

Annual Report 2022



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

Table of Contents

Contents	Page
1. Abbreviations and acronyms	3
2. Executive Summary	4
3. Agency for Assistance and Development of Afghanistan (AADA) backdrop	4
4. Sehatmandi and Health Emergency Response Projects during 2022	5-6
5. Health Emergency Response (HER) Project:	7
6. Complementary Vertical Projects in 2022	7
7. RMNCAH/FHH achievements in 2022	7
8. C1. Increasing Access to RMNCAH/FHH	7
9. C2.MHNTs and HFs achievement in 2022	8
10. C3.Capacity building in 2022	8
11. C4.Emergency Response Project	9
12. C5.Provision of emergency and lifesaving health trauma care and Covid19 prevention services to the affected and vulnerable local communities.	9
13. C6.Provision of life-saving trauma, primary health care services and psychosocial support to conflict-affected population in Ghazni	10
14. C7.Provision of integrated primary health care, nutrition and MHPSS services through health sub-centers	10
15. C8.Provision of COVID-19 response and case management services	10
16. C9.COVID-19 Emergency Response and Health System Preparedness,	11
17. C10.Implementation of CBNP and WIFS,	11
18. C11.Targeted Supplementary Feeding Program (TSFP) for treatment of (MAM)/children under5 and (AM-PLW).	11
19. C12.Expansion of OPD- SAM services in the urban area	12
20. C13.Scaling up Innovative approaches to respond to TB Challenges in Afghanistan	12/13/14
21. C14.Scaling-up Malaria Prevention and Case Management	15-16

Abbreviations and acronyms

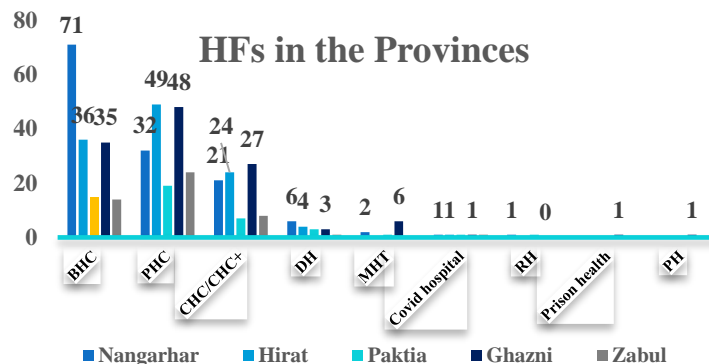
AADA	Agency for Assistance and Development of Afghanistan
AM-PLW	Acute-Malnutrition Pregnant and Lactating Women
ARTF	Afghanistan Reconstruction Trust Fund
AWD	Acute Watery Diarrhea
BARM	Bi Annual Review Meeting
CBNP	Community Base Nutrition Program
CERF	Central Emergency Response Fund
CMS	Community Mobilization Sessions
DH	District Hospital
DOTS	Direct Observation Treatment Short Course
GAAP	Generally Accepted Accounting Principle
GF	Global Fund
GFF	Global Financing Facilites
HF	Health Facility
HHC	Household Contact.
HTM	HIV-TB-Malaria
IDP	Internal Displaced People.
IYCF	Infant and Young Child Feeding
M&E	Monitoring& Evaluation
MAM	Moderate Acute malnutrition
MDR	Multi Drug Resistant
MIYCN	Mother, Infant, and Young Child Nutrition
MoPH	Ministry of Public Health
NH	National Hospital
NTP	National TB Program
OPD/IPD	Outpatient Department/Inpatient Department
PH	Provincial Hospital
PHD	Provincial Health Director
PLS	Provincial Laboratory Supervisor
PPHCC	Provincial Public Health Coordination Committee
PPM	Public Private Mix
PR	Primary Recipient
PTC	Provincial TB coordinator
RR	Rifampicin resistant
SAM	Severe Acute malnutrition
SR	Sub-Recipient
TBRSSH	Tuberculosis and Resilient and Sustainable System For health
TCU	Trauma Care Unit
TSFP	Targeted Supplementary Feeding Program
UNDP	United Nation Development Program.
WIFS	Weekly Iron-Flic Acid Supplementation

EXECUTIVE SUMMARY

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 in 2005, since then AADA has implemented more than 145 including 30 education/capacity development big and small projects throughout all the provinces in Afghanistan through fund from USAID, World Bank, Global Fund and UN agencies.

In 2022, AADA provided health services to over 6,449,912 population in 20 provinces of Afghanistan through 5457 paid staff and over 7534 volunteers (Community Health Workers BPHS and other CHWs) in 3269 HPs. In 465 Health facilities in 5 provinces (Hirat, Nangarhar, Paktia, Zabul and Ghazni) as E/BPHS implementer with an extra backing of 15 vertical projects which run 134 FHHs, 54 MHTs and 50 DCC along with TB and Malaria projects with a financial turnover of \$ 40,471,008 USD.

