



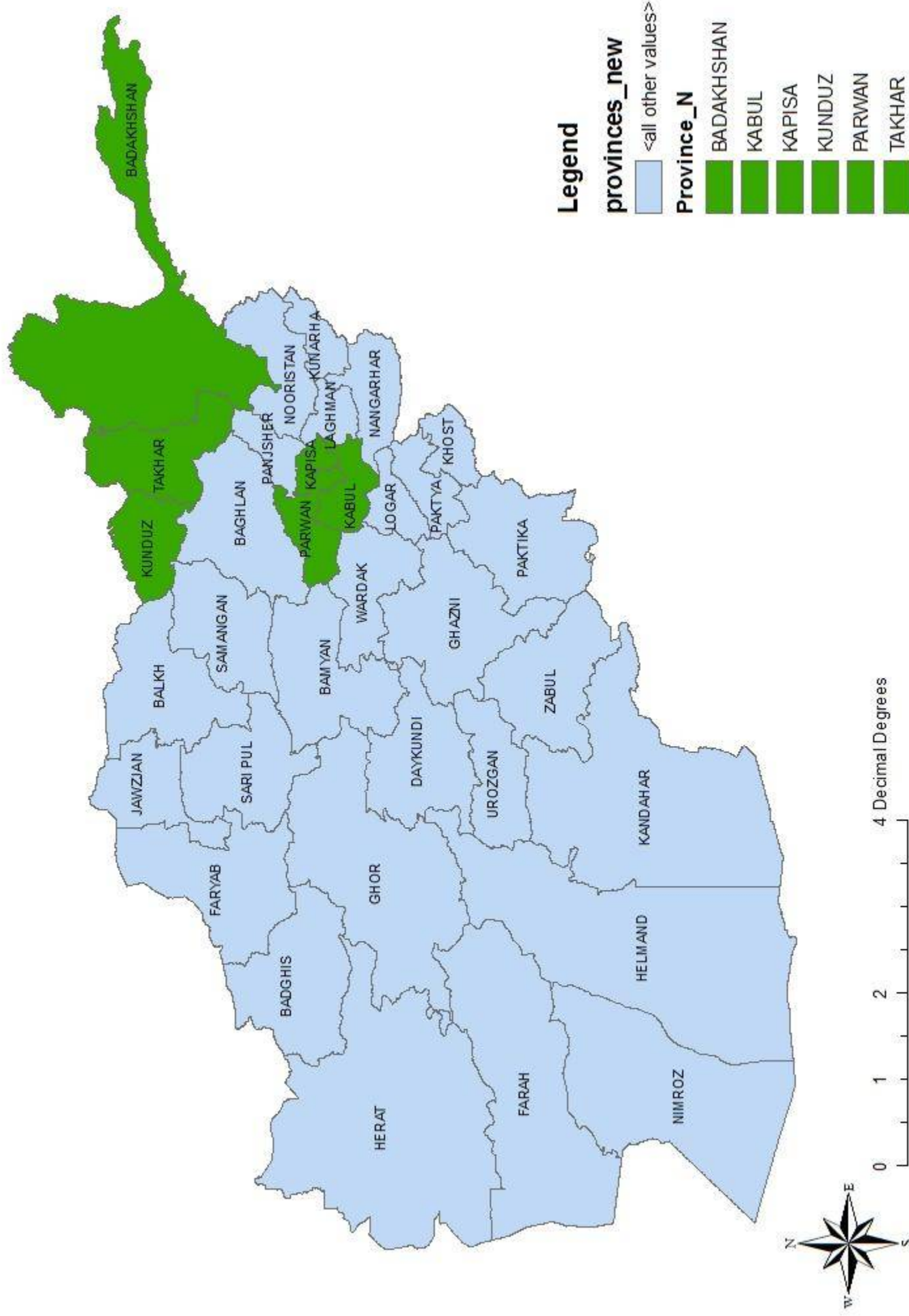
Annual Report 1389

(January 01, 2010 to March 20, 2011)

Care of Afghan Families (CAF)



CAF in Afghanistan: The green areas are the provinces where CAF is working.



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Acronyms:

ACBAR:	Agency Coordinating Body for Afghan Relief	FP:	Family Planning
ACF:	Action Contre la Faim	GAVI:	Global Alliance for Vaccine and Immunization
AFP:	Acute Flaccid Paralysis	GCMU:	Grant and Contract Management Unit
ANC:	Ante Natal Care	HF:	Health Facility
ARI:	Acute Respiratory Infection	HP:	Health Post
BARAN:	Bu Ali Rehabilitation and Aid Network	HQ:	Head Quarter
BEOC:	Basic Emergency Obstetric Care	HR:	Human Resource
BHC:	Basic Health Center	HSSP:	Health Service Support Project
BPHS:	Basic Package of Health Services	IEC:	Information Education and Communication
BSC:	Balanced Scored Card	IFRC:	International Federal of Red Cross and Crescent Societies
CAF:	Care of Afghan Families	JHU:	John Hopkins University
CBHC:	Community Based Health Care	LDP:	Leadership Development Program
CD:	Communicable Disease	MD:	Medical Doctor
CEOC:	Comprehensive Emergency Obstetric Care	MOPH:	Ministry of Public Health
CHC:	Comprehensive Health Center	MOU:	Memorandum of Understanding
CHS:	Community Health Supervisor	MSH:	Management Science for Health
CHW:	Community Health Worker	MVA:	Manual Vacuum Aspiration
DD:	Diarrheal Disease	NGO:	Non-Governmental Organization
DH:	District hospital	OPD:	Out Patient Department
EC:	European Commission	ORT:	Oral Rehydration Therapy
EPHS:	Essential Package of Hospital Services	OT:	Operational Theatre
EPI:	Expanded Program on Immunization	PCH:	Partnership Contract for Health Services
EPR:	Emergency Preparedness and Response	PDS:	Progress Data Sheet

PEMT:	Provincial EPI Management Team	SBM:	Standard Based Management
PH:	Provincial Hospital	SC:	Sub Center
PHA:	Provincial Health Advisor	SHDP:	Social and Health Development Program
PHCC:	Provincial Health Coordination Committee	TDH:	Terre des hommes
PNC:	Post Natal Care	UNFPA:	United Nation Population Fund
PPA:	Performance-based Partnership Agreement	UNICEF:	United Nation Children's Fund
PPG:	Performance-based Partnership Grant	USAID:	United State Agency for International Development
PPHD:	Provincial Public Health Directorate	WFP:	World Food Programs
PRT:	Provincial Reconstruction Team	WHO:	World Health Organization
REACH:	Rural Expansion of Afghanistan's Community based Healthcare	MoLSAMD:	Ministry of Labor, Social Affairs, Martyrs and Disabled

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Message from the General Director:

It is a great pleasure CAF is entering into its eight year anniversary and one more year to its maturity and seniority with outstanding features in the arena of civil society network.

We are presenting the achievement, undertakings, success and challenges we had during the one and half year.

“It takes a whole village to raise a child. We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results”

I start by quoting this sentence which is a motivation for all us as CAF community to live not only for ourselves but for all those who contributed in our growing.

I see this as an obligation to help improve the quality of life of the whole Afghan population that helped raise and educate us. So we do compensate by providing and rendering services to this needy community.

The leadership and team management of CAF have always adopted different approaches and strategies to cope with the dynamic and ever changing NGO environment. Challenges are increasing day by day in contrast to previous years despite all entailing challenges we tried to highly consider quality dimension and aspect of the projects. Through our decisive actions we could transform crisis into opportunity and spurred development of new engines which drive our future growth.

Looking to the future we are focused on becoming a truly service provider that embraces the opportunity and diversities.

We are building a better tomorrow by working hard today to instill a creative management, establish a culture that rewards talent and pursues win-win partnerships that benefit all.

CAF is greatly indebted to all its donors for the continued support, understanding in program implementation. This has enabled us to serve our people better and hopes of tens of thousands have been restored

I acknowledge the significant contribution of the whole CAF team on all achievements and preparation of this report. My special thanks and appreciation goes to the field staff who are the frontline for disease fighting and prevention. It is to highly appreciate the support of MoPH.

At the end all what I like to say is that we are trying to search our ways to make this nation a better place to live in and have our kids and children growing without disease and stresses and the mothers nurturing healthy children.

I am requesting all those who share the same value please do contribute either financially or morally which will help us reach our goals.

Thanks for your cooperation

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 and in 2005 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 founders 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 operating country laws and Generally Accepted Accounting Principles (GAAP). General Policy /Charter is 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

To enable families to fight against poverty, injustice and unawareness.

Vision

“Self-reliant, aware and healthy Afghan Families”.

Core Values

1. Accountability and transparency
2. Efficiency
3. Equity and integrity
4. Innovation
5. Professionalism

Executive Summary:

CAF is committed to contribute in achieving MDG's goals at national level especially in 5 MDGs namely MDG# 3. Promote gender equality and empower women MDG# 4. Reduce child mortality MDG #5. Improve maternal health MDG #6. Combat HIV/AIDS, malaria and other communicable diseases MDG #7. Ensure environmental sustainability. CAF as a national NGO is working in Kabul, Parwan, Kapisa, Takhar, Badakhshan and Kunduz provinces of Afghanistan and providing health, nutrition and community development projects. Implementation of BPHS was the biggest projects of CAF during 1389. The projects financially supported by USAID in Takhar and Badakhshan and by EC in Kunduz provinces. Besides the BPHS, CAF implement IYCF, community mobilization, training of religious leaders, Malaria microscopic services, community based control of TB, Health system strengthening, Baby friendly villages, Result based financing, Child survival project, Integration of People with Disabilities and Afghanistan sustainable water supply and sanitation projects under different donors support during 1389.

Totally 7,065,100¹ people received services through different projects of CAF. The organization implemented the projects in 6 provinces of Afghanistan. CAF expanded the BPHS through 142 health facilities and 1204 health posts in Takhar, Badakhshan and Kunduz provinces. 4 rounds of SOS campaign conducted in Takhar and Badakhshan provinces and totally 200000 children and women received immunization and reproductive health services. In addition 4 rounds of NIDs campaign conducted in all provinces where CAF had active participation in Takhar and Badakhshan provinces. Totally 5,879,172 children immunized against polio and received Vit-A and Albendazol tablets during 1389. Moreover 870 Stray dogs were killed during Rabies campaign in Takhar province. In order to respond timely to the emergency cases and support referral system, CAF has provided 22 standard ambulances in Takhar and Badakhshan provinces.

