

# ANNUAL REPORT

2024



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# Abbreviations and acronyms

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





## EXECUTIVE SUMMARY

Established in 2005, Agency for Assistance and Development of Afghanistan (AADA) is a national NGO operated in all provinces of Afghanistan and has successfully implemented more than 160 health and health-related projects.

In 2024, AADA provided health services to over 5 million population in 16 provinces of Afghanistan through 305 Health Facilities and 2530 Health Posts in 4 provinces (Hirat, Nuristan, Paktia and Ghazni) as BPHS/EPHS implementer, with an extra backing of 10 vertical/complementary projects, which run 133 Family Health Houses (FHHs), 61 Mobile Health Teams (MHTs) and Semi-MHTs, 14 BHC+ and 51 Day Care Centers (DCC) along with TB and Malaria projects with an annual financial turnover of 41,807,152 USD.

### B/EPHS Health Facilities

Province	Nuristan	Paktia	Ghazni	Herat	Total
# of SHC	22	19	43	36	120
# of BHC	8	15	35	49	107
#of CHC /CHC+	4	7	26	24	61
# of DH	3	3	3	4	13
#of RH/PH	0	1	1	0	2
Total HFs	37	109	46	113	305
# of HPs	168	347	847	1168	2530

UNFPA funded RMNCH project aims to increase access and utilization of RMNCH services through a network of 133 Family Health Houses (FHHs) in hard-to-reach areas for people who live beyond BPHS in Faryab, Herat, Ghor, Paktia, Ghazni, Kunar and Laghman provinces. The second component focuses on delivering Sexual and Reproductive Health (SRH), Psychosocial Support (PSS) and Youth services for the crisis-affected population through 61 MHTs and Semi MHTs in Nangarhar, Laghman, Kunar, Paktia, Khost, Ghazni, Kandahar,

Zabul, Nimroz, Herat, Ghor, Faryab and Takhar provinces. In addition, the project supported service provision to IDP and returnees by maintaining 12 Basic Health Centers (BHCs) in Laghman, Nangarhar, Herat, Khost including three BHCs in Torkham, Kandahar and Nimroz borders as well as two Emergency Maternity Centers (EMC) in Torkham and Kandahar. Following table shows number of health facilities run by AADA in 13 provinces.

### UNFPA Supported Health Facilities

Province	FHH	MHT	Semi-MHT	BHC+Youth	EMC	BHC in Zero Points
Faryab	42	2	4	0	0	0
Herat	26	1	4	8	0	0
Ghor	25	3	0	0	0	0
Ghazni	15	2	4	0	0	0
Paktia	15	3	4	0	0	0
Khost	0	0	0	2	0	0
Nangarhar	0	4	3	2	1	1
Laghman	5	2	3	2	0	0
Kunar	5	1	4	0	0	0
Kandahar	0	1	2	0	1	1
Zabul	0	3	3	0	0	0
Nimroz	0	1	3	0	0	1
Takhar	0	1	3	0	0	0
Total	133	24	37	14	2	3

# 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 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.

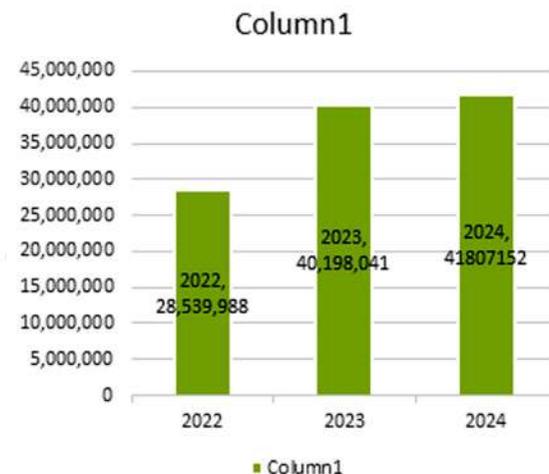
AADA has extensive experience delivering health programs aligned with international standards and tailored to Afghanistan's unique context. In general, since its establishment in 2005, AADA has successfully concluded 158 projects -with majority of them being in health sector. Highlights include

Implementation of 34 BPHS and EPHS services for over 15 years, including the current HER project in Herat and Nuristan provinces, funded by UNICEF.

Management of 94 UN-funded projects with a total value of USD 209.2 million.

Execution of nutrition interventions, EPI, TB, HIV/AIDS and Malaria control programs, and maternal health initiatives in underserved provinces.

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's annual financial volume was USD41,807,152 in 2024, 38,235,679 USD in 2023 and 40,198,041 USD in 2022.



