

Annual Report 2015



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Preface

Following formal procedures, the organization changed its name from Bakhtar Development Network Switzerland (BDN) to Action for Development (AfD) in October 2015. The reason for the organization's registration in Europe is threefold: firstly, we wish to create closer links with international partner organizations. Secondly, we aspire to sourcing new funds for developing programs in Afghanistan. Finally, we believe this move will allow us to associate international collaboration with grassroots initiatives in education, health, and women empowerment.

Working at the grassroots level in Afghanistan has enabled us to better understand the region's needs, to maintain our close working relationship with the government and with Afghan organizations, and to preserve an authentic understanding of communities.

The separation process from BDN Afghanistan necessitated some changes of attributes, including the organization's name, which has successfully been realized with re-registration in Geneva.

Vision: AfD sees a future world of enabled communities working towards a brighter future.

It is our wish that members of communities be informed of the issues at hand and enabled so as to competently select among the different solutions.

We see the family as the basic social unit, and we believe women are its cornerstone. Therefore, we put particular focus on women's issues, and our ultimate goal is to transform communities through initiatives supporting women and girls' empowerment, health and education.

Mission: Assisting communities in achieving their own developmental goals.

We believe that development must be organic. That is to say that communities are the fundamental driving force of development as well as its main beneficiaries. Community members, local groups and institutions are the main actors involved. AfD provides seeds to the local community: initiatives, innovative ideas and initial financial support to launch or re-establish self-renewing cycles. To be self-sustaining,

the community must assume its role as stakeholder and active participant, hence our efforts to involve it and its members at the grassroots level.

AfD focuses on women and girls' health and education. As the UNFPA observes, initiatives for adolescent girls are one of the "smartest investments a country can make. As parents, teachers and leaders of the next generation, they can help break the cycle of poverty, strengthen the social fabric and create a sustainable future."

Our initiatives are built on three pillars:

Sustainability

- Implementing long-lasting, self-renewing effects
- Safeguarding beneficiaries and AfD participants from collateral effects

Transparency

- Accountability
- Respect towards our beneficiaries, stakeholders, partners and staff

Innovation

- Finding new solutions to old problems
- Creating opportunities

Message from the CEO

It gives me great pleasure to present the annual report and the audited financial statements for 2015.

Action for Development (AfD) invests in women and children: they are Afghanistan's future and they merit a helping hand to survive on the toughest days and to thrive in a brighter future. In 2015 we brought health awareness and family planning to 6,000 women. We brought full health care services, including medicine, to 21,000 patients.

AfD trained more than 120 midwives to provide quality care to over 960,000 people living in three provinces of Afghanistan. A particular focus was put on newborn babies, for whom progress in reducing preventable deaths had stalled. Our community mobilizers and health workers are trained and deployed to provide support in reducing child mortality and improving maternal health.

We continued our support of vocational training in the School for Disabled Children in Kabul. We also led several emergency relief projects for internally displaced populations and implemented specific, lasting and large-scale solutions to acute problems.

Through our capacity development program we boost the competence and professionalism of our own employees as well as those from community institutions, other NGOs and governments. Our overall objective is to enhance the knowledge, skills and attitudes of the practitioners engaged in the country's development in areas such as health, education, gender advocacy and management.

It merits mention that all our programs are specifically designed to meet Afghanistan's development challenges, and to involve neighbourhoods, communities and their institutions and government teams in providing local solutions to the country's current challenges.

I commend our dedicated teams who have shown great courage and resilience in 2015. My sincere thanks and appreciation for our volunteer staff, whose diverse expertise and strong commitment helped us make sound decisions to steer the programs. I would also like to thank our donors and our development partners for their continued support and recognition of our contribution: we are grateful for your support and we hope you will invest in the future to make a difference for women and children.

Dr Qudratullah Abdul Razaq

Executive Director and Founder

A young child with dark hair, wearing a bright pink shirt with a plaid collar, stands on the left. To the right, a woman is wearing a traditional blue burqa with intricate embroidery. The background is a plain, light-colored wall.

