

Annual Report 2021



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 125 health and health-related projects, including 28 education/capacity development projects. AADA is a multi-donor funded organization in partnership with the Government of Afghanistan and other international donors including USAID, World Bank, Global Fund and UN agencies.

In 2021, AADA provided health services to over 5,500,000 population in 17 provinces of Afghanistan through 5850 paid staff and over 7534 volunteers (Community Health Workers). Currently, AADA implements Basic Package of Health Services and Essential Package of Hospital Services in Paktia, Zabul and Ghazni, and Basic Package of Health Services in Herat province through a total 311 Health Facilities including two Provincial Hospital, eleven District Hospitals, 65 Comprehensive Health Centers and 234 other type of Health Facilities. Meanwhile, AADA is responding to the COVID-19 pandemic in Herat, Ghazni, Zabul and Nangarhar provinces.

#	Project title	Province/s	Start date	End date	Client /Donor
1	Sustaining the Basic Package of Health Services and Essential Package of Health Services under the Sehatmandi project	Herat, Ghazni, Paktia, Zabul	Nov-2021	Jan-2022	UNICEF
2	Provision of BPHS	Nangarhar	Nov-2021	Jan-2022	WHO
3	Provision of BPHS and EPHS	Herat, Ghazni, Paktia, Zabul	Nov-2021	Jan-2022	UNICEF
4	Provision of BPHS and EPHS	Nangarhar	Nov-2021	Jan-2022	WHO
5	Sustaining the Basic Package of Health Services and Essential Package of Health Services	Herat, Ghazni, Paktia, Zabul and Nangarhar	Oct-2021	Oct-2021	Global Fund/UNDP
6	Provision of life saving trauma, primary health care services and psychosocial support to conflict-affected population	Ghazni	Oct-2021	Sep-2022	OCHA
7	Implementation of community-based nutrition package (CBNP) and Weekly Iron and Folic Acid Supplementation (WIFS)	Ghazni	Aug-2021	Aug-2022	UNICEF
8	Increasing Access to RMNCAH, GBV, Humanitarian assistance	Nangarhar, Kunar, Laghman, Faryab, Herat and Ghor provinces	Jan-2021	Dec-2021	UNFPA

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AADA in Action

9	Provision of health services through Zero Point Mobile Health Team in Islam Qala border- Kohsan District – Herat Province	Herat	Feb-2021	Feb-2022	WHO
10	Strengthening and Scaling up Malaria prevention and case management to improve health status in Afghanistan	Nangarhar, Ghazni Zabul, Paktia and Herat	Jan-2021	June-2022	UNDP/Global fund
11	Implementation of TB-RSSH grant	Eight Central provinces	Jan-2021	June-2022	UNDP/Global fund
12	Provision of BPHS under Sehatmandi	Zabul	Jan 2021	June 2021	MOPH/World Bank
13	Urban Health Initiative (UHI)	Nangarhar	Jan-2021	June-2025	Jhpiego/USAID
14	Targeted Supplementary Feeding Program (TSFP)	Nangarhar and Ghazni	Jan-2021	Dec 2021	WFP
15	Provision of trauma care through establishing first aid trauma posts (FATPs) to people in conflict affected districts of Herat province.	Herat	Oct- 2020	Oct- 2021	AHF-OCAH
16	Urban Immunization	Herat	Aug- 2020	Aug- 2021	GAVI- HSS
17	Strengthening Routine Immunization in Polio Affected provinces	Nangarhar	Aug- 2020	Aug- 2021	GAVI- HSS
18	COVID-19 Emergency Response and Health Systems Preparedness Project	Zabul	Aug- 2020	May- 2021	MOPH/World Bank
19	Provision of lifesaving health and nutrition services in COVID-19 high risk districts of Herat province	Herat	June- 2020	Nov- 2020	AHF-OCHA
20	COVID-19 Emergency Response and Health Systems Preparedness Project	Herat, Ghazni and Nangarhar	May- 2020	May- 2021	MOPH/World Bank
21	Provision of basic trauma care services in conflict and hard-to-reach districts	Nangarhar, Ghazni and Laghman	May- 2020	April- 2021	AHF-OCHA
22	Expanding Community Based Outreach Vaccination (CBOV) Using Mobile Immunization Strategy	Ghazni, Nangarhar and Herat	Oct- 2019	Mar- 2021	MOPH-GAVI
23	Provision of BPHS and EPHS under Sehatmandi	Nangarhar	Jan-2019	June-2021	MOPH/World Bank
24	Provision of BPHS under Sehatmandi	Herat	Jan-2019	June-2021	MOPH/World Bank
25	Provision of BPHS and EPHS under Sehatmandi	Ghazni	Jan-2019	June-2021	MOPH/World Bank

