



ANNUAL REPORT

2025



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

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Abbreviations and acronyms



AADA	Agency for Assistance and Development of Afghanistan
AM-PLW	Acutely Malnourished Pregnant and Lactating Women
AWD	Acute Watery Diarrhea
CBNP	Community-Based Nutrition Program
CMS	Community Mobilization Sessions
GAAP	Generally Accepted Accounting Principles
GF	Global Fund
DH	District Hospital
MHT	Mobile Health Team
BHC	Basic Health Center
HF	Health Facility
FHH	Family Health House
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

Abbreviations and acronyms



NTP	National TB Program
OPD/IPD	Outpatient Department/Inpatient Department
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
TSFP	Targeted Supplementary Feeding Program
UNDP	United Nations Development Program
WIFS	Weekly Iron-Folic Acid Supplementation
BPHS	Basic Package of Health Services
RMNCHA	Reproductive, Maternal, Newborn, Child and Adolescent Health
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
EPI	Expanded Program of Immunization
CHC	Comprehensive Health Center



EXECUTIVE SUMMARY

The Agency for Assistance and Development of Afghanistan (AADA) is a national, non-profit organization established in 2005, delivering health, nutrition, and community development services across Afghanistan with over 178 projects implemented.

In 2025, AADA delivered the Basic Package of Health Services (BPHS) through 230 health facilities across Herat, Baghlan, and Nuristan, reaching over 4.5 million people. Services included maternal and child health, immunization, nutrition, communicable disease control, mental health, and rehabilitation and provision of essential medicines. A total of 7.4 million outpatient consultations were conducted, demonstrating high service utilization.

Province	Nuristan	Herat	Baglan	Total
# of SHC	22	49	40	111
# of BHC	8	36	21	64
# of CHC/CHC+	4	24	17	45
# of DH	3	4	2	9
# of RH/PH	0	0	0	0
Total HFs	37	113	80	230
# of HPs	168	1161	725	2054





Immunization and disease prevention remained a priority, with significant coverage achieved through fixed, outreach, and mobile services. Despite intensive immunization efforts, 106 disease outbreaks were reported across the three provinces, and timely responses and treatment limited mortality and strengthened community awareness.

AADA also implemented several complementary vertical projects. Through the UNFPA-supported project, Reproductive, Maternal, Newborn, Child and Adolescent Health and psychosocial services have reached over 2.35 million individuals via Family Health Houses, mobile teams, and static facilities.

The UNICEF-supported Urban Nutrition Project in Kabul, along with nutrition projects funded by the AHF and community-based nutrition programs, have screened hundreds of thousands of children and provided treatment for severe and moderate acute malnutrition. AADA, through the Targeted Supplementary Feeding Program (TSFP), funded by WFP, has delivered nutritional treatment to over 200,000 children <5 and PLWs



Province	FHH	MHT	BHC	EMC/BEmNOC	BHC in Zero Points
Faryab	25	1	0	0	0
Herat	27	4	2	1	1
Ghor	25	0	0	0	0
Ghazni	8	0	0	0	0
Paktia	0	1	0	0	0
Nangarhar	10	5	2	1	1
Laghman	5	1	3	0	0
Kunar	5	2	2	0	0
Kandahar	0	0	0	1	1
Zabul	0	1	0	0	0
Nimroz	0	2	0	1	1
Total	105	17	9	4	4



Emergency response remained a critical component of AADA's work. Following the 2025 earthquake in Kunar, AADA deployed rapid medical assistance and mobile teams, while also responding to the influx of returnees through border clinics providing essential health and nutrition services.

As sub recipient of UNDP, AADA implemented the "Combined grant to support HIV/AIDS, Tuberculosis & Malaria and Health Systems in Afghanistan" in 2025 to cover Paktia, Khost, Zabul, Kandahar, Helmand, Badghis, Herat, Nuristan and Baghlan provinces. In TB care, 8,749 cases were detected and enrolled across Paktia, Nuristan, Khost, Zabul, Kandahar, Helmand, Herat, Badghis, and Baghlan provinces. The Malaria program emphasized on diagnosis, treatment, and prevention through routine services and mass distribution campaigns, during which 58,147 suspected cases were screened and 10,015 confirmed cases received first-line anti-malarial treatment. Through Drop-in Centres, People Who Inject Drugs Centers, and Opioid Substitution Therapy sites in Herat and Kandahar, comprehensive services were delivered to 188,663 individuals, including harm-reduction interventions. Total of 460 people living with HIV are currently receiving life-saving antiretroviral therapy in Herat, Kandahar, and Khost provinces.

