



Annual Report 1390

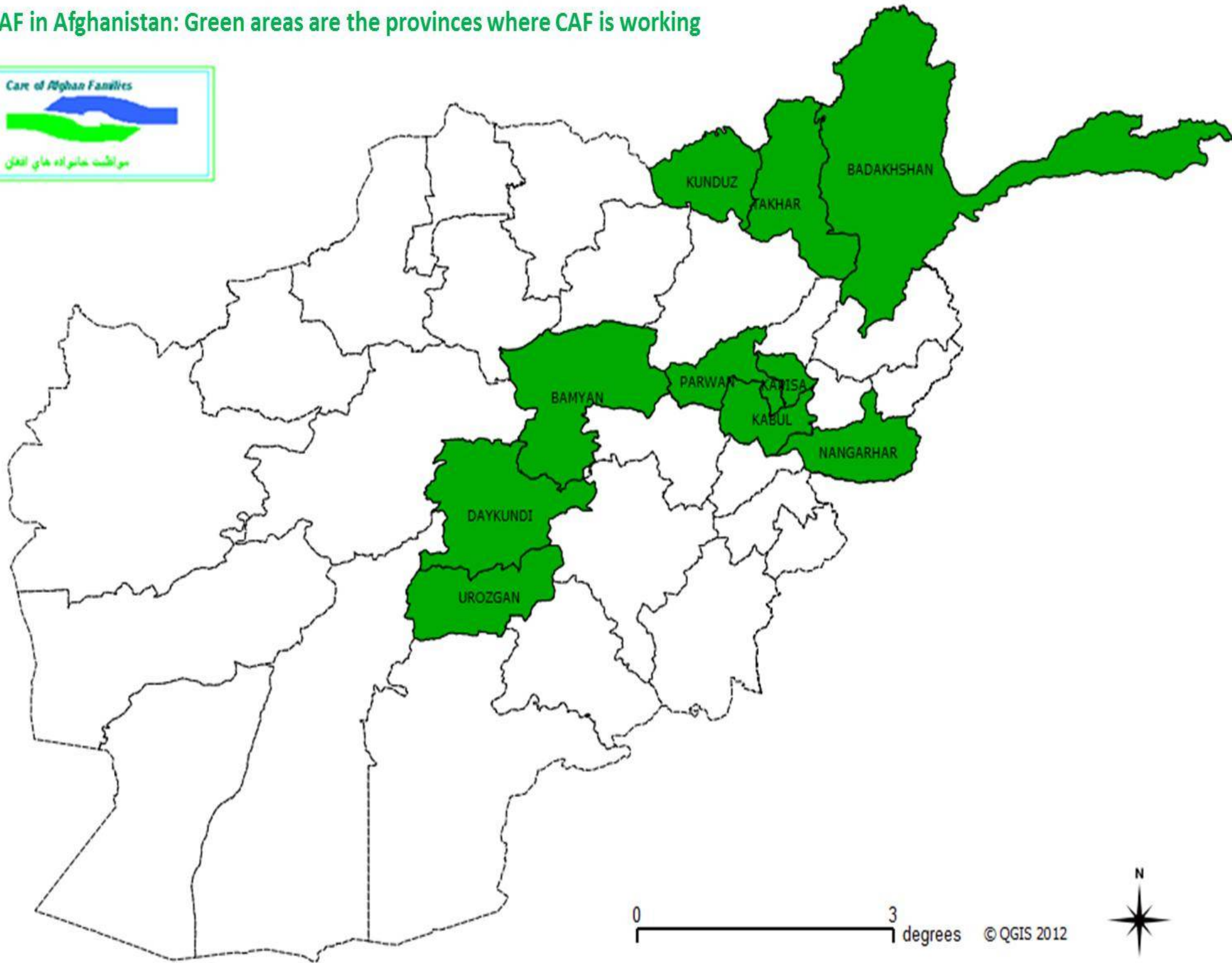
(March 21, 2011 to March 19, 2012)

Care of Afghan Families

(CAF)



CAF in Afghanistan: Green areas are the provinces where CAF is working



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Acronyms:

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

PCH:	Partnership Contract for Health Services	PRT:	Provincial Reconstruction Team
PDS:	Progress Data Sheet	REACH:	Rural Expansion of Afghanistan's Community based Healthcare
PEMT: Team	Provincial EPI Management	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
		WHO:	World Health Organization
		MoLSAMD:	Ministry of Labor, Social Affairs, Martyrs and Disabled

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Message from the General Director:

It is my great pleasure and honor to present to you the Care of Afghan Families (CAF) annual report for the year 1390. We are presenting the achievements, undertakings, successes and challenges we had during the past one year. One of the main reasons for the success of the CAF in this span of time was its ability to undertake projects suiting its capacity. CAF has focused on the strategic directions, nutrition, research and study by which gain more expertise and experience. Besides serving the community, CAF has had extensive cooperation with Ministry of Public Health as implementing partner in Basic Package of Health Services, Ministry of Agriculture, Irrigation and Livestock (MAIL), Ministry of Labor, Social Affairs, Martyr and Disables (MOLSAMD) and Ministry of Rural Rehabilitation and Development (MRRD). CAF harnessed all available resources to improve the quality of its health care, training and nutrition programs and streamline its management system. CAF programs were strengthening and stabilized in six provinces of Afghanistan. CAF made successful partnerships with local NGOs and international organizations (MI, UNICEF, SCUS, AKHS, Merlin, Mediar, MSH, ARD, SHDP and BARAN). CAF has nine years' experience and expertise in provision of health, nutrition, community development programs. All these achievements are the results of community support, staff member's commitment and hardworking. CAF is accountable and transparent to the community, government, and despite of facing challenges, competitions and limitations CAF moves toward development.

CAF has the honor to provide services to the most vulnerable and remote communities, in hard to reach villages with existing opportunities. CAF make possible job and income opportunity for 1076 families. CAF was able to have innovative projects like baby friendly village in this period. CAF has greatly contributed in health sector policy development through participating at different forums and meetings such as the Consultative Group on Health and Nutrition (CGHN), Health Systems Strengthening–Steering Committee (HSS-SC), Country Coordination Mechanism (CCM) second chairmanship, Coordinated Procurement Drug Supply system (CPDS). In addition CAF is active member of PHCC meetings, PECC meetings, EPR committee, provincial council committee, and other ad hoc committees at the provincial levels in Badakhshan and Takhar provinces.

To sum up, let me take this opportunity to thanks my colleagues at CAF with whose efforts and commitments CAF would not pass years with success and prosperity. CAF are lucky to have the services of such studious, committed and honest staff members who have never let me down and worked with high sprit.

Dr. Mohammad Nazir Rasuli

General Director, CAF



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. In addition the organization implemented several projects in Dikundi, Bamyán, Nengarhar and Uruzgan provinces during the year 1390. Implementation of BPHS was the biggest projects of CAF during 1390. The projects financially supported by USAID in Takhar and Badakhshan and by EC in Kunduz provinces. Besides the BPHS, CAF implement IYCF, community mobilization, 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, Emergency response project, Formative research for identification of barriers on the use of MMNPs, Nutrition assessment, and Afghanistan sustainable water supply and sanitation projects under different donors support during 1390.

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 33,473 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 5,485,816 children immunized against polio and received Vit-A and Albindazol tablets during 1390. Moreover, 19,519 children under five and 13,954 women received immunization and reproductive health services during three rounds of SOS campaign in Takhar and Badakhshan provinces. In order to respond timely to the emergency cases and support

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

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 22 HFs and 15 HPs in Badakhshan provinces are under quality

(MoPH and HSSP) participated in the benchmarking visit. They visited Warsaj CHC and Yokh BHC which got the highest mark during QA external assessment. They re-assed the HFs, talked to the staff of HFs directly and learnt from their experience and shared their



assurance process. In addition, 100 HPs from 10 HFs selected for application of HPs quality assurance by MOPH-HSSP in Takhar province. Moreover, HSSP together with Central QA committee (MoPH) had a benchmarking visit between Baghlan, Badakhshan and Takhar health teams. The main purpose was experience sharing and learning from the experience of Takhar in successful implementation of QA process. Badakhshan and Baghlan teams (including PPHD, PPHO members, BPHS implementers, HSSP PC), a team from Kabul

experience with Takhar team. HSSP provided the financial cost of the visit and was the technical lead as well. 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 56 external monitoring and 1244 internal monitoring visits were conducted during the year. For improving the capacity of project staff a total of 2,510 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 1806 health shura (962 male and 844 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, ARD, UNHCR, TDH, MI, MSH, FAO and GF during 1390.

The total Human resource for the projects and CAF Head office reached to 1045 ((744 male, 71% and 301 female, 29%) contracted staff during the 1390. Besides the contracted staff, CAF's volunteer staffs who are working as community Health workers were 1700 (856 male and 844 female) at the end of Hoot 1390. Total of 12,801,207 AFS was extracted as the annual Tax of CAF projects during 1390 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. The most important gender consideration during the year

is 19% increment in the proportion of employment for female staff while it is 10% in male staff.

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.

Beside that a total amount of 3,783,835 AFS were allocated and expensed for different kinds of renovation in Takhar and Badakhshan PCH projects.

Establishment of HP sign board for Takhar project, recognition of CBHC activities of CAF in the regional CBHC conference in Kunduz, Quality assurance benchmarking visit, quality assurance standards at HP level, and annual review workshop, were the main initiatives and best practices of CAF during the year.

Security problem in some districts, shortage of female medical professionals, lack of standard building in some HFs and blockage of roads



were the main challenges during the year.

