Annual Report 2008



Care of Afghan Families (CAF)



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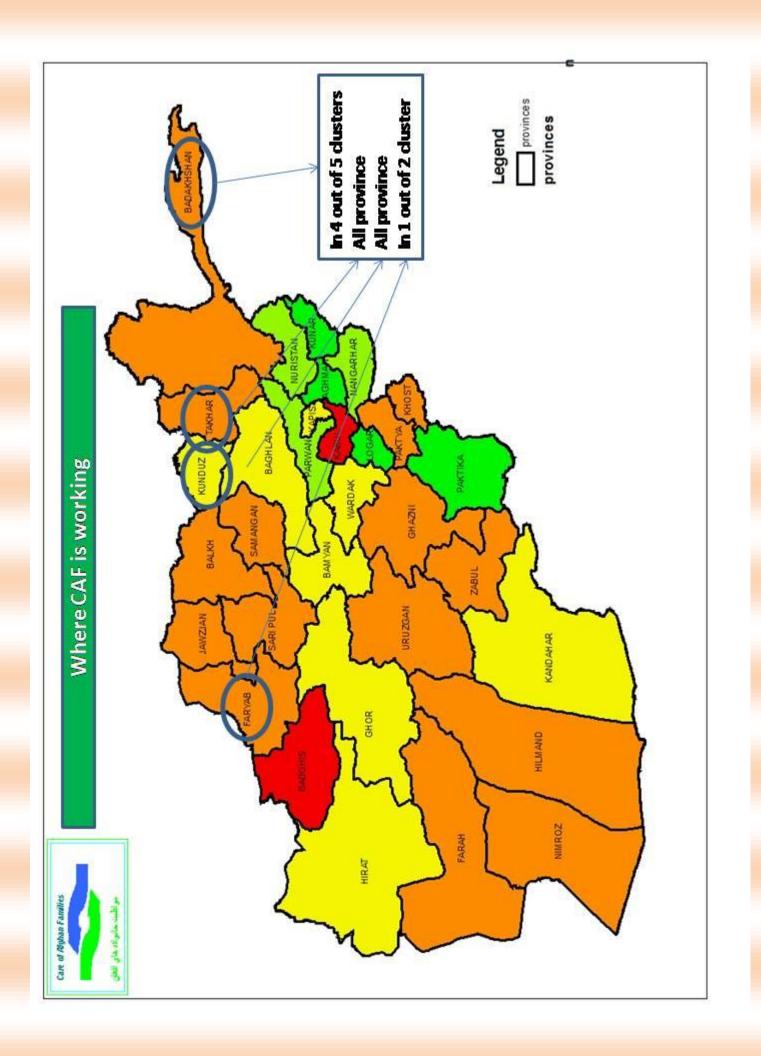
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Central post office, Post Box # 5822

آ**درس دفتر مرکزی** خانه 497 چهار اهی حصه دوم کارته پروان

مقابل مسجد حاجى عبدالمتين، كابل، افغانستان

پوست الکترونیکی <u>cafkbl@gmail.com</u>: : پوست بکس نمبر 5822، پوسته خانه مرکزی



Acronyms:		LDP:	Leadership Development Program
		MD:	Medical Doctor
ACBAR:	Agency Coordinating Body for	MOPH:	Ministry of Public Health
	Afghan Relief	MOU:	Memorandum of Understanding
ACF:	Action Contre la Faim	MSH:	Management Science for Health
AFP:	Acute Flaccid Paralysis	MVA:	Manual Vacuum Assistant
ANC:	Ante Natal Care	NGO:	Non Governmental Organization
ARI:	Acute Respiratory Infection	OPD:	Out Patient Department
BEOC:	Basic Obstetric of Care	ORT:	Oral Rehydration Therapy
BHC:	Basic Health Center	OT:	Operational Theatre
BPHS:	Basic Package of Health Services	PDS:	Progress Direct Sheet
BSC:	Balance Scored Card	PEMT:	Provincial EPI Management Team
CAF:	Care of Afghan Families	PH:	Provincial Hospital
CBHC:	Community Based Health Care	PHA:	Provincial Health Advisor
CD:	Communicable Disease	PHCC:	Provincial Health Coordination
CEOC:	Comprehensive Obstetric Care	THEC.	Committee
CHC:	Comprehensive Health Center	PNC:	Post Natal Care
CHS:	Community Health Supervisor	PPA:	Performance-based Partnership
CHW:	Community Health Worker	117.	Agreement
CITVV.	Communication	PPG:	Performance-based Partnership
DD:	Diarrheal Disease	110.	Grant
DH:	District hospital	PPHD:	Provincial Public Health
EC:	European Committee	TTTID.	Directorate
EPHS:	Essential Package of Hospital	PRT:	Provincial Reconstruction Team
EPI:	Expended Program of	REACH:	Rural Expanded of Afghanistan's
Lr I.	Immunization	NLACII.	Community based Health Care
EPR:	Emergency Preparedness and		Response
FP:	Family Planning	SBM:	Standard Based Management
GAVI:	Global Alliance Vaccine	JDIVI.	Services
GAVI.	Immunization	SC:	Sub Center
GCMU:	Grant and Contract Management	SHDP:	Social and Health Development
GCIVIO.	Unit Unit	SHUP.	Program Program
HF:	Health Facility	TDH:	Terre des hommes
HP:	Health Post	UNFPA:	United Nation Development Fund
HQ:	Head Quarter	UNICEF:	United Nation Children's Fund
HR:	Human Resource	USAID:	United State Aid for International
		USAID.	
HSSP: IEC:	Health Support Services Project	WED:	Development World Food Programs
	Information Education and International Federal of Red Cross	WFP:	World Hoalth Organization
IFRC:		WHO:	World Health Organization
	and Crescent Societies		