Human Resource technical capacity development was a key achievement. AADA conducted 184 initial and refresher short courses, reaching over 3,700 clinical and non-clinical staff members, and carried out 2,575 supervision visits to ensure service quality. Investments made in systems digitalization, supply chain management, and accountability mechanisms improved operational efficiency, transparency, and community trust, with beneficiary satisfaction.

Despite significant progress, challenges such as harsh weather, supply shortages, infrastructure gaps, and workforce limitations affected implementation. AADA addressed these through adaptive strategies, including outreach services, improved forecasting, and strengthened coordination.

Looking ahead to 2026, AADA will focus on expanding health and nutrition services, enhancing infrastructure, strengthening workforce capacity, particularly female staff members, and further improving digital systems and supply chain resilience. Continued emphasis on community engagement, preparedness, and multi-level coordination will ensure sustainable, high-quality service delivery.



AADA PROJECTS IN 2025



HER-AF, HER-AF2 AND SAFE PROJECTS

In 2025, AADA implemented the Health Emergency Response Project-Additional Financing (HER-AF2) and the Strengthening Access to Essential Food Security and Health Services (SAFE) projects to deliver the Basic Package of Health Services (BPHS) in the provinces of Nuristan, Baghlan, and Herat with support of UNICEF/WB & ADB funds.

The HER-AF project in Nuristan started on March 01, 2024, and successfully concluded on September 30, 2025. Throughout its duration, the project provided BPHS services via 37 health facilities, effectively serving approximately 230,000 individuals.

Since September 2024, under the NFA-1.5 and SAFE project, AADA continues implementation of BPHS services through 113 health facilities across the province, serving an estimated population of 2.9 million.

On October 01, 2025, AADA was awarded the HER-AF2 contract for Baghlan province to provide BPHS services through 80 health facilities, serving approximately 1.35 million people.

The SAFE and HER-AF projects focus on three key components:

Improving the delivery of BPHS and EPHS services through performance-based contracts.

Strengthening the health system and its performance by establishing a performance management culture within the MoPH and among key stakeholders; and

Strengthening community demand and accountability for essential health services.





Through the HER-AF2 and SAFE projects, AADA delivered a comprehensive package of essential health care services across 230 health facilities in Herat, Baghlan, and Nuristan provinces, improving access for underserved populations. Services included child health, routine immunization, maternal and newborn care, nutrition support, and the prevention and treatment of communicable diseases, alongside

expanded support for mental health, disability care, and physical rehabilitation. An uninterrupted supply of essential medicines was ensured. Overall, these integrated interventions enhanced service utilization, strengthened health system capacity, and contributed to improved health outcomes across the three provinces.

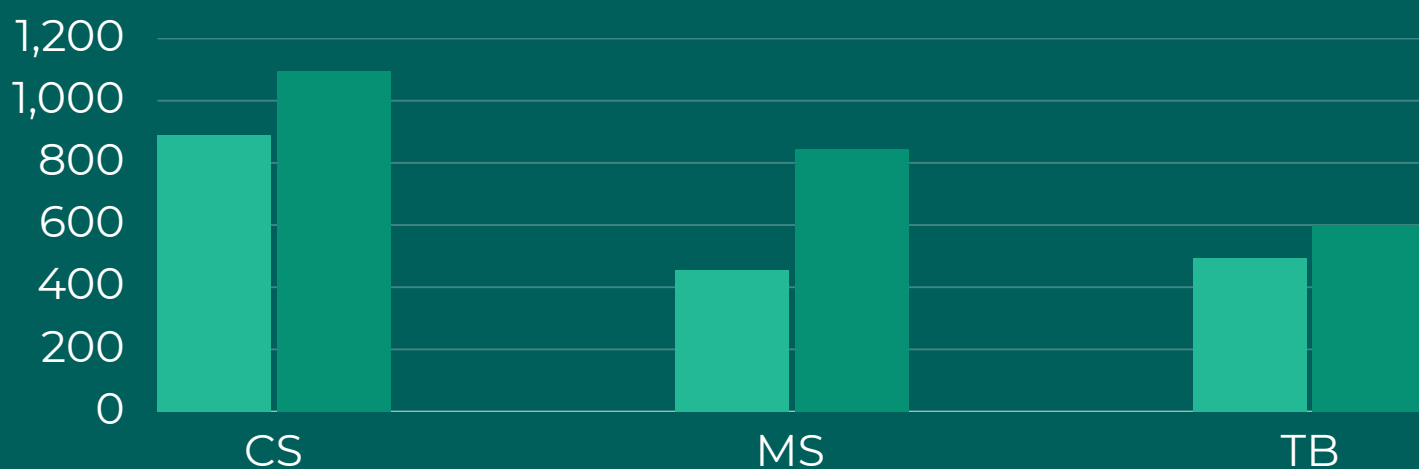
The main indicators for project implementation are the P4P indicators, which are visualized in the performance chart below:





