

Annual Report 2016



Supporting communities to achieve long term changes
in the lives of families and individuals

A word from our Founder

Dear Friends,

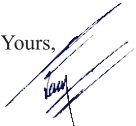
This has been a very successful year for AADA. Our organization has expanded significantly over the last twelve months and we have made a number of particularly notable achievements. Major projects that we recently embarked on are progressing very satisfactorily. Our achievements would not have been 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 – Empowered Communities. Across our network, we are continually striving to improve our accountability and transparency mechanisms. Not only is it of the utmost importance for our beneficiaries, donors and partners, as well as our members, staff and volunteers, but it is also the best way to deliver effective humanitarian services for vulnerable people around the country.

Although AADA encountered multiple challenges along the way, the team managed to extend/expand its activities to 26 provinces. 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 almost five million beneficiaries.

This is a good opportunity for me to thank our funders, partners and volunteers for their support during 2016, 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.

Sincerely Yours,



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A word from our Director

Dear colleagues,

First, I would like to mention a great achievement for AADA in 2016 – development of Strategic Plan 2016-2020 through a four day workshop facilitated by two consultants (both also members of the Board of Trustees) 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 is an implementable planning and management tool. The team reviewed the mission and goals so that they better align with aspirations for the future, and came up with specific directions for 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.

In 2016, AADA successfully implemented 20 projects in 23 provinces of the country. Owing to the endeavors of dedicated AADA team and its partner organizations, almost all of our programs had great achievements. Afghanistan Health Sector BPHS/EPHS Balance Scorecard (BSC) – a third party evaluation- report demonstrates great achievements in the provinces where AADA is the lead BPHS implementer. Nangarhar province has risen from the 2nd place in 2015 to the 1st place in 2016, Faryab province has moved up from the 14th place in 2015 to 5th place in 2016, Takhar province has moved up from the 25th place in 2015 to 8th place in 2016, and Samangan province has moved up from 30th place in 2015 to 9th place in 2016 among the 34 provinces. Meanwhile, the result of the external assessments by Afghanistan Midwifery and Nursing Education Accreditation Board (AMNEAB) reveal 100% score for Midwifery Education IHS Balkh and CME/CHNE of Nanagrhar, 97% score for CME Paktika and 96% score for CME Ghazni.

Taking this opportunity I appreciate AADA staff for their great contribution toward achieving the projects' goals and objectives. In the meantime, 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.

Best regards,



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AADA in Action

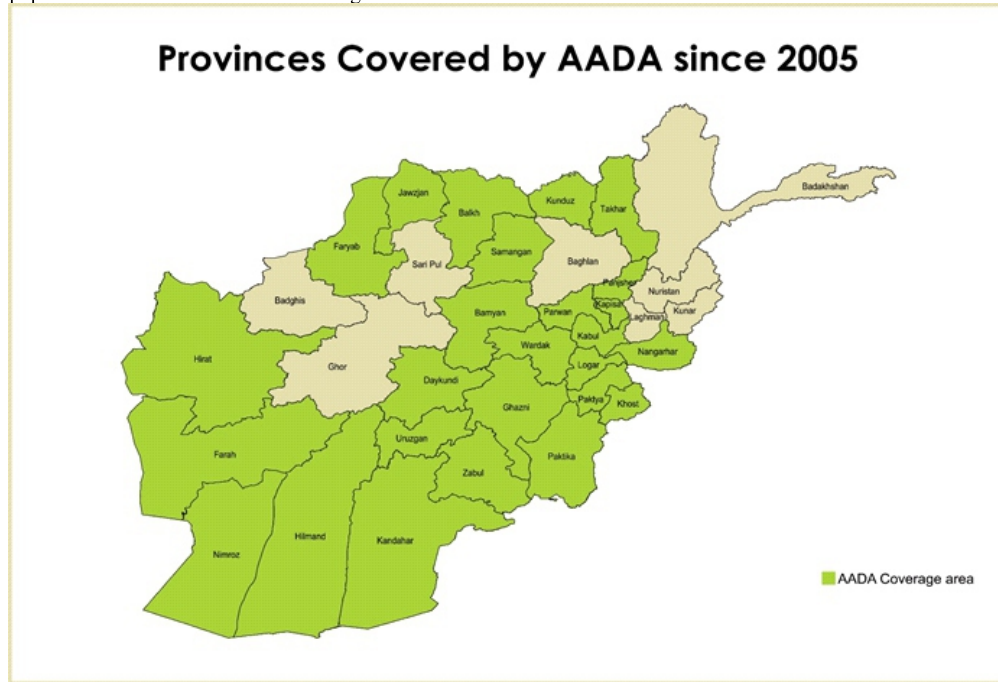
Agency for Assistance and Development of Afghanistan (AADA) is a non-political, non-profit, and independent national organization. AADA is registered with the Ministry of Economy of Afghanistan under registration #33, and works within the country's constitution. AADA was founded in 2005 with the main aim of providing quality health and social services, professional capacity building, and promotion of equal access of communities to developmental and humanitarian services. AADA also responds to the needs of the Afghan people in accordance with the principles and fundamentals of civil society organizations.

