for a healthy society

2013

Annual Report

Asmaad

1/1/2013

Who are we?

AHDS is a non-for-profit, non-governmental and non-political organization founded by Afghans on April 7th 1990. AHDS is registered in Afghanistan as a national NGO (No. 5) and in the USA as a tax-exempt 501-(c) (3) organization. AHDS is an active member of Afghan NGOs Coordination Bureau (ANCB), Agency Coordination Body for Afghan Relief (ACBAR) and the Alliance of Health Organizations (AHO) in Afghanistan. AHDS is one of the first signatories of the Codes of Conduct for NGOs engaged in humanitarian action, reconstruction and development in Afghanistan. Independent Financial Audit is done at the end of each project and end of fiscal years.

Goal:
AHDS goal, as an active member of Afghan Civil Society, is to contribute in provision of humanitarian assistance and sustainable development for the people.

Vision:
A healthy Afghan society that is socially and economically empowered!

Mission:

a. AHDS thrives on innovation, proactivity, dedication, and sustainability.
b. Everything we do is focused on empowering the Afghan Society.
c. We accomplish our vision by quality service in the areas of health and related issues, education, sustainable livelihood, disaster risk management, and advocacy.

Core Values:

1. People centered
2. Transparency and Accountability
3. Equal Opportunity
4. Good Governance
5. Effectiveness and Efficiency
6. Diversity
7. Building Capacity
8. Gender Mainstreaming
9. Peace and Justice
10. Humanity, Impartiality, Neutrality and Independence
11. Partnership

www.ahds.org

Direct Supporters in 2013:

Indirect Supporters in 2013:

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Acronyms

ACBAR	Agency Coordinating Body for Afghan Relief
ACTD	Afghanistan Center for Training and Development
AHDS	Afghan Health and Development Services
AHO	Alliance of Health Organizations
AIDS	Acquired Immune Deficiency Syndrome
AMNEAB	Afghanistan Midwifery and Nursing Education Accreditation Board
ANC	Ante Natal Care
ANCB	Afghan NGO Coordination Bureau
ANDS	Afghanistan's National Development Strategy
ARCS	Afghan Red Crescent Society
ARI	Acute Respiratory Infections
AusAID	Australian Agency for International Development
BEOC	Basic EOC
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CBA	Child Bearing Age (women)
CBHC	Community Based Health Care
CEOC	Comprehensive EOC
CHC	Comprehensive Health Center
CHS	Community Health Supervisor
CHW	Community Health Worker
CIDA	Canadian International Development Agency
C-IMCI	Community IMCI
CMAM	Community-based Management of Acute Malnutrition
CME	Community Midwife Education
CPR	Contraceptive Prevalence Rate
DEWS	Disease Early Warning System
DH	District Hospital
DOTS	Directly Observed Treatment Short-course (for Tuberculosis)
EC	European Community
EONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program on Immunization
ETS	Effective Teaching Skills
GAVI	Global Alliance for Vaccines and Immunization
GMP	Growth Monitoring Promotion
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HN-TPO	Health Net Trans-cultural Psychosocial Organization
HRD	Human Resource Development
ICRC	International Committee of Red Cross
IDP	Internally Displaced People
IEC	Information Education and Communication
IHS	Institute of Health Sciences
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant and Young Child Feeding
LRP	Learning Resource Package
MoPH	Ministry of Public Health
MSH	Medical Sciences for Health
NGO	Non-Governmental Organization
NID	National Immunization Day
NTP	National Tuberculosis control Program
OHRD	Organization of Human Resource Development
OTP	Outpatient Therapeutic Program
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salt
PCH	Partnership Contracts for Health services
PEMT	Provincial EPI Management Team
Penta3	3rd dose of Diphtheria, Pertussis, Tetanus, Hepatitis B, Influenza VACCINE
PH	Provincial Hospital
PNC	Post Natal Care
PHO	Provincial Health Office
PPFP	Post-Partum Family Planning
PPHD	Provincial Public Health Director
PPHCC	Provincial Public Health Coordination Committee
RBF	Result Based Financing
REMT	Regional EPI Management Team
RUTF	Ready to Use Therapeutic Food
SBA	Skilled Birth Attendant
SC	Sub-center, Stabilization Center
SCI	Save the Children International
SIA	Supplementary Immunization Activity
SMI	Safe Motherhood Initiative
STI	Sexually Transmitted Infections
TFU	Therapeutic Feeding Unit
TOT	Training of Trainers
TT2plus	2nd and more doses of Tetanus Toxoid vaccine
UNICEF	United Nations Fund for Children
USAID	United States Aid for International Development
UTI	Urinary Tract Infections
VCCT	Voluntary Confidential Counseling and Testing
WFP	World Food Program
WHO	World Health Organization

Taq-e-Zafar , 1919, in honor of Afghanistan independence.

Preface

The Afghan people have yet passed another year of fear and hope. Unfortunately, considering the current social, economic and political environment of Afghanistan, strains between the international community, especially the US, and our government, and anxiety regarding the elections, the balance have tipped towards fear for this year. But with every challenge there is a new door of opportunity that must be wisely opened, especially for an organization such as ours with its service aims. We must reexamine our role in the current environment of Afghanistan, and see how we can make the necessary adjustments in our attitudes, plans and strategies so we could remain relevant and provide the best services possible to the Afghan people. We are happy that in 2013, with our partners, we were able to develop our 5 year strategic plan. Our 5 year plans are geared and are mainly focused towards empowerment of Afghan people. In the future, we will not only remain relevant in the health sector, but will also focus and expand our services in the areas of sustainable livelihood and education as our priority for empowering people in social and economic spheres.

We would like to remember our young guard who lost his precious life while servicing our people. May God bless his soul and grant patience and perseverance to his family and friends.

We extent our deep gratitude to our donors, Ministry of Public Health, local governments, and our staff who have made our health services possible in the most insecure districts of Kandahar and Urozgan. Because of their efforts, polio eradication program, and our services geared towards women and children was a major success in 2013.

