

# Annual Report 2005

Let's serve ourselves

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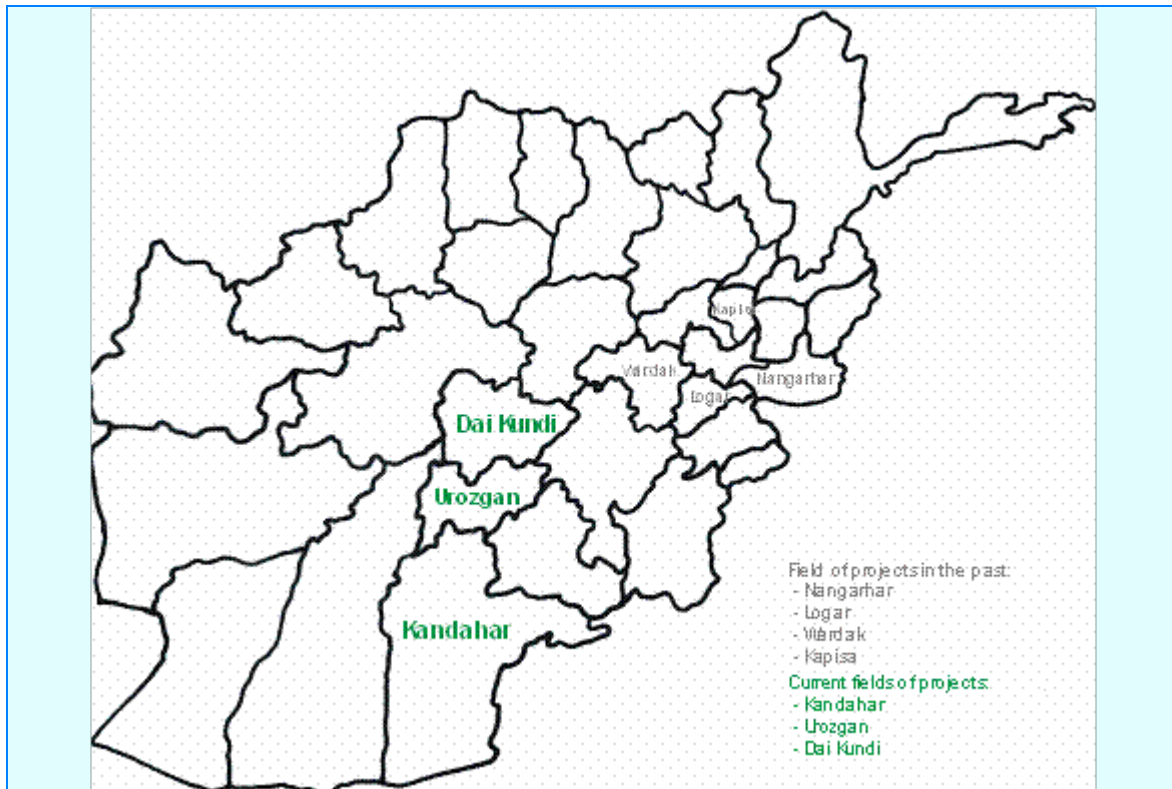
Afghan Health and Development Services (AHDS) is a non-for-profit, non-governmental and non-political organization founded by Afghans on April 7th 1990. AHDS is registered in Afghanistan as a national NGO (No. 5) and in the USA as a tax-exempt 501-(c) (3) organization. AHDS is an active member of Afghan NGOs Coordination Bureau (ANCB) and Agency Coordination Body for Afghan Relief (ACBAR). AHDS has served millions of Afghans through its community based primary health care, construction/rehabilitation and training programs in Logar, Nangarhar, Kapisa and Wardak in the past, and in Urozgan, Dai Kundi and Kandahar currently. AHDS supports different sections of the Ministry of Public Health (MoPH) by its continuous technical input through active memberships in different task forces and working groups within the MoPH. Our contributions have helped in the formulation of the public health system structure in Afghanistan based on national policies, strategies, standards and guidelines.

**Vision:**

Highest possible level of health for the people of Afghanistan!

**Mission:**

To achieve improved health status of the Afghans through provision of health care based on capacity building and development.



Afghanistan has gone through an important transformation over the last several years. This transformation that can be seen in the form of widespread reconstruction efforts has been partially fueled by a generous outpouring of international assistance since 2001, partially due to changes in our political environment, and mostly due to the will of the people to make their homes, villages, cities and their country prosper. This is not to say that all the reconstruction efforts have been successful and that it has been an easy ride for the people, government and NGOs traveling this bumpy road. AHDS' experience in 2005 can be taken as a good example of the success and difficulties in helping to rebuild Afghanistan. During 2005, we were faced with many obstacles throughout the year, including the bombing and burning of clinics and the tragic loss of five staff members by forces trying to disrupt the organization's work. However, our work of rebuilding Afghanistan's health sector continued without interruption. Our success and tragic difficulties in 2005 have served to strengthen our resolve and determination in moving forward with the much-needed assistance the organization provides in building an effective and sustainable health system in Kandahar, Urozgan and Dai Kundi provinces. We feel that sustainable development is possible only through persistence and continued perseverance in the face of difficulties. Whether it is we as a national NGO, or more importantly the individual in his village, we have to take personal ownership and responsibility to see our country through this difficult yet promising time.

A major part of our success is due to the acceptance we have gained from the local communities and the cooperation they continue to provide. Without the critical support and collaboration of these communities AHDS' success would not be possible. It is this idea that transcends the financial assistance coming from the international community, and stresses the importance of communities assuming the kind of practical, on-the-ground responsibility for the continuing improved health of this and future generations. Without a sense of personal responsibility in the local communities to complement the broader social responsibility of the international community, the sustainability of reconstruction efforts such as ours will be at great risk. There is no doubt that Afghanistan is not ready to be free of international assistance. But without local Afghans accepting personal responsibility for the on-going health of the members in their community, it will be impossible for the country to prosper.

### **Integrated Provincial Health Care Development:**

Urozgan and Dai Kundi provinces are the most insecure, remote and under-served provinces in Afghanistan. The current Integrated Management of Health Care Development Project in Urozgan province aims at implementing the Basic Package of Health Services (BPHS) in eight under-served districts. The package is being implemented with high priority emphasis on maternal and child health care and a special focus on safe motherhood practices. The implementation is done through development of an integrated district management model aiming at NGO- government cooperation and community participation. The level of male and female community members' involvement differs due to prevailing cultural traditions and the ethnicity of the inhabitants. More concentrated effort is required in order to involve a greater number of women in the process. The service package includes emergency obstetric care, curative and preventive care at health facilities. Furthermore, there is an active community based health care element that is implemented through training of community health workers and strengthening community health committees.

The original contract between European Commission (EC) and Cordaid and AHDS was for a period of 21 months starting December 16, 2003 and ending September 15<sup>th</sup> 2005. But due to some constraints in the area (insecurity, lack of local staff and unwillingness of staff from other areas to go there, late MoPH construction designs and limitations of EC procurement policy) we could not achieve the set targets on time. Therefore a no cost extension was proposed to EC that was kindly approved for another 12 months.

