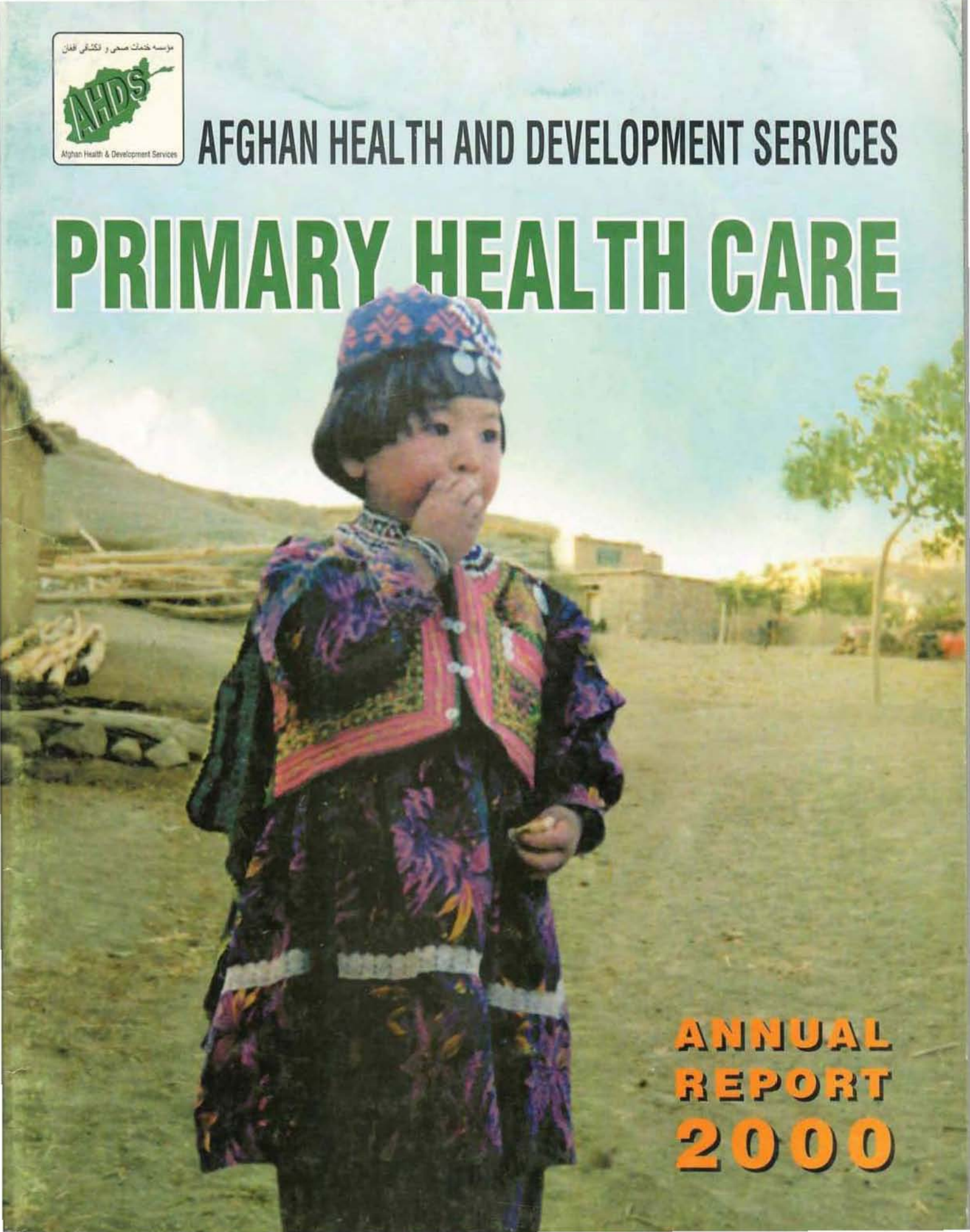

مؤسسه خدمات صحی و انکشافی افغان
AHDS
Afghan Health & Development Services
AFGHAN HEALTH AND DEVELOPMENT SERVICES
PRIMARY HEALTH CARE
ANNUAL
REPORT
2000

Special thanks to BILL & MELINDA GATES *foundation* **for their generous contribution.**

CONTENTS

Director's Message

Afghanistan is still caught in the midst of internal and external conflicts. The country has been struggling to survive through an agonizing 21 year of war that had disintegrated almost all of its infrastructures. The manmade and natural disasters have imposed an intolerable burden on a devastated nation.

Unfortunately, economic sanctions that have been imposed by the United Nations have hurt the most vulnerable groups who have no control over the political situation in Afghanistan.

The sanctions have had a tangible negative effect on the population due to the humanitarian organizations inability to deliver the much needed assistance. Humanitarian assistance is technically exempt from economic sanctions, but few countries have offered their help.

Over the past six years the donors, the United Nations and the non-governmental organizations have put tremendous work and efforts into the development of a Strategic Framework and Principled Common Programming (PCP) for Afghanistan. One of the main conclusions of the PCP is that most of the aid efforts should be geared at long-term community based development efforts in order to achieve sustainability. This requires a long-term commitment from all players.

During the year 2000 AHDS' considerable efforts in developing a long-term PHC program resulted in a five-year plan for 2002-2006. It is an enormous task to develop social services infrastructure and improve the overall standard of living to a level acceptable and comparable within the region. Unfortunately, for such development to take place there must be peace and for peace return to Afghanistan, there has to be development. Afghanistan, therefore, desperately needs a chance to start on the road of recovery. This will require, among other things, cooperation of international community, determination of the Afghan people, time, energy and most of all monetary support form donors and fellow human beings.

AHDS is proud to state that during this year has provided health care services through different interventions to 650,000 people of Afghanistan.

- Curative services to over 284,982 patients, 77.3% were women and children.
- 181,571 vaccine doses are applied for women and children against six deadly diseases.
- 150 hand pump improved wells provided potable water and 750 sanitary latrines provided better sanitation to the people of two districts in Urozgan.
- A water/sanitation project aiming provision of 300 wells and 1500 latrines started in September 2000 and planned to be completed in June 2000-2001.
- Health education to over 357,546 people.
- Building capacity: By offering 51 courses 550 individuals' knowledge was enhanced in different health subjects and health management.
- Reproductive health care services to over 28,000.
- Last but not least 1,478 Internally Displaced Families benefited form an outreached emergency health care services of AHDS.

I would like to take this opportunity to acknowledge with gratitude the dedication of AHDS' staff and their immense contribution to the implementation of the project.

On behalf of the beneficiaries of this vital program I would like to thank AHDS donors and partners for their generous monetary and technical support.

With the hope of peace and stability in country, AHDS staff remains committed to serving the vulnerable people.

Aziz R. Qarghah

Aziz R. Qarghah
Director

Brief History of AHDS

Afghan Health and Development Services (AHDS), an organization founded by Afghans, is a non-profit, non-governmental, and non-political organization. Since being established in April 1990, AHDS has concerned itself in rehabilitating Afghanistan's health sector and providing comprehensive primary health care services to the needy Afghan population. The organization has matured significantly in the past decade, having grown from operating with 30 staff in 1990/91, to running a Primary Health Care program with over 270 staff members now. AHDS has established 18 health facilities in Logar, Nangarhar and Wardak provinces between 1990 and 1995, which have been handed over to local authorities (Shuras). Since 1995 till now, AHDS has developed a Primary Health Care program consisting of 37 health facilities (of various categories), one regional training center, 940 trained traditional birth attendant (Daies) and water/sanitation project in Kandahar and Urozgan provinces. AHDS has established a core group of committed, dedicated and well-trained health personnel.

Mission Statement

AHDS' primary goals are to participate in the rehabilitation of Afghanistan's health care system and provide health and development services to meet the current and future needs of the Afghans living in and returning to Afghanistan.

AHDS' Policies

1. Development/Rehabilitation: AHDS attempts to rehabilitate and develop a satisfactory base for social services.

2. Equitable service: AHDS serves all Afghan communities on an equitable basis regardless of gender, ethnic, religious, and political affiliations.

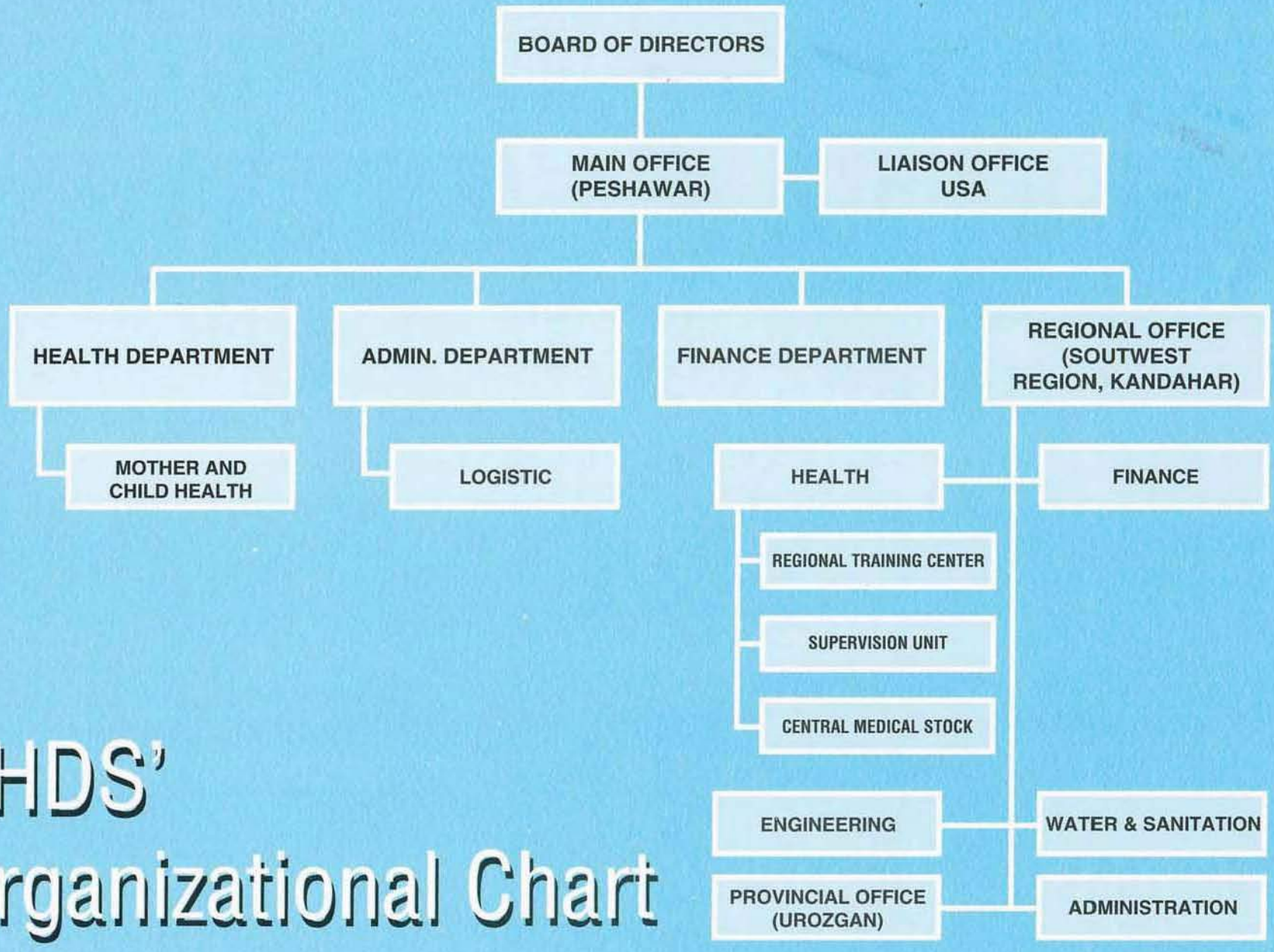
3. Focus on women and children: AHDS always brings the most vulnerable part of community i.e. women and children in focus for any kind of assistance.

