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Programme update no. 2 Afghanistan

 International Federation
of Red Cross and Red Crescent Societies

MAAAF001

12 January 2012

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

On July 2011 the Afghan Red Crescent Society led by the IFRC health department successfully conducted a simulation exercise using the IFRC field school approach in Nangarhar province, eastern Afghanistan. Photo: IFRC.



In brief

Programme goals

- 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 ARCS for the best practice of the principles and values and advocate for gender and marginalized groups.

Programme(s) summary

Disaster Management: During the reporting period, major natural disasters including flash floods, earthquakes and droughts occurred. These caused deaths, injuries and displacements. The Afghan Red Crescent Society (ARCS) together with the Afghanistan National Disaster Management Authorities (ANDMA) alongside other agencies responded to these by providing emergency evacuation services and distribution of food and non-food items to affected families.

During early December, the Red Cross Movement commenced joint drought response activities in five conflict affected districts in the northern part of the country (Chimtal, Sholgara, Dashte Archi, Imam Saheb and Qaisar). Approximately 21,700 households in these districts will benefit from two rations of food supplies to sustain them until the next harvest in June/July 2012.

Alongside the drought response in the north, the International Federation of Red Cross and Red Crescent Societies (IFRC) disaster management (DM) department is preparing to provide approximately 8,000 households with food assistance in three different provinces in western Afghanistan. Provision of the food assistance will also be coordinated with the International Committee of Red Cross (ICRC).

During the third quarter of the year, a vulnerability and capacity assessment (VCA) workshop was facilitated in Kabul supported by the IFRC Asia Pacific zone office in Kuala Lumpur. Participants were from ARCS headquarters as well as the regions. This first VCA workshop preceded upcoming VCA workshops to be facilitated by ARCS and IFRC disaster management staff at regional level throughout the country.

Health and care:

Major activities during the second half of the year included the field-based mission training in July that used the IFRC “Field School” approach.

In October, the midterm review of community-based health and first aid (CBHFA), led by Nordic partner national societies was undertaken. In addition, the standard operating procedures (SOPs) for the emergency mobile units (EMUs) were developed and the ARCS health strategy was completed in conformity with the finalization of the ARCS four-year strategic plan in November. In December, the IFRC zone office supported the country office in undertaking an emergency water and sanitation workshop in Kabul, in which health and disaster management staff participated from the headquarters and the regions.

Due to an increasingly volatile security situation in northern Afghanistan, implementation of the comprehensive community-based health intervention (CCBHI) project in Sar-e-Pul province has been put on hold since July. The national society was nonetheless successfully trained 140 volunteers including 60 females, conducted a baseline study and implemented digging of 10 wells in Sultani Ozbakia and Afghani Kamarak in Zuzma Qala district.

The HIV peer education project resumed in Mazar and Herat cities after new local programme coordinators were hired.

Organizational development:

Revision and approval of the ARCS constitution by the joint ICRC-IFRC commission in Geneva was completed during the third quarter of the year. This was an important step in strengthening the legal base of the national society. The ARCS four-year strategic plan (2012-2015) was finalized in November and the process was led by IFRC.

An ARCS human resource policy was finalized during the second quarter of the year. This has raised expectation for a more transparent and rule-oriented recruitment policy of the national society to commence. Similarly, revision of the ARCS finance manual and chart of accounts is in progress.

With the support of the IFRC organizational development (OD) department, 120 ARCS staff was trained in various subjects such as planning, management, English language, computer skills and reporting.

Of institutional importance, ARCS branch presidents’ meeting was conducted at the headquarters, while regional Movement coordination meetings (MCM) were conducted in the five regional offices (Herat, Kabul, Mazar, Jalalabad and Kandahar). Finally, two tripartite ‘Heads of Movement’ coordination meetings were held in Kabul reconfirming the solid cooperation amongst Red Cross partners in the country.

During the reporting period, 15 youth corners have been established and another 5 are in the process of being started.

Humanitarian values:

Most of the humanitarian values sessions targeted youth club beneficiaries in 13 youth clubs.

The community-based first aid (CBFA) and DM volunteers were targeted for HV orientation workshops in 11 ARCS branches. The main recipients of the classes were ARCS youth and volunteers, and the curriculum focused on Red Cross Red Crescent Movement principles and values alongside promotion of tolerance, co-existence, friendship and the discouragement of discrimination, stigmatization and violence.

Financial situation

The total budget for 2011 is CHF 10,539,952. Appeal coverage is 87 per cent. Expenditure during the reporting period is 51.8 per cent of the 2011 budget.

[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	62,885	80,883	143,768
Health and care	407,546	671,697	1,079,243
Organizational development	31,040	14,380	45,420
Humanitarian values	4,932	3,288	8,220

Our partners

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

On behalf of the Afghan Red Crescent Society, IFRC would like to thank all partners for their support.

Context

Security:

The security situation in the country remained volatile and unstable during the reporting period, which saw a series of major attacks in Kabul against prominent institutions such as the US embassy and several key ministries. These attacks underlined the Afghan Opposition Group's (AOG) increasing ability to strike at key institutions and cause havoc in the capital.

The former Afghan president, who had been appointed to head a commission to broker a peace deal with the Taliban, was killed by a suicide bomber inside his private home in Kabul in September.

The powerful half brother of the Afghan president was gunned down in his heavily fortified home by a close associate, setting off a power struggle in southern Afghanistan and raising doubts about stability in a critical area for the US-led war effort.

During an important Shia holiday (Moharram) in December, coordinated attacks against Shia shrines and processions took place throughout the country, killing more than 65 people in Kabul alone. While Taliban denied involvement in the incident, these events 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 to 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 neighbouring countries from returning home, with only 60,000 refugees returning in the past 10 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 Red Cross Red Crescent 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.

Due to the unstable security situation in Afghanistan, the Movement partners were often restrained from conducting monitoring and evaluation visits to the field. At present, ICRC and IFRC have access to approximately 10 per cent of the country, hence as a result to rely largely on remote management and the ability of the ARCS to access most places.

Although the IFRC programme managers have visited the field regularly, they do, due to the reasons described above, still rely heavily on the programme monitoring and evaluation conducted by the national society.

Progress towards outcomes

Disaster management

Outcome(s)

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 planning.	Provide technical support to identify and develop joint programme activities with ICRC including mechanisms for greater cooperation in disaster response and preparedness, particularly for the areas of conflict.

Achievements

Component 1:

To promote better understanding of how to undertake VCA in the country, a VCA 'learning by doing' training workshop was organized in Kabul on September 2011. Thirty participants from ARCS headquarters, provincial branches, IFRC, ANDMA and community leaders attended the workshop. It was facilitated and financially supported by the IFRC Afghan country office, South Asia regional office and Asia Pacific disaster management unit. This first workshop will subsequently be replicated by ARCS and IFRC DM departments throughout all regions to build the foundation for ARCS and IFRC to introduce risk reduction activities with disaster prone communities.

