



Afghanistan Educational and Health Development Aids Organization  
(AEHDA)

## Organizational Profile

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**2003/2020**

AEHDA Central office Address:

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Afghanistan

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

### Preface

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

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

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

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

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

Sincerely,

## AEHDA-Org Establishment

The Afghanistan Educational and Health Development Aids Organization (AEHDA) is a non-profit, non-political, non-sectarian, and non-governmental humanitarian women lead organization. Originally established as an association in July 2003, AEHDA underwent additional registration with the Ministry of Economy (MoE) at the end of 2020, officially becoming an NGO with registration number 5085. AEHDA's mission spans education, a One Health Approach, healthcare, public nutrition, water, sanitation, hygiene, food security, advocacy and communication, training, capacity building, as well as research and development.

AEHDA was established by a group of committed, dedicated and professional volunteers to offer result-oriented services to rural, urban slums and urban areas of Afghanistan. AEHDA's services will be delivered through utilization of easy adaptable, contextual, accessible and participatory community empowerment strategies in accordance with the key principles of result-based management (RBM) approaches, and in line with Afghanistan national development priorities and national strategic plans. On the other hand, considering the professional/technical capacities in provision of primary education and public health services, AEHDA is one of the pioneer local NGO that provides contemporary, affordable and quality educational and public health services to Afghan population.

## AEHDA-Org Vision

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

## AEHDA-Org Mission

AEHDA is a non-profit, non-political, non-sectarian, and non-governmental organization mandated to provide contemporary development services in Education, One Health Approach, Research, Emergency, and development, with a special commitment to Afghanistan's nomadic and vulnerable groups. Additionally, it advocates for especially women and children, and emphasizes communication.

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

- Community and women empowerment through decentralized bottom-up approaches and real participation
- Integration of contextual recommendations in strategy or policy level decision making process at national and sub-national level
- Sustainable development
- Public-Private partnership and ownership
- One Health Approaches
- Result-based management approaches
- Management efficiency
- Partnership development and coordination
- Creation of circumstances in which people can develop their potentialities and express their diverse qualities

## AEHDA Org Objectives

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

Objective 1:

Enhance the quality, accessibility, and affordability of primary, secondary, and higher education for the eligible population, fostering affiliations with nationally and regionally accredited educational institutions.

Objective 2:

Enhance the health conditions of the Afghan population, with a particular emphasis on women and children, Kuchy's ( nomadic ) and vulnerable populations, focusing on mobile healthcare units, community health worker training in nomadic regions, and tailored health education programs.

Objective 3:

Provide comprehensive, integrated mental health and social care services within the community, with a special focus on women, children, and at-risk populations."

Objective 4:

Advocate for national policies through participatory rights-based advocacy and public communication campaigns, with a special focus on health and development."

Objective 5:

Empower local nomadic and other vulnerable group's communities by increasing awareness of social and political developments in the country through awareness-raising programs on public services, national policies and plans, and democratic principles."

Objective 6:

Improve the health and socioeconomic well-being of communities by reducing the incidence of water- and sanitation-related diseases through sustainable safe water, sanitation, and hygiene practices.

Objective 7:

Advance knowledge and update information for citizens and policymakers through conducting qualitative and quantitative research and evaluations, particularly in the areas of education, health, and social development."

Objective 8:

Collaborate with specialized entities and institutions to reduce avoidable blindness, especially in underserved and remote areas of Afghanistan. Provide promotion, preventive, curative, and rehabilitative eye-care services in alignment with national health strategic plans and the realization of Vision 2020."

Objective 9:

Enhance the capacities of communities, institutions, and service providers from both governmental and non-governmental organizations through short-term training, organizational development interventions, and the implementation of community development projects

Objective 10:

Implement a One Health approach to address issues at the interface of humans, animals, and the environment.

Objective 11:

Assess the overall ability of the Afghan population to meet their food needs, particularly for women and children, with assistance."

Objective 12:

Evaluate the extent to which households utilize negative coping strategies. with assess household food consumption quantity and quality.

Objective 13:

Ensure access by all people, including infants, to nutritious, safe and sufficient food, and end hunger and malnutrition in all its forms.

