



MOVE WELFARE ORGANIZATION

ANNUAL REPORT-2015



Together everyone achieve more

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Message from General Director:

MOVE has been existence for more than a decade now. This journey from a single program in Kabul to provide Basic health care program has been an eventful one in 2003. We have expanded our activities in 2004 with a larger initiative. Now we have several of programs in different provinces.

Our vision is to increase women and children access to quality healthcare, women resources which will give them an improved quality of life. Our programs are driven by our mission – to work and act as an agent of change to help the underserved population.

In the twelve years we have enhanced and expanded the range of programs. The time is ripe for us to review and realign our programs to the changed realities. We need to reflect and strengthen our successful programs and rework programs which are less effective or do not add value.

As we embark on our journey towards new learnings and developments, I am happy to present MOVE's Annual Report 2015, which encapsulates our efforts towards becoming a proficient organization. MOVE has been working towards promoting mother and child healthcare, enhancing capacities, creating skills opportunities, and develop human resources in the area of community health nursing and midwifery education in Afghanistan. In 2015, our programs on Health, Women' Education and Nutrition care and response, reached more than 3 million population.

MOVE continues to work with volunteers and health workers driven by our core value with our focus on strategic corporations with the District, Provincial and Central Government, strengthen the planning and implementation efforts in the programs. We also expanded our collaboration with individuals, communities, corporates, and other diverse stakeholders to bring in new synergies and best practices. Such cooperation has ensured that MOVE is well equipped to serve communities, especially women and children. As we move forward, we are poised to become a reliable partner, and draw upon, and expand our collective knowledge and experience to reduce maternal children mortality and morbidities.

We are fortunate to have donors who have given us their unstinting support. It is a matter of honor for us that most of our funding comes from donors. Thank you very much for reposing your trust in us. We will strive to be transparent and accountable.

Dr. Abdul Malok “Khalili”

General Director

Message from Executive Director:

This report covers MOVE's activities during the period 1st January 2015 to 31st December 2015. During this period, MOVE continued with its services in health promotion, prevention, treatment, community mobilization, capacity building, and educational activities in its targeted areas of Badghis, Dikondi, Bamyan, Nimroz and Kabul provinces of Afghanistan. MOVE organization activities have been undertaken in various projects and locations as highlighted in the report. It was a real pleasure to have worked with MOVE organization in 2015.

Significant changes were executed despite the challenging situation of the projects, As a result of team work, necessary decisions made and successfully managed the projects. The annual performances of the projects were satisfactory while the public health sector, the community and provincial population, stakeholders, and in wider the national context has been faced challenging situation.

We were able to carry out the health service provision in very remote areas and in insecure places with a number of changes in implementations that was altered; this helped to lay the groundwork for a more possible sustainable path. These changes were difficult but necessary, I am grateful for continued support of the MOVE Board, HQ and PO Management teams , projects staff and PPHDS during this reporting period. As all the project success and numerous achievements are credits for their hard working.

I have come to appreciate, the complex management of the MOVE management team, the strength of the board, the staff and project employees and the degree of passion and commitment that many have towards the organization services. MOVE also thanks its projects Donors and partners for providing the organization with financial resources and technical assistance.

Alhaj Dr. 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 2003 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.

MOVE PROJECTS BREIF DESCRIPTIONS

Essential Package of Hospital Services:

The Essential Package of Hospital Services (EPHS) projects in Nimroz and Badghis Provinces is contracted by the Ministry of Public Health and funded by World Bank (WB) under System Enhancement for Health Action in Transition (SEHAT).

The overall objective of the project is to reduce avoidable mortality and morbidity among the population of Nimroz and Badghis provinces, specifically women and children, improve child health and nutrition and develop the health system through, improving access and utilization of hospital services-EPHS, a comprehensive referral system, quality primitive, preventive and curative patient care services, ensuring an appropriate well-equipped/ hospital physical facilities, laboratory, infection prevention, radiology, blood safety, pharmaceutical supplies and efficient hospital operation, develop the capacity of key staff in hospital management-autonomy and quality care services.



Since the inception of the EPHS in Nimroz and Badghis, several improvements in access and utilization of hospital services have taken place. However, there are still shortcomings, mainly due insufficient range of clinical and diagnostic services, lack of amenities and appropriate staffing pattern etc.

Hospital Management and leadership

Management teams of EPHS projects has expanded, extended, and sustained smooth coordination and communication with PPHDs, GCMU, Community boards, Governors and other health stakeholders to lay out convenient atmosphere for delivering acceptable quality services for people. Consequently, the hospital management teams attracted the attention of health partners like UNICEF and PPHOs for donation of medicine and medical equipment to hospitals. Both EPHS management established Provincial Coordination and Recruitment Committees to have high input for deploying of qualified health care providers and manage the retribution and recognition of staff beyond their jobs. To provide proper service delivery, Hospital technical, financial and logistics management systems further set upped, Management team conducted gap assessment in regards to services and equipment, in light with the projects work plan, each departments developed their action plans for quality improvement of services. As result of mentioned approach quality of services have been improved in OPD/IPD, diagnostic and consultative sections. Besides, supervision, head of sections with support of hospital directors, the HMIS monthly/quarterly reports have been collected, analyzed, submitted and feedback provided for health care providers to fill their gaps. GCMU and MoPH monitors have conducted monitoring visit from both hospitals to assure quality service delivery for people. Hospital management boards conducted TNA over technical and operation staff to identify the strengths and weaknesses and developed capacity building plan for provision of training and workshop to advance competencies and tasks. Regular monthly supply of pharmaceuticals and logistics were done. Hospital management boards re-set upped the structure/patient flow to ease complexity and increase service delivery facilities for clients and providers. Hospital renovation was done and mortuary cold system activated properly. Quarterly inventory updating is applied and staff salaries and other supplies are paid according to organization operation policy, and staff contact list updated for easy communication.

The EPHSs continued addressing the issue of coordination on different levels with key stakeholders and decisions made in the monthly PPHCC meetings, further, efforts maintained to ensure that the existing provincial taskforces (e.g. EPI, RH, HMIS, CDC and EPR) remain effective.

Both provincial hospitals are applying the principles of ‘supportive supervision’, which stress a teamwork approach and focus on user needs, whereby the tools and guidelines MOVE produced has been continuously adapted. PPHDs staff and MOVE central senior management and health staff carried out joint visits. This ensured that the quality services are provided according to MoPH and MOVE standards, community participation is fostered and supportive supervision is implemented. These visits also used to strengthen linkages between PHs and the community through meetings with community leaders, local authorities, and Health Shura.

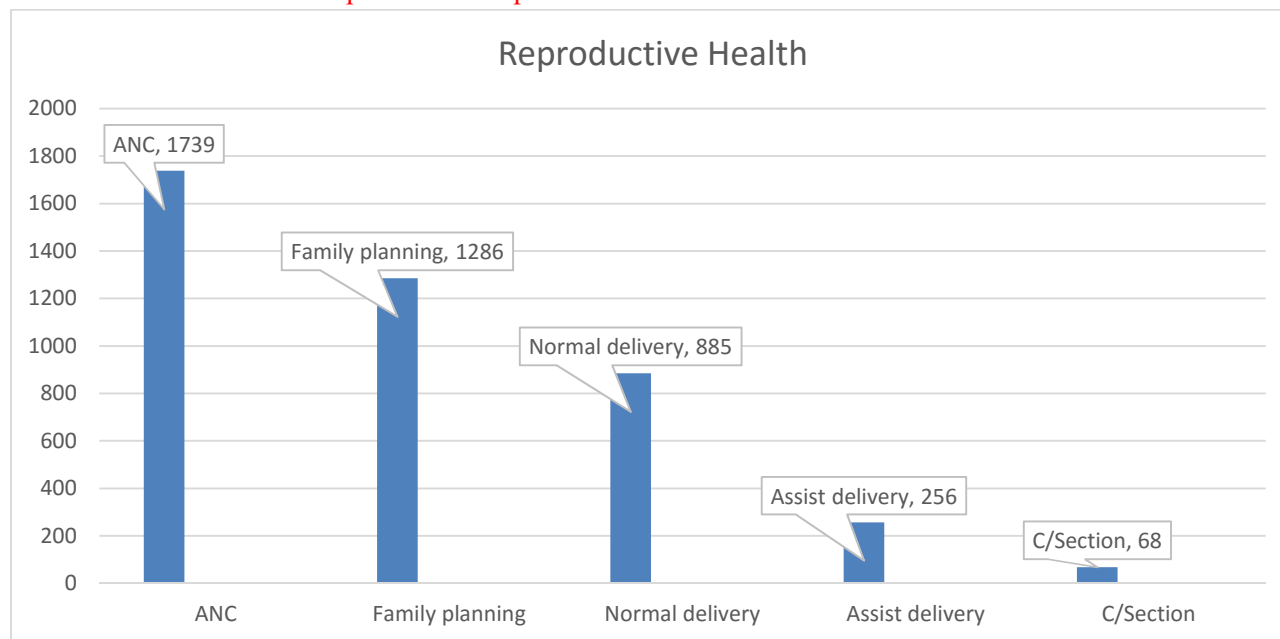
In compliance with national HMIS guidelines, PHs are provided with a sufficient amount of registration books, tally sheets, forms and formats to collect, record and report data and information. Particular attention given to ensure that accurate and complete data are collected and reached to higher levels without delays, and timely feedback is given, based on analysis not only on compilation.

