



Annual Report 2015-2016



**Organization for Community Coordination and
Development**

Our mission

To improve the health of community through reducing poverty and burden of diseases

Our vision

A well developed and coordinated community

Our History

The aim of OCCD is to transfer the experience and expertise from international organizations to Afghan institutions in order to ensure the sustainability of efforts have so far made to improve the health of Afghans and to provide more opportunities for Afghans to use their full potential in humanitarian and development activities. OCCD works in partnership with government, development and implementing partners in the following four directions:

Health

Education

Agriculture and Livestock

Research and Development

Throughout the last three years of work in Afghanistan, OCCD has proven capability of establishing strong relationship with national and subnational government institutions, independent administrative agencies, and major donors in Afghanistan.

We have until now delivered capacity building and running CME and CHNE schools service in 3 provinces of Afghanistan that has been widely recognized and greatly appreciated by the government, donors and people of Afghanistan.

Our employees have strong community based networks and vast experience in accessing isolated communities, where other development actors are not able to implement projects. Our ongoing projects are good examples of these, which focus on wide range of selected geographic areas in the country.

OCCD employ's both male and female employees in different parts of the country and has the capacity of delivering aid, assessing needs in these mentioned provinces , especially those that are more conservative and difficult to reach or approach.

Core Values and Principles

OCCD considers the following ethics in all of its interventions:

1. Follow no harm policy;
2. Respect human dignity and local values;
3. Obligated to provide training to project staff before implementation of the project;
4. Obligated to ensure beneficiary, donor and other stakeholders satisfaction throughout the project implementation process;
5. Committed to act as per the agreed plan and follow donor instructions;
6. Committed to keep confidentiality;
7. Obligated to obtain beneficiaries consent on activities before launching;
8. Commitment to inform stakeholders on defects in the project work; and
9. Committed to provide accurate financial and technical reports.

Core Values:

1. Believe in people's capacity and dignity
2. Culture and environment friendly
3. Creativity and innovation
4. Discipline, participation, team work and openness
5. Cost consciousness
6. Gender equity
7. Accountability and transparency
8. Honesty and integrity
9. Justice and fairness
10. Striving for excellence

Table of content

Our mission	[page 2]
Our vision	[page 2]
Our history	[page 2]
Core values and Principle	[page 3]
Core values	[page 3]
A word from Managing Director	[page 5]
Our partner and Donor	[page 5]
Abbreviation and Acronyms	[page 6]
Structure & management	[page 7]
OCCD Activities During 2015-2016	[page 7]
1. Baghlan province	[page 7]
2. Ghazni Province	[page 12]
3. Saripul Province	[page 15]
Audit Report 2016	[page17-19]
Appreciation letter	[page20-22

A Word from Managing Director

I am honored to present the 2015-2016 OCCD Annual Report. This report highlights progress and achievements and provides a summary of planned improvements processes and future directions. I am believe that our leadership in health care has been made possible by the belief in our mission. We will further dedicated ourselves every day to the responsibilities defined in our policy and strategies. The first being our responsibility to the community that we want to serve for them.

I would like to thank the OCCD team for their dedicated efforts and impressive endeavor for achieving the set goals in 2015-2016.

I would like to thank all of our funders for their trust to OCCD, which allowed us to provide community health care to the vulnerable people of our country and improve their need to these basic services.

Our Partner and Donor:

Our Donor		
		
BAKHTAR Development NETWORK	Ministry of Public Health	World Bank

Abbreviation and Acronyms

AMNEAB	Afghanistan Midwifery and Nursing Education and Accreditation Board
BDN	Baghtar Development Network
BPHS	Basic Health Center
CBHC	Community Based Health Care
CHNE	Community Health Nursing Education
CHS	Community Health Supervisor
CHW	Community Health Worker
CME	Community Mefwifery Educaiton
DH	District Hospital
EPHS	Essenttial Package of Hospital Services
ETAT	Emergency Triage Assessment and Treatment
FHAG	Family Health Action Group
GIHS	Ghazanfar Institute of Health Science
HF	Health Facility
HMIS	Health Management Informaiton system
HP	Healt Post
IMCI	Integrated Management Information System
LHC	Local Health Committee
MOPH	Ministry of Publich Health
OCCD	Organization for Community Coordination and Development
PH	Provincial Hospital
PHCC	Provincial Health Coordinaiton Committee
RMU	Rational Medicine Use
RUD	Rational Use of Drugs
SEHAT	System Enhancement for Health Action in Transitiion
TNA	Training Need Assessment

Structure and Management

OCCD employs a flattened hierarchy in its management structure that ensures direct senior managerial engagement with staff members at all levels including those in the field offices.