WE BELIEVE IN WORKING WITH COMMUNITIES

Capacity Building of Midwives

Afghanistan has the world's 11th highest birth rate [1], and ranks first in infant mortality. Maternal mortality has decreased by 64 percent since 2000, but remains among the highest in the world [2]. Midwives are the first and most effective defence against these mortalities. Although the number of midwives in Afghanistan has increased from 467 at the end of the Taliban rule to over 4,600 today, only 23 percent of needs are currently met. Care for new mothers and newborns must be an immediate focus. For AfD this has been and continues to be a fundamental incentive for action. Furthermore, our initiative addresses the first of UNFPA's four most urgent needs [3] in Afghanistan.

AfD's ongoing midwifery training program's strategy is to train a group of master-midwives, who in turn train other midwives, thus reducing the time and resources needed to dispense updated knowledge and experience of care for postpartum mothers and newborns. It is based on the Community Midwife Education (CME) curriculum. In 2015 the training focused on eclampsia, pre-eclampsia, management of the third stage of labour and postpartum haemorrhage, and on care for the newborn. In the past year, 21 midwives became master-midwives and another 105 trained through our cascade model program in the provinces of Parwan, Kapisa and Kabul.

1. World Factbook (internet). CIA; 2015
2. World Development Indicators: Health systems. World Bank; 2015
3. Raja F: State of Afghanistan's Midwifery 2014. 2014



Capacity Building of Midwives

Result

2014

Herat Province:

- 10 Trainers
- 86 midwives (cascade training)

2015

Parwan, Kapisa, Kabul Provinces:

- 21 Trainers
- 105 midwives (cascade training)

TOTAL REACHED:

222 Midwives

31 trainers

191 midwives (cascade training)

Every other hour, an Afghan woman dies due to complications during pregnancy or childbirth. The death of a mother can result in catastrophic consequences for her children and her family. Hunger, malnutrition, death of young children, early marriages of daughters and harsh economical situations can often be associated with a mothers' death.

In Afghanistan, 30 percent of health facilities do not have any female staff. The available midwifery workforce is only 23 per cent of the estimated need for skilled birth attendants, and 83 per cent of maternal mortality deaths could be prevented through better access to and quality of health care.

In 2013, AfD had identified the dire need to enhance midwifery skills and knowledge, in order to decrease maternal mortality in Afghanistan. The needs were established through studies and data from health facilities.

During this assessment, twelve areas of knowledge gap requiring immediate attention were identified.

With support from our partner, the Geneva Health University's (Haute Ecole de Santé Genève) department of midwifery, AfD developed modules for further capacity building of the country's midwives. During the last two years we have trained a total of 222 midwives in four provinces of Afghanistan.

The midwives trained by this program have aided more than 150,000 women in 2015, offering assistance during delivery as well as before and after childbirth.



Education Empowers the Society

Afghanistan is a country where education is not fully available for all healthy children, not to mention the disabled ones. Managing to deliver quality skills training to disabled children is a challenge. We understand that overcoming our challenges makes us stronger. Therefore, AfD focuses on making a difference by educating disabled, disadvantaged, and isolated children. An educated and empowered segment of a community – even though they have disabilities - can bring positive changes in their own lives and in the lives of their families.

Education is about *empowerment*, thus we aim to educate the children who are being ignored by their families and society, and prove that they can be turned into capable individuals in the future, who are no longer a burden to their families, but rather become a support.

School for Disabled Children

Almost 50 per cent of disabled Afghans suffer from war injuries, mainly due to mines. The other half suffer from mental retardation, cerebral palsy, leprosy, deafness, blindness, and multiple impairments [4]. Continuing conflict in Afghanistan and displacement of its population as refugees have increased the difficulties of planning and providing specific rehabilitation and education services for the disabled [5]. According to a survey by Handicap International, there were at least 200,000 Afghan children living with permanent disabilities (physical, sensory and/or mental impairment) in 2005. As the country's situation remains unstable, it is assumed that the number of disabled children is constantly rising.

Due to lack of resources, awareness and weak political support, Afghan schools do not have even minimal facilities for disabled children's education. Children with disabilities are often marginalized from society and their families, and live in poverty. About 75 per cent of disabled children do not go to school. Young disabled Afghans have very limited opportunities for employment and the means to leading a dignified life.