Access and Utilization of Hospital Services:

MOVE delivers hospital services as per the EPHS-2005 guidelines with a full respect and consideration for a rights-based approach, cultural sensitivities, gender equality and reduction of inequity. The services delivery deliberated in four major domains; diagnostic, clinical services, support functions and management that concentrated on identifying problems and solutions to ensure comprehensive and up-to-standard provision of diagnostic and clinical services.

Reproductive and child health services are provided with high quality in an integrated approach, continuum of care with availability of qualified female health workers ensured. Antenatal care, delivery care, postnatal care, FP, normal/assisted) deliveries, cesarean section, management of complications and newborn resuscitation, nutrition education, breastfeeding promotion are further improved.

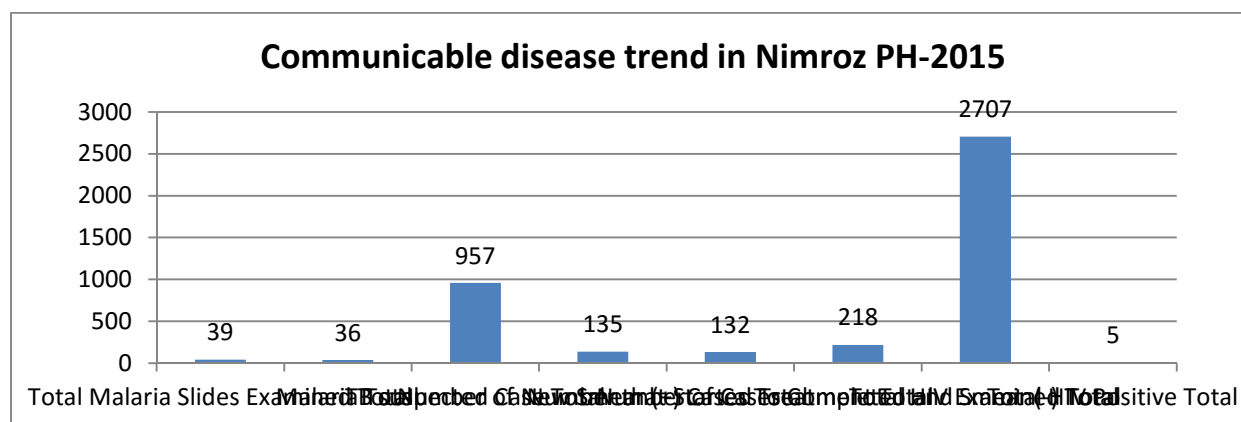
MCH indicators for Nimroz provincial hospital



Both hospitals responded to all traumas, physical violence injuries, war related injuries and selective surgery cases by qualified surgeons with orthopedic skills, cases of open fractures with head trauma which needed further investigation and treatment by neurosurgeon were referred to Herat regional hospital.

Pediatric care provided according to EPHS, diagnosis and management of complicated and non-complicated cases of SAM are provided by TFU and OTP, as well as IYCF counseling.

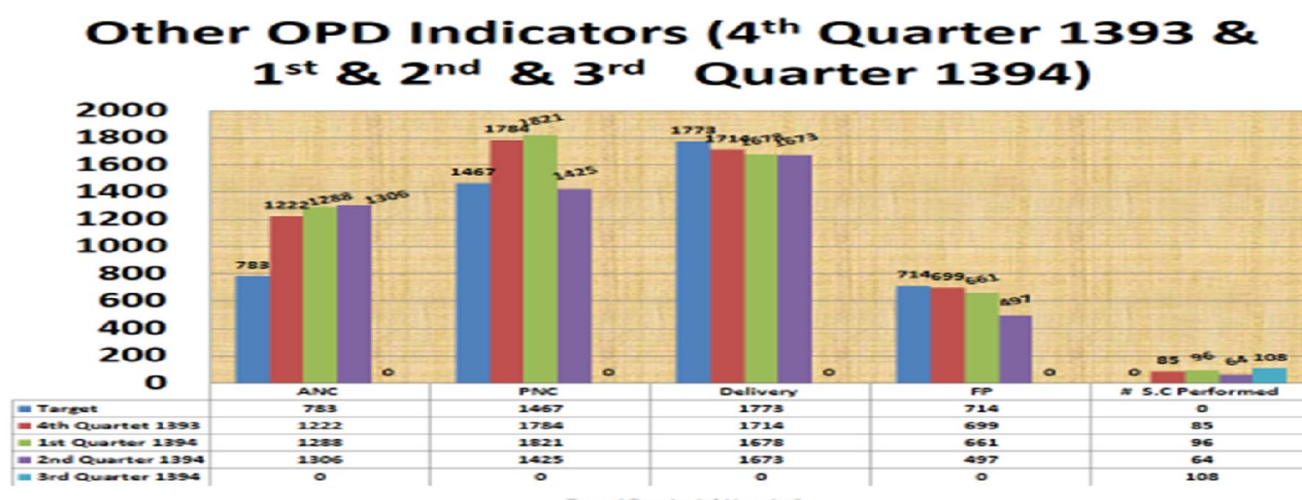
There are proper diagnostic services for communicable disease like TB, Malaria and HIV/AIDS. When TB suspect detected is referred to TB section for smear examination in case of SS+ he/she is admitted during his/her extensive phase for two months, or followed up via CB-DOTs by CHWs according to MoPH strategy. Suspected HIV/AIDS cases were referred to VCCT for more follow up. Malaria cases were diagnosed and treated accordingly.



Psychotherapy services for mental disorder are providing by the trained health workers. Counselors had been trained on mental disorders and disability management, they are providing counseling services.

Medical care provided for disables by surgeons who have experience on orthopedic patient management. They cover and treat those orthopedic cases which have been allowed by minimum EPHS provincial hospital package, referral mechanism is further strengthened with support of Herat ICRC and HANDICAP centers, further facilities of wheel chair, rum (leveled stairs) and wheel structure for disable patients whom cannot move by him/her self are provided in advance.

OPD services is the most busy section, required adjustments to set up OPD, patient flow and triage systems is further strengthened, the OPD section is open around the clock, hundreds of patients are coming for OPD consultation on daily bases, at the waiting areas, IEC and health education materials are made visible, the clients are receiving a brief session of the health education prior to the consultation. OPD section is providing general medicine, mental health, psychosocial counseling, MCH, EPI, pediatrics, surgery, dental services, physiotherapy services and complicated or sever conditions 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.

Referral Mechanism for Hospital Services:

Patient referral in Nimroz and Qalae naw EPHSs has been continuously strengthened in the reporting period; MOVE established the referral through availability of a Patient Transport and Communication Scheme (PTCS) which is instrumental in providing increased access of rural communities to EPHS. Each hospital maintained with two ambulances that are available on 24/7. The EPHS team also able to count on the services of ambulances stationed in BPHS -HFs. The communication protocols between EPHS and BPHS teams established to ensure timely response, remote advice on stabilization/ joint analyse inter-connections, up-ward/down-ward referral patterns, continuity of care and health outcomes of hospital-based interventions. MOVE actively working with BPHS in informing local

communities, BPHS- HF staff, health shuras, provincial and district authorities about availability of hospital services and motivating potential clients to use hospital services.

Emergency Care and Hospital Operation:

Regular, timely provision of medical and non-medical high-quality supplies according to MoPH essential drug list insured and met the quality standards, a three-month buffer stock for hospitals in its main warehouse in Kabul maintained to avoid disruptions in supply, stock-outs, and to eliminate out-of-hospital purchase of medicines by patients.

The EPHS projects are able to rely on a solid system of procurement, logistics, and finance. Procedures and guidelines for all steps in the supply chain – from identification of needs to distribution point – are in place. Zaranj and Qalae naw are prone to natural and man-made disasters, summer wind in Nimroz and severe winter in Badghis, disease outbreaks, traffic calamities and the increasing armed conflict. The EPHS projects contributed to disaster preparedness and response at all levels in order to mitigate the impact of disasters. The hospitals maintain emergency wards having its disaster management and outbreak management plans, preserve emergency supplies and kits, and communication means. In addition, the EPHS projects continued its vital role in the Disease Early Warning System (DEWS) through identifying and immediately reporting all notifiable diseases to PPHDs and MoPH.

Human Resource Development for Hospital Services

The established recruitment committees are function; staff qualification has been reviewed by the committee. Shortage of the medical staff are main challenge, with maximum efforts, currently the hospitals staffing pattern maintained the minimum staffing requirement.

