



Annual Report 2019



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

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”.

In its long life AADA has operated in 33 provinces of Afghanistan and has successfully implemented more than 80 public health and community development projects, and 28 formal and informal education and professional capacity development projects. AADA is a multi-donor funded organization in partnership with the Government of Afghanistan and other international donors including UN agencies.

In 2019, AADA has implemented 22 projects in 17 provinces, and benefited 5.5 Million 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.

AADA projects in 2019

#	Project Title	Provinces	Start date	end date	Client/Donor
1	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Ghazni	Oct- 2019	Mar- 2021	MOPH-GAVI
2	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Herat	Oct- 2019	Mar -2021	MOPH-GAVI
3	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Nangarhar	Oct -2019	Mar -2021	MOPH-GAVI
4	Access to essential health care with particular emphasis on maternal and child health amongst IDPs through Mobile Health Teams (MHTs).	Nangarhar	Nov - 2019	Jun- 2020	WHO
5	Community based Nutrition Program (CBNP)	Herat	July-2019	Dec-2020	UNICEF

AADA in Action

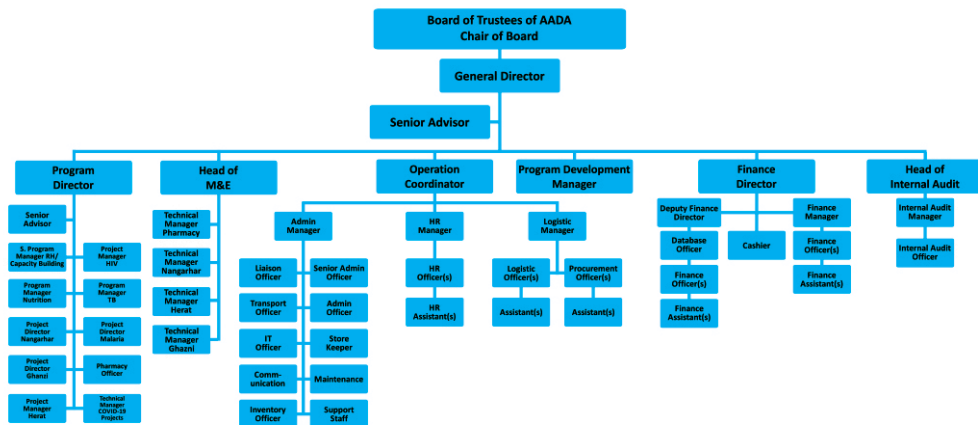
6	Provision of health services in Zero Point for returnees/repatriates	Herat	April-2019	Dec-2020	WHO
7	Targeted Supplementary Feeding Program (TSFP)	Ghazni	June- 2019	Dec 2019	WFP
8	Provision of BPHS and EPHS under Sehatmandi	Nangarhar	Jan-2019	June-2021	MOPH/World Bank
9	Provision of BPHS under Sehatmandi	Herat	Jan-2019	June-2021	MOPH/World Bank
10	Provision of BPHS and EPHS under Sehatmandi	Ghazni	Jan-2019	June-2021	MOPH/World Bank
11	Reproductive Maternal and New-born Child Health package	Faryab	Apr- 2019	Oct 2019	UNICEF
12	Increasing Access to RMNCAH, GBV, Humanitarian assistance & Youth Services	Nangarhar, Kunar, Laghman, and Faryab provinces	Jan-2019	Dec-2019 Extendable	UNFPA
13	Targeted Supplementary Feeding Program (TSFP)	Nangarhar	Jan- 2019	Dec 2019	WFP
14	Provision of essential health and nutrition services for drought-affected population in priority districts of Takhar	Takhar	Dec- 2018	June- 2019	OCHA
15	Nutritional support to drought-affected people in Faryab province	Faryab	Sep-2018	Aug-2019	OCHA
16	Scaling-up TB Intervention among key affected population program	8 provinces	Mar-2018	Dec-2020	UNDP
17	Provision of Health and Nutrition Services to Conflict Affected Internally Displaced People (IDPs), Returnees and conflict affected Host communities	Nangarhar and Faryab	Feb-2018	Feb-2019	OCHA
18	Scaling up Malaria control program among key affected population	Nangarhar, Faryab, Takhar	Jan-2018	Dec-2019	UNDP
19	Scaling up HIV intervention among key affected population in Kandahar, Ghazni and Paktya provinces	Kandahar, Ghazni and Paktya	Jan-2018	Dec-2020	UNDP
20	CME (Community Midwifery Education)	Takhar	Jan-2018	Jan-2021	The Johanniter
21	Community Midwifery Education (CME) program	Paktika	June-2017	Oct-2019	UNICEF
22	Provision of health services through 33 Family Health Houses (FHH)	Faryab	Jan-12	Dec-2019 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, Head of Internal Audit and Operation Manager.



