

ANNUAL REPORT 2015



Empowering communities for sustainable development

A word from our Founder

Dear Friends,

I would like to take this opportunity to thank our funders, partners and volunteers for their support over the past years, as we continue to work towards improving the lives of vulnerable populations and enabling community development across Afghanistan. We are fortunate to have such a dedicated team of honest employees, partners, and trustees who have worked with us to ensure that our services are delivered to the maximum standard in the sector. Our achievements would not have been possible without committed field staff, a network of community volunteers, the expertise of program and senior managers, and the generous and professional support of stakeholders and development partners.



The past year was a busy, challenging, rewarding and productive one for all of us. AADA members, management, field staff, volunteers and trustees exhibited their dedication, talent, potential and enthusiasm while working towards achieving our vision – health, peace and prosperity for communities across the country.

Although AADA encountered multiple challenges along the way, the team managed to expand its BPHS and EPHS activities to an additional three provinces: Takhar, Faryab and Khost. AADA also made a significant contribution to the reduction of child mortality and morbidity across Afghanistan, and marginalized groups, including Injecting Drug Users, were provided with vital HIV prevention and harm reduction services. As AADA continues to grow, our annual turnover was nearly 20 million USD, and we can proudly state that we directly impacted the lives of five million beneficiaries.

As we continue to embark on this journey, we thank you for your ongoing support and invite you to join us as we work towards geographic expansion, diversification and standardization of institutional capacity of the organization.

Sincerely Yours,

Dr. Jammalluddin Jawaid
AADA Founder and Advisor
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A word from our Director

Dear colleagues,

I would like to state first that 2015 was the busiest, challenging and meanwhile a year of great achievements for AADA. AADA has gotten two new BPHS grants – Takhar and Faryab, and succeeded to receive a grant for EPHS in Khost province for the first time. This year, almost all of our programs had great achievements and reached their targets. Throughout our projects a total of 4,917,913 people directly and more than 11 Million others were indirectly benefited from the services.

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. Number of deliveries attended by skilled birth attendants were more than project target in Takhar, Faryab and Samangan. Meanwhile, data reveals that AADA had great achievement in immunization section, and number of children immunized with DPT-HepB-Hib are greater than project target in Nangarhar, Takhar, Faryab and Samangan.

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. In 2015, total of 150 female nurses were graduated from CHNE schools and, 24 from CME School, who deployed as competent nurses and midwives in the community.

Taking this opportunity I would like to thank all of our funders for their trust to AADA, which allowed us to provide quality services to the vulnerable people of the country and improve their access to basic services. I also appreciate AADA staff for their great contribution toward achieving the projects' goals and objectives.

Best Regards,

Dr. Sayed Ashrafuddin Aini
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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 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, to respond to the needs of the Afghan people in accordance to the principles and fundamentals of Civil Society Organizations.

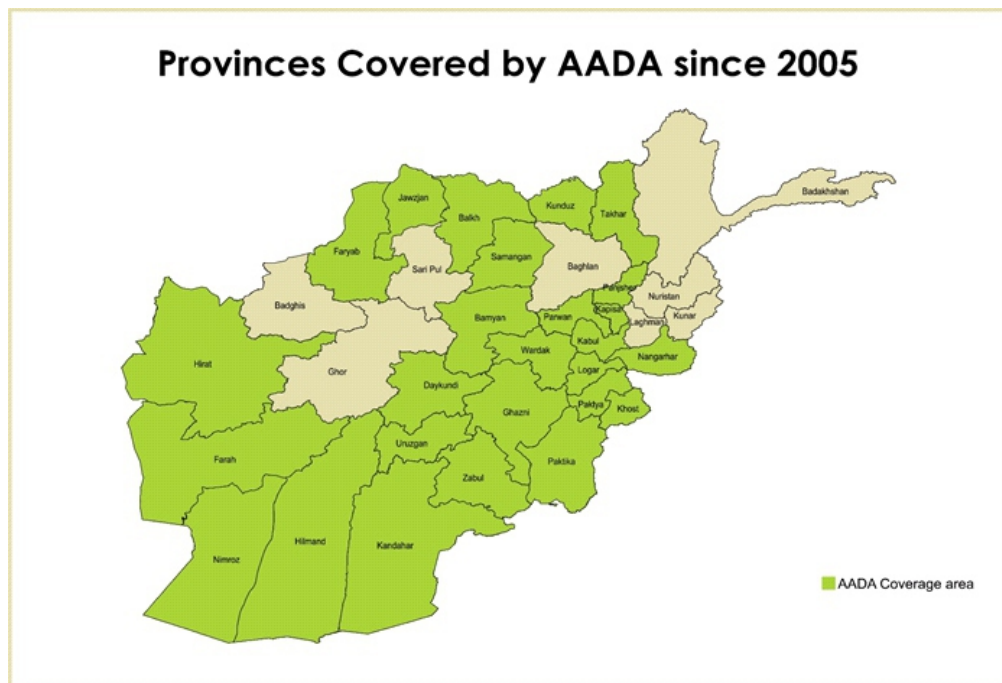
AADA Vision: Equity Peace and Prosperity for All.

