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Message from the General Director

31 December 2010

Dear Friends,

It gives me vast pleasure to write and introduce the 2010 Annual Report of MOVE Welfare Organization, has seen significant developments over the past fiscal year. With the resources in place, we have been able to move forward in a number of organization priority areas including quality health services, knowledge transfer, development policy and communications. MOVE has also grown steadily in budget and the number of projects. From my perspective this has been the result of dedicated staff and unbelievably dedicated volunteers. I thank you all and hope that you will be able to continue in the same manner in coming year. For me, this has been a very satisfying year and I look to resolving more issues, undertaking more developing both our values and our capacities over the coming year.

As a health -based organization, we have learned a great deal over the past year and have seen many excellent examples of best practices in health programs and activities at the community level. We look forward to an ongoing exchange of health behaviour, knowledge and information between MOVE and its communities, so that we can continue to evolve as an organization that is both relevant and consistent with community needs. By working together, we can make a difference in the health of our communities.

To date, MOVE has focused on networking with individuals, communities, national and international organizations and government to identify health care needs and priorities of Afghan communities and to determine how to best address these issues. Developing strategic linkages with agencies and institutions and taking advantage of opportunities to interact with key decision-makers in the Afghanistan health care system are considered equally important. MOVE's membership with the Afghanistan Health NGOs Alliance and seeking partnership with other health stakeholders are examples of our effort to further initiatives.

I would like to acknowledge the Board of Trustee, Executive Board, staff, and volunteers for their hard work, strong moral and commitment to improving the health status of Peoples. I would also like to thanks our Donor organizations for their continued commitment to supporting and collaborating with MOVE in its activities and initiatives. We will continue to seek your experience, knowledge, direction, and involvement over the coming year as we strive to improve health of Afghan communities.

Thank you,

Sincerely,

Dr. Ab Malok "Khalili"

General Director, MOVE Welfare Organization

Highlights 2010

Building for the future

- Successful start up and take over of Badghis-SHARP project.
- Maintaining the quality health services in 44 health facilities in Heart, Badghis and Jawzjan provinces
- Winterization and Emergency Preparedness and Response
- Successful implementation of Malaria control program in Badakhshan and Parwan Provinces.
- Maintaining of TB control program in Badghis –SHARP with AICED support.
- Successful implementation of District Tele Emergency Assistance program for patient referral system in Badghis-SHARP through AICED donated Ambulances.
- Establishing MOVE training and resource center in Kabul through Asia Foundation support
- Successful start up and implementation of Afghanistan Women Empowerment project in Kabul through US-Embassy funding.

INTRODUCTION

MOVE Welfare Organization has been founded in 2005 by a group of skilled people in health care management and is aiming the efforts for equitable and quality health care for the people of Afghanistan, to the response of high mortality and morbidity of the most vulnerable groups (mothers and children) by offering care services, MOVE would meet the most crucial needs in the health system of Afghanistan.

MOVE is a National humanitarian, independent, non-political, non-sectarian organization respecting the right of healthy life. MOVE is aiming the efforts for equitable and quality health care for the people of Afghanistan.

The policy of MOVE is to conduct the activities honorably and ethically, in the illumination of public accountability and consistency with applicable laws, rules, guidelines and practices to non-governmental agencies.

Vision

MOVE Welfare Organization is looking to:

- Healthy life for all without all type of violence and abuses on gender, religious and ethnically with dignity and respect.
- Ensure that all Afghans have access to high quality health care, experience low levels of preventable diseases and disabilities, and enjoy optimal levels of health and well-being.
- Have a valued and expert work force committed to continually improving the quality of services MOVE provides.

MISSION:

MOVE would be created a wide range of clinical, health promotion, support and community awareness programs to meet the diverse needs of people who are at risk and who are at different stages of their lives and illnesses. Our services would include basic, comprehensive and community based health care services.

MOVE would bring together nationally recognized provider in the health care and social fields with a range of professional training and a wider network of community program, we have a unique capacity to focus our services on the most pressing needs of the communities and to translate new knowledge into action.

MOVE would work with individual, environmental and community health partners to enhance the capacity and quality of services and systems to prevent and reduce harm associated with gender based violence.

MOVE will play a valuable role in building capacity in the communities, and will support partnerships health organizations/institutes at the local, regional, national and international levels.

How is MOVE Different?

MOVE brings to its work a typical combination of qualities:

- Our approach is community based.
- Our perception is strategic.
- Our process is results-oriented.

