

مؤسسه خدمات صحی و انکشافی افغان
Afghan Health and Development Services

FIVE YEARS STRATEGIC PLAN

FINAL

01/01/2014 – 30/12/2018

31 Dec 2013

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Abbreviations:

ACBAR	Agency Coordinating Body for Afghan Relief	HS	High School
ACTD	Afghanistan Center for Training and Development	ICM	Internal Control Manager
AHDS	Afghan Health and Development Services	IEC	Information Education and Communication
AHO	Alliance of Health Organizations	IHS	Institute of Health Sciences
AIDS	Acquired Immune Deficiency Syndrome	IPSO	International Psycho Social Organization
ALC	Adult Learning Center	KAP	Knowledge Attitude Practice
AMNEAB	Afghanistan Midwifery and Nursing Education Accreditation Board	KIHS	Kandahar Institute of Health Science
ANC	Ante Natal Care	LC	Literacy Course
ANCB	Afghan NGO Coordination Bureau	LHL	Learning for Healthy Life
ANDS	Afghan National Development Strategy	LMG	Leadership, Management & Governance
AusAID	Australian Agency for International Development	MDF	A Global Training and Consultancy Agency
BCC	Behavior Change Communication	MIS	Management Information System
BPHS	Basic Package of Health Services	MoE	Ministry of Education
CBDRM	Community Based Disaster Risk Management	MoFA	Ministry of Foreign Affairs
CBS	Community Based School	MoPH	Ministry of Public Health
CDRMCs	Community Disaster Risk Management Committees	MSH	Medical Sciences for Health
CIDA	Canadian International Development Agency	NGO	Non-Governmental Organization
CMAM	Community Management of Acute Malnutrition	OHRD	Organization of Human Resource Development
CME	Community Midwife Education	OM	Operation Manual
CPR	Contraceptive Prevalence Rate	PNC	Post-Natal Care
DOTS	Directly Observed Treatment Short-course (for Tuberculosis)	PPHD	Provincial Public Health Director
EC	European Community	RH	Reproductive Health
EPHS	Essential Package of Hospital Services	SBA	Skilled Birth Attendant
EPI	Expanded Program of Immunization	TB	Tuberculosis
FAO	Food and Agriculture Organization	TVI	Tutors Video Instruction
GAVI	Global Alliance for Vaccines and Immunization	UNAIDS	United Nations AIDS
GDP	Gross Domestic Product	UNICEF	United Nations Fund for Children
HAFOcc	Humanitarian Assistance and Facilitating Organization Construction Company	USAID	United States Aid for International Development
HIV	Human Immunodeficiency Virus	VCCT	Voluntary Confidential Counseling and Testing
HMIS	Health Management Information System	WB	World Bank
HR	Human Resource	WFP	World Food Program
HRD	Human Resource Development	WHO	World Health Organization

Acknowledgement

This five year strategic plan has been developed based on our 23 years' experience of working with the Afghan society in various social and political circumstances. The organizational memory and staff experience from the lessons learned were pooled together in the process of AHDS assessment. The organizational assessment, facilitated by MDF, sought to elucidate the strengths, weaknesses, and challenges that AHDS faces as a member of the Afghan civil society. It brought out recommendations for AHDS on how to proactively play its role in the society. One of the most salient points that came out of this assessment was that the full capacity of the organization is not being utilized. AHDS is positioned to play a much more active and innovative role in helping the country reach lasting peace, promote democracy, and expand its base of services.

Therefore, developing a strategic plan became a priority to deal with the new opportunities and challenges that the country faces in this transitional period, and we began the process in August of 2013. A team of three person, that included the Executive Director, Chief Advisor, and Senior Financial Officer, undertook the monumental task of facilitating and writing this strategic plan. This strategic plan is enriched by valuable inputs from representatives of our stakeholders that include our donors, beneficiaries, sister organizations, and the government. In a two day hands on workshop, the framework for the strategic plan including vision, mission and core values of the organization was laid out. The final draft was reviewed by MDF.

The insight and experiences that we received from our board of directors proved especially helpful in this process. We would like to extend our special gratitude to Eng. Sayed Jawed, Chairman of the board, Dr. Najibullah Mojadidi, and Haji Zabihullah Ehsan, for their invaluable input.

We are grateful to Paul Barker, Country Director of Save the Children, Dr Hamidullah Saljuqi, Director of Organization of Human Resource Development, Dr Mubarak Shah Mubarak, Programs Director LMG/MSH, Dr. Shamsul Islam Shams, Program Coordinator of Cordaid, Dr Khan Aqa Miakhail, Director of Public Health in Urozgan Province and last but not least Dr Sjoerd Zanen, MDF for their active participation in this process and for sharing their constructive feedback.

Most importantly, we would like to express our appreciation to all staff in the frontlines that make our services possible by their tireless dedication to provide uninterrupted service to the most deserving people. Definitely, this process was not successful without their inputs.

Finally, we do appreciate financial support of Cordaid that invest in capacity building of AHDS and its staff.

Aziz R. Qarghah
31 Dec 2013

Chapter 1

Executive Summary:

The people of Afghanistan, although still threatened by poverty and insecurity, want to build on the democracy foundation that was laid down 12 year back. The people wish transparent transition of power to a freely elected government that can institutionalize democracy and peace in the country.

The team of AHDS as an active part of Afghan Civil Society understands that community empowerment is inevitable for stepping towards institutionalization of democracy, social justice and sustainable peace. Surely, it is a precondition for cooperation and equal partnership among civil society, private sector and government in order to play their role in peace-building, state-building and good governance.

To proactively and efficiently contribute in this process, AHDS as one of the pioneer Afghan NGOs developed its 5-Year Strategic Plan. In this participatory process AHDS' vision, mission, core values and strategic directions were thoroughly reviewed and necessary changes were brought in according to the correction situation and the role Afghan society should play. In addition, the findings and recommendation of MDF helped us a lot in prioritization of the issues and formulating the strategic objectives.

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

The key action areas and strategies of AHDS in the coming five years is as following:

- A. Key Action Area A: Organizational Development: the goal is to build the organizational capacity to ensure that the organization is well prepared to cope with the new challenges and efficiently achieves its strategies.
 - Strategy A.1: Governance Strengthening
 - Strategy A.2: Management Information System
 - Strategy A.3: Financial Sustainability
 - Strategy A.4: Human Resource Capacity Development
 - Strategy A.5: Marketing and Visibility

- B. Key Action Area B: Program Development: the goal is to accomplish our vision by quality service in the areas of health, education, sustainable livelihood, disaster risk management, and advocacy.
 - I. Health
 - Strategy B.1: Healthcare Service Delivery (two 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 B.12: Agriculture development
 - IV. Monitoring and Evaluation of the Programs

A team is assigned by the Board of Directors to monitor the progress of the strategic plan throughout its implementation. The team monitor circumstances that may rise to strategies needing to be adjusted from time to time and situations may arise for which contingency plans need to be developed quickly. The main purpose of monitoring is to provide the information needed understanding the progress against strategic plan and obstacles for management team and to involve key stakeholders in learning how to improve the strategic plan implementation. The M&E system will provide regular report on strategic plan progress to key stakeholder groups in a format appropriate for their need.

According to the plan the strategic plan will be annually reviewed. Adjustment will be made according to the strategic plan evaluation outcomes.

Chapter 2

Introduction

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.

Afghan people are still faced with numerous challenges and key questions despite the fact that development in various sectors - such as health, education, livelihood, economics, infrastructure, security - has taken place since 2001 to meet the need of the “hour”. 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 especially potable water, electricity. These are just some of the challenges that we face. In order for the Afghan people to live a decent life with dignity and to maintain our identity, we are all are obliged to move beyond the immediate problems and address the root causes of these challenges.