B/EPHS Health Facilities						
Province	Nangarhar	Hirat	Paktia	Ghazni	Zabul	Total
# of BHC	71	36	15	35	14	171
# of PHC	32	49	19	48	24	172
# of CHC/CHC+	21	24	7	27	8	87
# of DH	6	4	3	3	1	17
# of MHT	2		1	6		9
# of Covid hospital	1	1	1	1	1	5
# of RH	1		1	0		2
# of PHC				1		1
# of PH				1		1
# of HPs	560	117	323	847	360	3269
Total	63	78	32	87	34	465



Sehatmandi project was started in the June-2018 which was continued still the government was collapsed in the August 2021 and the project was faced with a disruption of August and September but resumed back by the global fund and later led by the WHO and subsequently the ARTF and Global Financing Facility (GFF), and the World Bank, have now approved a USD 333 million grant to UNICEF for the continuation of service delivery of the E/BPHS at the previous Sehatmandi facilities from September 1, 2022 to end December 2023.

UNFPA funded RMNCH project aims to increase access and utilization of RMNCH services in remote areas of Faryab, Herat and Ghor provinces, The second component focuses on delivering SRH and PSS services through MHTs in Nangarhar, Herat, Laghman, Kunar, Zabul, Ghazni, Paktia and Takhar provinces, also deliver services to IDP and returnees by maintaining 8 BHCs in Laghman, Nangarhar and Herat, including one BHC on the Torkham border. UNFPA has increased FHHs from 15 to 25 FHHs in Ghor and from 32 to 42 FHHs in Faryab, making the sum of 97 FHHs in 2022. UNFPA also provided funding for additional 18 MHTs (3 MHTs in each of Herat, Nangarhar, Takhar, Ghazni, Paktia and Zabul).

AGENCY FOR ASSISTANCE AND DEVELOPMENT OF AFGHANISTAN (AADA) BACKDROP

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.

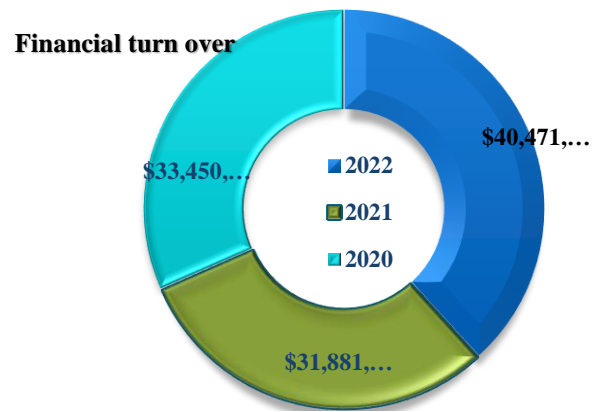
Quality improvement, geographic expansion, diversification of funding, institutional development, gender equity, women empowerment and community development are among the main strategic directions reflected in the “AADA Strategic Plan”.

Since its establishment in 2005, AADA has operated in all provinces of Afghanistan and has successfully implemented more than 145 health and health-related projects, including 30 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.

AADA has been one of the pioneer organizations in implementing the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in different provinces since 2006. AADA has successfully implemented the BPHS/EPHS under PPG, PPA, PCH, SEHAT, Sehatmandi and HER projects in Bamyan, Faryab, Samangan, Takhar, Khost, Ghazni, Nangarhar, Zabul, Paktya and Herat.

In 2022, AADA provides health services to over 6,449,912 population in 20 provinces of Afghanistan through 5457 paid staff and over 7534 volunteers (Community Health Workers). In 3269 Health posts, 465 primary health care as BPHS health facilities, 17 secondary health care as well 8 tertiary health care (2RH, 1PH) as EPHS and 5 Covid Hospital, similarly for the further support and empowerment of these services some cross cutting and vertical project have also been smoothly implemented where 134 FHH throughout 8 provinces (Faryab, Bamiyan, Hirat, Ghor, Ghazni, Nangarhar, Kunar and Laghman) 54 Mobile health and nutrition teams, for supporting the severe malnutrition program AADA’s initiative there are 50 DCC (Day Care Centers)

AADA’s annual financial volume was Year 2022: \$ 40,471,008 USD 31,881,123 in 2021, USD 33,450,026



In 2020, with a total turnover of more than 141 million dollars over the past 5 years. AADA has broad experience and significant capacity in financial and management of large projects in Afghanistan. All the activities of the finance personnel are in compliance with the Generally Accepted Accounting Principles (GAAP) described in the Financial Management Manual of AADA.

AADA headquarter office is in Kabul, 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, Finance Director, M&E Director, Head of Internal Audit and Operation Coordinator.

SEHATMANDI AND HEALTH EMERGENCY RESPONSE PROJECTS DURING 2022

The Sehatmandi Project was launched by the MoPH in 2018 and was meant to run till June 30, 2022. It had three key components: 1) improving service delivery of BPHS and EPHS through performance-based contracts; 2) strengthening the health system and its performance through establishing a performance management culture in the MoPH and among stakeholders; and 3) strengthening demand and community accountability for key health services. Following the shift in political power in mid-August 2021, funding for the Sehatmandi project was suspended, leading to some disruptions to service delivery in August and September. However, a collapse of the Sehatmandi project was averted in October 2021 through Global Fund-ATM funding through UNDP; subsequently in November 2021 to January 2022 through UNICEF and WHO Central Emergency Response Fund (CERF) funding; and for the period of February – June 2022 when the Afghanistan Reconstruction Trust Fund (ARTF), a multi-donor trust fund administered by the

