



ANNUAL REPORT 2014

**Empowering
communities
for sustainable
development**



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**AGENCY FOR ASSISTANCE AND
DEVELOPMENT OF AFGHANISTAN**

A word from our Founder

Dear friends;

At the outset, I would like to thank our funders, partners and volunteers for their unstinting support in our mission "A Center of Excellence committed to improving the lives of vulnerable population and community development"

The year 2014 was one of the growth coupled with consolidation. Our annual budget was closed at over USD 20 million and we directly impacted over four millions beneficiaries.

This year had many achievements for AADA, but I would like to share some key highlights which we believe have had significant impact on our beneficiaries and society at large.


Two new provinces with a total population of 1,917,783 added to our existing Maternal and Newborn Health Programs. The capacity of AADA for provision of EmOC services especially Caesarian Section expanded to Samangan and Nangarhar provinces.

Community Midwifery Education Schools expanded in two new provinces. AADA build partnership with Ghazanfar Institute of Public Health to provide support to Midwifery section of Institute of Health Science in Mazar-e-Sharif city. A total of 24 students graduated from Mazar-e-Sharif CME program and deployed as midwives in remote districts of Balkh and Jawzjan provinces.

AADA had a significant contribution toward reduction of child mortality and morbidity in Afghanistan. The marginalized groups such as Injecting Drug Users received HIV/prevention and harm reduction services.

Finally, I would like to personally thank every single staff members and volunteers of AADA who have worked selflessly and tirelessly to serve the vulnerable communities. I would like to thank Board of Trustees of AADA for the continuous guidance for smooth running and expansion of our programs.

Sincerely yours;



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A word from our Director

Dear colleagues;

It is a pleasure to bring out the Annual Report for the year 2014. This report brings out the aims and features of the programs as well as our achievements and challenges. This year, most of our programs did reasonably well and some could have done better. AADA in collaboration with stakeholders and under stewardship of MOPH had a great role in reduction of maternal and child mortality rates through BPHS and other health related projects.

Five new projects added to our existing program. We are happy to say that our funding crossed US\$ 21,000,000 this year. We are grateful of AADA funders that they have continued to repose their trust in this organization.

Under Basic Package of Health Services (BPHS) programs in 6 provinces, a total of 3,762,583 people were covered and preventive and curative services were provided to them. The number of Health facilities increased from 101 in 2013 to 240 in 2014. Family Health Houses and Mobile Support Teams provided curative and preventive services for 248,405 -mostly women and children- clients. HIV prevention and harm reduction provided regular support to more than 700 people who inject drugs".

I would like to thank all AADA members for their great contribution toward achieving the projects goals and objectives. Thanks for Government of Afghanistan, Ministry of Public Health, GIHS, USAID, World Bank, European Commission, UNFPA, UNICEF, WHO, Global Fund, Save the Children International, The Johannitter and Cordaid for their technical and financial support to Agency for Assistance and Development of Afghanistan.

Thank you very much for engaging with us.



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AADA in Action

Agency for Assistance and Development of Afghanistan (AADA) is a non-political, non-profit, and independent Afghan organization founded in 2005. It was established with the main and foremost aim of provision of quality health and social services, profession capacity building, and promotion of equal access of communities to developmental and humanitarian services.

AADA's Vision: Communities are empowered to achieve sustainable health, peace and prosperity

AADA's Mission is “to serve as a center of excellence committed to improving the lives of vulnerable population and community development” focusing on Afghan communities, especially women, children and the other vulnerable groups – youth, IDPs, drug addicts, and ethnic minorities.

Quality improvement, strengthening financial management systems, gender equity & women empowerment and community development are among the main strategic directions reflected in “AADA Strategic Plan 2011-2015”.

Since its establishment, AADA has maintained a proven track/record of successful implementation of health and community development projects in several provinces of Afghanistan. So far AADA has been executing projects in most of provinces of Afghanistan which includes: Kabul, Ghazni, Wardak, Logar, Khost, Paktia, Paktika, Uruzgan, Zabul, Helmand, Nimroz, Herat, Kandahar, Kunduz, Jawzjan, Balkh, Daikundi, Bamyan, Parwan, Panjsher, Kapisa, Nangarhar, Samangan, and Faryab.

