



Afghanistan Educational and Health Development Aids Organization AEHDA

2021 Annual



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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.

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.

Foreword

We are pleased to announce a strong set of results showing improved performance across our non-profit for positively impacting the lives of targeted population in various parts of Afghanistan. 2021 was a year of significant change for Afghanistan Educational and Health Development Aids Organization (AEHDA)

We have made substantial and rapid progress, and this has established solid foundations for the next phase of our strategic plan.

Board of Directors

Afghanistan Educational and Health Development Aids Organization
(AEHDA)

Acknowledgement

With great honor, I would like to state that 2021 was a year in which AEHDA kept us its momentum for forward movement toward expansion. Going through numerous challenges, AEHDA made sure that the year accomplishments are a success. This is not only a honor and privilege for me but all members of AEHDA including its management staff, volunteers and trustees who put in place dedicated efforts, expertise and displayed great enthusiasm for having AEHDA emerging as a strong Afghan national NGO pursuing our mission, vision and strategic goals across the country.

In line with our strategic plan that was adopted in 2012, AEHDA kept up its momentum and had its all projects aligned with its mission, vision, and strategic objectives. AEHDA services ranged spanning from health, nutrition, protection, rural development, gender mainstreaming and women empowerment by integrating innovative approaches aimed at addressing complex needs of communities and individuals in different parts of the country especially in rural areas.

Our projects adopted innovative approaches in their efforts to have refined and diffuse innovative community-based development activities and replicated the best practices AEHDA got in different parts of the country.

The projects implemented by AEHDA in 2021 were not only contractual obligations with donors but were also part of a social obligation it has established with the target communities. They were not only achieving deliverables set by donors but were also documenting best practices and learning from beneficiaries so that they could be used for better service provision in future.

The dedicated staff of AEHDA both at central and field level and the implementation of activities reported here would not have been possible without financial/technical support of the partners such as UNOPS, Stop TB Partnership, Ministry of Public Health (MoPH), CDC, National Program of Tuberculosis NTP, ACREOD, ODSSA, made all these achievements possible. Their generous and professional support proved highly crucial in all accomplishments of AEHDA during the year 2021. Let me thank you all for your continued support and invite you to continue joining us in working towards improved access to and provision of humanitarian and development services to the needy people across the country.

Sincerely,

Dr. Ihsanullah Jamal ,
General Director
Afghanistan Educational and Health Development Aids Organization
- Kabul, Afghanistan
info@aehta.org.af

Acronym

ACREOD	Afghan Community Research & Empowerment Organization for Development
ACSM	Advocacy, Communication & Social Mobilization
AEHDA	Afghanistan Educational and Health Development Aids Organization
BPHS	Basic Package of Health Services
CBD	Community Based DOTS
CHS	Community Health Supervisor
CHW	Community Health Worker
CI	Confidence Interval
DOTS	Direct Observation Treatment Short Course
DR	Drug Resistant
EDL	Essential Drug List
EHIS	Evaluation Health Information System
EPHS	Essential Package of Hospital Services
EQA	External Quality Assurance
GCMU	Grant and Contract Management Unit
GDF	Global Drug Facility
GFATM	Global Fund against Aids, Tuberculosis and Malaria
HCV	Hepatitis C virus
HCW	Health Care Worker
HF	Health Facility
HH	Household
HIV	Human Immune Deficiency Syndrome
HRD	Human Resource Development
IC	Infection Control
IDP	Internally Displace Person
IEC	Information, Education and Communication
INGO	International Non-Government Organization
MOEc	Ministry of Economy
MOPH	Ministry of Public
ODSSA	Organization for Development and Sustainable Services in Afghanistan
PPO	Provincial Project officer
STP	Stop TB Partnership
UNOPS	United Nation O

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.

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

Afghanistan Educational and Health Development Aids Organization “AEHDA” is a non-profit, non-political, non-sectarian and non-governmental organization registered with Ministry of Economy (MoE) at the end of 2020 under registration Number 5085. AEHDA is mandated to work for education, research and development, health care, advocacy and communication, training and capacity building. AEHDA was established by a group of committed, dedicated and professional volunteers to offer result-oriented services to rural, urban slums and urban areas of Afghanistan. AEHDA’s services will be delivered through utilization of easy adaptable, contextual, accessible and participatory community empowerment strategies in accordance with the key principles of result based management (RBM) approaches, and in line with Afghanistan national development priorities and national strategic plans. On the other hand, considering the professional/technical capacities in provision of primary education and public health services, AEHDA is one of the pioneer local NGO that provides contemporary, affordable and quality educational and public health services to Afghan population.