World Bank on behalf of a group of 34 donors, approved a Transfer Out to UNICEF to support continuation of service delivery of the BPHS and EPHS at the previous Sehatmandi facilities. SP contracts for this last phase have subsequently been extended through August 2022. Throughout these transitions, the ‘contracting out’ modality of service provision through the SPs has continued where AADA has been contracted for Herat, Nangarhar, Zabul, Ghazni and Paktia and provided basic and secondary health services to 6,449,912 population with the following achievements,

Indicators and Performance	Grand Total
All OPD consultations	7,609,607
Under 5 children	5,334,206
New Patients/Clients >=5 yrs, Female	3,475,538
SM- Child Morbidity	1,985,145
New Patients/Clients >=5 yrs, Male	1,858,668
New no acute malnutrition	1,289,497
New Patients/Clients <5 yrs, Male	1,166,068
SM- GMP/IYCF	1,124,342
New Patients/Clients <5 yrs, Female	1,109,333
SM- ANC's	494,923
ARI	466,963
SM- TT2+	451,297
OPD- New Musculoskeletal	410,166
# Children screened with MUAC	333,082
New Mental Disorders	310,669
Acute diarrhea	277,598
OPD-New Trauma	272,737
SM- PNC's	224,150
SM- No of FP counseling	212,469
IPD- Number of Patient Days	207,117
New Eye Infection	194,656
GMP visits for children < 2Y/mother received IYCF counseling Female	179,540
New Acute Watery Diarrhea <5Male	164,690
SM- PENTA3	164,313
Measles (first dose) 0-11 months	155,304
New Acute Watery Diarrhea <5 yrs, Female	152,954
New moderate acute malnutrition	131,823
SM- Institutional Deliveries	106,242
CMD- Referred For EPI (<1y)	101,130
Number of AFB slides examined	98,746
FPL- Oral pills (cycle)	90,490
Re-Attend/Ref: Mental Disorders Re-attendance	89,710
OPD-Re-Attend/Ref: Patients/Clients Referred-In	83,596
IPD- Admissions	81,819

IPD- Discharged/Outcome	80,295
FPL- Condoms (dozen) Units	78,499
CMD- Women referred for TT	78,333
New TB suspected Case	77,217
ARI Referred	76,575
IPD- Recovered/Improved	74,816
BCG Fixed, Boys, 0-11 months	71,029
New severe acute malnutrition	68,505
BCG Fixed, Girls, 0-11 months	67,711
SM- CYP at HF's	61,535
Number of HIV examined	56,339
Measles/MR-1 Fixed, Boys, 0-11 months	51,636
Measles/MR-1 Fixed, Girls, 0-11 months	48,178
Acute diarrhea Referred	45,965
HMIS-HMIR-MNC- Newborn Alive	44,878
FPL- Injectable (injection)	34,143
OPD-Re-Attend/Ref: Patients/Clients Referred-Out	30,823
Health Committee meetings	28,291
CHW referred Normal deliveries	27,030
Measles/MR-1 Outreach, Boys, 0-11 months	24,367
Measles/MR-1 Outreach, Girls, 0-11 months	24,036
Referred for TB	23,372
BCG Outreach, Girls, 0-11 months	23,109
New Diarrhea with dehydration <5 yrs, Male	22,610
BCG Outreach, Boys, 0-11 months	22,501
New Diarrhea with dehydration <5 yrs, Female	20,339
Total Covid19 cases referred out	15,551
Number of malaria slides examined	10,478
SM- Major Surgeries	10,170
MTH- Number of obstetric complications referred	5,386
CHW- Meetings with community health committee	4,698
EPI-MVAR-Vac BCG Mobile, Girls, 0-11 months	4,559
EPI-MVAR-Vac BCG Mobile, Boys, 0-11 months	4,391
NUT-Admitted under 5	4,047
Re-Attend/Ref: Eye Infection Re-attendance	4,006
Number of AFB positive	3,917
EPI-MVAR- Measles/MR-1 Mobile, Boys, 0-11 months	3,905
EPI-MVAR- Measles/MR-1 Mobile, Girls, 0-11 months	3,820
SM- Cesarean Section	3,662

NUT- Improved under 5	2,937
Number of new smear (+) cases	2,415
SM- TB Treated Cases	2,077
IPD- Referred Out	1,824
Severe Acute Malnutrition Referred-Out	1,746
IPD- Referred In	1,686
IPD- Absconded/Defaulted	1,618
M&M- Malaria	1,330
IPD- New Other Injuries	1,228
IPD- New Cerebral Concussions	1,175
IPD- New Road Traffic Accidents	1,111
IPD- Dead	881
IPD- New Burns, scalds & frostbite	650
NUT- Referred Out under 5	579
Number of other positive	578
Malaria Referred	476
MTH- Number of neonatal deaths	415
Re-Attend/Ref: Eye Infection Referred-Out	385
IPD- New Occupational Injuries	306
IPD- New Weapon Wounded	171
Number of PF positive	108
MNC- Neonatal Death	84
MTH- Number of maternal death	19
MNC- Maternal Death due to Major	4
Number of HIV positive	4

HEALTH EMERGENCY RESPONSE (HER) PROJECT:

The ARTF and Global Financing Facility (GFF), and the World Bank, have now approved a USD 333 million grant to UNICEF for the continuation of service delivery of the BPHS and EPHS at the previous Sehatmandi facilities from September 1, 2022 to end December 2023. With this funding, UNICEF manages the provision of Primary Health Care services through BPHS and EPHS at primary and secondary care facilities. AADA could able obtain Paktia and Ghazni project for BPHS/EPHS and later was extended.

