

Annual Report 2020



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 2020, AADA provided health services to over 5,500,000 population in 19 provinces of Afghanistan through 5236 paid staff and over 6000 volunteers (Community Health Workers). AADA implemented Basic Package of Health Services and Essential Package of Hospital Services in Nangarhar and Ghazni and Basic Package of Health Services in Herat province through a total of 357 health facilities including one Regional Hospital, One Provincial Hospital, 11 District Hospitals, 70 comprehensive health centres and 274 other types of health facilities.

AADA projects in 2020

#	Project Title	Province/s	Start date	end date	Client/Donor
1	Provision of trauma care through establishing first aid trauma posts (FATPs) to people in conflict affected districts in Herat province.	Herat	Oct- 2020	Oct- 2021	AHF-OCAH
2	Urban Health Initiatives (UHI)	Nangarhar	Oct-2020	July-2025	USAID/Jhpiego
3	Urban Immunization in the Six Cities	Herat	Aug- 2020	Aug- 2021	GAVI- HSS
4	Strengthening Routine Immunization in 9 Polio Affected Provinces (Nangarhar)	Nangarhar	Aug- 2020	Aug- 2021	GAVI- HSS
5	COVID-19 Emergency Response and Health Systems Preparedness Project	Zabul	Aug- 2020	May- 2021 Extendable	MOPH/World Bank
6	COVID-19 Emergency Response and Health Systems Preparedness Project	Herat	May- 2020	May- 2021 Extendable	MOPH/World Bank
7	COVID-19 Emergency Response and Health Systems Preparedness Project	Nangarhar	May- 2020	Nov- 2020 Extendable	MOPH/World Bank
8	COVID-19 Emergency Response and Health Systems Preparedness Project	Ghazni	May- 2020	May- 2021 Extendable	MOPH/World Bank

AADA in Action

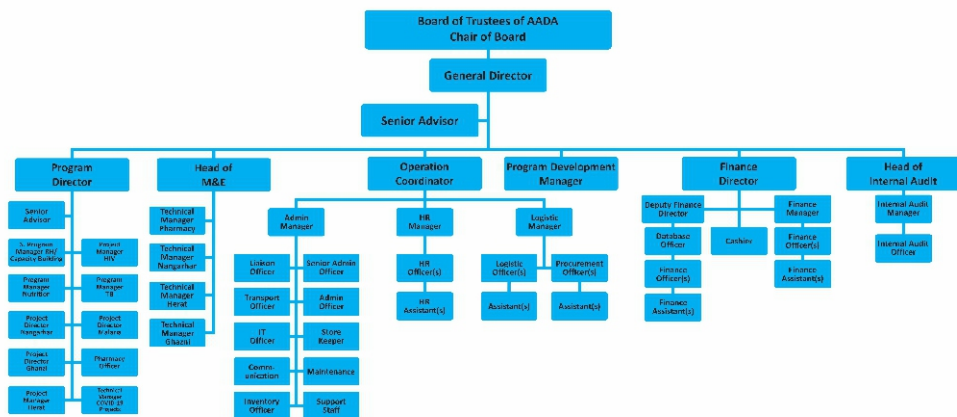
9	Provision of basic trauma care services in conflict and hard-to-reach districts of Nangarhar, Ghazni and Laghman provinces of Afghanistan	Nangarhar, Ghazni and Laghman	May- 2020	April- 2021	AHF-OCHA
10	Provision of lifesaving health and nutrition services in COVID-19 high risk districts of Herat province	Herat	June- 2020	Nov- 2020	AHF-OCHA
11	Targeted Supplementary Feeding Program (TSFP)	Nangarhar	Jan- 2020	Dec 2020	WFP
12	Targeted Supplementary Feeding Program (TSFP)	Ghazni	Jan- 2020	Dec- 2020	WFP
13	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Ghazni	Oct- 2019	Mar- 2021	MOPH-GAVI
14	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Herat	Oct- 2019	Mar -2021	MOPH-GAVI
15	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Nangarhar	Oct -2019	Mar -2021	MOPH-GAVI
16	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
17	Community based Nutrition Program (CBNP)	Herat	July-2019	Dec-2020	UNICEF
18	Provision of health services in Zero Point for returnees/repatriates	Herat	April-2019	Dec-2020	WHO
19	Targeted Supplementary Feeding Program (TSFP)	Ghazni	June- 2019	Dec 2019	WFP
20	Provision of BPHS and EPHS under Sehatmandi	Nangarhar	Jan-2019	June-2021	MOPH/World Bank
21	Provision of BPHS under Sehatmandi	Herat	Jan-2019	June-2021	MOPH/World Bank
22	Provision of BPHS and EPHS under Sehatmandi	Ghazni	Jan-2019	June-2021	MOPH/World Bank
23	Reproductive Maternal and New-born Child Health package	Faryab	Apr- 2019	Oct 2019	UNICEF
24	Scaling-up TB Intervention among key affected population program	8 provinces	Mar-2018	Dec-2020	UNDP
25	Scaling up Malaria control program among key affected population	Herat, Nangarhar, Ghazni	Jan-2020	Dec-2020	UNDP
26	Scaling up HIV intervention among key affected population in Kandahar, Ghazni and Paktya provinces	Kandahar, Ghazni and Paktya	Jan-2018	Dec-2020	UNDP
27	CME (Community Midwifery Education)	Takhar	Jan-2018	Jan-2021	The Johanniter

