BDN BAKHTER Development NETWORK
شبکه انکشافی باختر
Solutions for a brighter future

ANNUAL REPORT- 2023

Annual Descriptive Performance Progress Report



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Contents

Table of Contents

Abbreviations and Acronyms 3
FOREWORD 6
Executive Summary 8
Other Programs Implemented in 2023 9
2023 Program Portfolio at a Glance 9
Table 1: BDN Projects Portfolio 9
Overall Contribution 9
Table 2: BDN's staff by Project and Gender in 2023: 10
A. Basic and Essential Package of Health Services (BPHS/EPHS) Projects in 2023 11
Table 3. BPHS (HER) Projects summary 11
Key Health Service Achievements 12
Child Health and Immunization 12
Immunization Results 12
Management of Childhood Illness (IMCI) 14
Maternal and New-born Care 14
Antenatal Care (ANC) 14
Institutional Delivery (ID): 15
Postnatal Care (PNC) 15
Family Planning Services 16
..... 20
B. Global Fund/UNDP-Supported Project 20
Control of HIV/AIDS 20
C. Community-Based Nutrition Interventions in Samangan 21
D. Provision of Essential Life-Saving Health Services to Underserved Populations 21
E. Targeted Supplementary Feeding Programme (TSFP) – Balkh 22
F. Provision of Essential and Life-Saving Health and Nutrition Services for Women and Children Affected by Emergency 22
Supportive Supervision: 22
Medical and Non-Medical Equipment 22
Waste Management and Infection Prevention 22
Coordination with Stakeholders and Community 23
Conclusion 24

Abbreviations and Acronyms

AMNEAB	Afghanistan Midwifery and Nursing Education and Accreditation Board
AIDS	Acquired Immune Deficiency Syndrome
AMS	Afghanistan Mortality Survey
ANC	Ante Natal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
BCC	Behavioral Change Communications
BCG	Bacillus Calmette–Guérin
BDN	Bakhter Development Network
BHC	Basic Health Center
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CBHC	Community Based Health Care
CB-DOTS	Community Based Directly Observed Treatment short course
CHC	Comprehensive Health Center
CHNE	Community Health Nursing Education
CHS	Community Health Supervisor
CHW	Community Health Worker
CMAM	Community-based Management of Acute Malnutrition
CME	Community Midwifery Education
CTC	Community-based Therapeutic Centers
DEWS	Disease Early Warning System
DH	District Hospital
DOTS	Direct Observed Therapy Short-course
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FP	Facilitator Partner
GCMU	Grant Contract Management Unit
GIHS	Ghazanfar Institute of Health Sciences
GM	Growth Monitoring
GF	Global Fund
GMP	Good Manufacturing Practice
GOA	Government of Afghanistan
GPH	Ghazni Provincial Hospital
HB	Hepatitis B
HF	Health Facility
HHS	Household Survey
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HP	Health Post
HR	Human Resource
IDA	International Development Association
IDU	Intravenous Drug Users
IEC	Information Education Communication
IMAT	Inventory Management Assessment Tools
IMCI	Integrated Management of Childhood Illnesses
IYCF	Infant and Young Child Feeding
IUCD	Intra Uterine Contraceptive Device

IUD	Injection Drug Users
JHU	John Hopkins University
LDP	Leadership Development Program
LHC	Local Health Committee
MDS	Managing Drug Supply
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MHT	Mobile Health Team
MICS	Multiple Indicator Cluster Survey
MD	Medical Doctor
MMS	Managing Medicine Supply
MNCH	Maternal, Neonate and Child Health
MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MPH	Master of Public Health
MMRD	Ministry of Rural Rehabilitation and Development
MSH	Management Science for Health
MUAC	Mid Upper Arm Circumstances
MSAT	Management Self-Assessment Tools
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NSP	National Solidarity Program
NSTG	National Standard Treatment Guideline
NID	National Immunization Day
NRVA	National Risk and Vulnerability Assessment
NSP	National Solidarity Program
NTP	National TB Program
OCCD	Organization for Community Coordination Development
OPD	Outpatient Department
ORS	Oral Rehydration Salt
PDC	Provincial Development Committee
PH	Provincial Hospital
PME	Planning Monitoring and Evaluation
PMU	Pharmacy Management Unit
PNC	Post Natal Care
PPHCC	Provincial Public Health Coordination Committee
PPHO	Provincial Public Health Office
PPA	Performance Participator Appraisal
PPM	Private-Public Mix
PRA	Participatory Rural Appraisal
PRT	Provincial Rehabilitation Team
QA	Quality Assurance
TOT	Training of Trainers
RH	Reproductive Health
RUD	Rational Use of Drugs
SAM	Sever Acute Malnutrition
SEHAT	System Enhancement for Health Actions in Transition
SFP	Supplementary Feeding Program
SHC	Sub Health Center
SM	Strengthening Mechanism

SS+	Sputum Smear Positive
SMS	Short Messaging Service
STD	Sexually Transmitted Disease
TB	Tuberculosis
TF	Task Force
TSFP	Trageted Supplementary Feeding Program
TNA	Training Needs Assessment
TT	Tetanus toxoid
TV	Tele Vision
UNICEF	United Nations Children's Funds
USAID	United State Agency for International Development
VCCT	Voluntary Confidential Counseling & Testing
WFP	World Food Programme
WHO	World Health Organization

FOREWORD

The BDN Annual Report 2023 provides an overview of the organization's activities, strategic approaches, key achievements, and lessons learned throughout the year. It highlights the progress made in delivering quality health, nutrition, and community-based services, while reflecting on the challenges encountered and the opportunities to further strengthen our impact.

Since its establishment in 2001, BDN has evolved from a small organization into an experienced and trusted development and humanitarian partner. With more than two decades of experience implementing development and humanitarian programs, BDN has established strong partnerships with donors, UN agencies, the Government of Afghanistan, and relevant line ministries, particularly the Ministry of Public Health (MoPH) and the Ministry of Rural Rehabilitation and Development (MRRD). Our work spans health, nutrition, community development, and other critical sectors aimed at improving the well-being and resilience of vulnerable communities.

Over the years, BDN has also built strong and lasting relationships with the communities we serve. Despite operating in complex and challenging environments, including conflict-affected and hard-to-reach areas, BDN has remained committed to bringing essential services closer to families and communities. Through our programs, we have expanded access to health and nutrition services, strengthened community capacity, and supported communities to become more resilient in responding to humanitarian and development challenges.

Putting Communities at the Centre

A central focus of BDN's approach has been the effective use of community-based interventions. Our experience demonstrates that meaningful community participation and the contribution of frontline health workers, outreach workers, community midwives, and Community Health Workers (CHWs) are essential to improving access to services and contributing to better maternal, newborn, and child health outcomes.

By strengthening community-level structures and linking them with formal health systems, BDN has worked to ensure that essential services reach women, children, and other vulnerable groups who may otherwise remain underserved. This community-centred approach has enabled BDN to extend its reach, respond more effectively to local needs, and promote greater ownership and sustainability at the community level.

Strengthening Organizational Effectiveness

During 2023, BDN continued to strengthen its internal systems, processes, and organizational capacity to improve the efficiency, effectiveness, quality, and accountability of its programs. We recognize that achieving sustainable results requires not only strong program implementation but also robust systems, capable teams, effective partnerships, and continuous learning.

BDN remains committed to adapting its approaches to a rapidly changing operating environment and to responding effectively to emerging humanitarian and development needs. Our programs are designed to reduce inequality and exclusion, improve equitable access to essential services, and ensure that assistance reaches those who need it most.

As we look to the future, BDN will continue to invest in approaches that promote quality, equity, resilience, accountability, and sustainability, while strengthening the connection between humanitarian response and longer-term development.

Reaching Those Most in Need

In 2023, BDN remained focused on improving the health and well-being of approximately four million people across the provinces where we operated. Our efforts prioritized mothers, children, and other vulnerable, disadvantaged, underserved, and hard-to-reach populations.

Our work is guided by a simple principle: those who face the greatest barriers to essential services should not be left behind. Through community-based service delivery, strengthened health systems, targeted outreach, and close engagement with communities and partners, BDN continued to expand access to essential services and address critical gaps in underserved areas.