COMPLEMENTARY VERTICAL PROJECTS IN 2022

INCREASING ACCESS TO RMNCAH/FHH

Funded by UNFPA, AADA continued implementing the

RMNCAH services project in 2022.

This project aims to increase access and utilization of RMNCH services, save the lives of women and children in remote areas of Faryab, Herat and Ghor provinces, and deliver sexual reproductive health (SRH) and PSS services to humanitarian crisis-affected provinces.



The project consists of two main components. Through the first component, the project provided RMNCH services through a network of 94 Family Health Houses (FHHs) in hard-to-reach areas for people who live beyond BPHS in Faryab, Herat and Ghor provinces and training 56 community midwives through Community Midwifery Education (CME) School in Mazar-e-Sharif.



The second component focuses on delivering SRH and PSS services to crisis-affected populations through mobile health teams (MHT) in Nangarhar, Herat, Laghman, Kunar, Zabul, Ghazni, Paktia and Takhar



provinces. In addition, the project supported service provision to IDP and returnees by maintaining eight Basic Health Centers (BHCs) in Laghman, Nangarhar and Herat, including one BHC on the Torkham border.

As part of the FHH expansion plan, the number of FHHs

Service indicators	Beneficiaries	Total reached
OPD- consultations	Men	40,394
	Women	154,253
	Boys	45,757
	Girls	51,680
Psychosocial counseling	Men	1,055
	Women	39,628
	Boys	2,111
	Girls	10,553
ANC consultation	Women	22,482
Deliveries at HF	Women	691
PNC consultations	Women	9,769
SRH services	Women	62687
Family planning	Women	14,845
Total		455,905

has increased from 15 to 25 FHHs in Ghor and from 32 to 42 FHHs in Faryab, making the sum of 97 FHHs operational in 2022.

UNFPA also provided funding for additional 18 MHTs (3 MHTs in each of Herat, Nangarhar, Takhar, Ghazni, Paktia and Zabul) that became fully active and started with the delivery of SRH services between 1-10 April 2022, which led to the operation of 28 MHTs in 2022.

RMNCAH/FHH achievements in 2022

Table 1 illustrates the key service indicator achievements against the annual target for FHHs in 2022. A total of 15,228 pregnant women were screened and registered for the first ANC visit, and 10,704 completed four rounds of ANC visits, translating to ANC4 coverage of 91% against the expected pregnant women during 2022. FHH midwives attended 7,947 deliveries (91%), and 9,883 (114%) mothers attended three PNC consultations within 28 days following delivery at FHHs and at home.

Table 1: FHHs Achievement during 2022

Indicators	Target in 2022	Achie-2022
# 1st ANC visit	14,573	15,228
# of 4 ANC visits	11,695	10,704
#of deliveries	8,734	7,947
# of 1st PNC	10,469	10,550
# of 3 rd PNC visits	8,526	9,683

In 2022, ten newly recruited midwives were trained for two months to increase their capacity to provide quality services. The CME School in Mazar-e-Sharif remained active and continued with the training of 56 community midwives enrolled in 2021.

MHNTs and HFs achievement in 2022

Services provided by MHTs and static health facilities included: SRH, antenatal care (ANC), postnatal care (PNC), family planning; child health activities, including Integrated Management of Neonatal and Childhood

Illness (IMNCI), immunization; communicable disease prevention and treatment, response to infectious disease outbreaks, primary mental health screening and psychosocial support (PSS) counselling; and referrals to health facilities.

As shown in Table 2, a total of 455,905 consisting of 6,3267 men, 240,033 women, 71,662 boys, and 80,944 (108% of the annual target) were reached with health and PSS services through 28 MHTs and eight static HFs in Ghazni, Herat, Kunar, Laghman, Nangarhar, Paktia, Takhar & Zabul provinces in 2022. Table 2: MHT and HF achievement in 2022

Capacity building in 2022

Through the component, investment is made toward the capacity building of provincial health senior authorities on the Minimum Initial Service Package (MISP) training. In 2022, a total of 67 (48 males and 19 female) senior staff from the provincial health directorate and technical manager and RH coordinator from Nangarhar, Kunar, Laghman, Nuristan, Paktia, Paktica, Khost, Ghazni, Luger, Herat, Zabul, Badghis, Farah, and Nimroz were trained for



three days on MISP and 25 female staff were trained in PSS counselling in an emergency in Kabul.

In Sehatmandi and HER project almost 5115 health workers (2544(49.7%) Male and 2571(50.3%) Female) have been trained in almost 83 various trainings as shown in the following charts.



Nangarhar a six months AHF-funded project from 01/03/2022 to 31/08/2022.

