



## AADA Strategic Plan 2016-2020

**Agency for Assistance and Development of Afghanistan (AADA)  
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Kabul-Afghanistan**

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## **FORWARD**

Strategic planning is at the foundation of an organization's activities which sets out where the organization is heading and why it's heading there. Agency for Assistance and Development of Afghanistan (AADA) developed its first strategic plan in 2007, which enabled AADA to contribute toward empowerment of disadvantaged communities and improves quality of lives through implementation of projects in areas such as health, education, sustainable socio-economic development, human and women's' rights.

Given the recent progress in Afghanistan's socio-political status and changing business environment which provide a range of opportunities, as well as, a number of challenges in the business sector, AADA's previous great achievements and lesson learned, highlighted the need for extensive review and revision of the plan in order to adapt the right innovative strategies and approaches for the organization to seize the opportunities, overcome the challenges and ensure AADA helps the communities to achieve lasting positive changes in their lives.

This strategic plan was developed with Executive Board member and staff involvement and guidance from the Board of Trustee of AADA. The plan provides AADA with a five-year roadmap for support services and institutional development.

Taking in to consideration the rapid changing business environments and in order to ensure the main objectives of the plan are achieved, Trustee, Executive Boards and staff will oversee the progress quarterly and will review and update the plan annually as needed.

The Board of Trustees of AADA wishes to acknowledge and thank all donors, AADA executive board, and staff and volunteers whose financial assistance, administrative/logistic support and technical input make it possible to successfully carry out the exercise and develop the plan. The Board also wishes to thank the two consultant, Ms Zulaikha Haq and Ms Tyler Fox for their facilitation of the strategic planning process and guidance provided in conceptualizing the approaches and issues contained in the plan.

**AADA Board of Trustee**

## 1. EXECUTIVE SUMMARY

From 27 – 30 March 2016, AADA held a strategic planning retreat in Goa India to allow four days of focused attention to the process. The workshop was facilitated by two consultants (both also members of the Board) and provided a platform for extensive consultations between trustees, senior management, and field staff. The intensive participatory exercise enabled the AADA team to review its previous strategic plan, determine the extent to which it was useful and implementable, and decide in what ways the new plan should be different to ensure it was an implementable planning and management tool.

The strategic planning exercise allowed the participating AADA team to review the mission and goals so that they better align with aspirations for the future, and come up with specific directions for a practical action plan that can be used for annual planning in the next five years.

The three main directions determined as areas of focus for the next five years include *geographic expansion, diversification of areas of focus and funding sources, and standardization of institutional capacity*. The mission and vision have been reviewed and goals and objectives set.

AADA also plans to initiate its first steps toward becoming international. Over its decade-long journey, AADA has gained expertise in the areas of community development and community-based integrated service delivery, namely health & health related projects, community education, agriculture, and research, and believes it is well positioned to explore opportunities for establishing and replicating these successful models in similar contexts in developing countries in the region or elsewhere.

This plan will guide AADA's future intentions and progression in terms of institutional development, services, projects and activities. It reaffirms the organization's ambitions in terms of maintaining existing services as well as developing new ones in response to the existing and emerging needs of the communities. At the same time AADA plans to strengthen its fund raising and financial management capacity, and to promote transparency & accountability, and enhance its public image both at the national and international levels. These developments are expected to help sustain and diversify funding, and establish unrestricted core fund.

The following strategic plan is a working document that will be revised on an annual basis. All departmental and staff annual plans will be dovetailed with it, and it will be consulted on all other occasions that organization priorities are set. All departments will also create annual work plans which link to this strategy; they are available to be viewed on request.

The document includes AADA's values, principles, structure, uses a strategic analysis to identify positive factors both within the organization and in the wider business environment. The document also outlines the main strategic actions needed to achieve the intended objectives and goals, and provides direction to achieve each of them.

## **2. ORGANIZATIONAL BRIEF AND HISTORY**

Agency for Assistance Development Afghanistan (AADA) was founded in 2005. It is a non-governmental non-profit Afghan agency registered with the Ministry of Economy of the Islamic Republic of Afghanistan (Registration #33). It was established with the main and foremost aim of providing quality health and social services, professional capacity building, and promotion of equal access of communities to developmental and humanitarian services that respond to the needs of the Afghan people in accordance with the principles and fundamentals of Civil Society Organizations.

