ANNUAL REPORT

2025

ORCD Global

Organization for Research and Community Development Global, Inc.

A U.S. 501(c)(3) nonprofit organization

01	02	03	04
Health	**Education**	**Humanitarian assistance**	**Community development**

Advancing health, education, livelihoods, and humanitarian action across underserved communities.

www.orcdglobal.org **GLOBAL IMPACT | LOCAL ACTION**

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About this report. This is the annual report of ORCD Global, Inc. (ORCDG), a U.S. 501(c)(3) nonprofit. It describes the funds ORCDG raised and stewarded in 2025 and the field programs it supported through its implementing arm in Afghanistan. Program results described here were delivered on the ground by the implementing arm; ORCDG's role is to mobilize resources, provide oversight, and ensure accountability to donors.

1. Executive summary

ORCD Global, Inc. (ORCDG) is a U.S.-registered 501(c)(3) nonprofit that mobilizes and stewards resources for humanitarian and development programs in fragile settings. In 2025, ORCDG channeled donor support to lifesaving health, nutrition, water and sanitation (WASH), protection, and resilience programs delivered through its implementing arm in Afghanistan.

The year was defined by a sharp contraction in international funding, driven by abrupt cuts to U.S. assistance. ORCD responded by protecting frontline services, supporting an orderly transition where programs had to scale down, and holding firm on accountability. Every program objective committed to in 2025 was met, and the field implementation was covered by clean, unqualified independent audit opinions delivered by Chartered accountants.

Key achievements

- Sustained donor confidence through a difficult funding year and continued support to programs across multiple provinces in Afghanistan.
- Supported delivery of 100% of program objectives across active projects, verified through donor completion reports.
- Backed field operations that earned clean, unqualified independent audit opinions with no critical findings.
- Maintained >91% beneficiary satisfaction with supported health services.

Strategic highlights

- Operated a lean nonprofit model that held administrative cost to 3.9% of total expenditure, directing 96.1% of spending to frontline program delivery.
- Strengthened the case for a delivery model built for fragile settings: local staff, community premises, and shared infrastructure that can pause and restart without losing capacity.
- Preserved trusted field relationships and a trained female workforce that allow programs to resume quickly when funding returns.

Scale of impact (programs supported in 2025)

Indicator	2025 result	Coverage
People reached with health and nutrition messaging	**2.11M**	Multiple provinces
Children who received micronutrient powder	**1.39M**	Nutrition program areas
Adolescent girls who received IFA supplementation	**1.43M**	Nutrition program areas

Indicator	2025 result	Coverage
People served by flood-recovery health and WASH	**36,366**	Baghlan
Health workers and volunteers trained	**2,800+**	National

2. About ORCD Global

ORCD Global, Inc. (ORCDG) is a nonprofit organization registered in California as a 501(c)(3) public charity (EIN 46-2269133). ORCDG mobilizes philanthropic and institutional funding for humanitarian and development programs and ensures these resources are delivered with rigor and accountability in some of the world's most fragile settings.

ORCDG worked principally through its implementing arm in Afghanistan, which carries Special Consultative Status with the United Nations Economic and Social Council (ECOSOC) and serves as a trusted implementing partner for nine UN agencies. Together, the ORCDG family has supported over 116 medium- and large-scale projects and a cumulative program portfolio exceeding USD 69 million, with a 100% project success rate.

Mission, vision, and values

Mission. Using an evidence-based, best-practice approach to empower local communities to set and achieve their own development goals.

Vision. A world of prosperous families, empowered to make informed choices.

Values. Evidence, accountability, local ownership, and impartial service to the most underserved communities.

Organizational approach

As the U.S. reporting entity, ORCDG focuses on three functions:

- Mobilizing resources from institutional donors;
- Providing governance and financial oversight; and
- Ensuring accountability to donors and regulators.

Program design and delivery are carried out by the field implementing arm, which built programs deliberately for fragile settings using local staff, community premises, and shared infrastructure. Field engagement runs through community and health shuras, which open access to nomadic, displaced, and hard-to-reach populations.

