

Care of Afghan Families (CAF)

موسسه مواظبت خانواده های افغان

د افغاني کورنيو پاملرني موسسه



CAF



ANNUAL REPORT 2024

March 20-2024 to March 19, 2025

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MESSAGE FROM THE DIRECTOR GENERAL

It is my profound honor to present this Annual Report, reflecting the collective humanitarian efforts of *Care of Afghan Families (CAF)* over the past fiscal year. CAF remains committed; serving the people of Afghanistan with dignity, compassion, and professionalism.



CAF is currently the implementer of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in Logar province, funded by the World Bank through UNICEF. In addition, we are implementing a community-based malaria control program in Logar with financial support from UNDP/Global Fund. Our Reproductive, Maternal, Newborn, and Child Health (RMNCH) project funded by UNFPA is active in both Logar and Samangan provinces. These programs reflect our dedication to improving public health outcomes and ensuring access to essential services for all communities.

Throughout the year, CAF has continued to deliver vital services in public health, nutrition, emergency response, and community development across multiple provinces. In a country where access and utilization to basic services still remains a challenge, our commitment is clear: the people of Afghanistan deserve reliable, high-quality care. The CAF family is devoted to delivering these services now and, in the years, ahead.

This report also marks a significant milestone; the 22 years of CAF's service to the Afghan people. It documents our achievements, financial status, and our challenges. Despite the obstacles, our results speak to the strength of our teams and the trust of the communities we serve.

CAF's work is grounded in professionalism, efficiency, equity, integrity, accountability, and transparency. These values guide every project we implement and every life we touch. We take pride in our duty to improve the quality of life for the Afghan population—especially those most in need.

We extend our deepest appreciation to the Ministry of Public Health, Ministry of Economy, Ministry of Finance, and their departments at the provincial levels and other governmental bodies for their continued collaboration. We are equally grateful to our donors and partners, World Bank, UNICEF, WHO, WFP, UNDP, UNFPA, UNOCHA, UNOPS and to the community members who have been our strongest allies in the field.

I would also like to recognize the invaluable contributions of CAF's Board of Trustees, advisory board and the entire CAF team. My special thanks go to our local staff, health facility personnel, and community health volunteers (CHWs) who have worked tirelessly to deliver services and raise awareness across our operational areas.

Afghanistan's humanitarian needs remain significant. We welcome continued collaboration with all stakeholders committed to improving health outcomes in Afghanistan. Together, we can build a healthier, more hopeful future for the people of Afghanistan.

With deepest respect and commitment,

Dr. Sayed Ashuqullah Majidi
Director General,
Care of Afghan Families (CAF)

ORGANIZATIONAL OVERVIEW

Vision, mission, and core

Vision

"Self-reliant, aware and healthy Afghan Families."

فامیل های افغان متکی بخود، آگاه و صحتمند.

Mission:

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

توانمند ساختن فامیل ها تا در مقابل فقر، بی عدالتی و ناآگاهی مجادله کنند.

Core values:

- | | | |
|----|---|--|
| 1. | Accountability and transparency: able to provide evidence and prove the use of the organization's resources . | 1. حسابدگی و شفافیت: ارایه شواهد و اسناد جهت استفاده از دارایی های موسسه |
| 2. | Equity and Integrity: Being honest and respecting others' rights . | 2. مساوات و صداقت: صادق بودن و احترام به حقوق دی |
| 3. | Professionalism: Having the required qualifications and using them in performing a job. | 3. مسلکی بودن: داشتن توانایی های مربوطه جهت اجرای وظایف |
| 4. | Efficiency: Using resources economically and reasonably to deliver effective outputs. | 4. موثریت: استفاده از منابع به شکل اقتصادی و مناسب جهت به دست آوردن نتیجه های موثر |
| 5. | Innovation: Applying new methods to deliver better services. | 5. نوآوری: اجرای متیود های جدید جهت عرضه خدمات |
| 6. | Neutrality: CAF provides services considering neutrality. | 6. بی طرفی: موسسه تمام خدمات خود را در بی طرفی انجام میدهد. |

Legal Status

Care of Afghan Families (CAF), a well-trusted organization, is a non-governmental, non-political, not-for-profit, independent, and humanitarian organization. The organization was established in Kabul, and registered in the Ministry of Planning of the Islamic Transitional Government of Afghanistan on January 1, 2003, with Registration No 946. Based on the government requirement in 2005, re-registered in the Ministry of Economy with registration number 68.

وضعیت حقوقی: موسسه مواظبت خانواده های افغان یک نهاد معتبر، غیر دولتی، غیر سیاسی، غیر انتفاعی، مستقل و بشردوستانه است که متعهد به بهبود زندگی جوامع آسیب پذیر در سراسر افغانستان می باشد. این موسسه به طور رسمی در کابل تأسیس گردیده و در تاریخ ۱ جنوری ۲۰۰۳ با شماره ثبت ۹۴۶ در وزارت پلان حکومت انتقالی اسلامی افغانستان ثبت شده است. بر اساس مقررات جدید دولت، این نهاد در سال ۲۰۰۵ مجدداً در وزارت اقتصاد با شماره ثبت ۶۸ ثبت گردیده است.

Governance structure and leadership team

Care of Afghan Families (CAF) is governed through a multi-tiered structure designed to ensure strategic oversight, operational accountability, and institutional continuity. At the apex is the General Assembly, the organization's highest decision-making body, comprising members from the Trustee Board, Advisory Board, and Management Board. The Trustee Board consists of independent professionals who serve voluntarily and provide fiduciary guidance, strategic advice, and oversight on transparency and efficiency. The Advisory Board, composed of CAF's founding members, holds the highest leadership authority and plays a pivotal role in nominating the Director General, shaping strategic direction, and establishing external partnerships. The Management Board, led by the Director General and including technical, financial, and departmental managers, oversees daily operations and ensures alignment with CAF's strategic plan. Leadership appointments follow structured terms and re-election protocols, with clear mandates for performance, accountability, and neutrality. This governance model reflects CAF's commitment to professionalism, integrity, and sustainable impact across its humanitarian and development initiatives.

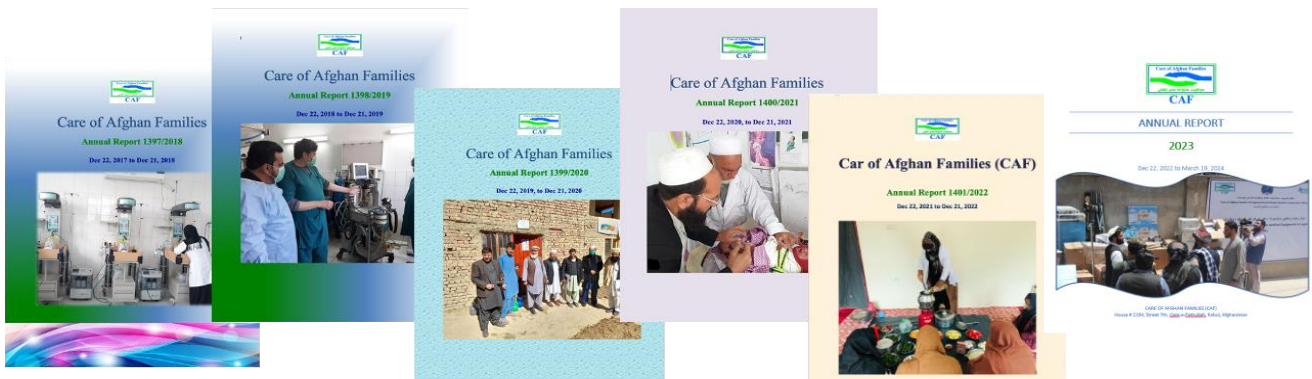
موسسه مواظبت خانواده های افغان از طریق یک ساختار چندسطحی اداره می شود که هدف آن تأمین نظارت استراتژیک، پاسخدهی به فعالیت ها، و تداوم نهادی می باشد. در رأس این ساختار، مجمع عمومی قرار دارد که عالی ترین مرجع تصمیم گیری بوده و شامل اعضای هیئت امنا، هیئت مشورتی، و هیئت اجرایی می باشد.

هیئت امناء متشکل از متخصصین مستقل است که به صورت داوطلبانه خدمت می کنند و مشوره های استراتژیک، رهنمودهای مالی، و نظارت بر شفافیت و مؤثریت را فراهم می نمایند.

هیئت مشورتی شامل اعضای مؤسس نهاد بوده و بالاترین صلاحیت رهبری را دارا می باشد. این هیئت نقش کلیدی در تعیین رئیس عمومی، شکل دهی جهت گیری استراتژیک، و ایجاد مشارکت های بیرونی ایفا می کند.

هیئت اجرایی به رهبری رئیس عمومی و با حضور مدیران تخریکی، مالی، و بخش های مختلف، مسئولیت نظارت بر فعالیت های روزمره و تطبیق برنامه استراتژیک نهاد را به عهده دارد.

تعیینات رهبری بر اساس دوره های مشخص و پروتکل های انتخاب مجدد صورت می گیرد، که شامل مکلفیت های واضح در زمینه عملکرد، پاسخدهی، و بی طرفی می باشد. این مدل رهبری، تعهد نهاد خانواده های افغان را به حرفه گرایی، صداقت، و تأثیر پایدار در برنامه های بشردوستانه و انکشافی اش بازتاب می دهد.



Working Directions



Health and Nutrition

enhance equitable access to health and nutrition services through BPHS/EPHS and vertical projects. aiming to improve health outcomes by reducing maternal, newborn, infant, and child mortality, curbing the prevalence of communicable diseases, and enhancing maternal and child nutrition across the supported provinces.



Education & Research

inclusive education and operational research to strengthen evidence-based decision-making, workforce capacity, and innovation.



Community Development

Strengthen local resilience and self-reliance through inclusive governance, livelihood support, and protection services and projects.