With a total turnover of more than 156 million dollars over the past 5 years, AADA has broad experience and significant capacity in financial management of large projects in Afghanistan. Since its inception, AADA has taken many initiatives to ensure having a well-governed financial system including developing and implementation of an elaborate Financial Management Manual. 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. In order to strengthen the internal control measures, ADDA had successfully implemented the QuickBooks accounting software.

Since its establishment AADA is governed by the "Board of Trustees" who provide overall policy direction and supports AADA to achieve its aims in the most efficient and effective manner, consistent with the organization's values and guiding principles, and in line with the Afghanistan Government constitution.

Supervised by Board of Trustees, AADA senior management team, the Executive Board, is responsible for overall management of projects throughout the country, developing policy and strategy and delivering the organization's plans, implementing decisions and measuring performance. 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 Director, Finance Director, M&E Director, Head of Internal Audit and Operation Coordinator.





# AADA PROJECTS IN 2024

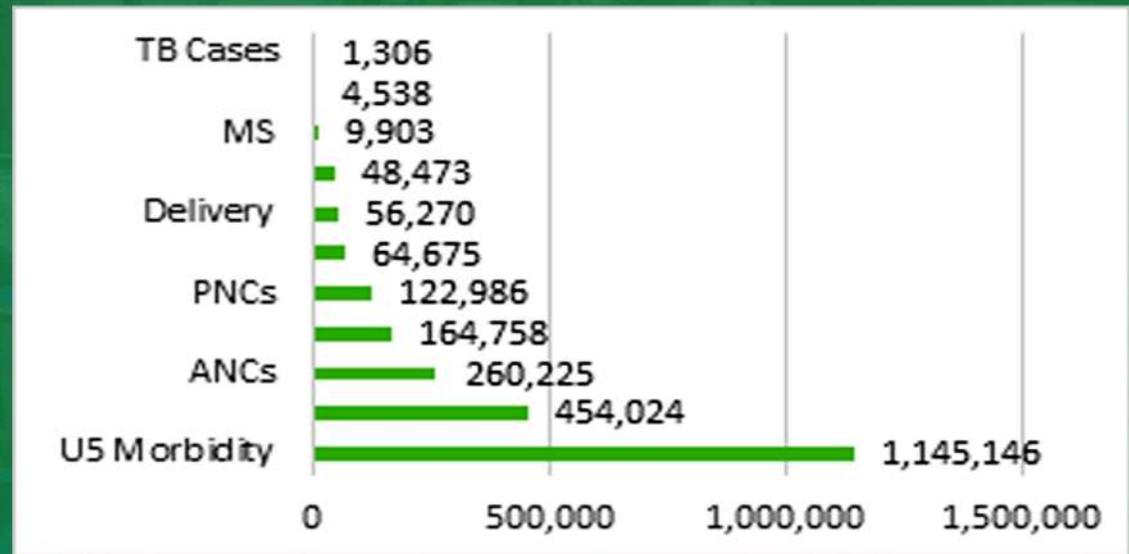
## NFA-1.5 AND HEALTH EMERGENCY RESPONSE PROJECTS

The NFA-1.5/HER2 projects with three key components: 1) Improving service delivery of BPMS 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 were among the main projects implemented by AADA, namely the HER2 projects in Ghazni, Paktia and Nuristan and the NFA-1.5 project in Herat in the year 2024. AADA took over the Herat Project in September of 2024, Nuristan in March 2024 and Paktia was with AADA throughout 2024, only withdrawn by AADA in 2024. Furthermore, Ghazni HER2 project was with AADA during the first two months of 2024.

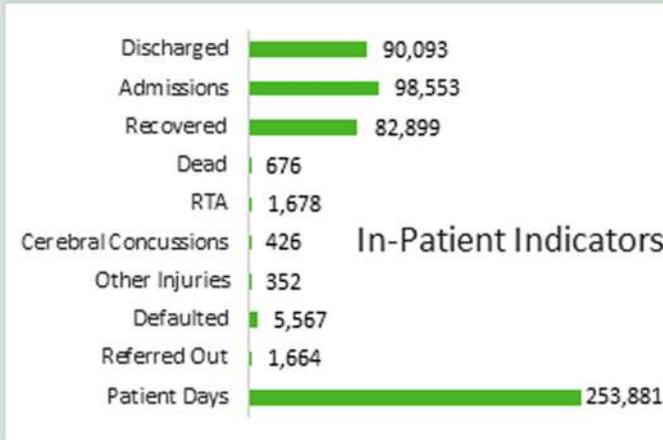
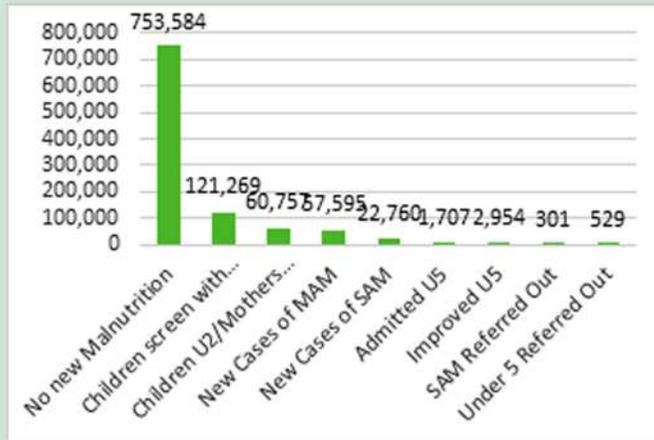
In addition, The total population in Herat under the coverage of the NFA-1.5 project was approximately 2.9 million, Ghazni approximately 1.9 million, Paktia approximately 840 thousand and Nuristan approximately 230 thousand people.