As per conducted TNA and training plan, clinical staff are received comprehensive training and refresher courses in theory and practical skills relevant to their particular professional competence. Non-clinical staff are also received a range of trainings to raise the capacity of management team to manage EPHS.

The CME and CHNE are outside the scope of the EPHS provision. However, we facilitated access of CME/CHNE students to Zaranj and Qalae naw hospitals for clinical practices.

The EPHS projects are continued organizing stakeholder workshops, quarterly performance reviews, BPHS-EPHS coordination meetings, PPHCC meetings and weekly hospital conferences.



Improve quality of patients care services:

Despite progress in delivery of hospital services in Nimroz and Qalae naw, much still needs to be done in terms of quality of health services provided. MOVE strategy for improving quality in healthcare expresses as healthcare that is client centered, equitable, available, appropriate, safe, consistent, effective, timely, and efficient. MOVE makes sure all component of quality healthcare is met.

During reporting period, Implementation of EPHS standards as per SBM-R package, continuous capacity building of staff, promotion of medical ethics/behaviour of hospital staff, interpersonal communication, and maintaining a good working environment are further strengthened which help to improve quality of provided services and to gain trust of clients / communities for utilization of services. Continuous quality improvement mechanism is placed in the main wards and departments of the hospitals through using the SBM-R approach. The SBM-R approach employed by the various QA committees formed from the staff of the respective wards. The QA committees developed their terms of reference (TOR), and conducted regular meetings to discuss the progress towards the targets set for various standards, the developed hospital assessment and quality improvement tools, the national hospital standards are using as a guide.

Badghis Provincial Hospital performance:

Indicator	Baseline	Target	Months 1394					
			Jawza	Saratan	Asad	Sunbola	Mizan	Aqrab
Number of functional Beds	100	100	100	100	100	100	100	100
Number of patients admitted per Month	NA	NA	919	1214	970	914	607	874
Average Length of Stay (ALOS)	3	3-5	1.7	1.8	2	2	2	2
Hospital bed occupancy Rate	75%	>75%		93	63	70	39	58
Number of Inpatient referrals (referred-in from BPHS facilities)	NA	NA	53	105	287	53	27	44
Number of pregnant women with major obstetric complications admitted in hospital	NA	NA	77	93	68	72	79	106
Number of Cesarean section performed per year	2%	3%	8	10	13	19	2	13
Number of Major and Minor surgery cases per year	NA	NA	41	54	69	79	37	45
Number of severe acute malnourished children hospitalized per month	NA	NA	24	57	53	49	34	15
Cure rate among children under 5 hospitalized for malnutrition	85 %	85%	95%	92%	89%	80%	68%	60%
Number of patient received blood transfusion per year	NA	NA	28	45	32	55	36	38
% of Technical Staff Positions filled, according to EPHS Minimum Staffing requirements	57.1	80%	70%	70%	70%	70%	70%	70%
Number of hospital community board meetings conducted per months	NA	1	0	0	1	1	1	1
Post –Operative infection rate	NA	<1%	0	0	0	0	0	0
Completeness of HMIS reporting	NA	100%	0	0	100	100%	100%	100

Basic Package of Health Services projects

MOVE is implementing the Basic Package of Health Services (BPHS) projects under System Enhancement for Health Action in Transition (SEHAT) contracted by the Ministry of Public Health and funded by World Bank (WB) in Badghis, Kabul, Bamyan and Daikundi provinces. The projects ensure access to BPHS for 1,741,974,974 populations in these provinces throughout 9 district hospitals, 21 comprehensive health centers, 65 basic health centers, 47 sub health centers, 2 prison health, 2 mobile health team and 1343 health posts.

During reporting period, Badghis and Daikundi –BPHS projects continued as per project plan and much increases in services deliveries arisen, while the Kabul and Bamyan BPHS projects started at the middle of the year, following to successful take- over of these projects, gap assessment has taken place at health facilities and health posts levels. The findings analyzed, the identified gaps have been fully supported by conducting trainings, administrative and technical support and follow up. Currently 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.



BPHS Projects Main Achievements:

The Basic Package of Health Services is successfully implementing according to the projects plan, BPHS components were efficiently implemented based on MoPH policy and community demands. Staffing patterns recommended by BPHS is kept at minimum requirement of the BPHS, based on the conducted TNA, field and offices staffs were trained in different topics based on BPHS recommended list. HFs are supplied with pharmaceutical, medical and non-medical items, much efforts applied to prevent stock out of these items, support services including, necessary renovations, electricity, drinking water through possible means to health facilities, ambulance services in high-way and referral facility has been maintained.

National health indicators are increased which shows a good situation in health service delivery at targeted Provinces. Emergency and response mechanism covers the man-made and natural emergencies as well as traffic calamities. The less established components, newly added components and sub-components of BPHS including eye care, blood bank facilities, psychosocial program, neonatology and physiotherapy at CHCs and DHs levels are further strengthened, public nutrition surveillance system is established in number of health facilities as pilot program. To tackle burden of preventive diseases, EPI section of HFs strengthened

through establishment of fix vaccine centers in SHCs, outreach activities strengthened through provision of motorbikes to vaccinators and mobile health teams in very remote districts and white areas established. Infection prevention system enhanced through regular supplies, technical support and construction of incinerators in health facilities. BPHS project supervision average increased in secure and insecure HFs through recruitment of field supervisors from local community and number of visits, which shows a visible performance in the reporting period, meanwhile, CHW home visit average increased. Awareness rising program for health service delivery is initiated by conducting an exhibition platform at provincial level. The health care services to IDPs are provided in the targeted provinces.

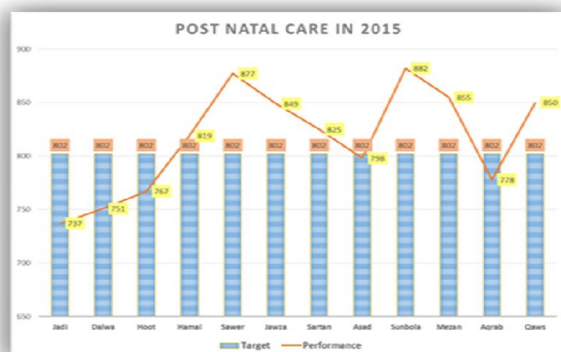
Community Based Health Care Program:

The CBHC program is running smoothly in the project catchment areas. 1343 active health posts including (672 male + 671 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 PPFP, CAAC, WASH, C-IMCI, nutrition surveillance, PDQ and LDP.

During reporting period, about 90 FHAGs and 25 female health shuras established and shura meetings conducted in relevant health facilities, meanwhile, the CAAC survey conducted at all targeted Provinces. CHWs were actively participated in the national vaccination programs. HPs regularly supplied with IEC materials delivering health messages such as hand washing, danger signs in pregnant women, ARI, FP, breastfeeding, monthly CHWs review meetings conducted as planned, Partnership Defined Quality (PDQ) is conducted in some HFs, based on PDQ finding the related HFs developed an action plan to address the existed challenges, improve the quality of services and increase community contribution, trust and satisfaction. CHWs national day is celebrated at provincial and Kabul levels, at the end, the best performed CHWs and CHS' appreciated with gifts and letter of appreciation. CB-DOTs is further strengthened through community awareness about TB and the referral system for TB suspect cases between community, HPs and HFs which increased the TB case detection in the catchment areas.

Mather and Child Health Care:

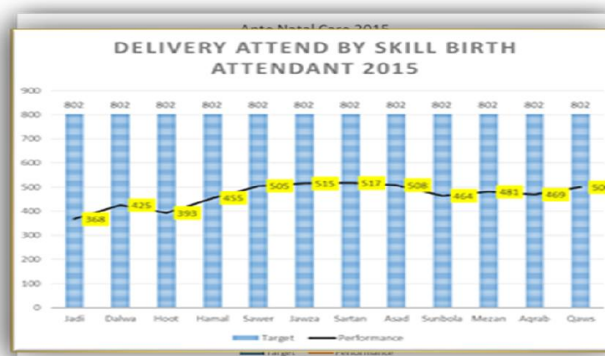
MOVE takes practical steps to increase access and utilization of services. All HF's and HP's provided the full scope of maternal and newborn care services as per BPHS including ANC, delivery care, PNC, FP / birth spacing, and newborn care. Mather and child care services provided to clients such us diagnosis of pregnancy, weight/ height measurement, tetanus immunization, iron and folic acid supplementation, multi-micronutrient supplement, Vitamin A supplementation, blood pressure measurement, simple urine analysis, de-worming, diagnosis/treatment of anemia, malaria, UTI and STD, treatment of hypertensive disorders (including eclampsia and pre-eclampsia), treatment of miscarriage and ectopic pregnancy. IEC with focused on exclusive breast feeding promotion is provided through all level of HF's.



At community level, besides the services mentioned in BPHS, IEC activities performed by CHWs, primarily the female CHW.

