



Afghanistan Educational and Health Development Aids Organization
(AEHDA)

Organizational Profile

2003/2020

AEHDA Central office Address:

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Afghanistan

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Afghanistan Educational and Health Development Aids Organization (AEHDA) Organization Profile

Preface

Since 2001, Afghanistan has slowly been rebuilding, but the decades of war, administrative corruption, limited local capacities and instability have slow to fade, and some Afghans continue to suffer from the same types of oppression, shortages and deprivation.

Today, insecurity, poverty, corruption, absence of rule of law, violence and high rates of mortality persist. Besides the lack of access to and quality of health services as well as other factors, such as lack of adequate food, shelter and clean water, low marriage age, and lack of spacing child births contribute to the extremely poor health of Afghan community.

In Afghanistan, decades of conflict, natural disasters, and socio-economic instability have disproportionately impacted the most vulnerable populations, including nomadic communities. These groups face unique challenges such as limited access to healthcare, education, and basic services due to their mobile lifestyle and remote living areas. AEHDA recognizes the acute need to tailor our interventions to meet the specific needs of nomadic and vulnerable populations, ensuring inclusivity and accessibility in our efforts to rebuild and strengthen Afghan society."

Continuation of insecurity and conflict in Afghanistan has had severe repercussions on the situation of Afghan people, who have long suffered the consequences of civil war, drought, pervasive poverty and institutionalized discrimination. In addition, Afghanistan has had the largest refugee repatriation in the world during the last four decades including recent internally displaced people (IDPs) within different regions and provinces of the country. All these mentioned devastating factors in different aspects of life have had negative impacts on the health, economy and social wellbeing of the indigenous populations. Increasing poverty and prevailing political instability have vast impacts of on overall health and social indicators. For example, Afghanistan has one of the highest mortality rates in the world, and malnutrition of under five children has increased to 37 percent in the world that is a national level concern for the country and Ministry of Public Health.

Given local context of the country, communicable diseases remain a major burden for the Ministry of Public Health along with increasing number of non-communicable diseases and road traffic accidents (NCDs & RTAs). For instance, the World Health Organization (WHO) estimates that the incidence of TB in Afghanistan is 65,000 and that the number of annual deaths is 11,000 (WHO 2017). In 2017, out of the estimated incident cases, approximately 72% were notified and diagnosed. Among the 2015 new and relapse cohorts, the treatment success rate was 88%. Despite these facts, 97% of Afghans live in administrative areas where directly observed therapy, short course (DOTS) is available. Over 7 million people live in Nangarhar, Kandahar, Herat, Balkh, and Baghlan provinces in Afghanistan. Within these crowded provinces, the Ministry of Public Health's (MOPH) National TB Control Program (NTP) has succeeded in detecting 16,272 all-form TB cases and placing them on treatment in 2017 alone.

Sincerely,

AEHDA-Org Establishment

The Afghanistan Educational and Health Development Aids Organization (AEHDA) is a non-profit, non-political, non-sectarian, and non-governmental humanitarian organization, led by women. Initially established as an association in July 2003, AEHDA was re-registered as a Non-Governmental Organization (NGO) with the Ministry of Economy (MoEc) of Afghanistan in late 2020, under registration number 5085.

AEHDA is an active member of key national and international bodies, including the National Health Cluster, the Mental Health and Psychosocial Support Technical Working Group (MHPSS TWG), the National Nutrition Cluster, the Food Security and Agriculture Cluster (FSA), ACBAR, UNGM (#903905), UNDP, and the UNPORTAL.

AEHDA’s mission encompasses a wide range of humanitarian and developmental activities, which include: Education, One Health Approach ,Healthcare, Public Nutrition, Mental Health Psychosocial Services (MHPSS) ,Water, Sanitation, and Hygiene (WASH),Food Security, Human Rights, Gender-Based Violence (GBV), Women, Youth, Adolescents, and Children’s Rights, Advocacy and Communication, Training and Capacity Building, Research and Development

Since its inception, AEHDA has successfully implemented a diverse portfolio of projects across multiple Afghan provinces, including Kabul, Kandahar, Balkh, Baghlan, Parwan, and Nangarhar. With the support of local donors, these initiatives have focused on critical areas such as public health, education, WASH, food security, and the promotion of women's and children's rights.

