



# Care of Afghan Families (CAF)

## Annual Report 1395

(Dec 22, 2015 to Dec 20, 2016)



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# Care of Afghan Families

CAF

## Annual Report 1395/2016

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## Message from Director General



It is my great pleasure to present you *Care of Afghan Families* (CAF) annual report for 2016 (corresponding to 1395) that reflect CAF achievements, undertakings, success and challenges. By this year; CAF completed its 14<sup>th</sup> years of experience; serving the people of Afghanistan through implementation of health, nutrition, community development, hygiene and sanitation and researches projects. Besides, we had some activities for the empowerment of women and youth, which continues. During this year, CAF provided a wide range of relevant services to our beneficiaries, through variety of channels that responded to the 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 in respect to our projects. It is our duty and obligation to improve the quality of life among Afghan population through our service deliveries. We built our future by working hard, being creative and innovative, and establishing of an organizational culture, which reward talents.

CAF is greatly indebted to, MOPH, MOE, MOF and other governmental line ministries, its donors (USAID, World Bank, MSH, Global Fund, WHO, WFP, UNICEF, UNOCHA, UNDP, MI & KIT) its partners (Save the children, AKF, BARAN, & SHDP) and other stakeholders for their constant supports in programs implementation which 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 2016. My special thanks and appreciation is from the provincial staff, health facilities staff and community volunteers who are at the frontline for preventing and fighting against the diseases, injustice and unawareness.

Taken as a whole, despite the continues challenging environment, I would like to request all to contribute either financially or morally to CAF so that we achieve our shared goals.

I look forward to all that we will accomplish together in 2017.

Mohammad Naim Rassa

Director General

Care of Afghan Families

## CAF, a Community Driven Organization

*Care of Afghan Families* (CAF) is a non-Governmental, non-political, not for profit, independent and humanitarian Organization. The organization has been established in Kabul, registered in Ministry of Planning of Islamic Transitional Government of Afghanistan in January 1, 2003 with Registration No 946 then based on the requirement of the government in 2005, reregistered in the Ministry of Economy with registration number 68.

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, expertise and experiences of international organizations into a national agency to guarantee sustainability of humanitarian interventions in the country.

CAF is governed by its board of trustee comprised of dedicated volunteer members and its board of management comprised of high level staff with postgraduate-education from prestigious institutions.

CAF as an independent organization has its own charter, policies and procedures, developed in line with the operating country laws and international standards. CAF Charter, the main governing instrument of the organization, is emphasizing on the effective and efficient use of the resources. CAF financial management policy and procedures is prepared in line with International Accounting Standards (IASs) and Generally Accepted Accounting Principles (GAAP).

The organization mission is “to enable families to fight against poverty, injustice and unawareness” and its vision is “Self-reliant, aware and healthy Afghan Families”.

All functions of the organization stand on the bases of the following principles and values, which are:



1. **Accountability and transparency:** able to provide evidences and proves for use of organization's resources.
2. **Equity and integrity:** Being honest and respect others rights.
3. **Professionalism:** Having required qualifications and using it in performing a job.
4. **Efficiency:** Using resources economically and reasonably to deliver effective outputs.
5. **Innovation:** Applying new methods to deliver better services.
6. **Neutrality:** CAF provides services considering neutrality.

The organization has tremendous capacity to develop highly qualified and committed staff to ensure effectiveness, efficiency and sustainability of its projects in the country. Currently, During 2016; CAF had a total of 1408 full time paid staff at different levels of the organization. CAF also had 1870 Community Health Workers (CHWs) who are delivering basic health services considering the CHW guidelines and strengthening more the referral systems.

CAF is an active member of HSS Steering

Committee, active member in CPDS (Coordinated Procurement Drugs Supply System) forum, and the steering committee member of Alliance of Health Organization (AHO) which is umbrella organization of most health NGOs working in Afghanistan. CAF has greatly contributed in health sector policy development through participating at different forums. In addition, CAF is a member of nutrition cluster and health clusters at the national level and an active member of PHCC meetings at the provincial levels.

## **CAF'S MANAGEMENT BOARD:**

CAF's management board is a professional forum, lead and manage the organization activities over the country. The board is empowered by a team of experts with years of experiences, academic knowledge, expertise and professionalism, graduated from different prestigious international and national universities on Master of Public Health (MPH), Master of Art (MA), Master of Business Administration (MBA) and PhD scholar in public health. The board is the main decision making body for the day-to-day organization activities. The board is leading organization strategic activities



through its experts in public health, public nutrition, community development, environmental health, finance and

accounting, human resources management, procurement and pharmaceutical management.

## CAF'S DONORS:

CAF is greatly indebted to all the following donors who contributed to the organization's fund during 2016 and enabled us to implement the projects successfully.

**MOPH (Trust Fund)/World Bank (WB):** The World Bank (WB) through MOPH/trust fund mechanism was the main donor of CAF's activities during 2016. WB has made 93.51% of CAF's funds during 2016 for implementation of System Enhancement for Health Action in Transition (SEHAT) projects in Kunduz, Daikundi, Logar and Badakhshan provinces.



**United States Agency for International Development (USAID):** USAID funded 0.30% of CAF's activities during 2016. USAID through MSH funded community based DOTs project in Badakhshan provinces.



**United Nation Children Fund (UNICEF):** UNICEF has contributed around 1.24% of CAF's fund during 2016 for implementation of Community Led Total Sanitation (CLTS) project in Argo district of Badakhshan province.



**World Food Program (WFP):** WFP provided around 1.86% of CAF's fund during 2016 for implementation of target supplementary feeding program in Badakhshan province.



**World Health Organization (WHO):** WHO through UNOCHA donated around 1.24% of CAF's fund during 2016 for implementation of First Aid Trauma Posts in Logar and Badakhshan provinces.



**Micronutrient Initiative (MI):** MI contributed around 0.73% of CAF's fund during 2016 for conducting of research activities on infant and young child feeding as well as post intervention survey of IFA supplementation program in Wardak, Laghman, Takhar, Kapisa, Samangan, Khost and Paktika provinces.



**Global Fund (GF):** GF through UNDP has contributed 1.11% of total CAF's fund during 2016 for implementation of Malaria control programs in Badakhshan, Kunduz and Logar provinces.



**Agha Khan Foundation/Royal Tropical Institute (KIT):** AKF through KIT University contributed around 0.02% of CAF's fund during 2016. KIT was partnering with CAF in conducting of community based financing research project in Bamyan, Badakhshan and Kunduz provinces during 2016.





