

BDN Annual Report 2024

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

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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

This report outlines an overview of overall BDN's activities, approaches, and achievements for the year of 2024. It provides detailed information on the progress that has been made and reflects how we made progress and on how we could do better. After a small start in 2001 and passing of two decades of experience in implementing developmental projects, BDN is now a trustable partner of the Donors, UN agencies, Government of Afghanistan (GOA), particularly of the Ministries of Public Health (MoPH) and Rural Rehabilitation and Development (MRRD), in health, nutrition and rural development sectors. During these years, BDN has also established a good rapport with the community. Working against tremendous challenges in a conflict setting, we brought health services to the doorstep of families. BDN equipped communities with the capacity to be more resilient and increased access to health services in many places.

Our efforts were focused to make greater use of community-based interventions. Our experience over the past years show that the participation of front line health workers, outreach workers, community midwives, and Community Health Workers (CHW) collectively contributed to reduction of maternal and child morbidity and mortality.

We streamlined our internal processes to increase the efficiency and effectiveness of our programs and our organization as a whole. Our organization must and will adapt to the changing environment in which we work for the emerging needs of mothers and children and provide response to humanitarian needs. Throughout our work, we continue to adapt our programs in a way that simultaneously reduces inequality and exclusion and make access to health services more immediate and more sustainable. This is our commitment to people now and in the future. We have a lot more work to do to ensure universal health coverage – and, with effective approached, we are making that happen.

The BDN leadership and staff are united in pursuing our mission, and are implementing the critical changes needed to deliver results for our clients. We are focused on improving the health of roughly four million people in 2024 living in the provinces covered by BDN.

We are proud to share some of our accomplishments in the pages that follow. The BDN Annual Report 2024 details how BDN delivers high impact results as a development partner and outlines our efforts to reach the mothers and children who have gone unreached; and to drive change for the most vulnerable, disadvantaged and excluded populations.

Background of the Organization

Bakhter Development Network (BDN) was established in 2001 as an Afghan non-governmental, non-profit, non-political and developmental organization. It envisions a world of enabled communities that work towards a brighter future and assists the communities in the achievement of their own developmental goals.

Improvements in healthcare in Afghanistan are one of the country's most significant success stories of the past decade. BDN support the public health system aligned with national priorities through technical and operational assistance.

BDN has been focusing on three main dimensions while implementing health and nutrition and other development projects; 1) Evidence based services delivery through a network of community-based and facility-based service providers 2) capacity building of Afghan service providers through different formal and informal trainings and 3) improving the managerial capacity of Afghans for better planning and management of development projects as well as for influencing and contributing to the development of national policies and strategies, BDN has been able to significantly contribute to improving the population's access to high-quality health care and has built a history of successful implementation of the Health and Nutrition and other development projects all around Afghanistan for two decades. BDN's head office is located in Kabul and BDN manages 9 sub/sub-provincial offices in Balkh, Faryab, Sar-e-Pul, Jawzjan, Kunduz,Takhar, Badakhshan, Maidan Wardak, and Kapisa provinces, which are equipped with communication tools, Internet servers, mobile phones, computers vehicles and basic office furniture and facilities. Number of BDN's employees reached to 3686 including health personnel and managerial staff of which 45% are female and 55% male.

In 2024, BDN implemented multiple projects in various sectors such as health, nutrition and humanitarian as follows: a) Health Emergency Response (HER) project in Balkh, Kapisa and Maidan Wardak b) Combined grant to support HIV/AIDS, Tuberculosis & Malaria and Health System in Balkh, Maidan Wardak and Kapisa, c) Community-Based Nutrition Program (CBNP) in Balkh, Badakhshan and Kunduz provinces, d) Targeted Supplementary Feeding Programmed in Balkh , Maidan Wardak and Kapisa provinces e) Provision of essential life-saving health and nutrition services to underserved populations in Kunduz province(AHF-PHNC), f) Provision of essential life-saving health services to underserved populations in the northern region of Afghanistan (Sar-e-Pul, Balkh, Samangan, Faryab and Jawzjan provinces),g) Expanding primary health care services in underserved/hard-to-reach areas, including referral services, provision of medicines and medical supplies in Samangan province, h) Support for continuation of Community-based Nutrition Program (CBNP), and Community-based Iron Folic Acid supplementation, and expansion of nutrition preventive and treatment services (supplementation of MNP to children 6 – 59 months) in Samangan Province (CBNP).

Executive summary

In 2024, BDN continued implementation of HER project in Balkh province, which is the provision of health care services for the entire population of province through public health facilities under a contract-out mechanism with UNICEF. HER project supports the delivery of BPHS and EPHS. It includes support to improve access and quality of BPHS/EPHS services. Additionally, the Maidan Wardak and Kapisa HER projects were assigned to BDN during 2024 .

By implementation of the HER projects, primary health care and life-saving health services provided for the entire population of Balkh, Kapisa and Maidan Wardak provinces. Overall goal of the project is to address Poor health status of people in Afghanistan particularly high maternal, new born, infant and child mortality, high incidence of communicable diseases, and poor child health and nutrition. Within the reporting period, all 240 HFs and 1,634 HPs in all three provinces were kept functional, well-staffed, and well equipped with medical and non-medical equipment according to BPHS/EPHS guidelines and health services were provided to all clients. Meanwhile, preventive measures for Covid-19 were practiced in HFs as per the previously developed response plan at each provincial level. Informative messages regarding prevention and control of communicable diseases were delivered to clients during health education sessions and required IEC material which were already available at HFs were used in order to raise community awareness. BDN's representatives actively participated in established committees at provincial level to work closely with PPHDs and relevant stakeholders to improve access to and quality of health care services. Quality of health care services were ensured through regular supportive supervisions to HFs, implementation of harmonized quality improvement (HQIP) and provision of short-course, need-based training. The Program Monitoring and Evaluation (PME) department of BDN from the central level as well as monitoring units of provincial levels, conducted regular monitoring visits to the fields and submitted their M&E reports to the management and further corrective actions were taken accordingly. Joint monitoring visits by PPHD and donors were also carried out to the project. Salaries of all staff were paid timely on monthly basis, fuel, logistical supplies, stationery and hygiene materials supplied to all HFs and HPs. HMIS data timely collected, reviewed, analyzed and entered to DHIS2 and feedback provided to HFs accordingly. Reproductive Health and New Born Care services were provided during the reporting period by midwives, female MDs and pediatricians of HFs. Public Nutrition sections of HFs were functional and provided nutrition services including screening, referring, and management of severe acute malnutrition and moderate acute malnutrition. Child Health and Immunization services were functional in all HFs and provided immunization services to the eligible clients through fixed, outreach, and mobile activities, Communicable Disease, TB, Malaria, and HIV/AIDS services were functional and provided services such as prevention, controlling, referring, and treatment of cases. Mental health services were provided, the required data was collected from health facilities and necessary feedback was provided to the health facilities accordingly. Disability section of hospitals were functional and provided services. Primary Eye Care services were provided to clients and technical supervisors supervised the primary eye care services.

