



Organization for People's Health in Action (OPHA)

Annual Report 2025

Message from Director General,

Dear respected readers,

It is my great honor to present the **Annual Report of the Organization for People's Health in Action (OPHA)** for the year 2025. OPHA, though a young organization established in 2017 in Kabul, Afghanistan, was founded by senior professionals with extensive experience in international and national organizations, as well as in UN agencies.

This report has been prepared to provide a clear and comprehensive picture of OPHA's activities and major achievements during the year 2025. It reflects our ongoing commitment to transparency, accountability, and the delivery of quality health services across Afghanistan. From the HER project in Logar, implemented in partnership with CAF, to the AHF-supported MHNT teams in Nangarhar, Laghman, and Kunar, and the AHF-funded HSCs project in Paktika province, OPHA has strived to serve communities with dedication and professionalism.

We are particularly proud of the success that enabled OPHA to find new opportunities for serving the people of **Laghman province** through the **HER-AF2 Project** and the **AHF-funded initiatives**. These efforts have strengthened our presence in the region and allowed us to deliver essential health services to communities in need, further advancing our mission of improving access to healthcare for all.

The purpose of this report is not only to document our progress but also to strengthen OPHA's visibility and legitimacy in line with our vision and mission. We remain committed to enhancing our effectiveness and efficiency in service delivery, while ensuring that our staff and stakeholders are aligned with the organization's core values, strategies, and mandate.

On this occasion, I would like to extend my heartfelt gratitude to all readers of this report, and especially to those who share constructive feedback and valuable insights. Your contributions are vital in helping us improve and grow as an organization dedicated to the health and well-being of the Afghan people.

Sincerely,

Dr. Mohammad Nazir Rasuly Director General, OPHA

MD, Kabul Medical University | MA, USA

Executive Summary:

OPHA is a National non-governmental organization (NNGO) established in 2017 has qualified, committed, punctual, high experienced and robust management team, effective leadership that led the organization towards planed goal, objectives and achievements and remarkable success which are illustrated as bellow:

1. Implementation of BPHS/EPHS health emergency response (HER) in Logar province through partnership with CAF.
The objective of this project to enhance delivering of the BPHS and EPHS in Logar province, and thereby contribute to improving the health status of people in Afghanistan particularly reducing the maternal, new born, infant and child mortality, reducing the incidence of communicable diseases and improving child health and nutrition.
2. Implementation of BPHS/EPHS health emergency response (HER) in Parwan province through partnership with CAF.
The objective of this project to enhance delivering of the BPHS and EPHS in Parwan province, and thereby contribute to improving the health status of people in Afghanistan particularly reducing the maternal, new born, infant and child mortality, reducing the incidence of communicable diseases and improving child health and nutrition.
3. Provision of primary health care services and essential hospital services in Logar province with CAF partnership through; Baraki district hospital, Azra district hospital, Kharwar CHC+, Barki barak CHC, Dehnow CHC, Surkhab CHC, Babus CHC, Kharoti BHC, Musakhan HSC, Logar Prison health team, Pirokhil HSC, Chawani HSC.
4. Provision of primary health care services and essential hospital services in Parwan provinces with CAF partnership through; Anamak Salang BHC, Aqtash CHC, Bagh meydan CHC+, Dahan Jerf CHC+, Gulam Ali CHC+, Jabul saraj CHC, Koh safi Dandar CHC+, Lolege DH, Qaqshal CHC, and Siyagard CHC+.
5. Provision of EPI services through BPHS health facilities to Logar community.
6. Provision community base health services through CBHC department to Logar population.
7. Provision of EPI services through BPHS health facilities to Parwan province community though CAF partnership.
8. Provision community base health services through CBHC department to Parwan population with CAF Partnership.
9. Provision of mobile health and nutrition services for remote and hard to reach areas in Paktika, Gyan and Barmal districts.
10. Provision of lifesaving health and nutrition services through establishment of 9 fixed sub health centers in five districts of hard to reach areas of Faryab province.
11. Provision of health and nutrition services through establishment of six sub health centers in hard to reach and remote areas of Parwan province.
12. Procurement of medical equipment, non-medical equipment, hygienic material medicine and medical materials for Parwan and Fayrab AHF-OCHA funded projects.
13. Provision of health and nutrition services through deployment of 10 mobile heath nutrition teams MHNTs in 10 targets remote and hard to reach districts of Nangarhar, Laghman and Kunar provinces funded by AHF-OCHA.

Objective of the project is Scale-up delivery of humanitarian assistance in areas of return focusing on community-based response in underserved areas with high rates of return and,

Provide life-saving assistance to drought-affected communities to minimize potential displacements by focusing on areas where the risk of drought persists.