Looking Ahead

The achievements presented in this Annual Report are the result of the dedication and collective efforts of BDN's leadership, staff, frontline workers, community partners, donors, and implementing partners. Throughout 2023, BDN continued to deliver quality services in a changing and challenging operating environment, while remaining committed to learning, adapting, and continuously improving its approaches.

During 2023, the operating environment and availability of project opportunities evolved, resulting in a reduction in the

overall number and scale of some of BDN's projects. Despite these changes, BDN remained focused on maintaining the quality, effectiveness, accountability, and continuity of its programs. The organization continued to make efficient use of available resources, strengthen internal systems, and uphold its commitment to delivering high-quality services to the communities it serves.

BDN is proud of the progress made during 2023 and recognizes the importance of remaining responsive and adaptable in a changing environment. Moving forward, we will continue to build on our experience, strengthen partnerships, enhance organizational and programmatic capacity, and pursue opportunities to expand our reach to underserved and hard-to-reach populations.

The BDN Annual Report 2023 reflects not only the results achieved during the year, but also the organization's ability to adapt to changing circumstances while maintaining its core standards and values. It demonstrates BDN's continued commitment to quality service delivery, accountability, community engagement, resilience, and equitable access to essential services.

As we look ahead, BDN remains committed to working closely with its partners and communities to respond to emerging needs, transform challenges into opportunities, and deliver meaningful, measurable, and sustainable results for the people we serve.

Background of the Organization

About Bakhter Development Network (BDN)

Bakhter Development Network (BDN) was established in 2001 as an Afghan non-governmental, non-profit, non-political, and development-oriented organization. For more than two decades, BDN has worked alongside communities, government institutions, donors, UN agencies, and other development and humanitarian partners to improve access to essential services and support sustainable community development across Afghanistan.

BDN envisions enabled and resilient communities that are empowered to shape and pursue a brighter and more sustainable future. Guided by this vision, BDN works to strengthen the capacity of individuals, communities, and national institutions to identify and address their own development priorities.

Our Contribution to Health and Nutrition

Improving access to quality healthcare and nutrition services remains at the centre of BDN's work. BDN supports Afghanistan's public health system in alignment with national priorities by providing technical, operational, managerial, and community-based support to improve the availability, accessibility, quality, and continuity of essential services.

Over the past two decades, BDN has developed substantial experience in implementing health, nutrition, and humanitarian programs in diverse and challenging settings. Through its partnerships and field presence, BDN has contributed to extending essential services to underserved, vulnerable, and hard-to-reach populations, while strengthening the capacity of local service providers and communities.

Our Strategic Approach

Across its health, nutrition, humanitarian, and development programs, BDN has focused on three interconnected areas:

1. Evidence-Based and Quality Service Delivery

BDN promotes evidence-based interventions through a combination of facility-based and community-based service delivery approaches. This includes strengthening linkages between health facilities and communities to improve access to essential health and nutrition services, particularly for populations facing geographic, social, economic, or other barriers to care.

2. Capacity Building of Afghan Service Providers

BDN invests in the capacity of Afghan health and development professionals through formal and informal training, mentoring, supportive supervision, technical assistance, and on-the-job learning. These efforts aim to strengthen technical competencies, improve service quality, and promote sustainable local capacity.

3. Strengthening Management and Institutional Capacity

BDN places strong emphasis on strengthening managerial and organizational capacity at different levels. This includes improving planning, coordination, monitoring, reporting, resource management, accountability, and evidence-informed decision-making. BDN also contributes its field experience and technical knowledge to relevant discussions on policies, strategies, and approaches that support the development of Afghanistan's health and development sectors.

Through these approaches, BDN has established a strong record of implementing health, nutrition, humanitarian, and development programs and of working effectively with communities and partners across Afghanistan.

Operational Presence and Capacity

BDN's head office is located in Kabul, supported by provincial and sub-provincial offices and field teams. During 2023, BDN maintained operational capacity across Balkh, Faryab, Sar-e-Pul, Jawzjan, Kunduz, Takhar, Badakhshan and Samangan, and other program locations, enabling the organization to maintain close engagement with communities and provide timely program support.

BDN's field offices and program teams are equipped with the essential communication, information technology, transportation, and operational resources required to support program implementation, monitoring, coordination, and emergency response.

In 2023, BDN had a workforce of 1550 employees, including health professionals, technical personnel, frontline workers, and managerial and support staff. Women represented 45% of the workforce, while men represented 55%, reflecting BDN's continued investment in a diverse and capable Afghan workforce.

BDN's 2023 Program Portfolio

In 2023, BDN implemented a diverse portfolio of health, nutrition, humanitarian, and community-based programs across several provinces. The portfolio was designed to address both immediate humanitarians needs and longer-term health and nutrition priorities, with particular attention to underserved and hard-to-reach populations.

Key areas of implementation included:

- Health Emergency Response (HER) in Balkh Province, supporting continuity and access to essential health services.
- Combined HIV/AIDS, Tuberculosis, Malaria, and Health Systems Support in Balkh Province.
- Targeted Supplementary Feeding Program (TSFP) in Balkh Province to support the management of acute malnutrition among vulnerable populations.
- Provision of Essential Life-Saving Health and Nutrition Services to Underserved Populations in Kunduz Province through the AHF-supported PHNS program.
- Provision of Essential Life-Saving Health Services to Underserved Populations in Northern Afghanistan, covering Sar-e-Pul, Balkh, Samangan, Faryab, and Jawzjan provinces.
- \Continuation and Expansion of Community-Based Nutrition and Preventive Nutrition Services, including Community-Based Nutrition Programming, community-based Iron and Folic Acid supplementation, and the expansion of preventive nutrition interventions such as Multiple Micronutrient Powder (MNP) supplementation for children aged 6–59 months in Samangan Province.

Looking Forward

BDN's experience in 2023 further demonstrated the importance of maintaining strong community engagement, investing in Afghan human resources, strengthening health systems, and adapting program approaches to changing needs and operating conditions.

As BDN moves forward, the organization remains committed to quality, accountability, evidence-based programming, partnership, innovation, and equitable access to essential services. Building on more than two decades of experience, BDN will continue to work with communities and partners to strengthen resilience, address emerging humanitarian and development needs, and contribute to improved health and well-being across Afghanistan.

Executive Summary

In 2023, **Bakhter Development Network (BDN)** continued to implement a diverse portfolio of health and nutrition programs across several provinces of Afghanistan, with a particular focus on maintaining access to essential health services for vulnerable, underserved, and hard-to-reach populations. Through facility-based and community-based interventions, BDN supported the delivery of quality health and nutrition services while strengthening health-system capacity, community engagement, monitoring, and accountability.

A major component of BDN's 2023 portfolio was the Health Emergency Response (HER) Project in Balkh Province, implemented under a contract-out mechanism with UNICEF. The project supported the delivery of Basic Package of Health Services (BPHS) , with the overall objective of improving access to and quality of essential health services and contributing to improved health outcomes.