- Teamwork & affiliation.
- Partnership & Cooperation
- Client-Centered Practice
- Persistent Learning
- Accountability
- Holistic View of Health

MOVE Services values:

- Its excellence role in the field of public health care services.
- Its commitment to public service.
- Its employees and investment in their development and training.
- Its prevention and access as the basis of maintaining and enhancing health.
- Its partners and collaborative relationships in improving the health of all Afghans.
- Good knowledge and analysis which are vital to establishing and implementing effective policies and programs.
- The laws, rules and regulations that establish its functions.

MOVE current projects:

MOVE Welfare Organization is currently implementing the following projects;

1. Basic Package of Health Services (BPHS) under STRENGTHENING HEALTH ACTIVITIES FOR THE RURAL POOR (SHARP) PROJECT, contracted by Ministry of Public Health and funded by World Bank with in Badghis province
2. Health Support Service (HHS) implementing sub health centers and mobile health teams in remote areas of Herat province in partnership with CHA funded by GAVI
3. Health Support Service (HHS) implementing sub health centers and mobile health teams in remote areas of Jawzjan province in partnership funded by GAVI
4. Community based case management of child illness(CIMCI) with partnership of AADA in central region of Afghanistan by GAVI-HSS funding (Kabul, Daikundi, Parwan and Panjshir provinces)
5. Oral Substitution Therapy and research program in partnership with SDO for IDUs in Kabul –Polecharkhi prison, funded by the World Bank
6. Awareness raising on elimination of violence against women in Kabul province by US-Embassy support.
7. Malaria and TB control project-Round 8 Global Fund in Badakhshan and Parwan Provinces through HNI-TPO and BRAC support

Achievements

Community Based Healthcare:

As CBHC is an integral part of the BPHS and national health policy of the MoPH, which emphasizes on strong community based health care in the Afghan health system, MOVE is following two approaches (1) Serving to uncovered population through HPs and Mobile team (2), Strengthening the CBHC system to promote health in communities and bridging the community, Health facility through local health committees (LHC).

We are implementing an appropriate community health network to improve accessibility of the catchments population to the first line health services and increase the coverage of

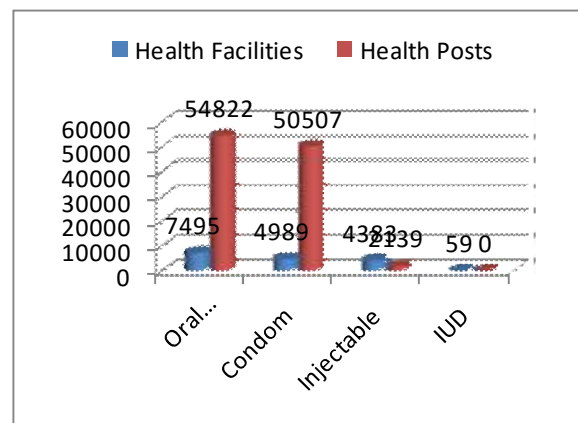
basic health services at the catchments area, a total of 291 health posts (582 CHWs) are operational in Badghis, Hirat and Jawzjan provinces, which one health post is available for every 100 to 150 families. An important strategy in increasing access to key health services is the need to fully equip and strengthen the cadre of CHWs to deliver key health interventions. In addition to initial, refresher training, community mapping for CHW provided and CHWs equipped with necessary kits supplied regularly.

MOVE is focusing capacity building of CHWs to: 1) constitute the primary link for a two-way interaction between communities and health services, 2) foster joint ownership of health care between communities and providers, and catalyzes bottom-up planning and implementation, 3) assist the community to participate in identifying and solving their own problems ensuring both viability and sustainability and 4) focus on effectively mobilizing communities, and engaging Shuras and HCs to change family behavior and community norms.

The CHWs are regularly supervised by community health supervisors and community health trainers, at the end of each month each health post develop monthly activity report (MAR) which is aggregated by community health supervisors at the health facility level and this monthly aggregated activity report (MAAR) is submitted to the provincial office and public health department.



Health Shura meetings





Community health workers are the key individuals in the CBHC system. They are the key personnel in the delivery of priority life-saving interventions for women and children. The quality of CHWs network improved and sustained through in-service training, quality assurance, adequate drug supplies and other supportive supervision from the community and health facility, their services reduced the patients load in the health facilities and work in front line and act as back up of facility based health care. During 2010, totally 499927 family visits performed by the CHWs. MOVE tries to involve community in planning, implementation and evaluation of the health services and during this year the community donated a land which a health center to be constructed there in Chalank village in Badghis province and had manpower and in-kind contribution to all the health facilities.