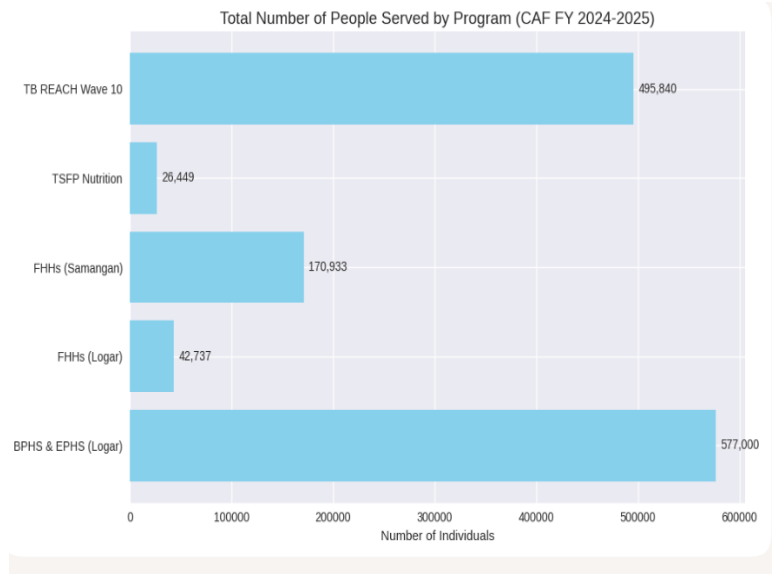


Let's improve the quality of Life Among Afghan Families

راځئ چې د افغان کورنیو ترمنځ د ژوند کیفیت ښه کړو

EXECUTIVE SUMMARY

In the fiscal year spanning March 20, 2024 to March 19, 2025, Care of Afghan Families (CAF) continued its mission to deliver equitable, high-impact health and nutrition services across Afghanistan, with a focus on maternal, child, and community health. Operating in partnership with key donors including the World Bank, UNICEF, UNFPA, UNOPS, WFP, and UNDP. CAF implemented a diverse portfolio of programs that addressed urgent humanitarian needs while strengthening long-term health system resilience.



CAF successfully delivered the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in Logar province under the Health Emergency Response (HER) initiative, reaching over 577,000 individuals through 56 health facilities and 231 health posts. Performance consistently exceeded targets across key indicators: antenatal care (115%), institutional deliveries (112%), postnatal care (117%), immunization (122%), and child morbidity management (120%). CAF also led targeted nutrition interventions through the WFP-funded TSFP program, supporting 26,449 beneficiaries with cure rates exceeding SPHERE standards and zero mortality.

In reproductive health, CAF operated 45 Family Health Houses (FHHs), 14 in Logar and 31 in Samangan, under UNFPA funding. These facilities served a combined total of 213,670 beneficiaries (Logar: 42,737; Samangan: 170,933), with notable improvements in ANC coverage, skilled birth attendance, nutrition counseling, and family planning outreach. Samangan's Q1 2025 performance showed dramatic gains, with MIYCN services reaching 319% of target and immunization coverage rising to 283%. CAF also completed the relocation of four FHHs to permanent buildings and ensured timely delivery of pharmaceuticals, FP commodities, and infection prevention supplies.

Nutrition programming under the WFP-funded Targeted Supplementary Feeding Program (TSFP) in Logar reached 26,449 beneficiaries, including children aged 6–59 months and pregnant/lactating women. Cure rates exceeded SPHERE standards across all categories—93% for children 6–23 months, 96% for children 24–59 months, and 91% for PLW with zero mortality and minimal default rates. CAF distributed over 250 metric tons of nutrition commodities with less than 0.02% loss, demonstrating strong supply chain management and operational accountability.

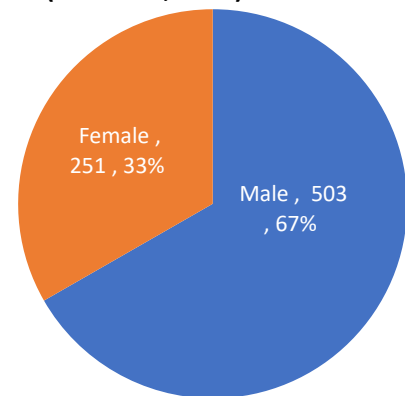
CAF's TB, malaria, and RSSH project in Logar, supported by UNDP, achieved 100% coverage for malaria testing and treatment, 110% TB treatment success, and 206% case notification via patient associations. Despite challenges in preventive therapy and GeneXpert access, CAF implemented corrective actions including intensified

household screening and targeted capacity building. Meanwhile, the TB REACH Wave 10 project, implemented in four provinces with UNOPS funding, screened 495,840 individuals—145% of target—and diagnosed 1,386 TB cases, with treatment success rates of 95% (bacteriologically confirmed) and 92.4% (all forms). The project's integration into maternal and child health services contributed to an 8% increase in TB notifications despite national declines.

Financially, CAF managed a total turnover of AFN 6.81 million, with 62.91% of funding from the World Bank/UNICEF, 31.26% from UNFPA, and smaller contributions from WFP, UNOPS, and UNDP. All projects were audited by independent firms appointed by donors and CAF's Board of Directors, ensuring full compliance with financial and operational standards. CAF also paid AFN 17.8 million in withholding taxes to the government, reflecting its commitment to legal and fiscal transparency.

CAF's achievements in 2024 were made possible by the dedication of 754 deployed staff (503 male, 251 female), over 1,000 trained personnel, and strong coordination with national and provincial health authorities. The organization actively participated in national platforms including PHCC, ACCASUS, PPMU, GDP, and PQA, aligning its work with national priorities and donor expectations. As CAF looks ahead, it remains steadfast in its mission to improve the quality of life for Afghan families through equitable, accountable, and community-driven health and nutrition services.

**Number of Employees during Year 1403
(March 20, 2025)**

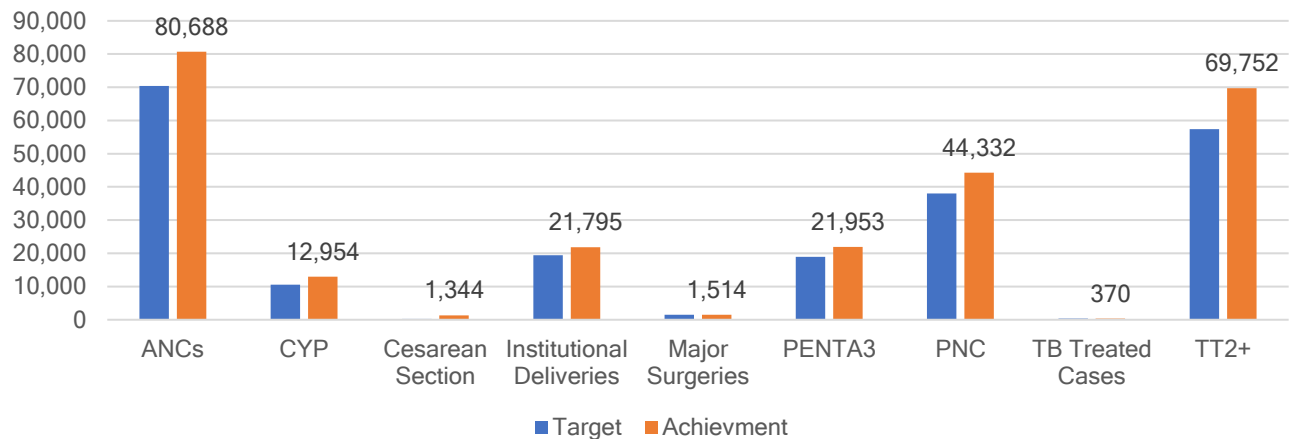


PROGRAMMATIC HIGHLIGHTS

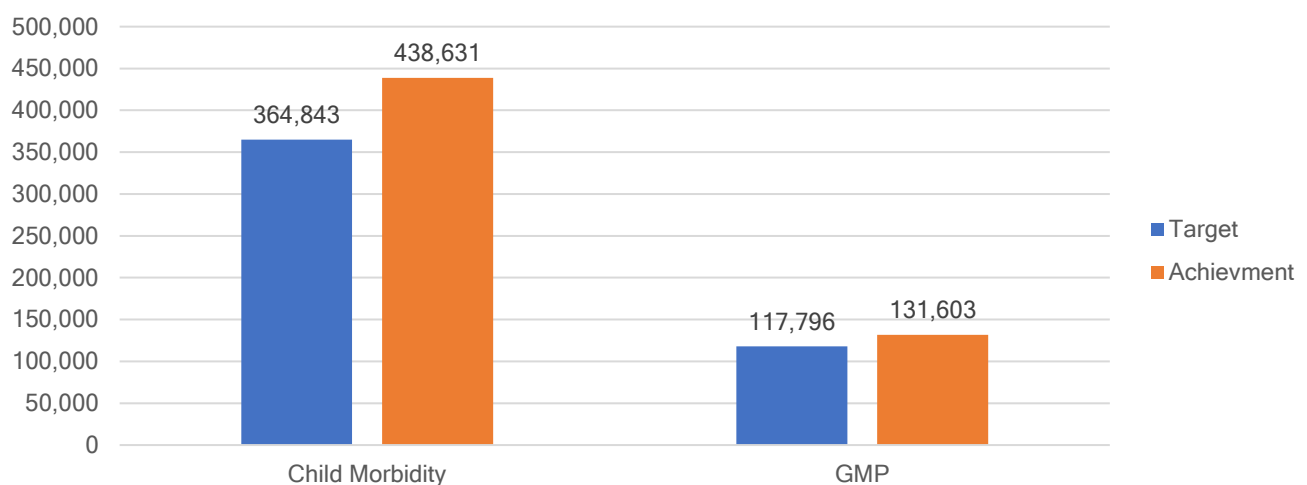
Health Emergency Response (HER) Project Logar Province

Under the Health Emergency Response (HER) initiative, funded by the World Bank through UNICEF, Care of Afghan Families (CAF) successfully implemented both the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) across Logar Province, serving a total population of 577,418, including 162,017 boys, 151,122 girls, 132,253 men, and 132,026 women. The project supported 56 health facilities; comprising 3 district hospitals, 2 CHC+, 8 CHCs, 19 BHCs, 13 SHCs, 1 mobile health team (MHT), 8 family health houses (FHH), and 1 additional unit alongside 231 health posts and 1 provincial hospital under EPHS. Throughout the reporting period, CAF ensured uninterrupted service delivery across all facilities, consistently surpassing performance targets and demonstrating strong alignment with HER's strategic goals.

