

Annual Report 2003

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Dear Friends,

Another year has passed, and Afghanistan continues its journey upon the long road towards rehabilitation. In the past year significant improvements were made in several important fronts in the effort to rebuild the country's infrastructure. On the political front the ratification of Afghanistan's Constitution was a major accomplishment. The Donor Conference in Berlin reaffirmed the International Communities commitment to the reconstruction efforts in Afghanistan. With 4.3 million students in schools last year, there was a 43% increase in the enrollment rates of school-aged children compared to 2002. More specifically in the health sector several major accomplishments were made. Through several national vaccination campaigns the number of confirmed polio cases was reduced to 7 cases last year, furthermore 90% of children between 6 months and 12 years received measles vaccination. The first iodized salt production plant was established and there have been many nutrition programs that have successfully helped thousands of women and children in the country.

Despite these improvements in Afghanistan's efforts to rebuild its infrastructure, Afghans are still faced with dire circumstances and there is much work that remains to be done. The infrastructure of the country remains destroyed, poverty is as prevalent as before if not worse, security remains an issue especially for the southwestern part of the country and quality interventions in social services are few and far between. It is only through collaborative efforts between the Afghan Government, NGOs, donor organizations, international stakeholders and the local communities that long-term sustainable interventions can be introduced to tackle the challenges of post conflict reconstruction in Afghanistan.

AHDS believes that cooperation and coordination with the Ministry of Health (MoH) and other partners is vital in contributing positively to the rebuilding process of the country. In meeting this goal, AHDS is privileged to serve as an active member on several task force groups within the MoH framework. Through an approach of developing and implementing low-cost interventions that directly address problems found in the particular regions where we operate, AHDS seeks to participate in the overall process of providing international protection through an ideology of collective responsibility. In collaboration with national and international organizations, AHDS seeks an integration of protective elements such as food security, health services, provision of shelter, etc., into all service sectors found within humanitarian aid and development agencies. This holistic approach to addressing these concerns must also be incorporated into the mindset of Afghanistan's government if the country is ever to have a strong, sustainable health system that meets the needs of its people.

We are not alone in this fight. The work carried out by AHDS in Afghanistan is a reflection of several Millennium Development Goals as outlined by the United Nations. Alleviating poverty, reducing child mortality, improving maternal health, and combating preventable diseases are all Millennium Goals that have always been a part of AHDS' mission in Afghanistan. Within this framework, Afghan Health and Development Services is working hard to bring Afghanistan into the forefront of achieving these very important objectives.

Of course, none of this would have been possible without the generosity of our donors; individuals, foundations, and organizations, who share our deep commitment to providing health services to the people of Afghanistan. We are incredibly grateful for each and every grant and contribution that has helped our work move forward in the most difficult of circumstances. After many years of conflict, Afghanistan finally has a chance to rebuild and establish a successful, sustainable health system throughout the country. We have no doubt that by working together, we can help turn the tide on the health situation in the country; and ensure a bright, healthy future for the people of Afghanistan.

Aziz R. Qarghah
Director

AHDS in Brief

AHDS is a non-profit, non-Governmental and non-Political Organization founded by Afghans on April 7th 1990. AHDS is registered in Afghanistan as a national NGO (ID # 219), in Pakistan as an Afghan NGO 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).

Since 1990, AHDS has served millions of Afghans through its community based primary health care programs. AHDS has constructed/rehabilitated a total of 20 health facilities (BHC and CHC buildings) in the provinces of Kandahar, Logar, Nangarhar, Uruzgan and Wardak.

We started the rehabilitation of health infrastructure in 1990 under the primary health care (PHC) project in the provinces of Logar, Nangarhar and Wardak. These projects were handed over to the communities in 1994.

The PHC program was established in the provinces of Kandahar and Uruzgan in 1995 through a network of health facilities at village and district levels as well as a regional training center.

The regional training center, established on June 25th, 1995 in Kandahar City, has offered initial training for community health workers, traditional birth attendants and vaccinators. In addition, male and female health providers of all categories from both AHDS and other agencies have benefited through refresher courses, training workshops and seminars.

Mobile health teams have provided basic health care for internally displaced people and have quickly responded to diseases outbreaks.