Vision

AEHDA envisions an educated, informed, healthy, peaceful and developed society, free from all kinds of misconceptions, deprivation, discrimination, injustice, corruption, disability and violence.

Mission

AEHDA is a non-profit, non-political, non-sectarian and non-governmental organization mandated to conduct contemporary development services on education, research and development, health care, advocacy and communication, and training/capacity building in rural, urban-slums and urban Afghanistan.

AEHDA is committed to achieving its mission through contextual, participatory, result-oriented, transparent, accountable, professional, gender sensitive services with the consideration of following strategic principles:

- Community empowerment through decentralized bottom-up approaches and real participation
- Integration of contextual recommendations in strategy or policy level decision making process at national and sub-national level

- Sustainable development
- Public-Private partnership and ownership
- Result-based management approaches
- Management efficiency
- Partnership development and coordination
- Creation of circumstances in which people can develop their potentialities and express their diverse qualities

Objectives

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

1. To improve quality, access and affordability of all eligible population to primary/secondary/higher education with affiliation to accredited & recognized educational institutions at national & regional level.
2. To improve health condition of the Afghan men and women through provision of quality health care services with special focus to marginalized, remote underserved communities.
3. To voice up about national policies by conducting participatory rights based advocacy and public communication campaigns on national issues with special focus on health and development.
4. To empower local communities through building their awareness about social and political developments in the country through conducting awareness raising programs on public services, national policies and plans and democratic principles.
5. To advance knowledge and update information of the citizens and policy makers through conducting qualitative and quantitative researches and evaluations i.e. on education, health and social development issues.
6. To reduce avoidable blindness in collaboration with specialized entities/institutions, particularly in underserved and remote areas of Afghanistan, by providing promotion, preventive, curative and rehabilitative eye-care services in integration and in accordance with national health strategic plans and realization of Vision 2020.
7. To build the capacities of communities, institutions and service providers of both governmental and nongovernmental organizations through short-term training and organization development interventions and implementation of community development projects.

AEHDA Principles and Core Values

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

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
- Health Care Services Delivery
- Advocacy and Communication
- Training and Capacity Building
- Research and Development

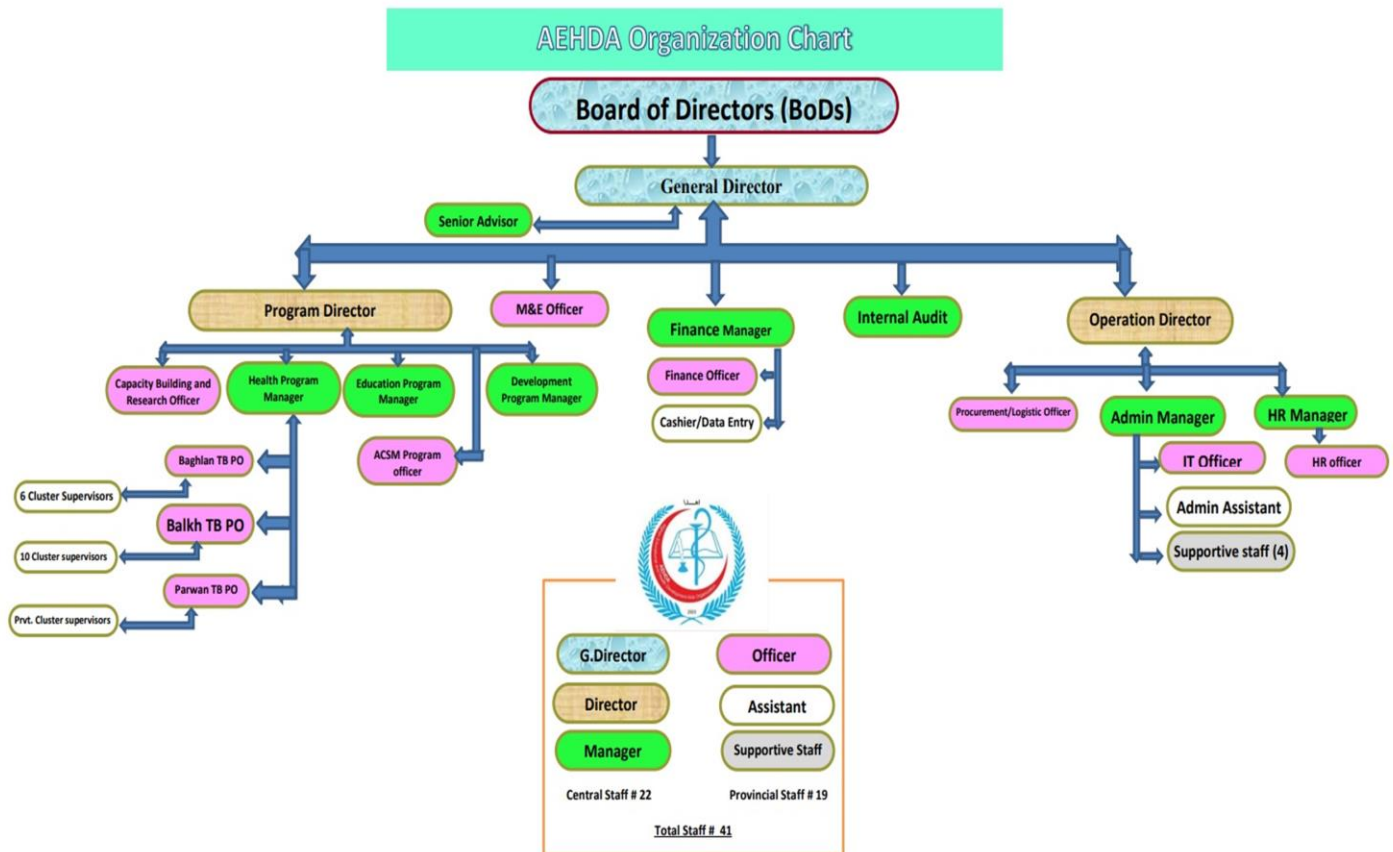
AEHDA Structure:

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 Director (BoD) consists of no fewer than 5 and no more than 9 members, do not have to be staff of AEHDA, except Managing Director and Deputy Directors. The Board membership is decided by the General Assembly and includes 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.



AEHDA Summary of Main Ongoing Activities & Projects

No.	Project Title	Description	Location	Donor	Start Date	End Date	Remarks
1	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage)TB REACH Wave 8	This project will build innovative and impactful partnerships with private pharmacies and GPs to improve TB detection, notification and linkage to treatment in the private health providers sector with outcomes-oriented strategies that ensure scale-up and sustainability of the interventions.	BALKH	ACREOD/U NOPs/STP/U	05/1/2021	05/31/2023	
2	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage)TB REACH Wave 8	This project will build innovative and impactful partnerships with private pharmacies and GPs to improve TB detection, notification and linkage to treatment in the private health providers sector with outcomes-oriented strategies that ensure scale-up and sustainability of the interventions.	BAGHLAN	ACREOD/U NOPs/STP/U	05/1/2021	05/31/2023	
3	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) , Proposed Country of Work Afghanistan . Private care providers (private pharmacies, PPs and private hospitals) are first points of contact for majority of people in Afghanistan when they seek healthcare. Therefore, investing through an innovative model to engage PCPs in systematic screening of their attendants can result in sustainable and expanded accessibility to TB care, improved notifications and even better treatment outcomes.	PARWAN	ODSSA/UNOPS/STP/USA ID	03/1/2021	08/31/2022	
4	Advocacy and IEC activities for COVID-19	Advocacy for Strengthening COVID-19 community response and ACSM activities in Afghanistan.	16 provinces	Volunteer	2/01/2020	12/31/2021	

Operating Areas of AEHDA in Balkh province

Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage)TB REACH Wave 8

Balkh General information: Balkh province is one of the northern provinces of Afghanistan, which has 14 districts and about 1,543,464 people. This province has 254 health centers including seminary hospitals, district hospitals, private hospitals, comprehensive health centers, basic health centers, secondary health centers, prison health centers, miscellaneous health centers and 900 health posts, all services in These centers are offered by basic health services and hospital health services. Coverage: In Balkh province, there are 34 health centers (diocese hospitals, district hospitals, private hospitals, comprehensive health centers, prison health centers, basic health centers equipped with tuberculosis diagnostic services or BHC+ and miscellaneous centers) in the diagnosis and treatment of Marishman. Tuberculosis provides services. Also, 46 primary health centers, 51 sub-health centers, 5 drug addiction centers and 900 health posts such as centers for diagnosis, regression and sometimes treatment of tuberculosis under the title of education at the community level and urban education provide services. Table 26.1 Number of health centers active and covered by tuberculosis services in Balkh province

Project specific objectives:

To smoothly implement and achieve set goal and objectives for the project “Innovative Module for PPE in Afghanistan for improved Case notification in TB (IMPACT)” both the implementing agency and partner will consider and strictly follow the interactions/strategies and will professionally perform their roles and responsibilities during MoU’s period. The roles and responsibilities of each party is outlined

This project was funded by the UNOPS/STOP TB partnership with technical and administrative support from NTP/MOPH for four provinces of Afghanistan, including the current city of Mazar-e-sharif in Balkh province. AEHDA was the implementing partner with ACREOD and NTP in Baghlan provinces.

A memorandum of understanding was signed between ACREOD and the Ministry of Public Health and shared with relevant partners and stakeholders.

