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# Annual Report Afghanistan

 International Federation  
of Red Cross and Red Crescent Societies

**MAAAF001**

**26 April 2012**

**This report covers the  
period 1 January 2011 to  
31 December 2011**

On July 2011, the Afghan Red Crescent Society led by the International Federation of Red Cross and Red Crescent Societies (IFRC) health department successfully conducted a simulation exercise using the IFRC field school approach in Nangarhar province, eastern Afghanistan.

**Photo:** IFRC.



## In brief

### Programme outcome

- Save lives, protect livelihoods, and strengthen recovery from disasters and crises.
- Improve the health status of vulnerable people in targeted areas.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Strengthen the Afghan Red Crescent Society (ARCS) for the best practice of the principles and values and advocate for gender and marginalized groups.

### Programme(s) summary

#### Disaster management (DM)

The persistence of natural disasters aggravated by un-abating armed conflict and insecurity continue to ravage many areas of the country. ARCS supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of Red Cross (ICRC) and in collaboration with relevant stakeholders took appropriate action in responding to the humanitarian needs accordingly.

During this reporting period, Afghanistan witnessed a significant increase in the number of disasters reported both in frequency and severity with dire consequences that far exceeded the response capacity of both the government and national society prompting appeals for international assistance.

The disaster intervention strategies in 2011 contributed in upgrading the performance level of the national society with improved working relationships with partners.

The tradition humanitarian assistance by itself serves as an element of vulnerability reduction but not sustainable as the case in Afghanistan, owing to that DM decides to focus more attention in closer community interaction to support community resilience in a more structured manner.

Furthermore, the DM unit streamlined its operational plan with the national society's strategic plan for 2012 to ensure programme integration, better community interaction and a stronger advocacy for humanitarian diplomacy.

### Health and care

The health and care programme plan for 2011 was focused on the five different ARCS health projects as follows. These projects has reached around 2.5 million people (1.5 million directly and 1 million indirectly), in which majority of the beneficiaries were women and children, mainly in remote areas in need of health services.

- (i) Improve the health status and capacity of communities to cope with common diseases, disease outbreaks during disasters and stable situations through integrated community-based health and first aid (CBHFA);
- (ii) Improve access to safe drinking water and improved sanitation, establishment of positive health and hygiene practices of communities in the target areas through comprehensive community-based health intervention (CCBHI);
- (iii) Improve the emergency health preparedness and response, to provide greater curative and preventive health services in target areas during emergencies and normal circumstances through mobile health teams;
- (iv) Improve the access and equity to target vulnerable populations with a focus on maternal, newborn and child health care (MNCH); and
- (v) Continue scaling up the youth peer education including voluntary non-remunerated blood donation in Kabul, Herat, Mazar-e-Sharif, and Jalalabad as part of the HIV and AIDS prevention project.

ARCS curative services (clinics and mobile health teams (MHT)) that focus on maternal, newborn and child health have provided primary health care to around 1,650,000 beneficiaries (65 per cent women and children). Of the number of children under five (595,715), 256,073 were given immunization, while 204,592 women of reproductive age (15 to 45 years) received family planning, antenatal care (ANC), post-natal care (PNC) and Tetanus Toxoid (TT) vaccine.

A total of 100 volunteers (40 women) were trained in CBHFA as well as sexual and reproductive health. CBHFA volunteers supported approximately 226,763 (45 per cent women) with health education, health and hygiene promotion and first aid activities. Meanwhile, a midterm review of CBHFA was undertaken, led by Nordic partner national societies (PNSs) complete with relevant recommendations.

The four-year ARCS health strategy was completed along with standard operating procedures (SOPs) for emergency mobile units (EMUs). An emergency water and sanitation (WatSan) workshop was completed in Kabul along with training of trainer (ToT) workshop on epidemic control, household water treatment and safe storage for 25 CBHFA supervisors/trainers/regional health officers.

HIV youth peer education (YPE) programme reached 77,364 people (including 49,139 girls) with life skill trainings and HIV prevention, anti- stigma and discrimination training, and volunteer blood donation motivation trainings and messages in 124 schools of Kabul, Jalalabad, Mazar and Herat.

A comprehensive field-based mission training integrating health and DM preparedness took place in Nangarhar province in close coordination with internal and external partners.

CCBHI expansion in Sar-e-Pul began with a baseline survey in identified communities, which was followed by training of 60 volunteers (20 women). The digging of ten wells in two villages of Zuzma Qala district is on hold due to poor security in the areas. The construction of 12 new clinics is also on hold due to prolonged technical assessments and tendering process.

In addition, procurement of vehicles was delayed due to political problems between Pakistani customs and the Afghan Authorities that resulted in humanitarian cargo immovable in Karachi port.

### **Organizational development (OD)**

The achievements of ARCS with the technical and financial support of Movement partners include:

- ARCS constitution was revised and reviewed by IFRC/ICRC joint commission in Geneva.
- Operational plan for 2011 was developed through a bottom-up approach.
- Audit of ARCS 2009-2010 books of account was finalized.
- ARCS fundraising unit was equipped and furnished with office equipments.
- ARCS volunteers' policy was finalized.
- ARCS human resource (HR) policy and recruitment regulation was finalized.
- 210 ARCS staff was trained in planning, reporting, monitoring and finance.
- ARCS's four-year strategic plan (2012-2015) was finalized.
- A technical working group was assigned to facilitate the establishment of ARCS provincial and general assemblies for late 2012.
- A membership training workshop was conducted for 34 branch presidents and their field officers.
- 2,710 new members (including 498 women) were recruited in 34 branches, and 37 local member groups were established.
- Hundreds of youth volunteers participated in fundraising campaigns for the tsunami-affected people in Japan.
- Four new youth clubs and 20 youth corners were established.
- 39,000 youth volunteers (11,100 girls) were trained through 13 youth clubs and more than 1,500 new youth volunteers were recruited, while more than 4,000 youth participated in social activities in ARCS five regions and 13 branches.
- Five training workshops were conducted in five regional offices (Kabul, Herat, Mazar, Jalalabad and Kandahar) on better management of ARCS volunteers.
- ARCS branch presidents' meeting was conducted at the headquarters, while 11 regional Movement coordination meetings (MCM) were conducted in the five regional offices.
- With financial support of the OD department, the first communications workshop was conducted in Kabul.
- Three tripartite 'Heads of Movement' coordination meetings were held in Kabul reaffirming the solid cooperation amongst Red Cross partners in the country.

### **Humanitarian values**

Movement principles and values, and cultural value of human being are delivered to youth and volunteers via ARCS programmes that promote respect, behavior change, co-existence and friendship, and the disadvantages of discrimination, stigmatization and violence.

### **Financial situation**

The total 2011 budget was CHF 10,539,952. Coverage is 89 per cent while expenditure from January to December 2011 is 62 per cent of the total 2011 budget.

Under-spending was due to:

- Poor and unstable security situation, which compelled ARCS to halt implementation of CCBHI project in Sar-e-Pul in the northern region.

- Construction of 12 new clinics and its procurement of equipments and fixtures are on hold due to prolonged technical assessments and tendering process, considering the country office's need to adhere to transparent and relevant procedures to ensure full financial and otherwise accountability.
- Delay in procurement and arrival of ten vehicles for five new and ten existing mobile health units due to political dispute between Pakistan and Afghanistan on transit of humanitarian goods into Afghanistan.

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

### No. of people we have reached

Programme title	Total number of beneficiaries		
	Male	Female	Total
Disaster management	70,385	88,383	158,768
Health and care	730,445	1,223,682	1,954,127
Organizational development	30,942	20,628	51,570
Humanitarian values	10,672	8,058	18,730

### Our partners

In addition to the Red Cross Red Crescent Movement, our partners include key government ministries, United Nations (UN) agencies, international organizations and non-governmental organizations (NGOs) that are recognized under the government's national DM plan.

On behalf of ARCS, IFRC would like to thank all partners for their support and contribution to this appeal.

## Context

### Security

During the reporting period, the security situation remained very volatile all over the country with regular attacks against government and security affiliated offices. This, along with threats and singular attacks on international NGOs, continued to complicate humanitarian access throughout the country.

A severe attack on 1 April on the UN Afghanistan Mission compound in Mazar-e-Sharif, northern Afghanistan killed 11 foreigners and four protesters. This event problematised neutral humanitarian action in Afghanistan further and consolidated an overall decline in security in the formerly more peaceful northern region. Deterioration continued in May when more than 400 Taliban attacked government offices in Nuristan province.

In December, coordinated attacks against Shia shrines and processions took place throughout the country, killing more than 65 people in Kabul alone, and raised fears of further sectarian violence in the country.

### Political and humanitarian situation

A traditional Afghan national assembly endorsed the president's decision to negotiate a long-term security pact with the US. Some conditions therefore were highlighted including making an end to the unpopular night raids by international military forces when searching for insurgents. A non-binding resolution to negotiate a pact that will govern the presence of US troops after 2014 was finalized at the end of the assembly.