14. OPHA Successfully implemented of Twinning Program Phase-2 (TP-2).
The Twinning Program aims to address this by pairing NGOs with Advisors that provide mentoring and guidance to their Afghan counterpart on institutional management, humanitarian practices, and strategy. The beneficiary of this project is OPHA organization.
15. Conducted the OPHA General Assembly Meeting 2024.
16. Completing the audit of the organization for the years 2025.
17. Maintaining the functionality of all HPs in provincial level.
18. Regular participation in virtual and physical meetings organized by health cluster, nutrition cluster and AHF-OCHA.
19. Regular participation in Afghanistan Humanitarian Fund (AAHF) Virtual meetings.
20. Regular attendance in Afghanistan Humanitarian Fund Unit (HFU/Clinic) virtual meetings.
21. Maintain the membership OCHA health cluster and regular attendance in virtual and physical meetings.
22. Annual organization plan for the year 2026 and annual report of the organization activities for the year 2025 developed
23. OPHA submitter Expression of Interest EOI for inclusion in the roster of qualified Implementing partner's/service providers for the Provision of Health Program Services, in Estrin region and central region Afghanistan.
24. OPHA submitted Expression of interest for ROSTER of QUALIFIED POTENTIAL IMPLEMENTING PARTNERS/SERVICE PROVIDERS FOR PROVISION OF BPHS-EPHS SERVICES IN AFGHANISTAN to UNICEF.
25. OPHA applied for the HER-AF2 Project across seven provinces. Seven detailed proposals were developed and submitted to UNICEF. Fortunately, OPHA was awarded the opportunity to implement the HER-AF2 Project in Laghman province, marking a significant achievement for the organization.
26. OPHA also applied for the implementation of AHF-funded projects in Laghman, Nangarhar, and Paktika provinces. We are pleased to share that OPHA was recognized as eligible to implement these projects.

List of Abbreviations

Abbreviation	Description
AAP-WG	Accountability to Affected Population Working Group
ACSA-FSN	Afghanistan Civil Society Alliance for Food Security Nutrition
AHF	Afghanistan Humanitarian Fund
AMNEAB	Afghanistan Midwifery Nursing Education Advisory Board
ANDS	Afghanistan National Development Strategy
ACBAR	Agency Coordinating Body for Afghan Relief and Development
ANC	Antenatal Care
BSC	Balanced Score Card
BHC	Basic Health Center
BHC	Basic health center

BPHS	Basic Package of Health Services
CAF	Care of Afghan Families
CSCG	Civil Society Coordination Group
CBHC	Community based health care
CHNE	Community Health Nursing Education
CHW	Community Health Worker
CME	Community Midwifery Education
CHC	Comprehensive Health Center
CHC	Comprehensive health center
CPR	Contraceptive Prevalence Rate
CMP	Couple Month Protection
DSF	Demand Side Financing
DPT	Diphtheria Pertussis Tetanus
DH	District Hospital
DH	District hospital
EC	European Commission
EPI	Expanded program of immunization
EPI	Expanded Program on Immunization
EOI	Expression of interest
FHAG	Family Health Action Group
GiHAC	Gender in Health Action in COVID-19.
GFF	Global Financing Facility
GA	Grant Agreement
HNSS	Health and Nutrition Sector Strategy
HEFD	Health Economics and Finance Department
HER-AF	Health emergency response additional financing
HMIS	Health Management Information System
HRITF	Health Results Innovation Trust Fund
HSC	Health sub center
HSC	Health Sub-centers
HSS	Health Systems Strengthening
IMMAP	Information Management and Mine Action Programs
IDA	International Development Assistance
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MHNT	Mobile health and nutrition team
M&E	Monitoring and Evaluation
NMC	National Monitoring Checklist
NNGO	National None governmental organization
NGO	Nongovernmental Organization
OCHA	Office for Coordination of Humanitarian Affairs
OM	Operations Manual
OPHA	Organization for People's Health in Action
PNC	Post-natal Care

PHCC	Provincial Health Coordination Committee
PHD	Provincial Health Director
PHO	Provincial Health Office
RH	Reproductive Health
SBA	Skilled Birth Attendance

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Brief Introduction of the organization for people's health in action (OPHA)

Background information:

Organization for People's Health in Action (OPHA) is a non-profit seeking, non-governmental national NGO established in 14/10 /2017 (1396/07/22) in Afghanistan. OPHA is dedicated to saving the lives and relieving the sufferings through capacity building of health system cadres, emergency management and developmental programs in the country, implementation of community development projects and empowering the youth and women to contribute to the development of Afghan nation. OPHA activities are focusing on providing health assistance, health programs and social development to vulnerable communities in Afghanistan. OPHA is founded by a team of experienced public health specialists and trainers with technical and managerial experience in national and international organizations for many years.

The organization is officially registered with the ministry of economy with registration ID # 4280. OPHA is registered with MoPH (# 1314) .

The organization has dedicated professionals with a passion to make quality health care in Afghanistan accessible to vulnerable strata. The senior management team has developed and earned an in-depth knowledge of health care needs, expertise in delivery of health care services and participated in the improvement of the health and community development sector in Afghanistan through implementation of BPHS and EPHS and many other relevant vertical projects. The effective leadership tenure/experience of OPHA senior staff at high level at MoPH Afghanistan in curative health system as MoPH Curative Department Director and the OPHA general director and founder has a master degree in community development and conservation from United States reputable entities is a great intellectual asset. The diverse and strong accumulation of matrix of leadership backgrounds ensure and back up the development and implementation of quality management of the health projects.

Mission and vision of the organization:

1. **Vision:** the vision of the organization is “Change dreams into actions toward healthy people and healthy community”
2. **Mission:** the mission of OPHA is “To enable the people to attain the equal rights to Health care, protection, social development and participation”
3. **OPHA working principle are:**
 1. **Independency:** This organization is committed to following the accepted norms of the country and the rules and regulations of non-governmental organizations.
 2. **Being non-political:** This organization is not affiliated with any political party or organization and does not participate in any kind of political activity.
 3. **Justice:** OPHA is against any kind of ethnic, tribal, linguistic, sexual, and regional discrimination.

4. **Professionalism:** This organization performs all management procedures based on professional standards.
5. **Transparency and accountability:** Transparency and accountability are strictly taken into account during all activities.

