

MOVE WELFARE ORGANIZATION
ANNUAL REPORT
2014

WORKING TO GATHER FOR A HEALTHIER AFGHANISTAN POPULATION

LIST OF CONTENTS

Message from General Director

Message from Executive Director

Over view of the Organization

About the organization

Highlights- 2014

MOVE projects brief description

- **Essential Package of Hospital Services**
- **Basic Package of Health Services projects**
- **Community Midwifery Education Program**
- **Health Services and Promotion of Sustainable Livelihood**
- **Nutrition Promotion Project**
- **Targeted Supplementary Feeding Program**
- **Maternal and Under-5 Nutrition and Child Health Project (MUNCH)**
- **Community Health Nursing Education Program**

Operation Performance/Administrative Support

Finance & Human Resource Management

MOVE DONORS

Message from General Director:

With the start of year 2014, MOVE entered its 11th Year of age. This year has been a year of success and challenges. We complete 11 years of service to the most at risk population of the Afghan society. We are proud that eleven years ago a few committed persons came together aims to serve women and children in the form of establishing an organization “MOVE”. Along the years of its presence, the organization has grown with more people bringing their experience, expertise, commitment and dedication. The organization spent times discussing on our strategic plans and the impact we expect to make on women and children health afterwards. As we move forward to work for women and children, we dream that every pregnant woman delivers a healthy baby, every child is well nourished, every adult is well educated and women and children are empowered to tackle with the violence.

As we run through the chronological growth of MOVE, we see gradual growth from juvenile to maturity elaborated with so many achievements. MOVE’s staff strengths has grown from few staff to 1076 people in 11 years with offices in Kabul, Badghis, Nimroz, Ghor, Daikundi, Bamyán provinces, We serve an estimated 1,047,474 direct and indirect beneficiaries across the country, Our annual budget significantly increased which directly impacted our beneficiaries. The staff of MOVE cover various services a cross spectrum of Health, Nutrition, Community Health Nursing/ Midwifery Education and Human Resource Management. Our first line soldiers in the form of Community Health Workers complete the team. With the geographical expansion, we got the opportunity to work with the community in remote and inaccessible areas.

The year 2014 was another year to fulfill our vision, MOVE continued its activities in Basic Package of Health Services, Community Health Nursing Education, Community Midwifery Education, Family Health Houses, and Mobile Health Activities, Our CME/CHNE programs that train young women to work as community nurses/midwives in BPHS health facilities, Family Health Houses and Hospitals opened a new window to tackle shortage of female health workers. During the year MOVE expanded its activities in Essential Package of Hospital Services and created liaisons with national and international institutions for support of its programs.

At the outset, I’d like to thank our donors, partners and volunteers for their diligent support and guidance in our mission to improve the health of women and children in rural communities. We place on record our sincere thanks to MoPH, PPHDs, Provincial Governors, District Authorities, World Bank, Global Fund, WFP, CIDA, UNFPA, WHO, UNICEF, World Vision, SCI and PU-AMI for their co-operation.

Finally, I would like to personally thank every single staff member and volunteer of MOVE who have worked tirelessly to serve Afghanistan’s most vulnerable communities. I would also like to thank our Trustees for their continuing guidance and encouragement as we venture into new geographic areas and interventions, and scale up our work.

Dr. Abdul Malok “Khalili”

General Director

Message from Executive Director:

It is my great pleasure to present MOVE annual report of 2014 which is cover the 1st January to 31st December 2014. Contrary to the social and political rumors for 2014 instability, it was a successful year for MOVE. Three major project has been started from the commencement of the year which include Nimroz SEAHT/EPHS for Zaranj Provincial Hospital (100 bed hospital-covering 150,000 people), Badghis SEHAT/BPHS (39 Health facilities- covering 5,015,000 people) and Daikondi SEAHAT BPHS (36 Health facilities –covering 396,032 people).

The activities accomplished during the year, are highlighted briefly in the in the report. MOVE continued its services in health promotion, prevention, treatment, community mobilization, capacity building, and educational activities in its targeted areas of Badghis, Dikondi, Bamyan, Nimroz and Ghor provinces of Afghanistan.

Although there were various social challenges with its direct and indirect consequences on people, MOVE achievements were satisfactory. All projects health facilities was functional and provided quality health services. The targets and objectives of the projects have been achieved compare with its work plan. Contracts obligations meet and the MOPH and community were satisfied for achievements.

The Major achievements of the 2014 year were; 1) Successful startup of SEHAT/BPHS projects (Badghis BPHS project and Dikondi BPHS project) and SEHAT /EPHS (ZARANJ PH) 2) Establishment of two Community Health Nursing Education Program (CHNEP) and two Community Midwives Education schools (CME)as part of BPHS/SEHAT projects in Dikondi and Badghis provinces for 96 female students. The CHNEP/CME objectives are to enhance the number of female health provider in remote areas and to fill gaps of female health workers in current health structure from the local residence of the health facilities and 3)Construction of 35 Family Health houses in Dikondi province

All the projects was not possible to be accomplished without generous funding of its donors (MOPH, World Bank, Global Fund, UNFPA, WFP, CIDA, UNICEF...) collaboration of stakeholders, community representatives, hard efforts of project management team, commitment of field service provider and active participation of community elders and influence holders.

We appreciate the contribution of all and every one for their support of the projects and programs for stepping toward improving the health service and education of the people of Afghanistan. We desire every one, to learn from the past and plan more thoughtful for the bright future.

Alhaj Doctor Abdul Latif Rashed
MOVE Executive Director

Over view of the Organization

Our Vision

- Healthy life and social welfare for all, without any type of violence and abuses on gender, religious and ethnicity with dignity and respect.
- Ensure that all Afghans have access to high quality health care and experience low level of preventable diseases and disability, and enjoy optimal level of health and well being.
- Have a valued and expert work force committed to continuously improve the quality of services provided by MOVE.
- Desiring to provide education, food, shelter and health care facilities to indigent, deprived population but ensuring healthy minds in health bodies.
- A society stand on legal right, equity, gender, equality, integrity, justice, transparency, honesty, social sensitivity.

Our Mission

- MOVE welfare Organization respecting the right of healthy life and social welfare for all and aiming the efforts for quality health care and social development for the people of Afghanistan.
- By offering health, training, capacity building, and social development programs, would meet the most crucial needs of Afghanistan
- MOVE is committed to contribute to the promotion of public health through providing facilities and services in, health care, water sanitations, hygiene and environmental issues.

Our Values

- Providing services with dignity and respect.
- Commitment, transparency, accountability and efficiency.
- Team work, community participation, gender equity.
- Capacity building, creativity, innovative

Organization Objectives:

- To improve health status amongst Afghans by providing health services particularly for the most vulnerable people.
- To contribute upgrading knowledge, skills, developments activities, researches in order to fight with challenges.
- To strengthen the social financial and mental status of the women and children who are affected by conflicts.
- To contribute poverty alleviation focusing on empowering, agriculture, food and shelter.
- To ensure access to safe water, environmental situations and health care services and facilities such as women health, child health, hygiene immunization, and nutrition.

About The Organization:

MOVE is a national, humanitarian, independent, non-political, non-sectarian organization which is aiming for an equitable and quality standard health care for all Afghans throughout its endless effort to response to highly vulnerable groups; mother and children, who are victim of various deadly diseases as well as having the high rates of morbidity and mortality in the country.

