# ANNUAL REPORT 2013

*Empowering communities for sustainable development*

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## AGENCY FOR ASSISTANCE AND DEVELOPMENT OF AFGHANISTAN

# A Word From Our Founder

Dear Friends,

I am proud to announce that 2013 was a busy, challenging, rewarding and productive year for all of us at AADA. AADA members, management team, field staff, volunteers and trustees exhibited their dedication, talent, potential and enthusiasm in striving to achieve our vision of health, peace and prosperity for communities across the country.

In line with our vision, we have formulated the strategic goals and directions intended to shift the focus of service delivery from programs to tailored services, with a view to expanding primary health care, strengthening the continuum of care and promoting integrated approaches to address the complex needs of communities and individuals. This includes efforts to refine and diffuse innovative community health program strategies, tools and best practices to overcome barriers to program coverage, quality, equity and sustainability.

We have also worked to effectively document and learn from our own and others' experiences to maximize AADA impact and diversify funding, including unrestricted funding, to ensure speedy response to emergency and emerging situations, as well as financial sustainability of the organisation for years to come. We have also identified targets, reliable partners, measures and milestones for gauging achievements against our strategic goals. This is the primary reason that AADA is now a well-recognised organisation throughout the country. All of these achievements would not have been possible without dedicated field staff, a network of community volunteers, the expertise of mid-level and senior managers and the generous and professional support of stakeholders and development partners.

As we continue to embark on this journey, we thank you for your ongoing support and invite you to join us in working towards improved access to, and provision of healthcare services across the country.

Yours faithfully,

Dr.Jammalluddin Jawaid
Founder and Advisor



# A Word From Our Director

Dear Supporters,

Afghanistan is the country with the highest figures on maternal and child mortality rates. During 2013, in collaboration with stakeholders and under the stewardship of the MOPH, AADA played a significant role in the reduction of maternal and child mortality rates through BPHS and other health-related projects.

Through its BPHS health facilities and community networks in Bamyan, Ghazni, Khost and Faryab, AADA provided OPD services to 2,111,592 individuals. Antenatal care services were also provided for 74,917 pregnant women, and 41,113 pregnant women were immunized against tetanus. Skilled birth attendants assisted with 18,760 deliveries, and 71,336 children under the age of five received penta vaccines. Additionally, OPD services were provided to 207,138 clients in Faryab province through 33 Family Health Houses, three Mobile Support Teams and two Sub-Health Centers.

In the aforementioned four BPHS provinces, 17,606 (47% female and 53% male) medical workers and community health workers received various types of training, as per BPHS training criteria. Community Midwives working in Family Health Houses (FHH) in Faryab province received refresher training on Health Management Information System (HMIS), MDS and RUD, reproductive health, common disease and community mobilization. HIV prevention and harm reduction services were provided to 22,544 clients in Kunduz and Ghazni provinces. In addition to that, fifteen new HIV cases, 337 HBs and 172 Hepatitis C Virus (HCV) cases were also detected, and harm reduction services were provided to them accordingly.

In this year's annual report, you will find the highlights of AADA's main projects that took place in 2013, along with this year's audit report.

I would like to thank all AADA members for their great contributions toward achieving the organization's goals and objectives.

Many thanks,

Dr S. Ashrafuddin Aini
General Director

# AADA In Action

**Introduction to the Agency for Assistance and Development of Afghanistan**

The Agency for Assistance and Development of Afghanistan (AADA) is a non-profit, non-partisan, independent Afghan organization founded in 2005. It was established with the main aim of promoting high quality health and social services, equality, accessibility, professional capacity building and community development among underserved communities, as well as developmental and humanitarian services.

**AADA's Vision**

Afghanistan's diverse communities are empowered to achieve sustainable health, peace and prosperity.

**AADA's Mission**

To create a center of excellence committed to improving the lives of vulnerable populations and contributing to community development.