Water and sanitation is considered as an important component of primary health care. Hand pump improved wells and model sanitary latrines were installed in Uruzgan Province to provide potable water, sanitary facilities and hygienic education.

In an effort to improve the nutritional status of mothers and children, we have implemented several supplementary feeding programs targeted at children less than five years, as well as lactating and pregnant women.

When the United States began its military operations against the Taliban and Al-Qaeda in Afghanistan almost all aid agencies left Kandahar Province. AHDS, as one of the few agencies still active in the region, continuously provided un-interrupted basic health services to the local population as well as emergency interventions in the form of food-non-food items and water and sanitation means for the internally displaced people (IDP) in Kandahar Province for a period of 8 months.

Working with communities for dramatic changes in their health status needs a multisectoral approach. In light of this fact, AHDS has tried to play an active role in different sectors within its own capacity by establishing community health committees in all target villages, contributing in the civic education of the constitution process and constructing the Jamal Agha Girl's School in Kapisa Province.

Pledges in 2003:

- Promote health and nutrition status of target populations with a focus on women and children
- Raise community awareness to participate actively in Constitution making process
- Ensure education opportunity for girls in rural areas

Projects in 2003:

Community Based Integrated Primary Health Care: operated 39 health facilities in the two rural provinces of Kandahar and Uruzgan. In 2003 this program served the health needs of 670,000 individuals directly among indirect 1.1 million individuals. These vital services were made possible by the support of the European Commission, Bill and Melinda Gates Foundation, Stichting Vluchteling, UNICEF, AmeriCares, Cordaid and UNFPA.

Targeted Supplementary Feeding Program: Unicef supported AHDS' nutrition project for 17,952 children under the age of five, and pregnant and lactating mothers through 9 MCH centers in Kandahar and Urozgan.

Blanket Supplementary Feeding Program: Unicef supported AHDS' nutrition projects for 3,677 IDP children under the age of five, and pregnant and lactating mothers in Panjwaie.

Blanket Supplementary Feeding Program: Unicef supported AHDS' nutrition project for 5,498 IDP children under the age of five, and pregnant and lactating mothers in Zeray Dasht.

Monitoring of supplementary feeding program in southwest region: AHDS was selected as monitoring agency of the SFP supported by UNICEF in the southwest region of Afghanistan for a period of six month.

Primary Health Care Expansion: in partnership with Mercy Corps, rehabilitation of clinics and training of community health workers for Nesh and Chora districts were completed.

Civic Education in the Constitution-Making Process: Conducted training workshops at regional and provincial levels in the Province of Uruzgan, with a population of 540,000, in order to raise the community's awareness about the importance of their active participation in drafting the National Constitution. This project was under the umbrella of Afghan Civil Society Forum and was funded by Swiss Peace.

Health services for Internally Displaced People (IDP): AHDS is providing health services to more than 60,000 IDPs in camps located in Panjwaie District through two mobile teams. This project is supported by UNHCR.

Construction of a high school for girls: AHDS constructed a girls' school in Jamal Agha village of Kapisa Province with the financial support of Help the Afghan Children (HTAC).

Target Areas:

Total population of target areas for 2003 was 1,312,400. AHDS provided services in the following target areas:

- Health and Nutrition:
 - Kandahar Province: Arghandab, Argistan, City of Kandahar, Daman, Dand, Khakrez, Panjwaie, Shahwalikote and Zeray Dasht
 - Uruzgan Province: Dehrawood, Tirinkote, Nesh and Chora
- Civic Education for Constitution:
 - Uruzgan Province: Dehrawood, Tirinkote, Nesh, Chora, Khas Uruzgan, Gezab, Shahrestan, DayKundi
- Education Infrastructure:
 - Kapisa Province: Kohistan

Output:

- A total of 433,299 cases (352,169 Patients) were consulted and treated
- 81.4% of total patients were women and children
- 4,736 antenatal checkups for pregnant mothers
- A total of 5,950 deliveries were assisted by clinics and TBAs
- 26,204 women participated in family planning awareness sessions
- 8,213 couples used family planning methods
- 943 sessions of food demonstration were conducted for mothers
- 236 metric tons food items were distributed for women and children in IDP camps
- 177,634 vaccine shots were administered from EPI fixed centers and AHDS' out reach program. This number does not include AHDS' participation in the NIDs and "mopping up" campaigns
- Compared to 2002, there was a considerable increase in the vaccine coverage of the targeted population (BCG=69%, DPT3=57.8%, TT2=15.3%)
- Coverage of Polio eradication campaigns were 100%
- Coverage of Measles vaccination campaign was 100% in Kandahar and 96% in Uruzgan
- Coverage of tetanus toxoid vaccination campaign (TT2) was 12% in Kandahar
- 491,007 individuals received prime health messages through 32,733 health education sessions
- 42,000 leaflets, 3,000 posters and 2,000 calendars carrying prime health messages were disseminated
- Out of a total 1,203 trained Traditional Birth Attendants (TBA) 1,080 are working in the field. 142 TBAs were newly trained in year 2003 and joined the TBA workforce
- 11 refresher and 10 initial courses and 33 workshop were conducted in the Training Center for 357 females and 451 males health workers
- 17 managerial and 40 health staff has used training opportunities out of the organization
- More than 60,000 IDPs were provided with basic health care (41,282 patient received treatment and health education, 5,961 children and 4,980 women were vaccinated)
- 46 Health facilities, two mobile health teams and one training center were functional
- A total of 450 were employed (326 male, 79 female and 45 part time staff)
- 21 community health workers were trained for Nesh and Chora districts
- Community contribution through consultation fee was US\$ 38,504
- 8 female and 30 male trainer/community mobilizers were trained on civic education in the constitution-making process
- Awareness about constitution making process was raised for 540,000 people living in 8 districts of Uruzgan
- Construction of Jamal Agha Girl's School was 65% completed by the end of 2003
- Rehabilitation of two comprehensive health centers was completed in Nesh and Chora by MC
- ADF has started construction of one CHC, one BHC and improving 2 CHCs buildings run by AHDS

Health and Nutrition Promotion

AHDS is committed to supporting Afghanistan's Ministry of Health (MoH) in its efforts to restore the health infrastructure of the country. Throughout the years, we have had the privilege of a close and continuous working relationship with the MoH and other health providers in Afghanistan. We believe that cooperation and coordination with the MoH and other partners is vital in order to ensure that our work is in alignment with the Ministry's plans and does not duplicate efforts already under way. As the leading health provider in Kandahar and Uruzgan provinces, AHDS has advanced the strategies and implementation plans of the MoH for the region by addressing community based primary health care with a focus on reproductive health, child health and control of communicable diseases set as priorities by the MoH.

The Community Based Integrated Primary Health Care (PHC) program has served 670,000 direct beneficiaries in year 2003. In addition, in 2003 the program was enhanced with mobile teams, supplementary feeding projects, control of tuberculosis and physiotherapy. European Commission, Stichting Vluchteling, Unicef, AmeriCares, WFP, UNHCR, Cordaid, WHO, UNFPA, HNI and MSF have supported this project through monetary and/or in-kind contributions.

The main activities were:

- provision of basic emergency obstetric care
- safe motherhood initiatives including family planning
- integrated management of childhood illnesses
- immunization
- nutrition
- control of communicable diseases
- health education
- treatment of common diseases and injuries
- training of local health care providers
- community mobilization
- rehabilitation of infrastructure
- and expansion of the network

Facilities used for implementation of the program:

- 9 comprehensive health centers (CHC) at district level
- 2 mother and child health centers (MCH) in the towns
- 4 basic health centers (BHC) in the main villages
- 31 basic health posts at villages by community health workers (CHW)
- 1 Training center (with separate facilities for male and female) with a kindergarten
- Two mobile health teams for Internally Displaced People (IDP) and epidemic outbreaks
- Two ad hoc teams for nutrition in IDP camps
- 1- Central Stock for medical and nutritional commodities

Basic Emergency Obstetric Care

The latest findings of an assessment done by Unicef in 2002 on reproductive health indicators in Afghanistan once again highlights the tragic condition of women's health in the country. With a maternal mortality ratio of 1,600/100,000 live births, Afghanistan continues to have one of the highest death rates due to pregnancy complications in the world. Furthermore, only 17% of the health facilities in the country provide basic reproductive health package related to safe motherhood and family planning services. The good news however is that The National Health Policy of Afghanistan has a strong emphasis on women and reproductive health with the goal of protecting the life of reproductive age women and their newborn babies. Establishing the Women and Reproductive Health Department within Ministry of Health (MoH) and setting up a specific task force group composed of NGOs and other concerned parties to work together in order to come up with viable solutions to this problem, are clear examples of MoH's commitment to the National Health Policy. AHDS is proud to be an active member of the Reproductive Health Working Group within the Ministry of Health.