Vision: Empowered Communities

Mission Statement: Supporting communities to achieve long term changes in the lives of families and individuals.

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

Over the past decade, AADA has successfully implemented more than 50 public health and community development projects, and 28 formal and informal education and professional capacity development projects in 30 provinces of Afghanistan; projects have directly reached an estimated population of more than five million vulnerable Afghans residing in rural and urban communities. and Takhar) and has directly reached an estimated population of five million vulnerable Afghans.



AADA in Action

AADA has implemented 20 projects in 26 provinces, and benefited 4,757,870 beneficiaries in 2016. AADA is the lead BPHS implementer in Nangarhar, Takhar, Faryab and Samangan, and EPHS implementer in Khost province. Apart from the conventional BPHS projects, AADA also mobilized additional resources for complementary intervention such as nutrition, harm reduction and prevention/treatment of HIV/AIDS, TB and Malaria control programs. Advocacy for Youth Development and Community Midwifery Education (CME)/Community Health Nursing Education (CHNE) projects. Such integrated intervention boosted the synergetic impact of different interventions and enable to response to differs and complex need of people.

AADA projects have been financially and technically supported by World Bank, WHO, USAID, 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:

No	Project/Services	Direct Beneficiaries	Start Date	End Date	Source of funding	AADA at a Glance	
						2005	
1	Scaling up HIV intervention among key affected population in Ghazni and Kandahar	7,797	Nov-16	Dec-17	UNDP	Total Projects	1
						Direct Beneficiaries	3,500
						Indirect Beneficiaries	26,117
						Total Beneficiaries (Direct & Indirect)	29,617
						2006	
2	Nutritional support to conflict displaced and returnees in Nangarhar	137,143	Oct-16	March-17	OCHA	Total Projects	6
						Direct Beneficiaries	1,174,628
						Indirect Beneficiaries	42,500
						Total Beneficiaries (Direct & Indirect)	1,217,128
						2007	
3	Provision of timely effective trauma care and mass casualty management to conflict affected people in Faryab and Nangarhar	6,960	Oct-16	Sep-17	OCHA	Total Projects	7
						Direct Beneficiaries	1,417,722
						Indirect Beneficiaries	35,603
						Total Beneficiaries (Direct & Indirect)	1,453,325
						2008	
4	Provision of effective trauma care and mass casualty management to conflict affected people in Nangarhar and Khost	229,834	July-16	July-17	OCHA	Total Projects	12
						Direct Beneficiaries	1,287,541
						Indirect Beneficiaries	112,393
						Total Beneficiaries (Direct & Indirect)	1,399,934
						2009	
5	Malaria Control Intervention program in Nangarhar, Faryab, Takhar and Samangan	196,977	April-16	March-18	UNDP	Total Projects	20
						Direct Beneficiaries	1,697,870
						Indirect Beneficiaries	696,928
						Total Beneficiaries (Direct & Indirect)	2,394,798
						2010	
6	Scaling up Innovative Approaches to Respondo TB Challenges in 23 provinces	895,868	Jan-16	Feb-17	UNDP	Total Projects	30
						Direct Beneficiaries	1,893,753
						Indirect Beneficiaries	1,708,509
						Total Beneficiaries (Direct & Indirect)	3,602,262
						2011	
7	Provision of health services for people leaving in white/conflict areas in Faryab	47,200	Dec-15	Nov-16	OCHA	Total Projects	26
						Direct Beneficiaries	1,984,386
						Indirect Beneficiaries	1,671,033
						Total Beneficiaries (Direct & Indirect)	3,655,419
						2012	
8	TB Chalange Afghanistan in Takahr, Faryab and Nangarhar	24,690	Oct-15	Sep-17	USAID/ MSH	Total Projects	16
						Direct Beneficiaries	1,939,233
						Indirect Beneficiaries	1,211,881
						Total Beneficiaries (Direct & Indirect)	3,151,114
						2013	
9	Provision of EPHS under SEHAT II in Khost	96,000	July-15	June-18	MOPH/ WB	Total Projects	19
						Direct Beneficiaries	2,134,388
						Indirect Beneficiaries	928,640
						Total Beneficiaries (Direct & Indirect)	3,063,028
						2014	
10	Provision of BPHS under SEHAT II in Takhar	1,000,336	July-15	June-18	MOPH/ WB	Total Projects:	22
						Direct Beneficiaries:	3,689,298
						Indirect Beneficiaries:	1,580,445
						Total Beneficiaries (Direct & Indirect)	5,269,743
						2015	
11	Provision of BPHS under SEHAT II in Faryab	987,750	July-15	June-18	MOPH/ WB	Total Projects:	30
						Direct Beneficiaries:	4,917,913
						Indirect Beneficiaries:	4,299,025
						Total Beneficiaries (Direct & Indirect):	9,216,938
						2016	
12	Youth advocacy, policy and RH information and services project	60,000	Jan-14	Dec-16	UNFPA	Total Projects:	20
						Direct Beneficiaries:	4,757,870
						Indirect Beneficiaries:	6,412,259
						Total Beneficiaries (Direct & Indirect):	11,170,129
13	Improving Nutrition in Mother's, Newborns and Children (INMNC) in Nangarhar Takhar and Faryab	224,271	June-15	Dec-16	Save the Children		
14	Targeted Supplementary Feeding Program (TSFP) in Nangarhar, Takhar and Samangan	103,317	June-15	June-17	WFP		
15	Midwifery Program/ HIS in Balkh	102	June-14	Aug-16	BMZ/The Johanniter		
16	Community Midwifery Education (CME) program in Paktika and Ghazni	176	April-14	Aug-16	MOPH/ USAID		
17	Provision of BPHS under SEHAT I in Nangarhar	1,557,024	Jan-14	June-17	MOPH/ WB		
18	Provision of BPHS under SEHAT I in Samangan	391,887	Jan-14	June-17	MOPH/ WB		
19	HIV/AIDS treatment and prevention and harm reduction in Ghazni and Kunduz	5663	Oct-13	Oct-16	Global Fund		
20	Provision of health services through 33 Family Health Houses (FHH) in Faryab	147,890	Jan-12	Dec-16 (Extendable)	UNFPA		

