



# Annual Report 2017



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

Agency for Assistance and  
Development of Afghanistan  
+93 (0) 785 285 530  
+93 (0) 700 299 369  
aaini@aada.org.af  
www.aada.org.af

Agency for Assistance and  
Development of Afghanistan

## A word from our Founder

Dear Friends,

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. 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.



Major projects that we embarked on are progressing very satisfactorily. AADA made a significant contribution to improve the health indicators across Afghanistan. As AADA continues to grow, our annual turnover was about 23 million USD, and we can proudly state that we directly impacted the lives of more than four million beneficiaries.

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.

Sincerely Yours,

Dr. Jammalluddin Jawaid  
AADA Founder and Advisor  
Agency for Assistance and Development of Afghanistan (AADA)  
Mobile: +93(0)777772500  
Email: jjawaid@aada.org.af

## A word from our Director

Dear colleagues,

I would like to state first that 2017 was the busiest, challenging and meanwhile a year of great achievements for AADA. This year, almost all of our programs had great achievements and reached their targets. Throughout our projects in 25 provinces, a total of 4,070,589 people directly and about 16 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 Nangarhar. 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 and Faryab.

To address the unmet gaps, AADA has implemented vertical/complementary projects, of them the most important was implementation TB project in 23 provinces.

In Balance Scorecard 2017, all provinces covered by AADA had remarkable progress. The composite score increased from 86.0% in 2016 to 90.4% in 2017 in Khost provincial hospital, from 67.7 in 2016 to 71.2 in 2017 in Takhar, from 70.4 in 2016 to 74.2 in 2017 in Faryab and from 73.8 in 2016 to 76.2 in 2017 in Nangarhar.

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  
General Director  
Agency for Assistance and Development of Afghanistan (AADA)  
Mobile: +93(0)785285530, +93 (0) 700 299 369  
Email: aaini@aada.org.af  
Website: www.aada.org.af

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.

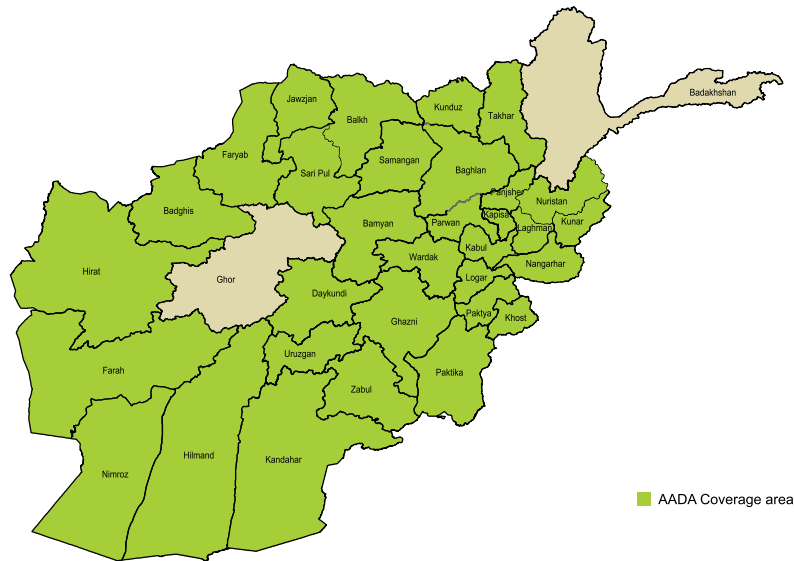
**Vision:** Empowered Communities

**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.

## Provinces Covered by AADA since 2005



In 2017, AADA has implemented 25 projects in 25 provinces, and benefited 4,070,589 beneficiaries. AADA continued implementation of BPHS in Nangarhar, Takhar and Faryab provinces and EPHS in Khost province, under SEHAT grants. Meanwhile, AADA mobilized additional resources for complementary intervention such as nutrition, TB, Malaria and HIV/AIDS control programs, trauma care and emergency humanitarian services, midwifery and nursing education (CME/CHNE) projects and capacity building of health facilities staff. These integrated interventions enabled us to respond to differs and complex need of people by boosting the synergetic impact of different interventions.

During 2017, AADA projects were funded by MOPH, World Bank, WHO, USAID, UNDP, Global Fund, UNFPA, UNICEF, United Nations Office for Coordination of Humanitarian Affairs (OCHA) and WFP.