John Hopkins University

JHU:

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Acknowledgment

I deem it a great honor and a singular privilege to present you the annual report for the 2008. The results are promising but still long path ahead of us to continue.

Two major achievements we had this year; Expansion of health service provision from 78 health facility to 124 health facilities and the second is quality Health service provision through getting Quality Assurance training and application, Partnership Defined Quality training and application, PDQ, and Standard Based Management. Still we must enhance our engagement in quality service provision. We are working in strategically challenging environments and the needlest parts of the country where the maternal mortality rates are the highest. Despite all that we got significant progress and it is attributed to having very committed and dedicated teams who all together make a whole, a critical mass contributing to the development of our country. With commitment and honesty still as our watchword, performance excellence will continue to be real. This is becoming a reality and evidence abounds for all to see.

We must continue to reinforce the values of the organization and set the appropriate 'tone from the top.' As a board we have, over the year, looked at the way we operate and taken steps to improve the way in which we work so that we are able to respond, particularly to the strategic challenges that are facing the group.

I am pleased to report that as a team we have made good progress over the year in health but still we must not be complacent and must go beyond.

I appreciate the teamwork approach which is bringing added dimension to our management and brought complementary set of skills. If we only do what we know we can do- we never do very much. If we can find a path with no obstacle, it probably doesn't lead to anywhere. We must never shun challenges and must be ready to embraces it. One that would have the fruit must climb the tree and every accomplishment starts with a decision to try. Now in this arena of strong competition we are to make more efforts to bring about quality and diversified work. In fact quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives. So did CAF to step these paths and the success we got must be kept to an ascending pattern and not an oscillatory. Our donors and stakeholders have been supportive, committed and I look forward to their continued support for which not only CAF but the whole Afghan community is thankful.

It is highly worth mentioning to say on behalf of CAF I pray to the sacred souls of those friends who have lost their life for the sake of helping the deserved people and asks from the Almighty God the compassion, mercy and peace.

I thank all those who, without them we could not made the progress; have made the efforts to reach the progress.

May God bless us and guide us steps to greater success

Dr. M.Nazir Rasuli General Director

INTRODUCTION

Care of Afghan Families (CAF) is an Afghan non-governmental organization. The organization has been established in Kabul and registered in Ministry of Planning of Islamic Transitional Government of Afghanistan in January 1, 2003 with Registration No 946. CAF is also reregistered in the Ministry Of Economy based on the requirement of the government with registration number 68.

Care of Afghan Families (CAF) is an initiation of senior Afghan staff of several international organizations i.e. Action Contre la Faim (ACF), International Federation of Red Cross and Red Crescent Societies (IFRC), and World Health Organization (WHO). The aim of founder of the organization was to transfer the knowledge and experiences of international organizations into a national agency to guarantee sustainability of the interventions.





CAF as an independent organization has its own financial policies and procedures, developed in line with operation country laws and Generally Accepted Accounting Principles (GAAP). Policies and Procedures are prepared by the management team and approved by the Trustee board of the Organization for proper implementation of the projects and effective and efficient use of the Resources.

Mission

The mission of organization is enabling the families to fight against disease and its main causes – poverty, unawareness and injustice.

