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ANNUAL REPORT
2017

MOVE WELFARE
ORGANIZATION

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GENERAL DIRECTOR MESSAGE

MOVE has turned a meaningful corner on its organic growth path with substantial expansion of its geographical expansion and sector expansion. In MOVE history, we have been so well positioned to deliver scaled and lasting change in the health of targeted communities. And it's because compassionate, committed people for 14 years have stepped forward — giving of themselves, their knowledge, Their resources, their time — in order to provide healthy society. Thank you for your past and future investment in our life-changing work and mission.

Last year we worked in five provinces of Afghanistan and reached more than two million people through 18 projects. We continued MOVE's commitment of being on the front lines of tackling peoples health challenges. We provided Basic Health Care and Specialized Hospital Services to most needy and rural underserved population.

Beyond the health and emergency aid, We attacked the root causes of poverty, such as gender discrimination, so that more girls, can access a quality midwifery and nursing education — and realize their full potential, we selected, trained, deployed and empowered about 120 community Midwives and Nurses across the three provinces of Afghanistan.

Citizen Chartered and Capacity Development are other projects that are focus areas of MOVE in line with the present emphasis of the government in its endeavor to capacitate community development counsels, enhance communities in regards to recognizes tier needs and provide timely monitoring of their projects. MOVE Training and Resource Centre established and grew extraordinary. The capacity development trainings provided and number of trainees increased during the year.

I believe this has been the result of committed staff and incredibly devoted volunteers. I thank you all and hope that you will continue in the same manner in the year to come. For me, this has been a very satisfying year and I look to resolving more issues, undertaking more developing to our values and our mission over the coming year.

We are privileged to have our donors who provided us their support, as the most of our funding comes from donors. Thank you very much for your trust in us. We will endeavor to be transparent and accountable.

Dr, Abdul Malok “Khalili”

ABOUT MOVE

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WHAT MOVE DIFFERENT IS?

ABOUT MOVE

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

Our Values

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

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.

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

EXECUTIVE SUMMARY:

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This report covers MOVE's activities for the period 1st January 2017 to 31st December 2017. These activities have been undertaken in various projects and locations as highlighted in the projects reports. During this period, MOVE continued with its services in health promotion, prevention, treatment, community mobilization, capacity building, education and social development activities in its targeted areas of Badghis, Nimroz, Kabul, Bamyan and Daikondi provinces of Afghanistan. The Daikondi BPHS and Nimroz and Badghis standard Charter projects started in June 2017 by passing all the procurement procedure through a national bidding process. MOVE managed 1, Provincial Hospital, 9 District hospitals, 18 CHCs, 48 BHCs, 49 SHCs, 9 MHTs, 82 FHHs 1 Prison health facilities and 3 CME/CHNEP schools for service provision. MOVE during this year expanded its activities to community development program through partnerships with ACTED and CHA organization for implementation of standard chartered projects channeling by MRRD in Badghis and Nimroz provinces. The total of 374 CDC are planned to be established.

Although MOVE projects performances during 2017 were well in overall, but the implementation had many challenges including shortage of managerial staff, disruption in management of fund flow, money inflation, cost increments, social instability and on top of all the insecurity. We endeavored to respond with endurance and proficient approaches to address projects priorities, drive quality service and positioned ourselves to meet the country the most needs, caring for individuals and the community. Caring for those who need it most and making best use of available funds and resources with transparency and accountability. Despite remarkable progresses in public health status, still serious concerns about health services quality and financial sustainability is there. Poverty level is still remains high which have been negatively affect the social health status.

Considering all mentioned social challenges and its consequences on population, MOVE achievements were satisfactory, all HFs were functional, staffing was more than 95% supplies accomplished timely and the clients could receive maximum of benefit from incurred resources. The tremendous work carried out in related projects catchment areas are the result of the hard endeavor, resistances and tolerance to work under pressure, of MOVE management and field staff who worked with great commitment day and night in a very challenging condition. We thanks all MOVE staff for their dedication and hard efforts to provide quality services and achieving projects objectives. MOVEs is grateful to provincial (PPHDs) and central MOPH and all other stakeholders who technically and financially participated in the project implementation and paved the ways for MOVE to strategically achieve its one year objectives and goals. It is worth mentioning that the targeted community and their representatives also actively participated and contributed for the success of the whole process of the project implementation.

Alhaj Dr. Abdul Latif Rashed
MOVE Executive Director

PROJECT ACTIVITIES SUMMARY PDF Compressor Free Version

MOVE health projects (BPHS&EPHS) services covered, around 1,995,399 populations in four provinces (Badghis, Bamyan, Kabul, and Dikundi,) of the country. The health services delivered through 1 Provincial Hospital, 9 District Hospitals (DHs), 18 Comprehensive Health Centers (CHCs), 48 Basic Health Centers (BHCs) , 49 Sub Health Centers (SHCs) , 9 Mobile Health Teams (MHT), 82 Family Health House (FHH) , 1196 Health Posts(HPs). MOVE running the Community Midwifery Education (CME) and Community Health Nursing (CHNEP) in Kabul and Daikondi provinces (48 CME and 48 CHNE students) and Community Health Nursing (CHNE) program in Bamyan (24 Female CHNE students) funded through SEHAT projects. The projects are running smoothly and almost all core performance indicators for the year 2017 were successfully accomplished, based on contracted project plan. The project targets have been sat by MOPH in collaboration with implementing agency and in accordance to international health services norms. The detailed performances of the projects demonstrated in projects description part in this annual project report.

In BPHS and EPHS health facilities total of 2,533,813 OPD services provided with standard services by medical experts. Total of 10,336 IPD cases managed in provincial and 28,121 cases in districts hospitals. The pharmaceuticals for treatments of morbidities provided free of charge to all HFs. In total the provincial hospitals 3,600 and district hospitals 7,453 major and minor surgery operations performed, during the year 2017. The RH sections managed 50,611 ANC, 41,417 PNC, 23,632 normal deliveries- 1,339 assisted deliveries, and 56,921 family planning consultation services. The EPI section could performed 45,935 penta-3, 50,231 penta-1, 91,445 measles, 31,194 TT+ for women and 57,769 BCG vaccinations. The X- ray section performed 10,931 radiography of different parts and 5,662 ultrasonography performed for the clients. In lab sections totally 102,661 routine, serologic and bio-chemic tests have been done for support of accurate diagnosis of morbidities and facilitation for medical experts. The above mentioned services has been done by 1,578 employee, including 509 female and 1,104 male medical and non- medical contracted employees.

MOVE has been started the implementation of CCAP in Badghis/Nimroz since May 2017. And the project core performance indicators for the year 2017 were successfully reached to the sat target based on contracted project plan. The targets have been sat by CCAP/MRRD in collaboration with implementing FPs and in accordance to field situation during the year 2017, total 249 Community Development Councils (CDCs) of Badghis and 125 CDCs of Nimroz roll out, communities profiling was completed and 235 CDCs in Badghis and 96 CDCs in Nimroz election process, Bank account opening, poverty analysis, Seasonal Calendar, Leaking pot, Women's Mobility Exercise and Community Development Plan process completed and the related forms submitted to Provincial Management Unit. In this period 52 Social Mobilizer in Badghis and 25 Social Mobilizer in Nimroz trained in 1st ToT and 24 Social Mobilizer in Nimroz at 2nd ToT. and tow refresh regarding the program provided to Badghis and Nimroz staff.

ABOUT THE PROJECT

BADGHIS EPHS PROJECT

Project Name: EPHS/SEHAT II /Badghis

Duration: Dec- 2015 to June - 2018

Location: Badghis Province

Population cover: 511,671

Project Goal:

To improve the health of the people of targeted population, especially women and children, through implementing the Essential package of Hospital services (EPHS).

Project Objectives:

To deliver the EPHS in Badghis province which will contribute to achieving the goals of the Ministry of Public Health which are to:

- (i) reduce maternal and new-born mortality;
- (ii) reduce under 5 mortality, improve child health and nutrition
- (iii) develop the health system.

Infrastructure: The hospital building is Governmental Building, almost covering all hospital services.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

MOVE has been started the implementation of EPHS in Badghis since December 2015. The hospital services and management improved gradually. The project core performance indicators for the year 2017 are satisfactory and almost reached to the level of sat target.

Badghis Hospital Core-Indicator	Baseline	Target	2017	Remarks
1. Score on the hospital balance scorecard that examines quality of care, amount of services ,equity and management process in Badghis provincial hospital	72	87	NA	The score of 2017 not announced yet by third party
2.The proportion of pregnant women who have a cesarean section	7%	10%	12%	More than the target
3. Bed occupancy rate (BOR) in Badghis Provincial Hospital	75%	>75%	78%	More than the target
4. Average Length of stay (ALOS) in Badghis Provincial hospital	2.1	3.5	3	Near to target
5. % of technical staff position filled, according to EPHS minimum staff requirement	57%	80%	94%	More than the target
6. Number of hospital community board conducted per year.	NA	12	12	Equal to target
7. Proportion of children <5 with sever acute malnutrition(SAM) who were successfully treated and discharge	85%	>85%	92%	More than the target
8. Functionality Equipments Index	86%	100%	100%	Equal to target

HOSPITAL SERVICES:

Total of 10,336 Patients were admitted in the provincial hospital and received IPD services. The OPD section of the hospital were provided 24 hours service and during the year could cover 112,423 OPD clients of Badghis province and around 300 cases on daily bases.

Total Staff: 111 Medical and Non Medical staff. The key staff of the hospital are :

Director: Dr Abdul Latif Rostaiye

Project Manager: Dr

Mohammad Nader Rahmani

Health Director: Dr M. Haidar Hesami

Nursing Director: Mr Abdul Samad

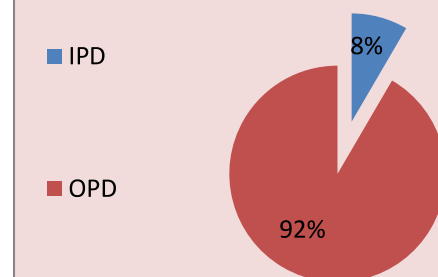
Administrator: Mr Ahadullah

PROJECT INPUT AND ACTIVITIES

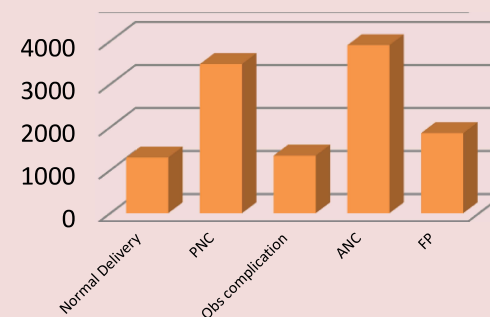
Hospital staff positions are almost all filled and reached to 94 % based on EPHS recommended qualifications. The staff contracts updated and all hospital services are functional. The hospital board of management maintained, quality improvement committees (including, HMIs, recruitment, IP, QI, Training and Capacity building, Death Review, Procurement, and management) were functional.

The hospital system for management of administration, finance and logistic has been developed and respond to all

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Zaranj Hospital Clients



RH Service



In total the hospital performed 3,600 surgery operations during the year 2017. The surgery team responded to all surgery emergencies, traumas cases, war related injuries, selective surgery cases and Gynaecologic Obstetric cases by having two surgeons, two orthopaedists and one Gynaecologist.



The RH section managed 1,634 patient with major obstetric complication 3,906 ANCs, 3,467 PNCs, 1,295 normal deliveries, 1339 assisted deliveries, and 1,864 family planning consultation and services .

The Pediatrics services for IPD, Neonatology and TFU served the hospital required clients, more than 50 % of hospital clients are children and 40 beds has been allocated for pediatric section. 185 sever malnourished children cured in the TFU. The IMCI implemented in management of pediatric section and the treatment success improved moreover. The

multifaceted activities.

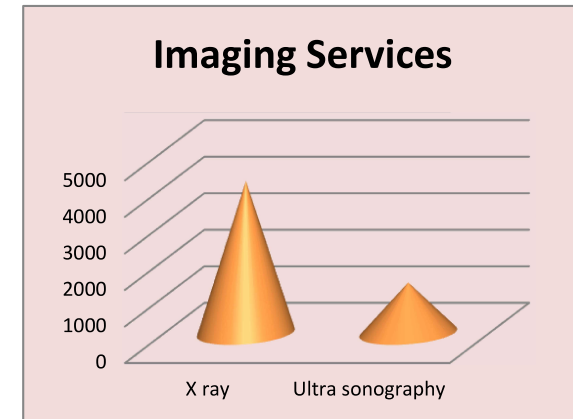
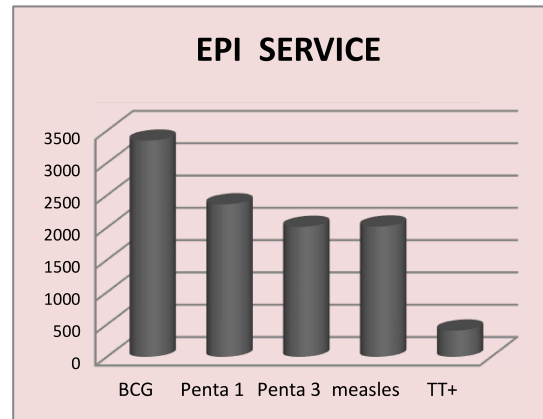
The hospital supplies managed timely by Badghis PH management team with coordination and support of MOVE HQ to cover the drug supplies, food and hygiene supplies, fuel, stationeries and other medical and non medical expendables materials and supplies.