AEHDA announced the vacancies through Azar competition and through this process in Baghlan province; Selected committee appointed PPO and other 6 cluster supervisors with full transparency to manage the activities of AEHDA organization at the province level and reports as needed.

AEHDA in close coordination with PTB, CDC and PHD team Project mapping and identification of the privet sector (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) were done.

AEHDA procured and supplied X-pert cartridges, sputum cups, consumables and brochures

related to TB program, in the project Prepared in the beginning.

AEHDA trained relevant staff in close coordination with Provincial TB Coordinator, CDC Director and PHD.

We trained 217 private stockholders (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) in 3 batches to detect early TB patients according to project objectives.



Figure 1 ToT training EZ-KAR Baghlan

Figure 2 Orientation Workshop to Municipality staff EZ-KAR Baghlan

Mission report

Province: Mazar-Sharif and Baghlan

Period: 11, Sep, 2021 to 22, Sep, 2021

Purpose of the mission: Project Introduction in Mazar-Sharif, Baghlan provinces also Supportive Supervision / Monitoring and conducting of trainings as well.

The mission was planned as per Report Completion, the basic assignments of the mission was to clear all.

As per work plan we have start our mission from Mazar-Sharif province

First of all when we received to Mazar-Sharif we conduct a meeting with Balkh province PHC and CDC,PPO we have discussion about TB reach project and their activates



- After PHC and CDC meeting we had meeting with Balkh project staffs Meeting regarding project condition
- Second day of the mission had a meeting with PHC and PTC about project.
- Second day of mission after PHC meeting had a meeting with Balkh province PPHD during the meeting Dr.Agha Mohammad Saidq explain the TB project to
- Third day of mission
- Preparation and printing of contracts for Pharmacist, Doctor, X-Ray and Lac technician
- Preparation and printing of contracts for Cluster Supervisor and Provincial Project Manager from first of Aug to Oct 2021
- Preparation and printing of staffs attendance sheet and time sheet
- Fourth Day the mission after PPHD meeting had a short meeting with YHDO Balkh provincial coordinator and finance office
- Fourth day of mission issued an Official letter to Balkh province PPHD directorate for invitation of training participant's trough a letter.
- Purchasing of stationary for training participants and sub Office

SEMI ANNUAL REVIEW MEETING REPORT

Title: Semi- Annual Review Meeting

Date: 28/ Dec/ 2021

Venue: Balkh PH Training Center Mazar Shrif City, Balkh/ Afghanistan

Participants:

(80) Male/Female (Privet Sector) Participants were attended SARM from different Privet Health Sectors of Puli khomry City.

Coordinator: Dr.Mehrabuddin

Main objective:

At the end of this SARM, participants will be able to know about Project Challenges and Planning.

Supportive objective:

- :AEHDA communication status with Project
- Content of the TB Purpose of the RM
- Clusters Achievement Presentation
- Group Work By Clusters Manager and all participants
- Present Challenges, Recommendations/Action plan development
- To improve technical and management support to the privet practitioners
- Definition SOP for case detection and treatment. DOTs
- Last Six Months Data Analysis Grape and charts.
- Defining Catchment area population and target groups.
- Target Setting and Cluster Mapping
- Integrated Recommendation and preparation action plan for all week
oint



Opening:

The Semiannual Review Meeting was started on 28/ Dec/2021 at the Balkh Provincial hospital training Center.

In this Participant RWM, 74Male/3female Staff (Privet Sector, PHO, Stakeholder)

Dr .Ghafari (PHCManager) has welcomed from all participants and guests who came for opening ceremony of the last six months SARM.

The SARM started by reading of some Ayah of Quran Karim by Mr. Wahid, then Dr. Sadiq Project Manager explained the importance and vital rule of TB during our daily health activities.

Dr. Agha Mohammad Sadiq provided short information about SARM to the participant and he greeted the participants and thanked them for their participation.

After inauguration of the RM, the participants introduced themselves to each other and RM continued for one day.

At the end of 1 day of the RM, the participants evaluated the RM and Dr.Mehrab, PPO of AEHDA in Baghlan, Dr. Sadiq HPM of AEHDA and Dr. Kaker PTC of Baghlan as representative of participants spoke about the usefulness of the Results.

RW ended after one day on 28 / Dec / 2021.

