

## Annual Report 2023



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

## Abbreviations and acronyms:

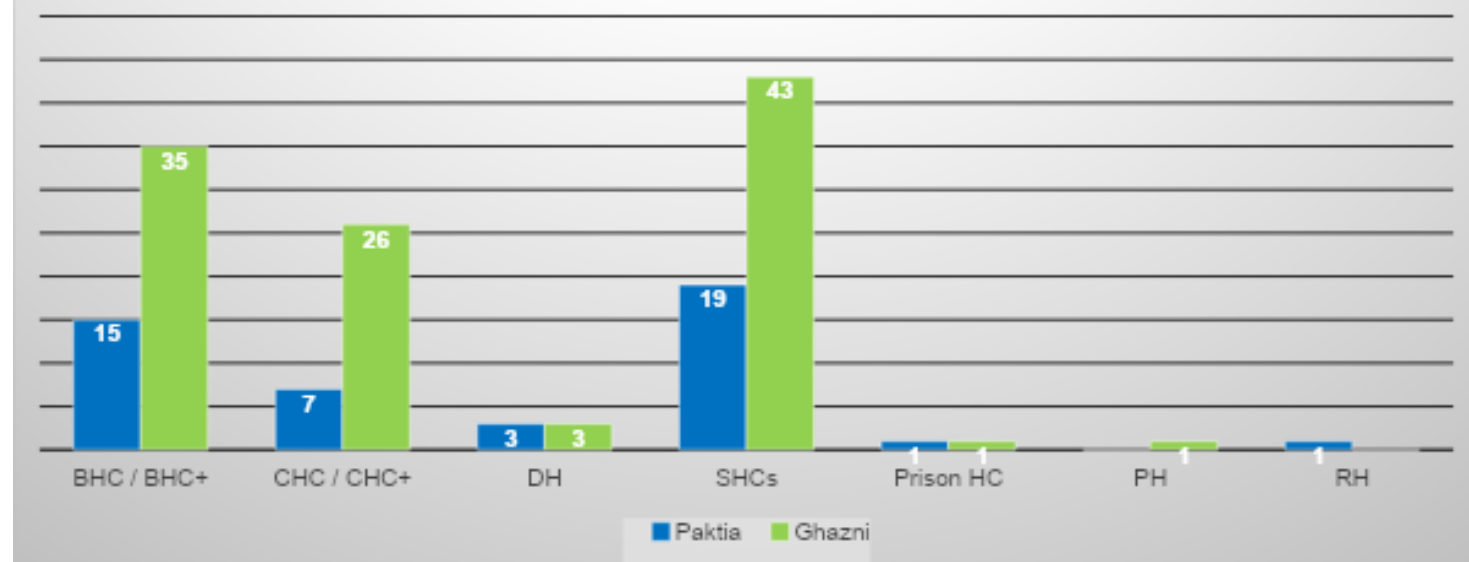
<b>AADA</b>	<b>Agency for Assistance and Development of Afghanistan</b>
<b>AM-PLW</b>	Acute-Malnutrition Pregnant and Lactating Women
<b>ARTF</b>	Afghanistan Reconstruction Trust Fund
<b>AWD</b>	Acute Watery Diarrhea
<b>BARM</b>	Bi Annual Review Meeting
<b>CBNP</b>	Community Base Nutrition Program
<b>CERF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

B/EPHS Health Facilities			
Province	Paktia	Ghazni	Total
# of BHC	15	35	50
# of PHC	19	43	62
# of Prison HF	1	1	2
# of CHC/CHC+	7	26	33
# of DH	3	3	6
# of PH	0	1	1
# of RH	1	0	1
<b>Total HFs</b>	46	109	155
# of HPs	347	847	1194

## Number and Type of HFs-AADA-2023



The Sehatmandi project was started in the June-2018 2018 still the government collapsed in August 2021 and the project was faced with disruption in 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.