4. Community based set-up: AHDS involves the communities in provision of sustainable social and developmental services.

5. Affordability and effectiveness: AHDS utilizes the most efficient and cost effective essential technologies and programs, considering the poor socioeconomic infrastructure of Afghanistan.

6. Decentralized system: AHDS targets the most deprived, vulnerable and remote communities, where they cannot reach the centralized (urban) facilities.

7. Integrated approach: AHDS attempts to call essential needs of communities in an integrated program to provide comprehensive health and social services.



AHDS' Organizational Chart

Coordination and Cooperation

Coordination and cooperation of non-governmental organizations (NGO), United Nations (UN) agencies and ministry of public health (MOPH) is the mainstay of effective and efficient service delivery. AHDS tirelessly endeavors to pierce this issue to extract more and more profit for the destitute people of Afghanistan. AHDS was active member of coordination committees like Afghan NGOs Coordination Bureau (ANCB), standing committee for Afghanistan Programming Body (APB), MCH task force, health coordination committee, EPI coordination committee, Regional Malaria Control Subcommittee and water and sanitation committee in the region. Becoming member of Agency Coordinating Body for Afghan Relief (ACBAR) in year 2001 is under process.

AHDS has tried to integrate available health services by other agencies in its program to increase access of communities to comprehensive health services. The main example is expanded program of immunization (EPI) supported by United Nations Children's Fund (UNICEF) and Ministry of Public Health (MOPH) integrated to PHC network of AHDS. Malaria control program of Health Net International (HNI) works together with AHDS in Shahwalikote, Arghandab, Maywand, Deh Rawood and Panjwaie districts. Comprehensive Disabled Afghans' Program (CDAP) has integrated its two physiotherapy centers in our Arghandab and Daman Clinics. World Health Organization (WHO) supported relief program for the internal displaced people (IDP) as well as TBA training program. UNICEF contributed to water and sanitation project.

AHDS cooperated in the early warning system and nutrition status monitoring established by Medicines Sans Frontier (MSF) Holland in the region. Coordination of Humanitarian Assistance CHA improved water well of Myawand clinic.

Primary Health Care Program

It is a well-known fact that most efficient practice to reach 'Health for All' is Primary Health Care (PHC) approach. Therefore, participating in rehabilitation and development of the war-torn infrastructures of Afghanistan, AHDS has started from rehabilitation of PHC in different places since its establishment. AHDS started rehabilitation and development of PHC program in Kandahar and Urozgan provinces from December 1994. The program is implemented in an integrated approach. Almost all components of PHC are addressed in the target areas regarding the needs and available resources. Considering tremendous need of remote areas, the program is designed to supply health services at the district, sub-district, and village levels.

Establishment of Comprehensive Health Centers (CHC or C-1), Mother and Child Health Centers (MCH or M-1), Basic Health Centers (BHC or C-2), Basic Health Posts (BHP or C-3), Capacity building of local health service providers including village health workers and traditional birth attendants, and water/sanitation facilities are meritorious developmental steps taken by AHDS.

The year 2000, has been a satisfactory working period for AHDS; out of the total population in the target areas about 650,000 people received the committed services funded mainly by Bill and Melinda Gates Foundation. Stichting Vluchteling was another donor contributed to

water/sanitation part of the program. These humanitarian donations enabled AHDS to provide increased access to health services through its Primary Health Care program with especial focus on mothers and children.

AHDS was capable to re-establish its activities to full capacity. All the 38 health facilities were privileged to serve the most needy people living in the remote areas where no other public health facility exists. Re-opening of 12 Basic Health Posts (BHP) in Kandahar Province, resumption of dental care in Mother and Child Comprehensive Health Centers (MCH/CHC) and emphasis on Family Planning were invaluable means in promotion of health status of the target communities, which are taken place in the year 2000.

Completion of a pilot water and sanitation project and expansion of a new project in two districts of Urozgan was another prominent achievement in this year.

The average cost of all health services per capita provided by AHDS was about US$ 1.2 in year 2000.

Drought was the prominent constraint, which afflicted livelihood of Afghan people especially in the Southwest region. For AHDS projects, its effect was illicit in lag of bilateral donors' response to water/sanitation project and number of staff vacancies.

Overall Objective:

The overall objective of the AHDS Integrated Community Based Primary Health Care Program is to reduce morbidity and mortality rates with special focus on mother and child by increased accessibility to curative, preventive, and promotive care through cost effective affordable primary health care interventions.

Target areas in 2000:

The target areas (42,697-km^2) for this project are Kandahar and Urozgan provinces in Southwest Afghanistan, more specifically Kandahar City, eight districts of Kandahar Province and two districts of Urozgan Province.

The total number of beneficiaries in AHDS target areas for year 2000 was estimated 1,121,282 (growth rate 2.4% per year) individuals including:

Children < 1 year (3.31% of population)	37,114
Children < 2 years (6.04% of population)	67,725
Children < 5 years (16.71% of population)	187,366
Pregnant women (5% of population)	56,064
Women of child bearing age (18.68% of population)	209,455

(Population estimates based on highest population figure in between of Eighmy and UNIDATA, 1997).

AHDS Target Areas MAP

Community Participation

Objective:

Continue to cultivate community participation in support of health care through community health committees at village and district levels.

Achievement:

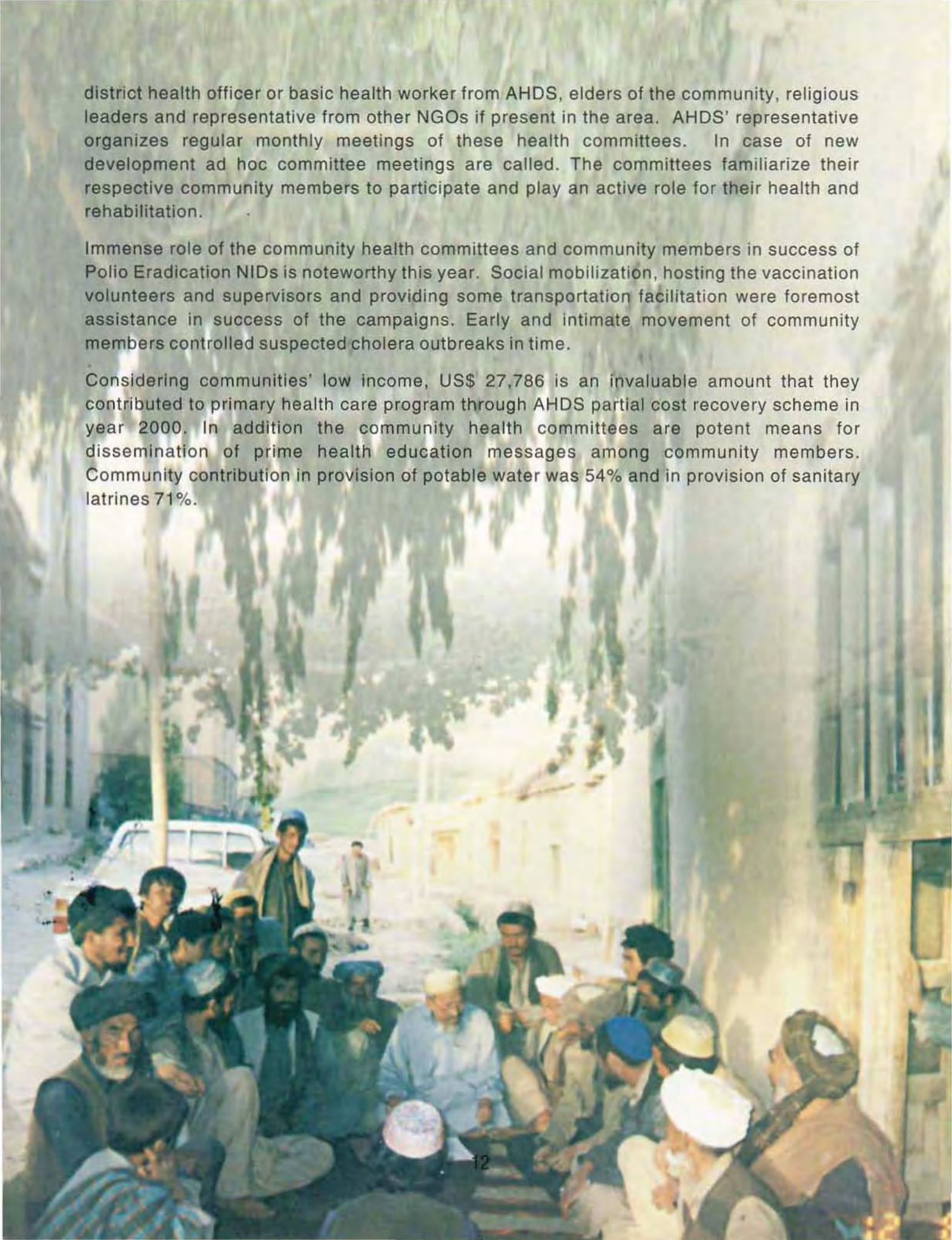
The target communities were involved from the early stages of any project launched in. Community members actively contributed in need assessment, set up of the projects, its development and maintenance. Moral support of community members enforced AHDS to overcome political and security constraints at times. Community contribution by provision of volunteers, labor, land for buildings, construction material and partial cost recovery scheme enabled AHDS to have the existing facilities established and maintain them.

Aiming organized community structures to rehabilitate and develop social services, AHDS mobilized community health committees. 10 district community health committees and 12 village community health committees are established in the districts and main villages, where AHDS has a health facility. The community health committees consist of the

district health officer or basic health worker from AHDS, elders of the community, religious leaders and representative from other NGOs if present in the area. AHDS' representative organizes regular monthly meetings of these health committees. In case of new development ad hoc committee meetings are called. The committees familiarize their respective community members to participate and play an active role for their health and rehabilitation.

Immense role of the community health committees and community members in success of Polio Eradication NIDs is noteworthy this year. Social mobilization, hosting the vaccination volunteers and supervisors and providing some transportation facilitation were foremost assistance in success of the campaigns. Early and intimate movement of community members controlled suspected cholera outbreaks in time.

Considering communities' low income, US$ 27,786 is an invaluable amount that they contributed to primary health care program through AHDS partial cost recovery scheme in year 2000. In addition the community health committees are potent means for dissemination of prime health education messages among community members. Community contribution in provision of potable water was 54% and in provision of sanitary latrines 71%.