Through the HER and NFA-1.5 projects, AADA provided various healthcare services in child health and immunization, maternal and newborn health, nutrition, communicable diseases, mental health, disability and physical rehabilitation and provision of essential drugs.

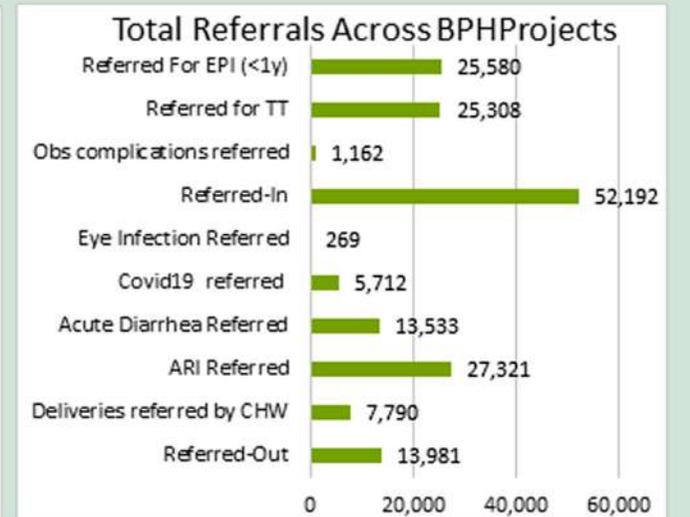
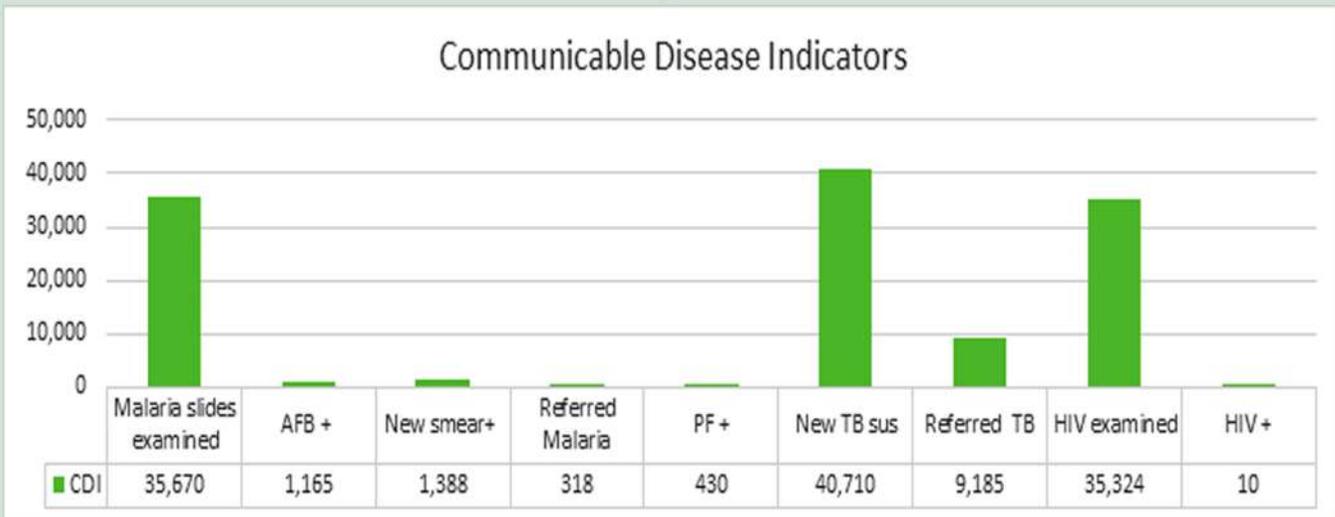
The main indicators with most focus in project implementation are the P4P indicators and performance in these indicators is visualized below:



Another important aspect of the E/BPHS projects is the control of communicable diseases. AADA provided preventive and curative measures for controlling and treating communicable disease as well as ensuring preparedness in dealing with outbreaks and increasing access of those affected by these diseases to quality healthcare



The charts above visualize further indicators, namely the in-patient indicators and nutrition related indicators. The nutrition-related activities were supplemented by vertical project, details can be found below



One of the important pillars of primary healthcare is referral. Whether from primary level to secondary or tertiary. The above chart shows referrals starting from the community level, to primary facilities and the higher levels. The chart above shows the referral ranging from EPI services to delivery and Covid-19 and many other conditions

Indicators and Performance	Grand Total
EPI-MVAR- Measles/MR-1 Mobile, Boys, 0-11 months	739
EPI-MVAR- Measles/MR-1 Mobile, Girls, 0-11 months	793
EPI-MVAR-Vac BCG Mobile, Girls, 0-11 months	746
EPI-MVAR-Vac BCG Mobile, Boys, 0-11 months	701
BCG Fixed, Boys, 0-11 months	29,227
BCG Fixed, Girls, 0-11 months	27,662
BCG Outreach, Girls, 0-11 months	4,568
BCG Outreach, Boys, 0-11 months	2,485
Measles (first dose) 0-11 months	59,379
Measles/MR-1 Fixed, Girls, 0-11 months	19,600
Measles/MR-1 Fixed, Boys, 0-11 months	19,141
Measles/MR-1 Outreach, Boys, 0-11 months	7,198
Measles/MR-1 Outreach, Girls, 0-11 months	6,940

Immunization as a component of the Basic Package of Health Services and AADA committed to ensuring increased access to vaccination for children, women and those vulnerable. Immunization services were provided through health facility as well as through outreach activities. Each health facility had at least one male and one female vaccinator in all provinces

As E/BPHS projects have a large scope of services that encompass all aspects of primary healthcare, the following table shows all the remaining indicators and their achievements throughout the reporting period.

Indicators and Performance	
All OPD consultations	4,705,132
Under 5 children	1,362,479
ARI	87,008
Acute diarrhea	88,824
New Diarrhea w/dehydration U5 Male	5,896
New Diarrhea w/dehydration U5 Female	5,030
New Acute Watery Diarrhea U5 Female	80,469
New Acute Watery Diarrhea <5Male	86,349
New Patients >=5 yrs, Female	2,069,551
New Patients >=5 yrs, Male	1,273,102
New Patients <5 yrs, Male	1,231,562
New Patients <5 yrs, Female	1,429,175
New Musculoskeletal	239,980
New Mental Disorders	100,317
New Trauma	101,205
Mental Disorders Re-attendance	23,663
Eye Infection Re-attendance	1,380
New Eye Infection	92,501
Oral pills	6,802
Condoms	3,473
Injectable	3,344
Number of neonatal deaths	118
New Occupational Injuries	680
New cases of wounded by children	317
Neonatal Death	108
Number of maternal deaths	136
Maternal Death due to Major Surgery	3
Total number of Health Committee meetings	9,684

## COMPLEMENTARY VERTICAL PROJECTS IN 2024

### INCREASING ACCESS TO RMNCAH/FHH

Funded by UNFPA, AADA continued implementation of the RMNCAH services project in 2024.

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 Psychosocial Support (PSS) services to the people affected in the context of humanitarian crisis.

**RMNCH** services delivered through a network of 133 Family Health Houses (FHHs) for people who live beyond BPHS in hard-to-reach areas of Faryab, Herat, Ghor, Paktya, Ghazni, Kunar and Laghman provinces.

The two-year Community Midwifery Education (CME) program in Balkh for 58 community midwives concluded successfully on June 05, 2024. Subsequently, in line with the project work plan, an additional two-month training sessions were provided for students between Jun 6 to August 29, 2024.

The second component focuses on the provision of emergency maternal health, psychosocial support and youth services for the crisis-affected population through 61 MHTs and Semi MHTs in Nangarhar, Laghman, Kunar, Paktya, Khost, Ghazni, Kandahar, Zabul, Nimroz, Herat, Ghor, Faryab and Takhar provinces

#### **EPI integration in FHH service packages:**

Supported by UNICEF, EPI services were integrated into 10 out of 24 FHHs in Herat and 14 out of 42 FHHs in Faryab. 42 midwives in Faryab and 26 in Herat received an eight-day training program focused on vaccination techniques. Additionally, UNICEF provided the FHHs with essential cold chain equipment, including refrigerators (RCW50), gas, cold boxes, and ice packs, along with necessary reporting tools. The vaccination services were initiated in September 2024.

