



Annual Report 2018



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

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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)

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 31 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 2018, AADA has implemented 23 projects in over 25 provinces, and benefited 4,070,589 beneficiaries. AADA continued implementation of BPHS in Takhar and Faryab, whilst providing consultancy services for the provision of BPHS in Nangarhar province and carrying out EPHS services in Khost, 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 different and complex needs of the people by boosting the synergetic impact of different interventions.

During 2018, 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 in Action

| # | Project Title | Provinces | Start date | end date | Client/Donor |
|----|---|--|------------|---------------------|-----------------|
| 1 | Provision of essential health and nutrition services for drought-affected population in priority districts of Takhar | Takhar | Dec-18 | Jun-19 | OCHA |
| 2 | Nutritional support to drought-affected people in Faryab province | Faryab | Sep-18 | Aug-19 | OCHA |
| 3 | Scaling-up TB Intervention among key affected population program | 8 provinces | Mar-18 | Dec-20 | UNDP |
| 4 | Provision of Health and Nutrition Services to Conflict Affected Internally Displaced People (IDPs), Returnees and conflict affected Host communities | Nangarhar and Faryab | Feb-18 | Feb-19 | OCHA |
| 5 | Scaling up Malaria control program among key affected population | Nangarhar, Faryab, Takhar | Jan-18 | Dec-19 | UNDP |
| 6 | Scaling up HIV intervention among key affected population in Kandahar, Ghazni and Paktya provinces | Kandahar, Ghazni and Paktya | Jan-18 | Dec-19 | UNDP |
| 7 | CME (Community Midwifery Education) | Takhar | Jan-18 | Jan-21 | The Johanniter |
| 8 | Targeted Supplementary Feeding Program (TSFP) Nangarhar and Takhar | Nangarhar and Takhar | Jan-18 | Dec-18 | WFP |
| 9 | Establishment of trauma care service unit and provision of timely effective trauma cares to conflict affected people in Takhar and Nangarhar provinces. | Nangarhar and Takhar | Nov-17 | Jul-18 | WHO |
| 10 | Upgrading sub health centers with EPI fixed center and launching community-based outreach through mobile immunization strategy | Takhar and Faryab | Mar-17 | Dec-18 | MoPH/GAVI |
| 11 | Provision of timely effective trauma care to conflict affected people in Faryab, Nangarhar and Takhar provinces | Faryab, Nangarhar and Takhar | Nov-17 | Oct-18 | OCHA |
| 12 | Reproductive Maternal and New-born Child Health package | Faryab | Nov-17 | Nov-18 | UNICEF |
| 13 | Community-Based Nutrition Program in Takhar province of Afghanistan (CBNP) | Takhar | Nov-17 | Oct-18 | UNICEF |
| 14 | Increasing access to comprehensive maternal health services and mainstreaming RH and GBV in humanitarian emergencies | Nangarhar, Laghman, Kabul and Kunar | Jul-17 | Dec-18 Extendable | UNFPA |
| 15 | Consultancy Services For provision of BPHS in Nangarhar province under SEHAT III | Nangarhar | Jul-17 | Dec-18 | MOPH/World Bank |
| 16 | Community Midwifery Education (CME) program | Paktika | Jun-17 | Oct-19 | UNICEF |
| 17 | Scaling up Malaria control program among key affected population | Nangarhar, Faryab, Takhar and Samangan | Apr-16 | Dec-18 | UNDP |
| 18 | Scaling-up TB Intervention among key affected population program | 23 provinces | Jan-16 | Feb-18 | UNDP |
| 19 | TB Challenge-Afghanistan | Takhar, Faryab and Nangarhar | Oct-15 | Sep-18 | USAID/MSH |
| 20 | Provision of BPHS under SEHAT II | Takhar | Jul-15 | Dec-18 | MOPH/World Bank |
| 21 | Provision of BPHS under SEHAT II | Faryab | Jul-15 | Dec-18 | MOPH/World Bank |
| 22 | Provision of EPHS under SEHAT II | Khost | Jul-15 | Dec-18 | MOPH/World Bank |
| 23 | Provision of health services through 33 Family Health Houses (FHH) | Faryab | Jan-12 | Dec-2019 Extendable | UNFPA |