**UNICEF HER Project Logar Performance Vs Targets Indicators
Apr 2024 to Mar 2025**



**UNICEF HER Project Logar Performance Vs Targets Indicators
Apr 2024 to Mar 2025**



Maternal health services showed high utilization, with Antenatal Care (ANC) reaching 80,688 visits against a target of 70,388 (115%), Institutional Deliveries totaling 21,795 versus a target of 19,446 (112%), and Postnatal Care (PNC) services provided to 44,332 women, exceeding the target of 37,986 (117%). TT2+ immunization coverage

reached 69,752 out of a target of 57,391 (122%), reflecting strong outreach and vaccine uptake. Family planning efforts were highly effective, with Couple Years Protection (CYP) recorded at 12,954 against a target of 10,586 (122%). Immunization performance was robust, with PENTA3 coverage reaching 21,953 children, surpassing the target of 18,898 (116%).

Surgical capacity remained stable, with 1,514 major surgeries conducted against a target of 1,505 (101%). Cesarean sections surged to 1,344, nearly five times the target of 272 (495%), indicating expanded emergency obstetric response, though this sharp increase warrants further clinical review. Child health indicators also performed strongly: child morbidity management reached 438,631 cases against a target of 364,843 (120%), and the Growth Monitoring Program (GMP) screened 131,603 children, exceeding the target of 117,796 (112%). Tuberculosis treatment was effective, with 370 cases managed against a target of 345 (107%), reflecting strong case detection and treatment adherence.

CAF conducted a total of 606 supportive supervision visits across BPHS and EPHS facilities, consistently accompanied by technical support and on-the-job training to improve service delivery standards. Additionally, 91 monitoring visits were carried out; 67 by UNICEF extenders and 24 by CAF technical teams with findings addressed through structured action plans. Coordination with the Provincial Public Health Directorate (PPHD) remained strong, resulting in 66 joint monitoring visits, each followed by documented follow-up and partner engagement. CAF facilitated 110 health shura meetings at the facility level and 627 at the community level, strengthening local accountability and health governance.

Pharmaceutical support was robust, with quarterly distributions of medicines, consumables, and lab reagents completed across all health facilities. CAF responded to a total of three outbreaks—scabies, measles, and dog bites—through targeted kits and rapid response mechanisms. Monthly consumption reports and consistent data entry into the mSupply database ensured transparency and stock accountability. Family planning commodities, pneumonia kits, and high-risk medicines were supplied, with redistribution of short-expiry stock to high-demand facilities.



Logistics operations included the supply of all related HFs with oxygen, fuel, gas, hygiene items, stationeries, and patient food, along with repairs to ambulances, generators, water systems, and medical equipment in over 30 health facilities. Winterization plans were implemented, and nine motorbikes were distributed to strengthen EPI outreach. Infrastructure upgrades included partitions for nutrition counselors, installation of fire extinguishers, and activation of electricity systems to improve facility functionality.

Human resources were significantly expanded during the reporting period through the recruitment of 103 field-level staff, including medical doctors, midwives, community health supervisors (CHSs), guards, cleaners, vaccinators, psychosocial counselors, and specialists. All recruitment followed formal HR procedures, including written tests and structured interviews, ensuring merit-based selection and operational readiness across all service points. By the end of the reporting cycle, the total number of deployed staffs across BPHS and EPHS facilities reached 727, comprising 476 male and 251 female personnel—reflecting CAF's commitment to gender-inclusive staffing and equitable workforce distribution. Based on monthly vacancy trends and filled positions, the estimated annual staff turnover rate was 14.2%.

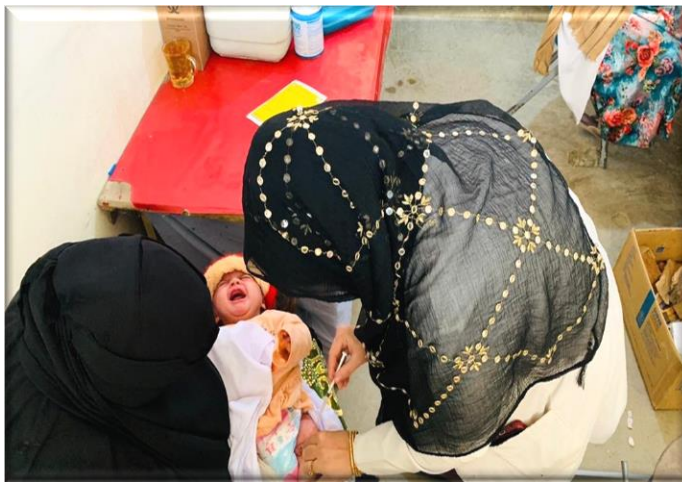
Capacity building remained a major focus, with over 1,000 participants trained across a wide range of technical and thematic areas. These included Infection Prevention and Control (IPC) for 157 staff, Gender-Based Violence (GBV) for 160, Maternal Infant and Young Child Nutrition (MIYCN) for 51, DOTs for TB (4), Rational Use of Drugs (RUD) for 11, Cold Chain Management for 21, Mental Health for 14, Psychosocial Support for 3, Emergency Care for 7, Child Safeguarding for 44, and Vaccinator Training for 89. Additional trainings covered gender sensitivity, clinical care, and orthopedic specialization, contributing to improved service quality and staff competency. Additionally, the CHWs of all 231 Health posts (415 CHW) received two times refresher training during the year.



Also, CAF maintained active participation in national coordination platforms including PHCC, ACCASUS, PPMU, GDP, PQA, and UNICEF virtual sessions, ensuring alignment with national priorities and donor expectations. These efforts reflect CAF's commitment to delivering comprehensive, equitable, and high-quality healthcare services across Logar Province, with measurable impact on maternal and child health, communicable disease control, and health system resilience.



د CAF مؤسسي له خوا د HER پروژه د لوگر ولايت کې تطبيق شوه، چې د نړيوال بانک له خوا د يونيسف له لارې تمويل شوې وه. موږ د ۵۷۷,۴۱۸ وگړو خدمت وکړ (چې پکې ۱۶۲,۰۱۷ هلکان، ۱۵۱,۱۲۲ نجونې، ۱۳۲,۲۵۳ نارينه، او ۱۳۲,۰۲۶ ښځې شاملې وې). دا پروژه ۵۶ روغتيايي مرکزونه ملاتړ کوي، چې پکې ۳ ولسوالي روغتونونه، ۲ CHC+ مرکزونه، ۸ CHC مرکزونه، ۱۹ BHC مرکزونه، ۱۳ SHC مرکزونه، ۱ گرځنده روغتيايي ټيم (MHT)، ۸ کورنۍ روغتيايي ځای (FHH)، او ۱ اضافي واحد شامل وو، سربېره پر دې ۲۳۲ روغتيايي پوستې او ۱ ولايتي روغتون د EPHS تر چتر لاندې شامل دي.



د راپور ورکولو موډې په جريان کې، په لوگر ولايت کې د BPHS او EPHS پروژه د ټولو څارل شويو شاخصونو له مخې د پام وړ بريالسه کړی، هدفونه يې په دوامداره توگه تر لاسه کړي او د روغتيايي خدمتونو قوي وړاندې کولو يې ثبوت ورکړ. د مور روغتيا خدمتونه لوړ کارول شوي، چې پکې د اميندواری پاملرنې (۱۱۵٪)، روغتون کې زېږونونه (۱۱۲٪)، د زېږون وروسته پاملرنه (۱۱۷٪)، او د TT2+ پوشښ (۱۲۲٪) ټول د تمې څخه لوړ وو. د کورنۍ پلان جوړونې هڅې اغېزمنې وې، لکه څنگه چې د CYP شاخص (۱۲۲٪) ښيي. د واکسين تطبيق قوي و، چې د PENTA3 پوشښ (۱۱۶٪) ته رسېدلی. جراحي وړتيا ثابته پاتې شوه، د لويو عملياتو کچه (۱۰۱٪) وه، خو د سيزارين عملياتو شمېر (۴۹۵٪) ته لوړه شوه، چې دا د عاجل ولادي خدمتونو پراخوالي ته اشاره کوي، که څه هم دا لا هم کلينيکي بياکتني ته اړتيا لري. د ماشوم روغتيا شاخصونه هم ښه فعاليت درلود: د ماشوم ناروغيو مدیریت (۱۲۰٪)، د ودې څارنې پروگرام (GMP ۱۱۲٪)، او د توبرکلوز درملنه شوې پېښې (۱۰۷٪) ته رسېدلي. دا پايلې د پروژې د عملياتي اغېزمنتيا، د ټولنې ښکېلتيا، او د CAF مهم رول په گوته کوي چې د لوگر ولايت د روغتيايي سيستم ځواب ويلو وړتيا پياوړې کړي.