## RMNCAH/FHH ACHIEVEMENTS IN 2024

As of December 31, 2024, a total of 1,045,645 individuals reached RMNCHA and health promotion services, comprising 181,498 males and 864,147 females. Among the female beneficiaries, 23,523 pregnant women received the first and 12,046 the fourth antenatal care, with 11,086 deliveries being attended by midwives. Moreover, 13,366 women consulted for the first and 10,734 for the third postnatal care services, 37,116 CBA non-pregnant women utilized modern family planning methods, 4,221 received TT2 vaccinations, and 605,497 females under and over five aged accessed various other health, nutrition and vaccination services.

WP Indicators/Milestones	Annual Target	Achievements	
# of women received first ANC	26,596	23,523	88%
# of women received 4th ANC	15,832	12,046	76%
# of deliveries assisted by skilled birth attendants	13,236	11,086	84%
# of women received first PNC	16,956	13,366	79%
# of women received 3rd PNC	13,084	10,734	89%
# of women of OPD for under 5 children	144,444	155,877	107%
# of beneficiaries reached basic MIYCN services	97,032	53,877	56%
# of users of modern family planning methods	44,844	37,116	83%
# of beneficiaries reached through various other health, nutrition and vaccination services	494,752	605,497	122%
# of beneficiaries benefitted from individual PSS counselling services	10,800	8,167	76%
# of beneficiaries benefitted from group PSS counselling services	3,428	2,846	112%

The PSS counsellors in six FHHs of Faryab provided counselling services to a total of 111,013 female clients, of which 8,167 attended individual counselling, while the remaining 2,846 clients attended group counselling sessions. The psychosocial support services improved the mental health and well-being of the women and girls and enhanced their coping skills for distress.

## MHNTS AND STATIC HEALTH FACILITIES ACHIEVEMENT IN 2024

Services provided by MHTs and static health facilities included: SRH, antenatal care (ANC), postnatal care (PNC), family planning, 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.

By the end of 2024, 1,126,396 individuals, comprising 279,185 male and 847,211 female, received health and psychosocial support services. Of the female beneficiaries, 39,417 received antenatal care (ANCI), 21,654 postnatal care (PNC), 5,220 deliveries, 101,794 sexual and reproductive health (SRH), 48,117 modern family planning (FP) methods, 100,148 psychosocial counselling (PSS), and 706,226 other health services;

Youth services were provided to 125,994 individuals. (95,718 females and 30,276 males). Among them, 93,070 (62,794 females and 30,276 males) received awareness sessions on adolescent youth issues and 32,924 females attended sessions focused on menstrual health management, with 2,379 receiving MHM kits to support their hygiene and health needs.



As part of the relief activities in winter, a sum of 30,002 winter kits (composed of one blanket and one Tarpaulin in each) were distributed to eligible families in Nangarhar, Kunar, Laghman, Herat, Takhar, Paktia, Khost, Ghazni, Kandahar, Nimroz and Zabul following eligibility assessment between Feb and March 2024.

The MHTs in Takhar, Ghor and Faryab were also involved in the provision of lifesaving maternal health care to flood-affected communities. Between 12 May and 20 June 2024, the MHTs provided health/RH services to 26,391 flood-affected people, 11,879 in Takhar, 2,332 in Faryab and 12,180 in Ghor. Of the total beneficiaries, 12,180 individuals received PHC consultations, 2,895 MHPSS, 1105 women maternal and newborn services and 9433 were reached with health promotion activities.



WP Indicators/Milestones	Annual Target	Achievements
#of women received first ANC	39,272	39,417 100%
# delivery supported in static health facilities	2,776	5,220 188%
# of women received first PNC	17,348	21,654 125%
# of referral to EmONC facilities	904	1,162 128%
# of pregnant women receive TT2+ vaccines	27,500	22,271 81%
# of beneficiaries reached with family planning information and counselling	56,228	74,020 131%
# of users of modern family planning methods	48,000	48,117 100%
# of women, girls, bVoys and men received health services	751,768	706,226 94%
# of women, boys, girls and men received psychosocial services	103,936	100,148 96%
# of under 1-year children receive PENTA3 vaccines.	16,500	12,609 76%

# Global Fund/UNDP GC-7 Project



In 2024, UNDP awarded AADA the project titled GC-7 in 3 provinces; Paktia, Nuristan and Herat provinces. The project duration is till end of 2026. During 2024, 3185 new and relapse TB cases were detected through diverse interventions i.e. CB-DOTs, PPM, IDP, Sputum sending, TB-PSA and other methods. Moreover, the TB treatment success rate was 94%, while DR-TB case detection was 133 and DR Treatment success rate were 74%. In addition, during the reporting period, a total of 7,789 malaria suspected cases were identified through parasitological tests in health facilities and community. On the other hand, a total 15,643 malaria cases

were confirmed and clients received first line of anti-malarial drugs in the community and health facilities. In addition, a total of 7,352 insecticide treated nets have been distributed to targeted risk groups through continued distribution on a community level.