The Afghan health ministry reconfirmed the poor state of maternal health and newborn child health in the country. Non-governmental organizations (NGO) such as Save the Children, ranked Afghanistan as the worst place to give birth, followed by Niger and Chad. In these three countries, 60 per cent of all births are not attended by skilled health professionals. On average, about one in 23 mothers are expected to die from pregnancy-related causes. Children are more likely to die young or suffer from malnutrition. There is a lack of

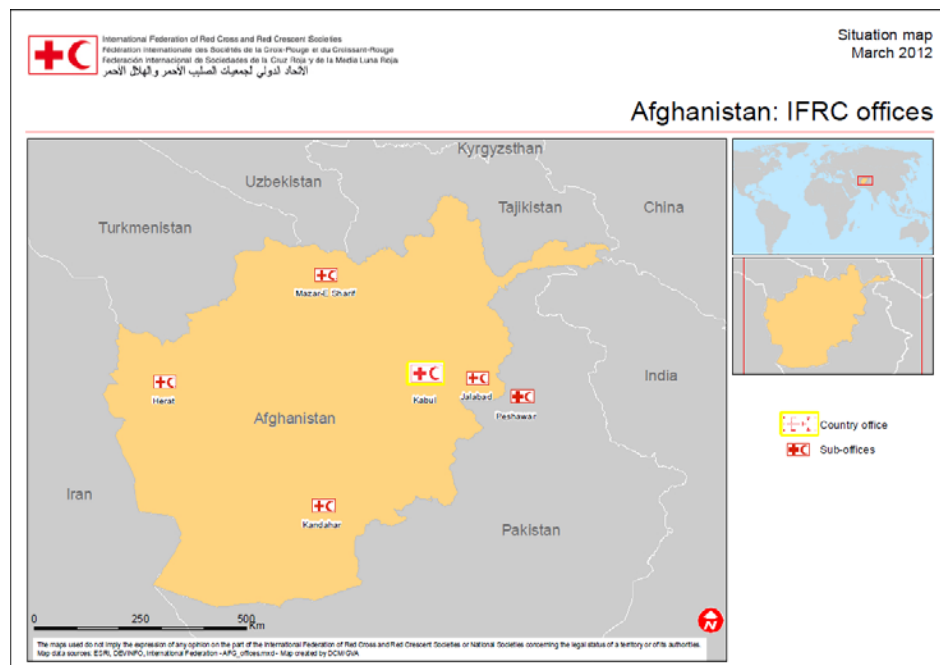
education for girls in the country. It is often a challenge to have women accessing hospitals. Rural Afghans, even in relatively progressive provinces like Bamiyan in central Afghanistan, are suspicious or dismissive of doctors.

Resettlement challenges in Afghanistan have discouraged refugees living in neighboring countries from returning home, with only 60,000 refugees returning in the past ten months against 100,000 refugees during the same period last year. Insecurity, the lack of clinics and safe drinking water and poor education facilities in their place of origin were among the reasons for the refugees not to return. Today, nearly three million registered Afghan refugees live across the region, including 1.7 million in Pakistan and one million in Iran.

The dry spells that have swept across Afghanistan's northern, northeastern and western provinces are promoting a large-scale food crisis, particularly in the north. Combined, it is assessed that nearly three million people are affected by the severe food shortage. The government, with the aid of UN agencies, will respond to the drought with provision of food and water assistance in 14 provinces.

The Movement has undertaken separate assessments of the drought situation and will as a consequence of its findings respond with food assistance in five conflict affected districts in the north (targeting more than 30 per cent of the population in each district) as well as to 8,000 households in three provinces in western Afghanistan.

In addition, the Movement partners were often restrained from conducting monitoring and evaluation visits to the field. At present, IFRC have access to approximately 85 per cent of the country through ARCS. Although the IFRC programme managers have visited the field regularly, they still rely heavily on the programme monitoring and evaluation conducted by the national society.



## Progress towards outcomes

### Disaster management (DM)

Programme component	Outcome
1. Building safer communities	The resilience and self-reliance of individuals and communities are increased and the impact of disasters in targeted disaster prone areas is reduced.
2. Strengthening disaster response and preparedness for responses	The capacity of ARCS in human and material resources, systems and procedures to enable a more effective response to meet the needs of those affected by disasters is improved.
3. Disaster management	Provide technical support to identify and develop joint programme

planning	activities with ICRC including mechanisms for greater cooperation in disaster response and preparedness, particularly for the areas of conflict.
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## Achievements

### Programme component 1: Building safer communities

To promote vulnerability capacity assessments (VCA) in the country, a VCA 'learning by doing' training workshop was organised in Kabul in September 2011 for 30 participants from ARCS headquarters, provincial branches, IFRC, Afghanistan national disaster management authorities (ANDMA), and community leaders. The workshop was facilitated and financially supported by IFRC Afghanistan country office, South Asia regional office (SARD) and Asia Pacific DM unit.

Twelve community-based disaster preparedness (CBDP) training workshops for 294 communities volunteers (80 women) were conducted in Sur-e-Pul, Nangarhar, Farah, Khost and Parwan provinces. Subsequently a CBDP network of volunteers was established to facilitate ARCS access and interaction with vulnerable communities in humanitarian activities.

The community-based disaster risk reduction (CBDRR) training materials was translated into Dari language and reviewed by national society.

In July 2011, IFRC disaster management team actively supported the first health led field simulation exercise organized by IFRC/ARCS health departments in Jalalabad province. Aside from strengthening ARCS's institutional capacity in this area, the exercise also promotes a closer integration with relevant response institutions as well as other organizations at regional level.

### Programme component 2: Strengthening disaster response and preparedness for responses

Two disaster preparedness warehouses, funded under the Danish Red Cross capacity building project, were constructed for ARCS provincial branches in Kunar and Kapisa provinces.

Non-food items (NFIs) were prepositioned in 15 disaster-prone provinces with funds from the Japanese government.

Item	Description	Quantity Prepositioned
Blankets	Medium Thermal 50 per cent wool, 25 pcs. per bag, (1,5x2)m	10,000
Tents	Family size (all type of weather)	750
Jerry cans	collapsible 20 litre	2,500
Kitchen sets	Kitchen set TYPE A (spoon, fork & knife), family of 5 persons	2,500
Tarpaulins	Sheets	2,500

A total of 72 sets of protective clothing were provided for response teams. Meanwhile, 600 NFIs packages are immovable at Karachi port in Pakistan due to security situation.

ARCS emergency operations centre was refurbished and relocated to an ideal location within the national society headquarters premises.

Food items, funded by Italian Development Corporation, were distributed to 5,000 families (approximately 30,450 people) in five provinces of Herat, Badakhshan, Bamyán, Maidan Wardak and Kunar provinces, nine districts and 273 villages. The distribution targeted at vulnerable returnees, refugees, internally displaced persons (IDPs) and host communities as well as natural disaster survivors, and in particularly single female-headed households.

Item	Quantities	Rations per household
Rice	245,000 kgs	49 kgs
Sugar	35,000 kgs	7 kgs
Cooking oil	80,000 lts	16 lts
Beans	50,000 kgs	10 kgs
Tea	5,000 kgs	1 kgs

A total of 24 national society staff and volunteers were trained in disaster preparedness and response and 128 people (50 women community volunteers) were trained in CBDP.

During this reporting period, Afghanistan was hit by a drought as a result of late and inadequate snow/rainfalls. In October, the Afghan government under the auspices of UN launched an appeal worth USD 142 million to respond to the immediate as well as longer term needs of 14 drought affected districts in Afghanistan. ARCS, through a well-coordinated effort with IFRC and ICRC, responded positively in this national call and provided food assistance targeting 30,500 households, in eight provinces in the northern and western regions of the country, which was extended for a six-month period with anticipation distribution of 4,774 metric tonnes of assorted food items. The operation is expected to complete by mid-2012 pending favorable security situation. In both Kunduz and Balkh provinces, a total of 15,955 households (95,730 individuals) in 158 villages received food items, whilst registration and food distribution progress of beneficiaries is ongoing.

Item	Quantities (metric tonnes)	Rations per family
Rice	2,888	7 kgs
Sugar	193	5 kgs
Cooking oil	578	15 lts
Beans	963	25 kgs
Tea	77	2 kgs
Salt	77	2 kgs

NB. Representing 1 round of distribution in the north and 2 rounds in the west (ICRC caters for the other round of distribution in the north).

### Programme component 3: Disaster management planning

ARCS/IFRC DM units and ICRC's Economic Security Wing in Afghanistan, established a joint working group comprising international and national staff with monthly structured meetings that works towards harmonizing assessment formats and systems to enhance an effective way of providing disaster information, organizing joint response trainings, revising the relief management guidelines, sharing information and updating on planned activities and key challenges.

The Movement partners in Afghanistan, following the declaration of drought in the country, worked collectively to respond to this humanitarian catastrophe targeting drought affected households predominantly in conflict areas requirement of the households.

### Constraints or Challenges

Armed conflict heightened by formation of numerous armed opposition groups had seriously impact on the drought response operations that resulted in temporary suspension food distribution activities in the northern and western regions of the country, thus prolonging and affecting the operation.

The high level of poverty, lack of livelihood and income generating opportunities, chronic health problems, poor state of infrastructure and very limited knowledge of potential hazards and risks, contribute to increasing

vulnerability of Afghan people. Consequently, identification and selection of villages and household beneficiaries proved to be a major challenge.

The ongoing challenges of the national society include offering on-par monthly remuneration for its staff as well as difficulty in engaging highly technical staff who will approach their tasks with motivation and professionalism. This was seen to have significant impact on their performance and project implementation. The national society at present, however, has no plans to revisit the staff remuneration rate. In addition, the hired programmed staff did not perform as expected, thereby affecting proper programme management and supervision. ARCS aims to address this via its HR policy adopted in 2011 to provide and enforce a more structural procedure with regards to management of ARCS and its admin department.

Political impasse along the Afghanistan and Pakistan border with unprecedented revision or introduction of custom clearance regulations continue to prolong transit of relief goods, which has its own financial repercussions/implications on project planning and funds. Furthermore, prolonged local food procurement process is another challenge for DM programme.

## Health and care

Programme component	Outcome
1. Community-based health and first aid (CBHFA)	Improved health status and capacity of communities to cope with health and disaster challenges.
2. Comprehensive community-based health intervention (CCBHI)	Access to safe drinking water, sanitation facilities increased, and positive health and hygiene practices of community people improved in the targeted areas.
3. Public health in emergencies (PHiE)	Access to curative and preventive health services improved in target areas during disasters and normal situations.
4. Basic health centres	Improved access to targeted vulnerable population for curative and preventive health services, and maternal, newborn and child health care.
5. HIV/AIDS	Vulnerability to HIV and its impacts reduced through preventing further infections and reducing stigma and discrimination, as well as improved access to safe blood for children and mothers.

## Achievements

### Programme component 1: Community-based health and first aid (CBHFA)

During 2011, ARCS organized CBHFA refresher training for 515 formerly trained volunteers. The national society recruited and trained eight female CBHFA trainers as CBHFA master facilitators for Balkh, Badakhshan, Panjsher and Bamyan provinces in June, thereby extending CBHFA services to women at community level for the first time.