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Our Projects

Provision on Basic Package of Health Services and Essential Package of Health Services under Sehatmandi Project in Herat, Ghazni, Nangarhar, Paktya and Zabul provinces:

AADA is the implementing partner of Sehatmandi project in five provinces including Herat, Ghazni, Nangarhar, Paktya and Zabul. The Sehatmandi project was continuation of the contract first three mentioned project, while, as a best performer, AADA was granted with the last two contracts after mid-year, 2021. The project was funded by the World Bank up to June, proceeded by a funding gap for a three months until end of September. October and the subsequent three months were funded by UNDP and CERF through UNICEF/WHO accordingly. Through Sehatmandi, AADA is delivered the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) based on the revised BPHS and EPHS guidelines. AADA totally has 4,335 paid staff (33% female), including around 340 staff in its headquarter and seven provincial offices, who represent diversity in gender, ethnicity, language and geographic backgrounds. In the reporting period, AADA totally has 4,335 paid staff (33% female), including around 340 staff in its headquarter and seven provincial offices, who represent diversity in gender, ethnicity, language and geographic backgrounds. AADA is delivering the primary and secondary health care services to more than 5.8 million populations through 448 BPHS/EPHS health facilities and more than 3767 Health Posts in the targeted provinces.

The contract modality was still Performance Based and the "Pay-for-Performance" (P4P) system was applied to the project this reporting period. MoPH continued to focus on the priority services that the service providers are receiving a fixed amount based on the set targets for the 11 priority indicators on the BPHS/EPHS services.

After August 15th, 2021 the security situation got better, ban on the outreach vaccination activities removed, the access to HFs become improved, and the frequency of internal and external supervisions/monitoring have been increased. The main challenges after August 15th were disruption of banking system and cash liquidity and transfer to project sites. There are still limitation imposed on the local banks.

Below table shows the number and type of HFs in the targeted provinces where AADA has been implemented the Sehatmandi projects:

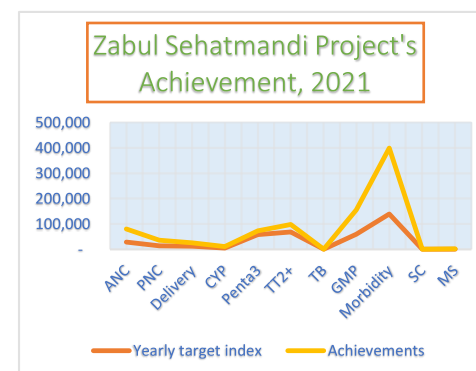
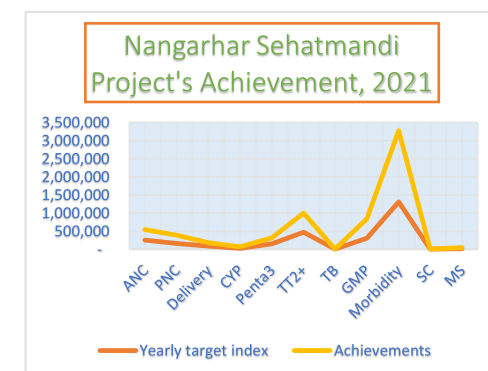
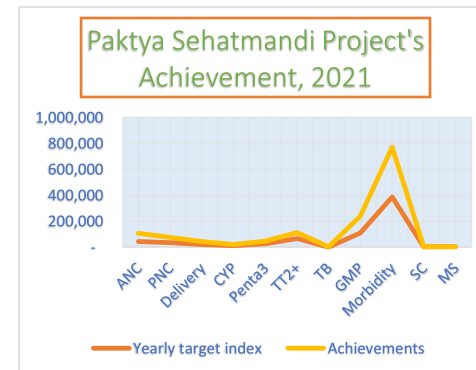
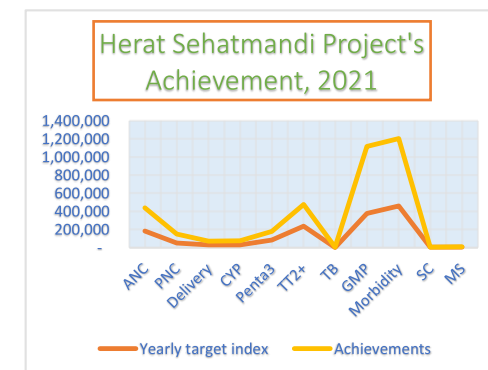
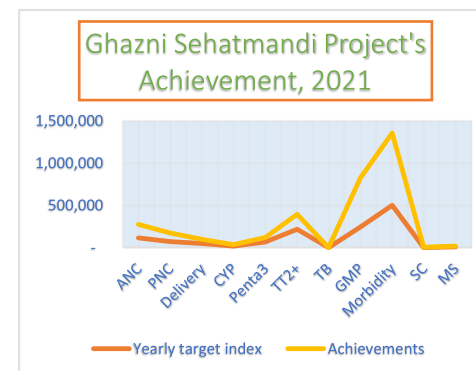
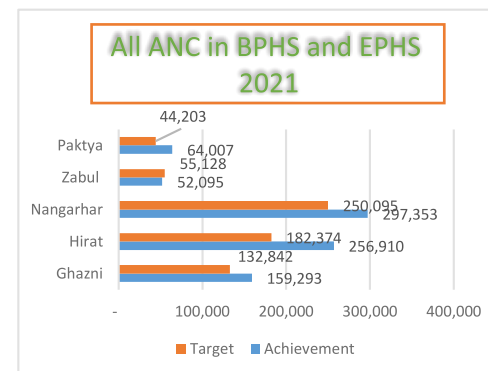
No	Provinces	Implementing NGO	Total Population	RH	PH	DH	CHC +	CHC	BHC	PHC	MHT	Other	Total HFs	HP
1	Ghazni	AADA	1,378,237	-	1	3	4	22	35	43	-	1	109	847
2	Herat	AADA	2,149,054	-	-	4	4	20	36	49	-	-	113	1,168
3	Nangarhar	AADA / HN-TPO	1,635,872	1	-	6	4	17	71	32	1	1	133	1,044
4	Paktya	AADA	614,448	-	1	3	-	7	15	19	-	1	46	350
5	Zabul	AADA	295,960	-	-	1	-	8	14	23	-	1	47	358
Total			6,073,571	1	2	17	12	74	171	166	1	4	448	3,767

More than 6,000 employees were on the payroll of AADA for Sehatmandi projects in the month of December 2021. A total of 897 (42% Female) clinical and non-clinical staff received different types of trainings and the performance against project targets were satisfactory.

Despite of the mentioned challenges and ups and downs in the reporting year, the performance against project indicators was satisfactory.

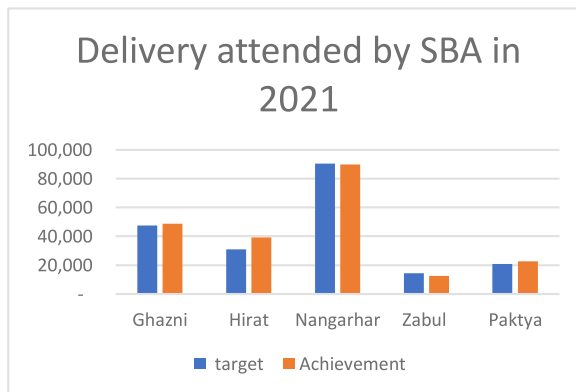
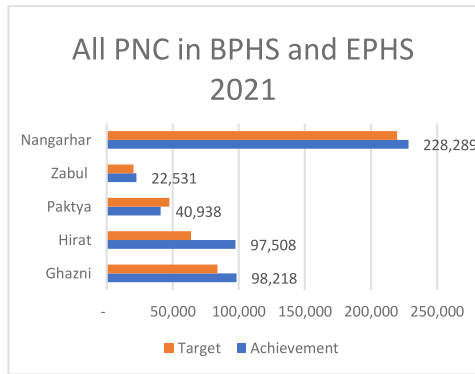
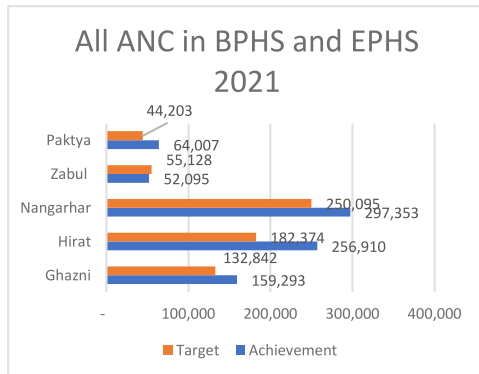
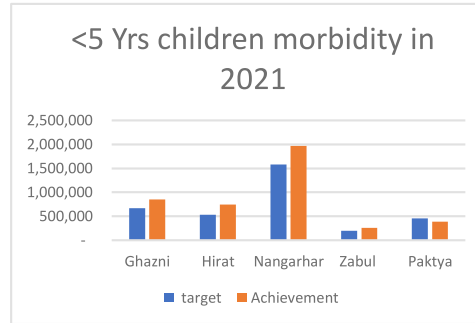
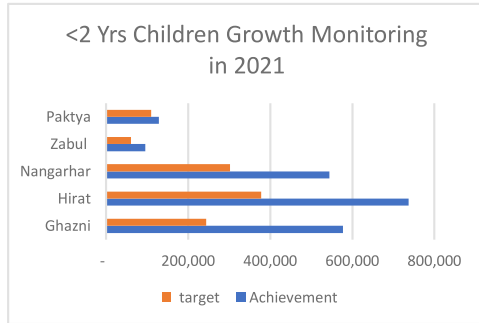
Our Projects