Other Programs Implemented in 2023

In addition to the HER/BPHS program, BDN implemented and supported a range of complementary health and nutrition interventions, including:

- Combined Grant for HIV/AIDS, Tuberculosis, Malaria, and Health System Strengthening in Balkh province
- Community-based Iron and Folic Acid (IFA) supplementation and expansion of preventive and treatment nutrition services in Samangan.
- Targeted Supplementary Feeding Program (TSFP) for children with moderate acute malnutrition and pregnant and lactating women in Balkh.
- Primary Health and Nutrition Care (PHNC) services in underserved and hard-to-reach areas, including referral services and provision of medicines and medical supplies in Kunduz province.
- Essential life-saving health services for underserved populations in the northern region of Afghanistan, covering Sar-e-Pul, Balkh, Samangan, Faryab, and Jawzjan.
- Provision of Essential and Life-Saving Health and Nutrition Services for Women and Children Affected by Emergency in Balkh, Takhar & Baghlan provinces

2023 Program Portfolio at a Glance

Table 1: BDN Projects Portfolio

Province(s)	Major Program/Intervention	Districts	Direct Beneficiaries	Indirect Beneficiaries
Balkh	Implementation of BPHS Project	15	1,543,464	1,543,464
Samangan	CBNP, community-based IFA supplementation, and expansion of preventive and treatment nutrition services, including MNP supplementation for children 6–59 months	7	175,808	438,235
Balkh	Combined Grant for HIV/AIDS, TB, Malaria and Health System Support	15	1,543,464	1,543,464
Balkh	Targeted Supplementary Feeding Program (TSFP) for MAM children and PLW	15	62,564	1,543,464
Samangan	Community-based Iron and Folic Acid (IFA) supplementation and expansion of preventive and treatment nutrition services in Samangan	7	34,776	203,023
Sar-e-Pul, Balkh, Samangan, Faryab & Jawzjan	Essential life-saving health services for underserved populations in northern Afghanistan	6	100,187	1,869,596
Kunduz	Provision of health and nutrition services in underserved communities of Kunduz province	4	26000	1,255,300
Balkh, Takhar & Baghlan	Provision of Essential and Life-Saving Health and Nutrition Services for Women and Children Affected by Emergency	5	21,000	433,839
Total		**NA**	**3,481,263**	**6,031,621**

Overall Contribution

BDN's 2023 program portfolio demonstrated its continued commitment to delivering accessible, quality, and life-saving health and nutrition services to vulnerable and underserved populations. Through a combination of facility-based services, community-based interventions, capacity building, quality improvement, monitoring, and stakeholder coordination, BDN

supported the continuity of essential services while responding to the needs of communities across multiple provinces.

The year also demonstrated BDN's capacity to maintain operational continuity, strengthen accountability, and adapt program implementation to the prevailing operating environment, while continuing to prioritize service quality and the effective use of available resources.

Table 2: BDN's staff by Project and Gender in 2023:

Province	Clinical Staff	Management Staff by Project								Staff by Gender						
		HER	Malaria	MHNT	PHC WHO	CBNP	AHF Samangan	PHNS Kunduz	TSFP	Total Management Staff		Total Staff	Male		Female	
										NO	%		NO	%	NO	%
Balkh	1191	52	1	10	14	0	0	0	9	**74**	**6%**	**1277**	691	**54%**	586	**46%**
Takhar	0	0	1	12	0	0	0	0	0	**0**	**0%**	**13**	8	**62%**	5	**38%**
Sar-e-Pol	40	0	0	0	0	0	0	0	0	**0**	**0%**	**40**	**16**	**40%**	**24**	**60%**
Faryab	44	0	0	0	0	0	0	0	0	**0**	**0%**	**44**	22	**50%**	22	**50%**
Jawzjan	15	0	0	0	0	0	0	0	0	**0**	**0%**	**15**	**5**	**33%**	**10**	**67%**
Samangan	41	0	0	0	0	11	5	0	0	**16**	**28%**	**57**	37	**65%**	20	**35%**
Kunduz	37	0	0	0	0	0	0	10	0	**10**	**21%**	**47**	**26**	**55%**	**21**	**45%**
Kabul	0	55	2	0	0	0	0	0	0	**57**	**100%**	**57**	54	**95%**	3	**5%**
Total	1368	107	4	22	14	11	5	10	9	**157**	**10%**	**1550**	**859**	**55%**	**691**	**45%**

A. Basic and Essential Package of Health Services (BPHS/EPHS) Projects in 2023

In 2023, Bakhter Development Network (BDN) continued implementation of the Basic Package of Health Services (BPHS) in Balkh Province. These services form a critical component of Afghanistan's health system and aim to ensure access to essential, quality, and life-saving healthcare services for the population.

Throughout the year, BDN-supported health facilities continued to provide a comprehensive range of maternal, newborn, child health, reproductive health, immunization, nutrition, and hospital services.

The information on the current BPHS projects is summarized in the table below:

Table 3. BPHS (HER) Projects summary

Project	Province	No of districts	Papulation	Type and number of Health facilities							
				P H	D H	CHC +	CH C	B H C	P H C	Pris on HF	HPs
HER	Balkh	15	1,509,183	0	5	3	12	44	51	1	900
Total		**15**	1,509,183	0	5	3	12	44	51	1	900

Table 4. BDN's BPHS

Provinces	**Balkh**	**Total**
Projects	BPHS	
Number of Districts	15	15
Number of Active HFs	116	116
Population	1,509,183	1,509,183
Number of Active HPs	900	900
Number of Female CHWs	1170	1170
Number of Male CHWs	630	630
Number of Local Health Committees	1016	1016
Number of FHAGs	913	913

Balkh HER project Key achievements included:

Key Health Service Achievements

- 263,407 pregnant women received Antenatal Care (ANC).
- 40,814 women received institutional delivery services attended by skilled birth attendants.
- 146,156 women received Postnatal Care (PNC).
- 32,000 Couple Years of Protection (CYP) were achieved through family planning services.
- 1,087 Cesarean Section (C/S) operations and 2,628 major surgeries were performed.
- 653,766 children under five received treatment for various illnesses at BDN-supported health facilities.
- 61,115 children aged 0–11 months received the third dose of Pentavalent vaccine (PENTA3).
- 483,769 children received Growth Monitoring and Promotion (GMP) services, with parents and caregivers receiving counselling on appropriate Infant and Young Child Feeding (IYCF) practices.
- 81,334 women of reproductive age received TT2+ vaccination.
- 966 TB patients received treatment at BDN-supported health facilities.

These achievements demonstrate the continued delivery of essential health services across BDN-supported facilities and the organization's contribution to improving access to maternal, child, reproductive, and other priority health services in Balkh Province.

Child Health and Immunization

Expanded Program on Immunization (EPI)

BDN maintained functional immunization services through fixed, outreach, and mobile approaches across supported health facilities. All vaccinators remained in position without vacancies, while regular supervision and refresher training were provided to strengthen the quality and continuity of immunization services.

Health facilities were supplied with vaccines, cold-chain equipment, and required stationery, while BDN regularly monitored immunization performance and strengthened community mobilization to increase demand, access, and utilization of immunization services.

To improve immunization coverage and reduce missed opportunities and dropout rates, BDN implemented the following measures:

- Identified areas with low immunization coverage through analysis of HMIS and EPI data and review of community maps.
- Purchased new motorbikes and repaired existing motorbikes to facilitate regular outreach activities in designated areas.
- Strengthened collaboration with Local Health Committees (LHCs) to support outreach immunization activities.
- Conducted regular refresher training for vaccinators and midwives to reduce missed opportunities for vaccination.
- Established monthly targets for Health Posts (HPs) for referral of eligible clients to health facilities for immunization.
- Developed and implemented a defaulter-tracking system to minimize immunization dropout rates.
- Actively participated in polio eradication campaigns and other national immunization campaigns and immunization days.
- Strengthened community support and mobilization for outreach and mobile immunization activities.