In the upcoming years, without doubt we are facing new challenges, but we are ready to take this journey as our goals are lofty and we have strong partnership with our supporters. We hope the support of our partners and donors will continue in the coming years, for without their continuous involvement it will be difficult to reach our objectives.

Aziz R. Qarghah
President AHDS

AHDS Projects in 2013

N.	Project	Province	Project duration	Expenses 2013 (US$)	Partner/ Donor
1	Partnership Contract for Health Services (PCH)- BPHS	Kandahar	Dec 09 - Oct 14	2,824,859	MoPH/ USAID
2	Essential Package of Hospital Services (EPHS)	Uruzgan	Nov 11 - Dec 13	450,044	Cordaid/ EC
3	Basic Package of Health Services (BPHS)	Uruzgan	Nov 11 - Dec 13	3,071,645	Cordaid/ EC
4	Children of Urozgan; School Health, Nutrition & Wash	Uruzgan	Nov 12 - Dec 13	251,623	SCI/ AusAID
5	Children of Urozgan; Mobile Health Team	Uruzgan	Nov 12 - Dec 13	266,481	SCI/ AusAID
6	Children of Urozgan; Health Sub Center	Uruzgan	Nov 12 - Dec 13	233,836	SCI/ AusAID
7	Healthcare for Internally Displaced People (IDP)	Kandahar	May 13 - Dec 13	64,420	WHO
8	Community Health Nursing Education (CHNE)	Kandahar	Jun 13 - Sep 15	92,966	MoPH/ Global Fund
9	Community Midwifery Education (CME)	Uruzgan	Aug 12 - Feb 13	164,001	Cordaid
10	MOR; Aino Birth Center	Kandahar	Jan 13 - Dec 15	135,178	Cordaid
11	Institute of Health Sciences (IHS)	Kandahar	Jan 13 - Dec 15	449,946	Cordaid
12	Result Based Financing (RBF)	Kandahar	Jun 10 - Dec 13	59,769	MoPH/ World Bank
13	Community based Management of Acute Malnutrition (CMAM)	Uruzgan	May 13 - Dec 13	165,312	Cordaid/EC/ SCI/CIDA/ Unicef
14	CMAM	Kandahar	Jul 13 - Mar 16	113,786	Cordaid/SCI/ CIDA/Unicef
15	Micro-nutrient Program	Kandahar	Jan 2013	7,090	MoPH/Unicef
16	Community Integrated Management of Childhood Illness (C-IMCI)	Kandahar	Dec 13 - Dec 14	1,167	OHRD/WHO /GAVI
17	Integrated Child Survival Package (ICSP)	Kandahar	Apr 11 - Mar 13	3,197	GI-A/MoPH
18	Polio Eradication	Kandahar &Uruzgan	Jan 13 - Dec 13	25,443	MoPH/Unicef
19	Public Private Partnership (PPP)	Kandahar	Oct 13 - Sep 14	5,451	WHO
20	Organizational and Human Resource Capacity Strengthening	Kabul	Oct 13 - Sep 14	9,959	Cordaid
			Total beneficiaries	1,230,000	

Community at the center of our works

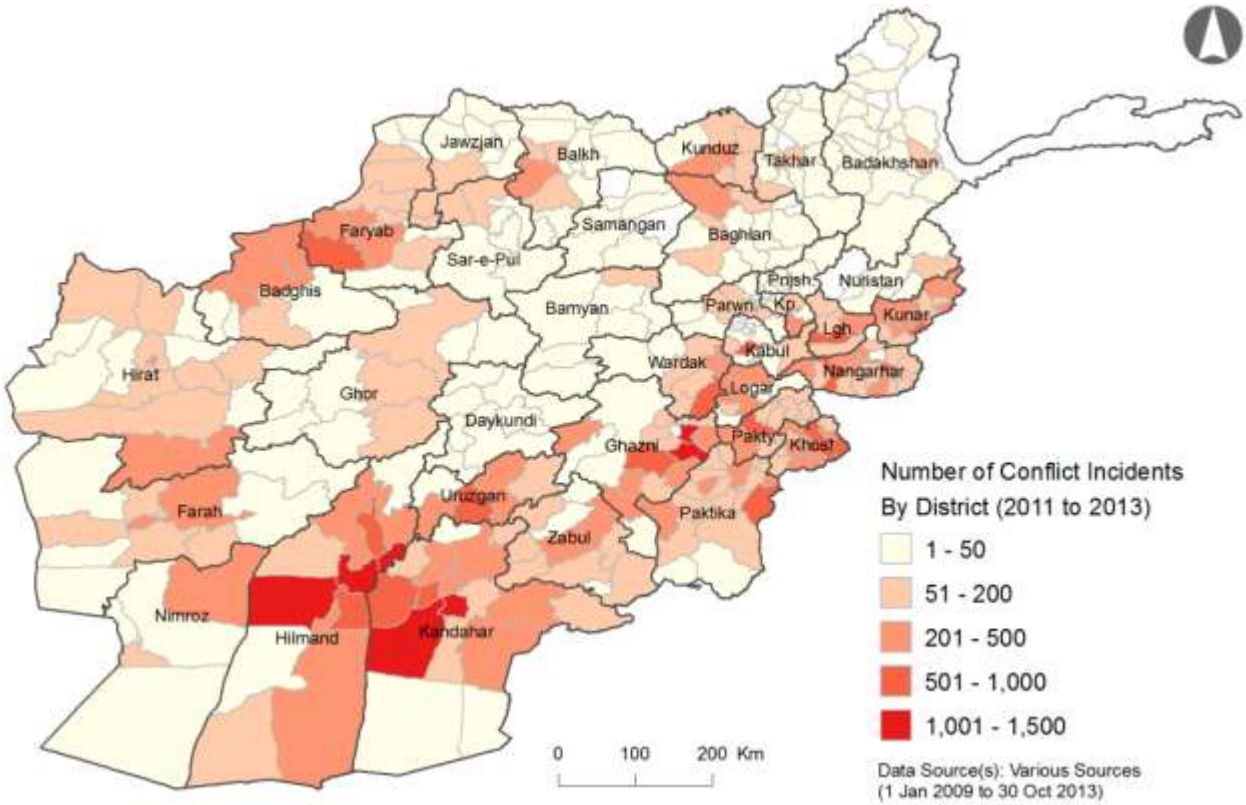
AHDS has worked with the communities in its target areas, especially with people who have lived in remote areas where they do not have access to basic services. AHDS has considered community participation in all its project cycle management as the key of success. Community empowerment is one of our core strategies. We believe that people have valuable abilities; it depend on the service providers how effectively facilitate opportunities for reasonable use of beneficiaries participation in the process.