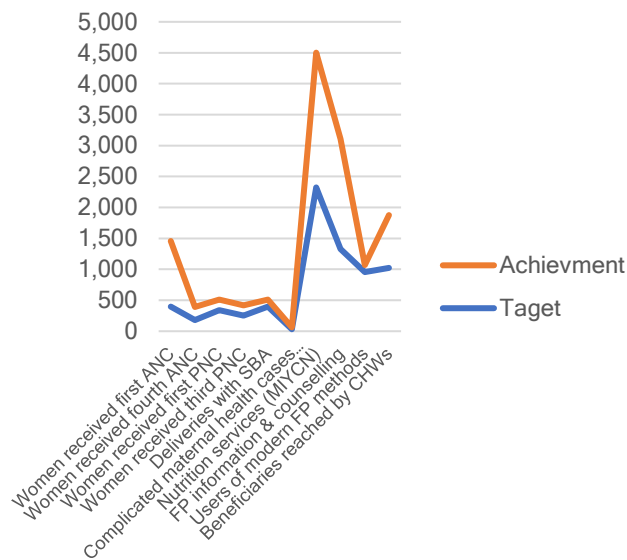
FHH Project Logar and Samangan Province

FHH Project Performance Logar Province:

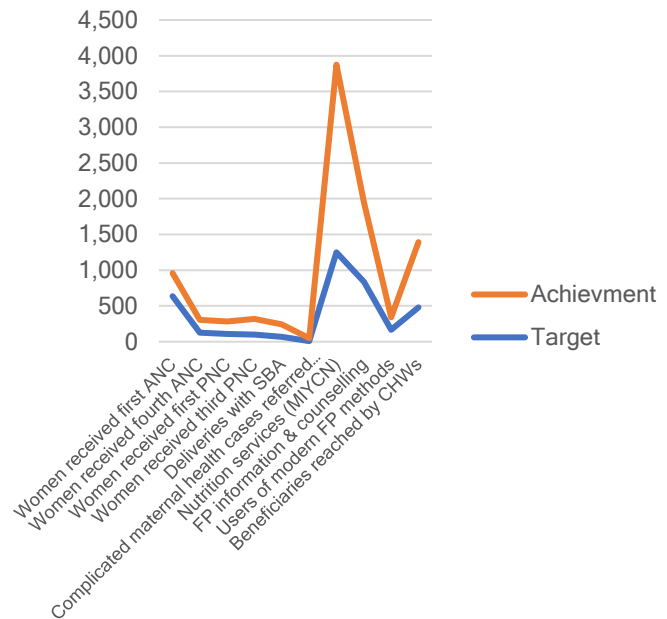
CAF operated 14 Family Health Houses (FHHs) across seven districts in Logar province under UNFPA funding. From January to December 2024, the project demonstrated strong performance across several reproductive health indicators. First ANC visits reached 1,062 against a target of 396 (268%), while fourth ANC visits exceeded expectations at 117%. However, first PNC coverage was moderate at 51%, and third PNC reached 67%. Skilled birth attendance (SBA) remained low at 29%, with only 114 deliveries recorded. Nutrition services (MIYCN) achieved 94%, and family planning (FP) counseling surpassed targets at 134%. Uptake of modern FP methods was notably low at 12%. CHWs reached 854 beneficiaries (83%), and under-five OPD consultations more than doubled expectations at 179%. FHAGs reached 1,157 beneficiaries (152%), and total beneficiaries served stood at 26,318 an impressive 236% of the annual target.



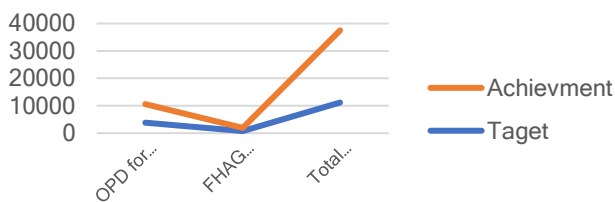
UNFPA FHH Logar Project Performance Vs Targets Indicators Jan 2024 to Dec 2024



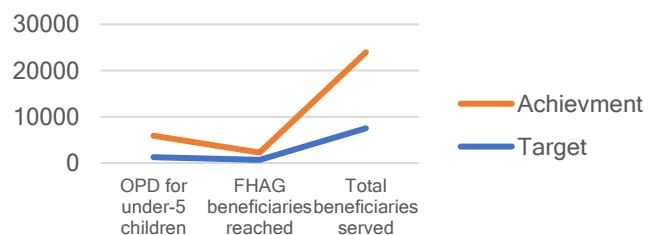
UNFPA FHH Logar Project Performance Vs Targets Indicators Jan 2025 to Mar 2025



UNFPA FHH Logar Project Performance Vs Targets Indicators Jan 2024 to Dec 2024



UNFPA FHH Logar Project Performance Vs Targets Indicators Jan 2025 to Mar 2025



In Q1 2025, which is part of the current reporting period, performance crossed most indicators. Fourth ANC visits rose to 141%, third PNC to 222%, and SBA deliveries to 252%. Complicated maternal referrals increased dramatically to 513%. MIYCN services doubled their target (210%), and FP counseling maintained strong performance at 132%. Modern FP method users reached 104%, a significant recovery. CHWs reached 912 beneficiaries (190%), and under-five OPD consultations tripled to 356%. FHAG engagement rose to 230%, and total beneficiaries served reached 16,419 (218%) of the quarterly target. These results reflect CAF's strategic improvements in service delivery, community engagement, and emergency referral systems.

CAF fully achieved all planned activities in Logar, including establishment and construction of 5 FHH, 100% delivery of pharmaceutical, FP, and infection prevention supplies across all FHHs. Monitoring and supportive supervision were conducted by CAF HQ, MoPH, UNFPA, and local government entities, ensuring quality assurance across all sites. Staff salaries and top-up support for midwives and PO staff were disbursed on time, and the provincial team actively participated in PHCC and coordination meetings. These efforts contributed to high service uptake and reinforced CAF's operational credibility in the region.



CAF د UNFPA په مالي ملاتړ سره په لوگر ولایت کې ۱۴ د کورنۍ روغتیا مرکزونه فعال کړي. د ۲۰۲۴ کال له جنوري تر دسمبر پورې، پروژه د تولید مثل روغتیا په شاخصونو کې ښه پرمختګ کړی. د لومړي ANC مراجعه کوونکي ۲۶۸٪ ته رسیدلي، څلورم ANC ۱۱۷٪، PNC لومړی ۵۱٪، درېیم PNC ۶۷٪، او د ماهرو قابلو ولادتونه ۲۹٪ وو. د تغذیې خدمات ۹۴٪، د کورنۍ پلان مشورې ۱۳۴٪، خو د عصري میتودونو کارونه یوازې ۱۲٪ وه. CHWs ۸۵۴ کسانو ته خدمات وړاندې کړي دي، د ماشومانو OPD مشورې ۱۷۹٪ ته، FHAGs ۱۱۵۷ کسانو ته، او ټول مراجعین ۲۶,۳۱۸ ته رسیدلي (۲۳۶٪ د هدف کپزۍ).

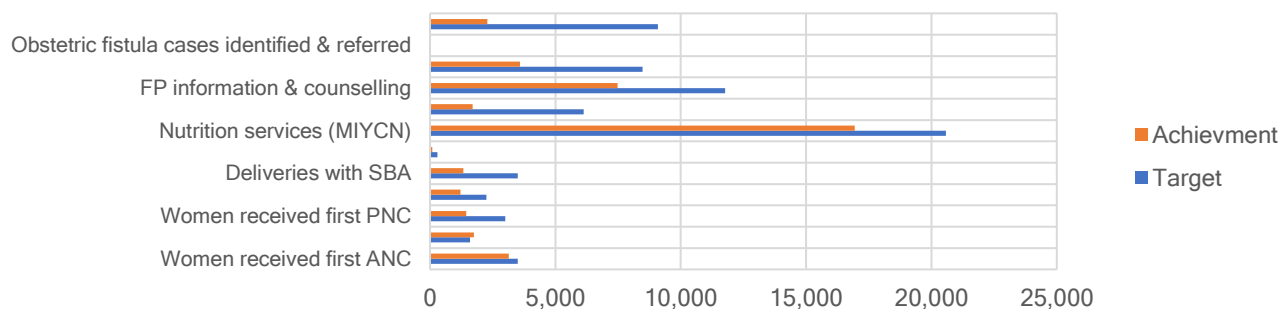
په ۲۰۲۵ کال لومړۍ ربع کې، څلورم ANC ۱۴۱٪، درېیم PNC ۲۲۲٪، ولادتونه ۲۵۲٪، او ارجاع شوي مورني قضیې ۵۱۳ ته رسیدلي. MIYCN خدمات ۲۱۰٪، FP مشورې ۱۳۲٪، عصري میتودونه ۱۰۴٪، CHWs ۹۱۲ کسانو ته، OPD مشورې ۳۵۶٪، FHAGs ۲۳۰٪، او ټول مراجعین ۱۶,۴۱۹ ته رسیدلي (۲۱۸٪ د ټاکل شوی هدف کپزۍ).

CAF ټول پلان شوي فعالیتونه بشپړ کړي، دوا، FP وسایل، او د انتان مخنیوي ټوکې ۱۰۰٪ توزیع شوي. نظارت د CAF، وزارت صحت، UNFPA، او محلي ادارو لخوا شوی. معاشونه پر وخت ورکړل شوي، او ولایتي ټیم په PHCC غونډو کې فعاله برخه اخیستې. دا هڅې د خدماتو کارونه لوړ کړي او د CAF اعتبار یې پیاوړی کړی.

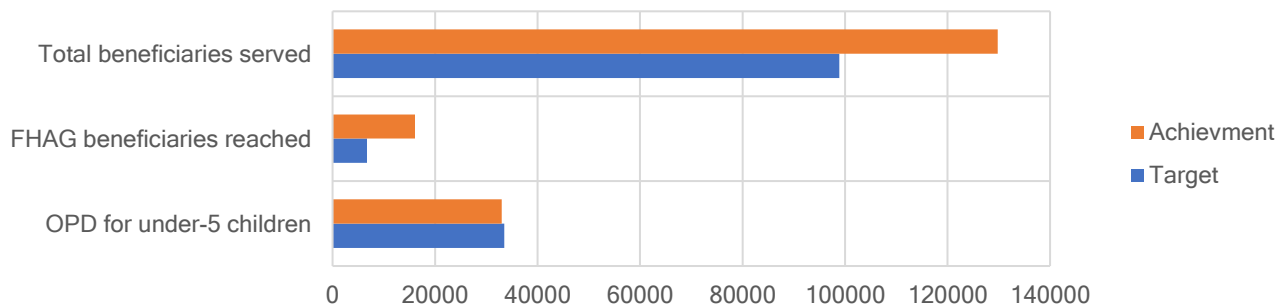
FHH Project Performance Samangan Province:

CAF operated 31 FHHs across six districts in Samangan province, with UNFPA support. Between January and December 2024, the project achieved 90% of its target for first ANC visits (3,138), and fourth ANC exceeded expectations at 110%. First and third PNC coverage remained low at 48% and 54%, respectively. SBA deliveries reached only 38%, and complicated maternal referrals stood at 32%. Nutrition services (MIYCN) achieved 82%, while immunization services lagged at 28%. FP counseling reached 64%, and modern FP method uptake was 42%. Obstetric fistula referrals were minimal (13%). CHWs reached 2,281 beneficiaries (25%), and under-five OPD consultations were nearly on target at 98%. FHAGs reached 16,071 beneficiaries (238%), and total beneficiaries served reached 129,806 (131%) of the annual goal.