The Rahyab school in Kabul provides basic education, food and transportation for boys and girls who are blind, deaf and/or speech-impaired. Girls make up 40 percent of its student body. The education is specially designed to teach children braille, sign language and other communication skills. The school also provides

psychological therapy to overcome trauma and vocational training to enhance children's self-sufficiency. The school employs 36 specially trained teachers who are often disabled themselves, and thus understand the real needs of disabled children. Up to now, 15 former students have found employment.

With generous funds from our donors, AfD provides lunch to most of the school's students, which for some is the only regular meal of the day.



4. Coleridge P: **Development, Cultural Values and Disabilities: The example of Afghanistan**. The Disability Press; 1999:149–167.
5. Nasir JA, Chanmugham P, Tahir F, Ahmed A, Shinwari F: **Investigation of the probable causes of specific childhood disabilities in eastern Afghanistan** (preliminary report). *Cent. Eur. J. Public Health* 2004, **12**:53–57.

Providing Livesaving Care to the Poorest

In 2013, a health facility was established in Qasaba district, after discussion with elders and community leaders. Out of three projects proposed (electricity, water and health) the last emerged as the most desired and required by the community. The surrounding area faced a lack of access to health services.

When the health facility was established in late 2013, it reduced the time patients had to spend travelling and lowered health care expenditure. The program is embedded at the community and patient level. It offers periodical training to young doctors and community health workers. Focusing on the provision of quality health care, it is at the heart of health education and family planning.

Led by an internal medicine specialist, a gynecologist and 3 other health professionals, the clinic treated more than 10,200 patients during the past year (an average of 770 patients per month). With our primary focus on women and children, we provided care to almost 4,000 female patients (above 5 year old), and to about 2,000 children


under the age of 5.

Patients also benefit from an ultrasonography section, a laboratory and immunization units. In 2015, approximately 600 ultrasound examinations and over 5,100 vaccinations of children aged 0-5 years old were performed. Furthermore, 339 pregnant and 701 non-pregnant women received anti-tetanus vaccines.

Aware of the critical need for family planning and counselling, the clinic has provided family planning services to over 500 women (ranging from oral and injectable contraceptives to insertion of intrauterine devices).

Bringing Initiatives into the Health System Financing

In Afghanistan, 75 percent of health expenses are paid by households, 18 percent are covered by donors, and only 6 percent by the government. Afghanistan needs to establish a system of financial support for health care

