

List of figures/tables:

- 1. Figure I: CAF-Contracted staff during 1391
- 2. Figure II: CAF-Volunteer Staff during 1391
- 3. Figure III: Income and Expenditure of CAF during 1391
- 4. Figure IV: Comparison of expenditure for 1390 and 1391
- 5. Figure V: CAF donors by percentage during 1391
- 6. Table I: Health emergencies in CAF coverage area during 1391
- 7. Table II: List of projects during 1391

Acronyms:

Acronyms:				
ACBAR:	Agency Coordinating Body for	FP:	Family Planning	
ACF:	Afghan Relief Action Contre la Faim	GAVI:	Global Alliance for Vaccine and Immunization	
AFP:	Acute Flaccid Paralysis	GCMU:	Grant and Contract Management	
ANC:	Ante Natal Care		Unit	
ARI:	Acute Respiratory Infection	HF:	Health Facility	
BARAN:	Bu Ali Rehabilitation and Aid	HP:	Health Post	
	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	
BSC:	Balanced Scored Card	1550	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	
CEOC:	Comprehensive Emergency		Program	
	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	
EDI.		OT:	Operational Theatre	
EPI:	Expended Program on Immunization	PCH:	Partnership Contract for Health Services	
EPR:	Emergency Preparedness and Response	PDS:	Progress Data Sheet	

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

Community based Healthcare

Table of Contents

Message from Director General	1
INTRODUCTION	1
Mission	1
Vision	1
Core Values	1
Executive Summary:	2
CAF PROJECTS DURING 1391	7
A. Basic Package of Health Services (BPHS) projects:	7
1. Partnership Contract for Health Services (PCH) in Takhar province:	7
2. Partnership Contract for Health Services (PCH) in Badakhshan province:	7
3. Performance-based Grant Contract (PGC) in Kunduz province:	7
4. Health System Strengthening (HSS) in Takhar province:	8
5. Health System Strengthening (HSS) in Badakhshan province:	8
7. Result Based Financing (RBF):	8
B. Non-BPHS support projects:	9
2. Afghan Sustainable Water supply and sanitation (SWSS):	9
3 - CB DOTS (Community Based Direct Observation Treatment System of TB:	10
4. Integrating of people with disabilities (IPwD) project:	10
1. Implementation of CMAM (Community Based Management of Acute Malnutrition) projects:	11
MAJOR ACHIEVEMENT	15
A. Increasing access to health and nutrition services:	15
1. Service utilization:	15
2. Establishment of new health posts (HPs):	16
3. Ambulance Services:	17
B. Improving Quality of Services:	17
1. Quality Assurance (QA):	17

2. Leadership Development Program (LDP):	17
C. Monitoring/ Supervision and Evaluation:	19
1. External Monitoring:	19
2. Internal Monitoring:	20
D. Capacity Building	20
Programmed in service training (competency and non-competency based):	20
2. External/training/workshops:	21
E. Community Empowerment:	21
F. Coordination:	22
Human Resources:	23
Gender activities:	23
Emergency Preparedness/Response (EPR)	24
Health Facilities Renovation/Rehabilitation activities:	24
Initiatives:	24
CHW day celebration in Kunduz, Takhar and Badakhshan:	24
Annual Review workshop:	25
General Assembly:	25
Opportunity for Voluntarism:	26
Challenges/ constraints:	26
References:	27
FINANCIAL STATEMENTS 1391	28
AUDITOR'S REPORT:	30
APPRECIATION LETTER	39
Project lists	45
CAF DONORS	

Message from Director General

It is a great pleasure that *Care of Afghan Families* (CAF) has passed its tenth years of experience in the field of health, nutrition, community development and education/research. In this annual report we are happy to present CAF achievements, undertakings, success and challenges within a difficult environment during the past year (2012).

During this year we provided a wide range of relevant services to our beneficiaries, through variety of channels that responded to the hectic pace of medical practices and diverse needs. We always value the professionalism, efficiency, equity, integrity, accountability, transparency and personal advice and assistance available to us. The leadership and management team of CAF always adopted different approaches and strategies to cope with dynamic situations. Challenges are increasing constantly in contrast to the previous years and despite of all these challenges we tried our best to fulfill our responsibilities and highly consider quality dimension and aspect of our projects. It is our duty and obligation to improve the quality of life among Afghan population through our service deliveries.

We have built our future by working hard, being creative and innovative, and establishing of an organizational culture which reward talents and pursues win-to win approach that benefits all.

CAF is greatly indebted to all its donors such as MOPH, other governmental line ministries, USAID, EU, WB, GAVI, UNICEF, WHO, MSH, FAO, UNFPA, UNHCR, MI, GF, WFP, ARD, its partners such as SHDP, Merlin, BARAN, AKF and other stakeholders for their constant supports in programs implementation which has enabled us to serve our people in a better way and to meet their needs. Meanwhile, CAF highly appreciates its prime partner, the community members, in its operation area for their close support and cooperation.

I would like to acknowledge the significant contribution of CAF's board of trustee and whole CAF team on all the achievements during the year 2012 (corresponding to 1391). My special thanks and appreciation goes to provincial staff, health facilities staff and community volunteers who are the frontline for preventing and fighting against the diseases, injustice and unawareness.

At the end; all what I would like to say and focus on; is that we must try our best to search ways to make this country a place for a better life so that all people live in peace and far from all the diseases, injustice and unawareness. Besides I would like to request all to contribute either financially or morally so that we achieve our shared goals.

Thank you for your supports



M. Naim. Rassa

Director General

Care of Afghan Families (CAF)



INTRODUCTION

Care of Afghan Families (CAF) Afghan Non-İS an Organization. Governmental The organization has been established Kabul and in in registered 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 requirement of government with registration number 68.