CAF PROJECTS DURING 1390



A. Basic Package of Health Services (BPHS) projects:

1. Partnership Contract for Health Services (PCH) in Takhar province:

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 485 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

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

receive health care services in Takhar province.

2. Partnership Contract for Health Services (PCH) in Badakhshan province:

Also CAF is providing Basic Package of Health Services through implementation of Partnership Contract for Health services (PCH) project in

Based on the result of household survey 2011 comparing to the result of 2010 totally 8 out of 10 indicators improved in Badakhshan and 7 out of 10 indicators improved in Takhar provinces.

Cluster 1 of Badakhshan province. CAF implement PCH project in 30 HFs and 246 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.

3. Performance-based Grant Contract (PGC) in Kunduz province:

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. CAF is directly responsible for 12 HFs (1 CHC+, 3 CHCs, 6 BHCs and 2 SHCs) and 127 HPs functioning and providing BPHS services. A total of 917,900 beneficiaries receive health care services directly and/or indirectly in Kunduz province.



Household Survey result in Takhar and Badakhshan provinces

Badakhshan

Takhar

Domain	Key Indicators	2010	2011	2010	2011
Reproductive Health	Contraceptive prevalence rate	30.33%	18.82%	24.99%	39.10%
	Knowledge of two modern contraceptives	37.62%	61.86%	34.87%	54.48%
Safe Motherhood	Births attended by skilled birth attendant	18.28%	20.07%	23.01%	36.30%
	Mothers receiving PNC after delivery	24.38%	35.89%	41.09%	34.81%
	Mothers attending one ANC visit	32.87%	41.23%	51.41%	60.23%
	Mothers receiving TT injections	30.17%	32.17%	44.50%	48.43%
Child Health	Children 1-2 fully immunized (DPT3)	24.52%	39.92%	32.61%	52.79%
	Children 1-2 received vitamin A therapy	63.17%	72.33%	75.30%	81.31%
	Children exclusively breastfed during first 6 months	36.17%	51.77%	49.33%	32.22%
	Mothers with appropriate care seeking behavior	26.78%	24.15%	32.72%	25.29%

4. Health System Strengthening (HSS) in Takhar province:

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.

5. Health System Strengthening (HSS) in Badakhshan province:

Also CAF is implementing HSS project through 6 Sub Health Centers in Badakhshan provinces under GAVI/HSS grant in partnership with Agha

Khan Health Services (AKHS).
Total of 47,259 beneficiaries



receive health care services directly and/or indirectly by the project.

6. 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. All 20 graduated students employed in the selected health facilities.

7. 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 performance increment from the already set baseline indicators. 29 HFs in Takhar and 17 HFs in Badakhshan are under treatment/case category. In a recent study in

C1-Badakhshan province revealed that RBF had significant impact on the use of first and second ante natal care services in the treatment

health facilities than control health facilities. Among ANC visits, the first ANC and second ANC has significantly improved with odd of 1.48 and 1.11, 95% confidence, P value of 0.015 and 0.01 respectively. Meanwhile, DPT3

immunization services for children under-one years have significantly improved in treatment health facilities than control health facilities after application of RBF. The study supports the impact of RBF on the improvement of DPT3 immunization with odd of 1.33, 95% confidence (95% CI, 0.78 - 2.48), and p value of <0.01.

B. Non-BPHS support projects:

1. 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.

2. 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, 373 HPs in Takhar, 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.

3. 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.

4. Integrating of people with disabilities (IPwD) project:

CAF and BARAN are jointly implementing integrating of people with disabilities 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 26 community rehabilitation centers (7 main centers and 19 sub centers) have been established in operating provinces. 60 (29 female and 31 male) Community Rehabilitation Workers/CRW were selected locally from the communities and trained in sign language, totally 1304 person received training



in sign languages, managements, leadership and

advocacy through provision of 240 training sessions & workshops during the life of the project. 130 persons with hearing disability were integrated in local public schools, 321 persons received special education, 247 persons with hearing disability received vocational training of (tailoring, carpentry and mushroom cultivation), 1367 persons with hearing disability received audiology services and 315 persons received hearing aids for further inclusion in the society.

5. Afghan Sustainable Water supply and sanitation (SWSS):

CAF continued implementation of Afghan sustainable water supply and sanitation project in 6 districts of Takhar and 6 districts of Badakhshan provinces. 6,344 households (46,311 beneficiaries-7.3/HH) in Argo, Darayeem, Kishim, Jurm,

Baharak and Faizabad districts of Badakhshan and 6,665 households (48,655 beneficiaries-7.3/HH) in Taluqan, Farkhar, Worsaj, Baharak, Hazar Sumoch and Kalafgan districts of Takhar province received services throughout the projects. During the project 12142 latrines improved and 10747 latrines newly established in Takhar and Badakhshan provinces. In the result of the project case detection of acute watery diarrhea has increased in the related health facilities because of the health education sessions and encouraging the community for health seeking behavior. In addition, there was 2% decrease in the incidence of acute bloody diarrhea during 1390 comparing



to 1389.

C. Nutrition Services:

1. Breast Feeding Support Groups:



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. The overall finding of the household survey shows significant improvement comparing to the baseline. Initiation of breastfeeding one

hour after birth increased from 47.7% to 86.4%; practice of exclusive breastfeeding improved from 47.4% to 79.4%; practice of introducing complementary feeding after six months of age increased from 27.7% to 60.2%;

knowledge of mothers on continuation of breastfeeding for two years or more increased from 51.7% to 86.0%; appropriate practices during breastfeeding such as “letting the child decide when to stop breastfeeding” or “letting the child empty one breast before changing to the next” show improvements comparing to the baseline survey.

2. Baby Friendly Villages:

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.

3. 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. CAF is implementing the integrated child survival activities through PCH project in 4 districts of Badakhshan and 5 districts of Takhar provinces.

D. Research/ Evaluation and Emergency projects:

1. Uruzgan nutrition survey:

CAF as technical consultancy with AHDS has conducted a nutrition survey in 3 districts (Trinkoot, Dehrawud, Chora), of Uruzgan Province. Multi-stage cluster sampling method has been used during the survey. 28 clusters in which 17 households randomly selected in each cluster plus 21 reserve households surveyed. Totally, 497 households were selected. Children 6-59 months, lactating and pregnant women for anthropometry and mothers of children 0 -23 months were the target groups during the survey. In Uruzgan, based on weight-for-height measurements, prevalence rate of acute malnutrition was found as GAM 7.3%, MAM 4.1% and SAM 3.2 % in the survey sites. While based on MUAC cut offs' it was found GAM 17.6%, MAM 10.6% and SAM 7.0% in



the survey. According to the IYCF survey we found early initiation of breastfeeding 32%; exclusive breastfeeding of children until 6 months of age 20%; practicing of complementary feeding of



children (less than 6 months 92%; children 6 to 8 months 96%; children over 8 months 98%); and practicing of continuation of breastfeeding to children from 18 to 23 months 50% in Uruzgan Province. In addition, the survey results show 63.8% of children stunting and 32.5 % underweight. The survey indicates the coverage of Vitamin A 58% and Measles 41% (10% with card and 90% without card but confirmed by caregivers).

2. Formative research Badakhshan, Bamyān, Dikundi and Nengarhar:

The Formative Research: Identify Barriers and Constraints for the Use of MMNPs in the Reduction of Anemia, Afghanistan was conducted by Care of Afghan Families (CAF) and MAX Global Consulting Services on behalf of MI-Afghanistan and FAO-MDG Initiative Fund in Khash, Panjab, Shahrestan, and Surkhrood districts of Badakhshan, Bamyān, Daikondi, and Nangarhar provinces, respectively.

The purpose of this study was to identify the knowledge, attitude, and practices on young child anemia and the identifying the factors influence use of MMNPs

in reduction of anemia in Afghanistan. The result of this study would be used in effective integration of MMNPs to BPHS in the mentioned districts and developing of Behavior Change Communication (BCC) plan and Information, Education and Communication (IEC) material. The study found key demand and supply side factors influencing health care seeking behaviors of families to seek health care for a sick child, particularly young child anemia. The study findings indicate that basic knowledge on causes, signs and symptoms, prevention, and consequences of anemia were widely acknowledged by caregivers and influencers (father of children and grandmothers) across the study sites. However, food based dietary home care practices to prevent or treat anemia were influenced by availability and access to nutritious food in the study sites. The role of caregivers of children, mainly mothers, in decision making on seeking health care for a sick child was very limited. Mainly, the decisions were made by grandparent and fathers of children. Communication and delivery of MMNPs through the health facilities and health posts were highly accepted by health workers of health facilities and community health workers. The study found that

mothers of children under two years are the primary audience for MMNPs communication, while, father of children, grandparents, and community influencers—elders of community and religious leaders—are key secondary audience of MMNPs communication.