Founded by a group of committed and professional volunteers, AEHDA is dedicated to delivering impactful, result-oriented services to underserved rural areas, urban slums, and urban centers across Afghanistan. The organization employs adaptable, contextual, and accessible community empowerment strategies, using participatory approaches that align with result-based management (RBM) principles. AEHDA’s work also adheres to Afghanistan's national development priorities and strategic plans.

As one of Afghanistan's pioneering local NGOs in the fields of education and public health, AEHDA provides contemporary, affordable, and high-quality services to the Afghan population, contributing significantly to the nation’s development and well-being.

AEHDA-Org Vision

AEHDA envisions empowering Afghan women, youth, children, and vulnerable groups through equitable access to quality education, healthcare, well-being, sustainable livelihoods, and essential services, fostering a prosperous and resilient Afghanistan.

AEHDA-Org Mission

AEHDA is committed to empowering Afghan women, youth, children, and vulnerable groups by providing accessible, quality, and sustainable education, healthcare, mental health and psychosocial support, livelihood opportunities, and essential services.

We strive to foster community resilience, social cohesion, and economic growth, ultimately contributing to a prosperous and self-reliant Afghanistan

Guiding Strategic Principles

AEHDA is dedicated to fulfilling its mission through contextual, participatory, results-oriented, transparent, and accountable services. Our approach emphasizes professionalism, gender sensitivity, and the empowerment of Afghan communities, especially women, through the following strategic principles:

- **Community and Women Empowerment:** We prioritize decentralized, bottom-up approaches that foster real participation, allowing communities, especially women, to play an active role in their development.
- **Contextual Integration:** Incorporating local insights and recommendations into strategy and policy decision-making processes at national and sub-national levels to ensure our work is relevant and impactful.
- **Sustainable Development:** Promoting development that meets the needs of today without compromising future generations, emphasizing resilience and long-term community well-being.
- **Public-Private Partnership and Ownership:** Building partnerships that bridge public and private sectors, encouraging shared responsibility and ownership of outcomes.
- **One Health Approach:** Addressing interconnected health risks among people, animals, and the environment to improve overall health outcomes.
- **Results-Based Management:** Focusing on measurable outcomes and continuous improvement in program delivery to maximize impact.
- **Management Efficiency:** Streamlining operations and resource allocation to enhance organizational effectiveness and accountability.
- **Partnership Development and Coordination:** Strengthening collaborations with various stakeholders to create a cohesive and supportive network for sustainable change.
- **Creating Opportunities for Personal Development:** Fostering an environment in which individuals can realize their potential and express their unique talents and abilities.

AEHDA-Org Objectives:

To contribute towards its strategic goal, AEHDA pursues following specific objectives:

- 1) **Educational Empowerment**
 - a) Improve access to quality education for Afghan women, children, and underserved communities through policy advocacy, infrastructure development, educator training, and culturally relevant curricula.
 - b) Promote literacy and skills development programs for lifelong learning, focusing on marginalized groups.
- 2) **Healthcare and Nutrition**
 - a) Expand healthcare services emphasizing maternal, neonatal, and child health (MNCH) and communicable disease control (CDC) to improve outcomes in diverse communities.
 - b) Implement community-based nutrition programs addressing malnutrition through sustainable practices and nutrition education.
- 3) **Food Security for Targeted Groups**
 - a) Ensure need-based food distribution to vulnerable groups in regions affected by food insecurity.
 - b) Partner with local organizations for the efficient distribution of culturally appropriate food supplies.
- 4) **Mental Health and Psychosocial Support (MHPSS)**
 - a) Develop and expand MHPSS programs focusing on Afghan women, children, and conflict-affected individuals.
 - b) Train local mental health practitioners to deliver culturally sensitive, trauma-informed MHPSS services.
- 5) **Sustainable Development**
 - a) Integrate One Health principles addressing health risks between people, animals, and the environment.
 - b) Launch awareness campaigns promoting sustainable agricultural and environmental practices.
- 6) **Research and Advocacy**
 - a) Conduct evidence-based research on health, education, and social issues for data-driven advocacy.
 - b) Advocate for policies improving access to essential services and protecting the rights of vulnerable communities.
- 7) **Community Empowerment**
 - a) Strengthen community resilience through training for community leaders, healthcare service providers, teachers, and community activists.
 - b) Empower women-led organizations and local initiatives for sustainable, community-driven change.
- 8) **Emergency Response**
 - a) Develop and implement emergency response frameworks addressing crises with immediate aid and recovery planning.
 - b) Ensure rapid responses for food security, WASH (Water, Sanitation, and Hygiene), and mental health support.