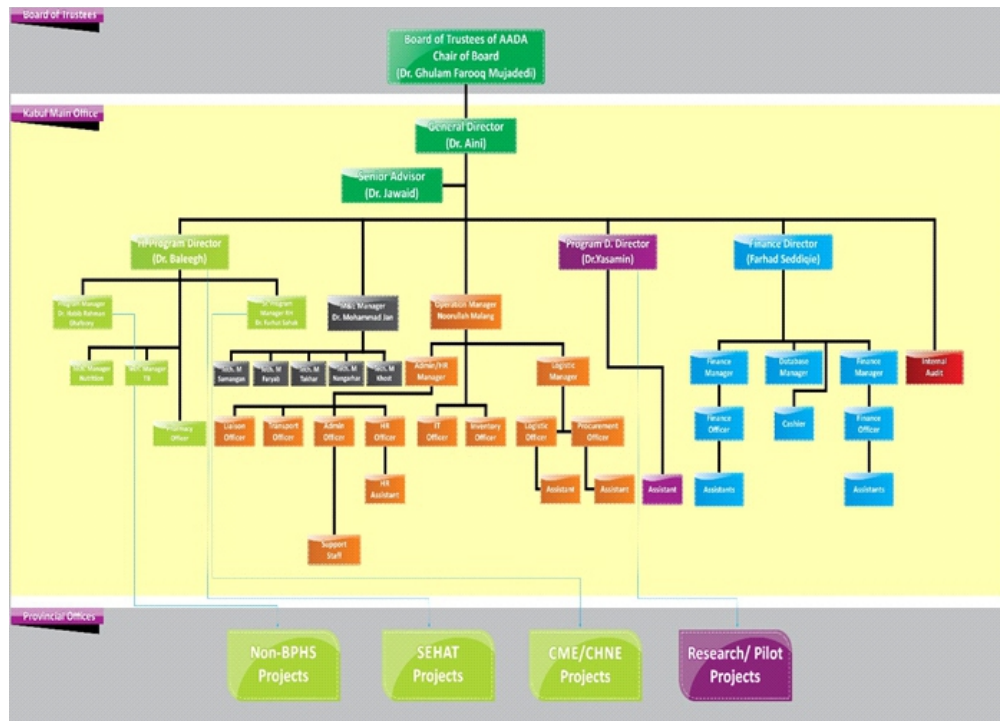
| AADA at a Glance | |
|--|------------|
| 2005 | |
| Total Projects | 1 |
| Direct Beneficiaries | 3,500 |
| Indirect Beneficiaries | 26,117 |
| Total Beneficiaries (Direct & Indirect) | 29,617 |
| 2006 | |
| Total Projects | 6 |
| Direct Beneficiaries | 1,174,628 |
| Indirect Beneficiaries | 42,500 |
| 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: | 4,299,025 |
| Total Beneficiaries (Direct & Indirect): | 9,216,938 |
| 2016 | |
| Total Projects: | 20 |
| Direct Beneficiaries: | 4,070,541 |
| Indirect Beneficiaries: | 15,799,086 |
| Total Beneficiaries (Direct & Indirect): | 19,869,627 |
| 2017 | |
| Total Projects: | 25 |
| Direct Beneficiaries: | 4,070,589 |
| Indirect Beneficiaries: | 15,799,086 |
| Total Beneficiaries (Direct & Indirect): | 19,869,675 |
| 2018 | |
| Total Projects: | 23 |
| Direct Beneficiaries: | 4,095,340 |
| Indirect Beneficiaries: | 15,766,252 |
| Total Beneficiaries (Direct & Indirect): | 19,861,592 |

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, Head of Internal Audit and Operation Manager.