To improve the quality of services 50 HFs and 25 HPs in Takhar and 18 HFs and 15 HPs in Badakhshan provinces are under quality assurance process. 10 HFs have been recognized for quality assurance recognition award during the second quality assurance recognition ceremony by MOPH/HSSP. In addition, PDQ, LDP and quality improvement committees were the main approaches used during the year in for improving the quality of health services. A total of 34 external monitoring and 582 internal monitoring visits were conducted during the year. For improving the capacity of project staff a total of 2,273 persons received training sessions through HSSP, Tech Serve, MOPH and CAF. Additional to that different capacity building sessions conducted in CAF main and provincial offices as well.

Totally 1233 health shura (681 male and 552 female) at the health facility and health post level supported further health program and linked community with health facilities and services provision.

CAF is an active and permanent member of Provincial Health Coordination Committee (PHCC) in the covering provinces. CAF is an active member of CGHN forum, vice-Chair of HSS/CCM forum at the MOPH level, and as a member in nutrition cluster, health cluster, BPHS/EPHS polices revision committee, CPDS committee, HSSP-technical taskforce meeting, CBHC and RH task force meetings, at the national level. The main donors of CAF were MOPH, USAID, EC, WB, GAVI, UNICEF, Save the Children, WHO, BASICS, AWEC, ARD, TDH, MI, MSH, FAO and GF during 1389.

¹ Population data from (CSO 1389/2010-11)

The total Human resource for the projects and CAF Head office reached to 910 (667 male and 243 female) contracted staff during the 1389. Besides the contracted staff, CAF's volunteer staffs who are working as community Health workers were 1,204 (596 male and 608 female) at the end of Hoot 1389. Total of 5,784,676 AFS was extracted as the annual Tax of CAF projects during 1389 according to the Afghanistan Tax Income law which was timely submitted to Ministry of Finance.

One of the important activities of CAF is to improve Gender equality in all aspects of the organization and project management.

Being one of the main implementers of health projects in Takhar, Badakhshan and Kunduz provinces, CAF has actively contributed in response to the emergencies in these provinces. CAF managed to respond effectively and timely 6 emergency cases during the past year.

Totally 110 HFs renovated in Takhar and Badakhshan provinces during the year.

Disaster management system, quality improvement exhibition in Takhar, establishment of quality improvement newsletter, preparing signboard for HPs, conducting CAF general assembly and annual review workshop, were the main initiatives of CAF during the year.

Security problem in some districts, shortage of female medical professionals, lack of standard building in some HFs and lack of surrounding wall in some HFs were the main challenges.



CAF projects during 1389:

Partnership Contract for Health Services (PCH):

CAF is providing Basic Package of Health Services (BPHS) through implementation of Partnership Contract for Health services (PCH) project in overall Takhar province. Totally, 53 Health Facilities (HFs) (3 DHs, 13 CHCs, 34 BHCs, 2 SCs and 1 prison health grade 1) and 436 Health Posts (HPs) under USAID/PCH grant in partnership of SHDP are functional and providing health services according to BPHS. A total of 901,900² beneficiaries receive health care services in Takhar province.



Also CAF is providing Basic Package of Health Services through implementation of Partnership Contract for Health services (PCH) project in Cluster 1 of Badakhshan province. CAF implemented PCH project in 30 HFs and 216 HPs of Cluster1 of Badakhshan under USAID/PCH grant in partnership with BARAN. A total of 537,400 beneficiaries

receive health care services in mentioned cluster.



Performance-based Grant Contract (PGC):

CAF is in partnership with Merlin (Merlin as leading partner) for implementing BPHS project in overall Kunduz province. This project is funded by European Commission (EC) under the MoPH/PGC project. Totally 48 HFs (1 DH, 10 CHCs, 2 CHC+, 28 BHCs, 6 SCs and 1 prison health) and 240 HPs are

² Population data from CSO-1389 (2010-2011)

functional and providing BPHS services. A total of 917,900 beneficiaries receive health care services directly and/or indirectly in Kunduz province.

Health System Strengthening (HSS):

CAF is implementing Health System Strengthening (HSS) Grant project through 4 Sub health centers (SHCs) and 1 Mobile Health Team (MHT) in Takhar province. A total of 41,393 beneficiaries receive health care services directly and/or indirectly by the project.



Also CAF is implementing HSS project through 6 Sub Health Centers in Badakhshan provinces under GAVI/HSS grant. Total of 47,259 beneficiaries receive health care services directly and/or indirectly by the project.



Community Midwifery Education (CME):

Community Midwifery Education (CME), program is also financially supported by European Commission (EC) under the MoPH/PGC grant in Kunduz province. CAF in partnership with Merlin implemented the project. Totally 20 students from different districts of the province selected, enrolled and received knowledge, skills and competency, on community midwifery activities.

Malaria Microscopic Services:

In order to strengthen current BPHS service provision at BHC level, a total of 43 BHCs were upgraded to provide Malaria microscopic services. From that 10 BHCs in Takhar supported by Global Fund and 23 BHCs in Takhar and 10 BHC in Badakhshan with financial support of WHO were providing mentioned additional services.

Nutrition Services:

CAF implemented the Breast Feeding Support Group project in 1 DH and 33 CHCs in Takhar, Badakhshan and Kunduz provinces by financial support of UNICEF with the objective to improve the Infant and Young Child Feeding (IYCF). 340 breast feeding support groups have been established through the project in which 3400 male and female members received orientation on IYCF.

CAF implemented Baby Friendly Village an innovative project granted through South Asia Development Market place with the objective to improve the nutrition status of young children through focus not just on their mothers but also on



other family and village members as well. The project has been implemented in 4 districts of Takhar province. 40 breast feeding support groups have been established through the project in which 400 male and female members oriented on IYCF.

Implementation of Round -8 Global Fund TB-Control projects:

CAF as Sub Recipient of the Round-8 Global Fund TB-control program implemented the community based DOTs project in 16 HFs with lab facilities and 373 HPs in Takhar and 21 HFs with lab facilities and 353 HPs in Kunduz provinces. Training of CHWs on TB case detection and referral, supply and maintenance of lab supply and equipment, celebration of TB world day, orientation of teachers and TB microscopic services were the activities performed through the project.



Child Survival Demonstration Project (CSDP):

CAF implemented the child survival demonstration project, a pilot project, in 4 HFs and 30 CHWs of Farkhar district of Takhar province funded by USAID/BASICS with the objective to promote improved community based growth monitoring and promotion, community-based case management of IMCI, immunization, and newborn healthcare in the community.

Consequently the child survival project integrated into PCH project during 2010. CAF is implementing the integrated child survival activities through PCH project in 2 districts of Badakhshan and 2 districts of Takhar provinces.

Community Mobilization Intervention (CMI):

CAF implemented the Community mobilization intervention (CMI) project in Bangi district of Takhar province. The project aims to Improve Community involvement in BPHS delivery for better health outcomes.

To improve capacity of Project/HF staff in the mobilizing the communities, to form/ re organize the HF and HP shuras by



wider community participation, to improve capacity of HF and HP shuras in community mobilization (CM) and taking leadership role in community health and to strengthen link between HF and HP shuras and communities (CDCs) were the objectives of the project.

The project funded by Save the Children and technically assisted by HSSP. 3 staff from Bangi CHC, 12 CHWs from HPs as well as 208 community health shura members received community mobilization training. At the end of the project trained community members were able to handle the community based project within their own villages. 2 HFs health shura and 16 HPs health shura have been re-organized and/or established during the project.

Result Based Financing (RBF):

Result Based Financing which is a pilot project integrated in all HFs of Takhar and Badakhshan provinces for further strengthening of quality health services under financial support of World Bank. This is a case control research project in which HFs divided into treatment and control categories. ANC, Delivery, PNC, TB case detection, DPT3 immunization and treatment of severely malnourished children are the main indicators for this project. Health providers receive incentive payment based on increment from the already set baseline indicators. 29 HFs in Takhar and 17 HFs in Badakhshan are under treatment category.



Integrating of people with disabilities (IPwD) project:

CAF and BARAN by are jointly implementing the above mentioned project for Persons with Hearing Disability in Kabul, Parwan and Kapisa provinces funded by EC for 30 month since January, 2010. The objective of the project is to improve social inclusion of the persons with hearing disability so that they raise their rights as equal citizens and participate actively in social structures - in civil society, economic institutions and decision making at the national and sub-national levels. Totally 21 community rehabilitation centers (7



main centers and 14 sub centers) have been established in operating provinces. A total number of 40 persons (8 female and 32 male) with hearing disability received disability assessment and audiology services including basic audiology consultations. Special education program conducted for 147 children (103 male and 44 female) through 7 CRDCs and 12 sub-centers. Totally, 63 children (39 males and 24 females) with hearing disability received vocational trainings through hiring of vocational teachers.

Afghan Sustainable Water supply and sanitation (SWSS):

CAF started implementation of Afghan sustainable water supply and sanitation project in 6 districts of Takhar and 4 districts of Badakhshan provinces. 269,900 beneficiaries in Argo, Darayeem, Kishim and Faizabad districts of Badakhshan cluster 1 and 365,900 beneficiaries in Taluqan, Farkhar, Worsaj, Baharak, Hazar Sumoch and Kalafgan districts of Takhar province received services through the projects.



Religious Leader Training (RL):

Based on signed MOU between Save the Children (SC) and CAF, CAF implemented Religious Leader training for **72** religious leaders (17 CHSs, 39 Religious Leaders and 16 Admin of auqaf) in Takhar province and **40** religious leaders (religious leaders, and CHSs of HF) in Badakhshan Province. The main objective of the project was to train religious leader to



know about Afghanistan Health System, understand the components of Basic Package of Health Services, get familiar with MCH/RH pertaining information and understand community participation and importance of involving religious leaders in health programs, understand what community participation is and how a Religious leader could actively participate in mobilizing the community.



Advocacy initiative to support Afghan civil society (IPACS):

Advocacy initiative to support Afghan civil society (IPACS) project implemented in Kabul province by financial support of AWEC during the reporting period. The project was implemented in district 11th of Kabul.

We encouraged the people for active participation in garbage cleaning and dust removal activities in the area throughout the project.



Establishment of sputum collection area:

CAF has established 16 standard sputum collection area for Takhar HFs and 8 standard sputum collection area for Badakhshan HFs.

The project was financially supported by MSH. The main objective of this project is to control and prevent spread up of TB infection among the community.