## EXECUTIVE SUMMARY:

Care of Afghan Families, CAF, is pleased to publish its Annual Reports for the year 1395/2016 to its donors, line ministries, partners and stakeholders who are stepping to improve health of Afghans and to achieve national objectives and goals to reduce morbidity and mortality in the country. CAF could successfully implement its projects in Takhar, Kunduz, Logar, Diakundi, and Badakhshan provinces during the reporting period, which was financially supported by USAID, WB, MSH, GF/UNDP, UNICEF, WFP, MI, and KIT. CAF has the opportunity to serve the people of Afghanistan in the coming year through implementing BPHS projects in Badakhshan, Kunduz and Logar provinces; EPHS project in Daikundi province; and other supplementary projects such as CB-DOTs, target supplementary feeding program in Badakhshan province, basic life saving treatment of trauma cases in conflict affected areas of Logar and Badakhshan province, malaria control program in Badakhshan, Kunduz and Logar provinces, IYCN end line assessment in Wardak and Laghman provinces, IFA supplementation post intervention assessment in Takhar, Kapisa, Laghman, Khost, Paktika, and Samangan provinces, and community led total sanitation project in Argo district of Badakhshan province. A total of 3,961,069 population received public health services from CAF projects in all provinces. This figure makes 14% of CAF contribution in all population of Afghanistan for whom we provided public health services during the year. 5214 persons including 2156 female and 3058 male staff from all provinces received training on BPHS topics during the year. 139 external and 673 internal monitoring sessions conducted in the projects by

MOPH, other stakeholders and CAF management staff respectively. Quarterly project review workshops; annual review workshop; and operation workshop and training; were other outstanding activities of the year performed to assess, plan and improve health services provision in the provinces. One of the important activities of CAF is struggling to improve Gender equality. The most important gender consideration during the year was activation of women and youth empowerment department of the organization with hiring of a specialist for the department that contributed to submission of three women empowerment and protection proposals to donors. CAF is an active member of national and provincial level forums. Participation in HSS forum, CBHC, IYCF, and RH task force meetings at the MOPH level; attending health and nutrition cluster meetings; and steering Alliance for Health Organizations are CAF main coordination activities in the year. Besides CAF is active member of PHCC, PHO sub committees, and EPR committee at the provincial levels. CAF could promote the culture of volunteerism through recruiting of 41 volunteers with

**CAF honors that provided public health services to 3,961,069 population of Afghanistan including men, women, boys, and girls during 1395.**

22% deployment rate after their capacity building. CAF could manage 15

emergencies in Badakhshan and 1 emergency in Daikundi provinces throughout the year. CAF conducted its general assembly as per the organization charter during the reporting period in which revised charter and strategic plan for 2016-2020 reviewed and approved. The governmental authorities and community

appreciated our outstanding achievement through provision of certificates of appreciation. Our main challenges during the year were unavailability of standard buildings for some of our health facilities, insecurity in some of the districts in operating provinces and lack of medical engineering facilities at the national level.



## CAF'S STRATEGIC ACTIVITIES DURING 2016:

### Health Activities:

**Implementation of BPHS project in Badakhshan province:** CAF is the lead BPHS implementer in a joint venture form with a local partner in Badakhshan province since July 2015. Total of 44 HFs (1 district hospital, 2 CHC+, 5 CHC, 19 BHCs, and 17 SHCs) and 290 HPs (274 female and 283 male CHWs) are functional and providing BPHS services under SEHAT II/MOPH trust fund contract in Badakhshan cluster 1. Total of 1,158,675 beneficiaries received public health services through active HFs and HPs in the province during the year.



The figure translate utilization rate of 1.98 per person per year in the province. Out of the total beneficiaries 126,109 women received MCH services, and 341,890 under five children screened for childhood disease and immunization services. The figures describe that women of reproductive age has a utilization rate of 1.07 while children under five has a utilization rate of 2.91 during the year.



**Implementation of BPHS project in Logar province:** CAF is the lead BPHS implementer in a joint venture form with a local partner in Logar province since Jan 2014. Total of 40 HFs (2 district hospitals, 2 CHC+, 6 CHCs, 18 BHCs, 1 prison health and 11 SHCs) and 202 HPs (163 female and 202 male CHWs) are functional and providing BPHS services under SEHAT/MOPH trust fund contract in Logar province. Total of 1,194,555 beneficiaries received public health services through active HFs and HPs in the province during the year. The figure translate utilization rate of 3.00 per person per year in the province. Out of the total beneficiaries 120,982 women received MCH

services, and 307,675 under five children screened for childhood disease. The figures describe that all women of reproductive age has attended 1.52 times the HF's and all children under five received 3.86 times services in the HF's.

**Implementation of BPHS project in Kunduz province:** CAF is the BPHS implementer in Kunduz province since 2007. Currently, CAF is implementing BPHS in total of 64 HF's (1 district hospitals, 2 CHC+, 12 CHC, 28 BHCs, 1 prison health, 1 MHTs and 19 SHCs) and 468 HPs (934 CHWs) under SEHAT/MOPH trust fund contract in Kunduz

Total of 1,497,162 beneficiaries received

screened for childhood disease. The figures



public health services through active HF's in the province during the year. The figure translate utilization rate of 1.45 per person per year in the province. Out of the total beneficiaries 268,195 women received MCH

describe that women of reproductive age has attended 1.3 time the HF's and all children under five received 2.08 times services in the HF's during the year.



province. CAF is in joint venture partnership model with SCI in this project.

services, and 428,651 under five children

**Implementation of EPHS project in Daikundi province:** CAF is the lead EPHS implementer in Daikundi province since Jan 2014. Currently, CAF is implementing EPHS in Nilli provincial hospital and community based health programs in 13 HPs (26 CHWs) under SEHAT/WB/MOPH contract in Daikundi province. Total of 110,677 beneficiaries received hospital services through Nilli provincial hospital in the province during the year. In addition, total of 7,565 of patients admitted in the hospital, which is



7% of all outpatients' beneficiaries. Among these figures 270 women with major obstetric complications admitted in the hospital. Out of the total beneficiaries 100,70 women received MCH services, and 20,807 under five children screened for childhood disease. During the year, total of 1,906 major and minor surgeries performed in the hospital.

**Establish First Aid Trauma Posts in Conflict-Affected Areas in Logar:** This project started from Oct 2016 in Mohammad Aga district of Logar province funded by WHO/UNOCHA through health cluster mechanism. CAF is sub partner of SCI in this project. The project will be ended on Sep 2017. One stand alone FATP has been established in conflict-affected areas of Logar province with the

aim to provide basic life saving trauma treatment and referral to male and female conflict-affected population of the district. The FATP served for 27 men, 9 women, and 1 girl beneficiary during October and December 2016.

**Establish First Aid Trauma Posts in Conflict-Affected Areas in Badakhshan:** This project started from Oct 2016 in Tagab and Raghistan districts of Badakhshan province

funded by WHO/UNOCHA through health cluster mechanism. CAF is sub partner of SCI in this project. The project will be ended on Sep 2017. Two stand alone FATPs has been established in conflict-affected areas of Badakhshan province with the aim to provide basic life saving trauma treatment and referral to male and female conflict-affected population of the district. The FATPs served for 234 men, 48 women, seven boys, and five girls beneficiaries during October and December 2016.