Ten community-based disaster preparedness (CBDP) training workshops for volunteers took place during the reporting period. The completion of these workshops further qualified the CBDP network of volunteers, all of whom facilitated ARCS access and interaction with vulnerable communities when undertaking humanitarian

activities. With the CBDP volunteers originated from the communities, the preparedness level of the communities themselves has been increased by these initiatives. A total of 215 CBDP volunteers, including 52 women, were newly recruited and trained in Sur-e-Pul, Nangarhar, Farah, Khost and Parwan provinces. Concurrently, ten disaster preparedness committees were established in the eastern and northern regions.

The translation of the community-based disaster risk reduction (CBDRR) training materials into Dari language is expected to be finalized by the end 2011. Moreover, 70 disaster risk reduction (DRR) South Asia regional framework and 20 regional disaster response team brochures have been delivered to ARCS DM department for its subsequent distribution to communities and schools.

In July 2011, the IFRC DM team actively supported the first health-based field simulation exercise organized by the IFRC/ARCS health departments in Jalalabad province. Besides strengthening the ARCS's institutional capacity, the integrated preparedness exercise has promoted a closer integration with relevant response institutions as well as with other organisations at regional level.

Component 2:

Twenty-four disaster response unit (DRU) members from Kabul and Mazar received refresher trainings. To facilitate safety and visibility, 150 sets of working gears for the ARCS DRU and national disaster response team (NDRT) was procured.

ARCS with the support of the IFRC and in coordination with ICRC continued to prioritize the review and finalization of the ARCS DM policies and strategies.

In preparation for timely response to disasters, 2,500 non-food items (NFIs) family packages were procured and temporarily stored at IFRC warehouses in Kabul, Mazar and Jalalabad. To strengthen ARCS provincial branch response capacity in the south of the country, NFIs (100 tents, 400 blankets, 200 tarpaulins, 100 jerry cans and 100 kitchen sets) were dispatched from the IFRC Kabul warehouse to Kandahar branch.

Moreover, the following NFIs were dispatched from IFRC Kabul warehouse to Mazar and Jalalabad branches to replenish the stocks for disaster and emergency situations at respective sub branches:

- Mazar: 4,000 blankets, 332 tents and 1,500 tarpaulins.
- Jalalabad: 3,000 blankets and 800 tarpaulins.

The construction of two disaster preparedness warehouses in Kunar and Kapisa provinces is nearing completion and will be utilized for the storage of relief goods for timely disaster response. Together, this will improve the ARCS ability to access disaster affected populations in remote areas in a timely manner.

Table 1. Distribution of non-food and food items to affected people during the reporting period.

Province	Assisted by	Non-food Items								Food Items						No of families
		tents	blanket	tarp	jerry can	kitchen set	family kits	stove	plastic roll	rice (kg)	Beans (kg)	oil (litres)	sugar (kg)	salt (kg)	tea (kg)	
Kunar	ARCS	2	12	2	2	2	0	0	0	0	0	0	0	0	0	14
	ICRC	0	84	12	12	12	0	0	0	900	300	192	60	24	24	
Nangarhar	ARCS	8	77	0	25	26	0	29	0	0	0	0	0	0	0	9
	IFRC	0	92	23	0	23	0	0	8	0	0	0	0	0	0	
Laghman	ARCS	0	200	0	0	0	0	0	0	0	0	0	0	0	0	50
Badakhshan	ARCS	21	140	0	136	0	80	0	0	0	0	0	0	0	0	24
Samangan	ARCS	5	0	0	0	0	71	0	0	75	0	0	0	0	0	71

Jawzjan	ARCS	0	0	0	0	0	0	0	0	0	0	5100	0	0	0	255
Total:		36	605	37	175	63	151	29	8	975	300	5292	60	24	24	446

During the third quarter, drought intervention proposals were developed and forwarded to partners and other actors in-country.

Component 3:

Security approval of staff on mission to the field as well as consignment of relief goods for distribution to beneficiaries in conflict related zones in particular were coordinated with ICRC.

Allocation or shared responsibilities for support the ARCS Kandahar region: an active combat area. ICRC will continue to execute their traditions and assist the national society to respond during natural disaster whilst the IFRC support capacity development issues with the ARCS Kandahar region.

The ARCS/IFRC DM units and the Economic Security Wing of ICRC in Afghanistan established a joint working (coordination) group comprising international and national staff with monthly structured meetings. This group is working towards harmonising assessment format and systems to enhance a simple and coherent way of provided disaster information, organisation of joint response training, revising relief management guidelines, sharing information and updates on planned activities and key challenges.

Technical support provided to identify and develop joint programme activities with ICRC including mechanisms for greater cooperation in disaster response and preparedness, particularly for the areas of conflict.

Constraints or Challenges

The increasingly unstable security situation across the country proved a major challenge in the effective implementation and monitoring of programme activities. For instance, the registration process of drought-affected households in the north was temporarily suspended, as ARCS volunteers had not been granted permission due to conflict in some of the areas. This has resulted in delaying the overall process.

The hitherto unprecedented occurrence of natural disasters – and the subsequent need to respond – continued to affect implementation of the otherwise planned programme activities. For one, the preparations for the drought relief operations in the northern and western parts of the country continued to take priority over other planned activities.

Health and care

Outcome(s)

Programme component	Component outcome
1. Community-based health and first aid.	Improved health status and capacity of communities to cope with health and disaster challenges through integrated community-based health and first aid.
2. Comprehensive community-based health intervention (water and sanitation).	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.	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. Improved maternal, newborn and child health care.
5. HIV and 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

Component 1:

The mid-term review of the CBHFA programme was undertaken in October led by the Norwegian, Finnish and Swedish national societies. The review team visited Panjshir, Parwan, Kapisa, Balkh and Samangan provinces and interviewed both male and female 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 the ARCS, IFRC and ICRC management and technical staff members at the headquarters level. The final report is expected by mid December 2011.

In keeping with key recommendations of the CBHFA review, the national society has started discussions on how to better harmonize the CBHFA and CBFA approaches, which were respectively supported by IFRC and ICRC in the country. In addition, the ARCS and IFRC health teams are presently working on ensuring a more efficient and timely distribution of first aid kits and material to better support the expected work of volunteers and supervisors in the field. This improved distribution plan will be finalized by mid December 2011.

The first baseline for the CBHFA programme was carried out by trained female CBHFA volunteers in Daray Zwandoon village of Samangan province. Similar baselines will be carried out in all CBHFA targeted communities before any specialized trainings on health topics is to be conducted.

The northern region CBHFA supervisor and trainers provided commercial first aid training to other organizations. During the reporting period, 53 staffs from Mercy Corps had received this two-day training in Badakhshan, Takhar, Kunduz, Baghlan and Balkh provinces. The income from the training will be utilized for better strengthening the CBHFA programme activities.

To improve the quality and relevance of the CBHFA training for volunteers, the IFRC printed visual aids materials from the training manuals and trauma sets.

The ARCS regional offices (central and northern regions) conducted regional CBHFA trainers meetings. These meetings provided the opportunity to share their achievements, challenges and experiences among each other and exchange ideas.