Development of Nutritional IEC/BCC material:

To secure the Afghan families food and nutrition status the IEC/BCC materials such as posters and brushers focused on family food and complementary food were developed and field tested in 3 provinces, Kabul, Takhar and Badakhshan. The project was financially supported by FAO. It is expected that the IEC/BCC materials to be distributed through Ministry of agriculture, irrigation and livestock with partnership with FAO.

Training of female CHWs:

CAF trained 35 female CHWs in Rustaq district of Takhar with financial and technical support of TdH. The main objective of the project was to contribute in maternal and child health through trained and skilled health workers within the community.

Distribution of Micronutrient Initiatives project:

The project has been successfully implemented in 2 districts of Badakhshan province through the 8 health facilities and 42 health posts. The main activities during the projects were, training of 5 project staff by MI, training of 48 CHWs, 8 CHSs, 8 head of HFs, on the job training for HFs staff and involved staff by CAF. In addition, 942552 sprinkles, 9788 pack of ORS-Powder, 48940 Tab Zinc and 1758240 items tab Iron folic acid and 16529 IEC/BCC materials distributed to the target groups, women in reproductive age and children under five. 14048 children under five and 6249 women directly and all population of two districts indirectly benefited from the output and activities of the project. The project financially supported by CIDA Canadian international development Agency through Micronutrient Initiative (MI).

MAJOR ACHIEVEMENT

Expansion of BPHS & increasing access to health services:

CAF expanded BPHS in the targeted provinces through 142 health facilities (HFs) and 942 HPs in the 3



provinces. ; 58 HFs in Takhar (3 DHs, 13 CHCs, 34 BHCs, 6 SCs, 1 MHT and 1 prison health grade 1), 36 HFs in Badakhshan (1 DH, 1 CHC+, 6 CHC, 19 BHC and 9 sub centers), 48 HFs in Kunduz (1 DH, 10 CHCs, 2 CHC+ and 28 BHCs, 6 SCs and 1 prison health).

A total of 3,278,528 clients received BPHS services through CAF HFs during 1389. Among

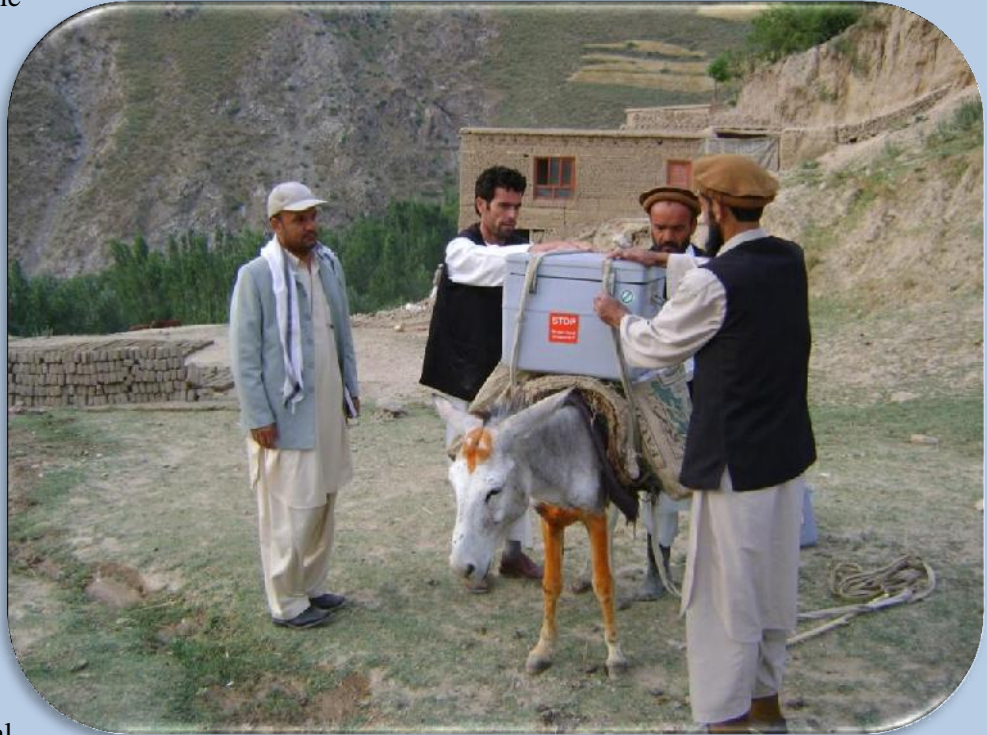
this figure 212,411 women received reproductive health services, (ante natal care, post natal care, family planning and delivery care) and 301,392 children under received nutrition services.

2 Mobile Health Teams in Takhar and Kunduz provinces under grant of GAVI-HSS is functioning and providing BPHS.



5

Four rounds of Sustainable Outreach Services (SOS) were implemented in Takhar and Badakhshan provinces which covered remote areas of the province. In Badakhshan province 4,527 children under 5 against 8 preventive diseases and 2,230 women for prevention of Tetanus were immunized. In addition, 676 women received antenatal care (ANC) services, 403 women received postnatal



care (PNC) services, 1159 women received family planning (FP) services and 8,399 clients received OPD services during the four rounds of SOS activities. Meanwhile, in Takhar province 17,985 children under 5 against eight preventive diseases and 12,557 women for prevention of Tetanus were immunized. In addition, 1,523 women received antenatal care (ANC) services, 617 women received postnatal care (PNC) services, 619 women received family planning (FP) services, 65 TB suspected cases referred and 10,960 clients received OPD services during the four rounds of SOS activities.

Four rounds of (NIDs) National Immunization campaign was conducted as part of national polio eradication program. 685,751 children under 5 in Badakhshan, 2,746,650 children under 5 in Takhar, and 2,446,771 children under 5 in Kunduz provinces were immunized in OPV and received Vit-A and Albendazol tablets during the 1389.



Rabies Campaign was successfully implemented in Bangi, Kalafgan and Rustaq districts of Takhar Province in which 870 stray dogs were killed.

Ambulance Services:

Activation of ambulance services in the HFs improves the quality of health care services. The ambulances are equipped with standard requirements to refer patient especially



emergency cases within and outside of the provinces. Currently 15 Ambulance in Takhar and 7 Ambulance in Badakhshan provinces are active and providing ambulance services.

Improving Quality of Services:

Quality Assurance (QA) baseline and trainings have been conducted in 50 HFs and 25 HPs of Takhar and 18 HFs and 15 HPs of Badakhshan provinces. 9 HFs in Takhar and 1 HF in Badakhshan have been recognized to receive recognition award during the second recognition ceremony held by MOPH/HSSP in Kabul.



Implementation and replication of Partnership Defined Quality (PDQ) training in 16 HF's of Takhar and 5 HF's of Badakhshan is also an outstanding activity for quality assurance supported by HSSP. Upon implementation of



PDQ in the HF's resulted to have support of the community members to: Construction of a waiting area in Shatak CHC, construction of two rooms for MCH in Qaraquzi BHC, establishment of surrounding wall in Samar Qandi BHC and Nahe Se BHC of Badakhshan province. 16 HF's in Takhar and 2 HF's in Badakhshan provinces were functional in the community donated buildings which shows the active participation and contribution of community members in health service provision.

Also Leadership Development Program (LDP) was applied in 16 HF's of Takhar and 3 HF's of Badakhshan provinces supported by Tech Serve.

In addition, CAF and its partners established a quality improvement committee (QIC) at the main office. The main objective of the committee is to research and investigate the main cause of maternal and child mortality at the community level.

CAF was recognized by Takhar Mustowfiat, Governor and community member of Darqad district in Takhar province and awarded a certificate of excellent performance. CAF was recognized by PPHO, AMA and HSSP and awarded a certificate of excellent performance in Badakhshan Provinces. In addition, HSSP awarded the certificate of appreciation to 9 HF's in Takhar and 1 HF in Badakhshan for achieving the quality assurance standards during the year.

Monitoring/ Supervision and Evaluation:

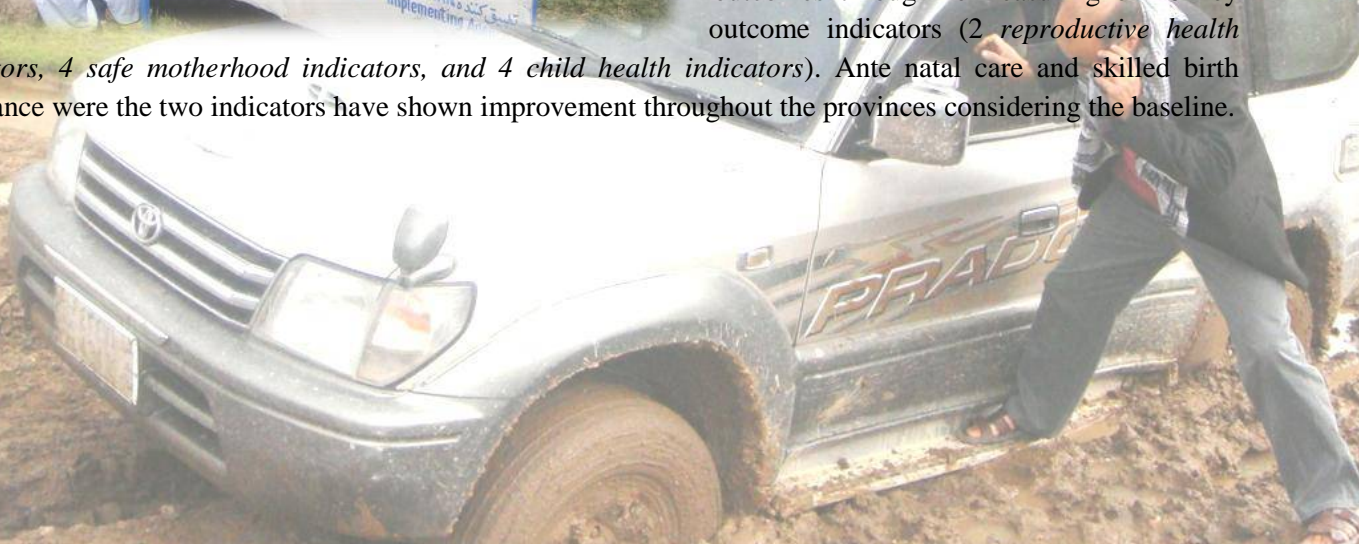
34 external monitoring visits (24 in Takhar, 10 in Badakhshan) conducted by GCMU-MOPH, Tech-Serve, WHO and PPHD.

582 internal monitoring visits (440 in Takhar, 142 in Badakhshan) conducted by CAF HQ management team. Action plan prepared to address the gaps found during the visits and regular follow up is made during the course of the projects.