Below tables show the annual achievement of targets versus the indicators during the year 2021



Out Projects

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Our Projects

Urban Health Initiatives(UHI) Reporting period: 2021

The Urban Health Initiatives (UHI) is a five years USAIDE funded project, awarded to a consortium of 11 partners, led by Jhpiego. The project aims to improve health outcomes of people living in urban areas, with focus on women, children and other vulnerable populations. AADA as a national NGO is a consortium member, responsible for the delivery of primary Health/RMNCH services through 8 Family Health Houses(FHHs) and 24 urban Health Posts(uHPs) in Jalalabad city. This grant is mainly focusing on the improvement of the quality of health services, and expansion of access as well as increased demand of the health services in the urban areas of five major provinces of Afghanistan. 2021 was the inception year of this project, therefore, amid this year the project team was mostly engaged with the setup and inception stage activities as follows:



EPI services provided through uFHH

- * The project management team comprised of Technical Project Manager; Finance, Logistic and HR officers, has been on board.
- * The provincial/City team, comprised of a Project manager, a finance officer, a logistic officer, one Admin/HR assistant, Two RH supervisors, Two CHWs trainers, Two community mobilizers, and one pharmacy officer. All the team members have been oriented on the project activities.
- * 16 midwives, 4 vaccinators and 24 uCHWs have been employed for the delivery of services on the FHH and HP level. The Midwives received HMIS (5 days), IMNCI (7 days), the vaccinators have been provided with 21 days initial preservice training as well as the CHWs received the first batch (10 days) training in the reporting period.
- * We identified locations for all the 8 FHHs and 24 urban health Post, in close coordination with CBHC/PHD, Jhpiego, BPHS implementer and relevant communities. We rented houses in suitable locations for the FHH facilities and then renovated them to be prepared for optimum service delivery. The FHHs are furnished and equipped as well as provided with required HMIS tools and other required medical & non-medical supplies.
- * Amid the reporting period, we established health shouras for all the FHHs, that are comprised of community elders, private practitioners, religious leaders and teachers. All the 83 members of local health shouras have been provided with two days' orientation/training.
- * In 2021, a total of seven orientation sessions were conducted for raising awareness and engagement of the local communities through which a total of 200 community leaders have been oriented/engaged for sake of the project support.



Family planning counseling/services through uFHH

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* All the 8 FHHs initiated delivery of services in late June, after few weeks' service delivery up to 14 August, the project activities became suspended due to shift in the power landscape until end of the year. During the six weeks' period, we provided 82 clients with FP services, 97 ANC, 11 PNC, 10 Delivery, 11 Newborn care and 27 MNCI services to the U5 children in local communities.