#### **Nutrition Activities:**

**Implementation of target supplementary feeding program in Badakhshan provinces:** CAF implemented target supplementary feeding program (TSFP) program in 41 HF of Badakhshan provinces under financial



support of WFP. The project started on first of January 2016 and ended on Dec 2016. During the reporting period 11,327 children under the age of five with moderate acute malnutrition (MAM) and 17,918 acute malnourished pregnant and lactating women (AM PLW) were registered and received food rations according to protocol in Badakhshan provinces. Of these, 9,820 under 5 children and 14,820 PLW were exited from the program. The performance indicators for Supplementary Feeding program reported as following: SFP children under 5 - (cure rate 90%, Death rate 0.09% and defaulter rate 7.3%), SFP PLWs - (cure rate 93%, Death rate 0.04% and defaulter rate 6.8 %). This indicates performance on SFP indicator within the sphere standard limits which are cure rate >75%, death rate <3%, and defaulter rate <15%.

### **Community Development Activities:**

**Implementation of community based DOTs in Badakhshan province:** This project is implemented by the financial support of MSH/USAID under

Challenge TB project in 56 health facilities (HFs) and 639 community health workers (CHWs) in Badakhshan province. The project is the continuation



of the project, which was ended in Sep 2016 and its new phase, which started from Oct 2016 and will continue to Sep 2017. The project aims to increase TB case detection at the community level and to improve treatment and management of TB patients by CHWs. During the reporting period, total of 8,941 suspected cases identified in the province. Among all suspected cases 1,562 cases (17% of all) have been detected and referred by CHWs. Totally, 301 TB smear positives identified, which make 3% of suspected cases identified. Among all smear positives case 91 cases (30%) were referred

by CHWs. At the end of the year total of 118 patients (20% of patients) receives DOTs treatment from CHWs and 482 patients receives DOTs

treatment in health facilities. 10 installed billboards maintained in the crowded areas of the province presenting key TB messages from NTP. TB key messages broadcasted through local media to increase awareness about TB-DOTs. During the project 10 established TB association maintained active and functional. The association purposed to increase awareness and TB case detection at the community level.

**Implementation of Community Based Management of Malaria in Badakhshan, Kunduz and Logar Provinces:** This project is

implemented by the financial support of GF/UNDP in 84 health facilities (Badakhshan 29,



Kunduz 27, and Logar 28) and 956 health posts (Badakhshan 290, Kunduz 468, and Logar 198) in Badakhshan, Kunduz, and Logar provinces. The project started from April 2016 and will continue to Dec 2017. The project aims to increase malarial case detection at the community level and to improve diagnosis, treatment, and management of malaria patients by CHWs and HFs without lab facilities. During the reporting period, total of 10,022 suspected cases received parasitological test at all provinces. Among all suspected cases 6,418 cases (64%) received parasitological test by

CHWs. Totally, 363 cases confirmed at HP level, which make 6% of suspected cases identified.

And 1,045 cases confirmed at HF level, which make 29% of suspected cases identified. In addition, during the reporting year two LLIN mass campaigns conducted in Kishim and Faizabad districts of Badakhshan provinces. Total of 45,070 LLIN distributed during the campaign for the purpose

of preventing total of 155,197 beneficiaries (23,766 families) against malarial diseases.

### **Implementation of Community Led Total Sanitation project in Badakhshan province:**

UNICEF awarded CAF the contract for implementation of CLTS project in Argo district of Badakhshan province. The project will cover 120 villages of the districts with the aim to create an open defecation free environment. During the reporting period, 82 villages triggered where 82 FHAGs and 82 community committees established to follow hygiene and sanitation standards in the villages. Among these villages 45 villages are open defecation free and external team certified 25 of them so far.



## Education/Research

### Activities:

**Implementation of community midwifery education (CME) program in Takhar province:** CAF implemented CME program in Takhar province under financial support of WB through MOPH SEHAT project with partnership of AKF. Total of 26 female students were enrolled in the school and graduated on Aug 2016. The graduated

program is carried out through qualified and expert trainers using CME and AMNEAB principles and standards. The school received 98% score in binding assessment that was conducted by AMNEAB team at the end of the program.

**Implementation of community midwifery education (CME) program in Logar province:** CAF implemented CME program in Logar province

province. Deployment of the trained community midwives in the province will further support female health workers of the human resource collection of the province. The program is carried out through qualified and expert trainers using CME and AMNEAB principles and standards. The school received 85% score in binding assessment that was conducted by AMNEAB team at the end of the program.

**Implementation of community health nursing education (CHNE) program in Logar province:** CAF implemented CHNE program in Logar province under financial support of WB through MOPH SEHAT project. Total of 24 female students are enrolled in the school and graduated on Dec 2016. The graduated nurses deployed in the needy health facilities of the province. Deployment of the trained community nurses in the province will further support female health workers of the human resource collection of the province. The program is carried out through qualified and expert trainers using



midwives deployed in the needy health facilities of the province. Deployment of the trained community midwives in the province will further support female health workers of the human resource collection of the province. The

under financial support of WB through MOPH SEHAT project. Total of 24 female students are enrolled in the school and graduated on Dec 2016. The graduated midwives deployed in the needy health facilities of the



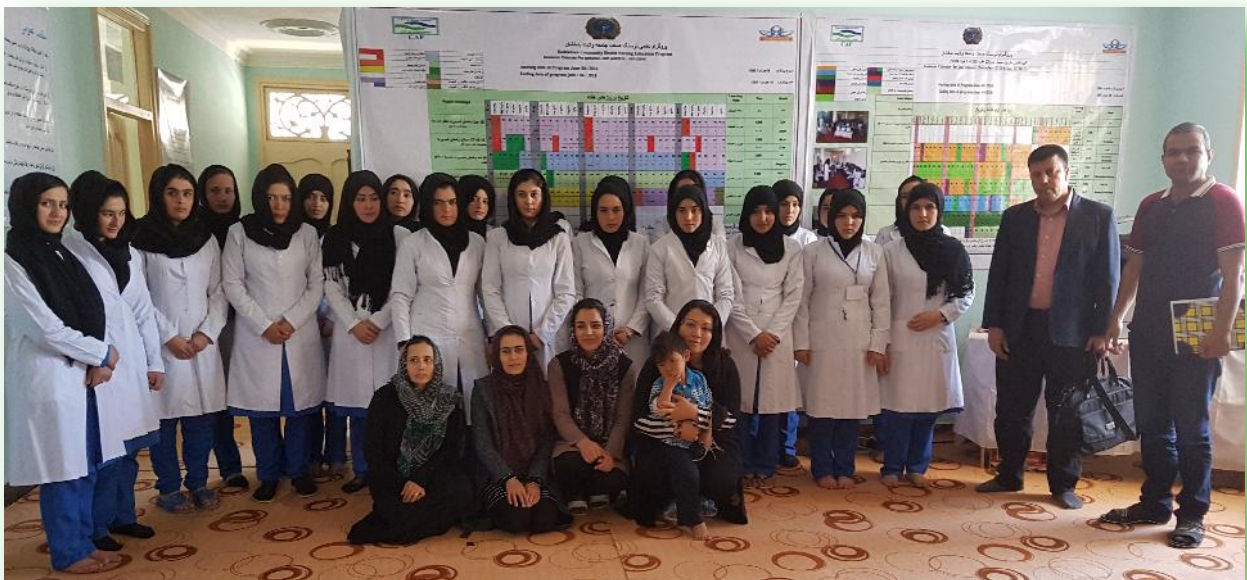


under financial support of WB through MOPH SEHAT-II project. Total of 24 female students are under the training and expected to be graduated on June 2018. The graduated nurses will be deployed in the needy health facilities of the province. Deployment of the trained community nurses in the province will further support availability of female health workers in the province. The program is carrying out through qualified and expert trainers using CHNE and AMNEAB principles and standards.