PCH first year household survey (HHS) conducted as per Lot Quality Assurance Sampling (LQAS) during the reporting period in Takhar and Badakhshan provinces in order to measure the health program outcomes through re-measuring of 10 key outcome indicators (2 reproductive health indicators, 4 safe motherhood indicators, and 4 child health indicators). Ante natal care and skilled birth attendance were the two indicators have shown improvement throughout the provinces considering the baseline.



indicators, 4 safe motherhood indicators, and 4 child health indicators). Ante natal care and skilled birth attendance were the two indicators have shown improvement throughout the provinces considering the baseline.



Capacity Building

Capacity building is one of the main objectives of all projects through which the quality of performance is improved. During the year, 2,273 persons (1010 in Badakhshan and 1263 in Takhar) received training sessions through HSSP, Tech Serve, MOPH and CAF.



Beside that CAF has its own capacity building programs at the office and health facilities level. Weekly technical conference at the health facilities level, annual workshops at the main

office, monthly training sessions at HQ level, Monthly coordination meeting in Kabul with participation of CAF partners, quarterly technical review workshops in Kabul, 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 HF's staff as well as management staff is



CAF focus on regular supportive supervision of health facilities; done by trained and expert supervisors.



Community Empowerment:

Establishment of new 293 male and female health shura for the newly trained CHWs during the year and continuation of totally 1233 health shura (681 male and 552 female) at the health facility and health post level supported further health program and linked community with health services. The health shura were empowered through different capacity building



sessions/meeting 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.



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 graduated from Kunduz CME School during 1389.

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 is an active member of CGHN forum, vice-Chair of HSS/CCM forum at the MOPH level, and as a member in nutrition cluster, health cluster, BPHS/EPHS polices revision committee, CPDS committee, Advocacy group of



EC-Inclusive Education Group, HSSP-technical taskforce meeting, CBHC and RH task force meeting, at the national level.

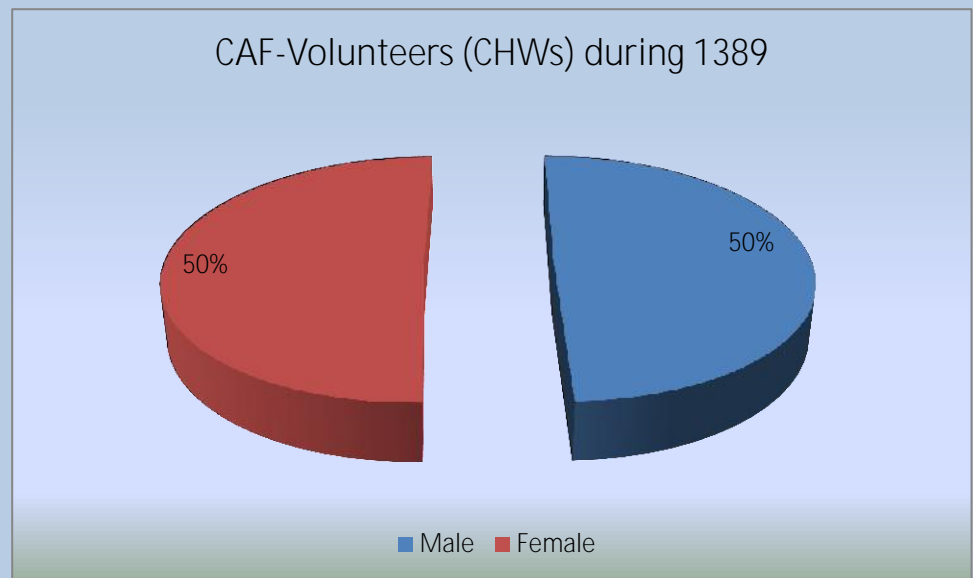
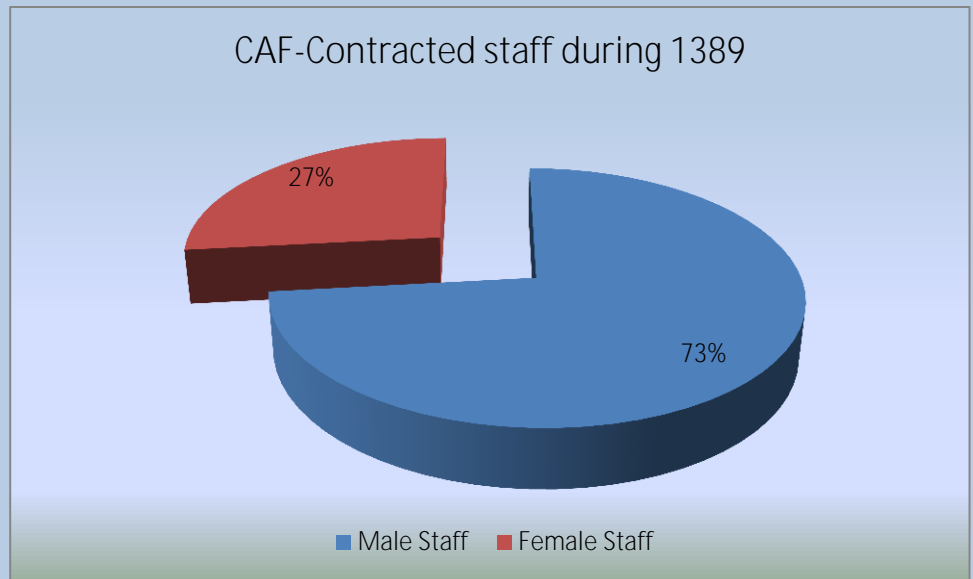
Coordination with other partners and stakeholder such as SHDP, BARAN, Merlin, Medair, Aga Khan Health Services (AKHS), WHO, UNICEF, Tech Serve, HSSP, BASICS, WFP, Mission East, Women Affair Department, UNFPA, TDH, Provincial council, governmental agencies at the provincial level was made through meetings 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 1389 were: their active participation in conduction of Rabies Campaigns in Takhar province; response to the emergencies in Takhar and Badakhshan province, distribution of bed-nets in Takhar; 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 FHAG different meetings.

Human Resources:

All the achievements were due to the hard working and efforts of 910 full time paid staff, and 1,204 Community Health Workers (volunteers). According to the MOPH standards, 83 %(118 out of 142) health facilities were properly staffed.

The total Human resource for the projects and CAF Head office reached to 910 (667 male and 243 female) staff during the 1389.

Besides the contracted staff, CAF's volunteer staffs who are working as community Health worker were 1,204 (596 male and 608 female) at the end of Hoot 1389. Total of 5,784,676 AFS was extracted as the annual Tax of CAF projects during 1389 which was timely submitted to Ministry of Finance.



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 awareness, celebration of 8 March/ national woman days at the office level.



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 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 the 6 emergency cases during the year.

Health emergencies in CAF project-1389		
Province	Year	Number of events
Badakhshan	1389	5
Takhar	1389	1
Total	1389	6

Health Facilities Renovation/Rehabilitation activities:

For better and quality service delivery in CAF related health facilities some renovation activities were taken place during 1389: 38 HFs renovated in Badakhshan province including renovation of Kishim district hospital, renovation and painting of Shatak CHC, renovation and tiling of Qara Quzi BHC. 72 HFs have been renovated in Takhar provinces including full renovation and painting of Farkhar DH renovation and tiling of Namak Ab CHC.



Initiatives:

Disaster Management System:

CAF has a disaster management system in place. The system covers not only the health emergencies but also any kind of disaster that cause a defect in the normal live of afghan families. The system works in three steps, before disaster, during disaster and after disaster. The system begins from the very remote area, village level to the ministry of MOPH at high level. The HF emergency team has already equipped with some kits like ARI kits, Diarrhea kit. To strength the system we have ambulance services



at DHs and CHCs to facilitate further response to emergencies. At the national and provincial level there are focal points for follow up of all kind of emergencies. In addition we are an active member of provincial EPR committee.

Takhar Quality Improvement Exhibition:



CAF provincial team initiated a quality improvement exhibition in Takhar province. The objective of the exhibition was to share the best practices and excellent performances of the project to all audiences. Totally 89 persons participated in the exhibition including Takhar



PPHD, representative of provincial governor, MSH, HSSP, Merlin, PHO team, HF's health providers, CAF and SHDP provincial team and media. During the exhibition several sessions such as trainings, presentation, health education, group work and recognition of excellent performers were conducted.

Quality improvement Newsletter:

CAF Takhar field office staff initiated a quality improvement newsletter which is published every each quarter. The newsletter contains updated information regarding the project in the province, result of feedback to HF's, recognition of best performers and other important events.



Establishing of HPs signboard:

Badakhshan CBHC team provided signboard for all HPs located in cluster 1 of Badakhshan province. The signboard contains name of HP, name of district and village where HP is located and code number of HP. Every person can easily find the HP whenever meets the village. On the other hand we have encouraged the CHWs through posting the



signboard and giving them more prestige within his/her community.

General assembly of CAF:

General assembly of CAF, the highest decision making board of the organization, has been conducted during the year. The assembly made the high decisions such as selection of chairperson for the assembly, selection of general director of the organization and approval of organization policies and general strategy for the year 1390.



Annual Review workshop:

CAF and its partner NGOs conducted the annual review workshop for the year 1389 in Kabul. MOPH-GCMU, field offices staff and staff of main office participated actively in the workshop. The workshop lasted for 3 days and presentation of general assembly important decision, presentation of newly approved policies of CAF, review of last year performance, lessons learned, plan for the next year and awarding of projects were the agendas discussed during the workshop.



Challenges/ constraints:

CAF major challenges during the year were:

1. Security problems in some districts of Kunduz, Takhar and Badakhshan province which interrupt the smooth implementation of the project such as conduction of house hold survey.



2. Shortage of female medical professional staff especially female specialists and MD was also a challenge. We could overcome the problem to some extent through widely announcement of the positions, travel to Tajikistan, and visit of Kabul hospitals.



3. Shortage of medical equipment at the PCH-HFs is another challenge we faced during the year. It was decided that Tech Serve will provide a bulk supply to all BPHS-PCH implementers but it is still in the procurement process.
4. Insufficient training events/ capacity building program for HF's staff especially in the field of nutrition, disability and mental health in PCH projects were seen.
5. Lack of standard building in some of HF's affected the quality health service provision.
6. Blockage of roads due to floods during the winter especially in Takhar and Badakhshan is also a challenge to proper supervise and supply the HF's.
7. Lack of surrounding wall in some of the HF's affect the privacy of the HF and affect health care services.



