

Because of you
MOVE makes it possible



WELFARE ORGANIZATION

MOVE WELFARE ORGANIZATION Annual Report 2013



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Message from General Director:

MOVE completes its 10 years in this financial year ends, as we run through chronologically growth of MOVE, last years for MOVE were stepped growth, spurt and achievements.

It is pleasant moment for me to have the annual report for the year 2013 of MOVE operations being published with restless efforts of the staff involves, I found this report comprehensive covering all major activities of MOVE programs, this report presents and analyzes in a systematic manner the data on performances of different departments, provincial offices and related sections of the fiscal year-2013. I am pleased to note that most of the activities planned by different departments and sections carried out successfully and the trend of service coverage for most indicators is satisfactory, many health indicators showed improvement. The remarkable achievement of CBHC, reproductive health indicators, EPI and communicable disease control gives satisfactory, community nursing education, community midwifery education, family health houses programs have carried out successfully. However, more collaborative efforts are required for improvement to meet the aspirations of the people and deliver quality health care services.



I would like to congratulate all those who have excellent in their duties and deeply appreciate the hard work done by the personnel working in the field and special appreciation goes to female health workers and female community health workers for their commendable contribution to uplift the health status of the rural communities. I would like to offer my sincere appreciation for the effort made by the MOVE technical and administrative departments, sections, provincial centers, facilities staff and volunteers to serve the people of Afghanistan. I take this opportunity to extend my sincere thanks to all national and international partners for their financial and technical assistances for helping us to successfully accomplish our goals. Finally I would like to extend my appreciation and thanks to MOVE program director, and his management team along with staff involved in such achievements.

Dr. Abdul Malok "Khalili"
General Director

Message from Executive Director:

This report covers MOVE's activities during the period 1st January 2013 to 31st December 2013. These activities have been undertaken in various projects and locations as highlighted in the report. 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, Bamyān, Samangan, Nimroz and Ghor provinces of Afghanistan.



Considering multiple social challenges and its consequences on people and implementation of the projects in the community, MOVE achievements were outstanding. All health facilities in two BPHS projects (Badghis, Dikondi provinces) have been functional and providing quality health services. The targets and objectives of the projects have been met. The contracts obligations achieved and the MOPH and community were satisfied with performances.

The Major achievements of the 2013 year were 1) successful completion of BPHS projects (Badghis BPHS project which was started in March 2010 and Dikondi BPHS project which was started in January 2012) and 2) new establishment of three Community Health Nursing Education Program (CHNEP) in Nimroz, Dikondi and Ghor provinces for 115 female students. The CHNEP objectives are to enhance the number of female health provider in remote areas and to fill gap on the lack of female health workers in current health structure from the local residence of the health facilities. 3) new establishment of 14 Family Health houses in Dikondi province and 4) takeover of 24 Family Health Houses in Bamyān province.

The tremendous work carried out is the result of the hard efforts of MOVE management and field staff who worked day and night in a very challenging situation. I thank and appreciate the commitment and enthusiasm of all staff for their dedication and hard work to provide quality services to the needy people in Afghanistan and to achieve projects objectives.

It is worth mentioning that the targeted community and their representatives also actively participated and contributed for the success of the whole process of projects implementation. MOVE also thanks its projects donors and partners for providing the organization with financial resources and technical assistance.

Alhaj Dr. Abdul Latif Rashid
MOVE Executive Director

Over view of the Organization

- 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.

- 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.

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

- Providing services with dignity and respect.
- Commitment, accountability and efficiency.
- Team work ,participation and committed to perform.
- Good governance, creativity and professionalism.
- Trust; build on trust, integrity and reconciliation.
- Open communications, transparency and consolidations.
- Courage to learn, change and innovate.
- Concern for poor and disadvantaged .respect for people's right and human mobility.
- Networking and partnership.

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 {STEP an Afghan National NGO was founded in 2003, registered in Ministry of Economy (Reg. No.221) and Ministry of Public Health of Afghanistan. STEP, during its performances, had been recorded outstanding public health services in Afghanistan}.



MOVE Head Office Management Staff

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 straighten 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.

Highlight - 2013

MOVE Essential Package of Hospital Service (EPhS) project implemented in Dikondi Province with partnership of PUAMI and Ministry of public health of Afghanistan.

MOVE Basic Package of Health Service (BPHS) projects were implemented in Badghis and Dikondi provinces covered the total population of the provinces. The health services delivered through 4 District Hospitals (DHs), 8 Comprehensive Health Centers (CHCs), 33 Basic Health Centers (BHCs), 30 Sub Health Centers (SHCs), 2 Mobile Health Teams (MHT) and 636 Health Posts (HPs) including 1242 CHWs funding by WB and EU.

MOVE provides health services through 47 Family Health Houses (FHHs) and 6 Mobile Health Teams (MHTs) funded by UNFPA in uncovered areas of Dikundi and Bamyan provinces

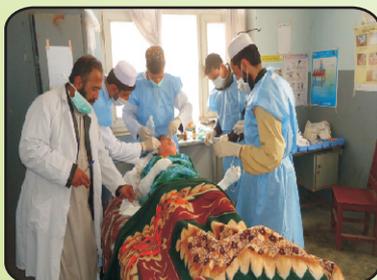
The nutrition promotion and prevention services in Dikondi province funded by CIDA/WFP/ SC.

MOVE is running the CHNEP schools in Nimroz, Dikondi and Ghore provinces funding by MOPH/HSS/GF for total of 118 female community nursing students.

MOVE successfully completed the BPHS projects of Badghis and Daikondi in December 2013.

MOVE successfully completed the Community Midwifery Education (CME) in Badghis province (24 CME students).

Community Health Nursing Education (CHNE) program in Samangan (37 Female CHNE students) funded through PPA/WB and HSS/GF grants.



MOVE PROJECTS BREIF DESCRIPTIONS

Basic Package of Health Services project-Badghis province:

The Basic Package of Health Services (BPHS-Badghis province) project under SHARP (Strengthening Health Activity for the Rural Poor) which was contracted by the Ministry of Public Health and funded by WB (World Bank) started in March 2010 and ended in December 2013. MOVE ensured access to Basic Package of Health Services for 433,135 population in the province, throughout 1 District Hospital 2 Comprehensive Health Centers, 21 Basic Health Centers, 11 Sub Health Centers, one prison health and 311 health posts. With establishment of a strong community based health network, supply of essential drugs, provision of equipment and proper staffing including female staff- MOVE has achieved to improve health indicators -particularly mother, newborn and child health indicators. Trainings were followed up by supervisors and staff were supported to ensure enabling environment for practice. To monitor progress towards the stated targets, MOVE designed monitoring tools that was used at health facility level after a participatory target setting exercise. This has been a key factor in facility based decision making to address low utilization and to improve quality of services.