Child health

MOVE contributes the MoPH strategies prioritized areas for child health with the assistance of other partners, to reinforce the national immunization, nutrition programs and to improve case management at health facility and community levels.

Improving quality of child health services at the health centers (F-IMCI)

IMCI is currently being implemented in all MOVE health facilities, children are assessed by a physician according to IMCI standards and specific treatment protocols are applied according to the findings.

As part of its support to improving quality of care at health facilities, MOVE included child care in its quality assurance system (QAS) with the aim of improving the integration of IMCI (integrated management of childhood illnesses). In addition, we are providing technical and logistics support including supply of drugs/ expendables while enrichment of training and quality assurance for IMCI at health facilities supported through the national programs.

Expanding community based case management (C-IMCI):

Global experience has shown that without the implementation of community-based IMCI (C-IMCI), the impact on the general health status of children of facility-based IMCI is far from optimal. In Afghanistan, the pre-service training of CHWs is based on the principles of C-IMCI. At present over half of all cases of childhood illness are being managed by CHWs, and this has believed to have contributed significantly to the 20% decline in child mortality over the past five years. MOVE has successfully implementing community-based management of childhood illnesses (including in service training for CHWs/CHSs) in Kabul, Daikundi, Parwan and Panjshir provinces with the support of GAVI-HSS, In addition, streamlined community-based initiatives in the areas of neonatal health, postpartum visit promotion, and referral are implemented in the MOVE's intervention areas. MOVE has developed and implemented strategies to support community workers in the areas of communication and management (continuum in training and follow up). We have adapted innovative tools for case management to community health workers according to MoPH-CIMCI standard protocols. MOVE has trained 1575 active CHWs- (712 male and 875 female CHWs) and 70 CHSs in Parwan, Panjshir, Daikundi and Kabul provinces in two modules of C-IMCI.



Expanded Program on Immunization:

As part of its support to the national immunization program, MOVE will focus on one hand on reinforcing management capacities at all levels by providing training (refresher, on job) for EPI staff, supportive supervision and monitoring data quality. On the other hand, provision of operational support by reinforcing the logistics system, the cold chain management and backing the implementation of the Reach Each District (RED) approach as a way to strengthen routine EPI. The RED consists of community maps which identify the communities with low coverage, data quality monitoring system, logistics system, the cold chain management, epidemiological surveillance in the intervention areas, collaboration with shuras/CHWs to improve routine coverage through health facilities and outreach activities.

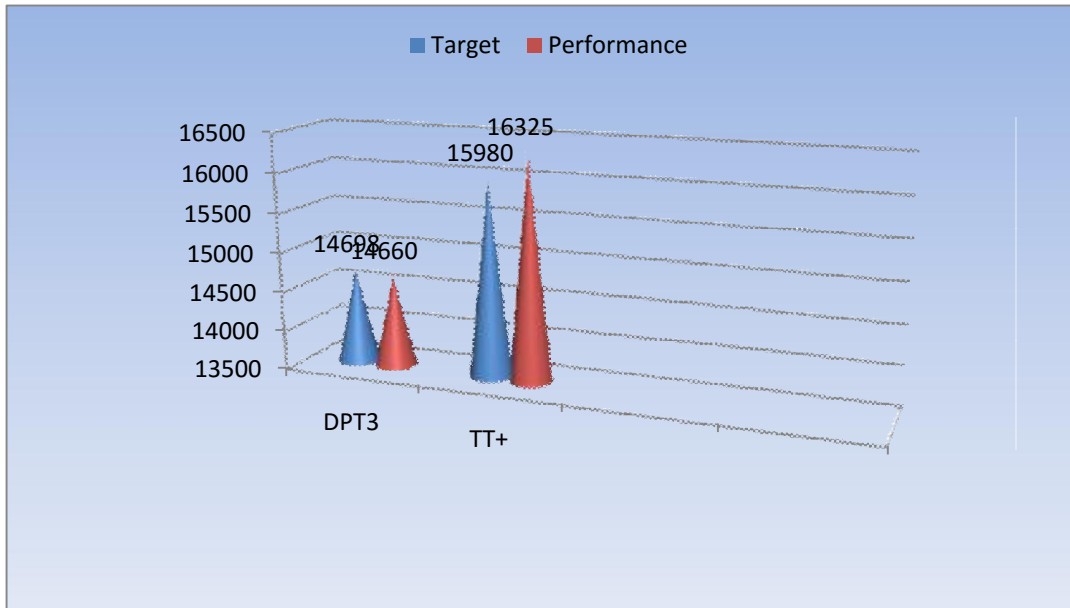
In the year 2010 a total of 14660 children were fully immunized and 16325 mothers took TT2+ in all MOVE HF's which about 42% of this coverage were achievements of out reach activities. Target setting and District micro planning prepared for each HF and vaccines and other materials were supplied on regular basis. Refresher trainings were conducted for all vaccinators during 2010.