The record of all supplies maintained and consumption and inventory list are regularly updated.

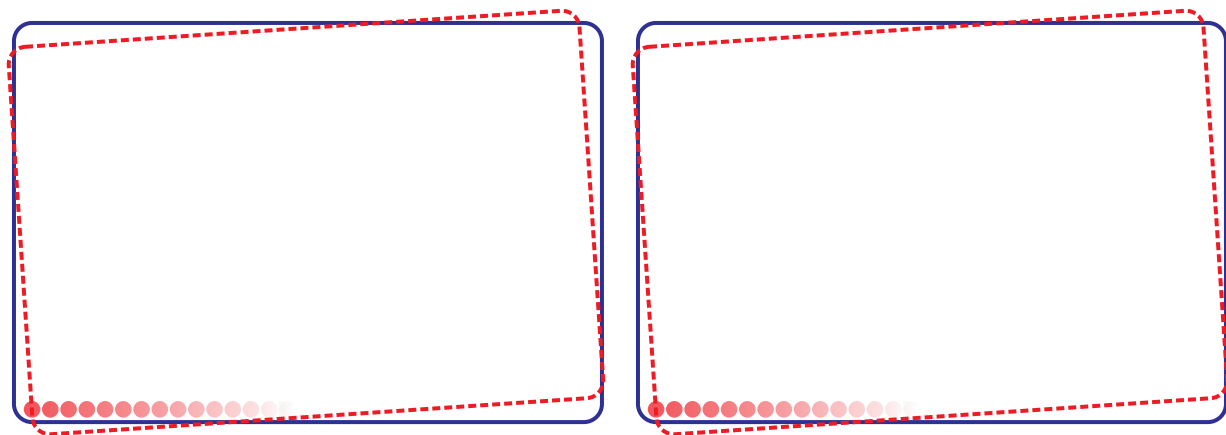
To improve individual employee performance accountability and responsibility, Hospital Code of conduct and medical ethics had been developed and followed. Hospital action plan for quality improvement developed and implemented around 94 %.

Renovation of hospital in different parts and necessary constructions performed. The OPD, pediatric ward, surgery and gynecology wards

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Adult IPD were functional for internal disease problems in different section such as cardiology, respiratory, digestive system etc. 117 TB smear + cases has been treated. The EPI section could perform 2012 penta-3, 2361 penta-1, 2017 measles, 406 TT for women and 3347 BCG vaccine administration. The X- ray section performed 4166 radiography of different parts and 1382 ultrasonography performed for the hospital clients.



Dental section had 3771 dental consultation including the extraction and medical treatments. The emergency section of the hospital performed dressing, injections and emergency procedures. 32252 routine, 3368 serologic and 2112 biochemical tests have been done by lab section of the hospital.



renovated. The pharmacy equipped with shelves, the physiotherapy and dental section equipped with required equipments. Painting of TB rooms, construction of washing facility in mortuary room, installation of water filters for kitchen ... was major activities in in this section.

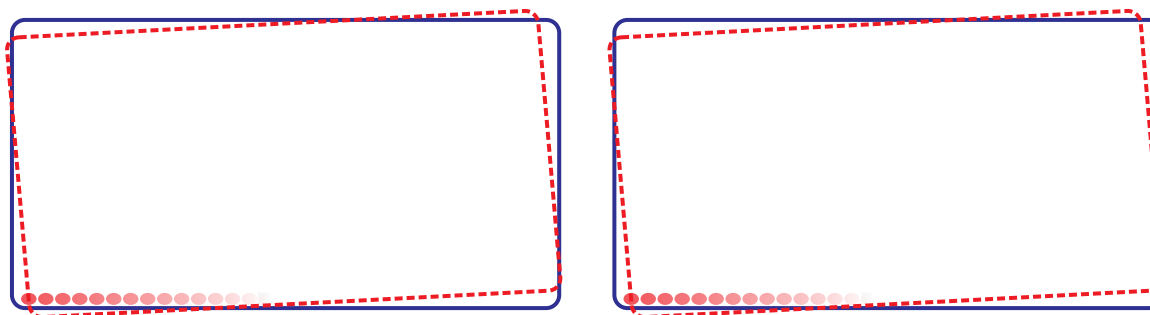
Five ambulances are functional for providing referral services for the hospital patients. The ambulances are ready 7/7 24 hours for service provision. Ambulance equipments renewed for emergency assistances. The services improved and maintained.

TNA conducted and training plan developed and implemented, For capacity building of staff .The hospital IPD and emergency services provided 7/7 around the clock. The trauma center covered all traumatic casualties in provincial level with having two orthopedic surgeon.

Pharmaceuticals, medical expendables and non medical

PDF Compressor Free Version **SUCCESS CASE STORY:**

On 9th of Qaws, 1396, The 12 years old Qudratullah son of Mr. Abdul Khaliq is so young, when faced a terrible accident by the grinding part of a mill machine. He is a resident of Chakab village, Abkamari district, Badghis province. He was brought to the Emergency Room of Badghis PH with a severe large injury on the dorsal part of his right hand, cut most of the important tendons, muscles and blood vessels, and distal radius fractures. The hospital Emergency Room doctor and nurses provided all the basic and essential aid immediately. By stabilization of his condition, he was shifted to OT, the orthopedics and surgery team together followed the case. The hard decision was made by them to repair the wounds. In order to prevent probable amputation of the patient's hand, the leadership of surgery team made a close and careful inspection of the site and eventually concluded an emergency operation. Attendants of the patient also could not afford to pay for heavy costs of taking him to an advanced and specialized health center and repeatedly asked and emphasized on any possible intervention could be done to him here in Badghis PH.



Finally, after getting an agreement with the patient's family, surgery and management leadership of the hospital decided to immediately operate his hand in order to save patient's hand from amputation.

The patient was undergone for emergency operation under general anesthesia, the required anatomizes performed and stopped the bleeding, sutured the tendons and the fractured parts of the bone were fixed with Krishner's Wire, sutured the wounds and applied a splint.

After two days, during a gathered round/visit of the patients, his dressing was changed. Two weeks later, removed his sutures and discharged him with a functional hand.

After three weeks the patient attended for removing the Krishner's wire. He had a normal hand and his family and he was so grateful to the doctors and management team of the

material supplied on quarterly. the fresh food and daily expenses managed through hospital procurement committee.

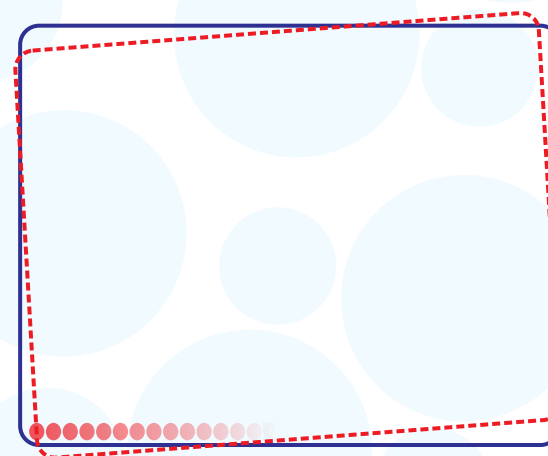
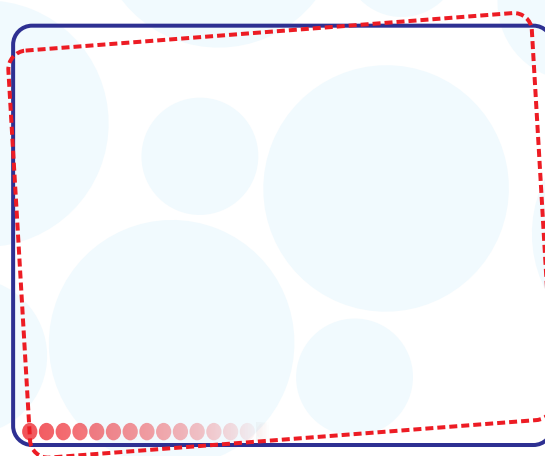
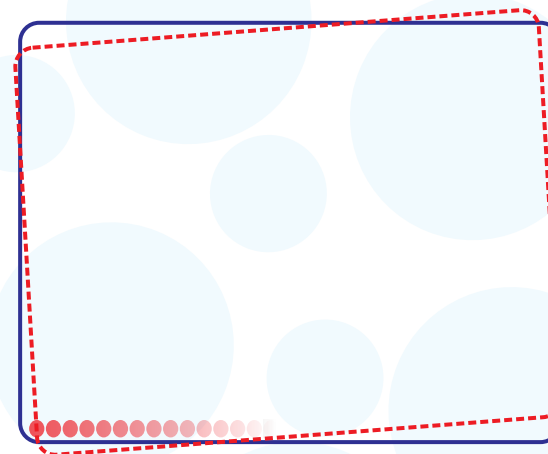
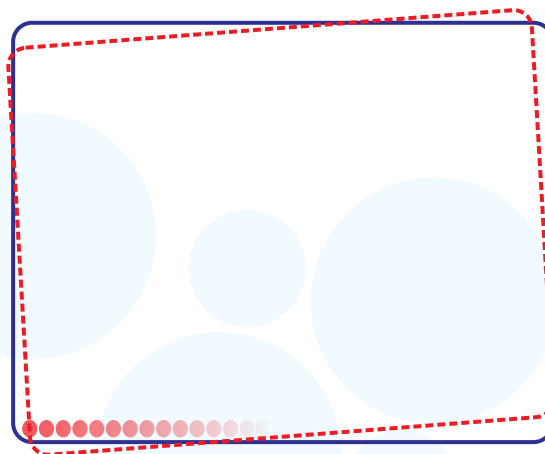
Formats for recording and reporting of different section has been supplied on quarterly bases. Recording and reporting improved and maintained. The staff salaries paid through banks accounts and hospital expenditures managed by PH finance section.

Supervision and monitoring of activities has been done by hospital management team (daily bases), MOVE HQ (quarterly), PPHD and central MOPH (3 time).

Satisfaction from health services improved and hospital services admired by community and provincial governor.

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hospital. The surgery team appreciated by hospital management for their best performance for the needy people of Badghis province.



ABOUT THE PROJECT

KABUL BPHS-SEHAT II PROJECT

Project Name: BPHS/SEHAT /KABUL

Duration: July- 2015 to June - 2018

Location: Kabul Province Rural Areas (13 Districts)

Population cover: 672,400

ORVEALL OBJECTIVES:

The overall objective of the project is to contribute to achieving MoPH goals to reduce maternal, new born and under 5 mortality and improve child health and nutrition through BPHS implementation in Kabul province.

The project covering 13 districts of Kabul province (it is all Districts except Bagrami).The project cover 43 HFs including 4 DHs, 9 CHCs, 24 BHCs, 6 SHC and 486 HPs (4HF operating in rental and 39 in Governmental buildings). All HFs are functional including CBHC network HFs shura, HPs level shura and FHAGs.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

The project core performance indicators for the year 2017 were successfully achieved. The targets are sat based on project plan and contract.

Kabul BPHS Core-Indicator	Baseline	Target	2017	Remarks
1. Contraceptive Prevalence Rate - % of women 15-49 years currently using a family planning method [modern].	20%	26%	25%	Almost reached to the target
2.TB Notification rate for NSS positive.	20%	22%	35%	More than the target
3. TB treatment success rate.	74%	90%	>100 %	More than the target
4. Increased immunization coverage of children aged between 12 -23 months who are vaccinated with Penta3.	63%	93%	>100 %	More than the target
5. Score on the balanced scorecard examining quality of care in SHC BHCs, CHCs.	52	67	NA	The score of 2017 not announced yet by third party
6. Health Facility Utilization Rate: OPD Visits per person per year.	1.8	2.36	2.41	More than the target et
7. Proportion of births attended by skilled attendants (excluding trained CHWs).	79%	91%	56%	Less than the target
8. Coverage of antenatal care-% of all pregnant women receiving at least one antenatal care visit.	90%	99%	>100	More than the target
9- Proportion of pregnant women and of lactating visiting health facility received counseling support on infant and young child feeding (IYCF).	NA	90%	92%	Equal to the target
10. Proportion of children <5 years with severe acute malnutrition enrolled in treatment and cured in program.	NA	70%	85%	More than the target

Total Staff: 595 Medical and Non-medical staff.

The key staff of the project are:

Project Manager : Dr Abdul Maroof Behzad

DPM: Dr Khalil Omar

DPM-Fin: Mr. Naser Hilali

HMIS-M&E: Dr Abdullah Qarizada

HR- CB : Dr Abdul Karim Homayon

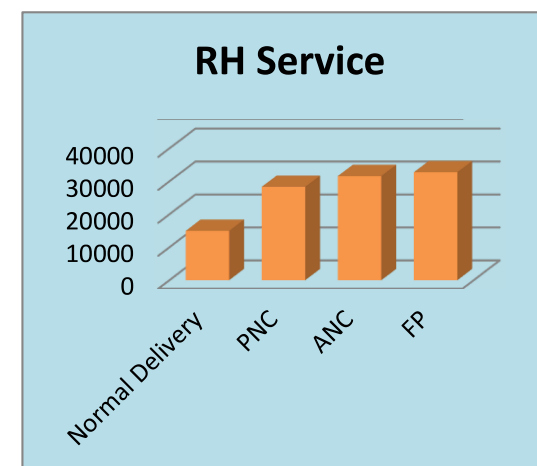
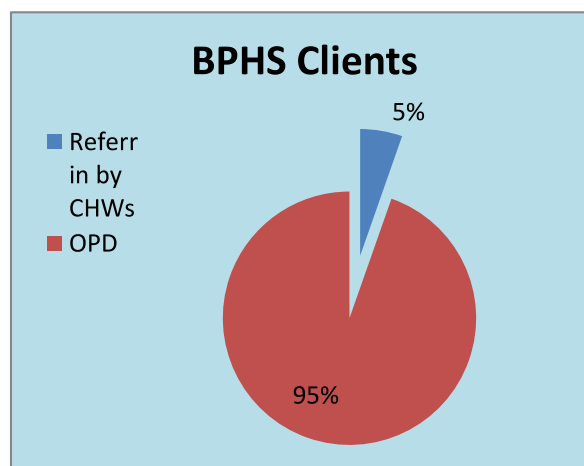
The total of 43 HF are providing the BPHS health services for the catchment areas. The DHs and CHCs are providing BEMNOC and emergency services around the clock. The DHs and CHCs equipped with Ambulances to deliver the referral activities between BPHS HF and EPHS HF.