3. Emergency mobile teams in Badakhshan:

As a BPHS implementer in Cluster 1 of Badakhshan province (including mentioned remote areas), CAF was actively present in the area along with other stakeholders coordinated the efforts in timely response to ARI outbreaks reported from the area. Emergency updates were timely shared with MoPH, WHO and other stakeholders to have a focus on timely responding to the

need of required rapid action. As a result WHO awarded short term emergency project to the vulnerable people of the cluster. CAF deployed 4 emergency mobile teams in 3 districts of Badakhshan province, Raghistan, Kohistan and Yawan. The main objectives of the health teams were:

To have rapid assessment of health situation, to know about children/mothers mortality figure, to know about nutrition status of the people, health education and treatment of the sick people CAF started implementation of mobile health project to respond and prevent the emergencies in the province through coordination of health cluster. They visited total of 74 villages in which 4,841 persons consulted. Among this figure 2,373 children



under-5 and 2,468 adults received consultation. In the consulted clients, ARI (common cold 70%, pneumonia 20% and other 10%) was the most causes of morbidity especially among the children under-5. Total of 12 children in 12 villages died during the past 50 days (this figure was reported before the startup of the project). In addition, the teams could assess 2,143 children under-5 for malnutrition in which 215 children with severe acute malnutrition, 165 children under-5 with moderate acute

MUAC measurement the main results of the assessment shows prevalence of global acute malnutrition (MUAC < 125 mm or edema) or GAM of 17.7% disaggregated by sex to boys 18.8% (16.6-21.3 95% CI) and girls 16.5% (14.4-18.9 95% CI); Prevalence of moderate acute malnutrition (MUAC < 125 and MUAC \geq 110 mm) or MAM of 11.7% disaggregated by sex to boys 12.9% (11.1-15.1 95% CI) and girls 10.4% (8.7-12.4 95% CI); Prevalence of severe acute malnutrition (MUAC < 110

CI). Based on the Anthropometry measurements considering SMART flags data the main results of the assessment for Weight - for- Height Z-scores shows Prevalence of global acute malnutrition (<-2 z-score and/or edema) or GAM of 6.7% (5.5- 8.1 95% CI) which disaggregated by sex to boys 7.0% (5.4- 9.0 95% CI) and girls 6.4% (4.8- 8.4 95% CI); Prevalence of moderate acute malnutrition (<-2 z-score and \geq -3 z-score, no edema) or MAM of 0.5% (0.2-1.0 95% CI) which disaggregated by sex to boys 0.1% (0.0- 0.8 95% CI) and girls 0.8% (0.4-1.8 95% CI); Prevalence of severe acute malnutrition (<-3 z-score and/or edema) or SAM of 6.2% (5.1- 7.5 95% CI) which disaggregated by sex to boys 6.8% (5.2- 8.9 95% CI) and girls 5.5% (4.1- 7.4 95% CI).



malnutrition and the remaining children under-5 with no malnutrition screened. According to the

mm or edema) or SAM of 6.0% disaggregated by sex to boys 5.9% (4.6- 7.4 95% CI) and girls 6.1% (4.8- 7.7 95%

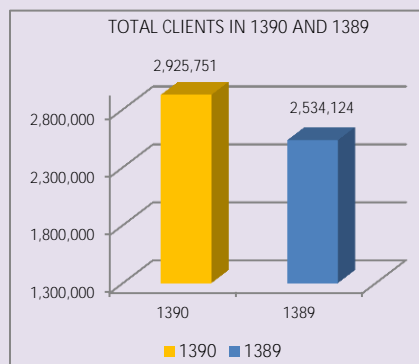
MAJOR ACHIEVEMENT

A. Increasing access to health and nutrition services:

1. Service utilization:

BPHS services: CAF implemented BPHS in the targeted provinces through 106 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), 12 HFs in Kunduz (3 CHCs, 1 CHC+ and 6 BHCs, 2 SCs).

A total of 2,925,751 clients received BPHS services through CAF HFs during 1390. Among this figure 79,893 women received reproductive health services, (ante natal care, post natal care, family planning and delivery care) and 512,207 children under 5 received nutrition services. There is 13% increase in the number of clients received

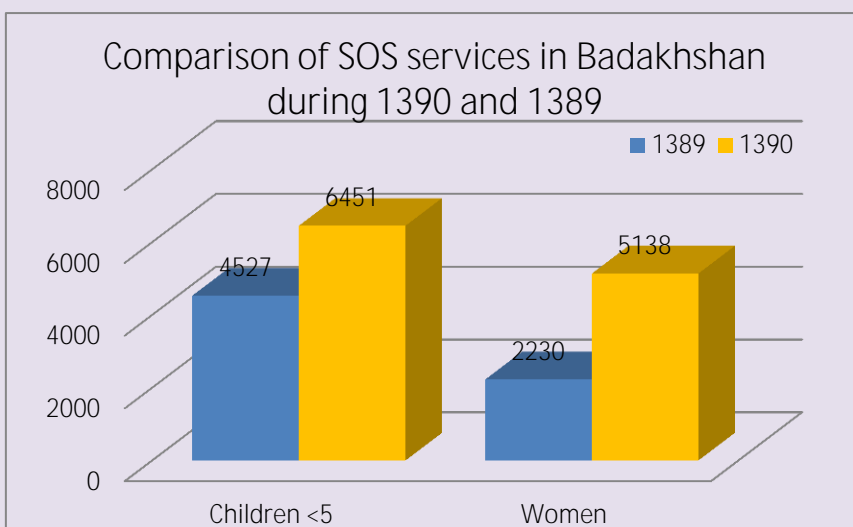


consultation during 1390 comparing to 1389.

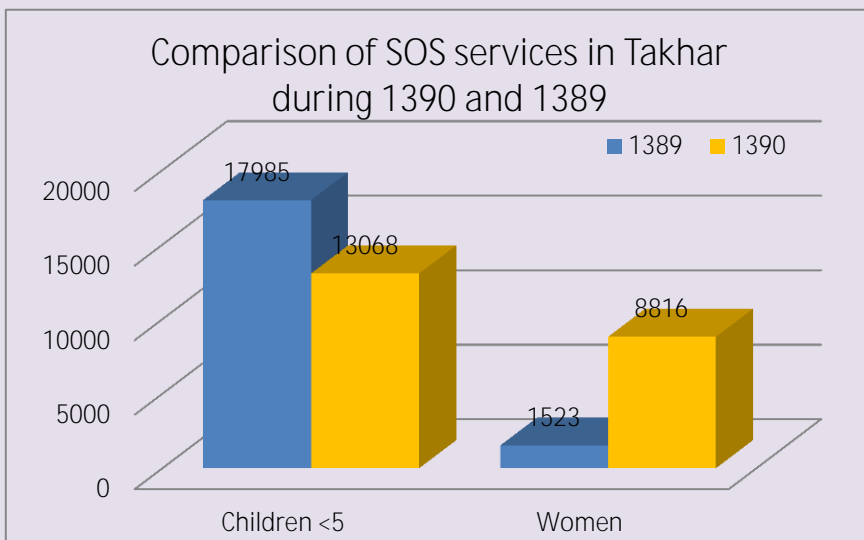
Mobile Services: 2 Mobile Health Teams in Takhar and Kunduz provinces under grant of GAVI-HSS is functioning and providing BPHS.

Sustainable outreach Services: Three rounds of Sustainable Outreach Services

remote areas of the province. In Badakhshan province 6,451 children under 5 against 8 preventive diseases and 5,138 women for prevention of Tetanus were immunized. In addition, 1016 women received antenatal care (ANC) services, 597 women received postnatal care (PNC) services, 1305 women received family



(SOS) were implemented in Takhar and Badakhshan provinces which covered planning (FP) services and 12,427 clients received OPD services during the three



rounds of SOS activities. Meanwhile, in Takhar province 13,068 children under 5 against eight preventive diseases and 8,816 women for prevention of Tetanus were immunized. In addition, 1,355 women received antenatal care (ANC) services, 594 women received postnatal care (PNC) services, 381 women received family planning (FP) services, 64 TB suspected cases referred and 10,033 clients received consultation and IEC services during the three rounds of SOS activities.

National Immunization



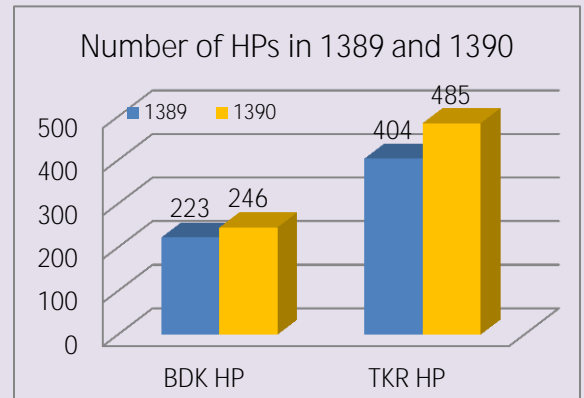
Days: Four rounds of (NIDs) National Immunization campaign was conducted as part of national polio eradication program. 895,794 children under 5 (452,891 female, 442,903 male) in Badakhshan, 2,494,562 children under 5 (1,222,085 female, 1,272,477 male) in Takhar, and 2,095,460 children under 5 (2,732,927 female, 1,036,442 male) in Kunduz provinces were immunized in OPV and

received Vit-A and Albendazol tablets during the 1390.

2. Expansion of services to new provinces:

CAF expanded its services in four additional provinces, Nengharhar, Dikundi, Bamyán and Uruzgan through implementation of research and evaluation projects. The Formative Research to Identify Barriers and Constraints for the Use of MMNPs in the Reduction of Anemia, Afghanistan was conducted by Care of Afghan Families (CAF) on behalf of MI-Afghanistan and FAO-MDG Initiative Fund in Khash, Panjab, Shahrestan, and

Surkhrood districts of Badakhshan, Bamyán,

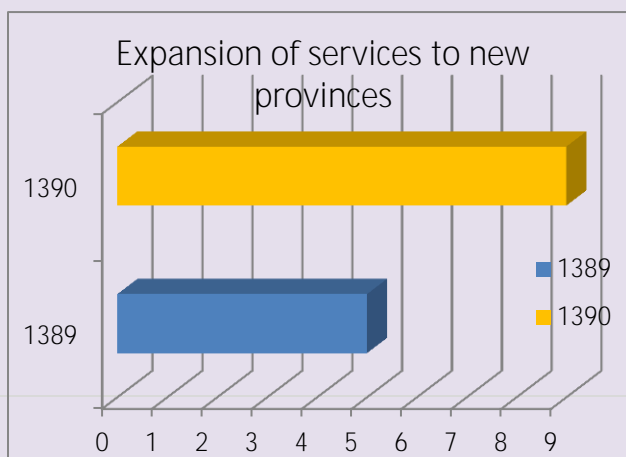


Daikondi, and Nangarhar provinces, respectively. Moreover, CAF as a technical consultancy has conducted a nutrition assessment/survey in 3 districts (Trinkoot, Dehrawud, Chora), of Uruzgan Province.