The strategic direction of the organization is set up in four dimensions:

- a) Health & Nutrition.
- b) Social and Community development.
- c) Youth & Women empowerment.
- d) Research and education.

Governance of the organization

The organization is governed/managed through different layers of governance in the following manner; OPHA has one general assembly at the top level which is the leading top governance body of the organization and mainly responsible to:

1. Hearing the overall operational activities (Technical and financial) of the organization on annual basis.
2. Approving the budget and annual plan of the organization.
3. Requesting the hiring and firing of Director General, and its two deputies to trustee board.

Subsequent to this body is a board of trustees comprised of volunteer and dedicated members with different educational and experience backgrounds. Their tenure and responsibilities are bound to its ToR. The senior board of management is the third layer in the governance hierarchy of the organization and includes the general director and its technical and financial deputies. Its jurisdiction is the daily management of the organization, networking, and fundraising, and organization development activities. The main office's in charge of different departments meet weekly to expedite effective management and financial control of the organization as the organization is now in its implementation and later on, the meetings will be geared twice per month and finally once per month.

OPHA has been an extremely effective catalyst in developmental and health activities in the country through active contribution in the different forums of MoPH and UN agencies as well as local communities.

OPHA Coordination Mechanism

OPHA is following a strong coordination mechanism both at the national, subnational, and global level which is summarized as below:

At the provincial level: OPHA is actively attending the provincial coordination committee meetings like the Provincial Public Health Coordination Committee (PHCC), which is a formal multi-stakeholder committee at the provincial level with a set of distinct responsibilities.

OPHA coordinates and participates in all stages of the emergency response. We also monitor and supervise health posts and health facilities.

At the central level and National level

1. OPHA regularly attends all monthly and quarterly meetings organized by UNICEF Zonal and Afghanistan country office ACO.
2. OPHA regularly attends all monthly AHF/HFU meetings organized by OCHA and ACBAR.
3. OPHA regularly attend virtually and physically in all monthly Nutrition cluster meetings
4. OPHA is also a member of Health cluster coordination and regularly attend all monthly meeting scheduled by health cluster.
5. OPHA is an active member of the AWAAZ Afghanistan group.

Working principles:

OPHA is working based on the following working principles:

1. **Independency:** This organization is committed to following the accepted norms of the country and the rules and regulations of non-governmental organizations.
2. **Being non-political:** This organization is not affiliated with any political party or organization and does not participate in any kind of political activity.
3. **Justice:** OPHA is against any kind of ethnic, tribal, linguistic, sexual, and regional discrimination.
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OPHA Policies and manuals:

Though OPHA is a very young NGO, all its operations and activities are adopted based on the below manuals and guidelines.

1. Accountability for affected Population Policy.
2. Access policy.
3. Security Policy.
4. Program Planning and Development Policy.
5. Anti-fraud and corruption policy.
6. Child protection policy.
7. Conflict of Interest policy
8. Financial policy.
9. Gender Policy.
10. Human Resource Policy.
11. Logistic and procurement policy.
12. Monitoring policy
13. Risk Management policy
14. Organization Development and change policy
15. Preventing terrorist financing policy
16. Training policy
17. Whistle –Blowing Policy

18. Governance Policy.
19. Prevention sexual and abuse PSEA policy.
20. Complaint handling mechanism CHM policy.
21. Internal audit policy.
22. Cost sharing policy
23. Tax collection policy
24. Communication policy
25. Stock management policy
26. Partnership policy
27. Integrity and Accountability Policy

Description of achievements, activities challenges and recommendations

Implementation of BPHS/EPHS under Health Emergency response additional financing HER-AF2 project in Laghman province.

Summary of activities and services provided during the year 2025 HER-AF2 project in Laghman province.

OPHA currently is implementing BPHS and EPHS packages under HER-AF2 project in Laghman province since October 2025.

Laghman province with a total of 655,998 populations, has 59 active health facilities under HER project, including 1 PH, 2 DH, 3 CHC+, 5 CHC, 18 BHC, 27 SHC, 1 Prison Health, 1 MHNT, 1 other, and 409 HPs.

The summary of achievement of Laghman province Health facilities run under HER-AF2 project by OPHA from first October, 2025 till end of December 2025:

OPHA through 59 HFs including one PH, 2 DHs, 2 CHC+s, 6 CHCs, 28 BHCs, 27 HSCs, 1 prison HF, one Trauma center, and one Mobile team, provided BPHS and EPHS services particularly in 10 P4P indicators for details refer to the achievement vs target.

Benchmarks	Index	Laghman province HFs achievement vs target in fourth quarter 2025								
		Oct-25	%	Nov.2025	%	Dec.2026	%	Q4 Target	Q4 achievement	%
ANC	5,057	6,018	119%	5,622	111%	5,070	100%	15171	16710	110%
PNC	4,238	4,640	109%	4,717	111%	4,637	109%	12714	13994	110%
InD	1,708	1,548	91%	1,750	102%	1,877	110%	5124	5175	101%
CYP	878	899	102%	920	105%	863	98%	2634	2682	102%
Penta3	2,347	2,491	106%	2,481	106%	2,553	109%	7041	7525	107%
TT2+	7,151	7,598	106%	7,481	105%	7,596	106%	21453	22675	106%
TB	29	37	128%	30	103%	37	128%	87	104	120%