Building Capacity

Objective:

Continue to build (through training) the capacity of new health care workers and to upgrade the skills of current staff to provide quality health care services.

Achievement:

Building capacity of local professional staff is an important mean of setting up sustainable social service infrastructure. AHDS developed a regional training center (RTC) to seed village level health service providers and improve knowledge and skills of higher-level health workers. AHDS has offered training for 550 participants through 17 initial training courses, 8 refresher courses, 13 workshops and 13 seminars in year 2000. These training courses have been designed to build the performance capacity of different levels of health workers including district health officers, MD doctors, nurses, midwives, mid level health workers (MLHW), basic health workers (BHW), vaccinators and traditional birth attendants (TBA). The trainers and supervisors have evaluated impact of training after a certain time, and either changed training content and method or recalled the trainee for another training according to shortage found.

The training opportunity is provided to AHDS staff and all interested health partners in the southwest region. The health agencies working in the region are informed

two weeks in advance for planned training courses. WHO, UNICEF, MOPH, IbnSina, IAHC, Alkhidmat, Mutashfa Omar and Afghan Doctors Association in Germany (ADAG) organizations all make use of and gain from our RTC.

The training was planned to improve knowledge and skills of trainees in:

- Management of health services.
- National concerns like Breast Feeding, Polio Eradication, Malaria, Acute Respiratory Tract Infections and Control of Diarrheal Diseases.
- Routines of health facilities according to the needs.

The activities of regional training center (RTC) during year 2000 are summarized in the next table.

NO	TRAINING	NO. OF DAYS	NO. OF COURSES	NO. OF TRAINEES	SUPPORT BY
1	Acute respiratory tract infection	3	2	19	AHDS
2	Acute respiratory tract infection	2	2	43	WHO
3	Basic Health Worker refresher	6	4	41	AHDS
4	Breast feeding	2	1	22	UNICEF
5	Control of diarrheal diseases and Cholera	2	2	17	AHDS
6	Expanded Program of Immunization-Plus	2	2	21	AHDS
7	Fungal diseases of skin	2	1	12	AHDS
8	Health education refresher	6	1	8	AHDS
9	Malaria	2	2	17	AHDS
10	Malaria	3	1	8	HNI
11	Mid level health worker refresher	10	1	7	AHDS
12	Nursing refresher	6	1	9	AHDS
13	Nutrition/malnutrition	2	2	19	AHDS
14	Nutrition/malnutrition	2	1	9	MSF
15	Pelvic inflammatory diseases	2	1	7	AHDS
16	Pharmacy management	3	1	12	AHDS
17	Primary Health Care	2	2	24	AHDS
18	Rational use of drugs	2	1	10	AHDS
19	Shock	1	1	10	AHDS
20	TBA Trainers refresher	6	1	6	AHDS
21	Toxemia of pregnancy	2	1	9	AHDS
22	Traditional birth attendants	12	16	179	AHDS
23	Training of trainers (TOT)	6	1	10	WHO
24	Tuberculosis	1	1	12	AHDS
25	Urinary tract infection	1	1	11	AHDS
26	Use of drugs during pregnancy & lactation	2	1	8	AHDS
	TOTAL		51	550	

Mother and Child Health Care

Safe Motherhood Initiatives:

Objective:

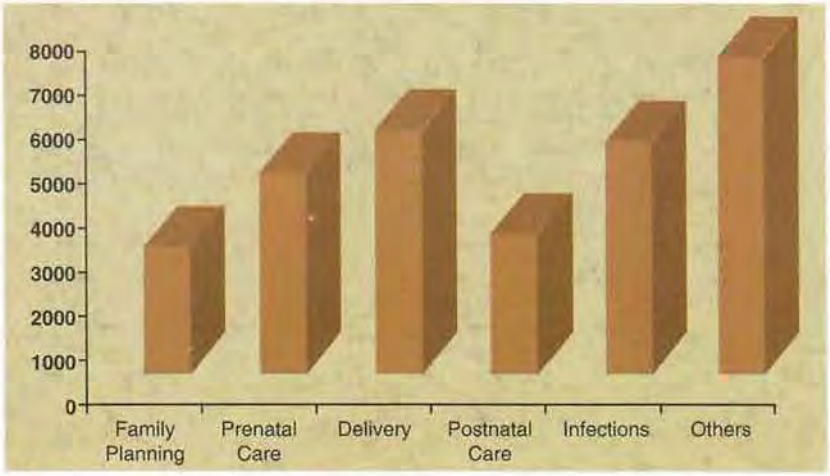
Reduce maternal and newborn mortality through the promotion of safe motherhood initiatives.

Achievements:

10 MCH centers as well as 940 trained traditional birth attendants (TBA) are providing reproductive health care to the women of AHDS' target area.

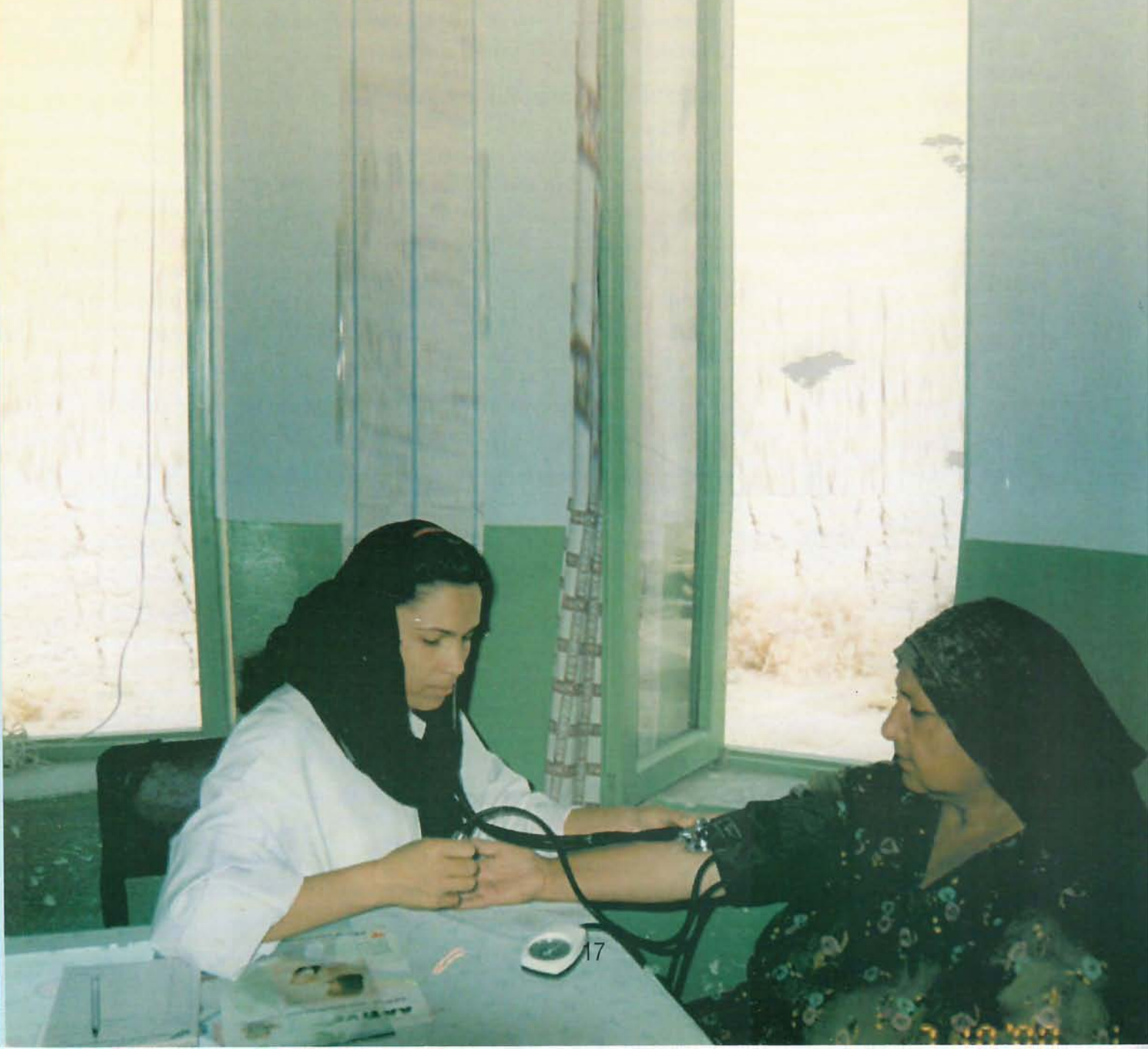
The MCH centers are good examples of working possibility for ladies outdoors and one of the very few gathering places for women. Therefore the MCH centers play significant role not in physical but much more in mental health of females. Training and supervision of traditional birth attendants, health education, family planning, prenatal care, emergency obstetric care, delivery assistance, postnatal care, and treatment of gynecological diseases are main activities of the MCH centers beside the provision of health care for children.

Among the beneficiaries 28,672 women benefited reproductive health cares in this reporting period.



Maternal cases managed in AHDS' health network in year 2000.

In this year, 179 new TBAs received training in Kandahar Province (total trained TBAs: 448 in Urozgan Province and 492 in Kandahar Province). WHO partially supported the TBA training project. Traditionally Afghan women are extremely modest for coming to a maternity home for delivery, so they prefer to give birth at their own homes. It is remarkable that the trained TBAs assisted 5,223 deliveries at homes in this year in addition to health education. They are trained, according to WHO guidelines in a two weeks course in their villages, to familiarize them with safe aseptic delivery assistance norms as well as provision of health education. Each trained TBA receives an initial kit by end of the training and the kits are re-supplied on monthly basis. The trained TBAs are not forgotten afterwards; the TBA trainers for small groups of them who are living in nearby villages facilitate monthly meetings. These meetings give the TBA trainer an opportunity to collect report of activities, and check up and update knowledge of the TBAs. In addition the TBAs share their ideas, problems and experiences with each other.



Family Planning

Objective:

Provide family planning services within the context of women's reproductive health services and spacing of births for healthy infants.

Achievement:

Since it is the beginning of a sensitive work, AHDS main emphasis is on community awareness about family planning. It take a little bit longer time to show and convince people that birth spacing has positive impact on the health of mothers and children beside other social benefits. Health education is concentrated on encouraging the couples to avoid early, close and late pregnancies. It is advised that women should not become pregnant before 18 and after 35 years of age and should keep 2-3 years gap between two conceptions to keep themselves healthier and give birth to healthier babies. Considering the strict cultural traditions in the remote areas any couple who understands and practices birth spacing is an encouraging sign for further participation in such programs. Available statistic shows that 2,909 women of childbearing age have used different kinds of contraceptive. This figure is small but it is still an optimistic sign for acceptance of family planning in our target communities. Contraceptive pills and Depot Progestrone are accepted well, few couples are using condoms.