Moreover, AADA was handed the responsibility of the HIV project at the end of third quarter in 2024 and afterwards, AADA provided the required services to 84,430 individuals through PWIC, OST, ART and VCT in Herat province. AADA through the GC-7 grant financially and technically supported ten lab quarterly meetings, four quarterly performance review meetings, face to face meetings between stakeholders and four provincial review meetings all part of the contract aimed to support project activities. During the reporting period, all provinces were regularly monitoring and

there were five monitoring and supportive visits from the main office to provinces and provincial focal points visited rural project sites 26 times and urban project sites 11 times.

As part of the project activities, payments for sputum sample transportation, slide crosschecking, MDR sample transportation, biannual review meetings for MDs, labs, PPM practitioners are part of AADA's responsibilities, which were paid on a timely manner. Another part of AADA's responsibilities is capacity building and, in this regard, multiple batches of five-day bacteriology training for 39 lab technicians, a five-day MDR training, a five-day AFB sputum-microscope trainings two-day

refresher for CHSs on CBNM strategy, a five day DOTS training for MDs and healthcare workers were organized in Nuristan, Herat and Paktia provinces. Biomedical, ELISA and CBNM refresher trainings were organized for CHWs. Overall, 469 healthcare worker were trained through above mentioned trainings.

AADA was actively involved with all relevant stakeholders for better implementation of the project including local partners and the MoPH. Furthermore, AADA participated in various meetings include the TB-taskforce, SR-PR and M&E quarterly performance review meetings. AADA provincial staff, similarly, actively participated PHCC, CDC and health facility level meetings.



# Key Achievements under the GC-7 Grant

In 2024, AADA made significant strides in combating Tuberculosis (TB), Malaria, and HIV/AIDS under the GC-7 grant. Through integrated efforts across public and private sectors, a total of 3,410 confirmed TB cases were detected via both Presumptive Finding (PF) and non-PF indicators. In addition, 44 drug-resistant TB cases (MDR or RR) were identified and successfully enrolled in treatment regimens, contributing to the national effort to curb TB transmission and resistance. To strengthen health system capacity, 16 quarterly review meetings were conducted with medical doctors and laboratory technicians, fostering better coordination and performance monitoring. Additionally, 6 PPM (Public-Private Mix) quarterly review meetings were held, engaging 75 private practitioners from Herat and Paktia provinces. The project also organized one annual review workshop and three quarterly review workshops with Sub-Recipient Focal Points (SR-FPs), enhancing accountability and collaborative planning among stakeholders.

In the fight against malaria, the project ensured timely diagnosis and treatment through the testing of 59,430 suspected cases, leading to the confirmation and treatment of 6,296 malaria cases with first-line antimalarial medication. Recognizing the importance of prevention, 7,358 insecticide-treated nets (ITNs) were distributed to high-risk groups, helping reduce the vector burden in endemic regions. Furthermore, an annual malaria review workshop provided a platform for stakeholders to evaluate progress and align on strategic actions for the coming year. Despite a delayed program handover, the HIV component of the project delivered satisfactory results across key indicators. By the end of 2024, a total of 132 people living with HIV (PLHIV) were receiving Antiretroviral Therapy (ART), with 114 individuals achieving virological suppression, a critical milestone in HIV treatment efficacy.

The program also maintained its harm-reduction focus, reaching 1,640 individuals with Opioid Substitution Therapy (OST) services and distributing 73,372 sterile needles and syringes to people who inject drugs (PWID), significantly reducing the risk of HIV transmission. To foster advocacy and multi-sectoral collaboration, the project facilitated one HIV Coordination Committee (HCC) advocacy event, bringing together stakeholders to promote sustained engagement and awareness around HIV prevention and treatment. These achievements reflect AADA's unwavering commitment to delivering high-impact health interventions, even amid operational challenges. Through strategic partnerships, community-based approaches, and data-driven implementation, the Global Fund project under GC-7 continues to play a pivotal role in improving health outcomes and strengthening Afghanistan's health system.



# DAWAM PROJECT

As sub-partner of World Vision, AADA is implementing the Driving Action for Wellbeing to Avert Mortality (DAWAM) project funded by FCDO. This project commenced on the 1st of January 2024 and will continue to 30th March 2025 in Herat province and target beneficiaries include women and girls and high-risk groups including persons living with disability, and those facing mental health challenges. Key achievements during 2024 included establishment, staffing, equipping and running of 3 BHCs in two districts of Herat province, one in Farsi district and two in remote areas of Shindand district. Total of 188 healthcare staff received training on clinical subjects i.e. BEmONC, IMNCI, Infection Prevention, HMIS, IMAM, MIYCN, vaccination, C-IMNCI and MHPSS. AADA submitted TSPF proposal and signed FLA with WFP on September 10, 2024, for food commodities to support malnourished children and pregnant/lactating women (PLW).