Findings: All mentioned Activities were covered during the One day'

Due to development and banking problems, no payment was made to the privet Health sector

Lack to send technical and financial report on time

TB Hospital not available

There was no regular monitoring visited from privet sector

Lack of awareness to people's about TB Prevention

There was no commitment on the some privet Sector Practitioner

The present of stigma among people is a major challenge due to the eradication of TB

Project target are not available in some privet Site

Next Plan:

To promote active learning and maximize skills practice opportunities, facilitators used participatory teaching methods including:

Increase of TB Services new clusters of all Puli khomry City and other white area and District

The awareness of the TB through radio, television, mosques and school

Construction of the most established new workshop to the lab, X-ray for the privet health section in Kabul

Preparing the online system for collection TB Case in lab, X-ray and gen X Pert

Increase site to to privet sector for TB detection case in all district

Preparation and installation of banner and distribution of brusher, Guidelines to site

SPECIAL THANKS:

Thanks a lot from.Dr. Mir Sadam PHC Manager and PTC because of arranging the RM and their strong technical support.

AEHDAO BALKH ACTIVITIES REPORT

Months	Screening	Presumptive	Sputum Collection	Positive	X-ray	Total Positive	Transportation	Follow up
June	1677	192	143	10	0	10	143	10
July	1865	207	165	19	0	19	165	19
Aug	1733	220	181	11	0	11	181	11
Sep	1684	107	103	14	2	16	103	16
Oct	3728	290	255	17	2	19	214	19
Nov	6195	258	231	15	5	20	231	20
Dec	6243	206	195	13	2	15	195	15
Total	23125	1480	1273	99	11	110	1232	110

Coordination, Monitoring & Supervision in Balkh province

Coordination meetings attended At central level, TB project manager and Provincial Project Manager attended all called meeting by with PTC, PLS, CDC and participated in TB Task force meeting ,SR-PR coordination meetings, M&E meeting , Coordination meetings At provincial level, TB focal points attended the following meetings: HF in charge meeting, PHCC meeting , EPR meeting.

The minutes of these meeting have been shared with AEHDA main office and the decision points have been followed with Provincial Officer.



Operating Areas of AEHDA in Baghlan province

Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage)TB REACH Wave 8

Baghlan General Information: Baghlan province is one of the provinces in the northeast of Afghanistan, which has 14 districts and about 1,033,760 people.

This province has 106 health centers, including provincial hospitals, district hospitals, comprehensive health centers, basic health centers, and secondary health centers. There are mobile health centers, prison health center, various health centers and 730 health posts, and all services in these centers are provided by the basic health services and hospital health services. DATS coverage: In Baghlan province, 41 health centers (provincial hospital, district hospital, comprehensive health centers, basic health centers equipped with tuberculosis diagnostic services or +BHC. private clinic, prison and allied hospital) offer services in the diagnosis and treatment of tuberculosis patients. Also, 4 basic health centers, 40 secondary health centers, 2 mobile teams, 1 miscellaneous health center, and 730 health posts such as centers for diagnosis, regression and sometimes treatment of tuberculosis under the title of DATS at the community level and urban DATS provide services. Table 33.1 Number of health centers active and covered by tuberculosis services in Baghlan province

Project specific objectives:

To smoothly implement and achieve set goal and objectives for the project “Innovative Module for PPE in Afghanistan for improved Case notification in TB (IMPACT)” both the implementing agency and partner will consider and strictly follow the interactions/strategies and will professionally perform their roles and responsibilities during MoU’s period. The roles and responsibilities of each party is outlined

This project was funded by the UNOPS/STOP TB partnership with technical and administrative support from NTP/MOPH for four provinces of Afghanistan, including the current cities of Polkhumri and Baghlan in Baghlan province. AEHDA was the implementing partner with ACREOD and NTP in Baghlan provinces.

A memorandum of understanding was signed between ACREOD and the Ministry of Public Health and shared with relevant partners and stakeholders.

AEHDA announced the vacancies through Azar competition and through this process in Baghlan province; Selected committee appointed PPO and other 6 cluster supervisors with full transparency to manage the activities of AEHDA organization at the province level and reports as needed.

AEHDA in close coordination with Baghlan PTC, CDC and PHD team Project mapping and identification of the private sector (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) were done successfully. AEHDA procured and supplied X-pert cartridges, sputum cups, consumables and brochures related to TB program, in the project Prepared in the beginning. AEHDA trained relevant staff in close coordination with Provincial TB Coordinator, CDC Director and PHD.

AEHDA Annual Report 2021

We trained 160 private stockholders (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) in 3 batches to detect early TB patients according to project objectives.



AEHDA BAGHLAN ACTIVITIES REPORT

Months	Screening	Presumptive	Sputum Collection	Positive	X-ray	Total Positive	Transportation	Follow up
June	5066	136	81	5	7	12	81	12
July	6035	131	93	6	9	15	93	15
Aug	6625	160	118	8	6	14	118	14
Sep	10053	85	57	5	6	11	57	11
Oct	9750	158	126	21	12	33	126	33
Nov	8603	129	124	10	11	21	12	21
Dec	11005	159	130	19	18	37	130	37
Total	57137	958	729	74	69	143	617	143

Semi-Annual Review Meeting Baghlan

Date: 29/ Dec/ 2021

Participant (77) 74Male/3Female (Privet Sector) Participants were attended SARM from different Privet Health Sectors of Puli khomry City.