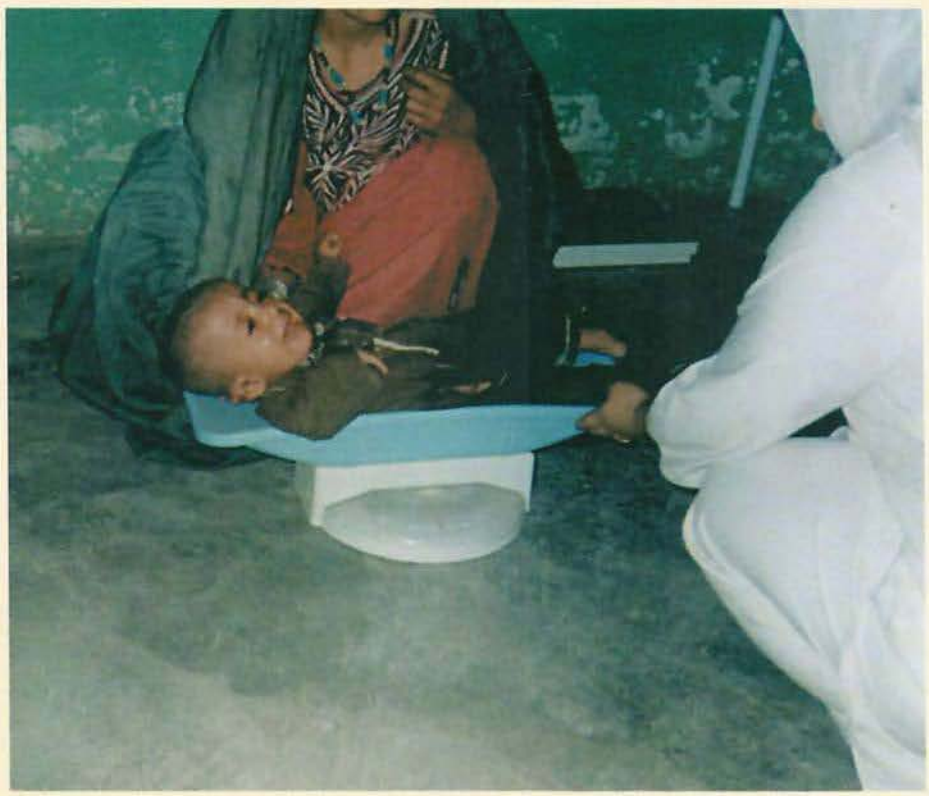
Integrated Management of Childhood Illnesses

Objective:

Reduce infant and child morbidity and mortality through the continued focus on an integrated management of childhood illnesses and general health and nutrition education.

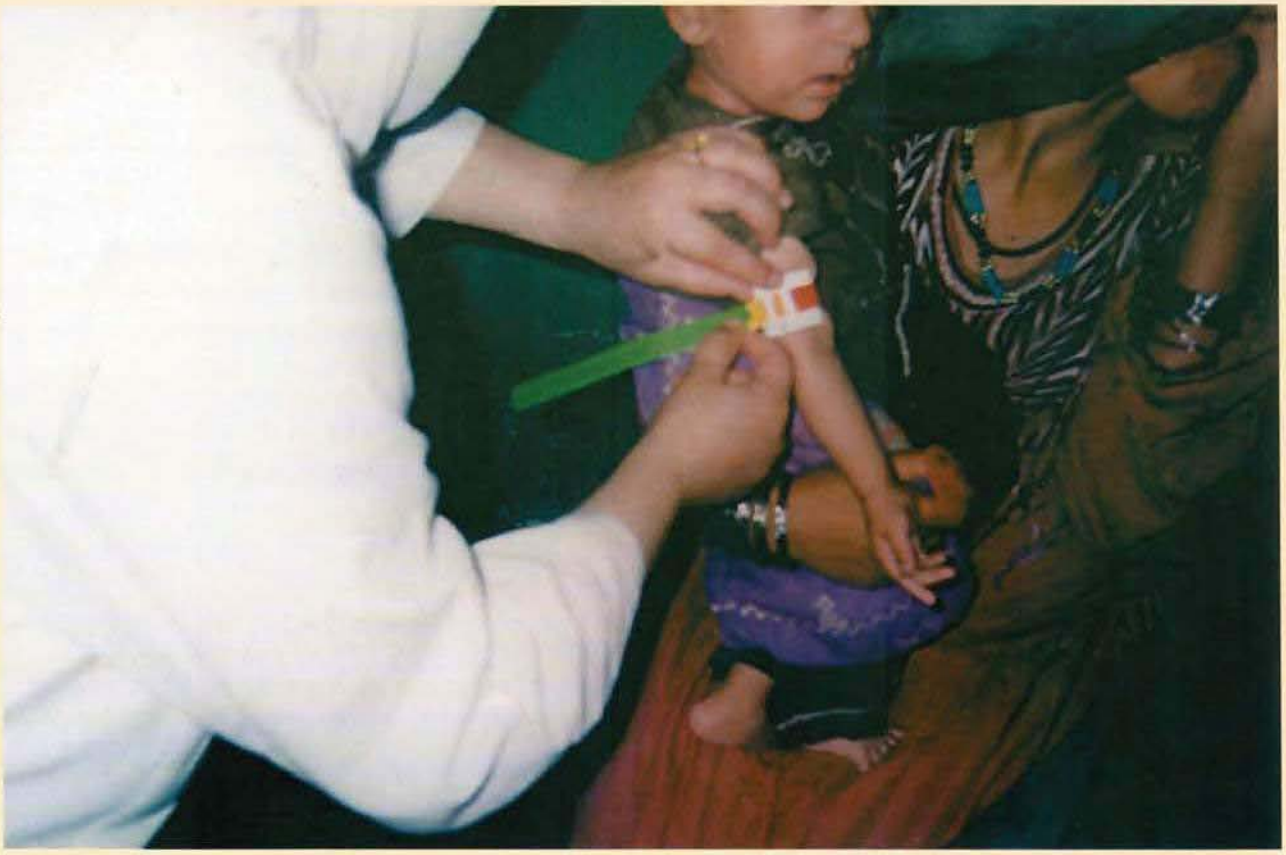
Achievement:

The less than five years age group is the most vulnerable with higher morbidity and mortality rates. Management of childhood illnesses is integrated into AHDS primary health care services as an important part of curative as well as promotional health care. 38.2% of beneficiaries from AHDS curative health services were children of less than 15 years age. Provision of vaccination against 6 killer childhood diseases, consultation to the sick children with a minimum fee, free of charge essential medicine, growth monitoring and health education especially about acute respiratory infection, diarrheal diseases, malaria and nutrition are main concerns of AHDS to play proactive role in promotion of health status for children.

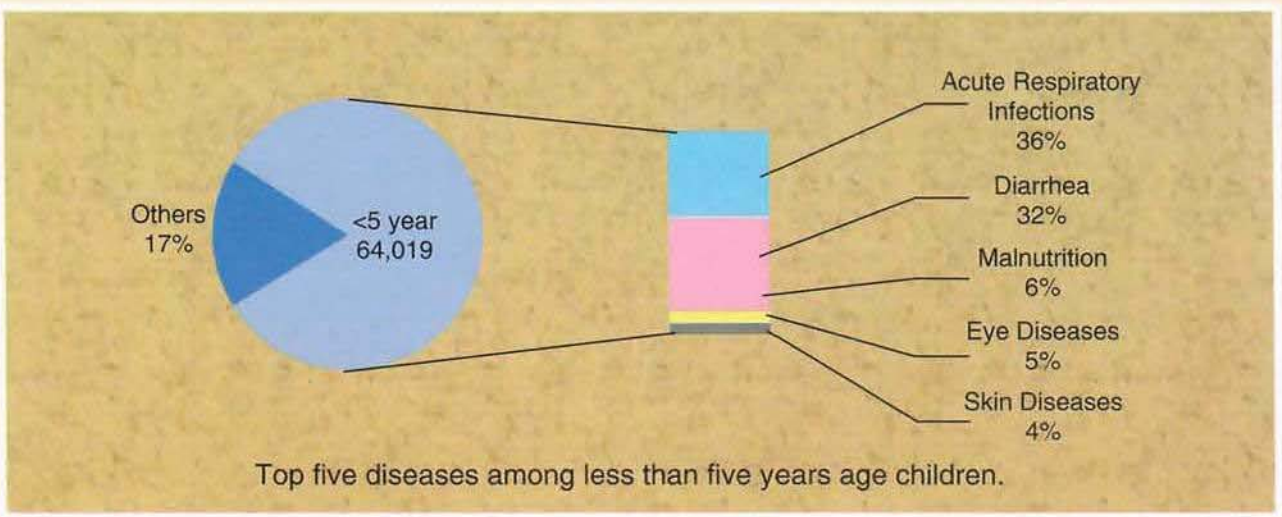


The most devastating diseases among children are acute respiratory infection (ARI) 36% and diarrheal diseases 25%. They were followed by worms, infectious diseases (mainly

malaria), skin diseases, eye diseases and malnutrition. Especial ARI and control of diarrheal diseases (CDD) campaigns were implemented in AHDS health facilities in concerned seasons to control the outbreaks and restrict number of cases.



AHDS has started screening of moderate and severe malnutrition cases in 12 sentinel sites with MSF-Holland cooperation. It is planned to start supplementary feeding centers (SFC) in clinics where more number of malnourished children are found.



Top five diseases among less than five years age children.

Immunization

Objective

Reduce the incidence of vaccine-preventable diseases through increased immunization and health education coverage.

Achievement

Expanded Program of Immunization (EPI) is a very important component of Primary Health Care, which is integrated to AHDS' health services. Totally 181,571 vaccine doses are applied for women and children by AHDS teams. The service is provided through 13 EPI fixed centers inside AHDS' health facilities to the community members.

UNICEF mainly supports the program nationwide by provision of supplies, training of the staff and incentive for vaccinators in each center. The targets are 6 killer diseases of children (Tuberculosis, Poliomyelitis, Diphtheria, Pertusis, Tetanus and Measles) and maternal/neonatal tetanus.