CHNE and AMNEAB principles and standards. The school received 86% score in binding assessment that was conducted by AMNEAB team at the end of the program.

**Implementation of community health nursing education (CHNE) program in Badakhshan province:** CAF is implementing CHNE program in Badakhshan province

**Conducting of IYCN baseline & end line studies in Laghman and Wardak provinces:** CAF conducted a baseline and end line assessment of infant and young child nutrition (IYCN) program





in Laghman and Wardak provinces under financial support of Micronutrient Initiative (the MI). Total of 570 caregivers of children 6-59 months are recruited in each round of the study. In addition, knowledge, attitude and practices indicators of health workers and other health officials are assessed during the study. The overall objective of this assessment was to inform program implementation about the current status of the activities of the program roll out and any course correction required. Comparing Caregivers

practice on IYCF with the National Nutrition Survey (2013), there is an improvement in early initiation of breastfeeding within one hour after birth among caregivers of children 0-23 month. Initiation of breastfeeding is increased from 69.4% in NNS-2013 to 83.27% (78.94, 87.60) in current survey. Meanwhile, the weighted coverage of children who received colostrum after birth is increased from 87.5% in NNS (2013) to 93.25% (90.87, 95.62) in current survey. Also, the survey reported that total

combined weighted coverage of 24.91% (17.60, 32.21) of children 6-23 months of age received an iron-rich food or a food that was specially designed for infants and young children and was fortified with iron or a food that was fortified in the home with a product that included iron during the previous day. Total combined weighted coverage of 49.36% (57.35, 41.37) children 6-23 months received at least one round of MMNPs since last year; no trust on MMNPs and, and laziness of caregivers were the main reasons for not feeding the child with MMNPs; 48.67% (40.72, 56.61) of children 6-23 months consumed MMNPs. The survey shows that total combined weighted coverage of 77.55% (68.88, 86.22) caregivers of children 6-23 months have received counselling on IYCF practices. The main source of information for counselling of caregivers on IYCF practices were reported governmental health workers/doctors followed by CHWs. Furthermore, 54% of IEC materials, which were used during counselling sessions by health workers, were

posters followed by brochures (30.5%) and one page takes home guide (12.5%).

### **Conducting of a post intervention of IFA**



### **supplementation**

**program in Afghanistan:** CAF conducts a post intervention of Iron Folic Acid (IFA) supplementation program in Takhar, Kapisa and Laghman provinces as program areas and in Samangan, Khost and Paktika provinces as control areas under financial support of Micronutrient Initiative (the MI). Total of 2640

women with children less than 6 months are recruited in the study. In addition, knowledge, attitude and practices indicators of 312 health workers and 30

other health officials including the public nutrition officers are assessed during the study. The program aims to assess the coverage and utilization of IFA supplementation among pregnant and lactating women for prevention of anemia and eventually reduction of maternal mortality, improving birth outcome and infant mortality. Knowledge of

women about anemia and its consequences, IFA supplementation and managing its side effects are better in program provinces compare to the Comparison provinces. 94.9% respondents in intervention provinces and 91.4% respondents in Comparison provinces reported that they heard about anemia. Also, 72.7% of pregnant women from program provinces received any IFA supplementation from public sector while it is 72.1% in Comparison provinces, 5.8% of pregnant women from program provinces received any IFA supplementation from other sources (NGO/charities) while it is 0.8% in Comparison provinces, 17.6% of women in program provinces received 90+ IFA supplements while this is 13.9% in Comparison provinces, 6.8% of women in program provinces received 180 over IFA supplements during their last pregnancy while this is 3.3% in Comparison provinces. Consumption of IFA supplements more than 90 tablets (sum of respondents consumed 90 tablets over) by pregnant

women during their entire pregnancy is higher among women in program provinces than those in Comparison provinces with 26.4% and 23.7% respectively. 63.9% of women in program provinces and 56.8% in Comparison provinces received IFA tablets free. Furthermore, knowledge, practice and intention of health workers in program provinces are assessed to be higher than those in the Comparison provinces. 96.8% of health workers in program provinces are responded all recorded symptoms of anemia while difficulties. Using a 9-step workshop approach, our teams seek to engage in a dialogue with different groups within communities. We selected representatives from both genders, young and old, various ethnic groups, income groups, with various levels of access to health care. PADev tool were used by the research team and total of 15 workshops conducted in

it is 90.4% in Comparison provinces. However, knowledge of health workers about dosage of IFA for pregnant women (one tablet of IFA per day) in program provinces are more than those in Comparison provinces with 89.7% and 66.7% respectively.

#### **Community-Based Financing in the Context of "Free Health Care in Afghanistan":**

This project is funded by AKF under the Central Asia Health System Strengthening (CAHSS) program in 4 provinces of four districts of Bamyan province. The result of the study shows that participants indicated loans make up a large share, particularly for the poorest groups. When grouping together income from

Afghanistan including Bamyan, Kunduz, Badakhshan and Kabul. CAF as a local implementing partner in partnership of KIT University was responsible for implementation of the project in Bamyan province. The project started on May 2015 and ended on April 2016. The research team aims to understand what coping mechanisms are currently in use by households and communities in their efforts to ensure medical care for their members without creating financial

independent work (mainly agricultural) and wage income the FGDs suggest a remarkably similar share (a fifth) of households use regular income to afford OOPE on health.

CAF honors to graduate 26 community midwives in Takhar province, 24 community midwives and 24 community nurses in Logar provinces, deploy in related health facilities, and strengthen skilled birth attendance and public health services to female beneficiaries of target provinces during 1395.



## MAJOR ACHIVEMENTS:

### Result of Balance Score Card (BSC):

The result of BSC in CAF operating provinces shows a remarkable improvement in the quality of health service provision through implementation of BPHS and EPHS projects. As shown in table 1 CAF could increase the overall composite score of BSC from 80 to 86 in Daikundi provincial hospital. Also, CAF efforts resulted to increase the BSC overall composite score of Logar province from 67 to 70 and in Badakhshan from 60 to 65. The positive trend of improvement in BSC results in CAF operating provinces ensures that CAF is committed to work for the beneficiaries considering the principles of quality, professionally, accountability and accessibility.

**Third Party Verification Reports:** During the reporting period, the third party evaluated two times all BPHS and EPHS projects in the country in which CAF received an excellent report of the evaluation. The verification report of third party indicates average of 95% score in HMIS

verification and 95% score in HF functionality indicators.