Objective 14:

To prevent malnutrition, undernutrition, micronutrient deficiencies and overweight in childhood and women before, during pregnancy and breastfeeding

## AEHDA Org Principles and Core Values

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

## AEHDA Org Strategic Areas of Operation:

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

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

## AEHDA Org Structure:

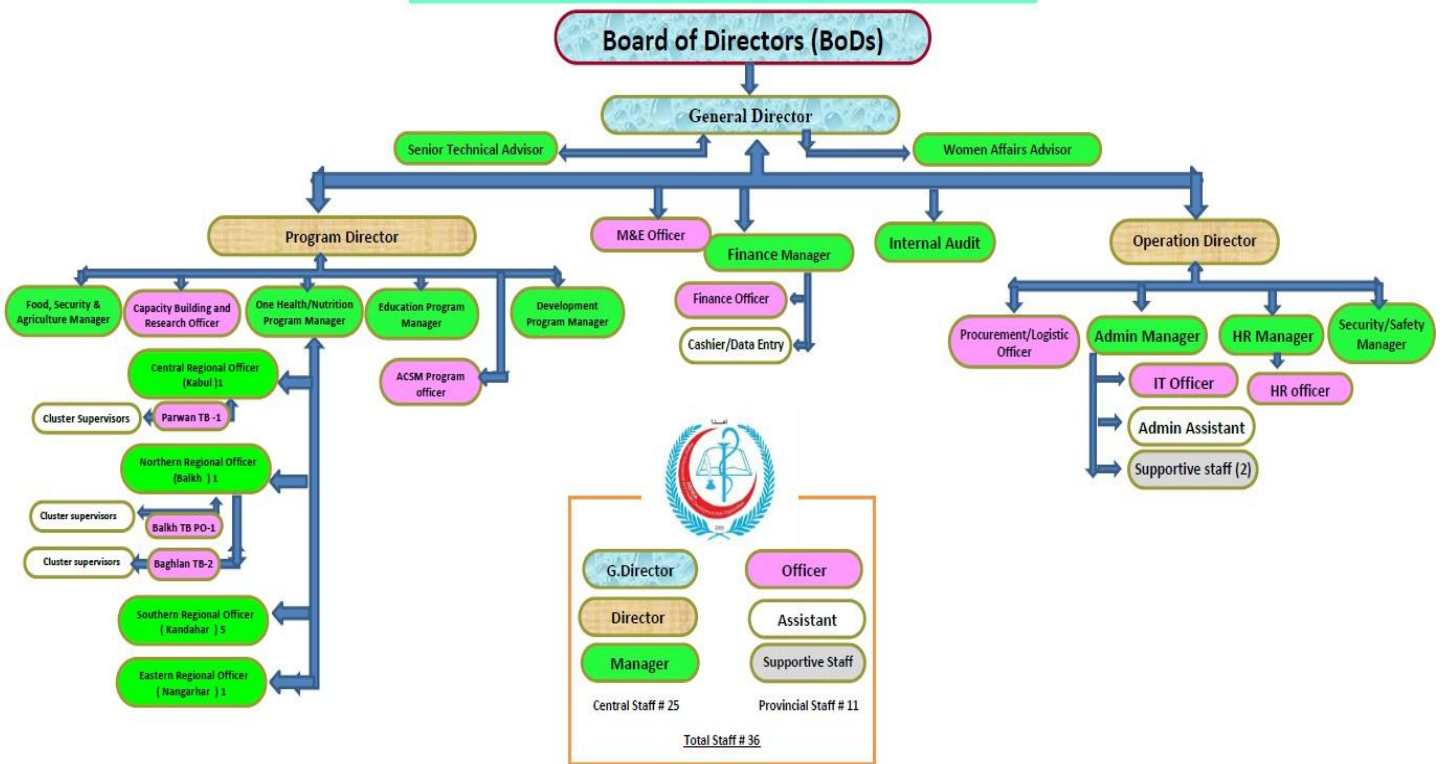
The main governance of AEHDA lies within a General Assembly, which consists of volunteers and committed members of the organization. The General Assembly is the supreme body of the organization and is responsible for the approval of organization’s charter, election of the chairperson and members of board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

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

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

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

AEHDA Organization Chart



## AEHDA Org Beneficiaries

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

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

## AEHDA Org Competencies

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

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

No	<b>AEHDA Policy List 2023</b>	Availability
1.	Governance Policy and related document	✓
2.	Financial Management Policy	✓
3.	Human Resources Policy	✓
4.	Code of Ethics and Conduct	✓
5.	Program Implementation and Monitoring Policy	✓
6.	Advocacy and Communications Policy	✓
7.	Data Privacy and Security Policy	✓
8.	Risk Management Policy	✓
9.	Anti-fraud and conflict of interest Policy	✓
10.	Procurement, Logistics and Assets management policy	✓
11.	Stock Management and disposal policy	✓
12.	Security, Safety and Access policy	✓
13.	Gender, HIV/AIDS and/or Environment	✓
14.	Child Protection	✓
15.	Safeguarding	✓
16.	PSEA Policy	✓
17.	M&E	✓
18.	Partnership Policy	✓
19.	Strategic Plan	✓
20.	Affected Populations (AAP) Policy	✓
21.	IT Policy	✓
22.	Project Management Procedures Manual	✓
23.	Warehouse Inventory Management Policy	✓
24.	Procedures for Sub-Partnership of Project Activities	✓