GMP	13,396	13,000	97%	13,053	97%	13,206	99%	40188	39259	98%
CM	48,483	49,810	103%	48,727	101%	43,025	89%	145449	141562	97%
CS	94	113	120%	112	119%	115	122%	282	340	121%

Laghaman HER-AF2 one quarter 2025 (October-December 2025) achievements and project updates:

- The handover and takeover process was successfully completed in the first month of Q4 2025.
- Contracts for health facility and project office staff have been finalized.
- A winterization plan was developed, providing heating materials such as gas and firewood to all health facilities.
- A total of 26 gas heaters and 12 gas cylinders were procured and distributed to the health facilities.
- Salaries for three months (October, November, and December 2025) have been disbursed to health facility staff.
- The TSFP project was officially transferred from the Health Net TPO organization to OPHA, effective November 1, 2025.
- Ten older motorbikes were replaced with new ones donated by UNICEF.
- The older motorbikes have been repaired and delivered to the SHCs for outreach activities.
- During this quarter, a Performance Improvement Plan (PIP) was developed in collaboration with UNICEF and the Management Well organization.
- Revised Health Management Information System (HMIS) tools have been printed.
- Three backup midwives have been successfully recruited.
- To maintain a functional referral system, 10 ambulances and 3 office vehicles have been repaired.
- The OPHA mobile health team is delivering health services to returnees at the Surkhakan camp.
- The Saygal Sub-Health Center (SHC) has been relocated from a temporary building to a permanent facility constructed by the community.
- Medicines and consumables have been supplied to the health facilities.
- A sufficient quantity of nutritional commodities, including RUTF, F-100, and F-75, was received from UNICEF and distributed to the health facilities.
- The supply of Expanded Program on Immunization (EPI) materials has been consistently monitored and ensured.
- To enhance the capacity of health facility staff, 136 project and health facility staff were trained on eight different topics from October to December 2025.
- A total of 200 community health workers (100 male and 100 female) were trained in family planning.
- The X-ray machine at Alishang-Gamba District Hospital, along with two oxygen concentrators and two cardiac monitors, has been repaired.
- Five EPI refrigerators have been repaired.
- Three generators located at PH, Gamba District Hospital, and Badpakh Comprehensive Health

Center have been repaired.

- The water system and laboratory room at Qarghayee CHC+ have been repaired
- Construction of pits is under process at Gamba District Hospital
- The solar electricity systems at Baba Sahib BHC and Shikh Sahib CHC+ have been repaired.
- Participation in all coordination forums, including the PDC, PHCC, NGO coordination meetings, weekly EPR meetings, EPI reviews, hospital community boards, LHCs, and other relevant meetings has been maintained.
- OPHA HQ monthly based online meeting actively participated.
- Health facility coordination meetings were conducted regularly on a monthly basis.
- LHC meetings, community health worker (CHW) debriefing sessions, and health facility staff meetings were consistently organized.
- UNICEF Zonal and UNICEF ACO orientation session participated.
- A total of 53 essential medicine items were supplied by UNICEF costed for Q4 2025.
- OPHA supplied 31 essential medicine items, medical supplies, and laboratory reagents by OPHA costed Q4 2025.
- UNICEF supplied 48 essential medicine items for Q1 2026.
- The procurement and supply process for 40 essential medicine items, consumables, and laboratory reagents for Q1 2026 is currently in progress.
- Winterization supply for 59 HF's including wood, medicine ,food materials and gaz.



Laghman HF's winterization supply



Motorbike distribution ceremony for HEs vaccinators



Laghman HER-AF2 project HMIS Training session

Challenges in HER-AF2 project implementation in Laghman province

- Delayed & incomplete supply of medicines and medical commodities.
- The TSFP program was closed in some crowded health facilities (CHC and CHC+).
- Staff turnover especially female MD.
- No drinking water in 6 health facilities.
- No surrounding walls in 9 HFs (Farashgh CHC, Paitak, Salab, Sangar, Shamakat, Kashmand BHCs, Masamoth, Kahoo, Tag, Kachor PHCs)

Implementation of provision of lifesaving health and nutrition AHF funded project in Paktika

OHA through financial support established 6 sub health centers HSCs in Paktika 3 remote districts; Barmal, Sar Rawza and Yosufkhil.

The project actual starting date was May, 2025 and the project duration is 12 months.

The health sub centers providing lifesaving nutrition services for early detection and treatment of acute malnutrition for girls and boys under five years of age and pregnant and lactating women integrated with primary health care services including MPHSS. Considering the AAP and RCCE principles, OPHA engaged local community and PPHD during the design phase of the project. Accordingly, OPHA proposed to establish 6 SHCs in 3 remote districts of Paktika province. The project target are men, women, and children under five years and pregnant and lactating women (PLW).

The project implementation is ongoing and will finish on April 30,2026.