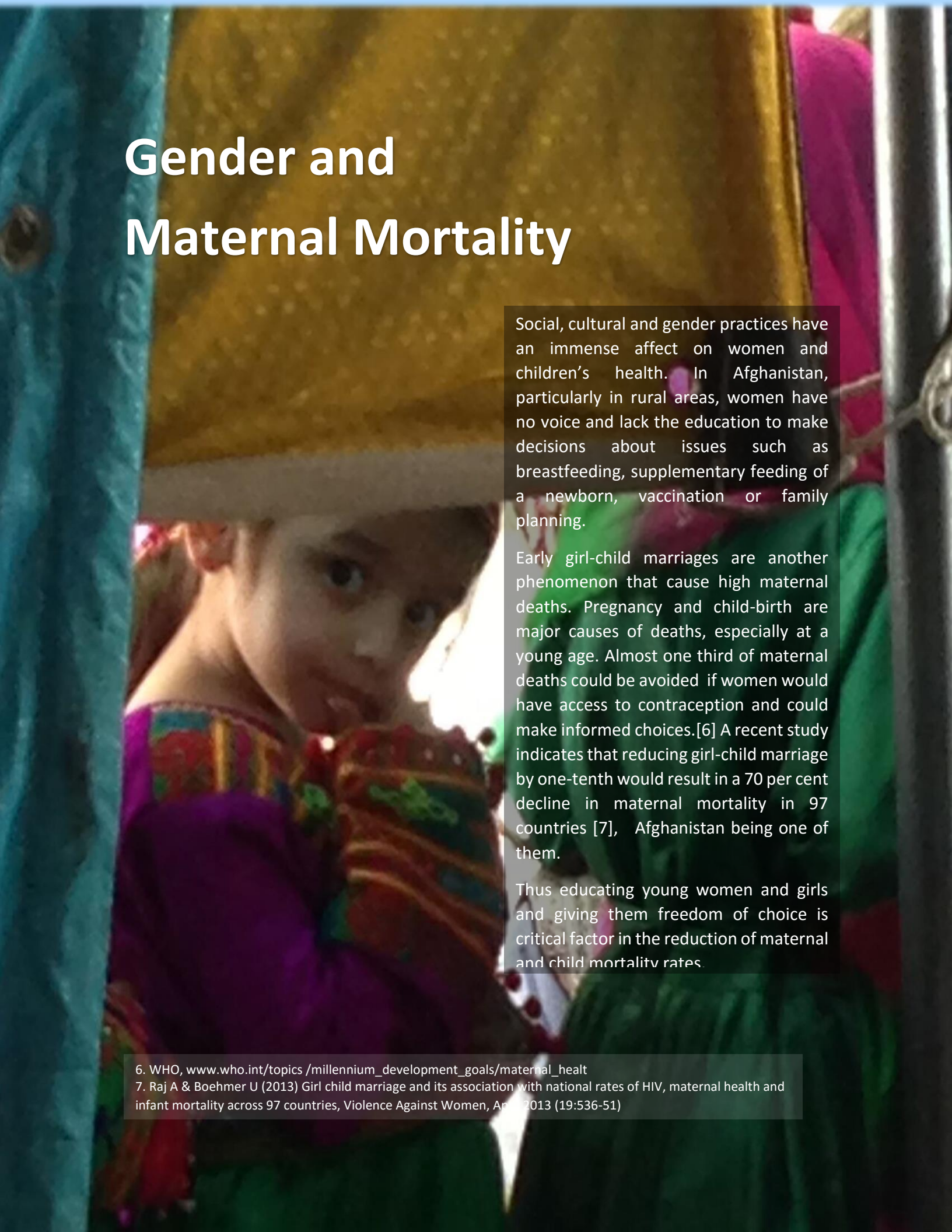
A young girl wearing a bright pink headscarf and a patterned purple and black dress stands in a courtyard. She is looking towards the camera. In the background, there is a concrete building with a white door and a large tree with green leaves. A blue metal railing is visible on the right side of the image.

in order to decrease the burden on households, as well as to be prepared for funding shortcomings in case of international health funding withdrawal.

The health facility implements the Basic Package of Health Services (BPHS) created by Afghanistan's Ministry of Public Health (MOPH) to address the country's most pressing health issues. It does so with funds from the Ferdows Social Foundation (FSF) and through a partnership agreement with AfD. A community-run health system is being piloted at the health facility, in which communities participate in the financial support for the health services they receive. The system focuses on building community leadership skills and enabling members to take decisions about various health issues in their community.

The clinic treats patients for 50 Afs (about 0.80USD) per visit. The medicine required by the patients is provided free of charge at the health facility. The amount of money collected from the fees is reinvested in medicine purchased in bulk. The list of medicine available at the health facility is established through the MOPH's Essential Medicine list guidelines, which includes all required medicine for a comprehensive health center.

The clinic has introduced a system that provides free visits for very poor community members and for families with a woman as their head of household.

A young girl with dark hair, wearing a vibrant, multi-colored patterned dress, is looking out from behind a doorway. The doorway is framed by a blue curtain on the left and a yellow wall above. The background is slightly blurred, showing more of the interior and some colorful fabrics.

Gender and Maternal Mortality

Social, cultural and gender practices have an immense affect on women and children's health. In Afghanistan, particularly in rural areas, women have no voice and lack the education to make decisions about issues such as breastfeeding, supplementary feeding of a newborn, vaccination or family planning.

Early girl-child marriages are another phenomenon that cause high maternal deaths. Pregnancy and child-birth are major causes of deaths, especially at a young age. Almost one third of maternal deaths could be avoided if women would have access to contraception and could make informed choices.[6] A recent study indicates that reducing girl-child marriage by one-tenth would result in a 70 per cent decline in maternal mortality in 97 countries [7], Afghanistan being one of them.