CAF is a national organization providing essential health care through community empowerment. We (CAF) empower the families, especially women and children, to enjoy their rights to access high quality health care services, provided by efficient and innovative management system'

Vision

CAF, trusted partner of choice in community-based health care services. Our committed and innovator personnel are the leaders in setting standards on quality and efficiency'

Core Values

- 1. Equity,
- 2. Professionalism,
- 3. Transparency, accountability,
- 4. Integrity,

- Diversity
- 6. Team Work
- 7. Creativity & innovation
- 8. Respect

CURRENT PROJECTS:

Takhar Province:

CAF is implementing BPHS project in overall Takhar province. 51 Health Facilities (HFs) (3 DHs, 13 CHCs, 35 BHCs and 1 SC) and 391 Health Posts (HPs) under USAID/PPG grant, 4 Sub health centers (SCs) and 1 Mobile Health Team under GAVI-HSS are functioning and providing BPHS. In addition, other supplementary projects such as, upgrading of 10 BHCs for Malaria microscopic services with support of Global Fund, training of 30 new female CHWs in RH services with support of TDH, and demonstration project in 4 HFs and 30 CHWs of Farkhar funded by BASICS, initiated and continued during 2008.





Badakhshan Province:

In Badakhshan Province, CAF is providing essential health services through implementation of BPHS, EPHS and other community based health services. CAF is implementing BPHS project in 6 HFs and 152 HPs of Cluster2 in partnership of Merlin, in 4 HFs and 34 HPs of Cluster 3 in partnership with AKHS and in 5 HFs and 37 HPs of Cluster 5 in partnership with SHDP. CAF is partner with Medair in 5 HFs and 59 HPs in Cluster 1 of Badakhshan. CAF is running 5 SCs of GAVI-HSS project in Teshkan, Yamgan, Manjan, Shuhada and Wardoj districts of the province. CAF is implementing EPHS project in Faizabad Provincial Hospital. In addition, other supplementary projects such as, Reproductive Health supplementary project in Jurm district funded by UNFPA, Malaria screening and diagnostic project in Faizabad Provincial Hospital supported by health net-TPO, initiated and continued during 2008.





Kunduz Province:

CAF is implementing BPHS project in overall Kunduz province in partnership with Merlin. This project is funded by European Commission (EC) under the MoPH/PCG project. 14 HFs (1 DH, 3 CHCs, 1 CHC+ and 9 BHCs) and 240 HPs are functional and providing BPHS. Community Midwifery Education (CME), program is also supported through this grant in the province which enrolled 20 students from different districts of the province. In addition, other supplementary project such as, Physiotherapy services at DH and CHCs level by support of SCA, HIV/AIDS training for CHWs with support of SCA, bed net distribution with support of HNI, was initiated and continued during 2008.





Faryab Province:

CAF is implementing BPHS in 5 HFs (1 DH, 1 CHC and 3 BHCs) and 75 HPs in Andkhoi, Khan Charbagh, and Qaramqul districts of Faryab province. In addition, CAF is implementing the Malaria microscopic diagnostic and screening project in Andkhoi DH which was initiated with support of health net-TPO during 2008.

Audiology Services for Persons with Hearing Disability project in Kabul, Kunduz and Takhar:

CAF and BARAN by establishing a joint venture project called Afghans Consortium for Social Integration and Rehabilitation (ACSIR) are implementing Community Based Audiology Services project for Persons with Hearing Disability in Kabul, Kunduz and Takhar provinces funded by EC. This is a supporting project to the disabled, is designed to screen all patients with auditory problems and provide them the necessary support.





MAJOR ACHIEVEMENT

Expansion of BPHS & increasing access to health services:

CAF expanded BPHS in the target provinces through 94 health facilities (HFs); 55 HFs in Takhar (3 DHs, 13 CHCs, 35 BHCs and 4 SCs), 20 HFs in Badakhshan (1 PH, 1 DH, 2 CHC+, 1 CHC, 9 BHC and 6 sub center), 14 HFs in Kunduz (1 DH, 3 CHCs, 1 CHC+ and 9 BHCs) and 5 HFs in Faryab (1 DH, 1 CHCs, 3 BHCs).

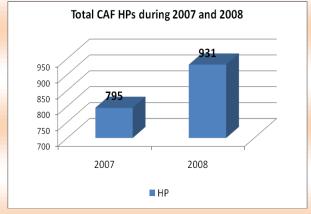
A total of **2152483** clients received BPHS services through CAF HFs during 2008. Among this figure **386093** women received reproductive health services, (ante natal care, post natal care, family planning)

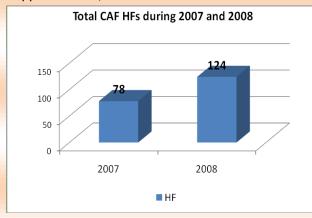
and **459524** children under 5 received required medical consultation.