A total of 1,000 first aid bags, 5,000 notepads and 3,000 vests with ARCS logo, CBHFA manuals and community tools were printed and dispatched to the regions for further distribution to volunteers. In addition, five motorbikes were handed over to ARCS trainers in Bamyan, Panjshir, Kunduz, Sar-e-Pul and Jowzjan provinces. The IFRC country office also distributed 34 desktop computers, 34 printers and 34 digital cameras to all ARCS' branches to support and build the capacity of ARCS branches in monitoring and information management. This is expected to improve programme management at branch levels.

Community-based volunteers' emergency response initiatives:

The ARCS volunteers and youth played a key role in response to a catastrophic suicidal bomb attack in a local bank in Jalalabad city. Thirty volunteers provided first aid and assistance to the 100 injured people and transported nine severely wounded to the hospital. The success of the mobilisation efforts of the ARCS branch

has motivated the community to donate 60,000 ml of blood in order to save the lives of the wounded people in need of blood transfusion.

There was an outbreak of acute watery diarrhoea in Chob Bash village of Khoja Doko district of Jawzjan, in which affected 79 people. The community volunteers reported the outbreak to ARCS Jawzjan branch. The branch president informed the respective provincial health authorities of the disease outbreak, while ARCS national staff and the CBHFA trainer did an assessment of the situation. A team of volunteers was organised to manage the distribution of 1,500 oral rehydration salt (ORS) packets to resolve those suffering from dehydration, and 700 chlorine tablets to treat contaminated water. These volunteers chlorinated the community water reservoirs in the affected area. Due to the combined actions of the ARCS volunteers, the outbreak was effectively contained and controlled.

Two national society volunteers assisted the victims of an earthquake in Takhar province, where one house was destroyed and five others were partially damaged whereby injuring six people. The volunteers participated in the rescue operations taking out the injured people from the rubble and subsequently provided first aid services to them.

In Yamgan district of Badakhshan province, the national society community volunteers repaired a house in their area and handed it over to be used as a local clinic. Volunteers in the same province cleaned the water canal thereby providing clean water for 168 families in the village.

Volunteers through mobilizing the community members in Yamgan district, Laki Oshkan village were able to extinguish the fire of a house without further spreading to surrounding areas

Volunteers mobilized the community to repair 200 metres of road in Don Qeshlaq village of Takhar province. The volunteers themselves took active part in the work. Meanwhile, in Nawabad village of Baharak district, 15 volunteers actively took part in repairing six kilometres of road between Pika Tepa and security office of Takhar province.

The abovementioned examples of ARCS volunteer's activities in their respective communities have garnered the greater respect of ARCS among local areas. The actions of the volunteers, supported by their community members, have further encouraged community participation and mobilisation in response to their problems. Finally, the dedicated actions of the volunteers reiterated the need for the ARCS and its partners to identify ways to better train and retain this crucial volunteering force.

Training:

The ARCS volunteers who were trained in CBHFA had completed the community assessment in 12 IFRC supported ARCS branches. Health priorities of the specific communities were identified. Based on these, the volunteers will then receive specialized training and work in accordance with the communities. Prior to the initiation of the specialized training, the IFRC health department has developed a questionnaire to be used for completion of a baseline survey in the areas.

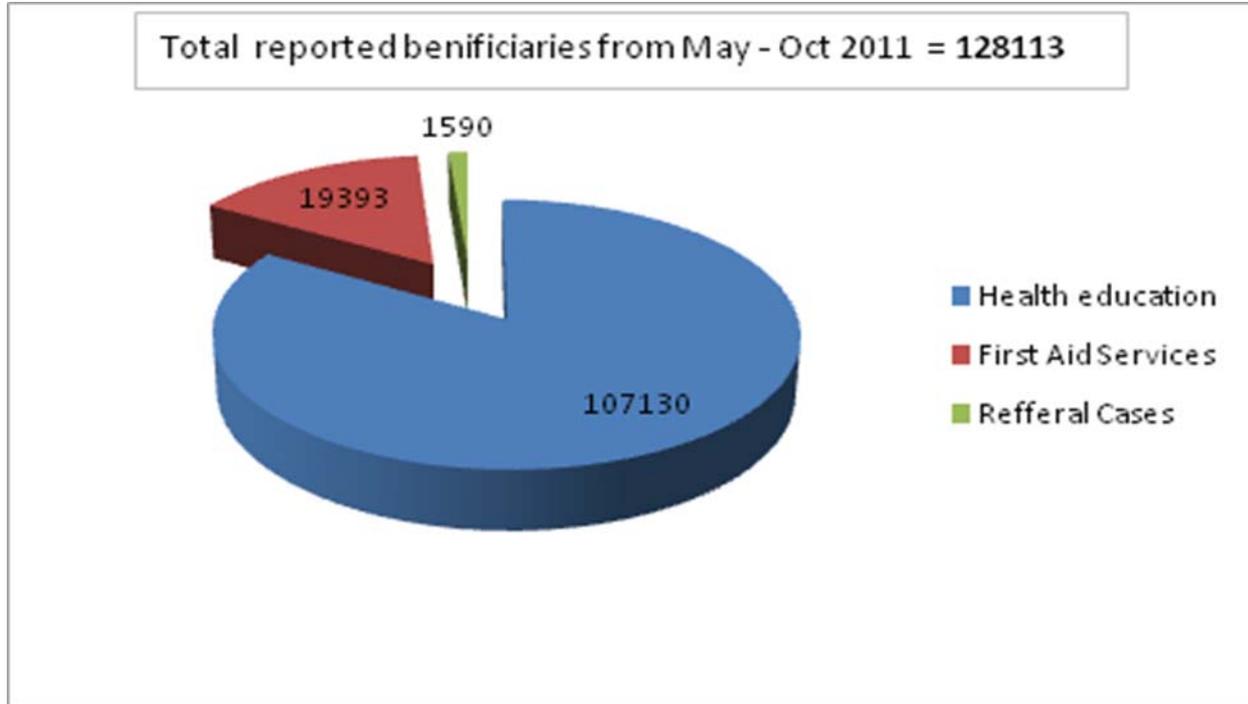
A two-day specialized refresher training on standard IFRC CBHFA modules five and six was conducted for 19 trainers in the northern region. This training will enhance the knowledge of the trainers in facilitating effective training for volunteers at the community level on the specific health topics identified during community assessment by volunteers.

A three-day epidemic control for volunteers training workshop was conducted for 25 CBFA volunteers in Mohmandara district of Nangarhar province. This was facilitated by the eastern region CBFA supervisor and trainers. The workshop will enhance the knowledge of volunteers in preparation for response to health emergency/ outbreak of diseases, especially acute water borne diseases.

With reference to request from MoPH official, four female ARCS volunteers in Khurramu Sarbagh district of Samangan province were introduced to the MoPH to take part in a 13-day vaccination course whereby preparing them to participate in subsequent vaccination campaigns.

The ARCS CBHFA trainers (provincial officers) and regional supervisors undertook regular follow up and monitoring visits in accordance with their monthly plan. In addition, regular supervision and monitoring visits to the field were undertaken by ARCS/ IFRC headquarters staff members.

The following chart shows total number of people benefited including 70,462 women from ARCS volunteers' activities.



Component 2:

From the beginning of 2011, ARCS with the support of IFRC expanded the CCBHI project to two new villages in Balkh province.