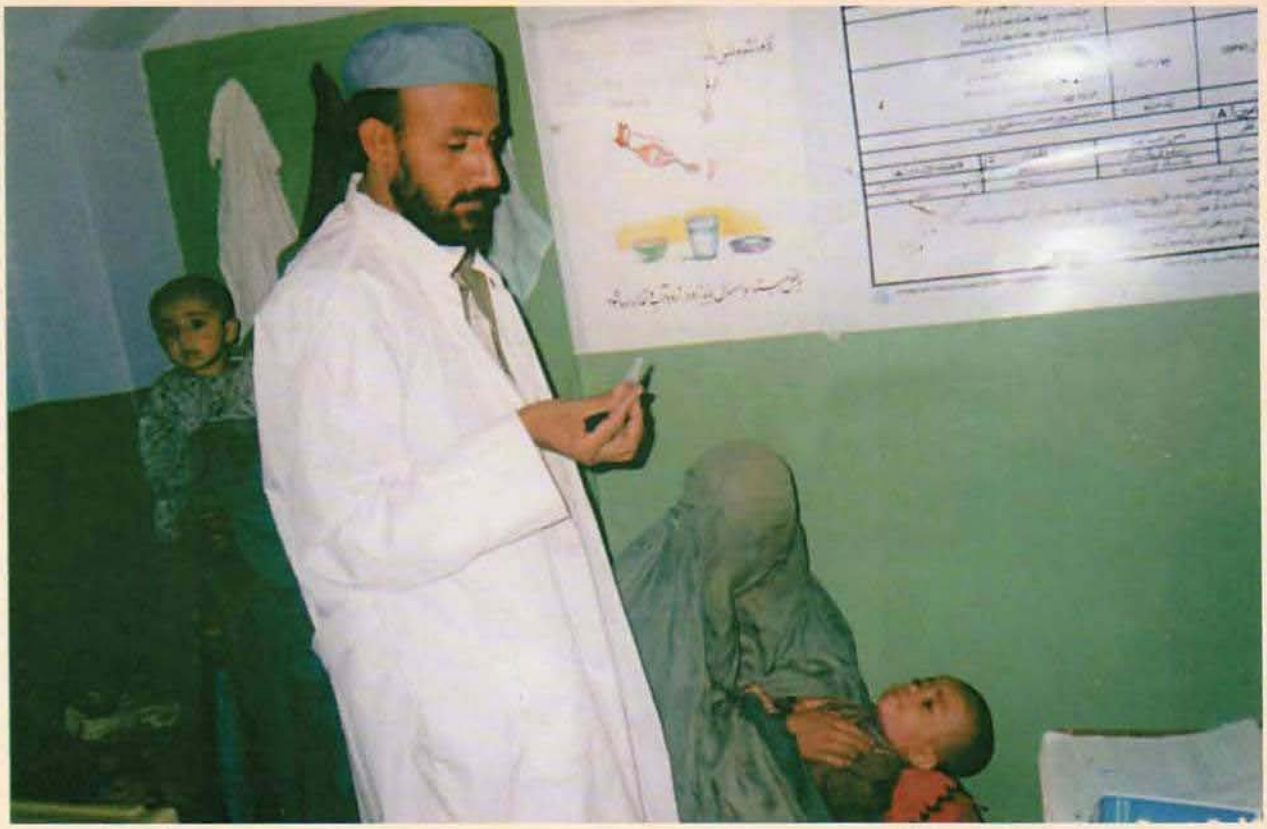
6 measles outbreaks and one whooping cough outbreak happened in different villages of Kandahar Province this year. AHDS vaccination and health education teams promptly took appropriate action with support of Medicine Sans Frontier Holland (MSF).

The following EPI targeted diseases were recorded in AHDS health facilities during this reporting period:

- Measles 702 cases.
- Tuberculosis 503 cases.
- Pertusis (whooping cough) 233 cases.
- Poliomyelitis 8 cases.
- Diphtheria 6 cases.
- Tetanus 1 case.

Polio eradication campaigns, in spring and autumn, led by UNICEF and WHO were outstanding event of this year in the health of children. All children of less than five years age received oral polio vaccine (OPV) and the children from 1 to 5 years age received vitamin A. Two rounds of national immunization days (NID) were planned for each campaign. The NIDs were on May 1-3 June 3-5, October 10-12 and November 12-14. The data shows coverage of more than 100% in most of areas, the reason for more than 100% coverage is clarified as low estimation of population (there is no population survey done recently) as well as difficulty in defining age of a little above 5 years children (majority of children do not have birth date record).

In addition to the NIDs Polio mopping up was conducted on September 10, 11 and 12 in the districts where some Polio cases were found after the spring campaign.



Health Education

Objective

Reduce infant and child morbidity and mortality through the continued focus on an integrated management of childhood illnesses and general health and nutrition education.

Achievement:

The prime health messages were disseminated to more than **357,564 people** through group discussions, individual visits and distribution of printed media e.g. planners (2000 copies), calendar (1000 copies) and leaflets (16,000 copies) in this year.

Although based on field needs a set number of prime messages are given to the health educators for dissemination in the target communities, seasonal outbreak of health problems fixes the priorities. Top prioritized subjects were family planning, acute respiratory infection (ARI), polio eradication, control of diarrheal diseases/cholera and breast-feeding. The breast-feeding week was celebrated in first week of August. 1830 women benefited in this week through AHDS' health facilities with UNICEF support.

Health educators and basic health workers as well as other health staff disseminated the health education prime messages to groups in clinics, community gatherings, mosques, Madrasas (religious school) and individuals. The health education was excelled by distribution of calendars, planners and leaflets carrying prime health messages.

The health education sessions included the following subjects:

ARI
Breast feeding/Weaning
Diarrhea/Dehydration
Drug abuse
Family planning
Hygiene/Sanitation
Immunization
Mine awareness
Nutrition/Malnutrition
Proper use of medicine
Sexually transmitted diseases (STD) prevention

Promoting nutritional habits for mothers and children, food demonstration was carried out in all MCH centers on weekly basis. It is a practical preparation and cooking of food, by the health educators and groups of child care takers (15-20 people per session), consumed by attending children. The aim is to show how a nutritious food, containing all essential components of a balanced diet, can be prepared from cheap locally available foodstuff. About 11,123 clients participated in these efforts for improvement of their nutritional attitude in year 2000.

The supervision and training teams have found that mental health is a considerable problem burdened majority of patients resorting to AHDS' health facilities. Therefore mental health awareness should be worked on in near future.

A one-week training workshop was conducted for health educators by the Regional Training Center to improve their communication knowledge and skills.

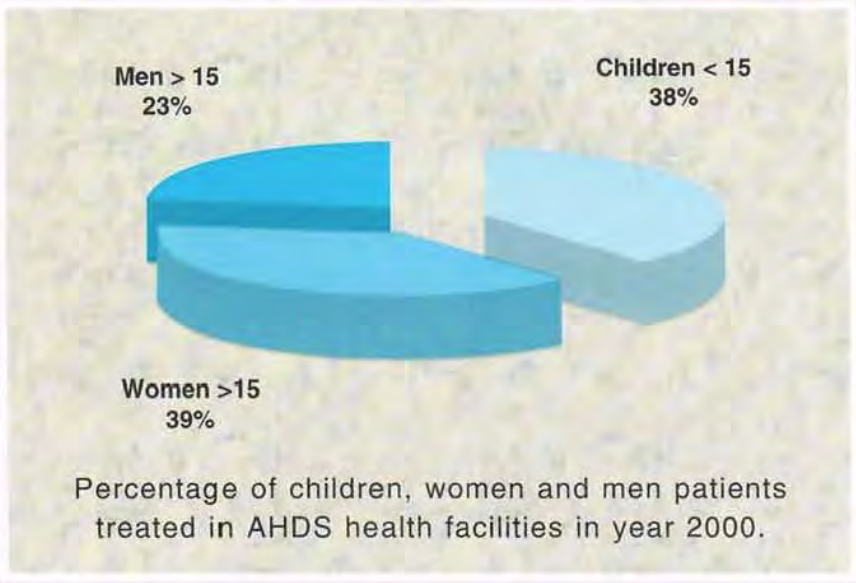
Treatment of Common Diseases

Objective:

Provide basic curative services to the whole target population, including emergency inpatient services.

Achievement:

Output of curative services provided by AHDS health facilities was 284,982 in year 2000. Like any other health service AHDS' especial focus is devoted to the mothers and children. The statistics shows that 77.3% beneficiaries from curative services were women and children (women 39.1% and children 38.2%).



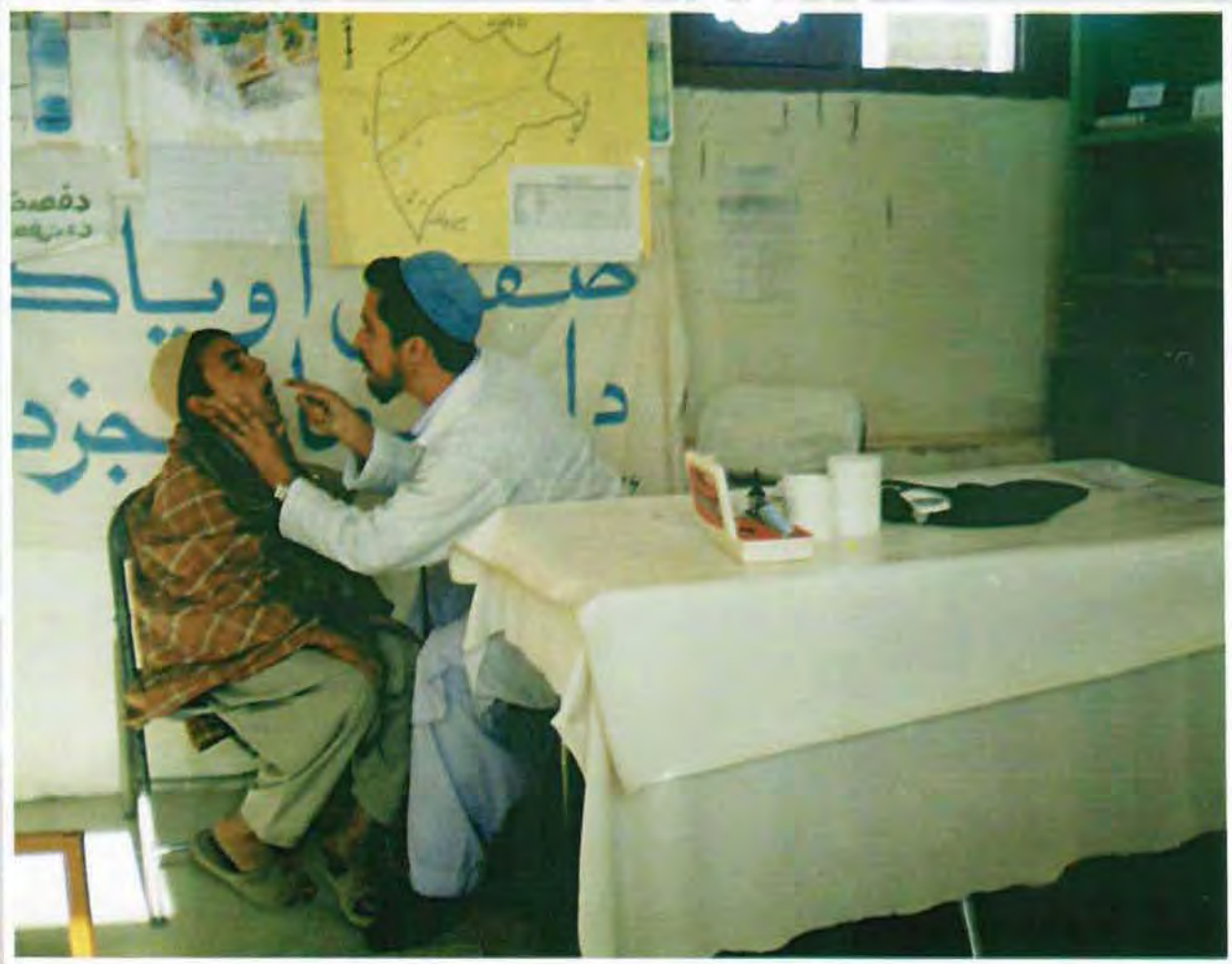
Percentage of children, women and men patients treated in AHDS health facilities in year 2000.