In October, the mid-term review of CBHFA programme was undertaken, led by the Finnish, Norwegian and Swedish national societies. The review team visited Panjshir, Parwan, Kapisa, Balkh and Samangan provinces and interviewed CBHFA volunteers, programme beneficiaries, CBHFA trainers, ARCS branch staff, CCBHI team members, IFRC sub-office staff members as well as provincial offices of Ministry of Public Health (MoPH) in Balkh province. The team also had meetings with ARCS, IFRC and ICRC management and technical staff members at headquarters level.

The key recommendations of the review include:

- All health related programmes including the CBHFA should be managed by health department.
- CBHFA approach should be used for community health programming where the platform for a quality programme can be assured.

- CBHFA approach should be standardized.
- Stronger linkage with community health volunteers.
- Local health system should be established.
- A better link with EMUs should be developed.

The recommendations were taken into consideration during the 2012 planning for CBHFA, and ARCS initiated discussions to bring CBHFA programme management under health and care programme instead of current management by the Youth and Volunteer Department. The review reiterated the efforts of the country office to promote a unified first aid approach in the country, which was achieved in February 2012 as ARCS adopted CBHFA as the universal approach in the country.

The northern region CBHFA supervisor and trainers provided two-day commercial first aid training to 53 staff from Mercy Corps in Badakhshan, Takhar, Kunduz, Baghlan and Balkh provinces. Income from the training was utilized to strengthen the CBHFA programme activities.

ARCS regional offices (central and northern regions) conducted regional CBHFA trainers meetings, where 15 participants in each meeting shared their achievements, challenges, experiences and programme progress in order to improve the effectiveness of CBHFA activities. In addition, ARCS organized a five-day CBFA/CBHFA supervisors meeting for 13 participants to plan for annual review of the programme and discuss the key recommendations of the CBHFA mid-term evaluation report. The training curriculum for CBHFA and first aid as well as new job descriptions for regional CBHFA supervisors and provincial CBHFA officers were finalized.

ARCS/IFRC printed 1,000 copies of CBHFA volunteer and community tools along with 50 sets of IEC materials and 50 trauma sets to be utilized during CBHFA training courses.

ARCS with support from IFRC provided 1,000 first aid bags, 5,000 notepads and 3,000 vests with ARCS logo for further distribution to volunteers in the regions. ARCS provided five motorbikes to CBHFA trainers in Bamyan, Panjshir, Kunduz, Sare-Pul and Jowzjan provinces. As part of national society branch development and organizational capacity building in monitoring and information management, 34 desktop computers, 34 printers and 34 digital cameras were distributed to all ARCS' branches.

### Community emergency response

Thirty ARCS volunteers provided first aid and assistance to the 100 injured people of bomb attack in Jalalabad city and transported nine severely wounded people to the hospital. They also motivated the community to donate 60,000 ml of blood for wounded people.

In response to effectively control a cholera outbreak of in Chob Bash village of Khoja Doko district of Jawzjan that affected 79 people, ARCS volunteers informed health authorities and did a rapid assessment. Subsequently, 20 ARCS volunteers distributed 1,500 oral rehydration salt (ORS) sachets to prevent severe dehydration as well as 700 chlorine tablets to treat contaminated water and chlorinate the community water reservoirs.

After a measles outbreak in Parwan, ten volunteers vaccinated 2,440 children as part of a measles immunization campaign. While two national society volunteers provided first aid to the victims of an earthquake in Takhar province during the rescue operation.

Four community volunteers repaired a house in Yamgan district of Badakhshan province to be used as a local clinic. They also cleaned the canal to provide clean water to 168 families in the village. Another four volunteers helped the affected families to evacuate their goods and furniture to a safer place after Afghani village of Khoja Doko district was hit by flash floods destroying six houses on 26 November.

Ten volunteers and communities repaired a 200-metre road in Don Qeshlaq village of Takhar province, while 15 volunteers repaired a six-kilometre road between Pika Tapa and security office of Takhar province in Nawabad village of Baharak district.

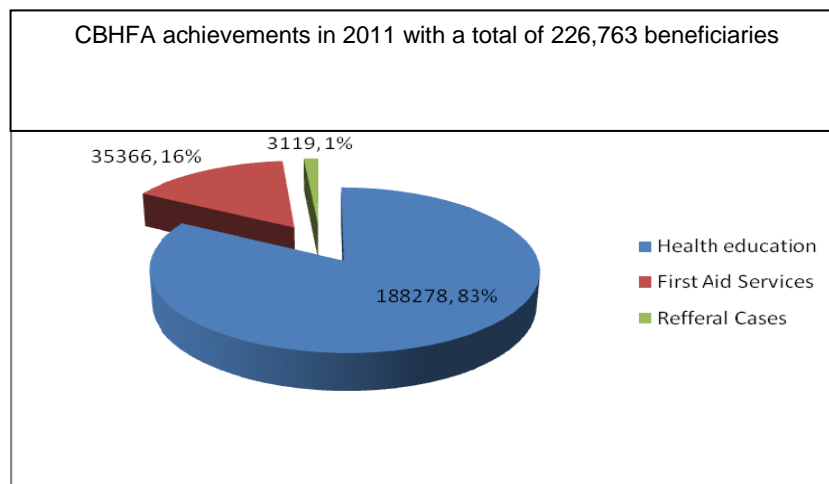
### Training

A total 515 trained CBHFA volunteers completed community assessment in 12 IFRC-supported ARCS branches (Kabul, Parwan, Panjsher, Pamyān, Balkh, Samanagan, Baghlan, Kunduz, Takhar, Badakhshan, Sheberghan and Sar-e-Pul). WatSan was identified by the communities as priority needs to prevent diarrhoea, malaria and prevention of respiratory infection and tuberculosis. A questionnaire was developed for the baseline survey prior to providing specialized training for volunteers.

A two-day specialized refresher training on standard IFRC CBHFA modules five and six was conducted for 19 trainers in the northern region that prepare them to facilitate volunteers training on identified health topics during community assessment.

A three-day epidemic control for volunteers (ECV) training workshop was conducted for 25 CBFA volunteers in Mohmandara district of Nangarhar province to provide knowledge and skills to volunteers in preparation for response to health emergency/ outbreak of diseases, particularly to prevent water-borne diseases. Four female ARCS volunteers in Khurramu Sarbagh district of Samangan province were trained in a 13-day vaccination course organized by MoPH to participate in subsequent immunization campaigns.

The national society also trained 40 women volunteers in Badakhshan and Bamyan provinces, which brought the total number of trained women volunteers to 60 in these two provinces.



### Programme component 2: Comprehensive community-based health intervention (CCBHI)

ARCS with support of IFRC expanded the CCBHI project to two new villages in Balkh province. In each of the CCBHI project village, a health committee consisting of ten people was formed to assist project staff in selection of volunteers, site selection of wells, and identification of deserving households for construction of latrines. The committee also played a key role during the health and hygiene campaigns in their respective areas.

#### CCBHI project in Balkh Province

Upon consultation with the provincial health department and the Ministry for Rural, Rehabilitation and Development, ARCS planned to expand CCBHI project to six new villages in Khulmi, Dawlatabad and Shortepa districts of Balkh province, where these villages are located in close vicinity of existing project areas. British Red Cross has shown interest in funding the new proposed villages for a three-year period.

District	Village	No. of population
Dihdadi	Turkmania	3,024
Khulmi	Babasediq	910
Shortepa	Basheerly	2,450
<b>Total</b>		<b>6,384</b>

To measure impact and effectiveness of CCBHI project in the newly expanded areas of Balkh province, ARCS conducted a baseline knowledge attitude and practices (KAP) survey, which gives the national society benchmark information for evaluation of the project.

A six-day sexual and reproductive health workshop was conducted for 20 women volunteers in Basheerly village of Shortepa district, in which covers pregnancy care, antenatal and post-natal care, clean delivery, newborn care, breastfeeding, nutrition and immunization. They will, in turn, motivate and promote healthy behaviors among their communities.

A total of 100 volunteers (40 women) were trained in health and hygiene promotion as well as first aid and later conducted related activities in their communities. In addition, 60 female volunteers in three districts (Khulmi, Shortepa and Balkh) were trained in three six-day trainings on reproductive health, which is expected to benefit the wider female population and reduce mortality rates of pregnant women. A similar workshop was conducted for 20 male volunteers in Shortepa district, which is expected to promote a more supportive environment for women at the community level. By involving male volunteers in reproductive health issues, the male segment of the community understand better the reproductive health issues, which will enable them to better support females working with peers in the community.

Meanwhile, 20 female volunteers were trained on reproductive health in Shortepa district, which brings a total of 100 trained female volunteers in Balkh province. Through these trained volunteers, community members will continue to benefit from greater understanding of reproductive health related issues.

In December, hygiene training was conducted for 20 community volunteers in Baba Sidiq village of Balkh district that aims to motivate the community to change their hygiene practices in the village and thus improve their health. Upon completion, each participant received ARCS certificate and hygiene kit (shampoo, nail cutter, soap, towel, tooth brush and tooth paste).

During this reporting period, 80 latrines were completed in Qarluq and Hasan Khil villages of Balkh district. The digging of eight wells originally planned for in Shortepa, Khulmi and Balkh district of Balkh province was reduced to four following a monitoring visit by the IFRC health team, which confirmed that the National Solidarity Programme (NSP) had already dug wells in the areas. Meanwhile, 24 sanitary latrines were constructed and nine non-functional wells were rehabilitated in Balkh province. ARCS provided training and tools for proper maintenance of constructed wells in the project areas.

CCBHI project manager and regional health officer attended the water and sanitation and health (WASH) cluster meetings lead by UNICEF sub-office in Balkh province to ensure close coordination with other stakeholders in the region. A Swedish Red Cross representative visited Balkh province to observe the ARCS health programme, especially the CCBHI project in Balkh, and to provide future support.

#### CCBHI project in Sar-e-Pul

ARCS, with the support of IFRC, initiated CCBHI project in three villages of Zozma-Qala of Sar-e-Pul province since the third quarter of 2010, which targeted approximately 4,200 people.