## AADA projects in 2017:

#	Project title	Province/s	Start date	End date	Client /Donor
1	Provision of trauma care to conflict affected people	Faryab, Nangarhar and Takhar	Nov-2017	Oct-2018	WHO
2	Reproductive Maternal and Newborn Child Health package	Faryab	Nov-2017	Nov-2018	UNICEF
3	Community - Based Nutrition Program (CBNP)	Takhar	Nov-2017	Oct-2018	UNICEF
4	Support to trauma care unit of provincial hospital	Faryab	Oct-2017	July-2018	WHO
5	Increasing access to comprehensive mater health services and mainstreaming RH and GBV in humanitarian emergencies	Nangarhar, Laghman , Kabul and Kunar	July-2017	Dec-2017	UNFPA
6	Provision of BPHS under SEHAT III	Nangarhar	July-2017	June-2018	MOPH/ World Bank
7	Community Midwifery Education Program	Paktika	Jun-2017	Sep-2019	UNICEF
8	Targeted Supplementary Feeding Program (TSFP)	Nangarhar	July-2017	Dec-2017	WFP
9	Upgrading SHCs EPI fixed centers and launching outreach mobile immunization strategy	Faryab and Takhar	Mar-2017	July-2018	MOPH/ GAVI
10	Consultancy Services For Capacity Buildin of BPHS & EPHS health facilities staff on Nutrition	9 Provinces	Dec-2016	July-2017	MOPH
11	Scaling up HIV intervention among key affected population	Ghazni	Nov-2016	Dec-2017	UNDP
12	Scaling up HIV intervention among key affected population	Kandahar	Nov-2016	Dec-2017	UNDP
13	Nutritional support to conflict displaced, returnees and vulnerable people	Nangarhar	Oct-2016	Mar-2017	OCHA
14	Provision of trauma care and mass casuall management to conflict affected people	Faryab and Nangarhar	Oct-2016	Sep-2017	OCHA
15	Provision of trauma care and mass casuall management to conflict affected people	Nangarhar and Khost	July-2016	July-2017	OCHA
16	Scaling up Malaria control program among key affected population	Nangarhar, Faryab, Takhar and Samangan	April-2016	Dec-2017	UNDP
17	Scaling up TB Intervention among key affected population program	23 provinces	Jan-2016	Dec-2017	UNDP
18	TB Challenge Afghanistan	Takahr, Faryab and Nangarhar	Oct-2015	Sep-2018	USAID/ MSH
19	Provision of BPHS under SEHAT I	Takhar	July-2015	June-2018	MOPH/ World Bank
20	Provision of BPHS under SEHAT-II	Faryab	July-2015	June-2018	MOPH/ World Bank
21	Provision of EPHS under SEHAT II	Khost	July-2015	June-2018	MOPH/ World Bank
22	Targeted Supplementary Feeding Program (TSFP)	Nangarhar, Takhar and Samangan	June-2015	June-2017	WFP
23	Provision of BPHS under SEHAT I	Nangarhar	Jan-2014	June-2017	MOPH/ World Bank
24	Provision of BPHS under SEHAT I	Samangan	Jan-2014	June-2017	MOPH/ World Bank
25	Provision of health services through 33 Family Health Houses (FHH)	Faryab	Jan-2012	Dec-2017	UNFPA