Our Projects

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

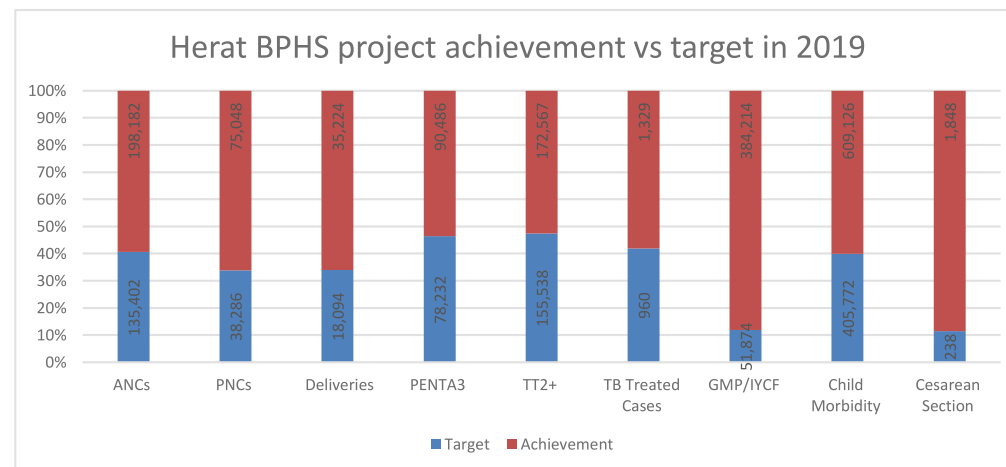
Sehatmandi projects in Herat, Nangarhar and Ghazni provinces started in January 2019. The project is funded by World Bank bridged by Ministry of Public Health (MOPH) and Ministry of Finance (MOF). The services are provided considering the guidance provided in revised BPHS and EPHS guidelines. These projects were awarded to AADA based on an open competitive process launched by Ministry of Public Health and National Procurement Authority of Afghanistan.

Staffing of BPHS-EPHS projects			
Province/Project	Gender		Total
	Male	Female	
Nangarhar BPHS and EPHS	1636	671	2307
Ghazni BPHS and EPHS	869	364	1233
Herat BPHS	669	500	1169
Grand Total	3,174	1,535	4,709

A new modality is presented by MOPH/World Bank in Health sector called “Pay-for-Performance” (P4P). In this mechanism, the total contract price comprising of Pay-for-Performance (P4P) and lump sum. MoPH has identified priority services for which the service provider will receive a fixed amount based on set targets for each province. Achievement of the minimum level of services (calculated based on current minimum level of performance) is a must, performance below the minimum level will trigger disciplinary actions by the MOPH which could lead to termination of the contract. The payment however will be made on the actual numbers achieved and verified by the third party. The verification is conducted by a third party monitors (TPM) on six-monthly basis to validate the consistency and accuracy of the progress reports by the service provider including HMIS data in the health facilities and community levels.

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.

Following charts illustrate achievement vs target for 9 indicators in Herat province



Our Projects

Scaling-up Malaria Prevention and Case Management project:

Through Scaling-up Malaria Prevention and Case Management project in partnership with UNDP, AADA has covered 5,163,163 population through 347 health facilities and 3059 health posts in Nangarhar, Herat and Ghazni provinces. The population served by implementation of case management at health facilities and communities level, and provision of training for health facilities' staff, community health workers and midwives of Family Health Houses, and distribution of Long lasting Insecticide Nets (LLINs) through continuous distribution during Antenatal Care (ANC) visits and mass campaigns.