UNFPA FHH Samangan Project Performance Vs Targets Indicators Jan 2024 to Dec 2024

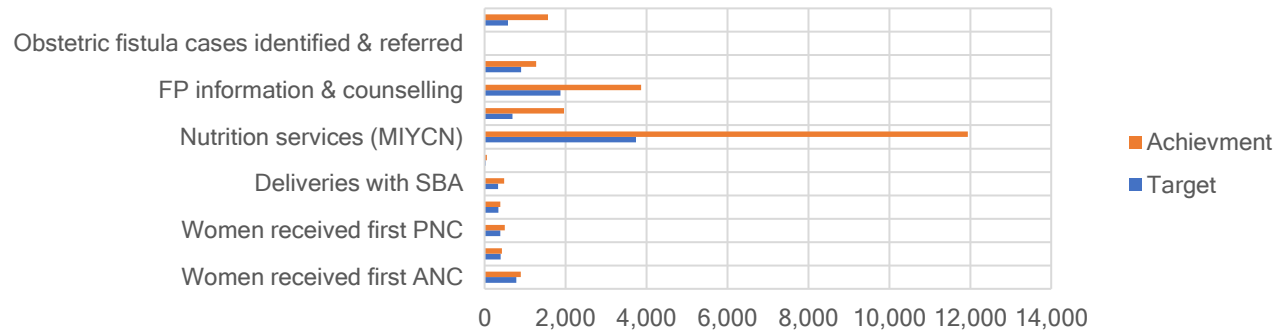


UNFPA FHH Samangan Project Performance Vs Targets Indicators Jan 2024 to Dec 2024

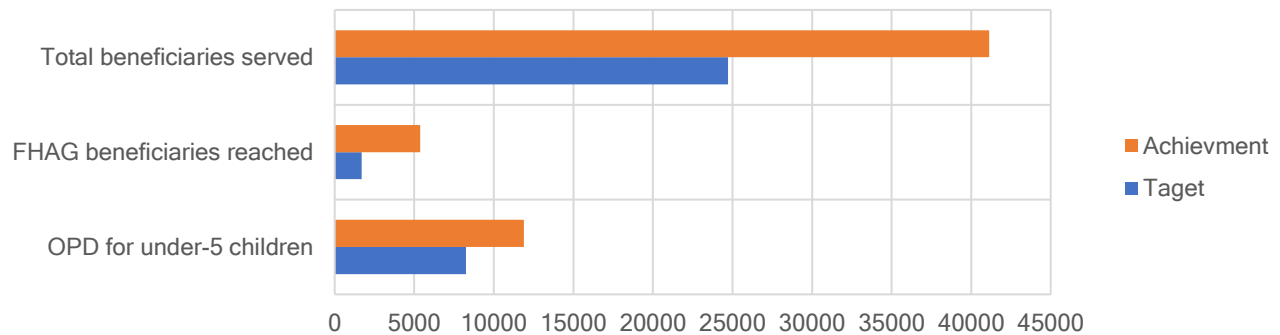


In Q1 2025, which is part of the current reporting period, Samangan showed remarkable improvement. First ANC visits rose to 114%, fourth ANC to 107%, and first PNC to 128%. SBA deliveries increased to 147%, and maternal referrals more than doubled to 211%. MIYCN services tripled their target (319%), and immunization services reached 283%. FP counseling achieved 207%, and modern FP method usage rose to 141%. CHWs reached 272% of their target, and FHAGs engaged 5,370 beneficiaries (319%). Under-five OPD consultations reached 144%, and total beneficiaries served stood at 41,127 (166%) of the quarterly target. These results underscore CAF's strengthened outreach, improved facility readiness, and effective community mobilization strategies.

UNFPA FHH Samangan Project Performance Vs Targets Indicators Jan 2025 to Mar 2025



UNFPA FHH Samangan Project Performance Vs Targets Indicators Jan 2025 to Mar 2025



CAF successfully implemented all planned activities in Samangan, including construction of 2 FHH, full delivery of pharmaceutical, FP, and cleaning supplies across all FHHs. Monitoring and supervision were conducted by CAF HQ, MoPH, UNFPA, and provincial teams, ensuring accountability and service quality. The project completed the takeover and relocation of four FHHs from IOM to permanent buildings, and ambulance services for patient referral reached 73% implementation. Staff salaries and top-up cards were provided without delay, contributing to workforce stability and morale. These achievements reflect CAF's commitment to strengthening health system responsiveness and community trust in Samangan province.





موسسه CAF با حمایت مالی صندوق جمعیت سازمان ملل (UNFPA)، تعداد ۳۱ خانه صحت خانواده (FHH) را در شش ولسوالی ولایت سمنگان فعال نگه داشت. از جنوری تا دسامبر ۲۰۲۴، این پروژه به ۹۰٪ هدف تعیین شده برای مراجعات نخست مراقبت قبل از ولادت (ANC) دست یافت (۳۱۳۸ مورد)، در حالی که مراجعات چهارم ANC با ۱۱۰٪ از هدف فراتر رفت. پوشش مراقبت نخست و سوم بعد از ولادت (PNC) پایین بود و به ترتیب ۴۸٪ و ۵۴٪ را تشکیل داد. ولادت‌های با حضور قابله ماهر (SBA) تنها ۳۸٪ بود و ارجاع موارد پیچیده مادران به ۳۲٪ رسید. خدمات تغذیه (MIYCN) به ۸۲٪ تحقق یافت، در حالی که خدمات واکسیناسیون با ۲۸٪ عقب مانده بود. مشوره‌دهی در زمینه تنظیم خانواده (FP) به ۶۴٪ رسید و استفاده از روش‌های مدرن تنظیم خانواده ۴۲٪ بود. ارجاع موارد فیستول ولادی بسیار کم بود (۱۳ مورد). کارمندان صحت جامعه (CHWs) به ۲۲۸۱ نفر خدمات ارائه کردند (۲۵٪) و مشاوره‌های OPD برای کودکان زیر پنج سال تقریباً به هدف تعیین شده رسید (۹۸٪). گروه‌های آگاهی‌دهی صحت خانواده (FHAGs) به ۱۶,۰۷۱ نفر خدمات رساندند (۲۳۸٪) و مجموع مراجعین خدمات صحت به ۱۲۹,۸۰۶ نفر رسید که معادل ۱۳۱٪ از هدف سالانه بود.

در سه ماهه اول سال ۲۰۲۵ که بخشی از دوره گزارش‌دهی فعلی است، ولایت سمنگان بهبود قابل توجهی را نشان داد. مراجعات نخست ANC به ۱۱۴٪، مراجعات چهارم ANC به ۱۰۷٪، و مراقبت نخست بعد از ولادت به ۱۲۸٪ رسید. ولادت‌های SBA به ۱۴۷٪ افزایش یافت و ارجاع مادران به ۲۱۱ مورد رسید که بیش از دو برابر هدف بود. خدمات MIYCN سه برابر هدف تعیین شده تحقق یافت (۳۱۹٪) و خدمات واکسیناسیون به ۲۸۳٪ رسید. مشوره‌دهی FP به ۲۰۷٪ رسید و استفاده از روش‌های مدرن تنظیم خانواده به ۱۴۱٪ افزایش یافت CHWs. به ۲۷۲٪ از هدف رسیدند و FHAGs به ۵,۳۷۰ نفر خدمات ارائه کردند (۳۱۹٪). مشاوره‌های OPD برای کودکان زیر پنج سال به ۱۴۴٪ رسید و مجموع مراجعین خدمات صحت در این دوره به ۴۱,۱۲۷ نفر رسید که معادل ۱۶۶٪ از هدف سه ماهه بود. این نتایج نشان‌دهنده تقویت فعالیت‌های ساحوی، آمادگی بهتر مراکز صحت، و استراتژی‌های مؤثر بسیج جامعه توسط CAF می‌باشد.

CAF تمام فعالیت‌های برنامه‌ریزی شده را در ولایت سمنگان با موفقیت اجرا نمود، از جمله توزیع کامل دوا، وسایل تنظیم خانواده، و مواد پاک‌کاری در تمام خانه‌های صحت خانواده. نظارت و سوپرویزن توسط دفتر مرکزی CAF، وزارت صحت عامه، UNFPA، و تیم‌های ولایتی انجام شد که تضمین‌کننده پاسخ‌گویی و کیفیت خدمات بود. پروژه انتقال و تثبیت چهار خانه صحت خانواده از IOM به ساختمان‌های دائمی را تکمیل کرد و خدمات آمبولانس برای ارجاع بیماران به ۷۳٪ تحقق رسید. معاشات کارمندان و کارت‌های حمایتی بدون تأخیر پرداخت گردید که به ثبات کاری و روحیه کارمندان کمک نمود. این دستاوردها تعهد CAF را در تقویت پاسخ‌دهی سیستم صحت و اعتماد جامعه در ولایت سمنگان به خوبی نشان می‌دهد.