From starting to date the main achievement in project indicators versus targets are summarized in bellow table:

Paktika AHF project Target and Achievement table							Achievements By Age category				
S / N	Cod e	Clust er	Indicator	Projec t Target for HFs	Achievements	%A ge	Men	Wome n	Boys	Girl s	Total
1	Indic ator 1.1.1	Heal th	Number of primary health care consultations	38308	25239	66	6564	11411	3662	3602	25239
2	Indic ator 1.1.2	Heal th	Number of pregnant women attended first antenatal care visit	665	586	88		586			586
3	Indic ator 1.1.3	Heal th	Number of pregnant women delivered at the HFs and assisted by a	401	132	33		132			132

			trained birth attendant									
4	Indicator 1.1.4	Health	Number of pregnant women attended first postnatal care visit	357	225	63			225			225
5	Indicator 1.1.5	Health	Number of women who received one of the modern methods of contraceptive at the HFs	772	574	74			574			574
6	Indicator 1.1.6	Health	Number of MHPSS consultations	5280	2404	46		186	1931	55	232	2404
7	Indicator 1.1.7	Health	Number of children less than 5 years of age who received IMNCI services	5109	2828	55				1353	1475	2828
8	Indicator 1.1.8	Health	Number of children less than 12 months of age who received measles vaccines	920	297	32				138	159	297
9	Indicator 1.1.9	Health	Number of children less than 12 months of age who received PENTA3	920	268	29				128	140	268
10	Indicator 1.1.10	Health	Number of reproductive age women	660	831	126			831			831

			who received TT2+									
1 1	Indicator 1.1.1 1	Health	Number of people receiving treatment for acute watery diarrhea (incl. cholera)	6897	2563	37		514	426	809	814	2563
1 3	Indicator 1.1.1 2Quarterly based after survey	Health	Global) AP.5b - AAP - Percentage of affected people who state that they were able to access humanitarian assistance andservices in a safe, accessible, accountable and participatory manner	90	94	10 5						94
1 4	Indicator 1.1.1 3	Protection	Number of PHCs are accessible for persons with disabilities	6	6	10 0						6
1 5	Indicator 1.1.1 4	Health	Percentage of crisis-affected people consulted (by SAD) who think the assistance was of appropriate quality to meet their needs	90	94	10 5						94

17	Outcome Indicator 1.1	Nutrition	Outcome: proportion of children with SAM who ended treatment cured out of all children that ended treatment (discharges)	75%	93	93						93
18	Outcome Indicator 1.2	Nutrition	Outcome: proportion of children with MAM who ended treatment cured out of all children that ended treatment (discharges)	75%	100	100						100
20	Indicator 1.1.1	Nutrition	Number of people screened for acute malnutrition	7868	5068	64		862	2122	2084		5068
21	Indicator 1.1.2	Nutrition	Global) N.3a - Number of people admitted to SAM treatment programme (therapeutic feeding)	754	439	58			191	248		439
22	Indicator 1.1.3	Nutrition	Global) N.2a - Number of people admitted in MAM treatment programme(HRM)	1175	547	47			265	282		547

23	Indicator 1.1.4	Nutrition	Number of girls and boys aged 6-59 months with SAM who are admitted for treatment and recover.	566	108	19			42	66	108
24	Indicator 1.1.5	Nutrition	Number of girls and boys aged 6-59 months with MAM who are admitted for treatment and recovered.	882	40	4.5			21	19	40
25	Indicator 1.1.6	Nutrition	Number of girls and boys aged 6-59 months with SAM and medical complications who are referred to the nearest TFU/HF.	300	44	15			15	29	44
26	Indicator 1.1.7	Nutrition	Number of pregnant and Breast feeding PBWs women with AM who are admitted for treatment	827	220	27		220			220
27	Indicator 1.1.8	Nutrition	Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and	1562	1049	67			862	187	1049

			Young Child Nutrition counselling								
28	Indicator 1.1.9	Nutrition	(Global) N.5 - Number of people receiving vitamins and/or micronutrient supplements	1242	1456	117			761	695	1456
29	Indicator 1.2.4 (Custom)	HEALTH	# of PSEA awareness raising sessions conducted per target community.	6	6	100					6
30	Indicator 1.2.5 (Custom)	HEALTH	Number of HF's are equipped with disability facilities, including Wheelchairs, ramps, information sessions, etc.	6	6	100					6
31	Indicator 1.2.1	Nutrition	Number of implementing partner staff receiving training to support programme implementation	59	59	100	56	144			200
32	Indicator 1.2.2 (Standard)	Health	(Global) AP.2b - AAP - Percentage of affected people who state that	80	93	116					93

	Quar terly base d Thro ugh surv ey		they are aware of feedback and complaints mechanisms established for their use									
3 3	Indic ator 1.2.3 (Cust om) Proj ect level at begi nnin g and end midd le of proj ect	HEA LTH	# of project- level SEA risk assessments conducted during project cycle (resulting in relevant remedial and mitigated actions taken). # of PSEA awareness raising sessions conducted per target community.	2	2	10 0					2	
3 4		Prot ectio n	Number of Persons with disabilities	4086	634	16		228	227	89	90	634



OPHA PM Meeting with the PPHD



Writing test process for HSCs staff



Nutrition training session to HSCs staff



Renovated Delivery room of HSCs



Service delivery to ANC client in HSC



Service delivery to Malnourished children client in HSC

Implementation of Integrated primary health care services for areas of return and drought-affected people in Nangarhar, Laghman, and Kunar provinces (Mobile health and nutrition team MHNTs AHF-OCHA funded project)

OPHA deployed ten mobile health and nutrition teams (MHNTs) to provide immediate assistance to vulnerable areas of return and drought-affected people in areas of high need in Nangarhar, Kunar, and Laghman Provinces.

OPHA preposessed deployment of 1 MHNT in the Nurgul district of Kunar, 2 MNTs in the Alinegar and Qarghaei districts in Laghman, and 6 MHNTs in Dara-nor, Jalalabad city, Kama, Kot, Kuz Kunar, and Rodat districts of Nangarhar province for areas of return and 1 MHNT in Goshta district of Nangarhar for drought-affected people as per the 1st reserve allocation.