In this sensitive time in which the withdrawal of the international forces are eminent, and regretfully in spite of the flow of billions of dollars by the international community, the Afghans are still deprived from basic human needs. Afghan Health and Development Services 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. Social justice is only possible through quality education, promotion of sustainable livelihood, and good governance. 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 organizational evaluation is a crucial step to have a clear and complete picture of AHDS in terms of institutional and organizational capacity and to have identified priorities for future organizational capacity and its programs development. As a start of this process, MDF was contracted to do an “institutional-organizational capacity assessment” of AHDS. The assessment achieved the following results:

1. The institutional and organizational contexts of AHDS were analyzed (external actors and factors, internal organizational components).
2. Strengths, challenges and opportunities on AHDS institutional and organizational level were identified on Headquarter level in Kabul and on field-level (currently field offices in Terinkot and Kandahar).
3. Gaps in AHDS organizational capacity and human resource competencies, and specific needs in these fields were identified.

4. Priority intervention areas for AHDS institutional and organizational improvements were identified, and task managers were appointed to initiate the reform process.

To achieve business diversification which can meet both future challenges (after 2014) and embark on potential business areas, it was strongly recommended that AHDS should soon develop a 5 years strategic plan.

However we well understand the importance of strategic plan for knowing where AHDS want to be especially after 2014, but the outcomes from organizational assessment has further inspired us to start this process with stronger commitment.

Methodology:

The AHDS' Management Committee decided to commence with commitment the organization's strategic plan process. A team within the organization that consists of Dr. Mohammad Fareed Asmand (Executive Director), Dr. Mohammad Fareed Waqfi (Chief Advisor) and Mr. Yama Yosouf (Senior Finance Officer) took responsibility of the planning process in order to ensure a smooth and connected process.

The overall process took almost one and half month and the assignment consisted of seven stages:

1. **Stage one (preparation stage):** The methodology was jointly developed, list of stakeholders including board of directors, management committee, field staff, donors and partners (details annex) was provided to be invited in the strategic plan workshop and for further discussion during the process. Necessary documents including Organizational Assessment Report by MDF, previous vision, mission and core values have been reviewed and prepared for further discussion with stakeholders during strategic plan workshop and finally necessary logistic arrangements took place.
2. **Stage two:** Presenting and reviewing the main points from Organizational Assessment Report including S.W.O.T analysis, challenges and issues and recommendations. These points were discussed in detail in three groups and necessary changes were brought by stakeholders during strategic plan workshop and adopted according to the changes after one year organizational evaluation. Please see annex for up-dated S.W.O.T analysis, issues and recommendations.
3. **Stage three (Vision, Mission and Core values):** At this stage the AHDS' previous core values, vision and mission were presented to strategic plan workshop attendees and then they work on each topic separately in three groups. Participants agreed on a single organization vision statement, mission statement and core values after presentation and discussion on each work-group outcome.
4. **Stage four (Key Action Areas):** At this stage the strategic plan workshop attendees were invited to determine the organization key action areas by understanding its issues, challenges, outcome of S.W.OT analysis and recommendations from organizational evaluation.

5. **Stage five (Core Strategies, Aims and Objectives):** At this step the workshop participants were requested to broken further the Key Action Areas into Core Strategies and develop Aim and Objectives for each core strategy.
6. **Stage six (priority interventions, responsibility, time frame and indicators):** During this stage the strategic plan team and Management Committee with field staff work together to develop priority interventions, responsible department/ person, indicators and schedule for each core strategy. All outputs were shared with AHDS' Board of Directors at this stage.
7. **Stage seven (writing the final document):** The strategic plan team put together all works have been done by AHDS stakeholders and Management Committee at this stage. The first drafts of the strategy were shared with the participant of the strategic planning workshop and individuals within the organization for further refinement. The feedback and participation of everyone helped to strengthen our moral and to make the final product more technically sound. The final draft has been submitted to MDF for final comments and further maturity of the strategic plan. Schedule and responsible for reviewing and monitoring of the strategic plan was setup.

The following documents were used for developing the strategic plan:

- AHDS evaluation report by MDF 2012 (especially SWOT analysis, challenges, issues, recommendations).
- Organization charter.
- Financial Report.
- A Strategic Planning kit for even better Service Delivery (Written by Davis Meehan).
- Afghanistan National Development Strategy.
- The Strategic Plan for the Ministry of Public Health (2011-15).
- National agriculture development framework, ministry of agriculture, irrigation and livestock.
- National Education Strategic Plan for Afghanistan (1389-1393/2010-2014).

Considering the evaluation recommendation, AHDS has developed the strategic plan with strong participation of its board of directors, Management Committee, field staff, donors and partners.

Chapter 3

About AHDS

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.

AHDS received a certificate of appreciation for excellence, transparency and accountability among NGOs from Ministry of Economy. The institute of health sciences in Kandahar and community midwifery education in Urozgan received best schools award from Afghanistan Midwifery and Nursing Education Accreditation Board (AMNEAB).

AHDS had education, health, nutrition, water and sanitation, construction, relief, community empowerment and disaster management programs since 1990 in Logar, Nangarhar, Kapisa, Wardak, Daikundi, Urozgan and Kandahar provinces. AHDS supports the Ministry of Public Health (MoPH) through inputs in formulating national policies, strategies, standards and guidelines.

The main governance of AHDS lies with the Board of Directors. The board members have diverse professional expertise; health, education, agriculture, rehabilitation, community mobilization, entrepreneurship, governance, women empowerment, private sector, relief and developmental programs.

AHDS President and Executive Director are supported by the Management Committee that consists of Program Manager, Admin and Finance Manager, Quality Assurance Manager, Field Managers and Expert Consultant(s) whenever required.

The donors and partners of AHDS in 2013 are: USAID, European Commission, Cordaid, Save the Children International, Ministry of Public Health, AusAID, WFP, WHO, UNICEF, IPSO, World Bank, ACTD, OHRD, HADAAF, CIDA, GAVI, and the Global Fund.

Chapter 4

Goal, Vision, Mission and Core Values

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.
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1. People centered
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7. Building Capacity
8. Gender Mainstreaming
9. Peace and Justice
10. Humanity, Impartiality, Neutrality and Independence
11. Partnership

Chapter 5

Key Action Areas

A. Organizational Development

Goal: To build the organizational capacity to ensure that the organization is well prepared to cope with the new challenges and efficiently achieves its strategies.

Strategies:

- 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

Justification:

Given AHDS' well reputed and well recognized status, it could deliver much more in terms of projects and programs than it does today. It is very unfortunate that AHDS was not exposed to potential funding opportunities during the past decade of "Nation and State Building". A reason behind this shortfall must be sought in an inadequate level of proactivity, entrepreneurship and in weak strategic thinking. It is therefore necessary for the leadership of AHDS, shifts the gravity of its focus to external relations, strategic planning and a steady diversification of business. On other hand, AHDS cannot ensure/continue its programmatic and institutional sustainability with the current volume of its business, especially when donors' money becomes hard to get in such a competitive environment. In sum, a shift of strategic direction towards diversification and innovation becomes imperative.

In order to address present strategic issues, to take advantage of available opportunities and to confront potential future challenges, AHDS has to broaden its vision and further strengthen its competitiveness, pro-activity and recognition. This in turn raises big questions that can AHDS address these strategic issues considering the following facts:

Organizational Structure: since many years the AHDS team has worked within an organizational structure, which today is not appropriate for the handling of the future of AHDS, as it is not flexible to changes, not streamlined with field structures and requirements and has a number of overlaps. However, the organizational structure has been changed according to the organizational assessment recommendation but still it needs a lot effort, both technically and administratively, to replace the old phenomenon.