Recommendation:

Establishment of quality improvement exhibition and publishing of quality improvement newsletter in Badakhshan province and preparing of HPs signboards for Takhar HPs is recommended by CAF executive board.

In order to ensure implementation of full package of BPHS, it is recommended to conduct mental health, disability and nutrition trainings to health providers by MOPH and/or HSSP.

Lessons learned: (best/bad practice)

The best practices of CAF during 1389 are listed as bellow:

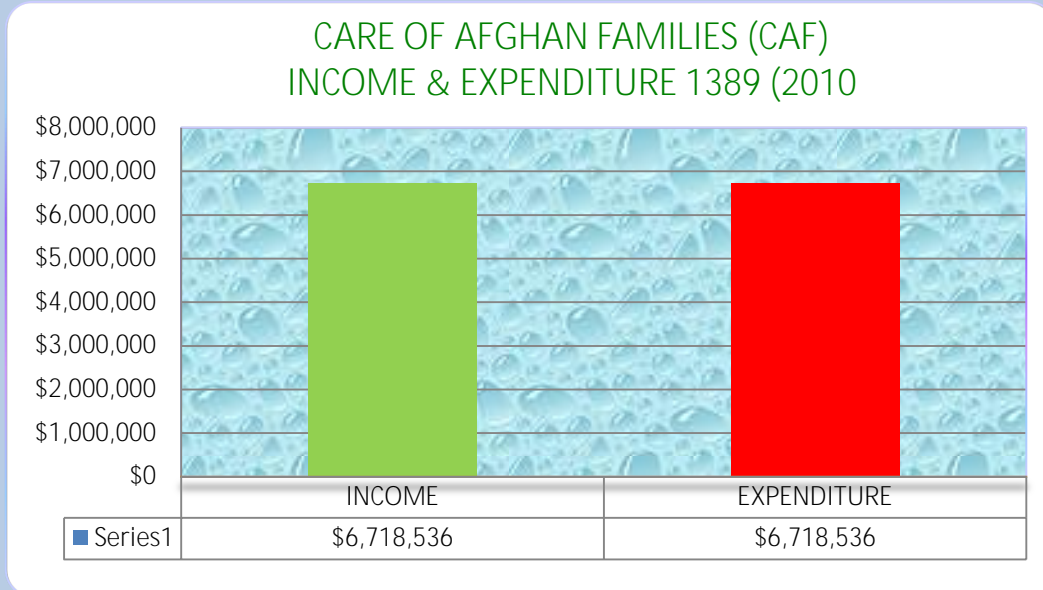
1. Establishment of quality improvement exhibition in Takhar province. All HFs staff, PHO and other stakeholders were invited to the exhibition. The exhibition was recognized as a best approach for sharing of ideas, initiative, experiences and quality improvement.
2. Publishing of quality improvement newsletter in Takhar province. The newsletter contains self-learning topics, feedbacks to health workers and recognition of best performers. MOPH recommended publishing of same newsletter in Badakhshan province as well.
3. General assembly and annual review workshop in Kabul. The sessions were actively participated by CAF main and provincial offices staff as well as its partner and MOPH. The performances of last year reviewed and using the best practices annual work plan established for next year, 1389.
4. Preparing of signboard for HPs in Badakhshan province. Having signboard in each HP will help to easily find the location of HP in the community. In the other hand, establishing of signboard for HPs encouraged the CHWs and gave them reputation in the community level. Preparing of the same signboards for Takhar HPs is recommended.

References:

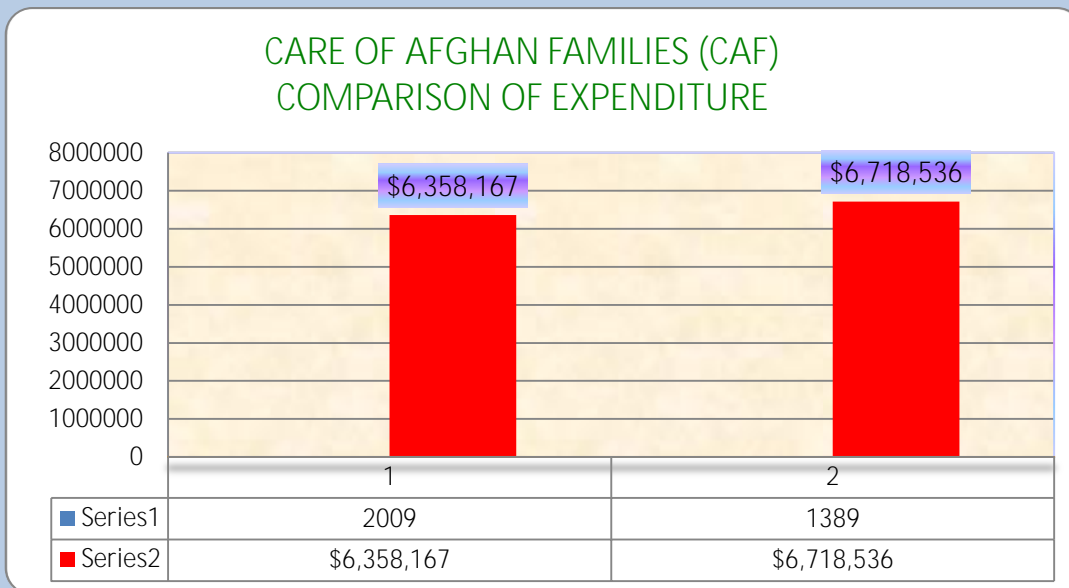
1. HMIS: health management information system-HMIS analysis 4th quarter 1389
2. MDG: millennium development goals
3. PCH quarterly reports from Q1st to Q5th of Takhar and Badakhshan provinces
4. Regional NIDs results for the year 2010 distributed by PMET
5. CSO 1389/2010-2011 for Afghanistan
6. Internal and external monitoring reports 1389

FINANCIAL STATEMENTS 1389

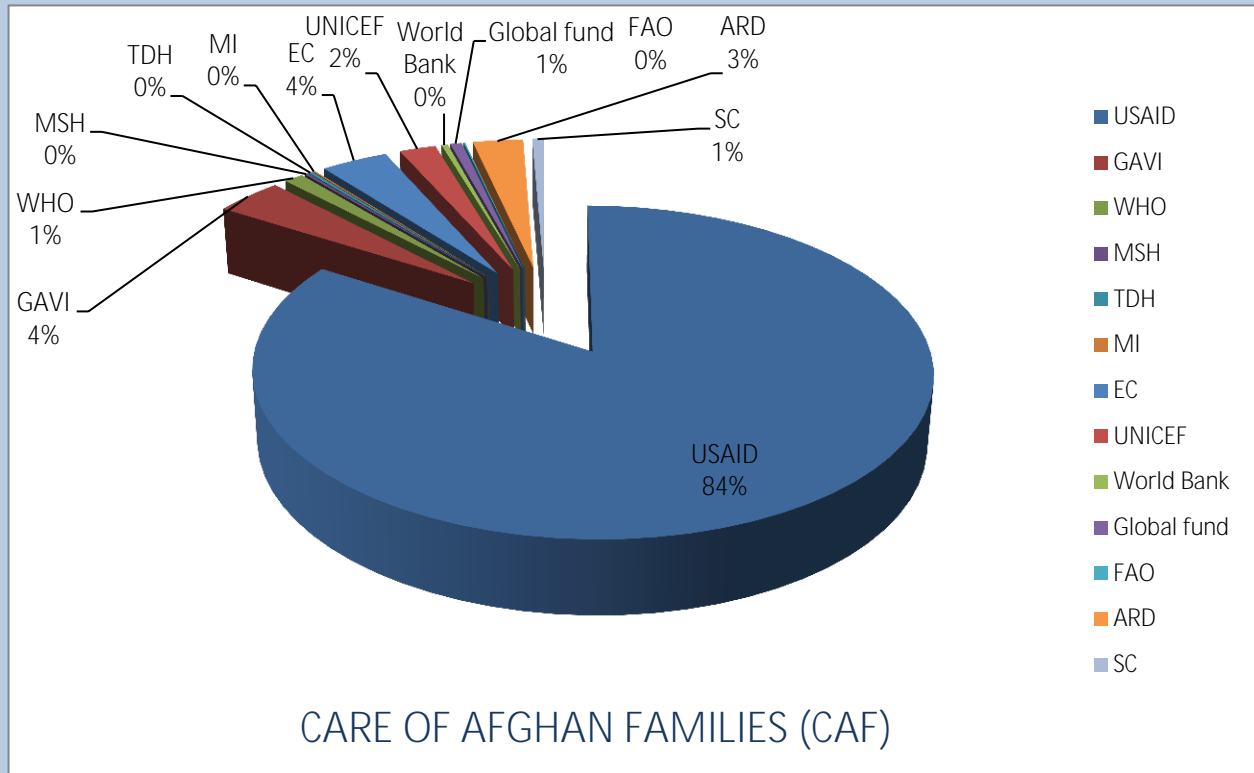
The total Income for the year 1389 was \$6,718,536 as well as the expenditure.



The total expenditure for the year 1389 is increased by 6% comparing with the last year.



During 1389 we have achieved an increase of 6 % in fund from donors and our main donor during the year was USAID.