The health facilities are provided services based on MoPH and donor contract requirements and BPHS standards, All the BPHS components including mental health, eye care and disability are implemented in all health facilities. The project was running by consortium MOVE organization as leading and ACTD organization as sub consultant. MOVE endeavored from the commencement of the project to expand and enhance the health services in Badghis project in order to increase the access of Badghis people to the health services, MOVE upgraded 1 SHC to BHC (Dehestan BHC) and established 5 new Sub-health centers (Chalanak SHC, Cheha SHC, Boya ha SHC, Gunbad Klora SHC and one Prison Health clinic in Qala-i- naw) provincial prison and 20 new HPs established in the project catchment area. It's mentionable that the new established HFs was done based on close coordination with community and PHD and in accordance to the provincial developmental plan and in approval of PHCC and Central MoPH.

Below table show Badghis BPHS project's 2013 performance VS target:

Project indicator	Annual target	Annual performanc	% Achievements
Number of HFs	32	37	116%
Number of HFs with proper staff	32	37	116%
Number of HFs properly supplied	32	37	116%
Number of HMIS submitted by HFs	384	424	110%
Number of OPD consultation by HFs	649702	719581	111%
Number of first ANC visits	7032	719581	111%
Number of Delivery by HFs	5386	9958	142%
Number of DPT3 performed by HFs	13466	3689	68%
Number of TT2+ performed by HFs	13466	15938	118%
Number of TB cases detected	207	14230	106%
Number of TB cases treated	186	239	115%

Supervision/Quality Improvement:

Information technology is a valuable tool for strengthening project management. Maintaining a functional data management and reporting system in accordance with MOPH HMIS requirements improving the quality of healthcare services. MOVE ensured to collect, analyze and deliver adequate, timely information to support decision making, reporting, and project monitoring and sharing of information. The validation boosts the MOVE's initiative with regard to compliance with the set standards and targets and accuracy of the reported information, further focuses on appropriate supply of essential drugs, equipment and nonmedical equipment, staffing, capacity building of staff, supervision and on the job training as essentials for quality improvement deliberated. In order to maintain the regular, systematic and supportive supervisions, the comprehensive supervision checklists were developed and applied for RH, HMIS, IMCI, TB, EPI, Pharmacy, CBHC sections. MOVE follows the MoPH recommended targets to all health facilities and provided technical support for the staff of health facilities. Technical supervisors together participated in supervision visits of health facilities, provided supportive supervision and on the job training to health facility staff, several joint supervisions visits with participation of MOVE, PPHO and ACTD representatives were conducted.

MOVE Badghis Project always welcomed the representatives of stakeholders like MoPH, PPHO, donors to monitor MOVE activities. During reporting period, the health facilities had been monitored by community elders, PPHD, GCMU, the monitoring findings along with the very useful and constructive recommendations has been considered as point for improvement and actions taken.



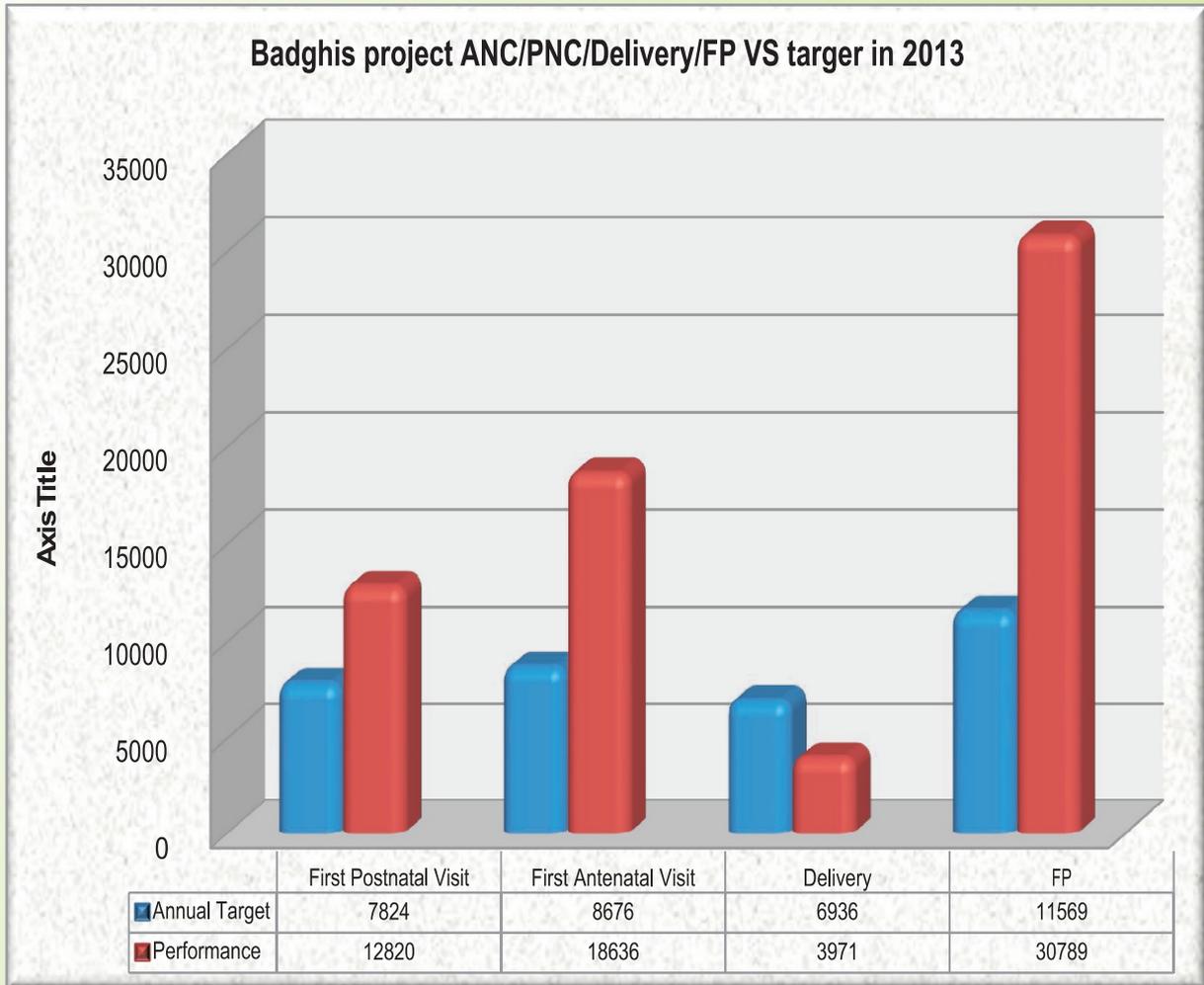
Safe Motherhood/Reproductive Health:

In all 2CHCs, and 1 DHs 24-hour services for obstetric emergencies are available, Majority of BHCs are staffed with a midwife who live either in the HF or nearby, so they can provide basic obstetric services to the women in need, during unofficial time, We ensure that all HFs are gender-friendly, well-equipped with necessary equipment, medical supplies and drugs in order to cope with obstetric emergencies. A special establishment for those mothers who are at high risk pregnancy and may need extensive obstetric procedures is taken at Bala morghab DH. The aim is to help women with high-risk pregnancies to experience delivery under assistance of a skilled birth attendance in the mentioned well-equipped HF. To make sure that women have access to emergency obstetric care services, we provided ambulance services(at least an ambulance for one district).

Filing system for all RH section were reviewed and updated, necessary forms and stationary such as patients history files, ANC, PNC cards, registration books, tally sheets, partograph, referral sheets ... etc. were regularly supplied.

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.

Badghis project ANC/PNC/Delivery/FP VS target in 2013



Integrated Management of Childhood illnesses:

MOVE ensures that the Integrated Management of Childhood Illness (IMCI) is implemented both at HF and community level. During 2013, MOVE conducted an assessment to identify the shortcoming in IMCI section aiming to implement functional integrated IMCI within all health facilities. To make sure prompt case management and referral of childhood illnesses, MOVE provided necessary support of IMCI efforts at both community and health facility levels through regular on the job trainings, Provision of IMCI new forms, booklets, flow charts, visit cards, quality assurance, supervision, and ensuring availability of drugs and medical supplies. Patients low was rearranged in the all health facilities, in order to facilitate the implementation of IMCI (all the under 5 children must be screened for growth, vaccination, registration prior to curative consultations). ORT corners were functional during the hot seasons in all the health facilities.



Public Nutrition:

As per BPHS, assessment, prevention, treatment, and surveillance of malnutrition are offered through all health facilities. MOVE ensures that tools and appropriate venue for growth monitoring are available, health facilities are maintaining separate registers for growth monitoring and are generating growth monitoring charts and the staff of health facilities are trained. During 2013, 15 OTP sites in 15 HFs and 1 SC in Murghab DH are established, registration formats, RUTF, F-75, F-100 and Resomal to OTP and SC sites are regularly supplied. MOVE also supports the CHWs to orient FHAGs and CHWs on Growth Monitoring Promotion (GMP) to enable them council the mothers.

Nutrition trainings for (MDs, Nurses, Midwives, CHSs, CHWs, Health Shura members and FHAGs), CMAM training for (73 HF staff and 445 CHWs and Health shura members), IYCF counseling for 26 HF staff, BFCC training for (Nurses and Midwives), C-IYCF TOT training for (CHSs and CBHC Officer), C-IYCF/MNT training for (346 CHW and 370 FHAGs), BFHI training for (MDs, nurses, midwives, lab technicians and pharmacists) and MNT training for HF staff (MDs, nurses, and midwives) are conducted during 2013.

All HFs are providing nutrition services, during 2013, 73,584 of under five children have growth monitored, 381 children enrolled in OTP, 33 SAM children cured in OTP, 6 children cured in SC, 11034 mothers received IYCF counseling and 44,559 children with

diarrhea have received Zinc and ORS.

