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



ANNUAL REPORT 2025

Annual Descriptive Performance Progress Report

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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

1. FOREWORD

This report outlines an overview of overall BDN's activities, approaches, and achievements for the year 2025. It provides detailed information on the progress that has been made and reflects on how we made progress and on how we could do better. After a small start in 2001 and two decades of experience in implementing development projects, BDN is now a trustworthy partner of the Donors, UN agencies, Government of Afghanistan (GOA), particularly the Ministries of Public Health (MoPH) and Rural Rehabilitation and Development (MRRD), in the 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 on making greater use of community-based interventions. Our experience over the past years shows that the participation of front-line health workers, outreach workers, community midwives, and Community Health Workers (CHWs) collectively contributed to the 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 a 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 approaches, 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 2025 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 2025 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.

2. About BDN:

2.1 Who We Are

Bakhter Development Network (BDN) was established in 2001 as an Afghan non-governmental, non-profit, non-political, and development organization. For more than two decades, BDN has implemented health, nutrition, humanitarian, and other development programs across Afghanistan, with a focus on improving access to quality services for underserved and vulnerable communities.

BDN supports Afghanistan's public health system in alignment with national priorities through technical and operational assistance. Over the years, the organization has developed extensive experience in the implementation of health and nutrition programs and has contributed to improving access to quality healthcare services through community- and facility-based approaches.

BDN's work is centered on three complementary dimensions:

- Evidence-based service delivery through a network of community- and facility-based service providers;
- Capacity building of Afghan service providers through formal and informal training, mentoring, and supportive supervision; and
- Strengthening managerial capacity to improve the planning and management of development projects and to support contributions to national policies and strategies.

Through these approaches, BDN has established a strong track record in implementing health, nutrition, humanitarian, and other development projects across Afghanistan.

Organizational Presence:

BDN's head office is located in Kabul, with seven sub-/provincial offices in Balkh, Jawzjan, Kunduz, Takhar, Badakhshan, Maidan Wardak, and Kapisa provinces. These offices are equipped with essential communication and operational resources, including internet connectivity, servers, mobile phones, computers, vehicles, and basic office facilities.

In 2025, BDN had 3769 employees, including health personnel and managerial staff. Female employees represented 40% and male employees 60% of the workforce.

Expansion into New Sectors:

In 2025, BDN expanded its programmatic portfolio beyond its traditional areas of health, nutrition, and humanitarian assistance to include agriculture and education. This expansion marked an important step in broadening BDN's development engagement and responding to the diverse needs of communities. Through its growing presence in these sectors, BDN aimed to contribute to improved livelihoods, access to education, and sustainable community development.

2.2 Vision

BDN envisages a world in which empowered communities work together for brighter prospects.

2.3 Mission

BDN empowers communities and assists them in achieving their developmental goals

2.4 Areas of Expertise

BDN's areas of expertise include:

• Primary healthcare and health systems strengthening
• Maternal, newborn, child and adolescent health
• Reproductive, maternal, newborn, child and adolescent health (RMNCAH)
• Sexual and reproductive health (SRH)
• Nutrition prevention and treatment
• Community-based health and nutrition

• HIV/AIDS, tuberculosis and malaria
• Health emergency preparedness and response
• Acute watery diarrhea (AWD) and communicable disease outbreak response
• Mental health and psychosocial support (PSS)
• Humanitarian and emergency assistance
• Capacity building and health workforce development
• Community engagement and accountability

2.5 BDN's 2025 Program Portfolio:

In 2025, BDN implemented multiple projects across the health, nutrition, humanitarian, and development sectors, reaching underserved and vulnerable populations in several provinces of Afghanistan. Major areas of implementation included:

- Health Emergency Response (HER): Implementation in Balkh, Kapisa, and Maidan Wardak provinces.
- HIV/AIDS, Tuberculosis, Malaria and Health Systems: Combined grant implementation in Balkh, Maidan Wardak, and Kapisa provinces.
- Community-Based Nutrition Program (CBNP): Implementation in Balkh, Badakhshan, and Kunduz provinces.
- Targeted Supplementary Feeding Programme (TSFP): Nutrition treatment services in Balkh, Maidan Wardak, Kapisa, and Ghazni provinces.
- Primary Healthcare and Nutrition Services in Underserved Areas: Support to highly affected underserved communities and areas experiencing acute emergencies in Kunduz Province through the AHF-PHNC project.
- Life-Saving Health Services in Northern Afghanistan: Provision of essential life-saving health services to underserved populations in Sar-e-Pul, Balkh, Samangan, Faryab, and Jawzjan provinces.
- Communicable Disease Emergency Response: UNICEF-supported integrated Health, WASH, and SBC response for the prevention and management of AWD/suspected cholera, acute respiratory infections, measles, CHF, and other communicable disease outbreaks, including the establishment of Integrated Emergency Response Teams (IERTs).
- Nutrition Prevention and Emergency Food Assistance: Expansion of nutrition prevention activities and provision of emergency food and vegetable kits in three districts of Samangan, alongside nutrition treatment services in two districts of Balkh and two districts of Kunduz.
- Community-Based Nutrition Follow-up: Implementation of CBNP follow-up, MNP, and Community WIFS activities in Ghazni Province.
- School-Based IFA Supplementation: Provision of Iron and Folic Acid (IFA) supplementation to adolescent girls in public schools for anemia prevention through the School WIFS (S-WIFS) program in the Central Region.
- RMNCAH/SRH and PSS Services: Provision of quality RMNCAH, SRH, and PSS services across nine northern and northeastern provinces of Afghanistan.
- Life-Saving Primary Healthcare Services: Provision of life-saving primary healthcare services to underserved communities in Badakhshan and Baghlan provinces.

Together, these programs reflected BDN's continued commitment in 2025 to expanding access to essential services, strengthening community-based approaches, responding to emergencies, addressing nutrition needs, and supporting vulnerable and underserved populations across Afghanistan.

3. BDN AT A GLANCE – 2025

In 2025, BDN continued to implement a diverse portfolio of health, nutrition, humanitarian, and community-based programs across Afghanistan. Through its Health Emergency Response (HER), nutrition, disease control, primary healthcare, and community-based interventions, BDN maintained essential services for underserved and vulnerable populations.

BDN 2025 in Numbers

Indicator	Year 2025
Provinces covered	18 provinces
District-level project coverage	173 district-level entries
Health facilities supported under HER	240
Health Posts supported under HER	1,634
BDN employees	3769
Female employees	40%
Male employees	60%
HER provinces	3
Direct beneficiaries – reported projects	4,512,124
Indirect beneficiaries – reported projects	11,116,015
Major program areas	Health, Nutrition, Humanitarian & Development, Agriculture and education

Geographic Reach

BDN's programs covered multiple provinces across Afghanistan, including Badakhshan, Takhar, Kunduz, Balkh, Baghlan, Samangan, Jawzjan, Faryab, Sari pul, Panjshir, Parwan, Kapisa, Kabul, Maidan Wardak, Ghazni, Paktia, Khost, and Paktika, with additional program expansion into other sectors during 2025, including agriculture and education.

Health Emergency Response projects:

Under the HER projects in Balkh, Kapisa, and Maidan Wardak, BDN maintained:

- **240 Health Facilities (HFs)** functional and operational;
- **1,634 Health Posts (HPs)** functional and operational;
- Essential health services in accordance with BPHS/EPHS requirements;
- Maternal, newborn and child health services;
- Nutrition screening, referral and treatment;
- Immunization services through fixed, outreach and mobile approaches;
- TB, malaria and HIV/AIDS prevention, diagnosis, referral and treatment services;
- Mental health, disability, primary eye care, laboratory and blood transfusion services;
- Infection prevention and waste management systems; and
- Essential medicines, medical supplies and operational support to HFs and HPs.

Program Portfolio

During 2025, BDN implemented major interventions in:

- Primary healthcare and Health Emergency Response (HER)

- HIV/AIDS, Tuberculosis and Malaria
- Community-Based Nutrition (CBNP)
- Targeted Supplementary Feeding Programme (TSFP)
- Primary Healthcare and Nutrition in underserved areas
- Life-saving health services
- Emergency outbreak response, including AWD/suspected cholera
- MNP and IFA supplementation
- Community WIFS
- RMNCAH/SRH and PSS
- Community-based health and nutrition
- Agriculture and education

Beneficiary Reach in 2025
Across the projects included in the provided portfolio summary, BDN reported:

- **4,855,052 direct beneficiaries**
- **9,023,049 indirect beneficiaries**

Table 1. Data Collection Template

No.	Indicator	2025 Figure	Source / Responsible Department	Remarks
1	Total people reached across all BDN programs	**4,855,052**	PME / Program	
2	Total Community Health Workers (CHWs)	3268	CBHC / HR	
3	Total active projects implemented in 2025	UNICEF, WHO, WFP, UNDP, UNFPA, OCHA/AHF	Program / Grants	
4	Total donors/partners supporting BDN in 2025	Badakhshan, Takhar, Kunduz, Balkh, Jawzjan, Saripul, Faryab, Samangan, Maidan Wardak, Kapisa, Paktia, Khost, Paktika, Parwan, Panjshir, Kabul and Ghazni	Grants / Program	
5	Total provinces covered	18	Program / PME	
6	Total districts covered	173	Program / PME	
7	Total health facilities supported	240	Health / PME	
8	Total Health Posts supported	1,634	CBHC / PME	
9	Total BDN employees	3769	HR	
10	Female employees	1505	HR	
11	Male employees	2265	HR	
12	Total direct beneficiaries	4,855,052	PME / Program	
13	Total indirect beneficiaries	9,023,049	PME / Program	
14	Total provinces with agriculture programs	Samangan	Agriculture / PME	
15	Total provinces with education programs	Kabul, Parwan, Kapisa,Panjshir,Paktia,Khost and Paktika	Education / PME	

4. ORGANIZATIONAL OVERVIEW AND GEOGRAPHIC PRESENCE

4.1 BDN's Geographic Presence in 2025

In 2025, BDN maintained a broad operational presence across Afghanistan, implementing health, nutrition, humanitarian, and development programs in multiple provinces and districts. BDN's geographic approach focused on ensuring access to essential services for underserved, vulnerable, and hard-to-reach communities while strengthening community- and facility-based service delivery systems.