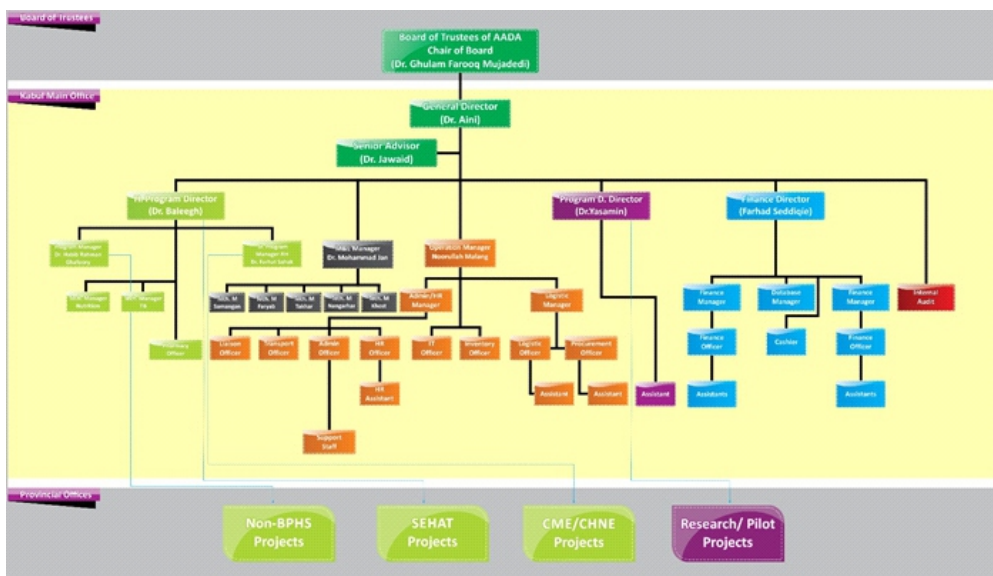
System of Governance

AADA Board of Trustees (BOT) comprised of national and international experts who provide overall policy direction and supports AADA to achieve its aims in the most efficient and effective manner, consistent with the organization's values and guiding principles, and in line with the Afghanistan Government constitution. The BOT is responsible to:

- Determine high-level strategies and policies;
- Oversee the General Director's performance;
- Review of M&E and internal audit departments;
- Monitor risk exposure;
- Oversee overall performance of the organization;
- Oversee/facilitate expansion of the organization's activities;

The Executive Board is responsible for overall management of AADA operations and program/projects, developing policies and strategies and delivering the organization's plans, implementing decisions and measuring performance. AADA headquarter office is in Kabul and its seven provincial offices oversee its field activities. At the headquarter the management team is led by the General Director, supported by a Program Advisor, Program Director, Program Development Director, Finance Director, Head of M&E, and Operation Manager.