Blood transfusion and Lab Services were provided to clients the required data was collected and reported. IP and waste management were practiced; IP committees were kept functional at HF levels. Supply of Essential Drugs was ensured, and all HFs were supplied. Need-based renovation and repairing of HFs were done. Sound and strong coordination mechanisms have been established with communities in the coverage of the HFs. Psychosocial support (PSS) was provided to the clients by psychosocial counselors of HFs. Coordination with stakeholders at provincial level has been strengthened. In addition to BPHS project, BDN implemented Combined grant to support HIV/AIDS, Tuberculosis & Malaria and Health System in Balkh, Maidan Wardak and Kapisa, Community-Based Nutrition Programs (CBNP) in Balkh and Badakhshan, Kunduz and Samangan provinces. Sub health Sar-e-Pul, Balkh, Samangan, Faryab, and Jawzjan provinces, Targeted Supplementary Feeding Programmed in Balkh, Maidan Wardak, and Kapisa. Moreover, BDN conducted a series of CBNI initial and refresher training for HF staff and CHWs / volunteers in Samangan and Badakhshan and implemented the community WIFS program in Balkh, Badakhshan, and Kunduz provinces.

In addition, BDN conducted the MNP compaigns in Balkh, Kunduz, and Badakhshan provinces.

Table 1. Summary of Projects Implemented in 2024

Province(s)	Project	No of Districts	Direct Beneficiaries	Total No of indirect Beneficiaries
Samangan	Support for continuation of Community-based Nutrition Program (CBNP), Community-based Iron Folic Acid supplementation, and expansion of nutrition preventive and treatment services (supplementation of MNP to children 6 – 59 months) in Samangan Province	7	175,808	438,235
Balkh, Maidan Wardak, and Kapisa	Combined grant to support HIV/AIDS, Tuberculosis & Malaria, and Health System in Balkh, Maidan Wardak, and Kapisa	30	1,671,329	2,978,774
Balkh, Kunduz, and Badakhshan	Community-Based Nutrition Program (CBNP), Community WIFS, and MNP campaigns	51	2,320,826	5,080,254
Balkh, Maidan Wardak, and Kapisa	Targeted Supplementary Feeding Program (TSFP) for MAM-CH & PLW	30	209,198	546,133
Samangan PHNC	Expanding primary health care services in underserved/hard-to-reach areas, including referral services, provision of medicines and medical supplies,	4	34,776	203,023
Sar-e-Pul, Balkh, Samangan, Faryab, and Jawzjan (PHNC) WHO	Provision of essential life-saving health services to underserved populations in the northern region of Afghanistan (Sar-e-Pul, Balkh, Samangan, Faryab and Jawzjan provinces)	17	100,187	1,869,596
Total		139	4,512,124	11,116,015

Delivery of BPHS/EPHS under HER Projects in Balkh Province:

Bakhtar Development Network has been responsible for providing BPHS for around 1,509,183 people of Balkh province since 2014. The services are provided in 15 districts through five District Hospitals (DH), three Advanced Comprehensive Health Centers (CHC+), 12 Comprehensive Health Centers (CHC), 44 Basic Health Centers (BHC), 51 Preliminary Health Centers (PHC), one Prison Health Center (PrHC), and 900 Health Posts (HP). Bakhtar Development Network as a community-based organization, has 115 community-based health councils at the health-center level and 900 councils at the health-post level.

Additionally, the Maidan Wardak and Kapisa HER projects were awarded to BDN in 2024. The Maidan Wardak HER project started on 01-April-2024, and the Kapisa project started on 01-Sept 2024.

Delivery of BPHS/ EPHS under HER Project in Maidan Wardak Province:

Bakhtar Development Network has been responsible for providing BPHS in Maidan Wardak Province since 2005. The services have been provided for around 906,573 people in 9 districts of Maidan Wardak Province through one Provincial hospital two District Hospitals (DH), 6 Advanced Comprehensive Health Centers (CHC+), 3 Comprehensive Health Centers (CHC), 26 Basic Health Centres (BHC), 36 Primary Health Centers (PHC), one Prison Health Center (PrHC) and 389 Health Post (HP). Bakhter Development Network as a community-based organization, has 76 community-based health councils at the health-center level and 389 councils at the health-post level.

Delivery of BPHS under the HER Project in Kapisa Province:

Bakhter Development Network has been responsible for providing BPHS in Kapisa province since September 2024. The services have been provided for around 670,464 people in 7 districts of Kapisa province through one Provincial Hospital (PH), two District Hospitals, 7 Comprehensive Health Centers (CHC), 17 Basic Health Centers (BHC), 19 Preliminary Health Centers (PHC), one Prison Health Center (PrHC), and 345 Health Posts (HP). Bakhter Development Network, as a community-based organization, has 46 community-based health councils at the health center level.

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

Table 2. BPHS/EPHS (HER) Projects summary

Project	Province	No of districts	Papulation	Type and number of Health facilities							
				PH	DH	CHC+	CHC	BHC	PHC	Prison HF	HPs
HER	Balkh	15	1,509,183	0	5	3	12	44	51	1	900
HER	Maidan Wardak	9	906,573	1	2	6	3	26	36	1	389
HER	Kapisa	7	670,464	1	2	0	7	17	19	1	345
Total		**31**	**3,086,220**	**2**	**9**	**9**	**22**	**87**	**106**	**3**	**1634**

Table 3. BDN's BPHS and EPHS Projects in 2024

Provinces	Balkh	Maidan Wardak	Kapisa	Total
Projects	BPHS	BPHS/EPHS	BPHS/EPHS	
Number of Districts	15	9	7	31
Number of Active HFs	116	77	47	240
Population	1,509,183	906,573	670,464	3,086,220
Number of Active HPs	900	389	345	1,634
Number of Female CHWs	1170	389	387	1,946
Number of Male CHWs	630	389	303	1,322
Number of Local Health Committees	1016	389	345	1,750
Number of FHAGs	913	389	345	1,647

Table 4: BDN's staff by Project and Gender in 2024:

Province	Clinical Staff	Management Staff by Project				Staff by Gender						
		HER Project Provincial Management staff	TSFP	GC7	CBNI	Total Management Staff		Total Staff	Male		Female	
						NO	%		NO	%	NO	%
Balkh	1253	41	9	1	12	**63**	**5%**	**1316**	699	**53 %**	617	**47 %**
Maidan Wardak	736	37	6	1	0	**44**	**6%**	**780**	521	**67 %**	259	**33 %**