Monitoring from Najumul Jihad area's mass campaign LLINs distribution

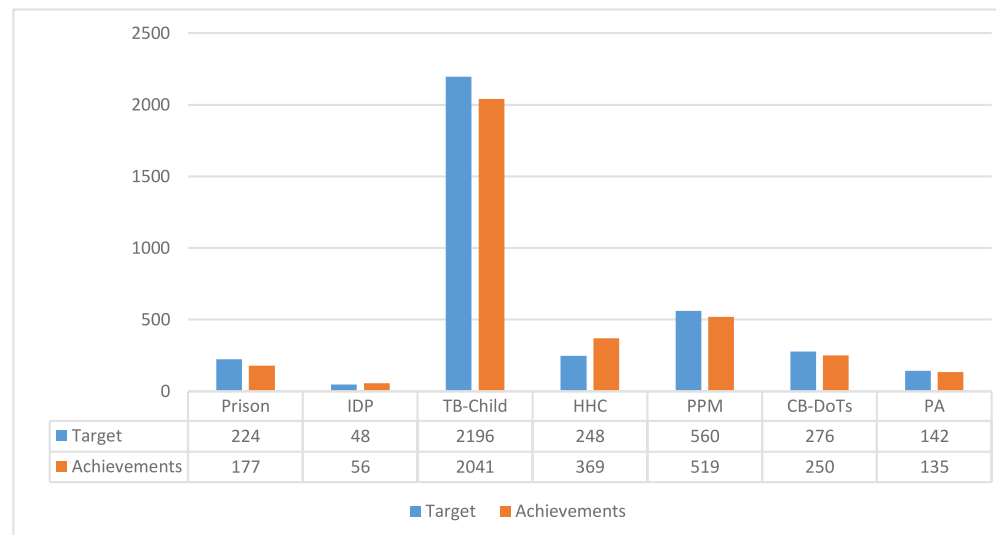
During reporting period, a total of 519,251 LLINs have been distributed to at-risk populations through mass campaigns in Nangarhar province. Meanwhile, 110,212 LLINs were distributed to pregnant women through continuous distribution during ANC in target provinces. During the year, 336,975 suspected cases were tested by Rapid Diagnostic Tests (RDT) and microscopy, and 48,275 positive cases were treated by health care providers in public health sector. Total of 98,719 suspected cases tested by RDT at the community level and 23,956 positive cases were treated by trained Community Health Workers in the mentioned provinces. Meanwhile, 16,611 suspected cases were tested by RDT through Private Health Sectors and 4,225 positive cases were treated by Private sectors in Nangarhar province. Throughout this year, AADA conducted refresher training for 184 (178 male and 6 female) Lab Technicians to perform effective malaria case diagnoses on MLIS, Microscopic and RDT tests, according to national malaria protocols.

During the year 2019, AADA performed effective supervision and monitoring of the project sites and activities; action plans were made and were followed-up to ensure that the gaps are filled, and performance is improved. 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.

Tuberculosis and Resilient and Sustainable Systems for Health (TBRSSH):

AADA as sub-recipient for UNDP has implemented Tuberculosis and Resilient and Sustainable Systems for Health (TBRSSH) project in eight provinces of the central region (Kabul, Parwan, Kapesa, Parwan, Panjshir, Bamyán, Daikundi, Logar and Maidan-Wardak). The 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, support to maintain biannual review meetings and SRs quarterly review meeting. Project was implemented in close coordination with UNDP and NTP and other stakeholders and were successfully carried out with good achievement. During the year, 3547 TB confirmed cases were detected through above mentioned interventions and activities. Out of this, 177 cases were identified among prisoners, 56 among IDPs, 369 cases through HHC, 2041 TB Child confirmed cases were detected in the hospitals, 519 cases were detected through PPM, 250 TB confirmed cases were detected through suspected cases referral by CHWs in 7 provinces, and 135 TB confirmed cases were detected through TB patients association. Following chart illustrates the achievement vs target in 2019.

Our Projects



Scaling up HIV intervention among key affected population project:

Under “The Global Fund to Fight AIDS, Tuberculosis and Malaria”, AADA implemented the Scaling up HIV intervention among key affected population project in Kandahar, Ghazni and Paktia provinces. The project focused on People Living with HIV/AIDS (PLHIV), including women and their partners at high risk of HIV, Men with High Risk Behaviors (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. Total of 10 new HIV positive cases were detected through this project during 2019.