During first half of 2011, ARCS established health committees in each village, recruited and trained 60 volunteers (including 20 women) in CBHFA and community needs assessments as well as supported them in carrying out a comprehensive baseline study in the target areas. This was followed by completion of hardware

activities such as site selection and digging of ten wells in the two villages of Sultanyar, Uzbekia and Afghanistan, Kamarak. However, since mid-2011, deteriorating security situation resulted in poor access to the programme areas. ARCS will resume its activities pending the outcome of a security assessment in April/May 2012.

### Programme component 3: Public health in emergencies (PHiE)

The first seven-day field-based mission training (FBMT), based on the Federation Field School methodology, was held in Nangarhar province on 29 June, in which ARCS with IFRC support tested the internal and external emergency response cycle during a simulated cholera outbreak. FBMT was conducted for 30 ARCS staff (DM, logistic, dissemination, volunteer and health) and 75 community-based volunteers in Mohmand Dara district of Nangarhar province (one of the high risk districts for diarrhoeal disease outbreaks), which was led by ARCS/IFRC health departments. The training strengthened the technical and practical skills of the participants and underlined the importance of integrated planning as part of the national society's preparedness and response capacity.

Furthermore, FBMT has excellent coordination with other stakeholders, particularly MoPH, WHO, UNICEF and Health Net International (HNI). FBMT is being recognised as a success by internal and external partners, and will be adopted in other regions with focus on other relevant emergency health/disaster scenarios. ARCS planned to implement FBMT in the northern region in 2012. In addition, a series of SOPs for EMUs deployment and operation in case of an emergency was developed by national society with IFRC support, which also incorporated the FBMT recommendations.

ARCS conducted a four-day training workshop on vaccine preventable diseases and acute respiratory infection (ARI), facilitated by ARCS public health officer for 25 EMU doctors and nurses on 26 November. This training prepared the EMU staffs in prevention and treatment of common disease. ARCS, with IFRC financial support, developed guidelines on vaccine preventable disease, which was approved by MoPH and printed by WHO.

A six-day national WatSan emergency workshop was organized by ARCS with the support of Netherlands Red Cross and facilitated by the Asia Pacific Zone WatSan coordinator in Kabul for 30 participants (health, DM, logistics, CBHFA, and WatSan technician nominated by WASH cluster). The training aims to build the ARCS capacity in emergency WatSan response during disasters. The material on hygiene promotion in the WatSan kit was translated to local language and will be used by ARCS trained personnel during future emergencies.

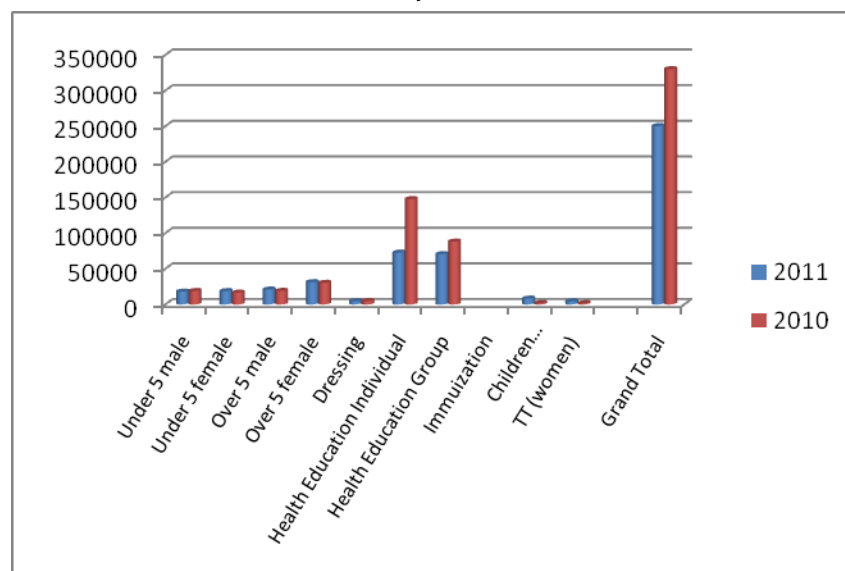
During this reporting period, all doctors and nurses from ten mobile teams participated in the integrated management of childhood illnesses (IMCI) training course in their respective regions, organized by MoPH/ARCS with financial support of IFRC. Meanwhile, the ARCS Kunduz mobile team worked in ARCS clinic to assist in the provision of first aid and medical services to injured people during a demonstration in Talogan city of Takhar province. With MoPH support, the team transferred 13 dead bodies to their respective homes.

During early October, two EMU teams and Dari Noor clinic staff in the eastern region responded to a cholera outbreak. Treatment centres in six remote villages of Dari Noor district of Nangarhar were established. During their 30-day deployment, they treated 1,406 patients (including 792 women and children), attended to 386 ARI, ear, nose and throat infections (ENT), and pneumonia cases, as well as provided health and hygiene education to 7,710 people in groups and individual counselling.

	ARCS Emergency Mobile Units Achievement 2011												Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Out-Patient</b>													
Under 5 male	1,509	1,358	1,684	1,945	1,853	1,551	1,661	1,684	1,204	2,156	1,805	1,636	20,046
Under 5 female	1,857	1,594	1,828	1,711	1,701	1,325	1,503	1,525	1,015	1,827	1,509	1,472	18,867
Over 5	2,231	1,992	1,955	2,045	1,577	1,549	1,636	1,709	1,384	1,268	1,466	2,213	21,025

male														
Over 5 female	2,491	1,671	2,772	2,894	2,595	2,901	2,637	2,252	2,386	2,282	3,013	3,420	31,314	
<b>Subtotal</b>	<b>8,088</b>	<b>6,615</b>	<b>8,239</b>	<b>8,595</b>	<b>7,726</b>	<b>7,326</b>	<b>7,437</b>	<b>7,170</b>	<b>5,989</b>	<b>7,533</b>	<b>7,793</b>	<b>8,741</b>	<b>91,252</b>	
Dressing	371	278	339	509	214	441	370	395	461	379	436	528	4,721	
Health Education Individual	2,306	1,575	6,499	3,064	6,947	8,130	7,323	7,188	8,839	6,259	7,628	7,055	72,813	
Health Education Group	8,331	5,918	4,769	11,186	7,214	4,622	4,875	6,360	4,280	4,824	4,221	4,110	70,710	
<b>Subtotal</b>	<b>10,637</b>	<b>7,493</b>	<b>11,268</b>	<b>14,250</b>	<b>14,161</b>	<b>12,752</b>	<b>12,198</b>	<b>13,548</b>	<b>13,119</b>	<b>11,083</b>	<b>11,849</b>	<b>11,165</b>	<b>143,523</b>	
<b>Immunization</b>														
Children (DPT3)/B CG/Measles/Hpt	1,010	958	1,217	1,689	796	650	637	-	373	1,025	-	-	8,355	
TT (women)	789	564	641	839	296	500	225	-	265	263	-	-	4,382	
<b>Subtotal</b>	<b>1,799</b>	<b>1,522</b>	<b>1,858</b>	<b>2,528</b>	<b>1,092</b>	<b>1,150</b>	<b>862</b>	<b>-</b>	<b>638</b>	<b>1,288</b>	<b>-</b>	<b>-</b>	<b>12,737</b>	
<b>Grand Total</b>													<b>252,233</b>	

No. of beneficiaries reached by EMU teams in 2010 and 2011



The number of beneficiaries decreased in 2011 due to three non-operational EMU teams (Mazar, Kandahar and Herat) as a result of no availability of doctors and nurses and an increasingly tense security situation reduced the accessibility of EMU teams.

#### Programme component 4: Basic health centres

ARCS health department developed its four-year health strategic plan. ARCS, with IFRC support, organized three separate training workshops for ARCS/IFRC field officers and headquarters programme managers in which focused on preparing them for strategic planning processes and involving them in early stages of health planning process.

In Mazar-e-Sharif, from 29 June to 18 July, 11 clinic midwives from the northern region received MoPH emergency obstetric care training. In addition to enhance the knowledge of clinic doctors and nurses in medicine management, the ICRC medical-logistics delegate and ARCS pharmacist conducted a two-day medical logistics workshop for 28 clinics staff in the northern region.

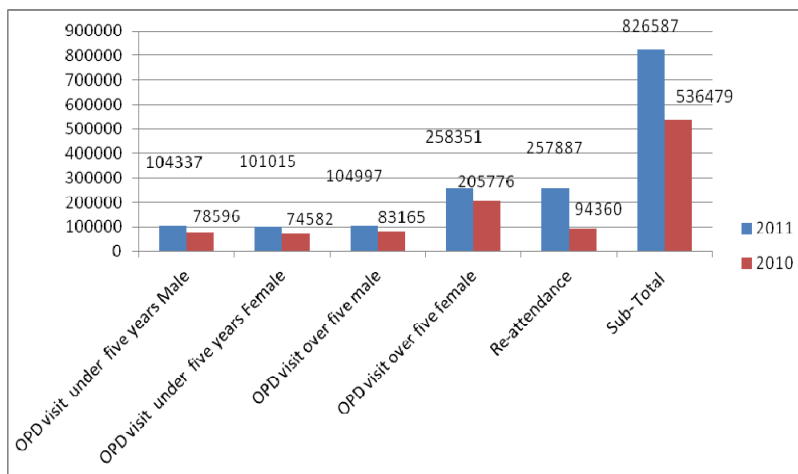
Construction of 12 clinics in Balkh, Panjshir, Kapisa, Paktya, Laghman and Nimroz provinces is still ongoing. The clinics will improve access to health services in remote areas by the community, particularly for women and children. Since April 2011, a more harmonized approach is in place, whereby ICRC is responsible for

provision of medicines to clinics, while IFRC supports capacity building of clinics staff members, institutional capacity building, provision of non-medical supplies and hardship allowances.