Main objective:

At the end of this SARM, participants will be able to know about Project Challenges and Planning.

Supportive objective:

The participants will be able to:

AEHDA /communication status with Project

Content of the TB Purpose of the RM

Clusters Achievement Presentation

Group Work By Clusters Manager and all participants

Present Challenges, Recommendations/Action plan development

To improve technical and management support to the privet practitioners

Definition of SOP for case detection and treatment. DOTs

Last Six Months Data Analysis Grape and charts.

Defining Catchment area population and target groups.

Target Setting and Cluster Mapping

Integrated Recommendation and preparation action plan for all week point

Opening:

The Semiannual Review Meeting was started on 29/ Dec/2021 at the Baghlan Provincial hospital training Center.

In this Participant RWM, 74Male/3female Staff (Privet Sector, CMs, PHO, Stakeholder)

Dr .Ghafari (PHCManager) has welcomed from all participants and guests who came for opening ceremony of the last six months SARM.

The SARM started by reading of some Ayah of Quran Karim by Mr. Billaludin, then Dr. Sadiq Project Manager explained the importance and vital rule of TB during our daily health activities.

Dr. Agha Mohammad Sadiq provided short information about SARM to the participant and he

greeted the participants and thanked them for their participation.

After inauguration of the RM, the participants introduced themselves to each other and RM continued for one day.

At the end of 1 day of the RM, the participants evaluated the RM and Dr. Bilal, PPO of AEHDA in Baghlan, Dr. Sadiq HPM of AEHDA and Dr. Homayony PTC of Baghlan as representative of participants spoke about the usefulness of the Results.

Findings:

All mentioned Activities were covered during the One day'

Due to development and banking problems, no payment was made to the private Health sector

Lack to send technical and financial report on time

TB Hospital not available

There was no regular monitoring visited from private sector

Lack of awareness to people's about TB Prevention

There was no commitment on the some private Sector Practitioner

The presence of stigma among people is a major challenge due to the eradication of TB

Project target are not available in some private Site

Next Plan:

To promote active learning and maximize skills practice opportunities, facilitators used participatory teaching methods including:

Increase of TB Services new clusters of all Puli khomry City and other white area and District

The awareness of the TB through radio, television, mosques and school

Construction of the most established new workshop to the lab, X-ray for the private health section in Kabul

Preparing the online system for collection TB Case in lab, X-ray and gen X Pert

Increase site to private sector for TB detection case in all district

Preparation and installation of banner and distribution of brusher, Guidelines to site

Coordination, Monitoring & Supervision in Baghlan province

Coordination meetings attended At central level, TB project manager and Provincial Project Manager attended all called meeting by with PTC, PLS, CDC and participated in TB Task force meeting ,SR-PR coordination meetings, M&E meeting , Coordination meetings At provincial level, TB focal points attended the following meetings: HF in charge meeting, PHCC meeting , EPR meeting.

The minutes of these meeting have been shared with AEHDA main office and the decision points have been followed with Provincial Officer.



Operating Areas of AEHDA in Parwan province

Innovative Module for Private Sector Agreement in Case Detection for TB (IMPACT)

Parwan General Information:

Parwan province is one of the central provinces of Afghanistan, which has 9 districts and about 751,040 people. This province has 101 health centers including the provincial hospital and the district hospital. Comprehensive health centers. There are basic health centers, secondary health centers, mobile health centers, prison health centers, miscellaneous health centers and 473 health posts, and all services in these centers are provided by the basic health services and hospital health services. DOTS coverage: In Parwan province, 24 health centers (provincial hospital, district hospital, comprehensive health centers, basic health centers equipped with tuberculosis diagnostic services or BHC +) offer services in the diagnosis and treatment of tuberculosis patients. Also, 15 basic health centers, 1 prison center, 37 secondary health centers, 6 private clinics, 2 drug addicts' centers, 1 mobile center and 473 health posts as centers for diagnosis, regression and sometimes treatment of tuberculosis are offered at the community level under the title of DOTS.

Table 3.1 The number of health centers active and covered by tuberculosis services in Parwan province

Background and Description of the Project:

Private sector has been a potential sector in healthcare provision. As per the Afghanistan Health Survey 2018, 76% of people sought care in outside of home for their health problems and among them 68% visited private sector (private practitioner, private pharmacy and private hospital). Moreover, Afghanistan Demographic Health Survey found that 49.4% of respondents visited private care providers to seek advice or treatment for children with fever.