Care of Afghan Families (CAF)

(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 Generally and Accepted Accounting Principles (GAAP). General Policy/Charter prepared by the management team and approved by the



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 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:

Totally 2,198,939¹ people received services through

and 18,824 women) received immunization and reproductive health services. In

provinces. Totally 3,679,937 children immunized against polio and received Vit-A and

Albindazol tablets during 1391. In order to respond timely to the emergency cases and support referral system, CAF has operated totally 24 standard ambulances ambulances Takhar, 2 ambulances Kunduz and ambulances in Badakhshan provinces. CAF successfully

managed totally 21 disasters during the period including 12 health outbreaks and 9



different projects of CAF. During the reporting period the organization has implemented

provinces of Afghanistan. CAF maintained and expanded **BPHS** through 106 health facilities and 865 health posts in Takhar, Badakhshan and Kunduz provinces. 3 rounds of SOS campaign conducted in Takhar and Badakhshan provinces and totally 65,370

several projects in

addition 3 rounds of NIDs campaign conducted in all



provinces where CAF had active participation in Takhar, Kunduz and Badakhshan

emergencies in Badakhshan and Takhar provinces.

children under five

and

(46,546

children

women

¹ HMIS data base (1391/2012)

To improve the quality of services 50 HFs and 100 HPs in

visits were conducted during the year.

received initial and refresher trainings, and 1,382 persons



In addition, to improve the

quality of services in Kunduz province CAF has applied quality assurance standards for the first time in 10 HFs and will continue to cover all HFs under the quality assurance scheme. total of 62 external monitoring (48% increment versus last year) and 1417 monitoring internal (52% increment versus last year) For improving the capacity of project staff a total of 7,623 persons (4,180 male and 3,443 female) received training sessions by MOPH, PEMT, PND, WB, MSH, HSSP, AGFA, UNFPA, UNICEF, WHO, HAS, AFSOG, Merlin/CAF and CAF. Among this figure 1,720 persons received training sessions under cascading plan in three provinces, 4,521 **CHWs**

received trainings through other stakeholders. Additional to that different capacity building sessions conducted in CAF main and provincial offices as well. From all 48% trainings has been recorded in Takhar, 37% in Badakhshan and 16% in Kunduz provinces.

Totally 2328 health shura (1289 male and 1039 female) at the health facility and health post level supported further

CAF is an active member of Provincial Health Coordination Committee (PHCC) in the covering provinces. CAF is an cluster, health cluster, CPDS forum, CBHC at the national level. The main donors of CAF were MOPH, USAID, EC, WB,



health program and linked community with health facilities and services provision.

active member of CGHN forum, HSS-Steering Committee, CCM forum at the MOPH level, and as a member in nutrition

GAVI, UNICEF, ARD, UNHCR, and MSH, during the year 1391.

The total Human resource for the projects and CAF office reached to 965 (688 male, 71% and 277 female, 29%) contracted staff during the 1391. Besides the contracted of the organization and project management. The most important gender consideration during the year was participation of management board members

these provinces. CAF managed to respond effectively and timely 21 disaster/emergency cases during the past year.

Beside that a total amount of

4,673,2373
AFs were allocated and expensed for different kinds of renovation in Takhar, Kunduz and Badakhshan BPHS projects.

Annual review workshop, CAF General assembly, exchange visit between Takhar, Kunduz and



staff, CAF's volunteer staffs who are working as community Health workers were 2281 (1145 male and 1136 female) at the end of Qaws 1391. Total of 9,210,4022 AFS was extracted as the annual Tax of CAF operation during 1391 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 in 12 days governance and gender mainstreaming training in Netherlands supported by Royal Tropical Institute (KIT) University. The same training replicated in CAF main office and sub offices through trained staff and necessary actions applied.

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



³ Annual balance Finance

² Annual Tax report for MOE

Badakhshan, 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 1391



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)

implementation through of Partnership Contract for Health (PCH) project services overall Takhar province. Totally, 53 Health Facilities (HFs) (3 DHs,1CHC+, 12CHCs, 34 BHCs, 2 SCs and 1 prison health grade 1) and 491 Health Posts (HPs) under USAID/PCH grant in partnership of SHDP are functional and providing health services according to BPHS. A total of 776,4744 beneficiaries received health care services in Takhar province.

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

CAF is also providing Basic Package of Health Services through implementation of Partnership Contract for Health services (PCH) project in Cluster 1 of Badakhshan province. CAF implements PCH project in 30 HFs (1DH, 2CHC+, 5CHC, 19BHC, 3SC) and 256 HPs of Cluster1 of Badakhshan under USAID/PCH grant in partnership with BARAN. A total of 395,667 beneficiaries received health care services in mentioned cluster.

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

CAF in partnership of Merlin is implementing BPHS in Kunduz province as a third round since 2007. Merlin is the lead agency and CAF as sub partner. This project is funded by European Commission (EC) under the MOPH/PGC grant. Kunduz with total population of 935,600 as per CSO 2012 figures, has seven districts and totally 54 health static facilities(1DH,2CHC+,11CHCs ,27 BHCs, 12Scs,1Prison health plus one mobile health center for kochi and 416 health posts). CAF is implementing BPHS in two districts, Khan Abad with 2 CHC, 5BHCs, 158 HPs and Archi with 1CHC+, 1CHC, 1BHC, 2SC, 64HPs. CAF İS mainly responsible for capacity building program of the whole project and application of quality assurance in the province. As part of capacity building program for the project totally 881 staff





member (586 male, 295 female) received relevant trainings during the reporting period. A total of 808,495 beneficiaries received health care services through BPHS project in Kunduz province.

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

CAF implemented Health System Strengthening (HSS) Grant BPHS project through 4 Sub health centers (SHCs) and 1 Mobile Health Team (MHT) in Takhar province. A total of 31,601 beneficiaries received health care services by the project. This project has been successfully completed and handed over to MOPH.

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

CAF implemented HSS BPHS project through 6 Sub Health Centers in Badakhshan

provinces under GAVI/HSS grant in partnership with Agha Khan Health Services (AKHS). Total of 50,322 beneficiaries received health care services by the project. This project has been successfully completed and handed over to MOPH.

7. Result Based Financing (RBF):

Result Based Financing is a supply side of health care financing scheme which integrated in all HFs of Takhar and Badakhshan provinces for further strengthening quality health services under financial support of World Bank. There was 87% increase in obtaining of monetary incentive in Badakhshan and 153% in Takhar during 1391 comparing to the same period



in 1390. The increment is due to the result of hard working and quality care of services at the health facilities which is indicating verification of third party, JHU. 29 HFs in Takhar and 17 HFs in Badakhshan are under treatment/case arm of the study.

B. Non-BPHS support projects:

1- Mobile health project:

CAF has started the m-health initiative for the first time in the country by financial support of Afghanistan government, Ministry ofpublic health. This is a demand side financing pilot project with control case and arms operating in 4 districts of Badakhshan province. The aim of the project is to increase utilization of health services by



women and children under five through strengthening of referral system from community to health centers. In this project, we equipped CHWs with mobile sets and SIMs. Also a call center has been established in Kabul staffed with experts MD and specialists in order to counsel

CHWs and facilitate referral system through payment of transportation cost.