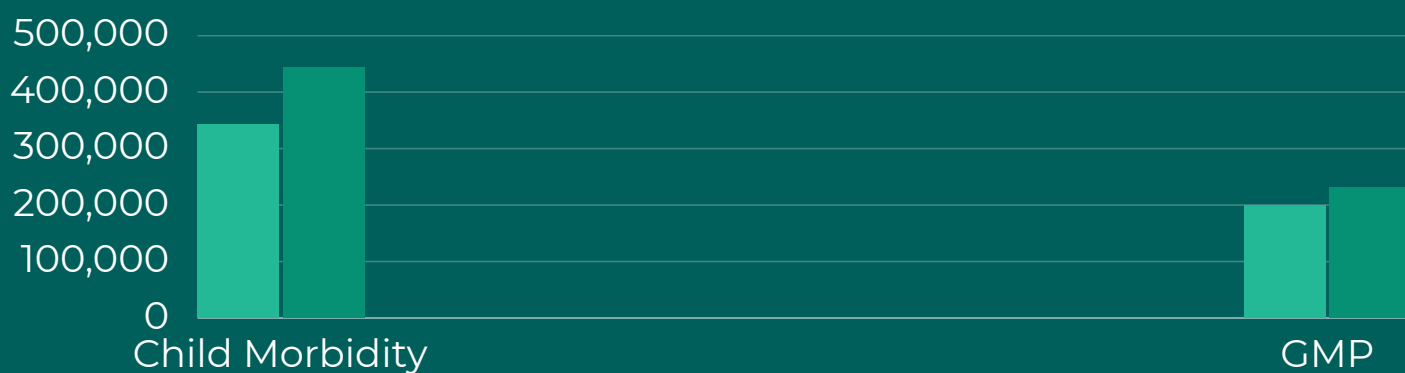
P4P indicators in 2025

● Total - 2025 Target ● Total - 2025 Achievement



P4P indicators in 2025

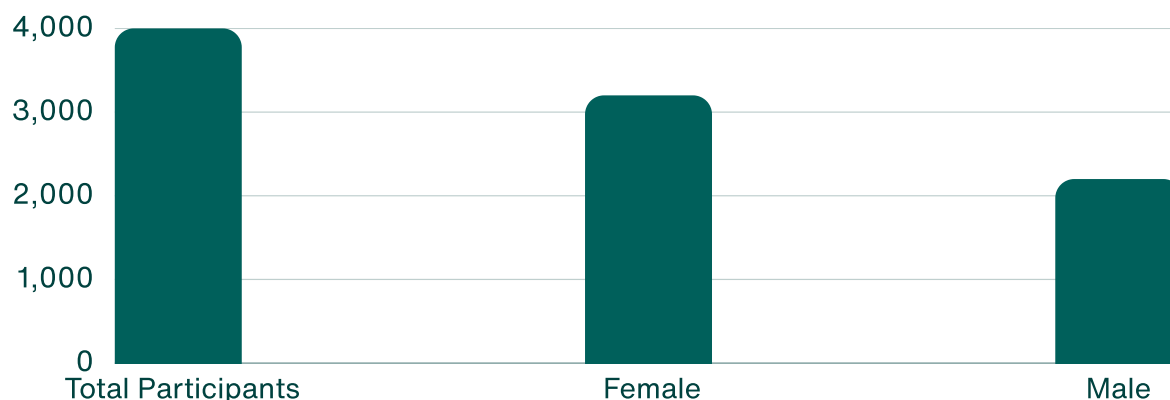
● Total - 2025 Target ● Total - 2025 Achievement





Capacity Building – HER-AF, HER-AF2 and SAFE in 2025

In 2025, AADA's Capacity Building Department strengthened training systems under the Herat and Baghlan HER projects by finalizing the training database, moving to an online management system, conducting Training Needs Assessments, developing standardized curricula, and implementing a donor-supported training plan. A total of 184 training courses were conducted in 2025, where 3,756 participants were trained across Herat, Baghlan, and Nuristan.



These efforts demonstrate AADA's commitment to inclusivity, professional development, and alignment with project objectives, while setting the stage for improved efficiency through the online training management system.



Supervision and Monitoring Visits- HER-AF, HER-AF2 and SAFE in 2025

AADA provincial staff conducted 2,575 supervision visits, supported by monitoring from MoPH, PPHD, and UNICEF Health and Nutrition Extenders. Herat saw the highest engagement, Baghlan maintained steady implementation, and Nuristan benefited from strong supervision and partner coordination—ensuring quality and effective program delivery across all areas.