TB, malaria, and RSSH Project Logar Province

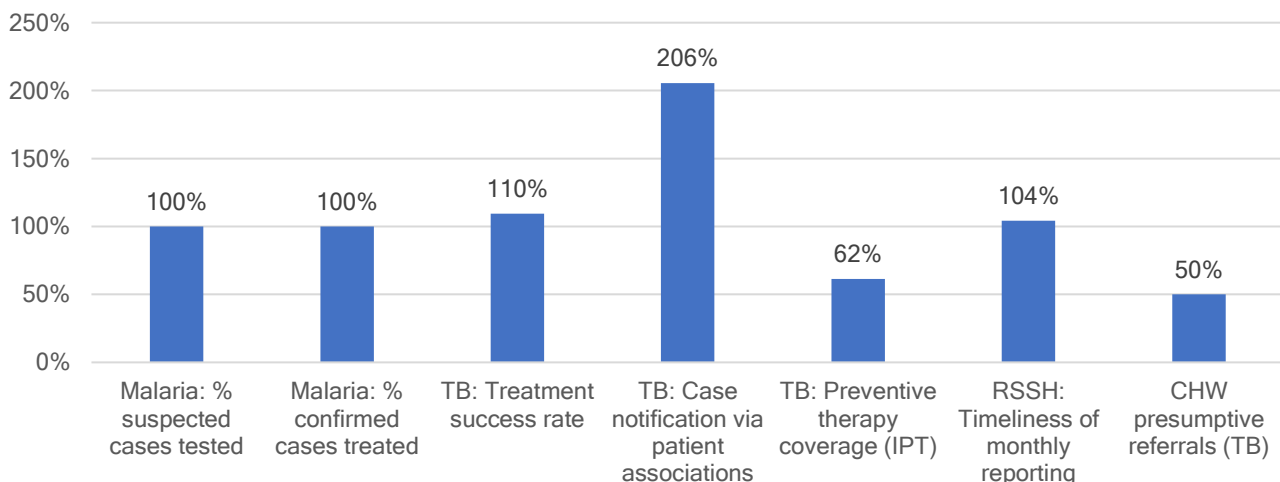
During the Reporting period, CAF sustained high-impact delivery of TB, malaria, and RSSH interventions under the AFG-Z-UNDP grant in Logar province. Malaria services consistently achieved 100% coverage for both parasitological testing of suspected cases and first-line treatment of confirmed cases, ensuring uninterrupted care despite seasonal fluctuations. TB treatment success reached



110%, surpassing national targets, while RSSH efforts demonstrated strong system performance with 104% timeliness in monthly reporting. Community engagement through TB patient associations proved highly effective, contributing to 206% of the targeted case notifications, reinforcing the value of grassroots mobilization.

Despite these achievements, challenges remained in TB preventive therapy and early case detection. IPT coverage reached 62%, reflecting gradual progress but still below optimal thresholds. CHW presumptive referrals stood at 50%, indicating the need for enhanced training, supervision, and incentive structures. Limited access to GenXpert diagnostics and supply chain delays further constrained service delivery in remote areas. In response, CAF implemented corrective actions including targeted capacity building, improved coordination with provincial stakeholders, and intensified household contact screening. These adaptive strategies reflect CAF's commitment to equity, accountability, and continuous improvement in health service delivery across vulnerable communities.

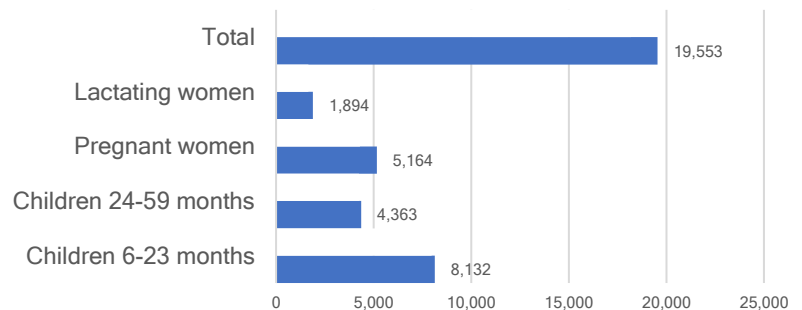
Performance Vs Targets



Logar Targeted Supplementary Feeding Program (TSFP)

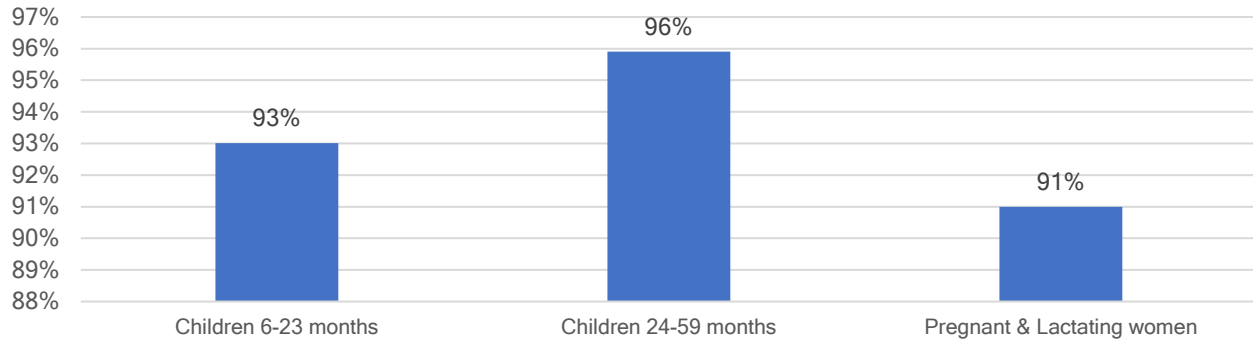
Over the reporting period, The Logar Targeted Supplementary Feeding Program (TSFP), funded by WFP, provided nutritional support to 19,553 beneficiaries, including children aged 6–59 months, pregnant women (PW), and lactating women (LW). The program maintained a gender-balanced caseload, with 27% male and 73% female children and women. Among children aged 6–23 months, 8,132 were admitted and 7,974 exited the program, with 7,417 cured, yielding a 93% cure rate, surpassing the SPHERE minimum standard of 75%. Children aged 24–59 months showed similarly strong outcomes, with 4,363 admissions, 4,248 exits, and a 96% cure rate. Pregnant and lactating women (PLW) accounted for 7,058 admissions and 5,957 exits, with a 91% average cure rate, reflecting effective screening and case management.

Beneficiaries By Category



In total, 26,449 individuals received food support, and 18,179 beneficiaries exited the program, including cured, defaulters, deaths, and referrals. Performance indicators across all groups remained within SPHERE benchmarks: 0% mortality, 4% defaulter rate for children, and 1% for PLW, with minimal non-cured and refer-out cases. These results reflect strong coordination between health facilities, community mobilizers, and supply chain teams. Continued investment in outreach, monitoring, and gender-sensitive programming will be essential to sustain these gains and further reduce malnutrition prevalence in Logar province.

Cure Rate by Category (%)

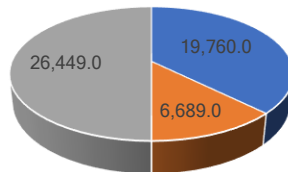


During the reporting period, a total of 231.5 metric tons of nutrition commodities were received across operational sites, with an additional 4.4 metric tons referred in from external programs. Of this and the beginning balance, 250.05 metric tons were successfully distributed to targeted beneficiaries, while 4.5 metric tons were transferred out to support inter-program coordination. Losses remained minimal at just 0.02% of total handled stock, reflecting strong inventory control and adherence to supply chain protocols. These figures demonstrate efficient resource utilization and alignment with donor expectations for transparency and operational accountability.

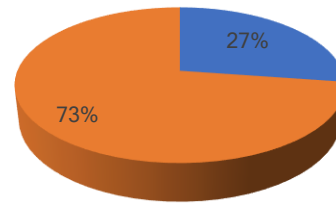


Beneficiaries Gender Distribution

Food recipients



■ Pregnant women ■ Lactating women ■ Total



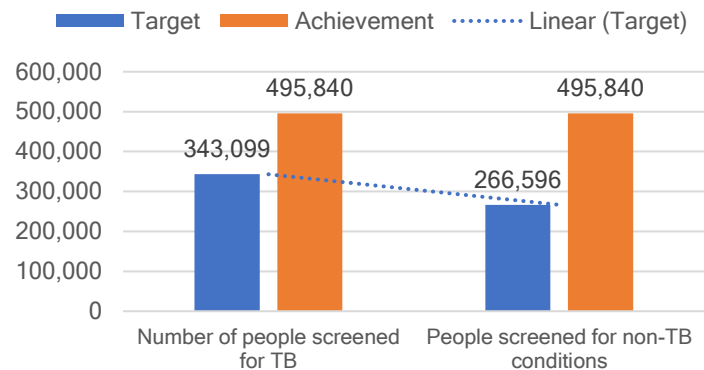
■ Male ■ Female



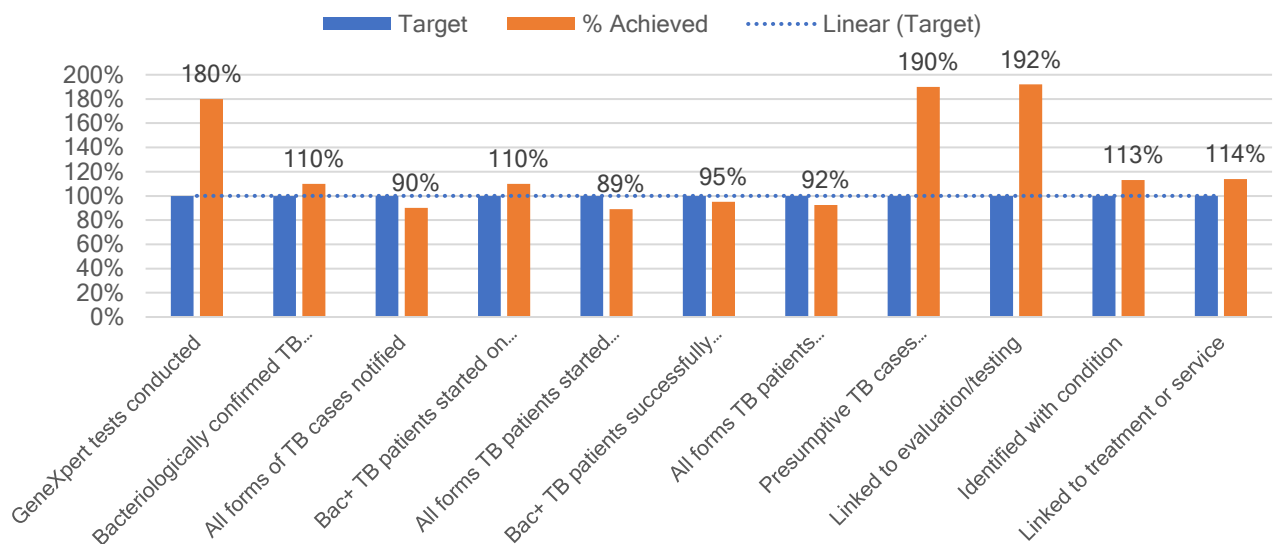
TB Stop Project Kabul, Jawzjan, Balkh and Herat provinces