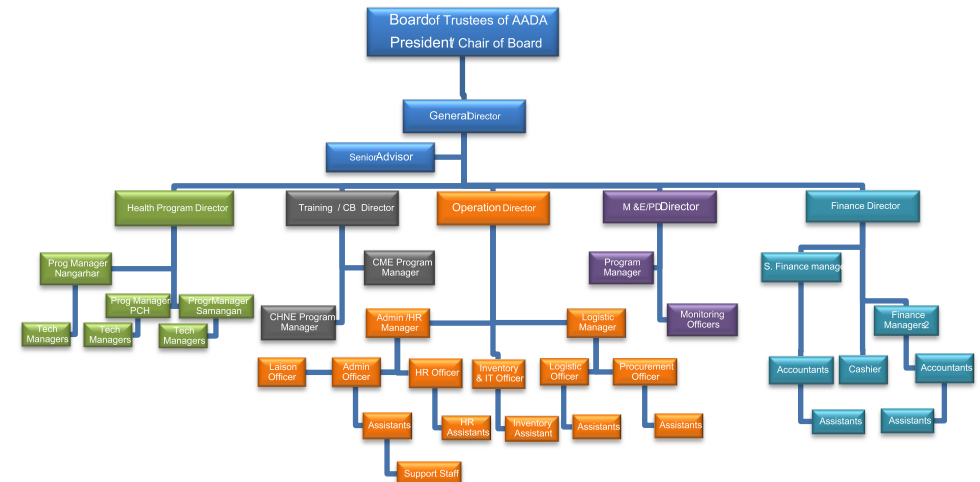
No	Project/Services	Province	Start Date	End Date	Source of funding
1	Provision of BPHS under PCH 07	Ghazni	Nov-09	Jun-15	USAID/MoPH
2	Provision of BPHS under PCH 05	Bamyan	Nov-09	Jun-15	USAID/MoPH
3	Provision of BPHS under PCH 15	Khost	Nov-09	Jun-15	USAID/MoPH
4	Provision of BPHS under PCH 06	Faryab	Nov-09	Jun-15	USAID/MoPH
5	Result Based Financing (RBF)	Bamyan	Oct-10	Mar-15	MoPH/World Bank
6	Mirbach Kot 20 beds Maternity Hospital	Kabul	Nov-11	Oct-14	The Johannitter/BMZ
7	Provision of health services through 33 Family Health Houses (FHH)	Faryab	Jan-12	Dec-15 (Extendable)	UNFPA
8	Community Midwifery Education (CME)	Balkh	Mar-12	Jun-14	The Johannitter/BMZ
9	Community Health Nursing Education (CHNE)	Jawzjan	May-13	Sep-15	Global Fund
10	Community Health Nursing Education (CHNE)	Faryab	May-13	Sep-15	Global Fund
11	Community Health Nursing Education (CHNE)	Wardak	May-13	Sep-15	Global Fund
12	Community Health Nursing Education (CHNE)	Logar	May-13	Sep-15	Global Fund
13	Community Midwifery Education (CME)	Balkh	Jan-13	Feb-15	Cordaid
14	Community Midwifery Education (CME)	Paktika	Apr-14	Aug-16	USAID/MOPH
15	Community Midwifery Education (CME)	Ghazni	Apr-14	Aug-16	USAID/MOPH
16	HIV/AIDS treatment and prevention	Ghazni	Oct-13	Dec-15	TFM/Global Fund
17	HIV/AIDS treatment and prevention	Kunduz	Oct-13	Dec-15	TFM/Global Fund
18	Practice of RDT and ACT for the diagnosis and treatment of malaria by CHWs and HF staff/ Bed Net distribution	Nangarhar	Jan-14	Sep-15	HNTPO/Global Fund
19	Supplementary Feeding Program (SFP)	Bamyan&Samangan	Apr-14	Mar-15	WFP
20	Scaling-up Malaria Control Interventions and Strengthening Health Care System in Afghanistan	Bamyan & Nangarhar	Jan-14	Dec-14	HNTPO/Global Fund
21	Nangarhar SEHAT project	Nangarhar	Jan-14	Dec-16	World Bank
22	Samangan SEHAT project	Samangan	Jan-14	Dec-16	World Bank