OCCD's main office is based in Kabul province, but currently operates in three provinces across Afghanistan. The main office in Kabul houses the Managing Director, Deputy Managing Director, Programs Manager, Capacity building Manager, Finance Manager, M&E Manager, Logistic Manager, and some support staff; while all provincial offices are led by the provincial deputy technical manager supported by the Project Finance Staff and Administrative support staff as required.

OCCD employs both male and female staff in all of its offices across Afghanistan, and has the capacity to facilitate working with men and women in almost all parts of these three province.

OCCD's Activities during 2015- 2016

1. BAGHLAN PROVINCE:

A. CME SCHOOLS:

Community midwifery Education Programs have been implemented to address the shortage of female health providers. These are academic program implemented based on community needs. CME is a 24-months training. The students recruited who are from the location where maternal services is inadequate. Upon graduating the students will return to their own community once they are graduated.

Part of SEHAT II project OCCD as a sub consultant started the implementation of CME School with partnership of BDN with commencement of BPHS in 2015 and it will be completed on 2018. In total 24 female students are under the training and they will be received 24 months standard training. OCCD is offering high quality teaching by using up to date national CME standards endorsed by the MoPH.

With considering the selection criteria, first of all the steering committee was established with close coordination of MoPH at provincial level and the member of committees were selected from the following government and not government of departments.

1. MoPH
2. Women affairs department
3. Provincial console
4. Health Education
5. Representative of provincial governor
6. BPHS implementer

The program announcement was conducted through all Baghlan HFs, MoPH and provincial health office (PHO) and the eligible candidate's application were collected. The candidates shortlisted by steering committee and the entry exam date were specified. Among 110 candidates 86 were shortlisted and 24 students succeeded and enrolled in first batch of Baghlan CME School.

Based on CME requirements and academic calendar, we were able to cover the first phase models. The practical sites were selected with close coordination of MoPH, BPHS implementer.



B. CHNE SCHOOLS:

The community Health Nursing Education program for females was introduced in the health system by MoPH in 2011, in order to address the lack of nurses in Afghanistan, the program has played a vital role in increasing the reproductive health service in the county.

The goal of CHNE program is to graduated female health workers and the aimed to contribute to the reduction of mortality and morbidity caused by common and communicable disease.

OCCD implements CHNE in Baghlan province through its SEHAT 2 projects. In total 24 community nurse will be trained and employed in remote HF's over the life of project. The program started on 2015 and it will be completed on 2018. OCCD is offering high quality teaching by using up-to-date national CHNE standards endorsed by the MOPH and Accreditation Board (AMNEAB).

BPHS HF's selected as practical site for the students and the students uses different type of HF's (PH, DH, CHC and BHC). OCCD provides accommodation facilities for non-resident students. Currently 48 students from both schools live in hostel.



C. Community Based Health Care (CBHC)

OCCD is implementing the main component of BPHS which is responsible for building the capacity of community health workers through the existing health post (HP) and health facilities health Shuras, HP Shuras and Family Health Action groups. OCCD emphasizes on improving the CBHC system. OCCD improved the four functions of CBHC in the province and focused on:

1. Providing community case management of priority and common health problems
2. Referring serious and emergency conditions to the health facilities;

3. Promoting the appropriate use of preventive and curative service at the health facility and community level
4. Promoting behavior changes and healthy lifestyles in household and the community.

Through the CBHC, OCCD lead the following activities:

1. Conducting CHW refresher and initial trainings
2. Expanding health coverage through establishing new HPs and FHs Shuras
3. Structuring and re-structure Community Health Shuras
4. Establishing and training Femalely Health Action Group
5. Strengthening referral system

C.1 CHW refresher and initial trainings:

To maintain and improve CBHC performance and extend the BPHS coverage, a total 202 new CHWs will be trained during the life of project. During the year 2015 and 2016 we were to traine 132 new CHWs. these CHWs selected based on project work plan and need assessment conducted by our technical team. These new HPs located in different geographical area and staffed with a female and male CHW. All these CHW completed the three phase of trainings and they were provided basic health kits and other required supply.