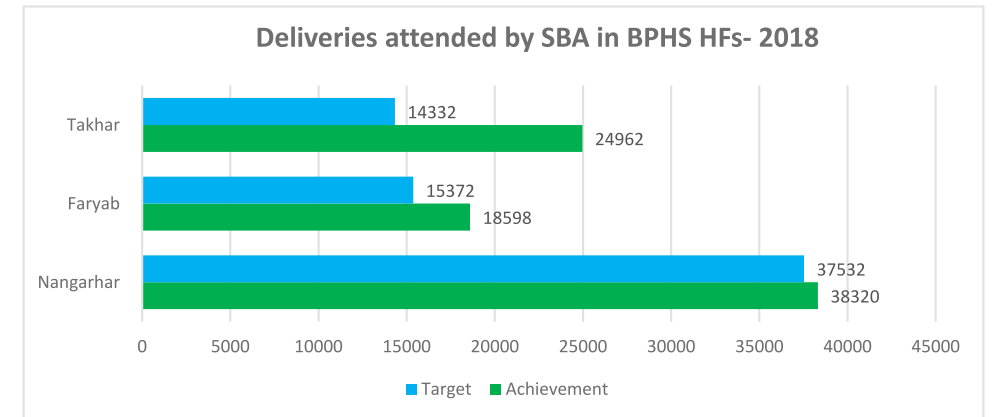
Our Projects

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

Funded by MOPH/World Bank, AADA has implemented BPHS in Nangarhar, 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 246 BPHS health facilities and one Provincial Hospital.

| Province/Projects | Population | PH | Type of HF's | | | | | | | | Total HF's | HP's |
|--------------------|------------------|----------|--------------|----------|-----------|------------|----------|-----------|----------|------------|-------------|------|
| | | | DH | CHC+ | CHC | BHC | PHC | HSC | MHT | | | |
| Nangarhar BPHS | 1557024 | 0 | 4 | 2 | 20 | 68 | 1 | 29 | 1 | 125 | 966 | |
| Takhar BPHS | 1017575 | 0 | 3 | 1 | 12 | 34 | 1 | 15 | 0 | 66 | 546 | |
| Faryab BPHS | 1011456 | 0 | 2 | 4 | 12 | 20 | 1 | 15 | 0 | 54 | 583 | |
| Khost EPHS | 96000 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 24 | |
| Grand total | 3,682,055 | 1 | 9 | 7 | 44 | 118 | 3 | 59 | 1 | 246 | 2119 | |

To ensure quality of services, the MoPH is regularly performing Monitoring and Evaluation of the BPHS and EPHS services through Third Party Balanced Score Card (BSC) mechanism on yearly base across the country. In 2018, all provinces covered by AADA had remarkable progress. With AADA constantly achieving results that are above the targets that were given.



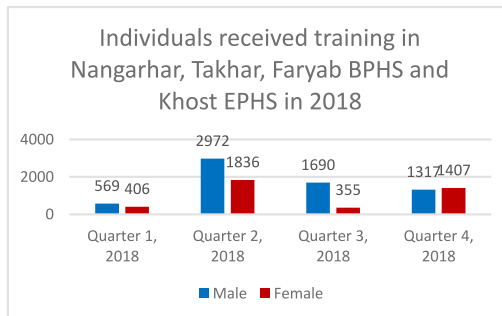
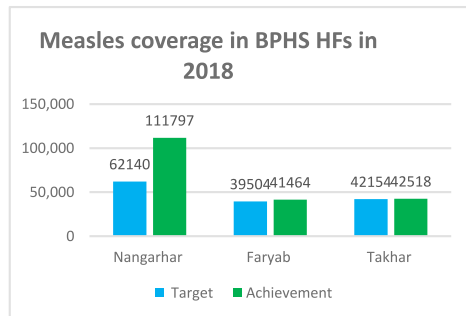
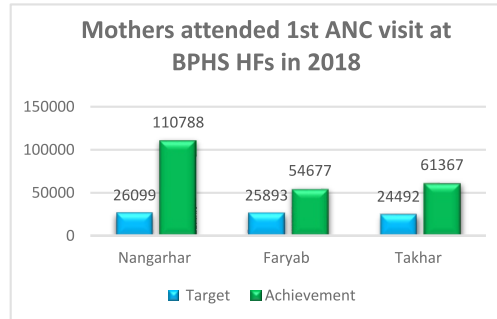
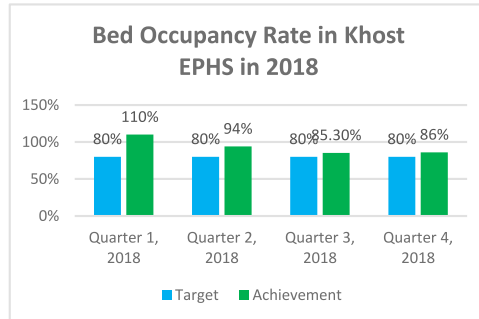
AADA applied all the strategies that were stipulated in the project proposal to fulfill the assignment. Effective supervision and monitoring, quarterly review of project progress against agreed tasks, capacity building of staff and volunteers, accurate use of HMIS data and data validity, strengthening CBHC system, and focus on critical BPHS/EPHS interventions were among main strategies which were applied in implementation of the project.