AADA at a Glance	
<b>2005</b>	
Total Projects	1
Direct Beneficiaries	3,500
Indirect Beneficiaries	26,117
Total Beneficiaries (Direct & Indirect)	29,617
<b>2006</b>	
Total Projects	6
Direct Beneficiaries	1,174,628
Indirect Beneficiaries	42,500
Total Beneficiaries (Direct & Indirect)	1,217,128
<b>2007</b>	
Total Projects	7
Direct Beneficiaries	1,417,722
Indirect Beneficiaries	35,603
Total Beneficiaries (Direct & Indirect)	1,453,325
<b>2008</b>	
Total Projects	12
Direct Beneficiaries	1,287,541
Indirect Beneficiaries	112,393
Total Beneficiaries (Direct & Indirect)	1,399,934
<b>2009</b>	
Total Projects	20
Direct Beneficiaries	1,697,870
Indirect Beneficiaries	696,928
Total Beneficiaries (Direct & Indirect)	2,394,798
<b>2010</b>	
Total Projects	30
Direct Beneficiaries	1,893,753
Indirect Beneficiaries	1,708,509
Total Beneficiaries (Direct & Indirect)	3,602,262
<b>2011</b>	
Total Projects	26
Direct Beneficiaries	1,984,386
Indirect Beneficiaries	1,671,033
Total Beneficiaries (Direct & Indirect)	3,655,419
<b>2012</b>	
Total Projects	16
Direct Beneficiaries	1,939,233
Indirect Beneficiaries	1,211,881
Total Beneficiaries (Direct & Indirect)	3,151,114
<b>2013</b>	
Total Projects	19
Direct Beneficiaries	2,134,388
Indirect Beneficiaries	928,640
Total Beneficiaries (Direct & Indirect)	3,063,028
<b>2014</b>	
Total Projects:	22
Direct Beneficiaries:	3,689,298
Indirect Beneficiaries:	1,580,445
Total Beneficiaries (Direct & Indirect)	5,269,743
<b>2015</b>	
Total Projects:	30
Direct Beneficiaries:	4,917,913
Indirect Beneficiaries:	4,239,025
Total Beneficiaries (Direct & Indirect):	9,216,938
<b>2016</b>	
Total Projects:	20
Direct Beneficiaries:	4,070,541
Indirect Beneficiaries:	15,799,086
Total Beneficiaries (Direct & Indirect):	19,869,627
<b>2017</b>	
Total Projects:	25
Direct Beneficiaries:	4,070,589
Indirect Beneficiaries:	15,799,086
Total Beneficiaries (Direct & Indirect):	19,869,675



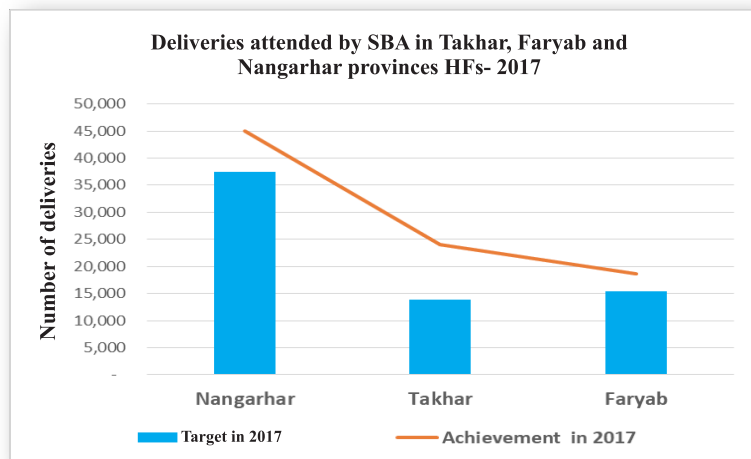
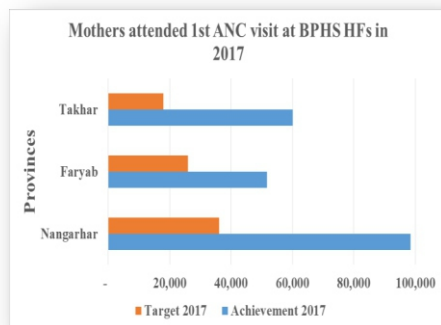
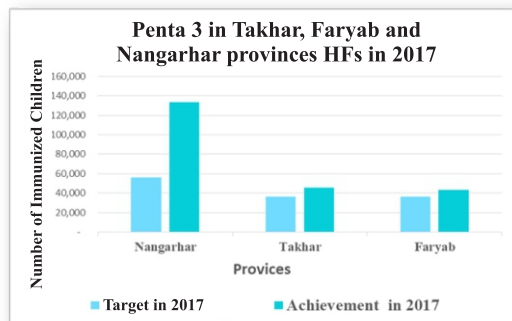




## Our Projects

In 2017, total of 5,461 clinical and administrative staff of BPHS and EPHS health facilities were trained on planned subjects, related trainings, out of which 2557(47%) were female.

Following charts illustrate achievement vs target for some indicators.



## Our Projects

### Provision of services to returnees and internally displaced people

Nangarhar is the first entry point for returnees coming via Torkham border to Afghanistan. In 2017, AADA's supported fixed and mobile health facilities provided health services to 128874 returnees (Male 57993, Female 70881) in Nangarhar province. Below table illustrates summary of major services for returnees through BPHS HFs.

Furthermore due to conflicts and insecurity and presence of insurgents, the number of IDPs increased in Nangarhar province. AADA fixed and satellite HFs provided health services to 10485 IDPs in 2017.