Over the past decade AADA has successfully implemented 45 public health projects including maternal and child health, 28 formal and informal education, and professional capacity development projects. It was also involved in other short and long-term programs in the areas of agriculture, research, and community development initiatives. Its public health and professional development projects have been in partnership with the Ministry of Public Health. In its decade-long life AADA has operated in 30 provinces of Afghanistan (Kabul, Ghazni, Wardak, Logar, Khost, Paktia, Paktika, Uruzgan, Zabul, Helmand, Nimroz, Farah, Herat, Kandahar, Badghis, Baghlan, Sar-i-pol, Kunduz, Jawzjan, Balkh, Daikundi, Bamyan, Parwan, Panjsher, Kapisa, Noorestan, Nangarhar, Samangan, Faryab and Takhar) and has directly reached an estimated population of more than five million vulnerable Afghans.

## Provinces covered by AADA since 2005



AADA has its headquarters in Kabul, and has 6 provincial offices that oversee its field activities. It has a total staff of 3229 people (26% women), who represent diversity in gender, ethnicity, language and geographic backgrounds, and hence a truly representative Afghan identity. Its professional and senior management teams are composed largely of health care professionals with multiple years of experience in the public health and NGO sectors.

Quality improvement, strengthening financial management systems, gender equity & women empowerment and community development are among the main strategic directions reflected in “AADA Strategic Plan 2011-2014”. AADA intends to continue to invest in these areas and also establish new focus on further geographic expansion, diversification of areas of action and funding sources, and institutional development.

AADA projects have been financially and technically supported by Government of Afghanistan, WHO, USAID, COMPRI-A, IRD, ARD, MSH, World Bank, Global Fund, GIZ, Juhannetier, Cordaid, UNDP, UNFPA, UNICEF, UNOCD, United Nations Office for Coordination of Humanitarian Affairs (OCHA), GAVI, WFP and Save the Children.

## **Governance:**

AADA is governed by a Board of trustees representing various fields including public health, communication, and professional training. Board members serve on a volunteer basis for three years, and meet quarterly. Key responsibilities include setting overall organizational strategy, policy development, financial management, business planning, making key decisions, monitoring and oversight.

The AADA Board of Trustees is responsible for ensuring the organization has clear shared vision and aims, has effective strategies in place to achieve them, and that management is carrying out the day to day operations efficiently, ensuring that the roles and responsibilities of the board and management team of AADA do not overlap.

The Board of Trustees is solely responsible for the governance of the organization with focus on the following:

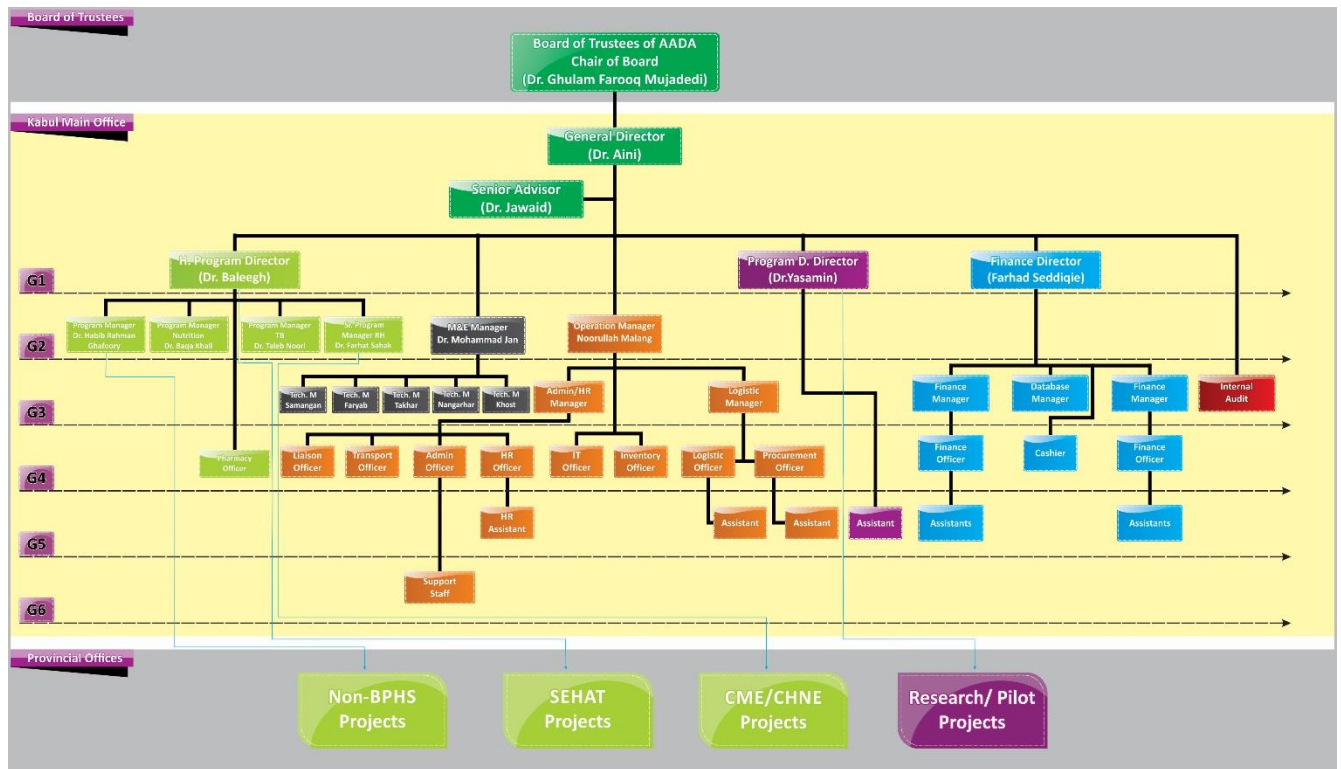
- Determining high-level strategy and policy;
- Overseeing the General Director's performance;
- Review performance of M&E and internal audit departments;
- Monitoring risk exposure;
- Oversee overall performance of the organization;
- Overseeing/facilitating expansion of the organization's activities;