AHDS team has used different methodologies including Participatory Rural Appraisal (PRA) and Participatory Assessment of Disaster Risks (PADR) to involve the communities in the process. For example using these methods, we chose appropriate women from remote districts, who are willing to upgrade their literacy, improve their income and most importantly work in their own districts and villages after graduation. We introduced them to our Community Health Nursing Education and Community Midwifery Education schools. The communities were directly involved in identification and selection of these girls/women. Considering the current context of Afghanistan especially in remote areas where women and children do not have access to basic health services, applying this approach is crucial.

In decades, AHDS has learned how to closely work with communities to keep them at the center of any development programs as a principle. Using this approach we succeeded to train hundreds of men and women as volunteer Community Health Workers. These volunteers provide basic health services to their communities. The communities support the volunteers by in kind contribution and linking them to upper medical ranks strengthened their social capitals further. AHDS also provide them first aid kits and refresher training as required.

Establishment of the family health action groups (FHAG), nutrition education rehabilitation sessions (NERS), catchment area annual census (CAAC) and household surveys would not realized without hard work and commitment of the volunteer community health workers who are from the target communities.

Healthcare services in most insecure places



Source of map: 2014 humanitarian needs, Afghanistan, OCHA

AHDS' health facilities in 2013:

In Uruzgan Province:

- ⇒ 1 provincial hospital in Terinkot
- ⇒ 1 district hospital in Dehrawud
- ⇒ 6 comprehensive health centers (CHC)
- ⇒ 10 basic health centers (BHC)
- ⇒ 8 health sub-centers (HSC)
- ⇒ 6 mobile health teams (MHT)
- ⇒ 1 prison health center
- ⇒ 329 health posts; 325 male and 295 female CHWs

In Kandahar Province:

- ⇒ 1 district hospital in Sprin Boldak
- ⇒ 1 birth center in the City
- ⇒ 23 comprehensive health centers (CHC)
- ⇒ 15 basic health centers (BHC)
- ⇒ 1 health sub-centers (HSC)
- ⇒ 1 mobile health teams (MHT)
- ⇒ 587 health posts; 571 male and 591 female CHWs

The eager to serve our people takes sacrifices each year, not necessarily as direct target of the war.

The healthcare services were resumed in Ghorak District after 6 years closure due to insecurity. Ghorak is one of the terrible districts for being in neighborhood of Sangin-Helmand; a well-known poppy growing area in Afghanistan. The road is very unsafe, especially for employees of NGOs and government.

Despite of all odds the AHDS operational team succeeded to re-open a comprehensive health center there using its good relationship with the local people and continuous advocacy among the combatants. Villager provided a decent building. We had to balance the risk with the lack of healthcare services especially for the women and children. Mr. Saleh Mohammad, a nurse, was injured during a fighting between Taliban and Police on its way to Ghorak.

Explosions close to our 3 health facilities caused damages to the buildings and some mild injuries to their staff and clients. International militaries put in detained Maywand CHC staff for a night, claiming security investigations (29 May 2013).

Mr. Abdul Latif, the guard of Nazo Ana CHC, was killed by an old landmine during shoveling for new sapling in the yard of the health facility. He planted two saplings but when his shovel hit the third place, the explosion took place. Unfortunately his shovel hit with a mine which was planted years before. His body had been thrown out approximately fifty meters far from the yard of the clinic. Half of his body was torn into pieces. This unfortunate tragic incident is one of our sad experiences in 2013. He had two daughters and one son. AHDS could provide some cash in hand for his family as well as employed his brother taking responsibility of his family.

Late Mr. Abdul Latif

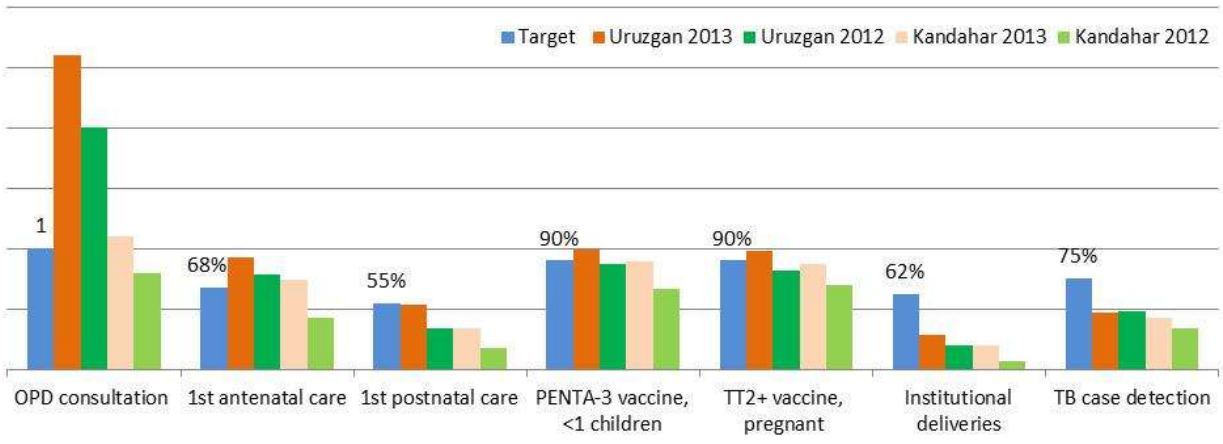
Basic Package of Health Services (BPHS) has been provided by AHDS in Kandahar and Urozgan Provinces. AHDS provides healthcare in these two provinces since 1995.