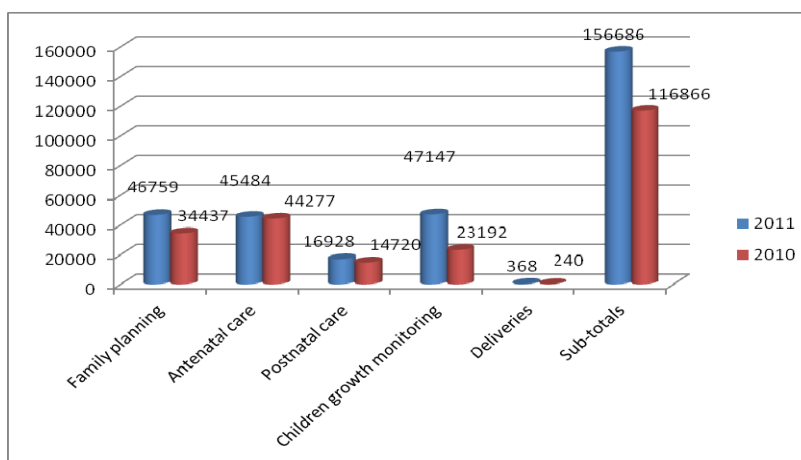
MoPH, with technical support from USAID’s health system 20/20 project, launched its first national health account (NHA) report on 17 March, which described findings from the first round of NHA in Afghanistan (undertaken in 2009-2010 for financial year 2008-2009). The findings will be used as a platform for policy decisions concerning health sector resource allocation. Based on the report, ARCS and other non-profit organizations have contributed 4.9 per cent of the health service delivery to households in Afghanistan.

In 2011, 44 clinic staff members in five regions were trained in IMCI by MoPH (Kabul and Mazar) and Coordination of Humanitarian Assistance (Herat). Participants in Herat also received refresher training on health management information system (HMIS). HMIS formats were printed and distributed to sub-offices for further distribution to clinics at the provincial level. The programme was monitored and supervised by the regional health officers. In addition, the ARCS/IFRC health team paid monitoring field visits to Jalalabad, Herat and Mazar-e-Sharif. During this reporting period, ARCS clinics have reached a total of 1,397,173 beneficiaries (including 887,835 women).

No. of beneficiaries accessing OPD services in 2010 and 2011

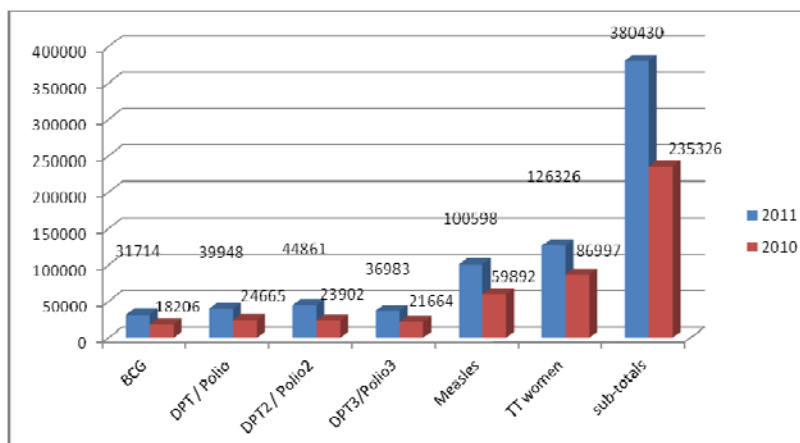


No. of beneficiaries accessing MCH services in 2010 and 2011



In eastern region, ARCS health programme (clinics, EMUs and CBHFA) were involved in National Immunization Days in addition to their regular expanded programme on immunisation (EPI) activities. In 2011, the staff and volunteers with coordination from MoPH vaccinated 392,351 children against polio.

No. of beneficiaries received immunization services in 2010 and 2011



ARCS Eastern Region participation in National Immunization Days during 2011						
Round	Regions	Clinics	EMU	Volunteers	Sub-totals	Kind of services (monitoring/ social mobilization)
S1: 30-31 Jan 2011	East	1,712	-	22,495	24,207	Monitoring, supervision, coordination and as fixed team, social mobilization (by HIV local coordinator).
S2: 13-15 March 2011	East	1,923	4,352	151,480	157,755	
S3: 2-4 May 2011	East	1,893	3,936	17,340	23,169	Monitoring, supervision, coordination and as fixed team, social mobilization.
S4: 5-7 June 2011	East	1,979	9,646	18,320	29,945	
S5: 11-13 July 2011	East	1,796	6,546	18,833	27,175	
F1: 17-19 Sept 2011	East	19,670	-	23,020	42,690	
F2: 1-3 Oct 2011	East	19,670	-	23,020	42,690	
F3: 4-6 Dec 2011	East	32,086	12,634	-	44,720	
<b>Grand Total</b>		<b>80,729</b>	<b>37,114</b>	<b>274,508</b>	<b>392,351</b>	

### Programme component 5: HIV/AIDS

The ARCS HIV prevention programme was launched in 2006 with a specific focus on life skills-based YPE for adolescents on sexual reproductive health and sexually transmitted diseases, and has proven to be an effective mean of conveying key messages on HIV prevention and safe sexual practices among adolescents and youth in a complex socio-cultural context. ARCS has reached 135 Afghan schools in four regions (Kabul, Mazar, Herat and Jalalabad) and has positioned itself as a key stakeholder to MoPH and Ministry of Education (MoE) in the area of HIV prevention across the country. ARCS scaled up its HIV peer education activities during 2011, in which it was integrated as part of MNCH programme. ARCS recruited three staff members (two local coordinators and one training facilitator) in Kabul for the expanded programme activities, particularly for young girls.

During 2011, 3,094 ARCS orientation sessions were conducted by YPEs and trainers in 124 schools of Jalalabad, Mazar-e-Sharif and Kabul cities, in which a total of 77,364 students, family members and teachers (49,139 females) received information on HIV prevention, sexual and reproductive health.

ARCS organized four voluntary non-remunerated blood donor (VNRBD) trainings for 100 students (including 50 women) in Kabul and Jalalabad cities that aim to promote voluntary blood donation among students and

communities. ARCS established five VNRBD “Club 25” in Jalalabad city, in which each club consisting of 15 students and teachers committed to donate blood on a regular basis and to promote voluntary blood donation in their respective communities. YPEs and VNRBD donors in Jalalabad city, upon request from the provincial Ministry of Health branch, donated 3,000cc of blood to MoPH.

ARCS celebrated World Blood Donors’ Day on 14 June, and with IFRC support produced and printed brochures, notepads, pens, umbrellas, banners and other IEC materials and distributed to 800 YPEs. ARCS conducted four trainings on VNRBD for 100 YPEs, who in turn worked with their peers to promote voluntary blood donations.

ARCS organized four ToT on sexual and reproductive health and sexually transmitted infections (STIs) for 80 participants (30 women) from different schools in Kabul, Mazar, Herat and Jalalabad. In addition, 11 YPEs trainings were organized for 220 students (120 women) in Kabul and Jalalabad. The national society also organized five refresher trainings for 125 participants (75 formerly trained women volunteers) in Kabul and Jalalabad. Meanwhile, ARCS trained 425 youth peer educators and 100 master trainers in 120 schools of Kabul, Mazar, Jalalabad and Herat cities and provided refresher trainings for 100 volunteers.

ARCS HIV/AIDS project coordinator along with IFRC health officer attended the 10th International Congress on AIDS in Asia and the Pacific (ICAAP) in Korea from 26 to 30 August 2011. In addition, ARCS supported three of its HIV project staff to attend a short English Language course to build their capacity.

ARCS in partnership with MoPH, UNAIDS observed World AIDS Day (WAD) on 1 Dec 2011 in Kabul, Jalalabad, Mazar and Herat cities, whereby ARCS mobilized 30 young volunteers and displayed HIV prevention awareness key messages across the city and around the WAD function venue. Prior to WAD, ARCS hosted four symposiums on HIV-related awareness, its prevention, stigma and discrimination, and Red Cross and Red Crescent fundamental principles and values. These were facilitated by 30 YPEs in Kabul (3) and Jalalabad city (1) for 550 students (400 women). The ARCS mobilized 100 volunteers and printed 100 banners with key HIV and AIDS themes and other IEC materials on WAD.

### Constraints or Challenges

Unstable security conditions affected monitoring and support activities from headquarters and regional levels to the programme areas.

Limited capacity of the local market (only in-country procurement) to meet the demand for services and materials delayed procurement process as well as programme implementation (building material, construction services, and WatSan hardware components). Meanwhile, blockade of goods transit from Pakistan delayed in arrivals of vehicles and other goods.

Recruiting female staff, trainers and volunteers is a challenge to increase access for women, girls and boys to ARCS preventive and curative services.

### Organizational development (OD)

Programme component	Outcome
1. Supporting the national society organizational development process	The service delivery capacity of ARCS is enhanced at all levels (headquarters and branches) and progress is made towards reaching the status of a strong and well-functioning national society that provides effective services to the vulnerable countrywide.
2. National society leadership and management development	Strengthened the capacity of ARCS’s governance board members and senior management to effectively lead the organization and improve its service delivery.

3. National society youth development	Strengthened the capacity of ARCS youth volunteers.
4. National society volunteering development	Improved and strengthened ARCS volunteer mobilization and management system.

## Achievements

### Programme component 1: Supporting the national society organizational development process

In early 2011, ARCS developed for the first time its operational plan for 2011 through a bottom-up approach involving all 34 branches. Input to the plan started at branch level, and proceeded to regional level, where it was analyzed before submitted to headquarters level, where it was compiled. This was seen as a harmonized effort that clearly outlined responsibilities between partners.

Having involved the branches and regional offices in the planning process ensured a more operationally relevant plan with broader ownership. The process led by ARCS OD department was closely supported by IFRC OD department and ICRC cooperation department, whereby technical support was provided to regional offices (Jalalabad, Herat, Mazar-e-Sharif, Kandahar; Kabul) for the development of their plans.

ARCS with the technical support of IFRC and ICRC revised its constitution, which has been approved by the IFRC-ICRC joint commission in Geneva during the last quarter of 2011. This has strengthened the legal base of ARCS and also enhanced its institutional sense of belonging to a wider rule-orientated Movement. In Afghanistan, the development of the revised constitution was recognized by the state president, who proclaimed a decree in which the full authority of the general assembly is vested on the ARCS governance board until the first holding of the general assembly.