The project targets were men, women, and children under five years, pregnant and lactating women, and persons with disability. These MHNTs provided outpatient services to clients of all diversities, early detection and treatment of acute respiratory infections, ANC, PNC, referral of institutional delivery, SRH services, IMCI, immunization, and MPHSS services. Also, the MHNTs provided nutrition screening, growth monitoring, MIYCN counseling, treatment of SAM and MAM and AM-PLW, micronutrient supplementation, and referral of severely acute malnutrition with medical complications to a comprehensive nutrition center (IPD-SAM).

The project goal was Scale-up delivery of humanitarian assistance in areas of return focusing on community-based response in underserved areas with high rates of return and, Provide life-saving assistance to drought-affected communities to minimize potential displacements by focusing on areas where the risk of drought persists.

The project implementation period was 01-Jul-2024 - 30-Jun-2025 - 12 Months.

Health service provided to target population in project target districts of 3 provinces

(Nangarhar, Laghman and Kunar province summarized in below table during the project life:

Nangarhar Laghman and Kunar AHF funded project targets and achievements			
Indicator	Project Target for HFs	Achievements	%Age
Number of pregnant women attended first antenatal care visit	1547	3007	194
Number of MHPSS consultations	3213	3554	111
Number of children less than 12 months of age who received measles vaccines	2142	2149	100
Number of primary health care consultations	59500	129723	218

Achievements by Age category				
Men	Women	Boys	Girls	Total
	3007			3007
671	2496	140	247	3554
		1076	1073	2149
23029	62991	21679	22024	129723

Number of people receiving treatment for acute respiratory infections (incl. pneumonia)	8846	44554	504
Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD	615	694	113
Number of girls and boys aged 6-59 months with MAM who are admitted for treatment	1636	2914	178
Number of pregnant and lactating women with AM who are admitted for treatment	1101	3023	275
Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling	3640	6021	165
Number of girls and boys aged 6-59 months who received MNP	2895	288	10
Number of persons reached with RCCE messages	25386	72977	287
(Global) AP.2b - AAP - Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use	80	79	79
# of project-level SEA risk assessments conducted during project cycle (resulting in relevant remedial and mitigative actions taken).	2	2	100
Returnees	32400	47747	147
Host communities	27100	82074	303
Disabilites	4463	5611	126
# of Under 5 Screening	11900	24163	203
# of PLW Screening	4760	8729	183

8588	14914	11026	10026	44554
		299	395	694
		1319	1595	2914
	3023			3023
		2913	3108	6021
		125	163	288
20756	52221			72977
				85
				2
9074	23076	7353	8244	47747
13959	39822	14447	13846	82074
1551	2661	785	614	5611
		11615	12548	24163
	8729			8729



OPHA General Director coordination meeting with
Nangarhar PPHD



Nangarhar, Laghman, and Kunar Provinces AHF-OCHA MHNTs project staff
MIYCN training session



Nangarhar, Laghman, and Kunar Provinces AHF-OCHA MHNTs project staff PSEA training session and successfully completion training ceremony.



Nangarhar, Laghman, and Kunar Provinces AHF-OCHA MHNTs project staff IPC training session group photo



Rodat MHNT health and nutrition service provision.



Jalalabad MHNT SEA risk awareness education session

Implementation of BPHS/EPHS under Health emergency response project in Logar and province

OPHA through partnership with CAF organization successfully implemented BPHS and EPHS in Logar province.

As per signed MoU between CAF and OPHA, The OPHA organization is responsible for the following activities to perform:

1. Running of Baraki district hospital, Azra DH, Kharwar CHC+, Barki barak CHC, Babus CHC, Dehnow CHC, Surkhab CHC, Kharoti BHC, Pirokhil HSC, Musakhan HSC, and Chawni HSCs, in Logar province.
2. Running of Community based health services CBHC through HPs in Logar provinces.
3. Immunization services in Logar provinces
4. Capacity building and professional development of Logar BPHS and EPHS staff.

Summary of activities and services provided during the year 2024.

Running of Baraki District Hospital DH, Kharwar CHC+, Barki barak CHC, Dehnow CHC, Babus CHC, Kharoti BHC, Musakhan HSC, Pirokhil HSC, Chawni HSC and Prison health team in Logar.

Baraki DH is located in Baraki Barki District which provided District level hospital services to the related catchment area through this hospital.

OPHA.CAF delivered quality services based on BPHS components, this hospital had 65 beds and bed occupancy rate was most of the time 82% mean 82 percent of beds were occupied by patients and 18% beds reserved for emergency cases.

Azra DH is located in Azra district and was provided the basic and hospital services for the community people in Azra district. This hospital had 30 beds and most of the times its bed occupancy rate was more than 60% The staffing structure of the hospital was 100% filled with the qualified staff.

Dehnow and Surkhab CHCs located in Mohmad Agha district and provided primary health services (PHC) according to BPHS to catchment area population.

Baraki Barak CHC was well staffed based On BPHS Staffing guideline, provided quality basic health services to the related community.

Dehnow CHC was one of the CHC established in populated area of Logar province located in Mohammad Agha district which was responsible for delivery quality basic health services.

CHC+ Kharwar is located in remote area of Logar in province and provided primary health services based on BPHS package.

OPHA also run BPHS in remote area of the Logar province through Kharoti BHC (Kharwar district) , Musakhan HSC (Kharwar district), Chawani HSC , Pirokhil HSC, Prison health team (Pul-e-alam district), Babus CHC (Pul-e- Alam district).