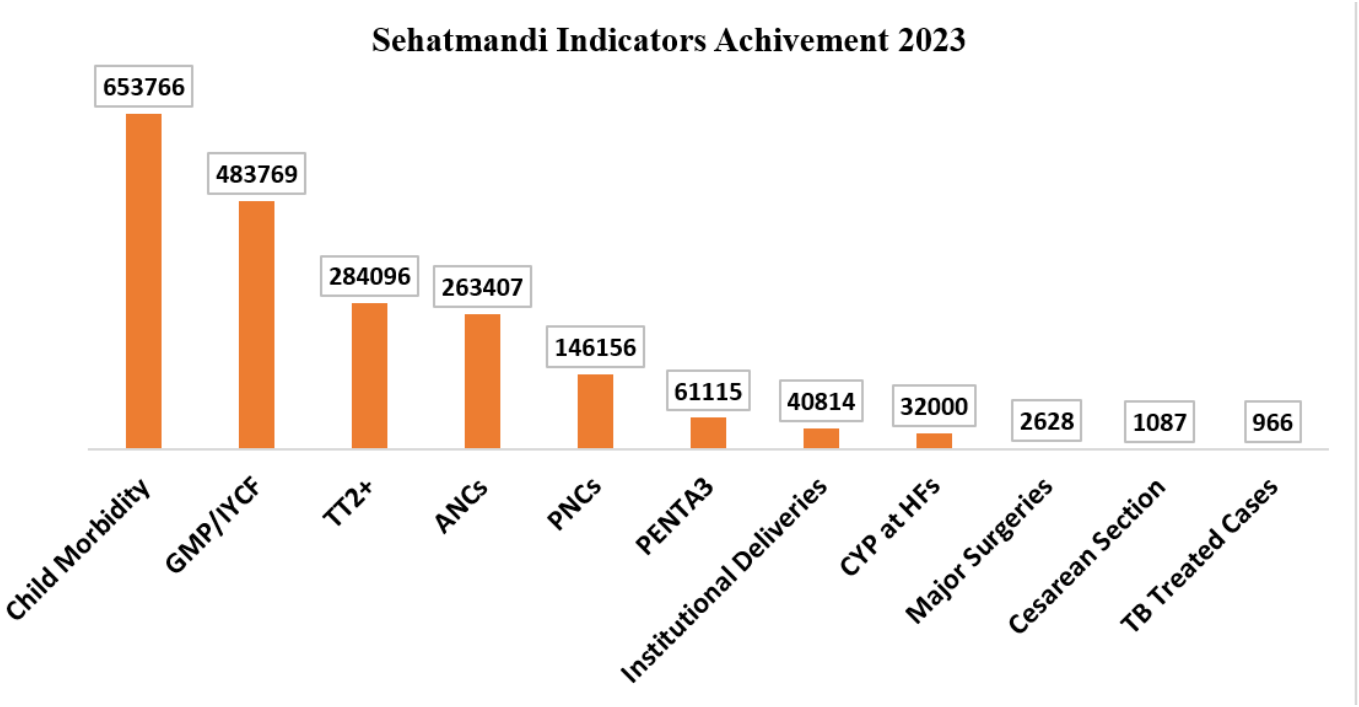
Immunization Results

As a result of these interventions:

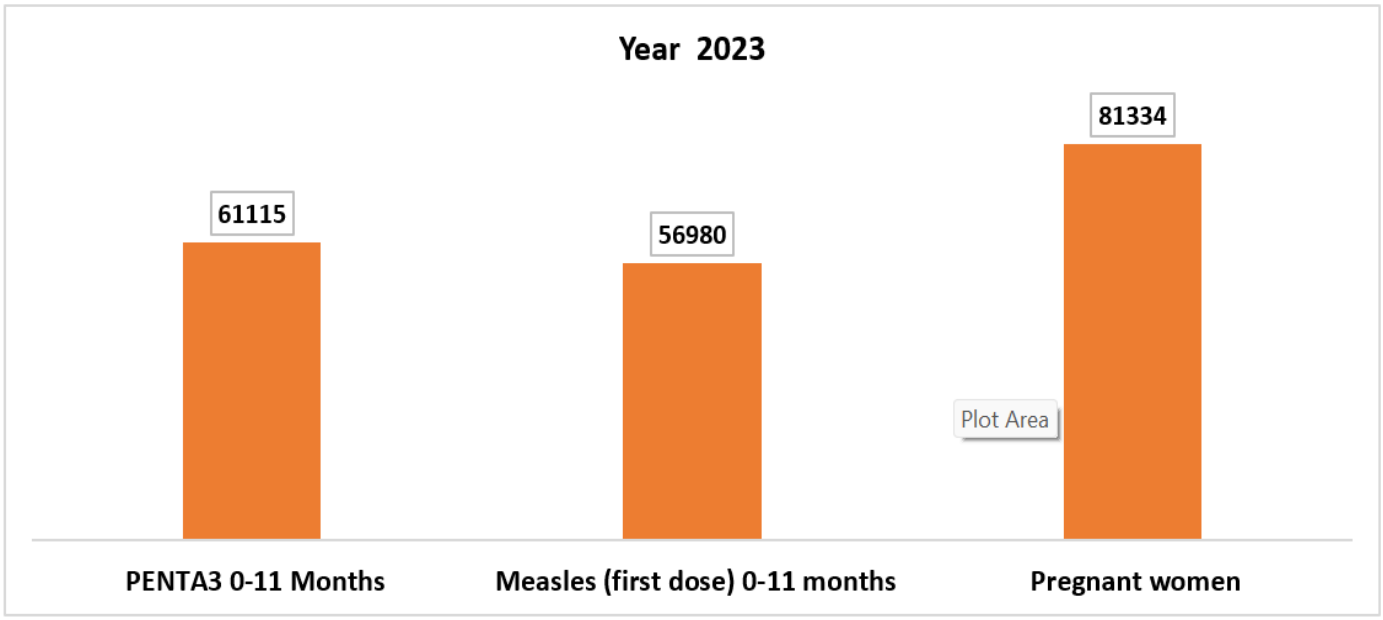
- 61,115 children aged 0–11 months received PENTA3 vaccination.
- 81,334 pregnant women received TT2+ vaccination.
- 78 EPI fixed and outreach centers remained functional and provided fixed, outreach, and mobile immunization services within their respective catchment areas in Balkh Province.

BDN's immunization interventions focused on improving coverage, reaching underserved communities, reducing missed opportunities and dropout rates, and strengthening community participation in immunization activities. These efforts contributed to the continued availability and utilization of essential child health and immunization services throughout 2023.

Table 4. Overall achievement of HFs in BDN's Health Emergency Response (HER) Projects:



The following chart illustrates immunization services in Balkh Province: Measles and PENTA-3 vaccinations among children aged 0–11 months, and TT+ vaccination among Pregnant women



Management of Childhood Illness (IMCI)

In 2023, BDN strengthened Integrated Management of Childhood Illness (IMCI) across supported health facilities through training, supportive supervision, quality assurance, and the provision of essential medicines and medical supplies. These efforts supported the timely identification and appropriate management of childhood illnesses, counselling of caregivers, and referral of severe cases to higher-level health facilities.

BDN also actively supported National Immunization Days (NIDs) through planning, community mobilization, supervision, and monitoring. The organization continued coordination with WHO, MoPH, and other stakeholders on Acute Flaccid Paralysis (AFP) surveillance and ensured that health facilities were adequately staffed, equipped, and supplied in line with BPHS/EPHS requirements.

Maternal and New-born Care

BDN continued to strengthen access to quality maternal and new-born care services, with emphasis on skilled care, timely referral, community engagement, and availability of essential supplies.

Key measures included:

- Ensuring more than 100% coverage of positions reserved for at least one female health worker at supported health facilities.
- Mobilizing Community Health Workers (CHWs) and Local Health Committees (LHCs) to promote skilled, facility-based deliveries and strengthen referral linkages.
- Supporting midwives to conduct community and village visits to identify pregnant women and encourage delivery at health facilities.
- Strengthening new-born care immediately after birth, including thermal care, early and exclusive breastfeeding, infection prevention, and timely referral of complicated cases.
- Strengthening the capacity of midwives in new-born resuscitation and management of new-born complications.
- Supporting CHWs to provide essential new-born care following home deliveries and encourage timely referral to health facilities.
- Engaging female CHWs, Family Health Action Groups (FHAGs), religious leaders, and community leaders to promote maternal and newborn health services, birth spacing, and safe delivery practices.
- Promoting clean cord care and prevention of neonatal hypothermia through appropriate newborn-care practices.
- Encouraging families with home deliveries to take newborns to the nearest health facility within the first three days and again at the end of the first week.

Antenatal Care (ANC)

In 2023, BDN-supported BPHS health facilities provided Antenatal Care (ANC) to 263,407 pregnant women in Balkh Province.

ANC was used as an important opportunity to promote maternal health by:

- Supporting regular intake of micronutrients to help prevent anemia; and
- Increasing women's awareness of pregnancy danger signs and the importance of seeking timely care.

Institutional Delivery (ID):

BDN promoted skilled care at every birth to reduce maternal and newborn complications and mortality during childbirth. In 2023, BDN-supported BPHS health facilities provided 40,814 institutional deliveries, with skilled birth attendants supporting women throughout the delivery process.
This achievement reflects continued efforts to improve access to safe, quality, and client-centered delivery services and to strengthen community awareness and referral mechanisms encouraging pregnant women to deliver at health facilities.