AADA has been implementing programs and projects in various areas of the country, such as the Basic Package of Health Services (BPHS), that is based on Primary Health Care programs. AADA has also been extensively involved in implementing projects aimed at community development, and capacity building for both health workers and community members. AADA has implemented different types of projects in over 25 provinces of Afghanistan.

**AADA's ongoing projects in 2013 included:**

- The implementation of the Basic Package of Health Services in four provinces;
- The delivery of health services and the promotion of sustainable livelihood through Family Health Hous es and Mobile Support Teams in Faryab province;
- Health service delivery through Mirbacha kot 20 beds Maternity Hospital in Kabul province;
- Training Community Midwives/Community Nurses through a 24-month program in eight provinces throughout the country;
- HIV prevention and Harm Reduction projects in two provinces;
- Other projects including Result-Based Financing, IMAM and a Supplementary Feeding Prorgam.

**AADA At a Glance**

| | |
|---|---|
| **2005** | |
| Total Projects | 1 |
| Direct Beneficiaries | 3,500 |
| Indirect Beneficiaries | 26,117 |
| Total Beneficiaries (Direct & Indirect) | 29,617 |
| **2006** | |
| Total Projects | 6 |
| Direct Beneficiaries | 1,174,628 |
| Indirect Beneficiaries | 42,500 |
| Total Beneficiaries (Direct & Indirect) | 1,217,128 |
| **2007** | |
| Total Projects | 7 |
| Direct Beneficiaries | 1,417,722 |
| Indirect Beneficiaries | 35,603 |
| Total Beneficiaries (Direct & Indirect) | 1,453,325 |
| **2008** | |
| Total Projects | 12 |
| Direct Beneficiaries | 1,287,541 |
| Indirect Beneficiaries | 112,393 |
| Total Beneficiaries (Direct & Indirect) | 1,399,934 |
| **2009** | |
| Total Projects | 20 |
| Direct Beneficiaries | 1,697,870 |
| Indirect Beneficiaries | 696,928 |
| Total Beneficiaries (Direct & Indirect) | 2,394,798 |
| **2010** | |
| Total Projects | 30 |
| Direct Beneficiaries | 1,893,753 |
| Indirect Beneficiaries | 1,708,509 |
| Total Beneficiaries (Direct & Indirect) | 3,602,262 |
| **2011** | |
| Total Projects | 26 |
| Direct Beneficiaries | 1,984,386 |
| Indirect Beneficiaries | 1,671,033 |
| Total Beneficiaries (Direct & Indirect) | 3,655,419 |
| **2012** | |
| Total Projects | 16 |
| Direct Beneficiaries | 1,939,233 |
| Indirect Beneficiaries | 1,211,881 |
| Total Beneficiaries (Direct & Indirect) | 3,151,114 |
| **2013** | |
| Total Projects | 19 |
| Direct Beneficiaries | 2,134,388 |
| Indirect Beneficiaries | 928,640 |
| Total Beneficiaries (Direct & Indirect) | 3,063,028 |