The summary of achievement of Logar`s Health facilities run and managed by OPHA:

Logar Province OPHA Related HF's achievement vs target 2025								
S/N	Indicators	Monthly Target	2025					
			Jan	Feb	March	April	May	June
1	Number of Antenatal Visits (All visits)	6,775	7333	6774	6445	6556	7422	7467
2	Couple Years of Protection	1,019	1160	1086	964	967	1104	1140
3	Number caesarean section performed	131	111	96	100	108	90	93
4	Under five children's morbidities (HMIS-MIAR-A1-morbidities)	35,116	40008	35763	37908	33884	39954	40410
5	Number of Nutrition Growth Monitoring and Promotion and IYCF counselling among all children aged 0-23 months	11,338	10537	10721	10617	10906	11810	11554
6	Number of institutional deliveries (normal and assisted deliveries) attended by skilled health personnel (excluding C-Section)	1,872	1822	1725	1838	1901	1924	2269
7	Number of major surgeries conducted in the hospitals excluding C- section	145	145	113	103	108	146	150
8	Number of under 1-year children vaccinated with penta-3	1,819	1695	1803	1792	1769	1985	1951
9	Number of postnatal visits (All visits)	3,656	3843	3560	3574	3611	3883	3848
10	Number of TB sputum smear positive (+) cases treated successfully	34	34	32	34	28	29	32
11	Number of TT2+ for women of reproductive health	5,524	5432	5842	5317	5541	6243	6266



Supervision of the pharmacy dispensary at Mir Barakat HF Pharmacy.



Supervision of the pharmacy dispensary at Babus CHC Pharmacy.

OPHA Financial overview

During the reporting period: 01 January 2025 To 31 December 2025

Organization for People's in Action (OPHA) has implemented and is continuing to implement the projects listed below in various provinces, with the funds received and expenditures incurred as outlined.

3. Income and Expenditure Summary

Project name	Funds Sources	Provinces	Received amount USD	Expenditure Amount USD	Variance USD	Remark
HER AF	UNICEF/C AF	Parwan	172,400.0	172,400.0	30.0	The project was completed at the end of February 2025.
HER AF	UNICEF/C AF	Logar	506,626.0	506,626.0	0.0	The project was completed at the end of June 2025.
Integrated primary health care services for returnees and drought-affected people	AHF-OCHA	Nangarhar, Laghman and Kunor	216,633.98	216,633.98	0.0	The project was completed at the end of June 2025.
To increase equitable access and utilization of quality lifesaving integrated health and nutrition services in underserved areas	AHF-OCHA	Paktika	412,513.0	378,382.15	34,131.0	The project is ongoing through May 18, 2026.
HER AF 2	UNICEF	Laghman	2,578,931.47	1,129,685.59	1,449,245.88	The project is ongoing through 31 December , 2026.
TSFP	WFP	Laghman	41,343.00	41,343.00	0.0	The project is ongoing through 31 December , 2026.
Integrated primary health and nutrition services in the areas of return for returnees and host communities in Nangarhar and Laghman provinces	AHF-OCHA	Nangarhar, and Laghman	256,723.23	3,299.00	253,424.0	The project is ongoing through 24 November , 2026.
Grand in USD			4,185,170.68	2,448,369.7	1,736,830.88	The remaining balance will be utilize in next year (2026)

Funds were utilized according to approved budgets and donor agreements.

Budget Management

- Prepared annual and project budgets
- Conducted regular budget monitoring
- Shared budget variance reports with management
- Ensured expenses remained within approved limits

Expenditure Summary

- Major expenditure categories included:
- Program Costs
- Staff Salaries & Benefits
- Administration Costs
- Logistics & Procurement
- Office Operations
- (All expenditures were supported by proper documentation and approvals.)

Cash & Bank Management

- Performed monthly bank reconciliations
- Maintained secure cash handling procedures
- Monitored cash flow to ensure smooth operations
- Reduced cash risks by promoting bank transactions

Financial Controls & Compliance

- Followed finance SOPs and donor rules
- Applied segregation of duties
- Ensured proper authorization levels
- Maintained organized financial records
- Supported internal and external audits

Achievements

- Improved financial tracking system
- Timely donor reporting
- Strengthened documentation quality
- Enhanced budget monitoring process

Lessons Learned

- Regular budget reviews prevent overspending
- Training improves compliance
- Strong documentation reduces audit issues

HR & Administration Department

HR & Administration Department

The Human Resources & Administration Department of OPHA (Organization for People's Health in Action) plays a crucial role in supporting the organization's overall mission to improve the health and well-being of communities across Afghanistan. As 2025 year was full of new opportunities and achievements for OPHA (receiving 3 new projects contracts), the HR & Administration department continued to enhance its efforts to foster a positive and efficient work environment, promote employee growth, and support OPHA's operational goals. This report provides an overview of the key activities, achievements, and challenges faced by the HR & Administration department in 2025.

Human Resources (HR) Department

The HR department's key functions in 2025 centered around staffing, recruitment, employee relations, training and development, benefits and payroll management, performance management, leave and absence management, and supporting field offices. Below is a summary of the department's major activities and accomplishments.

Staffing & Staff Retention: In 2025, the HR department prioritized staffing and staff retention to ensure uninterrupted operations across OPHA. During the year, OPHA had a total workforce of 1,225 employees (809 male & 416 female) in main office, field offices & health facilities, including medical professionals, technical, administrative & support staff. To enhance retention the department implemented improved onboarding processes, career development programs, and competitive benefits. Regular staff availability monitoring and vacancy management were conducted to ensure proper workforce distribution and a proper tracking system was used to oversee the staff presence. Additionally, field offices received enhanced HR support to address staffing challenges effectively.