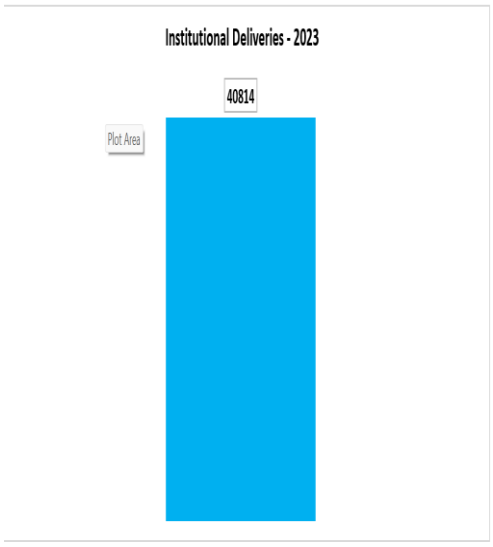
Postnatal Care (PNC)

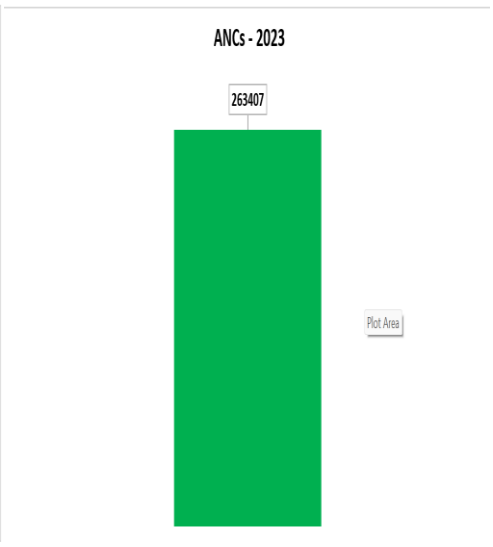
BDN-supported health facilities continued to provide Postnatal Care (PNC) to mothers and newborns following childbirth, with a focus on early identification of complications, maternal and newborn care, breastfeeding, nutrition, and family planning.

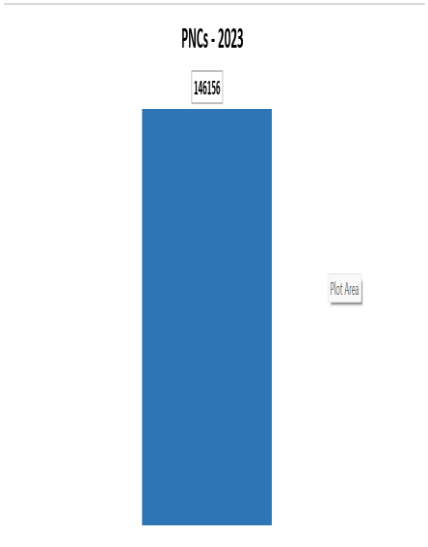
During postnatal visits, health facility staff:

- Examined mothers and newborns following delivery and identified potential complications requiring further care or referral.
- Provided counselling on breastfeeding, newborn care, and maternal nutrition.
- Promoted family planning and healthy birth spacing, particularly during the postpartum period.
- Ensured that clients received appropriate information on available modern family planning methods and were supported to make informed choices.
- Strengthened the capacity of health staff to provide appropriate family planning counselling and support mothers in selecting a suitable method.

In 2023, BDN-supported health facilities provided PNC services to approximately 198,357 women, contributing to improved continuity of maternal and newborn care following delivery.







Family Planning Services

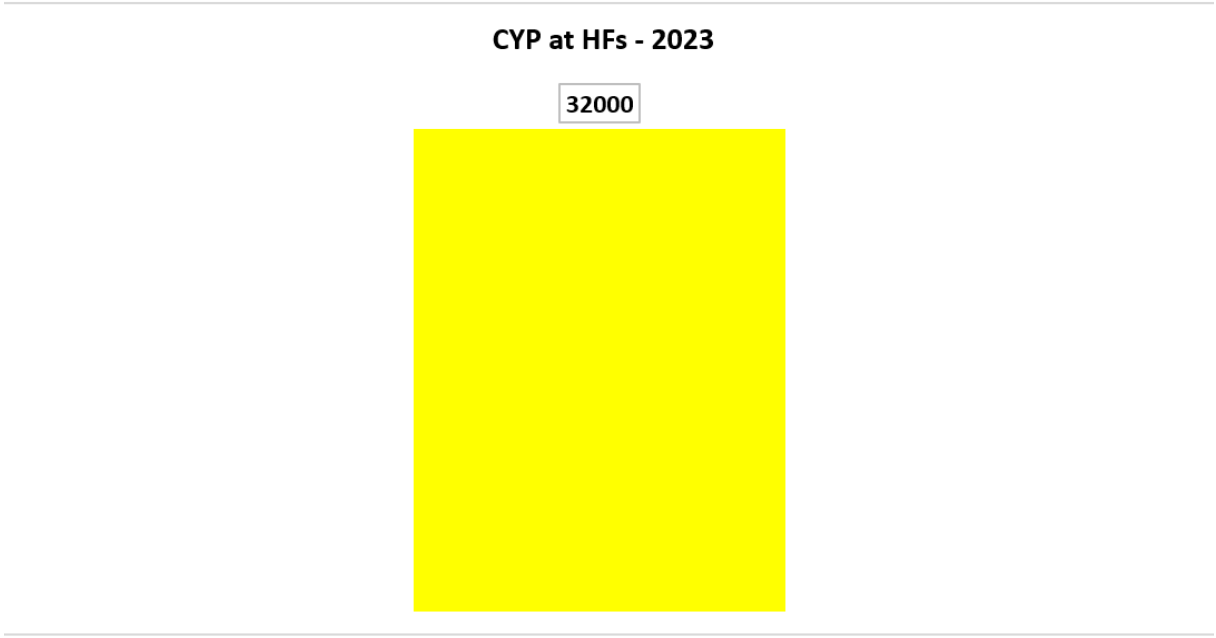
In 2023, BDN continued to strengthen and promote family planning (FP) services as an integral component of the BPHS service package. A range of family planning methods was made available through Health Posts (HPs) and health facilities according to their service-delivery level, with a focus on promoting healthy birth spacing and informed choice.

BDN ensured that the provision of family planning services was voluntary and free from pressure or monetary incentives, enabling clients to make informed decisions regarding their preferred contraceptive methods.

Health Posts were recognized as accessible and convenient points for community-based family planning services. BDN therefore continued to strengthen the technical and counselling capacity of Community Health Workers (CHWs) and supported regular supervision and refresher training.

Key Achievements and Actions

- Achieved 32,000 Couple Years of Protection (CYP) through family planning services at health-facility level in 2023.
- Maintained adequate stocks and continuous availability of contraceptive commodities at HPs and health facilities.
- Trained midwives at supported health facilities on IUCD insertion.
- Provided continuous technical support and refresher training to CHWs on family planning counselling and contraceptive provision.
- Trained CHWs to administer the first dose of Depot Medroxyprogesterone Acetate (DMPA).
- Strengthened the role of Community Health Supervisors (CHSs) in monitoring CHW performance and supporting quality and safe service delivery.
- Ensured regular refresher training for CHWs on the distribution and provision of contraceptive methods.
- Promoted informed choice and client-centered counselling to support women and couples in selecting appropriate family planning methods.



Public Nutrition Services

Malnutrition remained a significant public health concern in the communities served by BDN. In 2023, BDN continued to strengthen the prevention, identification, referral, and treatment of malnutrition through public health facilities and community-based interventions in Balkh Province.

Key Nutrition Achievements

Through the BPHS project, BDN provided nutrition services through supported health facilities, including:

- 34,329 new OPD-MAM cases admitted for treatment at health facilities.
- 983 IPD-SAM cases admitted to five District Hospitals (DHs).
- 801 IPD-SAM cases successfully discharged as cured from Therapeutic Feeding Units (TFUs).
- 115 health facilities supported to implement the Targeted Supplementary Feeding Program (TSFP) in Balkh Province.