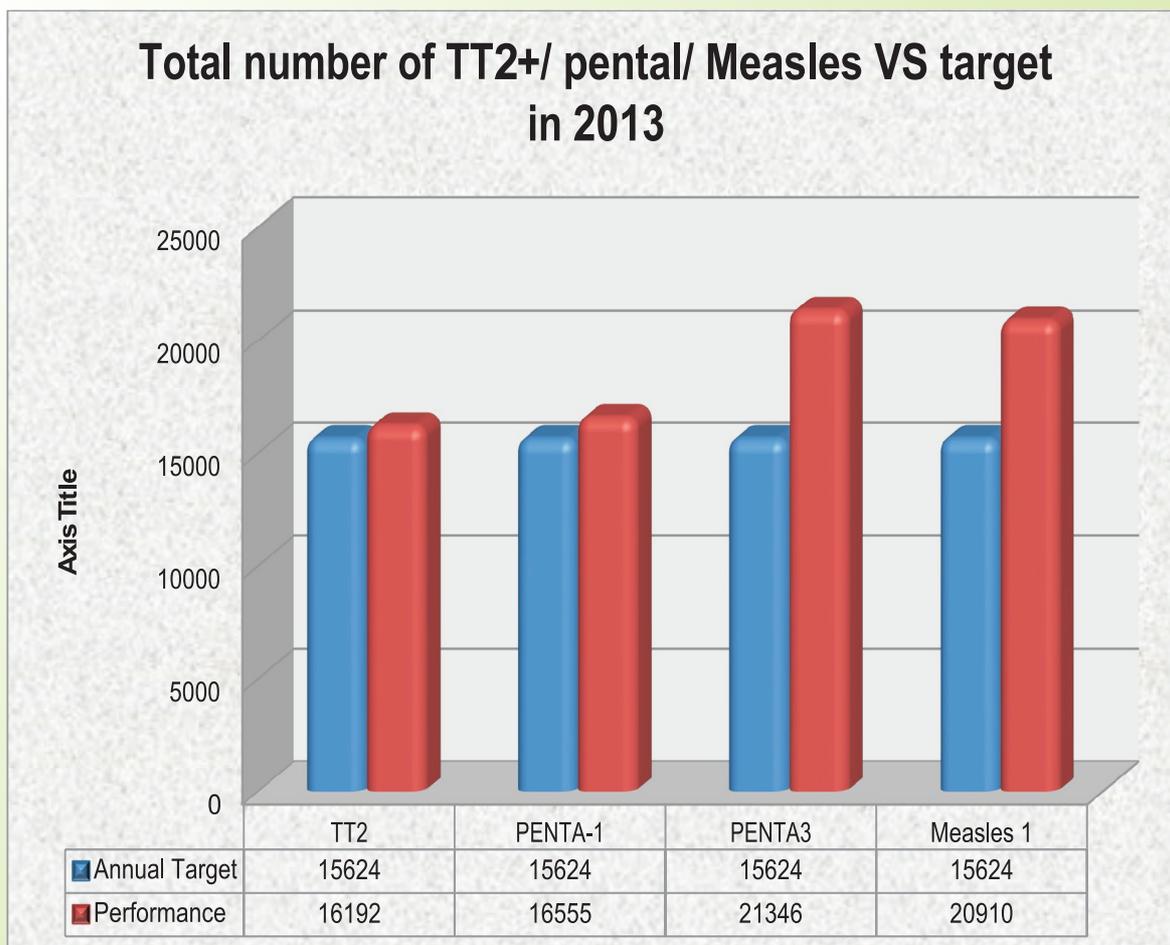


Expanded Program on Immunization:

Expanded Program on Immunization is an essential component of BPHS and its successful implementation is very effective in reducing maternal and child morbidity and mortality. EPI is integrated within the all health facilities in which the vaccination fixed strategy is in the health facilities while community based vaccination is conducted throughout outreach strategy. Health Facilities supplied with equipment, vaccines, logistics and stationary. MOVE technical team taken efforts to monitor coverage and ensures community mobilization to increase demand for immunization, access and utilization of services. Furthermore, micro-planning in coordination with PEMT is revised, vaccination outreach policy and its implementation based on national EPI developed, on the job trainings on cold chain, safe injection practices and vaccination waste management are regularly conducted, the vaccinators are oriented on targets setting and follow up of the targets, the 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.

Patients flow rearranged at the health facilities to avoid miss opportunities and necessary support to NIDs are provided through provision of transportation, monitoring during NIDs, and active participation of all vaccinators in NIDs.

Total number of TT2+/ pental/ Measles VS target in 2013



Tuberculosis Control Program:

Tuberculosis (TB) has always been considered a major public health problem in Afghanistan. Control of tuberculosis is one of the priorities of ministry of public health. MOVE taken various initiatives to rapidly expand DOTs—the most effective stop TB strategy, at HF and community levels that ultimately contribute to reduction of disease burden. MOVE committed to follow the national TB control program objectives such as at least 70% case detection rate and 85% cure rate of pulmonary sputum smear position cases and DOTs strategy. MOVE Badghis project integrated the TB diagnostic and treatment facilities within its health centers. As per the scope of work of health facilities, MOVE linked all BHCs and SHCs to the nearby CHCs and DH acting as diagnostic plus DOTs centers, by doing so, BHCs/SHCs are not only as treatment centres but also

as sputum collecting centres. In addition 6 BHCs are established as diagnostic/treatment centers in response to the fact that CHCs are not easily accessible to all. Regular coordination meetings on improving TB control program were held at the health facility level, Joint monitoring with participation of stakeholders from health facilities are regularly conducted, Health facility staffs have been oriented on TB registration and reporting system, referral system of suspected TB patients from health posts, SHCs and BHCs to CHCs and vs have been strengthened, Using the pharmacy management system ensures avoidance of any stock out of TB drugs and timely provision of required medication to patients. Further provision of regular anti-TB drugs, forms, IEC material, registration books and laboratory reagents and supplies to health facilities are strengthened.

Pharmaceuticals and medical expendables:

For the better management of pharmacy system in MOVE projects, Pharmacy department developed the pharmacy management guideline. This guideline consists of all pertinent formats and tools those are routinely used for the management of drugs, expendable materials, reporting to the donors, and follow up systems, in order to have the transparent system for medicines flow within the projects, the data base has developed. The mentioned data base facilitates to monitor the flow of medicines such as quantity in, quantity out, consumption; balance and etc. There are separate data bases for the health facilities, health posts and laboratories reagents.

MOVE pharmacy department supplied all BPHS health facilities and health posts with essential drugs and consumable materials and followed standard drugs procurements in supply of HFs.



Catchment Area Annual Census:

MOVE have implemented Catchment Area Annual Censes (CAAC) in Badghis province started on/May/2013 with technical support of the MoPH. The MoPH trained technical staff of MOVE as a trainer and CAAC implemented successfully in Badghis province. Implementation of CAAC in the province was a major challenge due to hard access to remote villages and insecurity but MOVE with strong support of community elders and active participation of Community Based Program staff could manage appropriately. The data has been collected and computerized and used for target setting of health facilities as a reliable data.

Coordination:

MOVE management team believes that the good coordination is very important for project implementation, supervision, monitoring, client satisfaction, active learning, fill the gaps, avoid duplications, prevent miss understanding and higher expectations. MOVE held monthly staff meetings regularly in provincial level and coordinated the technical and administrative issue of the project with health facility staff. In this meetings the PPHOs also were attending and shared their point of views and recommendations. Project manager actively participated in PHCC and Emergency Taskforce meetings while medical officers are attended the TB related and monthly EPI meetings, HMIS Taskforce Committee meetings. Further, technical and financial issues of the project have coordinated in Kabul main office on quarterly basis.



Basic Package of Health Services Project- Dikundi Province:

The Basic Package of Health Services (BPHS) project under PGC (Partnership Grant Contract) funded by European Union and contracted with the ministry of public health in partnership of PU-AMI.

MOVE ensured access to Basic Package of Health Services for 360,600 population in the province throughout 3 District Hospitals (DHs), 6 Comprehensive Health Centers (CHCs), 12 Basic Health Centers (BHCs), 12 Sub Health Centers (SHCs), 2 Mobil Health team (MHTs), one prison health and 325 health posts (HPs). The health facilities providing the health services based on BPHS 2010 standards. All the BPHS components including mental health, eye care and disability are implemented in all health facilities. As CBHC is an integral part of the BPHS, MOVE is going to implement an active community health network to improve accessibility of the catchments population to the first line health services and increase the coverage of basic health services including the transmission of health messages, prevention and treatment of watery diarrhea, ARI, Malaria, tuberculosis, Malnutrition, C-IMCI, family planning, hygiene education, community mobilization and referral system for mothers and children. With establishment of a strong community based health network, supply of essential drugs, provision of equipment and proper staffing including female staff- MOVE has achieved to improve health indicators -particularly mother, newborn and child health indicators. Trainings were followed up by supervisors and staffs were supported to ensure enabling environment for practice.