2 CHCs upgraded to CHC-Plus, 2 CHCs downgraded to 4 BHCs and 1 BHC upgraded to CHC in Kunduz province during the year.

Establishment of Health Posts was also considered as another pillar to expand the coverage of BPHS in four provinces which totally 931 HPs, (391 HPs in Takhar, 225 HPs in Badakhshan, 240 HPs in Kunduz and 75 HPs in Faryab) are functioning and providing BPHS services. In addition, 30 female CHWs newly trained in Rustaq district of Takhar province by

support of TDH, with main focus on essential RH services provision.





Establishment of two Mobile Health Teams in Takhar and Kunduz provinces under grant of GAVI-HSS is another achievement toward expansion of BPHS.

Three successive rounds of pulse Immunization campaign were implemented in Badakhshan province during 2008.

Four rounds of Sustainable Outreach Services (SOS) were implemented in Takhar province which covered remote areas of the province. **10,840** children under 5 and **5,801** women were immunized against 7 diseases. In addition, **1,384**

women received antenatal care (ANC) services, **436** women received postnatal care (PNC) services, **464** women received family planning (FP) services and

6,576 women received IEC services during the four rounds of SOS activities.

Four rounds of National Immunization campaign was conducted as part of national polio eradication program. **154,832** children under 5 in Badakhshan, **165,000** children under 5 in Takhar, **22,040** children under 5 in Faryab and **166,600** children under 5 in Kunduz province were immunized in OPV and received Vit-A during the 2008

Rabies Campaign was successfully implemented in Kalafgan and KhajaBahawudin districts of Takhar Province.



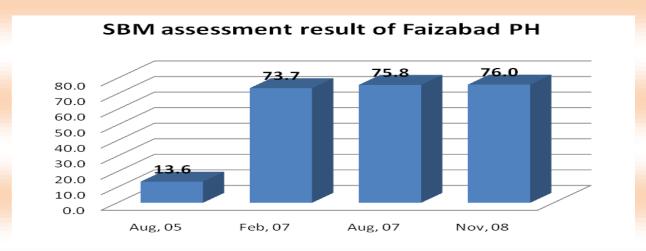
1,500 children were circumcised through a successful circumcision campaign with cooperation of Afghan-Turk society in Farkhar, Khaja Bahawdin, Rustaq, Dasht Qala and Yangi Qala districts of Takhar province.

Improving Quality of Services:

Facilitation of Quality Assurance deploying with the support of HSSP was a successful experience in improving quality of health care services, first round of QA in 3 HFs of Badakhshan and 1 DH of Andkhoi provinces, and second round in 8 health facilities of Takhar province.

Replication of Partnership Defined Quality (PDQ) training in 12 HFs of Takhar is also an outstanding activity for quality improvement supported by HSSP.

In addition Leadership Development Program (LDP) was applied in 8 HFs of Takhar and 2 HFs of Badakhshan provinces (1PH and 1CHC+) supported by Tech Serve. We have plan, to replicate the LDP to the remaining HFs in Takhar and Badakhshan and in other provinces.



Implementation of Standard Based Management approach in Badakhshan Provincial hospital shows a considerable improvement in the quality of services comparing to the baseline in 2005.

According to the result of Balanced Score Card (BSC) survey conducted by MoPH/JHU-IIHMR in 2008, Kunduz province with 14.2 scores and Faryab province with 8.2 scores increased comparing 2007 scoring which showed outstanding improvement in the quality of services.

Another successful strategy for improving the quality was initiation of <u>exchange visits</u> of project staff members such as CBHC officers and Management team joint visits of covering provinces, where CAF is working, to learn from each others, share strengths, exchange problem solving experiences and implement standards.

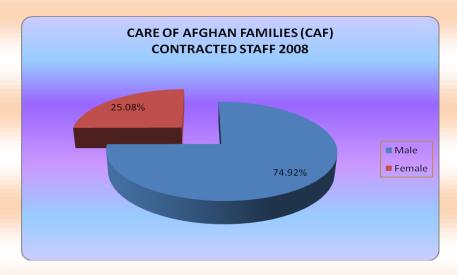
The great achievement of CAF and its partner, SHDP in Takhar, was recognized by WHO. CAF was recognized by the MoPH and awarded a certificate of excellent performance in Badakhshan and Faryab Provinces. In addition, CBHC department of MOPH awarded a certificate of excellent to CBHC department of CAF-Takhar province. Also Takhar PHD recognized CAF-Takhar team for their excellent works and awarded a certificate.