MOVE Welfare Organization was founded in 2005 by a group of professionals in health care management. MOVE was registered with Ministry of Economy (Reg. No. 45) and signed a memorandum of understanding (MoU) with Ministry of Public Health on 21.11.2005 (MoU No. 05). Since January 2011, STEP Health and Development Organization Merged with MOVE Welfare Organization and working as one entity under the name of MOVE Welfare ORGANIZATION



Organization Governance:

MOVE organization governance, is the system which organization is directed, controlled and held the accountability and transparency. It focuses on policies, directions, compliance with laws, regulations, standards and best practices.

The pillars for organization governance are fairness in recruitments, accountability for the resources utilization, participatory action, responsibility, transparency with clear procedures, efficiency and effectiveness to produce results to meet the need.

The organization Board is functioning at the top of governance. The leadership of the organization, in an effective and accountable manner directs resources and exercise power on the bases of shared values. MOVE Head Quarter management team in line with Board directions lead the project management teams at provincial level. The provincial management teams are the direct contact of the organization with the beneficiaries and communities.

Highlights- 2014

MOVE Welfare Organization had provided health and education services during the 2014 year for Afghan population in different provinces. The main activities of organization were implementation of Basic Package of Health Services (BPHS), Essential Package of Hospital Services (EPHS), Community Midwifery and Community Health Nursing Education (CME/CHNE) in targeted provinces.

In January 2014, MOVE has started the implementation of SEHAT/BPHS project in Badghis province in partnership of BARAN organization, SEHAT/BPHS project in Dikondi Province in partnership of PU-AMI organization and SEHAT/EPHS in Nimroz province (Provincial hospital). Both BPHS projects has the school of CME/CHNE as a part of the projects, to train total of 96 female students in community nursing and midwifery to cover the shortage of local health staff of the provinces.

The health services of BPHS and EPHS provides through, One Provincial Hospital(PH), 4 District Hospitals (DHs), 8 Comprehensive Health Centers (CHCs), 33 Basic Health Centers (BHCs) , 33 Sub Health Centers (SHCs) , 2 Mobile Health Teams (MHT) and 636 Health Posts(HPs) including 1242 CHWs.

The Global fund/MoPH, funded, schools for Community Health Nursing Education are functional in Nimroz, Dikondi and Ghor provinces and total of 113 students are attended the classes. The project will be ended in second half of the year 2015.

In addition, in BPHS uncovered areas of Dikundi and Bamyan provinces, MOVE provides mother and child health services through 47 Family Health Houses (FHHs) and 6 Mobile Health Teams (MHTs), 82 Health posts, as well as running one CME school, during 2014 MOVE contributed for construction of 35 new FHH in Dikondi province, funded by UNFPA.

The Nutrition promotion and prevention services in Dikondi province funded by DFAD/ SC is implementing by MOVE starts in July 2013 and will be continue up to 31 March 2016. It is a community focus approach for support of mothers, newborns and children.

MUNCH project in four districts of Badghis, is to contribute to improve nutritional status and reduce vulnerability of mothers, infants and children under-5 through interventions in addressing three underlying causes of malnutrition (household food/nutrition insecurity, poor maternal and child care practices, poor health services and health environment) is started on 1st December 2013 in partnership with World vision with funding of CIDA.

MOVE PROJECTS BREIF DESCRIPTIONS

Essential Package of Hospital Services:

The Essential Package of Hospital Services (EPHS) project under System Enhancement for Health Action in Transition (SEHAT) is contracted by the Ministry of Public Health and funded by World Bank (WB) for Nimroz province started in January 2014 and will be ended in December 2016.

The overall objective of the project is to contribute to the MoPH goals to reduce avoidable mortality and morbidity among the population (150,000) of Nimroz province, specifically women and children, improve child health and nutrition and develop the health system.

It will be achieved through, improving access and utilization hospital services-EPHS, a comprehensive referral system, quality primitive, preventive and curative patient care services, ensure quality support services, which includes an appropriate physical facilities, well-equipped hospital, laboratory, IP, radiology, blood safety, pharmaceutical and medical supplies and increase the efficiency of hospital operation, develop the capacity of key staff in hospital management-autonomy and quality care services.



By the commencement of the project, the hospital management team and management systems established and started its work. A comprehensive assessment of hospital based on hospital assessment tool conducted and gaps identified (services, equipment and systems), as well as a planning workshop conducted and developed the annual hospital improvement plan. Hospital activities has been followed accordingly.

Hospital HMIS improved, supervision and monitoring of activities have been followed by provincial and HQ team, furthermore, the PPHD, GCMU and MoPH-M&E teams had regular monitoring visits from the project and shared the feedbacks, based on the feed backs, action plan has been prepared and followed timely.

TNA has conducted, training /capacity building plan developed and being implemented. Quarterly supply of pharmaceuticals, medical and non-medical expendables has been done, hospital infrastructure reviewed to adjust the IPD, OPD and supportive services appropriately. The capacity of IPD upgraded from 56 beds to 85 beds. Renovation has been done in hospital canalization system, admin section, kitchen, vaccination and emergency rooms. Mortuary cold system repaired and functionalized. Hospital Board and quality improvement committee established and held regular meetings.

Human Resource Management for Hospital Services:

The staff qualification of the hospital has been reviewed by recruitment committee. There were shortage of qualified staff particularly doctors, qualified nurses and midwives. Nimroz is a scares province for medical human resource, few doctors and qualified nurses and midwives are available to be resident of Nimroz. Most of the health providers are from other provinces. The recruitment committee found that midwives are not qualified for hospital services, but recruited for a temporary contract up the time to find qualified one. MOVE could hire four medical doctors, one medical specialist, one pediatrician, and one surgeon which are a great improvement. Currently the hospital staffing is completed.

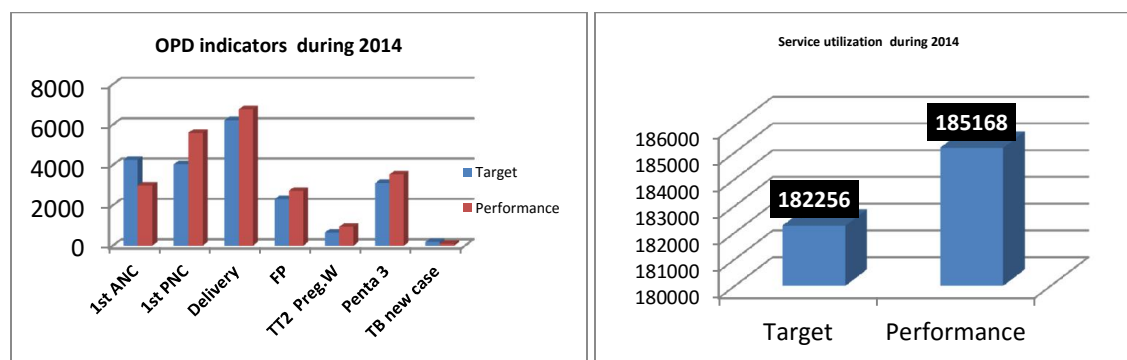
Expansion and enhancement of Hospital Services:

The Zaranj provincial hospital is running in a previous district hospital building. The infrastructure is not enough for provincial hospital required services. It has been tried to fit the services up to possible extend by making partitions and tents.

Currently the numbers of functional beds are 85, including surgery, gynecology & obstetric, internal disease, pediatric and emergency wards. The bed occupancy rate is always more than 90% and average lent of stay is around 3 days.



In the OPD section, numerous patients for OPD consultations are coming to the hospital 7/24. OPD for pediatric, male and female clients are going on around the clock. Around 500 OPD consultation is served on daily bases. The entire OPD clients are receiving a brief session of the health education prior to the consultation. The clients receive medical counseling for preventive cases and medication for uncomplicated cases and if it is with complication or in sever condition will be admitted to the related section.