Reproductive Health is a main component of AHDS' Primary Health Care program. This important intervention focuses on overcoming basic health problems such as complications related to pregnancy and delivery, infectious diseases, malnutrition and related mental disorders that are faced by expecting mothers. The aim of AHDS' Reproductive Health Program is to reduce high maternal mortality and morbidity rates among women and their newborn babies in our target areas. AHDS' basic emergency obstetric care (basic EOC) centers are located in rural areas of Kandahar and Uruzgan provinces, where there is no other health services available for the population.

- 10 health centers equipped with Basic EOC were active in year 2003
- 4 female doctors, 9 trained midwives and 1,080 active traditional birth attendants (TBA) working in our health network help save the lives of many mothers and newborn babies
- A total of 163, 232 (37.67%) of the treated cases in all health facilities were women
- 5,950 normal deliveries were managed by skilled attendants and trained TBAs
- 2,918 pregnant women visited our health facilities for the first rounds of antenatal checkups. 1,051 of these women completed three antenatal visits prior to delivery.
- The main antenatal problems among pregnant women were hypertension, hemorrhage and anemia
- Strenuous work and poor nutrition of mothers are the main causes of health problems
- 1,486 women visited our health facilities for postnatal checkups. Pelvic Inflammatory Diseases (PID), Hemorrhage, Anemia, Uterine Prolapse and breast-feeding problems were the main problems faced by these women
- 6,903 pregnant women received TT2 vaccine during year 2003 through our out reach and fixed centers
- 154 identified complicated cases in our health facilities that lack female doctors and 266 at risk mothers identified by TBAs were referred to proper health care centers for further actions

Family Planning:

The assessment done by Unicef in 2002 on women's health has shown that the high number of mortality rate among reproductive age group of women is due to delivery complications. Most of these complications are the result of unplanned pregnancies that are easily preventable. AHDS' is working hard to raise awareness of the local population about the importance of family planning practices (birth spacing) through its health education program. In 2003, 26,204 individuals received health education messages regarding family planning. Out of this total, 8,213 couples have followed through by using different methods of family planning. In comparison to year 2001, there has been substantial increase in the use of contraceptive methods in the region. The graph below shows the steady increase in the contraceptive prevalence rate.

Numbers of clients using birth spacing methods in the target areas:

- Condom users: 1669
- Oral contraceptive users: 2,703
- Depot progesterone users: 938
- IUD users: 5
- Safe period users: 4,966

It should be noted that the Kandhar and Urzgan provinces are very conservative areas and these numbers indicate significant success in the program given the cultural taboos of the region.

Immunization:

Immunization against the six deadly childhood diseases and tetanus for childbearing age women is one of the main concerns of MoH's Expanded Program for Immunization (EPI). This program is supported by UNICEF and implemented by MoH and NGOs at the national level.

AHDS' health workers applied 177,634 doses of vaccines through 16 fixed centers in the target area. The ongoing political instability in some of the target areas, restriction on women's movement, and low access to the scattered communities are the main obstacles for achieving optimum goal. AHDS has played a prominent role in carrying out the National Immunization Days Campaigns against polio, measles and tetanus in Kandahar and Uruzgan provinces.

Recorded EPI target diseases in target areas:

Diseases	2002	2003
Pertuses	1,309	266
Measles	109	40
Pulmonary tuberculosis	247	232
Diphtheria	9	19
Acute flaccid paralysis (Polio)	7	3
Neonatal tetanus	0	0
Tetanus (other)	0	0

Immunization Coverage in AHDS' target areas:

Vaccine	2002	2003
BCG	68%	69%
DPT3	43.5%	57.8%
Polio (routine)	42.5%	51.3%
Polio campaigns	100%	100%
Measles (routine)	46.7%	57.5%
Measles campaign	-	98%
TT2 (routine)	12.3%	15.3%
TT2 campaign in Kandahar		12%

Effects on social behavior

Health education plays a key role in promoting healthy habits in the behavior of target populations. The community health workers (CHW), TBAs and clinic health educators impregnate prime health messages in communities through clinic sessions, in the villages, mosques, schools and community gatherings. When information is presented in a culturally friendly manner, people are receptive to learn and adapt healthy habits in their lifestyles.