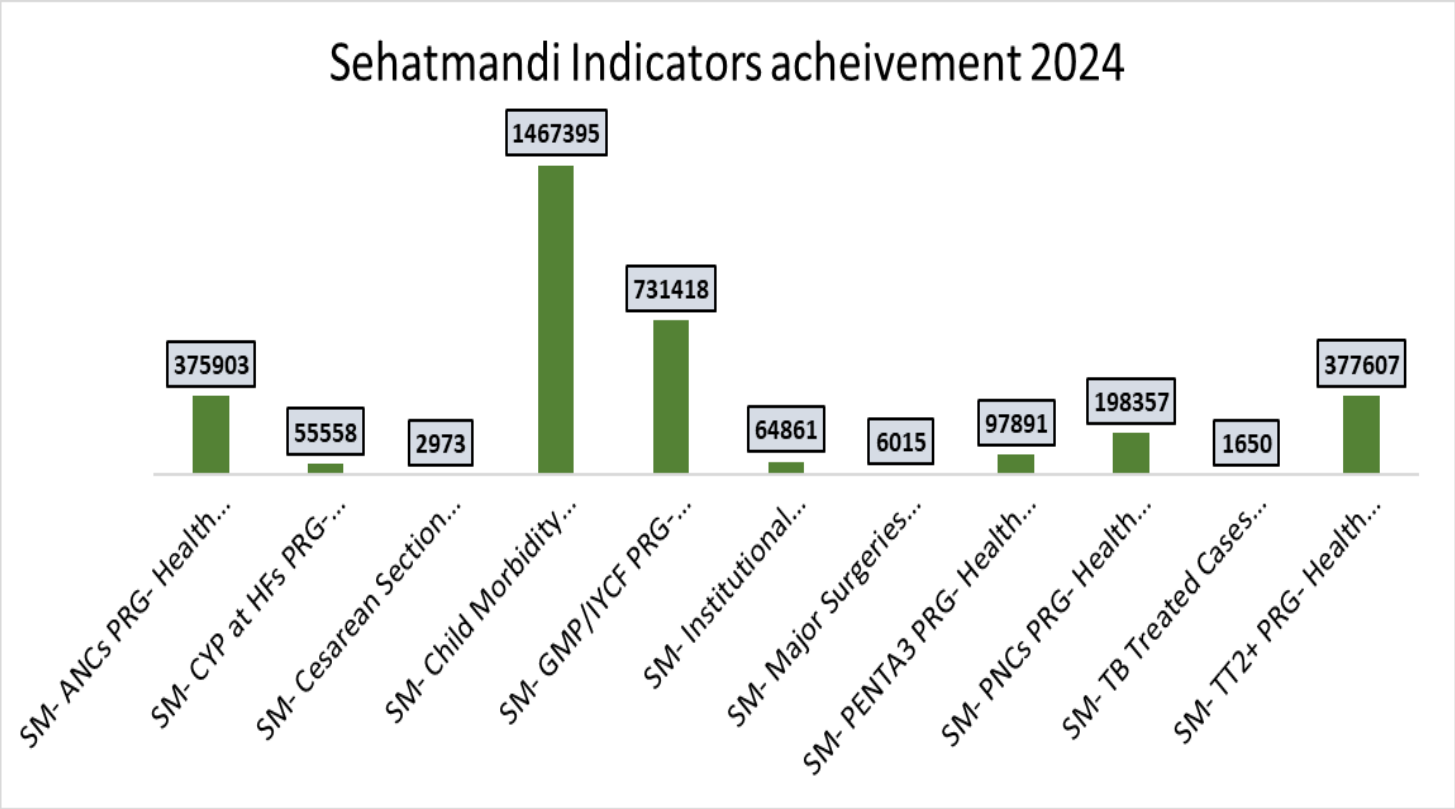
Kapisa	608	29	4	1	0	**34**	**5%**	**642**	420	**65 %**	222	**35 %**
Badakhshan	0	0	0	0	13	**13**	**100%**	**13**	11	**85 %**	2	**15 %**
Kunduz	0	0	0	0	11	**11**	**100%**	**11**	10	**91 %**	1	**9 %**
Kabul	0	43	0	2	0	**45**	**100%**	**45**	42	**93 %**	3	**7 %**
Total	**2597**	**150**	**19**	**5**	**36**	**210**	**7%**	**2807**	**1703**	**61 %**	**1104**	**39 %**

BDN's Basic Package of Health Services (BPHS)and (EPHS) projects in 2024:

BDN implemented BPHS/EPHS projects in Balkh, Maidan Wardak, and Kapisa provinces during 2024, which is the backbone of the health system in Afghanistan.

In 2024, Antenatal Care was provided to 375,903 pregnant women, 64,861women delivered by skilled birth attendants, Post Natal Care provided to 198,357 women, 55,558 couple year protection achieved, 2973 C-C-Section operations carried out, 1,467,395 under five children received treatment in HFs, 97,891 children received third dose of PENTA vaccine, 731,418 children received growth monitoring and their parent/care takers received counseling on infant and young child feeding best practices. 377,607 reproductive-age women received TT2+ vaccination, and 1650 TB patients were treated successfully.

Table 5. Overall achievement of HFs in BDN's Health Emergency Response (HER) Projects:



Child Health and Immunization in BDN's Sehatmandi Project 2024:

Expanded Program on Immunization (EPI)

Immunization services were provided in HFs through fixed, outreach and mobile approaches. All vaccinators were kept in their positions without any vacancy and vaccinators were provided with EPI refresher training, EPI sections of HFs were supervised regularly. The HFs was supplied with quality and safety cold chain equipment, vaccines, and stationary.

BDN monitored coverage and ensured community mobilization to increase demand for immunization, access and utilization of services. For achieving the targets of EPI in the province, BDN further strengthened EPI fixed, outreach and mobile immunization strategies and fostered strong community support to outreach activities.