BDN's operational presence was supported by its head office in Kabul and provincial/sub-provincial offices, which facilitated program management, coordination, monitoring, logistics, human resources, and engagement with government and community structures.

During 2025, BDN's portfolio included health and nutrition service delivery, community-based nutrition, disease prevention and control, humanitarian and emergency response, RMNCAH/SRH and PSS, and other development interventions, with program coverage varying by province according to project requirements and identified community needs.

4.2 BDN's Geographic Coverage

Provinces of Implementation

The following provinces were included in BDN's 2025 program portfolio based on the projects implemented during the reporting period:

Table 2. -BDN's 2025 program portfolio

No.	Province	Major Program Areas	Active Projects	Direct Beneficiaries	Indirect Beneficiaries
1	Balkh	Health, Nutrition, TB/HIV/Malaria, TSFP, CBNP, Community WIFS	HER, TSFP, GC-7, MHNT UNFPA, CBNI	**2,064,287**	**2,064,287**
2	Kapisa	Health, TB/HIV/Malaria, Nutrition	HER, TSFP, GC-7	**670,464**	**670,464**
3	Maidan Wardak	Health, TB/HIV/Malaria, TSFP	HER, TSFP, GC-7 -UNFPA MHNT	**906,573**	**906,573**
5	Kunduz	Health, Nutrition, CBNP, MNP, Community WIFS, Emergency Response	CBNI-MHNT-AWD	**307522**	**1,228,935**
6	Badakhshan	Health, Nutrition, CBNP, Community WIFS, IFA/MNP	CBNI-MHNT-PHC	**241,673**	**1,723,151**
7	Sar-e-Pul	Life-saving Health Services	PHC	**5,832**	**79,193**
8	Faryab	Life-saving Health Services	PHC	**6,800**	**133,205**
9	Jawzjan	Life-saving Health Services	PHC	**9,500**	**172,898**
10	Ghazni	CBNP, MNP, Community WIFS	CBNI-TSFP	**607,886**	**1,548,251**
11	Baghlan	Primary Healthcare, RMNCAH/SRH	PHC	**11,450**	**91,206**
12	Other provinces	Agriculture	S-WIFS- FSAC	**23,065**	**404,886**

4. ORGANIZATIONAL OVERVIEW AND GEOGRAPHIC PRESENCE

4.1 BDN's Geographic Presence in 2025

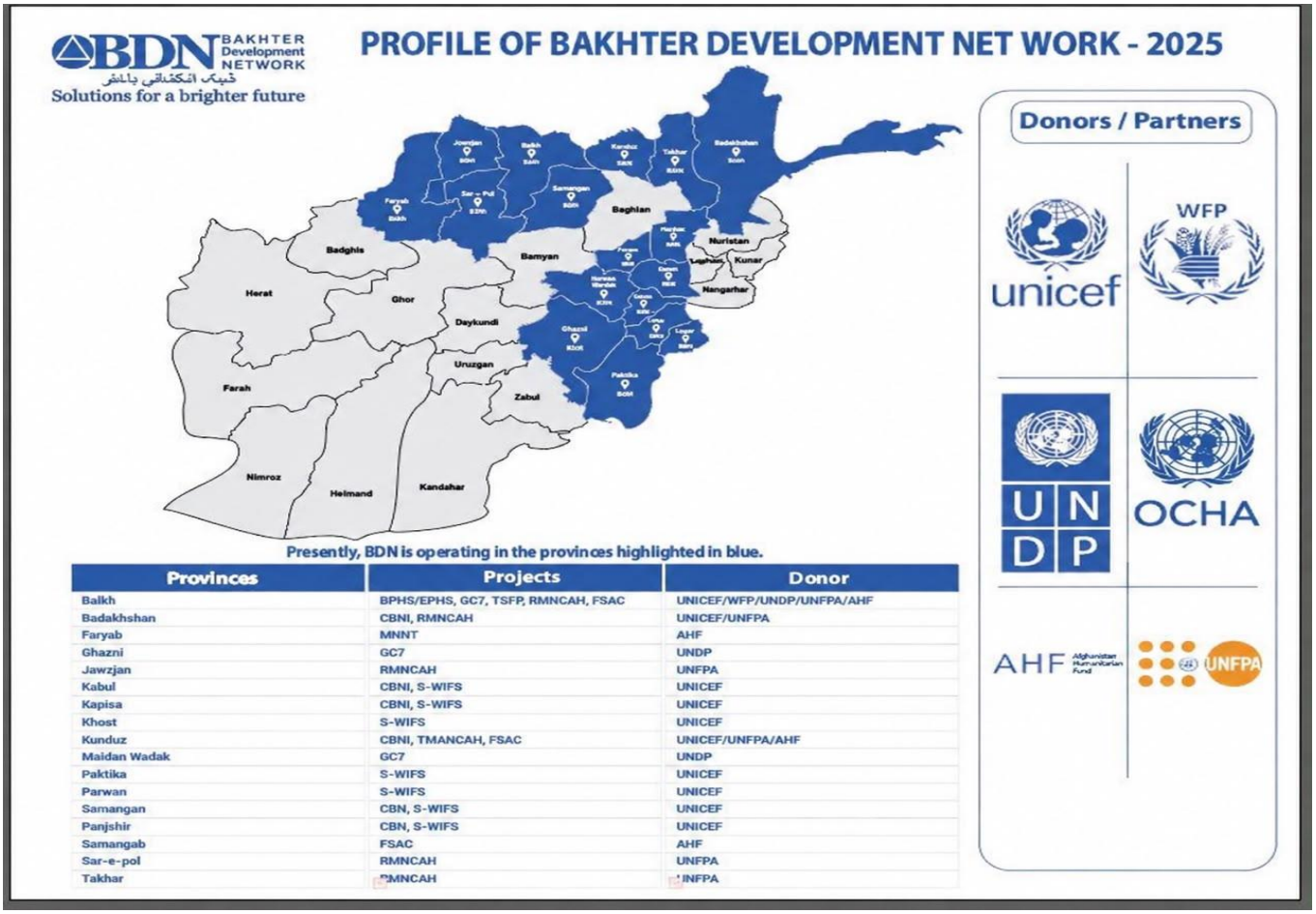
In 2025, BDN maintained a broad operational presence across Afghanistan, delivering health, nutrition, humanitarian, and community-based development programs in multiple provinces and districts. BDN's geographic approach focused on maintaining access to essential services for vulnerable, underserved, and hard-to-reach populations while strengthening community- and facility-based service delivery systems.

BDN's operations were supported by its head office in Kabul and provincial and sub-provincial structures that facilitated program management, technical support, monitoring and evaluation, logistics, human resources, coordination, and engagement with government and community structures.

During the reporting period, BDN implemented programs covering primary and secondary healthcare, maternal and newborn health, child health and immunization, nutrition, family planning, communicable disease prevention and control, mental health and psychosocial support, community-based health and nutrition, and humanitarian and emergency response. BDN also expanded its development portfolio into agriculture and education during 2025.

4.2 Geographic Coverage

BDN's 2025 program portfolio covered a number of provinces through different projects and implementation mechanisms. The geographic scope and program intensity varied according to project objectives, identified needs, funding arrangements, and the level of services required.



Provinces	Projects	Donor
Balkh	BPHS/EPHS, GC7, TSFP, RMNCAH, FSAC	UNICEF/WFP/UNDP/UNFPA/AHF
Badakhshan	CBNI, RMNCAH	UNICEF/UNFPA
Faryab	MNNT	AHF
Ghazni	GC7	UNDP
Jawzjan	RMNCAH	UNFPA
Kabul	CBNI, S-WIFS	UNICEF
Kapisa	CBNI, S-WIFS	UNICEF
Khost	S-WIFS	UNICEF
Kunduz	CBNI, TMANCAH, FSAC	UNICEF/UNFPA/AHF
Maidan Wadak	GC7	UNDP
Paktika	S-WIFS	UNICEF
Parwan	S-WIFS	UNICEF
Samangan	CBN, S-WIFS	UNICEF
Panjshir	CBN, S-WIFS	UNICEF
Samangab	FSAC	AHF
Sar-e-pol	RMNCAH	UNFPA
Takhar	RMNCAH	UNFPA

Table 3. -Major Geographic Areas of Implementation:

Geographic Area	Provinces	Major Program Areas
Central Region	Kapisa, Maidan Wardak,	HER/BPHS/EPHS, HIV/AIDS, TB, Malaria, Nutrition, Education
Northern Region	Balkh, Samangan, Sar-e-Pul, Faryab, Jawzjan	Health, Nutrition, TSFP, CBNP, life-saving health services, Agriculture
Northeastern Region	Kunduz, Badakhshan	Health, Nutrition, CBNP, MNP, Community WIFS, humanitarian response
South Eastern Region	Ghazni,Paktia,Paktika,Khost	S-WIFs, GC-7 and CBNI

Table 4. BDN's staff by Project and Gender in 2025:

Province	Clinical Staff	Management Staff by Project							Staff by Gender						
		HER	GC7	PHC WHO	CBNP	PHNS Kunduz	UNFPA	TSFP	Total Management Staff		Total Staff	Male		Female	
									NO	%		NO	%	NO	%
Balkh	1243	39	1	0	13	0	4	9	**66**	**5%**	**1309**	696	**53%**	613	**47 %**
Badakhshan	244	0	0	13	13	0	4	0	**30**	**11%**	**274**	**183**	**67%**	**91**	**33 %**
Maidan Wardak	927	42	1	0	0	0	0	5	**48**	**5%**	**975**	634	**65%**	341	**35 %**
Baghlan	14	0	0	0	0	0	0	0	**0**	**0%**	**14**	**9**	**64%**	**5**	**36 %**
Takhar	62	0	0	0	0	0	5	0	**5**	**7%**	**67**	38	**57%**	29	**43 %**
Sar-e-Pol	27	0	0	0	0	0	4	0	**4**	**13%**	**31**	**20**	**65%**	**11**	**35 %**
Faryab	49	0	0	0	0	0	4	0	**4**	**8%**	**53**	32	**60%**	21	**40 %**
Jawzjan	40	0	0	0	0	0	7	0	**7**	**15 %**	**47**	**33**	**70 %**	**14**	**30 %**
Samangan	24	0	0	0	0	0	0	0	**0**	**0%**	**24**	12	**50 %**	12	**50 %**
Kunduz	76	0	0	0	11	5	3	0	**19**	**20 %**	**95**	**50**	**53 %**	**45**	**47 %**
Ghazni	110	0	1	0	23	0	0	7	**31**	**22 %**	**141**	75	**53 %**	66	**47 %**
Kapisa	654	27	1	0	0	0	0	6	**34**	**5%**	**688**	**435**	**63 %**	**253**	**37 %**
Kabul	0	41	2	3	2	0	3	0	**51**	**100 %**	**51**	48	**94 %**	3	**6%**
Total	**3470**	**149**	**6**	**16**	**62**	**5**	**34**	**27**	**299**	**8%**	**3769**	**2265**	**60 %**	**1504**	**40 %**

A. Health Emergency Response Geographic Footprint

A major component of BDN's 2025 operations was the implementation of Health Emergency Response (HER) projects in Balkh, Maidan Wardak, and Kapisa. These projects supported the continued delivery of BPHS and EPHS services and contributed to maintaining access to essential primary and secondary healthcare services.