Due to these efforts, CAF was ranked among top three BPHS implementer NGOs by MOPH and HSSP according to HMIS analysis GCMU monitoring reports and quarterly technical and financial reports.

Human Resources:

All the achievements were due to the hard working & efforts of **1,130** full time paid staff, and **1,633** Community Health Workers (volunteers). According to the MoPH standards, 66 %(82 out of 124) health facilities were properly staffed.

The total Human resource for the projects and CAF Head office reached to **1,130** staff by the end of December 2008.



Besides the contracted staff, CAF's volunteer staffs who are working as community Health worker were increased from **1,256** to **1,633** at the end of December 2008.



Monitoring& Supervision:

16 external monitoring visits (6 in Takhar, 6 in Badakhshan, 2 in Faryab and 2 in Kunduz) conducted by GCMU-MOPH, Tech-Serve and WHO.

43 internal monitoring visits (9 in Takhar, 21 in Badakhshan, 5 in Faryab and 8 in Kunduz) conducted by CAF HQ management team. Action plan prepared to address the gaps found during the visits.





Capacity Building

Capacity building is one of the main objectives of all projects through which the quality of performance is improved. During the year, 1491 persons received training sessions through HSSP, Tech Serve, MOPH and CAF. In addition, **87** training sessions conducted for **1,294** staffs of Kunduz by CAF and MOPH department during 2008.

Beside that CAF has its capacity building programs at the office and health facilities level. Weekly technical conference at the health facilities level, semiannual workshops at the office, weekly workshops at HQ level, trainings and on the job trainings in both levels support and enhance the knowledge and skills of the staffs. Additionally another way to build capacity of the HFs' staff as well as management staff of the office which CAF is focusing on regular supportive supervision of health facilities done by trained and expert supervisors.

Community Empowerment:

Establishment of new 42 male and 204 female health shura during the year and continuation of totally **883** male and **605** female health *shura* at the health facility and health post level supported further health program and linked community with health services. The health shura were empowered to oversee the activities of CHWs as well as health facilities' staff. Their direct observations, comments and involvements of community members in the system helped us to solve problems and improve the quality of services.

Community gathering in Khash district of Badakhshan

CME (community midwifery education) is another community

based program which highly supports HFs to have professional and skilled trained staff for provision of reproductive health services. 20 students from different districts of Kunduz province selected and are receiving training in Kunduz CME School during 2008.

Coordination:

CAF works in partnership with various actors – community, government, national and international agencies.

CAF is an active and permanent member of Provincial Health Coordination Committee (PHCC) in the covering provinces. In addition, CAF was an active member of BPHS revision core group in MOPH. Also CAF had a meeting with parliament members during the year to share its activities providing in related provinces to which the parliament members were happy with CAF achievements and best coordination.

Coordination with other partners and stakeholder such as SHDP, BARAN, Merlin, Medair, Aga Khan Health Services (AKHS), WHO, UNICEF, Tech Serve, HSSP, Mission East, Women Affair Department, UNFPA, TDH,

Provincial council, governmental agencies at the provincial level was made through meetings and joint supervision-monitoring of projects in the covering provinces. Outstanding examples of coordination among the stakeholders and health care providing NGOs during the year of 2008 were: their active participation in conduction of Rabies Campaigns in Takhar, province; distribution of bed-nets in Takhar, Faryab and Badakhshan provinces; establishing referral system for people with disability to rehabilitation and physiotherapy centers and refresher training of staff, participation of CAF trained CHWs in Annual CHW conference in Kabul, participation in WAG different meetings.



Gender activities:

One of the important activities of CAF is struggling to improve Gender equality. Some main activities on improving gender balance during the year were: recruitment of female staff, conducting regular meeting about gender issue awareness, celebration of 8 March/ national woman days, one week free of charge service delivery at all CAF related health facilities.

Emergency Preparedness and Response (EPR)

Badakhshan and Takhar are the two provinces of north-eastern of the country where the people suffer from natural disasters and disease outbreaks. Being one of the main implementers of health projects in Takhar, Badakhshan, Faryab and Kunduz provinces, CAF has actively contributed in response to the emergencies in these provinces. CAF is an active member of Emergency preparedness and Response (EPR) committee at mentioned provinces and managed to respond effectively and timely in 9 of such events.