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

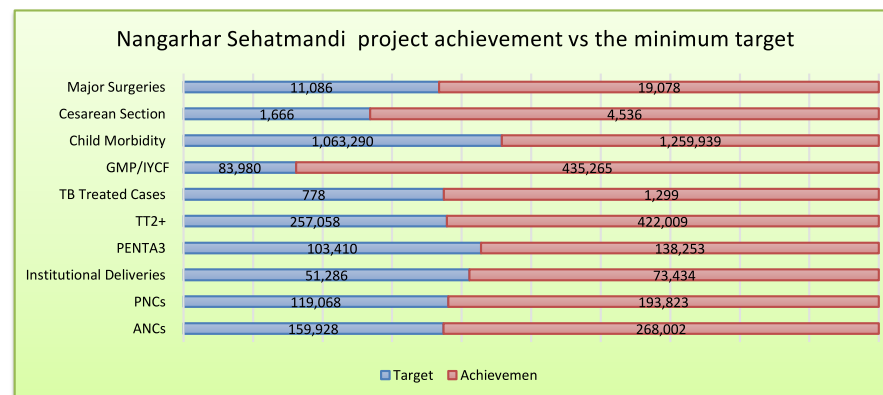
Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS):

Funded by World Bank, AADA delivered the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) to the people of Herat, Nangarhar and Ghazni provinces, considering the guidance provided in revised BPHS and EPHS guidelines. AADA is responsible to provide health services for more than 5 million population through 355 BPHS/EPHS health facilities and more than 3000 Health Posts.

#	Provinces	Total Population	Type of HF's									Total HF's	HP
			RH	PH	DH	CHC+	CHC	BHC	PHC	MHT	Other		
1	Ghazni	1378237	1	1	3	4	22	35	43	0	1	109	847
2	Herat	2149054	0	0	4	4	20	36	49	0	0	113	1168
3	Nangarhar	1635872	0	0	5	4	17	72	32	1	1	133	1044
Grand Total		5163163	1	1	12	12	59	143	124	1	2	355	3059

These projects were awarded to AADA based on an open competitive process launched by Ministry of Public Health and National Procurement Authority of Afghanistan in 2019. Under Sehatmandi project the contract was modified to Performance Based Contract. A new modality is presented by MOPH/World Bank in Health sector called "Pay-for-Performance" (P4P). 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. MOPH developed a Standard Operation Procedure to judge the performance of the BPHS/EPHS service providers. The performance of Service Providers is evaluated at quarterly and semiannual base through Ministry of Public Health. In 2020 AADA officially recognized by MOPH as "Best Performer NGO" for successful implementation of BPHS and EPHS.

Following charts illustrate achievement vs target for 10 indicators in Nangarhar province



Our Projects

Emergency Response and Health System Preparedness project (ERHSP):

WHO announced COVID-19 outbreak as pandemic on March 11, 2020. Considering the rapid spread of this outbreak, potential for greater loss of life and geographical location of Afghanistan in neighboring to Iran, the government of Afghanistan called for humanitarian assistance to fight against COVID-19 in the country. In response, the World Bank proposed an emergency response project called “Afghanistan COVID-19 Emergency Response and Health System Preparedness project (ERHSP)”.