Across the three HER provinces, BDN-supported health facilities provided a broad range of services,

including:

- Primary healthcare and essential hospital services;
- Maternal, newborn and reproductive health services;
- Child health and immunization;
- Nutrition screening, referral and treatment;
- Family planning;
- TB, malaria and HIV/AIDS services;
- Mental health and psychosocial support;
- Disability services;
- Primary eye care;
- Laboratory and blood transfusion services; and
- Health education, disease prevention and community engagement.

Table 5. BPHS/EPHS (HER) Projects summary

Project	Province	No of districts	Papulation	Type and number of Health facilities							
				P H	D H	CHC +	CH C	BH C	PH C	Priso n HF	HPs
HER	Balkh	15	**2,064,287**	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**	**3,641,224**	**2**	**9**	**9**	**22**	**87**	**106**	**3**	**1634**

Table 6. BDN's BPHS and EPHS Projects in 2025

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	2,064,287	906,573	670,464	**3,641,224**
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**

Integrated Management of Childhood Illness (IMCI)

In 2025, BDN continued to strengthen the implementation of Integrated Management of Childhood Illness (IMCI) across its supported health facilities in Balkh, Maidan Wardak, and Kapisa provinces. BDN supported IMCI implementation through healthcare worker training, supportive supervision, quality assurance, and ensuring the availability of essential medicines, medical supplies, and equipment. These efforts aimed to strengthen the accurate assessment and classification of childhood illnesses, appropriate integrated treatment of major childhood conditions, counseling of caregivers, and timely referral of children with severe or complicated illnesses to higher-level health facilities.

BDN also actively supported the planning, community mobilization, supervision, and monitoring of National Immunization Days (NIDs) and continued coordination with the World Health Organization (WHO), Ministry of Public Health (MoPH), and other relevant stakeholders for Acute Flaccid Paralysis (AFP) surveillance. BDN ensured that supported health facilities had the required staffing, equipment, medicines, medical supplies, and vaccines in accordance with BPHS/EPHS standards, contributing to the continuity and quality of essential child health and immunization services.

Maternal and Newborn Care

Quality maternal and newborn care is essential for preventing avoidable maternal and neonatal morbidity and mortality. BDN therefore continued to strengthen the capacity of supported health facilities to provide skilled care throughout pregnancy, childbirth, and the immediate postnatal period, while ensuring the timely identification, management, and referral of complications.

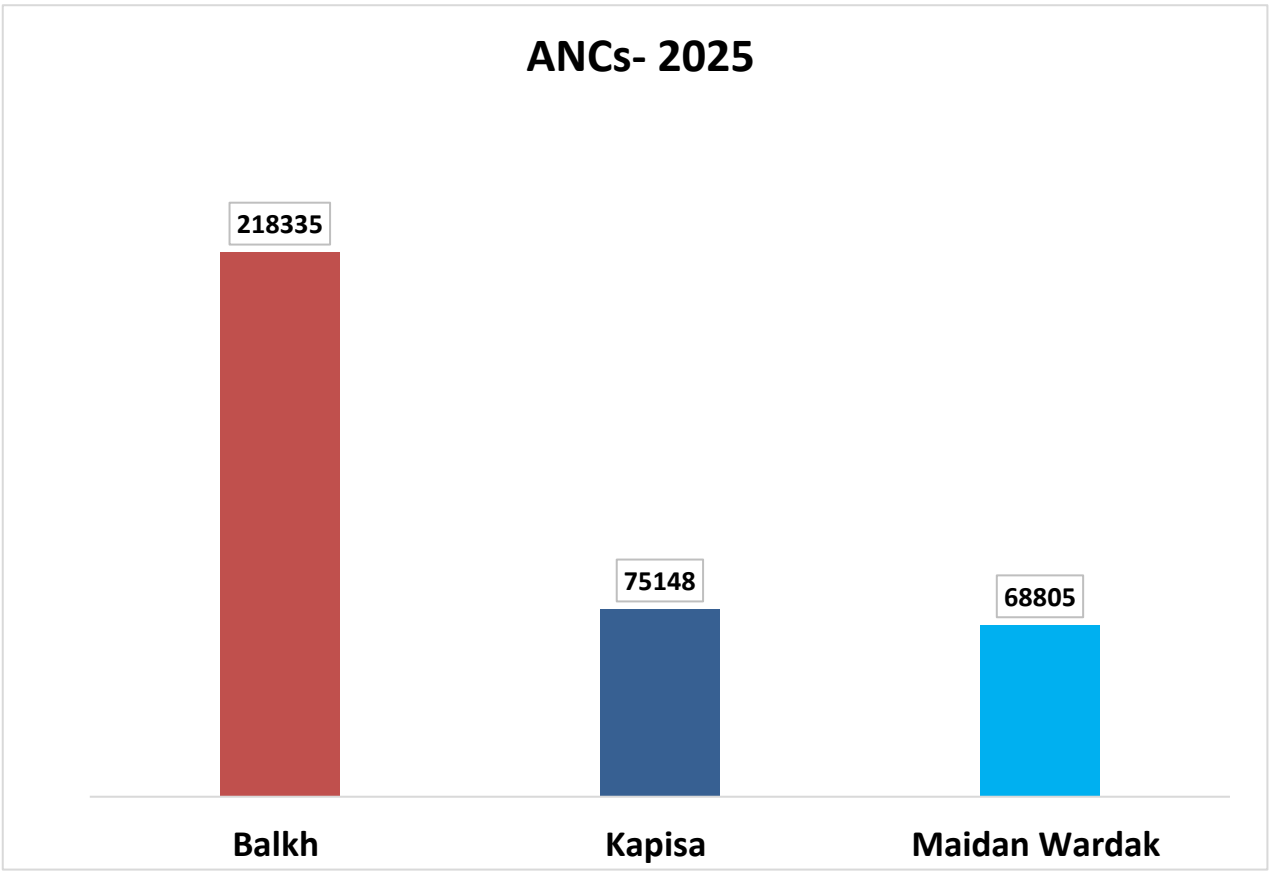
To improve the availability, accessibility, and utilization of maternal and newborn health services in Balkh, Maidan Wardak, and Kapisa provinces, BDN implemented the following key measures:

- Ensured that more than 100% of the designated positions for female health workers at supported health facilities were filled, helping maintain the availability of female providers for maternal health services.
- Mobilized CHWs and Local Health Committee members to raise awareness among pregnant women and their families about the benefits of skilled birth attendance and encourage delivery at health facilities.
- Strengthened community-to-facility referral linkages by engaging CHWs and LHC members in identifying pregnant women requiring facility-based care and facilitating timely referrals.
- Supported midwives to conduct community and village-level outreach visits to identify pregnant women, provide appropriate counseling, promote antenatal and delivery services, and encourage women to seek skilled care at health facilities.
- Continued to promote coordination between communities and health facilities to improve timely access to essential maternal and newborn health services.

Antenatal Care:

In 2025, BDN-supported BPHS health facilities provided Antenatal Care (ANC) services to 362,228 pregnant women across Balkh, Maidan Wardak, and Kapisa provinces.

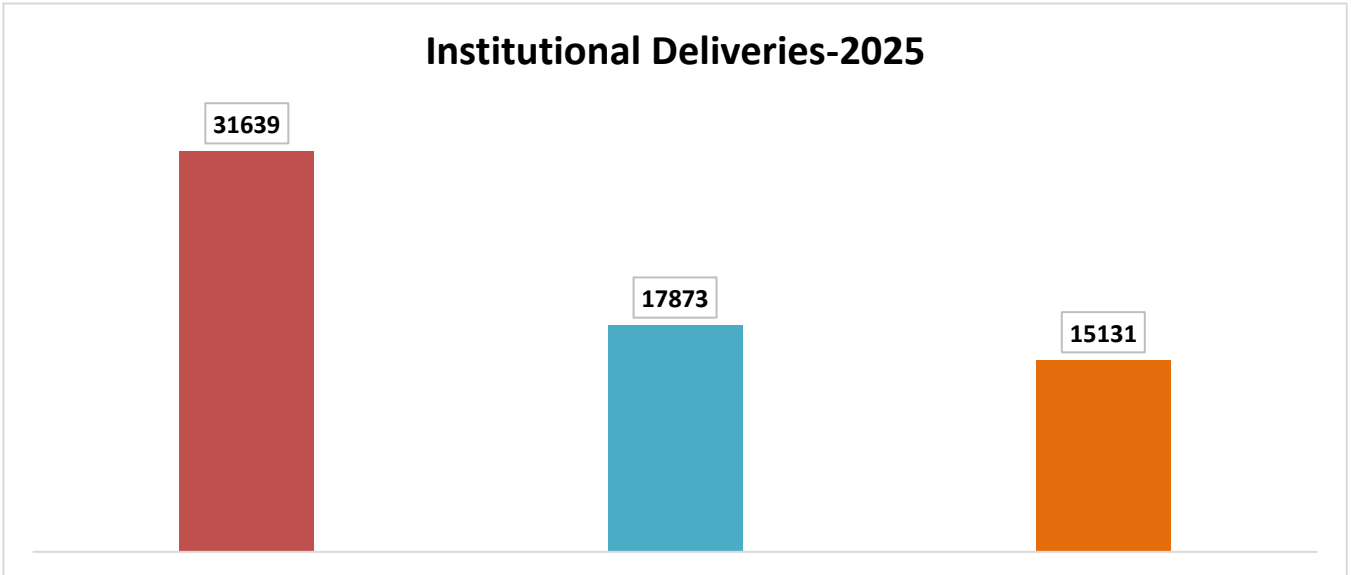
BDN strategically utilized ANC services as an important platform to promote the regular intake of essential micronutrients among pregnant women, contributing to the prevention of anemia and other micronutrient deficiencies. ANC consultations also provided an opportunity to strengthen women's knowledge and awareness of pregnancy-related danger signs, enabling timely recognition of complications and appropriate referral for further care.