Management Information System (MIS): AHDS routinely manages a personnel record of about 1000 national staff located in three provinces including Kabul and an addition it has to deal with the management and record keeping of about 1500 community volunteers, supporting AHDS' health services at daily intervals. On top of this thousands of new and old inventories are there in

logistics and finance to be handled manually. In short, this implies a heavy workload in terms of record keeping and record management.

Operation Manual (OM): AHDS' Management Committee has recently developed the organization operation manual. To implement the OM, requires skillful human resource, technology (MIS) and full management support. It means, AHDS must prepare itself for effective and efficient implementation of OM.

Policies: AHDS committed to Gender Equity, Child protection, NGOs Code of Conduct, Whistle Blowing, Environmental Protection, Advocacy. The organization has guidelines for some of these issues but still it needs to be mainstreamed within organization culture. Despite some policies must be developed from scratch such as the children protection policy, the gender policy, the environmental protection Policy, the advocacy policy,

Asset management: AHDS does not keep a comprehensive assets management plan to effectively acquire, store, operate, maintain and dispose assets. AHDS needs proper asset management guidelines to address challenges confront efficient and effective asset management.

Human Resource: At the moment the human resource department faces with number of hurdles. To overcome these hurdles the AHDS management has to decide to formally commit itself to a better HR management, and formalize its HR capacity development and key positions' backup in annual planning and policy formulation.

Financial management: In order to react properly to the challenges, AHDS need to partially decentralize its financial management system. One of the outcomes could be the reduction of extra workload on the HQ finance department. Thus it gives more chance for HQ staff to think about strategic issues of the organization.

Visibility and marketing: Currently, capacity to undertake a visibility and marketing campaign is lacking in AHDS.

It is obvious that a shift to a new era is not easy, especially when the organization faces with challenges mentioned above, but it is imperative and AHDS must have the psychological, managerial and technical readiness for such a shift. Any entry into new geographical locations and new thematic areas poses a challenge, but with a logical and feasible strategic planning that ensure the organizational development, AHDS can successfully embark on new interventions.

Restructuring:

The organogram of AHDS (structure) was changed to fill the gaps found in the organization evaluation, ready to address the challenges of emerging even more difficult environment and meet the requirements of the new strategic directions. The aim was to renew the structure that ensures separation of functions and more efficient lines of hierarchy. However, the organizational structure has been changed but still it needs finding competent staff and financial inputs to fully functionalize it.

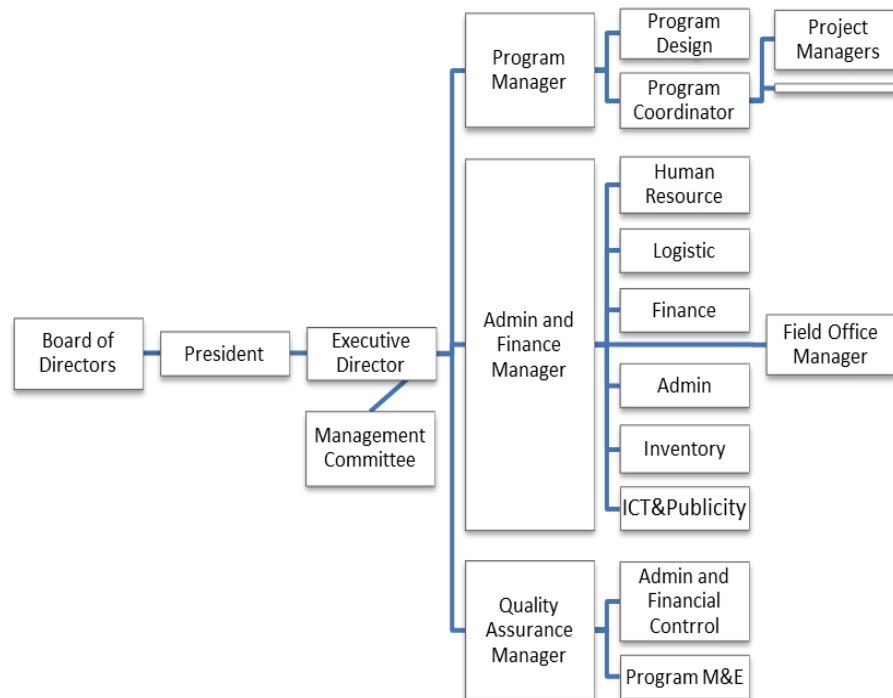
The highest governing body of AHDS is the Board of Directors. The US based liaison office is important from the viewpoint of fundraising, led by the President. AHDS is represented on the country level, by fully *de jure* and fully *de facto* leadership the Executive Director. The executive director is assisted by the Management Committee which consists of the three departments and AHDS representatives from the field.

A major challenge ahead is to ensure flexibility of the structure, which means that it should have the ability to expand and shrink easily whenever the situation requires it. The clarity of functional boundaries between departments, efficiency of structure, headquarters and provincial alignment, reporting lines and vertical and horizontal balance are the elements considered in the AHDS future institutional structure.

The Program Department is involved in program development, project implementation, reporting, training, stakeholders meetings, coordination, monitoring, quality check and research. A proposal writing and fundraising unit is newly added; an expert can be employed or hired as service contractor to address the funding challenges.

The Admin and Finance Department manages general services for the organization and its programs. Its main functions are office management, staffing, procurement and supply that is separate from inventory, ICT, marketing and publicity, and financial management.

The third wing of AHDS organizational model is Quality Assurance Department; it is not involved in the implementation but independently oversee functions of the other units. Monitoring and Evaluation in terms of program, admin, finance, inventory, assets and human resource is done by this department. It makes sure that all the policies, procedures, commitments and contracts are properly implemented and the staff are competent enough to do it.



B. Program Development

Goal: To accomplish our vision by quality service in the areas of health, education, sustainable livelihood, disaster risk management, and advocacy.

Core Strategies:

- 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 B.12: Agriculture development

- IV. Monitoring and Evaluation of the Programs

Justification¹

Afghanistan is in a sensitive historical situation, if the civil society, government and international community neglect, it is most possible to sink back into the swamp as previous decades. Therefore, AHDS as member of Afghan civil society had to think about strategic directions that are crucial to raise awareness and capacities of our communities.

AHDS, using its extensive knowledge and experience of working with the communities, needs to expand and diversify its programs sector-wise and geographically enhancing traditional income sources and livelihood. In combination with health programs, this intervention will boost local socio-economic conditions and contribute to peace and stability. Furthermore, these new strategic interventions will fortify the humanitarian base of AHDS at national and regional levels and will significantly diversify its funding sources to relate to more than one sector and a limited number of donors.

Afghanistan is an impoverished and least developed country, one of the world's poorest, due to the decades of war and nearly complete lack of foreign investment. As of 2012, the nation's GDP stands at about \$34.29 billion with an exchange rate of \$19.91 billion, and the GDP per capita is

¹ Afghanistan Health Policy (2012-2020), AMS 2010, Wikipedia, Draft National Education Strategic Plan (2010-2014)

\$1,100. The country's export was \$2.6 billion in 2010. Its unemployment rate is about 35% and roughly the same percentage of its citizens live below the poverty line. About 42% of the population lives on less than \$1 a day, according to a 2009 report. The nation has less than \$1.5 billion external debt and is recovering by the assistance of the world community.