The diagnostic services including the laboratory service for routine lab exam, serologic and hematologic examinations, x ray and ultrasound services are functionalized, strengthened and provide round the clock services.

Improvement of quality hospital services:

With the commencement of the project, different hospital committees has been established to focus and follow the important section of hospital services, including health management information, infection prevention, recruitment, capacity building, drugs and treatment, mortality review, procurement and quality improvement management committees. The committees leading by one person from the management of hospital and has at least three more member for follow up. For quality improvement of hospital service, the hospital assessment and quality improvement tools developed, the national hospital standards are using as a guide.

Zaranj Provincial Hospital performance:

Indicator	Baseline	Target	Performance
Number of functional Beds	56	100	85
Number of patients admitted per year	6461	+50% from Baseline (9691)	6,696
Average Length of Stay (ALOS)	3	5	3,4
Hospital bed occupancy Rate	74%	80%	95%
Number of Inpatient referrals (referred-in from BPHS facilities)	603	+ 30% from baseline (783)	209
Number of pregnant women with major obstetric complications admitted in hospital	511	10% all deliveries Attended (562)	447
Number of Cesarean section performed per year	191	+30% from baseline (248)	192

Number of Major and Minor surgery cases per year	498	+ 30% from baseline (647)	1216
Number of SAM children hospitalized per year	476	3.4 % SAM ** (816)	448
Cure rate among children under 5 hospitalized for malnutrition	94.9 %	>85 Maintained	>90 %
Number of patient received blood transfusion per year	896	+ 30% from baseline (1164)	1362
% of Technical Staff Positions filled, according to EPHS	NA	100%	93.2 %
#of hospital community board meetings conducted per months	NA	1/month	12
Post –Operative infection rate	NA	<1%	<1%
Completeness of HMIS reporting	NA	100%	100%

Basic Package of Health Services projects

MOVE is implementing the Basic Package of Health Services (BPHS) project under System Enhancement for Health Action in Transition (SEHAT) contracted by the Ministry of Public Health and funded by World Bank (WB) with partnership of PU-AMI and BARAN in Badghis and Daikundi provinces. The projects ensure access to BPHS for 897,474 populations in these provinces throughout 4 district hospital, 9 comprehensive health centers, 32 basic health centers, 27 sub health centers, 2 prison health, 2 mobile health team and 633 health posts.

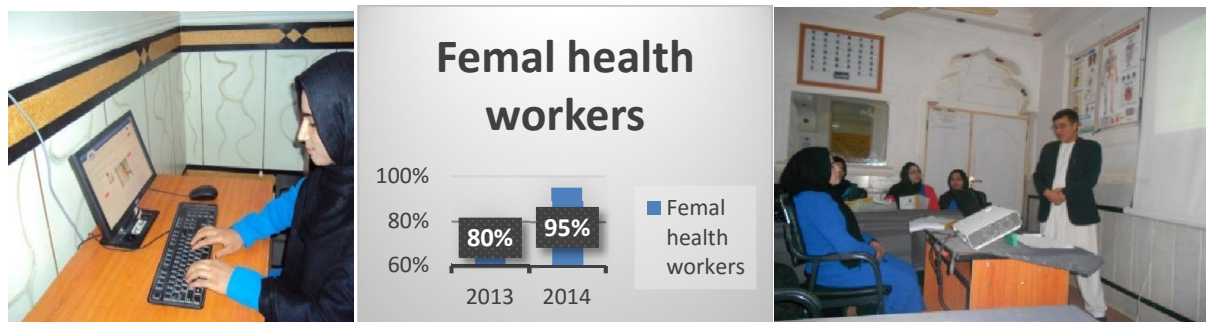
With initiation of the projects, project gap assessment has taken place at health facilities and health posts levels. The findings analyzed, according to the information most of BPHS services were in satisfactory level, some like IMCI, TB and disability was partially implemented and some of the services like eye care, disability and mental health services not implemented at health facilities.

During the 2014, the identified gaps have been fully supported by conducting trainings and technical support and follow up. Currently mental health, disability and eye care services are available in all health facilities. Health facilities are functional and providing services based on BPHS requirements. DHs and CHCs are providing round the clock services which strictly followed by the sub and head-offices during supervision and monitoring visits.



Human Resource Management/ Development:

In year 2014, a total of 133 new staff, including of medical doctors, midwives, nurses, physiotherapists, X-Ray technicians and other health workers recruited in the BPHS projects in deferent level of the health facilities. Fortunately, in year 2014, we kept retention of at least one female health worker in every BPHS health facilities up to 95% for Badghis and 100% for Daikundi province.



A regular monthly base, workshop held in MOVE provincial offices for HFs in-charges, they regularly attended the workshops and received the orientation session for familiarization with the project requirements, further information on importance of community involvement in the project, updates the HMIS formats/data use and review of project targets and objectives. The feedbacks from the monthly reports and new plans are shared by all medical supervisors to head of HFs.



The annual training plan is the base for training follow up, refresher trainings for medical doctors, nurses and midwives of health facilities provided as per the training plan. Provincial team, supported both community and health facility level through on job trainings, session trainings, quality assurance, supervision, and ensuring availability of drugs and medical supplies. Further coordination for provision of in-service training for community based case management is conducted. A total of 464 health providers trained on IP, GM, HMIS, Eye care, HIV, MDS, IMCI, CAAC, RUD, Measles, Disability, Nutrition, MH, and supervision and monitoring topics.



As part of SEHAT project, the Community Midwifery Education and Community Nursing Education Program in Badghis and Daikundi provinces started. MOVE is training the community midwives/nurses and will ensuring their deployment in health facilities nearest to their resident areas. Totally 48 CMs and 48 CHNs students selected. CME/CHNE selection committee was established in provincial level with involvement of PPHDs, education directorates, women affair and provincial authorities. The opening ceremony of CME/CHNE schools with the presences of deputy provincial governor, head of provincial counsel, and many directors of provincial governmental departments conducted. 96 students started their educational program with required infrastructures for schools and hostels, proper equipment and transportation facilities. All the CME/CHNE required models and equipment supplied. Trainers and support staff hired. Library activated and equipped with needed books and guidelines.



Expansion and Enhancement of Basic Package of Health Services:

Based on project work plan, five new SHCs established, one BHC upgraded to CHC in Daikundi and Badghis provinces with close coordination of PPHDs and local communities, These health facilities staffed and supplied (necessary medical equipment, and furniture, other logistic materials and HMIS formats), The registration process is completed at the MoPH and health services delivery started, reporting system established and are fully function.

Here are some pictures from inauguration of Jawoz CHC-Daikundi province:



The Bala murghab DH-Badghis province has suffered weakness in staffing, supplies, equipment and management of the services for a long run, In year 2014, MOVE could successfully strengthened and standardized this hospital. Comprehensive renovation in building made, standardization of x-ray, dental and physiotherapy rooms are completed and these units are functionalized.