AADA Mission Statement: Empowered communities and improved lives of vulnerable populations.

Quality improvement, geographic expansion, diversification of funding, institutional development, gender equity, women empowerment and community development are among the main strategic directions reflected in “AADA Strategic Plan”.

Over the past decade, AADA has successfully implemented 44 public health projects including maternal and child health, and 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.

In its decade-long life AADA has operated in 26 provinces of Afghanistan (Kabul, Ghazni, Wardak, Logar, Khost, Paktia, Paktika, Uruzgan, Zabul, Helmand, Nimroz, Farah, Herat, Kandahar, Kunduz, Jawzjan, Balkh, Daikundi, Bamyan, Parwan, Panjsher, Kapisa, Nangarhar, Samangan, Faryab and Takhar) and has directly reached an estimated population of five million vulnerable Afghans.



AADA in Action

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

AADA Project in 2015:

#	Project/Services	Province	Start Date	End Date	Source of funding
1	Provision of health services for people leaving in white/conflict areas	Faryab	Dec-15	Nov-16	OCHA
2	TB Challenge/Afghanistan	Takhar, Faryab and Nangarhar	Oct-15	Sep-16	USAID/MSH
3	Provision of EPHS under SEHAT II	Khost	July-15	June-18	MOPH/World Bank
4	Provision of BPHS under SEHAT II	Takhar	July-15	June-18	MOPH/World Bank
5	Provision of BPHS under SEHAT II	Faryab	July-15	June-18	MOPH/World Bank
6	Youth advocacy, policy and RH information and services project	Kabul	Jan-14	Dec-16	UNFPA
7	Improving Nutrition in Mother's, Newborns and Children (INMNC)	Nangarhar Takhar and Faryab	June-15	Sep-16	Save the Children
8	Targeted Supplementary Feeding Program (TSFP)	Nangarhar, Takhar and Samangan	June-15	Sep-16	WFP
9	Community Midwifery Education (CME) program	Nangarhar	Sep-14	Sep-16	MOPH/World Bank
10	Supplementary Feeding Program (SFP)	Bamyan&Samangan	April-14	March-15	WFP
11	Midwifery Program/HIS	Balkh	June-14	Aug-16	BMZ/The Johanniter
12	Community Health Nursing Education (CHNE) program	Nangarhar	June-14	June-16	MOPH/World Bank
13	Community Midwifery Education (CME) program	Paktika	April-14	Aug-16	USAID/MOPH
14	Community Midwifery Education (CME) program	Ghazni	April-14	Aug-16	USAID/MOPH
15	Provision of BPHS under SEHAT I	Nangarhar	Jan-14	Dec-16	MOPH/World Bank
16	Provision of BPHS under SEHAT I	Samangan	Jan-14	Dec-16	MOPH/World Bank
17	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	Global Fund
18	HIV/AIDS treatment and prevention and harm reduction	Ghazni	Oct-13	June-16	Global Fund
19	HIV/AIDS treatment and prevention and harm reduction	Kunduz	Oct-13	June-16	Global Fund
20	Community Health Nursing Education (CHNE) program	Jawzjan	May-13	Sep-15	Global Fund
21	Community Health Nursing Education (CHNE) program	Faryab	May-13	Sep-15	Global Fund
22	Community Health Nursing Education (CHNE) program	Wardak	May-13	Sep-15	Global Fund
23	Community Health Nursing Education (CHNE) program	Logar	May-13	Sep-15	Global Fund
24	Community Health Nursing Education (CHNE) program	Balkh	Jan-13	Feb-15	Cordaid
25	Provision of health services through 33 Family Health Houses (FHH)	Faryab	Jan-12	Dec-16 (Extendable)	UNFPA
26	Result Based Financing (RBF)	Bamyan	Oct-10	Mar-15	MoPH/World Bank
27	Provision of BPHS under PCH 07	Ghazni	Nov-09	June-15	USAID/MoPH
28	Provision of BPHS under PCH 05	Bamyan	Nov-09	June-15	USAID/MoPH
29	Provision of BPHS under PCH 15	Khost	Nov-09	June-15	USAID/MoPH
30	Provision of BPHS under PCH 06	Faryab	Nov-09	June-15	USAID/MoPH