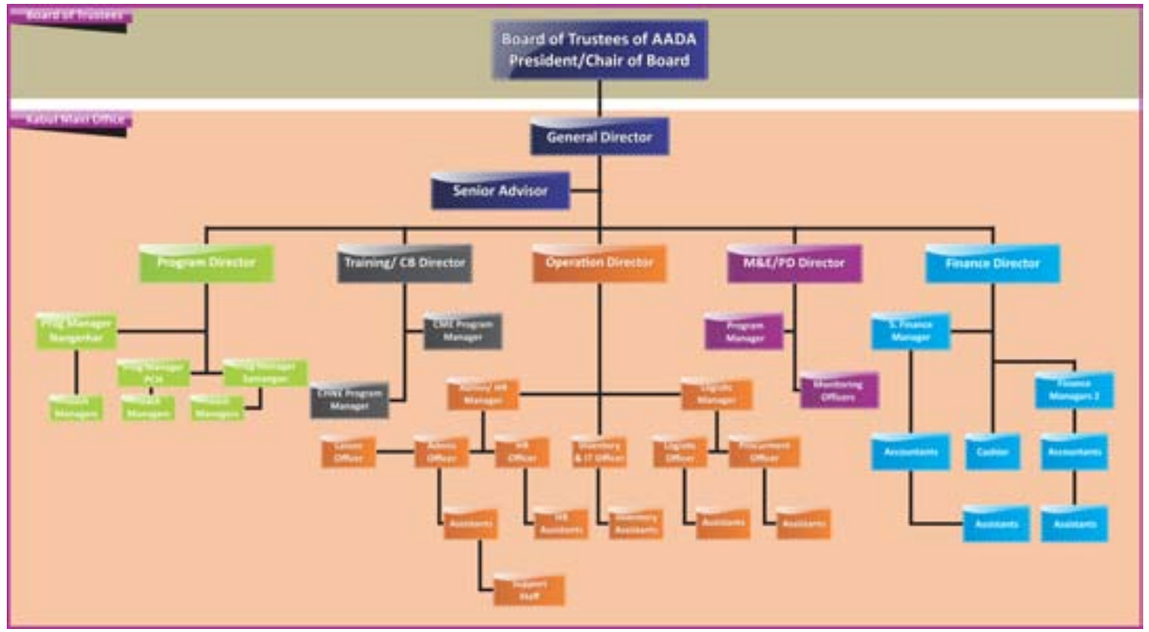


# System of Governance

The management team based in AADA's main office in Kabul is responsible for the overall management of all AADA projects throughout the country.

The management team consists of the General Director, Program Advisor, Program Director, Program Development/M&E Director, Capacity Building Director, Operation Director and Finance Director. The management team holds regular, biweekly meetings and the records of the meetings are used for the improvement of program and project activities. The management team is supervised by the Board of Trustees (BOT), which is chaired by Dr Roohullah Shabon, a well-recognized Afghan specialist and a current professor at Seneca College, Toronto, Canada.

The BOT holds quarterly meetings and Skype conferences with other offices, and provides support with governance, policy and strategy issues for all projects; it also undertakes program reviews.




**AADA offices across the country**

*Main office:* House #1535, first lane left side, Technique Street, in front of police station #3, Karti char, Kabul, Afghanistan
*Nangarhar:* House #1684, Nahia Sey, Street 16, Marastoon Square, Jalalabad, Nangarhar-Afghanistan
*Ghazni:* Plan-e-Sey, in front of Masjidi Mohammadi, Ghazni City, Ghazni, Afghanistan
*Khost:* In front of Hakim Taniwal Institute, 1200 family, Khost City, Khost, Afghanistan
*Bamyan:* House #198, in front of Jamahat Khana, end of Airport Road, Sarasiab, Bamyan city, Bamyan-Afghanistan
*Samangan:* Next to Communication Office, Katimamorin, Aibak City, Samangan-Afghanistan
*Faryab:* In front of Hazrat-e-Omari Faruq Masjid, Balooch Khana, Nahia Awal, Maimana City, Faryab-Afghanistan

# Our Projects

AADA's projects consist of health services provision, training and capacity building, community development and research.

**Basic Package of Health Services (BPHS)**

In 2013, AADA implemented BPHS projects with funding from USAID in Bamyan, Faryab, Ghazni and Khost provinces. Through the PCH grant, AADA managed 118 health facilities and 1,386 health posts throughout all four provinces. In the last quarter of 2013, AADA was selected to implement BPHS in the entire Nangarhar province in the east, as well as in Samangan province in the north of the country made possible by SEHAT grants.