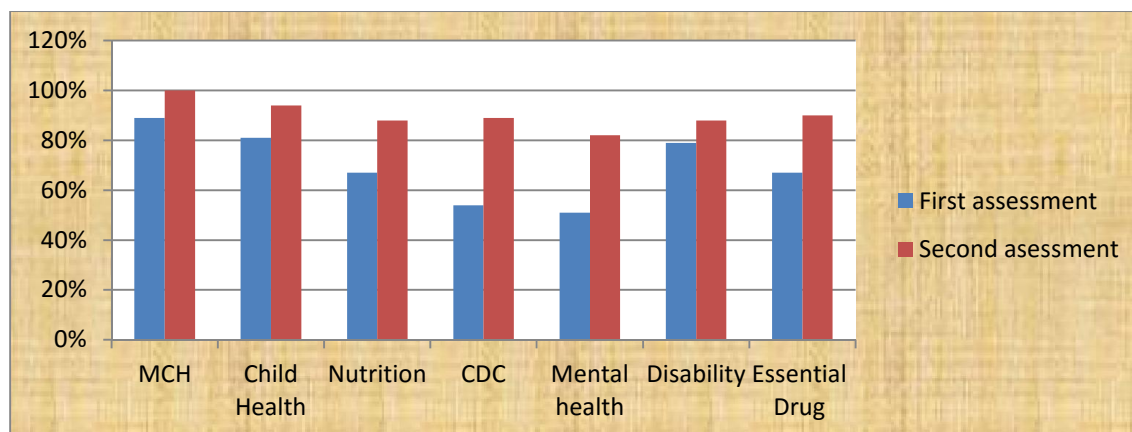
Strengthening of quality Basic Package of Health Services:

MOVE supervisory team including technical and non-technical officers visited all BPHS health facilities even the most insecure and hard geography of Badghis and Daikundi provinces, according to supervision plan, through supervision visits, the strengths and weakness of service were investigated via relevant checklists and necessary action plan developed accordingly. In addition, join supervision and monitoring visits carried out by technical staff of MOVE/, PPHOs team, and MoPH monitors from the HF, the monitoring teams shared the feedbacks for improvement and the action plans are prepared for follow up of the weak points.

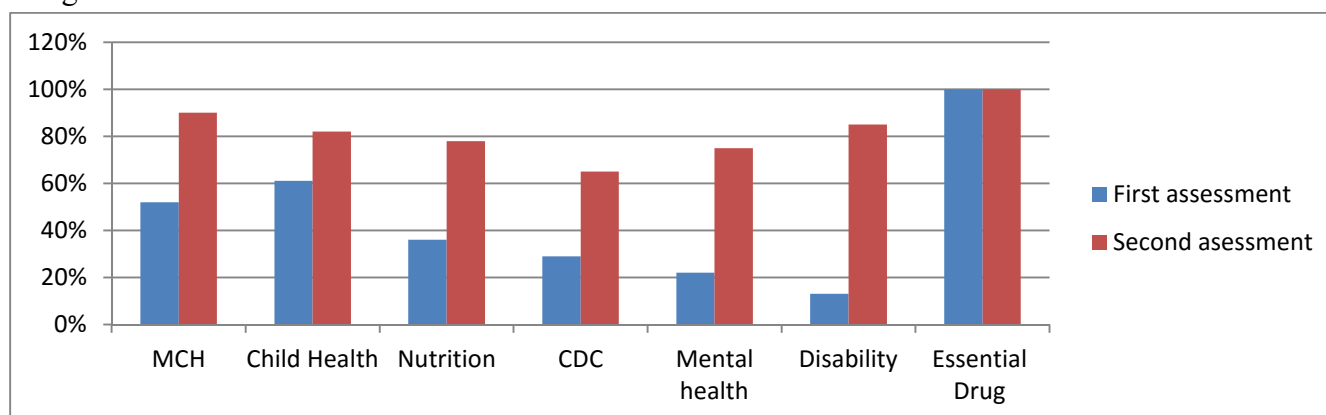


In order to find out the needs and being update on services provision from the health facilities, a comprehensive HF assessment through assessment tool (service/training/availability of medical equipment and necessary guidelines) conducted, the gap assessed and the follow up action plan prepared, training need assessment conducted in all HF. Training plan for all health facilities staff developed based on TNA.

Daikundi HF's assessment results:



Badghis HFs assessment results:



MOVE has successfully implemented catchment area annual censuses (CAAC) in Badghis and Daikundi provinces with technical support of the MoPH. The MoPH trained technical staff of MOVE as trainers for proper implementation of the CAAC process. The micro plan for implementation of CAAC prepared by management team and followed by provincial team. During the implementation we have been faced with some insecurity problem which reported to MOPH.

Community Based Health Care Program:

The CBHC program is running smoothly in the project catchment areas. 621 active health posts including (611 male + 610 female CHWs) are providing services to the people. CHWs got the quarterly re-supply of their kits, CHWs got scheduled refresher training, and furthermore, they received training on identifying early signs of complicated cases in order to refer them to HFs.

Regular supervision of the CBHC programs is provided by the community health supervisors, and the necessary technical support and feedbacks are provided through supervisory sessions. The CBHC reports (MAR) are collected on a monthly basis from all CHWs and regular feedback provided. The CHWs profile updated at all health facilities.

Community mobilization activities are provided to ensure the timely referral of severe complicated cases and the utilization of services through health facilities as per the defined hierarchy. Patients are given detailed referral sheet outlining symptoms, diagnosis, and treatment so far. Health facility staff registers and report referrals on monthly basis as part of HMIS.

Mather and Child Health Care:

The RH sections of the health facilities are assessed for all essential supplies and equipment, the shortages identified and supplied accordingly. Filing system for all RH section re-arranged, all the necessary forms and stationary such as patient history files, ANC, PNC cards, registration books, tally sheets, partograph, and referral sheets regularly supplied. DHs and CHCs equipped with an emergency medicine cabinet in delivery room. The infection prevention standards were put into practice in all RH sections of health facilities. The RH national guidelines like ANC, PNC, FP, delivery care and copies of IMPACT books were provided to all health facilities.



ANC Performance During Twelve Months-2014



Expanded Program of Immunization Services:

Expanded Program of Immunization is an essential component of BPHS; its successful implementation is very effective in reducing child and maternal morbidity and mortality. The health facilities supplied with necessary vaccines, HMIS tools and fuel for refrigerators and outreach motor cycles. EPI services provided in all relevant HFs (DHs, CHCs, BHCs and some SHCs), the fixed vaccination strategy is delivered in health facilities while outreach strategy vaccination is conducted through community based.

There were poor EPI activities identified by evidence of measles outbreak, as there was double outreach activities by the vertical project through MoPH, and the catchments area for these activities were not well defined resulted some portion of the population has not targeted/covered, The issue has been focused by MOVE management team, so the patients flow of the HFs re-arranged that allow the eligible groups for vaccinations to pass by vaccination room and avoid miss-opportunities, supportive supervision and on the job trainings about the cold chain, safe injection practices and vaccination waste management provided, Further, coordination of EPI activities with other departments like CBHC and RH, in order to improve the referral system and increase the vaccination coverage is strengthened.

Vaccination micro-planning has revised in coordination with PEMTs. The vaccination targets re-sat and orientation for vaccinators on follow up of the targets has provided. In addition, MOVE supported NIDs with provision of transportation, monitoring during NIDs, and active participation of all vaccinators in NIDs.

DPT 3 Coverage During Twelve Months of-2014



Communicable Disease Control Services:

Tuberculosis (TB) has always been considered a major public health problem in Afghanistan. Control of tuberculosis is one of the priorities of MoPH. TB control program is integrated within the BPHS in Afghanistan.

MOVE is intended to follow the national TB control program objectives such as at least 90% case detection rate and cure rate of pulmonary sputum smear positive cases and DOTS strategy. The CDC section in the HF's (including TB, Malaria and HIV components) were functional and able to provide services such as prevention, controlling, referring and treatment to eligible clients.