Institutional Delivery (ID):

The period around childbirth is associated with a heightened risk of maternal and perinatal complications, with many adverse outcomes occurring during labor, delivery, and the first 24 hours after birth. Recognizing the importance of timely and skilled care during this critical period, BDN advocated for "skilled care at every birth" across its supported health facilities.

In 2025, 64,643 institutional deliveries were conducted at BDN-supported BPHS health facilities. This achievement reflects continued utilization of facility-based delivery services and BDN's efforts to promote access to safe, quality, and skilled delivery care. The provision of institutional delivery services also contributed to improving pregnant women's access to essential maternal and newborn care during and immediately after childbirth.



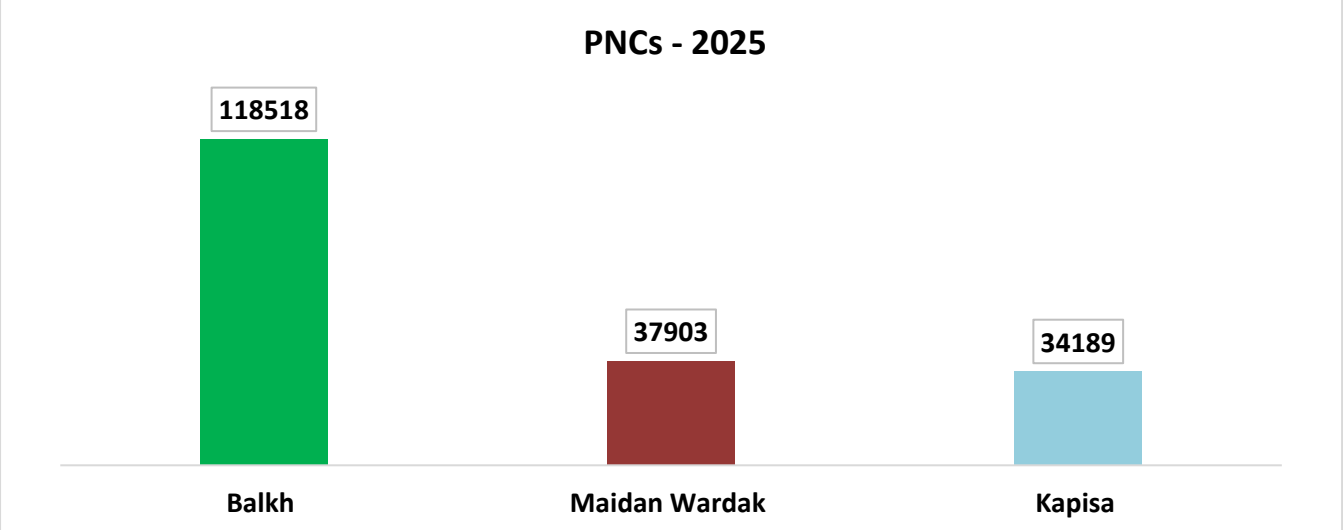
Postnatal Care (PNC)

The postnatal period begins immediately after completion of the third stage of labor and extends through the first six weeks following childbirth. This period is critical for monitoring the health and well-being of both the mother and newborn, identifying complications at an early stage, and providing essential counseling and support.

BDN-supported health facilities provided comprehensive postnatal care, including assessment of mothers following delivery and counseling on breastfeeding, newborn care, maternal nutrition, and recognition of maternal and newborn danger signs. Midwifery staff played a key role in monitoring mothers and newborns and referring any identified complications for appropriate clinical management.

The postnatal period also provides an important opportunity to promote healthy timing and spacing of pregnancies. BDN health facilities ensured that women received accurate information on available modern family planning methods and were supported to make informed, voluntary choices based on their individual needs and preferences. Counseling emphasized the benefits of appropriate birth spacing, including allowing adequate time for maternal recovery and improving health outcomes for mothers and children.

In 2025, BDN-supported health facilities provided Postnatal Care (PNC) services to approximately 190,610 women, demonstrating BDN's continued commitment to strengthening essential maternal and newborn health services.



Family Planning (FP) Services:

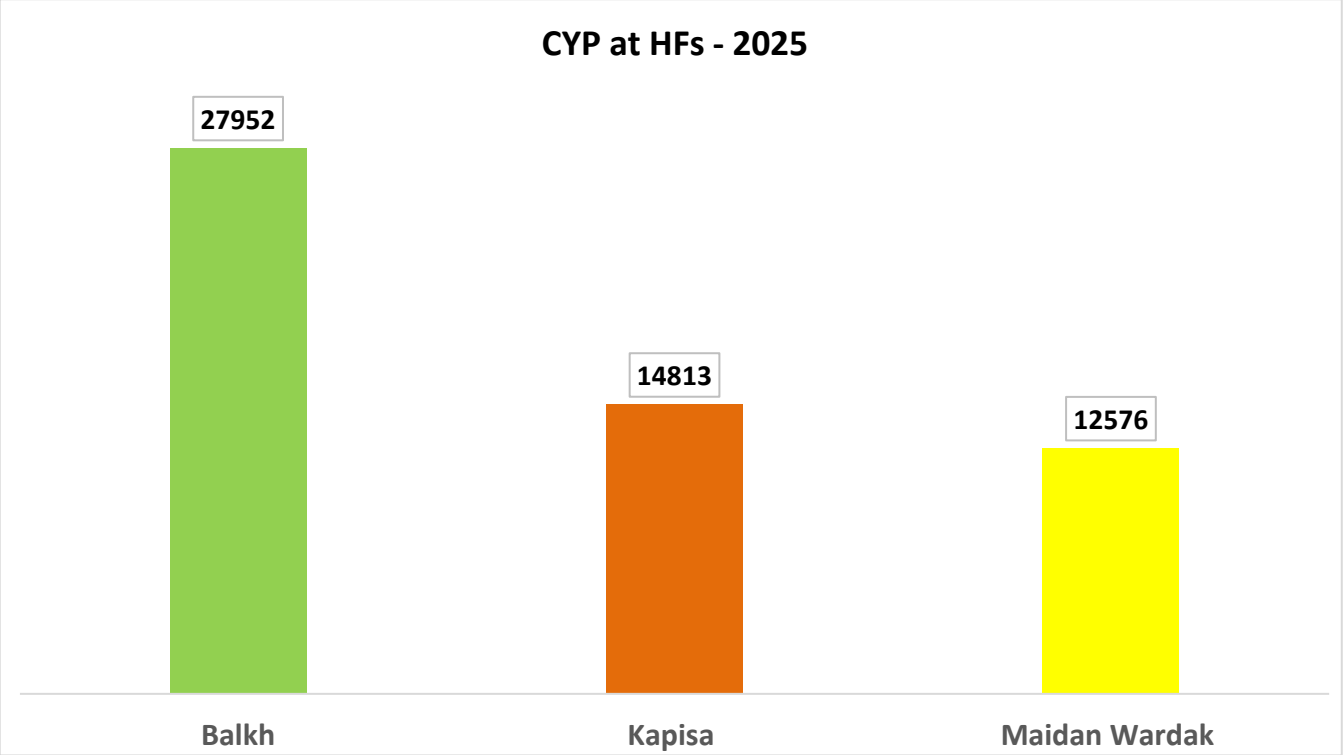
BDN continued to complement the Basic Package of Health Services (BPHS) by strengthening the availability, accessibility, and quality of family planning (FP) services across supported health facilities and communities. To promote healthy timing and spacing of pregnancies, BDN supported the provision of a comprehensive range of modern contraceptive methods at Health Posts (HPs) and health facilities (HFs), in accordance with the service capacity and level of each facility.

BDN remained committed to ensuring that the uptake of modern FP methods was voluntary and based on informed choice, without pressure, coercion, or monetary incentives. Clients were provided with appropriate information and counseling on available methods, enabling them to make informed decisions according to their individual needs and preferences.

Recognizing Health Posts as accessible and convenient points for community-based FP services, BDN continuously supported Community Health Workers (CHWs) to maintain and strengthen their technical knowledge and counseling skills. In 2025, BDN-supported health facilities recorded 55,341 Couple-Years of Protection (CYP) through the provision of FP services.