Out of the eight planned districts, five districts were covered with an estimated population of 225,101 according to data from the Central Statistics Office (CSO) in 2005. Health care services were provided through one health training center, one first referral hospital, five comprehensive health centers (CHC), two basic health centers (BHC) and 31 health posts (HP) in Tirinkote, Deh Rawud, Nesh, Chora and Gezab districts



Sinjid Dara; road towards Gezab

### **Basic Package of Health Services in Kandahar:**

This project is supported by USAID REACH program. In addition to providing funding support, USAID REACH has provided refresher trainings for the staff and medicine to stock the facilities. This program aims to reduce morbidity and mortality rates, with a special focus on mother and child health, of underserved communities in Kandahar Province by increased accessibility to health care through implementing the full Basic Package of Health Services. The specific objectives include expanding and enhancing service delivery system, improving the quality of basic package of health services and increasing capacity of the provincial health department and partner NGOs. The project was launched on May 1<sup>st</sup> 2004 and will be completed by the end of April 2006. It covers 10 districts with 507,437 people. Health care services have been provided through ten comprehensive health centers, eight basic health centers and 136 health posts reaching 93 % of residents (471,656 people) in Arghandab, Maruf, Arghistan, Maywand, Panjwaie, Dand, Shahwalikote, Ghorak, Zeray and Khakrez districts.

USAID/REACH's technical support through introduction of different tools and new formats and provision of trainings on the new tools and formats were very useful for quality improvement. Examples of USAID/REACH's technical input included household surveys, fully functional standard delivery point (FFSDP), output indicators reporting format and curricula and assessment tools for competency based midwifery training program



#### **Midwifery Training Program:**

This program is supported by JICA. The program is focused on supporting Midwifery Training in Kandahar. The purpose of the program is to contribute to human resources development in southwest region, especially development of female skilled attendants who are able to provide adequate maternal and newborn care, including emergency obstetric care, to the population. The midwifery-training program is established to develop national systems of standards, curricula and introduce support tools in the region. The project is for three years (Sept 2004 – June 2007) and admits 20 new students each year.

The school is located in Kandahar Institute of Health Sciences (IHS) and practical trainings are done in the adjacent Misrwais Hospital. The national standard competency based curricula is taught in the classes. 22 students are enrolled in the first semester and 17 students are completing the 3<sup>rd</sup> semester of the program. In addition to the four permanent teachers, four part time trainers teach the second class and an additional seven part time teachers teach the first class.

The project was internally assessed using the national assessment tools and national standard tools containing four chapters (a. Classroom and practical instruction, b. Clinical instruction and practice, c. School infrastructure and training materials and d. School management). The result of the internal assessment was satisfactory, with a 84% passing rate.



AHDS' Director during supervision of midwifery school

**Capacity Building:**

Cordaid has provided funding for capacity building of AHDS staff. The capacity building initiatives have included the provision of technical consultants and funding for participation in training workshop provided by other organizations. The technical support and skill building funds are mainly used for enhancing capacity of the managerial staff. Another capacity building initiative was bridge funding for the practical female health-training center “Zarghuna Ana” with a focus on maternal and child health in Kandahar City. Zarghuna Ana female health center was established in a mother and child health center in 1997 as a convenient gathering place for the female staff. The City Clinic provided primary health care services to the needy people of Kandahar city. During this period many donors supported the training center and health facility such as EC, Bill and Melinda Gates Foundation, Unicef and USAID/REACH. Since USAID/REACH stopped support to the clinical part of the center, Cordaid bridge-funded the Zarghuna Ana female health center from January 1<sup>st</sup> 2005 to December 31<sup>st</sup> 2005. This facility was functional in a rental house in 5<sup>th</sup> district Kandahar city.

This project has benefited a population of 30,000 in the 5th Area of Kandahar city. Additionally AHDS' female health staff in Kandahar and Urozgan as well as staff from other organizations, have benefited from in-service and on the job training provided through this project. The Zarghuna Ana female health-training center provided in service and on the job training for vaccinators, nurses and midwives. It has provided a practical training site for AHDS' female staff and offered primary health services including basic EOC, immunization, clinical laboratory, consultation and free treatment facilities for women and children through this health facility.



Health facilities staff during planning workshop for next five years

#### **Mobile Health Clinics for IDP:**

This project is supported by UNHCR. The project aims to respond to medical needs and primary health services for IDP settlements in Kandahar Province. About 54,821 displaced people are settled in Pajwaie and Maywand IDP camps. As part of this project, three mobile health teams have served this population throughout the year.

The major affliction in the Reg District during years 2006, like the previous couple of years, has been the drought. Almost the entire population of Re District has been displaced and is settled in IDP camps, mostly in Panjwai (along the Arghandab Riverbank in Moshan, Tolokan and Marghar villages) and in Maywand District Qala-i-Shamir village. The IDPs are composed mainly from the Baluch tribes in the region with a small number of Pashtoon families. There are limited employment opportunities for these IDPs, causing them to be totally bound on external relief operations. Lack of a sustained income source, appropriate shelter & water, and adequate sanitation systems in their villages has made them very vulnerable and has caused them to be bound to IDPs camp. AHDS with support from UNHCR is offering health services through three mobile health teams.

#### **Monitoring National Immunization Days:**

With support from UNICEF and WHO, AHDS monitored the quantity and quality of the NIDs and mopping up campaigns for Polio in Kandahar and Urozgan provinces.

Eight polio eradication campaigns, through the National Immunization Days (NID), has been launched in partnership with MoPH, WHO, Unicef and NGO during 2005. AHDS has been an active implementing and monitoring partner in this campaign.



A volunteer student during polio eradication campaign in Tirin Kote

### Health Facilities:

AHDS had one first referral hospital, 16 CHCs, 10 BHCs, three mobile teams and separate training centers for males and females active and functional in year 2005.

- Kandahar:
  - Comprehensive Health Center (CHC):
    - 710 City Clinic (Zarghuna)
    - 733 Arghandab; Hadeera
    - 2025 Arghandab; Bagh-e-Sarkari
    - 754 Arghistan; center
    - 711 Dand; Rawani
    - 743 Maywand; Keshke Nakhud
    - 2017 Maruf, center
    - 747 Panjwaie; center
    - 2015 Panjwaie; Moshan
    - 726 Shahwalikote; Wayan
    - 735 Zheray; center
  - Basic Health Center (BHC):
    - 2014 Arghandab; Babur
    - 718 Dand; Angurian
    - 719 Dand; Zaker-e-Sharif
    - 741 Ghorak; center
    - 737 Khakrez; Ghulaman
    - 2013 Panjwaie; Nakhunai
    - 2016 Panjwaie; Tolokan
    - 725 Shahwalikote; center
  - Mobile Clinics; three mobiles for IDPs
- Urozgan:
  - Comprehensive Health Center (CHC):
    - 767 Tirinkot; Town
    - 774 Chora; Center
    - 781 Deh Rawud; Center
    - 788 Nesh; Center
  - First Referral Hospital (H3):
    - 1165 Tirinkot; Town
- Dai Kundi:
  - Comprehensive Health Center (CHC):