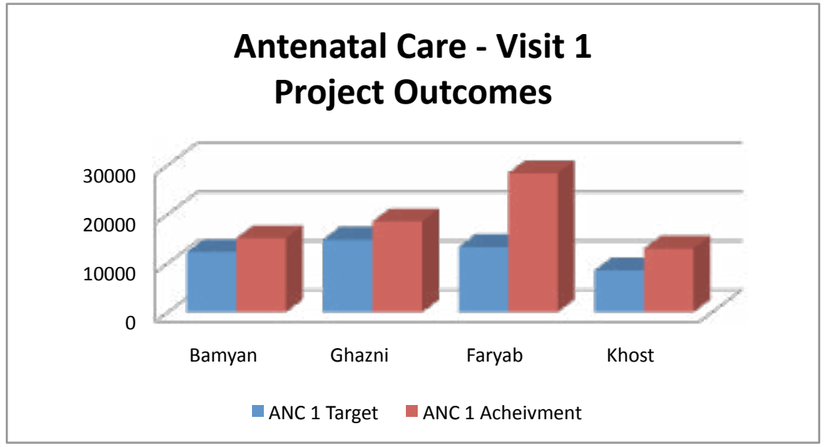
Besides health services delivery, AADA provided capacity building opportunities for staff in management and HFs, as well as for volunteers in the community.

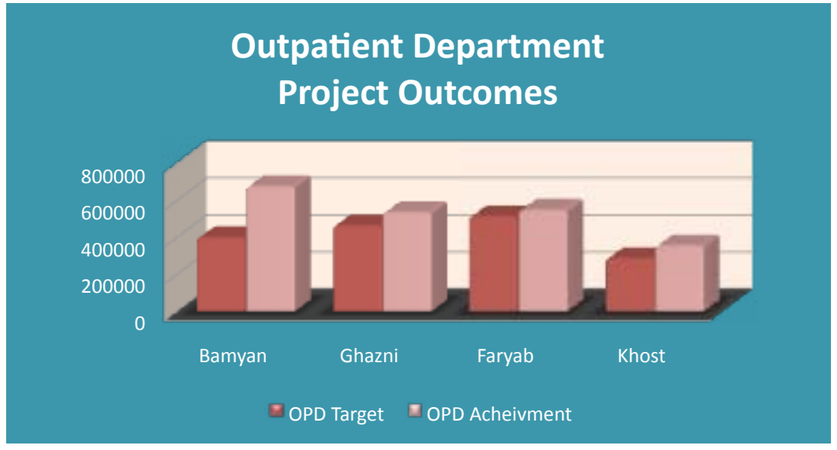
FMD examing a patient in a Bamyan Health Facility