To achieve maximum coverage of immunization services BDN:

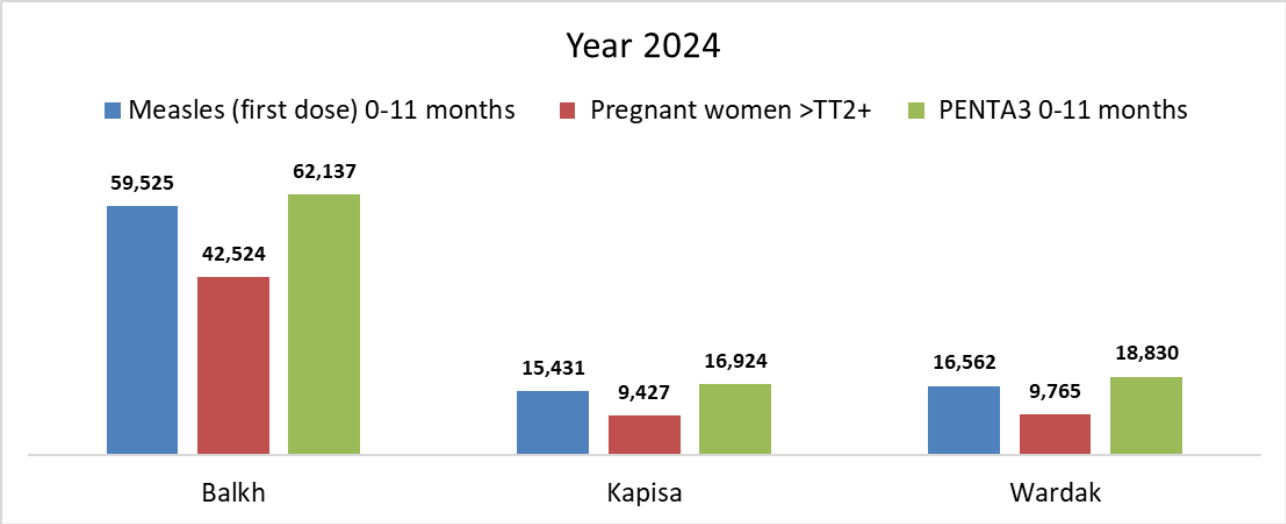
- Identified areas recording low coverage through a review of Health Management Information System (HMIS), EPI data, and community maps.
- Purchasing of new motorbikes and Repairing existing Motorbikes for conducting regular outreach programs in specified place in BPHS projects.
- Strengthened collaboration with LHCs to support outreach activities of HFs.
- Provided regular refresher trainings for the vaccinators as well as the midwives in order to reduce the missed opportunities.
- Set monthly targets for the HPs on referral of clients for immunization to HFs.
- Designed a defaulter tracking system to minimize dropout rate.
- Actively participated in polio eradication campaigns and other immunization days.

As a result of the mentioned approaches, Penta 3 vaccination was provided for 172,302 children aged 0-11 months, and 124,112 Pregnant women received TT+ vaccines.

A total number of 226 EPI fixed and outreach centers were functional in the HFs and provided fixed, outreach, and mobile services in their catchment area in 3 provinces of Afghanistan (Balkh, Maidan Wardak, and Kapisa).

The following chart illustrates immunization services in Balkh, Maidan Wardak, and Kapisa Provinces:

Measles and penta-3 vaccinations in 0-11 months' children and TT+ in pregnant women



Management of Childhood Illness (IMCI)

BDN promoted IMCI implementation in HFs through training, quality assurance, supervision, and ensuring availability of drugs and medical supplies to certify accurate identification of childhood illnesses in outpatient settings, appropriate combined treatment of all major illnesses, counselling of caretakers, and referral of severe cases to high-level HFs.

BDN actively participated in planning, community mobilization, supervision, and monitoring of NIDs and continued to coordinate and collaborate with WHO, MOPH, and other stakeholders in regard to AFP surveillance. BDN made sure that staffing, equipment, supplies, including vaccines, are complete in line with BPHS/EPHS in the 3 provinces of Afghanistan in 2024.

Maternal and Newborn Care

Ensuing quality maternal care services can save the lives of women and neonates. These services require "an accredited health professional such as a midwife, nurse or doctor who has been educated and trained to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and to identify, manage and refer complications in women and newborns".

In addition, they need to be supported by appropriate policies, essential supplies and regulatory frameworks. To ensure optimal services utilization BDN:

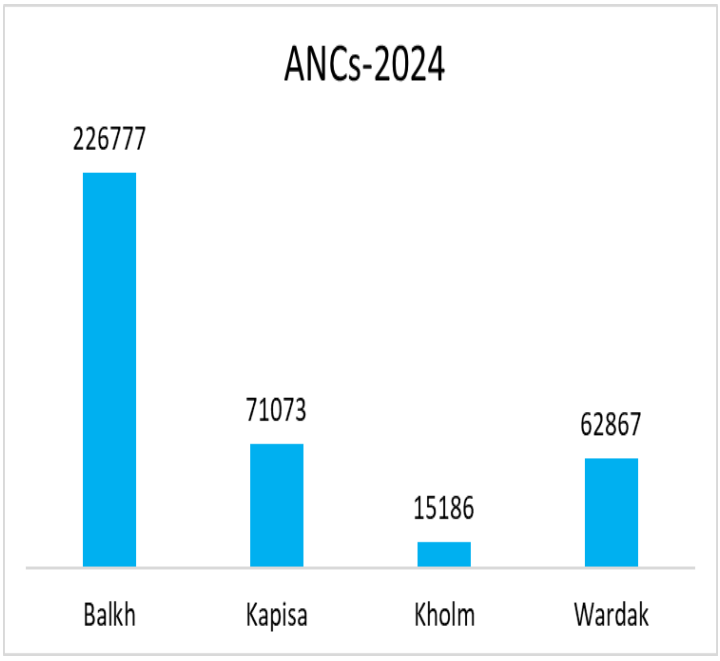
- Filled over 100% of positions in HFs reserved for at least one female health worker.
- CHW and Local Health Committee (LHC) members were mobilized to encourage pregnant women and their families for midwife assisted delivery and develop the referral linkages with nearby HFs.
- Midwives were instructed to carry out village visits, to identify potential clients and to convince them for delivery at the HFs.

- Newborn care is provided after delivery by female staff in HFs and newborns are kept
- Warm, exclusively and early breast-fed, promptly treated for any infection and/or referred to higher-level HF in case the infection is severe.
- Midwife had sufficient knowledge about all resuscitation practices, such as mouth-to-mouth, in case that the baby is breathing slowly.
- The CHWs provide newborn care after home deliveries.
- Female CHWs and Family Health Afghan Group (FHAG) established links between the village women and the BPHS services, and empower families to space births and prepare for safe deliveries.
- CHWs, religious and community leaders are encouraged to support the use of maternal and new-born care services during awareness-raising sessions.
- Immediate care is provided to the newborn, clean procedures are followed for cutting the cord and a suitable warm environment is present after birth to prevent hypothermia.
- CHWs understand and can convince families who give birth at home to take the newborns to the nearest HF within the first three days and again at the end of the first week.