Facilitated by members of BOT, AADA developed its five year strategic plan; for details please visit AADA website for "AADA Strategic Plan 2016-2020" under "About Us".



Our Projects

Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS):

Referring to its five years Goal to "Increase access of communities to integrated essential services that respond to complex needs" AADA is committed to take active part in implementation of health services to the communities. Assigned by MOPH, AADA is implementing BPHS in Nangarhar, Samangan, Takhar and Faryab, and EPHS in Khost.

AADA provided the health services in strict consideration of the required components of the BPHS and focused to improve maternal and child health through 256 BPHS health facilities and one Provincial Hospital.

Provinces/Project	Population	Type of HFs							Total HFs	HPs
		PH	DH	CHC+	CHC	BHC	PHC	HSC		
Nangarhar BPHS	1557024	0	4	2	18	57	1	17	99	931
Takhar BPHS	1000336	0	3	1	12	34	1	15	66	533
Faryab BPHS	987750	0	2	4	12	20	1	13	52	571
Samangan BPHS	391887	0	3	0	4	13	1	18	39	180
Khost	96000	1	0	0	0	0	0	0	1	24
Grand Total	4032297	1	12	7	46	124	4	63	257	2239

Total numbers of direct beneficiaries of BPHS and EPHS projects are increased from 3,959,611 in December 2015 to 4,032,997 in December 2016. Meanwhile, number of paid staff in BPHS and EPHS health facilities increased from 1524 in December 2015 to 2780 in December 2016.

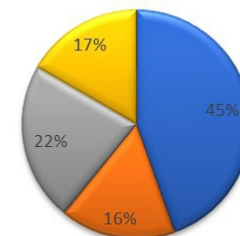
During 2016, AADA provided health services to 25137 IDPs and returnees in Nangarhar and 9365 IDPs of Kunduz in Takhar province.

To strengthen the referral system AADA procured three new zero KM land cruiser type ambulances for three district hospitals in Samangan BPHS project, one zero KM van type highway ambulance and 52 motorbikes for vaccinators for Takhar BPHS project, and forty motorbikes for outreach vaccinators for Nangarhar.



Provision of health services to IDPs in Takhar

Figure 1: Services utilization by sex and age at BPHS and EPESHFs in 2016



- Females Over 5
- Males Over 5
- Females Under 5
- Males Under 5

Target coverage/achievements:

During 2016, medical professional staff conducted 7,417,493 OPD. As compared to estimated population of 4,032,987 in five provinces, this represents a consultation rate of 1.83 consultations per person per year. As shown in figure 1, in line with the MoPH mandate for improving maternal and child health, 45% of the total clients in 2016 were females over 5 years and 39% were male and female children.

Our Projects

Successful functioning health facilities are evident from indicators of institutional delivery, ANC and children immunization. As depicted in figure 2, the number of attended deliveries by the skilled health workers at the HFs were above targets. The shortfall in Nangarhar was due to insecurity and closure of health facilities in four districts of this province.

Antenatal care (ANC) visits are a unique opportunity to provide pregnant women with lifesaving vaccination against tetanus (TT), screening for Anemia, and counselling for safe delivery; all of which ensure the mothers remain healthy throughout pregnancy.

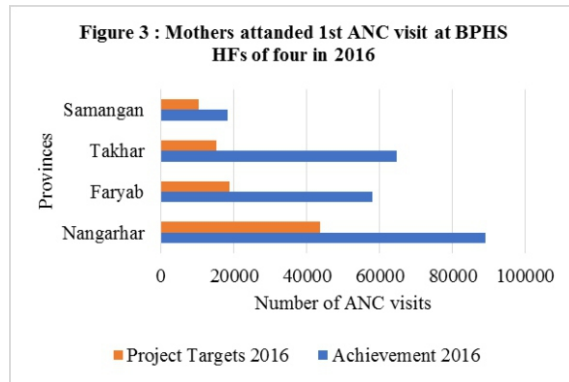
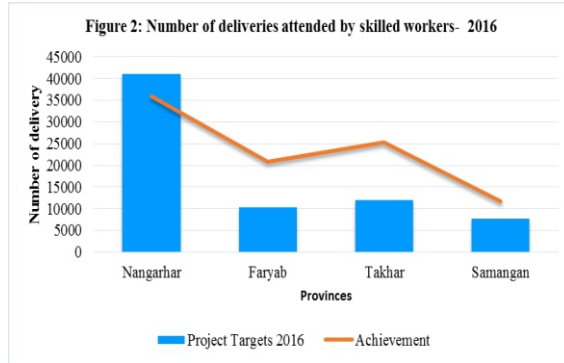
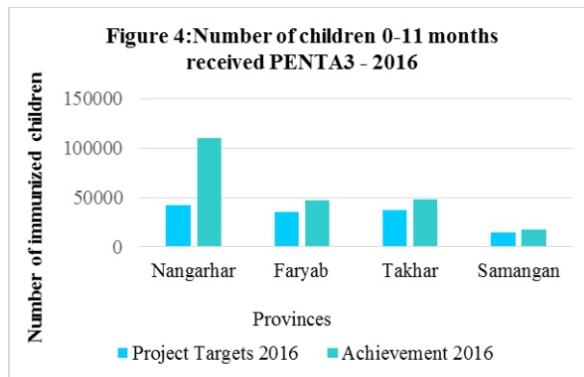