AEHDA Org Principles and Core Values

- Justice
- Independency
- Integrity
- Transparency and Accountability
- Impartiality
- Professionalism
- Neutral
- Transparency & Accountability
- Innovation and creativity
- Volunteerism and activism

AEHDA Org Strategic Areas of Operation:

In light of organization values and in direction of achieving its objectives, AEHDA will deliver its services in following strategic areas of operations:

- Contemporary Education
- One Health Approaches
- Health Care Services Delivery
- Nutrition services
- Food security and Agriculture
- Advocacy and Communication
- Training and Capacity Building
- Research and Development
- Mobile Health Services for Nomadic and Vulnerable Populations

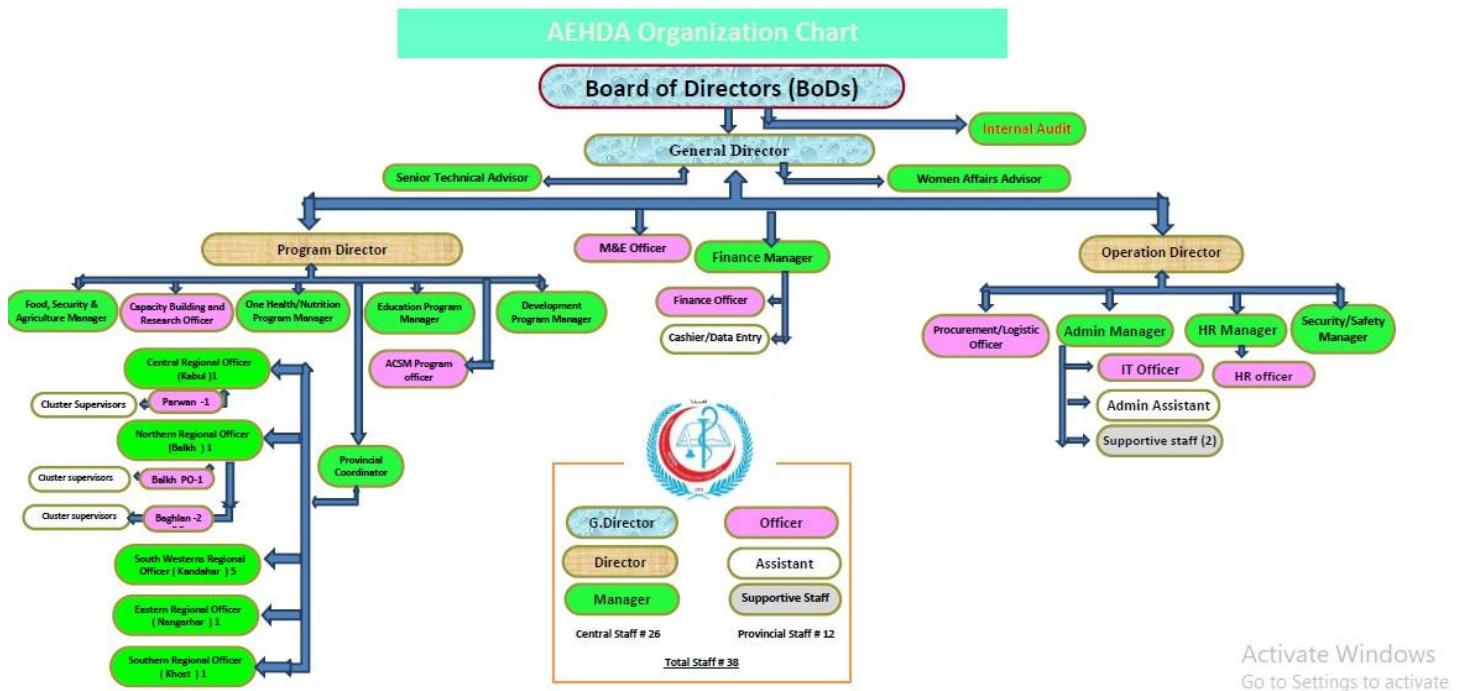
AEHDA Org Structure:

The main governance of AEHDA lies within a General Assembly, which consists of volunteers and committed members of the organization. The General Assembly is the supreme body of the organization and is responsible for the approval of organization’s charter, election of the chairperson and members of board of directors and Managing Director.

The Board of Directors (BoDs) comprises a minimum of 5 and a maximum of 9 members, with a stipulation that at least 40% of its members are female. Members need not be staff members of AEHDA, excluding the General Director and one of the Directors/Managers. The General Assembly determines the Board membership, encompassing individuals such as intellectuals, development workers, and experts.

The BoDs develops and approves AEHDA priorities and long-term strategies and provides valuable advice and guidance to the organization from time to time. Board members also represent AEHDA in important and fundraising meetings. The sphere of responsibilities of the Board of Directors and its decision-making authorities will be defined in specific document.

AEHDA has a very simple organization structure; to ensure decision making and easy access to information. Operational level decisions are being made by management team led by Managing Director, while the strategic and policy level decisions are subject to approval of Board of Directors who hold bi-annual meetings.



Activate Windows
Go to Settings to activate

AEHDA Org Beneficiaries

AEHDA services will benefit both groups and individuals disregarding their racial, ethnic, geographic, linguistic, religious, sex and age differences. Following are the key categories of AEHDA beneficiaries:

- Poor and remote communities and people especially (women and children)
- Nomadic (Kuchy) communities and other transient groups
- Community groups including community-based organizations (CBOs), Community Development Councils (CDCs), Civil Society Organizations (CSOs) and non- governmental organizations (NGOs)
- Civil Servants
- Marginalized groups such as Women, Ethnic and Religious minorities, Nomads, Internally Displaced people (IDPs) and Youth
- Development and Health Professionals
- Social Workers
- Universities, Schools students and teachers
- Policy makers

AEHDA Org Competencies

AEHDA has well- experienced team of professional staff in the areas of Education, one Heath Approach, Health care, Eye Care, Disability & rehabilitation, Nutrition services, Food security, advocacy and communication, research and development, training and capacity building, community development and awareness building.

AEHDA professional staff members supported by Board of Directors (BoDs) have recently developed following important policy documents for the organization.

No	AEHDA Policy List 2024	Availability
1.	Governance Policy and related document	✓
2.	Financial Management Policy	✓
3.	Human Resources Policy	✓
4.	Code of Ethics and Conduct	✓
5.	Program Implementation and Monitoring Policy	✓
6.	Advocacy and Communications Policy	✓
7.	Data Privacy and Security Policy	✓
8.	Risk Management Policy	✓
9.	Anti-fraud and conflict of interest Policy	✓
10.	Procurement, Logistics and Assets management policy	✓
11.	Stock Management and disposal policy	✓
12.	Security, Safety and Access policy	✓
13.	Gender, HIV/AIDS and/or Environment	✓
14.	Child Protection	✓
15.	Safeguarding	✓
16.	PSEA Policy	✓
17.	M&E	✓
18.	Partnership Policy	✓
19.	Strategic Plan	✓
20.	Affected Populations (AAP) Policy	✓
21.	IT Policy	✓
22.	Project Management Procedures Manual	✓
23.	Warehouse Inventory Management Policy	✓
24.	Procedures for Sub-Partnership of Project Activities	✓

AEHDA has computerized financial management system (Double Entry System) operated by competent staff. AEHDA operates its financial management through computerized software of QuickBooks. AEHDA financial affairs are governed by Financial Management Policy which meets maximum standards for a local organization. AEHDA maintains separate bank account for the entity, and keeping soft and hard copies of the financial documents.