Only 17 percent of the population over the age of 25 had received formal education. Literacy rate of the entire population is low, 26% (39% for men and 12% for women). Shortage of teachers is a challenge; only 29% of them are women. The shortage of female teachers is one of the main obstacles to increasing girls' enrollment. Education in the country includes K-12 and higher education, which is supervised by the Ministry of Education and the Ministry of Higher Education. More than seven million male and female students are enrolled in schools, with about 100,000 students being enrolled in different universities around the country; at least 35 % are female. Low investments in education have been a contributing factor to the country's widespread poverty.

Health indicators are no more favorable. The infant mortality rate is 77 per 1,000 live births and the under-five mortality rate is 97 per 1,000 live births. Only 18 percent of children aged 12-23 months have received the full series of eight recommended vaccinations; whilst 15 percent have never been vaccinated at all. Prevalence of chronic malnutrition among under-five children is 60% (stunting!). Prevalence of acute malnutrition ranges from 5 to 10%. Despite significant reduction in maternal mortality during last decade, it still remains very high at 327 maternal deaths per 100,000 live births. Just over one-third of women deliver with the assistance of health personnel, with only 22 percent of women using some form of birth control.

WHO states that the minimum numbers of doctors, nurses and midwives (combined) required per 10,000 populations is 23. The Afghanistan public sector has only 5.6, which is a quarter of the minimum requirement. Numbers of specialists in different medical practices are very low which require policy interventions. Challenges in reaching gender and health equity persist in Afghanistan. Health care workers report low capacity and comfort levels to treat patients on gender sensitive issues such as physical and sexual violence, mental health or child neglect. Women are disproportionately impacted by the absence of these services.

Tuberculosis (TB) is one of the main public health burdens. Estimated TB patients - shown as number per 100,000 populations (all ages) is 168 and new smear-positive TB patients per 100,000 habitants is 76. Afghanistan is one of the highest Malaria burden countries in the Eastern Mediterranean Region. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates the number of People Living with HIV (PLHIV) in the country at 2000-3000.

Afghanistan is confronted with significant environmental health issues, e.g., unsafe drinking water; inadequate sanitation facilities; improper solid and hazardous waste management; chemical contamination; poor air quality and insufficient food hygiene practices.

The situation of women in Afghanistan which remains highly insecure, and many fear, will only become more difficult with the coming international military drawdown in 2014. On the protection side, attacks, intimidation, and sexual violence against women and girls—including

abduction, rape, and trafficking—are widespread. On the participation side, the representation and active involvement of women in political processes remain limited².

While much attention has been paid to women’s human, social and political rights, women’s economic rights—a key human right—have received less attention. With women’s economic participation in Afghanistan increasingly being viewed as part of women’s rights and as a force capable of contributing to developmental aims, the limited results of these efforts are cause for concern³.

The challenges for peace and stability in a country ravaged by more than three decades of war are considerable. Efforts to guarantee stability continue to be undermined by insurgency, concerns about the international community’s long-term commitment to Afghanistan following the transition to Afghan security lead in 2014, as well as by the implications of a political settlement with the Taliban and other armed opposition groups. After more than a decade of intervention in Afghanistan, the insurgency remains resilient, the Afghan government weak, and the international community fatigued. AHDS can advocate for strengthening governance and the rule of law, and building understanding of and capacity in conflict prevention, mitigation and resolution for Afghan individuals and institutions.⁴

The above mentioned problems in education, livelihood, health, gender imbalance, violence against women and long lasting conflicts are all the tragic facts that indicate a weak civil society.

Looking to the appalling reading of the situation, AHDS as member of Afghan Civil Society needs to focus on contributing in empowering the communities through diversifying its program beyond health sector. Obviously without critical thinking and designing strategies for reduction of these problems, it would be difficult to expect that Afghan society can contribute its active and vibrant role in good governance, peace building and development of the country.

Priority interventions

To contribute in addressing to above mentioned challenges, AHDS has decided to intervene in the following priority areas:

- Healthcare service delivery and reform
- General education, literacy and higher professional education
- Livelihood with emphasis on women empowerment
- Advocacy and peace building

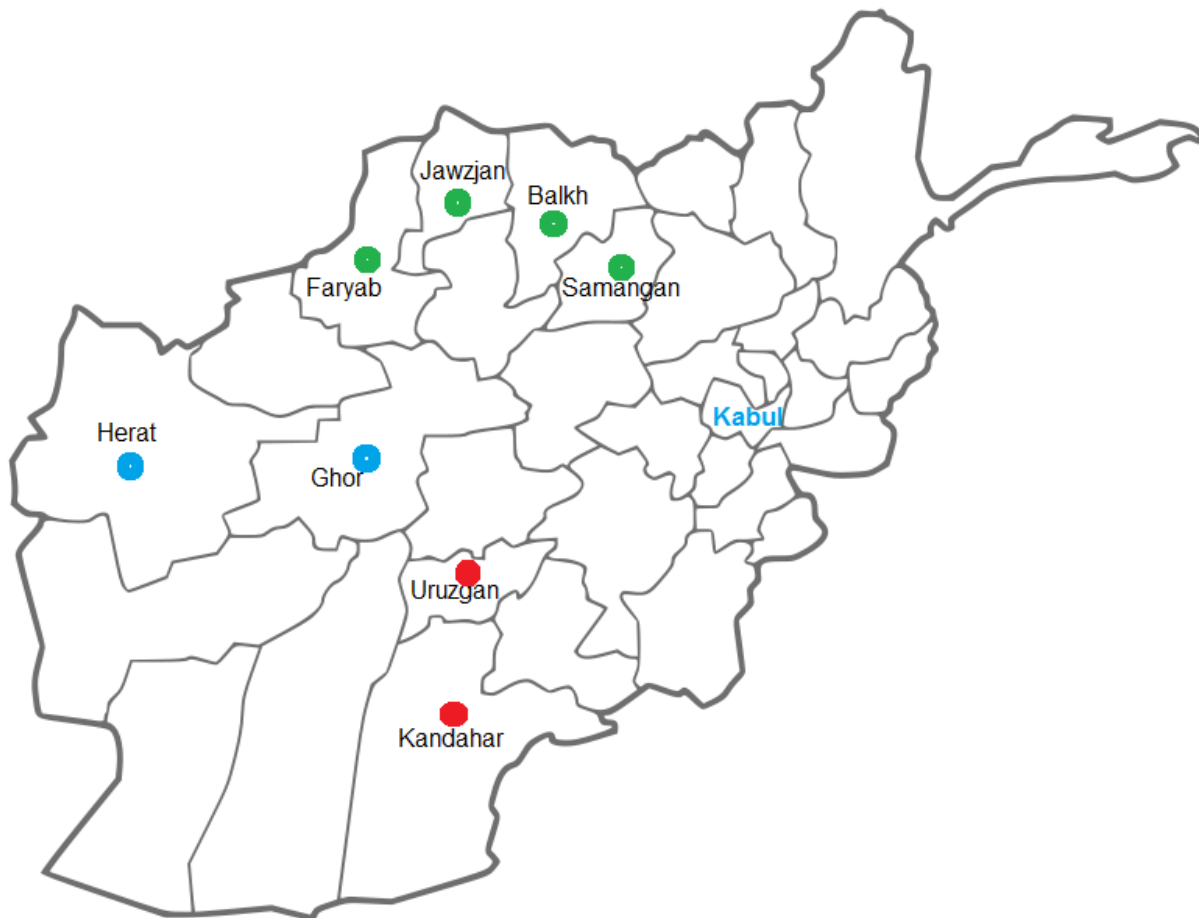
² The Situation of Women in Afghanistan: 2014 and Beyond, PeaceWomen.org

³ Women’s Economic Empowerment in Afghanistan 2002-2012, AREU

⁴ Adapted from: Afghanistan, the current situation, United States Institute of Peace

Geographic Expansion

Currently, AHDS projects are in Kandahar and Urozgan provinces. It is planned to expand geographic coverage to other provinces in order to serve various ethnic groups in different parts of the country. This is to meet further needs as well as keeping impartiality of the organization. The potential target areas for next five years can be north region (Samangan, Balkh, Jawzjan, and Faryab), west region (Herat and Ghor) and south region (Kandahar and Urozgan). The interventions will be gradually expanded from current two provinces to maximum eight provinces in 2018.