Province	# of Supervision Visits by AADA Provincial Staff	# of Monitoring Visits by MoPH	# of Monitoring Visits by PPHD	# of Monitoring Visits by Health and Nutrition Extenders of UNICEF
Herat	1,952	30	120	260
Baghlan	311	8	11	90
Nuristan	312	32	99	90
Total	2,575	70	230	440

These efforts reflect strong multi-partner engagement in ensuring effective supervision and monitoring of health service delivery across the three provinces.



OUTBREAKS SUMMARY – 2025

In 2025, a total of 106 outbreaks were recorded in some districts of Herat, Baghlan, and Nuristan, with all cases treated and communities engaged through health education.

HERAT	BAGHLAN	NURISTAN
reported 73 outbreaks (chickenpox-28, measles-13, scabies-9, dog bites-11, mumps-5, impetigo-2, AWD-1, viral hepatitis-2, anthrax-1, CCHF-1), including 6 measles-related deaths in children under five.	recorded 10 outbreaks (scabies-3, chickenpox-3, AWD-2, botulism-1, typhoid-1) with no deaths.	experienced multiple outbreaks (measles-13, scabies-6, food poisoning-2, AWD-1, malaria-1), total of 910 cases.



COMPLEMENTARY VERTICAL PROJECTS IN 2025

Increasing Access to RMNCAH and PSS Services

Funded by UNFPA, AADA continued implementing the RMNCAH services project in 2025 to improve access to quality RMNCAH and PSS services through Family Health Houses (FHHs), Mobile Health Teams (MHTs), and static health facilities. The project is structured into two components:



Component 1

Delivery of primary health care services focusing on RMNCAH, nutrition, and immunization through FHHs.

Component 2

Provision of life-saving maternal and reproductive health services through static facilities, mobile teams, and border/transit clinics for IDPs, returnees, and crisis-affected communities.

Component 1: FHHs

In 2025, 95 FHHs remained operational across Faryab, Herat, Ghor, Ghazni, Laghman, and Kunar, providing RMNCHA services to women and children. In November 2025, this increased to 105 FHHs following the takeover of 10 FHHs in Nangarhar from another organization. Five FHHs in Faryab had functional Psychosocial Services (PSS) corners, offering individual and group counselling services. All FHHs were regularly supplied with HMIS tools, infection prevention materials, winterization supplies, and essential operational items, alongside medicines and medical supplies provided by UNFPA.

During 2025, a total of 443 at-risk pregnant mothers and 154 severely ill children received life-saving referral services using the FHH's eight dedicated ambulances in Herat, Ghor, Faryab, Laghman and Kunar.



COMPONENT 2: MHTS, STATIC, AND BORDER HEALTH SERVICES

AADA continued service delivery through 17 MHTs and nine BHCs, targeting remote communities, IDPs, and returnees in Herat, Nangarhar, Kunar, Nimroz, Zabul, Paktia, Faryab, and Laghman.

In addition, four border zero-point clinics and four BEmONC/maternity units operated in transit centers at Herat, Nangarhar, and Nimroz, providing life-saving maternal and newborn services to returnees.

EMERGENCY RESPONSE

KUNAR EARTHQUAKE RESPONSE

A 6.0+ magnitude earthquake struck Kunar on 31 August 2025, followed by aftershocks, resulting in 1,992 deaths, 3,631 injuries, and over 8,471 damaged houses, displacing more than 3,000 families.

In response, UNFPA/AADA rapidly deployed ambulances and medical teams to Nurgal district and established two BHCs and two MHTs providing 24/7 services. In collaboration with World Vision, two additional mobile health and nutrition teams were deployed to support affected populations.





RESPONSE TO RETURNEES

In 2025, more than 2.5 million returnees arrived from Iran and Pakistan, with a significant influx occurring between mid-June and late October.

With UNFPA support, AADA operated four border Zero-Point clinics and four BEmONC/maternity units at Torkham, Islam Qala, and Milak borders and provided services to 210,899 individuals, including:

- **116,219 PHC consultations**
- **22,647 MHPSS services**
- **70,944 maternal and reproductive health services**

As part of the response, the following items were distributed:

- **6,278 clean delivery kits**
- **3,971 dignity kits**
- **4,355 MHM kits**
- **1,548 mother and baby kits**

Type of HFs	Female	Male	Total reached
105 Family Health Houses	750,879	146,524 <5	897,403
17 Mobile Health Teams	375,325	147,223	522,548
17 Static HFs, including 4 ZP and 4 TC/BEmNOC	693,299	241,293	934,592
Total	693,299	535,040	2,354,543

CONSTRUCTIONAL IMPROVEMENT OF FHHs IN FARYAB AND HERAT PROVINCES



In 2025, UNFPA provided financial support to upgrade and expand the building structures of 20 FHHs in Herat to strengthen service delivery capacity, which was accomplished in 2025. The expansion was necessitated by the increased scope of services, including the integration of IMNCl, immunization, and nutrition, which required additional space for staff and service delivery.