Mothers receiving TT vaccine during her pregnancy



12 rounds of NID and sub-NID campaigns for polio eradication were successfully implemented through MOVE health facilities. MOVE management team monitored the NID campaigns and

most volunteers were community health workers that the coverage of these campaigns was over **95%** in each cluster level. Active AFP, Measles and Neonatal tetanus performed in Badghis, Herat and Jawzjan provinces. Regular supportive supervision and on the job training for vaccinators were done in each health facility despite of the security constraints. Coordination and Cooperation of MOVE with WHO, UNICEF, DEWS and REMT is followed. Decreasing the vaccine wastage and drop out was a success of implementation of district micro plan and on the spot feedback to the health facilities.



Nutrition:

MOVE is improving child nutrition through its health facilities and community based health care programs, in year 2010 the following achievements have been performed;

1. Community mobilization stimulating the understanding, engagement and participation of the target population
2. CHWs to provide BCC and awareness on child nutrition for the families, they have furnished with care seeking behaviors and be able to find solutions.
3. Growth monitoring is performed in all MOVE health facilities. Totally 58494 children were evaluated for nutrition during 2010.
4. All health facilities are provided with IEC material and are equipped with the necessary equipments.
5. One training session conducted for all health facility staff and on the job training is following on regular bases.
6. Counseling on breast feeding and Vitamin A-rich foods are maintained.

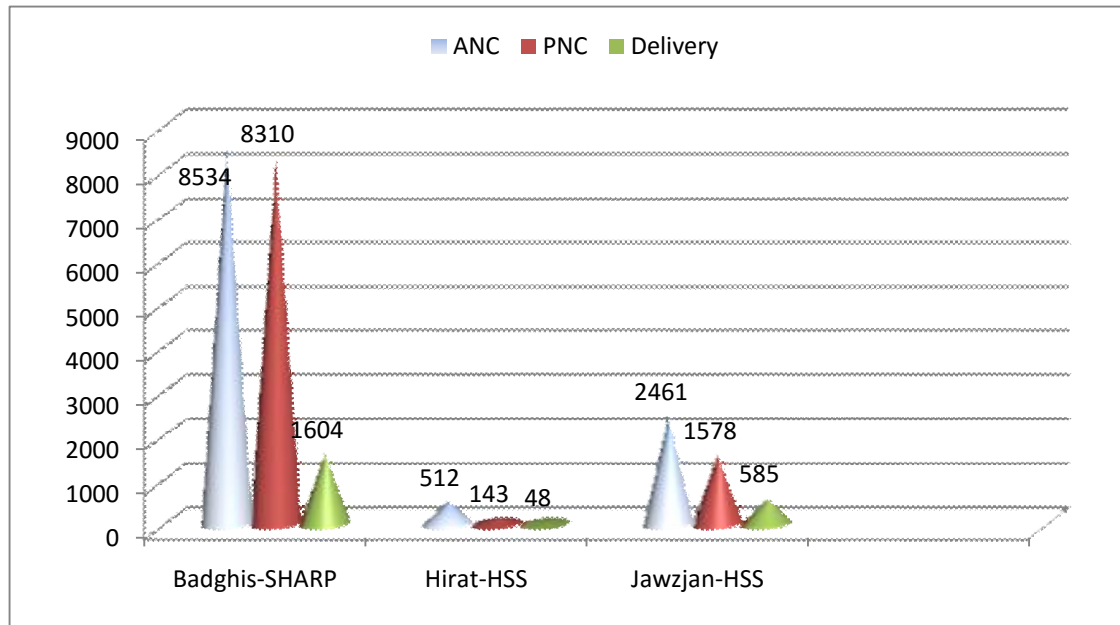




Avoid mother die while giving life:

The poor health status of women and children in particular, is primarily caused by the combined effects of widespread poverty, lack of education, the low status of Afghan women, sub-optimal health and nutrition practices, and extremely limited access to quality health services. Approaches and strategy, MOVE has represented creative and comprehensive approaches to increase women access to reproductive and newborn care through 1) Families are not prepared to recognize complications nor emergencies during pregnancy and early labor and typically do not plan for timely transportation to enable births with a skilled attendant. Considering to that all health facilities staffed to provide skilled birth attendance, and are available around the clock at district hospital and CHCs. In addition MOVE established night delivery care by on call night duty midwives in BHCs and health facilities organized in such a way that both privacy and quality of care can be assured.