### List of AADA Projects:

#	Project title	Province/s	Start date	End date	Client /Donor
1	Nutrition Service Delivery at the health facilities and community level in Ghazni	Ghazni	Oct 2023	Oct 2024	UNICEF
2	Responding to potential Acute Watery Diarrhea/Cholera outbreaks in affected provinces of the central region.	Kabul, Werdak, Lugar, Paktia, Khost, Parwan and Kapis	Aug 2023	Oct 2023	UNICEF
3	Assistance for Families and Indigent Afghans to Thrive (AFIAT)	Ghazni	June 2023	Dec 2023 Extendable	AFIAT/MSH
4	Provision of Primary and Secondary health care services (BPHS/EPHS) under HER project	Paktia	Feb 2023	June 2025	UNICEF
5	Provision of Primary and Secondary health care services (BPHS/EPHS) under HER project	Ghazni	Feb 2023	Feb 2024	UNICEF
6	Increasing access to RMNCAH	Faryab, Herat, Ghor, Zabul, Ghazni, Paktia, Takhar, Nangarhar, Kuner, Laghman and Balkh	Jan 2023	Dec 2023 Extendable	UNFPA
7	Targeted Supplementary Feeding Programme for treatment of Moderate Acute Malnourished (MAM) children age 6-59 months and Acute Malnourished Pregnant and Lactating women (AM-PLW)	Paktia and Ghazni	Jan 2023	Dec 2023 Extendable	WFP
8	Support to Primary and Secondary Health Care	Paktia, Ghazni, Zabu and Herat	July-2022	Jan-2023	UNICEF
9	Engaging affected families and communities for sustained key behaviors in health, nutrition, WASH, Education and child protection and services	Nangarhar, Laghman, Kuner, Nuristan	June-2022	May-2023	UNICEF
10	Provision of lifesaving integrated health and nutrition services for the people in underserved and flood-prone locations	Takhar & Faryab	May-2022	May-2023	AHF/OCHA

**AGENCY FOR ASSISTANCE AND DEVELOPMENT OF AFGHANISTAN (AADA) BACKGROUND:**

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.

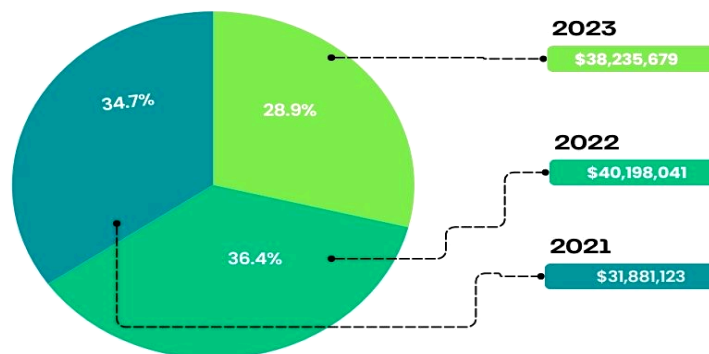
Quality improvement, geographic expansion, diversification of funding, institutional development, gender equity, women empowerment and community development are among the main strategic directions reflected in the “AADA Strategic Plan”.

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, Bamian, 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 TOTAL TURNOVER**



AADA's annual financial volume was Year 2023 \$ 38,235,679 USD 2022 40,198,041 in 2021, USD 31,881,123 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 follow 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 headquarters 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.

### HEALTH EMERGENCY RESPONSE PROJECTS DURING 2023:

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.

Indicators and Performance	Grand Total
All OPD consultations	4,085,920
Under 5 children	968,270
New Patients/Clients >=5 yrs, Female	1,791,302
SM- Child Morbidity	1,144,518
New Patients/Clients >=5 yrs, Male	1,326,348
New no acute malnutrition	800,313
New Patients/Clients <5 yrs, Male	508,523
SM- GMP/IYCF	507,772
New Patients/Clients <5 yrs, Female	459,747
SM- ANCs	239,809
ARI	1,472,298
SM- TT2+	228,192
OPD- New Musculoskeletal	221,476
# Children screened with MUAC	108,665
New Mental Disorders	170,946
Acute diarrhea	439,778
OPD-New Trauma	186,735
SM- PNCs	136,076
SM- No of FP counseling	57,890
IPD- Number of Patient Days	178,978
New Eye Infection	102,796
GMP visits for children < 2Y/mother received IYCF counseling Female	80,582
New Acute Watery Diarrhea <5Male	88,937
SM- PENTA3	73,131
Measles (first dose) 0-11 months	65,561
New Acute Watery Diarrhea <5 yrs, Female	80,289