FHH building expansion in Herat

Expansion included the construction of two additional rooms, one bathroom, and a storage area, along with renovations to existing structures to improve functionality and service quality for both clients and health workers.

Additionally, seven FHHs in Faryab with poor infrastructure were renovated and expanded. Complete demolition of four FHHs structures and construction of four new rooms, two toilets, and a corridor in each and the expansion of three FHHs were the key interventions in Faryab. Overall, these improvements enhanced the capacity, safety, and quality of service delivery in FHHs across the targeted provinces.



CAPACITY BUILDING TRAINING

In 2025, investments were made to enhance the capacity of FHH midwives through a series of initial and refresher training sessions conducted in Kabul, Herat, and Faryab provinces.

In total, 40 midwives and officers in Herat, and 30 midwives in Faryab, received training in IMNCl, HMIS, MIYCN, BEmNOC, RUD, IPC, HLS and MHM.



EXPANSION OF OPD- SAM SERVICES IN THE URBAN AREA

The Kabul Urban Nutrition Project, initiated in June 2022, remained fully operational in 2025, delivering integrated curative and preventive nutrition services through 68 health facilities and 50 Day Care Centers (DCCs); later rebranded as Child Nutrition and Development Centers (CNDCs).

Key interventions in 2025 included the provision of outpatient treatment for severe acute malnutrition (OPD-SAM) and nutrition counselling for children <5 and their caregivers through MOPH health facilities.

The DCCs/CNDCs also provided growth monitoring, counselling, cooking demonstrations, and nutrition promotion activities.

The project continued technical and human resource support for three Therapeutic Feeding Units (TFUs) in Kabul urban hospitals. In addition, two rounds of Multiple Micronutrient Powder (MNP) distribution for children aged 6–59 months and four rounds of Weekly Iron and Folic Acid Supplementation (WIFS) for adolescent girls aged 10–19 years were conducted.

To strengthen early childhood development, ECD services were integrated into the DCC package in August 2025, resulting in the rebranding of DCCs as CNDCs. Following this integration, 207 staff members received ECD training to enhance service delivery quality.

Community engagement was also reinforced through five Community Engagement and Feedback Centers (CEFCs), Community Mobilization Teams, and CNDCs, ensuring improved awareness, participation, and feedback mechanisms at community level.



Indicator	Women	Girls 10 to 19 years	Boys < 5	Girls < 5	Total reached
Girls and boys aged 6-59 months screened for nutrition status		0	435,193	494,645	929,838
Girls and boys aged 6-59 months with SAM admitted for treatment		0	34,543	41,100	75,643
Children 0-23 months whose growth monitored		0	148,489	176,332	324,821
Primary caregivers of children aged 0-23 months received MIYCN	321,251	0	0	0	321,251
Girls and boys aged 6-59 months with complicated SAM who were admitted for treatment in TFUs		0	454	479	933
Food demonstration sessions	11,563	0	0	0	11,563
Mothers/caregivers attended food demonstration sessions		0	0	0	199,884
Children aged 6 to 59 months provided with MNP		0	86,424	84,604	171,028
Adolescent girls aged 10 to 19 who received four rounds of IFA		156,514	0	0	156,514
Total	332,814		705,103	797,160	1,331,235

AFGHANISTAN HUMANITARIAN FUND (AHF) SUPPORTED NUTRITION PROJECTS IN HERAT

In 2025, with financial support from AHF, AADA initiated two lifesaving nutrition projects in high-priority districts of Herat province, targeting children under five, pregnant and breastfeeding women (PBW). The first project started in April 2025 and will run until March 2026, while the second began on 15 May 2025 and is scheduled to 14 May 2026.

The project aims to reduce morbidity and mortality related to undernutrition by strengthening nutrition services within existing BPHS and non-BPHS facilities and expanding access in hard-to-reach areas through the establishment of 12 women-led Day Care Centres (DCCs) located more than 10 km from the nearest health facility.

These DCCs provide integrated nutrition services, including outpatient management of uncomplicated SAM, treatment of MAM among children under five and acutely malnourished pregnant and breastfeeding women, and MIYCN counselling. Services are further supported by community-based screening and referral, promotion of the Family MUAC approach, hygiene promotion, micronutrient supplementation, and immunization referrals.





Indicators	Women	Male<5	Female <5	Total reached
PBW and children < 5 screened for nutrition status	23,816	72,374	76,243	172,783
Children < 5 with SAM admitted for treatment		487	599	1,086
Children < 5 with MAM admitted		1,708	2,056	3,764
PBW with acute malnutrition admitted	3,112	0	0	3,112
Primary caregivers of children aged 0-23 months received MIYCN Counselling		38,770	40,352	79,122

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

AADA implemented Community-Based Nutrition Interventions (CBNI) from January to December 2025 to strengthen community nutrition services and expand coverage in underserved areas.