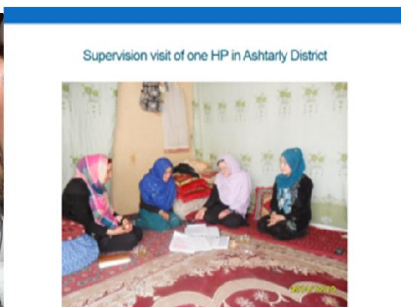
TB Detection Performance During Twelve Months-2014



Nutrition Services:

It has been confirmed that nutrition still remains as one of the major causes of illness and death among the children. This is frequently due to low knowledge about healthy food. In addition, cultural wrong practices and attitudes also contributed to malnutrition. As per the BPHS recommendations, assessment, prevention, treatment, and surveillance of malnutrition offered through health facilities.

To ensure a better nutrition status amongst target population, MOVE ensured the growth monitoring through HF's, the staff are trained, encourage CHWs to be very active in referring malnourished children to health facilities.



The TFU of Bala Morghab- DH maintained functional and provided services to sever malnutrition cases.

GM Performance During Twelve Months 2014

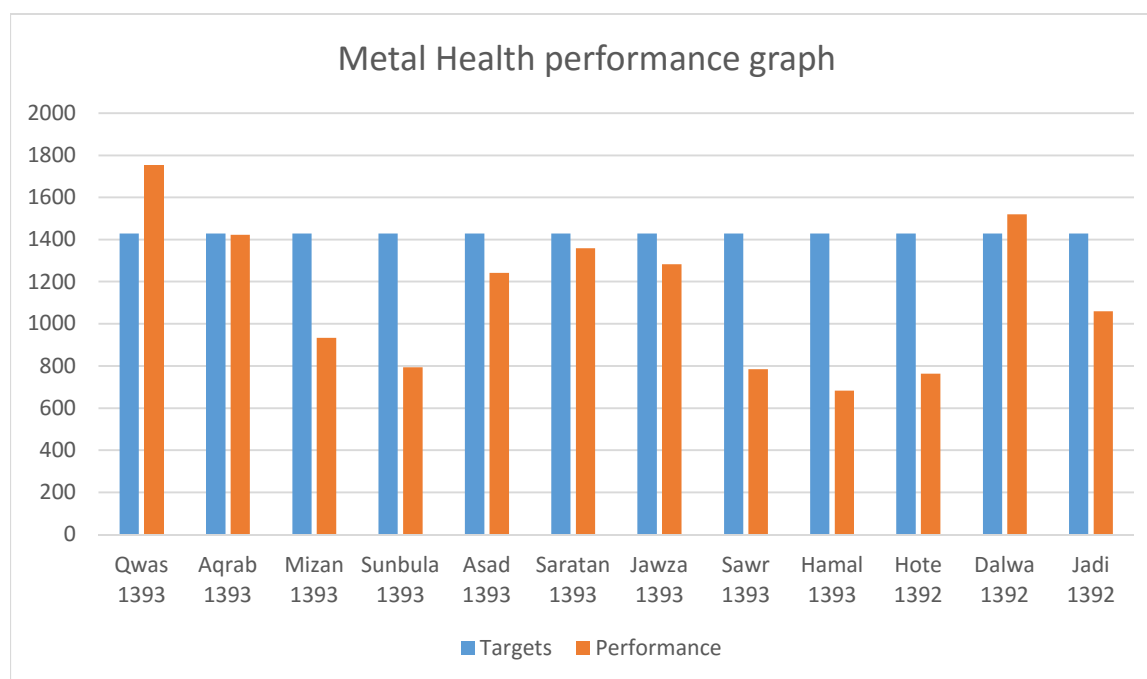


Mental Health:

Mental health sections of health facilities were functional and provided services, mental health services are supervised by medical supervisors, and supervisors provided on-job trainings to related staffs. The necessary supply of drugs based on BPHS standard for mental health disorders has been done. The reports collected from the HFs and necessary feedbacks provided to health facilities.

Community based management of the mental health care through integrated outreach service delivery offered at HP level. Efforts have been provided to reduce social stigma regarding mental disorders amongst family and community through functional CBHC network, mobilizing CHWs, LHC members, etc.

A total of 14,367 case of mental disorder treated during the year 2014.



Disability:

Disability section of health facilities functionalized by provision of training for health facility staff. Furthermore, the physiotherapy section of district hospitals functionalized for service provision, the necessary equipment supplied and the physiotherapists are recruited in order to have proper services in disability section and basic service including awareness and referral for disability cases has been delivered in all health facilities. The reporting system for disability services is further established.

Primary Eye Care:

It is newly integrated in to BPHS guideline, the essential training of health facilities staff successfully completed and the service provision started at health facilities level and the reporting system established for better follow up of service, totally 2900 case of eye disorders treated and a vast number of clients receive health education on eye care.

Pharmacy/Medical and non-medical supplies:

Supply of essential medicines are regularly dispatched to the health facilities and health post based on the consumption, fortunately the stock out period of health facilities minimized by using proper led time in supply of drugs.

Supply of essential drug, medical and non-medical expendables, vaccines, fuel, hygienic material, food and other logistical items to HFs has been done on quarterly bases. The winterization supply for the area with cut of accomplished for six months to prevent stock put of drugs.

Maintenance and replacement of equipment shortages of health facilities based on BPHS standard list and need assessment has been done.



Emergency Management and Response:

MOVE actively assisted and contributed in preparing a contingency emergency plan, this emergency plans was revised each six months depending on the type of emergencies that are likely to occur. Communication mechanism from community (HP), to HF, provincial office & Kabul are established, provincial stakeholders including MOVE, PPHOs, UNICEF, WHO, ARCS and other sectors as main health service providers are alerted for providing staff, medicines and other medical supplies. We trained all head of facilities on emergency preparedness and response, all HF's established EPR committees at local level in which LHC members, police, other community action groups are also involved. These committees have a contingency emergency plan at local level and are responsible for investigation, verification, coordination, responses, support and maintain Early Warning System (DEWS).

Success story:

Four years ago in Bala-morghab district of Badghis province which is one of the insecure district of the province, The community of Chabchal village had no direct access to the health facilities, there was no health facility in the village due to insecurity, fortunately the PRT constructed one health facility (Chabchal BHC) building in the Chabchal village and the community problem solved for a while, Unfortunately the security got worst and the fight started in the village and the solders used the HF as a base for fighting with intruders and it continued for a long time. The health facility building destroyed and the community had a big problem so the CBHC team coordinated the issue with community of Chabchal village and a person (HajeTorab) elder of community promised to build a building for the health facility and he started to build it, he used the private sources in construction of HF building, the construction completed and contributed for health services, the HF staff and equipment provided by MOVE and the health facility activated again in the village and the community problem solved. The health facility is providing services for the community and the community is fully involved in its management.



Health Services and Promotion of Sustainable Livelihood:

MOVE and UNFPA have been involved in the provision of health services and promotion of sustainable livelihood with a focus on reproductive health in Daikundi and Bamyan provinces since Feb- 2012. The project provides RMNCH services to cover populations who live in very remote areas and don't have access to BPHS services.

In 2014, MOVE managed a total number of 6 mobile health teams (4 for Daikundi and 2 for Bamyan), 47 family health houses (23 for Daikundi and 24 for Bamyan), 82 HPs (58 for Daikundi and 24 for Bamyan) and 100 FHAGs (52 for Daikundi & 48 for Bamyan). In the project, FHHs provides ANC, PNC, Deliveries, FP and IMCI services, which is supplemented with OPD, EPI and referral services by MSTs. In order to increase demand and utilization of FHHs and MSTs in this project, community health shuras and family health action groups (FHAGs) are established which provided health education and public awareness activities in order to enhance demand and bring about positive changes in community and health seeking behavior of the communities.