The project had considerable achievements in spite of insecure situation and continuous insurgencies.

Key stakeholders, including beneficiaries, local authorities, Public Health Department and other partners have been involved in the project management. Important decisions were made according to the field information in a participatory manner with active involvement of stakeholders.

All health facilities have been supplied with necessary supplies according to the standards requirements during the year. Series of relevant trainings including family planning, vaccination, nutrition, breastfeeding, mental health, emergency obstetric and newborn care, family planning, behavior change communication, inter-personnel change communication, tuberculosis, integrated management of childhood illnesses, household survey, catchment area annual census, eye care, monitoring and supervision have been organized for almost all health staff.

Basic health services, as BPHS standards, where provided through 75 health facilities with close collaboration of the male and female community health workers. In addition to the routine services, 3 outbreaks of measles and 2 of watery diarrhea were promptly controlled in Kandahar Province. Fortunately, no disease outbreak occurred in Uruzgan this year.



The chart shows progress of BPHS key indicators of last two years (2013 and 2012) in Urozgan and Kandahar provinces towards the MoPH national targets.

Essential Package of Hospital Services (EPHS) has been provided in Uruzgan provincial hospital, and Dehrawud and Spinboldak district hospitals.

The people were served based on the MoPH's Hospital Standards.The hospitals provided all recommended services in EPHS including round the clock emergency, diagnostics, surgery, obstetrics, paediatric including therapeutic feeding, vaccinations, general medical, mental health, contrtol of communicable diseases, blood bank and ambulance services. In addition, health care for prison inmates in Tirinkot was also provided.

Comparing the HMIS information with the the past year there is a dramatic increase in orthopaedic major cases, acute abdomen and weapon wounds. Piloting performance based financing in Urozgan hospitals caused better staffing, on time supplies, positive change of staff behaviour, increased flow of patients to health facilities and improved patient's satisfaction.

Main hospital services provided were: 5,146 hospitalized, 1,350 major surgeries, 6,476 minor surgeries, 4,541 normal deliveries, 321 complicated deliveries, 240 caesarean sections, 1,372 blood transfusions. Post opertive complications were only 1% and the hospital deaths 2%. Average length of stay was 5 days, bed occupency rate was 10% for the district and 70% for the provincial hospital.

Blood donation campaigns were facilitated with support of local government authorities.

A soldier donating blood for the hospital in Uruzgan.

Can Performance Based Financing (PBF) be a good alternative for health service delivery in Afghanistan?

PBF is the results of decades of experiences with health care reforms around the world. Concepts of decentralization, community empowerment and market approach are brought together. The emphasis is on payment for outputs or outcomes, rather than payment for inputs.

The PBF project follows the separation of functions of provider – purchaser – fund holder – regulator, which is generally accepted in such projects. The regulator, MoPH, defines criteria for quality of services and defines the targets to be achieved. The purchaser, AHDS, here called Contract Development and Verification Agency (CDVA), negotiates the contracts for services to be delivered by the provider and assesses whether services are delivered as agreed. The fund Holder, Cordaid, pays for the services, if conditions are met and accounts for fund utilization to the Government and the donor agency.

AHDS, with technical and financial support of Cordaid, started piloting PBF in two districts of Urozgan Province; 3 private and 7 public health facilities were part of the pilot from 1st Aug 2012 to 31 Dec. 2013.

An independent evaluation of the PBF pilot project was carried out after one and half year implementation. The following is a summary of the conclusion of the evaluator Dr Jaap Koot, Koot Public Health Consultant:

Relevance of PBF: In the context of the Afghan health sector, PBF is still relevant, as one of the potential modes of financing the health services. By and large, the conclusion must be that the implementation of the PBF was not appropriate. PBF is a sophisticated approach of healthcare financing, with checks and balances, requiring high levels of understanding and implementation capacities. These were not provided in the beginning of the project, not in any of the institutions and organizations involved.

Effectiveness: In this stage it may be too early to give a judgment with regard to effectiveness of the project in comparison to BPHS and EPHS. In a first glance, the answer could be negative, as costs of PBF were higher than BPHS and EPHS, improvements of quantitative indicators were not significantly more than BPHS, and quality of services was never assessed properly. However, the project went through a difficult learning process, which is not yet completed. There are potential benefits, which can tip the balance of judgment. There are examples of remarkable improvement, notably in the Provincial Hospital.

Objectives achieved: The project aimed for provision of quality services, with inclusion of the private sector, cost sharing and good governance in a decentralized system. None of the formulated objectives, sub-objectives or expected results was fully achieved. The reason is that they were nearly all related to the three unresolved design issues of size of the pilot, cost sharing and private sector involvement.

The most important lesson learned in this project could be to reach full (written) agreement with the most important stakeholders on objectives to be achieved, and indicators to be used for measuring success, before starting a sensitive project like PBF in Urozgan.

Recommendation: the PBF in Uruzgan deserves a re-start, whereby unresolved issues are addressed and omissions in the design are handled, and implementation is strengthened. This will take some months to develop. The redesigned PBF project could be implemented for two years to get a clear perspective on the effects and cost-effectiveness.

Southern Afghanistan goes without new Polio case

Afghanistan is one of the three remaining countries where polio is still endemic. Afghanistan reported total of 37 confirmed polio cases in the country out of which 13 were in Urozgan and Kandahar provinces in 2012. The total confirmed cases in 2013 were 9, with zero case in Urozgan and Kandahar provinces.