MoH's Information, Education and Communication (IEC) Department, in cooperation with other stakeholders, has initiated efforts to introduce a national health education manual. AHDS was an active member of the working group and AHDS' health education guidelines (in Dari and Pashtu languages) was used as the main reference.

Health education material printed and distributed:

- The national health education manual 5,000 copies in Pashtu language; 4,000 copies were submitted to IEC department of MoH
- Seven type of leaflets; 42,000 copies
- Three types of posters; 3,000 copies
- Calendars containing prime health messages; 2000 copies

Other outputs:

- 491,007 individuals received the prime health and nutrition messages
- 32,733 health education sessions were conducted
- 56,021 of the audiences were internally displaced people
- 26,204 women participated in family planning awareness sessions
- 943 sessions of food demonstration were conducted for mothers
- 10,000 tooth brushes and tooth paste were distributed for the children
- 871 potable water wells were chlorinated
- 2,376 pesticide impregnated bed nets were distributed for malaria control
- 20 health staff attended health education workshop
- 28 health workers attended hygiene education training course

Medical Care

In Afghanistan, the predisposing factors for the high rates of morbidity related to life threatening diseases, particularly obstetric complications and childhood infections, are low levels of education, poor nutrition, malpractice, delay in visiting health workers, limited access to health facilities and lack of local human resource especially female health care providers. These factors are the result of many years of continuous conflict, insecurity, drought and complicated socio economical conditions existent in the country.

Doctors, midwives, nurses and community health workers in different health facilities of AHDS consult the patients and provide them free medicines. A referral system is established among the different health facilities operated by AHDS and finally to the regional hospital located in Kandahar City (Mirwais Hospital). All of AHDS' health facilities are equipped with standard medical kits, based on essential drug lists, and examine patients based on treatment protocols developed in its regional training center.

With support from WHO and WFP, a tuberculosis control program was established in 4 of AHDS' CHCs this year. Early diagnosis, directly observed treatment (DOTS) and supplementary feeding is provided for affected tuberculosis patients.

Physiotherapy centers for the disabled, a program supported by the Comprehensive Disabled Afghans' Program (CDAP) under the UNDP, was integrated in two CHCs of AHDS.

352,169 patients (with 433,299 cases) received treatment in AHDS facilities in 2003. This number includes:

- 129,769 women; 36.8% of patients
- 121,462 children; 34.5% of patients

Top five diseases in year 2003

Communicable reported through the AHDS health network in 2003 included:

- Acute respiratory infections 140,736 cases
- Acute watery and bloody diarrhea 59,366 cases
- Malaria 5,141 cases
- Typhoid fever 4,331 cases
- Leishmaniasis 1,071

- Viral hepatitis 322 cases
- Peruses 266 cases
- Pulmonary tuberculosis 232 cases
- Measles 40 cases
- Acute meningitis 21 cases
- Diphtheria 19 cases
- Acute flaccid paralysis 3 cases

Emergency Response

Two mobile teams funded by EC and UNHCR provided basic health services to a total of 60,074 internally displaced people (IDP) in Panjwaie camps in Kandahar Province and managed several outbreaks of diseases during the year. For better control of communicable diseases, AHDS, MSF, WHO and provincial health department of MoH has established an Early Warning System (EWS).

- Controlled diphtheria outbreak (8 cases) in IDP camps in July
- Controlled suspected cholera outbreak (19 cases) in Arghistan in October
- A total of 41,282 patients were treated
- 5,961 children and 4,980 women were vaccinated
- 56,021 people received the prime health and nutrition messages
- 98 complicated cases were referred to Mirwais Hospital
- 4 obstetric emergencies were referred to AHDS' clinic in Panjwaie town
- 45 trained TBAs were regularly supervised and re-supplied in IDP camps (helped 331 deliveries and visited 879 pregnant mothers)

Nutrition

The nutrition status in Afghanistan has deteriorated as a result of 25 years of continuous conflict and more than five years of drought. The high prevalence of stunted growth (estimated 45-50%) as well as the high prevalence of malnutrition of certain micronutrients is considered to be caused by the existing food crisis amongst children under the age of five years. These facts indicate an extremely poor nutritional status of Afghan society and need immediate and prompt intervention. The main reasons for the mentioned facts are population growth, internal displacement and return of refugees, insufficient food stock due to drought, insufficient job opportunity and limited access by humanitarian agencies (health services, food aid, water, and food security).