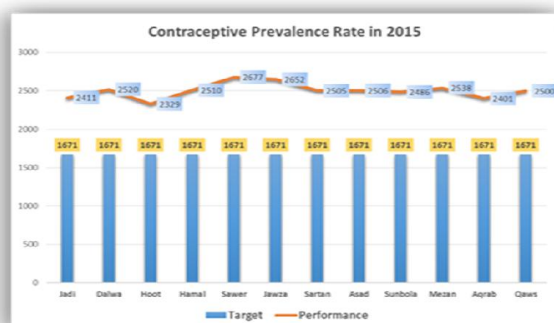
MOVE taken all necessary actions to ensure round-the-clock emergency maternal health services including management of complicated deliveries at the DH and CHC level. Special attention paid to the availability of capacity for ccaesarean section in DHs and blood transfusion facility at DH and CHC level.

Newborn care services, which include IEC, preventive measures, and treatment of neonatal common diseases such as prevention of ophtalmia, resuscitation and immunization of newborn; and newborn body heat provided through all facilities. CHWs provide basic essential newborn care including IEC, clean clamp cut cord, and establish early breastfeeding. In HF's,. In addition to these services, At DHs level ,a neonatal care room established and maintained and newborn infections (omphalitis), neonatal tetanus, neonatal jaundice, and sepsis managed.



Counseling on methods of birth spacing to the woman performed by a female health provider in a confidential place, in the meantime at the community level, FP products are dispensed from HP's.

RH team developed and implemented mobile outreach activities of MCH related services in the white areas. The project technical team developed an action plan regarding launching outreach mobile team activity by HF staff to visit patients in remote villages of districts. The aim of this intervention is to provide RH, EPI and nursing health services to less accessible areas. Before conducting this activity the

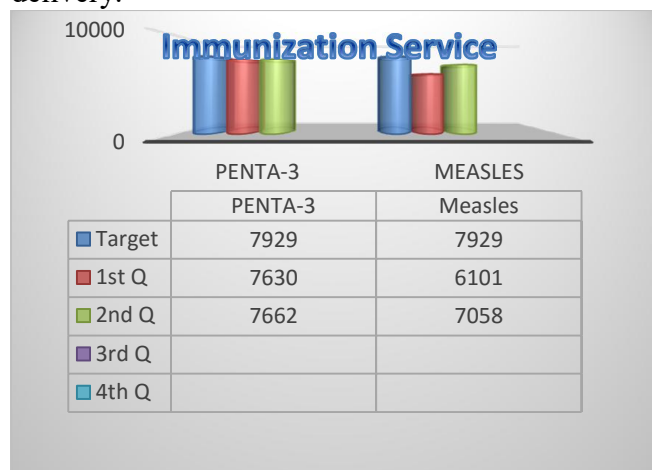


plan was shared with the relevant communities, local authorities and shura-e-sehi for receiving their support and further commitment. These activities conducting twice / month by assigned teams (Midwife, Nurse, Vaccinator and CHS) from related CHCs.

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. In Coordination of REMT, the health facilities supplied with necessary vaccines, HMIS tools and fuel for refrigerators and outreach motor cycles. EPI services provided through fixed vaccination strategy is delivered in 130 health facilities while outreach strategy vaccination is conducted through community based by vaccinators according to each HF outreach plan.

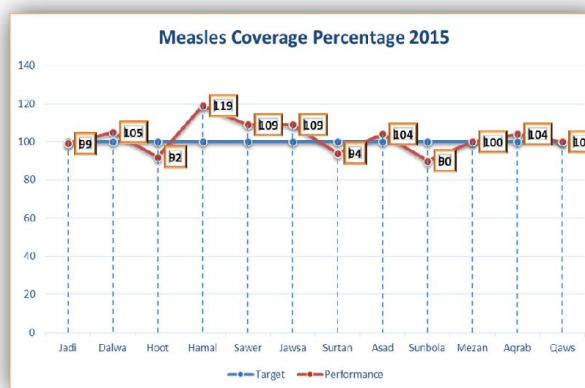
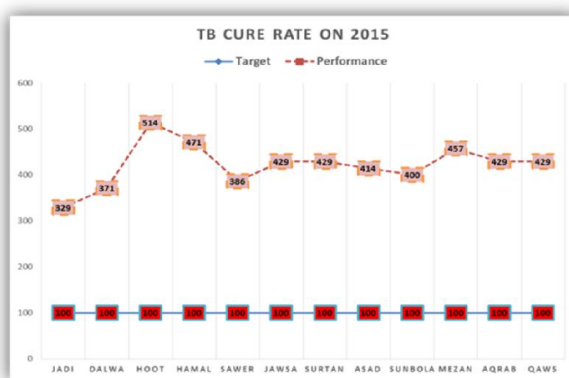
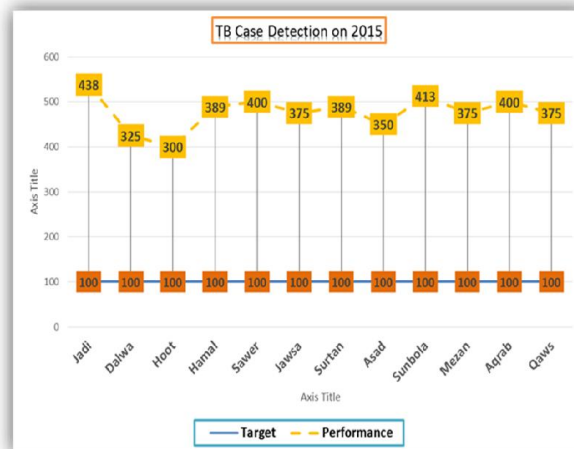
During this year, 5 fix centers established, around 4 outbreaks have been managed in the Jawand, Qadis, Mouqur and Qalinow districts of Badghis Province, leading and participating on provincial, regional and national EPI review meetings, monitoring and leading on NID campaigns, leading monthly based sub-committee meetings, joint monitoring supervision for outreach improvement, introducing Injectable Polio Vaccine (IPV) as pilot program to targeted population, building cooperation environment among HF's staffs for health promotion strategy on EPI section and strengthening human resource management and improvement on EPI defined relevancies. Supply of vaccines to all HFs, Routine micro plan of HFs revised. Meanwhile in order to build the capacity of vaccinators, One day orientation session conducted about cold chain management, in addition two days' workshop conducted on AFP, Measles and neonatal Tetanus surveillance to focal points of districts by WHO. Other remarkable activities which performed are; 1) review of outreach performance and provided feedback, 2) introducing of new fridge tag memory instrument and follow up of dropouts, 3) EPI outreach services conducted, 4) Joint supervisions conducted in coordination with REMPT, 5) EPI sub committees meetings conducted, MOVE actively participated these meetings, 6) Outreach incentives paid to all vaccinators, 7) Written feedback provided by project EPI supervisor to HFs on monthly bases, 8) EPI section had a sound coordination with its partners / stakeholders such as; WHO, UNICEF, PMT and other government administrations those having role for improvement to EPI service delivery.



Communicable Disease Control Services:

CDC activities address the prevention, control and treatment of TB, Malaria and HIV/AIDS diseases according to BPHS policy. Diagnostic centers are fully functional in all CHCs, CHC+s, DHs and some BHCs level and performed the entire required tests according to BPHS standards for mentioned level.

MOVE maintained 33 active VCT centers for HIV/AIDS counseling and testing in 5 provinces which have adequate HIV first and 2nd test strips in CHCs level and all three test strips according to algorithm in DHs level. VCT tools have been supplied to all VCT centers, VCT guidelines supplied and TOR developed as well. The Lab data from mentioned HFs are collected regularly, recorded and reported.



DOTS strategy with anti TB interventions is implementing to all BPHS-HFs with. The outstanding activities such as; clinical services, diagnostic services, awareness services, drug supply and staff capacity enhancement conducted for control and treatment of TB and Malaria cases. Two strategies are following for referral cases, vertical (High Level to low level, EPHS to BPHS) and horizontal (Transvers level, HF to HF and HF to Community/HP).

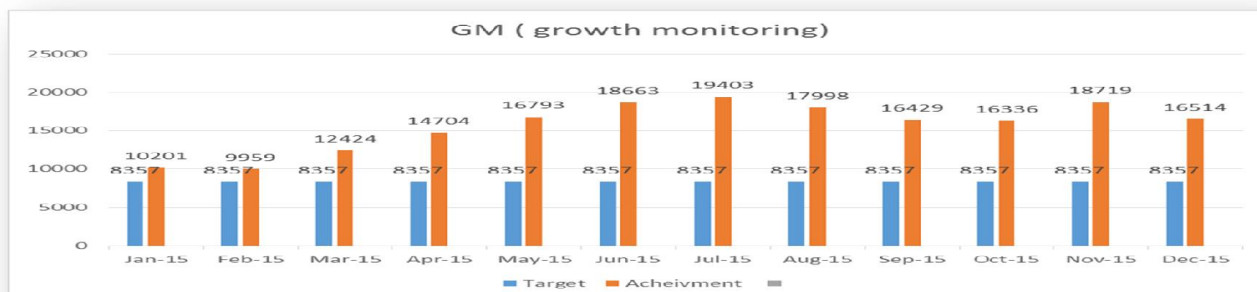
In case of any positive case in PH, the continuation of treatment course will be in his/her home clinic.
In case of any positive case in HF, the continuation of treatment course will be in his/her house.