The program supported the initial capacity-building phase of the Community-Based Nutrition Program (CBNP) through 267 health posts and continued supportive supervision of 901 health posts that completed training in 2023.

In July 2025, the project was expanded to scale up OPD-SAM services in 72 FHHs in Herat and Farah, five non-BPHS facilities in Herat, and to provide nutrition services for returnees at Islam Qala border.

Key achievements in 2025 included:



KEY ACHIEVEMENTS IN 2025 INCLUDED

- **261 community mobilization sessions with 10,440 participants**
- **0 Selection of 524 female volunteers to support CHWs**
- **Refresher training for 514 CHWs (257 male, 257 female) and 524 volunteers**
- **1,929 supervision visits across 1,168 health posts**
- **Establishment of OPD-SAM services in 72 FHHs, 5 facilities, and Islam Qala**
- **Training of 80 female staff on IMAM**
- **Provision of equipment and furniture to supported FHHs**
- **Deployment of 12 nutrition staff at Islam Qala for returnee services**

Overall, the intervention strengthened community-based prevention and treatment of malnutrition while expanding access for vulnerable populations.



Indicator	Total reached
Community members participated in community mobilization sessions	10,440
CHWs and community volunteers received two-day CBNP refresher training	1,038
Children <5 screened for malnutrition in Islam Qala ZP	40,179
Children <5 with SAM admitted for treatment in Islam Qala ZP	800
Children <5 with MAM admitted for treatment in Islam Qala ZP	1,950
Children <5 months received MNP in Islam Qala ZP	33,589
Children <5 received Vitamin A through the Islam Qala ZP	23,503
Pregnant women received MMS through the Islam Qala ZP	1,578
Breastfeeding women received IFA in Islam Qala ZP	6,542
People reached with awareness sessions in Islam Qala ZP	34,238
Total	153,857

TARGETED SUPPLEMENTARY FEEDING PROGRAM (TSFP)

With support from WFP, AADA implemented the TSFP across 400 BPHS and non-BPHS health facilities in Herat (108), Kabul (25), Nuristan (37), and Paktia (45) in 2025. In addition, at WFP's request, AADA supported TSFP implementation in 135 facilities in Nangarhar and 50 in Farah for five months (November 2025–March 2026).

The program aimed to reduce morbidity and mortality associated with acute malnutrition among children aged 6–59 months and pregnant and breastfeeding women (PBW) through timely treatment and nutritional support.

Screening of children under five and PBW for acute malnutrition	Admission and treatment of 126,179 MAM children and 75,191 malnourished PBW	Distribution of 1,162.788 MTs of nutrition commodities (RUSF, Super Cereal, LNS-PBW)	Provision of nutrition counselling and SBCC on infant, young child, and maternal nutrition practices
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Overall, the intervention strengthened early detection, treatment, and prevention of acute malnutrition across targeted provinces

Province	Duration	# of HFs	MAM children	Total reached/Admission		Food Distribution in MT	
				AM-PBW	RUSF	LNS	SC
Herat	Jan- Dec 2025	108	44,776	37,613	156.127	106.692	111.307
Kabul	Jan- Dec 2025	25	23,069	11,370	132.135	78.306	47.699
Nuristan	Jan-Dec 2025	37	22,512	15,160	132.31	66.42	7.742
Nangarhar	Nov-Dec 2025	135	26,684	4,717	150.474	20.572	0
Farah	Nov-Dec 25	50	2,859	939	21.762	9.504	0
Paktia	Jan-May 2025	45	6,279	5,392	43.688	36.876	41.174
Total		400	126,179	75,191	636.496	318.37	207.922

PROVISION OF IN-KIND FOOD ASSISTANCE IN FARYAB PROVINCE

With funding from the Afghanistan Humanitarian Fund (AHF), AADA implemented a 7-month food security project (March–September 2025) in Andkhoy, Dawlat Abad, Khwaja Sabz Posh, and Qurghan districts of Faryab Province, targeting vulnerable and food-insecure households. A total of 2,060 households received assistance through four distribution rounds, each consisting of a 50% food basket (wheat flour, vegetable oil, pulses and iodized salt). Beneficiary selection prioritized the most vulnerable groups, including women-headed households, persons with disabilities, and households without livelihoods. The project aimed to improve food consumption and security, increasing the proportion of households with acceptable food consumption scores from 35% to 60%, supported by community mobilization, coordination, and post-distribution monitoring.