Indicators Achievement	BNF Target	Achievement	%
Number of medical consultations provided	27000	43628	161%
Number of people reached with psychosocial support	4050	3935	97%
Number of health care workers trained	114	188	164%
# Health facilities rehabilitated	3	3	100%
Number of children under 5 and PLWs reached by nutrition-related interventions.	8100	6751	128%
Number of girls and boys aged 6-59 months with SAM who are admitted for treatment	432	358	83%
Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	1620	554	34%
Number of pregnant and lactating women with MAM who are admitted for treatment	774	577	75%
Number of primary caregivers of children aged 0-23 months who received MIYCN	3240	2292	71%

## URBAN HEALTH INITIATIVES (UHI)

In partnership with Jhpiego, AADA is delivering lifesaving and essential maternal, newborn, and child health services through Family Health Houses (FHH) in Jalalabad. Urban Health Initiative (UHI) is a cost-effective and innovative approach, which is implemented at the community level in Jalalabad. The goal of UHI is to improve health outcomes for people living in urban areas, particularly women and children and other vulnerable populations. 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 FHH+ 24 urban HPs) are contributing to the objective 2, 3 and 4 through the primary healthcare and community-based health care and community engagement. During 2024, all the 4 FHHs and 24 health posts were functional and were delivering a defined range of services to the needy people.

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

#	Indicators Achievement	Target	Achievement	%
1	TBDT-1 Number of patients with of all forms of TB notified new and relapse TB	3205	3410	106
2	TBDT-2 Treatment success rate- all forms: successfully treated	3223	3226	99
3	DRTB-9 Treatment success rate of RR-TB and/or MDR-TB: successfully treated	179	133	74
4	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified.	56	44	44
5	TBP-1 Number of people in contact with TB patients who began preventive therapy	3673	1876	51
6	KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	949	928	98
7	CM-1a Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	44601	44601	100
8	CM-1b Proportion of suspected malaria cases that receive a parasitological test in the community.	14829	14829	100

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During the implementation period, AADA team had close coordination with stakeholders, e.g. national TB program, PR, PPHD team and BPHS implementing NGOs. Project manager and M&E officer has regularly attended TB-taskforce, SR-PR and M&E quarterly performance review meetings. Furthermore, provincial TB officers 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 the banking and financial system; AADA paid 100 % of payable documents like PQRM, CHWs incentives, MDR sample transportation, sputum sending, slide cross checking, PPM and monthly salaries. Moreover, with the technical and financial support of AADA, NTP, MVPD and ANPASH have been conducted their annual review workshops and HACC advocacy event.

Key Indicators	Target	Achievement	%
# of antenatal care visits (first ANC)	4,212	5,615	133%
# of antenatal care visits (fourth ANC)	1,319	4,288	325%
# of institutional delivery at FHH	1,656	2,944	178%
# of children under one who received the PENTA3 vaccine	964	2,695	280%
# of newborns receiving postnatal care within two days of birth	2,081	3,439	165%
# of children <1 who received their first dose of measles	818	2,299	281%
# of women who received uterotonics immediately after birth	1,656	2,994	181%
# of women given Iron folic acid (IFA) ANC 1st	4,215	5,610	133%
# of cases of childhood pneumonia treated	532	163	31%
# of cases of child diarrhea treated	4,464	3,770	84%
# of children <2 receiving GMP and mothers receiving IYCF counseling	4,719	8,156	173%
# of children <5 reached with nutrition-specific interventions	14,167	14,603	103%

## **OPERATIONAL SUPPORT FOR 100-BED INTEGRATED INFECTIOUS DISEASE UNIT IN SHAHEED BASIM COVID-19 HOSPITAL (HERAT)**

Funded by WHO the project began on the 1st of June 2024 and continued till the end of December 2024. The hospital continued to provide 24/7 care for male and female patients aged five and above, specializing in infectious diseases, including COVID-19. Essential supplies such as pharmaceuticals, medical consumables, oxygen, and patient meals have been consistently provided for both in-patient and out-patient. During the year, the hospital provided OPD care to a total of 43,269 patients, consisting of 19,223 males and 24,046 females, all over the age of five. These patients, suffering from various infectious diseases, received timely and appropriate care without requiring hospital admission, ensuring efficient treatment and management.

AADA has consistently provided comprehensive clinical and diagnostic services, supported by a steady supply of pharmaceuticals, laboratory reagents, infection protection, and hygiene supplies. As end of the project, a total of 5919 patients (2506 males and 3413 females) requiring in-patient care were admitted and served with specialized medical treatment. Of these, 202 patients (91 males and 111 females) in critical condition were admitted to the ICU and received life-saving services.