Health emerge	encies in CAF pro	oject-2008
Province	Year	Number of events
Badakhshan	2008	8
Kunduz	2008	1
Total	2008	9



Health Facilities Renovation/Rehabilitation activities:

For better and quality service delivery in CAF related health facilities some renovation activities were taken place during 2008: set up of 4 new OPD rooms, installation /building of a 18,000 Lit capacity water reservoir and a deep well in Faizabad provincial hospital, renovation of 2 BHCs in Badakhshan, 44 HFs in Takhar, 5 HFs in Faryab, 21 HFs in Kunduz, and constructing of a maternity waiting home in Asgalan CHC of Kunduz province.

Initiatives:

CAF management team initiated a quarterly News letter, published and distributed widely during the year. All CAF projects main activities were published in News letter on a quarterly basis.

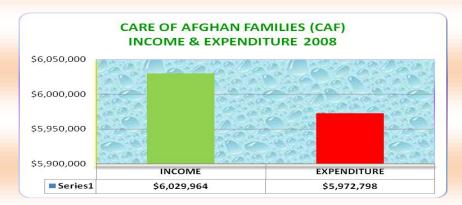
An initiated approach to develop monthly and quarterly reporting of projects was monthly report analysis tool which developed in CAF HQ. Projects are analyzed using the monthly analysis tool, and ranked accordingly. It is creating a positive competation among CAF's different projects.

Challenges/ constraints:

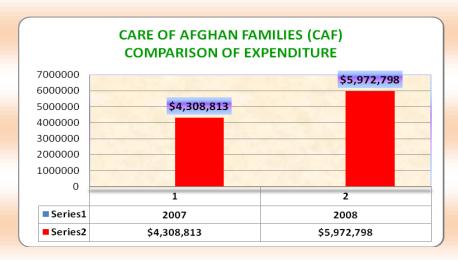
CAF major challenges during the year were: Security problems in Kunduz which 2 HF staffs were killed and 4 female staffs resigned from HFs; shortage of female professional staffs; staff turnover at the HQ office, provincial offices as well as health facilities; insufficient training events/ capacity building program for HFs staffs especially Faizabad provincial hospital staffs; lack of standard building in some of HFs at all provinces.

FINANCIAL STATEMENTS 2008

The Income for the year 2008 was more that the expenditure and the organization at the end of year 2008 had a surplus amount of \$57,166; the surplus illustrates the donations received from the employees of the Organization, Disposal of Assets and some other denotations.



The total expenditure for the year 2008 is increased by 39% comparing with the last year.



During 2008 we have achieved an increase of 38 % in fund from donors and our main donor during the year was USAID.



CARE OF AFGHAN FAMILIES (CAF) BALANCE SHEET AS AT DECEMBER 31, 2008

e e			
	Notes	2008	2007
		USD	USD
<u>ASSETS</u>			
Receivable from donors	4.	23,000	160,408
Security deposits	5.	9,652	
Other assets	6.	65,141	1,243
Cash and cash equivalents	7.	462,486	264,694
TOTAL ASSETS		560,279	426,345
LIABILITIES AND FUNDS LIABILITIES Fund balances Other payables	8. 9.	276,160 187,553	148,961 237,983
TOTAL LIABILITIES	8 8	463,713	386,944
FUNDS			
Accumulated Core Fund	10.	96,566	39,401
TOTAL LIABILITIES AND FUNDS	-	560,279	426,345
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Auditors' report is annexed thereto.

Annexed notes form an integral part of these accounts.

LBITC KABUL 19 MAR 2009

DIRECTOR GENERAL

FINANCIAL CONTROLLER

CARE OF AFGHAN FAMILIES (CAF)
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED DECEMBER 31, 2008

	Notes	2008	2007
	_	USD	USD
INCOMING RESOURCES			
Grants from Donors	11.	5,950,318	4,315,893
Other income	12.	79,646	17,407
	-	6,029,964	4,333,300
		8	
OUTGOING RESOURCES			
Direct operating cost	13.	4,821,424	3,513,637
Indirect operating cost	14.	465,329	347,865
Expenses of sub-grant	15.	537,909	446,867
Expenses of consortium	16.	148,121	1 -
Other expenses	17.	15	444
	u =	5,972,798	4,308,813
			04.407
SURPLUS OF CORE FUND FOR THE YEAR		57,166	24,487
ACCUMULATED CORE FUND BROUGHT FORWARD		39,401	14,914
ACCOMPLATED CONE FORD DROCOTH FORWARD		33,401	14,514
ACCUMULATED CORE FUND CARRIED FORWARD	-	96,566	39,401
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Annexed notes form an integral part of these accounts.