Geographic presence

ORCDG is registered and governed in the United States. Its supported programs operate in Afghanistan through a head office in Kabul and its provincial offices, with a peak field footprint of 18 provinces. In 2025, supported delivery concentrated in Baghlan, Kunduz, Kandahar, and Nangarhar, alongside national nutrition messaging.

The provinces in Afghanistan in which ORCD delivered services through various projects are mentioned as follow:

1. Kabul
2. Baghlan
3. Kunar
4. Logar
5. Nangarhar
6. Laghman
7. Kapisa
8. Parwan
9. Panjsher
10. Kunduz
11. Badakhshan
12. Ghazni
13. Herat
14. Nimroz
15. Bamian/Bamyan
16. Balkh
17. Kandahar
18. Nuristan

3. Year in review

Key milestones

- Sustained donor relationships and funding through a year of severe sector-wide contraction.
- Supported an orderly transition of field programs affected by the February 2025 U.S. assistance cuts, with no abandoned patients and no service gaps left behind.
- Backed delivery of a solar-powered water system in Baghlan designed to outlast the project that built it.
- Maintained clean independent audit coverage of supported field operations.

Major developments

The defining development of 2025 was the abrupt contraction in international funding. ORCDG prioritized the funds it could raise toward lifesaving services, supported structured handovers where programs scaled down, and kept reporting and compliance systems fully operational. The result was full delivery against reduced workplans and a clean audit of field implementation.

Partnerships and collaborations

ORCDG and its implementing arm sustained coordination with donors, provincial local authorities. ORCDG continued to work alongside international partners including Penny Appeal, KS Relief, and Muslim Aid UK, and retained the family’s standing as an implementing partner for them.

4. Programs supported in 2025

a. Health programs

Objectives. Maintained reproductive and maternal health services for women and girls in areas beyond the reach of static health facilities affected by earth quacks in Kunar.

Key activities. Mobile Health Teams (MHTs) delivered antenatal and postnatal care, assisted deliveries, family planning, sexual and reproductive health (SRH) services, immunization, and psychosocial support, delivered by an experienced female workforce embedded in their own communities.

Results. Supported programs met 100% of objectives under a sharply reduced footprint. ORCD provided primary healthcare services to earth quack affected families; through 2025 it sustained delivery where it could and handed over caseloads where it could not.

Outcomes and impact. Supported programs helped maintain continuity of maternal care in districts with no functioning public health facility, with 91% beneficiary satisfaction.

Challenges and lessons learned. Funding volatility was the principal risk to continuity. The 2025 experience showed that a community-based model with trained local staff allowed services to pause and restart without losing institutional capacity.

b. Humanitarian response

Objectives. Provided lifesaving health and WASH support to flood-affected and displaced populations.

Key activities. Flood-recovery health and WASH services in Baghlan, including a solar-powered water system, alongside trauma-informed care for returnee families.

Results. 36,366 people served through flood-recovery health and WASH in Baghlan.

Outcomes and impact. Supported activities restored access to safe water and basic health services for affected households, including durable infrastructure designed to outlast the funding cycle.

Challenges and lessons learned. Durable assets such as solar-powered water systems delivered value beyond the project period and strengthened the case for capital investment over repeat emergency response.

c. Livelihoods and resilience

Objectives. Strengthened household resilience and supported reintegration of returnee families.

Key activities. Trauma-informed support for returnee families in Baghlan, integrated with community resilience programming.

Results. Livelihoods and resilience delivery in 2025 ran through two grants. A women's sustainable-livelihoods project in Kunar, funded by Penny Appeal Canada, and included a community livelihood trainer and dedicated mahram support so that women could participate. Psychosocial support for returnees and IDPs integrating into host communities, funded by AANNA.

Challenges and lessons learned. Reintegration support was most effective when paired with health and protection services already trusted by the community.

Challenges and lessons learned. Durable assets such as solar-powered water systems deliver value well beyond the project period and strengthen the case for capital investment over repeat emergency response.

Challenges and lessons learned. Reintegration support is most effective when paired with health and protection services already trusted by the community.

d. Gender and inclusion

Objectives. Ensured that women and girls retained access to lifesaving services, and that program design advanced women's voice, participation, and protection, in line with the London Compact (London Compact, 2024).