During this year AADA experienced expansion of health facilities in Nangarhar, Faryab and Takhar provinces. A total of 33 new Health Sub Centers (HSCs) were established. The total number of BPHS health facilities increased from 244 in 2017 to 289 in 2018. The total number of health facilities with at least one female health worker increased from 97% in December 2017 to 99% in December 2018.

Our Projects

Gender balance have been considered in different aspects of projects including the capacity building programs. Both technical and health facilities' staff received relevant trainings as per BPHS/EPHS training plan. In 2018, total of 10609 clinical and administrative staff of BPHS and EPHS health facilities were trained on planned subjects, related trainings, out of which 4004(37%) were female.

Following charts illustrate achievement vs target for some indicators



Our Projects

Scaling-up Malaria Prevention and Case Management project:

Funded by UNDP, AADA has covered a population of 3,618,801 through 276 HF and 2191 HPs -by implementation of MLIS, case management at health facilities, communities and provision of training for health facilities staff, CHSs/CHWs, FHHs and distribution of LLINs through continuous distribution during ANC visit.

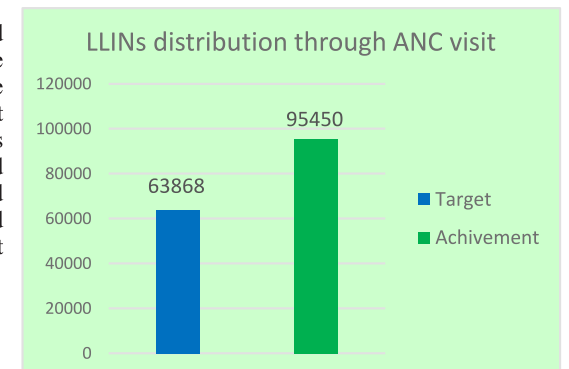


AADA Project Manager for “Strengthening and Scaling-up Malaria prevention and case management” during supervision from project activities in a health facility in Herat province.

Provision of LLINs, training and immunization:

- a total of 75745 LLINs have been distributed to at-risk populations through mass campaigns in white areas of Nangarhar province.
- During the year, 374,612 suspected cases were tested by RDT and microscopy and 83,605 positive cases were treated by health care providers in public health sector, 118,577 suspected cases tested by RDT at the community level and 33,298 positive cases were treated by trained Community Health Workers the mentioned provinces,
- AADA conducted the RDT and NTG trainings for health facilities staff, CHSs FHHs and CHWs in Nangarhar, Takhar, and Faryab provinces
-
- Conducted trainings to enabled participants to perform effective case management and diagnose of Malaria cases both at health facilities and community level. 312 health practitioners were trained on MLIS and RDT diagnosis, and treatments according to National Malaria Treatment Guideline (NTG), 187 CHSs received refresher training on MLIS& RDT and NTG, 3,767 CHWs received refresher training on MLIS& RDT according to NTG in different batches.

During the year 2018, AADA performed effective supervision and monitoring of the project sites and activities; action plans were made and follow-up were done to ensure that the gaps are filled and performance is improved. A joint monitoring was conducted with UNDP, PPHD, NMLCP, PMLCP and other relevant stakeholders. AADA maintained coordination with all relevant stockholders at national and provincial level.