Chapter 6

Core Strategies

A. Key Action Area: Organizational Development

Goal: To build the organizational capacity to ensure that the organization is well prepared to cope with the new challenges and efficiently achieves its strategies.

Strategy A.1: Governance Strengthening

AIM: To promote the existing governance bodies towards participatory, responsiveness, transparent, and accountable strategic thinking and decision making.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
Make AHDS an innovative, proactive and sustainable organization.	<ul style="list-style-type: none"> - To approve new Strategic Plan. - To update AHDS constitution/by-laws; update term of reference (ToR) for the Board of Directors and Management Committee. - To renew the organizational structure. - To update policies and procedures manual. 	2014	<ul style="list-style-type: none"> - Board of Directors - Management Committee 	<ul style="list-style-type: none"> - Progress towards commitments in the strategic plan. - Effective lines of communication. - Review process for executive performance.

Strategy A.2: Development of Management Information System (MIS)

Aim: To increase management effectiveness by satisfying its information needs.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
To improve operation efficiency by automating information based process.	<ul style="list-style-type: none"> - To develop an MIS tailor made for AHDS to enable the staff to utilize the information effectively and efficiently. - To organize resources to support variable, ad hoc requirements of users with ability to response quickly. - To educate users to obtain maximum benefit from the technology and system. 	2014, 2015	Admin and Finance Manager	<ul style="list-style-type: none"> - Integrated: coherent, related and competitive. - Long term: react to current or even past problems and satisfy future needs. - Enterprise: comprehensive.

Strategy A.3: Financial Sustainability

Aim: To save enough reserve fund to cover AHDS' immediate obligations, long term commitments and unforeseen expenses.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
To cover at least six months expenditures to be able to continue service provision, organizational development and sustainability.	<ul style="list-style-type: none"> - To develop the organization reserve fund policy. - To invest existing resources in order to support the reserve fund. - To identify and manage external resources to support its reserve fund. 	2014 to 2018	Admin & Finance Dept.	- Survival ratio (general reserve*365/total income)

Strategy A.4: Human Resource Capacity Development

Aim: To ensure that AHDS has people with the appropriate knowledge, skills and behaviors to meet its' short and long term objectives.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To invest in successor development for key positions. - To foster self-development and continues learning to meet the challenge of the knowledge based economy and emerging needs for innovations. 	<ul style="list-style-type: none"> - To develop a training and development plan that supports AHDS strategies. - To build tracking for HR training and development records of each employee in AHDS' MIS. - To create supportive and learning environment for the employees through on job, short courses and executive training in order to allow each employee to mobilize their potentials and career aspiration. - To evaluate the return on investment for each training opportunity facilitated. 	2014 on going	<ul style="list-style-type: none"> - HR Officer - Quality Assurance Dept. 	<ul style="list-style-type: none"> - Annual staff appraisal for employees' performance competency and development. - Training needs assessment (TNA). - Qualified alternate for key positions available.

Strategy A.5: Marketing and Visibility

Aim: To attract resources such as volunteers, employees, donors, public support, sponsorship and so forth.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To attract stakeholders and donors support for investing in AHDS and its programs targeting community needs. 	<ul style="list-style-type: none"> - To assess the market demands and donors' interests. - To develop a marketing plan that includes ground realities, AHDS capabilities, business plan and impacts, and resources available. - To evaluate the marketing process and how well it meets the needs. 	2014-2018	<ul style="list-style-type: none"> - Program Dept - Admin and Finance Dept. 	<ul style="list-style-type: none"> - AHDS website up-dated every month. - Different methods for visibility and marketing are used. - Number of new donors support AHDS programs.

B. Program Development:

Goal: To accomplish our vision by quality service in the areas of health, education, sustainable livelihood, disaster risk management, and advocacy.

I. Health:

Goal: To contribute in reduction of child and maternal morbidity and mortality rate.

Strategy B. 1: Healthcare Service Delivery

Aim: To increase access to healthcare services for the people especially women and children.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To increase proportion of people having access and utilizing the basic package of health services (BPHS). - To increase access of women to emergency and routine reproductive 	<ul style="list-style-type: none"> - To expand coverage of BPHS to reach all the people in two target provinces. - To establish maternity hospitals. - To link the hospital to health professional education programs. 	2014- 2018	<ul style="list-style-type: none"> - Program - Admin/ finance 	<ul style="list-style-type: none"> ⇒ Immunization coverage ⇒ Decrease of severe malnutrition and micronutrient deficiencies. ⇒ Deliveries attended by Skilled Birth Attendance. ⇒ Coverage of antenatal and postnatal care ⇒ Contraceptive prevalence

<p>health and maternal and new-natal care services.</p> <ul style="list-style-type: none"> - To increase proportion of people having access and utilizing the essential package of hospital services EPHS. 	<ul style="list-style-type: none"> - To complement BPHS with secondary health services i.e. EPHS. - To improve quality of health services through proper supply, training, quality assurance and M&E. 			<ul style="list-style-type: none"> ⇒ Access to voluntary test and counsel for HIV/AIDS ⇒ Tuberculosis detection and treatment rate. ⇒ Bed occupancy rate. ⇒ Average length of stay. ⇒ Major surgeries. ⇒ Cesarean section. ⇒ Cure rate of children admitted with malnutrition. ⇒ Hospital standards met. ⇒ Hospital deaths.
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Strategy B. 2: Behavior Change Communication (BCC)

Aim: To develop BCC approaches that promotes and support positive health behavior, nutrition habits and healthy lifestyle in the communities.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To strengthening the capacity of communities to initiate and implement activities that promote their health. 	<ul style="list-style-type: none"> - To provide capacity building and oversight for community Shuras. - To produce and disseminate culturally sensitive health and nutrition related BCC material. - To improve and support positive health behavior, nutrition habits and healthy lifestyle through child to child education. 	<ul style="list-style-type: none"> - 2014- 2018 	<ul style="list-style-type: none"> - Program - Admin/ finance 	<ul style="list-style-type: none"> - Number of Audio/ visual IEC materials produced. - Baseline and follow up knowledge, attitude & practice (KAP) survey showed improvement.

Strategy B. 3: Health Reform

Aim: To raise revenues for delivering quality health services in an efficient, equitable and sustainable manner.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To pilot alternative health financing project in order to seek 	<ul style="list-style-type: none"> - To partner with organizations that has experience of such projects in other countries. - To pilot performance based financing in one 	<ul style="list-style-type: none"> 2014 onward 	<ul style="list-style-type: none"> Program dept. 	<ul style="list-style-type: none"> - Improved quality of services. - Proportion of health facilities' self-sufficiency.

sustainability of health services decreasing donor dependency.	province. - To pilot introduction of user fee/cost sharing scheme in one hospital.			
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II. Education:

Goal: contribute in equitable access to quality education especially for girls to enable them to actively participate in sustainable development, and economic growth of Afghanistan.