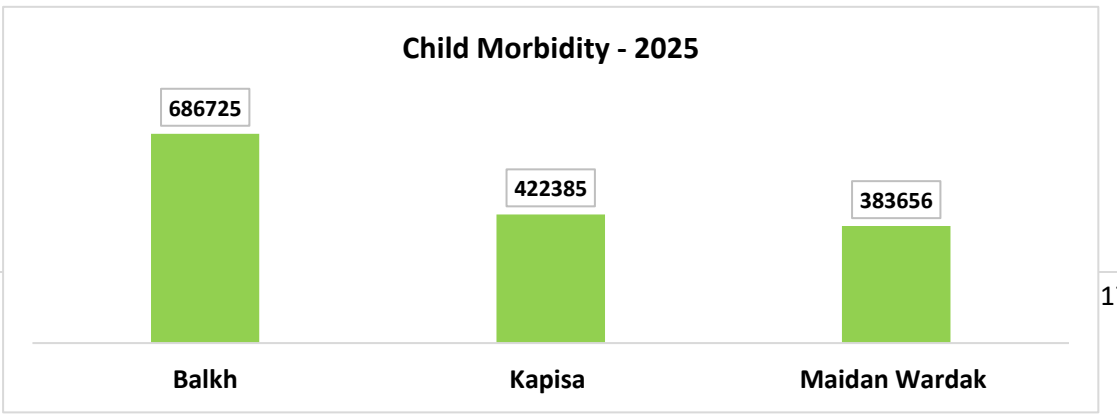
Key actions undertaken by BDN to improve access to and quality of FP services included:

- Ensuring the availability of a range of modern contraceptive methods and maintaining adequate stock levels at supported HPs and HFs.
- Training midwives at supported health facilities on the provision and insertion of Intrauterine Contraceptive Devices (IUCDs).
- Providing continuous capacity-building and refresher training for CHWs on FP counseling and service provision.
- Maintaining a continuous supply of contraceptive commodities at HP and HF levels to minimize stock-outs and interruptions in service delivery.
- Training eligible CHWs to administer the first dose of Depot Medroxyprogesterone Acetate (DMPA) in accordance with approved service protocols.
- Supporting Community Health Supervisors (CHSs) to regularly monitor and mentor CHWs, helping ensure adherence to technical standards and appropriate management or referral of any identified concerns.
- Conducting regular refresher training for CHWs on the appropriate provision, counseling, and distribution of contraceptive methods.

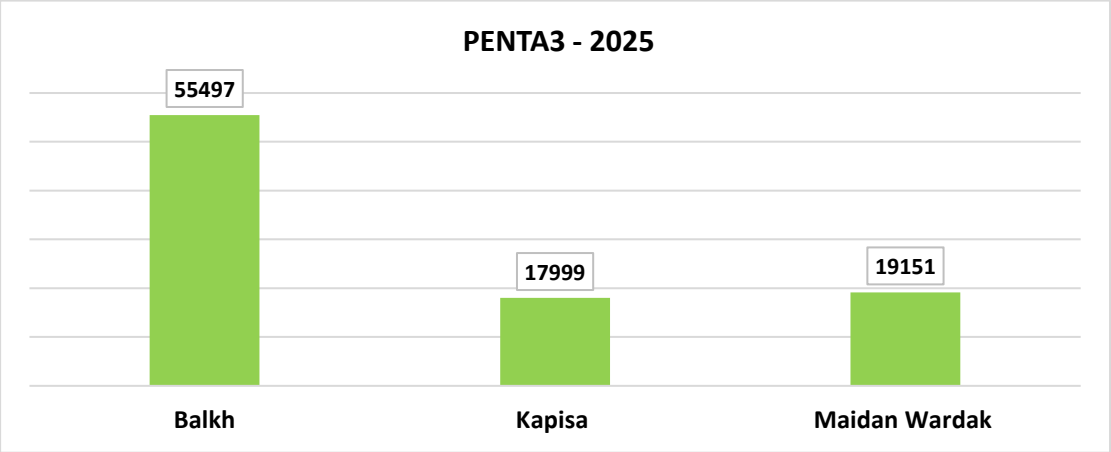


Under-five morbidity

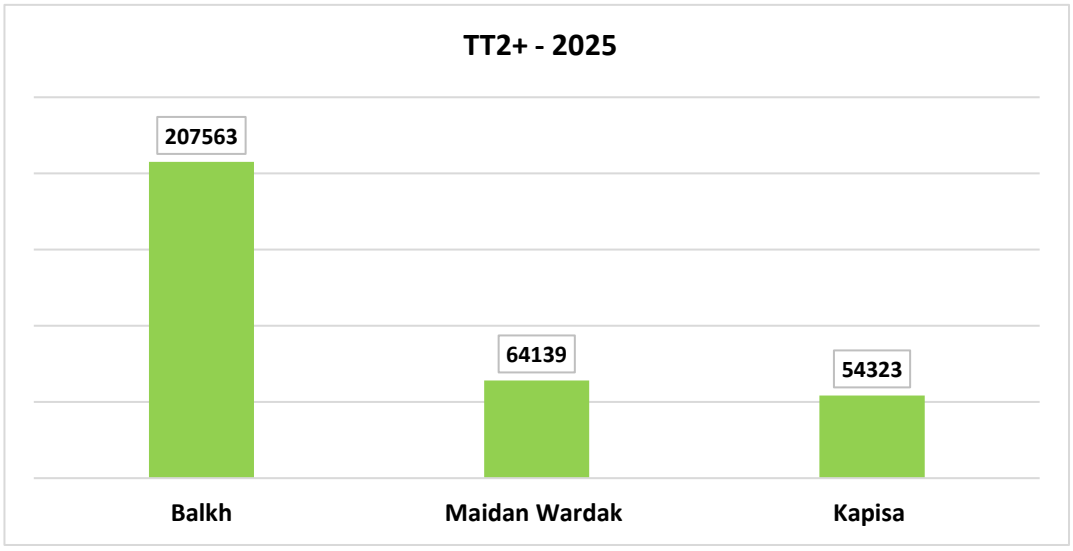
In 2025, BDN-supported BPHS health facilities across Balkh, Maidan Wardak, and Kapisa provinces provided essential child health services to 1,492,766 children under five years of age for various childhood illnesses. This scale of service delivery reflects BDN's continued efforts to ensure timely access to quality, integrated, and community-responsive healthcare services for children under five, with a focus on early identification, appropriate treatment, and referral of childhood illnesses in accordance with national health guidelines.



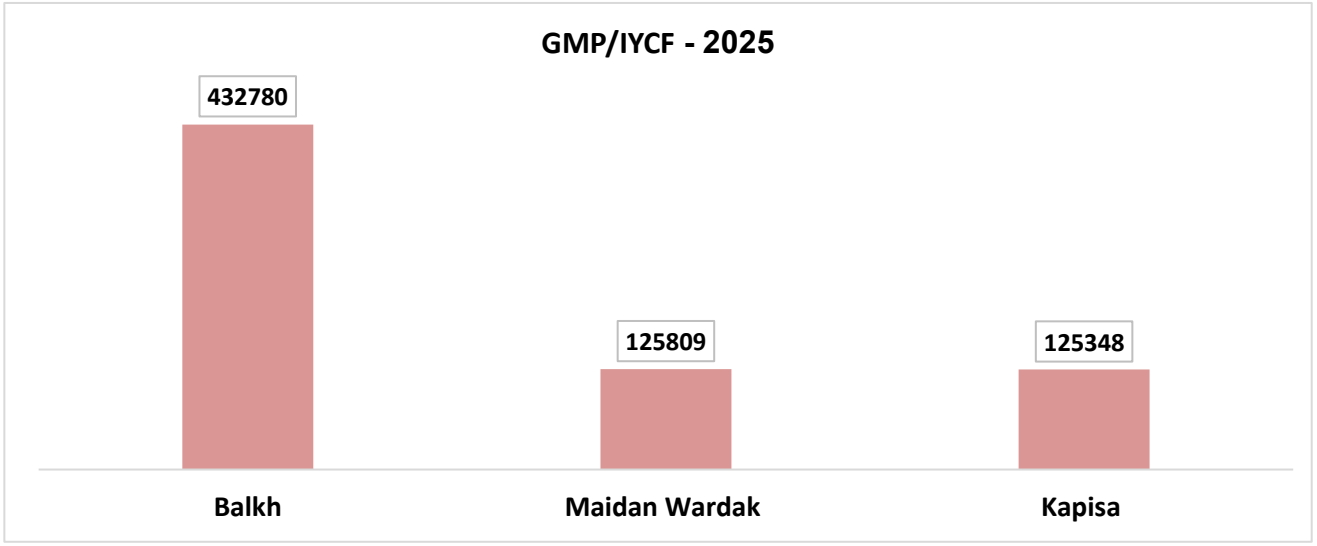
PENTA3 Vaccination:
In 2025, BDN-supported BPHS health facilities in Balkh, Maidan Wardak, and Kapisa provinces provided PENTA3 vaccination to 92,647 children. This achievement reflects BDN's continued efforts to strengthen routine immunization services and improve access to essential childhood vaccines. Through the provision of PENTA3, BDN contributed to protecting children against vaccine-preventable diseases and supporting the Government of Afghanistan's routine immunization objectives.



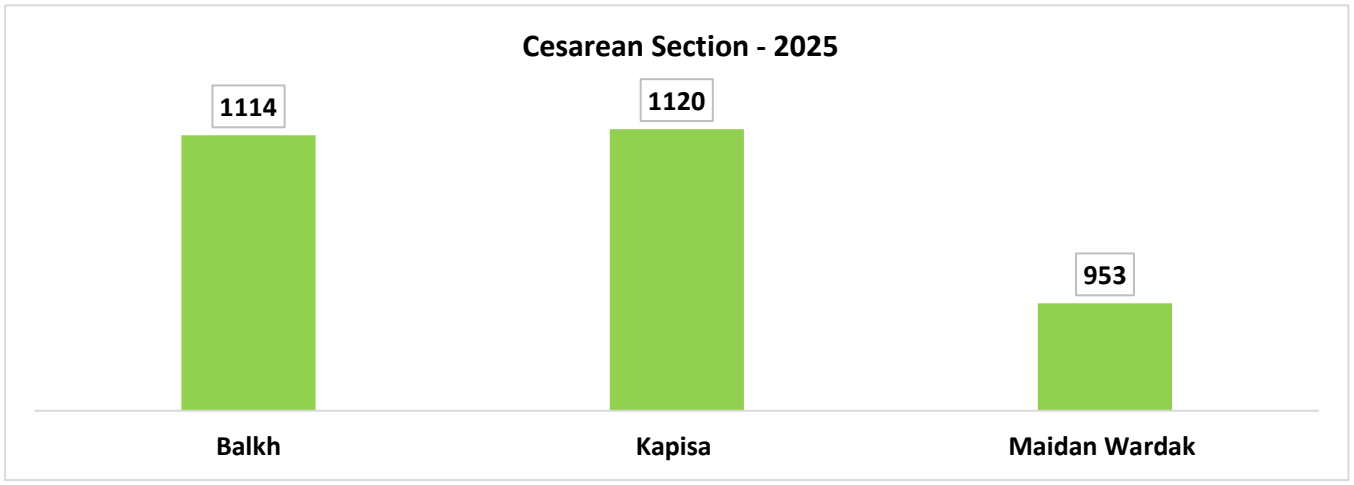
Tetanus Toxoid (TT+) Vaccination:
In 2025, BDN-supported BPHS health facilities in Balkh, Maidan Wardak, and Kapisa provinces provided Tetanus Toxoid (TT+) vaccination to 326,025 women. This intervention contributed to protecting women of reproductive age and pregnant women against tetanus and reducing the risk of maternal and neonatal tetanus. BDN continued to support the delivery of TT+ vaccination through routine health services, alongside counseling and awareness-raising on the importance of timely immunization and completion of the recommended vaccination schedule.