Fortunately no new case of wild poliovirus was reported in southern Afghanistan where AHDS provides basic healthcare and collaborates with other stakeholders in polio eradication. Following activities have great impact for polio free zone in the south:

- Strong polio eradication campaigns; 17 campaigns including national, sub-national, provincial and mopping-up in high risk districts.
- Vaccine coverage of OPV in Urozgan was 98% with 79% finger print (prove of vaccination), and in Kandahar Province 96.3% with 85% finger print.
- Improved routine and outreach immunization activities.
- More focus on th*e* quality of the training of vaccinators and volunteers during routine and NIDs
- Focus on preventing cross border of polio virus from Pakistan to Afghanistan by the sentinel sites across the border.
- Good relationship, communication and social mobilization with community elders, Mullahs and community health committees.

We strive for 100% coverage of vaccinations and complete eradication of Polio in the near future.

AHDS an institution for human resource development in the south, Afghanistan

Enabling the women to improve their living standards is one of our strategic objectives of AHDS. We provided higher education opportunity for the girls and boys to address shortage of professionals in health sector.

1. Kandahar Institutes of Health Sciences (KIHS):
    a. Midwifery
    b. Nursing
    c. Pharmacy Technician
    d. Laboratory Technician
2. Community Health Nursing Education (CHNE) for females
3. Community Midwifery Education (CME) for females

The graduates improve access of the communities especially women and children to quality health services in remote areas through providing preventive, promotional and curative healthcare services.

Success Story

Mrs. Sabira a young housewife is living in an uneducated family dependent on superstitious ideas. Although their house is not far from a health clinic but she never used it for antenatal care during her pregnancies. She was unaware of the danger signs of pregnancy and delivery. She delivered in unsuitable conditions at home after which she got convulsions, high blood pressure and general edema. Her husband and family thought that she has been affected by demon; therefore, they took her to a Mullah for treatment by amulet.

The Mullah advised to leave her alone in a room and cover her with a piece of black cloth. When Mrs. Noor bibi, their neighbor, saw the situation, she went to the nearby clinic and told the story to midwife Razia (one of KIHS graduates). The midwife went to their house and examined Mrs. Sabira. Then she told her husband that she has very serious medical problem that requires immediate hospitalization. As result of Razia's persistence they transferred her to Mirwais Hospital where proper treatment was immediately started. It was revealed that she had Eclampsia during her pregnancy. After few days she come over the sickness and went home in a good health.

Parents learn from their school children

School Health and Nutrition program is covering 24 girl's and boy's schools in five districts of Urozgan Province. The objective is to increase access to child to child health, nutrition and hygiene education to enable them actively practice healthy behaviours.

One of the impacts of this effort is availability of iodized salt due to increasing demand in the local market of Terinklote; majority of salts samples utilized in the families of the students was iodized contra to the past practice.

Main outputs:

- 24 schools' girls and boys were targeted.
- 1,612 facilitators received ToT workshop on nine training modules including: hand washing, water, diarrhea, nutrition, worm, fly, vaccine, cough-cold, nutrition, first aid and Children Rights Convention.
- To equip the children groups, 1,200 hygiene, hand washing and first aid kits were provided to the schools.
- 6,747 students and out of school children received Vitamin-A capsules and de-worming tablets.
- 21 hygiene messages broadcasted through local radio, using drama by children.
- 311 health education campaigns were conducted.
- 5,287 students were sensitized to participate in the child to child health education sessions.

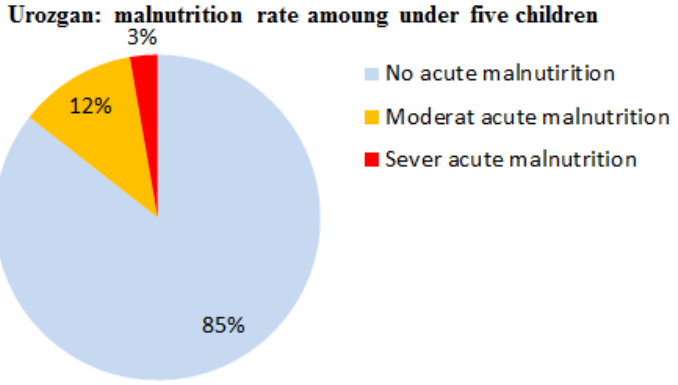
Success story:

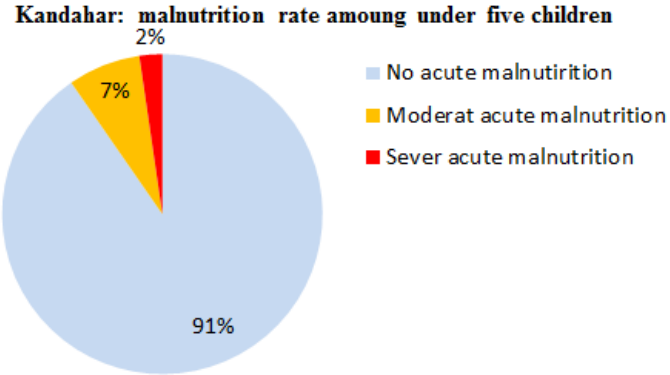
Hekmatullah a 12 years old boy is studying in grade 5 of Qala-e-Ragh primary school. He shared his experience with his classmates: "One day I returned home from the school. Rohullah my three years old brother was suffering from diarrhea and vomiting. Rohullah had lost his body fluids and was so thirsty and dehydrated that his eyes were sunken. My mother did not give water to him, as she believed that the water makes his diarrhea worse. I told my mother that I learned in the school that during diarrhea children lose their body fluids and salts. If water and ORS is given to these children their body fluid will be replaced and they will be cured sooner. Then, I brought the ORS sachet, which my father had bought home a few days ago. I made an ORS solution with 1 litter of cooled boiled water. As my brother was thirsty he started to drink it quickly. He got better soon. My mother appreciated me and convinced that schooling is very important for our today and future. She told that my young brother also has to go to school when he reaches school age.