3. Establishment of new health posts (HPs):

50 additional HPs in Takhar, 26 additional HPs in Badakhshan and 9 additional HPs in Kunduz provinces have been newly established and completed the first phase of initial training. In addition 71 CHWs in Takhar and 10 CHWs in Badakhshan provinces have

been newly trained in order to couple the already existing single health posts. Considering the standard coverage area



population per each health post, 198,000 additional populations came under the coverage of BPHS through trained and active health posts.

4. Ambulance Services:

Activation of ambulance



services in the HF's 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.



B. Improving Quality of Services:

1. Quality Assurance (QA):

Quality Assurance (QA) baseline and trainings have been conducted

in 50 HF's and 25 HP's of Takhar and 18 HF's and 15 HP's of Badakhshan provinces. 9 HF's 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.

2. Partnership Defined Quality (PDQ):

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.

3. Leadership Development Program (LDP):



Also Leadership Development Program (LDP) was applied in 16 HF of Takhar and 3 HF 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 Badakhshan Mustowfiat, Governor and community member of Yawan, Raghistan and Kohistan districts in Badakhshan province and awarded a certificate of

excellent performance. In addition, Badakhshan provincial council appreciated CAF activities in the province by giving a certificate of appreciation to CAF.

Badakhshan PPHO has appreciated the activities of CAF staff during the Safe Motherhood day in Badakhshan by giving certificate of appreciation.

Meanwhile, CAF was recognized by USAID/MSH team for active participation

in LDP process in Takhar province. The PPHO of Takhar also appreciated the activities of CAF in Takhar province during the Safe Motherhood day.

C. Monitoring/ Supervision and Evaluation:

1. External Monitoring:

56 external monitoring visits (20 in Takhar, 36 in Badakhshan) conducted by GCMU-MOPH, Tech-Serve, WHO, PPHD, M&E-MOPH, HSSP, CBHC-MOPH, NTP-MOPH, Ministry of economy, JHU, RBF-MOPH, HIS-MOPH, BASICS, TB-CARE and mental health-MOPH. There is 39% increment in the frequency of monitoring visits by MOPH and other stakeholders during 1390 comparing to 1389.



2. Internal Monitoring:



1244 internal monitoring visits (654 in Takhar, 590 in Badakhshan) conducted by CAF HQ management and provincial team. Action plan prepared to address the gaps found during the visits and regular follow up is made during the course of the projects. There is 53% increment in the frequency of monitoring visits by CAF main office and its sub offices staff during 1390 comparing to 1389.

3. Household Survey:

PCH first year household survey (HHS) conducted as per Lot Quality Assurance Sampling (LOAS) 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.

D. Capacity Building

1. Programed in service training (competency and non-competency based):

Capacity building is one of the main objectives of all projects through which the quality of performance is improved. During the year, 2,519 (870 female and 1640 male) persons (389 in Badakhshan and 507 in Takhar, 234 in Kunduz, 1304 in Kabul-Parwan-Kapisa, 76 in Kabul) received training sessions through HSSP, Tech Serve, MOPH and CAF.





2. On the job training conferences and seminars:

Beside that CAF has its own capacity building programs at the office and health facilities level. Weekly technical

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.

3. External/ training/ workshops:

CAF encouraged its three staff in order to attend the contact-class Master of Public Health (MPH) program outside of the country. The staff members are committed to work as an asset in the organization after completion of their MPH program. Furthermore, other two core members of CAF are currently in the last stage of



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



getting the Mastery program in environmental health and Master of Art outside of Afghanistan. Subsequently, CAF is committed to build the capacity of its staff members through short and medium term programs and workshops inside and outside of the Afghanistan.

E. Community Empowerment:

Establishment of 251 newly male and female health shuras for the newly trained CHWs during the year and continuation of totally 1806 health shura (962 male and 844 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 and deployed in related health facilities during 1390.

F. 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, and AHO alliance 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, UNHCR, ARD, 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 1390 were: response to the emergencies in Takhar and Badakhshan province through health cluster coordination, participation in regional CBHC conference; 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

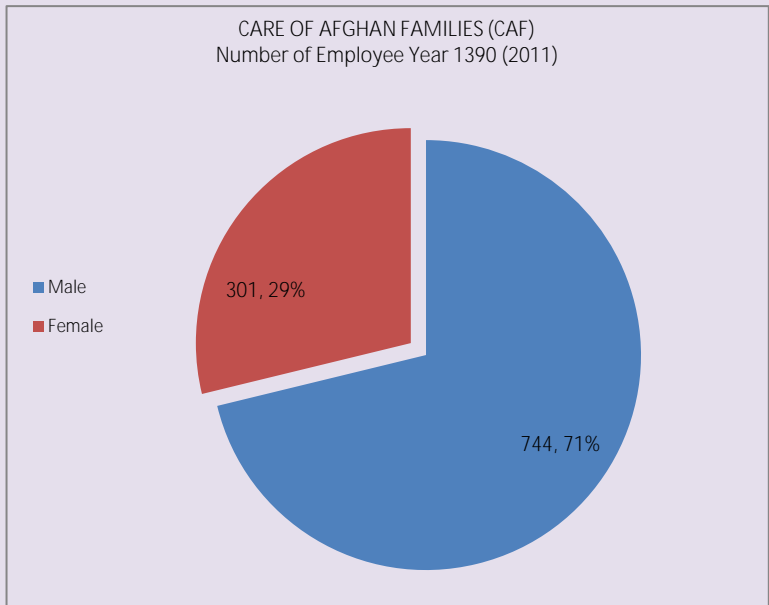
Health Workers (volunteers). According to the MOPH standards, 63 %(67 out of 106) health facilities were properly staffed.

The total Human resource for the projects and CAF Head office reached to 1045 (744 male, 71% and 301 female, 29%) staff during the 1390. Totally there is 13% increment (10% in male and 19% in female staff) in the employment rate of project and CAF head office staff during 1390 comparing to 1389. There was 22% staff turnover rate at the project

projects during 1390 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, establishing of kindergarten for children of staff and recruitment of a female teacher in kindergarten. The most important gender consideration during the year is 19% increment in the proportion of employment for female staff while it is 10% in male staff.



conference in Kabul, participation in FHAG different meetings.

Human Resources:

All the achievements were due to the hard working and efforts of 1045 full time paid staff, and 1700 Community

and office level during 1390. Besides the contracted staff, CAF's volunteer staffs who are working as community Health worker were 1700 (856 male and 844 female) at the end of Hoot 1390. Total of 12,801,207 AFS was extracted as the annual Tax of CAF



Emergency Preparedness/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

Incidence of disasters in CAF areas-1390

Province	Year	Incidence	Type of disaster
Badakhshan	1390	21	13 health emergencies and 8 floods
Takhar	1390	18	2 health emergencies and 16 floods
Total	1390	39	

preparedness and Response (EPR) committee at mentioned provinces and managed to respond

effectively and timely in 39 events during the year.

Health Facilities Renovation/Rehabilitation activities:

KFW fund for construction of a standard building for Kishim and Rustaq hospitals in Badakhshan and Takhar respectively. Beside that a total amount of 3,783,835 AFs were allocated and expensed for different kinds of renovation in Takhar and Badakhshan PCH projects.

Initiatives:

Establishing of HPs signboard:

Badakhshan CBHC team provided signboard for all HPs located in cluster 1 of Badakhshan province in 1389. During 1390, the same initiative replicated in Takhar PCH projects for all HPs located in the province. The signboard contains name of HP, name of district and village where HP is located and code number of HP. Through this initiative we have encouraged the CHWs by posting the signboard and giving them more prestige within his/her community.



For better and quality service delivery in CAF related health facilities some renovation activities were taken place during 1390. CAF signed a contract with AKDN under



CBHC regional conference in Kunduz:

CAF CBHC team has participated in the regional CBHC conference held in Kunduz province. During the conference CBHC activities of CAF presented by the conference team and it was recommended that the CBHC system of CAF to be replicated in other provinces.

Annual Review workshop:

CAF and its partner NGOs

conducted the annual review workshop for the year 1390 in Kabul. MOPH-GCMU, ARD, CAF field offices staff and staff of main office participated actively in the workshop. The workshop lasted for 3 days and presentation of HQ important decision, review of last year performance, lessons learned, plan for the next year and awarding of projects were the

agendas discussed during the workshop.

Quality Assurance Benchmarking visit:

HSSP together with Central



QA committee (MoPH) wanted to have a benchmarking visit between Baghlan, Badakhshan and Takhar health teams. The main purpose was experience sharing and learning from the experience of Takhar in successful implementation of QA process. Badakhshan and Baghlan teams (including PPHD, PPHO members, BPHS implementers, HSSP PC), a team from Kabul (MoPH and HSSP) participated in the benchmarking visit. They visited Warsaj CHC and Yokh BHC which got the highest mark during QA external assessment. They re-assessed the HFs, talked to the staff of HFs directly and learnt from their experience and shared their experience with Takhar team. HSSP provided the financial cost of the visit and was the technical lead as well.