ARCS's four-year strategic plan (2012-2015) was finalized under the guidance of a short-term consultant engaged by IFRC. The strategic plan promotes holistic planning to ensure a more integrated and efficient national society over the coming years. The strategic plan will further guide ARCS programmes and branches to efficiently achieve their set objectives and plan their operational plans in accordance herewith. In addition, the strategic plan proposes some restructuring of the national society to have a less centralised structure that will better enable the implementation of relevant services for vulnerable communities.

IFRC OD department supported several planning workshops for heads of ARCS branches and regional coordinators. Capacity enhancement in planning skills can further be developed in coming years by conducting more trainings, forming a group of planning resource people, and ensuring that responsibility is given to branches and regional offices to initiate their own plans.

To strengthen the planning needs of programme managers in ARCS, IFRC OD department has supported several planning workshops for heads of ARCS branches and regional coordinators.

IFRC Afghanistan developed its 2012-2015 long term planning framework (LTPF) as well as the plan of action (PoA) and budget for 2012. This was developed in close consultation with ARCS counterpart departments to ensure that strategic directions and operational goals reflected of a shared vision.

An exchange study visit was conducted between Herat and Mazar regional offices to build the staff capacity through knowledge sharing and learning and enhance their operational capacities to provide necessary support to ARCS branches.

ARCS branch president meeting was conducted at headquarters with participation of all 34 branch presidents, five regional coordinators as well as ARCS senior management together with IFRC and ICRC senior management and programmes. The main discussions and presentations focused on general assembly and need for provincial assemblies, outstanding humanitarian needs, the drought situation in the country, accessibility and branches capacity as well as constraints.

Eight regional Movement coordination meetings (MCM) took place in five regional offices (Herat, Kabul, Mazar-e-Sharif, Jalalabad and Kandahar) to review the implementation of ARCS operational plan and to assess whether the relevant objectives reached and whether relevant assistance was provided. Meanwhile, the first pure communications workshop was conducted in IFRC country office premises for 16 ARCS, IFRC and ICRC senior programme staff.

ARCS fundraising unit was established to generate more funds for programmes, albeit with the newly recruited staff who needed more technical support. ARCS, with hundreds of volunteers, has started a fundraising campaign within the community to support the tsunami-affected people of Japan.

Two finance workshops for regional staff were organised to extend the finance development project to ARCS regional offices. Meanwhile assessment were conducted by headquarters staff in Herat, Jalalabad and Kandahar regional offices to evaluate the needs for further improvement of financial management systems.

An ARCS finance team supported by IFRC finance delegate visited Indian Red Cross Society to learn more on the Navision finance software which will later be introduced at ARCS. A mission report was prepared to guide ARCS management in selecting suitable finance software, as well as identify further needs for development of the finance department.

The finance development delegate from SARD visited Afghanistan, and with the finance department, reviewed the process of ARCS finance department in accounts management. ARCS has managed their account well (reconciling bank and cash, and filling of supporting documents) with some room for improvement, However, ARCS has to focus more on issue related to financial reporting, which is considered very weak.

Audit of the ARCS 2009-2010 books of account was finalized by external auditors, who submitted their report to ARCS leadership. The audited accounts are expected to increase the confidence of partners and help the management to improve the efficiency of the national society's finance department. ARCS senior management has approved the opening and closing balances of the last five years financial statements. This has allowed ARCS finance department to be increasingly aware of the overall financial situation as well as its inherent risks.

Several membership workshops at the regional level as well as one major membership workshop at headquarter level were conducted. The objective of the workshop was to ensure the newly recruited members have a better understanding of their involvement in and preparation for the provincial assemblies as well as the general assembly in late 2012. A total of 3,000 new members (580 women) were recruited in 34 branches, and ARCS membership guidelines together with general Movement dissemination material were disseminated to 500 members in 34 branches.

The ARCS president has assigned a working committee to prepare for the general assembly. The committee is headed by the ARCS vice president and 13 ARCS staff, as well as one IFRC staff and one ICRC staff to act as technical resource persons. A detailed action plan or road map has been developed to facilitate the process forwards.

### **Programme component 2: National society leadership and management development**

Technical advice and support was provided by IFRC to ARCS leadership and senior management on their participation in the 31<sup>st</sup> International Conference and the IFRC general assembly in November 2011

The Swedish Red Cross secretary general as well as the German Red Cross Asia Pacific coordinator visited Afghanistan respectively and met key people in ARCS, IFRC and ICRC to discuss programme related issues and future support strategy. Meanwhile, ARCS president and IFRC head of country office visited Canada to meet Canadian Red Cross Society and Canadian International Development Agency (CIDA) and discuss issues of cooperation and possible funding. Subsequently, IFRC received significant funds for health, disaster

risk reduction (DRR) and capacity building.

An ARCS team together with the IFRC OD delegate and OD manager attended the general assembly of the Finnish Red Cross to learn and study the process of organizing the general assembly. The ARCS secretary general presented a paper on humanitarian assistance in Afghanistan for an ECHO seminar organized by Finnish Red Cross. The team further learnt from the experiences of Swedish Red Cross in organizing general assembly on their visit to Sweden, whereby they met with senior management from national societies and Foreign Ministry representative of Sweden and Finland.

The ARCS secretary general attended the secretary general's meeting in Sri Lanka and presented ARCS achievements for 2011. Some of the sister national societies in South Asia region expressed their interest to adapt ARCS procurement manual and logistic system, which was jointly developed with Norwegian Red Cross support.

### **Programme component 3: National society youth development**

During this reporting period, a total of 39,000 youth volunteers (11,100 girls) attended 13 youth clubs and 50 youth corners. The youth volunteers benefitted from classes on classical school subjects, music, art, theatre, English language, computer, first aid, and mine awareness. In several youth clubs, some youth were trained in disaster response that prepares them for involvement in emergencies during winter and flood seasons. The youth programme also organized sports matches, where ARCS simultaneously disseminated humanitarian messages.

Four new youth clubs and 20 corners were established. The new youth corners serve as recruitment and training centres for youth volunteers in the schools and trained them to better identify and deliver relevant services to their communities.

A total of 90 charity boxes were administered by 500 youth volunteers in Herat, Jalalabad, Mazar and Kabul regional offices as well as in different branches to collect funds for tsunami-affected people in Japan. The collected USD 30,000 fund was transferred to an ARCS bank account and donated to Japan. The involved ARCS volunteers were highly motivated and their perception of identity as ARCS volunteers was strengthened.

ARCS has successfully garnered more than 6,000 youth in participation of social activities such as blood donation, hygiene promotion, provision of first aid to the affected people, tree planting, dissemination of Movement-related subjects, culture programmes (songs and dramas) and cleaning of public places.

Membership awareness sessions were conducted in four branches for 500 youth volunteers. In ARCS Takhar branch, 300 youth volunteers were encouraged to become ARCS members to better serve their communities. Meanwhile, 48 youth volunteers participated in national immunization days (NIDs), which in turn registered 7,000 families in four branches.

Youth volunteers donated 1,000cc blood to Jalalabad's MoPH hospital in order to assist the needy and poor patients. Meanwhile, 30 youth volunteers organized a blood donation campaign for the victims of the Kabul Bank blast in Jalalabad and motivated Jalalabad citizens to donate blood, whereby 60,000cc of blood was collected. Important to note is the fifteen trained youth volunteers who assisted in removing the victims of a suicide attack in Kabul bank in Jalalabad.

Youth volunteers in Mazar-e-Sharif published a fortnightly newsletter under the title of "Youth Volunteer" in this publication, in which highlighted the youth activities and information regarding volunteerism and value of volunteers' task in saving lives.

In Laghman, 46 youth volunteers participated in polio vaccination campaign that vaccinated 4,140 children in different districts. A tailoring class is established in ARCS youth club in Mazar-e-Sharif, in which benefits female youth participation. Youth programme is considered as having a positive impact on social life of youth

in the community, and prevention of drug abuses and criminal affiliation.

#### **Programme component 4: National society volunteering development**

ARCS leadership has approved the volunteering policy which will assist the youth and volunteer department in better managing, training, rewarding and retaining youth volunteers. The volunteering policy has been translated into Dari and Pashto language for circulation to the branches and volunteers. Simultaneously, a working group has been appointed to ensure implementation of volunteering policy in accordance with the established guidelines.

The IFRC OD department worked closely with ICRC and Swedish Red Cross in the integrated partnership (IP) volunteering management project to support ARCS in completing a registration of new volunteers and establishing a volunteering database. During this reporting period, the registration of volunteers is ongoing and the numbers of active volunteers in the country is expected to increase.

Volunteering management training was conducted for heads of ARCS branches in the central, eastern, northern and western regions to address most of the managerial challenges that were highlighted in the volunteering assessment in mid-2010. Furthermore, an internal IFRC youth programme review was carried out during the last quarter of 2011, which also highlighted most of the already-identified managerial challenges have yet to be adequately addressed. The recommendations of the review will be followed up by ARCS youth and volunteer department in 2012, and the expectation is that insofar as a strongly coordinated cooperation is ensured between ARCS, IFRC, ICRC and Swedish Red Cross, progress could be achieved during 2012 with respect to implementation of the youth programme.

A volunteer management workshop for ARCS heads of programme departments and the secretary general was conducted in mid-2011. Meanwhile, the volunteer's international year was celebrated throughout the country from September to December 2011, whereby thousands of volunteers and other stakeholders participated.

A two-day workshop on humanitarian values (HV) and principles and international humanitarian law (IHL) contextualization was held for 10 ARCS volunteer's managers from the eastern, western and northern region. Participants' feedbacks were obtained for preparing the training package for 2012-2013 activities. The workshop was facilitated by consultant hired by Danish Red Cross and the IFRC country office OD/HV officer.

Danish Red Cross programme manager visited IFRC Afghanistan country office and met with different programmes in IFRC and ARCS as well as ICRC cooperation department and discussed mainly management part of Danish Red Cross project activities. Logical framework of the programme, monitoring and evaluation plan and activities timeline were drafted and will be adapted to real situation in ARCS context.

#### **Constraints or Challenges**

The exiting country political situation and high level of security concern restricted humanitarian operation and ARCS staff and volunteers to reach the most vulnerable and destitute people living in remote areas.