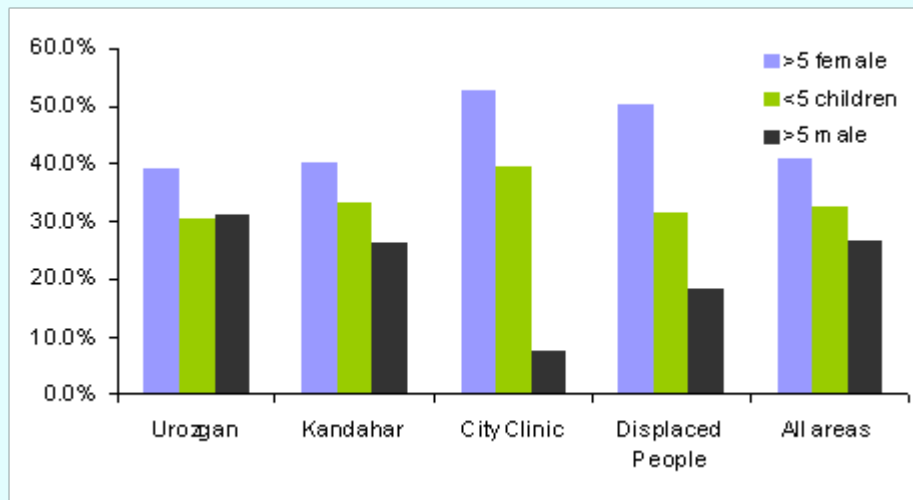
- 776 Gezab; Center
- Basic Health Center (BHC):
  - 2095 Gezab; Khalaj
  - 2098Gezab; Tamazan



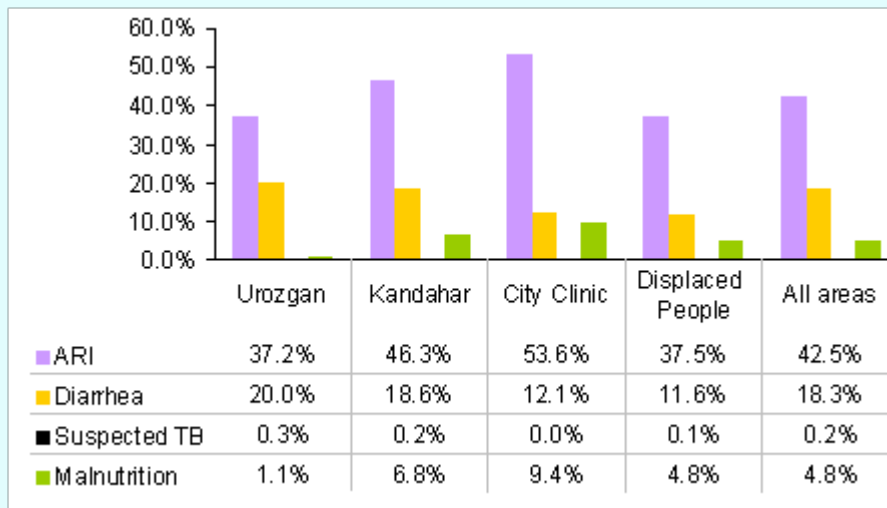
**Medical Care:**

During 2005, a total of 377,347 patients were consulted and treated in AHDS health facilities. In addition, AHDS trained CHWs treated more than 50,000 simple cases.

The following chart shows percentages of different patients' categories:



The following chart shows proportion of 4 main diseases comparing to the total patients.



**Behavior Change Communication:**

- ✓ 466,500 individuals received prime health messages



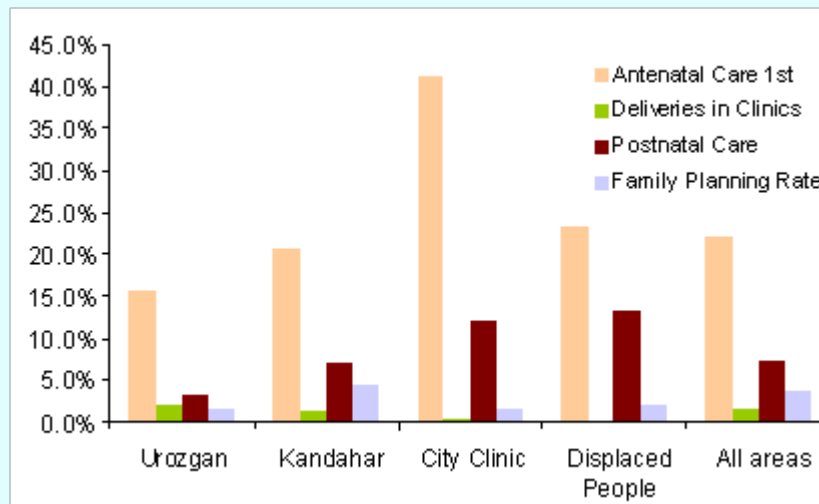
- ✓ 2,000 calendars carrying prime health messages were printed and disseminated
- ✓ 16,000 copies of 3 different types of posters were printed and disseminated (ARI, AIDS, Nutrition)
- ✓ 1,137 sessions of food demonstration were conducted for mothers
- ✓ 28,287 women participated in family planning awareness sessions

### Reproductive Health:

- ✓ 73.5% of patients treated in AHDS facilities were women and children
- ✓ 9,088 pregnant mothers received at least one antenatal care (22% of target women)
- ✓ 669 deliveries by skilled birth attendants in the health facilities (1.6% of probable deliveries)
- ✓ 2,968 mothers received postnatal care (7.2% of mothers)
- ✓ Family planning user were 4,925 (CPR 3.8%)



Panjewie midwife caring a mother



### National Standard Guidelines:

The following National Standard Guidelines (developed by MoPH) were printed and distributed:

- ✓ 2,000 copies of National Reproductive Health standards for Antenatal Care in Dari
- ✓ 2,000 copies of National Reproductive Health standards for Postnatal Care in Dari
- ✓ 2,000 copies of National Reproductive Health standards for Family Planning in Dari
- ✓ 2,000 copies of National standards for Newborn Care in Dari language