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
2015	Total Projects:	30
	Direct Beneficiaries:	4,917,913
	Indirect Beneficiaries:	11,197,195
	Total Beneficiaries (Direct & Indirect):	16,115,108

Our Projects

Achievements of BPHS/EPHS projects in 2015:

- Total number of direct beneficiaries of the BPHS and EPHS projects are increased from 3,462,295 in December 2014, to 3,959,611 in December 2015.
- The total number of active health facilities are increased from 241 in December 2014 to 256 in December 2015.
- Total number of health posts in Nangarhar, Samangan, Faryab and Takhar provinces are increased from 1087 in December 2014 to 2214 in December 2015;
- Total number of paid staff in health facilities of BPHS and EPHS projects increased from 1341 in December 2014 to 1524 in December 2015
- Taking responsibly for implementation of EPHS side by side with BPHS, enable AADA to further strengthen and improve continuum of care.

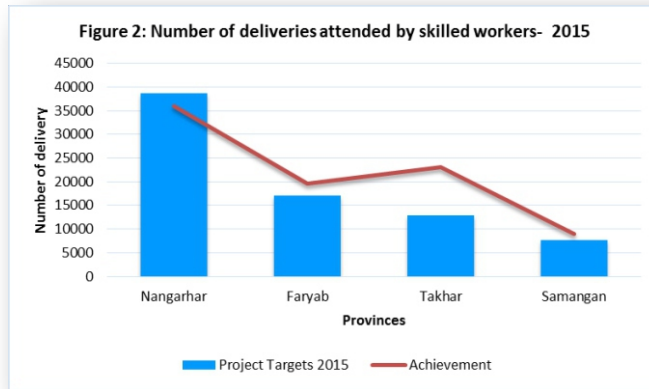
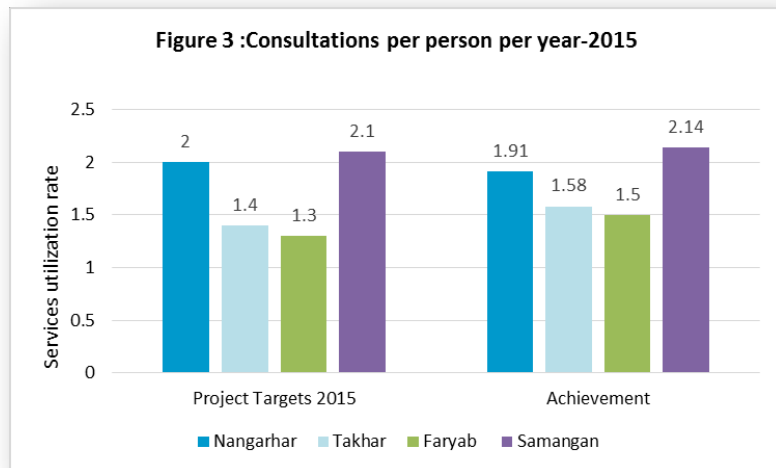


Figure 1, 2 and 3 show achievements of the projects in term of immunization coverage, deliveries attended by skilled birth attendances and consultation per person per year in 2015.