Regular supply of Pharmaceuticals and logistic accomplished for all HF. The HF staffing patterns reached to BPHS recommended level. The shortage of Female doctor which was a chronic challenge overcomes.

KABUL BPHS HF. SERVICES:

Total of 1,613,593 OPD consultations performed in all HF during 2017, which shows a high utilization rate of the health facilities service and rate of around 2.5 consultations per person per year in the catchment areas. In total the four District hospitals performed 4,371 major and minor surgery operations during the year 2017, 128 Caesarean sections has been done in District hospitals. The surgery team responded to all surgery emergencies, traumas cases, war related injuries and selective surgeries.

The RH section managed 31,592 ANC, 28,343 PNC, 14,974 normal and assisted deliveries, and 32,761 family planning consultations and services .



The IPD services in DHs and CHCs managed, adult complicated cases, Pediatrics cases, Neonatology and TFU services. 397 severe malnourished children cured from the TFU. The IMCI implemented in management of pediatric section and the treatment success rate improved. 191 TB cases notified and 252 TB smear + cases have been treated. Totally 138,769 under-five children assessed for growth and 2,676 severe acute malnourished children identified and treated. The rate of severe malnutrition cases among the children monitored is 1.9 % which is still high and need consideration for treatment and prevention. For 61,646 cases IYCF consultation has been done. 104,440 mental health and 49,249 eye problem cases diagnosed and treated in Kabul HF.

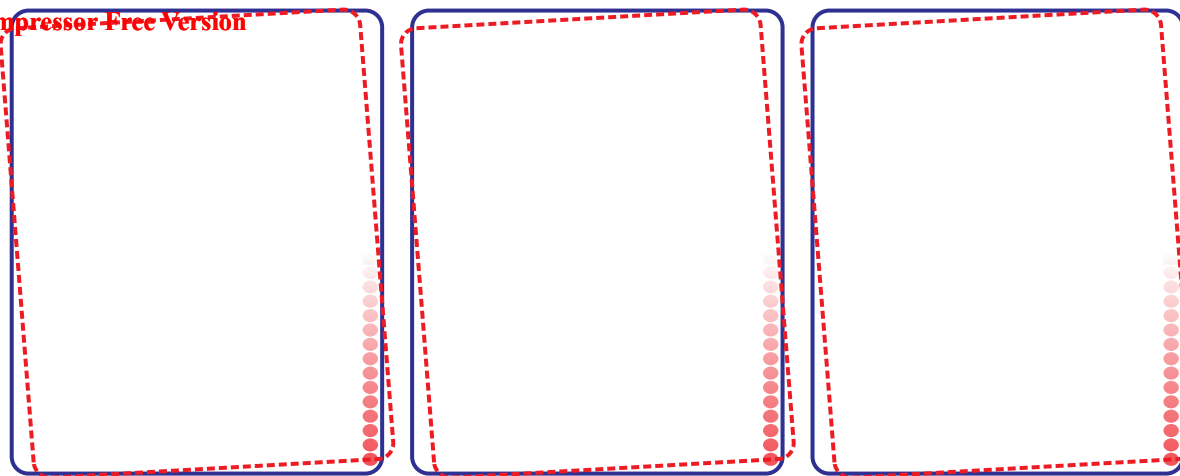
To address Lack of qualified female staff in the district The CME and CHNE program started 25 CME and 24 CHNE students selected from the HFs surrounding areas, enrolled in schools and after 24 months theoretical and practical training graduated.

Based on project work plan, the project activities supervised regularly by technical and supportive departments. All BPHS components including RH, Mental Health, disability services, Psycho social counseling, physiotherapy service, Public nutrition services (TFU in DH and CHCs) are strengthened.

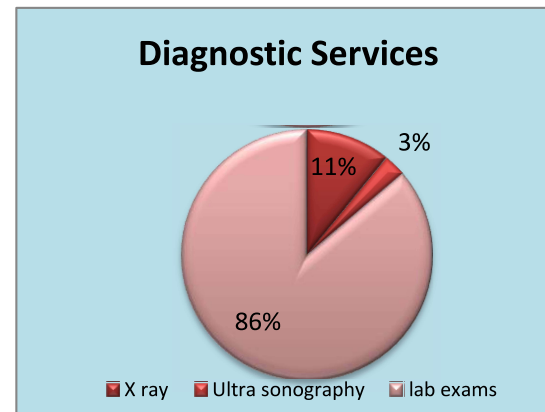
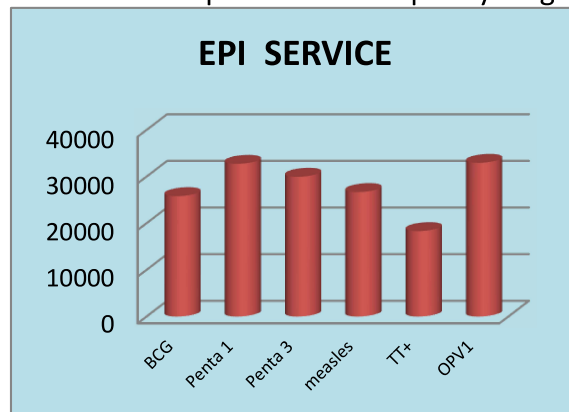
The project was monitored regularly by project key staff, MOVE HQ, KPPHD team, GCMU and MoPH departments and written monitoring report shared with PO. Remedial action plan was developed by PO team to address the gaps and new recommendations.

The CHH+ of Mirbachakot upgraded to DH after approval

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The EPI section could performed 29,973 penta-3, 32,751 penta-1, 26,687 measles, 18,321 TT+ for women and 25,814 BCG vaccine administrated. 32,960 OPV 1 vaccines have been administered in HFs. The X- ray section performed 5,014 radiography of different parts and 1308 ultra-sonography performed for the hospital clients. Dental section had 70,461 dental consultation including the extraction and medical treatments. The emergency and dressing section of the HFs conducted dressing, injections and emergency procedures. In lab section of HFs, 39,792 routine and serologic tests has been performed for quality diagnoses and treatment of clients.



The CHWs had 621,456 home visits and 91,657 referral cases as part of community health support and system during the project period.

of MOPH. 22 new staff hired for reaching the DH level staff and recommended services. Medical and non medical supplies accomplished. Arrangement for the adjusting of services and management of the DH done for strengthening the services.

Regular Logistic Supply for 43 Health Facilities including Hygienic Materials, Drug Supply and related logistic materials on quarterly base and emergency supply as per need have been done.

Providing Transportation facilities for supervision of PO staff and HF staff including hiring of rental vehicles and ambulances.

Maintenance of HFs structure, fuel for vehicles and EPI motor bikes. Winterization supply to PO, CME-CHNE schools and HFs done.

Comprehensive renovation of 3 rooms, emergency room, 12 toilets and bathrooms in Qarabagh DH.

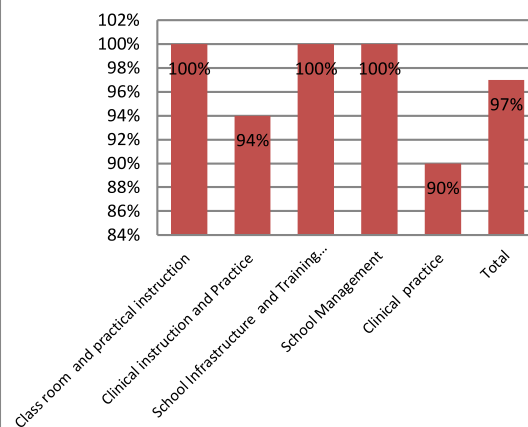
Renovation and painting of

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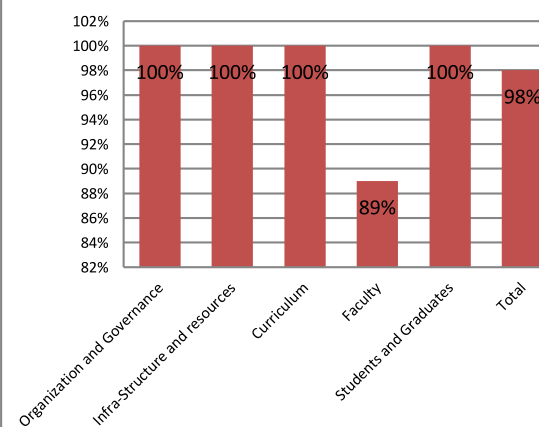
Kabul CME/CHNE: The CME and CHNE school implemented based on MoPH and GIHS standards and after 24 months theoretical and practical trainings graduated and will be deployed gradually in coordination of PHD and community in pre identified HFs . Below is the chart shows the CME CHNE assessment results;



Kabul-CHNEP- Binding Assessment Result



Kabul-CME- Binding Assessment Result



The quality improvement process successfully implemented in all DHs, CHCs and 22 BHCs in 3 rounds ; The result as a sample for DHs and CHCs shows below:

Paghman, khaldari, Kalakan and 12 Emam CHCs.

Comprehensive renovation of wash system of charasyab DH and Kochkin SHC.

Conducting QI assessment and implementation of QI tools in most HFs as part of QI implementation plan.

Providing three new gov. ambulances for DHs and CHCs, Maintaining 14 rental vehicles, Maintaining Highway ambulance services billboard along the Highways (Kabul-Parwan , Kabul-Logar and Kabul Sarobi)-Providing 17 motorbike for EPI activities.

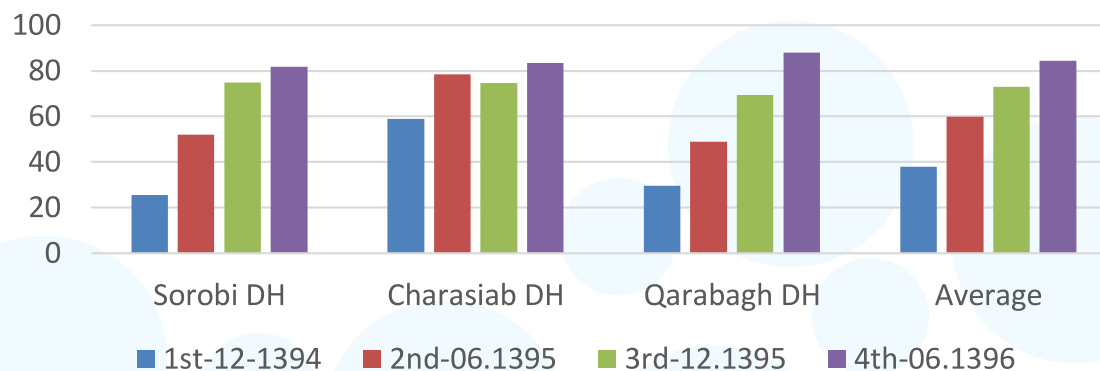
Conducting EPI refresher training by MOVE, the EPI refresher training previously conducting by WHO.

Implementing of BFHI policy in 3 DHs and recognition of Qarabagh, Charasyab and Sarobi DHs as BFHI hospitals by PND/MoPH

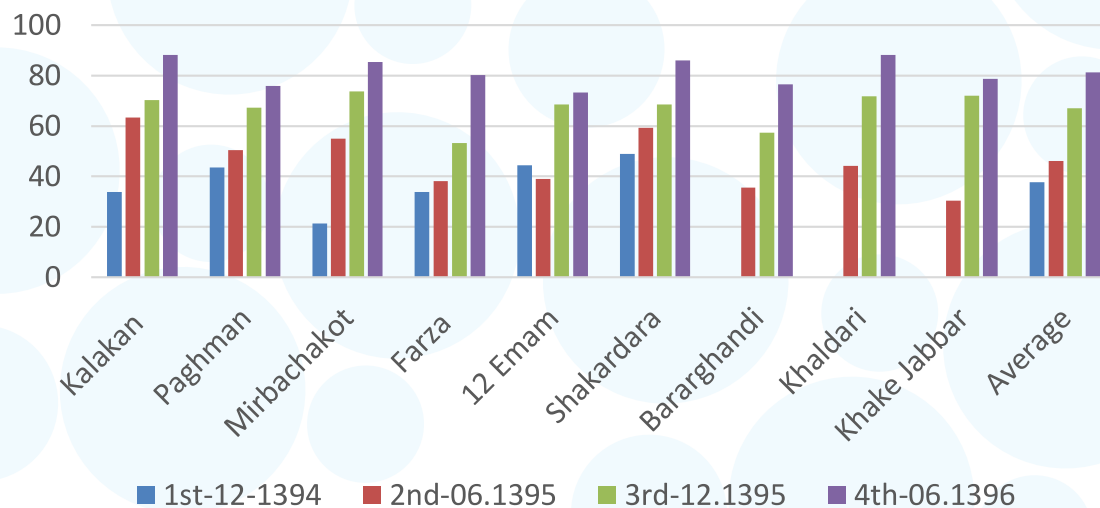
Conducting TNA for PO and HFs staff, Making the annual

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Kabul BPHS-SEHAT II DHs



Kabul BPHS-SEHAT II CHCs



training plan for project and conducting several training by MOVE tech experts to project staff based trainings plan on different topics

Strengthening CBHC services through updating CBHC profile , active f/up of monthly Review meetings and shura meetings Keeping close contact with district and HFs shura to maintain coordination and respond to community level conflicts related to health issues, Keeping good coordination with PPHD regarding active participation in PHCC meetings, sub-committee meetings, Joint monitoring from HFs, recruitment of new staff for HFs ... etc

Winterization supply to all 43 HFs and PO, renovation of HFs infra structure and maintenance of the wear tears as part of winterization plan.