Considering the nutrition status of women and children and its negative impact on health and ability to learn and work, AHDS with Unicef support provided supplementary feeding programs for women and children with especial focus on internally displaced people settled in Panjwaie and Zeray districts of Kandahar. A Total of 236 metric tons of food was distributed to the IDPs. The beneficiaries totaled 13,752, which included 10,575 children under the age of five, 1,403 pregnant women and 1,774 lactating mothers.

In addition to provision of services, AHDS was assigned in supervisory role for nutrition programs of all stakeholders in the southwest region.

Capacity Building

To achieve the objectives of our health program it is crucial for us to improve the knowledge and skills of our human resources. Building the capacity of the existing technical and managerial staff in health and management related topics are a priority for AHDS. We always seek to provide the needed trainings either through our own training center, and/or with other organizations inside and outside of Afghanistan.

In year 2003:

- 11 refresher, 10 initial courses and 33 workshop were conducted in the Training Center for 357 female and 451 male health workers
- Out of the trainees, 142 traditional birth attendants were newly trained
- Training of 21 community health workers that started in year 2002, finished this year
- 17 managerial and 40 health staff has participated in different training programs inside and outside Afghanistan

AHDS' training center operates at the regional level. Separate places are managed for male and female trainees to avoid cultural constraints. The trainees consist of AHDS staff, and members from other NGOs and MoH in the region. The trainers are male and female doctors, nurses and a midwife. The training center is equipped with modern technology and updated teaching materials and a library.

The following table shows activities of AHDS Regional Training Center in 2003:

Training Topic	Course days	No. of courses	Participants		
			Profession	Female	Male
CHW initial course	140	1	Comm. health workers	0	21
MLHW refresher course	6	1	Midlevel health workers	0	10
HMIS orientation workshop	2	2	Health workers	7	15
TBA trainer refresher course	6	2	Doctors & midwives	27	0
Health education refresher course	6	3	Health educators	28	12
TBA initial course	15	9	TBA	142	0
Acute malnutrition workshop	2	4	Doctors & MLHWs	17	38
Nursing refresher course	6	2	Nurses	5	10
Hygiene education workshop	6	1	Health workers	28	35
CHWs refresher course	6	3	CHW	0	27
Disaster management workshop	2	1	Doctors & MLHWs	0	17
SMI workshop	2	1	Health workers	10	0
Immunization refresher training	3	2	Vaccinators	5	32
PHC management workshop	1	1	Doctors & MLHWs	0	16
Proposal writing workshop	1	1	Doctors & MLHWs	0	16
EOC workshop	2	1	Health workers	11	0
Program internal evaluation workshop	3	1	AHDS staff	10	28
CDD workshop	2	2	Doctors & MLHWs	9	24
Baseline Survey workshop	1	1	Doctors & MLHWs	0	6
Coma workshop	2	1	Doctors & MLHWs	0	16
Anemia during pregnancy workshop	2	1	Health workers	12	0
Essential drug workshop	2	1	Doctors & MLHWs	0	16
PID workshop	2	1	Health workers	5	0
Pharmacy management workshop	3	1	Pharmacists	0	16
Planning workshop for Uruzgan project	3	1	Different categories	3	19
Treatment guideline workshop	2	1	Doctors & MLHWs	0	16
Family planning workshop	2	1	Health workers	12	0
Early warning system workshop	2	2	Doctors & MLHWs	7	17
BPHS workshop	2	2	Doctors & MLHWs	7	17
Training need assessment workshop	1	1	Doctors	6	13
ARI workshop	2	2	Doctors	6	14
			Total trainees	357	451

Training opportunities used out of the organization:

Participant	Training	Training agency
Deputy Director	Ecofin workshop	European Commission
Program coordinator Health manager Community leader	Study tour to India for community based health care	USAID
Medical coordinator	District health management	Inwent
	Disaster management	UNAMA
Finance officer	Basic accounting	Peshawar
Field Finance officer	Basic accounting	UNHCR
Admin officer	Disaster management	UNAMA
Monitoring officer	District health management	Inwent
	Proposal writing	ANCB
	Integrated district health management	Cord aid
	Curriculum and Training manual design	MOH, USAID, WHO
	Epidemiology, Biostatistic and Survey	Agha Khan University
	Disaster management	UNAMA
HMIS officer	Epidemiology, Biostatistic and Survey	Agha Khan University
Provincial Manager	Primary Health Care	Agha Khan University
Trainer/Supervisors	ToT for education	Unicef
	Gender training	UNHCR
	Community mapping	MSH
	Community mobilization	Guardian, UNHCR
	Food and Nutrition	WFP
	Common diseases	Ibn-Sina

	Leadership and PHC Management	WHO
	Security	UNHCR
Health staff	Mental health	MoH, WHO
	Control of diarrheal diseases	MoH, WHO
	Supplementary feeding	MoH, ACF
	Therapeutic feeding	ACF
	Vaccinator refresher course	Ibn-Sina
	Health education refresher course	Ibn-Sina
	Leadership and PHC Management	WHO

Civic Education in Constitution-Making Process

The primary aim of this project was to create an effective structure to provide civic education for the constitution-making process emphasizing the role of Afghans during this process. The program was initiated by a consortium of Afghan NGOs called Afghan Civil Society Forum (ACSF) with support from Swiss Peace. ACSF worked together with the Constitution Drafting Commission for micro planning and preparing teaching and dissemination materials.

The project was implemented in phases: training of trainers, provincial trainings of community leaders, community awareness and regional summary meetings for the purpose of evaluation and feedback.

AHDS as a member of ASCF played an active role in planning and curricula making. Our female master trainer trained 5 female provincial trainers for the provinces of southwest Afghanistan. At the community level AHDS was responsible for Uruzgan Province. At the provincial level 3 male and one female trainer was trained that later conducted 3 training courses for 29 male and 3 female community leaders. Unfortunately neither any women's organization nor Ministry of Women is active in Uruzgan. The only possibility was to contact the Education Department and local NGOs. Four ladies (two teachers, one nurse and one vocational trainer) agreed to work as community mobilizers. They were highly motivated and hardworking. The reports show that they have done the job to maximum possible extend (540,000 people living in 8 districts of Uruzgan).

The problems were low participation of women due to cultural restrictions and the refusal of people Kijran and Charcheeno districts due to insecurity.

Community Mobilization

Community mobilization and participation have been the key issue for any project implemented by AHDS. The communities were involved in needs assessment, as well as the initial planning and implementation. We are seeking to find ways to enable the communities for active involvement in planning, management

and evaluation process as well. Our vision is to decrease dependence on external aid and reach self-sustainability with support from our own communities.

The Community Health Committees, Community Health Workers (CHW) and Trained Traditional Birth Attendants (TBA) conducted regular monthly meetings. Through these meetings community members and AHDS have raised their concerns and used the opportunity for awareness and mobilization. Community contribution as fee for consultation totaled US\$ 38,504 this year. Ensuring the security for our staff in the field was the most crucial support.

Support to national health system

As an Afghan NGO, AHDS feels responsible to build, not only its own internal capacity, but at the same time participate in overall promotion of the health system in Afghanistan by enhancing the capacity of the Ministry of Health. Hence, we have used every opportunity to advocate for careful, precise, workable and affordable rehabilitative and developmental plans.

AHDS has been an active member of several different working groups within Ministry of Health and is very much interested to launch the agreed upon strategies, plans, national standards and training curricula practically in the field.

AHDS has been active member of working groups for:

- Reproductive Health
- Information Education and Communication (IEC)
- Institute of Health Sciences (IHS)
- Community Based Health Care (CBHC)
- Health Management Information System (HMIS)
- National salary policy
- National Technical Coordination Committee (NTCC)
- EPI management team
- Regional malaria control team
- ACBAR Steering Committee
- NGO legislation document
- Training community health worker (CHW)
- Training midwife
- National Health Education manual
- Contraceptive logistic guideline
- Reproductive health guideline

AHDS has built relations with other health agencies involved in health activities like HNI, UNICEF, WHO and MSF for better control of communicable diseases. Coordination and partnership of AHDS with MOH, Cordaid, ACBAR, ANCB, UNICEF, MSH, HNI, ADF, WHO, UNFPA, AMI and other organizations involved in health related activities are the examples of active contribution of this organization in rehabilitation of the destroyed health structure of the country.