Antenatal Care (ANC)

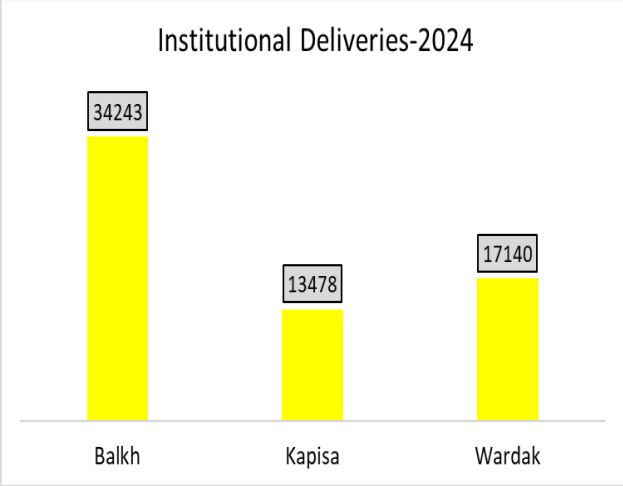
In 2022, BDN BPHS HFs provided ANC services for 375,903 pregnant women in Balkh, Maidan Wardak, and Kapisa provinces.

BDN considered the provision of Antenatal Care (ANC) as an opportunity to ensure regular intake of micronutrients by pregnant women to prevent anemia and to increase awareness amongst them about the danger signs of pregnancy.



Institutional Delivery (ID):

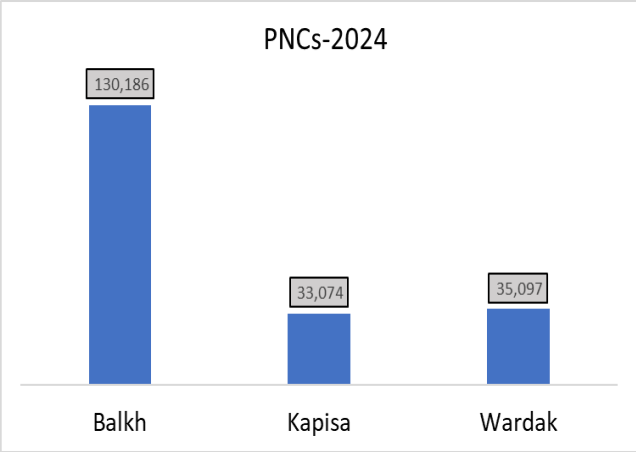
The highest incidence of maternal and perinatal mortality occurs around the time of birth with the majority of deaths occulting within the first 24 hours after birth. This is why BDN advocated for "skilled care at every birth". In 2024, the number of institutional delivery was 64861 in BDN-BPHS HFs, this number shows good progress and Satisfaction of pregnant women about delivery services in year satisfaction of pregnant women about delivery services in 2024.



Postnatal Care (PNC)

The postnatal period starts after the third stage of labour (delivery of placenta) has been completed. It can be considered in three time periods: Immediately after childbirth while the new mother is still in the birth unit. In-patient postnatal period when mother and baby are still in hospital on the postnatal ward and after discharge from hospital, which includes the six-week postnatal visit.

Many of the postnatal care considerations while in hospital are attended to by midwifery staff who report any concerns to the obstetricians. HFs examined mothers after giving birth, provided them with counseling on breast feeding, newborn care and maternal nutrition. The period after completion of the third stage of labor is considered to be the most favorable time to prevent unintended pregnancy and to closely space pregnancies through the first 18 months following childbirth. During postpartum visits, the HFs ensured that the staffs are well prepared to explain all methods and help mothers take decisions on the use of a family planning method. BDN ensured informed choice of clients for FP methods. The incentive is involved in encouraging mothers for utilizing modern family planning methods. BDN HFs provided PNC services for about 198,357 women in 2024.



Family Planning Services

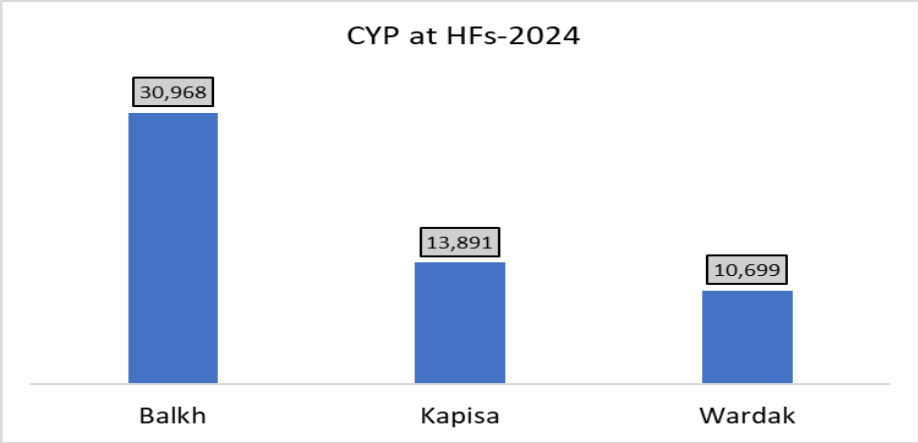
BDN continued to complement the BPHS service profile and resources for the promotion of FP services. To encourage birth spacing, the whole range of FP methods made available in all Health Post (HPs) and HFs according to their level.

BDN ensured that no pressure and monetary incentive is involved in encouraging mothers to utilize modern FP methods.

BDN has realized that the HPs are more accessible and convenient site for community members to receive FP services, thus BDN constantly assisted the CHWs to maintain and improve their technical and counselling skills. In 2024, the number of couple yearly protection (CYP) at HFs level were (55,558).

To improve access to FP services, BDN:

- Offered means of contraception and maintained a necessary stock level.
- Trained midwives in all HFs to be able to insert Intra Uterine Contraceptive Device (IUCD).
- Supported and consistently trained CHWs to perform counselling.
- Maintained a continuous supply of all kind of contraceptive items in all HPs and HFs respectively.
- Trained CHWs to administer the first dose of Doped Med Roxy Progesterone Acetate
- Ensured that Community Health Supervisors (CHSs) monitor performance of the CHWs in order to avoid any complications due to knowledge gap.
- Continuously provided refresher training for the CHWs in distributing the contraceptive methods.



Public Nutrition Services

BDN understands that malnutrition is still a major problem of the communities where it operates.