**CARE OF AFGHAN FAMILIES (CAF)
BALANCE SHEET
AS AT MARCH 20, 2011**

	Notes	2010 (1389) AFS	2010 (1389) USD	2009 USD
ASSET				
Receivable from donors	4	3,241,457	71,603	512,164
Security deposits	5	575,000	12,702	10,319
Other assets	6	1,979,080	43,717	2,626
Cash and cash equivalents	7	78,562,493	1,735,421	354,713
TOTAL ASSETS		84,358,030	1,863,442	879,822
LIABILITIES AND FUNDS				
LIABILITIES				
Fund balances	8	13,532,580	298,930	482,667
Other payables	9	59,003,439	1,303,367	296,378
TOTAL LIABILITIES		72,536,019	1,602,298	779,044
FUNDS				
Accumulated Core Fund	10	11,822,012	261,145	100,778
TOTAL LIABILITIES AND FUNDS		84,358,030	1,863,442	879,822



KABUL

28 April 2011

DIRECTOR GENERAL

Dr Najir
rasuli

FINANCE CONTROLLER



**CARE OF AFGHAN FAMILIES (CAF)
INCOME AND EXPENDITURE STATEMENT
FOR THE PERIOD FROM JANUARY 01, 2010 TO MARCH 20, 2011**

	Notes	2010 (1389) AFS	2010 (1389) USD	2009 USD
INCOMING RESOURCES				
Grants from Donors	11	392,721,741	8,540,529	6,339,660
Other income	12	1,527,525	33,113	22,718
		<u>394,249,266</u>	<u>8,573,642</u>	<u>6,362,378</u>
OUTGOING RESOURCES				
Direct operating cost	13	286,392,137	6,208,371	5,103,334
Indirect operating cost	14	29,279,915	634,726	528,796
Expenses of sub-grant	15	71,730,990	1,554,975	532,792
Expenses of consortium	16	-	-	193,245
Other expenses	17	4,565	99	-
		<u>387,407,607</u>	<u>8,398,171</u>	<u>6,358,167</u>
SURPLUS OF CORE FUND FOR THE YEAR		6,841,658	175,472	4,211
ACCUMULATED CORE FUND BROUGHT FORWARD		4,980,353	100,778	96,566
Exchange Loss on Corefund brought forwarded			(15,104)	
ACCUMULATED CORE FUND CARRIED FORWARD		<u>11,822,012</u>	<u>261,146</u>	<u>100,778</u>



KABUL

28 April 2011

DIRECTOR GENERAL

Dr Nazir
rasuli

FINANCE CONTROLLER



M. N. P. Rasuli

AUDITORS REPORT:

MUSHTAQ AKBAR & CO. Chartered Accountants

A Member Firm of

INPACT Asia Pacific



INDEPENDENT AUDITORS' REPORT ON GENERAL PURPOSE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of **M/S CARE OF AFGHAN FAMILIES** which comprise the balance sheet as at March 20, 2011 and profit and loss account for the Period 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

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MUSHTAQ AKBAR & CO.
Chartered Accountants

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 **M/S CARE OF AFGHAN FAMILIES** as at March 20, 2011 and of its financial performance for the Period then ended in accordance with International Financial Reporting Standards.

Peshawar
28 April 2011


Mushtaq Akbar & Co.
Chartered Accountants



MUSHTAQ AKBAR & CO.
Chartered Accountants

INDEPENDENT AUDITORS' REPORT ON COMPUTATION OF TAX CALCULATION

THE BOARD OF DIRECTORS

CARE OF AFGHAN FAMILIES (CAF)

KABUL, AFGHANISTAN.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of computation of tax contained that the organization collected tax is Afs 10,101,856/- and Paid tax is Afs 10,101,856/- presented for the purpose of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Mushtaq Akbar & Co.
MUSHTAQ AKBAR & CO



CHARTERED ACCOUNTANTS

Date: *28 April 2011*

Peshawar

CARE OF AFGHAN FAMILIES (CAF)
TAX STATUS REPORT
Januray 01, 2010 to March 20, 2011

Amount in Afghanis				
S/No	Description	Amount Collected	Amount Paid to Government Account	Balance with CAF
1	Payroll Tax	6,991,672	6,991,672	-
2	Purchase tax	1,241,660	1,241,660	-
3	Vehicle Rental Tax	1,343,830	1,343,830	-
4	House Rental Tax	524,693	524,693	-
TOTAL:		10,101,856	10,101,856	-

NOTE: The information in this statement is for 15 months but the amount for year 1389 is only 7,775,023 Afghanis.






MUSHTAQ AKBAR & CO. Chartered Accountants

A Member Firm of

INPACT Asia Pacific



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE

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

We are engaged to conduct the audit of the financial statements of CAF for **Implementation of Various projects stated under activities description from Annexure 1 to Annexure 20** for the year from January 01, 2010 to March 20, 2011 funded by Different donors. The Financial Statements are the responsibility of the 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 INPACT Mushtaq Akbar & Co; 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 agreements 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 agreements 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 and its stakeholder. However, upon release by CAF this report is a matter of public record and its distribution is not limited.

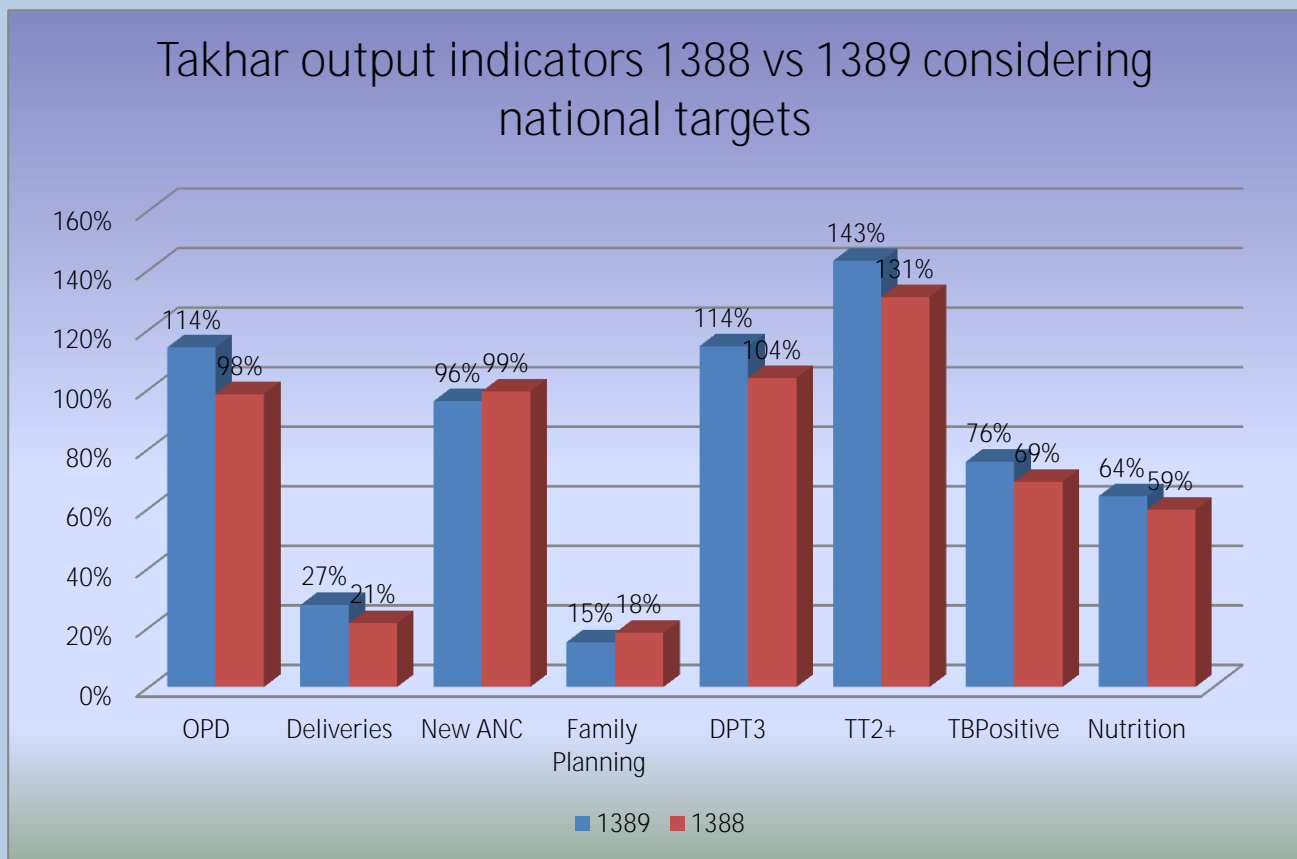
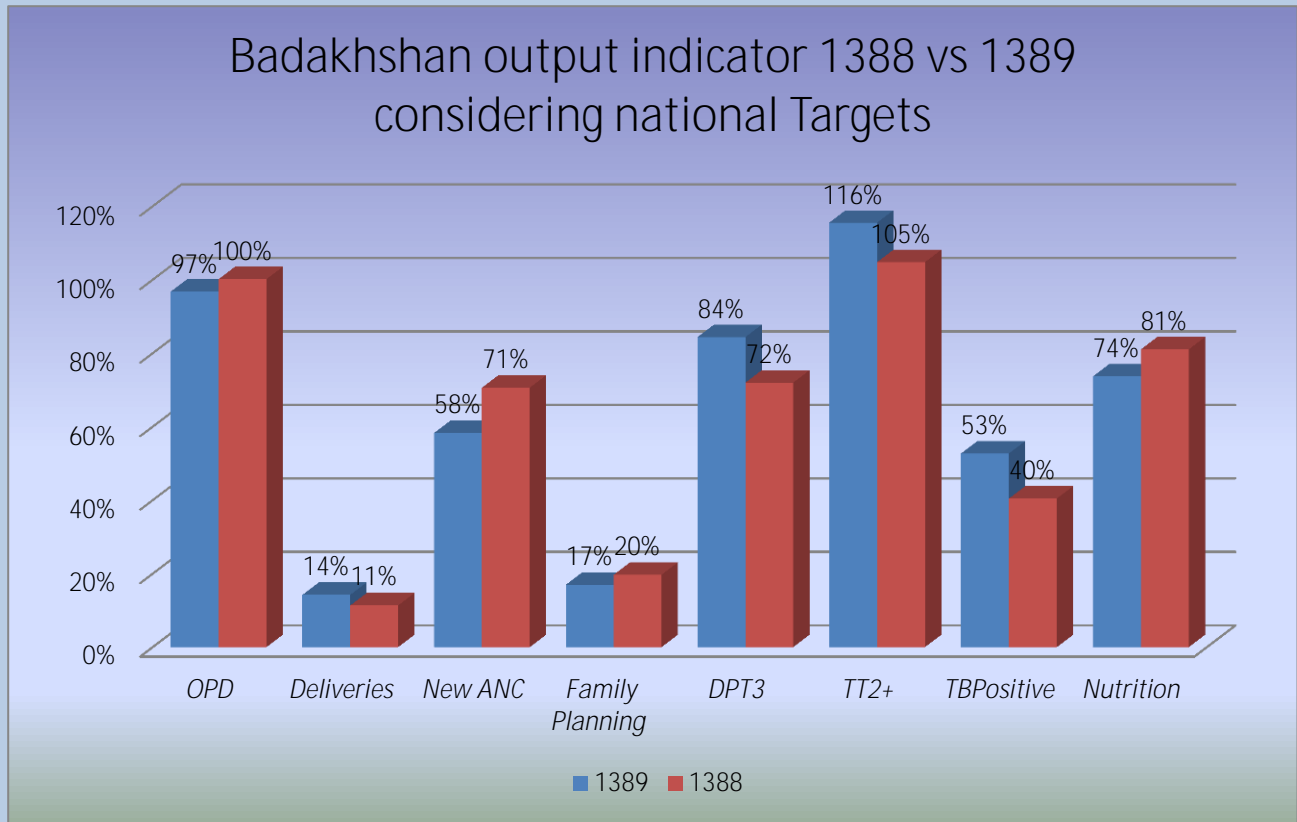
Dated: *April 28, 2011*



Peshawar

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E-mail: amir.taimur@yahoo.com, taimur@mushtaqakbar.com, www.mushtaqakbar.com

GRAPHS



APPRECIATION LETTER



جمهوری اسلامی افغانستان
وزارت صحت عامه

تشکر نامه

ریاست صحت عامه ولایت (*برخشان*) به پاس خدمات بی شایبه
محترم / محترمه (*دکتر محمد نسیم*) در راستای تطبیق پروسه تضمین کیفیت در این
ولایت قدر دانی نموده و موفقیت های مزید شان را در این راستا از بارگاه احدیت استدعا میدارند.