The table below shows new target areas for CCBHI and relevant population size.

District	Village	No. of people
Dedadi	Turkmania	3,024
Khulum	Babasediq	910
Shortepa	Basheerly	2,450
Total		6,384

Under the CCBHI project, a health committee consisting of 10 people was formed in each of the newly targeted villages. The committee was assisting the 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.

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

A total of 100 volunteers, including 40 females, were trained in health and hygiene promotion and first aid. The trained volunteers conducted first aid, health and hygiene promotion activities within their respective communities. In addition, 60 female volunteers in three districts (Khulum, Shortepa and Bulk) were trained in three six-day trainings on reproductive health.

During the reporting period, 80 latrines were completed in Qarluq and Hasan khil villages of the Balkh district. The digging of eight planned wells is under progress in the three newly selected areas of Bashirly (2), Baba Sidiq (2) and Turkmania (4) villages.

In order to have close coordination with the relevant stakeholders, the CCBHI project manager and regional health officer attended WASH cluster meetings lead by UNICEF sub-office in Balkh province.

CCBHI project in Sar-e-Pul

The CCBHI project was suspended from July 2011 due to an unstable security situation. ARCS will resume its activities as soon as the security situation neutralizes.

Component 3:

One of the biggest achievement during the reporting period was the first field-based mission training (FBMT) in Nangarhar province. This enabled the ARCS with the support of IFRC to test run the overall emergency response cycle for a simulated cholera outbreak. The FBMT was conducted for 30 ARCS staff and 75 community-based volunteers in Mohmand Dara district of Nangarhar province - one of the high risk districts for diarrhoeal disease outbreaks. This was carried out for duration of seven days from 29 June to 5 July.

The integrated simulation exercise was led by the IFRC and ARCS health departments, while all relevant ARCS programmes (DM, logistic, dissemination, volunteer and health) contributed their respective support to the exercise. The training strengthened the technical and practical skills of the participants, meanwhile underlined the importance of integrated planning as part of the national society's preparedness and response capacity.

The national society with IFRC support developed a series of standard operating procedures (SOPs) for EMU teams' deployment and operation in case of an emergency. These SOPs also incorporated the recommendations made following the completion of the abovementioned FBMT.

In keeping with the operational plan, ARCS conducted a four-day training workshop on vaccine preventable diseases and ARI to 25 EMU doctors and nurses from 26 to 29 November. This took place at the national society headquarter. This training furthered the knowledge and skills of the EMU staffs in prevention and treatment of preventable disease in their respective communities. The training was facilitated by the ARCS public health in emergency (PHiE) and clinic focal people.

As no national guideline on vaccine preventable disease existed, the ARCS supported by the IFRC developed relevant guidelines on vaccine preventable disease and shared it with MoPH and Who Health Organisation (WHO) for their input and approval.

During the reporting period the Herat mobile team members (doctors and nurses) participated in IMCI¹ training course, which was organized by ARCS with financial support of IFRC. The training was facilitated by one of the local NGOs, which has experiences in conducting similar trainings in the area on behalf of MoPH and WHO.

The ARCS Kunduz mobile team worked in the ARCS clinic to assist in the provision of first aid and medical services to the injured people during demonstration in Talogan city of Takhar province. This helped the clinic staff members to properly manage the emergency situation. Meanwhile, in coordination with the MoPH, the team had transferred 13 dead bodies to their respective homes. The local communities appreciated the services provided by ARCS during this testing period.

During early October, two EMU teams and the Dari Noor clinic staff in the eastern region responded to a cholera outbreak and established a cholera treatment centre in six remote villages of Dari Noor district of Nangarhar. The teams were sent to the affected communities and conducted an emergency task force meeting in which all stockholders including ARCS were invited and informed of the suspected cholera outbreak in the villages of Dari Noor Dist. The ARCS EMU teams worked for 30 days in the affected areas. In total, they treated and consulted 1,406 patients including 792 women and children, 386 acute respiratory

¹ Integrated Management of Childhood Illnesses

infection (ARI), ear and nose throat (ENT) and pneumonia cases, and provided health and hygiene education to 7,710 people in groups and individual counselling during the response operation.

Complementing the preparedness and response capacity of the ARCS, five water and sanitation kits were procured and propositioned in Kabul, Jalalabad and Mazar offices. These will be utilized to meet the needs of communities with regards to safe drinking water during emergency situations. The part on hygiene promotion in the water and sanitation kit was translated to local language. To build the technical and practical capacity of the ARCS, an emergency water and sanitation training has taken place from 4 - 9 December. The emergency water treatment units were funded by the Netherlands Red Cross.

The following table shows the services and number of beneficiaries of the EMU teams during the reporting period. Of the total beneficiaries, 56,375 were women.

ARCS Emergency Mobile Units Achievement from May 2011 to Oct 2011							
Activity	May	Jun	Jul	Aug	Sep	Oct	Totals
Out-Patient							
Under 5 male	1,853	1,551	1,661	1,684	1,204	2,156	10,109
Under 5 female	1,701	1,325	1,503	1,525	1,015	1,827	8,896
Over 5 male	1,577	1,549	1,636	1,709	1,384	1,268	9,123
Over 5 female	2,595	2,901	2,637	2,252	2,386	2,282	15,053
Sub-Total	7,726	7,326	7,437	7,170	5,989	7,533	43,181
Dressing	214	441	370	395	461	379	2,260
Health Education Individual	6,947	8,130	7,323	7,188	8,839	6,259	29,588
Health Education Group	7,214	4,622	4,875	6,360	4,280	4,824	23,071
Sub-Total	14,161	12,752	12,198	13,548	13,119	11,083	52,659
Immunization							
Children (DPT3)/BCG/Measles/Hpt	796	650	637	0	373	1,025	3,481
TT (women)	296	500	225	0	265	263	1,549
Sub-Total	1,092	1,150	862	0	638	1,288	5,030
Grand Total							103,130

Component 4:

The ARCS health department developed its health strategic plan for the next four years, in line with the ARCS overall organizational strategic plan. The ARCS with the support of IFRC organised three separate training workshops for this purpose and invited ARCS/IFRC field officers and headquarters programme managers respectively. The workshops focused on how to train the field officers and programme managers in strategic planning processes and to involve them in the early stages of planning process of the health department.

In Mazar-e-Sharif, from 29 June to 18 July, 11 clinic midwives from north region received emergency obstetric care training. The training was technically supported by MoPH. In addition to enhancing 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.

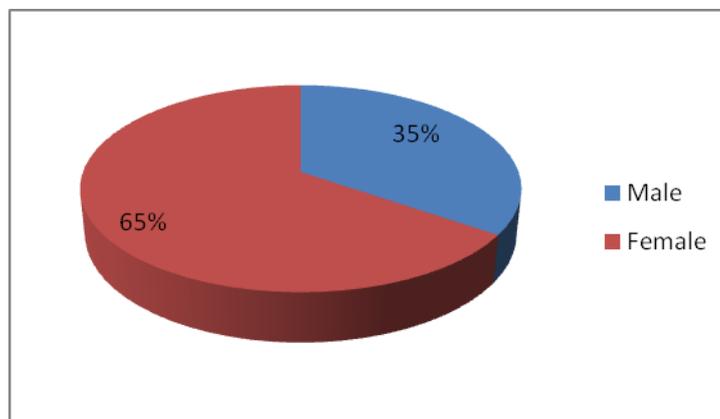
As part of the institutional capacity building, the ARCS with the support of IFRC has initiated the tendering process for construction of 12 new buildings for ARCS clinics. The first phase consists of six buildings to be constructed in Balk, Panjshir, Kapisa, Paktya, Laghman and Nimroz provinces. This will help the national society to standardize its clinics facility as per the BPHS standards, and eventually will improve access to health in remote areas.