It is clear that neither preventive measures are established for all the known diseases nor all the preventable diseases can be eradicated at once. Therefore in spite of emphasis on preventive and promotional health care, treatment of diseases remains as an important part of primary health care. AHDS provides consultation to the patients with a minimum fee (as partial cost recovery scheme and raise the ethical value of the nearly free service), clinical laboratory, dentistry and free of charge essential medicine. The MCH/CHCs are equipped with 5 - 10 beds for emergency in-patient services. The diseases are managed according to the treatment protocols developed in AHDS regional training center (RTC) for different level health service providers working in different types of health facilities. These

treatment protocols are chosen from authorized medical books and are field-tested. Considering the treatment protocols, the essential drugs provided by AHDS are tailored for different health facilities. In addition a **MCH guideline is also prepared and printed** in national language, which contains curative aspects as well as preventive ones.

The acute respiratory infection (72,047 cases) and diarrheal diseases (39,182 cases) were the top causes of morbidity among both male and female in year 2000. The followings are Top-5 prevalent diseases among the male and female attendants of our health facilities:

MALE:		**FEMALE:**	
1. Acute Respiratory Infection	38,073	1. Acute Respiratory Infection	33,974
2. Diarrheal Diseases	21,701	2. Diarrheal Diseases	17,481
3. Peptic Diseases	8,392	3. Peptic Diseases	13,751
4. Skin Diseases	6,312	4. Musculoskeletal diseases	13,061
5. Malaria	4,623	5. Anemia	10,294



AHDS has actively participated in control of communicable diseases in Urozgan and Kandahar provinces. Totally 71 cases of suspected Cholera was reported this year in AHDS' target area, out of which 7 cases from Deh Rawood District in the month July, 6 cases from Arghistan District in the month August, 3 cases from Chora District in August, 53 cases from Khas Urozgan District in September and 14 cases from Tirinkote were reported. AHDS' mobile teams were able to manage and restrict the outbreaks on time with cooperation of MSF Holland and WHO.

Malaria is another communicable disease, which is common in Kandahar and Urozgan provinces. Health Net International (HNI) malaria eradication program is integrated to our primary health care program, which consists of provision of technical support, anti-malarial drugs, subsidized drug impregnated bed-nets and incentive for health workers. 8,272 cases of malaria are treated in this reporting period. For prevention of malaria totally 3,550 drug impregnated bed nets are sold and 2,006 bed nets are re-impregnated in the last 7 months (malaria season).

For the tuberculosis control AHDS offers community awareness and refers suspected patients to the Tuberculosis center of Ministry of Public Health (MOPH) supported by World Health Organization (WHO) in Kandahar City.

Rehabilitation of disabilities is an important issue, which should be done after treatment of diseases. Two physiotherapy centers of Comprehensive Disabled Afghans' Program (CDAP) has been integrated into Arghandab and Daman MCH/CHCs. The centers provided physiotherapy for 521 disabled.

Water and Sanitation

Objectives:

- Provide safe potable water, to tackle the root causes of water born diseases and non-hygienic conditions, by provision of hand pump installed water wells.
- Promote the habit of using sanitary latrines in communities by recruiting families to accept and use sanitary latrine facility at their homes.

Achievement:

A pilot project of water and sanitation was completed successfully in April 2000. This project was started in mid 1999 and provided potable water through 150 hand pump improved wells and better sanitation through 750 sanitary latrines in Tirinkote and Deh Rawood districts, Urozgan Province. This was to cut transmission route of water-borne and sanitation-related diseases ensuing decreased morbidity and mortality rates in the target areas.

Afterwards a new project of water & sanitation aiming provision of 300 wells and 1500 latrines was started in September 2000 by financial aid of Stichting Vluchteling. UNICEF accepted partial support to this project but unfortunately the lag period is still continuing. Drought was the prominent constraint, which afflicted livelihood of Afghan people especially in the Southwest region. For AHDS projects, its effect was illicit in lag of bilateral donors' response to water/sanitation project. 39 new wells are provided last quarter of 2000 and the project will be continued for next six months in year 2001. Chlorination of water sources was another eradicating activity against water-borne diseases, which was done through community participation especially in the villages where cholera outbreaks were suspected.

For rural people, it is the routine to use unprotected and easily polluted water sources (irrigation canals, open ponds, Karezes, rivers, springs, and shallow wells). Sanitation condition is even worse since people are not accustomed to use latrines. The men and elder children use open fields and the women defecate in designated open areas in their

compounds. There are no means to avoid spread of human waste and contamination of environment in place. Therefore establishment of proper facilities of hygiene and sanitation is extremely needed.

Internally Displaced People

The affliction of the year was drought, which is most dominant in southwest region of Afghanistan. The people of Raig District located in south of Kandahar were forced by the drought to leave their homeland. The survey done in December shows that 1,478 families are settled mostly in Panjwaie District along the Arghandab River and some in Maywand District. These people live in tents with minimal livelihoods. In addition to the mother and child comprehensive health center in the District Center, AHDS assigned an ad hoc health team with WHO cooperation to take care of these drought stricken internally displaced people (IDP). The team consisting of female and male medical staff served 2 days per week outreach health care for the aggrieved IDPs. The team furnished free health cares i.e. health education, screening for diseases, vaccination of children and mothers and medication. 1,908 patients are treated till end of December 2000.

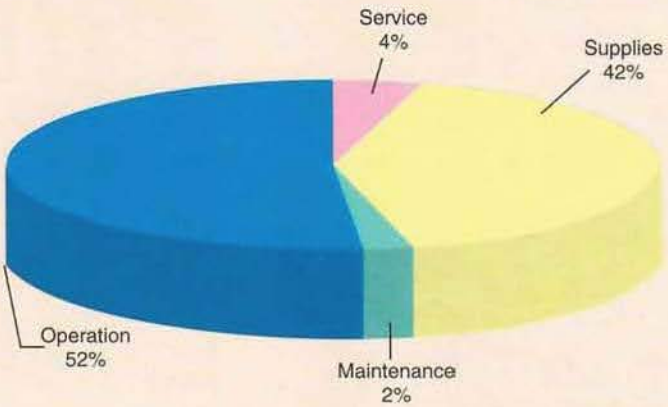
Finance

AHDS obtained generous grant of US$ 1,600,000 from Bill and Melinda Gates Foundation for two year (2000 and 2001) which covers main part of requirement for its Primary Health Care project in Kandahar and Urozgan provinces. Stichting Vluchteling (SV) has partially funded water and sanitation project with amount of US$ 60,000. UNICEF fully supported vaccination part of the project as before. Inputs of UNICEF, WHO and MSF Holland, which were in kind, had great value in progress of operations this year. In addition community contribution also eased provision of health services by AHDS to them. Community contribution was as labor and kind covering 54% cost of potable water and 71% cost of sanitary latrines.

European Union (EU) also approved funding of the Primary Health Care project for year 2000 too late namely on March 24th 2000. Since the project was already funded by Bill and Melinda Gates Foundation, AHDS requested for re-allocation to expand the Primary Health Care project to remote under-served areas, but no green light was shown.

DONORS' CONTRIBUTION IN YEAR 2000	IN CASH	IN KIND	TOTAL
Bill and Melinda Gates Foundation	US$ 819,000		US$ 819,000
Stichting Vluchteling	US$ 60,000		US$ 60,000
UNICEF		US$ 20,189	US$ 20,189
WHO		US$ 11,728	US$ 11,728
Target Communities	US$ 27,786	US$ 36,396	US$ 64,182
TOTAL	US$ 906,786	US$ 68,313	**US$ 975,099**

Expenditures of AHDS in year 2000.



Conclusion

Full capacity service to target communities and qualitative progress of health facilities are the foremost accomplishments this year. Comparing to last year (1999), out put for health education was increased 58%, out put of curative services 34% and Polio Eradication Campaign 100%. Number of trained traditional birth attendants reached to 940 by end of 2000. Training workshops and seminars were conducted equally for both male and female staff, whereas there were only two workshops for female health staff in year 1999. Nutrition promotion intention for children and women was empowered by more food demonstrations and screening for malnourished children in twelve sites. Supplementary Feeding Centers (SFC) will be established with MSF Holland support in January 2001 for the malnourished children.

Success in implementation of a pilot project for Water and Sanitation enriched strengths of AHDS for provision of integrated primary health care.

Five Year plan of the Primary Health Care is another out put of this year efforts. The Five Year plan is based on 6 years experience of AHDS in the region as well as results of a two months baseline survey in 2 districts of Kandahar Province and 8 districts of Urozgan Province. A full participatory plan assisted by an external consultant is documented on the basis of improvement of existing facilities, expansion to remote non served areas and hand over of well established facilities strategies.

Generally the year acquired hard work for expected merit, which is attained. The worth of health and human resource is obvious enough to be mentioned here. The average cost of provided health services per capita, about US$ 1.2 in year 2000, looks trivial comparing to the changes made.

Curative Service

NO	PROVINCE	DISTRICT	VILLAGE	FACILITY	PATIENTS
1	Kandahar	Arghandab	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	18799
2		Arghistan	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	15219
3			Sundorzay	Basic Health Post (BHP)	2238
4			Yousuf Khail	Basic Health Post (BHP)	2114
5		City	Loiwiala	Mother & Child Health center (MCH)	11667
6		Daman	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	17194
7			Jakan	Basic Health Post (BHP)	1621
8		Dand	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	20085
9		Khakrez	Chinar	Based Health Post (BHP)	2756
10			District Center	Based Health Center (BHC)	5289
11			Lam	Basic Health Post (BHP)	2780
12			Nasir	Basic Health Post (BHP)	2834
13		Maywand	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	16599
14		Panjwaie	District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	20148
15		Shahwalikote	District Center	Based Health Center (BHC)	7116
16			Kajoor	Basic Health Post (BHP)	2100
17			Khairtoot	Basic Health Post (BHP)	3576
18			Kundelan	Basic Health Post (BHP)	2522
19			Lwala Wiala	Basic Health Post (BHP)	4216
20			Paryan	Basic Health Post (BHP)	2272
21			Suzni Achekzay	Basic Health Post (BHP)	1650
22			Wayand	Mother and Child/Comprehensive Health Center (MCH/CHC)	25651
23	Urozgan	DehRawood	Baghal	Basic Health Post (BHP)	1993
24			Dehzak	Basic Health Post (BHP)	1608
25			District Center	Mother and Child/Comprehensive Health Center (MCH/CHC)	25867
26			Kakrak	Basic Health Post (BHP)	2713
27			Lublan	Basic Health Post (BHP)	2276
28			Miandow	Basic Health Post (BHP)	2996
29			Segzai	Basic Health Post (BHP)	2533
30		Tirinkote	Garmab	Basic Health Post (BHP)	2513
31			Kakrak	Basic Health Post (BHP)	2657
32			Kali Kala	Basic Health Post (BHP)	1643
33			Kala Now	Basic Health Post (BHP)	2368
34			Sufian	Basic Health Post (BHP)	2961
35			Surmorghab	Basic Health Post (BHP)	2531
36			Town	Mother & Child Health Center (MCH)	21704
37			Town	Comprehensive Health Center (CHC)	20172
TOTAL					284982