Total number of beneficiaries reached through the AHF-funded food security project in 2025

beneficiaries Category	Total reached
Women (>18)	3,628
Girls (<18)	4,847
Men (>18)	2,800
Boys (<18)	4,792
Total	16,067
Persons with Disabilities	1,005

DRIVING ACTION FOR WELLBEING TO AVERT MORTALITY (DAWAM) PROJECT ↙

AADA, as an implementing partner of World Vision under the FCDO funds, continued delivering integrated health and nutrition services from January 2024 to March 2027, aiming to reduce morbidity and mortality among women, girls, and other high-risk groups through improved access to equitable and safe health services in Farsi, Shindand, and Adraskan districts.

In September 2025, the project was expanded with the establishment of two additional Basic Health Centers (BHCs) and one Mobile Health Team (MHT), increasing service delivery to a total of five BHCs and one MHT.

Key achievements in 2025 included the establishment of two fully equipped BHCs using pre-fabricated containers, transitioning services from rented facilities to permanent structures. Capacity was also strengthened through training of 47 clinical staff on BEmONC, IMNCI, IPC, HMIS, IMAM, MIYCN, MHPSS, and vaccination.

To support service continuity, 670 winterization kits were distributed to vulnerable mothers and children, and CHW kits were provided quarterly to 30 health posts, ensuring sustained community-level health service delivery.



Key indicators	Men	Women	Boys	Girls	Total Reached
People reached with PHC consultations	10,515	31,792	13,741	16,229	72,277
People reached with psychosocial support	40	5,180	83	1,129	6,432
Children<5 and PLWs reached by nutrition-related interventions.	0	6,396	508	687	7,591
People reached with health and nutrition promotion intervention by CHWS	6,646	18,684	9,156	20,725	55,211
Total	17,201	62,052	23,488	38,770	141,511

EAST AFGHANISTAN EARTHQUAKE RESPONSE PLAN



Key Indicators	Total reached in 2025
Medical consultations provided (PHC)	7,061
People reached with psychosocial support	1,044
Children under five and PLW reached with nutrition interventions	1,772

A 6+ magnitude earthquake on August 31, 2025, followed by strong aftershocks, severely affected Kunar, Nangarhar, and Laghman provinces, causing 1,992 deaths (52% women and girls), 3,631 injuries, destruction of 8,471 homes, and displacement of over 3,000 families.

In response, AADA signed an agreement with World Vision Afghanistan on 11 September 2025 to deploy two Mobile Health and Nutrition Teams in Kunar province.

The project aimed to reduce maternal and child mortality among vulnerable communities by improving access to integrated health and nutrition services. The mobile teams delivered essential curative, preventive, and nutrition services to hard-to-reach populations, particularly children under five and pregnant and lactating women, supporting the immediate humanitarian response.

The project achieved 83% of its target for primary healthcare consultations (7,061/8,500) and exceeded expectations in psychosocial support, reaching 119% (1,044/880). Malnutrition screening among children under five reached 88% (1,456/1,650).

GLOBAL FUND/UNDP GC-7 PROJECT



AADA has demonstrated a strong and sustained commitment to improving healthcare services in Afghanistan through the implementation of various public health initiatives. As sub recipient of UNDP, AADA implemented the “Combined Grant to support HIV/AIDS, Tuberculosis & Malaria and Health Systems in Afghanistan” to cover Herat, Paktia, Khost, Zabul, Kandahar, Helmand, Badghis, and Baghlan provinces.

In 2025, a total of 8,749 new and relapsed TB cases were notified, against a target of 10,789. Treatment success remained high, with 16,502 of 17,372 drug-sensitive TB patients and 227 of 325 RR/MDR-TB patients successfully treated.

Detection of RR/MDR-TB reached 72 of 136 estimated cases, with 71 patients enrolled in second-line treatment. Laboratory capacity improved, with 5,756 patients receiving DST, and 8,468 children initiated on preventive therapy.

Outreach efforts identified 417 TB cases among IDPs. Strong reporting and EQA assessments ensured data and laboratory quality. Community and private sector engagement contributed 1,176, 241, and 205 cases from private providers, community health workers, and cured patients, respectively.

Malaria control initiative enhanced diagnostic, therapeutic, and preventive measures through both facility-based and community-based strategies. A total of 58,371 suspected cases were tested, resulting in the treatment of 9,955 confirmed cases. Preventive efforts were significantly expanded with the distribution of 8,781 insecticide-treated nets (ITNs) to high-risk populations, in addition to 131,652 ITNs provided through a mass campaign in Nuristan province.

AADA also expanded HIV services to Kandahar while continuing in Herat and Khost. A total of 117,420 individuals accessed services, including testing, counselling, and harm reduction. Treatment coverage increased to 460 people living with HIV receiving ART. Harm reduction efforts included distribution of 114,785 needles and syringes and enrolling 2,175 individuals in OST programs.