## **Management:**

The senior management team is supervised by the Board of Trustees, and is responsible for day-to-day management of AADA's operation and projects in the country. The management team is led by the General Director, supported by a Program Advisor, Program Director, Program Development Director, Finance Director, Head M&E, and Operation Manager. The senior management team is mainly responsible for:

- Developing policy and strategy and delivering the organization's plans and budget;
- Appointing managers/staff;
- Supporting governance decisions;
- Implementing Board decisions;
- Day to day management of the organization;
- Measuring performance;

## Organization structure:



## Services:

AADA is currently implementing projects in 282 districts in 23 provinces with an annual budget of 20 million USD. In collaboration with, and under stewardship of MOPH, AADA had a great role in reduction of maternal and child mortality rate through BPHS/EPHS and other health related projects. AADA is the lead BPHS implementer under SEHAT grants in Nangarhar, Takhar, Faryab and Samangan. In Khost, AADA is implementing EPHS through Khsot Provincial Hospital. To address the unmet gaps, AADA has approached funds from donors for implementation of vertical/complementary projects i.e. nutrition, harm reduction and prevention/treatment of HIV/AIDS, Community based DOTS Project and CME/CHNE projects.

### 3. SITUATIONAL ANALYSIS

Afghanistan has entered the Transformation Decade, but progress in areas of peace, reconciliation, and security remain tenuous and dormant while Afghanistan undertakes critical political and security transitions. There is disconnect between the political level peace and reconciliation processes and the needs and capacities of communities, and there is a strong need to ensure that peace processes are not merely political but community-based and led, with sufficient mechanisms for civil society and population consultation and oversight.



Civil society has a large role to play in society, serving as a voice of the population, acting as a watchdog, holding the government accountable to its promises, and citizens to their civic responsibilities, and undertaking advocacy and awareness raising activities. Civil society has an even more critical role to play in the aftermath of conflict, where social relationships have become polarized and the government functioning is fractured and fragile. In this context, civil society actors can act as a channel for communicating the needs of the people, build bridges between groups, promote dialogue and reconciliation, and fill essential service gaps.

There is recurring emphasis that Afghanistan needs to develop capabilities to stand on its own, and that development of greater economic and political independence is a vital aspect of creating sustainable peace in the country. However, there is simultaneously, need for the international community to maintain a careful and reserved level of support, particularly financial and resource-based. There is also need to develop a carefully balanced regional dynamic, whereby neighboring countries do not exert or are perceived to exert a negative influence on Afghanistan's internal security.

In the current context the need for primary basic services such as health, education, economic development, and training far exceed the government's ability to respond to, thus reaffirming relevance of the role of NGOs like AADA. The government's current strategy for partnering with NGOs, also translates into opportunity for non-governmental actors. The government's limited influence in areas controlled by anti-government groups also makes basic services inaccessible to the local populations. This is where an organization like AADA will continue to be needed and relevant to ensure basic survival and health needs of all Afghans are met. AADA's Afghan and non-governmental identity, and its roots in the local culture make its presence and operation more acceptable to the communities even in some of the most volatile provinces.