Achievements in 2022:

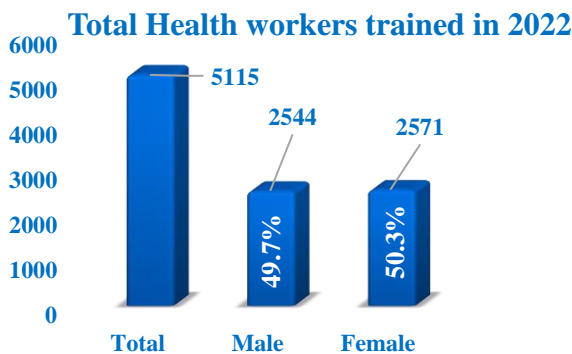
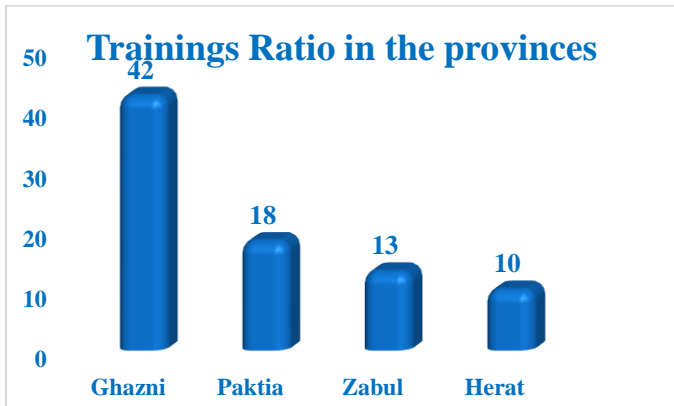
Funded by this project, the infrastructures of Adraskan CHC+, Gulran DH and Zer Koh CHC in Herat were enhanced/expended for optimal, 24/7 emergency surgery and trauma care service delivery. This was achieved by constructing trauma care units (TCUs) consisting of two additional M/F rooms with attached bathrooms, a triage area, and a waiting hall. Construction work was completed between 1-10 August 2022.

The TCUs were equipped with medical / non-medical equipment and pharmaceutical supplies. Additionally, two-unit/teams of highway ambulance were established in Karokh district and Zawol area to provide rapid response (first aid, stabilization) and evacuation/referral services to traffic accident casualties.

In Ghazi province, three targeted CHC+ in Jaghori, Maliastan and Nowor were provided with medical / non-medical equipment and pharmaceutical supplies to enable them to provide emergency health services. Each CHC+ was staffed with one male and one female additional nurse to support the BPHS permanent staff in providing nursing and psychosocial counselling services. One male Surgeon and one Anesthetist in Nawa CHC+ were recruited to provide 24/7 services. Additionally, 18 health educators (nine males and nine females) were recruited and trained to conduct awareness sessions to promote the community's knowledge, practices and behavior changes on the disease outbreaks through outreach and the HF level.

In Nangarhar, medical / non-medical equipment and pharmaceutical supplies were provided to three district hospitals (DHs) and one CHC+, requiring additional support to provide 24/7 trauma care services. A total of 10 male and 16 female health professionals (three and two for each DH and CHC, respectively) were recruited to serve as health educators in 10 DHs and CHC+ with a high daily caseload of patients to conduct daily awareness-raising sessions on Covid-19 prevention and risk management to beneficiaries.

Under the trauma care component, 6,847 (2,725 men, 1,481 women, 1,445 boys and 8, 96 girls) with major and minor conflict and non-conflict-induced trauma received appropriate services at the TCUs. Of the 6,847 trauma cases, 1,847, including 127 wounded weapons, had major trauma. A total of 9,652 individuals (2,798 men, 4,209



Emergency Response Project

The MHTs in Paktia, Zabul, Nangarhar, Laghman and Ghazni provided primary health and SRH services to 7,668 flood-affected populations.

Between 1- 15 August, the MHT staff in Takhar responded to the AWD/suspected cholera outbreak in five villages of the Eshkamish district. 1,850 AWD/cholera patients (including 355 cases of severe dehydration) received essential services per protocols.

Through the MHTs, 3,575 winterization kits, 3,111 Blankets and 7,790 Tarpaulin were distributed to eligible families in Takhar, Herat, Zabul Nangarhar, Kunar and Laghman provinces following the eligibility assessment.

Provision of emergency and lifesaving health trauma care and Covid19 prevention services to the affected and vulnerable local communities

The overall project objective was to improve the capacity of the existing surgery unit at DHs and CHC+ to provide quality lifesaving surgery interventions in remote districts of Ghazni, Herat provinces and to protect the front-line health workers and citizens from the spread of Covid-19 in

women, 1,154 boys and 1,491 girls) benefited from psychosocial support counselling. 143,973 (25,943 men, 55,979 women, 29,502 boys, 32,549 girls) received adequate health education on COVID-19 prevention, risk information and community engagement in Nangarhar and 200,115 (40,449 men, 71,368 women, 38,923 boys, 49,411 girls) were reached with health education on communicable diseases prevention and outbreak through health facilities and outreach services in Ghazni and Herat provinces.