EPI services provided through uFHH

Malaria Prevention and Case Management project: Reporting period: 2021

Through “Scaling-up Malaria Prevention and Case Management” project in partnership with UNDP as SR, AADA has covered a population of 5,163,163 through 347 HFAs and 3059 HPs from 1st January up to 31 December, 2021 -by implementation of MLIS and case management at health facilities in Herat, Nangarhar and Ghazni provinces. In November 2021, the BPHS/EPHS of Paktia and Zabul also came under the implementation umbrella of AADA, hence the coverage expanded to additionally 910,408 populations through 93HFAs, and 708 HPs with Malaria prevention and treatment services in these two provinces. Amid 2021, we distributed 95,593 LLINs through the continuous distribution process to the pregnant women during first ANC visit in Nangarhar province. Malaria project was smoothly running according to the project work plan. Guidelines, registers and other required tools were provided and supplied to the related health facilities and health posts in timely manner. Furthermore, through this project, we supplied all the targeted HFAs with the required amount of RDTs, ACTs and Primaquine that were received from UNDP. 279142 suspect malaria cases received parasitological (RDTs and Microscopic) tests at the public health facilities, whereas, 78762 suspected malaria cases received the tests at the community level and 17678 suspected malaria cases received parasitological test at the private health sectors. A total of 25179 confirm cases received treatment with first line antimalarial drugs at the public health facilities, 12330 at the community and 3508 at the private health sector level. In addition, we supported training and capacity building sessions to improve the health providers' knowledge and skills in regards to the malaria case diagnosis and treatment. A total of 116 HFAs in charge, 224 CHSs (two days) and 5866 CHWs (one day) received training on the National Treatment Guideline, RDTs and MLIS reporting system during the reported period.

Meanwhile, 108 joint monitoring and supportive supervision visits have been conducted so far by the project manager and provincial case management focal points from HFAs and HPs.

A working network and coordination mechanism has been maintained at the national and provincial level



Supervision of a health facility by AADA project manager

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with NMLCP, the respective PPHDs and other stakeholders. The project focal points of AADA have actively participated in all the relevant meetings at both national (NMLCP) and provincial (PPHD) levels. The national project focal point attended monthly PSM meetings here in Kabul. The provincial malaria focal points attended all the monthly and quarterly PMLCP meetings, through which the achievements and challenges of the project activities were shared with participants. Recording and reporting systems were in place. Monthly and quarterly reports were collected from HFAs and HPs levels and were submitted to the UNDP and national program according to the reporting timeline.

Title of project: TBRSSH Project

Reporting Period: 1st January till end of Dec-2021.

AADA as the sub-recipient of the Tuberculosis and Resilient and Sustainable Systems for Health (TBRSSH) grant in eight provinces of the central region (Kabul, Parwan, Kapisa, Parwan, Panjsher, Bamyan, Daikundi, Logar and Maidan-Wardak), is providing administrative support to the case notification among key affected population (prisoners, children, IDPs and household contact); case notification contributed by PPM, Patient Association and community referral; sputum sample transportation; slide crosscheck; support transportation of MDR samples and MDR patients as well as facilitate biannual and SRs quarterly review meetings in the targeted provinces.



Photo: Supervision from a health facility

During the year 2021, a total of 5457 TB confirmed cases were detected through different case finding approaches among the high risk communities including prisoners, IDPs, Children TB program, Public Private Mix, Community Based-DoTs, TB Patient's Association, sputum sending and House hold Contact Management (HHC). In addition, a total of 83 drug resistant/and or Rifampicin resistant (RR) cases have been detected and enrolled to the treatment services in Afghan-Japan hospital.

Meanwhile, amid 2021, four quarterly review meetings have been conducted for MDs and Lab technicians in the eight targeted provinces. Moreover, AADA provided timely administrative and logistical support to the National TB program for celebration of the world TB' day, both on the national and provincial level. In the meantime, AADA conducted four PPM quarterly review meetings in the five targeted provinces including Kabul, Parwan, Logar, Maidan wardak and Kapisa provinces so for this year.

In addition, the project team conducted supportive supervision and on the spot capacity building activities for improving the quality of services as follows:

- 22 supportive supervision visits have been conducted from Kabul to the targeted provinces.
- 120 supportive supervision visits have been conducted from provinces to project sites(HFAs).
- 44 Midwives from 12 national and provincial hospitals were provided with three days training on Latent TB (LTBI) case detection.

The implementation of the project activities has been closely coordinated with NTP, UNDP, the respective provincial public health directorates and other stakeholders on the national and provincial level.

Our Projects

Increasing Access to RMNCAH and GBV Services (UNFPA Funded)

Funded by UNFPA, AADA continued implementing the RMNCAH and GBV services project in 2021. The project consists of two key interventions. The first intervention has been delivering quality integrated RMNCH services through 74 family houses (FHHs) in hard-to-reach areas of Faryab, Herat and Ghor provinces. The 2nd intervention was the provision of emergency sexual reproductive health (SRH), GBV prevention and response for the crisis-affected population through eight Mobile Health Teams (MHTs) in Nangarhar, Laghman, Kunar, Herat and Takhar provinces and six BHCs (three in Nangarhar including one in Afghanistan and Pakistan border entry point, two in Laghman, and one in Herat ID camp) and one health centre in IOM transit in Herat.