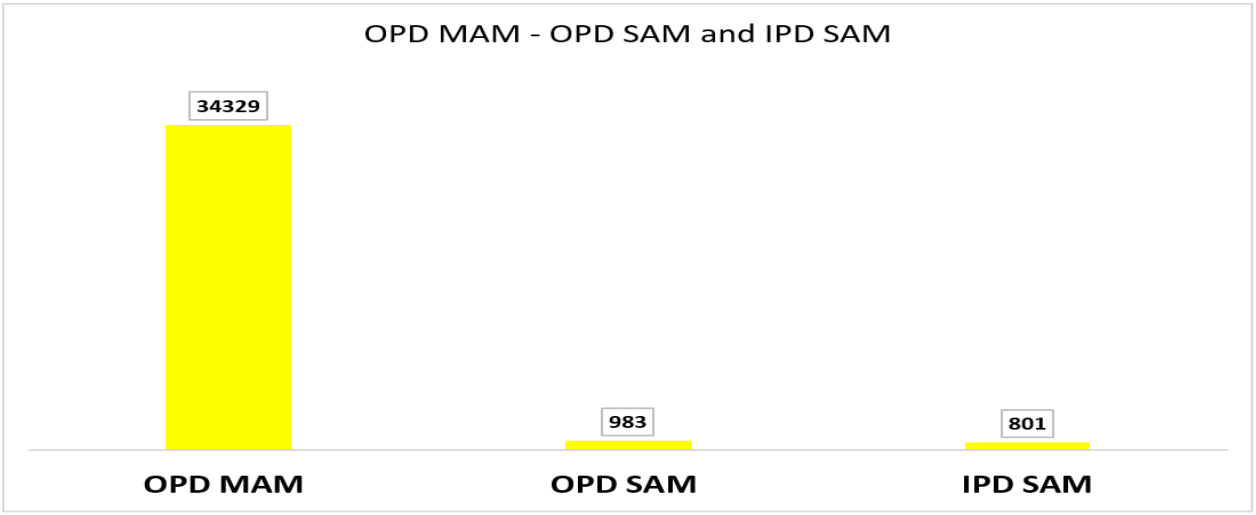
To further strengthen nutrition services, BDN signed a Field-Level Agreement (FLA) with WFP to implement TSFP for children under five with Moderate Acute Malnutrition (MAM) and acutely malnourished pregnant and lactating women (AM-PLW).

Strengthening Nutrition Services and Community Engagement

BDN implemented the following measures to improve early identification, treatment, and prevention of malnutrition:

- Ensured availability of appropriate Growth Monitoring (GM) tools and supported routine growth monitoring and screening of children under five.
- Ensured appropriate spaces for growth monitoring at health facilities.
- Trained health facility staff on identification and management of malnutrition.
- Ensured availability of nutritional supplements, ORS, zinc, and micronutrients at supported health facilities.
- Integrated nutrition screening into ANC services to identify malnutrition among pregnant women.
- Provided counselling on exclusive breastfeeding, Infant and Young Child Feeding (IYCF), and appropriate child nutrition**.**
- Ensured routine management of childhood diarrhoea using ORS and zinc**.**
- Trained and supported Community Health Workers (CHWs) to conduct community-based growth monitoring and identify children requiring further assessment or treatment.

Through these interventions, BDN continued to strengthen the integration of nutrition services within primary healthcare and improve community awareness, early detection, and access to appropriate nutrition care in 2023.



Communicable Diseases Treatment and Control (CDC)

Tuberculosis (TB) Control

In 2023, BDN continued to provide quality tuberculosis (TB) prevention, diagnosis, treatment, and referral services through supported health facilities and the Community-Based Health Care (CBHC) network in Balkh Province. Increasing early case detection and ensuring accessible and equitable TB care remained key priorities.

Key TB Achievements

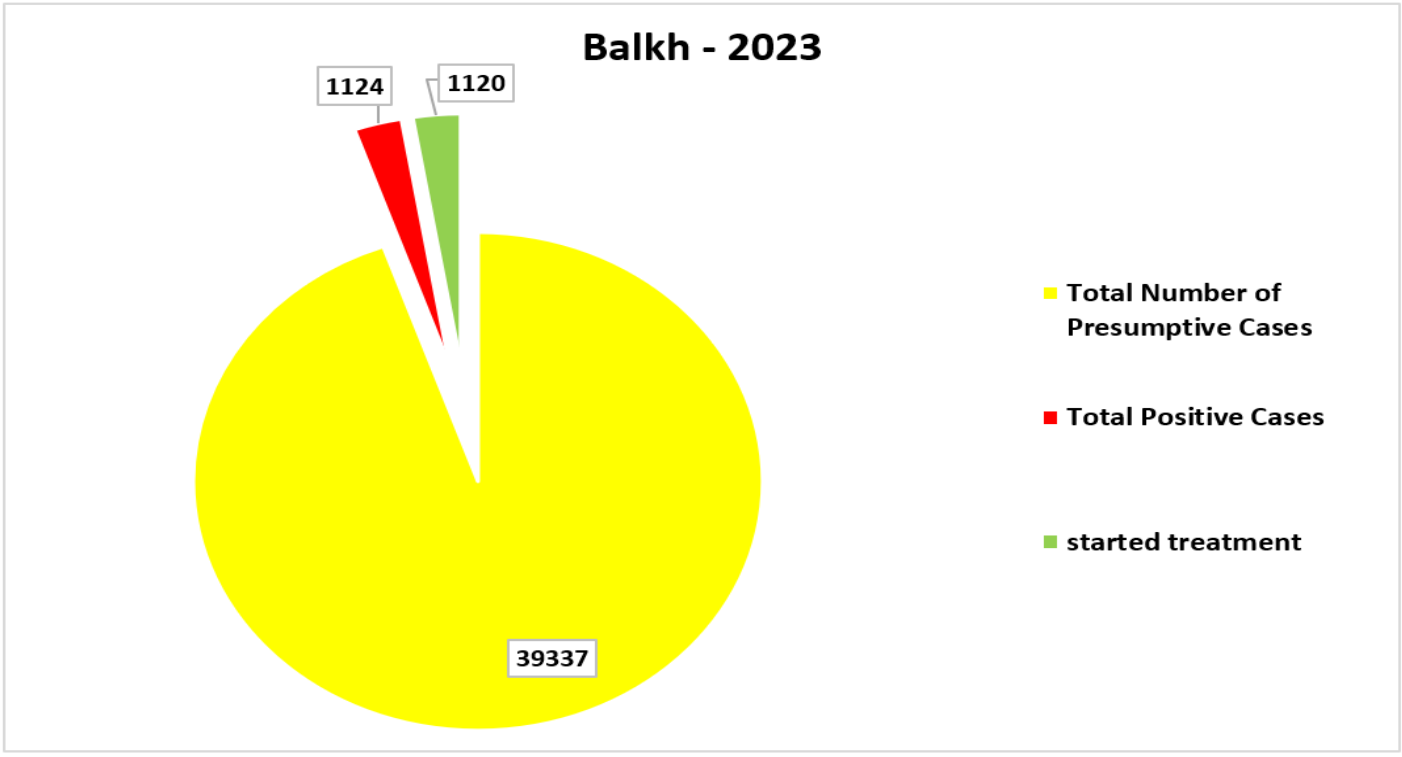
- 17,978 TB presumptive cases were screened through diagnostic centers.
- 1,101 sputum smear-positive (SS+) TB cases were detected and initiated on treatment.
- 966 TB patients successfully completed treatment and became smear-negative.
- Health facility staff and Community Health Workers (CHWs) were trained on TB case identification, referral, treatment, recording, and reporting in accordance with the Directly Observed Treatment, Short-course (DOTS) strategy.

Community Awareness and Case Detection

BDN strengthened community awareness and demand for TB services through:

- Dissemination of Information, Education and Communication (IEC) materials**.**
- Display of TB awareness messages through billboards**.**
- Broadcasting of TB prevention and care messages through local FM radio**.**
- Community-level identification and referral of suspected TB cases through CHWs.