The health programme activities were monitored and supervised by the ARCS regional health officers. In addition, the ARCS/IFRC health team paid regular monitoring visits to the field. This included field trips to Herat, Jalalabad and Mazar-e-Sharif.

The following chart illustrates the achievement by ARCS clinics from January to October 2011. It is noted that the majority of the beneficiaries of ARCS clinics were women.

ARCS clinics achievements during Jan-Oct 2011								
Category	May	Jun	Jul	Aug	Sept	Oct	Nov	Total
Category 1:								
OPD activities								
OPD visit under five years Male	9,695	10,264	10,668	9,555	8,367	8,690	9,420	66,659
OPD visit under five years Female	9,558	10,059	10,409	9,419	8,156	8,682	8,143	64,426
OPD visit over five male	10,291	10,340	10,744	9,450	8,440	8,561	8,702	66,528
OPD visit over five female	25,058	26,853	26,344	21,398	19,241	21,532	21,593	162,019
Re-attendance	13,628	12,334	12,054	10,613	11,942	22,506	23,197	106,274
Sub- Total								465,906
Category 2								
Immunization								
BCG	3,341	2,818	2,902	2,247	2,692	3,126	3,481	20,607
DPT / Polio	1,384	5,541	5,077	3,869	3,689	3,130	3,450	26,140
DPT2 / Polio2	4,536	3,933	4,690	3,335	3,688	3,449	3,494	27,125
DPT3/Polio3	4,318	3,492	4,311	2,788	3,427	3,159	3,210	24,705
Measles	4,036	2,630	2,726	9,492	3,013	2,265	2,385	26,547
TT women	10,803	11,139	11,584	11,420	9,355	8,931	9,011	72,243
Sub- Total								197,367
Category 3								
MCH activities								
Family planning	3,901	4,107	4,295	3,901	3,899	4,100	4,113	28,316
Antenatal care	4,343	3,013	4,210	4,871	4,016	4,441	4,219	29,113
Postnatal care	1,684	1,256	1,174	1,475	1,121	1,242	1,385	9,337
Children growth monitoring	4,379	5,481	5,426	5,542	4,922	4,808	4,730	35,288
Deliveries	35	33	17	22	31	53	51	242
Sub- Total								102,296
Category 4								
Dressing	3,766	3,405	3,257	3,032	3,559	2,777	2,891	22,687

Grand Total								788,256
Health Education								
Group health education	25,164	25,442	22,188	14,403	23,642	10,190	11,481	132,510
Individual health education	17,196	19,685	19,234	27,179	14,474	26,777	27,091	151,636
Total Health Education								284,146
Note: Health education has been a part of the other activities such as OPD, MCH and Vaccination, so it is not counted in the total beneficiaries.								



Percentage of male and female beneficiaries of ARCS Basic Health Clinics

Component 5:

During the reporting period, a total of 1,092 ARCS orientation sessions were conducted by the youth peer educators (YPEs) and trainers in 124 schools of Jalalabad, Mazar-e-Sharif and Kabul cities. During these sessions, a total of 38,650 students, family members and teachers received information on HIV prevention and reproductive health.

The ARCS organised four voluntary non-remunerated blood donor (VNRBD) trainings for 100 students (50 females and 50 males) in Kabul and Jalalabad cities. These volunteers acquired knowledge and skills to promote regular blood donation among students and communities. In addition, the ARCS established five VNRBD "Club 25" in Jalalabad city. Each club consisting of 15 students and teachers committed to donate blood on a regular basis and to promote blood donation among their respective communities.

The ARCS organised four "training-for-trainers" on sexual and reproductive health and sexually transmitted infections (STIs) for 80 participants (30 females and 50 males) from different schools in Kabul, Mazar, Herat and Jalalabad. In addition, 11 YPEs trainings were organized for 220 students (120 females and 100 males) in Kabul and Jalalabad. The national society also organized five refresher trainings in Kabul and Jalalabad for 125 participants, out of which 75 females were former trained volunteers.

As part of preparation for World AIDS Day, the ARCS hosted four symposiums on HIV-related facts, 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 (1) city to target 550 students (400 females and 150 males). The national society was collaborating with MoPH to mark the day of 1 December 2011 in Kabul,

Jalalabad, Mazar and Herat cities. The ARCS committed to contribute support to 100 volunteers and to print 100 banners with key HIV/AIDS related themes and other IEC materials.

The ARCS HIV/AIDS project coordinator along with IFRC health officer attended the 10th International Congress on AIDS in Asia and the Pacific in Korea from 26 to 30 August 2011.

The HIV local coordinators participated in the monthly coordination meetings in Kabul, Jalalabad, Herat and Mazar-e-Sharif during the reporting period.

In total, the HIV peer education activities benefited 39,160 individuals, including 21,538 females, on topics related to HIV/AIDS and adolescent sexual reproductive health in the four target cities of the country.

Constraints or Challenges

Unstable security conditions continued to be the major constraint for all programme implementation, including monitoring and support activities from headquarter and regional levels to the programme areas. This constraint was equally faced by national as well as expatriate staff.

The limited capacity of the local market to meet the demand for various materials was another constraint that delayed programme implementation. (building material, water and sanitation hardware components, etc) In order to overcome this challenge, the IFRC started to work closer with ICRC and other organizations to identify new ways to procure needed materials and hire services at competitive rates.

Organisational development

Outcome(s)

Programme component	Programme outcome
1. Supporting the national society organizational development process.	The service delivery capacity of ARCS is enhanced at all levels (headquarters and branches) and achieving towards the status of strong and well-functioning national society will provide effective services to the vulnerable countrywide.
2. National society leadership and management development.	Capacity of the ARCS's governance board members and senior management to effectively lead the organization and its service delivery is improved.
3. National society youth development.	The ARCS base of youth volunteers is strengthened.
4. National society volunteering development.	ARCS volunteer mobilization and management system is improved and strengthened.

Achievements

Component 1:

ARCS with the technical support of IFRC and ICRC country offices revised the ARCS constitution, which was recently approved by the ICRC-IFRC joint commission in Geneva. This has proved an important step towards strengthening the legal base of the national society.

The state president of Afghanistan proclaimed a decree in which full authority was vested in the ARCS governance board until the first General Assembly can be held in 2012.

ARCS strategic plan for next four years (2012-2015) was developed under the guidance of the IFRC. This document will guide the strategic direction of the national society and promote a more holistic planning for the future.