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

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

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

## AEHDA Projects list from 2021 till 2023

No	Project	Description	Location	Donor	Start Date	End Date	Budget USD
1	Foods distribution Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women, children , Normand(Kochy) and vulnerable population .	Kabul /KDR	M.Fundation	Jan/01/2021	June/30/2021	USD
2.	Advocacy and IEC activities for COVID-19	Advocacy for Strengthening COVID-19 community response and ACSM activities in Afghanistan. Our COVID-19 awareness and advocacy efforts are extended through mobile teams and local nomadic Kuchay leader partnerships. These teams are equipped with materials and messages tailored to the unique living conditions and social structures of nomadic groups.	Kabul /Balkh /Baghlan /Parwan	AEHDA/ MOPH	May/1/2021	May/31/2022	USD
3.	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage) TB REACH Wave 8	This project specifically targets nomadic and vulnerable populations through the establishment of mobile diagnostic and treatment units. Collaborations with local nomadic Kuchy leaders ensure culturally competent service delivery and enhance TB awareness and prevention among these communities	BALKH	ACREOD/MOPH	Jan/1/2021	July/31/2023	USD
4.	Innovative Module for Private Sector Agreement in Case Detection for TB and Treatment Linkage) TB REACH Wave 8	This project specifically targets nomadic and vulnerable populations through the establishment of mobile diagnostic and treatment units. Collaborations with local nomadic Kuchay leaders ensure culturally competent service delivery and enhance TB awareness and prevention among these communities	BAGHLAN	ACREOD/MOPH	May/01/2021	July/31/2023	USD
5.	Innovative Module for Private Sector Agreement in Case Detection for TB (IMPACT)	Project Title Innovative Module for PPE in Afghanistan for improved Case notification in TB (IMPACT) with focused on women , children , Kuchy Nomadic and vulnerable population	PARWAN	AEHDA/ODS S/ MOPH	Feb/01/2021	Oct/31/2023	USD
6.	Foods distribution and Ramadan Package	Distribution foods for Kabul and Kandahar people to meet their food needs with assistance especially for women and children	Kabul/Kandahar	M. Fundation	April/01/2022	Dec/31/2022	USD

7.	Community Awareness and engagement contributes to control of acute watery diarrhea	WASH Community Awareness and engagement contributes to control of acute watery diarrhea, share below key messages with communities, households and individuals through leaflets, posters and practical demonstrations in the local Pashto language: Leveraging mobile outreach units, this project delivers critical health education and services directly to nomadic Kuchy communities. The program emphasizes water safety and hygiene practices, adapting educational materials to nomadic contexts.	Kandahar	AEHDA	Jun/01/2022	Aug/31/2022	USD
8.	Awareness Campaigns for Women Right Strengthening GBV Prevention	The main message of the WR/GBV campaign supportive: keep yourself, your family and community healthy and protected. Say no to any form of violence – including physical, emotional, psychological, sexual or economic violence. Nothing can be an excuse for violence against women.	Kabul	AEHDA Core Budget	May/01/2022	Oct/31/2022	USD
9.	Advocacy and IEC activities and orientation training regards MHPSS.	IEC material distribution and orientation training for health focal points and private education sector teachers.	Kabul	AEHDA	July/01/2022	Dec/31/2022	USD
10.	Education student support and Stationery Package 2022	Education Student Support and Stationery Package 2022 project implemented in Kabul supported 200 vulnerable and poor family students with stationery packages .	Kabul	AEHDA	April/01/2022	Jun/31/2022	USD
11.	Community Awareness and engagement contributes to control of acute watery diarrhea	WASH Community Awareness and engagement contributes to control of acute watery diarrhea, share below key messages with communities, households and individuals through leaflets, posters and practical demonstrations in the local Pashto language: Leveraging mobile outreach units, this project delivers critical health education and services directly to nomadic Kuchy communities. The program emphasizes water safety and hygiene practices, adapting educational materials to nomadic contexts.	Kandahar	AEHDA	Jun/01/2023	Aug/31/2023	USD
12.	Foods distribution and Ramadan Package	Distribution foods for Kandahar people to meet their food needs with assistance especially for women, children , Normand (Kochy) and vulnerable population .	Kandahar	M.Fundation	April/01/2023	Dec/31/2023	USD
13.	Foods distribution and Ramadan Package	Distribution foods for Kabul people to meet their food needs with assistance especially for women, children , Normand (Kochy) and vulnerable population .	Kabul	M.Fundation	April/01/2023	Dec/31/2023	USD
14.	MHPSS orientation Training for NGOs and stockholders	advocacy for Strengthening for MHPSS orientation programs	Kabul/khost	M.Fundation	April/01/2023	Sep/31/2023	USD

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

**Annex-02** (AEHDA Registration with Ministry of Public Health, Islamic Republic of Afghanistan)

**Annex-03** (AEHDA Approach of Service Delivery)

**Annex-04** (AEHDA Registration with Ministry of Education, Islamic Republic of Afghanistan)