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

Security deterioration and population movement due to conflict resulted to the increased number of civilian casualties and aggravates gaps in existing health services and significantly increases risks of public health crises. To prevent loss of lives due to conflict casualties and complement existing gap in BPHS health structures in conflict affected districts AADA has provided trauma care and mass casualty management services in Nangarhar, Khost, Faryab and Takhar provinces. The project was financially supported by United Nations Office for Humanitarian Affairs (OCHA) and WHO. AADA has responded to the most urgent health needs of conflict affected and vulnerable communities in the mentioned provinces by improving access to emergency essential life-saving/primary health care and referral services.



During 2017, total of 23,011 trauma cases have been registered and received appropriate services at the FATPs and trauma units of the target provinces. The FATPs and trauma unit 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.

## Our Projects

Through WHO fund, AADA established Trauma Care Unit in Faryab provincial hospital to provide health services for conflict induced trauma cases. This project included construction of an emergency ward for female patients -with capacity of ten beds, and two additional rooms -one for dispensary and one for night duty staff. To ensure separate triage space for men and women and privacy in the hospital compound, two tents were procured and installed in close vicinity of emergency ward. The hospital was fully equipped with modern medical instruments/equipment and a 12 Kw generator to help staff in managing emergency cases during night time and in the event of city power cut off.



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

In responses to the nutrition needs of the returnees, IDPs and vulnerable communities, AADA with support of Nutrition Cluster and funding from OCHA has provided nutrition services in Nangarhar by scaling up the Out Patient Department-Moderately Acute Malnutrition (OPD-MAM) services in 22 health facilities 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. By the end of 2017, total of 7,613 SAM (without medical complications) and 2,488 MAM CU5s and 4,279 acutely malnourished pregnant and lactating women were enrolled in program and received therapeutic and supplementary feeding.

Supplied by World Food Program (WFP), 367.772 Metric Tons (MTs) mixed food commodities i.e. wheat, wheat flour, oil, Iodized salt, pulses, micronutrient tablets (MNT) and 9.259 MTs Ready to Use Supplementary Food (RUSF) were distributed to MAM PLW and MAM children respectively.

### Targeted Supplementary Feeding Program (TSFP):

Supported by WFP, AADA implemented TSFP in Samangan, Takhar and Nangarhar provinces. Samangan TSFP was handed over to BPHS implementer in July 2017, and Takhar TSFP was closed due to funding constraints in June 2017. Overall goal of TSFP is to reduce under-nutrition and break the intergenerational cycle of hunger by improving their nutritional status through access to targeted supplementary feeding programs. As end of Dec 2017, a total of 17,888 (8,407 male and 9,481 female) children aged 6-59 months with MAM and 13,407 AM-PLW were enrolled in the program and received food rations as per IMAM protocol. Of the total 17,888 admitted 16,200 were successfully cured; and of the total AM PLW enrolled in the program 12,870 were discharged after meeting discharge criterion. This represents 90% cure rate for <5 children, and 96% for PLW, which are above the standard limits of >75% cure rate.

## Our Projects

### Upgrading Health Sub Centers (HSCs) with EPI fixed center and launching community-based outreach through mobile immunization strategy:

Funded by MoPH/GAVI, AADA upgraded 15 HSCs in Takhar and one HSC with EPI fixed center in Faryab province. Meanwhile, to increase access to immunization services for remote communities, three Mobile Immunization Teams (MIT) were deployed in Faryab and one in Takhar. Total of 27 (15 male, 12 female) vaccinators were recruited in Takha and Faryab HSCs. To ensure regular outreach services in remote villages, 18 motorbikes were procured for vaccinators of the upgraded SHCs. Vaccination coverage VS target for nine months period (March-Dec 2017)

Vaccines	Target for nine months	Achievement	Coverage
<b>Total 5 round TT vaccination (15-45 years)</b>	32,590	23,042	71%
<b>BCG and OPV- 0 and Hep. B</b>	18,368	14,930	81%
<b>Penta1 and OPV-1 and PCV-1</b>	18,368	14,832	81%
<b>Penta2 and OPV-2 and PCV-2</b>	18,368	14,583	79%
<b>Penta3 and OPV-3 and PCV-3</b>	18,368	14,480	79%
<b>Measles at 9 months</b>	18,368	13,993	76%
<b>Measles at 18 months</b>	18,368	13,898	76%

### Capacity Building of BPHS & EPHS health facilities staff on Nutrition

According to various surveys and studies undertaken in Afghanistan, one of the factors responsible for under-nutrition in children, pregnant and lactating women is knowledge and skill gaps on public nutrition among health workers in BPHS/EPHS health facilities. To address knowledge gaps, AADA was assigned by MOPH for capacity building of BPHS/EPHS health facilities staff on nutrition service delivery in Kabul, Parwan, Kapisa, Panjshir, Logar, Ghazni, Samangan, Urozgan and Nimroz provinces.