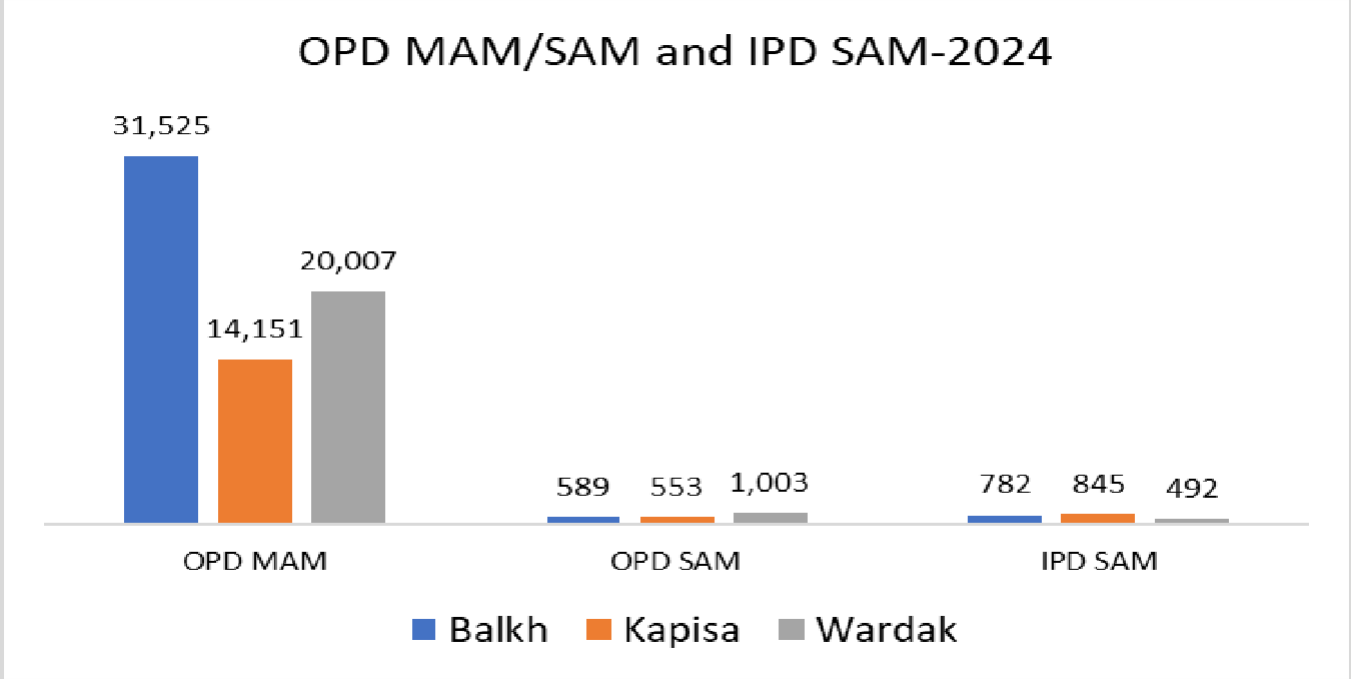
Afghanistan has one of the world's highest rates of stunting in children under five: 41 percent. The rate of wasting, the extreme manifestation of severe acute malnutrition, in Afghanistan is extremely high: 9.5%, one in three adolescent girls suffers from anaemia. Only half of Afghan babies are exclusively breastfed in their first six months. Only 12 per cent of Afghan children aged 6-24 months receive the right variety of food in the quantity needed for their age. The rate of wasting in Afghanistan is also extremely high. Wasting, as its name suggests, is literally wasting away to skin and bones. Children are simply not getting enough food. The crushing result of acute malnutrition, it poses an immediate threat to a child's survival. Due to poor economic status, there is an increase in the number of wasted children in Afghanistan and this situation remains a priority. Chronic nutritional deficiency in Afghanistan is largely the result of the children eating the wrong types of food, in addition to not enough food. For example, only half of Afghan babies are exclusively breastfed in their first six months, and their exposure to contaminated liquids or foods places them at a greater risk of life-threatening illnesses such as diarrhoea and pneumonia. Most do not any fruit or vegetables on any given day. Mothers are equally malnourished. When mothers have inadequate diets, a harmful cycle is created – malnourished infants grow up to become stunted mothers, generation after generation. This is a cycle we must break.

In 2024, BDN's BPHS project provided nutrition services through all HFs in three provinces, where 65,683 OPD- OPD-MAM new cases were admitted to HFs. 2,119 IPD- SAM cases admitted to HFs and 1290 IPD-SAM cases discharged cured from TFUs.

In order to further strengthen the provision of nutrition services, BDN has signed a Field Level Agreement (FLA) on TSFP with WFP for Balkh, Maidan Wardak, and Kapisa provinces. The program covers Moderate Acute Malnutrition (MAM) under-five children and Acutely Malnourished Pregnant and Lactating Women (AM-PLW). Targeted supplementary feeding program (TSFP) was implemented in 115 HFs of Balkh, 59 HFs

in Maidan Wardak, and 41 HFs of Kapisa provinces. BDN has also focused on increasing community awareness and engagement as follows:

- Ensuring that all HFs have proper Growth Monitoring (GM) tools, carry out routine growth monitoring/screening of Under-Five children and identify malnutrition cases among them.
- Ensuring that an appropriate venue is available for growth monitoring.
- Training staffs in public nutrition to enable them to identify malnutrition cases and administer appropriate treatment.
- Providing the HFs with sufficient supplies of nutritional supplements, Oral Rehydration Salt (ORS), zinc and micronutrients.
- Screening of pregnant women during ANC visit for detection of malnutrition and counselling on exclusive breastfeeding, Infant and Young Child Feeding (MIYCN) and child nutrition.
- Providing routine treatment of episodes of diarrhoea in Under-Five children with ORS and zinc in HFs.
- Training of CHWs and performing of growth monitoring by CHWs



Communicable Diseases Treatment and Control (CDC)

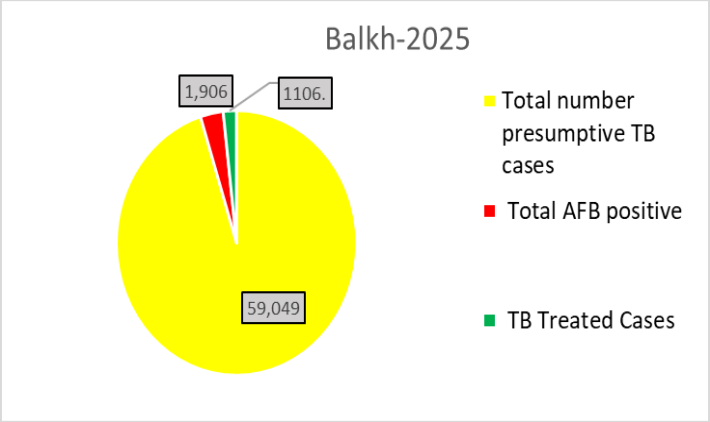
Control of Tuberculosis

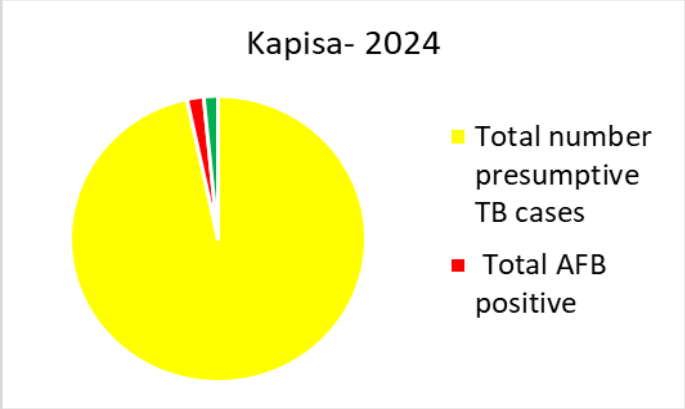
BDN continued provision of quality Tuberculosis (TB) care through the HFs and Community-Based Health Care (CBHC) network. According to epidemiological data collected from all BPHS HFs in Balkh, Maidan Wardak, and Kapisa provinces, 95,414 suspects received TB screening through diagnostic centers during 2024. Out of that a total of 2,676 cases of TB Sputum Smear Positive (SS+) were detected and treatment started, 1,650 case completed their treatment and became smear negative.