AEHDA has foundations to maintain effective internal controls procedures which will ensure that all financial transactions are approved by an authorized individual and are consistent with organization policies. All organization’s assets are maintained safely and accounting records are complete, accurate and consistent. AEHDA official time includes 6 days of week and 8 hours per day.

AEHDA has a suitable office located in Kabul. In fact, it provides enough facilities for the staff and easy access to the clients of the organization. AEHDA office is equipped with basic office equipment and internet.

AEHDA Org Summary of Main Ongoing Activities & Projects

No	Project	Description	Location	Donor	Start Date	End Date	Remarks
1.	Foods distribution Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women, children , Normand(Kochy) and vulnerable population .	Kabul / Kandahar	AEHDA	Jan/01/2021	June/30/2021	
2.	Advocacy and IEC activities for COVID-19	Advocacy for Strengthening COVID-19 community response and ACSM activities in Afghanistan. Our COVID-19 awareness and advocacy efforts are extended through mobile teams and local nomadic Kuchy leader partnerships. These teams are equipped with materials and messages tailored to the unique living conditions and social structures of nomadic groups.	Kabul /Balkh /Baghlan /Parwan	AEHDA/ MOPH	May/1/2021	May/31/2022	
3.	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage) TB REACH Wave 8	This project specifically targets nomadic and vulnerable populations through the establishment of mobile diagnostic and treatment units. Collaborations with local nomadic Kuchy leaders ensure culturally competent service delivery and enhance TB awareness and prevention among these communities	BALKH/	ACREOD/UNOPS/ STP/USAID	May/1/2021	July/31/2022	
4.	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage) TB REACH Wave 8	This project specifically targets nomadic and vulnerable populations through the establishment of mobile diagnostic and treatment units. Collaborations with local nomadic Kuchy leaders ensure culturally competent service delivery and enhance TB awareness and prevention among these communities	BAGHLAN	ACREOD/UNOPS/ STP/USAID	May/1/2021	July/31/2022	
5.	Innovative Module for Private Sector Agreement in Case Detection for TB (IMPACT)	Project Title Innovative Module for PPE in Afghanistan for improved Case notification in TB (IMPACT) with focused on women , children , Kuchy Nomadic and vulnerable population	PARWAN	ODSSA/UNOPS/ TFP/USAID	Mar/1/2021	Jun/31/2022	
6.	Foods distribution and Ramadan Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women and children	Kabul	AEHDA	Aug/01/2022	Dec/30/2022	
7.	Foods distribution and Ramadan Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance with focused on women, children , Kuchy Nomadic and vulnerable population	Kandahar	AEHDA	Aug/01/2022	Dec/30/2022	
8.	Community Awareness and engagement contributes to control of acute watery diarrhea	WASH Community Awareness and engagement contributes to control of acute watery diarrhea, share below key messages with communities, households and individuals through leaflets, posters and practical demonstrations in the local Pashto language: Leveraging mobile outreach units, this project delivers critical health education and services directly to nomadic Kuchy communities. The program emphasizes water safety and hygiene practices, adapting educational materials to nomadic contexts.	Kandahar	AEHDA	Jun/01/2022	Aug/30/2022	
9.	Awareness Campaigns for Women Right Strengthening GBV Prevention	The main message of the WR/GBV campaign supportive: keep yourself, your family and community healthy and protected. Say no to any form of violence – including physical, emotional, psychological, sexual or economic violence. Nothing can be an excuse for violence against women.	Kabul	AEHDA	May/01/2022	Oct/30/2022	
10.	Advocacy and IEC activities and orientation training regards MHPSS.	IEC material distribution and orientation training for health focal points and private education sector teachers.	Kabul	AEHDA	July/01/22	Dec/30/22	