Key activities. Supported programming used female-led service delivery through MHTs, integrated gender-based violence (GBV) clinical management and psychosocial support, women-only consultations, and engagement of female community mobilizers. Community programming applied a 50% women / 50% men participation standard, consistent with the London Compact (London Compact, 2024).

Results. Sustained women's access to SRH services through a continuously trained female workforce of midwives, nurses, and community health workers who reached women in restricted environments where male-staffed services could not operate.

Outcomes and impact. Skills and trusted relationships remained in the community through the transition, a deliberate sustainability result consistent with the London Compact (London Compact, 2024).

Challenges and lessons learned. The 2025 transition showed that protecting the female workforce during funding shocks was essential, as trained female health workers are difficult and slow to replace in restricted environments.

5. Impact summary

Total beneficiaries reached

In 2025, supported programs reached 2.11 million people with health and nutrition messaging, delivered micronutrient powder to 1.39 million children, provided IFA supplementation to 1.43 million adolescent girls, and served 36,366 people through flood-recovery health and WASH in Baghlan.

Regional coverage

Area	Focus in 2025
Baghlan	Flood-recovery health and WASH, returnee support, MHTs
Kandahar	Reproductive and maternal health through MHTs
Kunduz	Maternal and child health services
Nangarhar	Health and humanitarian delivery
National	Nutrition messaging and micronutrient supplementation

Key outcome-level changes

- Continuity of maternal and reproductive health services in districts with no functioning alternative.
- Restored safe water access in flood-affected communities through durable, solar-powered infrastructure.
- Retention of trained female health workers and community trust through a forced transition.

6. Financial overview (ORCD Global, Inc.)

This section reports ORCDG's own financial activity as a U.S. 501(c)(3). All figures are taken from ORCDG's audited financial statements for the year ended December 31, 2025, prepared under International Financial Reporting Standards (IFRS) and audited by SFAI Assurance Kabul, Chartered Accountants, which issued an unqualified opinion on May 21, 2026. Amounts are in U.S. dollars, the organization's functional and presentation currency, and are rounded to the nearest dollar.

Major donors

ORCDG works alongside international partners including Penny Appeal, KS Relief, and Muslim Aid UK, and supports programs funded by ten UN agencies through its implementing arm.

The table below shows 2025 expenditure by funding partner, which is the basis on which restricted revenue is recognized.

Funding partner	Share
Osman Consulting	32.2%
Muslim Aid UK	22.8%
Penny Appeal UK	16.2%
Penny Appeal USA	9.8%
Action for Humanity	6.7%
Nossal Institute, The University of Melbourne	5.0%
ORCD (cooperative grant agreement)	4.6%
Penny Appeal Canada	2.2%
AANNA	0.6%
Total	**100%**

Allocation by program area

The following table shows shared by program areas:

Program area	Share
Food security and seasonal distributions	27.8%
Emergency response (earthquake, flood, winterization)	26.2%
Health services and health-system development	18.0%
Orphan support and education	15.1%
Water and sanitation (deep wells and drinking-water systems)	6.9%
Institutional development and organizational strengthening	4.6%
Livelihoods and women's economic empowerment	0.8%
Protection and psychosocial support for returnees and IDPs	0.6%
Total	**100%**

Commentary on financial efficiency

ORCDG operates a lean structure that directs the large majority of funds to frontline program delivery. Administrative cost accounted 3.9%, leaving 96.1% for direct program delivery. The 2025 financial statements were audited by SFAI Assurance Kabul, Chartered Accountants, and received an unqualified opinion with no reported findings.

7. Partnerships and donors

Key partners

Partner	Role
Osman Consulting	Largest funding partner in 2025: Qurbani and Ramadan relief, and earthquake response
Muslim Aid UK	Health and WASH in Baghlan, earthquake response in Kunar, seasonal food distributions
Penny Appeal (UK, USA, Canada)	Orphan support, mobile health teams, deep wells, food security, and women's livelihoods
Action for Humanity	Food assistance in Kabul, earthquake response in Kunar, winterization in Bamyan
KS Relief	Flood-response funding partner; prior-year grant settled during 2025
Nossal Institute, The University of Melbourne	Family Health House (HHH) strategy 2025 to 2030
AANNA	Psychosocial support for returnees and IDPs in host communities

Collaboration impact

Partnership continuity allowed ORCDG to protect frontline services through the 2025 transition and support an orderly handover of caseloads. Coordination with provincial public health authorities and district health offices avoided service gaps for patients.