Quality assurance standards at HP level:

HSSP and MOPH CBHC department decided to implement QA standards at HP level. Hence, with the technical and financial support of HSSP, 10 HPs from 10 HFs (10 HP/facility) was selected at Takhar province. Initially the 10 CHSs of the HFs and Takhar PCH CBHC team got one day ToT by HSSP and then the CHSs trained 200 CHWs (100 male, 100 female) about QA

standards of HP level. A baseline assessment of these HPs is going to be conducted and then the whole cycle of QA process will be followed in these HPs.

Challenges/ constraints:

CAF major challenges during the year were:

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. Regrettably, one of CAF supervisors and a driver lost their live during a bomb explosion in Bangi district of Takhar province.

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 recently the process changed to provision of equipment by the BPHS implementer.

Lack of standard building in some of HFs affected the quality health service provision.

Blockage of roads due to floods during the winter especially in Takhar and Badakhshan is also a challenge to proper supervise and supply the HFs.

Recommendation:

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 other stakeholders.

Approval for implementation of revised BPHS-2010 in the PCH projects is also recommended to MOPH and donors, throughout most of the components will be covered. Also we can reduce unnecessary vertical projects in the province.

Approval of revised National Salary Policy (NSP) in the PCH projects is also recommended to MOPH and donors. The practice will encourage staff of the health facilities and reduce

the turnover rate at the provinces. Currently, we have around 22% staff turnover in the projects.

Lessons learned: (best/bad practice)

The best practices of CAF during 1390 are listed as bellow:

Sharing of standard format of CAF with CBHC department during the CBHC regional conference which was held in Kunduz province was a best practice not only for CAF but also for other BPHS implementers. The utilized formats of CAF in its CBHC

department have been appreciated by the members of the conference and it was decided to recommend the same for all provinces as national standard formats.

Hiring of a couple surgeons in Yawan CHC+ and a male surgeon instead of female gynecologist in Khurdakan and Ishkamish CHC+ in Badakhshan and Takhar provinces was also a best practice. In an average, this practice solved the health problem and referral challenges of the people in the districts to 90% of cases.

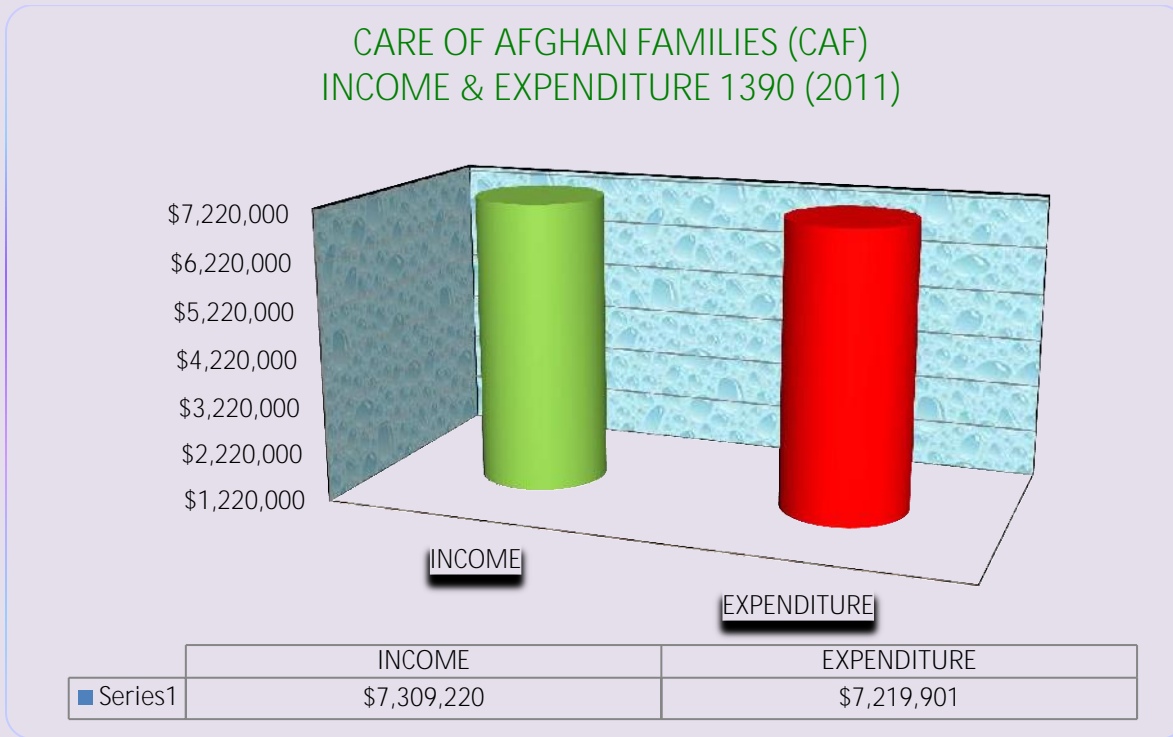


References:

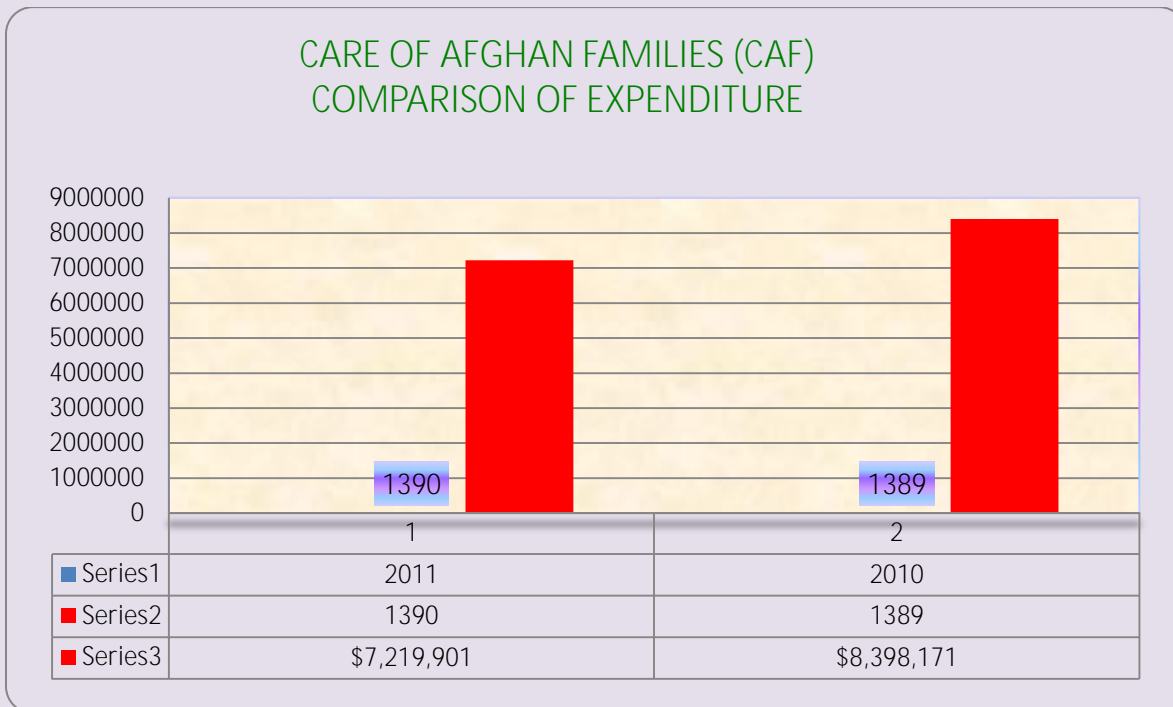
1. [HMIS: health management information system-HMIS analysis 4th quarter 1390](#)
2. [MDG: millennium development goals](#)
3. [PCH quarterly reports from Q5th to 9th of Takhar and Badakhshan provinces](#)
4. [Regional NIDs results for the year 2010 distributed by PMET](#)
5. [CSO 1389/2010-2011 for Afghanistan](#)
6. [Internal and external monitoring reports 1390](#)
7. [A retrospective case-control study On Result based financing in Badakhshan-Afghanistan, 2012](#)
8. [Formative research- Identify Barriers and Constraints for the Use of MMNP \(Multi Micro Nutrient Powders\) in the Reduction of Anemia in Children 6-23Months - Afghanistan](#)