New moderate acute malnutrition	63,722
SM- Institutional Deliveries	66,762
CMD- Referred For EPI (<1y)	39,013
Number of AFB slides examined	36,729
FPL- Oral pills (cycle)	19,175
Re-Attend/Ref: Mental Disorders Re-attendance	49,215
OPD-Re-Attend/Ref: Patients/Clients Referred-In	34,443
IPD- Admissions	67,436
IPD- Discharged/Outcome	67,405
FPL- Condoms (dozen) Units	14,048
CMD- Women referred for TT	33,676
New TB suspected Case	9,308
ARI Referred	29,750
IPD- Recovered/Improved	63,263
BCG Fixed, Boys, 0-11 months	33,940
New severe acute malnutrition	26,779
BCG Fixed, Girls, 0-11 months	31,714
SM- CYP at HFs	28,278
Number of HIV examined	48,273
Measles/MR-1 Fixed, Boys, 0-11 months	19,141
Measles/MR-1 Fixed, Girls, 0-11 months	18,039
Acute diarrhea Referred	17,559
HMIS-HMIR-MNC- Newborn Alive	68,611
FPL- Injectable (injection)	7,470
OPD-Re-Attend/Ref: Patients/Clients Referred-Out	17,568
Health Committee meetings	2,384
CHW referred Normal deliveries	10,484
Measles/MR-1 Outreach, Boys, 0-11 months	10,771
Measles/MR-1 Outreach, Girls, 0-11 months	10,650
Referred for TB	4,420
BCG Outreach, Girls, 0-11 months	9,082
New Diarrhea with dehydration <5 yrs, Male	10,895
BCG Outreach, Boys, 0-11 months	8,975
New Diarrhea with dehydration <5 yrs, Female	9,823
Total Covid19 cases referred out	1,562
Number of malaria slides examined	6,857
SM- Major Surgeries	9,026
MTH- Number of obstetric complications referred	877
CHW- Meetings with community health committee	11,734
EPI-MVAR-Vac BCG Mobile, Girls, 0-11 months	1,325
EPI-MVAR-Vac BCG Mobile, Boys, 0-11 months	1,193
NUT-Admitted under 5	2,815
Re-Attend/Ref: Eye Infection Re-attendance	2,378
Number of AFB positive	1,333
EPI-MVAR- Measles/MR-1 Mobile, Boys, 0-11 months	1,142
EPI-MVAR- Measles/MR-1 Mobile, Girls, 0-11 months	1,200
SM- Cesarean Section	2,974
NUT- Improved under 5	298
Number of new smear (+) cases	1,216
SM- TB Treated Cases	962

IPD- Referred Out	1,550
Severe Acute Malnutrition Referred-Out	428
IPD- Referred In	1,262
IPD- Absconded/Defaulted	1,572
M&M- Malaria	167
IPD- New Other Injuries	975
IPD- New Cerebral Concussions	1,121
IPD- New Road Traffic Accidents	819
IPD- Dead	649
IPD- New Burns, scalds & frostbite	101
NUT- Referred Out under 5	529
Number of other positive	800
Malaria Referred	97
MTH- Number of neonatal deaths	117
Re-Attend/Ref: Eye Infection Referred-Out	180
IPD- New Occupational Injuries	156
IPD- New Weapon Wounded	108
Number of PF positive	49
MNC- Neonatal Death	203
MTH- Number of maternal deaths	84
MNC- Maternal Death due to Major	2
Number of HIV positive	4

## COMPLEMENTARY VERTICAL PROJECTS IN 2023

### INCREASING ACCESS TO RMNCAH/FHH AND PSS SERVICES:

Funded by UNFPA, AADA continued implementing the RMNCAH and PSS Services in 2023.

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.

As part of the FHH expansion plan, 15 new FHHs were established in Ghazni, 15 in Paktia, 5 in Laghman and 5 FHHs in Kunar making the sum of 133 FHHs operational in 2023.

The second component focuses on delivering SRH and PSS services to crisis-affected populations through mobile health teams (MHT) in Nangarhar, Faryab, 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.



### The first component (FHHs) achievements in 2023:

Table 1 illustrates the key service indicator achievements against the annual target for FHHs in 2023

A total of 19,860 pregnant women were screened and registered for the first ANC visit, and 10,970 completed four rounds of ANC visits, translating to ANC4 coverage of 95% against the expected pregnant women during 2023. FHH midwives attended 9,775 institutional deliveries (93%), and 10,970 (95%) mothers attended three PNC consultations within 28 days following delivery at FHHs and at home.

**Table 1: FHHs Achievement during 2023:**

Indicators	Target in 2023	Achie-2023	%
# 1st ANC visit	21,419	19,860	93%
# of 4 ANC visits	11,555	10,970	95%
# of deliveries	10,473	9,775	93%
# of 1st PNC	11,463	12,118	106%
# of 4 <sup>th</sup> ANC visits	11,555	10,970	95%
# of three PNC visits	10,473	9,547	91%
# of under 5 children benefited from FHH services	131,879	113,011	86%

In 2023, 40 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.