Below table show Daikundi BPHS project's 2013 performance VS target:

Project indicator	target	Annual performance	% Achievements
Number of HFs	35	35	100%
Number of HFs with proper staff	35	35	100%
Number of HFs properly supplied	35	35	100%
Number of HMIS submitted by HFs	420	420	100%
Number of OPD consultation by HFs	532841	592283	107%
Number of first ANC visits	7815	13794	176%
Number of Delivery by HFs	4973	4145	83%
Number of DPT3 performed by HFs	12788	17935	116%
Number of TT2+performed by HFs	12788	16550	116%
Number of TB cases detected	189	51	27%
Number of TB cases treated	90%	38	74%

In year 2013 MOVE could successfully upgraded Ulqan CHC+ to DH (Districts Hospital) to expand and enhance round the clock quality services, which lead it to the outstanding achievements and significant increment in the number of deliveries attended by skilled birth attendants. The renovation of DH prior upgrading was completed to meet standards required for DH services delivery. Good referral systems for deliveries were established among HFs with maintaining functional ambulances.

Public Nutrition:

The HFs promotes early initiation of breast feeding, exclusive breastfeeding for six months, following by introducing complementary feeding from six months and continuing breastfeeding for two years. Through family visit initiative during sustainable outreach activities we collect first-hand information about the nutrition habits of the families and then prepare feasible strategies to promote the healthy behaviors and correct unhealthy behaviors in terms of nutrition at the household level through IEC/BCC activities. Growth monitoring promotion at the HFs and CBHC program strengthened and strictly followed. The pattern of growth of children communicated with the mothers and proper nutrition education provided, referral mechanism for management of severe malnutrition among mothers and children have strengthened. The TFUs of Ulqan DH and Khader CHC were functional and provided services to population. Medical supervisors and focal points supervised nutrition sections of health facilities, and provided on-job trainings regarding nutrition. MOVE tried to attract donors for further support of nutrition promotion activities, in 2013 MOVE could successfully contracted below projects in Daikundi provinces.

- 1- The SFP (Supplementary Feeding Program) started through 21 HFs with support of WFP and Save the Children organizations. The aim of this project is support of nutrition status through distribution of food commodities to eligible women and children.
- 2- C-MAM project (OTP, stabilization centers and community mobilization) under CIDA fund was contracted extended to the whole province. This project also further strengthened the nutrition education and provided trainings to public health care providers, community health workers, Shure- sehi members and FHAGs.



House hold survey:

MOVE's experience of conducting HHS in PPG furnishes the expertise and capacity to conduct a realistic and accurate survey. Following to MoPH decision, MOVE assigned a team to be trained and carry out LQAS methodology at each supervisory area systematically and properly. HHS started on 01/May/2013 with technical support of the MoPH. The data has been collected from all clusters, analyzed and shared with MOPH for finalization of the results. HHS results used and taken appropriate actions at each Supervisory Areas to improve health services, household survey designed in a way to track the progress against the indicators:



Community Based Health Care:

MOVE focuses on improving quality and expansion of CBHC through strengthening the capacity for provision of services and establishment of Women Action Groups and Shura-e-Sehi as required. A capable CBHC officer with 4 CHW trainers is supporting 21 CHSs and 325 health posts in Daikundi province. MOVE could successfully manage the CBHS functionality of human resources and supplies and also reinforce the functionality of health committees for all health facilities. There are regular monthly meetings among the CHSs, CHWs and members of health committees to discuss and decide on health related issues, challenges and seeking for coordinated interventions. During the monthly meetings CHWs reports are collected, compilation and analyses of the report done by CHSs and head of the facilities and then integrated with HF report. The CHWs are re-supplied with CHW kits drug and expendables every three months.



Staff Capacity Building:

Project staff capacity building has counted the only strategy for improving the quality of health services. Training Need Assessment has been conducted and the training plan implemented in project field. Most of the staff got several trainings at provincial and Kabul offices. The training opportunity provided for the health facility staff as a continues activity in different levels.

MOVE headquarter coordination team provided training and technical support to provincial projects through daily communication, direct project monitoring, collecting, analyzing, interpreting of the reports, supportive supervisions, on the job trainings on regular bases and provision of necessary feedback in timely manner.



Evaluation of HF's Services in Daikundi :

As part of project planning, health facilities evaluation has been done by MOVE provincial management team. All BPHS health centers evaluated based on a specific organization evaluation tools. The same tool was used in 2012 for evaluation of health facilities. Below table show the result of evaluation 2013 VS 2012.

Health Facility Evaluation, general average scores

<i>General Domains</i>	<i>2012</i>	<i>2013</i>	<i>Remark</i>
<i>Management</i>	55.9%	81.1%	
<i>Mother and Child Health</i>	81.2%	80.2%	
<i>Health Management Information System HMIS</i>	81.3%	82.9%	
<i>Immunization</i>	65.2%	74.2%	
<i>Pharmacy Domain</i>	51.6%	68.6%	
<i>Tuberculosis</i>	50.5%	66.2%	
<i>Malria domain</i>	25.0%	70.0%	
<i>Mental Health</i>	42.9%	95.2%	
<i>Medical</i>	43.8%	63.1%	
<i>community based Health care</i>	67.9%	64.8%	
<i>Laboratory</i>	64.9%	4.9%	
<i>Hygiene</i>	81.3%	72.5%	
<i>Total Score / 100</i>	66.6%	72.3%	

Delivery of health services & promotion of sustainable livelihood project:

MOVE Welfare Organization based on signed Letter of understanding with UNFPA, implementing delivery of health service & promotion of sustainable livelihood project in Daikundi since 1st of Feb 2012 and since May 2013 in Bamyan Provinces. The project main objective is delivery of health services and promotion of livelihood with a focus on reproductive health in most remote areas of Daikundi and Bamyan Provinces.