Moreover, National TB Control Program has always taken a step to engage private sector for an impactful TB control in the country. The private sector has been engaged through two approaches. The private hospitals provide TB diagnostic and treatment services while the private practitioners are referring presumptive TB cases to diagnostic health facilities. However, there are some key limitations in successful private sector engagement. These include low testing rate even when patients have typical TB symptoms; low presumptive TB case identification mainly among private practitioners; substandard regimens with insufficient treatment follow up; and no notification by those who are not engaged.

This Parwan project was funded by the UNOPS/STOP TB partnership with technical and administrative support from NTP/MOPH for four provinces of Afghanistan, including the current city Charikar, Parwan province. AEHDA was the implementing partner with ODSSA and NTP in Parwan provinces.

A memorandum of understanding was signed between ACREOD and the Ministry of Public Health and shared with relevant partners and stakeholders.

AEHDA announced the vacancies through Azar competition and through this process in Baghlan province; Selected committee appointed PPO and other 6 cluster supervisors with full transparency to manage the activities of AEHDA organization at the province level and reports as needed.

AEHDA in close coordination with Parwan PTC, CDC and PHD team Project mapping and identification of the private sector (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) were done successfully.

AEHDA procured and supplied X-pert cartridges, sputum cups, consumables and brochures related to TB program, in the project Prepared in the beginning.

AEHDA trained relevant staff in close coordination with Provincial TB Coordinator, CDC Director and PHD.

We trained 160 private stockholders (medical private doctors, pharmacists, lab technicians, G specialists, lab technicians, radiologists...etc.) in 3 batches to detect early TB patients according to project objectives.



Figure 1 ToT on job training , Parwan



Figure ToT Training for Health Cluster Supervisors

Coordination, Monitoring & Supervision in Parwan province

Coordination meetings attended At central level, TB project manager and Provincial Project Manager attended all called meeting by with PTC, PLS, CDC and participated in TB Task force meeting ,SR-PR coordination meetings, M&E meeting , Coordination meetings At provincial level, TB focal points attended the following meetings: HF in charge meeting, PHCC meeting , EPR meeting.

The minutes of these meeting have been shared with AEHDA main office and the decision points have been followed with Provincial Officer.



➤ COVID 19

The worldmeters.info reported 158,098 confirmed COVID-19 cases with 7,356 registered deaths from the illness till 31 Dec 2021 in Afghanistan.

Advocacy for Strengthening COVID-19 Response in Afghanistan is a project that aims to cover the ACSM activities COVID-19 , with a focus on promoting community-centered interventions and supporting the existing health system. Within the led by Ministry of Public Health and other sectorial ministries , UN agencies , INGO , NGO and community based associations , and religious people .

This is to be achieved through activities that are geared towards the following specific objectives:

- Increasing the information and education of general population.
- Increasing the education to the most vulnerable key affected and high risk population of TB/HIV children, prisoners, women, IDPs and returnees, etc.
- Advocacy for improving infection prevention measures and capacities.
- Advocacy for local fund raising for strengthening and sustaining community efforts to prevent the spread of COVID-19 in alignment with the national COVID-19, guidelines and strategic priorities.

The target population includes existing beneficiaries in program areas, as well as healthcare professionals. Particular attention will be given to the most vulnerable individuals and families in program areas, including women and girls, Internally Displaced Peoples (IDPs) and returnees, Kuchis, the elderly, people with disabilities, those with underlying health conditions, those experiencing economic stress, and other at-risk individuals.

The results of activities for this year were:

Established volunteer 5 committees on national level and a pointed 5 regional and 10 provincial committees for IEC and social mobilization.

Oriented 200 health professionals' teachers, medical students, nurses, CHW, religious and community elders people for IEC and social mobilization on infection prevention and control (IPC) and prevention of most vulnerable population to reduce morbidity and mortality covid-19.

Conducted community awareness sessions on COVID-19 prevention, referral services, minimize stigma in schools, universities, community gatherings, before Friday prayers and other gatherings..

➤ **AEHDA Human Resources**

Human resource is among the key factors for quality implementation of the program and service delivery. It is also as a great step towards strengthening the health system. Human resource development for our organization and projects relevant training courses includes managing of HRD related activities.

We announced 23 positions on central and provincial level and we recruited through competitive process 23 staff. 19 on provincial level and 4 on central level.

During 2021, several capacity building activities were conducted to strengthen the project workforce at central and provincial levels.

Totally, 363 health workers (59 medical doctors, 189 nurses, 93 lab technicians, 3 PTCs, 3 PLSs and 16 others) who were mostly male (14% female and 86% male) were trained on TB control interventions at central and provincial levels.