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
2014	Total Projects:	22
	Direct Beneficiaries:	3,689,298
	Indirect Beneficiaries:	1,580,445
	Total Beneficiaries (Direct & Indirect)	5,269,743

System of Governance

AADA is governed by the “Board of Trustees” that was come into existence from establishment of the organization; it governs the organization and provides overall policy direction to achieve its aims in the most efficient and effective manner, consistent with the organization's values and approaches, and in line with the Afghan government constitutions. Supervised by Board of Trustees, the management team of AADA Main Office is responsible for overall management of all AADA projects throughout the country. The management team is consisting of General Director, Program Advisor, Program Director; M&E/Program Development Director, Capacity Building Director, Operation Director and Finance Director.



Monitoring and Evaluation/ program Development Directorate

This directorate come into action in 2014, with the aim to represents the final key link in planning process. In order to achieve its goal, this directorate works on developing and updating M&E system to identify positive and negative deviations in implementation of projects. Monitoring and Evaluation Department in AADA is headed by a director and it has 4 monitors at national level and 6 monitors at provincial levels.

M&E team of the main office regularly conducts visits from the provinces and provides reports and action plans following each mission. Furthermore, M&E department developed comprehensive checklists for monitoring of health facilities as well as monitoring of provincial offices. Monitoring department/Program Development Directorate of AADA has developed M&E guideline, security policy and code of conduct of organization, activity calendar and annual report for AADA at national level.

Our Projects

Through a competent team at main and provincial offices, AADA has implemented projects as follows:

Basic Package of Health Services (BPHS):

As one of the three strategic objectives of the organization “To contribute and support to the achievement of lower maternal, under-five and infant mortality rates as targeted by the government of Afghanistan”, the ultimate goal of AADA public health services is to contribute to realization of the Afghanistan National Development Strategy (ANDS) through achievement of the Afghanistan Health and Nutrition Sector Strategy (HNSS) targets. AADA public health services are designed and implemented in line with the specifications of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) guidelines. AADA implements BPHS through System Enhancement for Health in Transition (SEHAT) and Partnership Contracts for Health Services (PCH).

Through SEHAT grant, AADA implements the BPHS in Nangarhar province in eastern and in Samangan province in northern region of the country. These projects are commenced in January 2014 and will be continued to the end of 2016.

In Nangarhar province, BPHS is implemented through 4 District Hospitals (DHs), 20 Comprehensive Health Centers (CHCs), 58 Basic Health Centers (BHCs), 16 Sub Health Centers (SHCs), one prison health clinic and 902 Health Posts (HPs).

Health service delivery is performed through 3 DHs, 4 CHCs, 13 BHCs, 18 SHCs, one prison health center and 180 HPs in Samangan province.

Through the PCH grant, AADA implements the Basic Package of Health Services (BPHS) in Bamyan , Ghazni , Faryab and Khost provinces since November 24, 2009.

AADA implements BPHS in Cluster one of Bamyan province including Bamyan, Yakawlang, Kahmard, and Saighan districts. It consists 24 HF and 213 HPs. Despite several challenges in this remote and almost isolated province, all HF are fully functional. A well-functioning referral system is in place; DH and CHCs are equipped with ambulances. The HF and HPs are regularly supervised by relevant AADA supervisors and constructive feedback/on the job trainings are given to the staff.

In Ghazni province, AADA implements BPHS under PCH contract in nine districts including four insecure districts i.e. Ajristan, Waghaz, Rashidan, and Khogiani, through 39 HF (1 CHC+, 13 CHCs, 20 BHCs, 4 SHCs and 1 Prison G2 Health Center). Through these HF and 507 HPs, AADA covers 463,300 populations. All of the health facilities are fully functional and have at least one female health worker.