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Case study/Success Story

Since 2002, through support of international aid to Afghanistan, implementation of health services through contract out system by National and international Non-Governmental organizations were significant and were the major pillar of social development in a post conflict situation like Afghanistan. Despite many outstanding performances of the NGOs in social development and health sector and consideration of national and international community for their major roll, there are people and communities who are not given the same prestige for the organizations and claim for their limited services, poor performances, short term services in sustainability and many other negative claims. MOVE as a recognized organization in health sector evaluated the above negative claims due to low information of the people and weak communication of the organization mainly. Here by we would like to share a real story of the effective communication happened in Kabul BPHS project;

The Kabul Governor (His Exc. Haidary) who is an expert of social development with having an outstanding international experiences and PPHD(Dr Abdul Wakil Ahmadi) had a visit of Kabul BPHS Project CME and CHNE schools. He get information about the number of student, enrollment procedures, training curricula's, trainer educations and skill, theoretical and practical classes, school facilities for training, accommodation, hostel, study in library, entertainments after classes, the incurred costs and then they had a direct visit of each sections, visits the practical and theoretical classes, skill lab, library, hostel and facilities provided and discussed with related school responsible and students and verified by him selves.

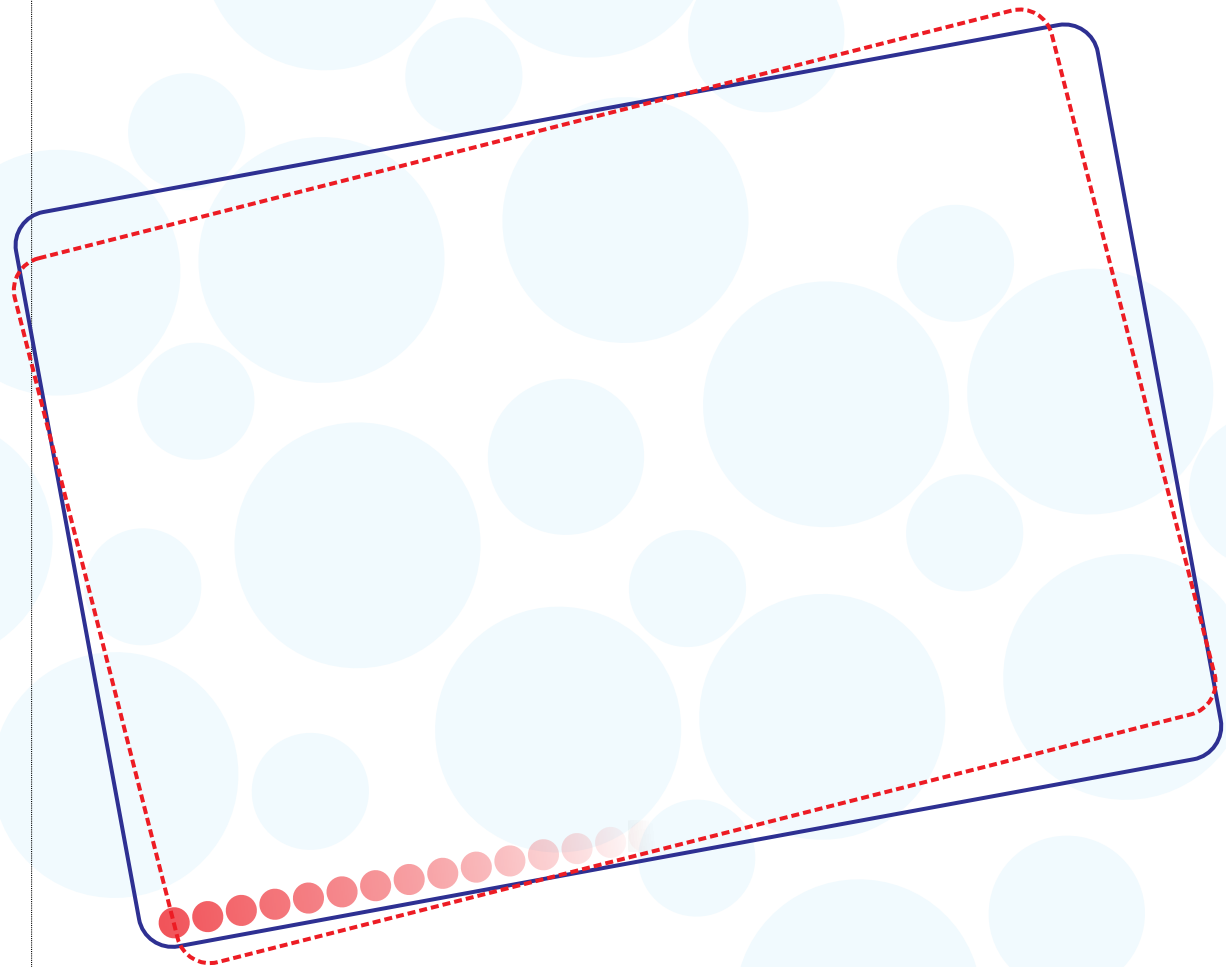
While reached to the end his Excellency Kabul Governor told “ During last month I have visited many districts of Kabul provinces, different sectors, many community peoples and organizations, but today I really proud for visiting such wonderful qualified, comprehensive management in my country, I felt I am in totally different atmosphere, where I found, dignity, professionalism, resources for sustainability and long-term planning and can see a bright future for the country” At the end he promised to grant a admiration certificate for the organization and the school management.

The nucleuses of the issue is, it was due to strengthening coordination between organizations, peoples and authorities which could paved the way to be in clear picture of the situation, planning and practices. In above case study the role of Kabul PPHD and MOVE provincial management was outstanding.

Submit updated project HR Database to the HQ and MOPH. Paid all staff salary on time through banking system for year 2017.

Submit quarterly technical and Finance reports on time to the MOVE HQ with complete packages.

Internal Audit done from Kabul BPHS project and the feedback followed accordingly. Audit of project done by MOPH & Ministry of Finance auditors during 2017.



ABOUT THE PROJECT

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PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

BAMYAN BPHS-SEHAT II PROJECT

Project Name: BPHS/SEHAT-II /Bamyan

Duration: July- 2015 to June -2018

Location: Bamyan Province

Population cover: 175,100

ORVEALL OBJECTIVES:

The overall objective of the project is to contribute to achieving MoPH goals to reduce maternal, new born and under 5 mortality and improve child health and nutrition through BPHS implementation in Kabul province.

The project implemented in 2 districts (Panjab And Waras) of Bamyan province. The project cover 28 HF's including 2 DHs, 2 CHCs, 9 BHCs, 15 SHC and 255 HPs. 23 HF's has governmental building and 5 are running in rental buildings. All HF's are functional including CBHC network including HF's shura, HP's level shura and FHAGs.

Total Staff: 280 Medical and Non-Medical staff (197 Male and 83 female).

The key staff of the project are:

Project Manager : Dr Gul Ahmad Adib

DPM: Dr. Norrollah Abed

DPM-Fin: Mr. Mohd Kazim

HMIS-M&E: Dr. Abdul Matin Shahab

PROJECT CORE PERFORMANCE INDICATORS:

The project core performance indicators for the year 2017 were mostly achieved. The targets are sat based on project plan and contract.

Bamyan BPHS Core-Indicator	Baseline	Target	2017	Remarks
1. Contraceptive Prevalence Rate - % of women 15-49 years currently using a family planning method [modern]	NA	23%	28%	More than the target
2.TB Notification rate for NSS positive	19	20	80%	Less than the target by BPHS Service due to existence of other TB Service in the province
3. TB treatment success rate	86%	90%	>90%	More than the target
4. Increased immunization coverage of children aged between 12 -23 months who are vaccinated with Penta3	63%	73%	78%	More than the target
5. Score on the balanced scorecard examining quality of care in SHC BHCs, CHCs	50	60	NA	The score of 2017 not announced yet by third party
6. Health Facility Utilization Rate: OPD Visits per person per year.	1.45	1.85	2.1	More than the target et
7. Proportion of births attended by skilled attendants (excluding trained CHWs)	39%	47%	43%	less than the target
8. Coverage of antenatal care-% of all pregnant women receiving at least one antenatal care visit	72%	83%	87%	More than the target
9- Proportion of pregnant women and of lactating visiting health facility received counseling support on infant and young child feeding (IYCF)	NA	90%	95%	More than the target
10. Proportion of children <5 years with severe acute malnutrition enrolled in	NA	80%	85%	More than the target

The health services provided based on BPHS required service and were included the seven component in all HF. Regular supply of pharmaceuticals, expendable materials, HMIS formats and logistic materials done and any shortcoming and stock outs prevented.

HFs and provincial office staffed based on project contract, 100% of HFs have at least one female staff. The staffing of the project reached to almost 97%. Only there is shortage of one female doctor in whole project. Staff salaries timely paid.

Supportive supervision of all 28 HFs during the reporting period conducted, total of 336 supportive supervision missions accomplished.

Collecting HMIS reports on monthly bases and monthly HMIS feedback provided to indicate the strengths, weaknesses, fill the gaps and increase service utilizations.

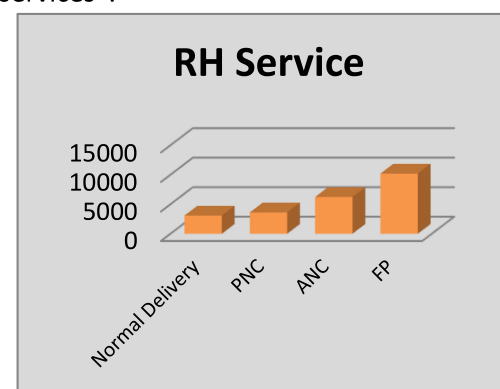
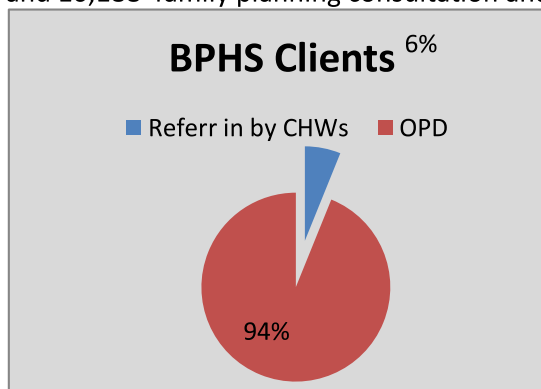
The CHNEP school completed the theoretical and practical classes to 24 female students based on CHNEP/GIHS curricula and training calendar and graduated.

treatment and cured in program

BAMYAN BPHS HF's SERVICES:

Total of 375,445 OPD consultation performed in all HFs during 2017. Which shows a high utilization rate of the health facilities service and rate of around 2.1 consultation per person per year in the catchment areas. It include the services of HFs with 7/7 24 hours as well. In total the two District hospitals performed 2,356 major and minor surgery operation during the year 2017. 130 Caesarean section has been done in district hospitals. The surgery team responded to all surgery emergencies, traumas cases, war related injuries and selective surgery. The two DHs are certified as BFHI (Baby friendly Hospital Initiative) by MoPH.

The RH section managed, 6,222 ANC, 3,611 PNC, 3,075 normal and assisted deliveries, and 10,188 family planning consultation and services.



The IPD services in DHs and CHCs managed, adult complicated cases, Pediatrics cases, Neonatology and TFU services. 212 sever malnourished children cured from the TFU. The IMCI implemented in management of pediatric section and the treatment success rate improved. 63 TB cases notified and 31 TB smear + cases have been treated. Totally 34,666 under- five children assessed for growth and 898 sever acute malnourished children identified and treated. The rate of severe malnutrition cases among the monitored children is 2.5% which is still high and need consideration for treatment and prevention. For 18009 cases IYCF consultation has been done. 11,259 mental health and 12,969 eye problem cases diagnosed and treated in Bamyan HFs.

MOVE Bamyán representative actively participated on all coordination meetings at the district and provincial levels including PPHCC, EPI sub-committee meetings, RH, CBHC, HMIS, CDC, DRR committees.