Strategy B.4: Augmented Community Based School (CBS)

Aim: Increase access to quality education for school age children especially girls in remote areas.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To provide schooling for the children especially girls living in remote areas, - To boost up science, language and math classes by distance learning methodology. - To decrease donor dependency by community participation. 	<ul style="list-style-type: none"> - To establish a video instruction methodology (TVI) Resource Center equipped with core technical team and technology to professionally support the intervention. - To build communication and collaboration system between key stakeholders (the program, communities, schools, MoE and donors). - To establish community based schools (CBS). - To compensate lack of professional and female teachers by distance learning methodology. 	<ul style="list-style-type: none"> - 2014- 2018 	<ul style="list-style-type: none"> - Program - Admin/ finance 	<ul style="list-style-type: none"> - Number of students enrolled in the CBS - Number of teachers and field supervisors gained proper knowledge skills and behavior. - Number of audio-visual learning aids developed. - Percentage of community inputs.

Strategy B.5: Literacy Courses

Aim: To empower the women and men for better contribution to their communities and wider society through gaining ability to read write and basic math.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
<ul style="list-style-type: none"> - To increase literacy rate through literacy courses for males 	<ul style="list-style-type: none"> - To integrate literacy courses into CBS. - To design new curricula and text books in 	<ul style="list-style-type: none"> - 2015- 2018 	<ul style="list-style-type: none"> - Program - Admin/ finance 	<ul style="list-style-type: none"> - Revised curricula and text books developed.

and females aged 15 and above. - To include peace building, health, nutrition and civil ethics in the curricula.	collaboration with key stakeholders “Learning for Healthy Life (LHL)” - To establish a TVI Resource Center equipped with core technical team and technology to professionally support the intervention.			- Number of students enrolled in the LCs. - Number of audio-visual and learning aids developed.
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Strategy B.6: Junior College (associated degrees)

Aim: To contribute in developing professional human resources for health and education sectors.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To raise professional human resource in health and education sectors for provision of equitable services for the deprived communities.	- To fulfill the dearth of female health workers in rural areas through community nursing and community midwifery education programs. - To increase number of professional teachers especially females through Teacher Training Colleges. - To increase number of nurses, midwives and allied health staff through Institutes of Health Sciences.	- 2014- 2018	- Program - Admin/ finance	- Number of graduates. - Percentage of graduates deployed.

Strategy B.7: Intensive preparatory courses

Aim: To enhance opportunities for youths to actively participate in sustainable development, and economic growth of Afghanistan.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To enable the girls and boys for admission to higher education in the country and abroad.	- To increase the admission opportunity for girls to higher education by enrolling in preparatory course for concur examination. - To increase the admission opportunity for girls and boys to higher education in abroad by English language courses (e.g. TOEFL, ILET, SAT)	2015- 2018	- Program - Admin/ finance	- Number of enrolled in courses. - Number of students admitted to higher education. - Amount of income generated through users fee

III. Community Empowerment

Goal: To empower the target communities to work for enhancing their social capitals and economic growth.

Strategy B.8: Women Empowerment

Aim: To empower the women to have equal power in decision making, to shape their lives and contribute to their communities.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To enable women to improve their standards of living in their families and societies.	- Improve literacy through Learning for Healthy Life (LHL) - Vocational trainings - Scholarships in higher education - Leadership and management training - Fitness club - To raise awareness about women rights and gender in girls' schools.	2014- 2018	- Program - Admin/ finance	- Number of women participated in LCs. - -Number of women who generated their own income - -Number of women who attended the trainings.

Strategy B.9: Community Based Disaster Risk Management (CBDRM)

Aim: To empower the community members to do disaster risk management proactively.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To increase community resilience to disaster consequences.	- To build capacity about CBDRM into the AHDS program dept. - To introduce CBDRM in high disaster risks districts. - To get membership of national and international disaster risk reduction (DRR) networks like ADRRN.	- 2015- 2018	- Program - Admin/ finance	- Number of target districts benefited from CBDRM intervention. - Number disasters or casualties prevented.

Strategy B.10: Advocacy

Aim: To advocate for aid and managing resources more effectively and aligning these resources for results.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
To build advocacy capacity in the target communities to raise their voice for positive changes in the policies and attain their rights regarding health, nutrition, education, social justice and livelihood.	<ul style="list-style-type: none"> - To join watch dog and advocacy networks at the national and international level. - To build capacities of target communities in advocacy, networking and effective communication skills. 	- 2015- 2018	Program Dept.	<ul style="list-style-type: none"> - Membership in the networks. - Number of community Shuras enabled to advocate for their interests.

Strategy B.11: Peace building

Aim: To cultivate culture of tolerance, mediation, communication/negotiation, and peaceful dispute resolution based on Islamic and traditional values in the target communities.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To build target communities skills, knowledge and attitudes toward conflict resolution and peace	<ul style="list-style-type: none"> - Conduct peace education workshops for targeted communities and schools. - To link the peace building committees with local authorities and other stakeholders. - To follow up regarding outcomes of peace building committees and provide further support. 	- 2015- 2018	program	- Peace-building initiatives by Peace Building Committees.

Strategy B.12: Agriculture development

Aim: To promote value chain of agriculture products as a main demand in the international markets.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To increase income generation of farmers through promoting value chain of their products.	<ul style="list-style-type: none"> - To promote technical skills of the farmers and women headed families in modern methods in horticulture, kitchen gardening, vegetable demonstration plots and water harvesting, and marketing - To assist the farmers in making cooperatives and establishing links with national and international markets 	- 2015- 2018	<ul style="list-style-type: none"> - Program - Admin/ finance - Board members (using their experience) 	<ul style="list-style-type: none"> - Number of farmers assisted with program. - Proportion of income increment.

IV. Monitoring and Evaluation (M&E)

Aim: To assess the relevance efficiency, effectiveness, impact, economic and financial viability and sustainability of the projects.

Objectives	Priority Interventions	Timeframe	Responsible	Indicators
- To ensure the projects are implemented according to the accepted indicators, and necessary information are available for management control and on time decision making, and to improve the design of future projects.	<ul style="list-style-type: none"> - To orient all the involved stakeholders about the project details. - To build M&E system for each project including performance questions and indicators for each objective hierarchy that can answer requirements of all the stakeholders. - To ensure a learning environment for each project is in place. 	- 2014- 2018	- Quality Assurance Department	<ul style="list-style-type: none"> - Tailor made M&E system of each project. - AHDS policies and operational manual implemented. - Percentage of performance compared to the plans of each project. - Impact oriented reports and lessons learned documented.

Chapter 7

Monitoring and evaluation of the Strategic Plan

Monitoring is a continuous management function that tracks the actual performance or situation against what was planned or expected according to pre-determined standards, while Monitoring generally involves collecting and analyzing data on program processes and results and recommending corrective measures. Organizational learning is important for increasing organizational effectiveness, developing organizational capacity and make best use of limited resources. It also strengthens partnerships that are built on transparent decision making, mutual respect and positive experiences of cooperation. Organizational learning improves use of information from monitoring and evaluation for future planning and creates a healthy organization (which is more effective and adaptable, and where people want to stay longer and contribute more).

M&E system will be established as an integrated part of this strategic plan. The core purpose of the strategic plan's M&E system is to provide the information needed for understanding the progress against the strategic plan, and to involve AHDS' stakeholders with its staff in the process improvement. The system will provide regular reports on strategic plan progress to the different level of staff and stakeholders in a format appropriate for their need.