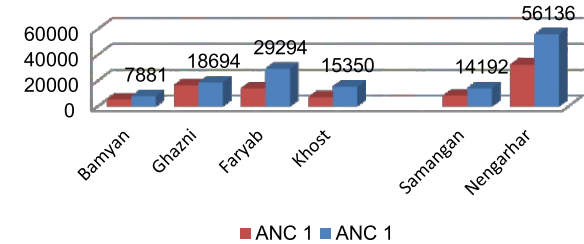
AADA implements BPHS in 8 districts of Faryab province through partnership agreement signed between AADA and SAF organization, funded by MoPH/USAID. Totally 23 HF including one DH, 6 CHCs, one CHC+, 9 BHCs, 5 HSC and one CEOCs (integrated in Almar CHC) and 273 HPs, are run by AADA in this province. 100% of the facilities have at least one female health worker.

In Khost province, AADA works as sub grantee to Health Net-TPO and provides health services through 7 CHCs, 5 BHCs, 3 HSCs and 178 HPs.

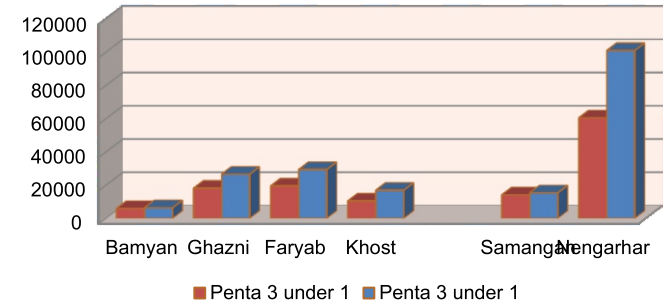
Through the PCH grant, AADA manages 101 health facilities and 1,171 health posts in four mentioned provinces, and through SEHAT grant, the total number of HF are 138 and the total number of HPs are around 1087 in two provinces of Afghanistan.

Our Projects

ANC1 achievements versus project target



Penta3 under1 vaccine achievements versus project target



Operation Theater in Sultanpoori CHC+ in Nangarhar Province

Our Projects

Mobile Support Teams and Family Health Houses:

A Family Health House (FHH) is a place where you can find a trained community midwife who can provide basic reproductive health and family planning services for women in their own communities on a permanent basis, in safe and culturally acceptable circumstances, with the cooperation of their home communities.

A Family Health House:

1. Ensures provision of essential reproductive health services to people leaving in remote areas;
2. Increases the number of deliveries attended by skilled health care providers;
3. Strengthens community partnership and ownership and enhances overall sustainability of the health care system in remote rural areas;

A typical Family Health House is composed of two rooms and a toilet -one room for the community midwife worker's and another equipped as delivery room. Each Family Health House is staffed with one certified midwife, supported by Community Health Workers (one male and one female), 2-4 Family Health Action Groups and an active Health Shura.

The community midwife and the community health workers are selected from the community, trained by the Ministry of Public Health (MoPH) with the technical support of the United Nations Population Fund (UNFPA), and then deployed to serve the rural communities through the Family Health House. By establishing Family Health Houses, the role of Mobile Health Teams (MHTs) changed as Mobile Support Teams (MSTs). The MSTs provides Health Services Delivery in FHHs only. There are three Mobile Support Teams for thirty-three Family Health Houses in Faryab province. MSTs in addition to provision of basic health services also technically support and supervise the midwives those are working in Family Health Houses in very remote and isolated communities

HIV prevention ad Harm Reduction projects in Kunduz and Ghazni Provinces:

Since October 2013, the HIV prevention and Harm Reduction projects in Kunduz and Ghazni provinces are contracted under the name of Transfer Funding Mechanism with Ministry of Public Health. The Global Fund, financially supports this project through government of Afghanistan.

This project provides services through HIV/STI center, VCCT, Community-based Drop-In Centers, Prison-based centers, Peer-led community outreach services, Support to People Living with HIV/AIDS (PLWHA), and TB/HIV collaborative activities.



Health worker visiting Injecting Drug Users in outreach site

Our Projects

Community Midwifery Education Program (CME-P):

Afghanistan has one of the highest maternal mortality ratio in the world; most of the maternal deaths are due to the lack of skilled birth attendants. Lack of skilled birth attendants has negative impact on the neonatal health and contributes to the high infant mortality as well.