Thus educating young women and girls and giving them freedom of choice is critical factor in the reduction of maternal and child mortality rates.

6. WHO, www.who.int/topics/millennium_development_goals/maternal_health

7. Raj A & Boehmer U (2013) Girl child marriage and its association with national rates of HIV, maternal health and infant mortality across 97 countries, *Violence Against Women*, Apr 2013 (19:536-51)

Bringing basic health services closer to the doorstep

Training community health workers (CHW) is another activity AfD has undertaken. These young lay community members, both women and men, receive a six-week training in basic health over the course of four and a half months. In 2015, a total of 32 volunteers were trained through AfD's health facility's community health unit, and became primary sources of health information in their communities. With a basic health kit received at the end of their training, they are able to provide treatment according to the MOPH's guidelines for CHW services.

Yearly training sessions have been held since 2013, and so far 60 volunteers have been trained.



Building on our strengths

1. *Community involvement*

The community is a partner, as well as stakeholder, and contributes financially to the health center's operations by renting the building.

2. *Capacity building of youth*

The training received by community health workers helps them develop a skill for the future. Through further training, this knowledge can be built upon to establish a profession which can be the basis of a stable income stream.

3. *Costs reduction*

Expenses are further reduced by employing recent graduates who can be recruited at a reasonable cost. Their work at the health facility allows them to gain experience working under an accomplished physician's supervision.

Working with the People: Emergency Aid

Relief Service for Avalanche Survivors, Panjsher, Afghanistan

In February 2015, scores of avalanches hit the northern province of Panjsher. The area was struck again in March. These were the worst avalanches in several decades, killing and wounding hundreds of people. Many decided to seek refuge in the neighbouring province of Parwan.

Initially aiming to provide food and medical support to victims, AfD launched a fundraising campaign in March 2015. Thanks to private and individual donors and Geneva City (Ville de Genève) who supported the initiative and responded to the call with humanitarian spirit and dedication, we were able to collect the modest amount of CHF 7,600.

ACTION

The strength of the organization lies in its close direct contact with communities. Community mobilizers and volunteers on the ground approached community elders once the funds to support the survivors were available, and the families who had been relocated to a safe area were consulted. They had fled the perspective of new avalanches and the danger of future floods. Indeed, many villages of the area get damaged by floods in the summer due to heavy snowfalls. The families identified safe drinking water as the most pressing need because their camp was located in a desert lying between the two provinces. The closest water source was a two - hour walk away.

Respecting the community's priority needs, AfD initiated the process of identification and construction of a well. It was built 90m deep and the water is pumped into an attached tanker for storage and distribution.

Approximately 400 households currently benefit from the well's water.



Winterization aid in Badakhshan, Afghanistan

Badakhshan is one of Afghanistan's 34 provinces, located in the farthest northeastern part of the country, between Tajikistan and northern Pakistan. In May 2014, multiple landslides struck districts of Badakhshan, causing significant loss of life and widespread damage to about 350 households,



leaving families homeless. Around 1,000 families are thought to have been affected, and officials declared that nearly 2,500 people were killed, with many injured and many missing. The villages affected by the landslide are in the poorest regions of the country and face severe winters, including extremely cold temperatures and heavy snowfall. The surviving population of the area was in urgent need of food, water and temporary shelter. In order to help them, AfD launched a project to provide winterization assistance by distributing heaters and wood. We aimed to improve the living conditions of people and reduce their vulnerability to seasonal extremes during winter.

ACTION

To fund the initiative, we launched a fundraising campaign. Global Giving, communities and individuals were approached. Thanks to the positive response from our supporters (Marie de Meyrin, and individuals) the project was implemented in the Jurm district of Badakhshan province.

In total, 96 households, or approximately 700 people, benefitted from the initiative. Each household received 210 kg of wood and a locally produced, multipurpose heater which can be used for heating, cooking and boiling water for up to 3 or 4 years.

It is important to note that we sourced only local manufacturers to supply the heaters. This was done to help not only those affected by the disaster, but also to empower Afghan manufacturers by providing them with work opportunities.