In addition, MOVE with UNFPA followed the continuation of community midwifery education (CME) school for 36 eligible female students of Daikundi province. After completion of a 26 months standard training, these CMWs would return to their villages and provide health services through new established FHHs.

During the 2014, 35 structures (four roomed) called family health houses (FHHs) have built by using mostly indigenous materials with contribution of the related communities. The communities provided the land, stick for ceiling, labor and locally-available construction materials, In addition, 34 HPs have been established in catchment areas of newly-constructed FHHs.

In order to enhance the quality of health services, training and capacity building of both managerial and technical staff members considered as important part of the project. Therefore, training and capacity building through class trainings and on-the-job trainings were conducted to different categories of staff, as the result of which the quality of services has improved substantially.

GIS mapping was one of the pending activity from 2013 which was carried out in 2014. Under this activity, six persons (project manager, operation and coordinators) of the project trained to prepare GIS maps for Daikundi and Bamyan provinces. The field implementation has already started and is in progress, mapping process in some area with cut off due to winter blockage will be implemented in 2015.

Throughout the year, the project was supervised by the provincial and HQ management teams. In addition, MOPH/PPHDs and UNFPA conducted monitoring visits of the project. The findings documented, action plans developed and implemented.



Community Midwifery Education program:

In 2013, The CME school with MOPH, UNFPA, PHO and local authority established, in commencement of the project, a committee formed from the relevant stakeholders, the committee facilitated the recruitment of candidate for training of CME program for new FHHs. The MoPH selection criteria for the community midwifery education program were applied and adjusted with the FHH concepts. 36 qualified ladies were selected for CME program to continue their education in CME- School based in Kabul province.

During the 2014, the theoretical and practical sessions continued, MOU has been signed with Rabia Balkhi hospital & Mirwais Maidan CHC for the clinical sites and clinical practices.

In 2014, CME successfully completed 2nd phase and started 3rd phase. Educational material such as CME curriculum in three language (Dari, Pashto and English), teacher's and student's books, knowledge assessment manual, course presentations, BMNC teacher and student's manuals, vaccination manual, infection prevention manual are printed and distributed for both trainers and students, extra copies were available in CME library.



Currently the CME program is going on and will be completed on Aug 2015. The food menu for students and kindergarten are prepared based on nutrition standards and adjusted based on student's wishes, food menu enriched with adding more fruits, vegetables and cereals. The food menu is balanced, and includes macro/micro nutrients to prevent the nutrient deficiencies in students coming from Dikundi province (high food insecurity place).

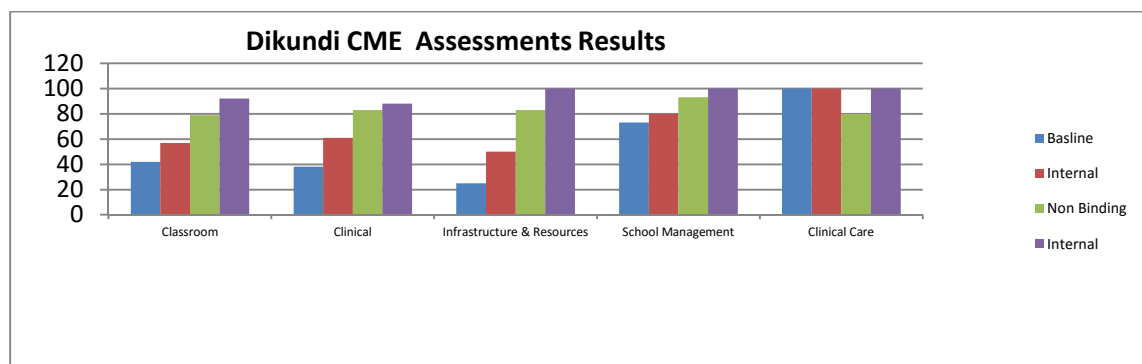


Classrooms are available for interactive presentations (e.g., illustrated lectures) and group activities. Seating in classrooms is comfortable and lighting and ventilation is adequate. A writing surface was also provided for each learner, and a white board, laptop computer with multimedia is in classroom. All required anatomic models and equipment, are provided for CME skill's lab.



The CME program activities (students and trainers) are supervised and monitored by project manager and course coordinator on regular bases. The coordinator is also followed class schedule, simulated practice and supervised practice sessions as outlined in the program calendar and ensured that the assigned teachers conduct the sessions according to the schedule. In addition, the designed teachers record the progress of each student, according to the rules and regulations of the GIHS using clinical experience Log Book. Furthermore, monitoring and evaluation of CME is done by

MOVE- HQ, partners and donors. AMNEAB performed non-binding assessment of CME and the result was 84%.



Total 113 medical, obstetrics and gynecologic, pediatrics, midwifery textbooks and journals along with informational books and magazines are available in CME library. UNFPA also donate gynecological, family planning text manuals along with IUS kit, these manuals are for both trainers and CME students improving their knowledge.



Nutrition Promotion Project:

MOVE is running the nutrition promotion project with partnership of Save the Children, started from July 2013 and will last till 31 March 2016 in Daikundi province. It is funded by DFATD-Canada. The project is a community focused approach. During year 2014, 36 HF staff (doctor, nurse and midwives) and 344 CHSs and CHWs have been trained in MNCN concept including nutrition basics, MUAC, IYCF, community outreach and NERS, following to the training, community outreach established for treatment of underweight, MAM and SAM children. Furthermore, 375 family health actin group members trained on nutrition basics, IYCF and establishment of NERS session, as well as how to promote food diversity among their villages.

375 nutrition education rehabilitation sessions have been conducted through trained FHAG members in Shenian SHC, Ulqan DH, Jawoz CHC, Kadnak BHC and Eshan DH. FHAG members and the trained CHWs with support from community mobilizer of the project had an assessment of the nutritional status of under five children and identified MAM and underweight children, then for those children found malnourished, a 12 days NERS session is conducted, which the caregivers

were received health education and cooking/feeding practices to learn how to improve the nutrition status of their children with the available resources.



345 mother's groups have been established to support IYCF practices in the neighboring families of their villages. Total of 2694 mothers/caregivers participated in these groups and shared their views regarding best practices of IYCF.

200 health shura members have been trained on community mobilization package to support health and nutrition services among their communities. For each trained shura member a plan of action is developed to disseminate different health and nutrition messages among the communities.



During reporting period, 12 OTPs and 12 BFCs in 12 BPHS- HFs have been established and are providing the services. Total 7769 under 5 children screened for detection of malnutrition (MAM and SAM) by CHWs and supervised by community mobilizer

Summary of community outreach activity							
# of under five children screened		# of MAM children identified		# of SAM children identified		# of normal children encountered	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
3972	3797	1435	2903	210	414	2327	2125

Targeted Supplementary Feeding Program:

The TSFP project has been implemented in partnership of WFP as a complement of BPHS in nutrition component. Through implementation of this project, 5 TSFP sites has been established in four districts (qali now, qadis, moqur and abkamari) of Badghis province. The target beneficiaries of the program are malnourished pregnant and lactating women and children underfive without medical complications. Through implementation of the project, we could identified 2,309 PLW and 2,571 children underfive malnourished based on sat admission criterias and provided the food comodities on regular bases up to reaching to discharg criterias. The achievement of the project based on targets was more than 100%.

The food commodities received from WFP to TSFP sites, in a total of 492,977 MT was received and has distributed. Supportive supervision and monitoring was part of project and during the year, 94 supervision sessions has been conducted.