Increasing case detection, especially in the early stage, and providing efficient, accessible, and equitable health care services were the main priorities of BDN.

BDN focused on awareness-raising activities to improve demand for TB care at community. The activities included but not limited to disseminating Information Education Communication (IEC) materials, displaying billboards and broadcasting of TB messages through local FM radio via contracted process.

In addition, BDN trained HF staffs and the CHWs on identification of the suspect cases, detection, referral and treatment of TB cases according to the DOTs strategy, as well as proper recording and reporting.







Control of Malaria

BDN continued provision of quality malaria services at both HF and community levels by carrying out following activities:

- Assigning specific focal point for Malaria activities in each project.
- Training HF staffs and the CHWs on Malaria control.
- Equipping all diagnostic centers with lab services.
- Providing RDT (Rapid Diagnostic Test) for Sub Health Centers, BHC and specified number of Health Post
- Improving recording and reporting system.
- Conducting supportive supervision from HFs and HPs.

Malaria intervention and management at community level- GF/UNDP funded Project:

Although malaria control activities are an integrated component of BPHS services, the supplementary activities for a comprehensive approach toward malaria elimination are included in the Malaria Granted by Global Fund New Funding Model through principal recipient UNDP. This grant aims to complete the BPHS toward reducing the incidence and mortality due to malaria. The main activities are diagnosing malaria cases through Malaria rapid diagnostic tests (RDTs) assist in the diagnosis of malaria by detecting evidence of malaria parasites (antigens) in human blood. RDTs permit reliable detection of malaria infections, particularly at the community level with limited access to microscopy services. The performance and discretion of activities are described as follows:

- **In Balkh** province, Malaria case management is implemented by direct slide examination and applying RDT which have been provided through this project to 15 districts. This service has been provided through 116 HFs and 900 HPs. In addition to BPHS, there are 22 other non-BPHS providing malaria services.
- **In Maidan Wardak** province, case management is implemented by using RDT through HF-based in districts through 77 HFs. Along with, through community-based care by 389 HPs in their catchment areas.
- **In Kapisa** province, case management is implemented by slide examination and using RDT through HF-based in districts through 47 HFs and 345 HPs in BPHS/EPHS.

The relevant project staff at the provincial and central levels are maintained to run the project smoothly. Orientation meetings have been conducted with the PPHD directorate of each province regarding the continuation of the project for the year 2024-2026. The project focal points and CHS have conducted orientation sessions regarding the goal and objectives of the project for community health shura members during the monthly meetings.

A total of 9,685 Malaria slides were examined by microscope, and 1,200 slides were tested by RDT, of which 1,429 slides were slide positive and 57 were RDT positive.

Control of HIV/AIDS

Afghanistan is in the early stage of a Human Immunodeficiency Virus (HIV) epidemic. The main route of transmission remains needle sharing among Injection Drug Users (IUD). However other vulnerable population groups and those indulging in risky behaviors remain at risk of infection.

BDN focused on awareness-raising activities to improve demand for HIV/AIDs services in the community. The activities included but were not limited to disseminating IEC materials, displaying billboards, and broadcasting HIV/AIDs messages through local FM contracted media.

In addition, BDN trained HF staff and the CHWs on identification of the suspect cases, detection, counselling, and referral of HIV/AIDs cases, as well as proper recording and reporting.

In 2024, BPHS HFs screened about 73,683 clients for HIV/AIDs, and 4 positive cases were detected.

Mental Health and Disability Care

BDN continued provision of quality mental health, disability, and rehabilitation services as defined in revised BPHS. In 2024, BDN BPHS HFs provided mental health services for about 78,611 new client/patients.

To further mainstream mental health and disability services in the HFs, BDN:

- Physiotherapist technically trained and hired in all DHs of BDN's BPHS projects
- Hired Psychosocial consolers (PSCs) in all Comprehensive Health Centres to provide counselling services for mental health clients
- Carried out mental health and disability related IEC activities in community including early detection and referral of individuals with signs of mental and disability illnesses and reducing stigma.
- Focused on community-based management of mental health and disability care through encouraging CHWs, village leaders, teachers and local private practitioners to identify and refer individuals with signs of mental health and disability to the HFs.
- Provided in-patient treatment and physiotherapy services in District Hospitals (DHs).
- Provided continuous training and orientation sessions for the health staff on mental health and disability package. The package included diagnosis, treatment and referral of common and severe mental disorders, substance abuse, childhood mental disorders, self-harm, epilepsy and physical disability.

Community Based Health Care

BDN continued provision of accessible, cost-effective, equitable, and quality health services through the existing CBHC network in BDN BPHS/EPHS projects in Balkh and Kapisa, and Maidan Wardak Provinces.

In total, 1,634 CHWs (1,946 female, 1,322 male) and 1,647 FHAGs continued provision of CBHC as defined by BPHS in the three mentioned provinces.

BDN encouraged and assisted the HFs and HPs in revision of map of their catchment area, illustrating distances, obstacles, approximate settlement size and other relevant information.

In each HF, it was ensured that the CHS visits each HP at least once in a month. Where applicable, BDN encouraged the head of HF and the midwife, each to supervise at least one HP in a month.

BDN provided the HPs with adequate and timely supply of drugs, medical equipment, training materials, stationary, guidelines, protocols and IEC materials.

BDN continued to encourage communities to propose female volunteers as CHW candidates and promoted CHWs participation in the meetings by reward efforts of CHW through providing in-kind incentives to them. The incentives included training opportunity, payment of transportation cost, recognition certificates from local communities and authorities, and supporting supervision.

A number of CHWs, HF's Shura members and CHSs were recognized for their best performance during the CHWs national days' celebration in All BDN's BPHS projects.

CBNI/CBNP projects:

- **Samangan:**

In the Samangan CBNP project, the following activities were implemented during 2024:

A total number of 19,357U2 children were growth monitored for malnutrition by community health workers. The CBNP initiative has drawn on local community participation as well as available local resources and has responded to local needs and sensitivities.