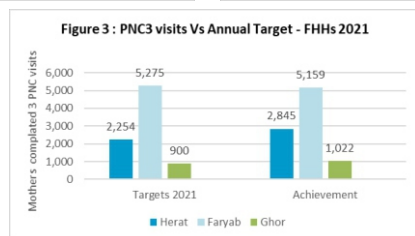
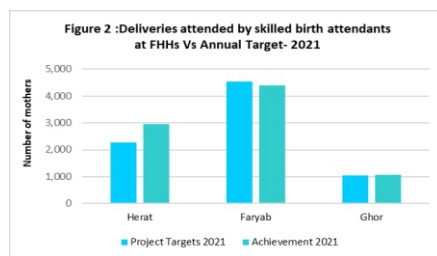
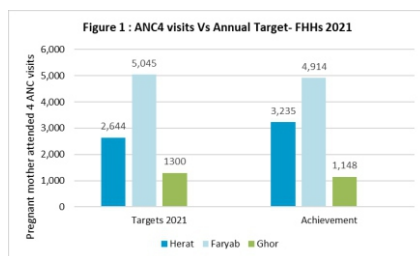
The first intervention achievements in 2011

In 2021, all 74 FHHs (32 in Faryab, 27 in Herat and 15 in Ghor) were operational and delivering health services to communities living in remote areas. The FHHs reached 13,597 women with RH services (ANC, delivery, PNC and FP) and 73,347 children under with essential IMNCI services in 2021.

Figure # 1,2,3 illustrates the key service indicator achievements against the annual target for FHHs in 2021. As shown in figure 2, from the total of 9,297 pregnant who completed 4th ANC visits 8,415 (91%) of them gave birth under the skilled attendants in FHHs and more than 100% of those receiving ANC4 came to FHHs for three rounds of PNC visits within 28 days after delivery. This positive result reflects the efficiency of the FHHs initiative and the accessibility of mothers to lifesaving RH services next to their doors.



Figure 1: Family Planning in Faryab



Our Projects

The second intervention's achievement in 2021.

This intervention of the project aimed at the 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 and two HFs (one in Herat and one in Nangarhar Torkham border)

In June 2021, UNFPA provided funding for additional 2 MHTs in Herat, one MHT in Takhar and four BHCs (two in Nangarhar and two Laghman provinces) which led to the operation of eight MHTs and five BHCs in 2021.

In 2021, a total of 142,005 new OPD clients received services at MHT SDPs and HFs. Of these 39,398 (18,375 females and 21,027 males) were children under age 5, and 102,607 (79,914 females and 22,639 male) were patients above 5 years of age.

A total of 2,832 children less than one year of age were fully immunised against DPT and Hep-B antigens and 4,832 pregnant and 8,486 non-pregnant women received TT2+ immunization

Safe Motherhood services such as Antenatal Care (ANC), Postnatal Care (PNC) and delivery by skilled birth attendants (SBA) were available at HFs and all Service Delivery Points (SDPs) during MHT visits. A total of 74,99 women were registered and screened for the first ANC visit and 8,835 women received two or more ANC visits during this year.

MHTs staff assisted 72 normal home deliveries during their visits to remote villages. A total of 3,515 women received their first PNC services within 28 days and a total 7,956 of CBAw reached family planning services



Figure 4: Torkham medical doctor during consultation to a female returnee

Additionally, a sum of 257 GBV survivors (all female) requiring secondary care was identified and referred to the family protection centre (FPC) and 21,095 women, men, girls and boys received psychosocial counselling.