Reproductive Health Care

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Total	%
Family planning	312	309	182	303	214	249	251	255	257	229	190	158	2909	10.1%
Menstrual disorders	133	175	135	262	277	205	339	313	248	223	206	125	2641	9.2%
Delivery at clinic/vertex	27	24	17	22	25	14	18	25	23	28	21	18	262	0.9%
Delivery at clinic/abnormal presentations	0	0	0	3	0	1	7	5	4	4	6	5	35	0.1%
Delivery at home (by TBA)	325	520	331	383	491	175	389	781	347	551	431	499	5223	18.2%
Abortion	44	83	36	70	48	69	66	75	55	46	45	37	674	2.4%
Infertility	62	96	49	100	62	91	122	66	65	81	76	52	922	3.2%
Dysfunctional Uterine Bleeding	63	97	28	91	97	85	74	85	54	50	56	45	825	2.9%
Pelvic Inflammatory Diseases	137	186	85	311	290	194	330	294	305	337	274	163	2906	10.1%
Vaginitis	40	209	94	291	251	169	201	259	239	258	222	117	2350	8.2%
Toxaemia of pregnancy	13	16	20	9	20	12	15	9	79	74	62	29	358	1.2%
Prenatal care	464	621	480	698	552	556	579	499	87	8	12	7	4563	15.9%
Postnatal care	84	108	142	151	174	134	165	97	621	588	518	410	3192	11.1%
Uterine prolapse	0	0	49	52	61	39	79	73	128	117	149	98	845	2.9%
Other obtetric/Gynecological cases	144	113	33	122	67	60	90	39	63	78	87	71	967	3.4%
Total	1848	2557	1681	2868	2629	2053	2725	2875	2575	2672	2355	1834	28672	100.0%
Referral	21	16	18	20	17	0	21	11	17	13	11	8	173	0.6%

Immunization

VACCINATION IN 2000		Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Children < 1 year														
Out-reach	BCG	117	194	155	444	423	290	483	303	376	524	442	440	**4191**
	DPT1	113	183	151	426	421	284	485	302	375	495	395	386	**4016**
	DPT2	121	141	121	136	289	238	306	244	161	286	327	300	**2670**
	DPT3	120	136	103	115	116	249	252	187	194	192	243	273	**2180**
	OPV1	113	174	151	406	421	284	485	297	375	484	436	352	**3978**
	OPV2	121	132	121	136	289	235	306	224	164	286	319	285	**2618**
	OPV3	111	131	103	115	116	247	252	185	194	190	243	233	**2120**
	OPV4	104	85	71	91	43	61	143	53	127	139	68	44	**1029**
	Measles	117	126	103	240	203	170	278	198	199	309	262	327	**2532**
Fixed-center	BCG	497	668	513	792	766	581	677	637	690	481	554	394	**7250**
	DPT1	452	534	516	719	781	597	634	597	698	469	578	435	**7010**
	DPT2	338	383	340	416	505	502	437	477	558	422	454	375	**5207**
	DPT3	374	347	301	386	436	450	402	404	387	389	395	347	**4618**
	OPV1	452	534	516	713	787	557	611	611	696	466	589	437	**6969**
	OPV2	338	383	340	414	505	525	477	477	502	422	447	366	**5165**
	OPV3	371	342	297	387	435	450	399	399	386	389	395	318	**4571**
	OPV4	264	220	215	281	321	306	283	283	394	260	278	246	**3329**
	Measles	458	385	355	419	483	459	432	432	409	423	434	372	**5064**
Children 1-2 years														
Out-reach	BCG	84	114	137	298	276	346	321	321	527	356	540	354	**3935**
	DPT1	98	166	131	363	309	395	338	338	560	398	539	373	**4338**
	DPT2	98	114	101	136	211	282	281	281	239	328	265	181	**2570**
	DPT3	127	118	101	108	164	250	299	299	318	269	373	199	**2649**
	OPV1	98	165	131	330	309	406	339	339	560	398	529	356	**4289**
	OPV2	98	112	101	138	211	284	281	281	239	327	265	161	**2556**
	OPV3	127	118	101	98	164	249	299	299	318	271	373	179	**2620**
	OPV4	84	71	72	95	124	112	72	72	315	188	143	129	**1630**
	Measles	143	158	120	396	463	494	333	333	524	426	531	400	**4749**
Fixed-center	BCG	419	551	357	475	620	516	496	496	593	463	499	375	**6041**
	DPT1	397	529	364	469	614	496	474	474	629	463	509	337	**5889**
	DPT2	295	322	266	318	346	280	439	439	428	347	404	335	**4068**
	DPT3	298	318	251	305	336	290	373	373	417	401	465	331	**4088**
	OPV1	397	529	364	469	616	696	473	473	629	447	494	327	**5847**
	OPV2	295	322	266	319	346	280	449	449	427	349	404	336	**4080**
	OPV3	298	318	251	302	339	310	371	371	412	401	485	344	**4132**
	OPV4	208	216	210	325	404	375	300	300	378	285	299	326	**3617**
	Measles	499	537	416	463	617	688	488	488	561	517	526	447	**6420**
Women 15-45 years, Pregnant														
Out-reach	TT1	42	59	39	88	69	75	58	58	80	144	88	56	**883**
	TT2	34	51	24	47	59	55	57	49	33	56	68	28	**561**
	TT3	31	31	14	29	29	28	31	21	20	29	28	17	**308**
	TT4	20	28	16	13	10	21	19	10	16	13	11	9	**186**
	TT5	20	16	11	4	2	9	5	6	6	6	3	3	**91**
Fixed-center	TT1	201	268	213	312	283	270	275	286	262	253	263	198	**3084**
	TT2	145	155	146	190	175	201	198	251	246	224	225	189	**2345**
	TT3	108	115	104	144	141	125	156	158	90	175	151	110	**1577**
	TT4	88	81	73	82	69	88	126	118	80	91	55	53	**1004**
	TT5	58	42	64	75	53	65	112	79	42	53	49	33	**725**
Women 15-45 years, Non-pregnant														
Out-reach	TT1	103	157	70	193	304	198	277	127	297	341	314	75	**2456**
	TT2	78	85	75	119	159	170	283	122	162	151	301	67	**1772**
	TT3	53	66	62	78	60	62	94	29	48	57	101	39	**749**
	TT4	26	35	46	37	24	52	58	20	30	36	34	9	**407**
	TT5	21	26	17	7	4	26	14	8	9	11	23	18	**184**
Fixed-center	TT1	356	512	480	964	1204	669	710	666	661	518	334	214	**7288**
	TT2	198	299	295	396	513	504	471	457	454	332	349	205	**4473**
	TT3	229	223	193	315	299	230	308	230	235	168	197	106	**2733**
	TT4	94	135	137	157	140	178	180	159	132	90	98	73	**1573**
	TT5	69	71	98	107	57	138	201	127	136	35	63	35	**1137**

Statistic of Diseases in Year 2000

Category	Diseases	Under 1-Y		1-4 Y		5-14 Y		15 Y & Over		Children		Total		Total
		M	F	M	F	M	F	M	F	<5	<15	M	F	
ARI	Common Cold	933	744	1346	1092	1967	1696	4248	3723	4115	7778	8494	7255	15749
	Pharyngitis	225	177	963	854	2404	1992	3456	3429	2219	6615	7048	6452	13500
	Otitis Media	1286	1084	1561	1157	1152	868	1187	1276	5088	7108	5186	4385	9571
	Laryngitis	40	28	82	106	173	338	233	835	256	767	528	1307	1835
	Bronchitis	1112	883	1988	1739	2354	2068	6046	6055	5722	10144	11500	10745	22245
	Pneumonia	1122	925	1906	1313	1102	708	1187	884	5266	7076	5317	3830	9147
Total Acute Respiratory Tact Infections		4718	3841	7846	6261	9152	7670	16357	16202	22666	39488	38073	33974	72047
Chronic Obstructive Pulmonary Diseases		56	0	0	1	6	1	371	189	57	64	433	191	624
Bronchial Asthma		63	43	120	113	153	140	936	1359	339	632	1272	1655	2927
Diarheal Diseases	Simple Diarrhea	2353	1896	3295	2353	1379	1103	1976	1904	9897	12379	9003	7256	16259
	Bacterial Dysentry	1589	1401	2900	2238	1304	1015	2134	1744	8128	10447	7927	6398	14325
	Amoebiasis	206	229	782	576	729	632	1816	1458	1793	3154	3533	2895	6428
	Giardiasis	56	53	248	141	254	182	627	538	498	934	1185	914	2099
	Cholera (suspected)	0	1	13	5	16	4	24	8	19	39	53	18	71
	Total Diarrheal Diseases	4204	3580	7238	5313	3682	2936	6577	5652	20335	26953	21701	17481	39182
	No Dehydration	2256	2001	3763	2862	1996	1546	3666	3215	10882	14424	11681	9624	21305
	Some Deydration	993	870	1572	1083	771	639	1155	892	4518	5928	4491	3484	7975
	Sever Dehydration	227	222	343	194	219	143	246	200	986	1348	1035	759	1794
Worms		59	76	1382	1261	2126	1715	1648	1212	2778	6619	5215	4264	9479
EPI Targeted	Measles	84	74	202	143	78	59	31	31	503	640	395	307	702
	Tetanus	0	0	0	0	1	0	0	0	0	1	1	0	1
	Poliomyelitis	0	0	4	3	0	1	0	0	7	8	4	4	8
	Diphtheria	0	0	1	1	0	2	2	0	2	4	3	3	6
	Whooping Cought	32	24	63	61	35	15	1	2	180	230	131	102	233
	Tuberculosis (Pulmonary)	9	9	22	23	10	20	50	251	63	93	91	303	394
Extra pulmonary TB		0	0	1	0	6	19	24	59	1	26	31	78	109
Eye	Conjunctivitis	491	487	1006	853	1040	854	1528	1956	2837	4731	4065	4150	8215
	Trachoma	5	2	9	6	13	3	33	23	22	38	60	34	94
	Others	10	13	26	27	56	39	215	135	76	171	307	214	521
	Total Eye Diseases	506	502	1041	886	1109	896	1776	2114	2935	4940	4432	4398	8830
Skin Disorders	Pyodermia	141	117	560	461	1079	569	1340	917	1279	2927	3120	2064	5184
	Scabies	3	6	47	53	155	107	430	372	109	371	635	538	1173
	Leishmaniasis	3	6	37	59	63	56	35	59	105	224	138	180	318
	Fungal Infection	49	59	199	166	307	164	263	235	473	944	818	624	1442
	Eczema	98	95	248	207	393	361	862	972	648	1402	1601	1635	3236
	Total Skin Diseases	294	283	1091	946	1997	1257	2930	2555	2614	5868	6312	5041	11353
Infectious Diseases	Malaria Clinical	120	112	531	501	1024	847	1920	1669	1264	3135	3595	3129	6724
	Malaria Microscopic Plasmosium Vivax	21	12	126	81	258	144	516	203	240	642	921	440	1361
	Malaria Microscopic P. Falciparum	1	3	17	12	33	19	54	36	33	85	105	70	175
	Malaria Microscopic Mix	0	0	1	0	1	1	0	9	1	3	2	10	12
	Total Malaria	142	127	675	594	1316	1011	2490	1917	1538	3865	4623	3649	8272
	Typhoid Fever	36	63	248	289	601	658	777	737	636	1895	1662	1747	3409
	Hepatitis	1	1	26	9	25	19	74	48	37	81	126	77	203
	Meningitis	3	0	0	3	5	6	3	1	6	17	11	10	21
	Rabies	0	0	0	0	1	0	1	0	0	1	2	0	2
	Total Infectious Diseases	182	191	949	895	1948	1694	3345	2703	2217	5859	6424	5483	11907
CVD	Hypertension	0	0	0	0	1	7	1031	3834	0	8	1032	3841	4873
	Chronic Heart Failure	0	0	0	0	1	3	45	46	0	4	46	49	95
	Other Hearth Diseases	2	5	11	8	15	7	119	215	26	48	147	235	382
	Total Cardiovascular Diseases	2	5	11	8	17	17	1195	4095	26	60	1225	4125	5350
Leprosy		0	0	0	0	0	0	3	0	0	0	3	0	3
Goiter		0	0	0	0	0	0	1	21	0	0	1	21	22
Diabetes		0	0	0	0	0	1	7	20	0	1	7	21	28
Dependency		0	0	0	0	0	0	5	1	0	0	5	1	6
Musceuloskeletal Disorders		18	5	30	44	276	336	4490	12676	97	709	4814	13061	17875
Peptic Diseases		6	1	7	6	393	595	7986	13149	20	1008	8392	13751	22143
Urinary Tract Infections		47	27	191	132	452	408	3727	5815	397	1257	4417	6382	10799
Anemia		45	69	257	216	355	519	1352	9490	587	1461	2009	10294	12303
Malnutrition	Moderate	444	432	945	742	80	55	20	58	2563	2698	1489	1287	2776
	Severe	306	354	470	446	13	8	2	0	1576	1597	791	808	1599
	Total Malnutrition	750	786	1415	1188	93	63	22	58	4139	4295	2280	2095	4375
Neuro-Psychiatric Disorders		1	0	1	2	18	26	705	567	4	48	725	595	1320
Oro-Dental Disorders	Tooth Extraction	29	0	1	1	22	25	560	351	31	78	612	377	989
	Others	0	2	7	7	80	51	360	426	16	147	447	486	933
	Total ODD	29	2	8	8	102	76	920	777	47	225	1059	863	1922
Gynecological and Obstetric cases		0	0	0	0	0	9	0	22219	0	9	0	22228	22228
Surgical Cases	War Accident	0	0	2	1	5	3	13	265	3	11	20	269	289
	Routine Wounds	47	45	445	297	903	538	2389	762	834	2275	3784	1642	5426
	Mine Accident	0	0	1	0	4	0	7	3	1	5	12	3	15
	Acute Surgical Cases	7	9	39	20	72	41	313	162	75	188	431	232	663
	Total Surgical	54	54	487	318	984	582	2722	1192	913	2479	4247	2146	6393
Other Diseases		436	386	600	587	992	892	4590	5573	2009	3893	6618	7438	14056
Symptoms		202	179	382	320	540	494	2797	3443	1083	2117	3921	4436	8357
	Grand Total:	11797	10137	23349	18736	24525	20443	64750	111245	64019	108987	124421	160561	284982
Referral		72	55	140	134	137	102	202	298	401	640	551	589	1140
In-patient		27	13	32	24	70	43	137	253	96	209	266	333	599