AADA has been awarded ERHSPs by MOPH for Herat, Nangarhar, Ghazni and Zabul provinces in 2020. The project contained establishment and running of COVID-19 hospital, Rapid Response Teams (RRT), district center (DC) and point of entry.

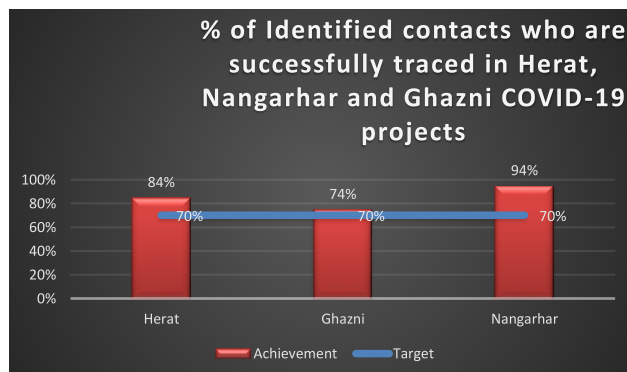
Province	COVID-19 hospital	RRT	DC	Point of entry
Herat	100 bed	21	18	Yes
Nangarhar	50 bed	17	22	Yes
Ghazni	20 bed	12	19	NA

All the procedures such as infection prevention, suspect /confirmed case management at home and treatment of IPDs at the hospitals were managed in line with the WHO guidelines and protocols. At health facility level, the triage of clients took place before entrance to health facility main building. ARI cases and suspect clients were directed to a separate identified place at the HF to restrict transmission of virus. Hand washing facility for clients and for HF staff is provided. At the community level, the measures such as social distancing, home quarantine were applied at community in coordination with CHWs. The RRTs continued monitoring of process in coordination with District Centers.

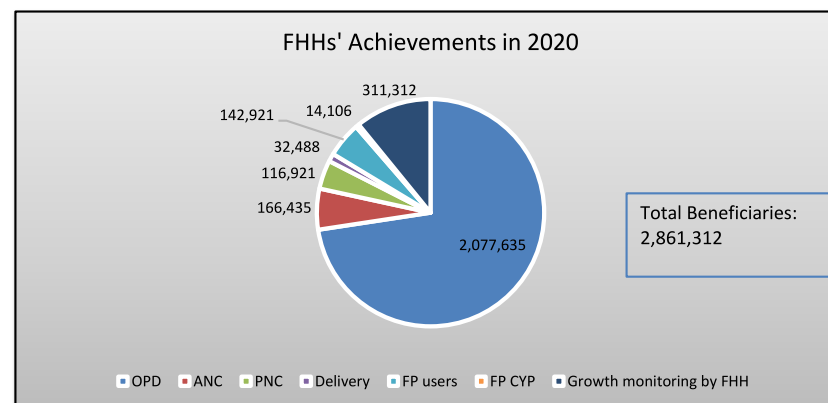
Through this project a total of 15147 samples transferred to lab facilities, out of which 7364 cases were positive. 62396 suspected cases were successfully traced through surveillance team and RRTs. 2117 COVID-19 and BPHS/EPHS staff received trainings such as ICU and case management, Infection Prevention and Control, oxygen therapy, nursing skills etc.

Improving Reproductive Health and Promoting Women's Empowerment

To increase access to health services in remote area, AADA delivers high-quality reproductive (including family planning), maternal, neonatal, child and adolescent health (RMNCAH) preventive and curative services in hard-to-reach areas for people -who live beyond BPHS. This project is implementing by AADA as Implementing Partner (IP) of UNFPA in partnership with MoPH. RMNCAH services are provided through 74 Family Health Houses (FHHs), 74 Health Posts (HPs), and 133 Family Health Action Groups (FHAGs) in Faryab, Herat and Ghor provinces. Meanwhile, AADA established 3 Mobile Health Teams (MHTs) to provide RMNCH services in target area in Ghor province. Through this project, 130 women suffered from obstetric fistula have been received surgical treatment.