During this year, 11,507 pregnant women received their first antenatal visit, 10,031 women received their first postnatal care services and 2,237 deliveries were performed by skilled birth attendants in MOVE health facilities. A balanced RH program, where all contraceptive methods are available at different levels, is a critical ingredient to success of family planning. MOVE is focusing a balanced program including community-based distribution (CBD) at the community level provided by frontline workers (CHWs) and clinical methods at all health facilities within the targeted districts offered by skilled providers. During this reporting period more than 124,436 women have benefited from family planning services by applying different methods of contraceptives, 2) CHWs map the community to identify pregnant women and schedule home visits during pregnancy, after childbirth, and during infancy to deliver timed messages according to the life-cycle needs, follows: a) deliver messages related to Birth Preparedness, Infant and Child Feed and Immunization, b) follow up on previously delivered messages, and c) document services utilized and changes in behavior, and 3) Tele-Emergency Assistance (TEA) allows CHWs and communities utilizing mobile phone to directly communicate with a 24-hour on-call midwife at BHCs.



MHTs and Outreach services can act as a bridge between household and facilities, providing Delivery, ANC, PNC and FP Services

Communities have a vital role in mother and child health, it is beneficial that the communities take an active part in improving health care, hygiene practices, nutrition and water and sanitation services. Community participation is especially valuable in improving maternal and child health, not only improve people's access to services and facilitate closer contact between health workers and households, but also encourage behavioral change and social mobilization, community partnership in health often involve training people as community health workers, these workers undertake basic health care and nutrition whether through home visits or at established location, the health workers transfers better caring or hygiene practices, exclusive breast feeding, hand washing and the use of insecticide treated mosquito nets for malaria prevention as well as management of childhood illnesses.



Communicable disease control

Tuberculosis Control Program:

World Health Organization (WHO) declared tuberculosis a global emergency and a strategy for TB control called DOTS was recommended. "DOTS" as a whole package to strengthen TB care.

MOVE is implementing the DOTS strategy in the whole catchments areas and is committed to reaching to the national targets in 70% TB case detection/ case management, and 85% cure rate. CHSs and CHWs trained on identifying and referring TB patients from the community to the nearest health facility. The CHWs also conducted regular IEC/BCC sessions on TB, desensitizing the community on the stigma related to TB and curability of TB patients.

44 health facilities are working together to provide consistent and integrated care. 20 BHCs and 2 CHCs and 1 DH have been designated as treatment/ diagnostic centers. These have the trained laboratory and other health staff needed to accurately diagnose TB and authorize the correct treatment regime. Standard case management guidelines are used to ensure that everyone is using the same criteria for diagnosis, treatment, 19 SHCs and 2 MHT designated as treatment centers, they have staff that review patients every month, continue educating the patient and report any problems to the treatment and diagnostic center. In addition, the trained staff in BHC's will collect the sputum specimen in BHC's and specimens will be transported to CHC's and DH and upon the positive results, the BHC's start treatment of the TB cases.

One health workers in health facility designated as TB program officer, He/she educated newly diagnosed patients and assist them to select a suitable treatment supporter. They also conduct home visits, especially to trace patients who have defaulted from the treatment regimen.

The coordination with the National TB Control Program (NTP) and WFP at the provincial, regional and central level promoted and channeled by the provincial TB officer. Anti-TB drugs regularly are supplied by the NTP.