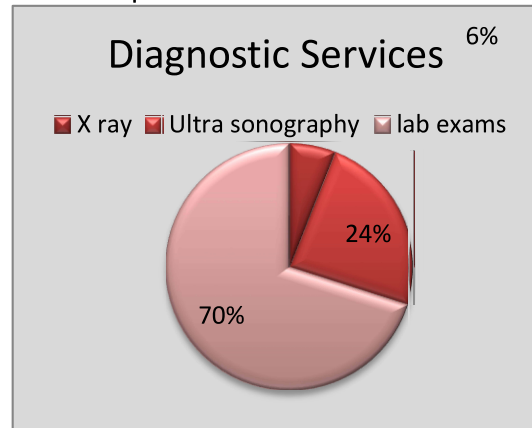
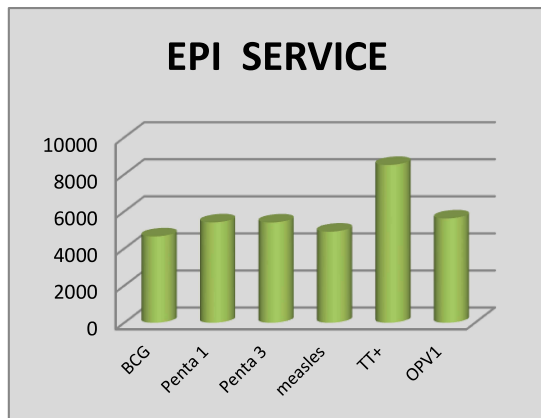
Monitoring visits have been conducted by MoPH M&E consultants 4 times and by GCMU 3 times during the reporting period, action plans developed based on the monitoring findings and the remedy actions taken place and achievement shared with MOVE HQ properly.

3 Joint monitoring session with PHOs , 8 by DHOs, 4 by MOVE HQ and 2 by parliamentarian representative and other stakeholders have been conducted, the findings shared and action plan have been submitted for follow up of the progressions.

All HFs have received their winter supplies including drugs, expandable materials, logistical supplies and winterization for 6 months.

All HPs were properly supplied for re-supply of CHW kit, including drugs, expendables and stationeries during the reporting period. 72 new CHWs (30 male, 42 female) selected on proper

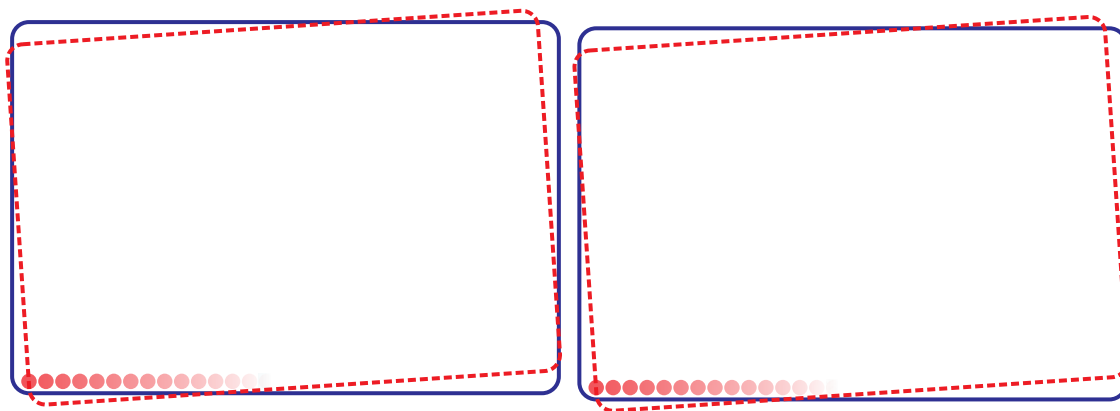
The EPI section could perform 5,407 penta-3, 5413 penta-1, 4914 measles, 4974 TT+ for women and 4658 BCG vaccine administrated. 5625 OPV 1 vaccine has been administered in HFs. The X- ray section performed 640 radiography of different parts and 2540 ultra- sonography performed for the hospital clients.



Dental section had 14,495 dental consultation including the extraction and medical treatments. The emergency and dressing section of the HFs conducted dressing, injections and emergency procedures.

In lab section of HFs, 7,450 routine and serologic tests have been performed for quality diagnoses and treatment of clients.

The CHWs had 141,445 home visits and 23,845 referral cases as part of community health support and system during the project period.



manner and have received 3 initial trainings. Refresher training conducted for 368 CHWs (165 male and 203 female)

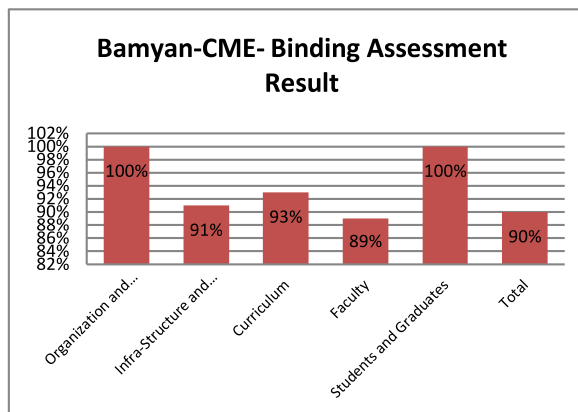
Renovated of 28 HFs based on need assessment- major renovation activities done in 2 DHs, include construction of 3 rooms (one guard room and two waiting room for clients) in Panjab DH, 2 Rooms (two waiting room for clients) in Waras DH, one room (waiting room for clients) constructed for CHC Dahn sabzk. All HFs has been equipped with solar system electricity.

Transportations for supervision / monitoring and supply purposes provided. 10 motorbikes purchased and delivered for EPI outreach support. All the procurements, renovations and small constructions have done in accordance to MOVE policy and procedures in a very transparent process. The HFs, project officers and health shura were part of the process to keep transparency and accountability.

Staff meetings with in charge of HFs conducted regularly and feed backs on performances provided to strengthen the quality of services.

The staff of the project appraised for

CHNEP: CHNEP period successfully completed (result of CHNEP's assessments indicate high quality performance (Baseline =76%, Non-Binding assessment =90%, Binding assessment =90%) 24 community based nurses were graduated from MOVE's CHNEP.



Case study on NICU (neonatal intensive care unit) of DH Panjab.

Panjab and Waras districts are located on the southern region of Bamyan Province, these two districts are very cold and harsh geography, there are very limited roads, the people are very poor and access for livelihood resources are very limited.

Most of new born are low birth weight that needs for emergency new born care, based on the NICU (neonatal intensive care unit) admission criteria, 84 new born from Panjab and waras districts admitted in the NICU of DH Panjab in 2017, their weight range were 900 -1800 gr, 90% of the admitted new born were premature at the same time, beside the prematurity, 70% of those new born were affected with new natal sepsis and birth asphyxia as well.



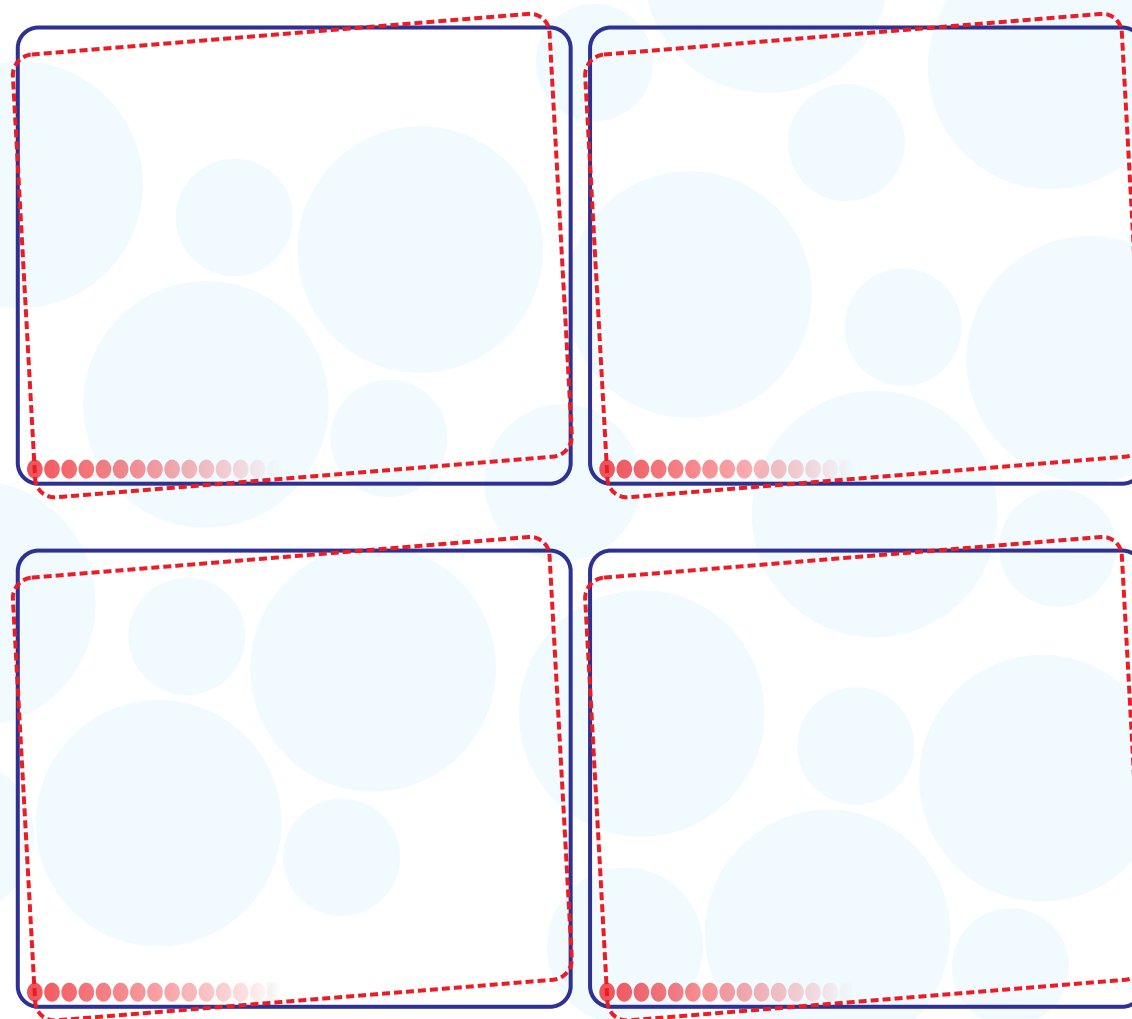
their performances and contracts are updated.

MOVE HQ team have been technically supported the project through their directly monitoring sessions and providing on time and to the points regular feedbacks.

Project management team have kept their close coordination with Bamyan PHD, PPHOs, partner organizations, MOVE HQ and other governmental and non-governmental stockholders, to implement BPHS project through close coordination and effective communication in very professional manner.

Almost 98% of those new born babies related to the very poor families that have very limited access for livelihoods resources.

Fortunately almost all of the admitted low birth weight and premature baby's treatment successfully passed during the year and the success treatment proportion was 95.



ABOUT THE PROJECT**DAIKONDI- BPHS-SEHAT III PROJECT**

Project Name: BPHS/SEHAT-III /DAIKONDI

Duration: JUNE- 2017 to JULY - 2018

Location: DAIKONDI Province

Population cover: 436,329

ORVEALL OBJECTIVES:

The overall objective of the project is to contribute to achieving MoPH goals to reduce maternal, new born and under 5 mortality and improve child health and nutrition through BPHS implementation in Daikondi province.

Project Catchment area: Total of 10 Districts (Nilli ,Shahristan ,Miramor ,Kheder ,Sagtakht-Bandar , Ashtarli , Kittee , Kijran , Nawamish , Pato) are covered by the project.

Daikondi BPHS services are running through 56 HFs including 3 DH, 7 CHC ,15 BHC ,28 SHC ,1 Prison Health 2 MHT and 373 HPs

Total Staff: 541 Medical and Non Medical staff.

The key staff of the project are:

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS**PROJECT CORE PERFORMANCE INDICATORS:**

The project core performance indicators for the last six months of the year 2017 were successfully reached to the sat target based on contracted project plan.

DAIKONDI BPHS Core-Indicator	Baseline	Target	2017	Remarks
1. Contraceptive Prevalence Rate - % of women 15-49 years currently using a family planning method [modern]	15.2%	15.9 %	23%	More than the target
2.TB Notification rate for NSS positive	NA	76	80%	Near to the target
3. TB treatment success rate	80%	85%	68%	Less than target
4. Increased immunization coverage of children aged between 12 -23 months who are vaccinated with Penta3	NA	70%	100%	More than the target
5. Score on the balanced scorecard examining quality of care in SHC BHCs, CHCs	59.2	61.6	NA	NA
6. Health Facility Utilization Rate: OPD Visits per person per year.	1.5	2	2	Equal to target
7. Proportion of births attended by skilled attendants (excluding trained CHWs)	42%	48%	39%	Less than the target
8. Coverage of antenatal care-% of all pregnant women receiving at least one antenatal care visit	78%	82% %	83%	More than the target
9- Proportion of pregnant women and of lactating visiting health facility received counseling support on infant and young child feeding (IYCF)	41%	61%	65%	More than the target
10. Proportion of children <5 years with severe acute malnutrition enrolled in treatment program	NA	50%	45%	less than the target

Project Manager : Dr Abdul Sabor Saber

DPM: Dr Abdul Karim Qayomi

DPM-Fin: Mr.Nematullaah Mirzaie

HMIS-M&E:Dr Sayed Dawood Ghani

The handover/takeover process successfully started on 2 July 2017 and accomplished in 15 days in accordance to developed plan (39 HF's from BDN, 4 HF's from AHDS (Urozgan) and 2 HF's from ACTD (Helmand) taken over.