As end of project total of 2,070 BPHS/EPHS staff, 47% female and 53% male, were trained on nutrition subject including 421 medical doctors (MDs), 722 nurses, 639 midwives, 259 Community Health Supervisors, 24 supervisors, one CHW trainer, two CBHC officers and two pharmacists were trained on nutrition. Evaluation was done through pre-and post-knowledge assessments for participants, which were of different levels of knowledge. Nevertheless, we compared scorings at start and at the end of the training as well as average scores. The average score at the start of training was 53% out of a possible score of 100%; at the end of the training the average increased to 86%. Overall, an average knowledge gain of 33% was registered indicating success of the training.

### Midwifery and Nursing Education programs:

AADA is implementing community midwifery and community nursing education programs since 2009. 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.



## Our Projects

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. 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.

While AADA is continuing implementation of CHNE School in Takhar, CME/CHNE in Faryab and CME in Nangarah, in June 2017, AADA has started implementation of a CME school in Paktika province through fund from UNICEF. Total of 30 students are enrolled in Paktika School.

### **Increasing access to comprehensive maternal health services and mainstreaming RH and GBV in humanitarian emergencies:**

Through a partnership agreement with the United Nation Population Fund (UNFPA), AADA is assigned to implement the “Increasing access to comprehensive maternal health services and mainstreaming RH and GBV in humanitarian emergencies” project in Farayab, Nangarhar, Laghman, Kabul and Kunar provinces. The project aims to increase national institutional capacity to deliver comprehensive maternal health services to underserved populations. Project Main activities are:

- Provision of GBV prevention and response services through supporting four Family Protection Centers, Four Women Friendly Health Spaces;
- Provision of health services including reproductive health services to Afghan returnees in border between Afghanistan and Pakistan;
- Provision of health services through establishing four MHTs to Afghan returnees in the eastern region of the country;

These activities are performed through 32 Family Health Houses, 32 Health Posts, 83 Family Health Action Groups, Torkham Zero point and IOM transit center health facilities in Nangarhar province, four mobile health teams in Nangarhar, Kunar and Laghman provinces, three Family Protection Centers in Nangarhar, Kunar and Kabul provinces and four Women Friendly health services in Nangarhar, Kunar and Laghman provinces.



Provision of certificate to trainees of CMR training in Nanagarhar

## Our Projects

### **Scaling up HIV intervention among key affected population in Afghanistan:**

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, UNDP awarded the contract for implementation of “Scaling up HIV intervention among key affected population” project to AADA. The project covered two provinces, Ghazni and Kandahar. HIV and harm reduction services intervention were done through 2 VCTs, 2 community DICs, 2 prison DICs, 1 PMTC and 1 MHRB HF in mentioned provinces. The direct beneficiaries were 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 were the public and health sector as a whole.

Project Objectives are:

- Maintain and scale up prevention interventions among key population at high risk, vulnerable groups and general population;
- Enhance HIV Testing and Counseling Services, sexually transmitted infections management and Condom Promotion, HIV-tuberculosis collaboration, community based prevention of mother to child transmission and safe blood transfusion;
- Implement revised Anti-retro Viral Therapy Guideline, expand Anti-Retro Viral centers, laboratory facilities and strengthen community based care and support services by end of 2020;
- Strengthen enabling environment and meaningful involvement of people living with HIV and key population at high risk to reduce stigma and discrimination;
- Improve existing capacity of human resources at all levels for effective implementation of the program.

Following table elaborates achievement vs target during 2017:

Indicators	Target	Achievement	%
KP-1d: Number of PWIDs reached with HIV prevention programs defined package of services	844	833	99 %
KP-3d: Number of PWIDs that have received an HIV test during the reporting period and know their results	759	700	92 %
KP-2a: Percentage of MHRBs reached with HIV prevention programs individual and/or smaller group level interventions	494	3,075	622%
KP-3a: Percentage of MHRBs that have received an HIV test during reporting period and know their results	395	2,255	571 %
GP-other1: Number of women and men aged 15+ who received an HIV test and know their results in Voluntary Counselling and Testing centres (VCT)	6,383	8,078	127%
PMTC-2: Number of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission	3	1	33,3 %
KP-1e: Number of other vulnerable populations (prisoners) reached HIV prevention programs defined package of services	1152	7513	652 %
KP-3e: Number of other vulnerable populations (prisoners) that received an HIV test during the reporting period and know their results	1037	3412	329 %