Figure 4 presents the number of vaccinated children during 2016. A total of 223,224 children under one year of age were immunized for Penta3 and 207,198 for measles in four provinces.



A total of 229,956 women were registered and screened for the first ANC visits, which translates ANC1 coverage of 95% of the expected pregnant women in the catchment population. Figure 3 illustrates comparison of ANC coverage against project targets in four BPHS projects.

Our Projects

Provision of effective trauma care and mass casualty management to conflict affected people:

Over the past year, as the result of the expanded conflict in Afghanistan the number of civilian casualties has continued to grow. Security deterioration and population movement in six districts of Nangarhar and three districts of Faryab aggravates gaps in existing health services and significantly increases risks of public health crises. In order to complement existing BPHS health structures in conflict affected districts and prevent loss of lives due to conflict casualties, with financial support of United Nations Office for Humanitarian Affairs (OCHA) AADA is responding to the most urgent health needs of conflict affected and vulnerable communities in Nangarhar, Faryab and Khost provinces by improving access to emergency essential life-saving/primary health care and referral services. The project is being implemented in Almar, Qaisar, Shrintagab and Pashtoon Kot districts of Faryab province, Chaparhar, Hesarak, Nazyan, Pachieragam, Sherzad, Achin, Surkhrod, Kot, Balabagh and Momandara districts of Nangarhar province, and in Khost Provincial Hospital.

In 2016, AADA were running 10 FATPs (First Aid Trauma Posts) in Nangarhar, 5 FATPs in Faryab, and one Trauma Unit (TU) in Khost Provincial Hospital, each with functional ambulances. The FATPs were adequately staffed, appropriately equipped, having the capability to provide 24 hours a day life-saving first aid, stabilization and referral services to conflict affected communities.

Total of 70 health professionals have been trained on Basic Life Support and trauma management in Nangarhar, Faryab and Khost provinces. In Nangarhar, 381 weapon wounded people (213 male and 72



Trauma case management in Shanditoot FATP in Nangarhar province

female 18 and above 18 years ages, 63 boys and 57 girls less than 18 years old) were registered and received appropriate services. Using FATP ambulances, all trauma cases were referred to nearest hospitals for secondary care after receiving first aid and stabilization. Additionally, the FATP staff in Achin CHC, Shandi Toot and Girakhel BHCs provided on-site lifesaving trauma care (first aid and stabilization) to the mass casualty of civilians which was injured due to AOG attacks in Achin, Shirzad and Pachiragam districts of Nangarhar. The teams provided quality first aid and stabilization cares to the injured civilians and after first aid and stabilization all cases were immediately referred to district and provincial hospitals.

Our Projects

In Faryab, 454 weapon wounded cases (306 male and 127 female 18 and above ages, 13 male and 6 female between 5-17 years old and 2 children under 5) were managed by AADA. From the total weapon wounded cases, 204 cases were transferred to the nearest hospitals.

In Khost PH, AADA has managed 253 weapon wounded cases (105 male and 41 female 18 and above ages, 40 male and 20 female between 5-17 years and 30 male and 18 female under five children). From the total 253 weapon wounded cases, 15 were transferred to the other specialized hospitals for advanced cares.

Nutritional support to conflict displaced, returnees and vulnerable population in Nangarhar province

In July 2016, there has been a significant spike in both voluntary refugees and undocumented Afghans return from Pakistan. UNHCR reported over 67,000 people in the month of August crossing over into Afghanistan. IOM projected as many as 400,000 undocumented returnees, by the end of 2016. Of the total returnees 76% reportedly were settled in Nangarhar province mainly in Batikote, Behsud, Jalalabad city, Khogiane, Rodat and Surkh Road districts. In responses to the nutrition needs of the returnees, IDPs and vulnerable communities, AADA with support of Nutrition Cluster and funding from OCAH started implementation of projects in six districts of Nangarhar by scaling up the Out Patient Department-Moderately Acute Malnutrition (OPD-MAM) services in 22 HFs and deployment of three Nutrition Mobile Team (NMT) to reach remote villages of target districts with high number of returnees and Internally Displaced People (IDP). Meanwhile, AADA supported 40 health facilities through recruitment of one additional female staff (nurse or midwife) to specifically provide nutrition services including individual counselling to mothers with infants on breastfeeding practices.