A team assigned by the Board of Directors (one from Board Members and two from the Management Committee to develop the strategic plan's M&E system and monitor the progress of the strategic plan throughout its implementation.

The M&E team will be responsible for formulating annual work-plans for the strategic plan and necessary resources required for systematizing information on strategic plan progress to guaranteed timely decision- making by management and preparing relevant reports. The M&E team should ensure timely provision of information for management decisions. The M&E team should ensure that the collection, processing and analyzing of information on strategic plan progress are available to management. The team will undertake valuable activities on progress. The proposed activities for the M&E team are: developing the strategic plan detailed work plan and M&E system, elaborating strategic plan progress report on six months base and facilitate an annual strategic plan review workshop. The team will present the summary of key success and problems, ideas for changing the strategic plan activities or even strategies, identification of lessons learned about strategic plan implementation, M&E adjustment based on reviewing organization SWOT analysis. The team monitor circumstances during the year that may rise to strategies needing to be adjusted from time to time and situations may arise for which contingency plans need to be developed quickly.

Chapter 8

Resource Mobilization

Funding Commitment and Potential

AHDS has made concerted effort and has succeeded at acquiring broad based support from several donors. For future funding as well, there are many donors expressing interest, some near commitment. It is evident that there are three distinct types of funding.

- Funding for the overall AHDS program. This is the most flexible and desirable funding from AHDS' perspective as it provides for program costs as well as non-program (overheads) costs.
- Funding for only specific programs and activities (such as BPHS). While this funding is major and welcomed, it is less flexible but at the same time offers donors a focus for their support resulting in impact with which their funding is specifically associated, visibility and easier monitoring.
- Smaller, even more focused funding for special programs is also available from specific program funding such as a specific research. Special program funding also tends to be short in time period and very specific and less flexible. It is very useful however in the development of AHDS as an organization.

The following table lists the existing donors/sources of funding, approved amounts and timing.

N.	Project	Province	Project duration	Budget (US\$)	Partner-Donor
1	Partnership Contract for Health Services (PCH)- BPHS	Kandahar	Dec 09 - Dec 14	14,139,668	MoPH/ USAID
2	SEHAT: Essential Package of Hospital Services (EPHS)	Uruzgan	Jan 14 - Dec 16	2,816,533	Cordaid- MoPH/WB
3	SEHAT: Basic Package of Health Services (BPHS)	Uruzgan	Jan 14 - Dec 16	7,001,650	Cordaid- MoPH/WB
4	Children of Urozgan; School Health, Nutrition & Wash	Uruzgan	Jan 14 - Dec 14	297,588	SCI/ AusAID
5	Children of Urozgan; Mobile Health Team	Uruzgan	Jan 14 - Dec 14	271,308	SCI/ AusAID
6	Children of Urozgan; Health Sub Center	Uruzgan	Jan 14 - Dec 14	338,012	SCI/ AusAID
7	Healthcare for Internally Displaced People (IDP)	Kandahar	Jan 14 - Dec 14	55,743	WHO

8	Community Health Nursing Education (CHNE)	Kandahar, Helmand	Jun 13 - Sep 15	1,415,953	MoPH/ Global Fund
9	Community Midwifery Education (CME)	Uruzgan	Feb 14 - Feb 16	316,811	Cordaid
10	Community Health Nursing Education (CHNE)	Uruzgan	July 14 – Jun 16	320,363	Cordaid
11	MOR; Aino Birth Center	Kandahar	Jan 13 - Dec 15	502,596	Cordaid
12	Institute of Health Sciences (IHS)	Kandahar	Jan 13 - Dec 15	1,661,560	Cordaid
13	Result Based Financing (RBF)	Kandahar	Jun 10 - Dec 13	153,690	MoPH/ World Bank
14	Integrated based Management of Acute Malnutrition (IMAM)	Uruzgan	Jan 14 - Dec 14	203,858	SCI/ CIDA/Unicef
15	Integrated based Management of Acute Malnutrition (IMAM)	Kandahar	Jul 13 - Mar 16	319,177	SCI/CIDA/ Unicef
16	Public Private Partnership (PPP)	Kandahar	Sept 13 - Jun 15	229,658	WHO
17	Community Integrated Management of Childhood Illness (C-IMCI)	Kandahar	Dec 13 - Dec 14		OHRD/WHO /GAVI
18	Organizational and Human Resource Capacity Strengthening	Kabul	Oct 13 - Sep 14	126,210	Cordaid
19	Polio Eradication, monitoring of the immunization campaigns	Kandahar & Uruzgan	Jan 14 - Dec 14	25,000	MoPH/Unicef
Total beneficiaries on 31 Dec 2013					1,230,000

Almost 80% of AHDS resources are concerned with the two major health service delivery programs of the MoPH: BPHS and EPHS. These are (government) standard national health services packages, to be managed and operated under a national uniform program management system. On the one hand, this makes the job of AHDS easy, but on the other hand it discourages creativity, dynamism, and resource mobilization.

With the emergence of a market economy in the country and the promotion of the private sector, mostly in competition with NGOs, access to traditional easy money has come to an end and the era of hard money and tough competition has arrived. Now, NGOs are exposed to tough competition for funding through bidding. In the past, most of the donors were channeling money to NGOs based on past performance. In recent years with public voice for transparency and accountability, donors and supporting governments switched to bidding practices and to a competition model of resource allocation. Difficulty arises from trying to match AHDS programs with different donors having different interests, requirements and funding patterns. However, these difficulties are not specific to AHDS but common to nearly all NGOs in Afghanistan.

Funding Requirements for Five Years

Years	2014	2015	2016	2017	2018	5 Years
A: Organizational Development	213,400	230,800	213,400	230,800	248,200	1,136,600
Strategy A.1: Governance Strengthening	18,600	20,000	21,400	22,800	24,200	107,000
Strategy A.2: Development of MIS	34,800	34,800				69,600
Strategy A.3: Financial Sustainability	45,000	50,000	55,000	60,000	65,000	275,000
Strategy A.4: Human Resource Capacity Development	110,000	120,000	130,000	140,000	150,000	650,000
Strategy A.5: Marketing and Visibility	5,000	6,000	7,000	8,000	9,000	35,000
B: Program Development:	9,920,000	10,827,000	12,314,000	13,048,000	14,836,000	60,945,000
B.I. Health:	8,670,000	8,825,000	9,450,000	9,150,000	9,150,000	45,245,000
Strategy B. 1: Healthcare Service Delivery	8,560,000	8,700,000	9,300,000	9,000,000	9,000,000	44,560,000
Strategy B. 2: Behavior Change Communication (BCC)	10,000	25,000	50,000	50,000	50,000	185,000
Strategy B. 3: Health Reform	100,000	100,000	100,000	100,000	100,000	500,000
B.II. Education:	1,200,000	1,400,000	2,050,000	2,900,000	4,500,000	12,050,000
Strategy B.4: Community Based School (CBS)	100,000	200,000	750,000	1,500,000	3,000,000	5,550,000
Strategy B.5: Literacy Courses		100,000	100,000	100,000	100,000	400,000
Strategy B.6: Junior College (associated degrees)	1,100,000	1,100,000	1,200,000	1,300,000	1,400,000	6,100,000
Strategy B.7: Intensive preparatory courses		50,000	60,000	50,000	50,000	210,000
B.III. Community Empowerment:	50,000	602,000	814,000	998,000	1,186,000	3,650,000
Strategy B.8: Women Empowerment	50,000	100,000	210,000	300,000	400,000	1,060,000
Strategy B.9: CBDRM		250,000	300,000	350,000	400,000	1,300,000
Strategy B.10: Advocacy		2,000	4,000	8,000	16,000	30,000
Strategy B.11: Peace building		110,000	150,000	180,000	200,000	640,000
Strategy B.12: Agriculture development		140,000	150,000	160,000	170,000	620,000
C. Monitoring and Evaluation (M&E)	10,000	12,000	15,000	18,000	20,000	75,000
Total	10,143,400	11,069,800	12,542,400	13,296,800	15,104,200	62,156,600