Public Nutrition Services:

Distribution of micronutrient supplementation, at all HFs for malnourished children and pregnant women according to micronutrients standard procedure and policy followed as routine. To provide treatment of clinical malnutrition, three types assessment for case detection and treatment are provided, following to assessment and case detection, the patients are referred to their specific treatment units, for covering and managing of severe acute malnutrition, treatments sites/OTP is available for non-complicated malnourished children and therapeutic feeding unit designed for complicated and under six months malnourished children. Implementation of Community based Management of Acute Malnutrition (C-MAM) in according to standard guidelines is one of the efforts of the project including providing training for CHWs on screening of children, micronutrients/drugs distribution, usage of iodized salt,

exclusive breastfeeding, treatment and follow up of malnourished children in their homes and treatment SAM patients.

Cooperating of C-MAM program with C-IMCI services at HPs/HFs levels, conducting social mobilization, BCC and conducting hand washing sessions are added efforts towards nutrition services provided through the projects.



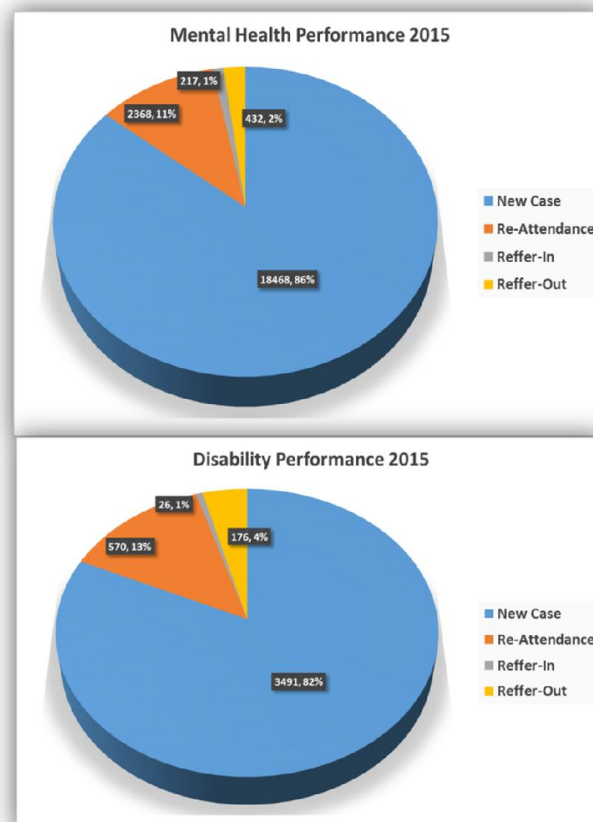
Mental Health and Disability:

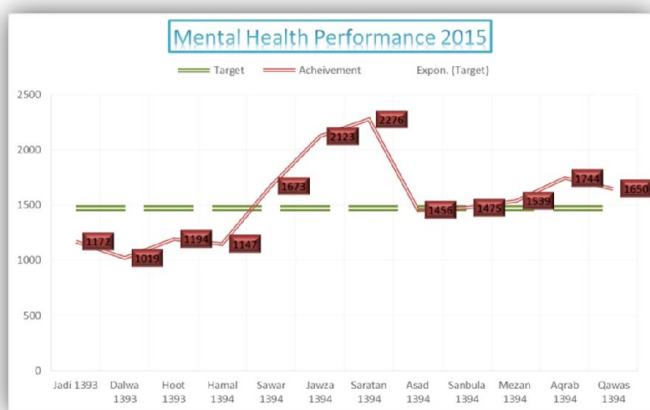
The aim to provide mental health and disability services is to enhance the level of education, awareness, identification, diagnosis and treatment of the cases in targeted population. All BPHS health facilities are providing mental health and disability case identification, care and referral and follow-up in line with MoPH policies and strategies. BPHS projects provide physical rehabilitation services through a standard physical therapy center in some DHs.

In close coordination with PPHDs, the provincial mental health sub-committee has been organized, TOR developed and regular monthly meeting of the committee has been conducted with PPHDs.

Training need assessment has been conducted on MH/Disability and some required topics were added in the training plan with coordination of technical team and Capacity enhancement through different methodologies such as OJT, class based training opportunity at provincial, regional and central levels have been applied, MH target has been set-upped by a participatory manner and in-charges of HFs oriented, data collection and giving feedback at monthly based was conducted, work plan developed for quality improvement program at selected HFs through conducting HQIP baseline assessment and provide guidelines and technical directions for quality improvement.

According to BPHS, each CHC should have one PSC, Psychosocial counsellors have been recruited and trained for 3 months and deployed at CHCs level. Psychosocial counselling rooms set-upped for each CHCs. The existent psychosocial counseling activities are regularly supervised and improved in term of





privacy, HMIS tools, reporting and equipping. CHSs were instructed to encourage CHWs in CHWs monthly meetings to identify the cases at community level and increase referral of MH/Disability case to higher level of HFs. Female CHWs were encouraged to Increase community awareness via FHA groups.

Physiotherapists were trained for DHs and they are working in the physiotherapy center now. The standard physiotherapy equipment supplied and disability awareness, screening and referral system has been strengthened at community level. CHWs are encouraged and oriented in CHW monthly

meeting to identify individuals with disability, provide counseling, and refer patients to nearby health facility for treatment.

In order to increase the community awareness regarding disability cases and establishing of referral system, we had coordination with KOO organization which is supporting disability cases (Congenital and acquired cases) in term of physiotherapy, orthopedic and prosthesis.

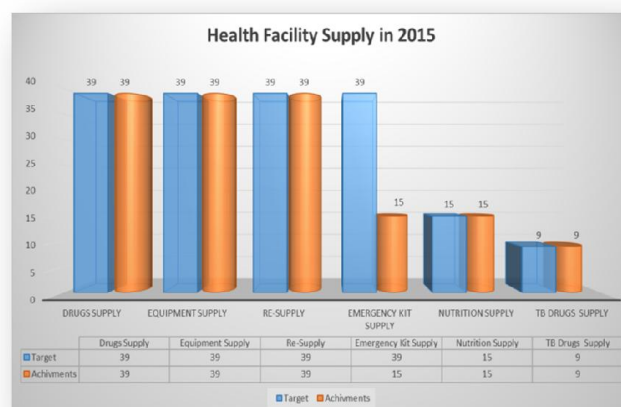
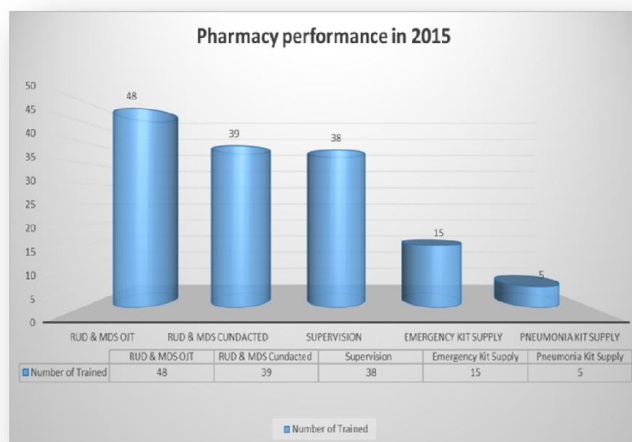
Primary Eye Care:

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:

Essential drugs management and supply defined and acceptable intervention for quality of health care services in the BPHS project. The aim to pharmacy management at provincial level is to identify the needs for pharmaceutical and non-pharmaceutical items, applying standard based pharmacy management, timely provision of essential drugs to HFs, analyze consumption reports and to enhance the capacity of pharmacist and pharmacy technicians.

During the reporting period, all health facilities and health posts supplied and equipped based on BPHS policy. In order to compensate the emergency drug stock out in HFs or any other emergency condition, MOVE has established standard buffer stock in the provincial office stock to provide emergency drug supply to HFs.



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).

Health Services and Promotion of Sustainable Livelihood:

MOVE with support of UNFPA have been implementing the provision of health services and promotion of sustainable livelihood project with a focus on reproductive health in Daikundi and Bamyan provinces since Feb- 2012. The project provides RMNCH services through Family Health Houses (FHHs) & Mobile Support Teams (MSTs) to the populations who live in very remote areas and don't have access to BPHS, this project smoothly implemented through 47 FHHs, 6MSTs, 52 FHAGs and 23 Health Shuras to 107054 population lived in remote and underserved areas, the project financially supported by DFATD /Canada and UNFPA. The project was not only successful in achieving its direct objectives, indicators and quality of health care, but had very good and more effective impact on improving access, utilization of reproductive health services in underserved communities and promoting the women's empowerment in the catchment areas of project.