Through this project, total of 3,138 Acutely Malnourished Pregnant and Lactating Women (AM PLW) were registered and admitted in the program to receive nutrition care; of these, 22.7% were returnees and 12% IDPs. Total of 4296 children 6-59 month ages with Sever Acute Malnutrition (SAM) and 1,597 with Moderate Acute Malnutrition (MAM) without medical complications were registered and admitted into the program and received therapeutic and supplementary feeding services.



Child screening for nutrition status in Torkham clinic for returnees

Our Projects

Using MUAC, 20,107 children 6.59 months ages were screened by NMT staff members and CHWs through community outreach. Of these, 1,968 and 666 (10% and 3 %) were registered with MAM and SAM respectively. Identified children with SAM and MAM were referred to HFs for nutrition support and treatment.

At Torkham entry point clinic, AADA have provided 2,945 children under five with Vitamin A supplementation, 2,231 children between 2 and 5 with deworming tablets and 922 women with IYCF counselling. 3,734 children have been screened for acute malnutrition, with 109 identified as suffering from SAM (3%) and 250 from MAM (6.7%); they were referred to health facilities for treatment.

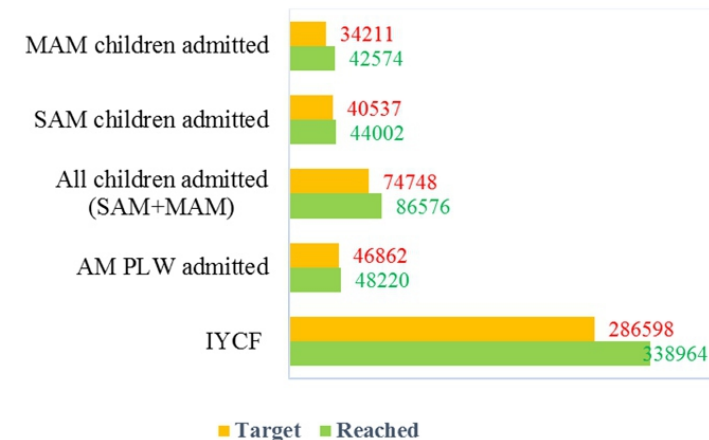
Improving Nutrition for Mother's, Newborns and Children—A community focused approach

With support from Save the Children International (SCI), AADA has been providing 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. During 2016, AADA, in collaboration with Save the Children and through technical support of Public Nutrition Department -MoPH conducted six days training on public nutrition components for total of 609 male and female medical professionals -including 152 medical doctors, 221 midwives and 236 nurses.

The previously established OPD-SAM in 2015 in 83 HFs of Nangarhar, 49 HFs of Faryab, 18 HFs of Samangan and 50 HFs of Takhar province continued to provide nutrition care services. Key components of the public nutrition that were implemented included management of SAM (therapeutic care), Infant and Young Child Feeding (IYCF), growth monitoring, nutrition education and surveillance. Meanwhile, Therapeutic Feeding Centers /Stabilization Centers (TFC/SC) were functional in District Hospitals of the mentioned four provinces.

As end of 2016, sum of 41,758 (17,907 male 23,851 female) SAM children aged 6-59 months without medical complications were identified and admitted into program. Furthermore, a total number of 1,412 severely acute malnourished children with medical complications were identified in the communities and health facilities and referred to TFCs/SCs for specialized treatment, of which, 972 children were discharged after full recovery.

Figure 5: January to Dec 2016 Key Results vs Project Targets (Nangarhar, Takhar, Samangan and Faryab Provinces)



Our Projects

Targeted Supplementary Feeding Program (TSFP):

AADA with support of WFP continued provision of TFSP in Samangan, Takhar and Nangarhar provinces. Overall goal of TFSP is to reduce mortality and morbidity related to acute malnutrition in children aged 6-59 months and PLW, by improving their nutritional status through access to targeted supplementary feeding programs considering Integrated Management of Acute Malnutrition (IMAM) protocols. As end of Dec 2016, a total of 41,834 (19,244 male and 22,590 female) children aged 6-59 months with MAM and 49,159 AM-PLW were enrolled in the program and received food rations as per IMAM protocol. Of 28,147 children who were exited the program in 2016, 26,396 were successfully cured; meanwhile, out of 29,501 PLW who were exited, 28,769 were discharged by meeting discharge criterion. This represents 94% cure rate for <5 children, and 97% for PLW, which are above the standard limits of >75% cure rate.