Our Projects

Provision of timely effective trauma care to conflict-affected people in Faryab, Nangarhar and Takhar provinces

AADA aimed at responding to the most urgent health needs of conflict-affected and vulnerable communities in Nangarhar, Takhar and Faryab provinces by improving access to essential life-saving trauma care and referral services.

Project interventions included the provision of first aid/stabilization and referral services for conflict-induced trauma patients and the expansion of the existing CHC buildings in target districts by constructing additional rooms (for male and for female) with adequate space to function as Trauma Care Service (TSC) unit. AADA was able to construct three TSCs units and six first trauma posts (FATP) in two districts of Nangarhar, four districts of Faryab and one district of Takhar provinces. 1,078 (724 men, 112 women, 196 boys, and 46 girls) conflict-induced trauma cases received appropriate services at the TSC units and FATPs. Of these, 580 (civilians) were referred to nearest hospitals for secondary care using FATP rented ambulances. Total of 32 staff (30 male and 2 female) were trained on Basic Life Support (BLS) for seven days and 35 health professionals (27 male and 9 female) on psychosocial counseling for five-day. 133 CHWs (28 female and 105 male) were trained on community-based first aid package in Takhar, Faryab and Nangarhar provinces.



Wazir Perakhil CHC TCS constructed in 2018

Establishment of trauma care service unit and provision of timely effective trauma cares to conflict-affected people in Takhar and Nangarhar provinces

Funded by WHO

The objective of this project was the provision of access to effective trauma care services in high-risk conflict-affected areas through the establishment of Trauma Care Service (TCS) unit in Khaja Bahawodin and Derqad CHCs of Takhar and Deh Bala CHC of Nangarhar provinces. Darqad CHC TSC – Takhar constructed in 2018. TSC units became functional providing lifesaving services to conflict-affected communities. As the end of project life on 31st July 2018, a total of 1,288 (723 men, 110 women, 365 boys, and 90 girls) conflict-induced trauma cases were registered and received first aid, stabilization and referral services.



Darqad CHC TSC – Takhar constructed in 2018

Our Projects

Community-Based Nutrition Program (CBNP)

Funded by UNICEF

Chronic malnutrition among Afghan children is one of the highest in the world, mainly due to the widespread of sub-optimal infant and young child feeding (IYCF) and care practices. Key achievement during the project period including the following:

- Training of 323 (259 male and 64 female) on CBNP to build their capacity to facilitate community mobilization sessions and support the two days refresher of CHWs and volunteers on CBNP;
- Conducting two days of community mobilization sessions in 524 villages covering an average of 40 community members in each session. The sessions were actively attended by 20,511 (8,269 male and 12,242 female) of the community members consisted of CHWs, FHAG members and HP shura members, religious scholars, teachers and community leaders;
- Providing cooking demonstration, community and HP kits for 510 health posts.

Capacity development and BCC for GBV prevention and response project

Funded by UNFPA

AADA has been involved in the provision of Capacity development and Gender-Based Violence (GBV) prevention and response services since June 2017, when three Family Protection Centers (FPCs) and four Women Friendly Health Space (WFHS) were activated in Nangarhar, Kunar, and Laghman provinces. In March 2018, UNFPA provided funding for establishing FPCs in Khost and Faryab provincial hospitals which led to the operation of five FPCs and four WFHS in 2018.

Community dialogue on GBV in Khost province. The objective of this project is to strengthen the capacity of the health sector and law enforcement bodies for the prevention, response, and monitoring of GBV and child marriage in target provinces. During 2018, a total of 3,815 GBV cases (all female) were registered and received services and support through FPCs and WFHSs in line with standard guidelines. GBV case management committee meeting in Faryab. In total 150 health care providers (86 female and 64 male) were trained on GBV Case Management SOP and data collection in Nangarhar, Laghman and Kunar and 58 (42 female and 16 male) in Khost and Faryab provinces. 59 (44 female and 15 male) health and non-health professionals GBV focal points were trained on GBV PSS in Khost and Faryab provinces. Moreover, 31 (12 male and 19 female) staff were trained on forensic evidence collection in Laghman province.