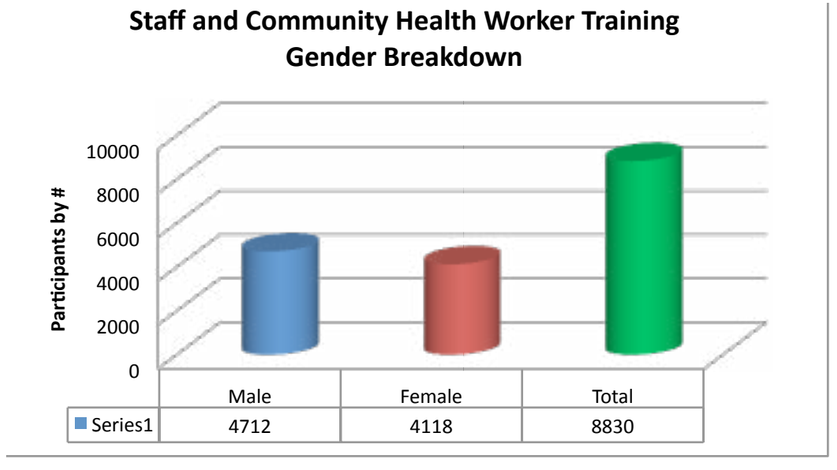
Visit from IPDs in District Hospital



# Our Projects



# Our Projects

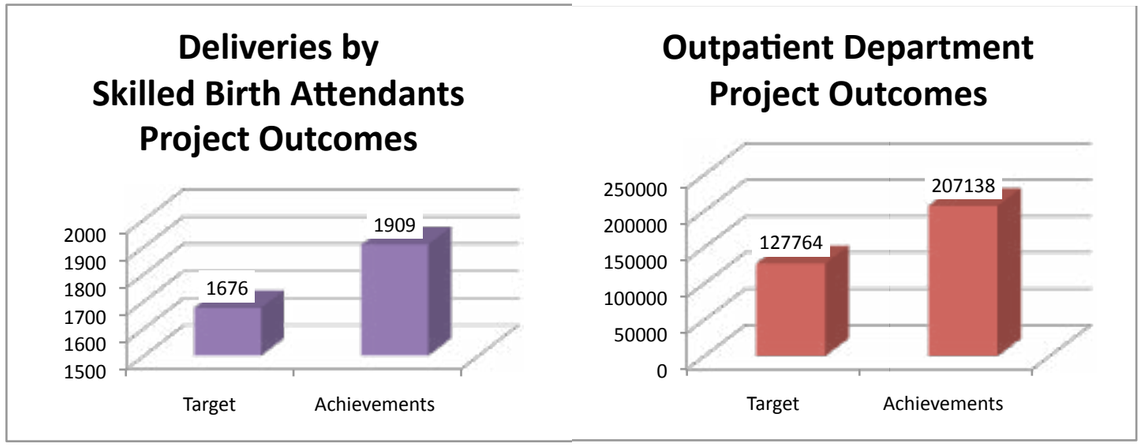
**Mobile Support Teams and Family Health Houses**

Though the rapid expansion of BPHS coverage had a major impact on the reduction of maternal and child mortality rates in Afghanistan, the white areas (areas which are not covered by BPHS programs) still remain vulnerable to higher rates. To overcome this issue, AADA and UNFPA, in coordination with MOPH, jointly developed a strategy to cover the un-served and underserved areas in Bamyan, Daikundi and Faryab provinces. In 2009, a total of 89 females were selected from the most underserved and un-served areas of these provinces to participate in a program based on Community Midwifery Education criteria. The students selected received two and a half years of training led by three CME schools, funded by UNFPA and implemented by AADA. The students graduated from CME schools in December 2011, March 2012 and July 2013. Graduates of the program were recruited as Community Midwives in their respective villages through Family Health Houses (FHH).

From 2009, Mobile Health Teams were responsible for covering the white areas of the underserved provinces in question. Before the students graduated, AADA managed to construct a number of two-room Family Health Houses, each equipped with a toilet, an incinerator and medical and non-medical equipment. By establishing the Family Health Houses (each staffed by one midwife), the Mobile Health Teams were transformed into Mobile Support Teams, which were able to provide technical and logistical support for the midwives serving the Houses.

In 2013, AADA continued health service delivery through FHHs and Mobile Support Teams in Faryab province. FHH midwives received IMCI initial training and a ten-day refresher training in 2013; 66 CHWs related to FHHs also received refresher training.