The Integrated Service Delivery (ISD), Wave 10 TB REACH Projects, funded by UNOPS, started in January 2023 and successfully completed Aug 31, 2024. The project, led by Care of Afghan Families (CAF) with sub-partner OREAD, aimed to integrate tuberculosis (TB) services into maternal and child health (MCH) settings across eight facilities in four Afghan provinces. Targeting women aged 15 and above, the initiative leveraged digital tools like CAD4TB and GeneXpert to enhance TB screening, diagnosis, and treatment. By embedding TB mentors and training 129 health workers, the project strengthened health system capacity and ensured that clients attending MCH services were systematically screened for TB symptoms.

Target Vs Achievement



Target Vs Achievement



Over its project implementation, the project screened 495,840 individuals, 145% of its target, identifying 32,007 presumptive TB cases and diagnosing 1,386 all forms of TB. Notably, 18% of bacteriologically confirmed cases came from individuals accompanying patients, highlighting the project's reach beyond its primary target group. Despite procurement delays, particularly with GeneXpert cartridges, coordination with the National TB Program (NTP) ensured continuity. Treatment success rates exceeded expectations, with 95% for bacteriologically confirmed and 92.4% for all forms of TB.

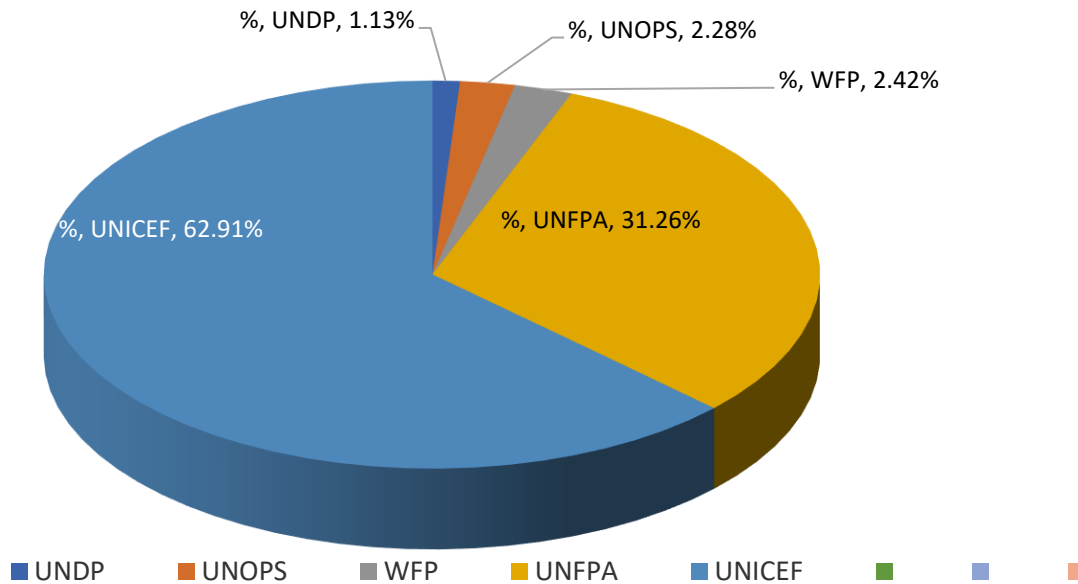
The project's integration model demonstrated operational efficiency, improved access for vulnerable women, and contributed to an 8% increase in TB notifications in the evaluation population, despite national declines. It also empowered female health workers, enhanced data systems through digital registration, and fostered sustainable practices by embedding TB services into facility workflows. The success of this initiative positions it as a scalable model for future TB interventions in Afghanistan.

FINANCIAL HIGHLIGHTS:

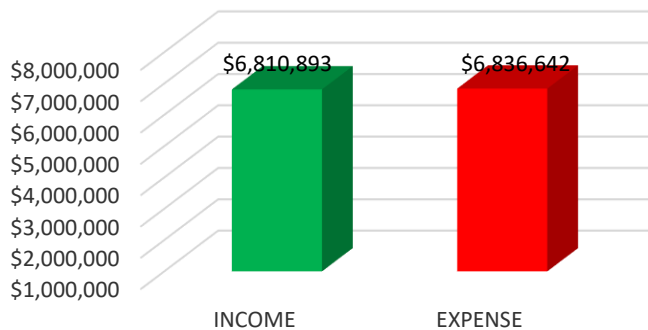
The Total Financial Turnover of the Organization was 6,810,693 for this reporting Period. CAF's donors during the period are the World Bank/UNICEF, UNFPA, UNOPS, WFP and UNDP.

In total, CAF collect and paid an amount of 17,847,508 AFS withholding tax as per Afghanistan income tax law to the government account during the year end on March 20, 2025. The collected tax includes the payroll tax, vehicle tax, purchase tax, and house rental taxes in the provincial offices and main premises of CAF. CAF has always paid its monthly collected tax to the government timely.

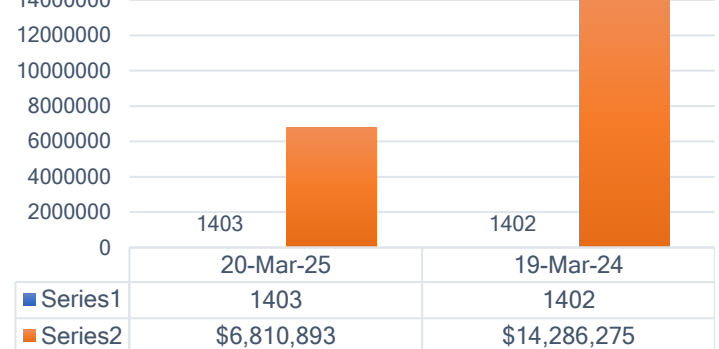
CAF Percentage of Fund for the year Ended Mar 20, 2025 (1403)



CARE OF AFGHAN FAMILIES (CAF) INCOME & EXPENDITURE 1403 (Mar 20, 2025)



CARE OF AFGHAN FAMILIES (CAF) COMPARISON OF INCOME



All projects are audited through independent and external audit firms appointed by both the donor agencies and the CAF Board of Directors, ensuring transparency, accountability, and compliance with financial and operational standards.

CAF's donors and stakeholders

CAF extends its sincere appreciation to all donors and stakeholders whose generous contributions and collaboration in 2024 were instrumental in enabling the successful implementation of our health and nutrition projects across Afghanistan.

- **World Bank (WB)/UNICEF:** The World Bank, through UNICEF, was CAF's principal donor in 2024, contributing **62.91%** of total funding. This support was pivotal in implementing the **Health Emergency Response (HER)** projects in **Logar province**, enhancing access to essential maternal and child health services.



- **United Nations Population Fund (UNFPA):** UNFPA provided **31.26%** of CAF's funding, significantly strengthening reproductive health interventions and capacity-building efforts for frontline workers.



United Nations Population Fund

- **World Food Programme (WFP):** With a contribution of **2.42%**, WFP supported community-based nutrition initiatives aimed at reducing malnutrition and micronutrient deficiencies.



- **United Nations Office for Project Services (UNOPS):** UNOPS contributed **2.28%**, facilitating operational support and infrastructure for health service delivery.



- **United Nations Development Programme (UNDP):** UNDP's contribution of **1.13%** supported governance and institutional strengthening components within CAF's broader health systems framework.



Empowered Lives
Resilient Nations

CAF remains deeply grateful for the continued collaboration and trust of its partners, OPHA and OREAD whose support enables us to deliver impactful, equitable, and sustainable health and nutrition services to vulnerable communities.

AUDITED FINANCIAL STATEMENTS:

Statement of Financial Position:

CREDENCE
AUDITORS & ADVISORS

**CARE OF AFGHAN FAMILIES (CAF)
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 20, 2025**

	Note	1403 March 20, 2025		1402 March 19, 2024	
		AFN	US\$	AFN	US\$
ASSETS					
Current assets					
Receivable from donors	3	103,068,982	1,461,453	175,394,500	2,459,520
Security deposits	4	283,862	4,025	284,939	3,996
Cash and cash equivalent	5	71,119,484	1,008,429	61,755,639	865,986
		<u>174,472,328</u>	<u>2,473,908</u>	<u>237,435,078</u>	<u>3,329,502</u>
Non - Current assets					
Operating fixed assets	6	1,343,524	19,050	1,494,931	20,963
TOTAL ASSETS		<u>175,815,852</u>	<u>2,492,958</u>	<u>238,930,009</u>	<u>3,350,465</u>
LIABILITIES AND FUNDS					
Current liabilities					
Deferred grant income - I	7	16,719,618	237,074	64,617,281	906,114
Other payables	8	154,650,907	2,192,852	170,499,542	2,390,879
		<u>171,370,525</u>	<u>2,429,926</u>	<u>235,116,823</u>	<u>3,296,993</u>
Funds					
Accumulated Core Fund BF		4,445,326	63,032	3,813,186	53,471
Revaluation Reserve		-	-	-	-
Granted Assets Reserves		-	-	-	-
Total Fund		<u>4,445,326</u>	<u>63,032</u>	<u>3,813,186</u>	<u>53,471</u>
Contingencies & Commitments					
TOTAL LIABILITIES AND FUNDS		<u>175,815,852</u>	<u>2,492,958</u>	<u>238,930,009</u>	<u>3,350,465</u>

The annexed notes from 1 to 15 are an integral part of these financial statements.