No of CHWs received their initial training in 2015 and 2016

District	HF	No of CHWs trained in 2015		No of CHWs trained in 2016		Total	Remarks
		Male	Female	Male	Female		
Nahrin	Nahrin DH	6	6			12	
Nahrin	Nahrin BHC	6	6			12	
Jelga	Jelga BHC	10	10			20	
Jelga	Godri BHC	10	10			20	
Baghlan	Baghlan DH			7	7	14	
Baghlan	Shaikh jalal BHC			3	3	6	
Baghlan	Baghlan sanati CHC			1	1	2	
Taala	Taala CHC			16	16	32	
Taala	Dar-e-ashraf BHC			5	5	10	
Pol-e-khumri	Shashsad koti CHC			2	2	4	
TOTAL		32	32	34	34	132	

We provided at least a three-day refresher training per year for the all CHWs. The training plan made after a TNA at the beginning of each year. We considered the job description of CHWs, the gap of knowledge and skills in their performance, health need of the community and feedback from supervisory visits, to prepare the training plan. These training sessions conducted in the HFs and we emphasized on improving the skill through practical work by participants. This will provide the chance for CHWs to learn the knowledge and practice the skills under supervision and experienced health worker and trainer.

C.2 CHW Monthly Meetings:

All CHWs are attending once a month to their related health facilities for a refresher session. This session provides an opportunity for CHWs to exchange knowledge and practices, submit their monthly reports, receive necessary feedback on their referrals, discuss about some challenges and difficulties cases they managed during the month and discuss about the main health problems of their communities and possible solutions.

C.3 Community Health Shuras:

There are 734 active community health Shuras to support CBHC program and 63 health Shuras to support the HFs. Among this figure 97 female Shura that meet separately. Establishing female health Shura has shown great

success in implementing of the project and it enabled us to achieve our targets. First we involved the religious leaders and most influential male members of the community understand about the CBHC program and supported it. These Shuras oriented about CBHC program and requirement and expectation of the program from Shuras. The Shuras meets at least once a month and in each meeting, they discuss on a priority health problem of the community and propose appropriate solutions. The maternal and child health topics are the first priority in health community Shura meetings. The community male and female health Shuras involve the male in reproductive health to improve the decision making and women empowerment in health care seeking. To advocate for the role of the CHWs among their people and create demand for utilization of their services, we added an agenda regarding this topic in each Shuras meetings.

C.4 Family Health Action group:

According to CBHC plan, we brought together a group of women in the catchment area of health post to talk about their past experiences in pregnancy related health problems, delivery and caring of newborns. The FHAG lead by an experience CHW or health workers. Each woman in the group express her past experiences and talk about the problems she faced. Through this we enabled to disseminate the knowledge and experience among women regarding their health.

C.5 Referral System:

OCCD have a functional referral system, from HP to health facilities level CHWs are the key personnel in this level. Early recognition of danger signs among children and women; ability to communicate the issue to the families; and refer them to appropriate referral centre are among the main activities they will do. Each HF has a system to collect referral cards from CHWs, and give them a feedback during the CHW refresher session. During dialogue with community, we use the real-life scenarios for maternal and child death cases, as a case study method, to emphasize the role of timely referral and its importance in death prevention. Through participatory approaches with communities we found innovative and feasible strategies which are locally feasible and acceptable. We also conducted health promotion activities during the outreach service to increase the level of knowledge and awareness among community members regarding danger signs and importance of timely referral. As well we established a chain system for health emergencies and CHWs are part of this team and report any health emergency to the health facilities and take the first action. Also we trained health shura members in emergency response and they community any events to the HFs.