### The second component (MHTs and HFs) achievement in 2023:

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 784,337 consisting of 88,217 men, 467,527 women, 101,360 boys, and 127,235 were reached with health and PSS services through 49 MHTs and eight static HFs in Ghazni, Herat, Kunar, Laghman, Nangarhar, Paktia, Takhar & Zabul provinces in 2023.

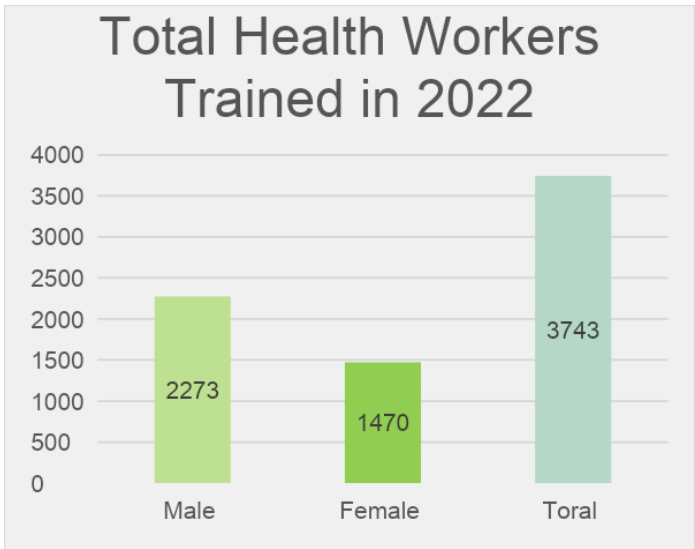
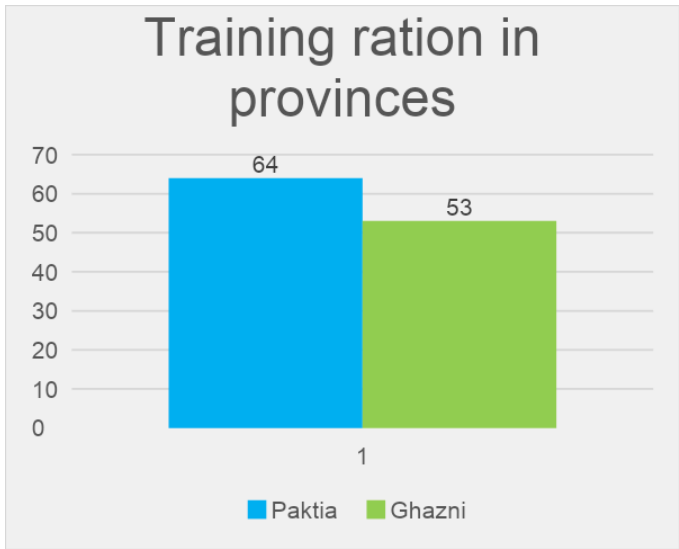
**Table 2: MHT and HF achievement in 2023**

Service Indicators	Beneficiaries	Total reached
OPD-Consultation	Men	86,570
	Women	330,585
	Boys	98,064
	Girls	110,757
Psychosocial Counseling	Men	1,647
	Women	61,875
	Boys	3,296
	Girls	16,477
ANC consultation	Women	32,729
Delivery at health facilities	Women	2,424

PNC consultation	Women	12,799
Family Planning	Women	27,113
Total		784,337

**Capacity building:**

Through the component, investment is made toward the capacity building of female service providers on reproductive health and MHPSS. In 2023, a total of 32 RH officers attended three days on Minimum Initial Service Package (MISP), 66 midwives received 21-day EmONC, 22 of midwives trained in FP and 22 female health care providers PSS training.



## Earthquake Responses:

The 6.3 magnitude earthquake on October 7, 2023, and numerous aftershocks have caused damage to villages in Zandjan, deaths of more than 1,500 and injuries of more than 2000. Most of the casualties were women and children.

In the first two days following the earthquake, AADA-UNFPA promptly relocated five Mobile Health Teams (MHTs) from their original district to provide 24-hour lifesaving SRH services to the severely affected families in Naye Rafi, Gharmoshak, and nearby villages. To ensure continuous services, AADA suggested the establishment of two fixed health centers in the area, which was approved by UNFPA. After establishing two fixed health centers on Nov 1st, the MHTs were returned to their original locations to resume their services.

The fixed are set up in prefabricated containers provided by UNFPA. The health centers are well-equipped and staffed with the capacity to offer 24-hour lifesaving services.



## **Achievements:**

During the first two days, 66 injured individuals (29 males, 37 females) were transported/referred to regional hospitals by three ambulances accompanied by MDs and paramedics.