Project achievement and Quality service delivery:

MOVE Welfare Organization is committed to keep effective coordination mechanism at national and provincial levels with all stakeholders through participation of project team in PHCC meetings, PHOs sub-committees, PDC, meeting with provincial authorities and UNFPA.

During reporting period, the 47 FHHs and 6 MSTs provided 255037 OPD consultations, 5060 pregnant women received first ANC visits, 1239 deliveries were assisted by Skilled Birth Attendance (SBA), and 1954 under one child and 2388 pregnant women received immunization services.

In order to further strengthen community awareness on health issues and women participation, health education sessions were conducted both at the family health houses and MST -SDPs. All FHHs and MSTs were regularly supplied with standard IEC materials. The ultimate goal for the health education sessions is to enhance the utilization of maternal new-born and child health (RMNCH) at family health houses, In 2015 a total of 35568 health education sessions were conducted by FHHs, MSTs, HPs and FHAGs to their female and male beneficiaries.



To ensure the quality of health care services, the quality improvement plan and tools developed, the project technical team conducted supportive supervision and monitoring activities, during reporting period a total of 1059 regular supportive supervisions and monitoring visits conducted from all FHHs, MSTs, HPs and FHAGs, the mentioned visits conducted by qualified technical staffs of provincial and main offices, each supervisor spent an average of one full day at each FHH and SDPs, this mechanism enabled them to have adequate contact time for provision of on the job training for FHHs and MSTs staffs and also conduct meetings with the respective communities to improve their participation.



To improve further the quality of health services through all FHHs, quality assurance mechanism was established, quality assurance standards and tools developed, based on the plan, the first and second round of the assessments conducted which brought considerable and significant change in the quality health service provision.

The MSTs activities strengthened further through prior planning and coordination of communities, service delivery points up dated, the teams regularly provided care services from SDPs according to MoPH mobile package with focusing on referral system between health facilities and SDPs, therefore, during the reporting period, a total of **757** complicated cases referred to higher level of health facilities including 115 completed

delivery cases such as prolonged labor, mal – presentation and hemorrhages. All mentioned cases detected and referred out to the closest CHCs, DHs and PHs as first and second referral facilities.



Community involvement in health services:

At the level of each FHH, there is a Health shura which has the essential role in coordinating the health related activities between FHH, HPs and community, during this reporting period, FHHs, MSTs and HPs conducted 1280 meetings with health shuras. The main agenda and discussion of the health shura meetings were; transferring essential health messages to people, breast feeding promotion, strengthening the referral system from community to the FHHs and from FHH to CHCs and DHs, coordinating vaccination activities of MSTs and personal /environmental hygiene and seasonal diseases awareness to decrease incidence rate.

It is worth to mention that Daikundi Governor, Bamyān PPHD and Daikundi provincial council had issued appreciation letters to MOVE's provincial project team for successful implementation of project and their efforts.



Case Story:

FHH Name: Dahane Say
Location of FHH: Sangthakhat District of Daikundi
Written by: Hawa CMW of FHH

20th of February 2015, 8:00 AM, patient named Mrs. Kobra, she was 31 years old with full term pregnancy referred to FHH for delivering her baby, after completion of her physical examination, the midwife knew that the baby was mal presentation (face presentation / with position of occipital sub manto vertical) which is not possible to be manage as normal delivery in FHH and needed to be referred to district hospital or PH for caesarean section, so immediately FHH midwife advised her family members to take her and move to district hospital or provincial hospital but due to heavy snowing, blockage of the road and unavailability of transport, her family members refuse and could not take her to the hospital, then the midwife communicated the issue with one of BPHS health facility in charge and also shared the issue with

provincial office, but due to unavailability of transport and blockage of the road they could not help midwife, therefore, her family been disappointed and had no solution way except this midwife, CMW obligated to do all her efforts to save the patient life as well as her baby by available equipment and facilitation in the FHH with her maximum knowledge, skill and efforts, fortunately she has been succeeded to give her delivery, after the delivery of woman, bobby found respiratory problem, CMW used her maximum knowledge and skills about rehabilitation of new born baby fortunately, after a few minutes respiratory problem of the baby solved and the vital sign became normal, the mentioned procedure took 8 hours up to 4:00PM. The women family members became very happy and been thankful from Hawa CMW of Dahan Sai FHH for her efforts, skills, behaviour and such big achievement.

Improve Nutrition of Mothers, Newborns and Children Project:

MOVE has been implementing the INMNC project with partnership of Save the Children funded by DFATD- Canada since July 2013 in Daikundi province. The overall goal of the project is to improve nutrition status of mothers, newborns and children through a-community based approach. The project targeting cases of sever acute malnutrition among children without complication in OTPs (OPD-SAM) and with complication in SCs/TFU (IPD-SAM). Growth monitoring promotion at the HF's and community based health care is one of the objective of the project. HF's staff, CHWs, CHSs, FHAGs and Shura members has already trained based on the SOP to deliver key nutrition messages to PLWs during ANV& PNC with a focus on IYCF, conduct NERS session on community nutrition behavior change, increase awareness and practice amongst caregivers, communities and malnourished children in optimal infant and young child feeding and maternal nutrition.

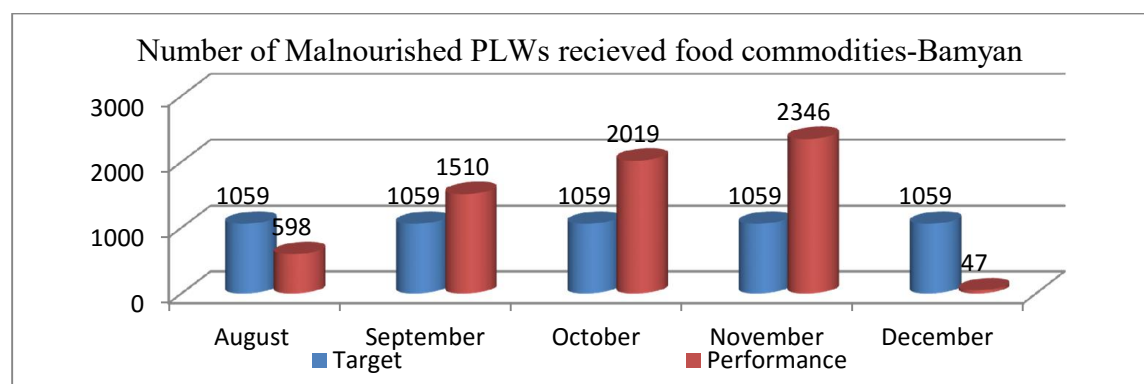


During reporting period, SOP nutrition training conducted for 99 HF's staff (Doctor, Supervisor, Midwives, Nurses) 65 CHWs/CHS, 41 male and female CHWs, 250 FHAG member and 138 Health Shura member received gender training, A total of 250 NERS session conducted and 510 supervision visits conducted from OTPs and SCs.

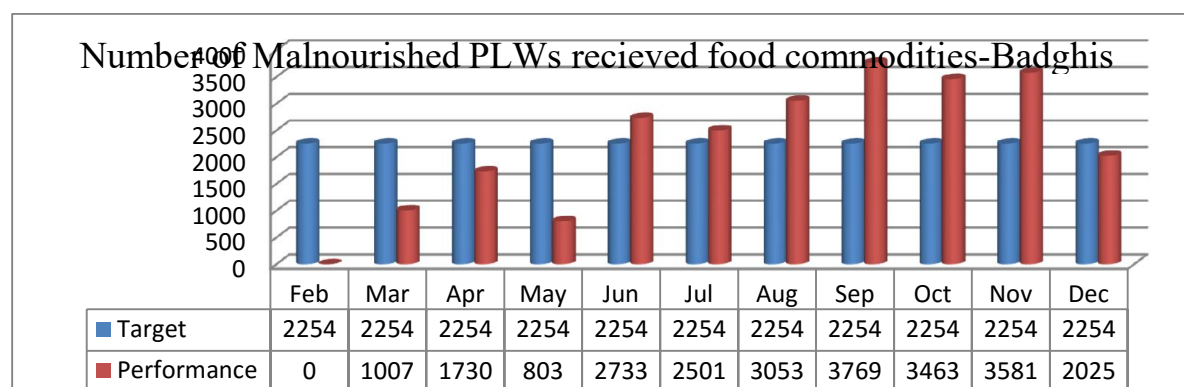
Through 28 OTPs malnourished children receiving proper nutrition services, during reporting period a total of 89082 child screened , 18942 children IYCF consultation, total of 2066 sever acute malnutrition cases cured and 150 cases of SAM cases with complication cured by 3 SCs/TFU.