In 2013 MOVE succeeded to operate four components of the project to communities that are outside of the catchment areas of stationary health facilities in excess of 10 kilometres or three hours walk from the nearest stationary health centres to improve access to health services.

A total number of 47 family health houses (23 FHH for Daikundi and 24 for Bamyan) operated, The FHHs and MSTs had a focus on the marginalized sections of society, where people did not have access to public health services provided by BPHS. As a new healthcare modality FHH serves populations that do not qualify for a Sub Centre (SC), for which the minimum population being between 1,500 and 4,000 and staffed by a community midwife. FHH focuses on providing lifesaving reproductive health services to women and newborns in isolated communities and serves to promote healthy community lifestyles. FHHs and MSTs providing out-patient disease (OPD) services such as medical consultation, diagnosis and treatment of common illnesses, referral of complicated cases to higher levels of health facilities, treatment of childhood illness, minor surgical procedures & suturing, RH services such as ANC and PNC, follow-up of pregnant women and their birth plan, treatment, referral of complicated pregnancies, home delivery assistance, counseling for birth spacing and family planning through modern contraceptives, promote breastfeeding and nutritious feeding of pregnant and lactating women, Immunization service for children and for women, integrated management of childhood illnesses (IMCI), psychosocial education and support to women and men to reduce gender-based violence and health education sessions to remote communities. Also MSTs provided referral service and provided transportation for complicated cases to refer them to higher level health facilities.





CME Student Selection Meeting In Daikundi Province

MOVE with support of UNFPA deployed a total of six MHT in Daikundi and Bamyan provinces. Each MHT is composed by a medical doctor, a community midwife, a vaccinator and a health educator/driver. MSTs visited each SDP on a monthly basis. Service Delivery Points cover between 1,500 to 4,000 people in close proximity, however due to rugged terrain in those provinces where people live in small valleys and ravines on average, MSTs staff stayed 2 nights at each SDP per month.

The CBHC team has promoted activation of community health shuras. Health and/or CDC shuras in locations confirmed in a mapping exercise as suitable for HPs under coverage of FHH, the community asked to identify a pool of suitable candidates to be trained as community health worker, a total of 47 HPs (23 for Daikundi and 24 for Bamyan) operated during the reporting period.

The FHH and MSTs are fully staffed and supplied for pharmaceuticals, medical and non-medical expendables and material on regular bases. The transportation facilities provided for the MSTs and regular supervision and monitoring of the projects has been followed by provincial management team and head quarter management team. The performances of the services were good and the services were appreciated in provincial and central levels.

A Community Midwifery Education School for Daikundi province has established with full coordination of GIHS and UNFPA, 35 eligible female identified from interested applicants of un-served populations which are settled beyond the catchment areas of BPHS services areas. After full course of CME standard training for 26 Months, these CMWs would return to their villages and provide health services through new established FHHs. With community support two rooms structure called Family Health House (FHH) will be built by using mostly indigenous materials. Deliveries would be conducted and other reproductive health services would be provided at these FHHs.

The CME students of Daikundi who have been selected from the most isolated villages of Daikundi province was planned to be trained in center of Daikundi in Nili. While the opportunities for practical trainings evaluated weak in provincial level to meet the requirement of a quality practical site for student trainings. It has been proposed to UNFPA and GIHS to shift the CME training center to Kabul and provide quality practical training opportunities to students. It has been approved by both UNFPA and GIHS and the school established in Kabul. The school established, furnished and started the activities based on CME standards, including appropriate training hall, library, lab skill, computer lab, management offices, dining room, kitchen, kindergarten and hostel rooms.



The CME examination and selection process in Daikundi



The Rabia balkhi hospital, Khoshal khan CHC and Mirwais maidan CHC have been identified as practical site for CME students . An agreement signed with Rabia Balkh Directorate and PPHD to provide the opportunity for CME students as practical site

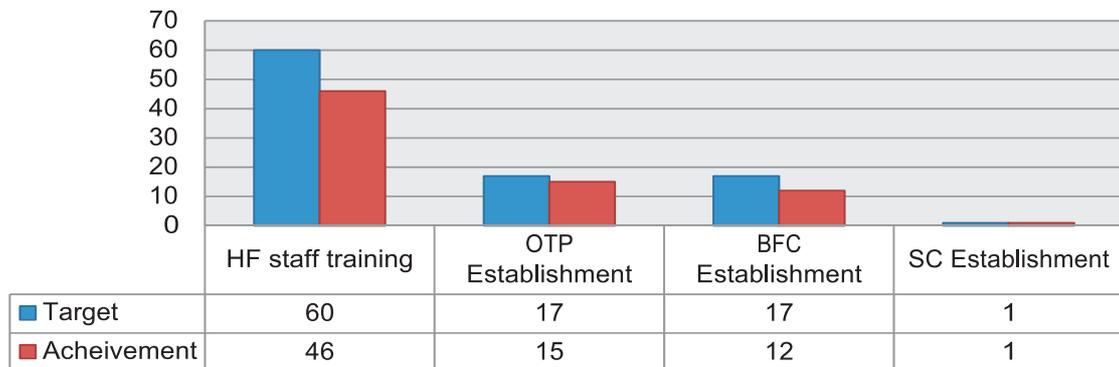


Improving Nutrition for Mothers, Newborn and Children Project:

This project is started from July 2013 in partnership of Save the Children and funding of CIDA. The project is designed for three years. The project is focusing on mother, newborn and child nutrition in according to MoPH national strategy and implementing with close coordination of public nutrition department. The objectives of the project is to provide access to nutrition promotion and treatment service through training of health provider, nutrition education, treatment of acute malnutrition in outpatient and inpatient scheme, build the capacity of health services provider to response to complicated and non- complicated SAM cases, counseling service for IYCF, community awareness through building the capacities of CHWs, FHAG and health shura at community level. During 2013, about 15 OTPs in six districts, one stabilization center in Ulqan DH and 12 breast feeding corners in six Districts are established and maintained for service delivery in Daikundi. Need assessment in 20 health facilities in terms of OTP equipment, staff and knowledge has conducted at the commencement of project.

Project staffs are hired and trained, about 46 staff of health facilities has been trained in MNCN package, a total of 335 CHWs have received the MNCN training in six districts. OTP and SC sites are supplied regularly and supervision and monitoring activities conducted as planned.