As of 31 Dec 23, the MHTs and fixed centers have offered SRH to 4182 women, including ANC and PNC, psychosocial services to 2693 individuals, and OPD/health services consultation to 5941, including men, women, girls, and boys and nine deliveries were performed.

As part of the relief effort, 298 dignity kits, 2407 blankets, 2061 tarpaulins, 50 Mama and Baby Kits and 36 clean delivery kits were distributed to the affected families.

## **Provision of integrated primary health care, nutrition and MHPSS services through health sub-centers for hard-to-reach communities in targeted areas of Herat and Ghazni provinces, an AHF-funded project from 01/09/2022- 31/08/2023:**

The project 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 2023:**

Between September 2022- and December 2023, the project provided integrated health and nutrition services to 191,097 individuals, comprising 45,528 men, 98,036 women, 23,297 boys, and 24,236 girls living in remote areas of Herat and Ghazni provinces.

A total of 4497 pregnant women were screened and registered for their first antenatal care (ANC1) visit, 1495 institutional deliveries were performed at the HSCs, 2361 mother received postnatal care (PNC)

Additionally, 2518 children under the age of one year received Pentavalent-3 antigens and a total of 3,833 (1,940 boys and 1,893 girls) children under one were immunized for measles

Standard basic mental health and psycho-social counselling support services were provided to a total of 13,426 individuals, including 3,281 men, 6,355 women, 1,639 boys, and 2,151 girls.

Under the nutrition component, 19,176 children under the age of five years were for malnutrition, utilizing MUAC (Mid-Upper Arm Circumference) and Weight for Height (WH). Out of those screened, 3,776 children who were under five years of age (19.6%) were found to be moderately malnourished, while 563 children (2.9%) were acutely severely malnourished (SAM). All children diagnosed with MAM and SAM were enrolled in the program and provided with treatment. In addition, 2,770 pregnant and lactating women who had acute malnutrition were also enrolled in the OPD-MAM program and were provided with specialized food rations based on IMAM with a total of 18,847 PLWs and primary caregivers of children Who received counselling on MIYCN/IYCF.

## Expansion of OPD- SAM services in the urban area of Kabul city, a UNICEF-funded project from 15/06/2021 to 31/12/2023:

The project aims at improving access to nutrition services for urban populations in Kabul.

Key intervention 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 2023:

- The 50 DCCs and OPD-SAM sites in 69 MoPH-run health facilities in urban settings that were established in 2022 remained operational providing OPD-SAM treatment, counselling to mothers/caregivers, growth monitoring
- As of 31 December 2023, 1,114,352 (528,760 male and 585,592 female) children 6-59 months screened for acute malnutrition at the HFs, DCCs, and through outreach and a total of 88,080 (40,103 male and 49,777 female) with SAM were admitted for treatment, of which 85% were discharged after full recovery
- A total of 370,983 (171,468 male and 199,515 female) under two children were growth monitored, and 613,510 caregivers of under-five children received MIYCN counselling.
- 8,181 food demonstration sessions were conducted at the DCCs, with 134,515 mothers and caregivers in attendance.
- 813 mothers of complicated SAM children referred to IPD-SAM received cash assistance.



**Targeted Supplementary Feeding Program (TSFP) for treatment of Moderate Acute Malnourished (MAM) children aged 6-59 months and Acute Malnourished Pregnant & Lactating Women (AM-PLW), WFP-funded, Ghazni and Paktia provinces, 1 January – 31 December 2023:**

With WFP support, AADA has implemented TSFP through 118 BPHS and non-BPHS health facilities (HF) in Ghazni, 45 HFs in Paktia provinces from Jan-Dec 2023.

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 2023, 75,877 MAM children <5 were admitted into the program, accounting for 69% of the annual target (110,199). The corresponding number of moderately malnourished Pregnant and Lactating Women reached was 55,579, representing 124 % of the yearly target of 44,642

In 2023, 1,559 Metric Tons (MTs) of specialized food (super cereal) and 564.5 MTs of RUSF received from WFP were distributed to eligible beneficiaries in three provinces.

Performance of treatment program compared to IMAM standards

The overall cure rate of TSFP for children < 5 was 87 % and 84 % for pregnant and lactating women. The overall TSFP defaulter rate for under-fives was below the IMAM standard with 10 % and the overall defaulter rate for pregnant and lactating women was 13.5 %, IMAM standard threshold of 15%.