Chapter 9

Annexes

Annex A: SWOT Analysis

Strengths

1. Community trust and reliability (mutual)
2. Capability to work in insecure areas and conservative tradition.
3. Capability to build good relation and trust with all stakeholders.
4. Donor trust and confidence
5. Decentralized and coordinated decision making system
6. Team work
7. Adaptability according to the ground realities.
8. Well recognized in the health sector.
9. Developing local human resources
10. Liaison office in USA for fundraising
11. AHDS is open to change
12. Experienced in health and education programs
13. Crescendo annual revenue.
14. Supportive behavior to stakeholders.
15. Active member of coordination networks (ACBAR, ANCB, & AHO)
16. Usually representing NGOs at national trends
17. Financial Accountability & Transparency
18. Committed to the humanitarian principles.

Weakness:

1. In-efficient communication and coordination between HQ and field
2. High staff turnover at field level
3. Limited in-house capacity of program designing and development
4. Lack of written gender mainstreaming policy
5. Weak HR development plan
6. Absence of strategic plan
7. Passive marketing, visibility and advocacy
8. No reserve/ nesting funding policy
9. Weak financial sustainability management
10. Reliance on MOPH health service program and no exit strategy (deep dependency)
11. Absence of an integrated MIS
12. Reliance only on health sector
13. Reliance only on few specific donors.
14. Bound to fragile geographical area.

Opportunities:

1. Afghanistan National Development Strategy is in line with AHDS scope of work.
2. Long term strategic partnership with Cordaid, a strong international organization.

3. Thematically can expand business in present coverage areas
4. Donors commitment for supporting development interventions
5. Provincial authorities support for developmental initiative that helps local communities
6. Community acceptance.
7. Work opportunities in other sectors and provinces.
8. Other NGOs seeking for partners
9. Afghan-first strategy.

Threats:

1. Negative competition
2. Poor security
3. Possible shrink in donors' funding after 2014
4. Un-stable political situation
5. Low salary scale and incentive for health sector staff
6. Warlords interference
7. Corruption
8. Limited local professional human resource

Annex B. Issues:

1. Organizational Development:**a. Governance****Issues:**

- Lack of strategic direction (handling of old challenges and new opportunities).

b. Organizational Systems:**Issues:**

- Records and documents are kept manually (extra workload, inaccuracy and lack of inter-linkage).
- Absence of a systematic and protected data management, (in-efficiency and risk of data loss)

c. Organizational Policies:**Issues:**

- The operation manual and related policies are updated but not fully practiced.
- Absence of financial risk management, gender, advocacy, child protection and environment policies.

d. Admin and Finance**Issues:**

- Absence of strategy for core staff and development of successor
- Poor financial management and analysis cause inefficient resource management, which leads to resource limitation and adversely affects sustainability
- Absence of a comprehensive assets management plan to effectively acquire, store,

operate, maintain and dispose assets.

e. **Financial Sustainability**

Issues:

- Absence of Reserve Fund Policy and a proper Financial Risk Management.
- Absence of a Fund Raising strategy and plan leads to a shortage of funds and missing funding opportunities
- Absence of an income generation policy and inadequate use of potential opportunities.

2. **Programs:**

Issues:

- Insufficient pro-activeness, creativity and entrepreneurship (strategic thinking) lead to miss opportunities and to institutional inefficiency
- No clear focus on opportunities for expansion and diversification of programs limits organizational sustainability
- Absence of formal structure and resources for program development (proposal writing, planning, needs assessment, etc.) leads to poor resource acquisition.
- Absence of strategy and mechanisms for the maintenance of (present) community relations and loyalty risks reducing community support in the future.
- Lack of systematic M&E system
- Poor reporting system

3. **Visibility and advocacy**

Issues:

- Lack of visibility and marketing plan
- Lack of advocacy plan and link with any advocacy network
- Inadequate focus on external relations (donors, governments, media) for lobbying and advocacy.

Annex C. Conclusion and recommendation from Organization Assessment

The following statements capture the main conclusions/recommendations of AHDS'

Organizational assessment:

1. An adjustment of the present AHDS leadership formula as proposed in chapter 5 will lead to more effective and efficient leadership.
2. Gradual geographic and thematic diversification and expansion – which will diversify income generation from donor funds - and other means of income generation, will reinforce future sustainability of AHDS.
3. In order to optimally exploit available opportunities in the present market and to fortify AHDS' comparative advantages, the AHDS leadership should focus on proactive representation, external relations, visibility, lobby and extensive networking and partnership development.
4. The program design and development capacity should urgently be reinforced. Writing quality proposals and other forms of fundraising should have a high priority.

5. Creative budget utilization might contribute to solve one of the most serious constraints, namely a high staff turnover on field level.
6. An organizational restructuring such as proposed in chapter 5 will better separate certain functions, and integrate others which will lead to enhanced organizational effectiveness and efficiency.
7. An integrated Management Information System especially designed for AHDS will lead to increased management efficiency (reduced workloads) and better use of knowledge and experience. A proper data backup system is also to be introduced.
8. Operational manuals should be tailor-made for AHDS; and should be utilized.
9. Staff rejuvenation and the exploitation of modern skills will lead to a modernized organization which is better prepared and equipped to face future challenges. To enhance knowledge and skills of actual staff a number of trainings are proposed (cf chapter 5).
10. Decentralization of authority and decision-making, a more articulate bottom-up policy, and improved communication between provincial and HQ levels of AHDS will result in practical, original, and creative innovation on program and organizational (HRM) levels and in the field of income-generation.
11. AHDS will be better able to deal with future challenges if it develops into a 'learning organization'. It may start to do so by gradually implementing the capacity building interventions proposed by this assessment.

Annex D. List of participants

No	Name	Position	Organization
1	Said Jawed	Director	HAFOcc
2	Paul Barker	Country Director	Safe the Children
3	Zabiullah Ehsan	Director	Takdana
4	Said Shamsul Islam	Program Coordinator	Cordaid
5	Najibullah Mojandidi	Ambassador	MoFA
6	Omar Qargha	Partner	AHG
7	Khanagha Miakhil	PPHD Urozgan	MoPH
8	Mubarak Shah Mubarak	Project Director LMG/MSH	MSH
9	Hamidullah Saljuqi	Director	OHRD
10	Mohammad Kabir	M&E Manager	AHDS
11	Nastaran Bina	Health & Gender focal point	AHDS
12	Najibullah Aria	Program Execution Coordinator	AHDS
13	Nasreen Barakzai	KIHS Coordinator	AHDS
14	Ezatullah Akbari	CMAM Coordinator	AHDS
15	Yama Marouf	Finance Manager	AHDS
16	Jamal Nasir Ahmadzai	Admin & Finance Manager	AHDS
17	Abd. Saboor Rahmani	ICM	AHDS
18	Fazel Rahman	Project Manager	AHDS
19	Gul Mohammad	Provincial Manager	AHDS
20	Mohammad Naim Rahimi	Program Manager	AHDS
21	Aziz Qargha	President	AHDS
22	Mohammad Fareed Asmand	Executive Director	AHDS
23	Mohammad Fareed Waqfi	Senior Advisor	AHDS