Midwifery and Nursing Education programs:

Overall objective of the midwifery and nursing education program is to contribute to reduction of maternal and newborn mortality through training of competent midwives and nurses and their deployment in rural areas of the target provinces. The training modules are focusing mainly on capacity enhancement and increase in professional knowledge of midwives and nurses, as well as, MOPH staff on standard clinical practices skills. So far AADA has implemented 10 batches of CME and one batch Midwifery/IHS with total of 286 trainees, and 8 batches of CHNE with total of 248 trainees, through fund from World Bank, Global Fund, BMZ/The Johanniter, Cordaid and UNFPA. In 2016, 68 competent midwives graduated from Balkh IHS, 72



Graduation ceremony of IHS midwives in Balkh province

(24/school) competent community midwives graduated from CME schools in Paktika, Ghazni and Nengarhar, and 24 Female Community Health Nurses graduated from AADA CHNE School in Nengarahr. The program objectives are achieved and certified through offering accreditation award by Afghanistan Midwifery and Nursing Accreditation Board -AMNEAB/MoPH. All the CME and CHNE graduates received their national recognized diploma issued by MoPH, and graduates deployed in related/targeted pre-identified health facilities. Meanwhile, one CME and CHNE school was established and equipped for 48 new trainees (24 CHNE & 24 CME) in Faryab under SEHAT II project, and one CHNE school was established and equipped for 24 students in Takhar under SEHAT II project.

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

Through fixed health facilities called Family Health Houses (FHH), Health Sub Centers and Mobile Health Teams, AADA provides health services to the remote and underserved areas of the Faryab province. The project is funded by UNFPA and implemented in coordination with MOPH and Provincial Public Health Directorate.

Our Projects

The services are provided through 32 FHHs -each supported by 2 CHWs, 2 Family Health Action Groups, and 2 Shuras- 2 HSCs in remote district of Kohistan and three Mobile Health Teams, which are carrying pre-planned outreach services to remote rural/mountainous areas of the province. 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.

HIV treatment/prevention and Harm Reduction projects:

Since 2009, AADA is involved in prevention and treatment of HIV/AIDS and harm reduction programs as Sub Recipient for GIZ, HSS/MOPH, and UNDP, through financial support from Global Fund. From 2009 till end of October 2016, AADA implemented HIV treatment/prevention and Harm Reduction projects in Kunduz and Ghazni provinces. This project provided 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.



To maintain the low prevalence of HIV below 0.1 % among general population and below 5% among key population at high risk in the country, through increasing access to and utilization of, and improving quality and safety of services, UNDP awarded the contract for implementation of "Scaling up HIV intervention among key affected population" project to AADA. The project was commenced in November 1st 2016 and will be continued till end of December 2017. The direct beneficiaries are people living with HIV/AIDS (PLHIV), including women and their partners at high risk of HIV, Men with High Risk Behaviours (MHRB), people who inject drugs (PWIDs), prisoners, and the general population at potential risk of HIV/AIDS. The indirect beneficiaries are the public and health sector as a whole.

Following table elaborates activities which are performed through Ghazni and Kunduz projects.

#	Services provided in Ghazni and Kunduz from January–November 2016	Number of clients
1	Confidential counselling to clients	10340
2	HIV-1, HIV-2 and HIV-3 test to clients	7857
3	HCV and HBS test to clients	14361
4	Syphilis test to clients	970
5	STI treatment to clients	371
6	Active referral system from DIC and VCCT to TB center and Kabul ARV center	806
7	Syringe distribution and collection services to IDUs	164966
8	Condom distribution in center, prison and outreach areas	26590
9	Wound care and first aid services to HIV patient and IDUs	945
10	Social support to HIV patient and IDUs clients	8190
11	ARV medicine distribution to HIV positive patients	111

Our Projects

Community-based DOTS Project

Community-based Directly Observed Treatment, Short course (CB-DOTS) for Tuberculosis (TB) involves training of CHWs to increase awareness, detection, and treatment of TB and brings services directly to the homes of those at risk for infection. This strategy is used to expand high-quality DOTS and universal access to TB services. Funded by MSH, AADA supports the CB-DOTS in Nangarhar, Takhar and Faryab provinces in collaboration with PPHDs, community elders, NGOs and community-based staff. Following table shows achievements vs targets in 2016.