**Implementation of community-based nutrition program (CBNP) , Weekly Iron and Folic Acid Supplementation (WIFS) and distribution of Multi -micronutrient Powder( MNP) in Herat Province- UNICEF funded, August 2022 to 31 December 2023:**

This program aims to reduce the prevalence and severity of anemia in the adolescent girls and the nutrition risk for women and children through strengthened nutrition services at the community level. The key intervention areas of this project are as follow:

- Continuation of Community-based Nutrition Program
- Distribution of Multi-micronutrient Powder (MNP)
- Distribution of Weekly Iron and Folic Acid Supplementation (WIFS)
- Children screening for malnutrition in urban setting

Key achievements during 2023 included the following:

- A total of 901 health posts were provided with adequate job-aids and reporting tools to provided growth monitoring, nutrition education & cooking demonstration, counselling, MUAC screening referral & follow up for households of children < 2yrs. Through the reporting period, 173,604 (85,350 boys and 88,254 girls) children under 2 years were weighed for growth.
- monitoring (GM) at the community monthly and received the Infant and Young Child Feeding (IYCF) counselling according to the national standards.
- 3,598 (1,797 men and 1,801 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.
- 2,320 (1,225 men and 1,095 women) CHWs received two days of training on WIFS and MNP distribution.
- Through the house-to-house Iron Folic Acid (IFA) and MNP distribution campaign, 129,729 adolescent girls. (10-19 years) received the four rounds of recommended dose of IFA (13 tablets per quarter, one tablet per week) and a total of 205,963 6-59 months children received the recommended dose of MNP (60 sachets, with one sachet taken daily for two months, followed by a four-month interval).
- An average of 151,176 children under five years old (74,341 boys and 76,835 girls) were screened using Mid Upper Arm Circumference (MUAC) in the urban areas of Herat to identify cases of severe and moderate acute malnutrition in areas not covered by the CBNP. As a result of this initiative, 1,723 children (667 boys and 1,056 girls) were identified with severe acute malnutrition.



## Tuberculosis and Resilient of Sustainable System for Health (TBRSSH)

During the reporting period 2023, 5964 TB confirmed cases were detected through below interventions: 14 confirmed cases detected among prisoners, 198 TB confirmed cases were identified among IDPs, 1093 TB confirmed case through HHC, 2225 TB Child confirmed cases were detected in the eight provinces selected hospitals, 1095 TB confirmed cases were detected through PPM in 5 selected provinces, 725 TB confirmed cases were detected through presumptive cases referral by CHWs in 8 provinces, 421 TB confirmed cases were detected through TB patients association, 95 confirmed cases were detected through sputum sample transportation from targeted BHCs to diagnosis centers and 95 RR confirmed cases detected through sample transportation from diagnostic centers to Gen-x-per sites.

Besides the above achievement for core PF indicators, AADA conducted 20 PPM quarterly review meetings in Kabul, Parwan, Kapisa, Logar and Maidan- Wardak provinces participated by 190 PPM practitioners. Moreover; AADA conducted and provided financial and technical support to 32 MDs and lab quarterly review meetings which were conducted during the reporting period.

Four quarterly review meetings of performance review, face to face meeting and processing financial and administrative work at the main office, conducted four provincial focal points review meeting in Kabul.

During the reporting period, all the related activities were regularly supervised and monitored by AADA staff at the main office. TB key staff conducted 18 visits from Kabul to provinces, provincial focal points conducted 202 visits from provinces to project sites and 122 within city visits the targeted provinces.

All of the payable documents such as sputum sample transportation, slide crosschecking, MDR sample transportation, biannual review meetings for MDs, labs, PPM practitioners were paid.

In addition, we have conducted four M&E quarterly meetings which were participated by the SRs project managers and M&E officers chaired by UNDP M&E staff. The main objective of said meetings were to improve data quality and quantity, effective supervisory visits from centre to provinces and from provinces to projects, data collection, data verification and data reporting. It is mentionable the above meetings was chaired and technically supported by UNDP/ M&E associate, Dr Sardar Wali Sherzai.

During the implementation period, AADA team had close coordination with stakeholders, e.g. national TB program, PR, PPHD team and BPHS implanting NGOs. Project manager and M&E officer has been regular attended on TB-taskforce, SR-PR and M&E quarterly performance review meetings. Also provincial TB officer attended PHCC, CDC and head of health facilities coordination meetings and shared the progress, future plan, and faced challenges with meetings members. Despite numerous challenges especially in banking system; AADA paid 100 % of payable documents like PQRM, CHWs incentives, MDR sample transportation, sputum sending, slide cross checking, PPM and monthly salaries.





The following charts illustrate the project achievements versus targets for January –December 2023.