No	Project	Description	Location	Donor	Start Date	End Date	Remarks
11	Education student support and Stationery Package 2022	Education Student Support and Stationery Package 2022 project implemented in Kabul supported 200 vulnerable and poor family students with stationery packages .	Kabul	AEHDA	April/01/2022	Jun/01/2022	
12	Community Awareness and engagement contributes to control of acute watery diarrhea	WASH Community Awareness and engagement contributes to control of acute watery diarrhea, share below key messages with communities, households and individuals through leaflets, posters and practical demonstrations in the local Pashto language: Leveraging mobile outreach units, this project delivers critical health education and services directly to nomadic Kuchy communities. The program emphasizes water safety and hygiene practices, adapting educational materials to nomadic contexts.	Kandahar	AEHDA	Jun/01/2023	Aug/30/2023	
13	Foods distribution and Ramadan Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women, children , Normand(Kochy) and vulnerable population .	Kandahar	AEHDA	Jan/01/2023	July/30/2023	
14	Foods distribution and Ramadan Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women, children , Normand (Kochy) and vulnerable population .	Kabul	AEHDA	Jan/01/2023	July /30/2023	
15	MHPSS orientation Training for NGOs and stockholders	advocacy for Strengthening for MHPSS orientation programs	Kabul	AEHDA	Oct/01/2023	Mar/30/2023	On going
16	Needs Assessment Survey	Needs Assessment Survey for Refugees and Returnees in Zero-point, Spin boldak, Devraind lines Pakistan – Afghanistan.	Kandahar	AEHDA	Nov/5/2023	Nov/30/2023	
17	Refugees and Returnees Health Nutrition and Services Center	Counseling center for health and services in MHPSS, Nutrient distribution IFT, MNT, distribution IEC material, soup , referral center .	Kandahar	AEHDA	Dec/1/2023	Mar/30/2024	Waiting for MoU approval
18	Afghanistan Support Project (ASP)	AWEC is implementing the Afghanistan Support Project (ASP) in three provinces (Kabul, Herat, and Balkh) of Afghanistan to support women-led/women-focused organizations. The purpose of the project is to strengthen the capacity of local women-led and women-focused organizations by offering various capacity-building training opportunities.	Kabul	AWEC/ Counterpart International	Oct 1st, 2023	Sep 30, 2024	
19	SHAPE TPP Project	Supporting Humanitarian Assistance and Protection Response Twinning Programme Plus (SHAPE TPP)	Kabul	ACBAR/ FCDO	MAY , 2024	Dec 30, 2025	

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Program Director

AEHDA-Organization

Annex-01 (AEHDA Registration with Ministry of Economy, Islamic Republic of Afghanistan)

Annex-02 (AEHDA Registration with Ministry of Public Health,)

Annex-03 (AEHDA Approach of Service Delivery)

Annex-04 (AEHDA Registration with Ministry of Education)

Annex-05 (AEHDA Registration with Ministry of Refugee and Repatriation)

Selection of Proper Intervention,
based on;

1. In line with Ministries strategic plan
2. AEHDA Score of work
3. Local Stakeholders Cooperation
4. Availability of required expertise within AEHDA Org

Selection of most deserving community/population

1. Local demand & need
2. Local community support & coordination
3. Contextual approach & active participation
4. Realistic outputs/results for public benefits

Sensitization of Communities & Sustainable Approaches

1. Local resource mobilization
2. Employment & capacity building of local human resource
3. Creation sense of ownership
4. Establishing/strengthening local network of coordination & volunteerism

Be there

(Implementation strategy)

2. Physical site visits/no remote control
3. Ask local people & beneficiaries
4. Plan & re-plan together
5. Document lessons learned & share with audience

Accountability & Transparency

1. Orient concerned stakeholders & communities
2. Update & share results regularly & upon request
3. Consider laws & regulations of donor & government
1. Document all activities & events

Move Forward to Make

Difference

1. Move strategically/within scope of organization, not merely to get fund
2. Be cost effective & affordable within local context
3. Select demand-based intervention
4. Maintain minimum standards & professional requirements