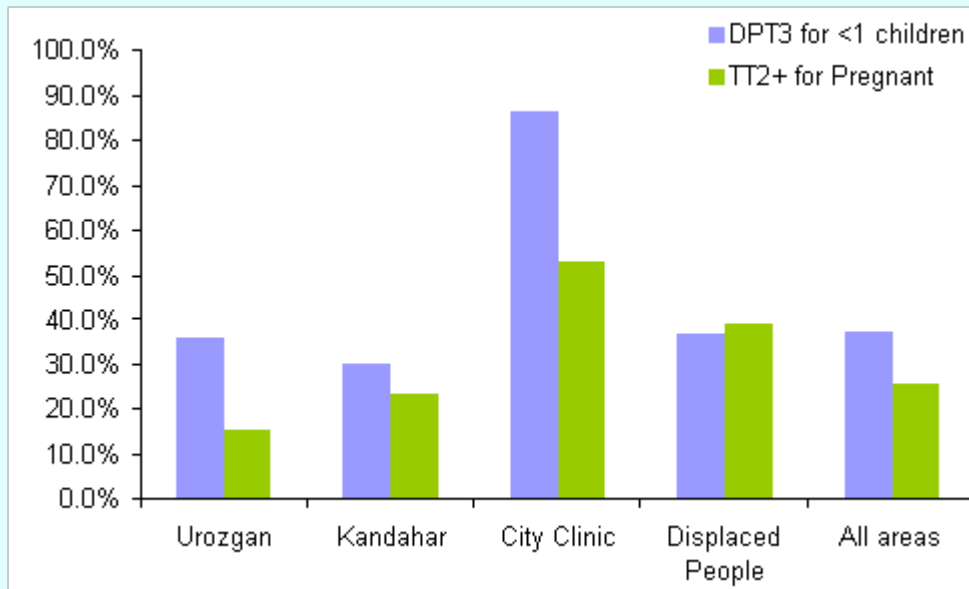
### Immunization:

Coverage of the main indicators set by MoPH are third dose of DPT for under one children and second dose of TT for pregnant women. In AHDS' target areas average coverage was:

- ✓ DPT<sup>3</sup> 37.4% for under one year children
- ✓ TT<sup>2plus</sup> 25.6% for pregnant women



Vaccinator applying tetanus toxoid in Tirin Kot hospital



### Emergency Response:

AHDS' health teams had quick response (treatment of cases and vaccination of at risks) to the following emergency situations:

- ✓ Measles out breaks in Monigor, Awegan and Sorab villages of Chora District, Garbas and Malizi

villages of Gizab District, Chagal, Sheen ghula and Tur Naser villages of Dehrawood District, Sanan and Chermistan villages of Tirin Kote District, Rawani, Matmala, Karz, Ismail Kalacha and Gulistan villages of Dand Distirct, Band Temore, Garmabak, QalaeShahmeer and Muslimabad villages of Maywand District, Regwa village of Panjwaie District and Ghor Province

- ✓ Pertusis out breaks in Monigor, Awegan and Sorab villages of Chora District, Garbas and Malizi villages of Gizab District, Karz and Ismail Kalacha of Dand Distirct, Kajor Village of Shawalikot District
- ✓ Strong rainstorm in Deh Rawud District where 700 houses were destroyed, 200 people killed and 150 people injured
- ✓ The road to Kalatag village of Shahrestan District was blocked due to snow on Feb 2005. AHDS send 7 tents, 7 heaters and Medicines Kits to these villages by Helicopter.

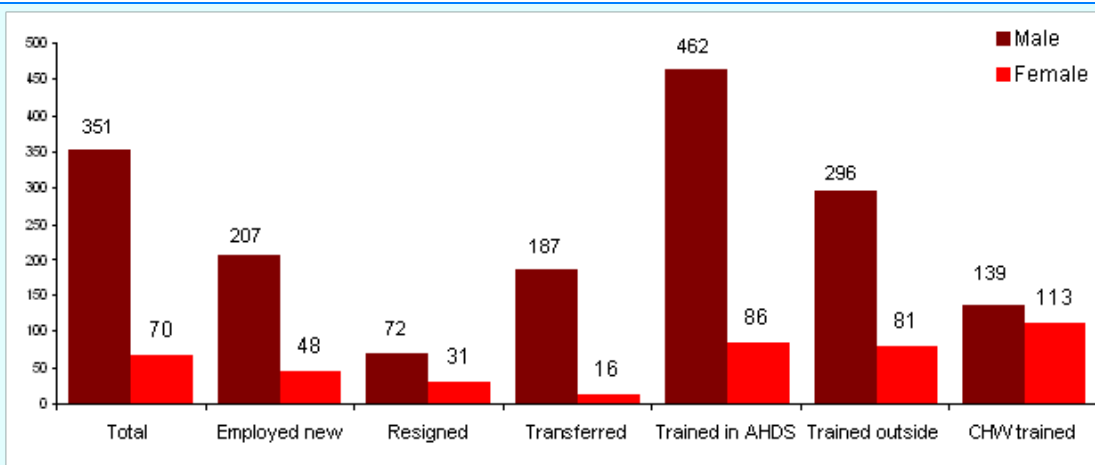


Mopping up vaccination of children after measles outbreak

### **Human Resource:**

Our biggest challenge in the implementation of programs has been finding enough professional staff, especially female staff, who are willing to work in areas that AHDS is active in. The insecurity, remoteness and the lack of professional staff in general have all contributed to this challenge. There were 538 job opportunities available with AHDS during the year (332 technical and 51 admin and 155 support staff) out of which 171 were female positions.

The chart summarizes human resources report in 2005.



The training opportunities used for capacity building:

| Topics                        | No. of Courses | Duration | Participants |        | Location | Organization  |
|-------------------------------|----------------|----------|--------------|--------|----------|---------------|
|                               |                |          | Male         | Female |          |               |
| HMIS workshop                 | 3              | 1 day    | 51           | 4      | Urozgan  | AHDS          |
| Vaccinators training          | 2              | 2 weeks  | 3            | 2      |          |               |
| CHW refresher course          | 1              | 6 days   | 10           | 0      |          |               |
| CHW initial training courses  | 4              | 3 weeks  | 13           | 7      |          |               |
| Nursing refresher course      | 1              | 6 days   | 8            | 2      |          |               |
| NID monitoring training       | 2              | 1 day    | 66           | 0      |          |               |
| Project management cycle      | 1              | 1 day    | 8            | 0      |          |               |
| Supervision training workshop | 1              | 5 days   | 8            | 0      |          |               |
| Management workshop           | 1              | 6 days   | 1            | 0      |          |               |
| Vaccinator refresher          | 5              | 1 week   | 30           | 10     |          |               |
| Project performance workshop  | 1              | 3 days   | 20           | 0      | Kandahar |               |
| HMIS workshop                 | 5              | 2 days   | 91           | 29     |          |               |
| CBHC delivery improvement     | 1              | 2days    | 2            | 0      |          |               |
| Hygiene education             | 1              | 1 week   | 0            | 21     |          |               |
| Performance Improving         | 1              | 2 days   | 75           | 6      |          |               |
| Kandahar five-year plan       | 1              | 3 days   | 29           | 4      | Kandahar |               |
| CHW initial training courses  | 64             | 3 weeks  | 342          | 309    |          |               |
| NID monitoring training       | 1              | 1 day    | 38           | 0      | Kandahar |               |
| Health Financing              | 1              | 3 days   | 8            | 1      | Kabul    |               |
| EPI review workshop           | 1              | 3 days   | 1            | 0      | Kandahar |               |
| Topics                        | No. of Courses | Duration | Participants |        | Location | Organization  |
| IMCI refresher                | 5              | 2 weeks  | 16           | 3      | Kabul    | REACH/IbnSina |
| Family Planning refresher     | 8              | 1 week   | 21           | 10     |          |               |
| Newborn Care refresher        | 8              | 1 week   | 19           | 13     |          |               |
| Infectious diseases refresher | 5              | 1 week   | 10           | 6      |          |               |
| Antenatal and postnatal care  | 3              | 10 days  | 8            | 4      |          |               |
| BPHS refresher                | 6              | 1 week   | 25           | 3      |          |               |
| Disability and mental health  | 6              | 2 weeks  | 12           | 7      |          |               |
| Community based health care   | 1              | 1 day    | 1            | 0      | Kabul    | USAID/REACH   |
| Finance compliance            | 1              | 4 days   | 3            | 0      |          |               |
| ARI                           | 1              | 3 days   | 1            | 0      |          |               |
| Training of Trainers          | 1              | 3 days   | 1            | 0      |          |               |