Provision of life-saving trauma, primary health care services and psychosocial support to conflict-affected population in Ghazni

The four previously AHF-funded First Aid Trauma Posts (FATPs) in 2011 were re-activated in Barakat BHC of Khawaja Omari, Nawa CHC of Nawa, Zanakhan CHC of Zanakhan and Waghaz CHC of Waghaz districts with four Rapid Response Teams (RRT) linked to them. Two Trauma Care Units (TCUs) were established in Moqur and Qarabagh DHs and equipped with surgery kits to provide trauma care services. Each FATP was staffed with two male and one female health professional (midwife/nurse), two support staff, and the RRT with one male nurse. The TCUs were staffed with one male surgeon, two male nurses, two female nurses, and two support staff to provide 24/7 services in the target location. As of the beginning of Nov 2021, all FATPs and TCUs were functional, providing trauma and primary health care (PHC) services to targeted communities. Rehabilitation work of Moqur DH operation theatre (OT) and the emergency ward was completed on 25 April 2022.

At the end of the project, a total of 3,327 (1,381 men, 675 women, 748 boys, and 523 girls) having minor and major conflict and non-conflict-induced trauma were registered and received appropriate first aid, stabilization, and referral services at the FATPs and a total of 6,627 (2,004 men, 1,959 women, 1,637 boys, and 1,027 girls) patients with minor and major trauma through TCUs. Additionally, the project contributed to the provision of PHC to a total of 79,562 individuals consisting of 23,845 men, 23,631 women, 16,508 boys, and 15,578 girls during the project period.

Provision of integrated primary health care, nutrition and MHPSS services through health sub-centers

The project which is an AHF-funded project from 01/09/2022- 31/08/2023 aims at reducing maternal and child mortality amongst underserved communities by providing doorstep integrated health and nutrition services in underserved areas of Herat and Ghazni provinces.

Under this project, we have established six Health Sub Centers (HSCs) in hard-to-reach locations of Farsi, Adraskan, Shindand, Gulran, and Kushk-e-Kuhna districts of Herat province and five HSCs in remote areas of Qarabagh, Jaghori, Malistan and Moqur districts of Ghazni province. In addition, the project is supported by maintaining a previously MoPH-supported BHC in the Qarabghi area of Ghazni City.

The HSCs are staffed in line with the BPHS standard structure. The newly recruited staff received initial and refresher training per the MoPH guidelines and requirements to provide quality health and nutrition care.

All newly established health facilities were supplied with necessary medicines, medical products, equipment, and heating materials (winterization supplies).

Achievements in 2022:

Between September- December 2022, the project provided integrated health and nutrition services to 87,219 (22,168 men, 43,818 women, 10,463 boys, 10,770 girls) individuals living in remote areas of Herat and Ghazni provinces.

Provision of COVID-19 response and case management services

The project's overall objective was to provide case management and response services to COVID-19 patients and protect citizens from the spread of COVID-19 through 20 beds COVID-19 hospital in Zabul province, funded by AHF from 17/05/2022- 16/11/2022.

Achievements in 2022:

Key performance during the project period included the following:

The hospital was re-activated on 17 May to provide 24/7 services to COVID-19 patients. The employment contracts of 22 clinical and 43 non-clinical staff previously funded by WHO were renewed for six months. The hospital supplied pharmaceuticals, medical consumables, oxygen, and food for patients required for

in-patient care. The hospital remained fully equipped with medical and non-medical equipment as per guidelines up to the end of the project.

Regarding service provision, 2706 samples of suspected COVID-19 cases were referred to the laboratory for testing. Of the total tested, 367 patients (134 men, 170 women, 22 boys, 41 girls) were positive. Per protocol, 689 (186 men, 409 women, 39 boys, 55 girls) suspected patients were admitted to COVID-19 hospital. Out of the 689 patients hospitalized, 685 (184 males, 407 women, 39 boys, and 55 girls) were released following successful recovery. Additionally, 4,726 patients with mild COVID-19 symptoms and signs received OPD services, and 4,463 persons (1,713 men, 1,949 women, 776 boys, 25 girls) were reached with RCCE messages for COVID-19 and other infectious diseases.

COVID-19 Emergency Response and Health System Preparedness,

The project's overall objective was to provide case management and response services to COVID-19 patients and protect citizens from the spread of COVID-19 a WHO-funded project between 14 Feb- 8th December 2022 in Ghazni and 15 Feb- 12 July 2022 in Paktia.

The COVID-19 hospitals in Ghazni and Paktia were initially established with the financial support of MOPH through an agreement in 2020 implemented by AADA until 15th July 2021. UNDP/GF financed the hospitals for October 2021 and then UNICEF until the end of 2021. However, due to funding constraints, the donors discontinued their support leaving critical COVID-19 cases without access to treatment in both provinces.

With the support of WHO, AADA was able to re-activate the hospitals in Paktia and Ghazni on 15 Feb 2022 to provide 24/7 services to COVID-19 patients. The hospitals regularly supplied pharmaceuticals, medical consumables, oxygen, and food for patients required for in-patient care.