Maternal and Under-5 Nutrition and Child Health Project (MUNCH):

This project is started on 1st December 2013 in partnership with World Vision with funding of CIDA. The project is designed for three years. The project coverage areas is Moqur, Abkamari and Qades districts of Badghis province. The project goal is to improve nutritional status and reduce vulnerability of mothers, infants and children under-5 through interventions in addressing three underlying causes of malnutrition (household food/nutrition insecurity, poor maternal and child care practices, poor health services and health environment).

According to the project work plan, MOVE accomplished all the activities in targeted districts. Coordination meetings held with related stakeholder (PPHD, BPHS project, HFs, community shuras, provincial office, district governors and economic department) to introduce project objectives/activities and get their support. Project orientation session conducted to BPHS project staff, and PPHOs (PNO and CBHC officers). Sensitization meeting conducted for 922 CHWs and 4823 health shura members about MUNCH project activities and malnutrition problems among U5, standardized IYCF messages training conducted for 205 CHWs and 396 FHAGs. Furthermore, 374 CHWs are trained in TTC and CBR.



MNP has distributed to 9125 children (6-23 months) in 3 districts. PDI assessment conducted to identify PD and ND mothers in the villages of Qadis and Abkamary districts. CHWs qualifications assessment conducted for 374 CHWs in the project catchment area. Introduction of PD- Hearth detail to MoPH /PND monitors that faced with high acceptance of MoPH monitors.



Sensitization meeting conducted to 922 CHWs and 4823 health shura members in targeted district's HF and related villages (HF and HP levels). The meetings facilitated by CMs and CHW's and supervised by PS and CMs.

CHS conducted TTC & CBR trainings for 374 CHWs in targeted districts, The trainings facilitated by CHSs and supervised & monitored by MUNCH team (PM, PS and CMs)



Community Health Nursing Education Program:

The goal of the projects is to contribute to the reduction of mortality and morbidity through training and deployment of female community health nurses in rural underserved communities of Badghis, Nimroz, Daikundi and Ghor provinces.

The projects are funded by GF/HSS/MoPH and World Bank/MoPH implementing by MOVE with MoPH/GIHS standard criteria's. Through the CHNEP about 162 female students will be trained for a period of 24 months on GIHS standard CHNEP curricula.



The schools classes are going well and following the theoretical and practical tasks based on projects work plan, all facilities has been provided for accommodation of students. The trainers and course coordinators attended the faculty development programs in GIHS, in addition, IMCI training is provided to the trainers to enable them for standard teaching skills. Project coordinators provided technical and managerial supports to schools teams on effective coordination, planning, organizing, implementing, capacity building and monitoring & evaluation. Monitoring and supervision of the projects have been done on quarterly bases by HQ staff.



MOVE team conducted coordination meeting with PPHDs, provincial council, BPHS and EPHS implementers, during the meetings the project achievements, goals, objectives, structures, roles of nursing schools, student and their qualifications presented to meeting members..



The CHNEP training curricula as modules are formed as semesters is going according to the schedule. The educational modules including skill lab, science lab and practical work in hospital successfully covered according to academic calendar.

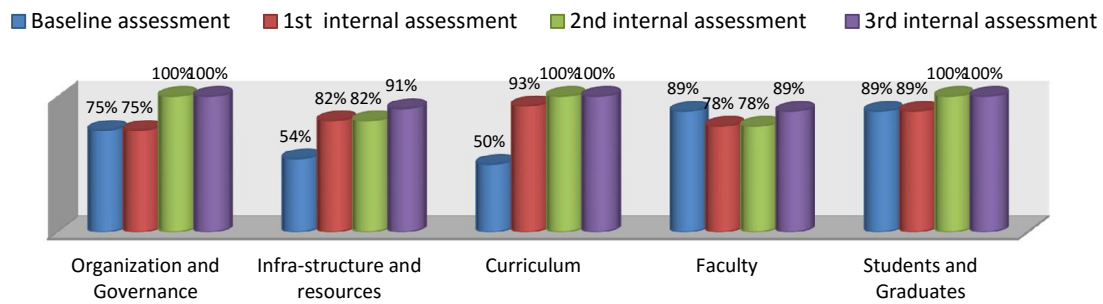


Trainer's evaluation, supervision, monitoring and students' knowledge assessment at the end of each module have been conducted. Written & verbal feedbacks were provided based on finding for trainers and students to improve their performance.

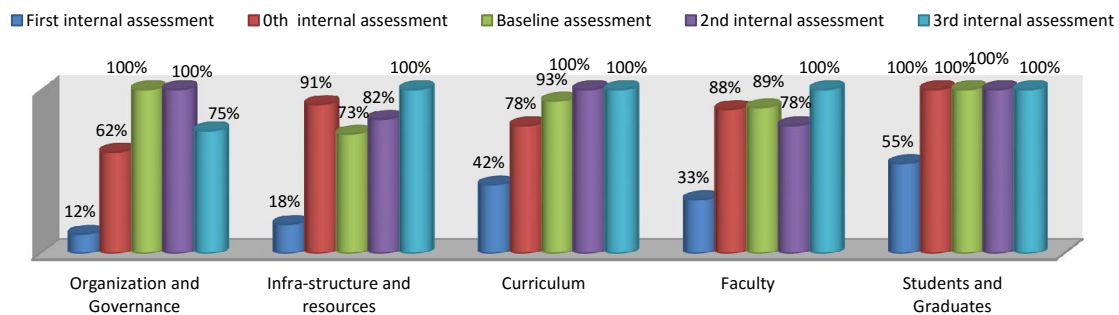


Project assessments conducted by course coordinators, project coordinators and CHNEP/AMNEAB team. Feedback was given, action plan prepared accordingly and followed for quality improvement.

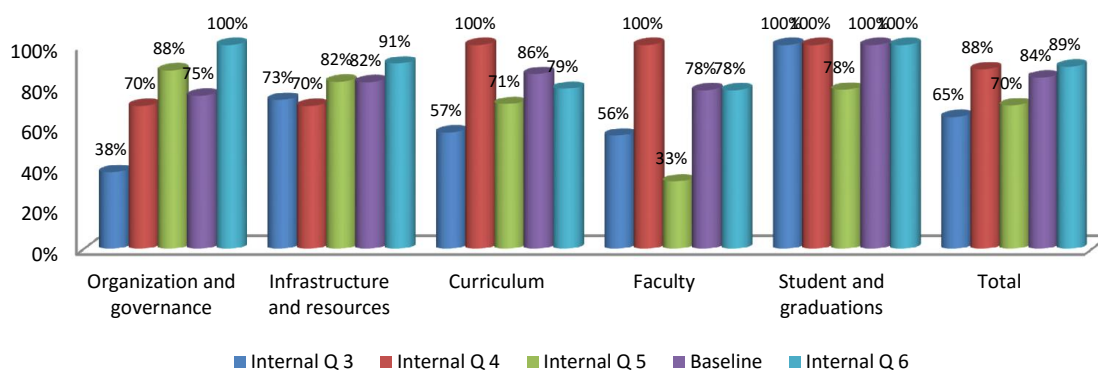
Daikundi CHNEP/GF funded school assessments chart



GHOR CHNEP/GF funded project ASSESSMENTS result



Nimroz CHNEP Assessment Result;



Logistic department accomplished schools and offices hygiene, food, stationery and winterization supply and maintenances routinely.