Malaria control

Malaria has always considered a major public health problem in Afghanistan, MOVE integrated the malaria diagnostic and treatment facilities within its 1 DH, 2 CHC, 20 BHCs, 19 SCs, 2 MHT and 291 Health posts. The health providers received training on Malaria prevention, diagnosis and treatment. All health facilities regularly supplied with anti-Malaria drugs, HMIS forms, IEC material, registration books and laboratory reagents, Quality control of laboratories in close coordination with provincial malaria department has followed. Referral system and coordination mechanism from health posts/community and BHCs to CHCs established. Supervision and

monitoring from the Malaria control activities in the health facilities done on regular. Totally 1211 cases of malaria positive have detected and treated in 2010 through the health facilities in Badghis, Jawzjan and Hirat provinces,

HIV/AIDS control

The prevention of HIV/AIDS as an component of communicable diseases is integrated within all health facilities, the HIV/AIDS control activities including IEC, voluntary confidential counseling and testing and referral for voluntary confidential counseling and testing are performing by the health facilities according to the level of services defined in the BPHS, MOVE has conducted trainings on basic HIV/AIDS to all technical staff of health facilities. The regular focus group discussion and health education sessions on prevention of HIV/AIDS and STI has held in MOVE running health facilities. MOVE encourages the condom promotion by emphasizing on prevention of HIV/AIDS and STI besides family planning within its health facilities. Totally 26 suspected individual were tested confidentially and voluntarily during 2010.



Mental Health and Disability:

MOVE has already integrated mental health through its HFs, The 6 common mental problems (Depression, Anxiety, Psychosis, Epilepsy, Mental Retardation, and Substance Abuse) are detected, treated, maintained, and referred at the facility level. adequate linkages with all stakeholders who are providing mental health services in its catchments area has established, particularly provision of training for staff and provision of first referral site.

A MoU has been officially signed between MOVE and IAM which specifies the parties' responsibility in field of mental health program and ensures a proper referral system, a total of 30 health workers trained and provided with wide clinical guidelines or prescribing protocols. Also counseling program is started in most of our HFs after Community Health Supervisors were trained on Mental Health consultation. A total of 107 common mental health problems were detected, treated and follow upped while 109 individual received counseling during the reporting period.

Disability as one of the 7 priority areas of revised BPHS has integrated in HFs services, these services includes; Disability awareness, Disability prevention, Early detection, Treatment and Follow up of disabling conditions, MOVE has established referral system with stakeholders who are providing disability services, the community is aware on prevention of disability and identify the cases, Standard formats for referral program has been used, Recording and reporting system is maintained.

Referral and Tele Emergency Assistance Service:

All health facilities links with each other, each level of health facilities provide specific health services and they all vary in terms of turnover of patients. This means that the referral system between the health posts is an essential life line to ensure a more holistic package of health services for the population. Established referral system accounts that all cases are technically justified, recorded, reported and follow upped. Complex cases are referred to the higher level and more equip facilities, the less equip health facility staff and CHWs are able to identify the early signs of complex cases and to refer early. CHWs are responsible for referring cases to their respective health facilities in a timely manner. They trained and made aware that they are part of a collaborative health network where each staff and health post complements the other in the provision of quality services for the population. The referred client will get a slip from the lower level HFs and client with a slip to higher level HFs will have an advantage for priority consultation.

The CHWs are using referral slips and pictorial referral card. In addition CHWs will have an interview with returned patients from each level to ascertain the treatment received, follow up the treatment and report these findings to the CHSs. All referral cases received and forwarded from each health facilities will be reported in the HMIS monthly reports.

Ambulance system contributes to the referral system and support the Tele Emergency Assistance. As per BPHS, CHCs and DHs are maintained a vehicle for emergency referral of cases. Besides this with the support of AICED-Spanish in Badghis province, we could mobilize 6 donated ambulances all over the province for Tele-Emergency Assistance, we acquired the strategic locations for these ambulances at the district level and regularly monitor to ensure efficient use. Furthermore, we established the communication systems to strengthen the referrals, with good communication systems between health facilities; one ambulance could serve wider area thereby increasing effective ambulance utilization in the area. CHWs and communities utilizing mobile phone to directly communicate with a 24-hour on-call midwife at BHCs and the assigned ambulance at the district level contribute the referral cases.



Emergency Preparedness and Response (EPR):

Emergency preparedness and response committee at provincial level has established by the members of emergency response agencies, Emergency response agencies required to use the Incident Management System (IMS) or Incident Command System (ICS) as an organizational model for assigning resources during an emergency, MOVE part of this mechanism, work together more efficiently.

MOVE provincial emergency Response Teams have been established and ready to assist any emergencies in providing health support during and after a crisis. The Provincial Support and Recovery Team (PSRT) at MOVE provincial offices assembled quickly to provide these services.