On-the-job training for midwives in Family Health Houses

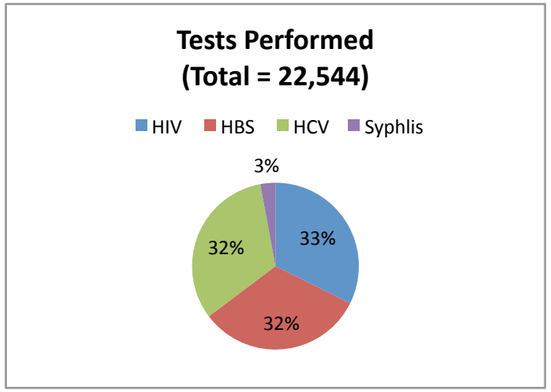


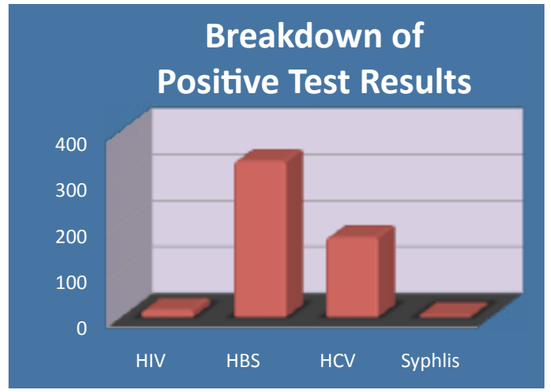

Summary of FHH/MST project achievments versus targets in Faryab province



# Our Projects

**Strengthening Provincial HIV/AIDS Programs (SPHP) in Kunduz and Ghazni Provinces**
Through the implementation of Global Fund Round-7 and Round-8 projects in Kunduz and Ghazni provinces, AADA (as sub-recipient of GTZ-IS) made a significant contribution to the fight against HIV/AIDS. AADA contributed to maintaining the prevalence of the disease at 0.5%, through the implementation of HIV Urban Based Centers (HUB). This project provides services through an HIV/STI Centre (VCCT), Community-based Drop-in Centers, Prison-based centers, Peer-led Community Outreach Services, and Support to People Living With HIV/AIDS (PLWHA), as well as TB/HIV collaborative activities. From October 2013, these projects were contracted between AADA and the National AIDS Control Program under the Transitional Funding Mechanism (TFM).





BPHS staff training on Basics of HIV/AIDS

# Our Projects

**Community Midwifery Education Program (CME-P)**

Afghanistan has one of the highest maternal mortality rates in the world. Most maternal deaths are due to a lack of skilled birth attendants, which has negative impact on neonatal health and also contributes to high infant mortality rates.

Community midwifery training is a top priority of the MOPH reproductive health strategy, which aims to reduce the high maternal mortality rates in Afghanistan. The community midwives, selected from rural communities to help Afghan women access both institutional delivery and skilled birth attendants.

In 2013, AADA managed three Community Midwifery Schools in Afghanistan. In June 2013, a total of 23 students from Bamyan and Daikundi provinces graduated from a CME School in Kabul (funded by UNFPA) and were recruited as midwives to serve a number of Family Health Houses. AADA also trained 48 students in the two CME Schools located in Mazar-e-Sharif. One of these schools was funded by The Johannitter/NMZ, for Balkh province, and the other was funded by Cordid, for Balkh and Jawzjan provinces. The students will be recruited as community midwives into their respective districts.

CME students undertaking practical work



# Our Projects

**Community Health Nursing Education Program (CHNE-P)**

Nurses are an integral part of the delivery of comprehensive healthcare. In fact, they have been found to be nearly as effective in the primary care setting as doctors. Where primary health care is the focus of government initiatives, Community Health Nurses are likely to be more cost effective than doctors at the primary care level. A lack of nurses throughout Afghanistan is problematic, but an even graver issue is the shortage of female health workers available.

Community Health Nurse training is a top priority of the MOPH strategy, which aims to provide a qualification for nursing at diploma-level, with the competencies to work as a nurse in community and healthcare settings. Community Health Nurses are selected from rural communities to improve Afghan citizens' – particularly women's – access to primary healthcare.

In 2013, a total of 180 female students were under training across five CHNE schools run by the AADA, in Faryab, Jawzjan, Logar, Wardak and Khost provinces. A total of 35 students graduated from Khost CHNE School in October 2013, and were recruited into various health facilities. The other four CHNE schools began on May 15th, 2013.