Zahra Shirzad is student of Nimroz-CHNEP, she lives in Chakhansoor district, village of Abd Aziz that is remote area of provincial center. People are suffer poor economic and education; just they are mostly farmers and earn money from agriculture. Zahra liked nursing occupation and she worked as volunteer health care provider in Nimroz PH. When Zahra saw other nurses and MDs whom provided services for patients with their white gown, she impressed and interested to become a competent nurse "She said" when CHNEP selection procedure has been started in province; she got enthusiastic and negotiated with her family to allow her for this program. "Zahra said" that she was allowed and selected after passing the preliminary exam in CHNEP. Zahra is ready to work as nurse in her district and village after graduation. She added that she can solve her preliminary health issue of her family and there is no need to have concern of seeking health care provider to execute doctor order when she is at home, because Zahra is competent now to undertake this responsibility. She advocates other girls and women to study nursing program and become competent nurses for helping people and be effective for reduction of mortality and morbidity in their societies. Zahra is very glad and thankful from MoPH and MOVE welfare organization that enabled adequate facilities for her to study and improve her knowledge and skill about nursing.

Operation Performance/Administrative Support:

MOVE operate its procedures in accordance to the the operational cycle. The operation cycle focuses on its main indicators on organizing, planning, implementing, monitoring, evaluating and getting finally the result of achievements. The activities performed to facilitate the services delivery and active management of the systems in central and provincial levels for each project.

MOVE placed the best efforts in meeting the standard procurement procedures for the projects. MOVE have been designed the procurment committees on project level. The member of the committe is nominated from relevant departments(logistic, finance and technical) by MOVE mangement to follow procurment activities.

During the oppen tendering in presence of vendors:



MOVE has a reliable and secure stockroom where logistic items are maintained store, packing of hygiene kits, food parcels and other logistic items made for each quarter/month for the supply of MOVE projects. Proper stock control system and stock cards used to insure the better management of the stock system for stock balance.



MOVE is following standard supply chain management procedures, the consumable and non-consumable projects supplies of all health facilities have been done on monthly and quarterly basis. The provincial logistic team formed for each province linked with central level through a daily reporting updates and regular field supervision and monitoring system. During the supervision, on the job trainings provided to related staff to improve the quality of services and their skill and experience for the related jobs.



Running of health facilities during the winter season where road cut off is a big challenge, to prevent any shortage in such a situation, MOVE managed a six month winterization supply to all projects fields. It includes pharmaceuticals, medical and non-medical expendables, hygiene materials, wood, fuel, stationeries and winterization equipment such as heaters.



Referral system is the important activity that has a significant and effective role to improvement health statues in HFs and to reach the assigned target. We use rental and official vehicle for ambulances that are standardized and equipped according to ambulance rule.



Renovation of health facilities and maintenance of infrastructures are main activity of logistic department for thr projects. Despite the project has not fund for construction, but the team of maintenance have been trained in construction activities such as painting, piping and repairing medical and non-medical equipment and other maintenance work.



MOVE with contribution of community has constructed 35 buildings for 35 family health houses in Daikundi province (four rooms, one bathroom along with a big corridor for each).

Daikondi 35 FHHs construction working process.



MOVE is use the **fixed asset accounting system** and a **fixed asset management system** to achieve control over asset and inventory, all MOVE asset and inventories have been registered in standard database and updated on quarterly bases in all projects including health facilities, HQ and sub offices. MOVE is applying three major types of physical inventories, required, cyclic, and annual.

MOVE is going to apply the GPS program in all MOVE projects to show all HF's geographic location on the map paper based on latitude and longitude coordinates. The program practiced in Bamyan and Daikondi for 47 active FHHs and it will be applied for all MOVE health facilities and health post in the future.



Finance & Human Resource Management:

MOVE human resources department is managed through its central office and has its branches in each project level. The base for leading and follow up of the activities is human resource policy. The development, delivery and administration of opportunities for MOVE employees and staff are the acting followed, to help, attract, retain and develop a diverse workforce in support of the MOVE mission.

MOVE human resource department use the HR policy manual of the organization as a guide for the human resource management. Its employees contract and follow up is based on standard national and international norms. One central office work in Kabul and each project have a section of human resource that has direct link with central office.

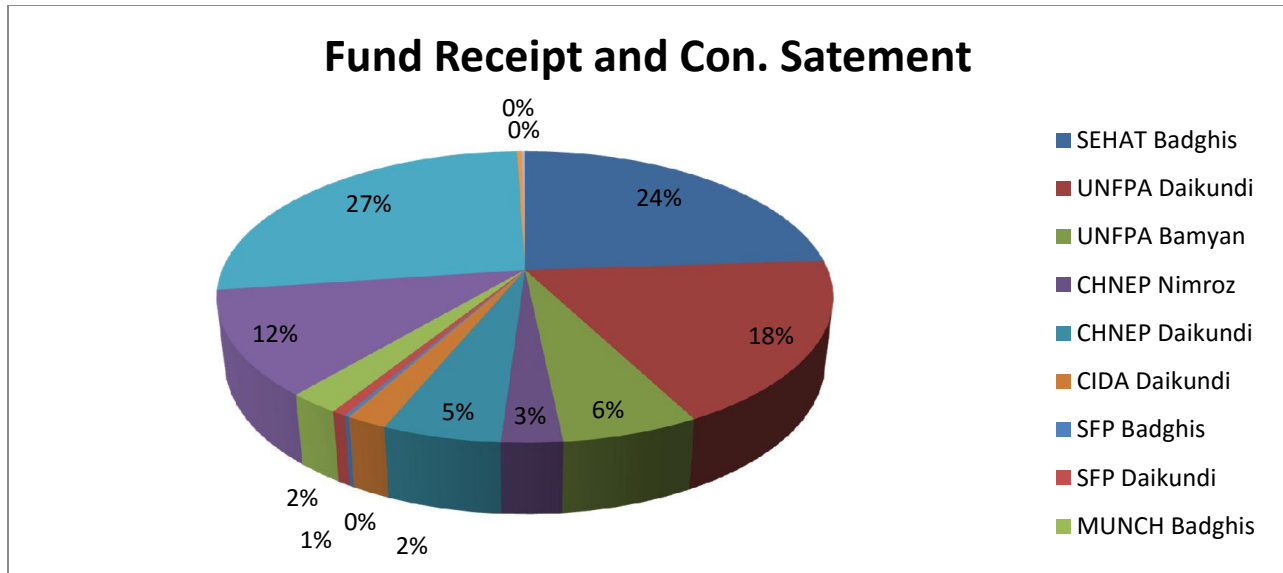


Currently MOVE have 1076 contracted salary employee, which includes 270 female employees and 806 male staff in management and field projects.



MOVE operates through a well-established finance setup in head office. The financial system is based on General Accepted Accounting Procedures (GAAP). The head office is providing support and control to the provincial offices and field operations. MOVE financial procedures have developed over the years to accommodate technical and legal requirements of Government of Afghanistan (GoA), donor agencies and in accordance to modern systems and management to ensure efficiency and transparency in operations. Annual audit is conducted every year by an independent auditing firm.

Financial data and reports are submitted to donors and relevant government departments on required time. For the mentioned 12 month period, budget utilized by programmed departments for respective sectors activities and has been highlighted in adjacent table.



MOVE DONORS-2014







MOVE Addresses:

KABUL:

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BADGHIS:

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In front of Electric power directorate
Badghis-Afghanistan
Mobile #: 0777781310

DAIKUNDI:

Nili Center
Beside Kabul Bank
Dikondi- Afghanistan
Mobile #:0777876614

Bamyan

Bamyan City, Sare asyab
Near airport
Bamyan-Afghanistan
Mobile#: 07775610021

Nimroz:

Z aranj
Charahi Welayat
Infront of Mokhabrat
Mobile#:0700207826