Activities	Targets	Achievement	Percentage
Conduct one day orientation for incharges of health facilities	171	159	93%
Conduct two days training for Community Health Supervisors (CHSs)	169	157	93%
Conduct one day training for CHWs (via CHSs in their related HFs).	3710	3378	91 %
Establish TB Patients Association	30	30	100%
Install 10 billboards per province	30	30	100%
Broadcast TB messages through local media (radio)	4-6 times/day	4-6 times/day	100%
Conduct TB patient association quarterly review meeting	120	120	100%

Scaling up Innovative Approaches to Respond to TB Challenges in Afghanistan



AADA Technical Manager during supervision of TB DOTS project in Samangan

Funded by UNDP/Global Fund, AADA is implementing “Scaling up innovative approaches to respond TB Challenges in Afghanistan” project in 23 provinces. This project is designed to enhance pediatric TB control program by targeting the children attending health facilities and contacts of smear positive TB cases, enhance TB case finding through screening of household contacts, enhance TB case detection through active screening of IDPs in target IDP camps, improve TB case detection and reduce its transmissions among the prisons population and to improve TB case detection among those who are seeking health services at private sector, and to strengthen the referral system of TB patients from private to public sector for provision of free medication, follow up and recording.

Malaria Control Program Interventions

Malaria is recognized to be a major public health priority in Afghanistan. 78% of Afghanistan's population live in areas at risk of malaria transmission. AADA as sub recipient for UNDP, implements the Malaria Control Interventions in Nangarhar, Takhar, Samangan and Faryab provinces.

Our Projects

The project target beneficiaries are the general population, with major focus on pregnant women, children under five age group, and other vulnerable population i.e. returnees, IDPs and nomads. Following activities have been done by end of 2016:

- 357,319 Long Lasting Insecticidal Nets (LLINs) are distributed to at-risk population through mass campaigns
- 64,520 LLINs are distributed to at-risk population through 1st ANC
- 22,455 suspected malaria cases received a parasitological test in the community
- 8,447 confirmed malaria cases received first-line antimalarial treatment
- 315 health practitioners (public and private) are trained on Rapid Diagnostic Tests (RDTs) and Malaria Treatment Guideline (MTG)
- 187 lab technicians (Health Facilities and private sector) are trained on microscopy and RDTs
- 253 CHSs, and 3113 CHWs are trained on Community Based Malaria Management (CBMM) Strategy, RDT, Treatment and Reporting



Lab Technicians training in Takhar

Youth Advocacy, Policy and RH Information and Services:

From January 2016 up to December 2016, AADA provided operational support to a UNFPA funded project for “Youth Advocacy, Policy and RH Information and Services” to Child and Adolescent department of MOPH, and deputy minister of Youth Affairs of Ministry of Information and Culture. The project was involved in establishment of Youth Health Corners (YHCs), training of schools teachers on School Health Services (SHCs), and designing and printing of School Health Services manuals. Meanwhile, they supported multi sectorial coordination for development of National Youth Strategy (NYS), Youth Friendly Health Services (YFHS) manual, and religious leaders' orientation manual. As part of the program, AADA provided operational support for commemoration of Youth International Day and conduction of Youth Parliament. The program was implemented in Kabul, Kandahar, Balkh and Nangarhar provinces.

Main Achievements:

- Eight Youth Health Corners (YHCs) were established in Kabul, Balkh, Kandahar and Nangarhar provinces;
- 190 school teachers received 5 days training on school health services delivery;
- 1000 school health service delivery manuals designed and printed;
- National Health Strategy was finalized through multi sectorial working group sessions, and 2500 volumes of National Youth strategy were designed and printed in Dari, Pashtu and English Languages;
- Youth Friendly Health Services (YFHS) manual was finalized through a series of working groups and 2000 volumes of manual were designed and printed in Dari, Pashtu and English languages;
- 60 health workers in Balkh, Kandahar and Kabul provinces received 6 days trainings on YFS;
- Religious leader's orientation manual was developed and 2000 manuals were printed in Dari and Pashtoo;
- Orientation sessions on Adolescent Sexual and Reproductive Health (ASRH) were provided for 120 gatekeepers, Mullahs and community leaders in Kabul, Balkh, Kandahar and Nangarhar provinces;
- Youth Officers annual meeting was conducted in Kabul;
- 1000 youths participated in commemoration of Youth International Day at Presidential Office (Arg);

Our Projects

- *Youth parliament was organized for six days for the first time in Afghanistan. More than 130 male and female youth from 34 provinces of the country attended the event. The event was inaugurated by President, Head of Upper House and Deputy Minister of Youth Affairs. One chairperson, two co-chairs and one secretariat were selected for the youth parliament; subcommittees were established and TOR for each sub committees were finalized. AADA received an official appreciation letter from deputy ministry of youth affairs for successful conduction of youth parliament. Offices of youth parliament members were established, equipped and furnished in the ex-parliament building.*



Youth Parliament

Our Addresses

AADA's Offices across the country

- 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
- 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.

Testimonials