KABUL

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19 MAR 2009

DIRECTOR SENERAL

FINANCIAL CONTROLLER

AUDITORS REPORT



Opposite Ustad Misbah Secondary School Taimani Project St# 2 Kabul, Afghanistan

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INDEPENDENT AUDITORS' REPORT ON GENERAL PURPOSE FINANCIAL STATEMENTS

The Board of Directors
Care of Afghan Families (CAF)
Kabul, Afghanistan

We have audited the accompanying financial statements of Care of Afghan Families (CAF), which comprise the balance sheet as at December 31, 2008 and the Income and Expenditure Account for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Management's responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatements, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements.



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion financial statements give a true and fair view of the financial position of the Care of Afghan Families (CAF), as of December 31, 2008 and of its operations for the year then ended in accordance with International Financial Reporting Standards.

Kabul

19 MAR 2009

Chartered Agrountants um & co.

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Opposite Ustad Misbah Secondary School Taimani Project St# 2 Kabul, Afghanistan

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE

The Board of Directors

Care of Afghan Families (CAF)

Kabul, Afghanistan

We were engaged to conduct the audit of the financial statements of Care of Afghan Families (CAF) for the year from January 01, 2008 to December31, 2008. The financial statements are the responsibility of CAF's management. Our responsibility is to express an opinion on the financial statements based on our audit.

We conducted our audit in accordance with International Auditing Standards with the exception that our continuous education program is confined to courses arranged by the Institute of Chartered Accountants of Pakistan. Courses conducted internally by the firm and computer based training courses developed internationally by HLB International and that our external quality control review has been conducted by the Institute of Chartered Accountants of Pakistan and such review was not conducted by an unaffiliated audit organization. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements.

Compliance with agreement terms and laws and regulations applicable to CAF is the responsibility of CAF's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of CAF's compliance with certain provisions of agreement terms and laws and regulations. However, our objective was not to provide an opinion on overall compliance with such provisions. Accordingly, we do not express such an opinion.

The results of our tests disclosed no instances of non-compliance that are required to be reported here under International Auditing Standards.

This report is intended for the information of CAF. However, upon release by CAF this report is a matter of public record and its distribution is not limited.

Date:

19 MAR 2009

Chartered Accountants 11 um 2 co.

Kabul

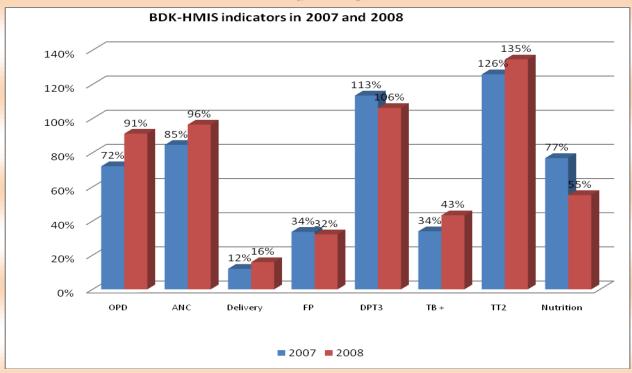
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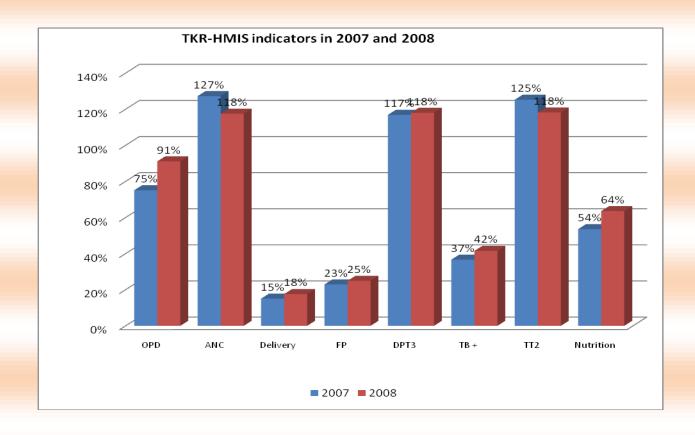
APPRECIATION LETTER