Key Indicators	Target	Total	%
# Covid-19 OPD+ other infectious disease OPD	45,323	43,269	95%
# Covid-19 IPD+ other infectious disease IPD	3,931	5,919	151%
# of patients who are successfully discharged.	3,504	5,713	160%
# Of patients admitted into ICU	539	202	37%
# Of samples taken from patients with suspect Covid-19	1152	1,375	119%
# Of patients whose PCR result is positive for Covid-19	n/a	50	n/a
# of acute watery diarrhea cases (without dehydration) treated	1,961	9,803	500%
# Of Acute watery diarrhea with severe dehydration	n/a	2162	n/a

## IMPLEMENTATION OF COMMUNITY-BASED NUTRITION INTERVENTION PROJECT (CBNI)

AADA implemented the Community-based Nutrition Intervention project in Ghazni and Herat provinces. While the Ghazni project ended in October, the Herat project is still continued. This program aims to reduce the prevalence and severity of anemia in adolescent girls (10-19 years) and reduce the nutritional risks through strengthening maternal and infant nutrition services at the community level in Ghazni province. Key achievements during 2024 included the following

- Strengthening the CBNP service delivery through assessing the CBNP implementation phase status at HPs;
- Scaling-up the coverage of CBNP implementation through providing capacity building to the controlled health facilities;
- Provision of Multi-micronutrient Powder (MNP) to children 6-59 months and promote optimal growth in children;

## TARGETED SUPPLEMENTARY FEEDING PROGRAM (TSFP) FOR TREATMENT OF MAM IN CHILDREN UNDER 5 AND AM-PLW

With WFP support, AADA implemented TSFP through 118 BPHS and non-BPHS health facilities (HF) in Ghazni, 45 HFs in Paktia, 81 HFs in Herat, 12 HFs in Kabul and 37 HFs in Nuristan provinces in the reporting period.

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 2024, total of 67,722 MAM children <5 were admitted into the program, accounting for 85.3% of the annual target (79,432). The corresponding number of moderately malnourished Pregnant and Lactating Women reached was 67,745, representing 137 % of the yearly target of 59,929.

During the reporting period, 2,203.6 Metric Tons (MTs) of specialized food were distributed to eligible beneficiaries in three provinces, which represents 67.3% of the set target of 3,273.6 Metric Tons.

The overall cure rate of TSFP for children < 5 was 86.80% and 83.80% 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%.

Indicator	Target	Ach	% progress
# of the CHWs & community volunteers received the CBNP refresher training.	848	425	50%
# of the Community Mobilization Sessions conducted.	119t	32	27%
# of CHWs trained in Multiple Micronutrients Powder distribution.	1744	1744	100%
# of 6-59 months children received MNP on semiannual bases.	148,327	144,692	97,5%
# of adolescent girls received each quarterly bases IFA supplementation in out-of-school programs	107,125	151,341	140%
# of the nutrition counselors trained on MIYCN.	107	104	97%
# of nutrition screeners hired	12	12	100%

# EXPANSION OF OPD- SAM SERVICES IN THE URBAN AREA

The project aims at improving access to nutrition services for urban population in Kabul. It is a UNICEF-funded project started in June 2022.

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.

- Total of 50 DCCs were maintained in Kabul city with the main focus on the outskirts and slums area and the ones face challenges in accessing the HFs in their catchment area. The CDCs are 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 were maintained in 68 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.

- Provision of TSFP services in 13 DCCs continued.

- Three TFU in three MoPH-run hospitals in Kabul urban areas were supported to provide services. • Multiple Micronutrient Powder (MNP) were distributed to 6-59 months age children and weekly Iron and Folic Acid Supplementation (WIFS) to 10-19 years age girls.

- Medical items including PPE kits and equipment were supplied for provincial and national hospitals

EXPANSION OF OPD- SAM SERVICES IN THE URBAN AREA	Target	Achievement	%
Children under the age of 5 screened for Malnutrition	1,200,000	717,496	60%
SAM Admission	98,589	66,373	67%
Cure Rate	80%	89%	
U2 Children Growth Monitoring	360,000	240,556	67%
MIYCN Counselling	360,000	252,467	70%
Complicated SAM Referred to IPD	4,000	3,522	80%
Complicated SAM covered in AADA TFUs	360	405	113%
Pregnant women received MMS	56,320	39,513	70%
Food demonstration sessions conducted	7,200	4,314	60%
Participants of FD Sessions	130,000	71,601	55%
Volunteers selected and trained on MNP and WIFS	400	400	100%

## The End