Expansion of nutrition preventive and treatment services (supplementation of MNP to children 6 – 59 months) Micronutrient Powder distribution project implemented for three months, from January-March 2024 in Samangan, a total of 38,596 children 6-59 months received micronutrient powder.

33,844 adolescent girls (10-19 years) received IFA, and 799 food demonstration sessions have been conducted.

- **Balkh, Kunduz, and Badakhshan CBNI project:**

In the CBNI project, the following activities were implemented during 2024:

A total of 44,812 U2 children were growth monitored for malnutrition by community health workers. The CBNP initiative has drawn on local community participation as well as available local resources and has responded to local needs and sensitivities.

Expansion of nutrition preventive and treatment services (supplementation of MNP to children 6 – 59 months) Micronutrient Powder distribution project implemented for two months, from Nov-Dec 2024 in Balkh, Kunduz, and Badakhshan provinces, a total of 301,633 children 6-59 months received micronutrient powder.

288,719 adolescent girls (10-19 years) received IFA, and 1,616 food demonstration sessions have been conducted.

Referral System

Strengthening the referral system is considered one of the key factors for effective health care service delivery in projects under BDN's implementation. In 2024, BDN's BPHS HFs (127,228) referred in patients through HFs and HPs, and referred out about (45,778) patients to high-level HFs.

To have an effective, efficient, and functioning referral system, BDN ensured the following:

- To ensure timely referral of severe, complicated cases and the utilization of their services, all HFs referred such cases to the nearest higher-level HFs as per the defined hierarchy.
- Patients would be given a detailed referral sheet outlining symptoms, diagnosis, and treatment so far.
- HF staff registered and recorded referrals on regular basis.
- The HF technical staffs are aware of the CHWs activities in the respective catchment area through monthly meetings and wish them for timely referral.
- In order to ensure ready mobility for referral, the facility ambulances have been made functional in strategically located Comprehensive Health Centres (CHCs).
- Meanwhile to have better access in hard to reach area shared ambulance and specified ambulance are allocated in number of BHCs in Balkh and Maidan Wardak provinces.
- CHWs got trained in identifying early signs of difficult cases in order to refer them promptly for proper attention.
- Referral sites are introduced and referral formats are used by CHWs (pictorial for illiterate CHWs).

Regular Supply of Essential Drugs

BDN ensured the availability of essential medicines in HFs through timely processing and supplying the pharmaceutical supplies by a well-established Pharmaceutical Management Unit (PMU). The PMU performed the following activities:

- To assure an uninterrupted supply of medicines to the health facilities & health posts in 3 (Maidan Wardak, Balkh, and Kapisa) provinces.
- To build all project capacity in managing medicines at the field level

- Built the capacity of pharmacists and in-charges of HFs on Managing Medicine Supply (MMS), Inventory Management Assessment Tool (IMAT), and Rational Use of Drug (RUD).
- Maintaining regular, drug, medical supply, lab reagent, and medical equipment supply on a regular quarterly basis for all BPHS and EPHS to all BDN projects
- Conducted supportive supervision and monitoring visits to pharmacy stocks in all HFs.
- Review, analyze, process, and supply the essential medicine, medical expendable supply, lab reagents, and medical equipment for all HFs.
- Supplied essential medicines, medical expendables, lab reagents, and medical equipment to all HFs based on rational requests and valid consumption reports.
- National standard treatment guidelines (NSTG) applied in all projects and the patients received their standard treatment.
- PMU was responsible for the whole procurement of medicines, medical expendables, lab reagents, and medical equipment for all BDN's BPHS projects.
- Provided the remote HFs located in high altitudes with semi-annual supplies before the onset of winter.
- Almost all essential medicine available for 12 months at the health facilities level
- All of the health facility staff in charge of the pharmacy have received MDS (stock management parts) and RMU (prescribing and dispensing parts) training .
- The reference materials—Basic Package of Health Services (BPHS) manual, essential drug list (EDL), and MDS manual—were available in all visited health facilities.
- All monitored health facilities applied appropriate zoning for stocks (e.g., safe place for flammable items, dry place for items sensitive to humidity, and double-lock security for narcotics).
- On average, 35 percent of patients were prescribed at least one antibiotic; the normally acceptable percentage for outpatient encounters is less than 45 percent. This indicates and good condition

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 2024, Quantified quality matrix (QQM) tools were applied in BHCs, CHCs, and DHs, gaps were identified and highlighted, and a comprehensive action plan was developed to address the shortfalls and 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, cross-checking of the generated data at each HFs by reviewing of tally sheets, register books, and monthly reports. Furthermore, monitors, supervisors, and capacity building officers visited the HFs towards 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.

Supportive Supervision:

BDN conducted regular supportive supervision and monitoring by all health departments, a total of 2015 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 logistic units, according to necessity and requests.

Waste Management and Infection Prevention

BDN paid greater attention to Health Care Waste Management and the practice of infection prevention measures 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 objective and goal 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 levels through monthly meetings that are regularly held in all HFs. Comments and suggestions from community and beneficiaries are noted and taken in to account in designing the responsive health care services to the population. BDN has established a responsive mechanism to address any complaints from community side or from own staff of BDN.

Prevention of Sexual Exploitation and Abuse (PSEA)

BDN has a zero tolerance for sexual exploitation and abuse. BDN has not tolerate its staff, associates, partners or any other representatives associated with the delivery of its work to engage 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

Coordination at central level (MoPH and donors) was maintained by both BDN's Head Quarter in Kabul and projects' staffs in the provinces. BDN's representatives participated regularly in all planned and ad hoc coordination and face-to-face meetings, reviews, and workshops that were organized by either MoPH or the donors.

At provincial level, BDN also attempted to coordinate its project activities with other health activities that took place in the province. BDN's provincial management teams have regularly participated in Provincial Development Committee (PDC) and Provincial Public Health Coordination Committee (PPHCC) meetings. In addition, BDN maintained its active and regular presence in all health-related sub-committee meetings that are held in the PPHD.

Community Engagement and Health Shuras

BDN maintained its efforts to ensure that community needs, concerns, and opinions were incorporated into the delivery of BPHS services through regular consultations and discussions with different segments of the community.

Health Shuras remained functional at all supported Health Facilities (HFs) and Health Posts (HPs). HFs conducted regular monthly meetings with Health Shuras, while CBHC Officers and Community Health Supervisors (CHSs) worked closely with HPs to facilitate monthly Health Shura meetings at the community level.

BDN also benefited from the active involvement of Health Shuras in disseminating key health messages and promoting community awareness. In addition, Health Shuras played an important role in supporting the response to several health emergencies during the year, contributing to their effective management and contro