2. 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. 21,326 households (155,679 beneficiaries-7.3/HH) in Argo, Darayeem, Kishim, Jurm, Baharak and Faizabad districts Badakhshan 6,665 and households (48,655 beneficiaries-7.3/HH) Taluqan, Farkhar, Worsaj, Baharak. HazarSumoch and districts of Takhar Kalafgan province received health promotion services throughout the projects. During the project 12,142 latrines improved and





10.747 **latrines** newly constructed community by members 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 7% decrease in the incidence of acute bloody diarrhea in Badakhshan and 22% decrease in the incidence of acute bloody and watery diarrhea in Takhar provinces during 1391 comparing to 1390.

3 - CB DOTS (Community Based Direct Observation Treatment System of TB:

This project is implemented by the financial support of TB care MSH in 45 HFs and 798 CHWs in Badakhshan province. The project aims to increase TB detection case at the community level and to improve treatment and management of TB patients by CHWs. Total of 10,060 suspected cases identified in Badakhshan province which make2.12% of total OPD. Among these figures 2,503 patients have been detected and referred by CHWs. Totally, 781 TB smear positives identified which 105 were referred by CHWs. Currently, 199 TB patients are receiving treatment by CHWs in Badakhshan provinces. In a recent study showed that TB suspected cases detection rate has increased 2.729 times more in 2012 when the project started comparing to 2009/10 when the project was not implemented.

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

CAF and **BARAN** jointly implemented 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 was to improve social inclusion of the persons with hearing disability so that they raise their rights as equal and citizens participate actively in social structures - in civil society, economic institutions and decision making at the national and subnational 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 1,304 person received training in

sign languages, managements, and leadership advocacy through provision of 240 training sessions & workshops during the life of the project. persons with hearing 130 disability were integrated in public schools, 321 local received persons special education, 247 persons with disability received hearing 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. The result of impact assessment of the project shows that the project is widely perceived as having a real and tangible impact on the life of the people participating in the program. The study's result clearly indicates that the program has helped these individuals with disabilities hearing better integrated into their communities and public schools. The strength of the program is largely driven by the sign language classes, vocational training and hearing aid distribution. In addition, the assessment undertook a brief cost evaluation/ costoutput relationship of the project which conclude that the project has been an efficient project. It has achieved more than the planned outputs with less than the planned inputs.



C. Nutrition Services:

1. Implementation of CMAM (Community Based Management of Acute Malnutrition) projects:

During the reporting period, CAF implemented Community Based Management of Acute Malnutrition (CMAM) in 22 HFs (1DH, 1CHC+, 2CHC, 18 BHCs)

and 220 HPs of Cluster1 of province. Badakhshan The project is implemented partnership with Merlin under the financial and technical support of UNCEF and Public Nutrition Department (PND) of MoPH. Target population for this project were children <5. Three components of CMAM, Out (OTP), **Patient** Program Supplementary Feeding Program (SFP) and Community Mobilization (CM), have been



successfully implemented in 8 districts of cluster1 of the province. Through OTP or home based management of Sever Acute Malnutrition (SAM), CAF distributed therapeutic fortified food, plumpy nut or Ready to Use Therapeutic Food (RUTF), to the children. A total of 53,100 RUTF sachets distributed to 704 severely malnourished children without complications. Through Supplementary feeding program (SFP), 3.174 children under-5 with Moderate Acute Malnutrition (MAM) received 178,006 sachets of plumpy doz (Ready to Use Supplementary food, RUSF) during 9 months of 1391. 78 children have been treated completely (cured) in the OTPs and 408 children treated in SFP. Through this project 208 CHWs and 20 CHSs received IYCF training.

2. First 1000 days of life nutrition campaign:

Several studies indicated that the well nutrition of children during their first 1000 days of life has significant effect on the health and nutrition conditions of children which usually called

window of opportunity. CAF with technical and financial MOPH, public support of nutrition department, has implemented nutrition а campaign on importance of first 1000 days of child life in Takhar province. During the 77.239 campaign micronutrient powders were distributed to children 6 to 59 months age. Totally, 77,232 children under-five (38,077 male, 39,155 female) received micronutrient powders during the project.



3. Nutrition Sustainable Programs:

CAF with financial support of and WB UNICEF has successfully implemented breast feeding support groups and baby friendly village projects in Takhar, Badakhshan and Kunduz provinces during 1390. The main focus of the projects was to improve knowledge of community in order to prevent malnutrition among women and children under-five considering statement that prevention is better and cheaper than treatment. Currently, all 340 established support groups are active and providing nutrition information services to the concerned community. addition, 34 HFs staff who were trained on infant and young child feeding (IYCF) are providing breast feeding counseling and nutrition education to the beneficiaries approach the HFs. CAF and its prime partner, MOPH and UNICEF, could sustain nutrition prevention programs in tow folds at the community by community support groups and at the HFs by trained staff since

completion of the projects in 1390.



4. Kabul Encashment Center KEC:

CAF with partnership of UNHCR has provided the returnees with basic medical services in Kabul encashment Center located in Pul-e-Charkhi During implementation of the project CAF has provided medical services to 3835 returnee patients. All emergencies general patients and pregnant women are examined by doctors at the center. One female and one male MD have been deployed in the center to provide basic health services. CAF had 3 monitoring and supervision visits during the

period in which necessary provided to the center. supplies and materials



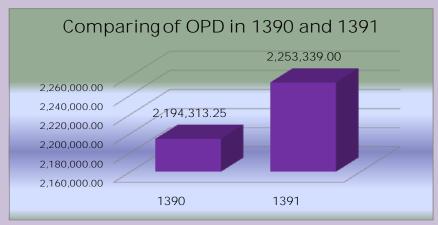


MAJOR ACHIEVEMENT

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 865 HPs. 58 HFs in Takhar (3 DHs, 13 CHCs, 34 BHCs, 6 SCs, 1 MHT and 1 prison health grade 1), 36 HFs Badakhshan (1 DH, 2 CHC+, 5 CHC, 19 BHC and 9 sub centers), 12 HFs in Kunduz (3 CHCs, 1 CHC+ and 6 BHCs, 2 SCs) are active and providing BPHS services. Total of 3,895,553 clients received BPHS services through CAF HFs

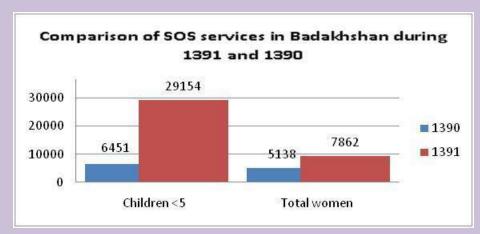


during 1391. Among this 1,046,207 women figure received reproductive health services, (ante natal care, post natal care, family planning delivery and care) 596,007 children under-5 received nutrition services. There is 3% increase in the number of clients received consultation/OPD during 1391 comparing to 1390.