These interventions supported earlier identification and referral of TB cases and strengthened the capacity of health facilities and community health workers to provide appropriate TB services and maintain accurate recording and reporting throughout 2023



Control of Malaria
In 2023, BDN continued to provide malaria prevention, diagnosis, treatment, and control services at both health-facility and community levels. Key interventions included:

- Designating malaria focal points for project-level coordination.
- Training health-facility staff and Community Health Workers (CHWs) on malaria prevention and control.
- Ensuring diagnostic centers were equipped with appropriate laboratory services**.**
- Providing Rapid Diagnostic Tests (RDTs) to Sub-Health Centers (SHCs), Basic Health Centers (BHCs), and selected Health Posts (HPs).
- Strengthening recording, reporting, and data management systems.
- Conducting regular supportive supervision of health facilities and health posts.

Mental Health and Disability Care
In 2023, BDN continued to provide mental health, disability, and rehabilitation services in accordance with the revised BPHS. BDN-supported health facilities provided mental health services to approximately 10,231 new clients/patients during the reporting period.

To strengthen the integration and quality of mental health and disability services, BDN:

- Recruited and provided technical support to physiotherapists at District Hospitals (DHs).
- Recruited Psychosocial Counsellors (PSCs) for Comprehensive Health Centers (CHCs) to provide counselling services.
- Conducted community-level mental health and disability awareness activities**,** emphasizing early identification, referral, and stigma reduction.
- Engaged CHWs, community leaders, teachers, and local private practitioners in identifying and referring individuals requiring mental health and disability services.
- Provided inpatient treatment and physiotherapy services at District Hospitals.
- Conducted training and orientation for health workers on diagnosis, treatment, and referral of common and severe mental health conditions, substance use disorders, childhood mental health conditions, self-harm, epilepsy, and physical disabilities.

Community-Based Health Care (CBHC)
BDN continued to provide accessible, equitable, and cost-effective health services through the established Community-Based Health Care (CBHC) network under its BPHS/EPHS projects in Balkh Province.
A total of 900 Health Posts (HPs)**,** supported by 1,800 Community Health Workers (CHWs) comprising 616 male and 1,184 female CHWs, continued to provide community-based services in accordance with BPHS requirements.

Key CBHC Activities

- Supported health facilities and HPs to regularly review and update catchment-area maps, including information on population distribution, distances, and access barriers.
- Ensured that Community Health Supervisors (CHSs) visited each HP at least monthly**.**
- Encouraged health-facility in-charges and midwives, where applicable, to conduct regular supervision of HPs.
- Ensured timely provision of essential medicines, medical equipment, training materials, stationery, guidelines, protocols, and IEC materials to HPs.
- Encouraged communities to nominate female volunteers as CHW candidates to strengthen female participation in community-based health services.
- Supported CHW participation in community meetings and health promotion activities**.**
- Recognized and supported CHWs through training opportunities, transportation support, recognition certificates, and supportive supervision**.**
- Recognized outstanding CHWs, HF Shura members, and CHSs during National CHWs Day celebrations across BDN-supported BPHS projects in Balkh Province.

Through the CBHC network, BDN continued to strengthen the link between communities and health facilities and support the delivery of essential health services closer to where people live.

Quality of Health Care Services:

BDN continued to focus on the quality dimension of health care services in all Health facilities and Health posts. In 2023, Quantified Quality Matrix (QQM) tools were introduced and applied in BHCs, CHCs, and DHs; gaps were identified and highlighted, and a comprehensive action plan was developed to address the shortfalls and was implemented. HMIS data quality has also been ensured in various ways, such as random verification of data at household levels by a technical team from TPM assigned by WB/UNICEF, and cross-checking of the generated data at each HFs by reviewing tally sheets, register books, and monthly reports. Furthermore, monitors, supervisors, and capacity-building officers visited the HFs to assess their quality standards and provided constructive feedback to the health workers. A practical Performance Implementation Plan (PIP) was developed and followed up on to address the identified gaps. Supportive supervision and on-the-job training, cause-of-death review boards, and safe surgery checklists were also in place as part of internal quality assurance undertaken.

B. Global Fund/UNDP-Supported Project-Grant cycle-7

Although malaria control is integrated into BPHS services, BDN implemented complementary malaria interventions through the Global Fund New Funding Model, with UNDP as the Principal Recipient. The project complemented BPHS services and supported efforts to reduce malaria-related morbidity and mortality.

In Balkh Province:

- Malaria case management was provided through microscopy (direct slide examination) and RDTs across 15 districts.
- Malaria services were available through 116 health facilities and 900 Health Posts**.**
- An additional 22 non-BPHS health facilities provided malaria services.
- Project staff and malaria focal points were maintained at provincial and central levels to support effective implementation.
- Orientation sessions were conducted with the Balkh Provincial Public Health Directorate (PPHD) regarding continuation of the project for 2024–2026.
- Project focal points and Community Health Supervisors (CHSs) conducted orientation sessions for Community Health Shura members on project objectives during regular community meetings.

Control of HIV/AIDS

BDN continued to support HIV/AIDS prevention, screening, counselling, referral, and awareness activities through supported health facilities and community-based networks.

In 2023:

- Approximately 43,271 clients were screened for HIV/AIDS at BDN-supported BPHS health facilities.
- Health facility staff and CHWs received training on HIV/AIDS case identification, counselling, referral, recording, and reporting**.**
- Community awareness activities were conducted through IEC materials, billboards, and local FM radio messaging to promote awareness and increase demand for HIV/AIDS services.

BDN continued to coordinate HIV/AIDS activities within the BPHS framework, with emphasis on early identification, appropriate referral, and strengthening community awareness.

C. Community-Based Nutrition Interventions in Samangan

In April 2023, BDN strengthened community-based nutrition interventions in Samangan Province, focusing on Maternal, Infant and Young Child Nutrition (MIYCN), growth monitoring, micronutrient supplementation, community nutrition promotion, and capacity building of community health workers (CHWs) and community health supervisors (CHSs). Activities were progressively expanded during the second half of the year.

Key achievements included:

- MIYCN capacity building: Training was provided to doctors, midwives, nurses, and nutrition counsellors, with activities increasing during the second half of the year. By December, 11 doctors, 5 midwives, 7 nurses, and 8 nutrition counsellors had received MIYCN-related training.
- Food demonstration sessions: Community-level food demonstration activities were conducted to promote appropriate infant and young child feeding and practical nutrition practices. 25 food demonstration sessions were reported in December.
- Growth monitoring: Community-based growth monitoring was conducted for boys and girls, reaching 6,046 boys and 5,971 girls in December.
- Iron and Folic Acid (IFA) supplementation: IFA was provided to adolescent girls as part of efforts to prevent and reduce micronutrient deficiencies. 1,333 girls in September, 3,995 in October, 5,131 in November, and 6,046 in December were reported as receiving IFA.
- Micronutrient Powder (MNP): MNP supplementation was provided to children aged 6–59 months, with reported coverage increasing to 5,971 children in December.
- Community-based nutrition capacity: CHSs and CHWs were trained on Community-Based Nutrition Programming (CBNP), MNP, Community WIFS, and Mother MUAC, strengthening their capacity to deliver nutrition interventions at the community level.
- Vitamin A supplementation: Vitamin A supplementation was also supported through community-level campaigns during the reporting period.
- Community workforce support: CHWs received monthly incentives, supporting continuity of community-based nutrition services and reporting.

Overall, BDN's community-based nutrition activities in Samangan contributed to strengthening the community platform for early identification of malnutrition, growth monitoring, micronutrient supplementation, nutrition counselling, and improved infant and young child feeding practices throughout 2023.