FINANCIAL STATEMENTS 1390

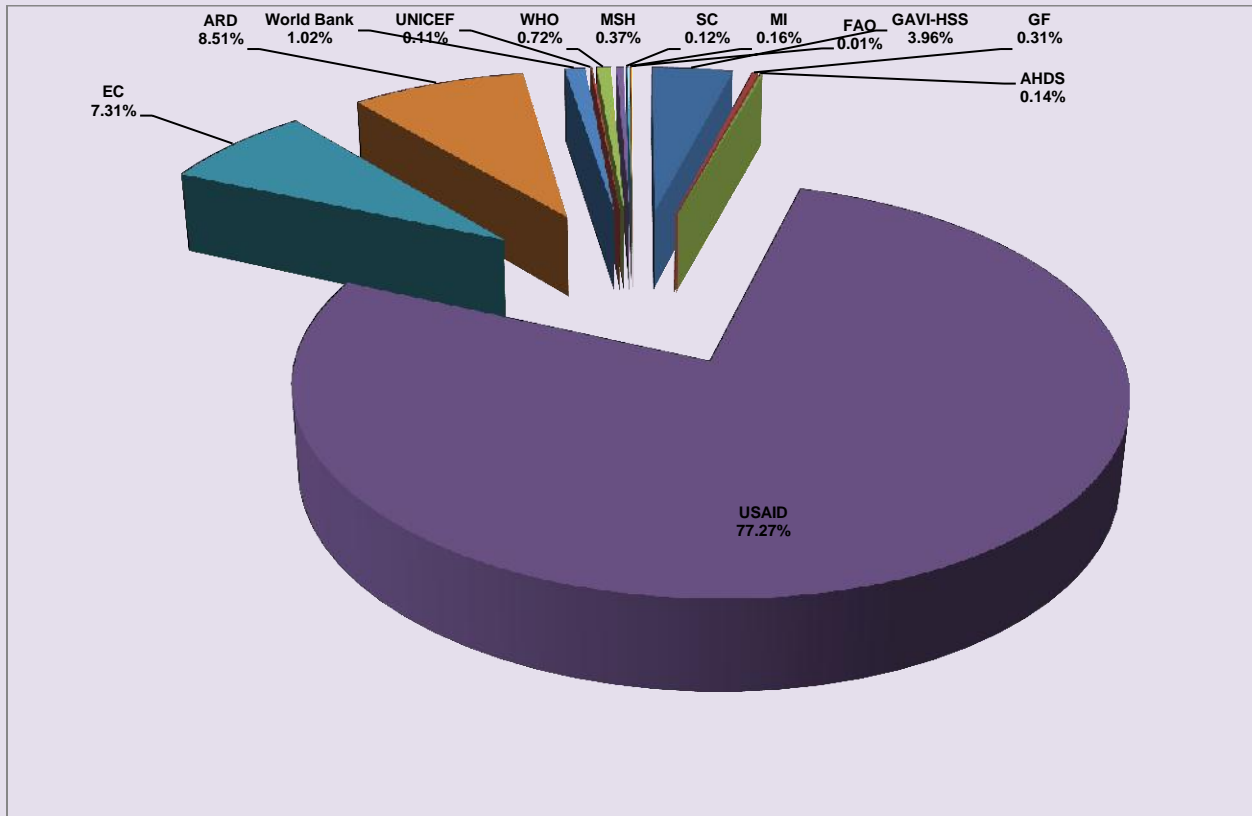
The total Income for the year 1390 was \$7,309,220 USD and the total expenditure for the year was \$7,219,901 USD.



The total expenditure for the year 1390 is decreased by 16.32% comparing with the last year.



During 1390 we have received fund from 13 donors and our main donor during the year remained USAID with 77.27% contribution. The second and third main donors of CAF were ARD and EC with 8.51% and 7.31% during the year respectively.

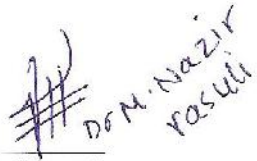


Care of Afghan Families (CAF)

Kabul - Afghanistan

Statement of financial position as at March 19, 2012

		1390	1390	1389	1389
	Note	2012	2012	2011	2011
		AFS	US\$	AFS	US\$
Assets					
<i>Current assets</i>					
Receivable from donors	4	5,247,430	106,439	3,241,457	71,603
Security deposits	5	75,000	1,521	575,000	12,702
Other assets	6	6,672,414	135,343	1,979,080	43,717
Cash and cash equivalents	7	62,742,896	1,272,675	78,562,493	1,735,421
Total Current assets		74,737,740	1,515,979	84,358,030	1,863,442
Total Assets		74,737,740	1,515,979	84,358,030	1,863,442
Liabilities and funds					
<i>Current liabilities</i>					
Deferred grant income:					
Restricted	8	54,628,371	1,115,411	13,532,580	298,930
Un - restricted		-	-	-	-
		54,628,371	1,115,411	13,532,580	298,930
Other payables	9	3,945,012	80,021	59,003,439	1,303,367
		58,573,383	1,195,431	72,536,019	1,602,298
Funds					
Accumulated Core Fund	10	16,164,357	320,548	11,822,012	261,145
Total funds and liabilities		74,737,740	1,515,979	84,358,030	1,863,442

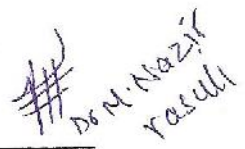

Director General



Finance Controller


Car of Afghan Families (CAF)
Kabul - Afghanistan

Income and expenditure account for the year ended March 19, 2012

	Note	1390 2012 AFS	1390 2012 US\$	1389 2011 AFS	1389 2011 US\$
Incoming Resources					
Amortization of deferred grant	11	351,156,128	7,278,252	392,721,741	8,540,529
Other income	12	1,526,743	30,968	1,527,525	33,113
		<u>352,682,871</u>	<u>7,309,220</u>	<u>394,249,266</u>	<u>8,573,642</u>
Outgoing Resources					
Direct operating cost	13	257,505,050	5,337,189	286,392,137	6,208,371
Indirect operating cost	14	28,189,526	584,271	29,279,915	634,726
Expenses of sub-grant	15	62,634,520	1,298,197	71,730,990	1,554,975
Other expenses	16	11,753	244	4,565	99
		<u>348,340,849</u>	<u>7,219,901</u>	<u>387,407,607</u>	<u>8,398,171</u>
Surplus of Core Funds for the year		4,342,022	89,319	6,841,658	175,472
Accumulated Core Funds brought forward		11,822,012	261,145	4,980,353	100,778
Exchange Loss on Corefund brought forwarded		323	(29,916)	-	(15,104)
Accumulated Core Funds carried forward		<u>16,164,357</u>	<u>320,548</u>	<u>11,822,012</u>	<u>261,145</u>


Director General


Finance Controller

AUDITORS REPORT:

**Crowe Horwath**

هوروات مالك

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INDEPENDENT AUDITOR'S REPORT ON GENERAL PURPOSE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of **Care of Afghan Families (CAF)** ("the Organization") which comprise the statement of financial position as at **March 19, 2012**, 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 misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's 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 our judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

In making those risk assessments, we consider internal control relevant to the Organization'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 Organization's internal control. An audit also includes evaluating the appropriateness of accounting policies & principles used and reasonableness of accounting estimates made by 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.

**Crowe Horwath**

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+93 (0) 783 544 922
E-mail: kabul@crowehorwath.ae
Web site : www.crowehorwath.ae

Opinion

In our opinion, the financial statements give a true and fair view of the state of the Organization's affairs as at **March 19, 2012** and of its surplus for the year then ended in accordance with International Financial Reporting Standards.

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position and the income and expenditure account confirms to the approved accounting standards.

For and on behalf of

*Horwath Mak***Horwath MAK**

Auditors & Business Advisors

Kabul

May 24, 2012





Crowe Horwath

هوروات مالك

Horwath ¹⁹⁸¹ **MAK** Kabul
Auditors & Business Advisors

6th Floor, Kabul Business Centre,
Haji Yaqoob Square,
Shahrenew,
Kabul, Afghanistan.
Tel: +93 (0) 784 008 491
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**INDEPENDENT AUDITOR'S REPORT ON THE SCHEDULE OF COMPUTATION
OF INDIRECT COST RATE**

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 indirect cost rate contained on page 57 is presented for the purpose for additional analysis and is not a requirement of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of basic financial statements and in our opinion, the schedule of computation of indirect cost rate is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Horwath Mak

Horwath **MAK**

Auditors & Business Advisors

Kabul

May 24, 2012



Care of Afghan Families (CAF)
Kabul - Afghanistan

COMPUTATION OF INDIRECT COST RATE
FOR THE YEAR ENDED MARCH 19, 2012

PARTICULARS	AMOUNTS IN AFS			
	DIRECT COST	CAPITAL COST	SUB-GRANTEE COST	INDIRECT COST
SALARIES AND BENEFITS	151,617,335	-	-	21,245,346
GOOD AND SERVICES	105,100,505	-	-	6,443,848
ASSETS	-	787,210	-	500,353
SUB-GRANT EXPENSES BARAN	-	-	18,374,938	-
SUB-GRANT EXPENSES SHDP	-	-	29,595,471	-
CAF-BARAN CONSORTIUM EXPENSES	-	-	14,664,111	-
DIRECT EXPENSE FIXED ASSET	-	-	-	-
TOTAL:	256,717,840	787,210	62,634,520	28,189,526

$$\text{INDIRECT COST RATE (RATIO)} = \frac{\text{Indirect Cost}}{\text{Direct Cost}} = \frac{28,189,526}{256,717,840} = 10.98\%$$

Director General

Dr. M. Nazir Rasuli



Financial Controller



Crowe Horwath

هوروات مالك

Horwath ¹⁹⁸¹ **MAK** Kabul
Auditors & Business Advisors

6th Floor, Kabul Business Centre,
Haji Yarqoob Square,
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Kabul, Afghanistan.
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E-mail: kabul@crowehorwath.ae
Web site : www.crowehorwath.ae

**INDEPENDENT AUDITOR'S 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 12,795,000 and paid tax is AFS 12,801,207 presented for the purpose of additional analysis and is not required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of 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.

Horwath Mak

Horwath MAK

Auditors & Business Advisors

Kabul

May 24, 2012



Care of Afghan Families (CAF)**Kabul - Afghanistan****TAX REPORT FOR THE YEAR 1390 (March 21, 2011 to March 19, 2012)****Afghani (AFS)**

S/No	Description	سال 1390			سال 1389		
		Year 2011			Year 2010		
		Amount Collected	Amount Paid to	Balance with CAF	Amount Collected	Amount Paid to Government	Balance with CAF
1	Payroll Tax	8,852,489	8,852,489	-	6,991,672	6,991,672	-
2	Vehicle Tax	2,059,177	2,065,384	(6,207)	1,241,660	1,241,660	-
3	Purchase Tax	1,281,937	1,281,937	-	1,343,830	1,343,830	-
4	House Tax	601,397	601,397	-	524,693	524,693	-
GRAND TOTAL		12,795,000	12,801,207	(6,207)	10,101,855	10,101,855	-

Note: In Takhar an amount of 6,207 AFS was paid to Government but not collected till end of year 1390.