ENVIRONMENTAL, SOCIAL, HEALTH & SAFETY (ESHS) UNIT– ACHIEVEMENTS 2025





In 2025, AADA's ESHS unit strengthened oversight across Herat, Baghlan, and Nuristan through supervision visits, committee work, and capacity-building. 32 health facilities were assessed, 7 trainings were conducted, with a total of 1,260 staff receiving awareness sessions on ESHS and the Grievance Redress Mechanism. Out of 69 grievances recorded, 91% were resolved, demonstrating strong accountability and effective grievance management.

Pharmacy Unit – Achievements in 2025

In 2025, the AADA Pharmacy Department delivered strong performance in procurement, supply chain management, and equipment maintenance across multiple provinces and projects. It managed 99 purchase orders with full compliance, achieved over 95% on-time delivery, and ensured high-quality supply through pre-dispatch checks. The Department strengthened efficiency by operationalizing the m-Supply system, covering most inventory and collecting data from the majority of health facilities. It also supported EPHS/BPHS procurement processes with high supplier compliance. During the year, 111 medical equipment items were repaired, saving approximately AFN 2.8 million. Strong coordination with UNICEF, PPHDs, and other stakeholders, along with positive donor evaluations, highlighted its commitment to quality, accountability, and cost-effective service delivery.

AAP/CFM Unit– Achievements 2025

In 2025, AADA's Accessibility to Affected Population and Community Feedback Mechanism (AAP/CFM) unit reached over 22,000 beneficiaries, trained 455 staff members on AAP/CFM, and managed 3,463 feedback submissions across multiple provinces. Most feedback came from women (72%), including appreciations (49%), suggestions (36%), and complaints (15%). The program achieved 96% beneficiary satisfaction, resolving 74% of cases, and strengthened transparency, responsiveness, and community trust in program delivery.

AADA ANNUAL REVIEW WORKSHOP



From 25–27 February 2025, AADA's central and provincial teams came together to review organizational performance, assess challenges, and set strategic priorities for 2025. The workshop highlighted progress in BPHS and vertical projects, identified key operational challenges including funding delays, staff shortages, and supply chain gaps, and emphasized the need for stronger coordination, financial management, and community feedback integration.

Participants agreed on actionable Project Improvement Plans (PIPs) to strengthen internal systems, improve resource management, enhance donor and stakeholder coordination, and promote cost-effective, sustainable approaches. The workshop reaffirmed AADA's commitment to efficiency, accountability, and delivering quality, equitable health services across all areas of operation.



Coordination

AADA used a structured, multi-level coordination approach at central, provincial, and community levels to ensure collaboration, regulatory compliance, and community engagement.

At the central level, senior management attended a technical meeting and aligned with the national policies of the MoPH & donors.

At the provincial level, project managers coordinated with health clusters and PPHDs via the PHCC for technical guidance.

At the community level, regular Health Shura meetings fostered participation and local ownership. This framework strengthened partnerships, improved service utilization and referral systems, and promoted sustainable, community-responsive health and nutrition outcomes.



LESSONS LEARNED

Health projects in fragile and resource-limited settings require proactive, flexible, and well-coordinated approaches to sustain service delivery. Key strategies include pre-positioning supplies, strengthening forecasting and maintenance systems, investing in infrastructure and human resources, especially female staff, and actively engaging communities.

Regular supervision and strong coordination among partners are critical to maintaining service quality, accountability, and timely problem-solving. Continuous engagement by AADA and stakeholders helps identify gaps early and improve implementation.

Overall, an effective multi-level coordination system—linking central, provincial, and community levels is essential for ensuring alignment, strengthening partnerships, and delivering sustainable, responsive health services.

WAY FORWARD – 2026 AND BEYOND

Building on its 2025 achievements, AADA will strengthen health, nutrition, and community services in Baghlan and Herat by improving infrastructure, expanding maternal and child health programs, and scaling immunization, nutrition, and outbreak response to reach underserved populations. Strengthening referral systems and performance-based monitoring will remain key to improving accountability and outcomes.

Operational priorities include advancing digital systems (HRMIS, employee portal, and asset management), improving data use for decision-making, and enhancing workforce capacity especially by recruiting and training female health staff. Supply chain resilience will be strengthened through improved forecasting, buffer stocks, and closer coordination with partners.

Community engagement will be expanded through AAP/CFM, Health Shuras, and IEC activities to ensure feedback-driven programming. AADA will also focus on preparedness for seasonal disruptions and disease outbreaks to ensure continuous, high-quality service delivery.

Agency for Assistance and Development of Afghanistan (AADA)