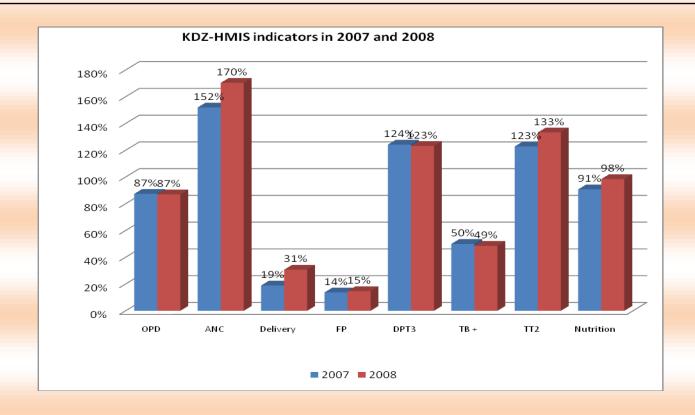


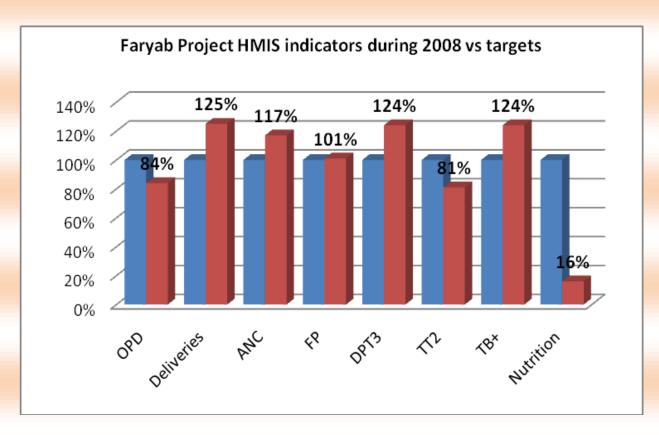


GRAPHS









CARE OF AFGHAN FAMILIES (CAF) PROJECTS LIST YEAR 2008

2	Name of the Project	Type	Location	Funded by	Funded by ImpImenting Angency	Partner	Starting Date	Ending Date
مالمث	اسم پروڙ ه	نوعيت پروژه	مۇ قىت	منابع تمويل كننده	موسسه تطبیق کننده	موسسه همکار	تاريخ شروع	تارىخ ختم
	Implementation of Basic Package of Health 1 Services (BPHS)	Health	Takhar Province	USAID/PPG	CAF	SHDP	01-May-2006 23-Apr-2009	23-Apr-2009
(1	Implementation of Essential Package of 2 Health Services (EPHS)	Health	Faizabad District of Badakhshan	USAID/PPG	CAF		01-May-2006	23-Apr-2009
(,)	Implementation of Basic Package of Health 3 Services (BPHS)	Health	Cluster 1 of Badakhshan Province	USAID/PPG	Medair	CAF	01-May-2006 23-Apr-2009	23-Apr-2009
7	Implementation of Basic Package of Health 4 Services (BPHS)	Health	Cluster 2 of Badakhshan Province	USAID/PPG	Merlin	CAF	01-May-2006 23-Apr-2009	23-Apr-2009
ц)	Implementation of Basic Package of Health 5 Services (BPHS)	Health	Cluster 3 of Badakhshan Province	USAID/PPG	AKHS	CAF	01-May-2006	23-Apr-2009
W.	Implementation of Basic Package of Health 6 Services (BPHS)	Health	Cluster 5 of Badakhshan Province	World Bank/PPA	CAF		01-Aug-2006 30-Jun-2009	30-Jun-2009
	Implementation of Basic Package of Health 7 Services (BPHS)	Health	Kunduz Province	European Commission	Merlin	CAF	21-June-2007 30-Apr-2009	30-Apr-2009
ω	8 Comprehensive RH/EMOC	Health	Badakhshan Province	UNFPA	CAF		01-Jan-2008	31-Dec-2008
6,	Implementation of Basic Package of Health 9 Services (BPHS)	Health	Faryab Province. Andkhoy District	USAID/PPG	Save the Children	CAF	01-Feb-2008 23-Apr-2009	23-Apr-2009
9	Conducting CHW Training	Community Development	RustaqDistrict of Takhar Province	౼	CAF		10-Aug-2008	10-Mar-2009
11	Improved access to Quality Health Care 11 Through Sub Centers and Mobile Team	Health	Takhar Province	GAVI-HSS	CAF	SHDP	01-Sept-2008 30-Dec-2011	30-Dec-2011
12	Social Promotion in Afghanistan, People with 12 Disabilities Program	Disability	Kabul, Kunduz and Takhar provinces	European Commission	CAF	BARAN	10-May-2008	31-Oct-2009
5	Improved access to Quality Health Care 13 Through Sub Centers and Mobile Team	Health	Badakhshan Province	GAVI-HSS	CAF	AKF	01-Nov-2008	29-Feb-2012





CAF DONORS



