Mobile Services: 1 Mobile Health Team in Takhar province under grant of GAVI-HSS was functioning and provided BPHS.

<u>Sustainable</u> outreach <u>Services:</u> Three rounds of





Sustainable Outreach Services (SOS) were implemented in Badakhshan and Takhar provinces which covered remote areas of the provinces. In Badakhshan province 29,154 children under-5 against 8 preventive diseases were immunized and 7,862 women received antenatal care (ANC) postnatal care (PNC) and family planning (FP) services during the three rounds of SOS activities. Meanwhile, in Takhar 17,392 children province under-5 against eight preventive diseases were immunized and 10.962 women received antenatal

care (ANC), postnatal care (PNC) and family planning (FP) services during the three rounds of SOS activities.

2. Establishment of new health posts (HPs):

8 HPs in Takhar, 12 HPs in Badakhshan and 9 HPs in Kunduz provinces have been newly established and completed the initial training of CHW. In addition 16 CHWs in Takhar and 2 CHWs in Badakhshan provinces have been newly trained in order to couple the already existed single health posts.



Considering the standard coverage area population per health post 43,500 additional



populations came under the coverage of BPHS through trained and active health posts.

3. 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 inside and outside of the provinces. 17 Currently Ambulance in Takhar, 6 Ambulances in Badakhshan and 2 ambulances in Kunduz provinces are active and providing ambulance services. From all the ambulances 3 ambulances in Takhar and 1

B. Improving Quality of Services:

ambulance in Badakhshan has

been donated by ministry of

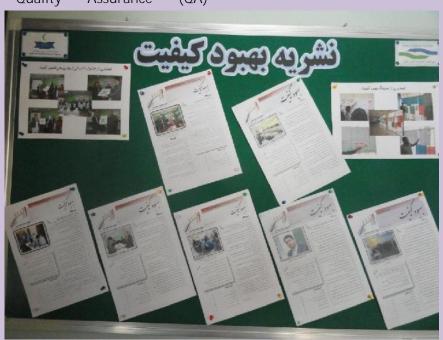
1. Quality Assurance (QA):

Quality Assurance (QA)

standards are being applied in 50 HFs and 100 HPs of Takhar and 22 HFs and 78 HPs of Badakhshan provinces. In addition, to improve the quality of services in Kunduz province which is under PGC grant, CAF in coordination with merlin has applied quality assurance standards for the first time in 10 HFs and will continue to cover all HFs under the quality assurance scheme.

Leadership Development Program (LDP):

Leadership Development Program (LDP) is being applied in 16 HFs of Takhar and 3 HFs of Badakhshan provinces supported by Tech Serve.





In addition, CAF and its partners established quality improvement committee (QIC) at the main office and had several meetings in which the investigation of mortality

among mothers and children in Badakhshan and Takhar provinces under BPHS coverage designed and is going to be started and analyzed. The result of the

study will be shared with all stakeholders for further actions to improve maternal and child health.





CAF recognized was by Badakhshan Governor and public Health provincial directorate for successful and sound celebration of world health day and awarded a certificate of appreciation. In addition, CAF Badakhshan provincial public health office appreciated CAF activities in the province by giving a certificate of appreciation to CAF staff. Program management, HMIS, CBHC and technical support of the BPHS were the areas received appreciation letter by PPHO.

Meanwhile, CAF was acknowledged by Takhar

provincial Governor and public Health directorate for successful and great celebration of world health day and awarded a certificate of appreciation. In addition, Takhar governor awarded an appreciation certificate to CAF for successful and sound management of emergencies during poising of girls schools in different districts of the province. JHU with support of CBHC department of MOPH and close coordination of CAF implemented the FHS2/CSC pilot Takhar project in province. CAF has received an appreciation certificate for

their best coordination during the project.

C. Monitoring/ Supervision and Evaluation:

1. External Monitoring:

62 external monitoring visits Takhar, (41 in 21 Badakhshan) conducted by GCMU-MOPH, Tech-Serve, WHO, PPHD, M&E-MOPH, HSSP, NTP-MOPH, PLO MoPH, MSH JHU, GDPA MoPH, RBF-MOPH and TB-CARE. There is 11% increment the in

frequency of monitoring visits by MOPH and other stakeholders during 1391 comparing to 1390.

2. Internal Monitoring:

1,417 internal monitoring visits (854 in Takhar, 563 in Badakhshan) conducted by provincial CAF HQ and management team. There is increment 52% in the frequency of monitoring visits by CAF and its partners during 1391 comparing to 1390. Action plan prepared address the gaps found during the visits and regular follow up is made during the course of the projects.

D. Capacity Building

Programmed 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 <u>7,623 (3,443</u> female and 4,180 male) persons (2,792 in Badakhshan and 3,629 in Takhar, 1,202 in Kunduz) received training through MOPH, sessions PEMT, PND, WB, MSH, HSSP, AGFA, UNFPA, UNICEF, WHO, HAS, AFSOG, Merlin/CAF and CAF. Among this figure 1,720 persons received training sessions under cascading plan

in three provinces, 4,521 CHWs received initial and refresher trainings, and 1,382 persons received trainings through other stakeholders. Additional to the different capacity building sessions conducted in CAF main and provincial offices as well. From all, 47.6% trainings has been recorded in Takhar, 36.6% in Badakhshan and 15.8% in Kunduz provinces. 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 conference at the health facilities level. annual workshops at the main office, monthly training sessions at HO level. Monthly



coordination meeting in Kabul with participation of CAF partners, quarterly technical review workshops in Kabul, trainings and on job trainings in both levels supported and enhanced the knowledge and skills of the staffs. Additionally another way to build capacity of the HFs' staff as well as management staff of CAF, we focused on regular supportive supervision of health facilities trained and expert supervisors.

External/training/ workshops:

CAF encouraged its staff in order to attend Master of Public Health (MPH) program outside of the country. Two staff members of CAF who have received Master degree in Public Health are currently working as project manager in Takhar and Badakhshan



provinces. Furthermore, other two core members of CAF are currently in the last stage of 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.

During the year 2 members of management board of CAF participated in 12 days gender governance and mainstreaming training in Netherlands supported Royal Tropical Institute (KIT) University. Upon completion, the training replicated in CAF main office and sub offices through trained staff and necessary actions applied.