The recent upsurge in insecurity in Afghanistan has forced the international community to remain engaged with Afghanistan, thus promising continued donor interest – yet another negative that may work in favor of the NGO sector's relevance and work.

AADA itself has a pool of qualified, dedicated and committed staff, and low turn-over. Even people who leave AADA for higher-paying jobs elsewhere, have expressed desire to return to work with AADA owing to its fair and professional work environment.

The Afghan law also has clear provision for the existence and functioning of non-governmental entities and NGOs, guaranteeing them legal status.

Notwithstanding the obvious space for AADA to operate and grow in Afghanistan, it must still deal with challenges including negative perceptions about NGOs among government sector entities as well as some communities. Misconceptions about the way NGO receive and dispense funds also lead to unrealistic expectations as well as corruption.

Prevailing insecurity and instability in the country, while making the role of NGOs necessary, also puts NGO workers and assets at very high risk, especially since they have very low security systems in place.

The government's fragility makes the future uncertain for all non-governmental entities like AADA. The prevailing environment leaves room for corruption within the government sector, making coordination /collaboration with them more difficult for non-governmental organizations.

The biggest drawback for NGOs is their donor-dependence. Without consistent and long-term donor support, it is unlikely organizations like AADA could contribute or even survive in a significant way. Thus financial sustainability is a priority need. This is the backdrop against which the following strategic plan has been drafted, taking into account all relevant internal strengths and weaknesses and external opportunities and challenges.

#### **4. STAKEHOLDER ANALYSIS**

AADA's current stakeholders include teams at the headquarters and provincial offices, its beneficiaries (local communities), its local and international partners (Ministry of Public Health being its most significant partner), large and small donors, and the civil society networks it is a part of.

AADA has a significant pool of highly qualified and competent technical staff at the headquarters and in the provinces, but the capacity of support staff at the provincial level needs to be strengthened. Its experienced and qualified technical team is largely comprised of public health professionals, which limits its expansion to other areas of intervention. While there are

female health care providers at the facility levels, still concerted attention is needed to address gender disparity at the management level.

Over the past decade AADA has developed strong relations of trust with the local communities it serves, in some of the most volatile provinces of Afghanistan. Its local identity, non-governmental status, as well as the knowledge and sensitivity of project staff to the local environment and culture, make AADA an accepted and useful presence in its areas of operation.

AADA has committed long-term donors in the Ministry of Public Health and has cultivated good working relations with authorities at the central government and sub-national levels. It is registered with the Ministry of Economy of Afghanistan, and works within the countries law. AADA needs to expand its donor base and create synergies with local and international partners, and other line ministries.

AADA needs to enhance its visibility within the existing civil society networks, to get an insider’s view of current developments in the civil society environment, to be aware of changing dynamics in the fluid political situation in the country, and to get information about emerging opportunities with international partners and donors.

## 5. SWOT ANALYSIS 2016

PRIORITY STRENGTHS	PRIORITY WEAKNESSES
<ul style="list-style-type: none"> <li>• Team work</li> <li>• Strong management team</li> <li>• Positive donor relations</li> <li>• Pleasant work environment, and Transparency</li> <li>• Qualified and dedicated staff, and donor need</li> <li>• Multiple donors, and high quality services</li> <li>• Staff loyalty</li> <li>• Performance-based promotions</li> <li>• Non-political identity</li> <li>• Established and experienced organization</li> <li>• Well known organization among stake-holders</li> </ul>	<ul style="list-style-type: none"> <li>• No core funds and no plans for sustainable funding</li> <li>• Weak M&amp;E and internal audit systems</li> <li>• No organizational knowledge management system</li> <li>• Inadequate policies and procedures</li> <li>• Lacks diversity in expertise</li> <li>• Insufficient documentation of success stories and lessons learned</li> </ul>

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Qualified staff easily available</li> <li>• Donor interest</li> <li>• Continued International community interest / involvement</li> <li>• Donor trust</li> <li>• Extensive on-line publicity and networking opportunities</li> <li>• Increase in community demand</li> <li>• Tendency of the government and donors for contracting out projects</li> </ul>	<ul style="list-style-type: none"> <li>• Unstable political environment</li> <li>• Unsustainable funding</li> <li>• Programs driven by donor priorities</li> <li>• Corruption</li> <li>• Donor reluctance to provide institutional funding support</li> </ul>

## 6. VISION MISSION GOALS AND NEW STRATEGIC DIRECTIONS

**AADA Vision:** Empowered Communities

**Mission Statement:** Supporting communities to attain lasting changes in the lives of families and individuals.

**Five-year goals:**

1. *Strengthen organizational capacity in line with best practices for expanding geographic and service coverage.*
2. *Increase access of communities to integrated essential services that respond to complex needs*

**Guiding Principles and Values:**

AADA upholds a set of values, beliefs and principles that guide all activities and projects. AADA Board of Trustees members, management team at all levels, staff and volunteers embrace these values, which reinforce staff’s commitment to working together and achieving common goals.