Targeted Supplementary Feeding Program (TSFP) and Improving Nutrition for Mother's, Newborns and Children (INMNC)

National Nutrition Survey conducted in Afghanistan in 2013, revealed that despite all the efforts, child and maternal nutrition indicators in Afghanistan are still remained very low, and among the worst in the world. The survey shows

Our Projects

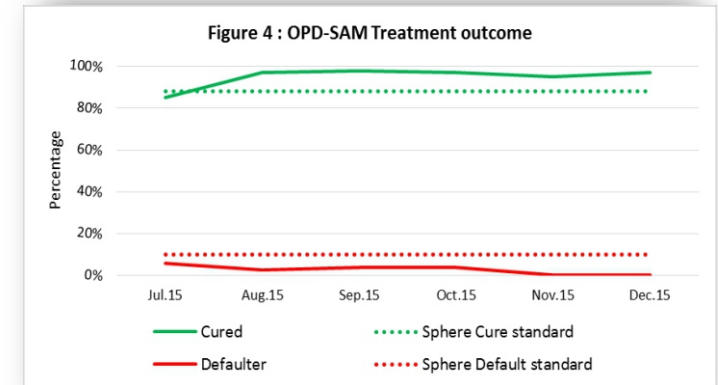
that 40.9% of Afghan children are chronically undernourished (stunted growth), 24.6% had a low weight for age (underweight), and 9.5% are suffered from acute malnutrition (wasting), while 9.2% of women of child bearing age (15-49 years old) are undernourished, i.e. with a Body Mass Index of less than 18.5.

To address the problem of undernutrition in Nangarhar, Samangan, Takhar and Faryab provinces, AADA has been assigned to implement the following nutrition projects:

1. Targeted Supplementary Feeding Program (TSFP):

Since June 2015, AADA with support from WFP is implementing TSFP project in Samangan, Takhar and Nangarhar provinces. Overall goal of TSFP is to reduce incidence of mortality and morbidity related to acute malnutrition in children aged 6-59 months and pregnant and lactating women (PLW), by improving their nutritional status through access to targeted supplementary feeding programs. As per IMAM protocols, TSFP is targeting children aged 6 to 59 months suffer from uncomplicated Moderate Acute Malnutrition (MAM), acutely malnourished pregnant women in the second and third trimester of their pregnancy and acutely malnourished lactating mother (whose babies are less than six months old).

Figure 4 shows OPD-SAM treatment outcome in six months



In the mentioned three provinces, through active screening, sum of 14,432 children aged 6-59 months with Moderately Acute Malnutrition (MAM) and 16,310 Acutely Malnourished Pregnant and Lactating Women (AM-PLW) were enrolled in the program and received food rations as per IMAM protocol. Of 9,343 children who were completed the feeding course, 8,847 were successfully cured; meanwhile, out of 7,400 pregnant-lactating women who were completed the feeding course 7,365 were discharged following meeting discharge criterion. This represents 98% cure rate for <5 children, and 99.7% for PLW, which are above the standard limits of >75% cure rate.

2. Improving Nutrition for Mother's, Newborns and Children—A community focused approach:

With support from Save the Children International (SCI), AADA is involved in provision of nutrition care services with focus on capacity building, preventive and curative cares of acute malnutrition and empowering the community with more sustainable nutrition practices in Nangarhar, Takhar and Faryab provinces. AADA, in collaboration with Save the Children and through technical support of Public Nutrition Department -MoPH conducted five days training on public nutrition components for total of 408 male and female medical professionals -including 129 medical doctors, 152 midwives and 127 nurses.

Additionally, Out Patient Department-Severely Acute Malnutrition (OPD-SAM) were operationalized in health facilities of Nangarhar, Takhar, Samangan and Faryab provinces, which are providing therapeutic services to children aged 6-59 months. Meanwhile, Therapeutic Feeding Centers /Stabilization Centers (TFC/SC) are functional in District Hospitals of the mentioned four provinces.

Our Projects

As end of 2015, sum of 11,088 Severely Acute Malnourished children aged 6-59 months without medical complications were identified and admitted. Of these, 7215 children were successfully treated and discharged with the cure rate of 95%, which is higher than the recommended standard cure rate of >75%. Furthermore, a total number of 380 severely acute malnutrition children with medical complications identified in the communities and health facilities and referred to TFCs for specialized treatment, of which, 350 children were discharged after full recovery (cure rate of 89 %).