E. Community Empowerment:

Establishment of 271 newly male and female health shuras for the newly trained CHWs during the year and continuation of totally 2057 health shura (1088 male and 969 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.

During the year, Takhar community had significant contribution to the health system by providing monetary and non-monetary support to the BPHS program.

F. Coordination:

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



agencies.

CAF is an active member of Provincial Health Committee Coordination (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 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, Aga Khan Health Services (AKHS), WHO, UNICEF, MSH, HSSP, BASICS, WFP, UNHCR, Women Affair Department, UNFPA, TDH. Provincial council. governmental agencies at the provincial level was made through meetings and joint supervision-monitoring projects in the covering provinces. Outstanding examples of coordination among the stakeholders and health care providing NGOs during the year of 1391 were: response to the emergencies in Takhar and Badakhshan province through health cluster coordination, participation of CAF trained CHWs Annual in CHW conference in Kabul, participation in **FHAG** different meetings, establishing of gender





committee at the PPHO level in Takhar, recruitment of 5th round of CME graduate in Takhar, exchange visits between Takhar, Badakhshan and Kunduz provinces, establishing of health HR committee at provincial level in Takhar province.

Human Resources:

All the achievements were due to the hard working and efforts of 965 full time paid staff, and 1691 Community Health Workers (volunteers). According to the MOPH standards, 70 % (70 out of 106) health facilities were properly staffed. There were 7% increments in properly staffing of health facilities in 1391 comparing to 1390.

The total Human resource for the projects and CAF Head office reached to 965 (688 male, 71% and 277 female, 29%) staff during the 1391

There was 12% staff turnover rate at the project and office level during 1391 while it was during 1390 which 16% shows that staff retention has slightly improved. Besides the contracted staff, CAF's volunteer staffs who are working as community Health worker were <u>1691(850</u> male and 841 female) at the end of Qause 1391. Total of 9,210,4025 AFS was extracted as the annual Tax of CAF during 1391 operation

according to the Afghanistan Tax Income law which was timely submitted to Ministry of Finance.

Gender activities:

One of the important activities of CAF is struggling to Gender improve equality. Some main activities 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 was participation management board members of the organization in 12 days governance and gender mainstreaming training



⁵ Annual Tax report for MOE

Netherlands supported by Royal Tropical Institute (KIT)



University. The same training replicated in CAF main office and sub offices through trained staff and necessary actions applied.

Emergency Preparedness/Respo nse (EPR)

Badakhshan and Takhar are the two provinces of northeastern 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 21 events during the year.

Health Facilities Renovation/Rehabilit ation activities:

For better and quality service delivery in CAF related health facilities some renovation activities were taken place during 1391. A total amount of 4,673,237 AFs were allocated and expensed for different kinds of renovation in Takhar, Kunduz and Badakhshan BPHS projects. In

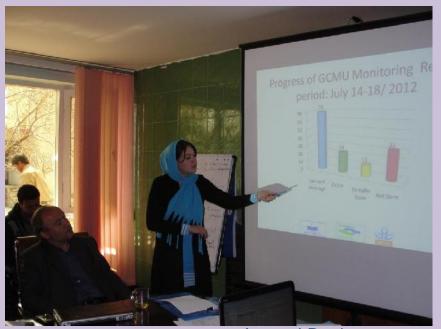
addition. Chaab district community has contributed 1,000,000 Afs for the renovation of Chaab CHC, Farkhar community contributed around 150,000 Afs for renovation of Farkhar hospital, community of Nahe Se BHC of Faizabad contributed on the building of sounding wall for the BHC and community of Argo contributed 300,000 Afs for renovation of Hafiz Mugul BHC.

Initiatives:

CHW day celebration in Kunduz, Takhar and Badakhshan:

CAF CBHC team has participated in the provincial CHW celebration days held in Kunduz, Takhar and





Badakhshan provinces.

During the event, CBHC activities of CAF presented by the CBHC team and CHWs appreciated for their success stories and well performances.

Annual Review workshop:

CAF and its partner NGOs conducted the annual review workshop for the year 1391 in Kabul. MOPH-GCMU, ARD, CAF BARAN and SHDP field offices staff and staff of main office participated actively in the workshop. The workshop

lasted for 3 days. Review of last year performance, lessons learned, plan for the next year and awarding of projects were the agendas discussed during the workshop.

General Assembly:

As per CAF General Policy, general assembly is held annual y in which all management board members, trustee board members and other CAF employees are invited. During 1391 CAF has held the general assembly in Kabul in which the organization 10th anniversary celebrated, past year activities presented, new general assembly chairperson and his/her deputies has been elected. Moreover, new general director for the organization has been elected among three candidates in a democratic way through voting system.



Opportunity for Voluntarism:

CAF has created opportunity for all Afghans, who want to get experience and knowledge in a particular field in a friendly environment of CAF main and sub offices. Since now, 14 volunteer staff have worked as volunteers in CAF main and sub offices. Most of the volunteers have worked in admin, finance and logistic departments organization. CAF has its own recruitment process for volunteers stipulated in HR policy. With this activity CAF is contributing in the capacity building of Afghan workforce in the country.

Challenges/constraints:

CAF major challenges during the year were:

Staff turnover is a challenge for improving quality. It takes time to train new staff especially those just graduated from medical training institutions.

Heavy flash floods destroyed secondary roads of most of the districts in covering areas which made access to the health facilities difficult or even blocked the roads. CAF could keep open, all of the health facilities to provide services during the disasters.

Poisoning at girls schools was the main security and emergency concern during the year in Takhar province. Around 800 girls were poisoned at different schools of few districts of Takhar, all of them successfully treated at relevant HFs.

Shortage of standard building and surrounding wall for some of the HFs under the BPHS program is a challenge. This problem regularly shared with related stakeholder to find a solution. In the result, currently two new infrastructures are in process of construction for Kishim DH and Rustaq DH by AKF through KFW fund.