Finalization of the ARCS human resource policy will enable the national society to standardize and further professionalize its recruitment process. This requires an initial intensive reform process at the headquarters, in

which the ARCS leadership is keen to undertake. A similar restructuring process will be carried out subsequently at the regional and branch level.

The regional finance development delegate from SARD, along with the finance department, reviewed how the ARCS finance department maintained the accounts. It appeared that ARCS has reconciled its bank and cash properly, however supporting documents remained improperly filed. The review reconfirmed that ARCS needs to keep improving on its financial reporting.

Audit of the ARCS 2009-2010 books of account was finalized, and the external auditor submitted the audit report to the ARCS leadership. These audited accounts are expected to increase confidence of partners and helped the management to improve efficiency of its national society. The ARCS senior management approved the opening and closing balances of the last five years financial statements. The ARCS finance department, via the audit outcome, has become increasingly aware of the societies' overall financial situation and will be able to undertake relevant risk analysis.

The ARCS fundraising unit was equipped and furnished with office equipments. The unit is served to generate more funds for the ARCS programmes and projects. However it will require further technical support for its newly-hired staff.

The ARCS launched a fundraising campaign within the community to support the Tsunami affected people of Japan. Hundreds of ARCS volunteers were engaged for this purpose. During the fundraising campaign ARCS was able to promote their activities to the community and public at large, which helped ARCS to improve its reputation and profile.

The ARCS special week was celebrated in November. During this week ARCS collected funds from the public, communities, merchants, government and other interested parties, who wish to support ARCS activities. Besides fundraising, the ARCS volunteers, youth, members and staff promoted ARCS activities and programmes to the people and communities. Meanwhile ARCS volunteers participated in cleaning cities, hospitals, schools and universities, and various public buildings. The IFRC provided support to the ARCS planning for the special week as well as financial contribution for their volunteer's activities.

General assembly process:

The ARCS president assigned a working committee for the preparatory process of the national society general assembly. The committee is headed by the ARCS vice president, and consisted of 13 staff from the ARCS and one each from IFRC and ICRC as technical resource person. The main objective of the committee is to lead the general assembly process in developing a detailed plan and to provide support in organising the ARCS provincial assemblies. A couple of meetings were convened by the committee during the reporting period.

During the reporting period ARCS recruited 1,890 new members including 315 females in 34 branches. Alongside this, six local assemblies were established in six different provinces, representing some of the initial steps in the process leading towards provincial and general assemblies. The ARCS membership guidelines were disseminated to 500 members in 10 branches along with distribution of some dissemination materials.

Meetings and trainings:

The ARCS branch president meeting was conducted at the headquarters with participation of representatives from all 34 branches. In addition, five regional coordinators as well as ARCS senior management participated together with IFRC and ICRC senior management and programmes. The main discussions and presentations centred on the revised constitution, the general assembly and need for provincial assemblies, the ARCS strategic plan, outstanding humanitarian needs, the drought situation, accessibility and branches capacity as well as constraints.

Regional MCM took place in five regional offices (Herat, Kabul, Mazar, Jalalabad and Kandahar) to review the implementation of ARCS operational plan and to assess whether the relevant objectives had been reached and whether relevant assistance had been given.

While IFRC organizational development department has provided several trainings on planning for ARCS during the course of the year, such capacities need to be further developed over the coming years. Priority is

to be given to branches and regional offices to strengthen them in developing their own operational plans and further support the overall decentralisation efforts of ARCS.

In order to extend the finance development project to regional offices, two finance workshops for regional staff were organized. Meanwhile an assessment was conducted by headquarters staff in Herat, Jalalabad and Kandahar regional offices to evaluate the need for improvement of the financial management system of the regional offices.

During the reporting period, the draft finance manual that was developed in 2007 was under reviewed and discussion with ARCS for feedback. In addition, ARCS finance architecture and a unified chart of account for application in the Navision software has been developed and sent out for comment and feedback.

Several membership workshops at the regional level and one major workshop at the headquarters level were conducted. These were attended by 34 membership officers, 5 membership supervisors, 5 ARCS regional coordinators and 34 heads of branches. The workshop aimed to introduce the membership committee at headquarters level in order to speed-up the membership process by recruiting more members and preparing for the process of organizing the provincial assemblies and general assembly by September 2012.

Component 2:

Technical advice and support was provided to ARCS leadership and senior management on the preparation and participation in the 31st International Conference as well as the IFRC general assembly in November 2011. Four members including one youth volunteer participated in these events in Geneva.

The ARCS secretary general head of department of international relation, organizational development and youth and volunteer department together with the IFRC organizational development delegate and manager attended the general assembly of Finnish Red Cross. The main purpose was to learn and study the process of organizing the general assembly. The secretary general of ARCS presented a paper on humanitarian assistance in Afghanistan in the European commission humanitarian aid seminar organised by Finnish Red Cross. Following the Finland visit, the team took the opportunity to visit Sweden and learn from Swedish Red Cross their experiences of their general assembly which was carried out during the same week. The Afghanistan team met with senior management of both national societies and extended learning on the planning of a general assembly process. The team also visited and met with the representative of the Foreign Ministry of Sweden to discuss the probability of various humanitarian support for Afghanistan through ARCS.

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

Component 3:

During the reporting period, 39,000 youths attended diverse activities in 13 youth clubs. They benefited from classes related to school subjects, movement-related issues, music, art, theatre, English language, computer training, first aid and mind awareness. Around 35 per cent (11,100) of the youth club attendances were females.

More than 1,000 youth participated in social activities such as blood donation, hygiene promotion, first aid provision to affected people, tree planting, dissemination of Movement-related subjects, culture programmes (songs and dramas), survey, distribution of relief items such as rice, ghee, sugar, tea and beans, vaccination, and cleaning of some public places.

In four branches, 500 youth volunteers were given membership awareness session and subsequently eligible as an ARCS member.

Youth volunteers in Mazar-e-Sharif initiated a fortnightly newsletter under the title of "Youth Volunteer". In this publication, youth activities as well as the importance of voluntarism were highlighted.

Forty six youth volunteered in polio vaccination in Laghman and vaccinated 4,140 children in different districts. A tailoring class was established in ARCS youth club in Mazar-e-Sharif for the female youths. Youth

programme has positive impact on the social life of youth in the community, such as preventing them from drug abuses and criminal affiliation.

An internal review of the ARCS youth programme was carried out by the IFRC country delegation from August to November 2011. The review includes the ARCS youth programme in schools, youth corners and youth clubs. Following the recommendations from the review, the organizational development department is presently in the process of addressing some of the identified priority needs. Currently there are 13 youth clubs and 30 youth corners at the branches and schools level, the recent youth review shows that it is needed to upgrade the youth clubs and youth corners curriculum and add more Movement related subjects for attendees to understand the Red Cross and Red Crescent families further and better. The findings of the youth review will guide the planning of ARCS and IFRC, as well as the upcoming youth and volunteer project that incorporates and integrates exploring humanitarian law (EHL) and psycho-social support in new volunteer trainings. The project is supported by the Danish Red Cross through the IFRC.

Two workshops on community mobilization for youth were held in ARCS Laghman branch, while six refresher trainings on volunteering issues for youth club teachers were held in Jalalabad, Laghman, Mazar and Kundus. Besides the existing 15 youth corners, five more are presently in the process of being established. These youth corners will guide youth to conduct more trainings and expand the youth programme at school level.