Community dialogue on GBV in Khost province



GBV case management committee meeting in Faryab

Our Projects

Humanitarian Response to Returnees & IDPs- Focused on Integrated RH and GBV Services

Funded by UNFPA

AADA continued with the implementation of the humanitarian response project in 2018. This project aimed at provision of emergency sexual reproductive health (SRH), GBV prevention and response services for the crisis-affected population through four Mobile Health Teams (MHTs) in Nangarhar, Laghman and Kunar provinces and two static HF in Torakham zero point and IOM transit center.



Mobil health team in Kunar province

In 2018, the sum of 91,967 new clients received primary health services at MHT Service Delivery Point (SDP) and two HFs. Of these 30,914 were children under age 5 (15,382 female and 15,532 males children under 5), and 61,053 (43,868 female and 17,185 male) were patients above 5 years of age.

Mobil health team in Kunar province 4,094 women received first ANC visits and 2,728 the second and subsequent ANC visits and 2,471 children under two years of age were immunized for Pentavalent 3 and 2,907 children for measles. Moreover, 706 GBV cases (all female) received services and support and 18,427 individuals psychosocial counseling during the reporting period.

Reproductive, Maternal, Neonatal, and Child Health and Nutrition Project

Funded by UNICEF

The purpose of this project was increase access to the BPHS using integrated Mobile Health and Nutrition Teams (MHNTs) to remote and isolated population clusters in Faryab province. Four MHNT were deployed to access remote and isolated communities living more than 10 km or three hours walk from a BPHS HF in Almar, Qaisar, Pashtun Kot and Ghormach districts.

58,720 patients received OPD consultations (consisting of 34,094 children <5 and 24,626 >5). 2,070 children 0-11 months aged and 1,037, 12-23 months aged were immunized for Penta3, 1,931 children for first measles and 1,194 children for 2nd doses (booster). Additionally, total 1,649 pregnant and 2577 non-pregnant women received TT2 and 578 pregnant and 1,479 non-pregnant women >TT2 injections.

1,586 SAM children (610 males and 976 females) 6-59 months were admitted for treatment in OPD-SAM. Of which, 1,051 were cured and discharged from the program. 4,529 mothers and caregivers attended IYCF counseling. 3,488 pregnant women screened and registered for 1st ANC and 2,193 women for 1st PNC.

Provision of health and nutrition services to conflict-affected Internally Displaced People (IDPs), returnees and conflict-affected Host communities in Nangarhar and Faryab provinces of Afghanistan.

Funded by CHF

The aims of the project were to reduce the vulnerability of IDPs and other vulnerable in host communities through provision of integrated lifesaving health and nutrition services in five priority districts of Nangarhar province (Acheen, Hesarak, Khogayani, Shirzad, Chaparhar) and two priority districts of Faryab (Pashtun Kot and Maymana) province of Afghanistan.

Our Projects

The following key interventions were undertaken:

- Establishment and construction of three FATPs in Hassrak, Khogayani and Shirzad districts of Nangarhar and one FATP in Pashtoon Kot district of Faryab.
- Reinforce and maintaining Trauma Care Unit (TCU) in Maymana provincial hospital by assigning additional human resource and provision of medical supplies to provide specialized trauma management services to massive casualties.
- Deployment of six integrated mobile health and nutrition team (MHNTs) in Acheen, Chaparhar, Khogayani and Lalpur districts of Nangarhar to provide health and nutrition services to IDPs and host communities.

As end of 2018, a total of 888 (431 men, 75 women, 285 boys, and 97 girls) conflict-induced trauma case were registered and received first aid, stabilization and referral services at FATPs and 979 conflict-induced trauma cases (374 men, 93 women, 363 boys, and 149 girls) received specialized service at Faryab provincial hospital trauma unit. A total of 59,159 (12,199 female and 5,722 male over 5, 20,092 female and 21,146 male under 5) received primary health care services through the mobile health and nutrition teams. 11,816 (5,661 female and 6,155 male) children 6-59 months with MAM were admitted into the program receiving targeted supplementary feeding nutrition (TSFP).