### **Scaling up Innovative Approaches to Respond to TB Challenges in Afghanistan**

AADA as sub-recipient for UNDP has implemented “Scaling up Innovative approaches to respond to TB Challenges in Afghanistan” project in 23 provinces of the country. In 2017, 8335 TB confirmed cases were detected through this project. Total of 288 TB confirmed cases were identified among prisoners, 119 among IDPs, 4892 TB Child confirmed cases were detected in the 23 provinces selected hospitals, 1157 TB confirmed cases were detected through PPM in 7 selected provinces, 574 TB confirmed cases were detected through suspected cases referral by CHWs in 11

provinces, 176 TB confirmed cases were detected through TB patients association, and 1129 TB confirmed cases were detected through active screening of household contacts. Meanwhile, AADA provided training and orientation sessions for 1034 participants including MDs, nurses, lab technicians, private practitioners and CHWs in 2017.



## Our Projects

During 2017, project activities were regularly monitored by AADA main office staff and provincial focal points. Total of 42 visits were conducted by main office and 1090 visits were conducted by provincial focal points. As part of Health System Strengthening (HSS), quarterly review meetings for MDs and lab technical were conducted in 23 provinces. Meanwhile, AADA supported two round of National Quarterly Review Meeting in Kabul for all 34 provinces, with total of 161 participants in first round and 155 in second round.



AADA Central Region Officer during supervision of TB activities in Daikundy

### Scaling up Malaria control program among key affected population

AADA has been selected as sub-recipient by UNDP to implement the “Scaling-up Malaria prevention and case management” project in Nangarhar, Faryab, Takhar and Samangan provinces. The intervention was implemented through 284 BPHS health facilities, 2187 HPs, as well as private sector, and has covered 4,561,515 population.

According to HMIS report, there was 71,741 malaria positive cases in Nangarhar, 636 in Faryab, 794 in Takhar and 304 in Samnagan province in 2016. In 2017 the number of positive cases are reduced to 41,289 in Nangarhar, 322 in Faryab, 255 in Takhar and 97 in Samnagan, which can be the result of successful implementation of the project by AADA. Worth mentioning that AADA has achieved the entire set indicators for 2017.

In 2017, total of 957,146 LLINs have been distributed to at-risk populations through mass campaigns in Nangarhar. Meanwhile, 110,283 LLINs were distributed to pregnant women through continuous distribution during ANC in target provinces. During the year, 474,705 suspected cases were tested by RDT and microscopy and 121,688 positive cases were treated by health care providers and Community Health Workers in mentioned provinces. Throughout this year, AADA conducted the RDT and NTG trainings for health facilities staff, CHSs and CHWs in Nangrhar, Takhar, Samangan and Faryab provinces, and private practitioners and private lab technicians in Nangarhar. Conducted trainings enabled invited participants to perform effective case management and diagnose of Malaria cases both at health facilities and community level. 32 health practitioners were trained on RDTs diagnosis, and treatments according to National Malaria Treatment Guideline (NTG), 33 lab technicians were trained on microscopy and RDTs, 44 CHSs received refresher training on RDT and NTG, 1966 CHWs received refresher training on RDT and NTG, 208 private practitioners were trained on diagnosis, treatment and reporting and 63 private lab technicians were trained on microscopy diagnosis of malaria in different batches.

## Our Projects

### Community-based DOTS Project

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. 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. Following table shows achievements vs targets in 2017.

#	Indicators	Targets for 2017	Achievements 2017	percentage
1	HF's providing CB - DOTS services	125	125	100%
2	presumptive TB cases referred by community and CHWs	20%	20%	100%
3	bacteriologically confirmed TB cases referred by community and CHWs	18%	30%	166%
4	Positivity rate	10%	8%	80%
5	all forms of TB cases referred by community and CHWs	16%	20%	125%
6	contact with bacteriologically confirmed TB patients screened for TB (contact screening)	23%	25%	110%
7	children under 5 started IPT	57%	97%	170%
8	TB patients who are under treatment (DOT) by community and CHWs	24%	34%	141%
9	Treatment cure rate of TB patients	94%	97%	103%
10	Treatment success rate of TB patients	95%	96%	101%

## 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
- 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.