Our Projects



Community Midwifery Education Program (CME):

The program aims 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 2020, 30 competent midwives graduated from CME schools in Takhar province -who received 2-year training based on national curriculum of CME- with financial support from The Juhanniter/BMZ. The students were selected from very remote area of Takhar to serve mother and children in related health facilities after graduation. The CME School obtained 98% scoring in non-binding assessment, which was conducted by Afghanistan Midwifery and Nursing Accreditation Board -AMNEAB/MoPH.

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CME Students in Takhar CME School

Our Projects

Mainstreaming RH and GBV in humanitarian emergencies (UNFPA funded)



during RH consultation

Funded by UNFPA, AADA continued implementation of the humanitarian response project in 2020. This project aimed to provide 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's in Torakham zero point and Herat IDP camp. During the year, sum of 88,179 new clients consisting of 29,099 (13677 female and 15423 male) children < 5 and 59,080 (43128 females and 15952 male) > five years' ages received primary health

services at MHT Service Delivery Point (SDP) and the two health facilities. 5,800 pregnant women received the first ANC visits and 4231 the second and subsequent ANC visits. Total of 1746 children <1 were immunized for Pentavalent3, 2530 children for measles 1 and 12,945 male and female individuals received psychosocial counseling.

Provision of lifesaving health and nutrition services in COVID-19 high risk districts of Herat province:

The overall objective of the project was to protect citizens from the spread of COVID-19; to respond and mitigate the threat posed by COVID-19 in 11 at risk districts of Herat province through provision of integrated health and nutrition services. Funded by AHF, the project was successfully concluded with optimal attainments. Following are the key achievements of project:

- 53,854 men, women, boys, and girls received primary health care's services and a total of 1755 (791 boys and 964 girls) 6-59 months' children, having severe acute malnutrition (SAM) and 3432 (1639 boys and 1793 girls), having moderate acute malnutrition (MAM) were admitted in therapeutic and TSFP feeding programs respectively.
- 3167 acutely malnourished pregnant and lactating women (AM-PLW) were enrolled in the TSFP and received specialized food ration.
- 12,337 children 6-59 and 7297 PLW were enrolled in Blanket Supplementary Food Program (BSFP) and received RUFPP and specialized food ration (super cereal) respectively. 9260 PLW received IYCF-E counseling and 4,432 mothers/caregivers having children at risk of acute malnutrition counseling services on optimal maternal and child care practices.
- 71,166 home visits were conducted by outreach social workers (OSWs) in 690 villages. During home visits 311,995 (140,400 men, 93,597 women, 37,439 boys, and 40,559 girls) were screened for COVID-19 symptoms and received health education in preventive measures. Using the rented ambulances, a total of 739 (334 men and 405 women) suspected cases of Covid-19 were referred to Covid-19 hospital:
- 1,563 (776 males and 787 female) community health workers (CHWs) were trained for a one-day on COVID-19 surveillance, screening, suspected case identification and referral, risk communications and community engagement to enable them to maintain surveillance at villages.

Our Projects

- 3164 batches (each consisted of 15 participants) of four hours' orientation were organized by CHWs for community members in 791 villages with a total of 47,460 (18948 men, 20408 women, 4746 boys, 3322 girls) members in attendance.
- 230 (132 females and 98 male) health professionals were trained for 2- 3 days on early detection and case management of COVID-19 at the health facilities and 708 (352 men and 356 women) CHWs were trained on IYCF-E for three days.
- 1850 Personal Protective Equipment (PPE) kits along with hygiene products were procured and distributed to 97 health facilities.



screening of returnees from Iran

Provision of basic trauma care services in conflict and hard-to-reach districts:

Funded by AHF/OCHA, AADA implemented the project aimed at providing lifesaving trauma care services, health response to GBV and psychosocial support to conflict affected people, in hard to reach districts of Nangarhar, Ghazni and primary health care (PHC) services in Laghman province. The project was successfully concluded with outstanding achievements and reached 122,634 (as compared to 91,272 of the project target) direct beneficiaries -of whom 72,289 were women/girls. Eight First Aid Trauma Posts (FATPs) were established in conflict proven locations of Nangarhar and Ghazni provinces.

As end of 2020, a total of 14,862 cases of trauma were registered and received appropriate first aid and stabilization services at the FATPs in Nangarhar, Ghazni and Laghman. Of these, 2318 (1279 men, 211 women, 579 boys and 249 girls) were weapon wounded i.e. explosion, gun shot, rocket attack.