Targeted Supplementary Feeding Program:

MOVE is implementing the TSFP project with partnership of WFP in Bamyan and Badghis provinces. The overall goal of the project is to reduce incidence of mortality and morbidity related to acute malnutrition in children aged 6 to 59 months and pregnant and lactating women by improving their nutritional status through access to targeted supplementary feeding program.



MOVE is following the nationally accepted admission criteria of TSFP program for severely malnourished pregnant and lactating women and moderately malnourished under five year old children, MOVE distributed 420.789 MT food commodities (Wheat flour, Pulses, vegetable oil, iodinated salt, MNT and RUSF) for malnourished pregnant and lactating women and under five year children in four districts of Badghis and Bamyan provinces through 22 already selected HFs.

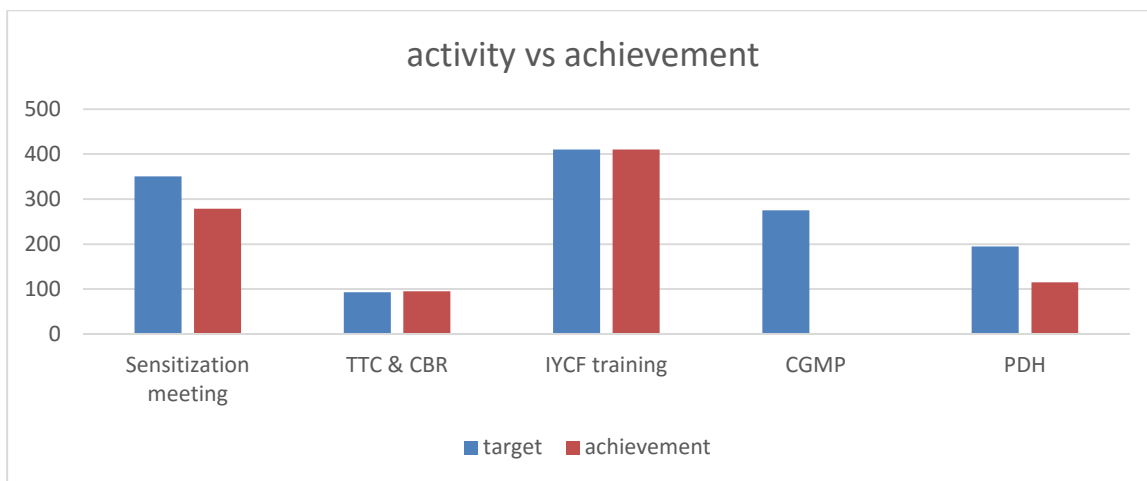


Maternal and Under-5 Nutrition and Child Health Project (MUNCH):

MOVE is implementing MUNCH project with partnership of World Vision and funding of CIDA. The project aims to improve the nutritional status of mothers, newborns and under 5 years children through extended and sustained access and coverage of quality and equitable community and facility-based nutrition interventions and by contributing to the development of an enabling system that influences the outcomes of maternal, newborn and child nutrition in Badghis province. The conceptual framework is based on addressing the underlying causes of under nutrition at three different but interrelated levels, household/community, health facility and at system levels.



According to the project work plan, MOVE accomplished all the activities in targeted districts, coordination meetings conducted with related stakeholder (PPHD, BPHS project, HFs, community shuras, provincial office, district governors and economic department).



During the reporting period, sensitization meetings on maternal and child nutrition conducted for 454 CHWs and 2331 health Shura members, IYCF training conducted for 410 FHAG members in Qadis, Abkamary and Moqur districts, CHWs and FHAG members are assessed in term of knowledge and skills for delivering IYCF messages to their communities, as a result, 61.45% of FHAG members became able to deliver IYCF messages effectively, 115 PD/Hearth sessions conducted and totally 1149 malnourished children attended the sessions, mothers confidence level increased which shows more than 65% of them are able to maintain the PD nutrition practices at home. Awareness sessions on TTC and CBR to community members conducted by 7 CHSs and 190 CHWs, which totally 1627 pregnant women were registered and counseled about 7/11 concept of TTC.

Community Midwifery Education Program:

MOVE with support of MoPH, UNFPA, WB and local authority established four CME schools in Daikundi, Badghis and Kabul provinces, with the commencement of the project, a committee from the relevant stakeholders facilitated the recruitment process of candidates to be enrolled to CME program for BPHS-HFs and FHHs. The MoPH selection criteria for the community midwifery education program applied, about 108 qualified ladies were selected for CME program to continue their education in CME- Schools.

The theoretical and practical sessions continued, MOU signed with Daikundi PH, Qalae naw PH, Rabia Balkhi hospital and Mirwais Maidan CHC for the clinical sites and clinical practices.

In 2015, CME schools of Badghis and Daikundi provinces have successfully completed 2nd and 3rd phases, while Kabul province started its first phase. Educational material provided to trainers and students, classrooms, teaching labs, libraries and computer labs are furnished according to standards, all required anatomic models and equipment, are provided for CME skill's lab, accommodation and kindergarten facilities provided for students.

The students and trainers activities are supervised and monitored by project manager and course coordinators on regular bases. The coordinators are 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 recorded the progress of each student, according to the rules and regulations of the GIHS using clinical experience log books. Furthermore, monitoring and evaluation of CME schools are done by MOVE- HQ, partners and donors. AMNEAB performed non-binding assessment of CME schools and the result each school was upper 80%.

The CME school for Daikundi province as part the FHH project was established in 2013, about 36 qualified ladies were selected for CME program and trained for 28 months, they successfully completed the theoretical and clinical studies, 36 students from different districts of Daikundi province received knowledge, skills and competencies on community midwifery program, the work plan of CME successfully been implemented and finally the students been graduated in September 2015, all 36 graduated students enrolled to a three month internship program to BPHS /EPHS HF's and finally deployed to their FHHs.



Community Health Nursing Education Program:

The specific objective of the program is to train and deploy 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 CHNE Program, about 113 female students trained for a period of 24 months on GIHS standard CHNEP curricula and deployed to BPHS –HFs of Ghor, Daikundi and Nimroz provinces, while 96 female students from Daikundi, Bamyan, Badghis and Kabul provinces have selected and enrolled to the program, they will be trained according to the curricula and deployed to BPHS-HFs of these provinces.

The schools are furnished according to the facility development standards, the schools have been following the theoretical and practical tasks based on projects work plan, all facilities provided accommodation for students. The trainers and course coordinators attended the faculty development programs in GIHS, in addition, HMIS, RUD, teaching methods and IMCI training are 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, management, implementation, capacity building and monitoring and evaluation. Monitoring and supervision of the projects have been done on quarterly bases by HQ staff, in addition, Daikundi CHNE course coordinator has been participated in women empowerment and leadership workshop in USA.

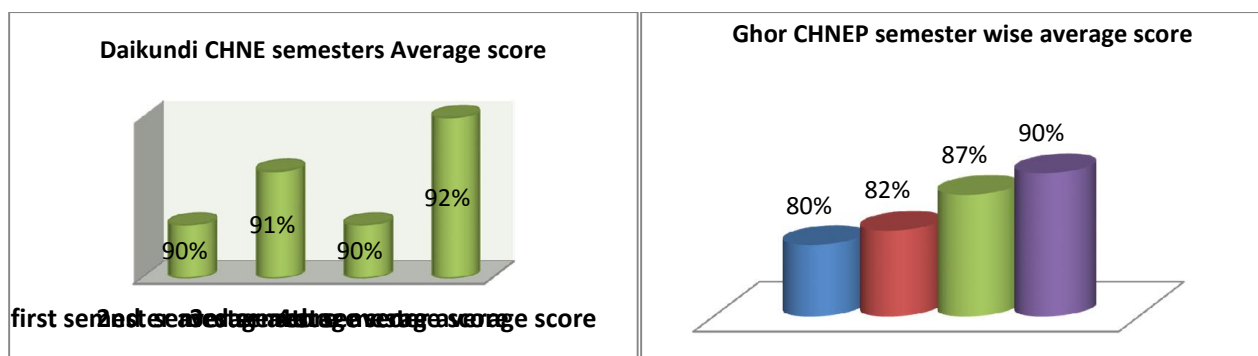


The CHNE program for Bamyan, Badghis, Daikundi and Kabul provinces are successfully established, the students are selected and enrolled to the program, the training are going according to the schedule. The educational modules including skill lab, science lab and practical work in hospital are successfully covered according to academic calendar.