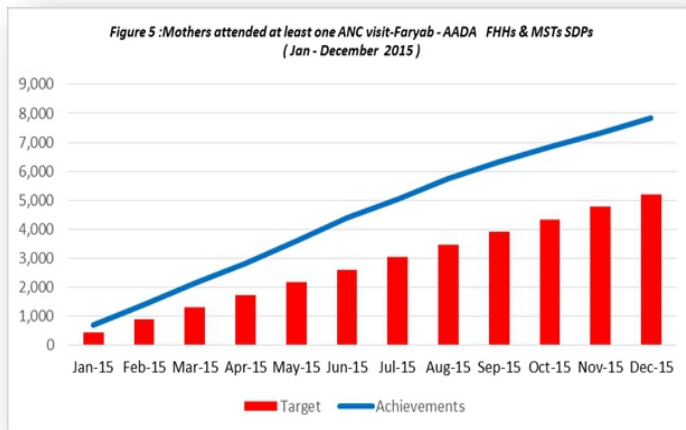


Midwives of health facilities of Farayb during INMNC training in AADA training center in Faryab province

Delivery of Health Services and Promotion of Sustainable Livelihood project in Faryab province:

The project is funded by UNFPA. Services are delivered by fixed –Family Health Houses (FHHs), Health Sub-Centers and mobile teams to the remote and underserved areas of the province. The project is implemented in coordination with MOPH and Provincial Public Health Directorate. One of the main activities of this project is to build the capacity of health service providers to deliver quality health care services to hard-to-reach areas. Three mobile health teams carry pre-planned outreach services to remote rural/mountainous areas of the province and a total number of 147,764 people are reached so far.

Figure 5 shows number of mothers attended at least one ANC visit



Our Projects

Provision of health services to people living in conflict/white area:

Funded by United Nations Office for Humanitarian Affairs (OCHA) AADA provides health care services in Almar, Qaisar and Sherintagab districts of Faryab province. Overall project objective is “to reduce mortality and morbidity of people living in white/hard to reach and conflict areas through one health sub-center, one mobile health team and two First Aid Trauma Posts (FATPs). Although the target population for this project is the entire population of the mentioned districts including nomads and Internally Displaced People (IDP), special focus are on women of child bearing age and children aged 0-24 months.

The services provided for the identified needs are as follow:

- Women: ANC, PNC, Family Planning, Immunization, delivery care and new-born care as well as OPD of the common diseases and referral to upper level facilities;
- Men: OPD of the common diseases and referral to upper level facilities;
- Boys and Girls: IMCI, EPI, OPD of the common diseases and referral to upper level facilities;
- Trauma care and referral for all categories of the people in the target areas.



This picture belongs to a trauma case happened in a mountainous and very hard to reach area of Faryab province, where AADA mobile team is providing health services. They carry the affected pregnant women and saves her and her baby's life.

HIV treatment/prevention and Harm Reduction projects in Kunduz and Ghazni Provinces:

Through financial support from Global Fund, AADA implements HIV treatment/prevention and Harm Reduction projects in Kunduz and Ghazni, since October 2013. This project provides services through HIV/STI centers, VCCT, Community-based Drop-In Centers (DIC), Prison-based centers, Peer-led community outreach services, support to People Living with HIV/AIDS (PLWHA), and TB/HIV collaborative activities.

This program was initially started in 2009 under “Strengthening Provincial HIV/AIDS Program” funded by Global Fund. AADA was the sub recipient of GIZ, which was prime recipient, and was contracted to implement the program in Kunduz and Ghazni provinces.

- 2 Antenatal Care
- 3 Postnatal Care
- 4 Integrated Management of Childhood Illnesses
- 5 Voluntary Confidential Counseling and Testing

Our Projects

Following table elaborates activities which are performed through this project.