Each HF established an Emergency Response Team (ERT). The team consisted of an immediately accessible core group of HF personnel who have the knowledge and skills to handle an emergency situation.

MOVE is practicing a Disease Early Warning System (DEWS) and Disease Surveillance System (DSS). MOVE, with the support of allied partners has trained its staff on standard national outbreak response and emergency preparedness/response protocols focusing on priority possible epidemics and outbreaks such as diarrhoea, measles, ARI/Pertussis and other epidemic prone diseases at all levels. In case of outbreaks, assessment and response to the outbreaks is the main responsibility of the EPR committee. This committee has capacity of verifying the reports, investigating outbreak, developing response plan, assign focal point for communication and sharing information. MOVE contributed to the outbreak assessment team while provided buffer stocks of supplies and drugs to health facilities.





Winterization Program

MOVE has applied winterization programs (three to six months) for each health facilities. we have developed and implemented detail winterization plan for each health facility and adequate equipments and supply of heating material, such as wood, fuel and gas to ensure required temperature is maintained at all health facilities. MOVE provided adequate stock of medical supplies and essential drugs in advance before winter to hard-to-reach facilities.



MOVE staff trying to reach to remote villages



Human Resource Development:

A successful Human Resources Development Program prepares the individual to undertake a higher level of work, and is the framework that focuses on the organization's competencies at the first stage, training, and then developing the employee, through education, to satisfy the organization's long-term needs and the individual's career goals and employee value to their present and future employers. Human Resources Development is defined as developing the most important section of MOVE's business, by attaining or upgrading employee skills and attitudes at all levels to maximize effectiveness.

For capacity development of staff, MOVE conducted several trainings for its staff in Heart, Jawzjan, Kabul, Badakhshan, Parwan and Badghis provinces based on the

needs(TNA), a total of 558 health providers received trainings on Mental Health, HMIS, EPI, Gender, BPHS component, RH, HIV/AIDS during the year 2010.



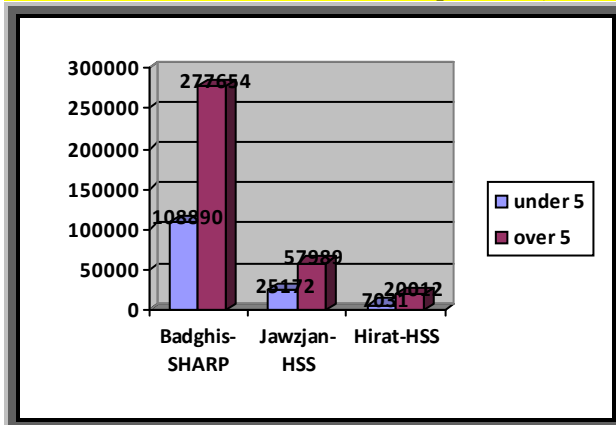
Health Management Information System:

MOVE reports project activities in accordance with MoPH HMIS requirements and full adherence to the National Health Management Information System (HMIS) and other national policies set by MoPH. The HF staff trained on HMIS and data use with the aim of gradual capacity building for staff on data tabulation, analysis and data use. We also trained the health providers and community staff to do the preliminary data analysis and use the analysis for measuring progress toward objectives and targets, hence improving project planning, coverage, utilization and quality of services. All data from the health facilities and community are collected, compiled, analyzed and generated informative reports in order to identify strengths and



weaknesses and be able to take corrective action on areas that need improvement. A summary of these analyses and evidence of corrective actions and subsequent impact on service volume and quality are included in the quarterly technical reports.

During this year totally 496,747 patients were visited in the health facilities, 217,433 of whom were male and 279,314 were female patients (43.8% male and 56.2 % female).



Awards and Gratitude:

In short time, MOVE brought significant positive changes for expanding and enhancing quality health care coverage over its catchments areas. The management team of MOVE has paid sufficient attention on appropriate staffing, regular supervision, and trainings for capacity building of health facilities staff, developing and maintaining strong community based network to establish a quality sustainable program as the most important need of the community.

During this period several evaluation and monitoring of MOVE health facilities and community based program has been done by donor teams, MoPH and joint team of PHCC. MOVE activities and performances have been evaluated very acceptable and outstanding by PPHD, GCMU

department of MoPH and other authorities and the community. The sound management of MOVE has resulted, in being widely considered as one of the most active national NGOs.