|   |   |          |    |   |                   |  |
|---|---|----------|----|---|-------------------|--|
| HMIS update, new software                                 | 1 | 3 days   | 3  | 0 |                   |  |
| HMIS data updating data entry                             | 2 | 1 day    | 5  | 0 |                   |  |
| Gender Awareness Training                                 | 1 | 3 days   | 1  | 0 |                   |  |
| Drug supply management                                    | 1 | 3 days   | 19 | 0 |                   |  |
| TOT for CHS and CHW trainers                              | 2 | 2 days   | 11 | 8 |                   |  |
| FFSDP orientation   | 4 | 1 day    | 45 | 0 | Kandahar          |  |
| Community leadership                                      | 1 | 2 days   | 18 | 6 |                   |  |
| Community mapping workshop                                | 1 | 3 days   | 3  | 0 |                   |  |
| Management workshop                                       | 1 | 1 day    | 1  | 0 | Urozgan           | UNAMA                                  |
| TB control workshop                                       | 6 | 4 days   | 11 | 0 | Kandahar          | WHO                                    |
| Avian Influenza   | 1 | 1 day    | 2  | 3 |                   |  |
| Malaria and Leishmania                                    | 2 | 3 days   | 16 | 4 | Kandahar          | HNI                                    |
| Report writing workshop                                   | 1 | 1 day    | 2  | 0 | Kandahar          | Cordaid                                |
| HIV/AIDS  | 1 | 1 day    | 28 | 0 | Kandahar          | Kandahar Doctors Association           |
| Organizational development                                | 1 | 1 week   | 2  | 1 | Kabul             | IbnSina/MDF                            |
| Ultrasonography training                                  |   | 5 weeks  | 1  | 0 | Kabul             | Safi Ultrasound                        |
| Epidemiology, Survey and Bio-statistics                   | 1 | 3 weeks  | 2  | 0 | Karachi, Pakistan | Agha Khan University                   |
| International Health Finance and Management               | 1 | 4 weeks  | 1  | 0 | USA               | Boston University                      |
| Business Administration Course                            | 1 | 6 months | 1  | 0 | Kabul             | Kardan Institute                       |
| UNDP/ICT Project Courses                                  | 1 | 6 months | 0  | 1 | Kabul             | MOWA/ UNDP                             |
| Planning and Budgeting for NGO's                          | 1 | 3 days   | 1  | 0 | Kabul             | Zeeshan Ali & Co Chartered Accountants |
| TOT Workshop for trainers                                 | 1 | 1 week   | 0  | 2 |                   |  |
| Effective teaching skills course                          | 1 | 2 weeks  | 5  | 4 |                   |  |
| Accreditation of Midwifery Training                       | 2 | 4 days   | 0  | 3 |                   |  |
| Midwifery Learning Material Development                   | 1 | 1 week   | 1  | 1 | Kabul             | Institute of Health Sciences           |
| Standard Based Management/Performance Quality Improvement | 1 | 10 days  | 0  | 1 |                   |  |
| Increasing Utilization for Maternal Health                | 1 | 2 days   | 0  | 1 |                   |  |

### Construction works:

- ✓ Constructed one comprehensive health center in Gezab District
- ✓ 90% construction progress of two basic health centers in Gezab District
- ✓ Built a staff house and increased the height on the surrounding wall of Tirin Kote hospital
- ✓ General maintenance work such as painting and general upkeep was done for all health facilities
- ✓ IOM rehabilitated Maywand CHC after bomb explosion



Gezab CHC newly constructed according to MoPH design

**Other Points:**

- Newly established health facilities in 2005:
  - ✓ Khalaj BHC in Gezab
  - ✓ Tamazan BHC in Gezab
  - ✓ Nakhonai BHC in Panjwaie
  - ✓ Moshan CHC in Panjwaie
  - ✓ Tolokan BHC in Panjwaie
  - ✓ Babur BHC in Arghandab
  - ✓ Bagh Sarkari CHC in Arghandab
  - ✓ Maruf CHC
  - ✓ The third mobile clinic for IDPs (Maywand Distirct)
  - ✓ Senzari CHC was shifted from a rental house to the newly constructed building in center of Zheray
- TB control program was integrated in 13 CHCs; last year it was in 5 CHCs. This is supported by USAID, WHO and WFP.
- Baseline survey was conducted in 3 districts of Kandahar (Maruf, Shahwalikote and Khakrez).
- Community contribution (through small consultation fees) totaled Afs. 3,085,758 (about US\$ 61,716)

**Community Based Health Care (CBHC):**

The notable change in our community based health work was the elimination of salaries to CHWs. The CHWs used to receive a monthly salary of \$60; however, based on MoPH policies, we stopped paying them for their services and asked them to continue their services as volunteers. We were very pleased that a majority of them agreed to work without payment.

The table below shows competency based training received by CHWs in three phases according to national curricula.

| Districts:    | Phase I |    | Phase II |    | Phase III |    | Dropout |   |
|---------------|---------|----|----------|----|-----------|----|---------|---|
|               | C       | H  | C        | H  | C         | H  | C       | H |
| Arghandab     | 10      | 10 | 10       | 10 | 10        | 10 |         |   |
| Argghanistan  | 16      | 11 | 16       | 11 | 16        | 11 |         |   |
| Chora         |         |    |          |    |           |    |         |   |
| Dand          | 28      | 28 | 28       | 28 | 28        | 28 |         |   |
| Deh Rawud     | 2       | 1  | 2        | 1  | 2         | 1  |         |   |
| Gezab         |         |    |          |    |           |    |         |   |
| Khakrez       | 5       | 5  |          |    |           |    |         |   |
| Maywand       |         |    | 10       | 9  | 14        | 14 |         |   |
| Nesh          | 2       |    | 2        |    | 2         |    |         |   |
| Panjwaie      | 14      | 14 | 14       | 14 | 14        | 14 |         |   |
| Shah Walikote | 28      | 22 | 25       | 19 | 15        | 12 | 3       | 3 |
| Tirinkote     | 16      | 4  | 1        |    | 1         |    |         |   |

|              |            |            |            |            |            |            |          |          |
|--------------|------------|------------|------------|------------|------------|------------|----------|----------|
| Zheray       | 18         | 18         | 13         | 13         | 13         | 13         | 5        | 5        |
| <b>Total</b> | <b>139</b> | <b>113</b> | <b>121</b> | <b>105</b> | <b>115</b> | <b>103</b> | <b>8</b> | <b>8</b> |

The community members continued their support to smoothen implementation of the project. There were regular monthly meetings of the community health committees with the CHW and the in charge of health facilities. It is a great accomplishment that we were able to train a significant number of female CHWs. This achievement is due to the cooperation we have received from the communities; without their active support it would be impossible to train female CHWs in such remote, conservative and insecure areas.