We believe that this initiative will improve the living conditions of those forced into informal settlements in Badakhshan, reducing their risk of illnesses and death as a result of exposure to extreme winter conditions.

Challenges and Social Innovation

*In partnership with
Geneva Graduate Institute*

AfD looked into existing resources in the water sector to assess the possibility of involving successful technology and education-driven solutions in safe water systems in communities that have an immediate need.

Together with students from Graduate Institute of Geneva, AfD attempted to overcome the drinking water challenge which persists in various settlements of Afghanistan.

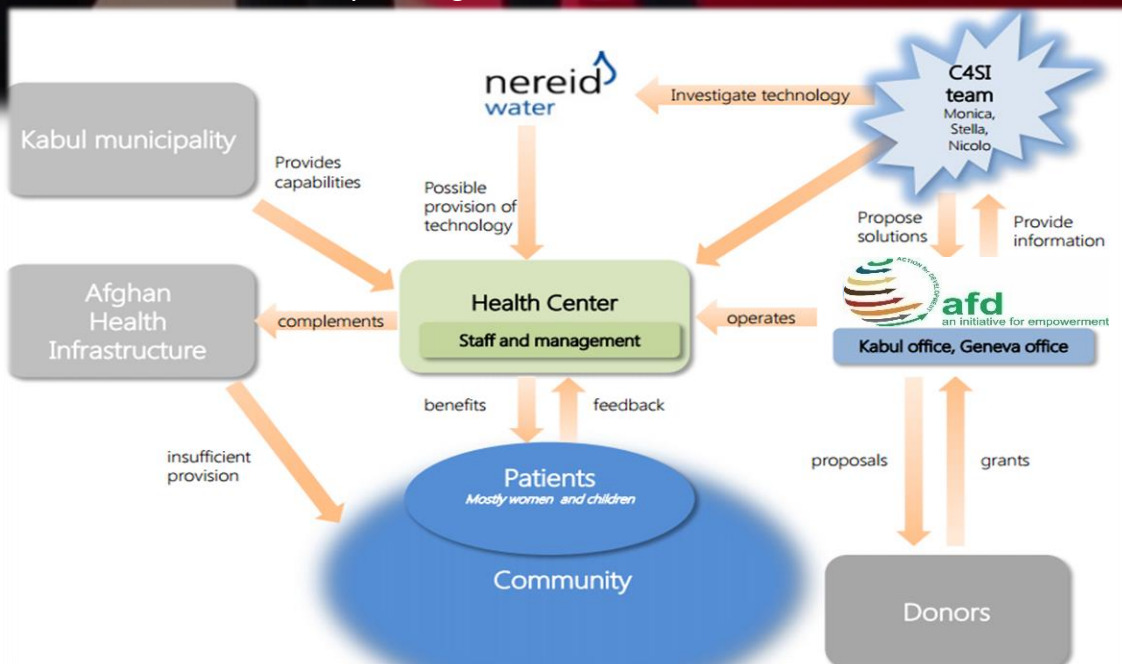
Run by students, Collaborate for Social Impact (C4SI) makes the concept of experiential education a reality. Taking on

real world challenges, AfD aimed not only to provide an educational opportunity for the students of Graduate Institute, but also to find a reasonable solution to a social problem.

The challenge looked into the following:

“How can we design a water treatment facility for Kabul’s Comprehensive Health Centre while considering the local context and the constraints of a small NGO?”

The students developed a detailed design for a water treatment solution and a plan for its implementation.



More information can be found here at the c4si site and in the c4si Program Report 2015.

Global Advocacy



Action for Development made its debut in international advocacy this year by organizing a panel event at the United Nations 30th Human Rights Council in September 2015.

AfD, along with our project implementation partner, the Midwifery School at the Haute École de Santé Genève, showcased the successes of our 2014-2015 midwifery training projects in Afghanistan.

Entitled "Human Rights-based Approaches to Eliminating Preventable Maternal Mortality and Morbidity: Implementation in Practice", the panel examined maternal mortality as a human rights issue and highlighted existing good practices and challenges to eliminating preventable maternal mortality.