D. Provision of Essential Life-Saving Health Services to Underserved Populations

From 1 May to 31 August 2023, Bakhtar Development Network (BDN), with funding from the World Health Organization (WHO) , implemented the Provision of Essential Life-Saving Health Services to Underserved Populations in the Northern Region of Afghanistan project across five provinces: Sar-e-Pul, Balkh, Samangan, Faryab and Jawzjan. The project was designed to expand access to integrated quality primary healthcare services in underserved and white areas, with particular attention to children under five, pregnant and lactating women, newborns and adolescents. The project covered 17 health facilities, comprising 2 Basic Health Centers (BHCs), 12 Sub-Health Centers (SHCs) and 3 Mobile Health Teams (MHTs), all of which were established and functional during the reporting period. The facilities provided an integrated package of primary healthcare services, including reproductive, maternal and newborn health, nutrition, immunization, mental health and psychosocial support (MHPSS), and non-communicable disease (NCD) services, with referral mechanisms for patients requiring higher-level care. Reproductive and newborn care services were available across all 17 facilities, including ANC, delivery, PNC, family planning and neonatal care. The project staffing structure comprised 132 positions, including 17 heads of health facilities, 17 midwives, 17 nutrition counsellors, 17 MHPSS staff, 34 community health supervisors/workers, 2 vaccinators, 14 cleaners and 14 guards. In addition, infrastructure and operational support included the construction of 2 BHCs and 1 SHC using Connex containers, along with the provision of medicines, medical and non-medical supplies, HMIS formats and other essential materials to the newly established facilities.

E. Targeted Supplementary Feeding Programme (TSFP) – Balkh

In 2023, BDN implemented the Targeted Supplementary Feeding Programme (TSFP) in Balkh Province, covering 15 districts including Mazar-i-Sharif, from 1 February to 31 December 2023. The project focused on the treatment of Moderately Acute Malnourished (MAM) children aged 6–59 months and Acute Malnourished Pregnant and Lactating Women (AM-PLW), with the overall goal of ensuring that malnourished children and pregnant and lactating women received appropriate nutritional treatment and support. During the project period, the programme targeted 62,564 beneficiaries, including 40,154 MAM children aged 6–59 months and 22,410 AM-PLW. The child caseload comprised 20,479 boys and 19,676 girls, while women represented 22,410 beneficiaries. To support the treatment programme, the project required approximately 361.386 metric tons (MT) of RUSF for MAM children and 840.375 MT of Super Cereal for PLW. The project focused not only on the provision of specialized nutritious foods but also on increasing nutrition awareness among pregnant and lactating women and caregivers of MAM children through Social and Behaviour Change Communication (SBCC), promoting appropriate nutrition and care-seeking practices. Through this intervention, BDN supported the delivery of targeted supplementary nutrition services for vulnerable children and women across the targeted areas of Balkh Province.

F. Provision of Essential and Life-Saving Health and Nutrition Services for Women and Children Affected by Emergency

From 1 January to 31 March 2023, Bakhter Development Network (BDN) implemented the project "Provision of Essential and Life-Saving Health and Nutrition Services for Women and Children and Their Caregivers Affected by Emergency in Afghanistan" in Balkh, Takhar, and Baghlan provinces. The project was designed to respond to the urgent health and nutrition needs of vulnerable populations affected by the emergency, with particular attention to children, women, caregivers, and other community members in need. Through five health and nutrition mobile teams and supported health facilities, the project aimed to bring essential and life-saving health and nutrition services closer to communities, particularly those facing barriers to accessing regular health services. The mobile teams complemented facility-based services by extending outreach and providing an integrated package of essential health and nutrition interventions at the community level. The intervention also supported early identification of health and nutrition problems, appropriate management and referral of cases requiring further care, and strengthened access to essential services for affected populations. By combining mobile service delivery with health facility-based support, the project contributed to maintaining continuity of essential health and nutrition services during an emergency period and strengthening the ability of vulnerable communities in Balkh, Takhar, and Baghlan to access timely and appropriate care

Supportive Supervision:
BDN conducted regular supportive supervision and monitoring by all health departments, a total of 1537 visits to all sections in all HFs, from four projects by the national office and provincial offices.

Medical and Non-Medical Equipment
BDN ensured the availability of medical and non-medical equipment in HFs through timely processing and supply by a well-established Pharmaceutical Management Unit (PMU) and logistics units, according to necessity and requests.

Waste Management and Infection Prevention
BDN paid greater attention to Health Care Waste Management and infection prevention practices within all HFs. All required hygienic materials were supplied to HFs, and waste management was done as per the MoPH guidelines.

Accountability to the Affected Population
To reach out to people, "beneficiaries," and to place people at the core of the response, fostering their right to be involved in the decision-making processes that affect them and inform programming to be appropriate and responsive to their needs. BDN, in accordance with its AAP policy, defines key elements of accountability with respect to affected populations. They include:

- ✓ The Leadership/Governance Commitment,
- ✓ Communication and Transparency,

- ✓ Feedback, complaints and response mechanisms,
- ✓ Participation in decision-making and design
- ✓ Monitoring & evaluation of the objectives and goals of the project.

AAP starts with effective information sharing and communication channels. Sharing information about health and humanitarian programs in a timely, accessible and inclusive way puts affected communities in a position to understand and shape decisions that impact their lives. The policy applies from top-level management down to all staff. Being accountable to affected people reaffirms our obligation to respect, fulfil, and protect human rights and dignity, and achieving our commitments is essential for quality programming.
BDN continued discussing health-related issues with community health councils and CDCs at each HF level through monthly meetings that are regularly held in all HFs. Comments and suggestions from community and beneficiaries are noted and taken into account in designing responsive health care services to the population. BDN has established a responsive mechanism to address any complaints from the community side or from BDN staff.

Prevention of Sexual Exploitation and Abuse (PSEA)
BDN has zero tolerance for sexual exploitation and abuse. BDN does not tolerate its staff, associates, partners, or any other representatives associated with the delivery of its work engaging in any form of sexual exploitation or abuse. Vulnerable adults, women and children are particularly at risk of sexual exploitation and abuse. BDN is committed to protecting all communities that the organization works with and for, from sexual exploitation and abuse ever. BDN has signed a data-sharing MoU with Awaaz Afghanistan company and introduced a short code of 410 in order to be more responsive to PSEA.

Coordination with Stakeholders and Community
BDN maintained effective coordination with the Ministry of Public Health (MoPH), donors, and other key stakeholders at both central and provincial levels throughout 2023.

Central-Level Coordination
BDN's Kabul headquarters and provincial project teams maintained regular coordination with the MoPH and donors. BDN representatives participated in planned and ad hoc coordination meetings, technical reviews, workshops, and other stakeholder engagements organized by the MoPH and donors.
Coordination mechanisms supported information sharing, alignment of project activities, and timely follow-up on program priorities and implementation issues.

Provincial-Level Coordination
At the provincial level, BDN coordinated project activities with relevant health-sector interventions and stakeholders to promote alignment and avoid duplication.
Provincial management teams regularly participated in Provincial Development Committee (PDC) meetings.
BDN actively participated in Provincial Public Health Coordination Committee (PPHCC) meetings.
BDN maintained regular participation in health-related sub-committee meetings convened by the Provincial Public Health Directorate (PPHD).
Through these coordination mechanisms, BDN strengthened collaboration with provincial health authorities and other partners and supported coordinated implementation of health programs.

BDN maintained its efforts to ensure that community needs and opinions are incorporated in the BPHS provision through conducting regular meetings and discussing project-related topics/issues with different parts of the community.
Health Shuras were functional in all HFs and HPs. The HFs held regular monthly meetings with the Shuras. CBHC officers and CHSs worked closely with the HPs to organize monthly health Shura meetings in the HPs.
BDN also benefited from active involvement of the Health Shuras in disseminating health messages to the community. Moreover, several health emergencies that happened during the year were effectively controlled with the full support of the Health Shura

Conclusion

The year 2023 was marked by continued efforts by Bakhter Development Network (BDN) to improve access to and quality of essential health, nutrition, and community-based services for vulnerable and underserved populations across Afghanistan. Through the implementation of its diverse programmes in collaboration with government authorities, UN agencies, donors, and other partners, BDN remained committed to delivering services in accordance with applicable standards and programme requirements. The organization continued to strengthen its operational capacity, coordination mechanisms, community engagement, and accountability systems while responding to the evolving needs of the communities it serves. Looking ahead, BDN remains committed to building on the experience and lessons learned during 2023, strengthening partnerships, and contributing to sustainable, equitable, and quality health and nutrition services for vulnerable populations across Afghanistan.