Table-1

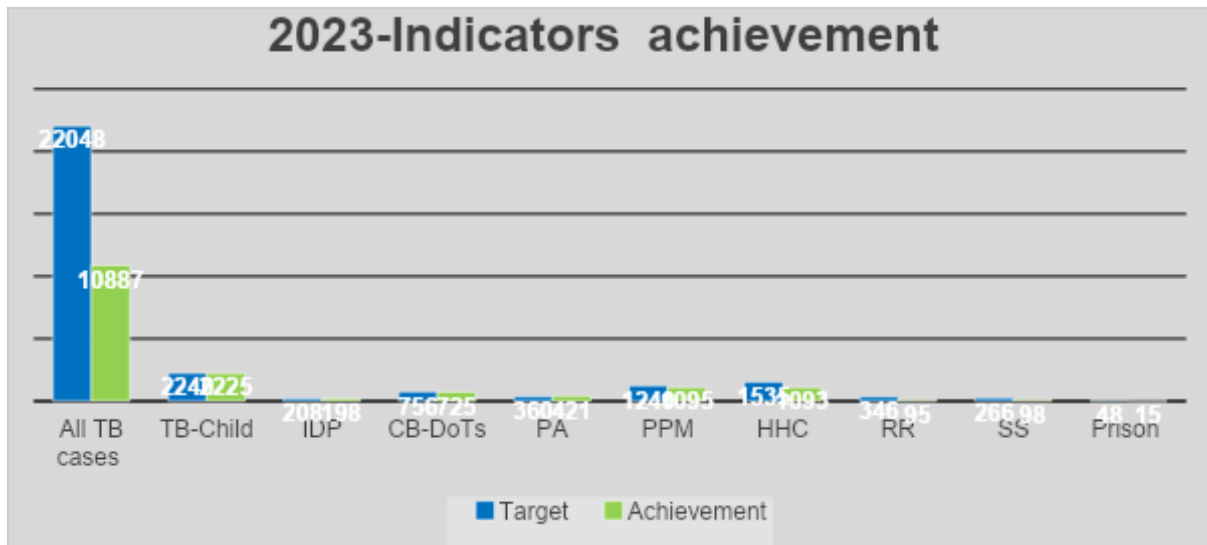
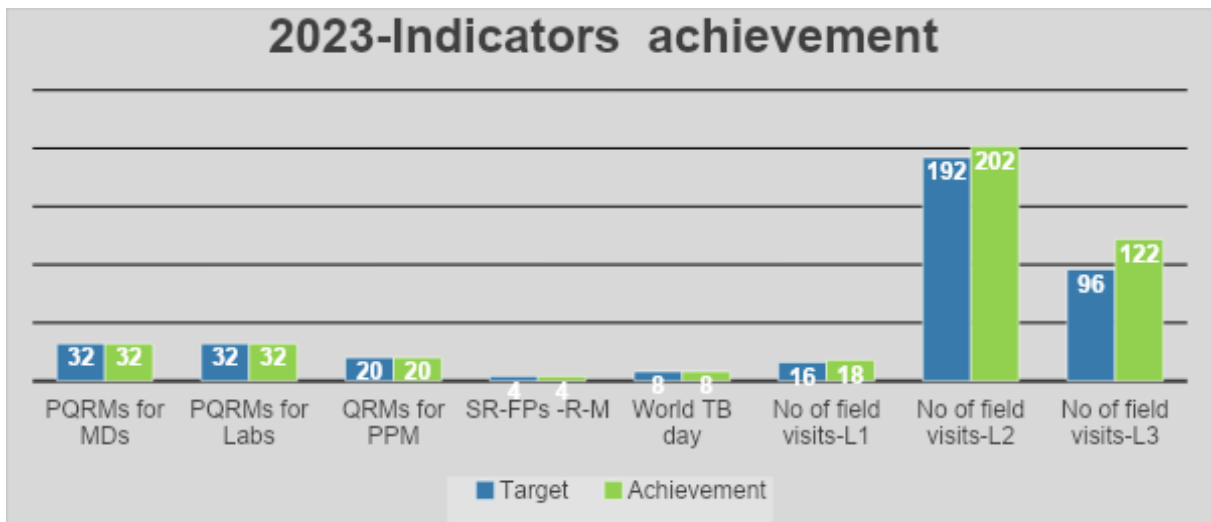
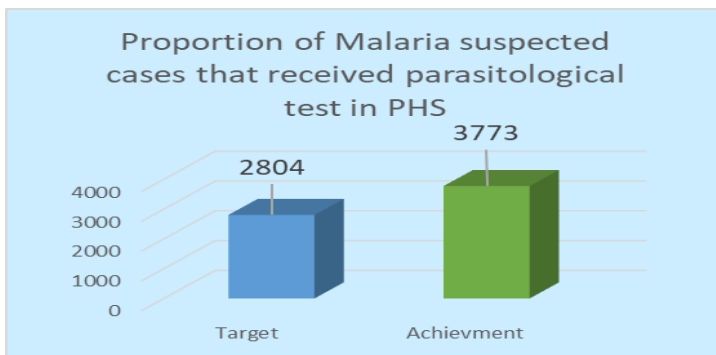