Mortality

Under 1-Y		1-4 Y		5-14 Y		15 Y & Over		Children		Total		Grand Total
M	F	M	F	M	F	M	F	<5	<15	M	F	
6	3	1	1	6	0	9	3	11	17	22	7	29

M. ALMAS & CO.
CHARTERED ACCOUNTANTS

3RD FLOOR, BLOCK – 7,
MIAN CHAMBERS,
3 – TEMPLE ROAD,
LAHORE – PAKISTAN
Phone : 6306835, 6362783
Fax : 6306399
E. Mail: malmas@brain.net.pk

AUDITORS' REPORT TO

AFGHAN HEALTH AND DEVELOPMENT SERVICES (AHDS)

We have examined the annexed statement of revenue and expenditure together with notes forming part thereof of the Primary Health Care Program in Kandahar/Urozgan, funded by Bill and Melinda Gates Foundation, USA, for the year ended December 31, 2000 with the books and records maintained at Peshawar. Our examination was made in accordance with the generally accepted auditing standards and accordingly included such tests of the accounting and such other records as were considered necessary in the circumstances and we report as follows:

a) Expenditure incurred inside Afghanistan is not susceptible to independent audit verification. It has been verified by us only to the approval thereof by the AHDS management;

b) Distribution of medicines and other materials has not been subject to our verification ;

c) Transactions related to interest on US$ bank accounts and the year end balances of these accounts have been converted into Pakistani Rupees at the monthly exchange rates as stated in note number 2.1 to the accounts instead of the exchange rates prevailing at the date of transaction and at the end of the year respectively; and

d) Books of account are not maintained adequately on double entry book keeping system.

Except for the foregoing and the affect thereof on the enclosed statement, in our opinion the enclosed statement of revenue and expenditure is in accordance with the books and records maintained at Peshawar and the accounting policies stated in note number 2 therein and fairly presents the revenue and expenditure for the year ended December 31, 2000.

CHARTERED ACCOUNTANTS

Lahore
January 19, 2001

M. ALMAS & CO.
CHARTERED ACCOUNTANTS

AFGHAN HEALTH AND DEVELOPMENT SERVICES (AHDS)
PRIMARY HEALTH CARE PROGRAMME IN KANDAHAR/UROZGAN
FUNDED BY BILL & MELINDA GATES FOUNDATION

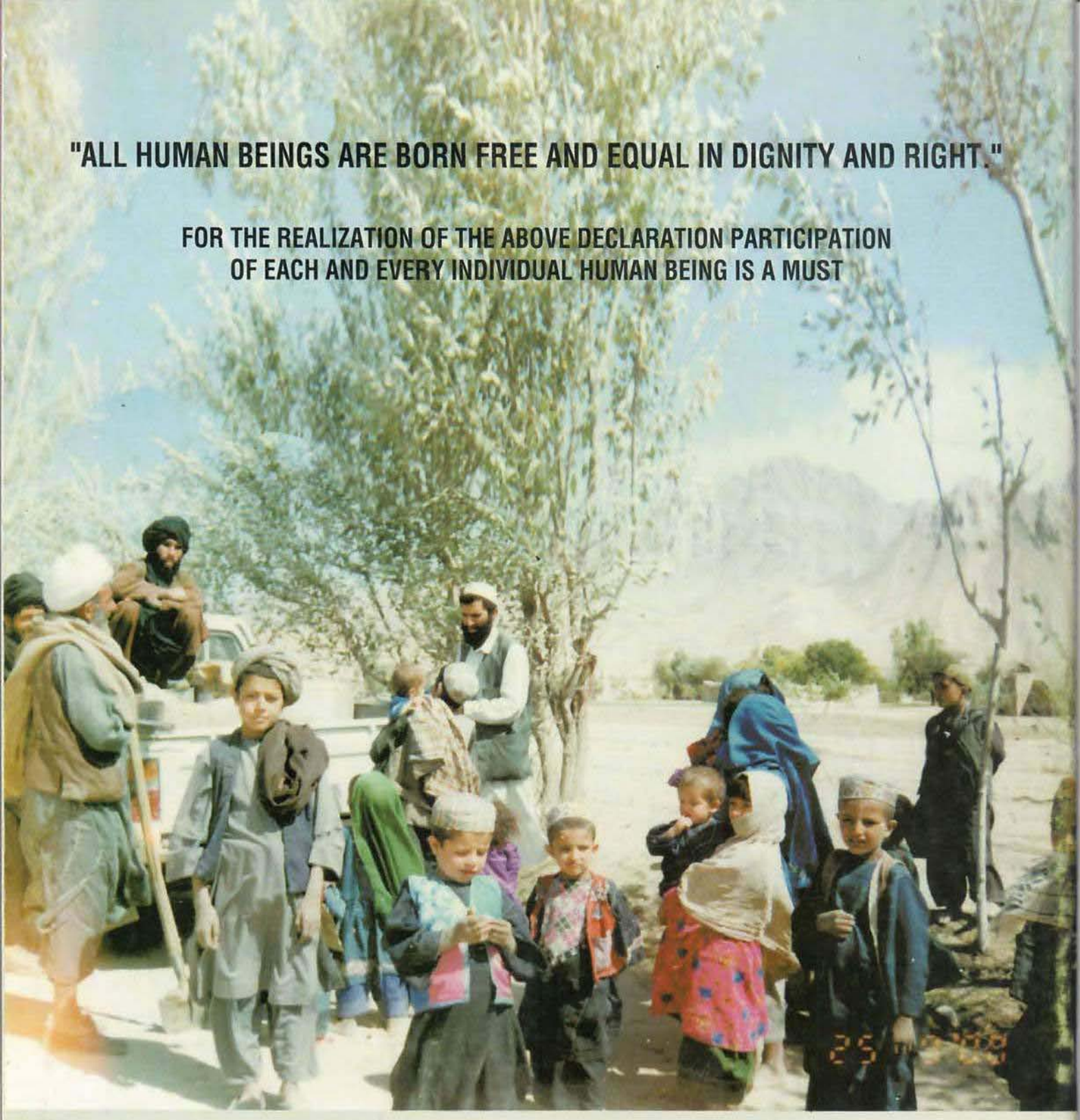
STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED DECEMBER 31, 2000

	NOTES	2000 RUPEES	2000 US $
REVENUE:			
Grants		85,610,570	1,577,507
Less: second instalment received in advance net of 3% service charges		43,711,789	757,570
		41,898,781	819,937
Interest		1,311,351	25,113
Exchange gain		2,733,789	-
Total revenue		45,943,921	845,050
EXPENDITURE:			
Services	3	1,769,411	33,907
Equipments and supplies	4	17,103,263	316,396
Maintenance	5	752,653	13,205
Operations	6	21,278,700	394,537
Total Expenditure		40,904,027	758,045
EXCESS OF REVENUE OVER EXPENDITURE		5,039,894	87,005
REPRESENTED BY:			
Balance at banks		48,671,990	843,200
Cash in hand		79,693	1,375
		48,751,683	844,575
Less: grant received in advance for second year		43,711,789	757,570
		5,039,894	87,005

The annexed notes form an integral part of this statement.

Aziz R. Darghah
DIRECTOR



Main Office:
House No. 178, 3-Ghazali Road,
DI, Phase 1, Hayatabad,
G.P.O. Box No. 631, Peshawar, Pakistan
Phone: +92-91-817342
Tele/Fax: +92-91-810599
E-mail: ahds@brain.net.pk

Regional Office:
Opp. Sarwar-I-Kayenat Mosque,
Kabul Shah,
Kandahar City, Afghanistan
Tele/Fax: 93-03-210422

Sub-Office:
8133 Leesburg Pike,
Suite # 310,
Vienna VA 22182, USA
Phone: (703) 848-0407
Fax: (703) 848-0408
E-mail: ahds.inc@usa.net

Field Office:
Trinkot City,
Urozgan,
Afghanistan