Key achievements of the program in 2021

- Supportive roll of Provincial PHD staff during project implementation .
- Number of presumptive TB cases increased by in 2021 as compared to 2020
- Number of all TB patients increased
- Awareness about TB among community increased to AFHDS survey
- Political commitment of the Government increased for covid-19
- Incentive to Lab technician, transportation cost when they accompany bacteriologically confirmed TB patients to Gen-Xpert by AEHDA.
- supportive supervisions from Private Laboratories , Pharmacies, Private Clinic , X-ray and G-Xpert were conducted During these events, their performances reviewed, feedback provided and targets set for next quarter.
- Initial and refresher training of 23 staffs were done.
- Salary payment for the staff were done
- Supplied lab–consumables to all over 3 provinces were done.
- Semi-annual workshop were held for Baghlan and Balkh provinces . During this events, Provincial performances reviewed, feedback provided and targets set for next 6 months.
- AEHDA awarded by Balkh and Baghlan PHDs.

Challenges of the program in 2021

- Delay in the process of MoU of MoPH.
- High turnover of trained staff at provincial and health facility level.
- Post training follow-up.
- Low TB awareness among community people.
- Stigma
- long administrative governmental process
- Lack of resources for ACSM activities
- Late of report from provinces regarding project activities
- Poor infection control activities in private sector (Design, ventilation, personal protective equipment, waste management)
- Weak phone coverage in some provinces that induced to late receiving of documents for payments and therefore delayed the payment.
- Due to weak or distrusted communication system the verification is challenging issue
- COVID 19 pandemic have also affected our activities like, delay in events
- Banking and delay of payment through National privet banks and form Outside to Inside the country .

Points to be improved:

- Development of SoPs regards accelerating the process and finalization of MoU between NGOs and MoPH.
- Increasing TB awareness among community people.
- Combat to Stigma through Information and education.
- Development of SoPs for accelerating administrative governmental process
- Increasing the resources for ACSM activities
- Accountability and timely response regards on time reporting from provinces regarding project
- Strengthen and attention for infection control activities in private sector (Design, ventilation, personal protective equipment, waste management)
- Gov. and Ministry of Economy need to attention for on time Banking and payment to central and provincial.

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Internet communication

During the engagement, we may from time to time communicate with the auditee electronically. However, the electronic transmission of information cannot be guaranteed to be secure, error free or virus free and such information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or otherwise be adversely affected or unsafe for use. We shall not have any liability of whatsoever nature to the Organization arising from or in connection with electronic transfer of communication and information to the Organization.

Fees

The professional fees for conducting the audit of the organization is USD\$ 250. (US Dollars/- Two Hundred and Fifty only) So, our audit fees will be billed to AEHDA at the end of the audit.

We look forward to full cooperation from your staff during our audit.

Agreement

This letter will be effective for the audit of above mentioned organization unless it is terminated, amended or superseded.

Please sign and return the attached copy of this letter to indicate that it is in accordance with your understanding of the arrangements for our audit of the financial statements.

If you do not sign and return the copy letter but permit us to proceed, we are entitled to assume that this letter is in accordance with your understanding.

**Afghanistan Educational & Health
Developmental Aids (AEHDA)
Kabul, Afghanistan**

**Alliott Gulf Limited
Kabul, Afghanistan**

Name: Dr. Ihsanullah Jamal Abdul Aali
Designation: Gr. Director Manager
Signature: [Signature] [Signature]
Date: 01-Aug-2022 01-08-2022



House No. 348, Lane # 2B, Phase 4, Street No. 15, District # 10 Wazir Mohammad Akbar Khan Mena, Kabul Afghanistan
Tel. No. +91 (0) 798415041 / +91 (0) 798415045 Email: alliott.kabul@subox.com Main Office - U.A.E. P.O. Box 13617 Dubai



AEHDA HQ office Address & Contact Information:



5# House ,2nd # Street Ansari ,Kolula Pushta Road, Ansari Square ,
Share-e-Now ,10# District ,Kabul, Afghanistan



➤ info@aehta.org.af

➤ info.aehta@gmail.com



➤ <https://www.aehta.org.af/>



➤ fb.me/aehta.org



➤ m.me/aehta.org



➤ <https://twitter.com/AEHDA>



➤ [aehta.org](https://skype.com/aehta.org)



➤ <https://www.linkedin.com/in/aehta-org-853b7822b>



➤ **Contact Information:**

+93 700 99 53 53

+93 700 27 30 80

Dr. Ihsanullah Jamal
G. Director AEHDA Organization
gd@aehta.org.af
aehta.org@gmail.com