Growth Monitoring and IYCF Services:
In 2025, BDN-supported BPHS health facilities in Balkh, Maidan Wardak, and Kapisa provinces provided Growth Monitoring and Promotion (GMP) and Infant and Young Child Feeding (IYCF) services to 683,937 children. These services focused on the early identification of growth faltering and nutritional risks, while promoting appropriate infant and young child feeding practices. Through routine growth monitoring, counseling, and caregiver education, BDN supported families in recognizing children's nutritional needs and adopting appropriate feeding and care practices, contributing to improved child growth, development, and prevention of malnutrition.

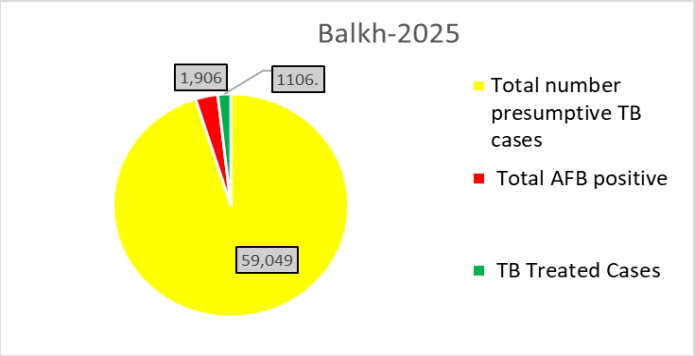


Caesarean Section (C-Section):
In 2025, BDN-supported BPHS health facilities in Balkh, Maidan Wardak, and Kapisa provinces provided essential emergency and comprehensive obstetric services, including Caesarean Section (C-Section), to women requiring operative delivery. A total of 3187 C-sections were performed during the year. The provision of C-section services contributed to timely management of obstetric complications and supported the reduction of preventable maternal and perinatal morbidity and mortality. BDN continued to strengthen the capacity of supported health facilities to provide safe, timely, and quality surgical obstetric care in accordance with national standards and clinical protocols.



Communicable Diseases Treatment and Control (CDC)
Tuberculosis Prevention, Detection, and Treatment:

In 2025, BDN continued to support the provision of quality tuberculosis (TB) prevention, diagnosis, treatment, and follow-up services through supported health facilities and the Community-Based Health Care (CBHC) network in Balkh, Maidan Wardak, and Kapisa provinces. Strengthening early case detection, ensuring timely access to treatment, and providing equitable and accessible TB services remained key priorities of BDN.
Based on epidemiological data reported through BDN-supported BPHS health facilities, 59,049 presumptive TB cases were screened through diagnostic centers in Balkh Province during 2025. Of these, 1,906 sputum smear-positive (SS+) TB cases were detected and initiated on treatment, while 1,106 patients successfully completed their treatment and were subsequently confirmed as smear-negative.
BDN also focused on increasing community awareness and demand for TB-related services. Community-level awareness activities included the distribution of Information, Education and Communication (IEC) materials, display of TB-related messages through billboards, and dissemination of key TB prevention and treatment messages through local FM radio stations.
To strengthen the quality and continuity of TB services, BDN provided capacity-building for health facility staff and CHWs on the identification of presumptive TB cases, appropriate screening and diagnosis, referral, treatment, adherence support, and proper recording and reporting in line with the Directly Observed Treatment, Short-course (DOTS) approach and applicable national TB guidelines.
Through these interventions, BDN continued to strengthen community-based TB case finding and referral mechanisms while supporting health facilities to provide timely and quality TB services to affected communities.



Community-Based Services:
BDN complemented facility-based services through community structures and outreach platforms, including:

- Community Health Workers (CHWs);
- Community Health Supervisors (CHSs);
- Health Shuras;
- Local Health Committees;
- Community volunteers;
- Outreach and mobile health services

These platforms supported health promotion, demand generation, referral, follow-up, community surveillance, nutrition screening, and access to services among underserved populations.
In 2025, BDN continued to strengthen the Community-Based Health Care (CBHC) network across its BPHS/EPHS-supported projects in Balkh, Kapisa, and Maidan Wardak provinces, with a focus on ensuring accessible, equitable, cost-effective, and quality primary healthcare services at the community level.

The CBHC network included the following Health Posts (HPs) by province:

- **Balkh Province:** 900 Health Posts
- **Maidan Wardak Province:** 389 Health Posts
- **Kapisa Province:** 345 Health Posts
- **Total:** 1634 Health Posts

BDN supported 1,634 Community Health Workers (CHWs) and 1,647 Family Health Action Groups (FHAGs) across the three provinces to deliver essential community-based services in accordance with BPHS standards. BDN ensured regular supportive supervision of HPs, updated catchment-area maps, and maintained the timely availability of essential medicines, equipment, guidelines, training materials, and IEC materials.

BDN also promoted community participation in the selection of female CHWs and strengthened CHW performance through training, supportive supervision, recognition, and other non-monetary incentives. Outstanding CHWs, health facility Shura members, and Community Health Supervisors (CHSs) were recognized for their contributions to strengthening community-based healthcare services.

Referral System

Strengthening the referral system is a key component of effective and quality health service delivery across BDN-supported projects. In 2025, BDN-supported BPHS health facilities managed referral cases through an integrated referral system supported by trained health facility staff, functional ambulances, and the Community-Based Health Care (CBHC) network, including Community Health Supervisors (CHSs) and Community Health Workers (CHWs).

To ensure an effective, efficient, and functional referral system, BDN implemented the following measures:

- Ensured the timely referral of severe and complicated cases to the nearest appropriate higher-level health facility in accordance with the established referral hierarchy.
- Provided patients with detailed referral forms documenting presenting symptoms, diagnosis, and treatment provided.
- Ensured that referrals were systematically recorded and documented by health facility staff.
- Strengthened coordination between health facility technical staff and Community Health Workers (CHWs) through regular monthly meetings to facilitate timely identification and referral of patients requiring higher-level care.
- Ensured the availability and functionality of ambulances at strategically located Comprehensive Health Centres (CHCs) to facilitate timely referrals.
- Provided shared and dedicated ambulance services to selected Basic Health Centres (BHCs) in hard-to-reach areas of Balkh and Maidan Wardak provinces.
- Trained CHWs to identify early warning signs and complications requiring prompt referral.
- Introduced designated referral sites and standardized referral formats for use by CHWs, including pictorial formats to facilitate their use by low-literacy community health workers.

Regular Supply of Essential Drugs and Medical Supplies

BDN ensured the continuous availability of essential medicines and medical supplies at supported health facilities through timely procurement, supply, monitoring, and pharmaceutical management under the Pharmaceutical Management Unit (PMU)**.**

Key measures included:

- Ensured uninterrupted supply of essential medicines to health facilities and Health Posts across Balkh, Maidan Wardak, and Kapisa provinces.
- Strengthened the capacity of project and health facility staff in pharmaceutical and medicine management.
- Trained pharmacists and health facility in-charges on Managing Medicine Supply (MMS), Inventory Management Assessment Tool (IMAT), and Rational Use of Drugs (RUD)**.**

- Maintained regular quarterly supplies of medicines, medical consumables, laboratory reagents, and medical equipment to support BPHS and EPHS facilities.
- Conducted supportive supervision and monitoring visits to assess pharmacy stock management and availability.
- Reviewed, analyzed, and processed facility requests and consumption reports to ensure timely and appropriate supply of essential medicines, medical consumables, laboratory reagents, and equipment.
- Supplied commodities based on rational requests, consumption patterns, and valid consumption reports.
- Ensured the application of National Standard Treatment Guidelines (NSTGs) to promote appropriate and standardized patient management.
- Managed the procurement of medicines, medical consumables, laboratory reagents, and medical equipment for BDN-supported BPHS projects.
- Provided semi-annual supplies to remote and high-altitude health facilities before the winter season to minimize the risk of stock-outs and disruptions in service delivery.
- Maintained adequate availability of essential medicines at the health facility level, with most essential medicines available throughout the year.
- Ensured that pharmacy staff received Medicine and Drug Supply (MDS) training on stock management and Rational Medicine Use (RMU) training on prescribing and dispensing practices.
- Ensured the availability of key reference materials, including the BPHS Manual, Essential Drugs List (EDL), and MDS Manual, at supported health facilities.
- Ensured appropriate storage and zoning of pharmaceutical stocks, including secure storage of flammable and moisture-sensitive items and double-lock arrangements for controlled medicines.
- Monitored antibiotic prescribing practices. On average, 35% of outpatient encounters resulted in the prescription of at least one antibiotic, which was below the stated acceptable threshold of 45%. This indicates that antibiotic prescribing remained within the specified acceptable range during the reporting period.

B. Global Fund/UNDP-Funded Project-Grand Cycle 7

The overall goal of the GC-7 project is to contribute to reducing morbidity and mortality associated with HIV/AIDS, tuberculosis (TB), and malaria in Afghanistan by strengthening access to quality prevention, diagnosis, treatment, care, and support services. The project aims to improve the timely identification and management of cases, strengthen services for key and vulnerable populations, and support the continuity and quality of essential health services through coordinated implementation with the Ministry of Public Health, UNDP, and other relevant partners. In 2025, Bakhter Development Network (BDN) implemented GC-7 interventions in the supported provinces through the HIV, malaria, and TB/RSSH components, with particular attention to vulnerable and underserved populations.