 داکتر نور محمد نوری
 مساعیگ کننده ولایتی


 الحاج نور محمد نوری
 رئیس صحت عامه



جمهوری اسلامی افغانستان
وزارت صحت عامه

تشکر نامه

ریاست صحت عامه ولایت (*برخشان*) به پاس خدمات بی شایبه
محترم / محترمه (*دکتر محمد نسیم سادات*) در راستای تطبیق پروسه تضمین کیفیت در این
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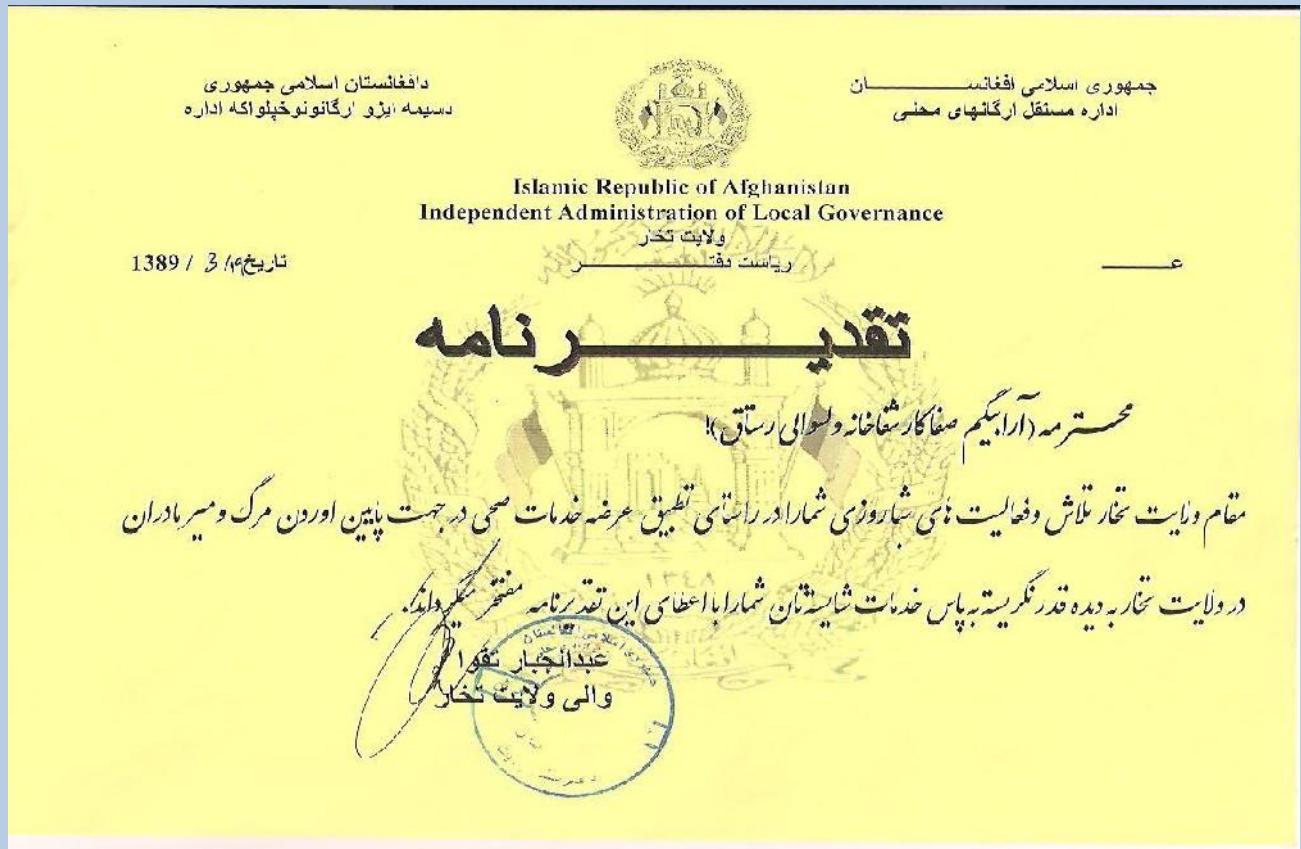