Meanwhile four new youth clubs are in the process of being established in Baghlan, Helmand, Farah and Parwan provinces.

Component 4:

The ARCS volunteering policy was approved by the ARCS leadership. This will assist the youth and volunteer department in better managing, training, rewarding and retaining volunteers in relevant humanitarian activities. The volunteering policy has been translated into Dari and Pashtu language and circulated to the branches. The guidelines for how to implement the volunteering policy has been finalised at the end of the reporting period.

The Swedish Red Cross visit during the reporting period provided technical guidance to the youth and volunteer department on how to better support and manage volunteers. To that effect, a technical session was facilitated by the Swedish Red Cross and attended by ARCS heads of programme departments as well as the secretary general.

The volunteer's international year was celebrated in the western region Herat. More than 100 volunteers and other stakeholders participated in the celebration. The official speeches given during the event paid tribute to the ARCS volunteers for their service delivery and the important contribution to vulnerable people. During the celebration, some dramas and songs were performed by volunteers, and competition related to first aid skills, voluntary services and movement knowledge was organized. The winners were awarded with prizes. Similar celebration will be conducted by 25 branches in 3 regions (central, northern and eastern). Around 3,000 volunteers will take part in these celebrations.

Constraints or Challenges

The fragile political situation is one of the main constraints, which directly impacts and influences ARCS programmes and activities. ARCS is not able to warrant procedures and policies completely separate from that /those of the government. The unstable security situation also reduces the efficiency of implementation.

One of the key constrains in ARCS is human resource. The national society programmes staffs have inadequate capacity and they cannot fulfil the needs of the ARCS strategic and operational plans in terms of implementation.

Poor coordination and communication between ARCS programme departments and branches, unclear reporting mechanisms as well as a non-clear job division at the management level remained to have negative effect on the implementation.

Humanitarian values

Outcome(s)

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

Achievements

Component 1:

Around 8,000 youth, who attended the youth clubs, received trainings on Movement principles and values, co-existence and friendship. Following these trainings they are expected to transfer this knowledge to their peers in the community as well as family members.

IFRC organized its first field communications workshop in the central region in December with both IFRC and ARCS communication/dissemination departments as key facilitators. Participants for the workshop were all operational staff from the field from ARCS, ICRC as well as IFRC. The training aimed to raise the understanding among staff on the importance of good communication and dissemination efforts. In addition, with discussions on the operational relevance of the Movement principles in Afghanistan over a longer period of time will seek to improve humanitarian access in the country and ensure a proactive investment of field staff with respect to promotion of humanitarian values. Another three similar workshops will take place next year, with an expected co-facilitator role of the ICRC communication department. The good cooperation between the partners on the facilitation of such workshops is expected to further build the capacity of the ARCS dissemination department.

Component 2:

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

Two orientation workshops on understanding, practical application of fundamental principles as well as adoption of proper behaviour with beneficiaries (beneficiary communication) during the operations in emergencies were conducted for 70 volunteers and staff from different programmes in Parwan and Kapisa branches.

Constraints or Challenges

Insufficient planning in the ARCS on humanitarian values activities and lack of proper curriculum are one of the constraints.

The insufficient co-operation and co-ordination between ARCS programme department and a volatile security situation continuously delayed the implementation of some activities.

Working in partnership

The ARCS has worked in partnership and collaboration with the Movement components, ANDMA and 19 key ministries and some UN agencies. ARCS has signed a Memorandum of Understanding with MoPH as well as Ministry of Education on implementation of relevant activities, such as the youth programme implemented in more than 290 schools in 24 provincial branches.

Good coordination and cooperation between IFRC and ICRC in many programme areas took place during the reporting period, resulting in implementation strengthening and further harmonization.

At the national level, the ARCS is member of an inter-agency emergency task force, comprising WHO, some UN agencies and government ministries for emergency preparedness and response.

The national society is also member of the HIV and AIDS coordination committee for Afghanistan, and it regularly participates in coordination meetings with the MoPH, UNICEF, WHO, the Swedish Committee for Afghanistan and other stockholders. The national society regular attends health and WASH cluster meetings at country level.

At the regional level, IFRC sub-offices as well as ARCS regional offices take part in various coordination fora led by either government institutions or UN agencies.

The IFRC country delegation coordinates with the Norwegian Red Cross bilateral project (logistics) and works closely with the IP projects of the ICRC-Swedish Red Cross volunteering management development project as well as the IP ICRC-Norwegian Red Cross project on CBHFA.

Contributing to longer-term impact

ARCS with technical support from IFRC will continue to cooperate and coordinate with ANDMA on national contingency planning and The International Disaster Response Laws, Rules and Principles (IDRL). The preparatory steps taken thus far to undertake VCA and risk reduction activities with communities will contribute to the preparedness level of the communities themselves in the long run.

Through greater focus on mother and child health (MNCH) as well as enhancing the quality of vital curative and promotional services in ARCS clinics and EMUs, ARCS has improved the access for mothers and pregnant women to reproductive health services, subsequently also increased their knowledge and awareness on hygiene promotion and health education, which is crucial to promote continuous positive behavioural change.

In order to contribute to reaching millennium development goals (MDGs) 4 and 5 in Afghanistan, ARCS has promoted an integrated approach to address MNCH through a continuum of care rather than applying a vertical approach. The MNCH programme consists of three major components such as basic health clinics, CBHFA and HIV prevention.

Building the technical capacity of volunteers in different fields (epidemics control, HIV/AIDS, STIs) has long-term positive impact. The abovementioned response to cholera outbreaks of ARCS volunteers was for instance vital in reducing the number of deaths and building the communal understanding of different preparedness as well as preventive measures.

Revision of the ARCS constitution and its approval by the joint ICRC-IFRC commission is crucial to strengthen the legal base of the national society. That along with forming provincial assemblies and facilitating a general assembly in 2012 is an important step to enable the ARCS in the longer run to undertake efficient action as a well-functioning national society.

Investing in youth and volunteers, and developing more relevant retention activities/ trainings are key to ensuring a lasting impact of ARCS activities at the community level, as well as for the national society to better retain its main volunteering force.

The increasing focus on promotion of gender diversity in various programme activities, including under the humanitarian values activities is important. Subsequently with a more balanced volunteering force, ARCS is able to address key humanitarian and developmental priorities for greater representation of the population.

Looking ahead

Due to the IFRC and ARCS DM departments' heavy focus on food assistance as part of drought response in the country during the second half of the year, the IFRC will prioritise to further develop its technical capacity with respect to sustainable food security. Similarly, the IFRC and ARCS will undertake further risk reduction activities, which will increase communal resilience and preparedness.

In the years to come, ARCS health department will scale down curative services and scale up health promotion, protection and disease prevention through community-based programmes, using community-based bottom up approaches such as CBHFA, DRR and CBDP.

Programme integration from community level to provincial, regional and national level and from assessment up to programme implementation and monitoring is another priority of the national society strategy, in order to use the limited resources more efficiently and effectively.

