



Pictured: Bebe Jan (left) and Razia (right), ARCS volunteers

## Key insights

The Afghanistan experience demonstrates how women-centered health promotion can create multiple layers of impact even in highly restricted environments. The MTR found several key insights:

### **Educational continuity through community networks**

When formal education for girls ends prematurely, community-based health networks provide alternative pathways for continued learning and contribution. Girls who leave school after grade six can become health messengers in their communities, maintaining and extending the knowledge they gained through school health clubs.

### **Intergenerational knowledge transfer**

The project harnesses both traditional and modern health knowledge by engaging women across generations. Grandmothers gain credibility through their Red Crescent training while bringing cultural context and community trust to their messaging. This intergenerational approach helps bridge traditional practices and evidence-based health interventions.

### **Livelihoods support through health skills**

Beyond health improvements, the project creates potential economic pathways. Skills like producing reusable menstrual pads offer income-generating possibilities for women with limited employment options. Health volunteer roles provide leadership experience and community recognition that may translate to future opportunities.

### **Accessibility as a core principle**

By designing all facilities to be accessible for people with disabilities, the project demonstrates inclusive programming that addresses multiple vulnerabilities simultaneously. This approach recognizes that health disparities affect already marginalized populations most severely.

## Conclusion

The ARCS-FRC collaboration in Afghanistan illustrates how women and girls can drive health transformation even in highly constrained environments. By building upon existing social structures and trusted relationships, the project creates sustainable change that persists despite ongoing challenges. The grandmothers' clubs, school health education, and female volunteer networks collectively demonstrate that when women are positioned as knowledge-holders and change agents rather than passive recipients of aid, community health resilience grows.

This women-centered approach to health promotion represents a powerful model for contexts where formal health systems face severe strain. By investing in women's knowledge, skills, and social networks, humanitarian actors can help communities maintain essential health practices even when external support fluctuates. The Afghanistan experience shows that through intentional design that centers women's leadership, significant health improvements remain possible even amid extraordinary challenges.