CHNE students undertaking practical work

# Our Projects

**Mir Bacha Kot 20 Beds Maternity Hospital**

On August 14th, 2013, with the support of The Johanniter and in coordination with the Ministry of Public Health of Afghanistan, AADA organized the inauguration ceremony of MBKH. H.E. Dr Najia Tariq, the Deputy Minister of MOPH, Deputy Governor of Kabul, Representative of the Ministry of Women's Affairs, Members of the Kabul Provincial Council, Kabul Provincial Health Director and his team, District Governor and Chief of Police, community and religious leaders from different districts of Kohdaman, members of Kohdaman Health Committee, BPHS implementer of the target area, delegation of The Johanniter from Germany, leadership of AADA, and the hospital staff were among the attendees at the event. The Ministry of Rural Rehabilitation and Development (MRRD) constructed the hospital in 2009, under the National Solidarity Program (NSP) and with the community contribution. The MRRD handed the hospital over to MOPH in January 2012.
Based on a request from MOPH, The Johanniter, in partnership with AADA, secured funds from the German Federal Ministry of Economic Cooperation and Development (BMZ), with 25% co-financing by The Johanniter itself. The project was approved in November 2012 for two years (from November 1st, 2012 to October 31st, 2014) with a total estimated budget of €1,018,929.

The project aims to provide life-saving maternity healthcare services to women of the seven districts in the north of Kabul province (i.e. Farza, Guldara, Istalif, Kalakan, Mir Bacha Kot, Qarabagh and Shakardara), serving more than 300,000 citizens.

Under the stewardship of the MOPH, AADA/JUH renovated and equipped the hospital with modern medical equipment and machinery. Now the hospital is fully functional and provides maternal health care services, including caesarean sections and other life-saving procedures.




# Our Projects

**Community Management of Acute Malnutrition (CMAM) and Supplementary Feeding Program**

Since July 2013, AADA has implemented CMAM in seven districts of Bamyan province, in partnership with Save the Children International. Throughout the year, a total of 35 OTPs and three Stabilization Centers (SCs) were established in seven districts (Waras, Panjab, Shibar, Kahmard, Saighan Bamyan and Yakawlang) of Bamyan. There were also 30 breastfeeding corners established in these districts.

Training led by Nutrition for Mothers, Newborns and Children (NMNC) was provided to medical doctors, midwifes and nurses in seven health facilities across Bamyan province. The organization trained 72 targeted health facility staff, as well as three DHO and two Ghandak BHC staff. An additional 77 staff were trained on using MNCN's training package. From the beginning of September to the end of December 2013, the 35 OTPs admitted 1004 Severe Acute Malnutrition children aged 6-59 months. Of this number, 433 targeted children were cured, and 464 of them are still under treatment.

In July 2013, the Supplementary Feeding Program restarted in Bamyan, with an aim to prevent nutritional decline in women (lactating and pregnant) and children (6-59 months) in selected areas of Bamyan and Yakawlang, Panjan, Waras , Shiber, Saighan and Kahmard districts of Bamyan province.

Community Based Management of Acute Malnutrition

## 15. FINANCIAL INSTRUMENTS AND RELATED DISCLOSURES

### 15.1 FINANCIAL ASSETS AND LIABILITIES

| 2013 | Mark - up / Interest bearing | | Non mark - up / Non interest bearing | | Total |
|---|---|---|---|---|---|
| | Maturity | | Maturity | | |
| | Within one year | One year to five years | Within one year | One year to five years | |
| | USD | | USD | | USD |
| **Financial assets** | | | | | |
| Receivable from donors | - | - | 118,372 | - | 118,372 |
| Cash and cash equivalents | - | - | 2,477,340 | - | 2,477,340 |
| | - | - | 2,595,712 | - | 2,595,712 |
| **Financial liabilities** | | | | | |
| Payables | - | - | 239,589 | - | 239,589 |
| | - | - | 239,589 | - | 239,589 |
| **Net financial assets** | - | - | 2,356,123 | - | 2,356,123 |