AHDS, Program Coordinator and Provincial Health Manager meeting a community health committee of Panjwaie

**Security:**

AHDS has been one of the few NGOs that has continued to serve the vulnerable people of southern Afghanistan in spite of tense situation and sometimes dangerous climates. Although community members have guaranteed the safety of AHDS staff in their villages, nobody can ensure security between two districts. Unfortunately the situation is worsening day by day. High turnover of staff, loss of female staff, lack of skilled labor in the area and inability to perform household surveys has all negatively affected our programs.

The following security situations have been cause of great concern for us in 2005:

- On July 22<sup>nd</sup> a bomb exploded in the Maiwand CHC, which damaged the building.
- The election teams and police forces occupied the Ghorak BHC from June 27<sup>th</sup> to July 25<sup>th</sup>.
- Gunmen warned CHWs of Toghai, Zartala, Abdul Baqi masjid, Joie Lahore and Takato villages to stop working in August.
- Unknown armed people attacked Khalaj BHC and asked for medicine on August 17th.
- Local government security force killed a male CHW from Spoona village on September 13<sup>th</sup>.
- A bomb exploded near the Maiwand CHC and shattered all of the clinic windows on September 26<sup>th</sup>.
- Gunmen fired on AHDS mobile health team when going to Panjwaie IDP camp on October 12<sup>th</sup>; five were killed and three were injured.
- The Moshan CHC and Tolokan BHCs were closed on October 15<sup>th</sup> due to insecurity.
- A warning letter addressed to Zahray CHC indicated that why American army entered the clinic and took photos of the women on Oct 27<sup>th</sup>.
- Gunmen burned Nakhonai BHC in night of Nov 10<sup>th</sup>.

The vehicle of the mobile team after firing



### **The Martyrs of Oct 12<sup>th</sup> 2005:**

On October 12<sup>th</sup> 2005 the staff of AHDS' mobile health team who were serving internally displaced people settled in Panjwaie District of Kandahar were attacked on their way to the IDP camps by unknown gunmen. The following five individuals were casualties of this inhumane and horrendous act:

Mr. Ameer Mohammad

Position: Administrator

Birthplace: Kandahar Province

Age: 46 years

Number of Children: 5

Work in the team: 1 year



Dr Gul Ahmad

Position: Physician (MD)

Birthplace: Kandahar Province

Age: 44 years

Number of Children: 4

Work in the team: 3 years





Mr Mohammad Ismaiel  
Position: Pharmacist  
Birthplace: Kandahar Province  
Age: 36 years  
Number of Children: 1  
Work in the team: 3 years



Dr Hazrat Jan  
Position: Physician (MD)  
Birthplace: Kunar Province  
Age: 35 years  
Number of Children: 4  
Work in the team: 2 years



Mr. Abdul Bari  
Position: Nurse  
Birthplace: Wardak Province  
Age: 31 years  
Number of Children; 3  
Work in the team: 2 years

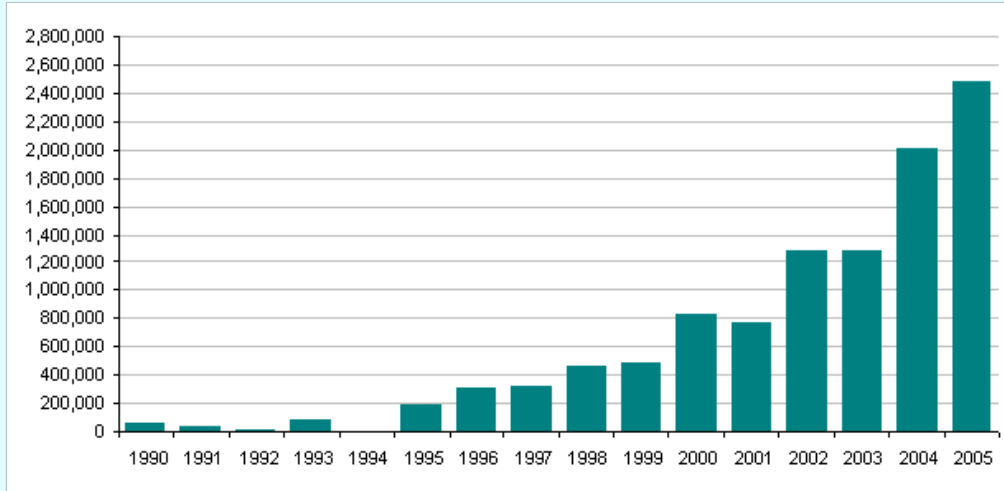


### **Financial Report:**

During 2005, AHDS received both cash and in-kind donations for running of the health care programs. According to the cash expenditures average cost per capita was US\$3.3 in year 2005. Independent auditors depicted the report of monetary incomes and expenditures in next pages.  
The following organizations had in kind donations:

- USAID/REACH provided medicine (US\$ 85,763.46) and books and health education material (US\$ 25,235)
- AmeriCares donated medicine, and medical material and books (equal to US\$ 82,641)
- Unicef donated chlorine for wells and ORS (US\$ 11,200)
- Direct Relief International (DRI) provided medical equipment (US\$ 184,122)
- Help the Afghan Children (HTAC) provided medicines and medical equipment (US\$ 8,894)

Chart of AHDS expenditures history in US\$



### **Independent Financial Audit Report:**

#### **AUDITORS' REPORT**

We have audited the annexed Receipts and Expenditure Statement (Financial Statements) of **AFGHAN HEALTH & DEVELOPMENT SERVICES (AHDS)** together with notes forming part thereof, for the year ended December 31, 2005.

It is the responsibility of the management to establish and maintain a system of internal control, and prepare and present the financial statements in conformity with the generally accepted accounting principles. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the international standards on auditing. These standards require that we plan and perform the audit in order to obtain reasonable assurance about whether the financial statements are free of any 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 and significant estimates made by the management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion and we report that:

1. We have not physically verified cash in hand as at December 31, 2005, since that date was prior to our appointment as auditors.
2. Activities performed in field offices could not be substantiated, as these could not be visited due to uncertain security conditions.
3. We have circularized for direct confirmation of Funds received amounting to USD 1,260,589 to Donor bodies, the response of which is still awaited; and
4. We have relied upon "Cost Recovery Income sheet" generated from Provincial offices for verification of Cost recovery stated as USD 61,716, as relevant records


have been kept in concerned BHC and CHC.