Malaria: Under the malaria component, the project aimed to strengthen timely diagnosis and treatment of suspected and confirmed malaria cases through public-sector health facilities and community-based services. During 2025, a total of 9,322 suspected malaria cases received a parasitological test at public-sector health facilities, while 1,165 suspected malaria cases received a parasitological test in the community. Furthermore, 1,030 confirmed malaria cases received first-line antimalarial treatment at public-sector health facilities, while 1 confirmed malaria case received first-line antimalarial treatment in the community. These activities were implemented through the supported health facilities and community-level services, using microscopy and Rapid Diagnostic Tests (RDTs) as appropriate for timely detection and management of malaria cases. The supported malaria interventions complemented routine BPHS services and contributed to the broader objective of reducing malaria-related morbidity and mortality.

HIV/AIDS: Under the HIV component, BDN continued to support HIV prevention, testing, treatment, and related services for key affected and vulnerable populations. During 2025, 1,086 people who inject drugs were reached with the defined package of HIV prevention services, and 153,126 needles and syringes were distributed through needle and syringe programmes. A total of 303 individuals received Opioid Substitution Therapy since the start of the programme, while 10 individuals receiving Opioid Substitution Therapy received treatment for at least six months. In prisons and other closed settings, 1,785 people were reached with the defined package of HIV prevention services, and 1,924 people received HIV testing and knew their results.

Among people who inject drugs, 1,166 received an HIV test during the reporting period and knew their results. At the end of the reporting period, 170 people were on ART among all people living with HIV, while 36 people living with HIV currently enrolled on ART started TB preventive treatment during the reporting period. In addition, 133 people were recorded under the HIV O-12 indicator concerning people living with HIV on ART who were virologically suppressed and/or new PLHIV who initiated ART during the previous 12 months. These interventions were supported through community- and facility-based services, including prevention, counselling, testing, referral, treatment and harm-reduction services.

Tuberculosis (TB/RSSH): Under the TB/RSSH component, BDN supported TB case detection, diagnosis, treatment, prevention, reporting, and laboratory quality-related interventions. During 2025, 3,456 patients with all forms of TB were notified, including bacteriologically confirmed and clinically diagnosed new and relapse cases, while 3,312 patients with all forms of TB were successfully treated. A total of 63 patients with RR-TB and/or MDR-TB were successfully treated, while 32 people with confirmed RR-TB and/or MDR-TB were notified, and 32 people with confirmed RR-TB and/or MDR-TB began second-line treatment. Furthermore, 1,970 new and relapse TB patients were tested using WHO-recommended rapid diagnostic tests at the time of diagnosis, and 1,799 people in contact with TB patients began preventive therapy. Among key affected populations/high-risk groups other than prisoners, 48 people with TB were notified. In relation to RSSH and programme performance, 1,015 monthly reports were received on time in accordance with national reporting guidelines, and 2 laboratories successfully participated in external quality assurance (EQA) or proficiency testing (PT) schemes. Non-national TB programme providers also contributed to case notification, with 616 patients contributed by private/non-governmental facilities, 242 patients contributed through CHWs, and 109 patients contributed through TB programme partners (TB PTs). These interventions supported early detection, appropriate treatment, prevention of transmission, improved reporting, and strengthening of TB-related laboratory and health-system functions.

C. Implementation of community-based nutrition intervention in Badakhshan, Balkh, and Kunduz provinces.

BDN implemented the Community-Based Nutrition Program (CBNP) from 1 August 2024 to 31 December 2025 in Balkh, Kunduz, and Badakhshan provinces, building on the capacity-building phase previously supported by UNICEF. The project aimed to sustain and institutionalize community-based nutrition interventions in line with the national CBNP guidelines, with a focus on preventing malnutrition, promoting appropriate infant and young child feeding practices, and ensuring early detection and referral of malnutrition cases.

Through the project, BDN strengthened the capacity and supportive supervision of Community Health Workers (CHWs) and community volunteers and supported monthly Growth Monitoring and Promotion (GMP) for children under two years, quarterly MUAC screening of children aged 6–59 months, household follow-up of children at risk of malnutrition, and Food Demonstration Sessions (FDS) to promote nutritious locally available foods and appropriate IYCF practices. BDN also implemented Micronutrient Powder (MNP) campaigns for children aged 6–59 months in Kunduz, Balkh, and Badakhshan and Weekly Iron and Folic Acid Supplementation (WIFS) campaigns for adolescent girls aged 10–19 years in Balkh, Kunduz, and Badakhshan provinces.

To ensure quality implementation, BDN conducted regular supportive supervision and quarterly monitoring of Health Posts, strengthened coordination with MoPH/PND, PPHDs, UNICEF, and other stakeholders, and maintained systematic tracking and reporting of project indicators. Overall, the project contributed to strengthening community-level nutrition services, improving early identification and referral of malnutrition, and promoting key nutrition practices among vulnerable communities.

The key achievements of this project during 2025 are as follows:

During 2025, the Community-Based Nutrition Program (CBNP) strengthened community-based nutrition services across Balkh, Badakhshan, and Kunduz provinces, supporting 1,901 Health Posts (HPs). 21053 food demonstration session conducted during 2025. A total of 600,388 children were reached through growth monitoring services, including 305,959 boys and 294,429 girls. The program also successfully implemented nutrition supplementation campaigns, reaching 295,634 adolescent girls with IFA and 205,899 boys and 215,227 girls aged 6–59 months with MNP. In addition, CHSs and CHWs were supported through capacity-building and training on CBNP, MNP, Community WIFS, and Mother MUAC interventions. These activities

strengthened community-based nutrition services, improved access to preventive nutrition interventions, and supported the early identification and management of nutritional risks among children and vulnerable groups.

D. Support Delivery of Primary Health Care and Nutrition Services in Highly Affected Underserved Areas and Areas with Acute Emergencies in Kunduz Province

The project was implemented from 1 August 2025 and will continue until 31 May 2026 to improve access to life-saving health and nutrition services for vulnerable populations in underserved and "white area" communities across Dasht-e-Archi, Imam Sahib, Khan Abad, and Kunduz districts of Kunduz Province.
Designed in line with the HNRP 2025 and Health and Nutrition Cluster priorities, the project was based on a field-level needs assessment conducted by BDN in coordination with the Provincial Public Health Directorate (PPHD) and local communities. During 2025, five Health Sub-Centers (SHCs) were established in areas without existing health facilities, including two in Imam Sahib and one each in Khan Abad, Dasht-e-Archi, and Kunduz districts. The SHCs provide essential services including maternal and newborn care, child health, nutrition screening and treatment, communicable disease management, mental health and psychosocial support, disability-related services, health education, referrals and follow-up, and access to essential medicines and medical supplies.
The project is expected to reach an estimated 36,790 people, comprising 8,292 women, 9,735 girls, 8,631 men, and 10,132 boys, including 5,885 persons with disabilities (16%). By establishing health services in communities without existing health facilities, the project addresses critical gaps in access to primary healthcare and nutrition services while complementing existing health service delivery mechanisms and avoiding duplication.
The project also emphasizes community engagement, accountability to affected populations, gender mainstreaming, disability inclusion, dignity, transparency, cultural sensitivity, and prevention of Sexual Exploitation and Abuse (PSEA). Through integrated, inclusive, and community-responsive service delivery, the project is expected to contribute to improved access to essential primary healthcare and nutrition services and to the reduction of preventable morbidity and mortality among vulnerable populations in Kunduz Province.
The project will continue its implementation through 31 May 2026.

E. Targeted Supplementary Feeding Programme (TSFP)

During 2025, BDN continued the implementation of the Targeted Supplementary Feeding Programme (TSFP) in Balkh, Maidan Wardak, and Kapisa provinces, with the overall objective of treating moderate acute malnutrition (MAM) among children aged 6–59 months and acute malnutrition among pregnant and lactating women (PLW) in targeted areas. The programme also aimed to strengthen nutrition awareness among pregnant and lactating women and caregivers of children with MAM and promote optimal nutrition and care practices through Social and Behaviour Change Communication (SBCC).
In Balkh Province, the programme reached 59,081 beneficiaries through 115 TSFP sites, with 982 metric tons (MT) of food commodities distributed to support the treatment of acute malnutrition.
In Maidan Wardak Province, the programme targeted 46,465 beneficiaries and distributed 859.5 metric tons (MT) of food commodities through the programme-supported service delivery network.
In Kapisa Province, the programme reached 21,905 beneficiaries through 41 TSFP sites, with 271.668 metric tons (MT) of food commodities distributed.
Overall, the TSFP programme contributed to improving access to essential nutrition treatment services for vulnerable children and pregnant and lactating women in the three provinces. In addition to the provision of specialized nutritious food commodities, the programme promoted improved nutrition knowledge, appropriate feeding and care practices, and early identification and management of acute malnutrition through community-level awareness and SBCC interventions.

F. Community-Based Nutrition Programme (CBNP) – Ghazni Province

Implementation Period: 23 July 2025 – 16 March 2026
Province: Ghazni

The Community-Based Nutrition Programme (CBNP) was initiated in Ghazni Province on 23 July 2025 to strengthen community-based nutrition services and improve access to preventive and promotive nutrition interventions for children, adolescent girls, pregnant and lactating women, caregivers, and communities. The programme was implemented in coordination with relevant provincial health authorities and community structures, with a focus on CBNP follow-up and mentorship, micronutrient powder (MNP), Community-based Weekly Iron and Folic Acid Supplementation (C-WIFS), Social and Behaviour Change Communication (SBCC), and community engagement.

During 2025, the programme focused on strengthening the capacity of health workers and community structures to deliver community-based nutrition services. Supportive supervision, follow-up, mentorship, community mobilization, growth monitoring, and nutrition awareness activities were incorporated to improve the quality and coverage of services at community and Health Post level. The programme targeted 753 Health Posts, 1,506 Community Health Workers (CHWs) for mentorship and technical support, and 58,598 children under two years for growth monitoring and related preventive nutrition services.