Project performance

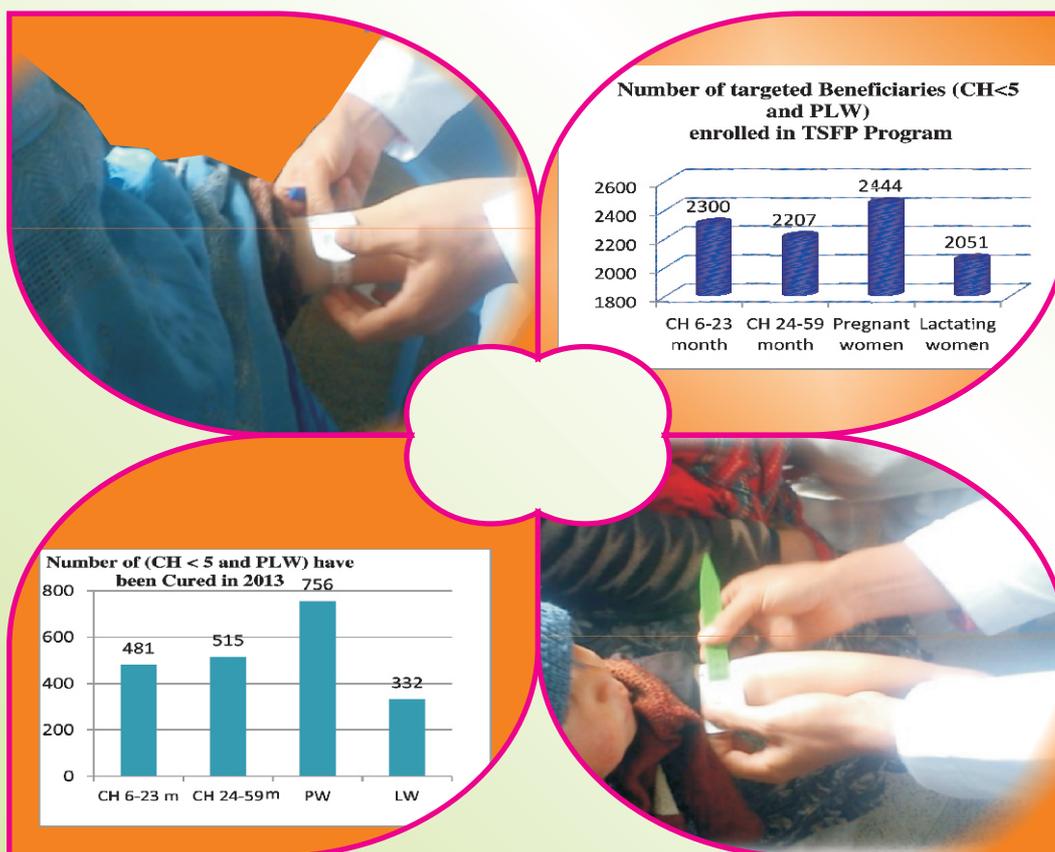


Target Supplementary Feeding Program:

Targeted Supplementary Feeding Program is implementing in Daikundi and Badghis provinces funded by WFP, TSFP target group are under five children, pregnant and lactation women.

The project is started form July 2013 in Daikundi province focusing on under five moderate acute malnourished children (6-59 months) and malnourished pregnant and lactation women (PLW), the project is implementing through 21 SFP sites which is covering all districts of Daikundi. Staff for SFP project have been hired, trained and the centers furnished for services provision, further capacity of health providers on treatment of MAM cases built.

The project targets are **5,319** moderately acute malnourished children and **2,757** acute malnourished pregnant and lactating women (PLW). Currently the project sites are functional and have normal distribution to the program beneficiaries. During 2013 total 38,050 under five children has been screened through health facilities, among them 33,175 cases were no acute malnutrition 447 were SAM and 4,428 of them were MAM cases and got admission in SFP sites and received RUSF (Ready to Use Supplementary Food). Likewise a total of 22, 949 pregnant and lactation women has screened through health facilities, which 6,379 are found as malnourished PLWs and received the food commodities.



The TSFP project has started in May 2013 in Badghis province and continued up to end of December 2013. Five supplementary feeding centers (SFP) established in 4 Districts (Qala-i-Naw PH, Laman BHC, Qadis CHC, Abkamary BHC and Moqur BHC). Total 3147 children and 2180 PLW targeted to be enrolled in SFP, about 4,507 under five children with MAM have been admitted in SFP and about 4,495 pregnant and lactating women with MAM have screened and enrolled in SFP. A Total of 996 under five children have cured and 1,088 pregnant and lactating women have cured in SFP during 2013. Distribution of food commodities done as planned and about 715.341 MT foods have been distributed during project implementation.

Maternal and Under-5 Nutrition and Child health Project:

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

From the commencement of the project logistical and financial system arrangements are completed and human resource management including recruitment of the project staff, training of staff and coordination for implementation has started and the activities are in progress in accordance to the project work plan.



Community Health Nursing Education Project:

MOVE is committed to building the capacity of the health sector in Afghanistan, in particular, to improving maternal health and reducing maternal and child mortality. To ensure availability of qualified and competent female care providers in some of the remotest parts of the country, MOVE with support of Global Fund has contracted CHNEP in four provinces of Afghanistan, including Samangan, Nimroz, Ghor and Daikundi through three different LOTs. MOVE, has extensive successful experience using the community nursing education curriculum, and is familiar with the educational standard based management and accreditation process. It has a team of qualified and experienced trainers, a good physical infrastructure for the schools in place. MOVE has a demonstrated good track record of financial and technical success in administration CHN education projects.

The Samangan CHNEP project which was started in July 2011 funded by GF/HSS/MOPH has been implemented in partnership of AKHS. The Ghazanfar Intermediate Health Service education curricula has been implemented. The teachers were trained for standard training follow up during the FDPs (Faculty Development program) which has been conducted for each semester by GIHS. The project is technically supported by GIHS and passed the required external assessments including the final assessment for accreditation board of GIHS. The program successfully completed in December 2013 and during a provincial graduation ceremony the graduated students officially introduced to GIHS/MOPH/PHD for employment in pre-selected health facilities.

Building upon these programs, and having established trust with communities, MOVE was able to effectively retain, graduate, and deploy all CHNE graduates who completed an 24-month Community Health Nursing Education Program with partnership of AKHS in Samangan (37 CHNs).