8. Monitoring, evaluation, and learning (MEL)

Systems used

Supported programs tracked delivery against approved workplan targets and reported through donor completion reports and the Health Management Information System (HMIS). Performance was verified externally through independent audits and donor reviews.

Data quality approach

Reported figures were verified through independent audits and donor completion reports. Reporting and compliance systems stayed fully operational through the 2025 transition.

Key lessons learned

- The 2025 transition showed that a community-based model with trained local staff preserved capacity through funding shocks.
- Female-led delivery remained essential for reaching women in restricted environments.
- Durable infrastructure delivered value beyond the funding cycle.

Adaptations made

In response to the February 2025 funding cuts, ORCDG and its implementing arm reprioritized lifesaving services, executed structured handovers, and protected the trained female workforce where resources allowed.

9. Governance and compliance

Organizational governance structure

ORCD Global, Inc. is governed by a U.S. board of directors and led by its officers, with oversight of fundraising, finance, and program accountability. Field programs are managed by the implementing arm through a Kabul head office and 13 provincial offices.

Transparency and accountability measures

ORCDG maintains safeguarding, anti-fraud, and anti-corruption policies. Supported field operations have verified protection from sexual exploitation and abuse (PSEA) capacity and have been independently rated a low-risk partner in UN assurance assessments.

U.S. compliance

As a 501(c)(3) public charity (EIN 46-2269133), ORCDG files an annual IRS Form 990 and maintains required charitable registrations. ORCDG was incorporated in the State of California on November 5, 2017 (Registration No. C4076735) and has been registered as an international

organization in Afghanistan since December 2018 (Registration No. 460). As a non-profit organization, ORCDG is exempt from income tax; withholding taxes on goods and services procured in Afghanistan are deducted and remitted in accordance with Afghan tax law.

ORCDG's financial statements for the year ended December 31, 2025 were prepared under IFRS and audited by SFAI Assurance Kabul, Chartered Accountants, which issued an unqualified opinion on May 21, 2026. The statements were authorized for issue on May 17, 2026 and comprise the statement of financial position, the statement of fund and expenditures, cash flows, and changes in accumulated funds, together with project-level statements for every grant active during the year.

10. Challenges and lessons learned

Operational challenges

- Abrupt U.S. funding cuts in February 2025 reduced supported operating budgets by more than two-thirds and forced program closures in the field.
- Rapid scale-down required orderly handover of patients and assets under time pressure.

Contextual barriers

- Afghanistan remains one of the most severe humanitarian health emergencies globally, with maternal and newborn mortality among the highest in the world.
- Restrictions on women's mobility and work increase the difficulty and importance of female-led service delivery.

Lessons for future programming

- Diversify the donor base to reduce exposure to single-government funding shocks.
- Protect the female workforce first, as it is the hardest capacity to rebuild.
- Favor durable assets over repeat emergency response where conditions allow.

11. Way forward: 2026 priorities

Strategic priorities

- Grow and diversify U.S. and international fundraising to stabilize program funding.
- Support restoration of Mobile Health Teams in hard-to-reach communities, prioritizing continuity for women and girls.
- Protect institutional assets, including the trained female workforce and community relationships.
- Launch local projects in California and throughout the United States.

Planned expansions

- Support climate-responsive livelihoods and forestry programming, including planned delivery in Kunar, with a 50% women / 50% men participation standard (London Compact, 2024).
- Continued reproductive, maternal, newborn, and child health (RMNCH) delivery.

Key focus areas

- Efficiency: keep U.S. overheads low and direct funds to frontline delivery.
- Sustainability: invest in durable assets and local capacity.
- Local ownership: design through community and health shuras so priorities and capacity remain in the community.