Except for the matters reflected in paragraphs 1 to 4 above, in our opinion the annexed Receipts and Expenditure Statement presents fairly in all material respects the results of operation of **AFGHAN HEALTH & DEVELOPMENT SERVICES (AHDS)** together with notes forming part thereof, for the year ended December 31, 2005 in accordance with the generally accepted accounting principles.

**PESHAWAR**

**APRIL 16, 2006**

**ZEESHAN ALI & CO.,  
CHARTERED ACCOUNTANTS**



**Health Management Information System (HMIS):**

AHDS implements national HMIS. The following tables are reports of health facilities and health post in 2005.

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>(2.3) Monthly Integrated Activity</b> |  |  | <b>ISLAMIC GOVERNMENT OF<br/>AFGHANISTAN<br/>Ministry of Public Health</b> |  |  |  |
| <b>MIAR - Facilities Page 1</b>          |  |  | Kandahar, Urozgan and Dai : Province                                       |  |  |  |
| <b>District Name &amp; Code</b>          |  |  | Kundi <b>Name &amp; Code</b>   |  |  |  |
|  |  |  | All AHDS health facilities : <b>Facility Name</b>                          |  |  |  |

| Referred Out | Referred In | Re-attendance | New       |         |         |        | 1 first referral hospital<br>16 CHC<br>9 BHC | Facility Type    |   |
|--------------|-------------|---------------|-----------|---------|---------|--------|--|------------------|---|
|              |             |               | Total New | >= 5    |         | < 5    |  |                  |   |
|              |             |               |           | F       | M       | F      |  |                  | M |
| 1,909        | 1,366       | 14,196        | 377,347   | 155,037 | 100,232 | 57,116 | 64,962                                       | Patients/Clients |   |

| <b>A1. OPD Morbidity</b> |     |       |        |        |        |        |        |                       |     |          |
|--------------------------|-----|-------|--------|--------|--------|--------|--------|-----------------------|-----|----------|
| 8                        | 103 | 2,325 | 84,833 | 31,501 | 21,049 | 15,168 | 17,115 | 1. Cough & Cold       | ARI |          |
| 66                       | 126 | 2,110 | 64,317 | 22,721 | 15,984 | 11,820 | 13,792 | 2. ENT                |     |          |
| 92                       | 50  | 365   | 11,147 | 1,893  | 1,715  | 3,468  | 4,081  | 3. Pneumonia          |     |          |
| 45                       | 85  | 970   | 42,278 | 8,144  | 8,146  | 12,080 | 13,908 | 4. Acute Watery       |     | Diarrhea |
| 15                       | 71  | 793   | 26,621 | 6,601  | 7,231  | 5,978  | 6,847  | 5. Acute Bloody       |     |          |
| 51                       | 36  | 83    | 5,438  | 952    | 978    | 1,615  | 1,893  | 6. W. Dehydration     |     |          |
| 61                       | 2   | 5     | 226    | 32     | 16     | 88     | 90     | 7. Severely Ill Child |     |          |

|     |     |       |         |        |        |        |        |                               |
|-----|-----|-------|---------|--------|--------|--------|--------|-------------------------------|
| 3   | -   | -     | 47      | 16     | 20     | 5      | 6      | 8. Viral Hepatitis            |
| 2   | 2   | -     | 67      | 1      | 12     | 24     | 30     | 9. Measles                    |
| -   | 1   | 9     | 129     | 29     | 15     | 49     | 36     | 10. Pertusis                  |
| -   | -   | -     | 7       | 2      | -      | 2      | 3      | 11. Diphtheria                |
| -   | -   | -     | -       | -      | -      | -      | -      | 12. Neonatal Tetanus          |
| 1   | 1   | -     | 2       | 1      | -      | -      | 1      | 13. Tetanus                   |
| -   | -   | -     | 2       | -      | -      | -      | 2      | 14. Acute Flaccid Paralysis   |
| 7   | 11  | 69    | 3,929   | 1,309  | 1,481  | 552    | 587    | 15. Malaria                   |
| 37  | 87  | 1,381 | 26,781  | 14,594 | 9,330  | 1,429  | 1,482  | 16. Urinary Tract Infections  |
| 27  | 16  | 389   | 4,622   | 2,797  | 1,753  | 49     | 23     | 17. Psychiatric Disorders     |
| 180 | 35  | 767   | 6,797   | 2,105  | 3,206  | 759    | 773    | 18. Trauma                    |
| 642 | 630 | 5,449 | 178,095 | 93,915 | 50,119 | 16,473 | 18,011 | 20. Others/Unlisted Diagnoses |

**:A2. Remarks**

**B. Nutrition Status**

|     |    |    |        |  |        |        |                                |
|-----|----|----|--------|--|--------|--------|--------------------------------|
| 4   | 11 | 9  | 34,458 |  | 16,255 | 18,203 | 1. No acute malnutrition       |
| 24  | 9  | 13 | 4,849  |  | 2,313  | 2,536  | 2. Moderate Acute Malnutrition |
| 477 | 19 | 27 | 1,068  |  | 513    | 555    | 3. Severe Acute Malnutrition   |

**(2.3) Monthly Integrated Activity Report**

**ISLAMIC GOVERNMENT OF AFGHANISTAN  
Ministry of Public Health**

**MIAR - Facilities Page 2**

| D. Stock-outs Essential Drugs/Commodities | Referred Out                  | Referred In | Re-attendance | New Cases | C. Maternal & Neonatal Care |
|---|-------------------------------|-------------|---------------|-----------|-----------------------------|
| - Salicylates or Paracetamol              | <b>C1. Family Planning</b>    |             |               |           |                             |
| - Mebendazole                             | 2                             | 36          | 1,446         | 2,686     | 1. Oral                     |
| - Amoxicillin/Ampicillin                  | -                             | 3           | 461           | 1,033     | 2. Injectable               |
| 1 INH                                     | -                             | -           | 2             | 20        | 3. IUD                      |
| 1 Rifampicin                              | -                             | -           | 135           | 1,073     | 4. Condoms                  |
| - Amp. Diazepam                           | -                             | -           | -             | 1         | 5. Permanent                |
| - Inj. Lidocaine                          | <b>C2. Pre-and Post-Natal</b> |             |               |           |                             |