**Extension of BPHS and EPHS project under SEHT-I:** Considering the best performances of the organization the MOPH extended SEHAT-I projects from Jan to June 2017. The extension of the project was based on BSC result of 2015/16, third

improved. During the year, 5,214 persons including 2,156 female and 3,058 male staff (191 in Daikundi, 1010 in Logar, 1200 in Badakhshan and 2813 in Kunduz) received training sessions through MOPH, PEMT, PND, CAF and other stakeholders. Among this figure 1,388 persons received training sessions under cascading plan in



party verification reports and GCMU monitoring.

### Capacity building programs:

#### Programmed in-service training:

Capacity building is one of the main objectives of all projects through which the quality of performance is

Logar, Daikundi, Badakhshan and Kunduz provinces. 1,868 CHWs received initial and refresher trainings, and 2,140 persons received training from other training providers. Additionally, different capacity building sessions conducted in CAF main and provincial offices as well.

### **On the job training, conferences and seminars**

Beside that CAF has its own capacity building



programs for management staff. In addition, the organization has training programs for project staff at the office and health facilities level. Weekly technical conference at the health facilities level, annual workshops at the main office, monthly training sessions at HQ level, Monthly coordination meeting in Kabul with participation of CAF partners, quarterly technical review workshops in Kabul, trainings, mentoring, coaching and on job trainings in both levels supported and enhanced the knowledge and skills of the staffs. We tried to build the capacity of HF's staff as well as management

staff of CAF. We focused on regular supportive supervision, mentoring, and coaching of health

facilities by trained and expert supervisors to ensure quality service provision.

### **Training and workshops outside the country**

CAF encourage its staff in order to attend postgraduate degrees such

as Master and Doctoral (PhD) programs inside and outside of the country. One staff members of CAF is studying postgraduate degree in Master of Public Health, three staff are graduated from MPH program during 2016, three staff are studying post graduate degree in Master of Business Administration and another one staff is PhD scholar in public health during the reporting year and currently working at head quarter office. Subsequently, CAF is committed to build the capacity of its staff members through short and medium term programs and workshops inside and outside of Afghanistan. CAF has supported and celebrated total of 3 master graduates from its main and provincial offices during the reporting period. CAF technical



director joint a technical workshop in New York, United States with financial support of UNICEF during the reporting period.

**Partnerships:**

CAF works in partnership with various actors such as community, government, national and international agencies. CAF always received advice and

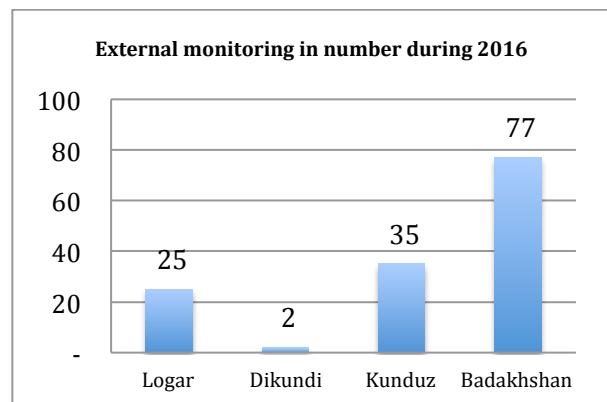
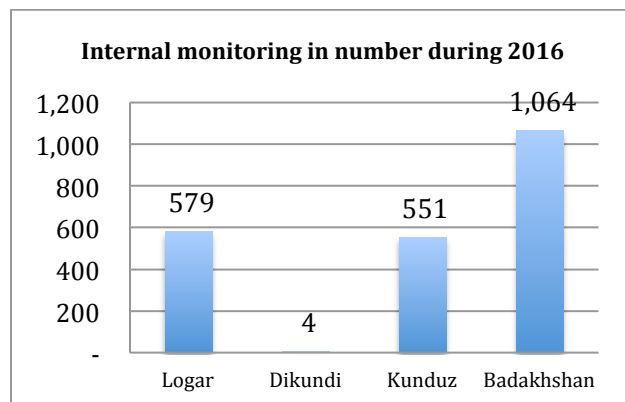
technical assistance of UN agencies in implementation of health and nutrition services that resulted to quality service provision in the country. Coordination with our partners and stakeholder such as MOPH, WHO, UNICEF, MSH, WFP, UNDP, Aga Khan Health Services (AKHS), SHDP, BARAN, Women Affair

Department, Provincial council and other governmental agencies at the national and provincial level was the key intervention of the organization which made through joint ventures, partnership, meetings, workshops and joint supervision-monitoring of projects during the reporting period.

**Monitoring and Supervision:**

139 external monitoring visits (25 in Logar, 77 in Badakhshan, 35 in Kunduz and 2 in Daikundi) conducted by GCMU-MOPH, MSH, WHO, PPHD, and M&E-MOPH. There is 49% increment in the frequency of monitoring visits by MOPH and other stakeholders during

1395 comparing to 1394. Total of 2,198 internal monitoring visits (1,064 in Badakhshan, 579 in Logar, 4 in Daikundi, and 551 in Kunduz provinces) conducted by CAF HQ and provincial management team. There is 14% increment in the frequency of monitoring visits by CAF and its partners during 1395 comparing to 1394. Action plans have been prepared addressing the findings of the visits and regular follow up is made during the course of the projects.







**Quarterly Review workshops**

CAF and its partner NGOs conducted regular quarterly review workshops of SEHAT projects in Kabul. CAF, BARAN and SHDP field offices staff and staff of main office participated actively in the workshops. Review of quarters' performance, lessons learned; plan for the next quarter and assessment of projects activities were the agendas discussed during the workshops.

**Annual review workshop**

Another outstanding activity for the year was annual review workshop of SEHAT projects. The workshop held in Kabul and Badakhshan in which key staff of projects participated, presented their annual achievements,

compared achievements with the annual work plan, and planned for the next year. CAF operation and technical directors and managers participated in the workshop and provided constructive feedbacks and comments for effectiveness and efficiency aspects of the projects.

**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<sup>th</sup> March/ international woman days at the office level, maintaining of kindergarten for children of staff and a female teacher in kindergarten. The most important gender consideration during the year was activation of women and youth empowerment department of the organization by hiring of a specialist for the department that contributed to the submission of three women empowerment and protection proposals to donors. CAF participated in a workshop, which was held in the ministry of women affaires for celebration of national



women day. CAF is committed to contribute in the empowerment of women and girls as a main objective of the ministry of women affairs.