D. Capacity Building:

OCCD efforts were also focused on the capacity building of HF staff to improve the quality of primary health care. TNA was conducted at the beginning of year and based on that a comprehensive training plan was developed to implement during the year. According to the project three year plan, a total 90 training sessions will be conducted for 3771 health workers at health facilities and community level. (Female and male) including doctors, midwives, nurses, Lab, technician, pharmacist, vaccinators and other clinical staff will receive the training. During the 2015 and 2016 we enabled to train 694 health workers including male and female. The training consisted both clinical and non-clinical trainings. As well the health facilities management team trained

on supervision/monitoring, HR, general management, gender awareness, BCC and IPCC trainings. These trainings and capacity building activities had a great impact on performance of health workers and health facilities to achieve the project goals and objectives. To meet the required training standard, OCCD equipped the training room and essential training material and as well as hired a professional and qualified master trainer to facilitate these trainings. Based on the training need assessment, we identified and introduced committed and motivated staff members with good communication skills, to participate in TOT sessions provided by capacity building officer. To make sure cascading skills and knowledge transfer, the capacity building officer of OCCD supervise all participants of training activities, to review what they have learned and if they have prepared a post-training action plan. We make sure that every staff of the project, who attends any training, transfer knowledge/skills to his/her other colleagues. A copy of the training materials is kept in the main library of main office as well as provincial office for future reference and use by other staffs. Copies of all MoPH policies, strategies and guidelines distributed to the project staff, especially HFs staff on regular base.

Conducting trainings and exchange visit from model Shuras was the approaches that we used for the capacity building of Shuras. We used the monthly meetings opportunity to train the health shura members and improve their capacity.

The following topics included:

1. Basic management and business communication skills: to help them in proper and regular decision making and managing the meetings in a professional manner.
2. Leadership Development Program: to enable them in identifying the challenges on the health related issues, analyze the causes, identify solutions, prepare action plan, implement the plan and monitor/evaluate the achievements.
3. Partnership Defined Quality;
4. Behavior change communication: to enable them in properly bridge communication gap between health workers and community members, through regular assessment of patients' satisfaction,

No Health Workers trained in Baghlan province

No	Training	No of Health worker trained in 2015		No of Health worker trained in 2016		Total
		Male	Female	Male	Female	
1	HMIS	24	1	18	28	71
2	Mental Health	23	0	22	0	45
3	RUM/MDS	24	0	46	0	72
4	Infection prevention	18	6	9	11	44
5	FDP-1-2	3	1	1	1	6
6	ETS/CTS	0	0	2	2	4
7	Lab. Skill	9	0	15	0	24
8	Blood Transfusion	9	0	0	0	9
9	PPFP	0	25	21	0	46
10	Disability	0	0	23	0	23
11	TB, Malrai ,HIV	23	0	0	0	23
12	IMCI	27	0	0	0	27
13	FP	0	25	0	20	45
14	Ultrasound	0	0	5	5	10
15	Nutrition	20	5	20	10	55
16	NBC	0	0	0	30	30
17	Basic EOC	0	0	0	30	30
18	Sup/M&E	21	2	20	10	53
19	EPI	18	7	33	19	77
Total		219	72	235	166	694



E. Dissemination of Health Messages Through FM Radio:

The media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviors. The local media plays a vital role as the link between health workers and the larger public. The mass media helps health workers expand their audience reach when this channel is in the form of the radio, is an effective way to persuade target audience to adopt new behaviors or remind them of critical information. Besides informing the public about disease and where to seek help, they can also keep the public updated about immunization campaigns. In order to disseminate information about the health messages to the wider public, OCCD coordinated with related department at the provincial level and oriented them regarding the importance of health education. The health message dissemination purpose is, to increase the awareness of the community on health preventive and promote measures which covers the whole province. These messages are broadcasting through the FM Radio and including the key messages which is endorsed by MoPH. The overall objective of these project is to decrease maternal and child mortality through the increasing and raising health awareness of the society and empower rural populations to fight major cause of maternal and infant mortalities. The main topics focused on:

- a) Family Planning;
- b) Exclusive Breastfeeding;
- c) Reproductive Health;
- d) Health Care Seeking Behavior
- e) Immunization.

2. Ghazni PROVINCE:

a) Capacity Building for Essential Package of Hospital Service (EPHS):

OCCD as a sub consultant, is responsible for increasing the capacity of hospital health and management staff in Ghazni province. A Training Need Assessment was conducted in provincial hospital at beginning of year. The finding of this assessment guided us to develop a comprehensive Cascading Skill and Knowledge of Training (CSKT) plan. The plan was made for the three years based on the project work plan. According to the plan 105 training sessions and 988 hospital and management staff will be trained on different topics. The training classified in two part, clinical and no-clinical. and the competency based training will be conducted in Kabul professional hospital which is supervised by senior and expert of OCCD health program team.