Management

AHDS' Board of Directors:

1. Mr. M. Masoom Stanekzai, Minister of Telecommunication
2. Mr. Ghulam Jilani Popal, Deputy Minister of Finance
3. Mrs. Suraya Sadeed, Director of Help the Afghan Children (HTAC)
4. Mr. Sayed Jawaid, Director of Helping the Afghan Farmers Organization (HAFO)
5. Mr. Zabihullah Ehsan, Director of Ehsan Rehabilitation Organization (ERO)
6. Mr. Abdul Samad Stanekzai, Executive Chairman of Afghan Development Association (ADA)
7. Dr. Aqa Gul Dust, National Health Coordinator WHO
8. Mr. Aziz R. Qarghah, Director of AHDS

The main governance of AHDS lies with its Board of Directors. Members of the Board of Directors are volunteers except for the Director of AHDS. The Board is primarily responsible for review and approval of the annual plans, policies, budgets, annual audited financial statements and reports. In addition, the Board authorizes changes in the constitution, mission, establishment of new goals and objectives and dissolution of the organization as required.

The Director is responsible for overall management and efficient and effective performance of the organization and its programs. A management team consisting of Deputy Director, Project Coordinator, Medical Coordinator, Finance Manager, Reproductive Health Coordinator and Human Resource Development (HRD) Officer manage all development and relief operations.

AHDS emphasizes on decentralized management and teamwork. The Main Office, Regional Office located in Kandahar and Field Office in Uruzgan play their roles in donor and inter-agency coordination, needs assessments, planning, staffing, training, project implementation, data processing and analysis, reporting, supervision and evaluation and financial management of programs.

Security

AHDS' target areas (Kandahar and Uruzgan) have been located under the red contour of the UN security map since 2001. Presence of opposition in the area and different security accidents has limited the presence of international agencies in these under served provinces. AHDS has been one of the few NGOs that have continued to serve the vulnerable people of these areas in spite of tense situations. Although community members guaranteed the safety of AHDS staff, non-the less we were not exempted from the negative effects of insecurity. High turn over of staff, loss of female staff and inability to perform household surveys negatively affected our programs. Opposition forces between Kandahar and Uruzgan burned a four-wheel drive pick up of AHDS in July 2003.

Finance

The total available fund was US\$ 1,728,170 in year 2003. Monetary expenditure during the year 2003 was US\$ 1,057,439 (91,6% direct projects costs and 8.4% administration cost of AHDS).

In kind contributions:

- Mercy Corps (MC): construction of two CHCs, equipment and first medical supply for them
- WFP: food for nutrition programs
- Unicef: food for nutrition, vaccines and oral rehydration salt (ORS)
- AmeriCares: Medicine and medical equipment
- Anatolian Development Foundation (ADF): expansion of two CHC buildings, contraction of one CHC and one BHC
- WHO: books, medicine and chlorine
- UNFPA: clean delivery kits and contraceptive kits
- UNHCR: toothbrushes with toothpaste for hygiene education
- HNI: technical support to malaria roll back program
- JICA: communications system among clinics and offices (HF, VHF and hand set radios)
- MSF: ORS and transportation means for outbreaks

Yearly expenditures of AHDS is US\$:

Next Year Plans:

- Expand primary health care program based on basic package of health services (BPHS) in Uruzgan
- Expand PHC program based on BPHS in Kandahar
- Initiate PHC program based on BPHS in a new province
- Initiate Midwifery-training program in southwest region
- Establish a maternity hospital

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European Commission (EC)
and
Bill and Melinda Gates Foundation
Unicef
World Food Program (WFP)
Stichting Vluchteling
Help The Afghan Children (HTAC)
AmeriCares
Mercy Corps
Anatolian Development Foundation (ADF)
Cordaid
Medecins Sans Frontieres (MSF)
United Nations Populations Fund (UNFPA)
World Health Organization (WHO)
Health Net International (HNI)
United Nation's High Commissioner for Refugees (UNHCR)
Swiss Peace
Japan International Cooperation Agency (JICA)