In order to contribute to the sustainability of the national society health programme, building and strengthening the linkages between programme implementation and branch development is vital. Through the community-based approaches and the community-based volunteers' base, it is envisaged that such necessary branch development can easily be achieved. Further, this will be supported by investment in an international delegate in the northern part of the country that can guide and steer such capacity building processes as relevant.

With a revised constitution of the ARCS, hereunder the expected establishment of governance boards at all levels, the ARCS will strive to ensure its independence and neutrality.

Finance development will continue to be a key priority for the ARCS and will be technically and financially supported by IFRC. Similarly, IFRC will scale up its support to the ARCS with respect to building its capacity within the planning, monitoring, evaluation and reporting (PMER).

More intervention and action is needed on promotion of principles and values among staff, youth and volunteers. This is crucial to gain better respect for the movement and to contribute to improving humanitarian access in the country. To better retain volunteers and provide a more relevant universal training to ARCS volunteers, new activities will integrate EHL and psychosocial support to support the youth and volunteer department in becoming able to provide better training to all volunteers throughout the country. The gradual development of such training – in collaboration with several partners – will reflect a focus on youth and volunteers as agents for behavioural change.

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.

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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

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

International Federation of Red Cross and Red Crescent Societies

MAAAF001 - Afghanistan

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAAAF001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	3,752,702	5,306,895	1,145,918	23,529	310,908	10,539,952
B. Opening Balance	248,925	608,721	112,058	1,246	9,569	980,519
Income						
Cash contributions						
<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>		27,486				27,486
<i>Finnish Red Cross (from Finnish Government)</i>		153,097				153,097
<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>	667,522					667,522
<i>Japanese Government</i>	681,897					681,897
<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>		472,871	315,247			788,118
<i>Swedish Red Cross (from Swedish Government)</i>		530,507	104,570		65,356	700,433
<i>The Canadian Red Cross Society</i>	92,650					92,650
C1. Cash contributions	2,777,375	3,751,099	1,089,501		496,204	8,114,179
Inkind Personnel						
<i>Danish Red Cross</i>					81,900	81,900
C3. Inkind Personnel					81,900	81,900
Other Income						
<i>Services Fees</i>					36,240	36,240
C4. Other Income					36,240	36,240
C. Total Income = SUM(C1..C4)	2,777,375	3,751,099	1,089,501		614,344	8,232,318
D. Total Funding = B + C	3,026,299	4,359,820	1,201,560	1,246	623,913	9,212,837
Appeal Coverage	81%	82%	105%	5%	201%	87%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	248,925	608,721	112,058	1,246	9,569	980,519
C. Income	2,777,375	3,751,099	1,089,501		614,344	8,232,318
E. Expenditure	-2,293,400	-2,228,937	-827,857		-116,409	-5,466,603
F. Closing Balance = (B + C + E)	732,899	2,130,882	373,703	1,246	507,504	3,746,234

International Federation of Red Cross and Red Crescent Societies

MAAAF001 - Afghanistan

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAAAF001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		3,752,702	5,306,895	1,145,918	23,529	310,908	10,539,952	
Relief items, Construction, Supplies								
Shelter - Relief	894,000	341,056					341,056	552,944
Construction - Housing			915				915	-915
Construction Materials	1,338,000	58,053					58,053	1,279,947
Clothing & Textiles	455,000	76,618	433				77,050	377,950
Food	907,200	685,629					685,629	221,571
Water, Sanitation & Hygiene	365,855		105,849	58			105,907	259,948
Medical & First Aid	260,402	352	122,189	45,171			167,712	92,690
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	10,111	1,405			13,281	76,928
Total Relief items, Construction, Suj	4,418,666	1,242,127	299,064	46,634			1,587,824	2,830,842
Land, vehicles & equipment								
Vehicles	713,564		298,287	6,365			304,652	408,912
Computers & Telecom	139,300	7,136	51,671	28,926		2,011	89,744	49,556
Office & Household Equipment			1,877				1,877	-1,877
Others Machinery & Equipment		503	1,005	503		-2,011	0	-0
Total Land, vehicles & equipment	852,864	7,638	352,841	35,793		0	396,272	456,592
Logistics, Transport & Storage								
Storage	50,000	19,677	14,405	107		388	34,577	15,423
Distribution & Monitoring	80,000	84,831	37,548	541			122,920	-42,920
Transport & Vehicles Costs	240,320	64,395	95,496	16,034		-3,117	172,809	67,511
Logistics Services	80,000	31,507	18,752			167	50,426	29,574
Total Logistics, Transport & Storage	450,320	200,410	166,201	16,682		-2,562	380,732	69,588
Personnel								
International Staff	920,427	129,853	183,747	146,410		111,900	571,911	348,516
National Staff	661,622	370,280	367,272	194,780		37,150	969,482	-307,860
National Society Staff	212,180	1,765	148,771	16,688		3,944	171,168	41,012
Total Personnel	1,794,229	501,898	699,790	357,878		152,994	1,712,560	81,669
Consultants & Professional Fees								
Consultants	96,000		36,844	20,319			57,163	38,837
Total Consultants & Professional Fe	96,000		36,844	20,319			57,163	38,837
Workshops & Training								
Workshops & Training	1,059,521	81,122	167,493	80,632			329,247	730,274
Total Workshops & Training	1,059,521	81,122	167,493	80,632			329,247	730,274
General Expenditure								
Travel	433,013	36,575	35,969	20,678			93,221	339,791
Information & Public Relations	345,600	2,937	158,897	25,132			186,966	158,634
Office Costs	173,976	5,729	16,823	68,474		33,035	124,061	49,915
Communications	75,880	6,659	11,334	7,181		22,156	47,330	28,550
Financial Charges	48,000	-11,370	87	3,823		46,562	39,102	8,898
Other General Expenses	115,200	46,967	89,023	45,522		-137,881	43,631	71,569
Total General Expenditure	1,191,669	87,497	312,133	170,811		-36,129	534,312	657,357
Depreciation								
Assets Depreciation	19,200							19,200
Total Depreciation	19,200							19,200
Operational Provisions								
Operational Provisions		13,485	40,787	45,214			99,486	-99,486
Total Operational Provisions		13,485	40,787	45,214			99,486	-99,486
Indirect Costs								

International Federation of Red Cross and Red Crescent Societies

MAAAF001 - Afghanistan

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Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAAAF001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		3,752,702	5,306,895	1,145,918	23,529	310,908	10,539,952	
Programme & Services Support Recov	643,283	138,722	134,893	50,308		2,106	326,028	317,255
Total Indirect Costs	643,283	138,722	134,893	50,308		2,106	326,028	317,255
Pledge Specific Costs								
Pledge Earmarking Fee	9,000	17,591	12,762	3,026			33,378	-24,378
Pledge Reporting Fees	5,200	2,910	6,130	560			9,600	-4,400
Total Pledge Specific Costs	14,200	20,501	18,892	3,586			42,978	-28,778
TOTAL EXPENDITURE (D)	10,539,952	2,293,400	2,228,937	827,857		116,409	5,466,603	5,073,349
VARIANCE (C - D)		1,459,302	3,077,958	318,062	23,529	194,499	5,073,349	