**Guiding Principles:**

- Inclusiveness and diversity
- Community-centered approaches and local solutions
- Multi-sector collaborations and cooperation
- Evidence-based decision-making and innovative responses
- Equal opportunities and special attention to marginalized groups
- Democratic governance
- Transparency and accountability

## Values:

- Equity
- Quality
- Innovation
- Professionalism
- Integrity
- Gender sensitivity

## Strategic Objectives:

**The following strategic directions are identified for AADA's growth in the next five years:**

- Geographic Expansion within Afghanistan, and potentially outside the country
- Diversification of expertise and areas of intervention as well as funding sources
- Standardization of Institutional Capacity

**The approaches that will be adopted are:**

- Partnerships with international organizations
- Standardization of systems
- Induction of diverse expertise
- Strengthening organizational knowledge management, greater networking and enhancing public image

**Goal 1:** *Strengthen organizational capacity in line with best practices for expanding geographic and service coverage.*

## Main Strategies:

- Diversify professional expertise through building partnerships and capacity building/training of staff, in order to deliver activities in at least one new area of intervention.
- Efforts to initiate at least one project in an existing area of expertise outside of Afghanistan, through working with a well-established/recognized international partner.
- Ensure financial sustainability through securing funds from multiple donors and expanding AADA's scope of work.
- Create core fund through better management of existing administrative costs, initiate social-enterprise activities or some form of public-private partnership for income generation, within the allowable legal framework for non-profits.

- Strengthen internal governance and implement robust institutional procedures and mechanisms to enable stability and expansion.
- Involve service providers in decision-making (bottom-up approach)
- Update the organizational operational capacity by using advance IT services in the areas of Personnel Management Systems, Advanced Financial / Accounting systems, such as Oracle financials, and build capacity in specific areas (purchase service, training staff, etc.)
- Promote visibility and more prominent public image for the organization by sharing AADA achievements and lessons learned regularly with communities and other stakeholders
- Hold International level conferences to bring together donor organizations and impress them with the need that we are meeting, and create relevancy in AADA's field of expertise and operations

**Goal 2:** *Increase access of communities to integrated essential services that respond to complex needs.*

**Main Strategies:**

- Expand BPHS & EPHS implementation to underserved communities
- Strengthen M&E systems at country, province, and SDP levels
- Enhance capacities at national and provincial levels for emergency preparedness and response to disease outbreaks and other disasters
- Improve capacity of service providers based on agreed standards
- Increase availability of female professional service providers through recruitment and/or retraining
- Involve communities in designing projects based on their needs, and identify needs for other essential services

**7. ACTION PLAN**

Using the determined goals and objectives, a clear and implementable action plan has been drafted, describing targets and activities for each year that will be indicative of progress in the predetermined strategic directions. The action plan is expected to assist with annual planning, and follow up, and will help the entire AADA team to feel confident about the direction the organization is headed, and their own specific role therein. It will enable follow up and change of strategy as and when needed, according to new developments, and facilitate monitoring and evaluation against clearly set targets and indicators.

AADA executive team will report progress on the strategic plan to the Board of Trustees and the General Assembly.

## **8. MONITORING AND EVALUATION**

The Board of Trustees of the organization will determine how often and the extent to which they require reporting on developments against key indicators established during the strategic planning exercise. Monitoring will be done regularly and reported biannually at board meetings. Internal evaluations may be planned annually by the Board and executed by the Board or the executive team. The results of M&E will enable any necessary actions within the organization, to ensure it can achieve its goals.

## **9. CONTINGENCY PLANNING**

AADA recognizes the need for a contingency back up plan in case circumstances change drastically, and it is not possible to move ahead as per plan. A risk assessment both at the national and provincial levels will be planned, to identify potential risks (expansion of insecurity and fighting, decline of donor interest and shortage of fund, disasters etc.), and to devise strategies to address them. The board of trustees will require the executive team to work on national level planning, and provincial teams to do it at provincial level.