**Coordination and communication:**

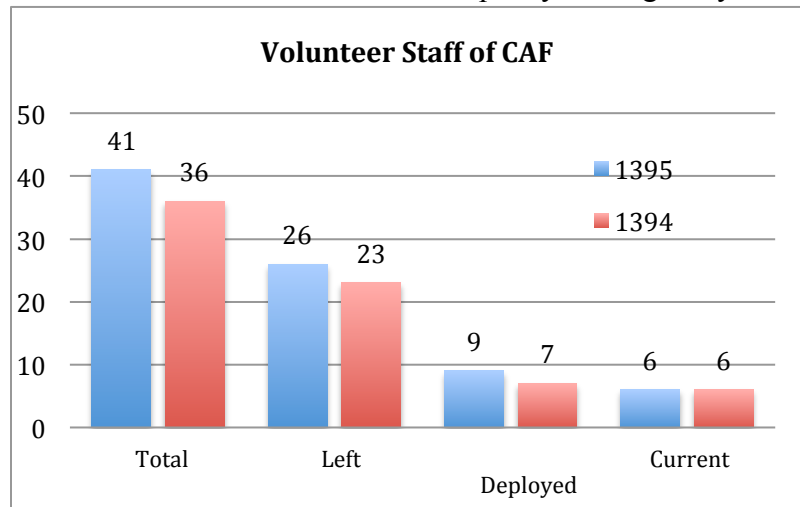
CAF is an active member of national and provincial level forums. Our staff participated in health system strengthening (HSS) forums regularly during the year. CAF is a member of CBHC, HMIS, IYCF and RH taskforce meeting at the MOPH level. In addition, CAF is a member of nutrition and health clusters at the national level. CAF leadership and provincial staff participated regularly and actively in quarterly BPHS and EPHS review meetings during the

reporting period. Furthermore, CAF leadership participated in Health Result Conference, introduction of Afghanistan Health and Demographic Survey preliminary result, and other national level gatherings. Also CAF is among steering committee members of Alliance for Health Organizations

meetings at the provincial levels where CAF is operating. CAF staff is members of PHO sub committees – such as RH, CBHC, EPI, and IMCI – and the EPR committee at the provincial levels.

**Volunteerism:**

Since its establishment, CAF tried to build the capacity of Afghan youths



(AHO). Besides, CAF is an active member of PHCC

through provision of volunteerism mechanism in its main and provincial offices. Total of 41 male and female youths employed as volunteer in different departments of the organization. From all, CAF could deploy 22% of volunteers in its main and provincial offices and 78% of volunteers obtained necessary knowledge and skills during their stay in CAF and left for joining other organizations.



### General Assembly:

As per the organization charter, CAF conducted the general assembly with presence of members of trustee board, members of director and management board in CAF Kabul office during the reporting

the provinces where the people suffer from natural disasters and disease outbreaks. Being one of the main implementers of health projects in Badakhshan, Logar, Daikundi and Kunduz provinces, CAF has



period. During the meeting, annual technical report, highlights of the year, and annual financial plan presented to the members of the meeting. The members of the general assembly reviewed and approved CAF strategic plan for 2016-2020 and revised charter of the organization. Also, the general director of the organization elected with the majority of the voters.

### Emergency response:

Badakhshan, Logar, Daikundi and Kunduz are

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 16 events during the year. During the reporting period, 15 emergencies reported from Badakhshan province and one emergency reported from Daikundi province, which responded properly.

### Appreciation and recognition:

During the reporting period, CAF was recognized and appreciated by Daikundi, Logar and Badakhshan governmental authorities. Meanwhile, Logar governor and public health director has appreciated CAF's efforts in implementation of CME and CHNE program in Logar province. Badakhshan governor awarded CAF with an appreciation letter for quality and successful implementation of CLTS project in Argo district. Also, the ministry of rural rehabilitation and development awarded CAF with an appreciation letter for quality implementation of CLTS project in Badakhshan province. The district governor of Shahr-e-buzurg district of Badakhshan province issued a certificate of appreciation to CAF for its successful and quality implementation of BPHS in the province. Also, Daikundi and Logar governors appreciated CAF performances in implementation of EPHS and BPHS projects respectively by giving certificate of appreciation.

### Our challenges:

Availability of old and non-standard buildings for HF in the operating provinces is a challenge to quality implementation of health services. 20 HFs in Logar and 23 HFs in Badakhshan provinces do not have standard building. Also, Daikundi provincial hospital building is not standard and do not have adequate space for proper service delivery as a PH in the province. This problem regularly shared with related stakeholder to find a solution.

Shortage of female professional staff in remote areas of the provinces is a general challenge in the country. Although Ministry of public health has started community midwifery education and community nursing, a community based programs, in most of the provinces shortage of female doctors and specialists is still a challenges toward ministry of public health to achieve Sustainable Development Goals set for Afghanistan. CAF has taken different approaches to fill this gap through exploring qualified female staff abroad the boundaries of Afghanistan such as Tajikistan to

overcome this challenge in its operating area and to contribute to goals of ministry of public health. CAF could fill all female MD positions in Badakhshan province through hiring of female MDs from Tajikistan. As a bench-mark from most of the developing countries we recommend the ministry of public health of the government to apply a post graduate mandatory services of medical graduates (both MDs and specialists) in the remote areas of the country as a long term solution for unavailability of female professional staff in these areas.

Insecurity in some of the area is a big challenge, which needs effort of multi sectorial teams to reduce its effect on the route of health service provision. CAF as non-political and community based organization provided

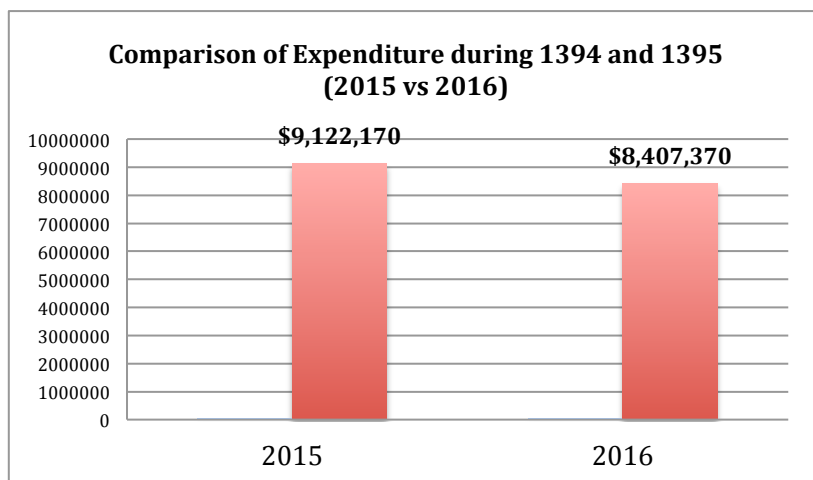
uninterrupted services to the needy population of the operating insecure areas such as Logar and Kunduz provinces regardless of their political sides. 64 health facilities in Kunduz, 44 health facilities in Badakhshan, 1 PH in Daikundi and 40 health facilities in Logar provinces were functional and providing un-interrupting services to the needy population of the provinces.

Lack of skill and knowledge in medical engineering and shortage of qualified staff for this purpose is another major challenge in BPHS and EPHS projects of CAF in the operating provinces. Acquiring medical engineering knowledge requires long term capacity building programs which the government and ministry of public health is requested to consider such need of the country in its educational programs.



## FINANCIAL SUMMARY:

CAF turnover has 8% decreases in 2016 comparing to 2015. However, during the year CAF had total of 15 active projects from which 5 projects successfully completed during the year 2016. The total turnover of CAF for the year 1395/2016 was \$ 8,407,370 USD that is 8% less than the turnover in 1394/2015.