#	Services provided from January December 2015	Number of clients
1	Confidential counselling to clients	9,077
2	HIV-1, HIV-2 and HIV-3 test to clients	5,543
3	HCV and HBS test to clients	9,474
4	Syphilis test to clients	1,122
5	STI treatment to clients	662
6	Active referral system from DIC and VCCT to TB center and Kabul ARV center	717
7	Syringe distribution and collection services to IDUs	259,662
8	Condom distribution in center, prison and outreach areas	50,692
9	Wound care and first aid services to HIV patients and IDUs	919
10	Social support to HIV patients and IDUs clients	7,837
11	ARV medicine distribution to HIV positive patients	40

Community Midwifery Education (CME) and midwifery education in Institute of Health Science (IHS):

Having the second highest maternal mortality ratio in the world, most of the maternal deaths in Afghanistan are due to lack of skilled birth attendants; meanwhile, lack of skilled birth attendants contributes to the high infant mortality as well. Increasing the number of female skilled birth attendance in Afghanistan is required to decrease this devastating statistic and ensure healthy Afghan families. Supported by MOPH, AADA is implementing two pre-service education programs to train new midwives through: 1) strengthening existing Institute of Health Science (IHS) for the placement of graduates in provincial, regional and national/specialty hospitals, and 2) establishing Community Midwifery Education (CME) programs for community based service providers. Overall objective of the CME program 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. The midwifery training modules are focusing mainly on capacity enhancement and increase in professional knowledge of midwives as well as for providing opportunities to train MOPH staff on standard clinical practice skills. In 2015, AADA was running four CME schools with 100 students, and one IHS with 70 midwifery students.

So far, AADA has trained and graduated 137 competent midwives in Faryab, Bamyan, Daikundy and Balkh provinces with 95% deployment rate, through 27 months programs funded by BMZ/The Johanniter, Cordaid and UNFPA.



CME students during clinical simulation in skills lab

Our Projects

Community Health Nursing Education (CHNE) program:

In September 2015, AADA successfully completed implementation of four CHNE schools through financial support of Global Fund. The overall objective of this project was to contribute to reduction of morbidity and mortality of women and children through training of competent nurses and their deployment in rural areas of Wardak, Logar, Jawzjan and Faryab provinces. Total of 150 female nurses were trained through these projects.



Dr. Firozuddin Firoz, Minister of Public Health of Afghanistan offering the CHNE diploma to the graduates.

Community based DOTS Project

Through fund from USAID, AADA implemented Community Based- Direct Observed Treatment of Tuberculosis (CB-DOTS) in Faryab, Takhar and Nanagarhar provinces of Afghanistan. The first phase of the project started on October 11, 2015 and completed on December 11, 2015. This project was designed to increase access to TB services at rural and hard to reach areas through engaging community members and community social organization.

The project conducted certain orientations and training sessions on TB-DOTS and Community Based-DOTS for more than 3200 people including in-charge of health facilities, Community Health Supervisors (CHSs) and Community Health Workers. Provincial TB technical officers, CBHC officer, Capacity Building Officer and Communicable Diseases Control (CDC) officers of SEHAT- BPHS projects conducted internal monitoring and supervisory visits to most of the health facilities. Joint monitoring visits of health facilities and health posts by PPHD team (PTC and PLS) were also facilitated by the project office. Despite the security challenges in the project target areas, remarkable achievement of the project was mainly because of extensive involvement of Community Based Health Care network. Six lab technicians and three CHWs received best performance awards.

Our Address

- Main office: House #1535, first lane, left side, Technique Street, Kart-e-Char, Kabul, Afghanistan
- Nangarhar: House #1684, Nahia Sey, Street 16, Marastoon Square, Jalalabad, Nangarhar-Afghanistan
- Ghazni: Plan-e-Sey, in front of Mohammadi Mosque, Ghazni City, Ghazni, Afghanistan (closed in July 2015)
- Bamyan: House #198, in front of Jamahat Khana, end of Airport Road, Sarasiab, Bamyan City, Bamyan-Afghanistan (closed in July 2015)
- Samangan: Next to Communication Office, Katimamorin, Aibak City, Samangan-Afghanistan
- Faryab: In front of Hazrat-e-Omar Faruq Mosque, Balooch Khana, Nahia Awal, Maimana City, Faryab-Afghanistan
- Takhar: House #137, Sherkat Street, Taloqan, Takhar, Afghanistan.
- Khost: Provincial and Proficiency Hospital, after complex office, Khost City, Afghanistan.