During the year 2015 and 2016 totally 524 male and 222 female were trained on 69 training session.

The purpose of the clinical and non-clinical trainings were to provide exposure for the hospital staff on practical fields. Through this exposure, participants had better understanding of medical practice in general and sense of frequent and possible problems which raised during the supervision. These trainings uplifted the professional knowledge and experience of medical staff to be properly managed the hospital at the deferent level. Through these trainings, the gained experience delivered to their peers.

Target Group:

The training course were intended for hospital technical and management staff and included supportive as well.

Training Materials:

Training materials covering the contents for the program were prepared and packaged as modules for the participants. Softcopies of all handout and other related training materials were shared with participants

Training Methodology:

The program involved individual and group exercises as well as input from the training participants. There were many opportunities to raise questions or concerns throughout the trainings. The following approaches were used

- Lectures
- Discussions
- Group work which constituted a means for developing the skills of participants.
- Case studies
- Plenary sessions
- Role play
- Film show
- Other training method

Hand-outs were prepared and given to participants to take home as resource reference which will hopefully constantly refresh them on the knowledge and skills acquired during these trainings at provincial and as well as in Kabul.

To know the expectation and feedback of participants, all the conducted trainings were evaluated based on evaluation form which has already prepared for this purpose. Here we mentioned the main points regarding, what participant liked about these trainings are as follows:

- The teaching methodologies.
- Facilitation, which was good and interesting.
- The interaction among participants.
- The knowledge and skills acquired.
- Contributions from participants.
- The knowledge and skills of the facilitator.
- The linkage between the objectives of the trainings and the job content of participants.

NO of Health Worker received clinical and non-clinical training in Ghazni province

No	Training	No of Health worker trained in 2015		No of Health worker trained in 2016		Total
		Male	Female	Male	Female	
1	General Anaesthesia	2	0	2	0	5
2	Neonatal Intensive Care Unit	5	2	6	2	15
3	IMCI	7	1	6	1	15
4	Physiotherapy	1	0	1	1	3
5	Nursing Care	6	5	10	9	30
6	Neonatal Care	0	3	0	0	3
7	Basic EmONC	0	3	0	5	8
8	Comprehensive EmOC	0	0	0	2	2
9	Laboratory Analysis	1	0	2	0	3
10	X-Ray Training	1	0	2	0	3
11	Ultrasound Training	1	1	0	1	3
12	Primary Eye Care	3	1	6	1	11
13	Public Nutrition	10	8	21	9	48

14	RMU /MMS	8	0	8	0	16
15	Blood Transfusion	12	7	20	8	47
16	IPC (Infection Prevention &Control)	15	3	17	13	48
17	EPI Refresher Training	0	2	0	2	4
18	Disability	11	4			
19	Family Planning	0	4	0	5	9
20	Mental Health	6	1	6	1	14
21	Mental Health	7	5	12	8	32
22	TB, Malaria, HIV	12	4			
23	Baby Friendly Hospital Initiative	12	8	20	10	50
24	Emergency Triage Assessment and Treatment	11	4	16	9	40
25	Human Resource Management	8	0	12	0	20
26	Standard Based Management and Recognition	7	0	12	0	19
27	HMIS	18	6	24	11	59
28	Supervision, M&E	7	0	7	0	14
29	BCC	9	1	6	10	26
30	IPCC	9	1	7	10	27
31	Quality Improvement	4	0	12	0	16
32	Gender Awareness	15	6	24	11	56
33	Equipment Maintenance	2	0	4	0	6
34	IPC (Infection Prevention &Control)	9	1	10	5	25
35	Mass Casualties Management	14	5	22	10	51
Sub Total		233	86	291	136	746
Grand Total						746

Capacity building for PPHO staff:

To have a smooth coordination and communication with provincial health office, OCCD enhanced the capacity building of PPHO through undertaking activities such as, having participants from their team in each training, involved them as a facilitator and conducting joint training monitoring.

Post training follow up:

OCCD developed tools and a system to monitor and evaluate the effectiveness of training and capacity building activities on regular base. At the end of each training, the post training follow up plan develops and tracked by supervisory training team.