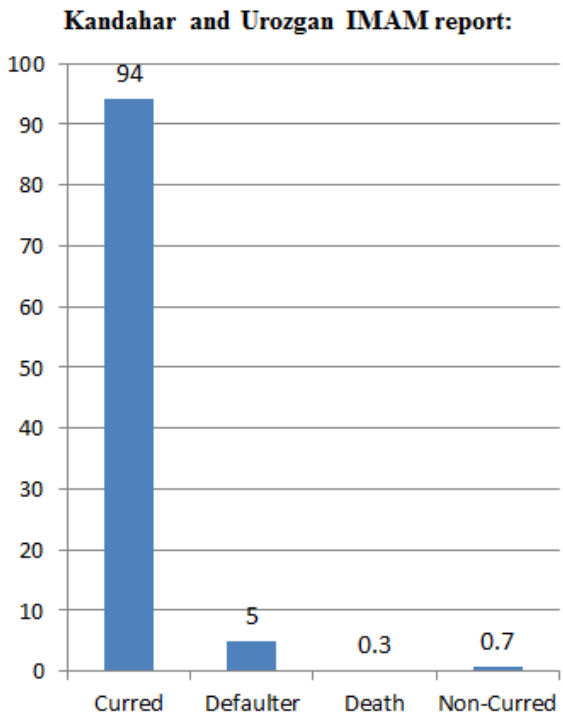
Malnourished children recovered in Kandahar and Urozgan Provinces

Although progress has been made in lowering acute malnutrition, over 50% of Afghan children are stunted, between 5 to 10% suffer from acute malnutrition and an estimated 70% suffer from micronutrient deficiencies (MoPH Public Nutrition Policy and Strategy, 2009-2013).

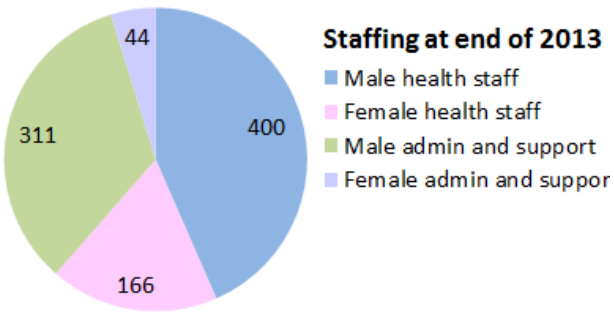
AHDS Integrated Management of Acute Malnutrition (IMAM) program, previously called CMAM, ensures that women and children benefit from a sustainable approach to nutrition service delivery in Kandahar and Urozgan provinces. The health facilities were supported by trained Family Health Action Group (FHAG) members through conducting 12-days Nutrition Education Rehabilitation Sessions (NERS) for the mothers in the villages. The following charts show outcomes of 261,970 under five children cared by our IMAM program in 38 health facilities.

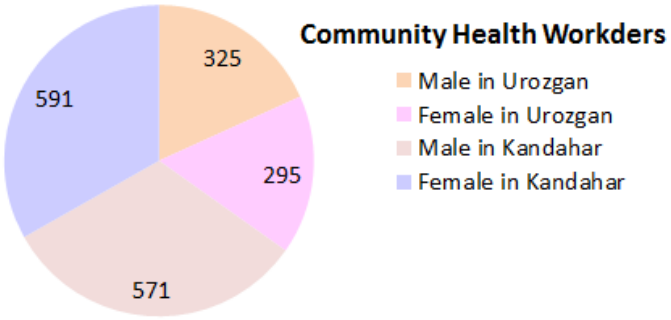


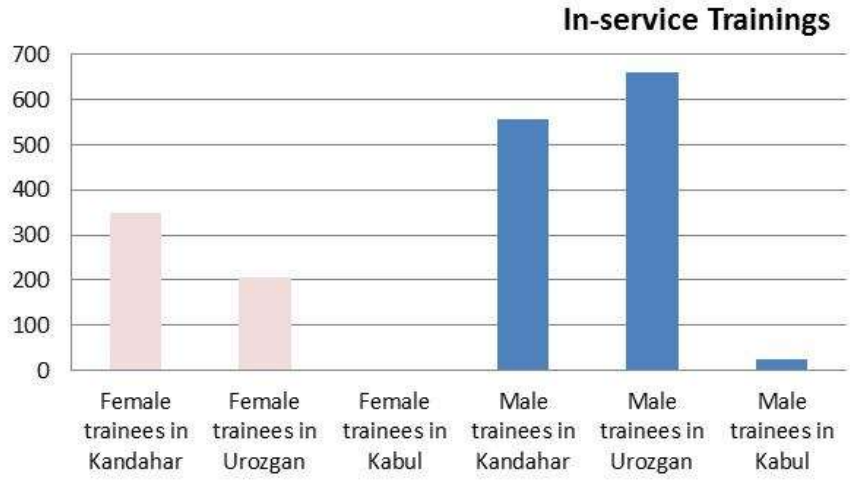




Human Resources







AHDS five years strategic plan a step toward maximizing our effectiveness and efficiency

Afghans in general, and the non-for-profit and civil society organizations in particular, are faced with a fundamental question; where should we focus our limited resources to maximize our effectiveness in the improvement of the socio-economic, social justice, and security challenges of the country.

The challenges that we are faced with include the need for security, poverty alleviation, promotion of social justice, protecting the environment, as well as sustainable mechanisms to benefit from natural resources. In order for the Afghan people to live a decent life with dignity and to maintain our identity, we are all obliged to move beyond the immediate problems and address the root causes of these challenges.

AHDS feels obligated and is determined to play an active role in the alleviation of poverty, development of socio- economic stability, and promotion of social justice. The empowerment of our people is the fundamental path to achieving these dreams and aspirations. Therefore, it is our determination that we as a team at AHDS, along with our beneficiaries and partners, will strive tirelessly and patiently to do our part as part of the Afghan nation to overcome these challenges.

To do so, AHDS determined that developing organization's five years strategic plan is a crucial step in terms of institutional and organizational capacity and to have identified priorities for future organizational capacity and its programs development. Considering this fact, AHDS has developed its five years strategic plan (2014-2018) with strong participation of its board of directors, Management Committee, field staff, donors and partners in 2013.