Coordination and Partnership:

MOVE has already established and maintained coordination/collaboration with the key stakeholders at central, regional and provincial levels which is crucial for the success of the program. We approached UNICEF, PPHO, Global Fund, UNICEF and WHO to seek assistance in EPI supplies, safe motherhood initiative, and staff capacity development for disease surveillance systems, TB and malaria. MOVE staffs are an inherent part of the Provincial Health Coordination Committee (PPHCC), Joint supervisions, coordination meetings, monitoring & evaluation visits ensures adherence to MOPH technical guidelines & policy compliances at all levels of implementation; and also increase professional experience & confidence and will lead to strengthening of MOPH stewardship role.





MOVE has supporting EPI department of MoPH, NID and sub-NID campaigns for polio eradication were implemented by PPHO and MOVE has supported and participated in those campaigns such as introduction of staff to trainings, involving CHW's in campaign and monitoring activities during NID campaigns.

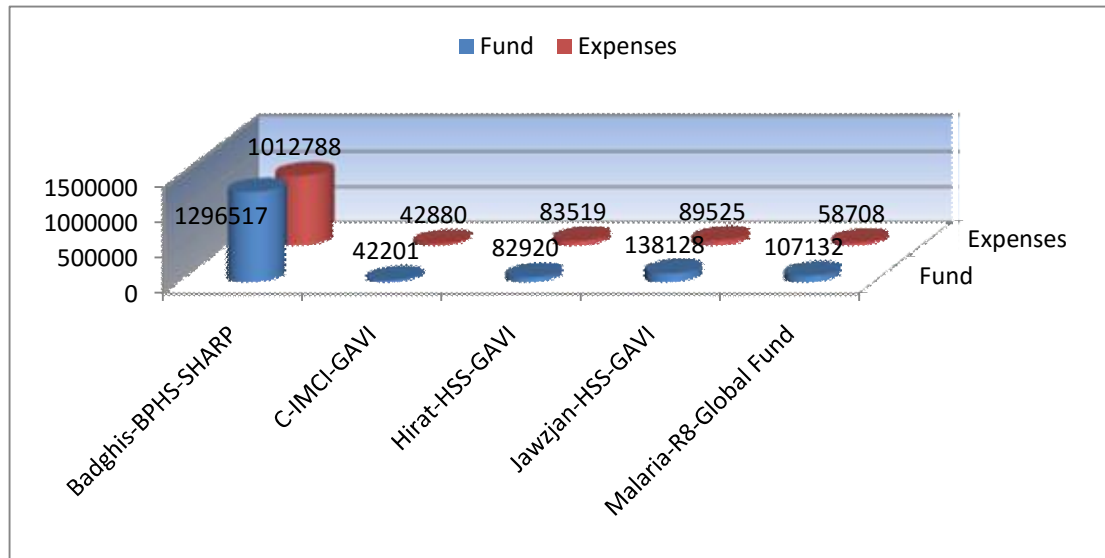
MOVE regulates its activities according to MoPH policies and strategies. MoPH monitoring officers from GCMU department monitored MOVE health facilities on quarterly basis and sent their monitoring reports and feedback to MOVE and MOVE provided improvement action plan based on GCMU findings in order to standardize the quality of health services.

Financial statement:

MOVE sat and always following financial system accordance with International Financial Standards and the requirements of the Donors. This system includes designing, implementing and maintaining internal control relevant to the appropriate accounting policies.

MOVE has audited by the ZEESHAN ALI company in accordance with International Standards on Auditing, those standards require ethical requirements, reasonable assurance whether the financial statements are free from material misstatement, the income and expenditure account, statement of changes in appropriation account and cash flow statement, and a summary of significant accounting policies and other explanatory notes.

our auditor opinion is “such consolidated financial statements present fairly, in all material respects, the financial position of MOVE as of December 31, 2010, and the results of its operations, income, expenditure and its cash flows for the years 2010 in conformity with accounting principles generally accepted”.



People living with HIV globally

- 33.4 million people living with HIV worldwide
 - 31.3 million adults
 - 15.7 million women
 - 2.1 million children under 15
-
- About 3.3 billion people - half of the world's population - are at risk of malaria. Every year, this leads to about 250 million malaria cases and nearly one million deaths. People living in the poorest countries are the most vulnerable.
-
- **1.7 million people died from TB** (including 380 000 women) in 2009, including 380 000 people with HIV, equal to 4700 deaths a day
 - The TB death rate has **fallen by 35%** since 1990, and the number of deaths is also declining
 - TB is among the **three greatest causes of death among women** aged 15-44