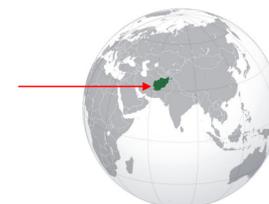




مؤسسه خدمات صحتی و انکشافی افغان

Afghan Health and Development Services

Summery of FIVE-YEAR STRATEGIC PLAN (2014-2018)



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

Goal

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

Vision

A healthy Afghan society that is socially and economically empowered!

Mission

- AHDS thrives on innovation, proactivity, dedication, and sustainability.
- Everything we do is focused on empowering the Afghan Society.
- 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

AHDS strategies for 2014-2018

Key Action Area A: Organizational Development:

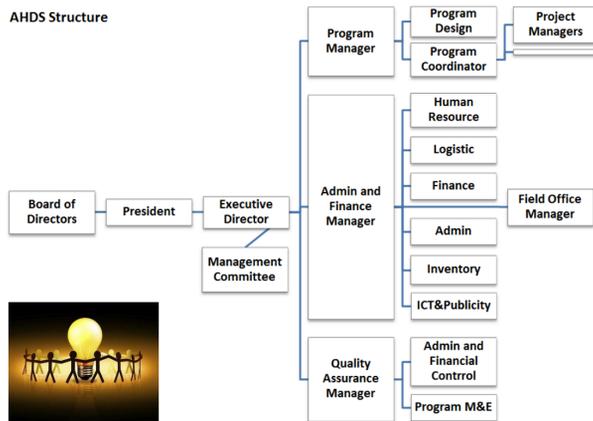
- Strategy A.1: Governance Strengthening
- Strategy A.2: Management Information System
- Strategy A.3: Financial Sustainability
- Strategy A.4: Human Resource Capacity Development
- Strategy A.5: Marketing and Visibility

Key Action Area B: Program Development:

- I. Health**
 - Strategy B.1: Healthcare Service Delivery
 - 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**

Core Strategies

AHDS Structure



Priority interventions

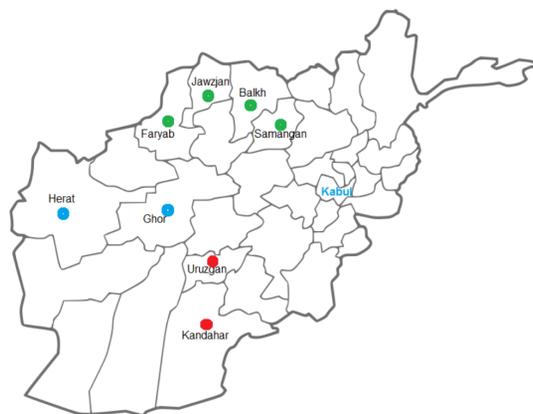
To contribute in addressing the current challenges of the communities, AHDS decided to intervene in the following priority areas:

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

Geographic Expansion

It is planned to expand geographic coverage to other provinces in order to serve various ethnic groups in different parts of the country. The potential target areas for next five years can be:

- North region: Samangan, Balkh, Jawzjan, and Faryab.
- West region: Herat and Ghor.
- South region: Kandahar and Uruzgan.



Strategy	Aim	Objectives	Priority Interventions	Indicators
Key Action Area B: Program Development:				
		Goal: to accomplish our vision by quality service in the areas of health, education, sustainable livelihood, disaster risk management, and advocacy.		
Health:				
		Aims to contribute in reduction of child and maternal morbidity and mortality rate.		
Strategy B. 1: Healthcare Service Delivery	To increase access to healthcare services for the people especially women and children.	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 health and maternal and new-natal care services. To increase proportion of people having access and utilizing the essential package of hospital services (EPHS).	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. 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.	Immunization coverage Decrease of severe malnutrition and micronutrient deficiencies. Deliveries attended by Skilled Birth Attendance. Coverage of antenatal and postnatal care Contraceptive prevalence Access to voluntary test and counsel for HIV/AIDS Tuberculosis detection and treatment rate. Bed occupancy rate. Average length of stay. Major surgeries. Caesarean section. Cure rate of children admitted with malnutrition. Hospital standards met. Hospital deaths.
Strategy B. 2: Behavior Change Communication (BCC)	To develop BCC approaches that promotes and support positive health behavior, nutrition habits and healthy lifestyle in the communities.	To strengthening the capacity of communities to initiate and implement activities that promote their health.	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.	Number of Audio-visual IEC materials produced. Baseline and follow up knowledge, attitude & practice (KAP) survey shows improvement.
Strategy B. 3: Health Reform	To raise revenues for delivering quality health services in an efficient, equitable and sustainable manner.	To pilot alternative health financing project in order to seek sustainability of health services decreasing donor dependency.	To partner with organizations that has experience of such projects in other countries. To pilot performance based financing in one province. To pilot introduction of user fee/cost sharing scheme in one hospital.	Improved quality of services. Proportion of health facilities' self-sufficiency.
Education:				
		Aims to 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)	Increase access to quality education for school age children especially girls in remote areas.	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.	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, ministries and donors). To establish community based schools (CBS). To compensate lack of professional and female teachers by distance learning methodology.	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	To empower the women and men for better contribution to their communities and wider society through gaining ability to read write and basic math.	To increase literacy rate through literacy courses for males and females aged 15 and above. To include peace building, health, nutrition and civil ethics in the curricula.	To integrate literacy courses into CBS. To design new curricula and text books in 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.	Revised curricula and text books developed. Number of students enrolled in the LCs. Number of audio-visual and learning aids developed.
Strategy B.6: Junior College (associated degrees)	To contribute in developing professional human resources for health and education sectors.	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.	Number of graduates. Percentage of graduates deployed.
Strategy B.7: Intensive preparatory courses	To enhance opportunities for youths to actively participate in sustainable development, and economic growth of Afghanistan.	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.	Number of enrolled in courses. Number of students admitted to higher education. Amount of income generated through users fee
Community Empowerment				
		Aims to empower the target communities to work for enhancing their social capitals and economic growth.		
Strategy B.8: Women Empowerment	To empower the women to have equal power in decision making, to shape their lives and contribute to their communities.	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.	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)	To empower the community members to do disaster risk management proactively.	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.	Number of target districts benefited from CBDRM intervention. Number disasters or casualties prevented.
Strategy B.10: Advocacy	To advocate for aid and managing resources more effectively and aligning these resources for results.	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.	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.	Membership in the networks. Number of community Shuras enabled to advocate for their interests.
Strategy B.11: Peace building	To cultivate culture of tolerance, mediation, communication/ negotiation, and peaceful dispute resolution based on Islamic and traditional values in the target communities.	To build target communities skills, knowledge and attitudes toward conflict resolution and peace	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.	Peace-building initiatives by Peace Building Committees.
Strategy B.12: Agriculture development	To promote value chain of agriculture products as a main demand in the international markets.	To increase income generation of farmers through promoting value chain of their products.	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	Number of farmers assisted with program. Proportion of income increment.
Monitoring and Evaluation (M&E)	To assess the relevance efficiency, effectiveness, impact, economic and financial viability and sustainability of the projects.	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.	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.	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.