Lack of sufficient capacity has yet to be resolved to achieve ARCS strategic and operational plans at headquarters, regional and branches levels. Furthermore, unclear job division at programme and management level needed to be addressed as a priority.

The ARCS branches will continually to monitor the project albeit poor coordination and communication between headquarters, regions and branches. In 2012, IFRC aims to provide a generic planning, monitoring, evaluation and reporting (PMER) support to ARCS, which is expected to increase the impact of the interventions and ensure better quality of implementation as well as reporting.

## Humanitarian values

Programme component	Programme outcome
1. Promotion of humanitarian principles and values	Introducing ARCS as humanitarian well-functioning organization to the community through promotion of the Fundamental Principles.
2. Operationalization of fundamental humanitarian principles and values	Beneficiaries and the community feel content, comfortable and honoured by ARCS programme service delivery.

### Achievements

#### Programme component 1: Promotion of humanitarian principles and values

The 8,500 youth, who attended the ARCS youth clubs received humanitarian values (HV) orientation on the reduction of discrimination, stigmatization and promote gender diversity, tolerance and co-existence. Moreover, respect for human dignity is one of the major area, where the HV component have emphasis on its advocacy during the orientation sessions to ARCS staff and volunteers in the nine branches in the north, east and central regions.

#### Programme component 2: Operationalization of fundamental humanitarian principles and values

Humanitarian values orientation sessions were conducted in Mazar-e-Sharif, Kunduz, Samangan and Baghlan branches, 140 staff and volunteers from different programmes participated. The sessions highlighted respect for human dignity during the operations and how the volunteers as individual could contribute to promote co-existence.

Two orientation workshops on understanding, practice of the Fundamental Principles and adoption of proper behaviour with beneficiaries during the operations in emergencies were conducted for 70 volunteers and staff from different programmes in Parwan and Kapisa branches.

### Constraints or Challenges

During this reporting period, ARCS HV and dissemination department was mainly preoccupied with the planning of activities for 2011, thus fewer activities were carried out. Low capacity of ARCS HV department was another problem for better implementation of the programme.

Lack of proper planning and implementation of HV programme in ARCS, lack of proper curriculum and training programme for principles and values and traditional humanitarian values, lack of proper co-operation and co-ordination mechanism between ARCS programme departments and moreover unstable security situation remain as the main challenges for better progress of the programme.

### Working in partnership

The national society further strengthens its partnership and collaboration with the Movement components, government department such as ANDMA in disaster management, as well bilateral agreements between the Italian and Japanese governments with cooperation agreements with significant numbers of PNS.

ARCS, as auxiliary to national authorities, closely coordinates with MoPH and MoE, National AIDS Coordination Committee. The national society is a member of the health and WASH clusters and participates regularly in coordination meetings with MoPH, UNICEF, World Health Organization, the Swedish Committee for Afghanistan and other stakeholders at national and regional level. The national society participates in the Inter-Agency Standing Committee on WASH cluster meetings at country level. For the effective programme support to the ARCS programmes, particularly the clinics regular tripartite meetings are held between the

national society, ICRC and IFRC. These meetings have greatly contributed to provide harmonized support the national society.

Capacity building and OD is one of ARCS priority programmes supported by various PNSs such as Danish, New Zealand, Norwegian and Swedish Red Cross Societies as well as and the Canadian International Development Agency (CIDA).

Some key programmes and projects of ARCS have worked with the departments and ministries of education, higher education as well as the cultural and information affairs of the Afghan government, especially youth, volunteers, membership and humanitarian diplomacy. The national society has its youth programme in more than 290 schools in all 20 provincial branches. Agreements between ARCS and the authorities in the Afghan government ministries make it possible to undertake such activities.

The IFRC country office worked closely with the logistics development project supported by the Norwegian Red Cross. Similarly, the IFRC OD department collaborates closely with the ICRC-Swedish Red Cross IP project on ARCS volunteering management project.

In the north, ARCS has worked closely with media to broadcast youth activities on humanitarian values and principles.

The programme worked in partnership with the 'volunteering management' project, which is an integrated volunteer's management project between ICRC and Swedish Red Cross and IFRC OD department is supporting them technically.

ARCS had close collaboration to train youth and give them orientation on anti-discrimination, stigmatization and violence with UNICEF in the western and eastern regions. In the north the involvement of media to broadcast the youth activities on humanitarian values and principles as dramas and demonstrations were significant. In the eastern, southern and central regions ARCS had good collaboration with the ministry of education on the dissemination of the principles and values.

## **Contributing to longer-term impact**

The scaling-up DRR implementation capacity that would contribute in increasing communities' resilience and coping mechanisms is a priority for the years to come. Several small-scale community-driven projects are planned in 2012 that will promote resilience of vulnerable communities with respect to disasters, emergency health as well as greater sustainability on food security.

The intensification of professional training of national society programme staff and key volunteers shall be undertaken to upgrade performance and input. Integrating sector programming to provide holistic services in DM require combining of organizational development, health with relief distribution.

Enthusiastically follow-up with Afghan government for the legalization the roles and responsibilities of the ARCS in the national disaster plan and aspects of IDRL, which can have long term impact should a natural disaster of a big magnitude occur.

With greater focus on MCH and improved quality of basic curative and preventive services in ARCS clinics and EMUs, ARCS has improved the access for mothers and pregnant women to reproductive health services. CBHFA and CCBHI greatly increased individuals, household and community knowledge and awareness on hygiene promotion and health education, which is central to promote continuous positive behavioural change.

In line with achieving MDG 4 and 5 in Afghanistan, ARCS has promoted an integrated approach to address MCH through a continuum of care rather than applying a vertical approach. The MCH programme consists of three major components such as basic health clinics, CBHFA, CCBHI and HIV prevention.

Building the technical capacity of volunteers in different fields (epidemics control, HIV/AIDS, STIs) has long-term positive impact.

The CCBHI (WatSan) project has contributed to healthier living through provision safe drinking water, construction of latrines and promotion of safe hygiene practices and has significantly changed the behaviours of targeted communities. ARCS CBHFA volunteers continuously play a major role in changing behaviours and promoting key public health preventative messages. Such community involvement, participation and ownership are essential in the long-term in validation and endorsement of a preventive approach aimed at improving the overall community health. Similarly, through YPEs, ARCS has greatly promoted awareness of HIV/AIDS and STIs among school youth.

Through the VNRBD motivators, more students are willing to test and donate their bloods to help those in need of blood.

Revision of the ARCS constitution and its approval by the joint ICRC-IFRC commission will further strengthen ARCS legal base and support the national society in achieving full independence from the government in the coming years.

Development of ARCS four-year strategic plan (2012-2015) will help ARCS programmes and branches to develop their 2012 operational plan and measure their achievements as well as for the use of relevant ARCS fundraise.

Development of finance management systems will enable ARCS to record and produce the reports to its partners and their back donors, thus enhancing the credibility and confidence in financial management.

The adoption of ARCS's HR policy will support its efforts in promoting and ensuring that more transparent and accountable procedures are abided by for recruitment to identify well-equipped staff with clear job description.

Preparation for the provincial and general assemblies is well underway and senior management in ARCS has taken direct responsibility for ensuring that a general assembly will happen as planned during the third quarter of 2012 by setting up a working group to lead this process forward. The recruitment and training of new members are on-going and will ensure a more integrated membership base of the national society for the future.

The development of volunteering policy and the expected volunteer database in 2012 will support ARCS to further organize and manage its network of volunteers throughout regions and branches. The establishment of new youth clubs and corners at branch level and schools will ensure stronger linkage between ARCS and the communities. It is expected through a coordinated effort with other partners that a more relevant training curriculum could be ensured throughout the country during 2012. Further training and management workshops for ARCS staff, volunteers, members and youth at headquarters and branches will further continue to improve the impact of the operation.

HV programme builds friendship, stability and good working environment for ARCS staff and volunteers, and further adds value and efficiency to ARCS service delivery to the most vulnerable. Community contribute greater support and facilitation to ARCS operations, which can be seen in the increase number of volunteers. Promoting gender diversity under the HV component is also remarkable for ARCS at all level as well as within ARCS activities of youth clubs and youth corners which have involved more participation from girls.

## Looking ahead

ARCS with the technical support of IFRC will continue to cooperate and coordinate further with ICRC, ANDMA as well as other relevant UN agencies and non-governmental organizations, to consolidate DRR activities in DM programme. ARCS plans for an effective involvement of selected disaster prone communities along with other departments (especially health) to further consolidate an integrated emergency preparedness level.

The ARCS DM department will build upon its acquired skills in disaster preparedness to adequately plan for and respond to expected spring floods.

ARCS staff and volunteers particularly in DM require further trainings in the areas of disaster management planning, monitoring and evaluation as well as reporting to improve the quality of delivery services, programming, implementation and accountability. The organizational preparedness achieved through this programme will enhance the national society's ability to implement and review the two existing contingency plans for floods and earthquakes.

ARCS health strategic plan 2012-2015 will be the key guidance for programme. Similarly, the experiences gained during this integrated community-based programme provided impetus to the national society to plan for more areas in other provinces to meet diverse needs of communities. Moreover, project management including monitoring, supervision and evaluation has ripple effect on other programme areas, whereby the national society has developed monitoring and evaluation plan to measure progress for 2012.

ARCS community-based programmes will integrate DRR activities focusing on food insecurity for 2012 and beyond. Activities like kitchen gardens, household livestock and knowledge dissemination on drought resistant crops will be piloted in CBHFA programme areas in addition to safe water and improved sanitation.

Finance development is a key priority that needs to be continued technically and financially by IFRC and other partners. Alongside this, efforts will be directed more towards building the technical capacity of branch and regional staff, instead of headquarters staff. This will also support ARCS dedication to ensure more operational responsibility for service delivery to the branches and the regions.

HR development is important for ARCS and requires IFRC's technical and financial support. Branches capacity will be enhanced and strengthened to deliver services through better PMER mechanism in place. ARCS annual operational plans at the branch, regional and headquarters levels will be developed under ARCS four-year strategic plan (2012-2015).

Digital divide development in ARCS, with extensive support of IFRC country office, will assist ARCS branches, regional offices and volunteers to communicate their messages in more coordinated and professional manner.