Table-2



## Malaria Prevention and Case Management project

Through Scaling-up Malaria Prevention and Case Management project in partnership with UNDP, AADA has covered around 6,073,571 population through 448 HF's and 3767 HP's from 1<sup>st</sup> January up to end of March, 2023 in Nangarhar, Herat, Zabul, Paktia and Ghazni provinces and around 1,992.685 population from 1<sup>st</sup> April up to 31 December 2023 in Ghazni and Paktia provinces by implementation of vector control and case management at health facilities and community levels. AADA 13,681 LLINs distributed through the continuous distribution process to the pregnant women during 1<sup>st</sup> ANC visit in Nangarhar province from Jan to March, 2023. 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 as well as UNICEF during the reporting period to all the targeted HF's. 62,871 suspect malaria cases received parasitological (8145 tested by RDTs and 54732 clients received Microscopic) tests at the public health facilities, 16,066 suspected malaria cases received the tests at the community level and 3,773 suspected malaria cases received parasitological test at private health sectors. A total of 2,342 confirm cases received treatment with first line anti-malarial drugs at the public health facilities, 1,755 at the community and 396 at the private health sector. In this reporting period totally 140 joint monitoring and supportive supervision during reporting period were conducted 11 supportive supervision visits by project Manager and 7 visits in Zabul, Nangarhar 22, Herat 19, Paktia 32 and Ghazni 49 M&E visits with close coordination of PMVDP were conducted by provincial case management focal points from province to districts (HF's and HP's).



A sound coordination mechanism has been established at the national and provincial levels with the PPHDs and other stakeholders especially EPR meeting. 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 meetings 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. 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 budget for the 2023 is AFN 7,090,980. In first Quarter is AFN 3,186,315 for five provinces and next quarters (Q2, Q3 and Q4) is AFN 3,904,665 for two provinces Paktia and Ghazni. UNDP technical and finance teams with AADA financial review meeting on October AADA teams provided financial acceleration plan for remaining activities with support of UNDP during the reporting period.

The main challenge towards implementation of the project was high target setting for all indicators, and stock out of LLINs for 1<sup>st</sup> ANC in Nangarhar province during 1<sup>st</sup> quarter 2023, AADA having effective risk mitigation plan to succeeded overcome the challenge and reach the targets except to the CM-a2 and CM-b2 (proportion of malaria cases that received first anti malaria at the HF's and community levels).



**Urban Health Initiatives (UHI) Reporting Period: 2023**

Funded by USAID since 2020, AADA is implementing the Urban Health Initiative (UHI) project in partnership with Jhpiego. The UHI concept is a lifesaving and essential maternal, newborn and child health services through FHHs, which is a cost effective, innovative modality at the community level in Jalalabad.

The goal of the Urban Health Initiative (UHI) is to improve health outcomes for people living in urban areas, particularly women and children and other vulnerable populations.[1] The UHI consortium will achieve this goal by improving public and private health service delivery in the five major urban cities

**Table 1: Project Objectives**

Theme / Objective	UHI Objectives
<b>Objective 1: Governance</b>	Strengthen the health service delivery ecosystem in urban areas to deliver high-quality services to the most vulnerable
<b>Objective 2: Access</b>	To improve access for vulnerable populations to critical primary and lifesaving secondary and referral care health services in urban areas through the public and private sectors
<b>Objective 3: Quality</b>	To improve the quality of public and private critical primary and lifesaving secondary and referral health services in urban areas
<b>Objective 4: Demand</b>	To improve awareness, demand, and care-seeking for key services and referral

The FHH activities are very relevant to the project objectives and directly contribute to the three out of four objectives of UHI project:

AADA part of UHI (4 FHHs+24uHPs) are contributing to the objective 2, 3 and 4 through the primary health care and community-based health care and community engagement.

During this reporting period, all the 4 FHHs and 24 health post were functional and delivering the defined range of services to the needy people.