PSS counselling was provided to a total of 20945 (4,690 men, 9,741 women, 5,153 boys and 3361 girls) people and health response services and PSS to 1,945 GBV survivors (7 men, 1360 women, 3 boys and 584 girls) at FATPs. Additionally, a total of 59,502 individuals consisting of 13846 men, 26979 women, 9,635 boys, and 9,049 girls received PHC services.

Community-Based Nutrition Program (CBNP) Herat:

The overall objective of the program is to improve maternal nutrition, IYCF and caring practices. This will contribute to the long-term goal of reducing the stunting of children under five from 41% to 36% in Afghanistan by 2020. The outcome of this particular project is to increase the knowledge and skills on practices that promote adoption of optimal IYCF and care practices with a focus on first 1000 days' life at household level. Key achievements during 2020 including the following:

Our Projects

- In total, 660 (346 males and 314 female) nutrition mobilization team (NMT) members were trained for three days on CBNP to enable them to facilitate Community Mobilization Sessions (CMSs)
- A total of 1,117 CMSs were conducted in 984 villages with an average of 37 community members in each session. The sessions were conducted for two days in the catchment area of each Health Post (HP) and were actively attended by a total of 41,643 (21,104 males and 20,539 female) members of the community.
- A total of 3,809 (1,894 males and 1,915 female) CHWs/ volunteers were received two days' training on CBNP.

Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy:

GAVI-HHS funded this project in Herat, Ghazni and Nangarhar provinces. Overall objective of this project was to improve access to and increase coverage of immunization services in unserved children residing in white areas of the low performing districts. Through this action, AADA provided immunization services to isolated communities through five Community- Based Outreach Vaccine (CBOV) mobile teams in Ghazni, 15 teams in Herat and nine teams in Nangarhar -to ensure access to immunization services for unserved villages population located beyond the catchment area of a fixed centres and normal outreach vaccination program of existing functional health facilities.

Project achievements are illustrated in following table:

Project Achievements PENTA3, Nangarhar, Herat and Ghazni province

Antigens	Project Target for three provinces	Achievements	Coverage
BCG and OPV0 and Hep. B	27,873	24,694	89%
Penta1 and OPV1 and PVC1	27,873	31,809	114%
Penta2 and OPV2 and PVC2	27,873	29,552	106%
Penta3 and OPV3 and PVC3	27,873	28,060	101%
Measles at 9 months	27,873	28,100	101%
Measles at 18 months	27,873	17,374	62%

TT recipient's breakdown by pregnant and non-pregnant women in Nangarhar, Herat and Ghazni

Antigen given	Pregnant Women	Non-Pregnant Women	Total
TT1	11,484	41,332	52,816
TT2	10,093	36,257	46,350
TT3	4,556	17,001	21,557
TT4	1,572	5,131	6,703
TT5	843	2,625	3,468
Total	28,548	102,346	130,894

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 2020, a total of 70,957 children aged 6-59 months with MAM and 15,046 AM-PLW were enrolled in the program and received food rations as per IMAM protocol. A total of 359.8 Metric Tons (MTs) of specialized food (super cereal) and 568.32 MTs of RUSF from WFP in were distributed to eligible beneficiaries.

Our Projects

Scaling up HIV intervention among key affected population in Afghanistan:

Kandahar, Ghazni and Paktia “Scaling up HIV intervention among key affected population in Afghanistan” project is financially supported by Global Fund / UNDP, technically supported by ANPASH and implemented by Agency for Assistance and Development of Afghanistan (AADA) under AFG-H-UNDP – 1493 01 contract. The 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. Kandahar, Paktia and Ghazni. Total of 11 new HIV positive cases were detected during 2020 in target provinces.