Figure 5: UNFPA delegation during monitoring visit from MHT in Nangarhar

Our Projects

Provision of trauma care through establishing first aid trauma posts (FATPs) to people in conflict-affected districts in Herat province- An AHF-funded project from 15/10/2020 to 14/10/2021

The main objective of this project was to provide life-saving trauma care services in areas of active fighting with a high number of civilian casualties. The key interventions included the following: (a) Establishing four First Aid Trauma Posts (FATPs); (b) Deployment of four Rapid Response Teams (RRT) to provide first aid/stabilization and referral services for conflict-induced trauma patients; (c) Expanding the capacity of four health facilities (HFs) infrastructures by constructing additional rooms to function as FATP; and (d) staff training on Basic Life Support (BLS), Gender Base Violence (GBV) and Psychosocial Support (PSS) fields. The project increased the access of the conflict-affected population to emergency trauma care services in Gulran, Shindand, Pashtun Zarghoon, and Koshk-e-Rubat Sangi districts of Herat and was successfully implemented with outstanding achievements

At the start of Dec 2020, the FATPs became functional providing lifesaving services to conflict-affected communities. During the project period, the sum of 9,865 cases of trauma was registered and received appropriate first aid and stabilization services at the FATPs. Of which 1,014 (644 men, 212 women, 121 boys, and 37 girls) were conflict-induced patients and 212 (all civilians) wounded patients were referred to nearest hospitals for secondary care after first aid and stabilization (using RRT ambulances).

In line with the proposal, investment was made to ensure the continuation of activities in target health facilities after the conclusion of AHF funding. At least three permanent BPHS staff (male and female) were trained in the areas of trauma initial management, PSS, and GBV SOP who remained after the termination of the AHF project to continue with service delivery. The planned HFs were fully equipped with medical equipment and the infrastructure of Marabad BHC in Pashtoon Zarghoon, Agriman health sub-center in Rubat-e-Sangi and Khogaini BHC in Gulran were extended by constructing additional two rooms (one for male and one for female) with attached bathrooms and waiting hall to make them appropriate to function as FATP in long run. Moreover, by applying partition & renovation Zawol BHC building was expanded for FATPs setup.



Figure 6: The new built FATP in Khogiani BHC of Herat



Figure 7: Zawol BHC after renovation

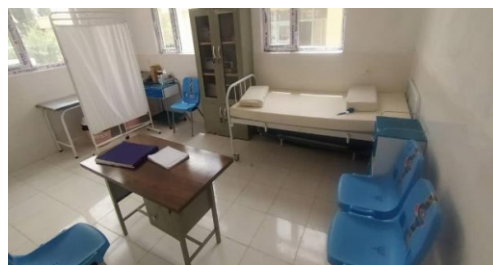


Figure 7: inside FATP

Our Projects

Provision of essential health care services to returnees and displaced people in Islam Qala border, through integrated primary health care and referral services. A WHO-funded project from 14/02/2021 to 31 March 2022

The overall objective of the project was to provide access to returnees and travellers to essential and emergency lifesaving services through a mobile health team stationed in Afghanistan- Iran board entry point in Islam Qala- Herat.

During 2021:

- 4,050 (2,125 male & 1,925 female) 0-10-year-old children received OPV and the sum of 4,061 (2,172 boys & 1,889 girls) aged 0-12 years were immunized for measles.
- 15,513 patients received OPD consultation;
- 704,442 male and female travellers were screened for symptoms of COVID-19 and attended counselling sessions on preventive activities to decrease the spread of coronavirus and to recognize the signs/symptoms and timely medical care-seeking. Of the total screened people, 41,596 were identified as having symptoms of COVID-19 (e.g. flu, fever, and cough). Of which 126 cases were preferred for COVID-19 testing to a designated hospital in Herat whereas the remaining people disagreed with being referred to a Covid-19 hospital for further examination. However, they were registered and offered the contact information of the COVID - 19 centres in 34 provinces before leaving.



Figure 10: Islam Qala entry point MHT during OPD consultation to returnees from Iran- Herat

Community-Based Nutrition Program (CBNP) continuation support in Herat Funded by UNICEF from 15/05/2021- 14/09/2021

With the support of UNICEF, the CBNP capacity-building phase was completed in Dec 2020 by AADA in Herat. The overall objective of this round action was to acquainting the CHWs and volunteers with the new skills, methods, and processes required to improve their performance on the job and sustain the impact of the initial training. Key intervention of the project was conducting two-day refresher training to all CHWs/volunteers to renew their knowledge and understanding with more focus on interpersonal communication (IPCC) one of the main recommendations of the CBNP Process Evaluation conducted in 2019 with support of UNICEF.