The organization's vision, mission statement and core values were renewed. Two Key Action Areas identified and broken into Core Strategies. Detailed objectives, aims, budgeting and how to follow up it further enriches the strategic plan.

A. Organizational Development

Strategy A.1: Governance Strengthening
Strategy A.2: Set-up of Management Information System
Strategy A.3: Financial Sustainability
Strategy A.4: Human Resource Capacity Development
Strategy A.5: Marketing and Visibility

B. Program Development

I. Health

Strategy B.1: Healthcare Service Delivery (2-3 provinces)
Strategy B.2: Behavior Change Communication
Strategy B.3: Health Reform

II. Education

Strategy B.4: Augmented Community Based School
Strategy B.5: Literacy Courses
Strategy B.6: Junior College (associated degrees)
Strategy B.7: Intensive preparatory courses

III. Community Empowerment

Strategy B.8: Women Empowerment
Strategy B.9: Community Based Disaster Risk Management (CBDRM)
Strategy B.10: Advocacy
Strategy B.11: Peace building
Strategy B12: Agriculture development

IV. Monitoring and Evaluation of the Programs

AHDS' Board of Directors

Chairman:

- Eng. Sayed Jawaid, Director, HAFO Construction Company

Treasurer:

- Mr. Zabihullah Ehsan, Director, Ehsan Rehabilitation Organization (ERO)

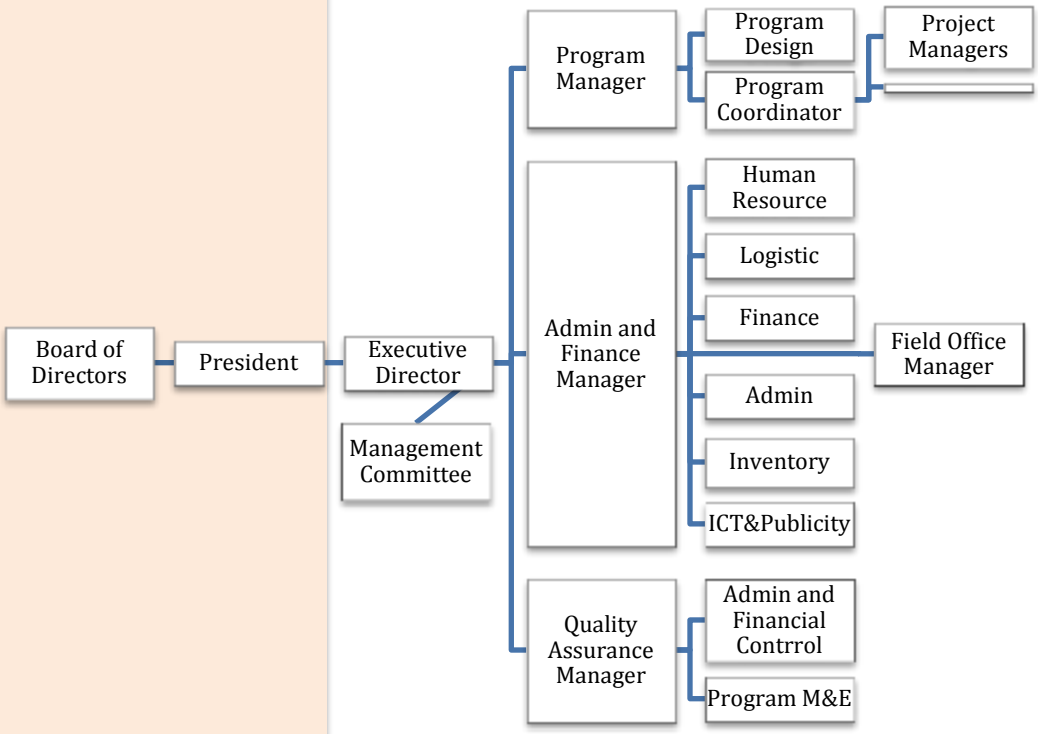
Secretary:

- Dr Mohammad Fareed Asmand, Executive Director, AHDS

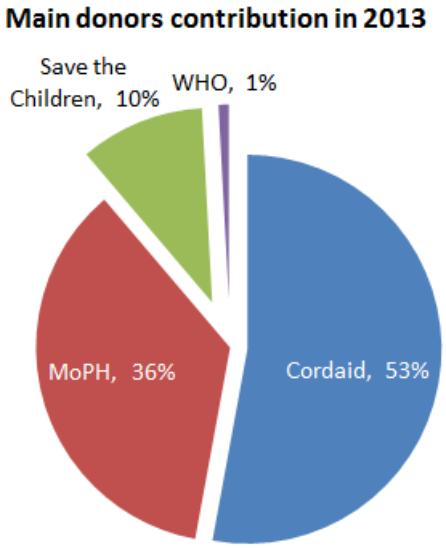
Members:

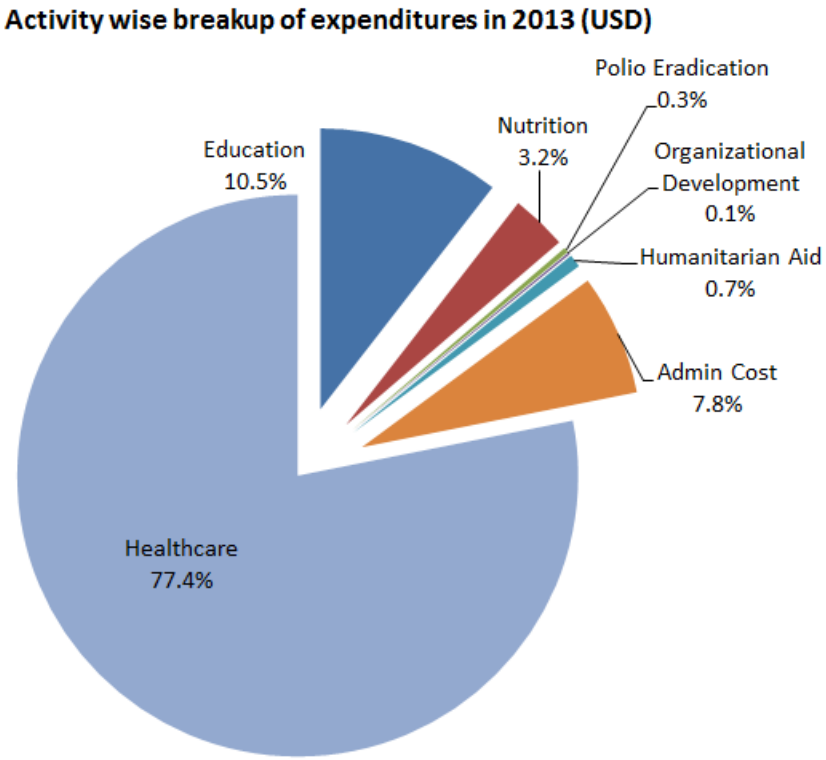
- Mrs. Suraya Sadeed, Director, Help the Afghan Children (HTAC)
- Mrs. Kobra Dastgirzada, Director, Peace Through Business Network (PTB Network)
- Mr. Abdul Samad Stanekzai, Community Leader and member of Peace Council in Baghlan Province
- Mr. Sayed Fazlullah Waheedi, Governor of Herat Province
- Dr Najibullah Mojaddedi, Afghan Ambassador to UAE
- Eng. Mohammad Qasem Tahiri, Director, Basic Afghanistan Services (BAS)
- Dr Hamidullah Saljuqi, Director, Organization of Human Resource Development (OHRD)
- Mr. Aziz R. Qarghah, President, AHDS

AHDS structure 2013:



Income and expenditures





In Kind Donations

The following summarized in kind donations to our projects in Kandahar and Uruzgan province, in 2013:

- MSH donated medicines as partner of PCH projects; cost about USD 344,178.
- Gesellschaft für Internationale Zusammenarbeit, (GIZ), the German Society for International Cooperation donated 2 ambulances, 2 pick-up vehicles and some equipment; cost about USD 74,550.
- Strengthen provincial authority development (SPAD) donated medical equipment and medicines; cost about USD 45,600.
- UNICEF donated medicines, mobile phones and newborn kits; cost about USD 31,530.
- WHO donated TB medicines and reagents, refrigerator, toys and dishes; cost about USD 19,500.
- Save the Children donated newborn kits; cost about USD 15,350.
- Uruzgan Provincial Public Health Directorate donated newborn kits; cost about USD 2,450.
- Kandahar Provincial Public Health Directorate donated furniture; cost about USD 350.

Financial Audit

Zeeshan Ali & Co.
CHARTERED ACCOUNTANTS

An Independent Member Firm of
Morison International

AUDITORS' REPORT TO BOARD OF DIRECTORS

We have audited the annexed balance sheet of the **Afghan Health and Development Services (AHDS)** as of December 31, 2013 and the related income and expenditure account together with the notes forming part thereof (here-in-after referred to as the financial statements for the year then ended).

Respective responsibilities of management & auditor
It is the responsibility of the management to establish and maintain a system of internal control and prepare and present the financial statement in accordance with policies specified in Note 2 to Financial Statements. Our responsibility is to express an opinion on these financial statements based on our audit.

Basis of opinion
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. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis of our opinion and we report that:

Field visits to the project areas in Kandahar and Uruzgan could not be initiated due to prevailing security concerns in these areas.

Opinion
Except for the foregoing remark and its effect to the financial statements, in our opinion, the financial statements present fairly in all material respects the financial position of the **Afghan Health and Development Services (AHDS)** as of December 31, 2013 and the result of its operations for the year then ended in accordance with the accounting policies specified in Note No. 2 to the financial statements.

ZEESHAN ALI & CO. KABUL Chartered Accountants

July 17, 2014
KABUL

ZEESHAN ALI & CO.
CHARTERED ACCOUNTANTS

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Email: info@zeeshanali.com.pk ; zalicas@yahoo.com web: www.zeeshanali.com.pk
Kabul: House # 3, Street 5, Silo Road, Kabul, Afghanistan Tel: +93 799 195344 Email: qamar@zeeshanali.com.pk

Annexure "E"

AFGHAN HEALTH AND DEVELOPMENT SERVICES (AHDS)

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2013

	2013 USD	2012 USD
SUPPORT REVENUE AND GAIN		
Other Grant and contributions	8,451,204	6,860,391
Other income	13	32
	8,451,217	**6,860,423**
EXPENSES AND LOSSES		
Program expenses	8,335,646	6,775,293
Foreign currency exchange loss	46,103	74,628
Cost Recovery Loss	-	56,120
	8,381,749	**6,906,041**
NET ASSETS		
Net assets at beginning of year	1,563,868	1,617,739
Increase / Decrease in Net Assets	69,468	(53,871)
Net assets at end of year	**1,633,336**	**1,563,868**

STATEMNT OF FINANCIAL POSITION AS OF DECEMBER 31, 2013

ASSETS		
Cash and cash equivalents and cash in foreign banks	1,452,407	1,910,256
Grants receivable	906,797	62,467
Other receivables	43,272	63,346
Total Assets	**2,402,476**	**2,036,069**
LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses	769,140	472,201
Total Liabilities	**769,140**	**472,201**
Unrestricted net assets	512,080	402,315
Temporarily restricted	1,121,256	1,161,553
Total Net Assets	**1,633,336**	**1,563,868**
Total Liabilities and Net Assets	**2,402,476**	**2,036,069**

ZEESHAN ALI & CO. KABUL Chartered Accountants

Zeeshan Ali & Co.,
Chartered Accountants

كُلُّ مَعْرُوفٍ صَدَقَةٌ

هر عمل نیک صدقه است (ابوداوود ۴۹۴۷)

Every good act is a charity.

www.ahds.org