Project Output indicators, 2020

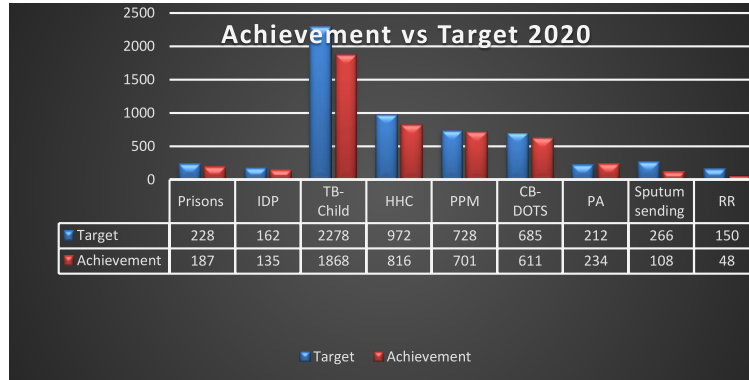
Indicator	Target	Achievement	%
KP-1d: Number of PWIDs reached with HIV prevention programs - defined package of services	2,748	2,730	90%
KP-3d: Number of PWIDs that have received an HIV test during the reporting period and know their results	2473	2,394	97%
KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	1,154,160	805,018	70%
KP-2a: Percentage of MHRBs reached with HIV prevention programs - individual and/or smaller group level interventions	1,339	1,324	99%
KP-3a: Percentage of MHRBs that have received an HIV test during the reporting period and know their results	1,205	1,152	96%
KP-1e: Number of other vulnerable populations (prisoners) reached with HIV prevention programs - defined package of services	4,173	4,156	100%
KP-3e: Number of other vulnerable populations (prisoners) that have received an HIV test during the reporting period and know their results	3,756	3,626	97%

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, Bamyan, 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.

Our Projects

During 2020, total of 4660 TB confirmed cases were detected through above-mentioned interventions and activities. Out of this, 187 TB confirmed cases were identified among prisoners, 135 among IDPs, 816 TB confirmed case through HHC, 1868 TB Child confirmed cases were detected in 8 hospitals,



701 TB confirmed cases were detected through PPM, 611 TB confirmed cases were detected through presumptive cases referral by CHWs in 7 provinces, 234 TB confirmed cases were detected through TB patients association and 108 confirmed cases were detected through sputum sample transportation from targeted BHCs to diagnosis canters. Following chart illustrates the achievement vs target in 2020.

Scaling-up Malaria Prevention and Case Management:

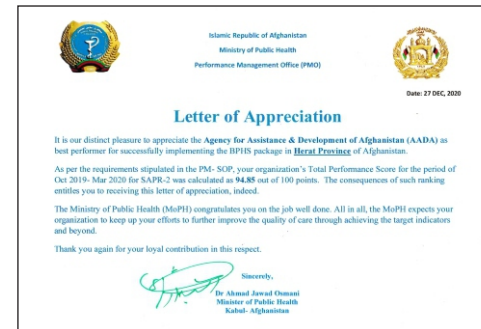
AADA implemented Scaling-up Malaria Prevention and Case Management project -funded by UNDP/Global Fund and has covered 5,163,163 population through 347 health facilities and 3059 health posts by implementation of Malaria and Leishmaniasis Information System (MLIS), case management at health facilities, communities and distribution of Long Lasting Insecticide Nets (LLINs) through continuous distribution during ANC visit and mass campaign.

During the year 2020, a total of 1,285,982 LLINs have been distributed to at-risk populations through mass campaigns in Nangarhar and Ghazni provinces. Meanwhile, 115,371 LLINs were distributed to pregnant women through continuous distribution during ANC in target provinces. During the year, 277,488 suspected cases were tested by RDT and microscopy and 30,349 positive cases were treated by health care providers in public health sector. 92,603 suspected cases tested by RDT at the community level and 18,751 positive cases were treated by trained Community Health Workers in the mentioned provinces, also 19,742 suspected cases were tested by RDT through Private Health Sectors and 4,126 positive cases were treated by Private sectors in Nangarhar province.

Urban Health Initiatives (UHI):

The Urban Health Initiatives (UHI) is a USAIDE funded project awarded to a consortium of 11 partners led by Jhpiego. AADA as a national NGO is a consortium member for the implantation of this project activities in Jalalabad city. The project aims to improve health outcomes of people living in urban areas, particularly focusing on women and children and other vulnerable populations. This grant is mainly focusing on the improving quality of health services, expansion of access and increased demand of the health services in the urban areas of five major provinces of Afghanistan. The project is started in started in December 2020 and will ended on 15 July, 2025.

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.