APPRECIATION LETTER



This diploma certifies that the team

CAF

has successfully completed

The Leadership Development Program

We would like to recognize

Ahmad Jamchid

as an active participant in this program and a valuable team member.

Sylvia Vriesendorp
Technical Director for Management and Leadership
Tech-Serve Project
Management Sciences for Health

Dr. Abdul Ali
Management and Leadership Program Manager
Tech-Serve Project
Management Sciences for Health

Dr. Nedera Hayat Rehani
H.E. Deputy Minister of Public Health
Ministry of Public Health
Government of the Islamic Republic of
Afghanistan



بیابید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !

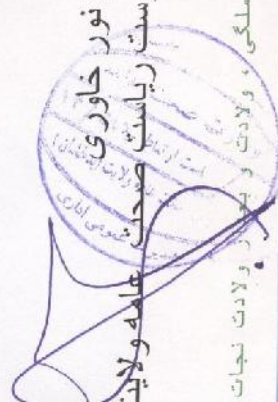


تحسین نامه

۲۱ جوزای ۱۳۹۱

به مناسبت تجلیل از روز ملی مادری مصون در افغانستان و به پاس خدمات شایسته محترمه حسبه قابله/نرس کلینک صحتی نسو ل که در زمینه عرضه خدمات صحت باروری و مادری مصون در مناطق دوردست ولایت بدخشان انجام می دهند تحسین نامه هذا از طرف مقام ریاست صحت عامه ولایت بدخشان اهداء می گردد . موفقیت های مزید ایشان را در زمینه عرضه خدمات با کیفیت صحت مادر و اطفال در آینده ها نیز آرزو می نمایم .

داکتر نور خاوری
سرپرست ریاست صحت عامه ولایت بدخشان



داکتر فرزانه فانی
آمر صحت باروری ولایت بدخشان

بیابید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !

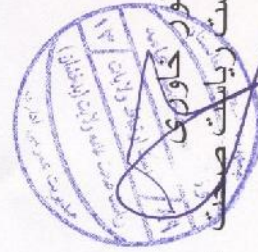
بیایید با رفتن نژاد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !



تحسین نامه

۲۱ جوزای ۱۳۹۱

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داکتر نور خاوری
سرپرست ریاست صحت عامه ولایت بدخشان

داکتر فرزانه فانی
امر صحت باروری ولایت بدخشان

بیایید با رفتن نژاد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !

بیایید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !



تحسین نامه

۲۱ جوزای ۱۳۹۱

به مناسبت تجلیل از روز ملی مادری مصون در افغانستان و به پاس خدمات شایسته محترمه
 قابله/نرس کلینک صحتی زیری که در زمینه عرضه خدمات صحت
 باروری و مادری مصون در مناطق دوردست ولایت بدخشان انجام می دهند تحسین نامه هذا از طرف مقام
 ریاست صحت عامه ولایت بدخشان اهداء می گردد . موفقیت های مزید ایشان را در زمینه عرضه خدمات با
 کیفیت صحت مادر و اطفال در آینده ها نیز آرزو می نمایم .

داکتر نور خاوری
 سرپرست ریاست صحت عامه ولایت بدخشان

داکتر فرزانه فانی
 آمر صحت باروری ولایت بدخشان

بیایید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ولادت و بعداز ولادت نجات دهیم !

بیایید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی ، ولادت و بعداز ولادت نجات دهیم !



تحسین نامه

۲۱ جوزای ۱۳۹۱

به مناسبت تجلیل از روز ملی مادری مصون در افغانستان و به پاس خدمات شایسته محترمه زهره قابله/نرس کلینک صحت بارزاق که در زمینه عرضه خدمات صحت باروری و مادری مصون در مناطق دور دست ولایت بدخشان انجام می دهند تحسین نامه هذا از طرف مقام ریاست صحت عامه ولایت بدخشان اهداء می گردد . موفقیت های مزید ایشان را در زمینه عرضه خدمات با کیفیت صحت مادر و اطفال در آینده ها نیز آروز می نمایم .

داکتر فرزانه فتحی
امر صحت باروری ولایت بدخشان

داکتر نور خاوری
سرپرست ریاست صحت عامه ولایت بدخشان

بیایید با رفتن نزد ماهر ولادی ، مادران ونوزادان را از خطرات حاملگی و ولادت و بعداز ولادت نجات دهیم !



شورای ولایتی و لایسی بدخشان

تقدیر نامه

شورای ولایتی و لایسی بدخشان به نمایندگی از مردم ولایت بدخشان به خصوص ولسوالی های زاغ از محترم داکتر احمد فرید مسئول نظارت و ارزیابی موسسه موطنیت خنواده های افغان و شبکه بازرگانی و امداد بوغی (CAF/BARAN) در ولایت بدخشان بخاطر تلاشهای خستگی ناپذیرشان بخصوص احیای تیم جراحی در مرکز صحتی جامع یوان تقدیر نموده آرزوی موفقیت های هرچه بیشترشانرا در راستای عرضه خدمات صحتی با کیفیت خو اهدا مییم



رئیس شورای ولایتی و لایسی بدخشان

رئیس شورای ولایتی و لایسی بدخشان



شورای ولایتی بدخشان

تقدیرنامه

شورای ولایتی بدخشان به نمایندگی از مردم ولایت بدخشان به خصوص وسوالی های راغ از کز کرد های دفتر محترم موظبت خاتواده های افغان و شبکه بازتوانی و امداد بوغلی (CAF/BARAN) در راستای تطبیق عرضه خدمات صحتی اساسی با کیفیت در ولایت بدخشان بخصوص احیای تیم جراحی در مرکز صحتی جامع باوان تقدیر نموده و آرزوی موفقیت های مزید شادرا مینمائیم



معاونی کلیم الله عتیق
رئیس شورای ولایتی بدخشان



جمهوری اسلامی افغانستان

وزارت مالیه

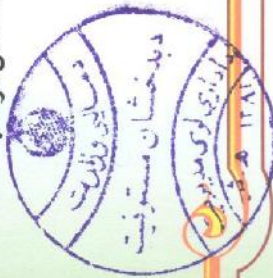
مستوفیت ولایت بدخشان

تحسين نامه

رهبري اداره مستوفيت ولايت بدخشان از همكاري هاي خوب و هميشگي بخش مالي موسسه مواظبت خاتواده هاي افغان (CAF)مقيم ولايت بدخشان در بخش تحويل به موقع ماليات از قبيل معاشات كارمندان و ساير امورات مالياتي كه به مديريت عوايد اين اداره دارند ابراز سپاس و قدر دانسي نموده و از ايشان رسماً تشكري مي نمايد. اميد و اريم ايشان بيشتر از اين در بخش تقويه بنيه مالي كشور از عوايد داخلي مصدر خدمت به مردم و مينهن عزيز مان افغانستان گردند.

بااحترام

سيد عالم "سادات"
مستوفی ولایت بدخشان



محمد عزايب مستوفين
محمد الل خان

Islamic Republic of Afghanistan
Ministry of Economy
NGOs Department
Certificate of Registration

Former Registration No: (946) Date / /
New Registration Number: (68) Date 29/09/2005

To: Care of Afghan Families

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.

جمهوری اسلامی افغانستان
وزارت اقتصاد
ریاست مؤسسات غیر دولتی
جواز نامه فعالیت

شماره ثبت قبلی (۹۴۶) تاریخ / /
شماره ثبت جدید (۶۸) تاریخ ۲۹ / ۰۹ / ۲۰۰۵

به مؤسسه محترم (مراکزیت خانواده خندان CAF)
با ساسی تصویب کمیسیون عالی ارزیابی مؤسسات غیر دولتی
تحت فیصله شماره (۶۸) مورخ ۲۹ / ۰۹ / ۲۰۰۵ برای مؤسسه شما
اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در اجراءات
خوبیش تمام مواد مندرج قانون اساسی، قانون مؤسسات غیر دولتی
و سایر قوانین و مقررات نافذہ جمهوری اسلامی افغانستان را رعایت نماید.

با احترام



دوکتور میرمحمد امین (فرهنگک)
وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی
Dr. Mir. M. Amin (Farhang)
Minister of Economy



برنامه انکشاف رهبری در ولایت تخار

Authors : Dr. Ahmad Wali Rasekh , Dr. Kaimullah Farwad , Dr. Fawziya Shariq & Dr. Ahmad Jamshid

USAID
msh
Ministry of Economy

چگونگی پیدایش مؤسسه خندان

پیش از پیدایش مؤسسه خندان، در ولایت تخار، کمبود خدمات بهداشتی و درمانی در مناطق روستایی و محروم بود. مردم این مناطق به دلیل فقر و کمبود امکانات، نتوانستند از خدمات بهداشتی مناسب بهره‌مند شوند. این وضعیت باعث شد تا گروهی از جوانان تحصیل کرده و متعهد، تصمیم بگیرند تا با تأسیس مؤسسه خندان، خدمات بهداشتی و درمانی را به این مناطق برسانند. مؤسسه خندان با همکاری و حمایت از سازمان ملل متحد و سایر نهادهای بین‌المللی، فعالیت خود را آغاز کرد و به تدریج توانست خدمات بهداشتی و درمانی را به مناطق محروم و روستاییان نیازمند برساند.

اهداف و چشم‌انداز مؤسسه خندان

مؤسسه خندان با هدف بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، فعالیت خود را آغاز کرد. اهداف اصلی مؤسسه عبارتند از:

- تأمین خدمات بهداشتی و درمانی در مناطق محروم و روستایی.
- توانمندسازی نیروهای بهداشتی محلی و روستایی.
- تأمین تجهیزات و داروهای بهداشتی مورد نیاز.
- ترویج فرهنگ بهداشت و پیشگیری از بیماری‌ها.