3. Sarepul Province:

a) Community midwifery Education (CME) Community Health Nursing Education (CHNE);

For successful implementation of the project, as a first step we got community support through awareness of community members, especially the community elders and decision makers about the program. We have provided culturally appropriate messages to communicate the facts about maternal health in Afghanistan and the need for more skilled birth attendances in accordance with MOPH guidelines documents. The messages communicated with the community through the BPHS HFs, District Health Councils, Village Health Committees and community Health workers.

Totally 48 female students graduated from CHNE and CME schools at the end of 2016. The project was jointly implemented by OCCD as a sub consultant with BDN as lead. The CME and CHNE schools addressed the lack for nurses and midwives in Sarepul by educating and graduating female health workers from the communities they live in and enabling them to provide professional care to individuals, families and communities. Upon graduation, the nurses and midwives employed in the HFs in remote districts where they are from.

The CME and CHNE schools implemented part of BPHS project in Saipul province and this project has implemented in close collaboration with GHS and Afghanistan Midwifery and Nursing Education and Accreditation Board (AMNEAB)

OCCD is honored for successful implementation of this project through a hard-working team in the highly insecure province of Saripul. To be eligible for accreditation the schools should score more than 85% score in all of the five areas (Schools standards in 5 areas). This was the first batch for the nursing school and 5 batch for CME School which is completed in this province. Both schools have been accredited by the AMNEAB and OCCD received an appreciation certificates at the end of each schools by provincial governor office. The schools scored 97% in the final assessment (Binding assessment) carried out by AMNEAB.

b) Dissemination of Health Messages:

Through the BPHS project in Sarepul, OCCD disseminated health messages throughout the FM Radio. The project commenced with the beginning of SEHAT 1 project in Sarepul in 2014 and ended in December 2016. The health messages broadcasted through the local FM Radio which was covered the whole districts and center of the province. To get effective and efficient result from the program, the golden time were scheduled for broadcasting the health messages.

The key messages were on the following topics:

1. Family Planning;
2. Exclusive Breastfeeding;
3. Reproductive Health;
4. Health Care Seeking Behavior;
5. Immunization;
6. Preventable diseases;
7. Communicable and Non-Communicable Diseases;
8. Personal and Environmental Hygiene;
9. Risks on Tobacco Use.



**ORGANIZATION FOR COMMUNITY COORDINATION & DEVELOPMENT -
OCCD**

STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 20, 2016.

	NOTES	2016 AFN	2015 AFN
ASSETS			
Fixed Assets	4	-	-
Current Assets			
Receivable from Donor	5	1,242,327	88,823
Cash & Cash Equivalent	6	1,588,595	3,928,074
		<u>2,830,922</u>	<u>4,016,897</u>
TOTAL ASSETS		<u>2,830,922</u>	<u>4,016,897</u>
LIABILITIES AND RESERVES			
LIABILITIES/ RESERVES			
Fund Balance	7	764,177	-
Unutilized Funds	8	-	2,794,798
Inter Project Loan	9	-	-
Accrued and Other Liabilities	10	2,066,745	1,222,099
		<u>2,830,922</u>	<u>4,016,897</u>
RESERVES (DEFICIT)			
Reserves (Deficit)		-	-
TOTAL LIABILITIES AND RESERVES		<u>2,830,922</u>	<u>4,016,897</u>

Auditors' report is annexed thereto.

Annexed notes form an integral part of these accounts.



KABUL

DIRECTOR



FINANCE MANAGER

**ORGANIZATION FOR COMMUNITY COORDINATION & DEVELOPMENT -
OCCD**

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE PERIOD FROM DECEMBER 22, 2015 TO DECEMBER 20, 2016.**

	<u>NOTES</u>	<u>2016</u> AFN	<u>2015</u> AFN
<u>FUNDS</u>			
Fund Received	11	37,588,397	18,926,292
		<u>37,588,397</u>	<u>18,926,292</u>
<u>PROJECT EXPENDITURE</u>			
Project Expenses	12	37,588,397	18,926,292
TOTAL EXPENDITURE		<u>37,588,397</u>	<u>18,926,292</u>
PROJECT SURPLUS/(DEFICIT)		-	-
ACCUMULATED RESERVE (DEFICIT) BROUGHT FORWARD		-	-
ACCUMULATED RESERVES CARRIED FORWARD		-	-

Annexed notes form an integral part of these accounts.