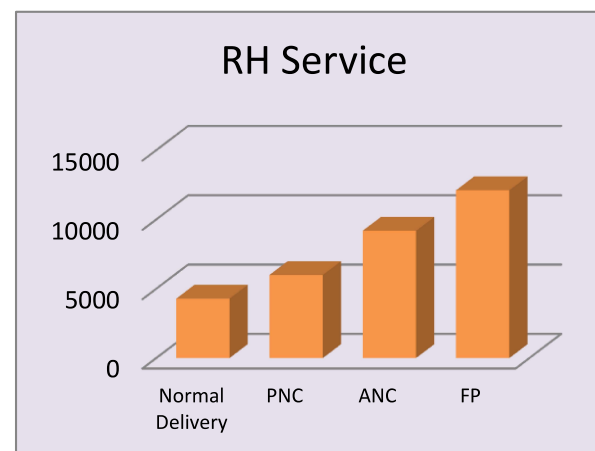
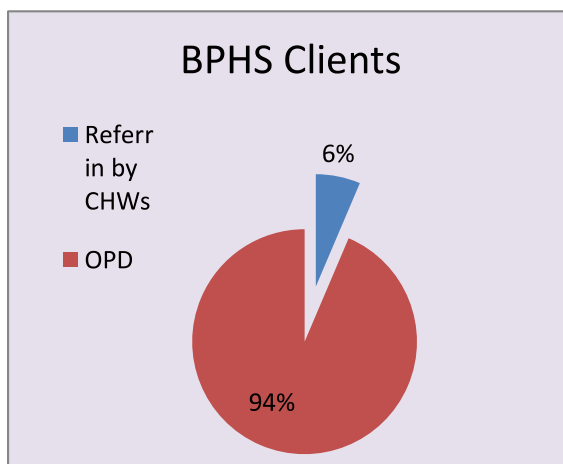
The provincial management and support staff members have been hired and office established in Daikundi for running of the project.

11 new SHCs successfully established, staffed and equipped with medical and non-medical as per BPHS contract and requirements. All HF's upgraded for nutrition counseling services. The nutrition counselors hired, trained for one month and deployed for 54 BPHS HF's. The necessary materials supplied for HF's and 54 NCs smoothly started the services provision in targeted HF's.

DAIKUNDI BPHS HF'S. SERVICES:

Total of 532,406 OPD consultations performed in all HF's during last six months of 2017. Which shows a high utilization rate of the health facilities service and rate of around 2.2 consultations per person per year in the catchment areas? It includes the services of HF's with 7/7 24 hours as well.

In total, the District hospitals performed 726 major and minor surgery operations during the year 2017. 67 Caesarean sections have been done in three hospitals. The surgery team responded to all surgery emergencies, traumas cases, war related injuries, selective surgery.



The RH section managed, 9188 ANC's, 5996 PNC's, 4286 normal and assisted deliveries, and 12108 family planning consultations and services .

The IPD services in DHs and CHCs managed, adult complicated cases, Pediatrics cases, Neonatology and TFU services. 806 severe malnourished children cured from the TFU. The IMCI implemented in management of pediatric section and the treatment success improved. 99 TB cases notified and 63 TB smear + cases have been treated. Totally 61,899 under-five children assessed for growth and 1441 severe acute malnourished children identified and treated. The rate of severe malnutrition cases among the children monitored is 2.3 %, which is still high and need consideration for treatment and prevention. For 16201 cases IYCF consultation has been done. 10652 mental health and 10,487 eye problem cases diagnosed and treated in Daikundi HF's.

9 EPI fixed centers at SHCs level successfully established with coordination of PPHD and PEMT, MOVE team recruited eligible vaccinators for all 9 SHCs and provided the training opportunity for new vaccinators.

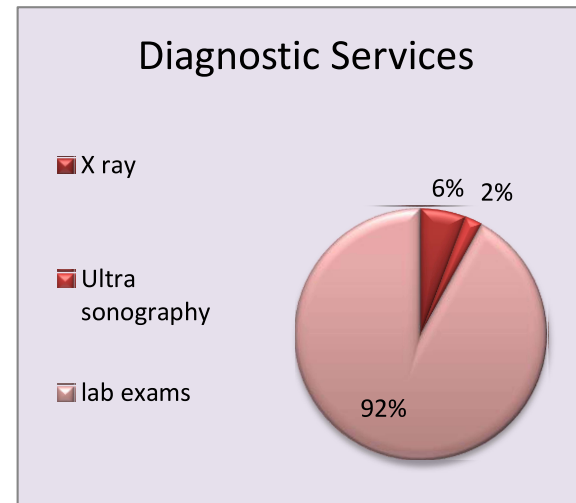
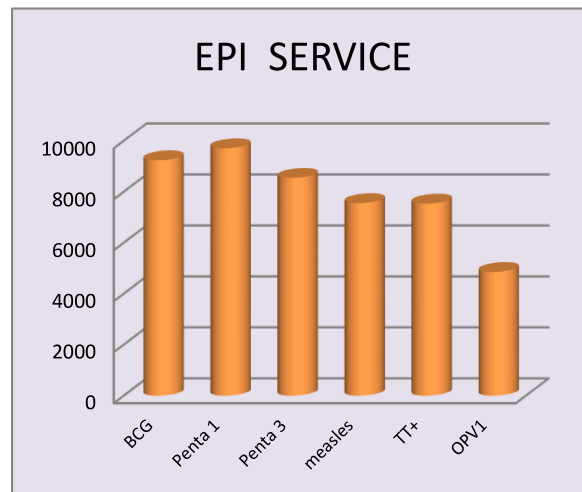
For strengthening of physiotherapy services 6 Physiotherapists recruited deployed in DHs for service provision.

The CME and CHNEP school established (trainers and support staff hired, building rented and equipped) and 48 CME/CHNE students selected and started the training based on MoPH /GIHS training modules.

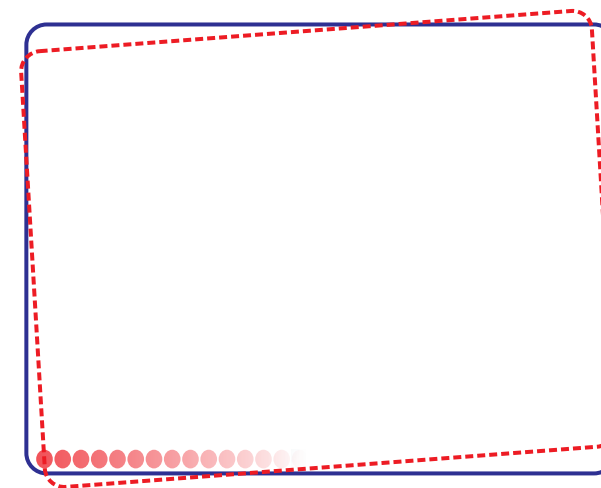
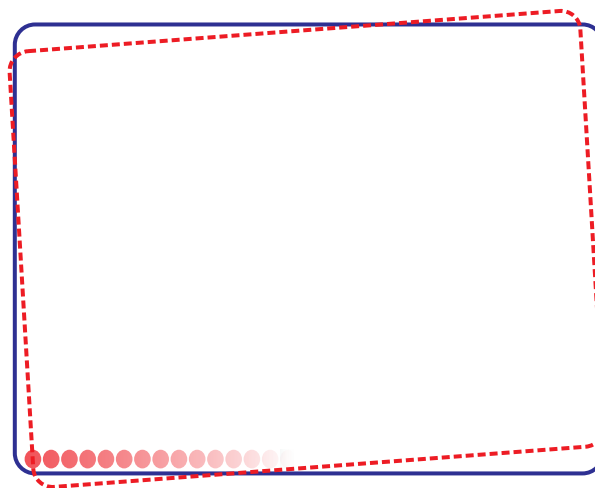
Winterization supply including the pharmaceutical supply and logistic supply- fuel, Gaze and wood for heaters provided timely for all HFs and HPs to cover the duration of six months.

New generators supplied for all DHs and CHCs. The solar system established at BHC and SHC level.

The EPI section could perform 8543 penta-3, 9706 penta-1, 7556 measles, 7536 TT+ for women and 9,234 BCG vaccine administered. 4,854 OPV 1 vaccines has been administered in HFs.



The X- ray section performed 1111 radiography of different parts and 432 ultra-sonography performed for the hospital clients. Dental section had 15,922 dental consultations including the extraction and medical treatments.



The maintenance has been done in most of HFs based on monthly plan which covers building construction and reparation, water system, electricity, incinerator, welding and etc...

In Shahristan DH: Complete painting, digging well for incinerator, renovation of the incinerator and emergency department.

In Meramor DH: Painting the rooms and hall, mud plaster of roofs, digging the septic and placenta wells, renovation of emergency and delivery rooms, The metallic net for surrounding of placenta and incinerator wells is completed and fixed.

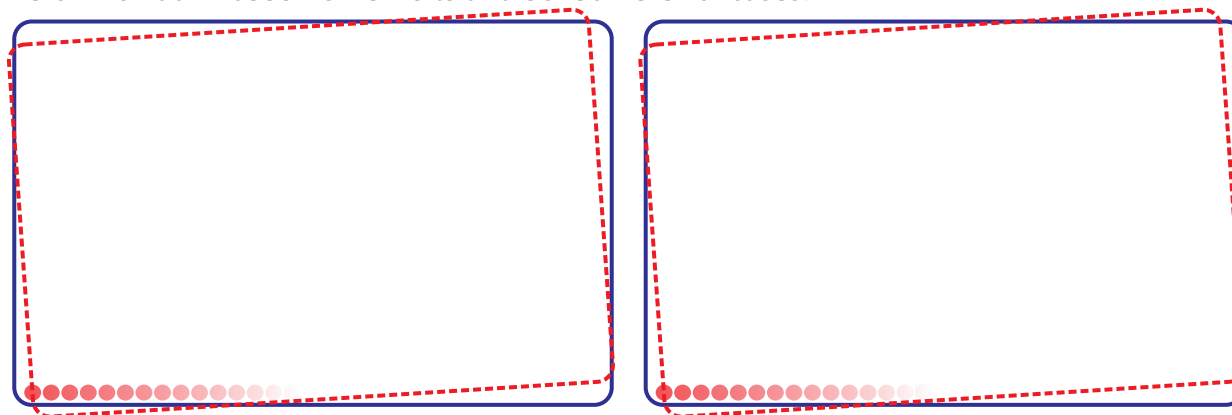
In Kheder CHC+: mud plaster and renovation of roofs, painting of OPD and IPD block, The metallic net for surrounding the incinerator fixed.

In Alawdall SHC: Digging well for placenta and incinerator, provide the metallic incinerator.

In Jawz CHC: Painting the 7 rooms, one hall, digging the

~~The HF Emergency and Dressing~~ section of the HFs conduct dressing, injections and emergency procedures. In lab section of HFs 17,687 routine and serologic tests has been performed for quality diagnoses and treatment of clients.

The CHWs had 240333 home visits and 36480 referral cases.



SUCCESS STORIES:

1-TRAINED PHYSIOTHERPAIST:

Unavailability of physiotherapy services in DHs caused that under coverage population could not access to physiotherapy services, this story continued from many years in Daikundi province MOVE team struggled and identified a solution for, which communicated with provincial PHD and identified 6 local qualified paramedics and provided them necessary training opportunities and recruited them at DH level, also the necessary physiotherapy equipments provided and the physiotherapy section of DHs functionalised successfully, by fictionalization of physiotherapy section of DHs the population problem on physiotherapy solved.

2-SHARING INFORMATIN-PUTTING PEOPLE IN THE PICTURE

Community people sometimes are not in clear picture health services in the province, they think about what they see only. To share the information and put the community people in the picture MOVE provincial office conducted event and invited PPHD, PPHO, FHH team , Shura-e-walayate, representative of government, media and other influential people for distribution of medical and non- medical equipment's which was purchased for new establishment and upgrading of HFs

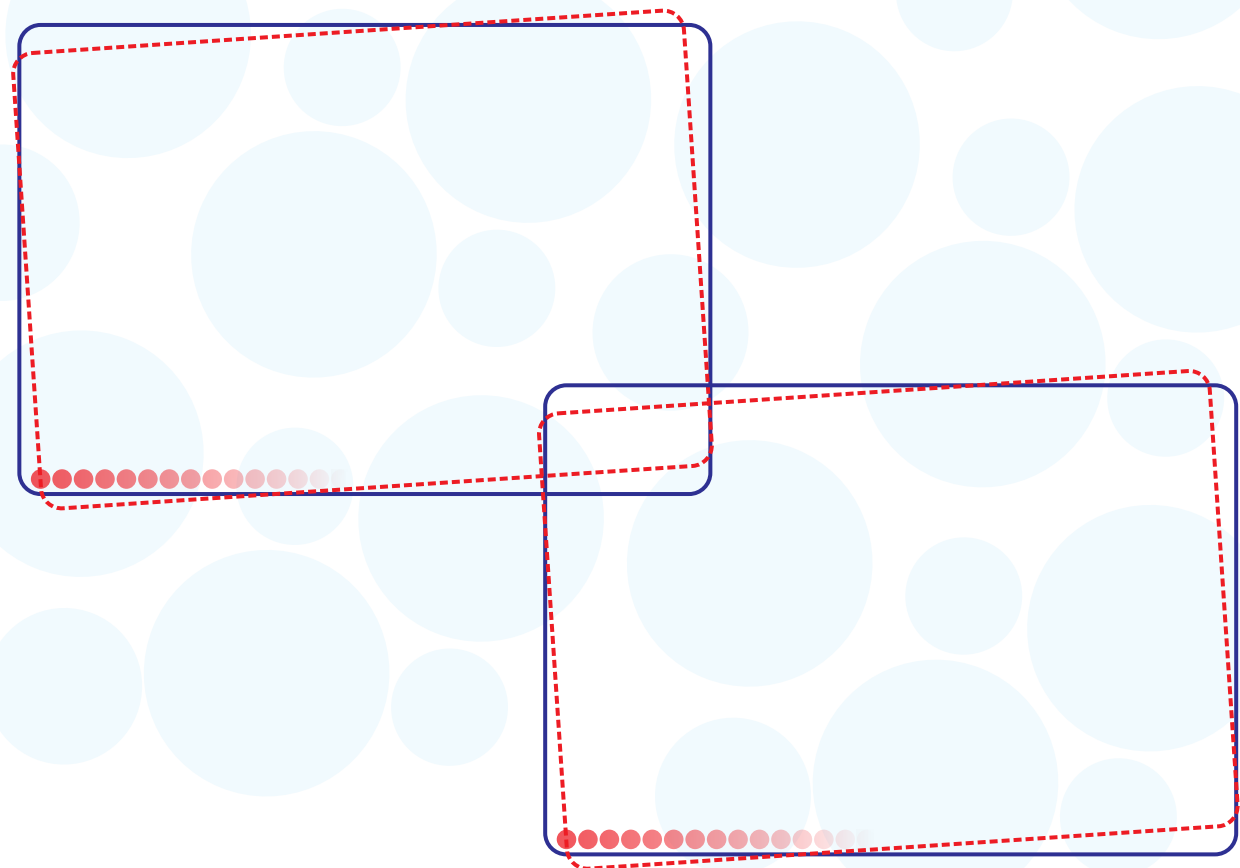
In Sangtakht CHC: Painting the all departments, constructed the standard incinerator, digging incinerator well and renovation the roofs metallic cover is completed.