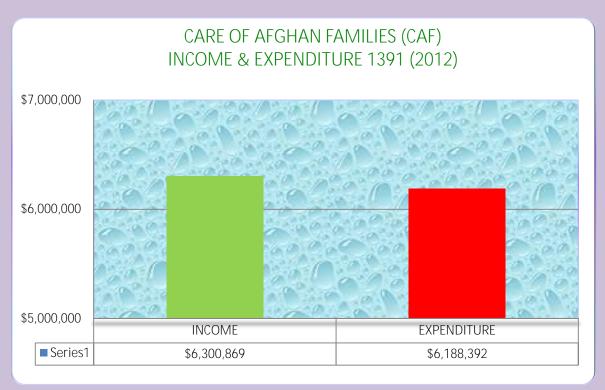
References:

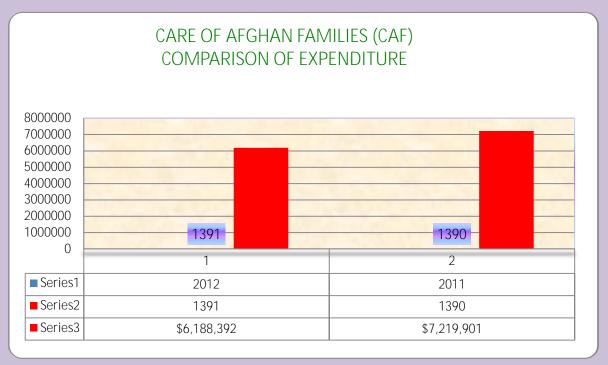
- 1. HMIS: health management information system-HMIS analysis 4th quarter 1391
- 2. PCH quarterly reports from Q5th to 9th of Takhar and Badakhshan provinces
- 3. Regional NIDs results for the year 2012 distributed by PMET
- 4. <u>CSO 1391/2011-2012 for Afghanistan</u>
- 5. <u>Internal and external monitoring reports 1391</u>
- 6. <u>A retrospective case-control study On Result based financing in Badakhshan-Afghanistan, 2012</u>
- 7. <u>A retrospective case-control study On Community based DOTs in Badakhshan-Afghanistan, 2012</u>

FINANCIAL STATEMENTS 1391

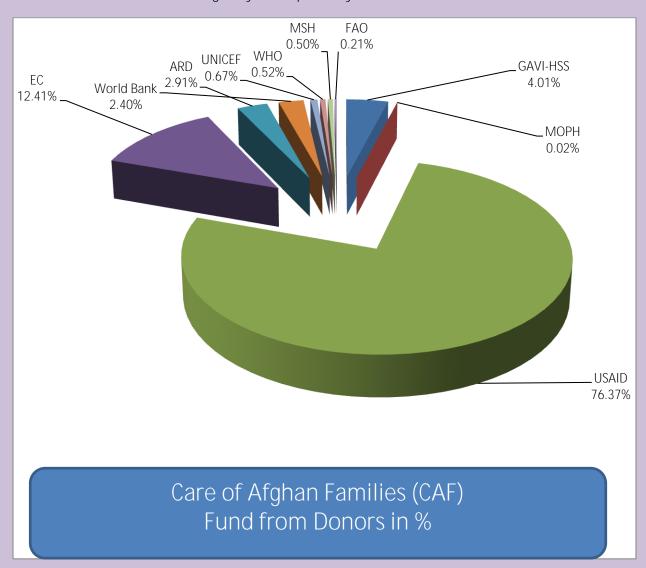
The total Income for the year 1391 was \$6,300,869 USD and the total expenditure for the year was \$6,188,392 USD.

The total expenditure for the year 1391 is decreased by 14.4% comparing with the last year and the total income for the year 1391 is decreased by 13.8% comparing to the last year.





During 1391 we have received fund from 13 donors and our main donor during the year remained USAID with 76.37% contribution. The second and third main donors of CAF were EC with 12.41% and GAVI-HSS with 4.01% during the year respectively.



AUDITOR'S REPORT:



Crowe Horwath

هـوروات مـاك Horwath *mak* Kabul 6th Floor, Kabul Business Centre, Haji Yaqoob Square, Shahrenow, Kabul, Afghanistan. Tel: +93 (0) 784 008 491 +93 (0) 783 544 922 -E-mail:kabul@crowehorwath.ae Web site: www.crowehorwath.ae

INDEPENDENT AUDITOR'S REPORT

Director General Care of Afghan Families (CAF) Kabul, Afghanistan.

We have audited the accompanying financial statements of **Care of Afghan Families** (CAF) ("the organization") which comprise the statement of financial position as at December 20, 2012, income statement, statement of core fund and statement of cash flows for the period from March 20, 2012 to December 20, 2012 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, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

موروات ماك Horwath *mak* Kabul 6th Floor, Kabul Business Centre, Haji Yaqoob Square, Shahrenow, Kabul, Afghanistan. Tel: +93 (0) 784 008 491 +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 **December 20, 2012** and of its surplus for the period from March 20, 2012 to December 20, 2012 in accordance with International Financial Reporting Standards.

KABUL AFGHANISTAN

Horwath MAK

Auditors & Business Advisor

April 03, 2013

Kabul

7





Care of Afghan Families

Kabul - Afghanistan

Statement of financial position as at December 20, 2012

	Note	1391 20 December 2012 (9 Months)	1391 20 December 2012 (9 Months)	1390 20 March 2012 (12 Months)	1390 20 March 2012 (12 Months)
		AFN	USS	AFN	US\$
ASSETS					
Current assets					
Receivable from donors	3	34,410,109	661,224	5,247,430	106,439
Security deposits	4	75,750	1,456	75,000	1,52
Other assets	5	577	11	6,672,414	135,343
Cash and cash equivalents	6	52,153,410	1,002,178	62,742,896	1,272,67
Total current assets		86,639,846	1,664,869	74,737,740	1,515,97
Non - Current assets					
Operating fixed assets	7	847,578	17,487	-	
Total non-current assets		847,578	17,487		-
TOTAL ASSETS		87,487,424	1,682,356	74,737,740	1,515,97
LIABILITIES AND FUNDS					
Current liabilities					
Deferred grant income - Restricted	8	18,009,212	346,065	54,628,371	1,115,41
Other payables	9	47,005,874	903,266	3,945,012	80,02
Total current liabilities		65,015,086	1,249,331	58,573,383	1,195,43
Non - Current liabilities		-	-	-	
Total non - current liabilities					-
Funds					
Accumulated Core Fund		22,472,338	433,025	16,164,357	320,54
Contingencies and commitments			-	-	
TOTAL LIABILITIES AND FUNI	os	87,487,424	1,682,356	74,737,740	1,515,97

The annexed notes form an integral part of these financial statements.