KABUL

DIRECTOR



FINANCE MANAGER

**ORGANIZATION FOR COMMUNITY COORDINATION & DEVELOPMENT -
OCCD**

STATEMENT OF CASH FLOW

FOR THE PERIOD FROM DECEMBER 22, 2015 TO DECEMBER 20, 2016.

	<u>NOTES</u>	<u>2016</u> <u>AFN</u>	<u>2015</u> <u>AFN</u>
<u>CASH FLOW FROM OPERATING ACTIVITIES</u>			
(Deficit) / Surplus for the year		-	-
Add: Non-Cash Items		-	-
Deficit before working capital changes		-	-
Working Capital Changes			
(Increase) / Decrease in receivable from donor		(1,153,504)	(88,823)
(Increase) / Decrease in un-utilized funds		(2,794,798)	1,529,619
(Increase) / Decrease in Fund Balance		764,177	-
(Increase) / Decrease in accrued and other Liabilities		844,646	307,996
Net Working Capital Chagnes		(2,339,479)	1,748,792
Purchase of Fixed Assets		-	-
CASH (USED IN) / IN FLOW FROM OPERATING ACTIVITIES		(2,339,479)	1,748,792
NET (DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS		(2,339,479)	1,748,792
CASH & CASH EQUIVALENTS AT THE BEGINNING OF YEAR		3,928,074	2,179,282
CASH & CASH EQUIVALENT AT THE END OF THE YEAR		<u>1,588,595</u>	<u>3,928,074</u>



KABUL

DIRECTOR



FINANCE MANAGER



1394/08/11

شماره: ۲۲

جمهوری اسلامی افغانستان
اداره مستقل ارگانهای عملی
ولایت سرپل

تقدیر نامه

به اساس پیشنهاد مورخ 11 / 08 / 1394 ریاست صحت عامه ولایت سرپل و حکم شماره 08 مورخ 11/08/1394 مقام ولایت سرپل، بیاس خدمات شایسته و خستگی ناپذیر موسسه هماهنگی و توسعه جامعه (OCCD) که در زمینه تربیه قابله های جامعه انجام داده است خدمات این موسسه قابل ستایش دانسته شده و این تقدیر نامه برای آن منظور گردید. مقام ولایت سرپل موفقیت های هرچه بیشتر موسسه مذکور را در راستای خدمت به مردم رنجیده این مرزوبوم از بارگاه خداوند رب العزت تمنا دارد.

با احترام
الحاج محمد ظاهر " وحدت "
والی ولایت سرپل





1395/09/0

شماره:

جمهوری اسلامی افغانستان
اداره مستقل ارگانهای محلی
ولایت سرپل

تحسين نامه

به اساس پیشنهاد مورخ 1395/09/02 ریاست صحت عامه ولایت سرپل و حکم شماره 334 مورخ 1395/09/03 مقام ولایت سرپل، بپاس عرضه خدمات صحی صادقانه و خستگی ناپذیر کارمندان موسسه همآهنگی و توسعه جامعه (OCCD) که در زمینه تربیه نرسهای صحی جامعه انجام داده اند خدمات کارمندان این موسسه قابل ستایش دانسته شده و این تحسین نامه برای شان منظور میگردد.

مقام ولایت سرپل موفقیت های هرچه بیشتر موسسه مذکور را در راستای خدمت به مردم رنج دیده این مرزوبوم از بارگاه خداوند رب العزت تمنا دارد.

با احترام
الحاج محمد ظاهر "وحدت"
والی ولایت سرپل



جمهوری اسلامی افغانستان

وزارت صحت عامه

ریاست صحت عامه ولایت بدخشان

لوح سپاس

به دفتر محترم موسسه هماهنگی و توسعه جامعه

ریاست صحت عامه ولایت بدخشان به پاس تجلیل از زحمات صادقانه و ارزشمند موسسه هماهنگی و توسعه جامعه که در راستای تطبیق نیروی تعلیمات صحتی تلاش های خستگی ناپذیر در این ولایت نمودند این لوح سپاس را به شما تقدیم مینماید و از ایزد منان شعا سلامتی، موفقیت و تداوم خدمات را در این عرصه برای مردم و شهروندان نیازمند این ولایت مسلت داریم .

با احترام
دوکتور نور خاوری