CAF's core donors during the period are the World Bank, USAID, MOPH, and the UN agencies. The core donors contributed to the organization projects with 93.51%, 0.3%, and 4.34% respectively during the year. Other donors such as GAVI, MI, and AKF/KIT were our non-core donors during the period.

In total CAF could collect amount of 22,711,464 AFS withholding Tax from its operation as per Afghanistan income tax law and amount of 22,671,399 AFS paid to government account during the year. The collected amount of tax relates to payroll tax, vehicle tax, purchase tax and house rental taxes in the provincial offices and main premises of CAF. CAF as always, paid its monthly collected amount of tax to the government timely.

### Care of Afghan Families (CAF)

Kabul - Afghanistan

#### TAX REPORT FOR THE PERIOD FROM DECEMBER 22, 2015 TO DECEMBER 20, 2016

S/No	Description	Dec, 22 2015 to Dec 20, 2016			Dec, 22 2014 to Dec 21, 2015		
		Amount Collected	Amount Paid to Government	Balance with CAF	Amount Collected	Amount Paid to Government	Balance with CAF
Amounts in Afganis (AFN)							
1	Payroll Tax	16,391,149	16,351,084	40,065	17,500,598	17,503,102	-
2	Vehicle Tax	1,756,053	1,756,053	-	2,716,445	2,719,444	-
3	Purchase Tax	3,519,255	3,519,255	-	2,708,143	2,708,943	-
4	House Tax	1,045,007	1,045,007	-	1,587,751	1,587,751	-
<b>GRAND TOTAL</b>		<b>22,711,464</b>	<b>22,671,399</b>	<b>40,065</b>	<b>24,512,937</b>	<b>24,519,240</b>	<b>-</b>

Note: An amount of 40065 was paid less last year, which is paid this year to the government account.

## FINANCIAL STATEMENTS:

### Statement of Financial Position:

Care of Afghan Families (CAF)

Kabul, Afghanistan

Statement of financial position as at December 20, 2016

	1395		1394	
	20 December 2016		21 December 2015	
	AFN	US\$	AFN	US\$
<b>ASSETS</b>				
<b>TOTAL ASSETS</b>	<u>171,848,710</u>	<u>2,571,046</u>	<u>220,533,394</u>	<u>3,245,525</u>
<b>LIABILITIES AND FUNDS</b>				
<b>TOTAL LIABILITIES AND FUNDS</b>	<u>171,848,710</u>	<u>2,571,046</u>	<u>220,533,394</u>	<u>3,245,525</u>

\_\_\_\_\_  
**Director General**  
M.Naim.Rassa

\_\_\_\_\_  
**Operation Director**  
Dr.Nasir Ahmad Hamid

**Statement of Comprehensive Income (Profits and Losses):****Care of Afghan Families**

Kabul - Afghanistan

**Income Statement for the year ended December 20, 2016**

Note	1395		1394	
	20 December 2016		21 December 2015	
	AFN	US\$	AFN	US\$
<b>INCOME</b>				
	<u>572,066,233</u>	<u>8,554,116</u>	<u>608,884,241</u>	<u>9,491,774</u>
<b>EXPENDITURE</b>				
	<u>571,280,813</u>	<u>8,407,370</u>	<u>619,851,467</u>	<u>9,122,170</u>
Surplus of income over expenditure	<b>785,420</b>	<b>11,751</b>	(10,967,226)	(161,401)
Accumulated Core Fund brought forward	<b>14,603,055</b>	<b>282,162</b>	26,544,443	457,900
Exchange Loss on Core Fund brought forward		<b>(63,684)</b>	(974,162)	(14,336)
Accumulated Core Funds carried forward	<u><b>15,388,475</b></u>	<u><b>230,229</b></u>	<u>14,603,055</u>	<u>282,162</u>

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

**Director General**  
M.Naim.Rassa

**Operation Director**  
Dr. Nasir Ahmad Hamid



## Usman Azeem & Co.

Chartered Accountants

### INDEPENDENT AUDITORS' REPORT TO BOARD OF GENERAL DIRECTOR

We have audited the accompanying financial statements of **Care of Afghan Families** ("the organization") which comprise the statement of financial position as at **December 20, 2016**, income statement, for the period then ended statement of core fund 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.

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## Usman Azeem & Co.

Chartered Accountants

### 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, 2016** and of its surplus for the period 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 statement confirms to the approved accounting standards.

Usman Azeem & Co.  
Chartered Accountants

Kabul

March 04, 2017

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**Care of Afghan Families (CAF)**  
Kabul, Afghanistan

**Statement of financial position as at December 20, 2016**

	Note	1395		1394	
		20 December 2016		21 December 2015	
		AFN	US\$	AFN	US\$
<b>ASSETS</b>					
<i>Current assets</i>					
Receivable from donors	3	7,701,427	115,222	6,833,424	100,607
Security deposits	4	763,690	11,426	527,413	7,762
Other assets	5	-	-	35,000	515
Cash and cash equivalents	6	160,135,274	2,395,800	209,486,386	3,082,908
		<b>168,600,391</b>	<b>2,522,447</b>	<b>216,882,222</b>	<b>3,191,791</b>
<i>Non - Current assets</i>					
Operating fixed assets	7	3,248,319	48,598	3,651,171	53,733
<b>TOTAL ASSETS</b>		<b>171,848,710</b>	<b>2,571,046</b>	<b>220,533,394</b>	<b>3,245,525</b>
<b>LIABILITIES AND FUNDS</b>					
<i>Current liabilities</i>					
Deferred grant income - Restricted	8	92,790,941	1,388,255	147,153,267	2,166,421
Other payables	9	63,669,294	952,563	58,777,071	865,005
		<b>156,460,235</b>	<b>2,340,817</b>	<b>205,930,339</b>	<b>3,031,425</b>
<i>Funds</i>					
Accumulated Core Fund		<b>15,388,475</b>	<b>230,229</b>	<b>14,603,055</b>	<b>214,099</b>
Contingencies & Commitments		-	-	-	-
<b>TOTAL LIABILITIES AND FUNDS</b>		<b>171,848,710</b>	<b>2,571,046</b>	<b>220,533,394</b>	<b>3,245,525</b>

Director General  
M.Naim.Rassa



Operation Director  
Dr.Nasir Ahmad Hamid

**Care of Afghan Families**  
Kabul - Afghanistan

**Income Statement for the year ended December 20, 2016**

	Note	1395		1394	
		20 December 2016		21 December 2015	
		AFN	US\$	AFN	US\$
<b>INCOME</b>					
Amortization of deferred grant	10	571,268,774	8,542,185	604,635,955	9,429,253
Other income	11	797,459	11,931	4,248,286	62,521
		<u>572,066,233</u>	<u>8,554,116</u>	<u>608,884,241</u>	<u>9,491,774</u>
<b>EXPENDITURE</b>					
Direct operating cost	12	521,970,445	7,681,684	523,231,823	7,700,248
Indirect operating cost	13	49,310,368	725,686	53,989,330	794,545
Expenses of sub-grant	14	-	-	32,570,688	479,333
Expenses of SEHAT projects	15	-	-	10,059,626	148,045
		<u>571,280,813</u>	<u>8,407,370</u>	<u>619,851,467</u>	<u>9,122,170</u>
Surplus of income over expenditure		785,420	11,751	(10,967,226)	(161,401)
Accumulated Core Fund brought forward		14,603,055	282,162	26,544,443	457,900
Exchange Loss on Core Fund brought forward			(63,684)	(974,162)	(14,336)
Accumulated Core Funds carried forward		<u>15,388,475</u>	<u>230,229</u>	<u>14,603,055</u>	<u>282,162</u>