Director General M.Naim.Rassa Operation Director Dr.Nasir Ahmad Hamid

Care of Afghan Families

Kabul - Afghanistan

Income Statement for the nine months ended December 20, 2012

		1391	1391	1390	1390
**	Note	20 December 2012 (9 Months)	20 December 2012 (9 Months)	20 March 2012 (12 Months)	20 March 2012 (12 Months)
		AFN	US\$	AFN	US\$
INCOME					
Amortization of deferred grant	10	321,096,666	6,287,525	351,156,128	7,278,252
Other income	11	633,654	13,344	1,526,743	30,968
		321,730,320	6,300,869	352,682,871	7,309,220
EXPENDITURE					
Direct operating cost	12	245,192,872	4,810,533	257,505,050	5,337,189
Indirect operating cost	13	24,578,526	482,216	28,189,526	584,271
Expenses of sub-grant 14		45,650,941	895,643	62,634,520	1,298,197
Other expenses		. <u></u>		11,753	244
		315,422,339	6,188,392	348,340,849	7,219,901
Surplus of income over expenditure for the	e period	6,307,981	112,477	4,342,022	89,319
Accumulated Core Fund brought forward		16,164,357	320,548	11,822,012	261,145
Exchange Loss on Core Fund brought for	ward	-	-	323	(29,916)
Accumulated Core Funds carried forward		22,472,338	433,025	16,164,357	320,548

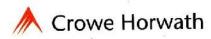
The annexed notes form an integral part of these financial statements.

Director General

M.Naim.Rassa

Operation Director

Dr. Nasir Ahmad Hamid



هـوروات مـاك Horwath *mak* Kabul Auditors & Business Advisors 6th Floor, Kabul Business Centre, Haji Yaqoob Square, Shahrenow, Kabul, Afghanistan. Tel: +93 (0) 784 008 491 +93 (0) 783 544 922 -E-mail:kabul@crowehorwath.ae Web site: www.crowehorwath.ae

INDEPENDENT AUDITOR'S REPORT ON COMPUTATION OF TAX CALCULATIONS

Director General Care of Afghan Families (CAF) Kabul, Afghanistan.

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The schedule of computation of tax contained that the organization's collected tax is AFN 9,256,198 and paid tax is AFN 9,210,402 presented for the purpose of additional analysis and is not required part of the financial statements. Such information has been subjected to the auditing procedures applied in the audit of financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

Horwath MAK

Auditors & Business Advisors

wenth MAN

April 03, 2013

Kabul







Care of Afghan Families (CAF)

Kabul - Afghanistan

SCHEDULE OF COMPUTATION OF TAX FOR THE PERIOD FROM MARCH 20, 2012 TO DECEMBER 20, 2012

Afghani (AFN)

		March	2012 to December :	2012	Ma	rch 2011 to March	2012
Sr. No	Description	Amount Collected	Amount Paid to Government	Balance with CAF	Amount Collected	Amount Paid to Government	Balance with CAF
1	Payroll Tax	6,329,146	6,288,981	40,165	8,852,489	8,852,489	
2	Vehicle Tax	1,291,741	1,285,534	6,207	2,059,177	2,065,384	(6,207)
3	Purchase Tax	1,115,480	1,116,056	(576)	1,281,937	1,281,937	-
4	House Tax	519,831	519,831	H	601,397	601,397	-
GRAN	D TOTAL	9,256,198	9,210,402	45,796	12,795,000	12,801,207	(6,207)

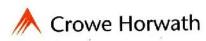
Note 1: In Takhar an amount of 40,165 AFN was collected but not paid to Government during this period which will be paid during the next period.

Note 2: In Kabul an amount of 576 AFN is Paid more to the Governament which will be adjusted during the next period.

Operation Director Dr.Nasir Ahmad Hamid

Director General M.Naim.Rassa

52





6th Floor, Kabul Business Centre, Haji Yaqoob Square, Shahrenow, Kabul, Afghanistan. Tel: +93 (0) 784 008 491 +93 (0) 783 544 922 -E-mail:kabul@crowehorwath.ae Web site: www.crowehorwath.ae

INDEPENDENT AUDITOR'S REPORT ON SCHEDULE OF COMPUTATION OF INDIRECT COST RATE

Director General 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 54 is 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

Auditors & Business Advisors

April 03, 2013

Kabul





SCHEDULE OF COMPUTATION OF INDIRECT COST RATE FOR THE NINE MONTHS ENDED DECEMBER 20, 2012

PARTICULAR	c	E			•	•	T	DT	3 A	- 1
	а	J.	4.	ш	u	·		L.	71	

SALARIES AND BENEFITS
GOOD AND SERVICES
ASSESTS
SUB-GRANT EXPENSES BARAN
SUB-GRANT EXPENSES SHDP
CAF-BARAN CONSORTIUM EXPENSES
DIRECT EXPENSE FIXED ASSET
TOTAL:

	AMOUN	TS IN AFS	
DIRECT COST	CAPITAL COST	SUB-GRANTEE COST	INDIRECT COST
133,840,082	-	-	17,981,696
111,121,489		-	5,611,208
3.47	231,301	2	618,132
-		16,569,681	-
		25,268,280	-
- 28	-	3,812,980	-
	S	-	-
244,961,571	231,301	45,650,941	24,211,036

INDIRECT COST RATE (RATIO) =

Indirect Cost
Direct Cost

24,211,036 244,961,571

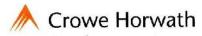
10%

Director General

M.Naim.Rassa

Operation Director

Dr.Nasir Ahmad Hamid



هـوروات مـاك Horwath *mak* Kabul

& Business Advisors

6th Floor, Kabul Business Centre, Haji Yaqoob Square, Shahrenow, Kabul, Afghanistan. Tel: +93 (0) 784 008 491 +93 (0) 783 544 922 -E-mail:kabul@crowehorwath.ae Web site: www.crowehorwath.ae

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE

Director General Care of Afghan Families (CAF) Kabul, Afghanistan.

We are engaged to conduct the Audit of the financial statements of Carc of Afghan Families (CAF) for implementation of various projects stated under activities description from Annexure 1 to Annexure 22 for the period from 20 March 2012, to December 20, 2012 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 Standards on Auditing. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement resulting from violations of agreement terms, laws and regulations that have a direct and material effect on the financial statements.

Compliance with agreement terms, laws and regulations applicable to CAF is the responsibility of CAF's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of CAF's compliance with certain provisions of agreement terms, 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 result 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 stakeholders. However, upon release by CAF this report is a matter of public record and its distribution is not limited.

Horwath MAK

Auditors & Business Advisors

April 03, 2013

Kabul

KABUL AFGHANISTAN





APPRECIATION LETTER







تحسين نامه

بدینوسیله ریاست صحت عامه و دفتر مرلین-کف بیه اساسی واقعه انفجار مین کنار جاده شب سه شینبه میورخ 24/25 اسید سال 1391 در ولسیوالی دشیت ارچیی صورت گرفتیه بودوبخاطر عرضه خدمات به موقع برای آسیب دیدگان حادثه از مخترم داکتر دین محمد مسیول مرکیز صحی دشیت ارچیی در امورات خدمات صحی قدردانی نموده و موفقییت های مزیید شان را درارایه خدمات صحی خواهان است.