A major achievement during the reporting period was the successful implementation of two IFA campaigns for adolescent girls aged 10–19 years, which achieved approximately 100% implementation coverage. These campaigns contributed to improving access to iron-folic acid supplementation among adolescent girls in targeted communities and supported the prevention of iron deficiency and anaemia.

The planned MNP campaign for children aged 6–59 months was not implemented during 2025 due to the shortage/unavailability of MNP commodities. The programme also incorporated Social and Behaviour Change Communication (SBCC) and community engagement activities to improve knowledge and practices related to nutrition, health, hygiene, and child care. The programme planned to reach approximately 276,000 people with key life-saving messages through IEC/BCC materials, campaigns, and other communication channels.

Overall, the CBNP in Ghazni contributed to strengthening community-based nutrition systems, enhancing the capacity of health workers and community structures, expanding preventive nutrition services, and improving access to IFA supplementation for adolescent girls. The successful implementation of the IFA campaigns demonstrated strong community-level engagement and programme delivery, while the non-implementation of the MNP campaign highlighted the importance of timely and adequate commodity availability for achieving planned nutrition targets.

G. Provision of Lifesaving Primary Healthcare Services in Underserved Communities in Badakhshan and Baghlan Provinces

Donor: World Health Organization (WHO)
Implementation Period: 16 October 2025 – 15 April 2026
Provinces: Badakhshan and Baghlan

In October 2025, Bakhtar Development Network (BDN), with support from the World Health Organization (WHO), initiated the project "Provision of Lifesaving Primary Healthcare Services in Underserved Communities in Badakhshan and Baghlan Provinces." The project aims to improve access to essential and life-saving primary healthcare services for vulnerable populations living in remote, underserved, and hard-to-reach communities across Badakhshan and Baghlan provinces.

The project is designed to establish and support 13 health facilities and provide services in accordance with the Basic Package of Health Services (BPHS). During the reporting period, BDN initiated the operational arrangements required for health facility establishment, staffing, service delivery, and supply of essential medicines, medical equipment, and other required logistical materials. The facilities will be staffed with qualified healthcare personnel, including physicians, nurses, midwives, female MHPSS counsellors, female nutrition counsellors, vaccinators, social mobilizers, and support staff.

The project has a total of 67,640 direct beneficiaries, comprising 43,966 females and 23,674 males, including 12,175 children under five years of age. In addition, approximately 122,051 people will benefit indirectly from

the project through improved availability and accessibility of health services in the targeted communities. The indirect beneficiaries are located across Darwaz-e-Payin (11,307), Raghistan (14,992), Wakhan (8,059), Arghanjkhwa (7,892), Darayem (15,411), Kohistan (8,965), Jurm (22,667), Kofab (8,113), Darwaz-e-Bala (11,558), and Dahana-e-Ghori in Baghlan (13,087).

The project will provide an integrated package of primary healthcare services, including maternal and newborn healthcare, child health, routine immunization, nutrition screening and referral, communicable disease prevention and treatment, non-communicable disease screening, mental health and psychosocial support, and disability and physical rehabilitation services. Maternal and newborn services will include ANC, safe delivery, emergency obstetric care, PNC, family planning, and newborn care. Child health services will follow IMNCI protocols, while immunization activities will include fixed, outreach, and mobile approaches, alongside support to polio eradication and AFP surveillance activities.

Overall, the project initiated an important intervention to expand access to integrated, quality, and life-saving primary healthcare services for underserved populations. During 2025, BDN established the foundation for implementation of the 13 health facilities and mobilized the required operational resources. The project will continue through 15 April 2026, with services expected to further improve access to essential healthcare for 67,640 direct beneficiaries and an estimated 122,051 indirect beneficiaries across targeted communities in Badakhshan and Baghlan.

H. Provision of Quality RMNCAH/SRH and PSS Services in Nine Central, Northern and Northeastern Provinces of Afghanistan

Implementation Period: 1 March – 31 December 2025

Geographic Coverage: Samangan, Balkh, Sar-e-Pul, Faryab, Jawzjan, Takhar, Badakhshan, Kunduz and Maidan Wardak.

Service Delivery: 31 Mobile Health Teams (MHTs) or semi-static health facilities and 7 Family Health Houses (FHH).

During 2025, BDN implemented the project "Provision of Quality RMNCAH/SRH and PSS Services in Seven Northern and Northeastern Provinces of Afghanistan" to expand access to quality reproductive, maternal, newborn, child, and adolescent health (RMNCAH/SRH) and psychosocial support (PSS) services for underserved and vulnerable populations. Services were planned to be delivered through 31 MHTs, comprising 3 in Maidan Wark, 1 in Samangan, 2 in Balkh, 2 in Sar-e-Pul, 4 in Faryab, 4 in Jawzjan, 6 in Takhar, 7 in Badakhshan, 2 MHTs and 7 FHHs in Kunduz.

The project targets included 12,186 women receiving first ANC services, 6,636 receiving first PNC services, 545 deliveries supported at static health facilities, and 258 referrals to EmONC facilities. The project also targeted 3,248 pregnant women for TT2+ vaccination and 23,325 beneficiaries for family planning information and counselling, with 14,558 women targeted to use modern family planning methods.

For SRH and community outreach, the project planned to provide SRH services to 8,535 women of childbearing age (15–49 years) and reach 255,330 IDPs, returnees, and host community members through awareness-raising sessions on available services. Overall, 199,379 women, girls, boys, and men were targeted to receive health services, while 28,495 people were targeted to receive psychosocial support services. The project also planned to provide PENTA3 vaccination to 2,445 children under one year of age.

Through these interventions, the project aimed to strengthen access to integrated RMNCAH/SRH, family planning, immunization, and PSS services across seven northern and northeastern provinces, particularly for underserved, displaced, returnee, and host populations.

I. UNICEF integrated (Health, WASH and SBC) response for prevention and management of Acute Watery Diarrhea (AWD)/suspected Cholera, ARI, Measles, CCHF and other communicable disease outbreaks – including the setting up of Integrated Emergency Response Teams

Implementation Period: 1 November 2025 – 31 January 2026

Geographic Coverage: Kunduz and Takhar

Service Delivery: 4 Integrated Emergency Response Teams (IERTs), and 2 Cholera Treatment Centers (CTCs).

The project was designed in response to the AWD/Cholera outbreak, recognizing that the fragile health system is unable to adequately meet the surge in healthcare demand during outbreaks. Therefore, a rapid, multi-

sectoral, community-based response was considered essential. The overall strategy aims to reduce the occurrence and transmission of AWD/Cholera, minimize morbidity and mortality, and strengthen outbreak preparedness and response in high-risk districts.
Under this project, two fully functional Cholera Treatment Centers (CTCs) were established in Kunduz and Takhar Provinces, along with four IERTs (three in Kunduz and one in Takhar) to ensure timely detection, referral, and management of suspected cases at the community level.
During the project period, The IERTs responded to two AWD/Cholera outbreaks in the Khan Abad and Hazar smooch districts of Kunduz and Takhar provinces, 17580 individuals received integrated emergency health services from UNICEF-supported IERTs, including 8773 men and 8807 women, 7337 children under five years of age were assessed and referred by the IERTs, 16,192 AWD cases (8,260 men and 7,932 women) were treated, 297 cases with moderate and severe dehydration cases were referred through IERTs to the nearest CTCs/CTUs to receive in-patient treatment, 26282 early warning messages about the lifesaving information on humanitarian situations and outbreaks delivered to the affected and at-risk populations and a rapid assessment of AWD/Cholera was conducted in the four affected districts of Kunduz and Takhar provinces.

Projects Awarded in November and December 2025

The following projects were awarded to Bakhter Development Network (BDN) in November and December 2025. However, the actual implementation and field activities of these projects commenced in 2026 and therefore are not included as 2025 implementation activities:

- Provision of Emergency Food and Vegetable Kits in Three Districts of Samangan Province and Nutrition Treatment Services in Two Districts of Balkh and Two Districts of Kunduz Province.
- IFA Supplementation to Adolescent Girls in Public Schools for Anemia Prevention (S-WIFS Programme in Central Region).

Conclusion and Way Forward:
The year 2025 marked another important year of commitment, partnership, and service for Bakhter Development Network (BDN). Through a diverse portfolio of health, nutrition, community-based, reproductive health, disease prevention, and emergency response interventions, BDN continued to work alongside communities, government authorities, donors, UN agencies, and other partners to improve access to essential services, particularly for vulnerable, underserved, and hard-to-reach populations across Afghanistan.
Throughout the year, BDN remained committed to delivering services with quality, accountability, transparency, inclusiveness, and respect for the dignity of the communities we serve. Our work through health facilities, Health Posts, community structures, mobile teams, Family Health Houses, nutrition programmes, and emergency response mechanisms demonstrated the importance of bringing essential services closer to people who face barriers to accessing care.
The progress documented in this report reflects the collective efforts of BDN staff, community health workers, volunteers, health authorities, partners, and communities. At the same time, the year highlighted continuing challenges, including limited resources, commodity availability, geographical barriers, and the need for sustained support to underserved communities. BDN recognizes these challenges as opportunities to further strengthen programme quality, systems, partnerships, and community engagement.
Looking ahead, BDN will continue to build on the experience and lessons gained in 2025, strengthen evidence-based programming, enhance accountability to affected populations, and promote integrated and sustainable approaches to health and nutrition service delivery. BDN remains committed to working in partnership with national and international stakeholders to ensure that vulnerable communities can access quality, equitable, inclusive, and life-saving services.
BDN sincerely appreciates the continued trust, collaboration, and support of the Ministry of Public Health, Provincial Public Health Directorates, UN agencies, donors, implementing partners, health workers, community structures, and the communities themselves. Their partnership remains central to our ability to translate resources and commitments into meaningful services for the people of Afghanistan.
As we move forward, BDN remains committed to serving communities with integrity, strengthening partnerships, and contributing to a healthier, more resilient, and more equitable Afghanistan.