 داکتر نور محمد نوری
 مساعیگ کننده ولایتی

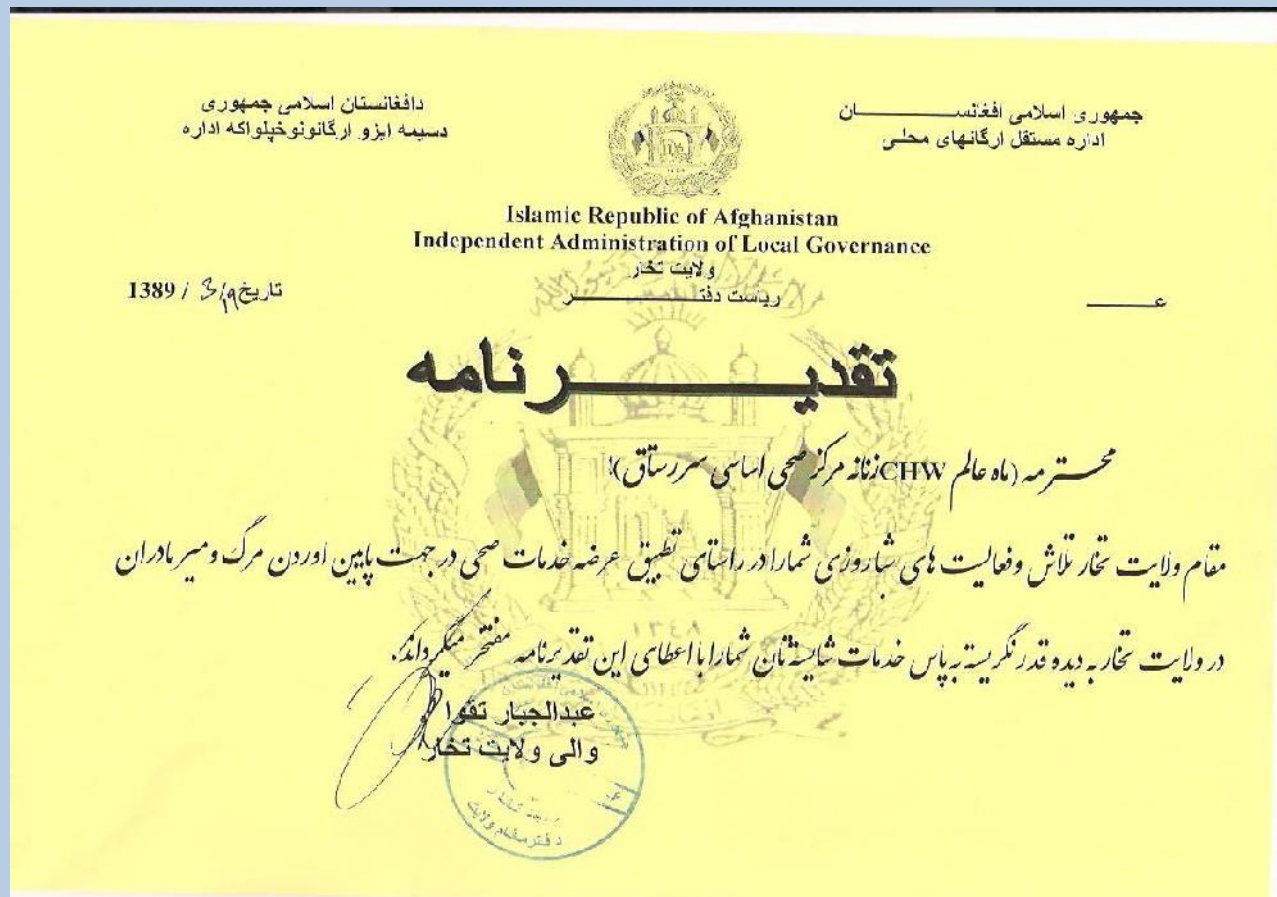

 الحاج نور محمد نوری
 رئیس صحت عامه

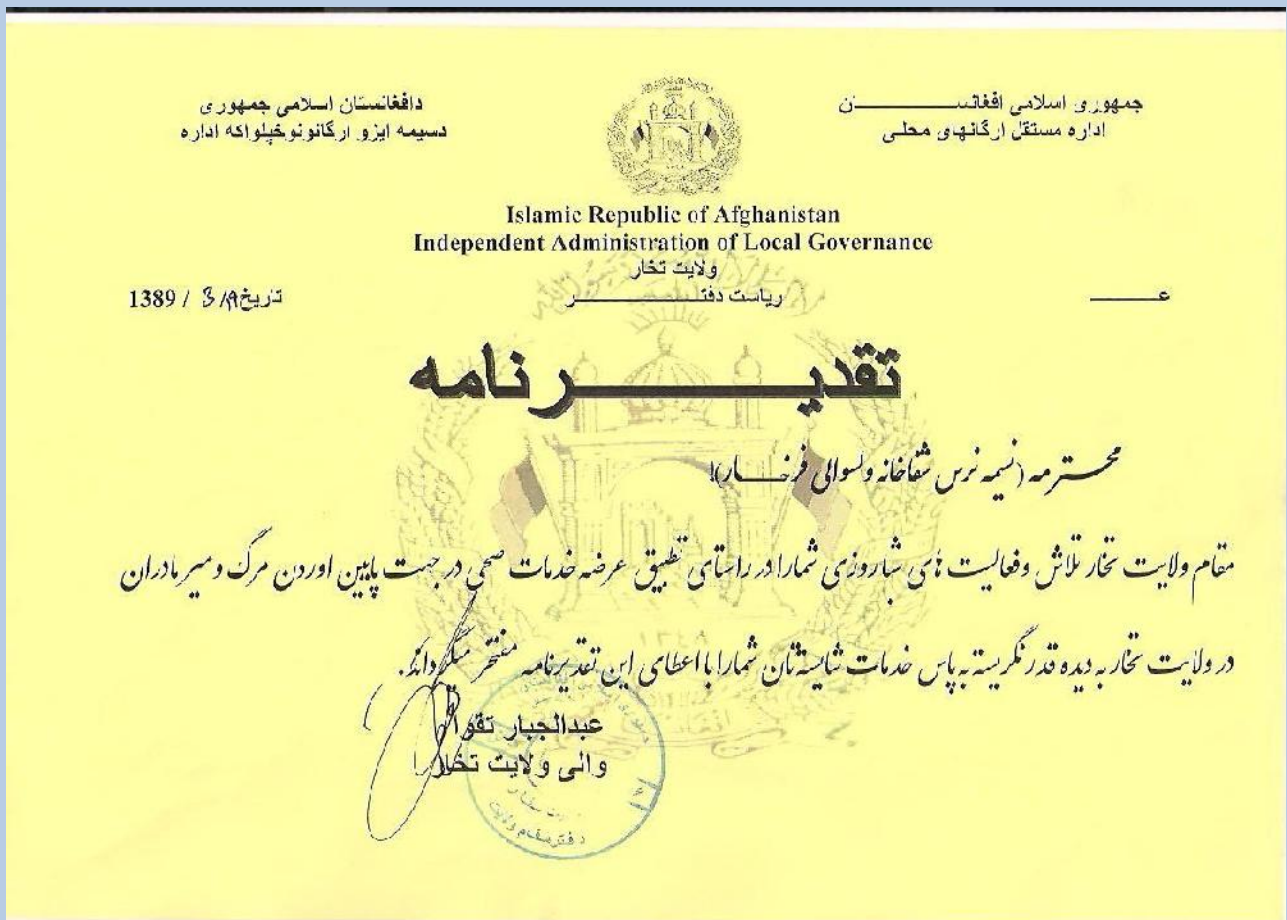












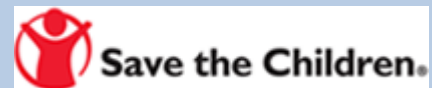
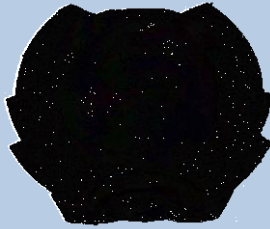
Islamic Republic of Afghanistan Ministry of Economy NGOs Department Certificate of Registration		جمهوری اسلامی افغانستان وزارت اقتصاد ریاست مؤسسات غیر دولتی جواز نامه فعالیت
Former Registration No: (946) Date / / New Registration Number: (68) Date 29/09/2005		شماره ثبت قبلی (946) تاریخ / / شماره ثبت جدید (68) تاریخ 29/09/2005
To: <u>Care of Afghan Families</u> According to the final decision No: (68) Dated 29/09/05 of High Evaluation commission of NGOs your Organization is entitled to work in Afghanistan as an NGO. You shall respect and observe the Afghanistan Constitution, NGO law and the rest of laws and regulations enforced in the Islamic Republic of Afghanistan.		به مؤسسه محترم (مراقبت خانوارها افغان) با ساسی تصویب کمیسیون عالی ارزیابی مؤسسات غیر دولتی تحت فیصله شماره (68) مورخ 29/09/05 برای مؤسسه شما اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در اجراء خویش تمام مواد مندرج قانون اساسی، قانون مؤسسات غیر دولتی و سایر قوانین و مقررات نافذہ جمهوری اسلامی افغانستان را رعایت نماید.
با احترام  دکتر میر محمد امین (فرهنگ) وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی Dr. Mir. M. Amin (Farhang) Minister of Economy		

ISLAMIC TRANSITIONAL GOVERNMENT OF AFGHANISTAN MINISTRY OF PLANNING Directorate of Non-Governmental Organizations		دولت انتقالی اسلامی افغانستان وزارت پلان ریاست مؤسسات غیر حکومتی
S.No: <u>2886</u> Date: <u>2016</u> <u>9.01 - 2003</u>		شماره مسلسل: <u>2886</u> تاریخ: <u>3.1.16</u> <u>1387.10.19</u>
REGISTRATION CERTIFICATE		تصدیق نامه ثبت و فعالیت
No. of Registration: <u>946</u> Awarded to <u>C.A.F</u> High commission for Non-Governmental Organizations (NGOs) has made its decision dated <u>11/10/1381</u> registration No. <u>946</u> through official letter to your address to approve your NGO's activities in the capital and provinces of the country. Your organization is to observe in its activities the laws and legislation of the Non-Governmental local and international Organizations (NGOs) Afghan tradition. Praise worthy custom and other rules and regulations according to its commitment.		شماره ثبت: <u>946</u> به مؤسسه محترم: <u>مواظبت خانوارها افغان</u> به اساس کمیسیون عالی ارزیابی مؤسسات غیر حکومتی تحت فیصله شماره <u>946</u> مورخ <u>11/10/1381</u> خویش با صدور مکتوب رسمی برای مؤسسه شما اجازه فعالیت را در مرکز و ولایات کشور منظور نموده است. مؤسسه مذکور در اجراء خویش احکام مقررہ فعالیت های مؤسسات غیر حکومتی داخلی و خارجی، عینات، رسوم پسندیده مردم و سایر قوانین و مقررات افغانستان را مطابق تعهدات قبلی رعایت نمایند.
Best Regards,  Haji Mohammad Moqnia Planning Minister & Director of High Commission for Registration		با احترام  رئیس کمیسیون عالی ارزیابی

CARE OF AFGHAN FAMILIES (CAF)
PROJECTS LIST AND SUMMARIZED REPORT
LAST UPDATE MARCH 20, 2011 (HOOT 30, 1389)

S/N	Donor	Project Description	Contract Reference	Type of project	Location	Contract Start Date	Contract End Date	Status	Remarks
26	GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	MoPHHSS-20	Health	Takhar	01-Sept-2008	30-Dec-2011	Running	This project Fund is in Afs but in this list it is displayed in US\$ with the Exchange Rate of 50, Expenses are report w thAverage Exchange rate in US\$
27	GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	MoPHHSS-19	Health	Badakhshan	01-Nov-2008	29-Feb-2012	Running	This project Fund is in Afs but in this list it is displayed in US\$ with the Exchange Rate of 50, Expenses are report w thAverage Exchange rate in US\$
35	WHO	Malaria Lab Facility in BHCs (WHO-NMILCP-Implementers Joint project)	No Project ID	Health	Takhar & Badakhshan	01-June-2009	30-Dec-11	Running	
37	TDH	CHW Training	No Project ID	Community Development	Rustaq, Takhar	25-Sept-2009	31-Mar-2010	Finished	
38	USAID	Implementation of Basic Package of Health Services (BPHS)	PCH-18-TKHR-C1-CAF-BPHS	Health	Takhar	24-Nov-2010	23-Nov-2011	Running	The fund is given in AFS
39	USAID	Implementation of Basic Package of Health Services (BPHS)	PCH-01-BSHN-C1-CAF-BPHS	Health	Badakhshan	24-Nov-2010	23-Nov-2011	Running	The fund is given in AFS
40	WB	Baby Friendly Village	SR-DM 2009	Health	Takhar	16 Oct-2009	15-April-2011	Running	
41	UNICEF	Breastfeeding Project Budget Kunduz, Takhar & Badakhshan	ACOH&N/2010/001	Health	Kunduz, Takhar & Badakhshan	01-Oct-2009	31-Dec-2010	Running	The fund is given in AFS
42	BRAC	Implementation of Tuberculosiscontrol Program in Takhar and Kunduz	GFATM R-8	Health	Kunduz, Takhar	01-Oct-2009	31-Mar-2011	Running	
43	USAID	Basic Support For Institutionalizing Child Survival Advocacy Initiative to Support Afghan Civil Society (IPACS)	GHA-10-04-00002-00 FP-CAF-04 AG 10-03-13	Training	Takhar	01-Dec-2009	15-Sept-2010	Running	
44	AWEC	Integrating people with disability in Afghanistan Implementation of Basic Package of Health Services (BPHS)	Europeaid/128504/CACT/Multi ECDEL2009/005/L/FAF	Disability	Kabul, Kunduz and Takhar	01-Jan-2010	30-Jun-2012	Running	The fund is given in EURO
46	EC	Implementation of Basic Package of Health Services (BPHS)	ECDEL2009/005/L/FAF	Health	Kunduz	01-Sept-2009	30-Apr-2011	Running	
47	MI	Micronutrient Initiative	10-1109-CARAFG-09	Health	Badakhshan and Takhar Provinces	14-Nov-2009	31-May-2010	Finished	
49	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-018	Sanitation	Badakhshan	26-April-2010	26-Sept-2010	Finished	
50	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-017	Sanitation	Takhar	26-April-2010	26-Sept-2010	Finished	
51	FAO	Development of nutrition communication materials	TM/4320	Nutrition	Kabul, Takhar and Badakhshan	16-Mar-2010	15-Jul-2010	Finished	
52	SC US	community Mobilization Pilot Project	N/A CMI	Community Mobilization	Takhar	01-Oct-2010	31-Aug-2011	Running	
53	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-078	Sanitation	Badakhshan	24-Nov-2010	24-May-2011	Running	
54	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-077	Sanitation	Takhar	24-Nov-2010	24-May-2011	Running	
55	SC US	RL training replication	No Project ID	Training	Badakhshan	22-Dec-2010	20-Jan-2011	Finished	
56	SC US	RL training replication	No Project ID	Training	Takhar	22-Dec-2010	20-Jan-2011	Finished	
57	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-116	Sanitation	Badakhshan	24-Mar-2011	24-Sept-2011	Running	
58	ARD	Afghan Sustainable Water Supply and sanitation Project	ARDSWSS-115	Sanitation	Takhar	24-Mar-2011	24-Sept-2011	Running	
59	WB	Result Based Financing (RBF)	AFG/MOPH/SHARP/22	Health	Takhar	20-Dec-10	23-Nov-11	Running	
60	WB	Result Based Financing (RBF)	AFG/MOPH/SHARP/19	Health	Badakhshan	20-Dec-10	23-Nov-11	Running	

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