MOVE Samangan CHNEP Student Graduation Ceremony

Currently MOVE is implementing Community Health Nursing Education in Nimroz, Ghor and Daikundi provinces. The projects contracted with MoPH/HSS and funded by GF, the projects started in June 2013 and has been implementing by MOVE with standards and criterias sat by MOPH/GIHS. The Ghor/Daikundi CHNE projects is implementing in partnership of BARAN an Afghan national NGO and through this project a total of 150 CHNs will be rained and deployed to the BPHS structures (37 CHNs from Ghor and 38 CHNs from Daikundi provinces), Simultaneously, The Nimroz CHNEP was started in same time and through this project a total 38 female students will be trained for a period of 24 months in Community Health Nursing Education. The Ghazanfar Intermediate Health Service education curricula will be implemented



MOVE has a fully equipped training facility for CHNE schools in the provincial capital. The selection of the students has been followed in full coordination of provincial authorities and Provincial Health Directorate in accordance to the section criteria's of GIHS. The faculty and hostel set up completed. The management staff and faculty teachers hired and the schools are officially inaugurated and the training is going well. The trainers got the FDP- I for first semester faculty development program in GIHS.

The project is technically supporting by GIHS/MOPH and will be monitored for standardization for accreditation.





The objective of the project is to increase the access of people especially women to the health services through strengthening the female health providers in the BPHS HFs in the province . The project is technically supporting by GIHS/MOPH and will be monitored on standardization for accreditation.



Standard Operation Procedures/Program Supply Management:

MOVE operation department have followed its activities in accordance to the the operational cycle including, procurement, stocking & releasing, transportation, asset management, supervision, monitoring and security. The activities performed to facilitate the health services delivery and active management of the procedures in central and provincial levels for each project. Guidelines and procedures have been designed and implemented based on MOVE policy and DONORs requirements.

Regular supply of projects offices and field:

The consumable and non- consumable projects supplies to all health facilities have been done on monthly and quarterly basis. The central operation department follows all the project operational activities through a daily reporting updates and regular field supervision and monitoring system. During the supervision on the job trainings provided to improve the quality of services and their skills and experiences for the related jobs. The provincial management of operational issues is managing by provincial logistic team.



Winterization management for the projects:

Running of health facilities during the winter season with road cut off is a huge challenge for health service delivery. To prevent any shortage in such situation, MOVE managed a six month winterization supply to all projects field, winterization plan has been implemented successfully in all projects. It was included pharmaceuticals, medical and non- medical expendables, hygiene materials, stationeries, winterization equipment such as heaters, fuel, gazes... etc.



Support the Referral system

Referral system is the important activity that can have a significant and effective role to improve the health status and to reach the assigned target. We use rental and official Ambulances that are standardize and equipped according to ambulance rule.



Maintenance

Renovation of health facilities and maintenance of infrastructure was main activity of logistic department for all MOVE projects. Despite the projects have not fund for construction, but the team of maintenance have been trained in construction activities such as painting, canalizing, electric and other maintenance work. MOVE could constructed 14 Family Health Houses with four rooms and one bathroom along with a big corridor in each FHH with contribution of local community.

Daikondi 14 FHHs construction working process



Assets & Inventory follow up

To achieve control over asset and inventory, all MOVE asset and inventory are registered in standard database and updated on quarterly bases in all project offices and health facilities. In order to follow the wear and tear and to have visibility and proper tracking ability all assets and inventory labeled with a tag number.

Reporting and supervision/ monitoring.

Operation department is implementing the organization standard recording and reporting system for all operation issues, consumable and non- consumable materials and monitoring tools for program. Operation Director is supervised and monitored overall work progress in all sections according to the action plan. The supervisory and monitoring checklists are used in deferent sections (Transport, Maintenance, procurement, stocking...etc) and analyzed and necessary action taken.

Human Resource Management:

Human Resources is committed to excellence in action through the development, delivery and administration of opportunities for MOVE employees and staff that help to attract, retain and develop a diverse workforce in support of the MOVE mission.

MOVE human resource department uses the HR policy manual of the organization as a guide for the human resource management. It employee contract and follow up is based on standard national and international norms. Central office in Kabul and each project has a section of human resource that has direct link with central office.

In 2013 MOVE has hired 250 new employees for different projects which reached to a total of 650 contracted salary paid employee (180 female and 520 males) including management and field projects.

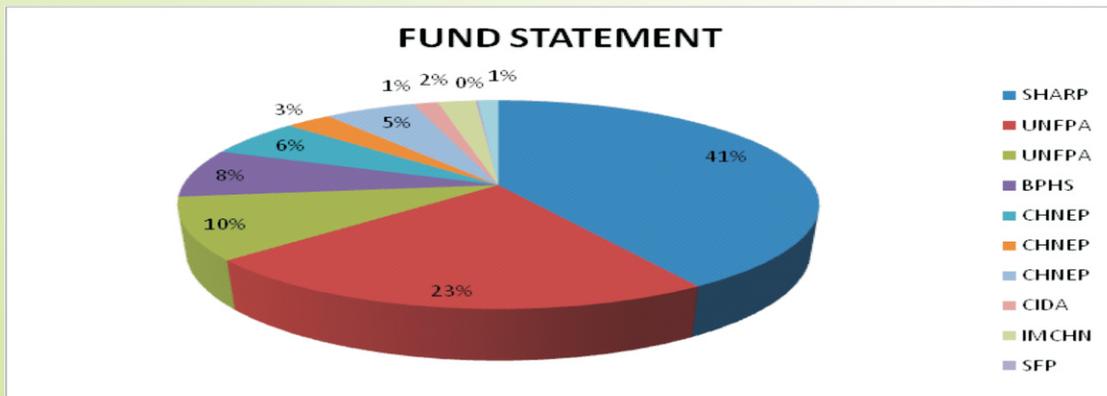
Performance evaluation and job description follow up are part of HRM which should certified by direct supervisor. In addition, implementation of organization policies and procedures is part of human resource department activities.



Financial Management and statement:

MOVE operates through a well-established finance setup in head office. The head office providing support and control all 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 general accepted accounting procedures 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 MOPH and MoE on required time and shared with relevant stakeholders for activities of concern. The financial statement for the year 2013 has been highlighted in adjacent chart



MOVE DONORS-2013