In Meyan CHC: Construction of standard incinerator, digging the placenta and incinerator wells and renovation of water supply system of delivery room is completed.

In Plass CHC: Digging the placenta is completed, painting the rooms, construction of standard incinerator is under process.

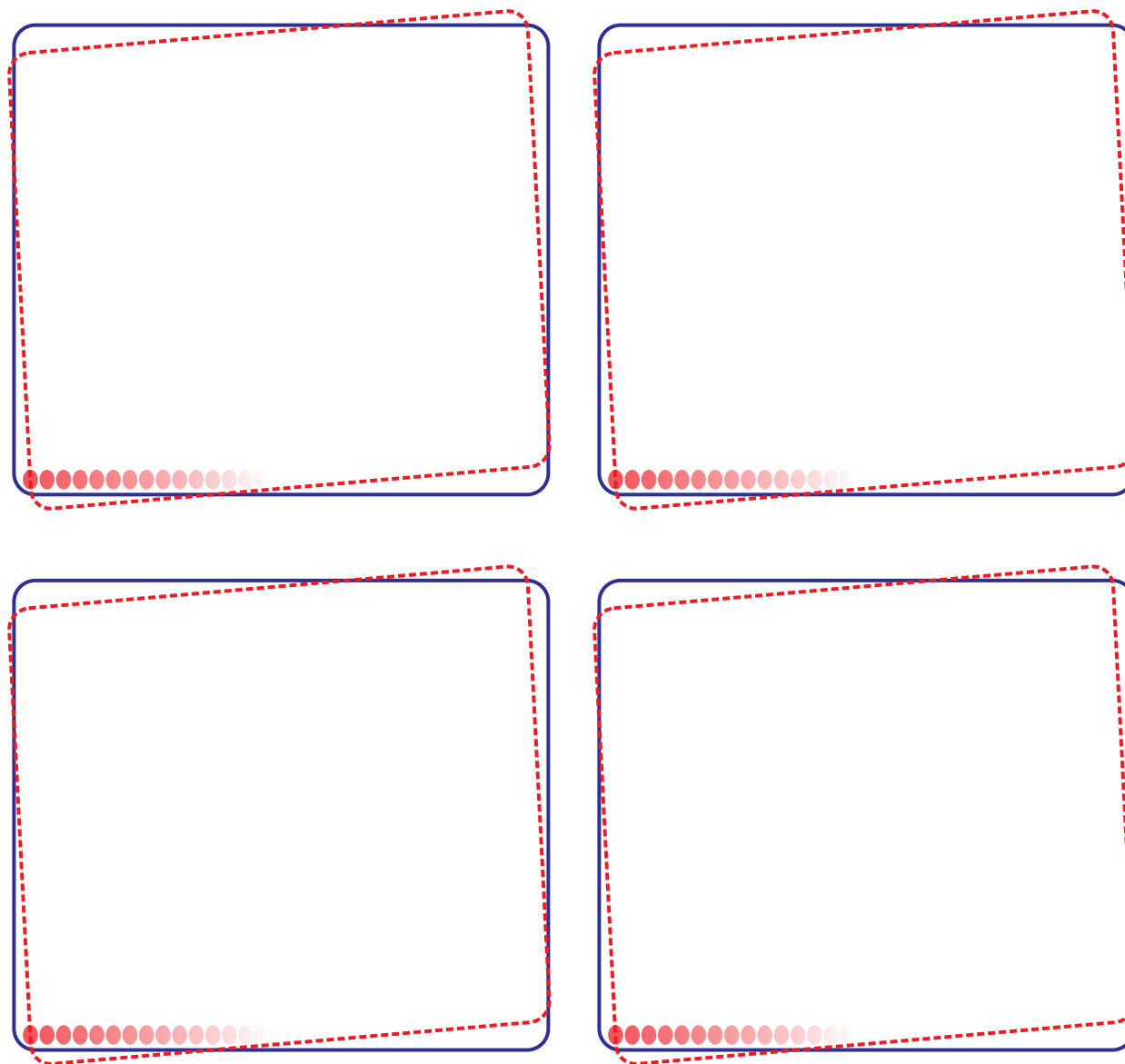
For management and rationalization of project staff, recruitment committee established and reviewed the

Services. The main purpose of invitation was to demonstrate the medical and non-medical items like Motor bikes, Mattress, refrigerators, gas balloon, chairs, patient tables, delivery tables, solar power system along batteries and others small items that recently delivered from MOVE country office. During this event approximately more than 60 persons from community and project staff were present. After that the project manager had a short presentation, the team demonstrate one by one the provided materials for HF which was supposed to be delivered, all meeting member's also the delegation of shurae walayate and representative of governor had brief speech and they appreciated MOVE activities and enthusiasm. As well as frequently this performance activity broadcasted from RADIO NASIM in Daikundi and they also appreciated for the best performance of MOVE health services in Daikundi.



staff. Collected and opened Bank account for all Staff. Supportive supervision by RH supervisor, follow up of Partographs OJT, for newly hired midwives and support of service delivery are conducted. Monthly collection of HMIS reports of HFs, cross check of their reports with MIAR and tally sheet and providing feedbacks are done.

Active participation in celebration of CHWs national days with involvement of BPHS CHWs and admiration of best CHWS. Training plan for HFs staff and sub office staff capacity development plan are implemented-All of planned trainings was conducted.



ABOUT THE PROJECT

BAMYAN/DAIKONDI FHH-MHT PROJECT

Project Name: PROVISION OF HEALTH SERVICES AND PROMOTION OF SUSTAINABLE LIVELIHOOD THROUGH FAMILY HEALTH HOUSES AND HEALTH POSTS

Duration: JAN- 2017 to DEC - 2018

Location: DAIKONDI/BAMYAN Province

Population cover: 205,039

Project Goal:

To Contribute UNFPA country program aims to reduce avoidable mortality and morbidity among the population living in Daikundi and Bamyan provinces through Family Health Houses, Mobile Health Teams and Health Posts Services.

Project Objectives:

- Improve the health services available to women living in the remote and underserved areas in Daikundi and

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PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

The project performance indicators for the year 2017 were almost successfully accomplished. Most of the indicators reached to the target, few are not reached due to several influential factors based on project work plan.

Core-Indicator	Baseline	Target	2017	Remarks
OPD	NA	56030	67133	More than target
1 st ANC visits	NA	5603	6671	More than target
4 th ANC visits	NA	3922	3479	88%
Delivery by SBA	NA	4482	3454	77%
1 st PNC Visits	NA	4482	4068	90%
3 rd PNC Visits	NA	3361	3008	89%
FP CYP (Couple Year Protection)	NA	2572	2515	97%



Bamyan.

- Decrease Infant Mortality Rate/Maternal Mortality Rate in the catchment areas of the Family Health Houses.
- Community/family action practices and values that women's Health enhanced/promoted in catchment areas of the Family Health Houses.

Infrastructure:

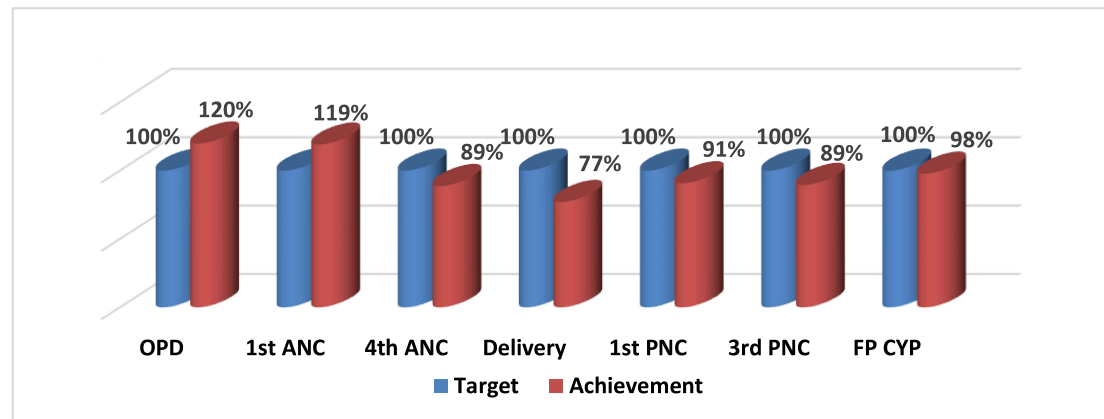
Totally 82 Family Health House, 4 Mobile Health Team, 82 Health Post, 167 Family Health Action Group and 82 Health *Shura* were functional, all FHHs had their own building contributed by related communities.

Total Staff:

During 2017, totally 131 staff worked and presented on their duties including 82 Community Midwives at Family Health Houses In Daikundi and Bamyan.

MAJOR SERVICES

OPD, ANC, Institution Delivery, PNC, Family Planning, Vaccination, Health Education and Refer of the complicated cases were the major services provided through this project.



Narrative Description:

This project focuses on RMNCH and provided Reproductive, Maternal Norborne & Child Health (RMNCH) and IMCI services for those people lived in very remote and underserved areas with no access to BPHS/EPHS services.

In order to insure the quality of health care services through FHHs in both Bamyan and Daikundi projects, the Harmonized Quality Improvement process, implemented. This program has regularly been followed by qualified provincial supervisors and technical assistance was provided to all community midwives.



PROJECT INPUT AND ACTIVITIES

Medical and non – medical materials supply including hygiene, stationary, HMIS formats have done on regular bases to all FHHs, MHTs and HPs.

Supervision& Monitoring:

Totally **1068** supportive supervision and **63** monitoring visits have done from 82 FHH, 4MHT, 82 HP and 167 FHAG in Bamyan and Daikundi projects.

Regular supportive supervision of FHHs, MHTs, HPs and FHAGs has been done by provincial management team. With effective feedback mechanism, the quality health care services were improved. In 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 MHTs staffs and also meeting with the respective communities to improve their participation.

Monitoring of the project has been

During 2017, in both Bamyan and Daikundi **67133** children under- five years of age (including the cases of **30002** cough and cold; **27314** ENT infections; **25003** pneumonia; **16296** acute watery diarrheas; **6632** acute bloody diarrhea; and **822** diarrhea with dehydration) were duly treated in line with IMCI protocols. Also **40892** children have been screened for malnutrition.



Health education sessions conducted:

Health education was conducted every day individually or in session for the clients, to strength community awareness on health issues. All FHHs are supplied with standard IEC materials. During 2017, a total of **41,101** health education sessions were conducted by FHHs community midwives for both female and male clients. key topics that were covered are reproductive health seeking behavior, danger signs during pregnancy, birth spacing, at-risk pregnancies, safe motherhood practices, complementary nutrition, immunization, FP-birth spacing, communicable disease, promotion of personal hygiene and women participation in health.

performed by MOVE HQ supervisor and monitors as well as by UNFPA and PHO teams from both projects.

MOVE program staff at both HQ and provincial offices level took part in all relevant health sector meetings which arranged at different levels including PHCCs, PHO sub-committees, taskforce meetings, semi-annual and annual review meetings of UNFPA, FHH Steering Committee, PCB, provincial council meetings to further strengthen coordination activities and MOVE field staff especially MHT staff took part in each NIDs (National Immunization Days), NIDs was another opportunity for the field staff to strength their coordination directly with communities.



PDF Community Health Shuras Coordination Activities:

In the catchment areas of each FHH in both provinces functional Community Health Shura are available, for better arrangement of their assignments MoUs have been signed with Community Health Shura members, in the MoUs, the core responsibilities of both parties have been stipulated in full detail. During 2017, **752** meetings conducted between FHHs and HPs with related communities. Community Health Shura members oriented by FHH CMWs that how they can bring change in their routine life, in each Community Health Shuras there is representation of gender (males and females) and of religious leaders, community leaders, teachers and CHWs.