A particular focus was on investment in midwifery training in order to reduce rates of maternal mortality and disability.

Training midwives i) promotes the human rights of patients by ensuring them better quality health care; ii) improves gender equality by educating men and women about their sexual and reproductive health; iii) educates and empowers women by providing midwives professional skills which they can in turn pass on to other health practitioners and patients.

The event was sponsored by the Permanent Missions of Afghanistan, Burkina Faso, Colombia and New Zealand as well as UNFPA and the World Health Organization.

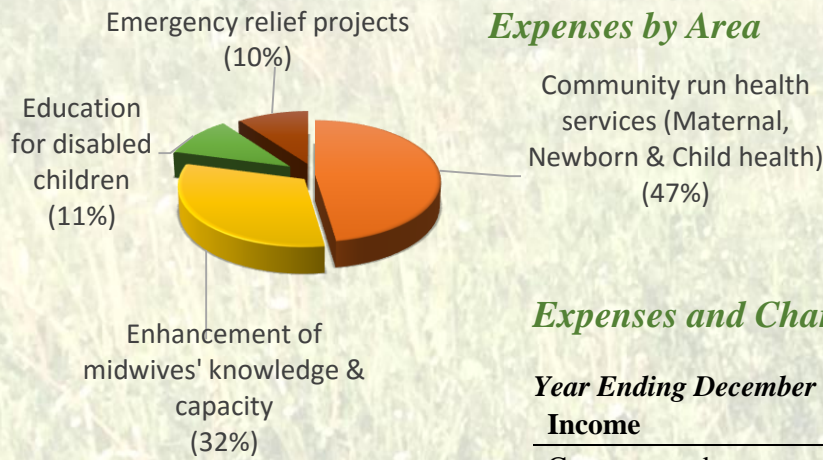
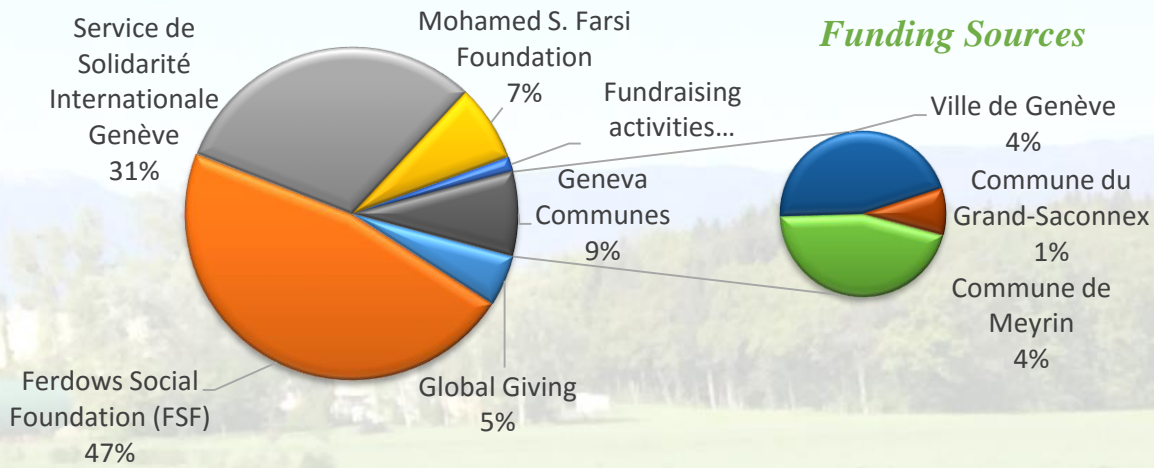


Carl Reaich, Permanent Mission of New Zealand to the United Nations



Panel speaker and project partner
Michelle Pichon, Haute École de Santé
Genève

Fiscal Year 2015 in Review



Expenses and Changes in Fund Balance

Year Ending December 31, 2015

Income

Contracts and grants	70'680
Procurement of partnership agreement	82'759
Fund raising activities	1'780
Total:	155'219

Expenses

Total:	144'464
Cash and Cash equivalents	3'340
Balance at the end of the year:	10'755



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