ساختار و خدمات مؤسسه خندان

مؤسسه خندان دارای ساختار منسجم و خدمات متنوع است. این مؤسسه در سطح ولایت تخار، مراکز بهداشتی و درمانی را تأسیس کرده و خدمات بهداشتی و درمانی را به روستاییان و محرومان ارائه می‌دهد. خدمات اصلی مؤسسه عبارتند از:

- خدمات بهداشتی و درمانی در مراکز بهداشتی و درمانی.
- خدمات مشاوره و آموزش بهداشتی.
- تأمین تجهیزات و داروهای بهداشتی.
- توانمندسازی نیروهای بهداشتی محلی.

نقشه فعالیت مؤسسه خندان



این نقشه نشان‌دهنده مناطق تحت پوشش خدمات مؤسسه خندان در ولایت تخار است. مناطق مختلف با رنگ‌های مختلف مشخص شده‌اند تا نشان‌دهنده گستردگی خدمات مؤسسه در این ولایت باشد.

مؤسسه خندان در مسیر توسعه سلامت

مؤسسه خندان با همکاری و حمایت از سازمان ملل متحد و سایر نهادهای بین‌المللی، در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، فعالیت خود را ادامه می‌دهد. این مؤسسه با اجرای برنامه‌های مختلف، توانسته است خدمات بهداشتی و درمانی را به مناطق محروم و روستاییان نیازمند برساند.

تأثیرات و دستاوردهای مؤسسه خندان

مؤسسه خندان با اجرای برنامه‌های مختلف، توانسته است تأثیرات مثبتی در بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار داشته باشد. دستاوردهای اصلی مؤسسه عبارتند از:

- تأمین خدمات بهداشتی و درمانی در مناطق محروم و روستایی.
- توانمندسازی نیروهای بهداشتی محلی و روستایی.
- تأمین تجهیزات و داروهای بهداشتی مورد نیاز.
- ترویج فرهنگ بهداشت و پیشگیری از بیماری‌ها.

چالش‌ها و راهکارها

مؤسسه خندان در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، با چالش‌ها و مشکلات متعددی مواجه شده است. این چالش‌ها عبارتند از:

- کمبود بودجه و منابع مالی.
- کمبود تجهیزات و داروهای بهداشتی.
- کمبود نیروهای بهداشتی محلی و روستایی.
- کمبود آگاهی روستاییان از خدمات بهداشتی و درمانی.

 راهکارهای پیشنهادی برای حل این چالش‌ها عبارتند از:

- جلب حمایت و کمک‌های مالی از نهادهای بین‌المللی و دولتی.
- تأمین تجهیزات و داروهای بهداشتی مورد نیاز.
- توانمندسازی نیروهای بهداشتی محلی و روستایی.
- ترویج فرهنگ بهداشت و پیشگیری از بیماری‌ها.

نتیجه‌گیری

مؤسسه خندان با همکاری و حمایت از سازمان ملل متحد و سایر نهادهای بین‌المللی، در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، فعالیت خود را ادامه می‌دهد. این مؤسسه با اجرای برنامه‌های مختلف، توانسته است خدمات بهداشتی و درمانی را به مناطق محروم و روستاییان نیازمند برساند.

مؤسسه خندان در مسیر توسعه سلامت

مؤسسه خندان با همکاری و حمایت از سازمان ملل متحد و سایر نهادهای بین‌المللی، در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، فعالیت خود را ادامه می‌دهد. این مؤسسه با اجرای برنامه‌های مختلف، توانسته است خدمات بهداشتی و درمانی را به مناطق محروم و روستاییان نیازمند برساند.

تأثیرات و دستاوردهای مؤسسه خندان

مؤسسه خندان با اجرای برنامه‌های مختلف، توانسته است تأثیرات مثبتی در بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار داشته باشد. دستاوردهای اصلی مؤسسه عبارتند از:

- تأمین خدمات بهداشتی و درمانی در مناطق محروم و روستایی.
- توانمندسازی نیروهای بهداشتی محلی و روستایی.
- تأمین تجهیزات و داروهای بهداشتی مورد نیاز.
- ترویج فرهنگ بهداشت و پیشگیری از بیماری‌ها.

چالش‌ها و راهکارها

مؤسسه خندان در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، با چالش‌ها و مشکلات متعددی مواجه شده است. این چالش‌ها عبارتند از:

- کمبود بودجه و منابع مالی.
- کمبود تجهیزات و داروهای بهداشتی.
- کمبود نیروهای بهداشتی محلی و روستایی.
- کمبود آگاهی روستاییان از خدمات بهداشتی و درمانی.

 راهکارهای پیشنهادی برای حل این چالش‌ها عبارتند از:

- جلب حمایت و کمک‌های مالی از نهادهای بین‌المللی و دولتی.
- تأمین تجهیزات و داروهای بهداشتی مورد نیاز.
- توانمندسازی نیروهای بهداشتی محلی و روستایی.
- ترویج فرهنگ بهداشت و پیشگیری از بیماری‌ها.

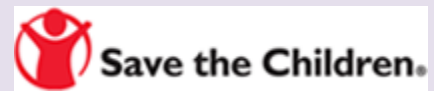
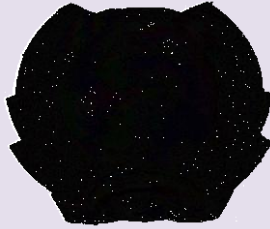
نتیجه‌گیری

مؤسسه خندان با همکاری و حمایت از سازمان ملل متحد و سایر نهادهای بین‌المللی، در مسیر توسعه سلامت و بهبود وضعیت بهداشتی و درمانی روستاییان و محرومان ولایت تخار، فعالیت خود را ادامه می‌دهد. این مؤسسه با اجرای برنامه‌های مختلف، توانسته است خدمات بهداشتی و درمانی را به مناطق محروم و روستاییان نیازمند برساند.

CAF list of projects during 1390

SrNO	Donor	Project Description	Project Type	Location	Contract Start Date	Contract End Date	Fund
1	GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	Health	Takhar	01-Sept-2008	29-Feb-12	503,010
2	GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	Health	Badakhshan	01-Nov-2008	29-Feb-2012	463,626
3	WHO	Malaria Lab Facility in BHCs (WHO-NMLCP-Implementers Joints project)	Health	Takhar & Badakhshan	01-June-2009	31-Dec-2011	195,272
4	USAID	Implementation of Basic Package of Health Services (BPHS)	Health	Takhar	24-Nov-2010	23-Nov-2011	10,589,561
5	USAID	Implementation of Basic Package of Health Services (BPHS)	Health	Badakhshan	24-Nov-2010	23-Nov-2011	7,188,214
6	WB	Baby Friendly Valage	Health	Takhar	16 Oct-2009	15-April-2011	39,610
7	BRAC	Implementation of Tuberculosiscontrol Program in Takhar and Kunduz	Health	Kunduz, Takhar	01-Oct-2009	31-Sept-2011	90,291
8	USAID	Basic Support For Institutionalizing Child Survival	Education	Takhar	01-Dec-2009	15-Aug-11	44,618
9	EC	Integrating people with disability in Afghanistan	Disability	Kabul, Parwan and Kapisa	01-Jan-2010	30-Jun-2012	860,993
10	EC	Implementation of Basic Package of Health Services (BPHS)	Health	Kunduz	01-Sept-2009	31-Oct-11	37,965
11	SC US	community Mobilization Pilot Project	Community Mobilization	Takhar	01-Oct-2010	31-Aug-2011	51,799
12	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	24-Nov-2010	24-May-2011	83,367
13	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	24-Nov-2010	24-May-2011	97,306
14	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	24-Mar-2011	24-Sept-2011	71,000
15	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	24-Mar-2011	24-Sept-2011	91,560
16	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	25-May-2011	25-Aug-2011	45,133
17	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	25-May-2011	25-Aug-2011	36,944
18	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	05-Sept-2011	05-Jun-2012	123,000
19	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	05-Sept-2011	05-Jun-2012	98,000
20	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	05-Sept-2011	05-Jun-2012	98,000
21	WB	Result Based Financing (RBF)	Health	Badakhshan	24-Dec-2010	23-Nov-2011	200,771
22	WB	Result Based Financing (RBF)	Health	Takhar	24-Dec-2010	23-Nov-2011	304,237
23	MSH	Preparation of Sputum collect box	Health	Takhar	15-Mar-2011	15-May-2011	5,600
24	MSH	Preparation of Sputum collect box	Health	Badakhshan	15-Mar-2011	15-May-2011	3,200
25	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	02-Oct-2011	02-Jul-2012	123,000
26	ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	02-Oct-2011	02-Jul-2012	95,500
27	EC	Implementation of Basic Package of Health Services (BPHS)	Health	Kunduz Province	01-Nov-2011	31-May-2013	1,306,959
28	AHDS	Implementation of Base line nutrition survey SMART method	Nutrition	Uruzgan Province	15-Nov-2011	30-Dec-2011	10,930
29	MI	conducting formative research on use of MMNPs	Research	Bamyan and Badakhshan	28-Nov-2011	15-Feb-2012	12,496
30	FAO	conducting formative research to identify barriers and constraints for use of MNPs in reduction of Anemia	Research	Daikundi and Nangarhar	10-Feb-12	15-April-2012	15,092
31	MSH	Community Based DOTs	Health	Badakhshan	1-Oct-11	30-Sept-2012	42,677

CAF DONORS



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