During the project following achievements were registered:

- 11,090 (5,770 males and 5,320 females) COVID-19 suspected were identified, transferred to the lab, and tested (100%). Of the total samples tested, 1,611 (928 males and 683 females) reported positive;
- 704 (390 males and 314 females) Covid-19-positive patients with severe conditions were

admitted to IPD and received lifesaving services. Among those admitted to the hospitals, 613 (268 males and 345 females) were discharged after complete recovery, while the remaining cases were at the hospital receiving services;

- A total of 5,009 (2,547 males and 2,462 female) OPD cases were served with treatment, and a total of 7,600 persons were reached with RCCE messages for COVID-19 (this includes all patients, their relatives and family members who received education on COVID-19 prevention through contact tracing visits)

Implementation of CBNP and WIFS:

This program aims to reduce the prevalence and severity of anemia in adolescent girls (10-19 years) and reduce the nutritional risks through strengthened maternal and infant nutrition services at the community level in Ghazni province. Key achievements during 2022 included the following: funded by UNICEF from 05/08/2021-31/12/2022

- A total of 752 community mobilization sessions (CMS) were conducted in 752 villages, with an average attendance of 40 community members in each session. The sessions were conducted for two days in the catchment area of Health Post (HP). They were actively attended by 30,087 (15,038 males and 15,049 females) community members, enabling them to visualize malnutrition, notify availability of diverse food in the community and support CBNP implementation.
- 2,997 (1502 men and 1495 women) CHWs and community volunteers received a two-day training on the CBNP to provide community-based nutrition services (growth monitoring, nutrition education & cooking demonstration, counselling, MUAC screening referral & follow up) for households of children < 2yrs.
- 829 (421 men and 408 women) CHWs received two days of training on WIFS
- Through the house-to-house Iron Folic Acid (IFA) distribution campaign, 206,390 adolescent girls (10-19 years) were enrolled in the program. They received four rounds of IFA packages of 13 tablets to consume every week.
- 753 HPs were provided adequate material for IYCN counselling and delivered standard services.

Targeted Supplementary Feeding Program (TSFP) for treatment of (MAM)/children under5 and (AM-PLW).

With WFP support, AADA has implemented TSFP through 118 BPHS and non-BPHS health facilities (HF) in Ghazni, 45 HFs in Paktia and 47 HFs in Zabul provinces from Jan-Dec 2022.

The project aims to reduce 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 programs.

In 2022, 96,688 MAM children <5 were admitted into the program, accounting for 78% of the annual target (123,888). The corresponding number of moderately malnourished Pregnant and Lactating Women reached was 63,119, representing 137 % of the yearly target of 45,879

In 2022, 1,187 Metric Tons (MTs) of specialized food (super cereal) and 666.3 MTs of RUSF received from WFP were distributed to eligible beneficiaries in three provinces.

The overall cure rate of TSFP for children < 5 was 84.7 % and 83.7 % for pregnant and lactating women. The overall TSFP defaulter rate for under-fives was below the IMAM standard with 13 % and the overall defaulter rate for pregnant and lactating women was 16 %, IMAM standard threshold of 15%.

Expansion of OPD- SAM services in the urban area

The project aims at improving access to nutrition services for urban populations in Kabul, It was, a UNICEF-funded project from 15/06/2021 to 31/12/2023

Key interventions areas included in this project are as follows:

- Improving access through the establishment of women-run day-care centers (DCCs) for caregivers and SAM children close to their homes;
- Expanding the malnutrition treatment centers through the establishment of the OPD - SAM services in selected MoPH health facilities;
- Building the capacity of the health staff to enable them to provide quality nutrition services;

- Supporting the caregivers of IPD-SAM patients in completing inpatient treatment with the provision of cash assistance.

Achievements in 2022:

- 50 DCCs were established in Kabul city with the main focus on the outskirts and slums area and the ones which face challenges in accessing the HFs in their catchment area. The DCC each were staffed with two female health professionals and two (one male and one female) health and nutrition promoters to provide SAM treatment service, MIYCN counselling to caregivers, Growth monitoring, and teaching mothers on child feeding, food demonstration, and home visits.
- OPD-SAM was established in 63 MoPH-run health facilities in urban settings providing OPD-SAM treatment, counselling to mothers/caregivers, growth monitoring to the children as well as referring complicated cases to in-patient care (IPD-SAM), and follow-up of SAM cases at health facilities after discharge from IPD-SAM.
- 32 male and 161 female staff were trained in Integrated management of acute malnutrition (IMAM), 167 female staff on the first round of Maternal, Infants and Young Children Nutrition (MIYCN) and 60 male and 55 female staff in social behavior changes (BSC) and nutrition.
- As of 31 December 2022, 147,459 (68,673 male and 78,786 female) children 6-59 months screened for acute malnutrition at the HFs, DCCs, and through outreach and a total of 16,670 (7,491 male and 9,179 female) with SAM were admitted for treatment, of which 76% were discharged after full recovery
- A total of 57,747 (25,673 male and 32,074 female) under two children were growth monitored, and 66,961 caregivers of under-five children received MIYCN counselling.
- 204 food demonstration sessions were conducted at the DCCs, with 3,393 mothers and caregivers in attendance.
- 587 mothers of complicated SAM children referred to IPD-SAM received cash assistance.
- 19 contact tracing focal points with PM and operation officer for MoPH/surveillance recruited.