OPHA Staff Information During 2025										
No	Province	Project	Location	No of HFs	Male	Female	Total Staff	Technical	Non-Technical	Remarks
1	Kabul	Multiple	Main Office	NA	25	2	27	10	17	
2	Laghman	HER-AF2	Office & HFs	58	509	277	786	571	215	
3	Laghman	TSFP	Office & HFs	58	60	0	60	59	1	
4	Paktika	AHF-OCHA	Office & SHCs	6	25	33	58	43	15	
5	NGR & LGN	AHF-OCHA	Office & SHCs	9	5	1	6	4	2	
6	Logar	HER	HFs	14	155	76	231	170	61	Project Ends on Jun, 2025
7	NLK	NLK Returnee	Office & MHNTs	9	30	27	57	55	2	Project Ends on Jun, 2025
		Total		154	809	416	1,225	912	313	
		Percentage			66%	34%		74%	26%	

Recruitment and turnover: OPHA focused on building a strong and dynamic workforce to meet the growing needs of the health sector in Afghanistan. The HR team managed the recruitment process for multiple positions across the organization, including both offices and health facilities staff. In 2025, a total 130 staff were recruited considering HR policy, filling critical positions in various health projects, administrative functions, and support roles. The recruitment process involved job postings, reviewing applications, conducting interviews, and ensuring a fair and transparent selection process. Beside of this, the organization experienced a turnover of 45 employees in 2025.

Employee Relations: The HR team ensured that employee relations were managed effectively, promoting a healthy and productive work environment. We facilitated regular communication between staff and management, addressing any grievances, resolving conflicts, and enhancing overall workplace morale. Staff meetings were conducted by weekly & monthly, allowing staff to provide feedback on their working conditions, leadership, and organizational support.

Training and Professional Development: Training and professional development remained a priority in 2025 to strengthen the skillset of OPHA employees and enhance their capacity to

contribute to the organization's mission. OPHA conducted total of 18 training workshops for total 418 health facilities staff (227 male & 191 female staff) covering a range of health-related topics. Additionally, staff participated in 12 external training opportunities to further develop their professional expertise.

Trainings conducted by OPHA from Jan to Dec 2025						
No	Project	No of Trainings Conducted	No of participants		Total Participants	Remarks
			Female	Male		
1	NLK AHF Returnee Project	4	36	141	177	
2	Paktika AHF Project	12	138	66	204	
3	Laghman HER-AF2 Project	2	17	20	37	
Total		18	191	227	418	

Employee Benefits and Payroll Management: The HR department ensured that all employees were provided with the benefits they were entitled to, including wages, night duty, and other compensation-related allowances. Payroll management was carried out smoothly and efficiently, ensuring employees received timely and accurate salaries. In 2025, we implemented an updated payroll system to streamline processes and enhance transparency.

Leave and Absence Management: The HR department managed employee leave requests, ensuring compliance with organizational policies and ensuring adequate coverage for all operational needs. We maintained a detailed tracking system to monitor sick leave, annual leave, and other absences, reducing unplanned disruptions and maintaining efficiency across the organization.

Support to Field Offices: The HR team also provided continuous support to field offices, offering guidance on HR-related tasks and ensuring alignment with organizational policies. Regular HR meetings were held with field staff and supportive supervisions were conducted to address any challenges they faced and ensure that operations in remote areas were adequately supported.

Administration Department

The Administration Department plays a vital role in coordinating office activities, facilitating communication, and supporting the day-to-day operations of the organization. In 2025, the Administration Department made significant contributions to ensuring smooth operational workflows and organizational efficiency.

Coordination and Event Management In 2025, the Administration team successfully coordinated a number of important internal and external events for OPHA. This included conferences, workshops, and staff gatherings aimed at promoting knowledge sharing and strengthening relationships with key stakeholders. Events were held to support the needs of various departments.

Office Meetings and Documentation: The Administration team played a key role in organizing internal meetings, preparing meeting agendas, taking minutes, and ensuring that the outcomes were communicated to all relevant parties. Weekly & monthly meetings were facilitated, with comprehensive minutes and follow-up actions recorded and disseminated. This ensured that all team members remained informed and that action points were tracked and completed efficiently.

Drafting, Sending, and Receiving Official Letters and Emails: The Administration team managed the flow of official correspondence in 2025, ensuring timely drafting, sending, and receiving of letters, emails, and other important communications. A large number of official correspondences were processed covering communication with external stakeholders, donors, partners, and government entities. The team ensured that all documents were appropriately filed and easily accessible for future reference.

Supervising Support Staff: The Administration team continued to oversee the work of supportive staff, including office assistants, drivers, and cleaners. Clear task assignments, supervision, and regular performance reviews were conducted to ensure that all support staff were performing their duties effectively. This contributed to a well-maintained and organized working environment across all OPHA offices.

Internal Memos, Letters, and Inter-Office Communication: The administration team drafted a variety of internal communications, including memos, letters, and meeting minutes, ensuring clarity and consistency in all internal communications.

Office Filing System and Record Keeping: The administration team was responsible for maintaining a secure and organized office filing system. This included physical and digital record-keeping, ensuring that all documents, contracts, and organizational records were properly stored and easily accessible. In 2025, the filing system was reviewed and updated, contributing to improved document management practices within the organization.