Indicator	Target	Achievement	%
KP-1d: Number of PWIDs reached with HIV prevention programs defined package of services	2474	2466	99.6%
KP-3d: Number of PWIDs that have received an HIV test during the reporting period and know their results	2226	2102	94%
KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	1039080	1225797	118%
KP-2a: Percentage of MHRBs reached with HIV prevention programs - individual and/or smaller group level interventions	1194	1610	135%
KP-3a: Percentage of MHRBs that have received an HIV test during the reporting period and know their results	1074	1031	96%
KP-1e: Number of other vulnerable populations (prisoners) reached with HIV prevention programs defined package of services	3951	4164	105%
KP-3e: Number of other vulnerable populations (prisoners) that received an HIV test during the reporting period and know their results	3557	3282	92%

Our Projects

Capacity development and BCC for GBV prevention and response:

With the support of UNFPA, AADA continued with the provision of health responses to Gender-Based Violence (GBV) survivors in 2019. During this time, a total of 2,989 GBV cases (all female) were registered and received services and support through family protection center (FPCs) in Khost, Nangarhar, and Faryab FPCs and 4,538 at the District Hospitals and CHCs of Faryab, Khost, and Nangarhar provinces in line with standard guidelines.

A total of 46 GBV focal points and health providers were trained on forensic evidence collection, 201 healthcare providers on health sector response SOP and GBV data collection, and 204 staff on Psychosocial Support (PSS)

Mainstreaming RH and GBV in humanitarian emergencies:

Afghanistan is one of the longest protracted emergencies with an increasing drift of conflict and remaining exposed to frequent natural disasters and resulted in mass population movement. Funded by UNFPA, AADA continued with the implementation of the humanitarian response project in 2019. This project aimed at provision of emergency sexual reproductive health (SRH), GBV prevention and response services for the crisis-affected population through five Mobile Health Teams (MHTs) in Nangarhar, Laghman, and Kunar provinces and two static HF in Torakham zero point and IOM transit center.



Staff training of PSS- Nangarhar

returnee, and host communities receiving WFP food and nutrition assistance in through in seven health facilities of Jalalabad city and Behsood district and a mobile health team. During 2019, SRH services were provided to 12,339 female clients and health responses to 1,572 GBV survivors. A total of 13,860 female individuals received psychosocial counseling and 21,290 benefited from primary health care services at MHT SDPs. Additionally, 66,858 (4,605 male and 10,597 male <18 and 11,700 male and 39,956 female < 18 years age) received information on GBV and SRH issues. Under this action, a total of 41 staff members were trained on Pelvic Inflammatory Disease/ Sexually Transmitted Diseases (PID/STD), 45 female staff on Basic Emergency Obstetric Newborn Care, and 20 (male and female) MHT staff on EPI.

In 2019, the sum of 82,032 new clients consisting of 27071 (13265 F and 13806 M children < 5) and 54,961 (39,572 female and 15,389 male) > five years ages received primary health services at MHT Service Delivery Point (SDP) and two HFs. 5,300 pregenent women received the first ANC visits and 3,850 the second and subsequent ANC visits. Total of 2,871 children <1 were immunized for Pentavalent 3 and 2340 children for measles 1.

In Nov 2018, WFP through UNFPA provided funding to AADA for the implementation of Integrated Sexual and Reproductive Health (SRH) and GBV to vulnerable women, men, and girls among IDP,

Our Projects

Nutritional support to drought-affected people in Faryab province:

Afghanistan has been experiencing a severe drought on a scale that has not been witnessed since 2011. According to the latest Emergency Food Security Assessment (EFSA) findings, a total of 21 out of 34 provinces have been affected by drought. As of September, 9.8 million people were estimated to be in Food Crisis and Emergency across Afghanistan (an integrated food security Phase Classification Phase 3 and Phase 4) according to IPC's October report.

The proposed project aimed at providing nutritional assistance to drought-affected communities in Almar, Bilcheragh, Dowlat Abad, and Pashtoon Kot districts of Faryab province through scaling up of IMAM service to 28 health facilities, deployment of two mobile nutrition teams, and establishing breastfeeding corners.