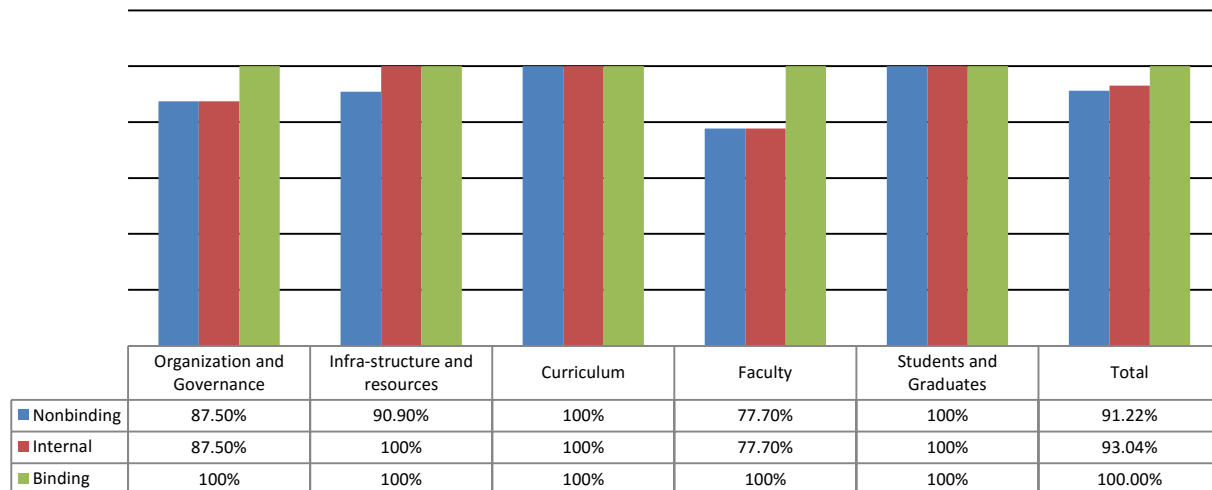
The quality improvement activities followed based on project work plan in different aspects; each school established a quality improvement committee followed their activities based on their action plans. Course coordinators conducted regular monthly trainer's evaluation in classroom, skills lab and hospital according to GIHS standard tools during the reporting period.

Trainer's evaluation, supervision, monitoring and students' knowledge assessment at the end of each module have been conducted. Written and 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.

Assessment result trend for Nimroz CHNEP:



During this period, the faculty development activities followed based on work plan, 3rd and 4th semester of Nimroz, Dikundi and Ghor CHNEPs were finished and final exams taken. All students passed the end of semester's knowledge assessments. Course coordinators and trainers attended the 4th FDP workshop in GIHS. All schools and hostels were set upped according to project contract and program standards.



Operation Performance/Administrative Support:

Operation team made their best efforts in placing the effective methods for procurement which are local and international required procurements methods. operation team committed to procure required items in the right time, right place, with adequate quality committed, for better transparency, operation department designed the committees on project level and invite the supplier for open bidding process.

During the open tendering in presence of vendors:



MOVE established reliable and secure warehouses and stocks, where supply items maintained safe and secure while they are in transfer from and to the warehouse. experienced logistic staff for better management of goods receive, release, safety and record keeping are assigned. Timely packing of hygiene kits, food parcels and other project supply items applied on monthly base. Quality of each delivery supply checked to see if all supplies delivered by the suppliers are in according to the criteria and samples given to suppliers and report shared. Proper stock control system and stock cards used to show the better management of the stocking system.



The normal supply of medical and non-medical (consumable and non-consumable) materials for the projects including all health facilities have been designed on monthly and quarterly basis, during the monthly supervision from the HFs, on the job trainings conducted for all supportive staff to increase their skill and experience for the relative job according to the job description.

To prevent any shortages, winterization plan developed and designed for six months, according to projects requirements and organization rule, the procurement and supply of winterization items including drug, logistic consumable, non-consumable materials and the heating material for heaters to 217 HFs done before winter. As the majority of HFs are located at remote area that is impossible to supply by vehicles, so the supply always done with close coordination and cooperation of community shura and they are providing donkey and workers from community people to supply the materials with low cost.



Referral system is the important activity that has significant and effective role in health service delivery, ambulance facilities are maintained as required by BPHS/EPHS. 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 the projects. Despite the projects have not fund for construction, but the team of maintenance has been trained in construction activities and they are doing painting, plumbing, repairing of equipment and other maintenance work.

During renovation and repairing of Sorobi DH:



MOVE operation is use the fixed asset management system, all MOVE assets have been registered in standard database and updated on quarterly bases in all projects including health facilities, HQ and sub offices.



To provide secure working environment for staff, operation department has conducted several training and orientation during the year for logistic staff. Security training has conducted with cooperation of ANSO organization for 15 logistic staff(Gurads and drivers).



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 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.

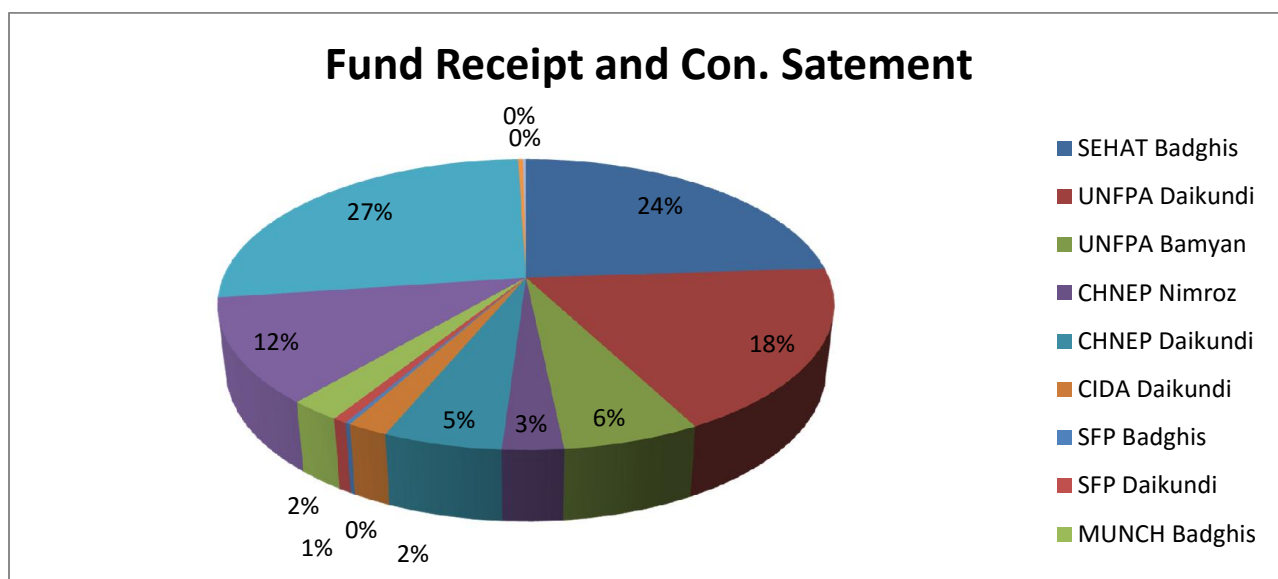


Currently MOVE have 1885 contracted salary employee, which includes 270 female employees and 806 male staff in management and field projects.



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.



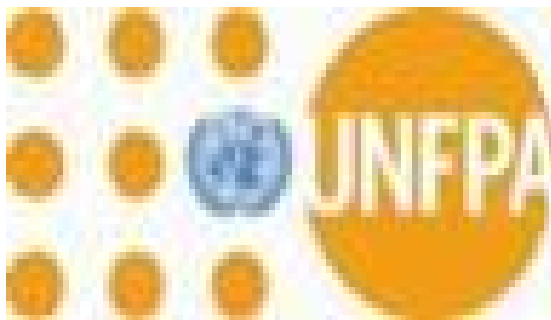
Professional Development:

MOVE recently taken appropriate strategies towards organization sustainability and professional development, to undertake this priority we focused to improve the capacity of MOVE resources by establishment of resource and consultancy training center to self-sustain the organization in regards to staff professional development and income generation, the land for resource and consultancy training center is procured, the architecture planning and engineering map is developed, the construction contract with reliable firm is signed, and the practical work will be started in the coming spring. MOVE also focused on the staff capacity to sustain its human resources, so the evaluation of MOVE technical staff and field staff are conducted, based on the evaluation the areas needed for assistance identified and necessary support has provided for managers and supervisors as well as field staff. It has focused on program goals, objectives, planning, techniques, good communication and supervisory skills.

Capacity development for the staff is measured to be crucial and continues process. The staff could not provide quality of services unless possesses the important skills and that is why MOVE has provided them the training opportunities to improve their knowledge and technical skills from inside and outside of the country. According to the plan, a number of staff received professional trainings conducted by MOVE and other stakeholders, MOVE with support of US Embassy could provide women empowerment and leadership training opportunities for its three staff, and they actively participated and presented the organization in the United State. MOVE General Director invited by Institute of Cultural Diplomacy based in Berlin to participate at The Annual Conference on Cultural Diplomacy- 2015 "Building Bridges of Peace and Reconciliation in Times of Greater Global Insecurity" Berlin; December 10th - 13th, 2015, in addition, MOVE General Director participated in Creating Shared Values -2015, The International Conference and Partnership Festival-Seoul/Korea, the country and the organization is well presented at both events through presentations and gathering events.



MOVE DONORS-2015





Foreign Affairs, Trade and
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