Overall objective of the project is to contribute to reduction of maternal and newborn mortality through training of competent community midwives and their deployment in rural areas of the targeted provinces. In 2014, AADA managed 4 Community Midwifery Schools. Two schools (one in Paktika, and one in Ghazni) are funded by USAID. AADA continued trainings for 48 students in Mazar-e-Sharif in two CME schools. One CME school funded by The Johanniter, for Balkh province and the second one was funded through Cordaid for Balkh and Jawzjan provinces. The students will be recruited as community midwives into their respected districts.



Graduation ceremony of CME students

Community Health Nursing Education Program (CHNE-P):

The overall objective of this project is to contribute to reduction of morbidity and mortality of women and children caused by common / communicable diseases through training of competent female nurses and their deployment in rural areas of Wardak, Logar, Jawzjan and Faryab provinces. Total of 150 female community nurses will be trained through these projects. The project is for 28 months, started on May 15, 2013 and will be ended on Sep15, 2015. These projects are funded by Global Fund.



Lab skills trainings- CHNE School

Our Projects

Support to Midwifery program in Mazar-e-Sharif Institute of Health Sciences (I.H.S):

AADA in partnership with The Johanniter supports the midwifery program of Balkh I.H.S for 70 students for two years period. The project started in July 2014 and will be ended by August 2016.



Mir Bacha Kot 20 Beds Maternity Hospital:

Based on the MOPH request, The Johanniter, in partnerships with AADA, secured fund from the BMZ with 25% co-financing by The Johanniter itself. The project has been approved on November, 2012 for 2 years (from Nov 01, 2012 – Oct 31, 2014 with the total estimated budget of 1,018,929 Euros. The proposed project aimed to provide lifesaving maternity healthcare services to women of the 7 districts in north of Kabul province i.e. Farza, Guldara, Istalif, Kalakan, Mir Bacha Kot, Qarabagh and Shakardara with more than 300,000 population. During the project period, Mir Bach Kot Hospital (MBKH) provided quality health service for **55,789** (women and children) including ANC, PNC, family planning and counseling, delivery, Caesarian Section, laboratory tests, OPD for children less than 5, vaccination, newborns care, and other reproductive services such as infertility, Sexual Transmitted Diseases etc.

The utilization of the hospital was gradually increased from **330 up to 4200** clients/month which is a great achievement and shows satisfaction of the community from quality of services offered by MBKH. This project was officially handed over to MOPH on Oct, 30, 2014.



Technical staff of Mirbacha kot Maternity Hospital.

Our Projects

EPI initial training for vaccinators:

AADA in partnership with MMRCA conducted 3 months initial EPI training for 158 vaccinators from 18 provinces of Afghanistan. This project started in March 2014. AADA/MMRCA conducted the trainings in regional provinces of Afghanistan and provided hostel for trainees. The eligible candidates as vaccinators were selected from remote districts of 18 provinces. After 3 months theoretical and practical course, the students were certified as vaccinators by MOPH. Trained vaccinators were deployed in to the health facilities in their own districts.

Integrated Management of Acute Malnutrition (IMAM) and Supplementary Feeding Program

In Nangarhar province, AADA in partnership with Save the Children International (SCI) implements this nutrition project in 35 BPHS health facilities. Through this project AADA has established 34 Outpatient Therapeutic Program (OTP) sites and one Stabilization Center. 379 CHWs and 88 HF staff are trained on IMAM guideline. A total of 34 breastfeeding corners are established to promote optimal IYCF practices among care givers of under five children. Sum of 4,906 under five children are screened for malnutrition and have gotten treatment for SAM in OTPs. IYCF counseling was provided for 37,155 mothers.

AADA implements this project in 7 districts of Bamyán province in partnership with Save the Children International since July 2013. During 2014, totally 60 OTPs and 3 stabilization centers are established in seven district (Waras, Panjab, Shibar, Kahmard, Saighan Bamyán and Yakawlang) of Bamyán. Furthermore 30 breastfeeding corners established in mentioned districts of Bamyán province.

In 2014 3,920 pregnant/lactating women and 2,040 malnourished children in Bamyán province, and 20,193 pregnant/lactating women and 13,924 malnourished children in Samgan province benefited Supplementary Feeding Programs. ng women and 13,924 malnourished children in Samgan province benefited Supplementary Feeding Programs.



Health worker assessing a child for malnutrition

Testimonials