> داکار سند (مختار) ریس صحت عامه و لایت کندز

داکتر کمید محسین شاه (هاشمی) مسول پروگر کم گفتن مولین کف در کندز





Certificate of Appreciation

This letter of appreciation has been granted to

Dr. Abdul Jamil Sultani

CD Officer for outstanding contribution in quality assurance process in Badakhshan province. We hope this person will effectively enhance quality assurance process in future.

Aug 2012

PPHD Bayayrishan Dr Nalibullah Androna PC Badakaghan Dr Zulfigar Ashrafi



بیابید با رفان بزد مامر و لادی ، مایران و ترزادان و از خطوات هاملگی ، ولادت و بعداز و لادت نبات دهیم ا

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹۱

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹

۱۳۹











		<u>1</u>	۲۱ جوزای ۳۹۱
انستان و به پاس خدمات شایسته محترمه که در زمینه عرضه خدمات صحت		5 :. 15 : /4 1 1	
انجام می دهند تحسین نامه هذا از طرف مقام های مزید ایشان را در زمینه عرضه خدمات با	وردست ولایت بدخشان بداء می گردد . موفقیت	ِن در مناطق د لایت بدخشان اه	1
داكتر نور څاوري			
سرپرست ریاحت میداد عامه ولایت بدخشان ات ساملی ولادت و بعداز ولادت نجات دهید !			داکتر فرزانه فانی آمر صحت بارور
	ادران وجوزادان را ازخطر	. ماهر ولادی . ص	بياييد يا رقتن لزد





۲۱ جوزای ۱۳۹۱

به مناسبت تجلیل از روز ملی مادری مصون در افغانستان و به پاس خدمات شایسته محترمه قابله/نرس کلینک صحی رکی که در زمینه عرضه خدمات صحت باروری و مادری مصون در مناطق دور دست و لایت بدخشان انجام می دهند تحسین نامه هذا از طرف مقام ریاست صحت عامه و لایت بدخشان اهداء می گردد . موفقیت های مزید ایشان را در زمینه عرضه خدمات با كيفيت صحت مادر و اطفال در آينده ها نيز آروز مي نماييم.

داکتر نور خاورکی سريرست رياسه صحت عامه ولايت بدخشان

داکتر فرزانه فان المرابع الدخشان أمر صحت باروري الإيت بدخشان

ولادت و بعداز ولادت نجات دهیم!

Islamic Republic of Afghanistan Ministry of Economy NGOs Department

Certificate of Registration

Former Registration No: (946) Date /

New Registration Number: (68) Date 29 09 200 5

To: Care of Afghou Tamiles

According to the final decision No: (68) Dated 199/09/05 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.



جمهورى اسلامي افغانستان

وزارت اقتصاد

رياست مؤسسات غير دولتي جــواز نامه فــعالــيت

با ساسی تصویب کمیسیون عالی ارزیابی موسسات غیر دولتی

ا تحت فیصله شماره (۱۸)مورخ ۱۷/۷ /۱۳۸۴ برای مؤسسه شما

اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در اجراات

خویش تمام مواد مندرج قانون اساسی، قانون مؤسسات غیر دولتی و سایر قوانین و مقررات نافذه جمهوری اسلامی افغانستان را رعایت نماید.

بااحترام

دوکتور میرمحمد امین (فرهنگ) وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی

Dr. Mir. M. Amin (Farhang)
Minister of Economy

Project lists

	1 0 0 0 0 0 1 1 3 1 3					
Donor	Project Description	Evaluation	Location	Contract Start Date	Contract End Date	Status
?				?	?	
GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	Health	Takhar	01-Sept-2008	30-Dec-12	Finished
GAVI	Improved access to Quality Health Care Through Sub Centers and Mobile Team	Health	Badakhshan	01-Nov-2008	30-Dec-12	Finished
USAID	Implementation of Basic Package of Health Services (BPHS)	Health	Takhar	24-Nov-2010	20-Dec-13	Running
USAID	Implementation of Basic Package of Health Services (BPHS)	Health	Badakhshan	24-Nov-2010	20-Dec-13	Running
UNICEF	Breastfeeding Project Budget Kunduz, Takhar & Badakhshan	Health	Kunduz, Takhar & Badakhshan	01-Oct-2009	31-Dec-2010	Finished
EC	Integrating people with disability in Afghanistan	Disability	Kabul, Parwan and Kapisa	01-Jan-2010	30-Jun-2012	Running
ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	05-Sept-2011	05-Jun-2012	Finished
ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	05-Sept-2011	05-Jun-2012	Finished
ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	05-Sept-2011	05-Jun-2012	Finished
WB	Result Based Financing (RBF)	Health	Badakhshan	24-Dec-2010	23-Nov-2012	Running
WB	Result Based Financing (RBF)	Health	Takhar	24-Dec-2010	23-Nov-2012	Running
ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Takhar	02-Oct-2011	02-Jul-2012	Finished
ARD	Afghan Sustainable Water Supply and sanitation Project	Sanitation	Badakhshan	02-Oct-2011	02-Jul-2012	Finished
EC	Implementation of Basic Package of Health Services (BPHS)	Health	Kunduz Province	01-Nov-2011	31-May-2013	Running
MI	conducting formative research on use of MMNPs	Research	Bamyan and Badakhshan	28-Nov-2011	15-Feb-2012	Finished
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	Finished
MSH	Community Based DOTs	Health	Badakhshan Takhar	1-Oct-11	30-Sept-2013	Running
Mhealth	Mobile Health Technology	Health	Badakhshan	12-Dec-2012	11-Dec-2014	Running
CMAM	Community based Management of Acute Malnutrition	Nutrition	Badakhshan	16-Jul-2012	28-Feb-2013	Running
1000 Days	Promotion of nutrition during first 1000 Days of life	Nutrition	Takhar	17-Nov-2012	31-Dec-2012	Finished
FAO/GI-A	Integrated Child Survival Package	Health	Badakhshan Takhar	1-April-2012	31-March-2013	Running

CAF DONORS























Email: www.caf.org.af cafkbl@gmail.com

Main Office Address:

House # 44, Street # 2 Charahi Dehbori Opposite to Mirwais Hotaki intermediate school, Dist # 3 Kabul, Afghanistan

Email: cafkbl@gmail.com

Central post office, Post Box # 5822

44 #

cafkbl@gmail.com: 5822 #