|                                  |                                  |                           |               |                              |  |   |
|----------------------------------|----------------------------------|---------------------------|---------------|------------------------------|--|---|
| -                                | Metronidazole                    | 2                         | 23            | 3,033                        | 7,052  | 1. Antenatal Visit                          |
| -                                | Co-trimoxazole                   | -                         | 18            | 457                          | 2,370  | 2. Postnatal                                |
| -                                | Anti-hypertensives               | <b>C3. Obstetric Care</b> |               |                              |  |   |
| -                                | Oral contraceptive               | 11                        | 3             |                              | 655  | 1. Normal Delivery                          |
| -                                | Injectable contraceptive         | 12                        | -             |                              | 14   | 2. Assisted Delivery                        |
| -                                | Condoms                          | 32                        | 2             |                              | 260  | 3. Major complications                      |
| -                                | TT vaccine                       | 3                         | -             |                              | 99   | 4. Other Complications                      |
| -                                | DPT vaccine                      |                           | -             |                              | 4  | 5. Maternal Death due to Major complication |
| -                                | ORS                              |                           | -             |                              | -  | 6. Maternal Death due to Other complication |
| -                                | Vitamin A                        |                           |               |                              |  | <b>C4. Neonatal Care</b>                    |
| -                                | Chloroquine                      | -                         | -             |                              | 645  | 1. Newborn Alive                            |
| -                                | Sulfadoxine+Pyrimethamin         | 1                         | -             |                              | 27   | 2. Low Birth Weight                         |
| -                                | Ferrous Sulphate+folic acid      | -                         | -             |                              | 7  | 3. Neonatal Complication                    |
| -                                | Oxytocin                         |                           | -             |                              | 3  | 4. Early Neonatal Death                     |
| -                                | Gloves                           |                           | -             |                              | 12   | 5. Stillbirth                               |
| <b>:D2. Comments about stock</b> |                                  |                           |               |                              |  |   |
|                                  |                                  |                           |               | <b>E. Immunization</b>       | <b>G. Tuberculosis</b>                               |   |
| Total                            | 12 -23 Months                    | 0 - 11 M                  | E1. Childhood | <b>G1. Cases detection</b>   |  |   |
| 17,686                           | 5,377                            | 12,309                    | 1. DPT3       | 37                           | 1. Number of new smear (+) cases                     |   |
|                                  | -                                | -                         | 2. Vitamin A  | 140                          | 2. Number that started treatment                     |   |
|                                  |                                  |                           |               | <b>G2. Treatment success</b> |  |   |
| <b>E2. TT Immunization 2+</b>    |                                  |                           |               | 45                           | 1. Num of cases completed & smear(-)                 |   |
| 10,546                           | 1. Pregnant women                |                           |               | <b>H. Community Health</b>   |  |   |
| <b>F. Laboratory Exams</b>       |                                  |                           |               | 116                          | 1. Number of meeting with community health committee |   |
| <b>F1. Blood</b>                 |                                  |                           |               |                              |  |   |
| 4,400                            | 1. Total malaria slides examined |                           |               | 1,247                        | 2. Numb of CHWs seen for supervision                 |   |
| 65                               | 2. Total PF positive             |                           |               | 0                            | 3. Number of TBAs supervised                         |   |
| 749                              | 3. Total other positive          |                           |               | <b>I. Report Transmitted</b> |  |   |
| -                                | 4. Total HIV examined            |                           |               | Name                         |  |   |
| -                                | 5. Total HIV positive            |                           |               | Designation                  |  |   |

|  |                                       |  |   |
|--|---------------------------------------|--|---|
|  |                                       | Date                                       |   |
| 171  | 1. Total AFB slides examined          |  | Signature                               |
| 33   | 2. Total AFB positive                 |  | <b>J. Report Received/Aggregated</b>    |
| Date Received  |                                       |  |   |
| Date Aggregated/computerized                                     |                                       |  |   |
| :K Comments  |                                       |  |   |
| <b>ISLAMIC GOVERNMENT OF AFGHANISTAN</b>                         |                                       |  |   |
| <b>Monthly Aggregated Activity Report (MAAR)</b>                 |                                       | <b>Ministry of Public Health</b>           |   |
|  |                                       | Provinces: Kandahar, Urozgan and Dai Kundi |   |
| Facility Code  |                                       | Facility Name: AHDS facilities             |   |
| 150  |                                       | Total Number of Health Posts               |   |
| 64,526   |                                       | Total Number of Family visited             |   |
| <b>A. Family Planning</b>  |                                       |  |   |
| <b>Number</b>  |                                       | <b>A1. Users by method</b>                 |   |
| 6,874  |                                       | 1. Oral Pills                              |   |
| 4,839  |                                       | 2. Condom                                  |   |
| 1,538  |                                       | 3. Injectables                             |   |
| 12,822   |                                       | 4. Total                                   |   |
| <b>B. Maternal Health</b>  |                                       |  |   |
| <b>Total</b>   | <b>B3. Post Partum Care</b>           | <b>Total</b>                               | <b>B1. Antenatal Care</b>               |
| 598  | 1. Post Partum visits                 | 20   | 1, TT2+ vaccinations for pregnant women |
| 80   | 2. Post Partum referred               | 2,036                                      | 2. 1st ANT visit                        |
| <b>C. Nutrition</b>  |                                       | 1,381                                      | 3. Other ANC visits (2nd and 3rd)       |
| 2,476  | 1. Total children                     | <b>B2. Obstetric care by CHW / TBA</b>     |   |
| 1,608  | 2. MUAC<13.5cm or bilateral edema     | 1,547                                      | 1. Total Delivery attended by TBA       |
| 1,177  | 3. Referred                           | 664  | 2. Obstetric complications referred     |
|  |                                       | 127  | 3. Maternal death                       |
|  |                                       | 176  | 4. Early neonatal deaths                |
| <b>D. Childhood Immunization</b>                                 |                                       |  |   |
| <b>&lt;5 years DPT3</b>  |                                       |  |   |
| <b>E. &lt;5 Morbidity</b>  |                                       |  |   |
| <b>Referred</b>  | <b>&lt; 5 Priority Health Problem</b> |  | <b>Code</b>                             |
| 4,903  |                                       | 18,421                                     | ARI O1                                  |
| 3,874  |                                       | 17,774                                     | Acute diarrhea O2                       |
| 1,678  |                                       | 4,250                                      | Malaria O3                              |
| 17   |                                       | 36   | Measles O4                              |
| <b>F. Stock-out Essential Drug/Commodities</b>                   |                                       |  |   |
| <b>F1. Tick right column if ever out stock in the last month</b> |                                       |  |   |
| 77   | Oral Contraceptive                    | 62   | Chloroquine                             |
| 76   | ORS                                   | 87   | Cotrimoxazole                           |
| <b>F2. Comments about stock</b>                                  |                                       |  |   |
| It shows number CHW kits out of mentioned items once in the year |                                       |  |   |

Target areas population and break down:

|                               | <b>Urozgan and Dai Kundi</b> | <b>Kandahar</b> | <b>City</b> | <b>IDP</b> | <b>Total</b> |
|-------------------------------|------------------------------|-----------------|-------------|------------|--------------|
| <b>Total Population</b>       | 225,101                      | 507,437         | 30,000      | 51,428     | 746,736      |
| <b>Under one children</b>     | 9,913                        | 22,348          | 1,321       | 2,265      | 32,886       |
| <b>Under five children</b>    | 36,016                       | 81,190          | 4,800       | 8,228      | 119,478      |
| <b>CBA</b>                    | 51,773                       | 116,711         | 6,900       | 11,828     | 171,749      |
| <b>Pregnant</b>               | 12,426                       | 28,011          | 1,656       | 2,839      | 41,220       |
| <b>Contraceptive required</b> | 39,348                       | 88,700          | 5,244       | 8,990      | 130,529      |