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

**Statement of Core Fund for the year ended December 20, 2016**

	AFN	US\$
Balance as at Dec 22, 2015	26,544,443	457,900
Exchange loss	-	-
Surplus for the year	(10,967,226)	(161,401)
Exchange Loss on Core Fund brought forwarded	(974,162.00)	(14,336.45)
Balance as at Dec 21, 2014	<u>14,603,055</u>	<u>214,099</u>
Surplus for the period	785,420	11,751
Exchange Loss on Core Fund brought forwarded	-	4,378
Balance as at December 21, 2015	<u>15,388,475</u>	<u>230,229</u>

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

\_\_\_\_\_  
**Director General**  
M.Naim.Rassa



\_\_\_\_\_  
**Operation Director**  
Dr.Nasir Ahmad Hamid



## Usman Azeem & Co.

Chartered Accountants

### INDEPENDENT AUDITORS' REPORT ON COMPUTATION OF TAX CALCULATION

General Director  
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 collected tax is AFN 22,711,464.18/- and paid tax is AFN 22,671,399.18/- 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.

Usman Azeem & Co.

Chartered Accountants

Kabul  
March 04, 2017

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## Usman Azeem & Co.

Chartered Accountants

### INDEPENDENT AUDITORS' REPORT ON THE SCHEDULE OF COMPUTATION OF INDIRECT COST RATE.

General Director  
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 is presented for the purpose for additional analysis and is not a required 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.

Usman Azeem & Co.

Chartered Accountants

Kabul  
March 04, 2017

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Care of Afghan Families (CAF)  
Kabul - Afghanistan

**SCHEDULE OF COMPUTATION OF INDIRECT COST RATE  
FOR THE PERIOD ENDED DECEMBER 20, 2016**

PARTICULARS	AMOUNTS IN AFS			INDIRECT COST
	DIRECT COST	CAPITAL COST	SUB-GRANTEE	
SALARIES AND BENEFITS	272,583,974	-	-	37,406,114
GOOD AND SERVICES	244,486,755	-	-	11,904,254
ASSETS	-	4,899,716	-	-
SUB-GRANT EXPENSES BARAN	-	-	-	-
SUB-GRANT EXPENSES SHDP	-	-	-	-
CAF-BARAN CONSORTIUM EXPENSES	-	-	-	-
CAF DIRECT EXPENSES PORTION DAIKUNDI	-	-	-	-
CAF DIRECT EXPENSES PORTION LOGAR	-	-	-	-
DIRECT EXPENSE FIXED ASSET	-	-	-	-
<b>TOTAL:</b>	<b>517,070,729</b>	<b>4,899,716</b>	<b>-</b>	<b>49,310,368</b>

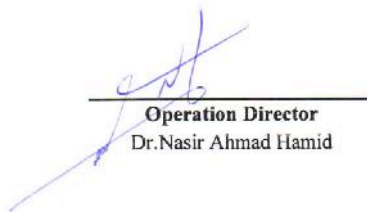
INDIRECT COST RATE (RATIO) =  $\frac{\text{Indirect Cost}}{\text{Direct Cost}} = \frac{49,310,368}{517,070,729} = 10\%$

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Director General  
M.Naim.Rassa



Operation Director  
Dr.Nasir Ahmad Hamid





## Usman Azeem & Co.

Chartered Accountants

### INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE

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

We are engaged to conduct the Audit of the financial statements of CAF for implementations of various project states under activities description from Annexure 1 to Annexure 15 for the period from 22 December 2015, to December 20, 2016 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 report 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.

For and on behalf of

Usman Azeem & Co.

Chartered Accountants  
Kabul  
March 04, 2017

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Registrations

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  
جوواز نامه فعالیت

شماره ثبت قبلی ( ۹۴۶ ) تاریخ / /  
شماره ثبت جدید ( ۶۸ ) تاریخ ۱۳۸۴/۷/۷  
به مؤسسه محترم ( سازمان خوارگاه خوارگان ) (CAF)

با ساسی تصویب کمیسیون عالی ارزیابی مؤسسات غیر دولتی  
تحت فیصله شماره (۶۸) مورخ ۱۳۸۴ / ۷ / ۷ برای مؤسسه شما  
اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در اجراءات  
خوبش 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 (فرهنگ)  
وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی  
**Dr. Mir. M. Amin (Farhang)**  
Minister of Economy





تصدیقنامه ثبت مؤسسات  
غیر دولتی بخش زنان  
*Certificate of Registration For Women*

Islamic Republic of Afghanistan  
Ministry of Women's Affairs (MOWA)  
Policy & Plan Department

S/N : (639)  
Date:  
Based on the decision of the NGO Registration Commission of Ministry of Women's Affairs (MOWA) is Hereby recognized as an NGO (CAF) authorized to Undertake its activities for women's development and Empowerment at central and provincial levels . This NGO is mandated to implement its activities according to the NGOs legislation and under the supervision of MOWA . In case of any violation or unsatisfactory Performance , the above mentioned NGO will no longer receive MOWA,s support and this certificate is Awarded for one year and is valid from (18/08/1394) to (17/08/1395)

**Minister of Women's Affairs**

دولت جمهوری اسلامی افغانستان  
وزارت امور زنان  
ریاست پالیسی و پلان

شماره مسلسل (۶۳۹) ثبت.  
تاریخ: ۱۷۷  
۹۵

به اسسین فیصله کمیسیون ثبت انجیوها وزارت امور زنان جمهوری اسلامی افغانستان به ثبت مؤسسه محترم (مواظبت خانواده های افغان) منحیت یک انجیو که به منظور رشد و انکشاف زنان در مرکز و ولایات فعالیت دارند موافقت می نماید .  
مؤسسه محترم مکلف است تا تمام فعالیت های خویش را طبق قانون مؤسسات غیر دولتی تحت نظر این وزارت به پیش برده در صورت تخلف از مواد منکره از حمایت این وزارت در بخش های کاریشان مستنقذ نگرندیده و تصدیقنامه برای یک سال از تاریخ (۱۳۹۴/۰۸/۱۸) الی (۱۳۹۵/۰۸/۱۷) مدار اعتبار میباشد.

 وزارت امور زنان

## Appreciations









*Let's improve the quality of life among Afghan families*

## Care of Afghan Families

CAF

Annual Report 1395