The provincial and general assemblies have yet to be organized due to political and unstable security situation in the country, remain as key objectives to be achieved. Similarly, it remains a priority for all partners to ensure that ARCS sets in motion a transparent election process from provincial level upwards.

Training and recruitment of youth volunteers establishing more youth clubs and expanding youth corners will be another focus area of ARCS. The Movement coordination meetings at headquarters and regional levels will be supported. Branch development programme will be continued and various training will be conducted for all ARCS staff, volunteers, youth and members. Orientation training for ARCS governance board, and the development and implementation of volunteers' policy are in the plan.

More intervention and action is needed to promote principles and values in ARCS youth clubs and youth corners. Within the coming year, exploring humanitarian laws and HV and principles components supported by Danish Red Cross will be incorporated into 17 youth clubs and 50 youth corners. More staff and volunteers are

to be equipped with HV and principles knowledge, in return will transfer the knowledge to their peers and communities. Moreover, traditional HV will be expanded through all ARCS volunteering programmes such as CBFA, DM and youth programmes. The promotion of youth agent for behavioral changes into the youth programme training curriculum will be given priority.

## 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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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[<financial report below; click to return to title page>](#)

## Development Programme Financial Report

MAAAF001 - Afghanistan

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAAF001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

### I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	3,752,702	5,306,895	1,145,918	23,529	310,908	10,539,952	
<b>B. Opening Balance</b>	248,925	608,721	112,058	1,246	9,569	980,519	
<b>Income</b>							
<u>Cash contributions</u>							
<i>Australian Red Cross (from Australian Government)</i>		1,147,148				1,147,148	
<i>British Red Cross</i>		269,668				269,668	
<i>British Red Cross (from Jersey Overseas Aid)</i>		90,886				90,886	
<i>Canadian Government</i>	957,440	957,440	430,848		430,848	2,776,576	
<i>Danish Red Cross</i>			170,686			170,686	
<i>Danish Red Cross (from Danish Government)</i>	335,205					335,205	
<i>Finnish Red Cross</i>		27,297				27,297	
<i>Finnish Red Cross (from Finnish Government)</i>		151,393				151,393	
<i>Icelandic Red Cross</i>		19,600				19,600	
<i>Icelandic Red Cross (from Icelandic Government)</i>		50,400				50,400	
<i>Italian Government</i>	674,532					674,532	1,090,912
<i>Japanese Government</i>	681,897					681,897	17
<i>Japanese Red Cross Society</i>	42,662	31,996				74,658	
<i>New Zealand Red Cross</i>			68,150			68,150	
<i>Norwegian Red Cross (from Norwegian Government)</i>	109,722	472,871	315,247			897,840	
<i>Swedish Red Cross (from Swedish Government)</i>		530,507	104,570		65,356	700,433	
<i>The Canadian Red Cross Society</i>	92,952					92,952	
<b>C1. Cash contributions</b>	<b>2,894,409</b>	<b>3,749,206</b>	<b>1,089,501</b>		<b>496,204</b>	<b>8,229,320</b>	<b>1,090,929</b>
<u>Inkind Personnel</u>							
<i>Danish Red Cross</i>					91,000	91,000	
<b>C3. Inkind Personnel</b>					<b>91,000</b>	<b>91,000</b>	
<u>Other Income</u>							
<i>Services Fees</i>					39,527	39,527	
<b>C4. Other Income</b>					<b>39,527</b>	<b>39,527</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>2,894,409</b>	<b>3,749,206</b>	<b>1,089,501</b>		<b>626,731</b>	<b>8,359,848</b>	<b>1,090,929</b>
<b>D. Total Funding = B + C</b>	<b>3,143,334</b>	<b>4,357,927</b>	<b>1,201,560</b>	<b>1,246</b>	<b>636,300</b>	<b>9,340,366</b>	<b>1,090,929</b>
<b>Coverage = D / A</b>	<b>84%</b>	<b>82%</b>	<b>105%</b>	<b>5%</b>	<b>205%</b>	<b>89%</b>	

### II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	248,925	608,721	112,058	1,246	9,569	980,519	
<b>C. Income</b>	2,894,409	3,749,206	1,089,501		626,731	8,359,848	1,090,929
<b>E. Expenditure</b>	-3,016,952	-2,481,891	-936,496		-148,934	-6,584,274	
<b>F. Closing Balance = (B + C + E)</b>	126,381	1,876,035	265,064	1,246	487,366	2,756,092	1,090,929

# Development Programme Financial Report

MAAAF001 - Afghanistan

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAAF001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>3,752,702</b>	<b>5,306,895</b>	<b>1,145,918</b>	<b>23,529</b>	<b>310,908</b>	<b>10,539,952</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	894,000	341,056					341,056	552,944
Construction - Housing			915				915	-915
Construction Materials	1,338,000	57,522	218				57,740	1,280,260
Clothing & Textiles	455,000	99,041	433				99,474	355,526
Food	907,200	1,242,824					1,242,824	-335,624
Water, Sanitation & Hygiene	365,855		108,049	58			108,108	257,747
Medical & First Aid	260,402	352	190,306	45,229			235,887	24,515
Teaching Materials	43,000		59,544				59,544	-16,544
Utensils & Tools	65,000	78,653	24				78,677	-13,677
Other Supplies & Services	90,209	1,765	12,570	1,411			15,747	74,462
<b>Total Relief items, Construction, Supplies</b>	<b>4,418,666</b>	<b>1,821,214</b>	<b>372,059</b>	<b>46,698</b>			<b>2,239,972</b>	<b>2,178,694</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	713,564		298,287	6,365			304,652	408,912
Computers & Telecom	139,300	7,057	51,493	48,014		5,959	112,523	26,777
Office & Household Equipment			1,877				1,877	-1,877
Others Machinery & Equipment		503	1,005	503		-2,011	0	-0
<b>Total Land, vehicles &amp; equipment</b>	<b>852,864</b>	<b>7,559</b>	<b>352,662</b>	<b>54,882</b>		<b>3,948</b>	<b>419,051</b>	<b>433,813</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	50,000	22,710	14,725	244		388	38,067	11,933
Distribution & Monitoring	80,000	101,675	41,645	541		18	143,879	-63,879
Transport & Vehicles Costs	240,320	66,868	105,209	16,561		-708	187,929	52,391
Logistics Services	80,000	31,815	22,104			433	54,352	25,648
<b>Total Logistics, Transport &amp; Storage</b>	<b>450,320</b>	<b>223,068</b>	<b>183,683</b>	<b>17,346</b>		<b>131</b>	<b>424,227</b>	<b>26,093</b>
<b>Personnel</b>								
International Staff	920,427	156,369	204,707	159,767		110,288	631,130	289,296
National Staff	661,622	400,282	389,954	208,403		26,056	1,024,694	-363,072
National Society Staff	212,180	1,765	180,958	21,597		3,944	208,265	3,915
<b>Total Personnel</b>	<b>1,794,229</b>	<b>558,416</b>	<b>775,619</b>	<b>389,767</b>		<b>140,288</b>	<b>1,864,089</b>	<b>-69,860</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	96,000		51,844	40,879			92,723	3,277
Professional Fees				1,051			1,051	-1,051
<b>Total Consultants &amp; Professional Fees</b>	<b>96,000</b>		<b>51,844</b>	<b>41,929</b>			<b>93,773</b>	<b>2,227</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	1,059,521	91,044	214,262	137,647			442,952	616,569
<b>Total Workshops &amp; Training</b>	<b>1,059,521</b>	<b>91,044</b>	<b>214,262</b>	<b>137,647</b>			<b>442,952</b>	<b>616,569</b>
<b>General Expenditure</b>								
Travel	433,013	38,766	36,917	23,783			99,466	333,546
Information & Public Relations	345,600	3,161	164,552	25,217		127	193,057	152,543
Office Costs	173,976	20,404	18,814	70,132		37,098	146,449	27,527
Communications	75,880	7,450	11,999	7,598		25,143	52,190	23,690
Financial Charges	48,000	-11,360	-889	3,823		62,305	53,880	-5,880
Other General Expenses	115,200	41,618	87,532	53,119		-123,654	58,614	56,586
<b>Total General Expenditure</b>	<b>1,191,669</b>	<b>100,039</b>	<b>318,926</b>	<b>183,672</b>		<b>1,019</b>	<b>603,656</b>	<b>588,013</b>
<b>Depreciation</b>								
Depreciation and impairment	19,200							19,200
<b>Total Depreciation</b>	<b>19,200</b>							<b>19,200</b>
<b>Operational Provisions</b>								
Operational Provisions		9,287	40,590	2,420			52,297	-52,297
<b>Total Operational Provisions</b>		<b>9,287</b>	<b>40,590</b>	<b>2,420</b>			<b>52,297</b>	<b>-52,297</b>

## Development Programme Financial Report

MAAAF001 - Afghanistan

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAAF001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
<b>BUDGET (C)</b>		<b>3,752,702</b>	<b>5,306,895</b>	<b>1,145,918</b>	<b>23,529</b>	<b>310,908</b>	<b>10,539,952</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	643,283	182,691	150,135	56,833		3,535	393,194	250,089
<b>Total Indirect Costs</b>	<b>643,283</b>	<b>182,691</b>	<b>150,135</b>	<b>56,833</b>		<b>3,535</b>	<b>393,194</b>	<b>250,089</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	9,000	19,235	14,551	3,775			37,561	-28,561
Pledge Reporting Fees	5,200	4,399	7,561	1,526		14	13,500	-8,300
<b>Total Pledge Specific Costs</b>	<b>14,200</b>	<b>23,635</b>	<b>22,112</b>	<b>5,301</b>		<b>14</b>	<b>51,061</b>	<b>-36,861</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>10,539,952</b>	<b>3,016,952</b>	<b>2,481,891</b>	<b>936,496</b>		<b>148,934</b>	<b>6,584,274</b>	<b>3,955,678</b>
<b>VARIANCE (C - D)</b>		<b>735,750</b>	<b>2,825,004</b>	<b>209,422</b>	<b>23,529</b>	<b>161,973</b>	<b>3,955,678</b>	