| FINANCIAL ASSETS AND LIABILITIES | Mark - up / Interest bearing | | Non mark - up / Non interest bearing | | Total |
|---|---|---|---|---|---|
| | Maturity | | Maturity | | |
| 2012 | Within one year | One year to five years | Within one year | One year to five years | |
| | USD | | USD | | USD |
| **Financial assets** | | | | | |
| Receivable from donors | - | - | 622,356 | | 622,356 |
| Cash and cash equivalents | - | - | 1,132,860 | - | 1,132,860 |
| | - | - | 1,755,216 | - | 1,755,216 |
| **Financial liabilities** | | | | | |
| Payables | - | - | 628,683 | | 628,683 |
| | - | - | 628,683 | - | 628,683 |
| **Net financial assets** | - | - | 1,126,533 | - | 1,126,533 |

### 15.2 Fair value of financial assets and liabilities

The estimated fair value of financial assets and liabilities is not considered significally different from their carrying values.

### 15.3 RISK MANAGEMENT

**a. Liquidity risk**

Liquidity risk reflects an enterprises inability in raising funds to meet its commitments. The organization commenced its activities many years ago and the organizational commitments during the period have been met through grants received through different donors . The management believes that the organization is not exposed to any liquidity risk.

**b. Concentration of credit risk**

Credit risk is the risk that one party to a financial instrument will fail to discharge its obligation and cause the other party to incur a financial loss. The organization's financial assets mainly comprise of cash and bank balances. Credit risk on liquid fund is limited because the counter parties are banks of good repute.









**c. Foreign exchange risk**

Foreign currency risk is the risk that the value of he financial instrument will fluctuate due to changes in foreign exchange rates. The Organization is not exposed to foreign currency risk as all commitments and obligations are in US Dollars.

## 16. GENERAL

### 16.1 Figure

Figures have been rearranged and rounded off to the nearest US Dollar.

### 16.2 Date of authorization for issue

This financial statements have been authorized for issue by the Director and Finance Manager of the Organization on Saturday , March 30 , 2014.

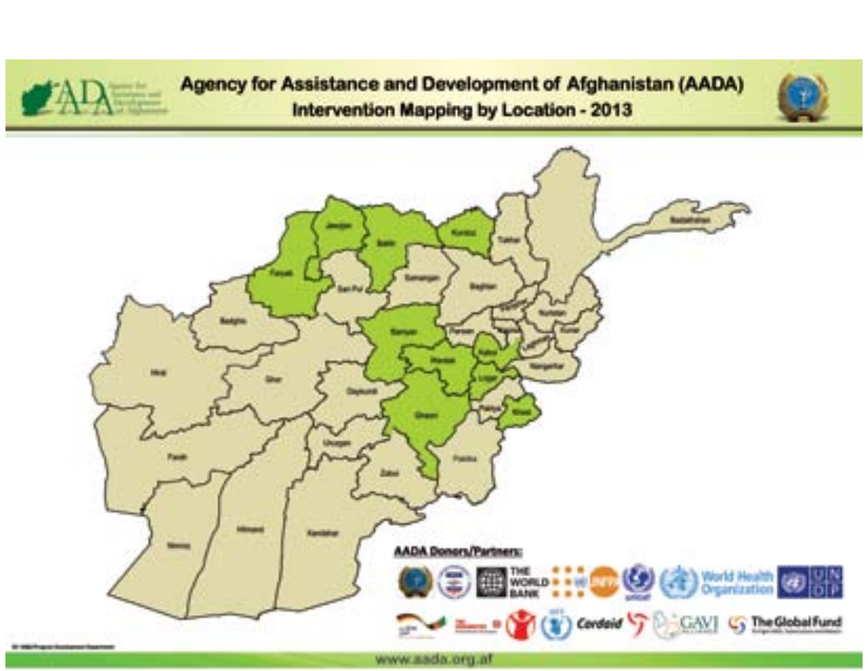
DIRECTOR

FINANCE MANAGER

# Testimonials





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