Targeted Supplementary Feeding Program for treatment of Moderate Acute Malnourished (MAM) children age 6-59 months and Acute Malnourished Pregnant & Lactating Women (AM-PLW).

Funded by WFP: AADA implemented TSFP in Takhar and Nangarhar provinces. The goal of the TSFP was to reduce under-nutrition and break the intergenerational cycle of hunger by improving their nutritional status through access to targeted supplementary feeding programs. During 2018, a total of 43,653 (20,496 male and 23,157 female) children aged 6-59 months with MAM and 20,277 AM-PLW were enrolled in the program and received food rations as per IMAM protocol.

During 2018, AADA received 576.57 Metric Tons (MTs) of specialized food (super cereal) and 411.242 MTs of RUSF from WFP in Takhar and Nangarhar and distributed to eligible beneficiaries.

Scaling up HIV intervention among key affected population project

Donor: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Geographic Coverage: Kandahar, Ghazni and Paktia provinces

Target Groups:

- PWID
- MHRB
- Prison Inmates

Kandahar, Ghazni and Paktia NFM projects staff detected 16 new HIV positive cases during 2018. Scaling up HIV intervention among key affected population project focused on 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. A variety of services and tests were made available to the targeted population including but not limited to testing, counselling, STI management (testing and diagnosis) and condom distribution. The staff at AADA has successfully managed to reach 2300 MHRB and delivered tailored interventions to them, of which 2265 people received HIV testing with their results being acknowledged by them, achieving over 200% of the target that was set. Vulnerable populations (prisoners) reached with HIV prevention programs being 5565 people and number of other vulnerable populations (prisoners) that have received an HIV test and acknowledging their results being at 4549. Overall outreach and community level based interventions have been carried out successfully.

Our Projects

Scaling Up Innovative Approaches to Respond to TB Challenges and Strengthening Health Systems Initiatives in Afghanistan

Geographic Coverage Areas:

Eight Provinces (Kabul, Parwan, Kapisa, Panjshir, Maidan-Wardak, Bamyan, Logar, and Daikundi provinces).

Donor: The Global Fund

Target Groups:

- Key affected population (Children, IDP, HHC and prisoners)
- General population; patient referred by private practitioners and CHWs, Community elders and patient association.
- Presumptive patient having difficulty with the access to the diagnostic services through slide sending, sputum sample transportation, presumptive MDR patient, under treatment MDR patient, MDs and laboratory technicians of diagnostic public HF's in targeted provinces.

The second phase of TB project (TBRSSH) was contracted and started in 8 central provinces on March-2018. Project activities were case notification among key affected population (prisoners, children, IDPs and household contact), case notification contributed by PPM, Patient Association and community referral, support sputum sample transportation, slid crosscheck, support MDR sample transportation and MDR patients

2901 TB confirmed cases were detected through the interventions and activities (140 TB confirmed cases were identified among prisoners, 30 among IDPs, 271 TB confirmed case through HHC, 1855 TB Child confirmed cases were detected in the 8 provinces selected hospitals, 294 TB confirmed cases were detected through PPM in 5 selected provinces, 215 TB confirmed cases were detected through suspected cases referral by CHWs in 7 provinces, 96 TB confirmed cases were detected through TB patients association, and 271 TB confirmed cases were detected through active screening of household contacts.

During the project implementation, all the related activities were regularly supervised and monitored by AADA main office related staff, and provincial focal points; 19 visits were conducted by main office and 150 visits were conducted by provincial focal points.

AADA had more than 100 % achievement in 6 indicators (IDP, Children, HHC, field visits from center to province and field visits from provinces to project sites), 100 % achievement in 3 indicators (bi annual review meeting for MDs, bi annual review meetings for labs and SR quarterly review meeting), more than 90% achievement in 2 indicators (case detection among prisoners and sputum sample transportation).

Testimonials



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.