A total of 2,476 (1,160 boys & 1,316 girls) 6 to 59 months as having uncomplicated SAM and 13,572 (6,376 boys & 7,196 girls) 6 to 59 months having MAM were admitted into the program and received treatment. 94% of the children who entered OPD-SAM and MAM had been cured. Additionally, through the active screening, 3,455 acutely malnourished pregnant and lactating women were identified and enrolled in TSFP. In total 33.35 Metric Tons (MTs) of super cereal and 32.65 MTs Ready to Use Supplementary Food (RUSF) were distributed to AM PLW and MAM children respectively.

Provision of essential health and nutrition services for the drought-affected population in Takhar province:

The proposed project aims to respond to the drought-affected population through the provision of integrated mobile health and nutrition services in eight priority districts of Takhar province (Taleqan, Baharak, Bangi, Rostaq, Chahab, Khwja Ghar Eshkamish and Hazarsomoch).

During the project period, a total of 38,079 new clients received primary health care (PHC) services. Of which, 23,080 (11,653 males and 11,427 female) children <5; 14,999 (3,772 males and 11,227 female) patient >5.

A total of 1,762 (759 male & 1,003 female) 0-59 month's children suffering from Severe Acute Malnutrition (SAM) without medical complications were identified and admitted into the OPD-SAM for treatment. 93% of the total admitted children were cured.



Our Projects

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

Supported by WFP, AADA has been implementing TSFP through 66 health facilities in Ghazni and 50 health facilities in Nangarhar provinces. The 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. In 2019, a total of 49,535 children aged 6-59 months with MAM and 13,915 AM-PLW were enrolled in the program and received food rations as per IMAM protocol. A total of 266.48 Metric Tons (MTs) of specialized food (super cereal) and 314,382 MTs of RUSF from WFP in were distributed to eligible beneficiaries.

Improving Reproductive Health and Promoting Women's Empowerment:

Funded by UNFPA, the project served a total population of 248,349 people living in the remote and underserved areas of Faryab, Ghor and Herat provinces -beyond the catchment areas of the Basic Package of Health Services (BPHS) facilities of the MoPH. In 2019, 39 Family Health Houses (FHH) along with 39 Health Posts and 2 mobile teams provided basic reproductive, maternal, newborn and child and adolescent (RMNCAH) health services to women and children in close coordination with PHD, and related community to mobilize community support for increasing FHH services utilization and referring women and children in need to receive basic RMNCAH services. Health services have been provided to **119,274** women and children under 5 through these Family Health Houses and Mobile Health Teams (MHTs) in 3 provinces. These services include ANC, PNC, Delivery, IMCI and vaccination. Total of 35 CME students are trained for Herat and Ghor provinces. Meanwhile, construction of 35 new FHHs are completed, which will be functional after graduation of CME students in February 2020.

Community Midwifery Education Program (CME):

Overall objective of the midwifery education program is to contribute to reduction of maternal and newborn mortality through training of competent midwives 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, as well as, MOPH staff on standard clinical practices skills. So far AADA has implemented **12** batches of CME and one batch Midwifery/IHS with total of 377 trainees through fund from World Bank, Global Fund, BMZ/The Johanniter, Cordaid and UNFPA.



In 2019, 24 competent midwives graduated from CME schools in Paktia province -who received 2-year training based on national curriculum of CME- with financial support from UNICEF. Meanwhile, total of 30 students were selected from very remote area of Takhar and enrolled in CME to be trained and serve for mother and children in related health facilities after graduation. The CME School obtained 96% scoring in non- binding assessment, which was conducted by Afghanistan Midwifery and Nursing Accreditation Board-AMNEAB/MoPH.

Testimonials



AADA's Offices across the country

- House #3, Ghazi Ayoub Khan High School, Kart-e-Parwan, District #4, Kabul, Afghanistan
- Nangarhar: House #1684, Nahia Sey, Street 16, Marastoon Square, Jalalabad, Nangarhar-Afghanistan
- Faryab: Nahia #3, Mullah Abullah street, Maimana city, Afghanistan.
- Ghazni: House #137, Sherkat Street, Taloqan, Takhar, Afghanistan.
- Herat: Provincial and Proficiency Hospital, after complex office, Khost City, Afghanistan.