- Two technical staff (CBHC specialist and operation officer) for MoPH/CBHC and Two technical staff (Pharmacist and pharmacy assistant) for MoPH/CMS department recruited
- Medical items including PPE kites and equipment for provincial and national hospitals supplied.
- PM and M&E officer have been participated on NTP- taskforce, M&E, PR&SR coordination meetings.
- Provincial focal points have been active participated on PHCC and other related meetings.

Scaling-up Malaria Prevention and Case Management

Through Scaling-up Malaria Prevention and Case Management project in partnership with Global Fund/UNDP, AADA has covered around 6,073,571 population through 448 HF's and 3767 HP's from 1st January up to 31 December, 2022 -by implementation of vector control and case management at health facilities and community levels in Nangarhar, Herat, Zabul, Paktia and Ghazni provinces.

AADA distributed 1,131,133 LLINs through mass campaign in Nangarhar province, 106, 814 LLINs distributed through the continuous distribution process to the pregnant women during 1st ANC visit in the targeted provinces. 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. Furthermore, the project supplied the required RDTs, ACTs and Primaquine that were provided by UNDP/ GF during the reporting period to all the targeted HF's.



359,918 suspect malaria cases received parasitological (RDTs and Microscopic) tests at the public health facilities, 90930 suspected malaria cases received the tests at the community level and 19471 suspected malaria cases

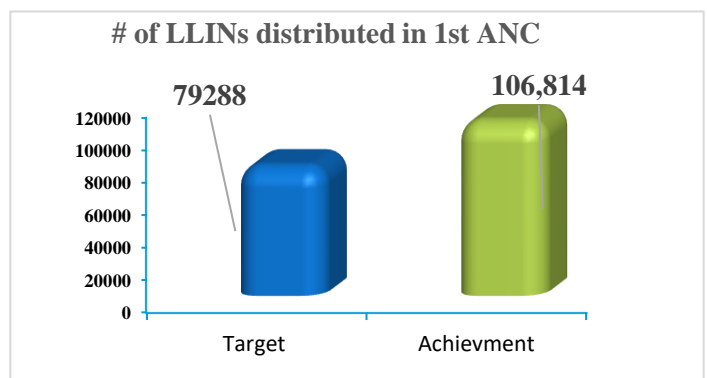
received parasitological test at private health sectors. A total of 37556 confirm cases received treatment with first line anti-malarial drugs at the public health facilities, 14754 at the community and 3862 at the private health sector. To raise the health providers knowledge and skills in regards to the malaria case diagnoses and treatment,

369 HF's in charge received two days refresher training regarding of CBMM, NTG, MLIS and reporting, five days refresher training conducted for 291 Lab technicians in AADA related provinces during the reported period. In this reporting period, 212 joint monitoring and supportive supervision were conducted by project manager and



provincial case management focal points from HF's/HP's. A sound coordination mechanism has been established at the provincial level with the PPHDs and other stakeholders. The project focal points of AADA actively participated in all meetings those were held at MVDP in National and PPHD at provincial levels. AADA active participated in all PSM Meeting at the National level. Provincial malaria focal points attended in all monthly and quarterly PMVDP meetings, and the achievements and challenges of the project were shared with participants.

Recording and reporting systems were in place. Monthly and quarterly reports were collected form HF's and HP's levels and were submitted to UNDP and Program according to the project timeline. In the financial section, total project budget for 2022 was 32, 186, 502 AFN, while



the expenditure was 34,977,069 AFN with support of UNDP, we covered some remaining activities from 2021.

Scaling up Innovative approaches to respond to TB Challenges in Afghanistan

Funded by UNDP/Global Fund, AADA is sub-recipient for implementing TBRSSH project in 8 central provinces Kabul, Parwan, Kapisa, Parwan, Panjsher, Bamyan, Daikundi, Logar and Maidan-Wardak provinces.

The TBRSSH project activities include: case notification among key affected population (prisoners, children, IDPs and household contact), case notification contributed by private sector, Patient Association and community groups, support to sputum sample transportation, and slid cross-checking, support to MDR sample transportation and MDR patient's transportation, support to conduct

provincial quarterly review meetings and supportive filed visits on national and provincial levels. 180 PPM practitioners enrolled in five provinces and are providing their contribution on case finding.

During 2022, seven provincial focal points worked in targeted provinces; 42 child-screening focal points contributed to TB/child case-detection and 40 LTBI-midwives in eight targeted provinces. Ten health workers were busy on case detection among ten IDP camps in Kabul province during the mentioned period. The project implementation was managed and oversight by a project manager, Senior Finance Officer, and M&E officer.

Project implementation was regularly monitored and supervised by relevant staff of the main office and provincial focal points during the reporting year. The main office conducted 17 visits, and provincial focal points conducted 1289 field visits, 179 within city supervision/ visits conducted. At provincial level, most of the visits of our FPs were conducted jointly with PTCs and PLSs. Data was collected by provincial focal points and submitted to the main office for data analysis and UNDP/NTP reporting. All the collected data was analyzed/verified at different levels by AADA provincial focal points, PTCs and main office staff.



The End