Key achievements of the project including the following:

At the first step, a total of 53 CHSS, two master trainers received ToT on CBNP for four days to enable them to conduct sessions for CHWs/volunteer at the health facilities in 20 districts. In the second step, a total of 3,579 (1,785 males and 1,749 female) CHWs and community volunteers were trained for two-days refresher training on CBNP (translating to 101% achievements as against to project target. Of the total 3,579 trained individuals, 1787 (889 males and 897 females) were CHWs and 1793 (896

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males & 897 females) were community volunteers. Training sessions were carried out in 48 sites at the health facilities and facilitated by 53 CHCs and two female master trainers who received ToT at the first step of program implementation.

Additionally, 897 HPs were provided with adequate material for IYCN counselling and are delivering standard services. All HPs were supplied with reporting tools for six months following the completion of refresher course.



Community Mobilization in CBNP, Herat

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

The COVID-19 public health emergency has rapidly developed into a food and livelihood crisis. The IPC analysis revealed that the total number of people proposed to be in acute food insecurity has increased by around 1 million, from 2.4 to 3.3 million since COVID-19 (FAO- May 2020).

In 2020, an estimated 2.54 million acutely malnourished children under five and 563,000 undernourished PLW were reported in need of life-saving emergency nutrition services in Afghanistan. (COVID-19 Multi-Sector Plan 2020).

Supported by WFP, AADA has been involved in the implementation of TSFP through 60 BPHS HF in Nangarhar 75 HF in Ghazni province from Jan-Dec 2021, and 47 HF in Zabul province from Jul to Dec 2021

The overall goal of the project is to reduce the incidence of mortality and morbidity related to acute malnutrition in children aged 6 to 59 months and pregnant and lactating women by improving their nutritional status through access to targeted supplementary feeding program.

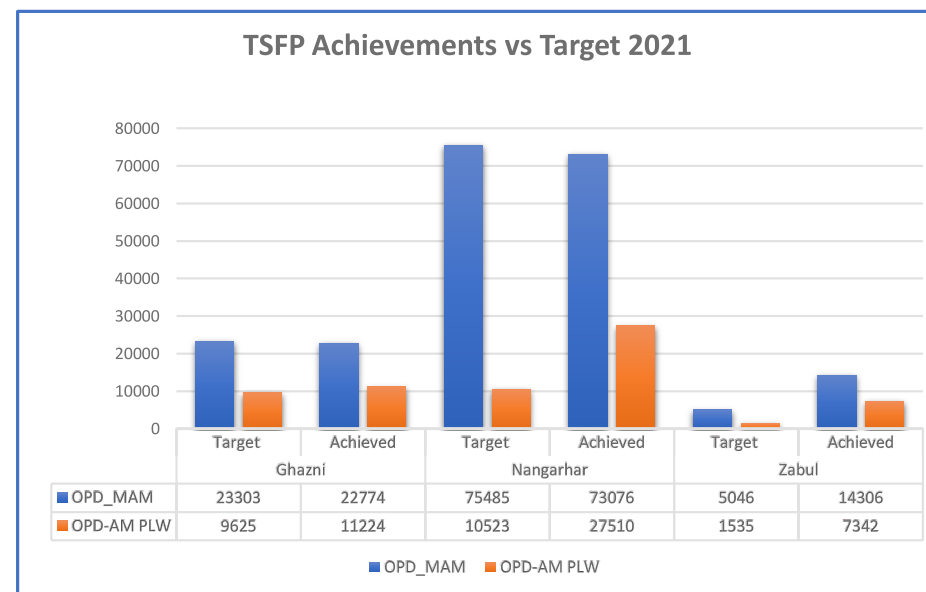
From January to the end of December 2021, a total of 110,156 MAM children aged under five, representing 106 % of the annual target (103,843) were admitted and received services through BHC, CHCs, DHs and HSCs in Nangarhar, Ghazni and Zabul provinces. The corresponding number of moderately malnourished Pregnant and Lactating Women reached was 46,111, representing 212 % of the annual target of 21,683

In 2021, a total of 496.349 Metric Tons (MTs) of specialized food (super cereal) and 626.480 MTs of RUSF from WFP were distributed to eligible beneficiaries.

Our Projects

Performance of treatment program compared to SPHERE standards

The overall cure rate of TSFP for children under five was 85 % and 73 % for pregnant and lactating women. The overall TSFP defaulter rate for under-fives was below SPHERE standard with 14 % and the overall defaulter rate for pregnant and lactating women was 26 %, SPHERE standard threshold of 15%.





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.
- Paktia: House # 4, Street #3, Behind Alshefa Plaza, Gardez, Paktia, Afghanistan.
- Zabol: PD 1, NDS, COVID-19 hospital street, Zabol, Afghanistan.