Director General

Dr. Sayed Ashuqullah Majidi

Admin & Finance Director

Mohammad Edriss Yousufy

Statement of Income and Expenditure:

CREDENCE
AUDITORS & ADVISORS

**CARE OF AFGHAN FAMILIES (CAF)
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 20 MARCH 2025**

		1,403		1402	
	Note	20 March 2025		19 March 2024	
		AFN	US\$	AFN	US\$
INCOME					
Amortization of deferred grant	9	487,975,474	6,888,754	1,096,388,483	14,322,020
Other income	10	(5,491,202)	(77,862)	(2,549,109)	(35,746)
		<u>482,484,273</u>	<u>6,810,893</u>	<u>1,093,839,373</u>	<u>14,286,275</u>
EXPENDITURE					
Direct operating cost	11	441,938,994	6,266,416	1,029,662,004	14,438,731
Indirect operating cost	12	39,624,439	561,850	65,937,203	924,623
Bad Debt Expense	13	590,715	8,376	-	-
		<u>482,154,148</u>	<u>6,836,642</u>	<u>1,095,599,207</u>	<u>15,363,354</u>
Deficit of income over expenditure		330,125	4,681	(1,759,833)	(24,678)
Accumulated Core Fund brought forward		3,813,186	54,069	3,793,118	53,190
Exchange Gain/Loss on Core Fund		302,015	4,282	1,779,902.00	24,959
Accumulated Core Funds carried forward		<u>4,445,326</u>	<u>63,032</u>	<u>3,813,186</u>	<u>53,471</u>

The annexed notes from 1 to 15 are an integral part of these financial statements.

Director General

Dr. Sayed Ashuqullah Majidi

Admin & Finance Director

Mohammad Edriss Yousufy

Independent Auditor's Reports:



Credence Auditors & Advisors
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INDEPENDENT AUDITORS' REPORT TO THE BOARD OF DIRECTORS

Opinion

We have audited the accompanying financial statements of Care of Afghan Families (CAF) which comprise of statement of financial position as on March 20, 2025, statement of the related statement of income and expenditure for the year then ended, statement of changes in accumulated fund, summary of significant accounting policies and other explanatory notes. In our opinion, the accompanying financial statements present unqualified and fairly in all material respects, the financial position of Care of Afghan Families (CAF) as at March 20, 2025 and its financial performance for the year then ended in accordance with the accounting policies mentioned in note 2 to the financial statements.

Basis for Opinion

We conducted our audit in accordance with the international standards on auditing (ISAs). Our responsibilities under those standards are further in Auditor's Responsibilities of the financial statements section of our report. We are independent of Care of Afghan Families (CAF) in accordance with the International Ethics Standards and appropriate to provide a basis for our audit opinion.

Management responsibilities for the financial statements

CAF's management is responsible for the preparation and fair presentation of these financial statements in accordance with the accounting policies as mentioned in note 2 to the financial statements, and for such internal control as the CAF's management determines is necessary to enable the preparation of the financial statements that are free from material misstatements, whether due fraud or error.

In preparing the financial statements, management is responsible for assessing the CAF ability to continue as a going concern, disclosing as applicable matters related to going concern and using the going concern basis of accounting unless management intends to liquidate the CAF or to cease operation or has no legalistic alternative to do so.

Management is responsible for overseeing the CAF financial reporting process.

Auditor's Responsibilities

Our objective is to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatements, whether due fraud or error, and to issue an auditor's report that include our opinion. Reasonable assurance is a high-level assurance, but is not a guarantee that an audit conducted in accordance with IAS, s will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered as material if, individually or in the aggregate, they could be reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with IAS's, we perform professional skepticism and professional judgment throughout the audit. We also;

Identify and assess the risks of material misstatements of financial statements whether due fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting material misstatements resulting from fraud is higher than from one.



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As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statement, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with The General Director regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



CREDENCE AUDITORS & ADVISORS

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- Resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal controls.
- Obtain an understanding of the internal controls relevant to the audit 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 controls.
- Evaluate the appropriateness of the accounting policies used and the reasonableness of the accounting estimates that are used and related disclosures made by the management
- Conclude on the appropriateness of the management use of the going concern basis whether uncertainty exist related to the events or conditions that may cast significant doubts on the organization ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in audit report to modify our opinion. Our conclusion is based on the audit evidence obtained up to the date our auditor's report. However future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and contents of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieve fair presentation.

We communicate with the management, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Yours Truly,



*Credence Auditors and
Advisors CAA*

Credence Auditors & Advisors (CAA)

Kabul Afghanistan

Dated: 16 September 2025



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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 CAF for implementations of various project states under activities description from Annexure 1 to Annexure 21 for the period from 20 March 2024 to 20 March 2025 funded by different donors. The financial statements are the responsibility of the CAF 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.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the International Standards on Auditing (ISAs). Accordingly, this report is not suitable for any other purpose.

For and on behalf of



*Credence Auditors and
Advisors CAA*

Credence Auditors & Advisors
Kabul, Afghanistan.
Dated: September 16, 2025

OPERATIONAL CONTEXT CHALLENGES

Throughout the reporting period, CAF has remained committed to principled service delivery and adaptive programming across Afghanistan's evolving humanitarian landscape. While our teams have achieved significant impact in nutrition, health, and governance, several sector-wide challenges have shaped our operational environment:

1. Administrative and Regulatory Engagement:

CAF maintained regular coordination with local authorities to ensure compliance with updated operational procedures. These administrative processes require continuous follow-up and documentation at both provincial and central levels.

2. Access Limitations and Infrastructure Constraints

Delivering services to remote and hard-to-reach areas continues to be challenging due to mountainous terrain, seasonal road blockages, and limited infrastructure. Outreach activities have been further affected by the condition of transportation assets most notably, the motorbikes used by field teams, many of which are outdated.

A total of 16 FHH (9 in Logar, 7 in Samangan) operate from rental houses, while eight SHCs function in community-contributed spaces that do not meet MoPH structural standards. These non-standard buildings lack adequate zoning, sanitation, and safety provisions, resulting in compromised service delivery.

3. Human Resource Turnover and Performance Monitoring

CAF observed frequent turnover among key health personnel, including surgeons, Gyn/OBG specialists, and female medical staff at both district hospital and PHC levels.

4. Essential Medicine Shortages

During the year, several health facilities reported shortages of high-risk essential medicines such as Tab: Amoxicillin 500 mg, Tab: Amoxicillin 250 mg, Tab: Methyldopa, and Amp: Diazepam 10 mg.

5. Procurement and Budget Constraints:

CAF faces serious financial and procedural challenges in procuring medical and non-medical supplies due to limited budgets, stricter donor requirements, delayed AFDA certificate approvals, and market shortages. These issues are compounded by insufficient funding for essential project needs including winterization kits, patient food, generator fuel, facility renovations, and equipment maintenance leading to delays, disallowed costs, and compromised service delivery.

6. Funding Limitations and Institutional Development and sustainability

CAF continues to face challenges related to short-term funding cycles. The absence of core funding for organizational development and staff capacity building has constrained efforts to strengthen internal systems, invest in professional development, and enhance long-term institutional sustainability.

As a not-for-profit organization operating without a core fund or unrestricted financial reserves, we face a critical challenge in managing exchange rate fluctuations that directly impact our operational sustainability.

CAF struggles with limited funds, strict donor rules, and unclear coordination between donors and government. CAF receives only part of the budget but is expected to full project implementation. P4P payments are often late or unclear, making budgeting hard especially when health staff don't directly benefit. Donor changes, like the USAID ban, and requests from unrelated government offices also add pressure.

ACKNOWLEDGMENTS:

We extend our heartfelt gratitude to the dedicated individuals whose expertise, commitment, and collaborative spirit have been instrumental in the preparation and publication of the 2023 Annual Report. Their contributions reflect the values of transparency, accountability, and excellence that define our organization.

Our sincere appreciation goes to:

- **Mohammad Naim Rassa, MBA, MPH**
- **Sayed Ashuqullah Majidi, MD, MPH**
- **M. Asef Ghyasi, MD, Nutrition Diploma**
- **Sayed Abdullah Omar, MD, MPH**
- **Sayed Fakoor Razawi, DBA**
- **M. Edriss Yousufi, MBA**
- **M. Tamim Mashal, LPS & MBA**
- **M. Akram Babakarkhail, MBA**
- **Naqibullah Mojadidi, IT**

We also extend our deep appreciation to all staff members of **Care of Afghan Families (CAF)** for their unwavering dedication, and to our esteemed donors—**World Bank, UNICEF, UNOPS, WFP, UNFPA, and UNDP**—whose continued support and partnership have made our work possible.

We gratefully acknowledge the support and coordination of key governmental bodies, including the **Ministry of Public Health (MoPH), Ministry of Economy (MoEc), Ministry of Finance (MoF), Provincial Public Health Directorates (PPHDs)**, and other relevant provincial departments whose collaboration has been vital to the successful implementation of our programs.

We also appreciate our sub-partner organizations OPHA and OREAD who worked side by side with CAF in the implementation of key projects. Their joint efforts have significantly contributed to advancing health and nutrition outcomes in the communities we serve.



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راپور سالانه موسسه مواظبت خانواده های افغان سال ۱۴۰۳



راځی چې د افغان کورنیو ترمځ د ژوند کیفیت ښه کړو
بیانید کیفیت سطح زنده گی را در بین فامیل های افغان تقویت بخشیم