Success story of Woer FHH located in Khedir district of Daikundi

The Woer FHH located in Woer villages of Khedir district of Daikondi, its population is around 1600 and most of the clients come from other surrounded villages and districts.

At the establishment time of this FHH, a Shura member donated 500 square meter of land for building of this FHH, wood for roof of building donated, source of water by community members. Community also welcomed the CMW after her graduation with a special party and supported her for her tasks.

Mrs. Aqila community midwife of Woer FHH together with health Shura members had been discussing with community health Shura members through different coordination meetings last year for improving access of pregnant women to her FHH, they found that the only way to increase the access of women is to contact with local transports available in each villages under the catchment of FHH, these local transport need huge amount of money as rent from each client, so community health Shura and Mrs. Aqila after negotiation convinced some local transport owners and drivers to reduce the rent of their transportation for referring of pregnant women from village to FHH and take only the cost of their vehicles fuel, therefore they accepted and increased number of delivery at FHH.

ABOUT THE PROJECT

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BADGHIS BAMYAN CCT PROJECT/UNICEF

Project Name: Demand for utilization of maternal health and new born care services by using conditional cash transferring scheme

Duration:

November 2016 to January 2018

Location:

Bamyan (Panjab and Waras district) and Badghis (Muqor, Qadis, Abkamary and Jawand districts)

Population cover:

453,743 people in both provinces (272,774 in Badghis (Abkamary, Qadis, Jawand and Muqor Districts) and 180,969 in Bamyan (Waras and Panjab Districts)

Project Goal:

The overall goal of the project is to increase demand for institutional deliveries to improve maternal and neonatal health outcomes during the intrapartum period.

Project Objectives:

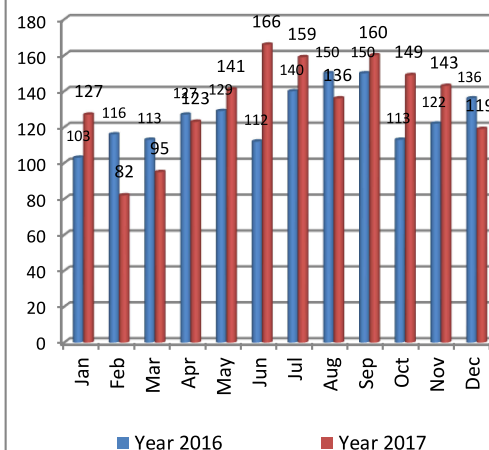
- To increase the rate of institutional delivery in project provinces through cash incentives to women and HWs.
- To incentivize pregnant women and household decision makers to plan for arrange transport to health facilities.
- To improve the motivation of CHWs to

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

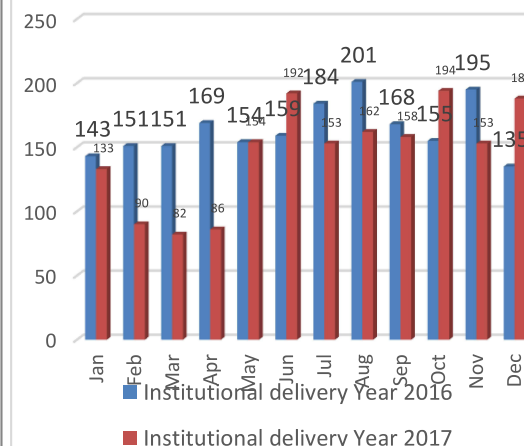
Project achievements and outcome:

All technical staff of 31 under treatment HF's (96 staff in Bamyan and 59 staff in Badghis) received orientation on CCT approach in both Bamyan and Badghis provinces. 296 community health workers (187 CHWs in Badghis and 109 CHWs in Bamyan) received orientation sessions on CCT project. 525 health shura members (320 health shura members in Badghis and 205 in Bamyan) received orientation session on CCT project. 44 billboards installed in visible areas of under treatment districts of both Bamyan and Badghis provinces. 31 compliance committees established in 31 HF's of under treatment districts of both Bamyan and Badghis provinces. 3,377 institutional deliveries (1826 institutional deliveries in Badghis and 1,551 institutional deliveries in Bamyan) conducted by under treatment HF's of both Bamyan and Badghis provinces. 1,096 CHWs (651 CHWs in Badghis and 445 CHWs in Bamyan) received incentive for referring institutional delivery cases to the health facilities. 115 home visits for verification reported deliveries conducted in both Badghis and Bamyan provinces, 155 reported deliveries confirmed via phone.

Bamyan CCT project



Badghis CCT project



council and escort or refer pregnant women to health facilities during labor.

Infrastructure:

The project activities implemented in BPHS infrastructure.

Total Staff:

CCT project had two project officer and two project admin/finance officers.

PROJECT INPUT AND ACTIVITIES

The work plan of the project for training and implementation has been done.

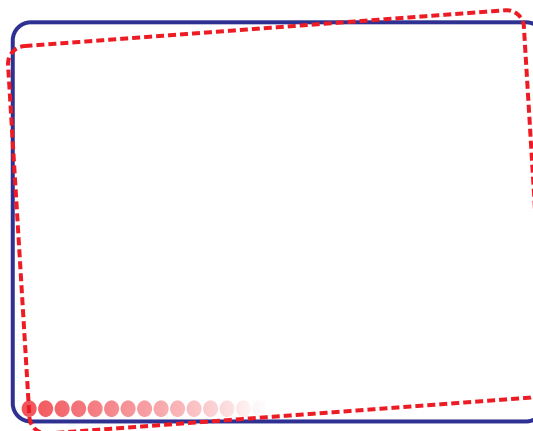
Supervision & Monitoring:

175 supportive supervisions conducted from 31 under treatment HF in both Badghis and Bamyan provinces. 28 HPs supervised and community verification conducted for distributed incentives in both Badghis and Bamyan provinces.

Success Stories:

Amina is 35 Years old. She lives in the catchment area of Waras DH - Gorzak HP (ID# 42538). Alia working in this HP as female community health worker. When she goes to Amina's home for ANC, she found that due to economic problem all six child of the Amina were born at home. Alia provided information on complication of delivery, advantage and importance of institution and the incentive distributing under CCT project to those women that use HF for labour. Amina decided to do her 7th childbirth in Waras district hospital.

The institutional delivery done normally and had a normal outcome, but midwife diagnosed a binary fistula with Amina and refer her to Malalai hospital for specialized management.



ABOUT THE PROJECT

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BADGHIS TSFP PROJECT

Project Name: TSFP

Duration: Jan- 2017 to June -2017

Location: Badghis province (Qala-i-naw, Qadis Abkamary and Muqor districts)

Population cover: Direct population: 3,090 PLW and 2,667 children

Project Objective:

Overall goal is to reduced 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.

Infrastructure:

14 HF's (3 HF's in Qala-i-Naw, 3 HF's in Abkamary, 5 HF's in Qadis and 3 HF's in Muqor districts) provided OPD-MAM services for targeted children and pregnant and lactating women.

Total Staff:

14 FD's and one project supervisor worked under this project. As per FLA (field level agreement) 622.197 MT mixed food supplied by WFP to targeted HF's. All service delivery points visited once per month by project officer and totally 84 supportive supervision conducted .

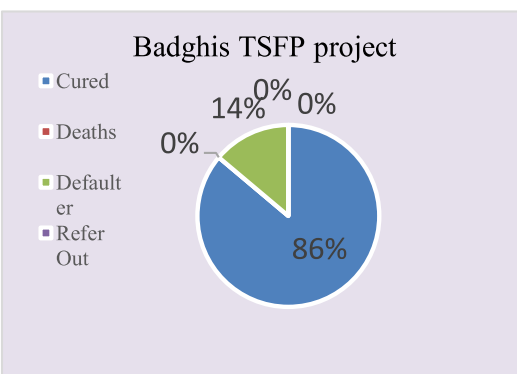
PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

Project achievements and outcome:

During the reporting period (Jan-June) totally 10,326 malnourished children and PLWs (3,311 lactating, 3,696 pregnant women and 3,319 children) admitted in the program, while the project target was 5,757 children and PLWs.

622.25 MT mixed food (435.89 MT wheat/flour, 34.87 MT vegetable oil, 4.36 MT iodized salt, 87.18 MT pulses, 0.26 MT MNT and 20.70 MT RUSF/Acha Mum) distributed by food distributors in 14 OPD-MAM sites for admitted children and PLWs.

As the outcome/result of the program from 1,540 existed clients, 1,384(90%) cured and 139 PLWs and 17 children (10%) defaulted from the program. The expected international cured rate is >80 % and the result was above the rate.



ABOUT THE PROJECT

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PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

BAMYAN TSFP PROJECT

Project Name: TSFP

Duration: Jan- 2017 to June -2017

Location: Panjab Waras District of Bamyan Province

Population cover: 175100

Project Objective:

Overall goal is to reduced 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.

Infrastructure:

13 HF's (6 HF's in Waras and 7 HF's in Panjab) provided OPD-MAM services for targeted children and pregnant and lactating women.

Total Staff:

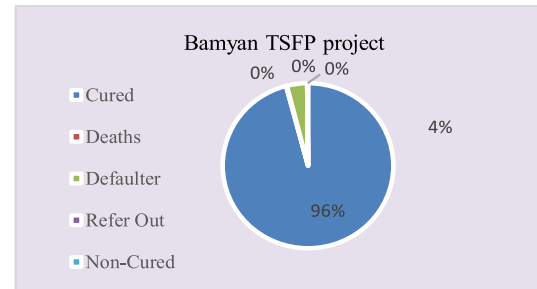
13 food distributers and one project supervisor worked under this project. As per FLA (field level agreement) 265.757 MT mixed food supplied by WFP to targeted HF's. All serviced delivery point visited once per month by project officer and totally 78 supportive supervision conducted by project supervisor.

Project achievements and outcome:

During the reporting period (Jan-June) totally 2,403 malnourished children and PLW's (427 lactating, 1,023 pregnant women and 953 children) admitted in the program, while the project target was 2,226 children and PLW's.

265.76 MT mixed food (208.03 MT wheat/flour, 16.87 MT vegetable oil, 0.37 MT iodized salt, 34.73 MT pulses, 0.03 MT MNT and 5.74 MT Acha Mum) distributed by food distributers in 13 OPD-MAM sites for admitted children and PLW's.

As the outcome/result of the program from 1,821 existed clients, 1,708(94%) client from the program are cured, 4 pregnant women (0.1%) of them died, 108 (5.9%) of them defaulted and 3 (0.16%) of them not cured.



ABOUT THE PROJECT

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BAMYAN RMNCH PROJECT

Project Name: RMNCH/UNICEF

Duration: 05- 2016 to Dec. -2017

Location: Bamyan Provinces

Population cover: 54,347

Project Goal: To reduce maternal and child mortality and morbidity rate among mothers and young children through equitable access to quality health care services through mobile health services.

INPUT and ACTIVITIES

SEVEN MHT maintained functional for provision of basic health services in remote villages in hard to access areas.

Total Staff:

MHTS: 7 midwives, 7 Nurses, 7 vaccinators and 7 drivers at field base staff (Total 28)
Office Base staff: PC 1, F/A Officer 1, Data entry & logistic 1 Security guards 2, cleaner 1 and driver 1 (Total 7)

The key staff of the project:

Project Manager: Dr Jafar Wafa

Finanace officer: Mr Ramazan Mosadiq

PROJECT INPUT AND ACTIVITIES

8 vehicles was contracted to facilitate the MHT teams and supervision of the project. Drug supply and medical materials for MHTs monthly based done, the project logistic and administrative issue accomplished by the provincial team in full support of HQ and PPHD teams.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

The target of mobile health teams almost achieved, as most of the indicators are achieved more than 100% which is satisfactory, the services are in mobile strategy and estimation and variation of population is high.

Bamyan RMNCH Indicator	Target	Achievement	Percentage
OPD	81520	86311	>100%
ANC 1	1521	1693	>100%
PNC 1	1086	1220	>100%
Penta 3	1738	1433	>80%
TT2+PW	1738	1739	>100%
GM	9780	12833	>100%
Measles	1738	1886	>100%

MAJOR SERVICES PROVIDED:

- ✓ Interventions and services provided including diagnosis of pregnancy, antenatal visits—weight, height measurement, tetanus immunization, iron and folic acid supplementation to pregnant women, multi-micronutrient supplementation.
- ✓ Blood pressure measurement, diagnosis and treatment of anaemia iron/folic for anaemia, clinical treatment of intestinal worms, treatment of malaria.
- ✓ Presumptive treatment of symptomatic urinary tract infections, management of sexually transmitted diseases, treatment of hypertensive disorders of pregnancy and refer.
- ✓ Treatment of pre-eclampsia/ eclampsia-refer, treatment of ectopic pregnancy stabilize and refer, infection control, safe injection practices, and proper waste disposal.
- ✓ Reporting, supervision and monitoring.

Success Stories:

Zubaida 37, from Saighan district Amrot village, she has 6 children four daughters and two sons, she had to deliver, but due to insecurity of the area she didn't had access to health

The staff monthly salary payments accomplished, Provide office facilities, regular technical supervision and monitoring of the project has been performed.

The MHT teams beside health service provision, increases health awareness, during community HE sessions.

Improved RMNCH service in catchments areas. All pregnant and lactating women provided multiple micro-nutrient supplementations. Improved neonatal care through birth preparedness messages and post-natal care. Special care package for low birth weight babies are implemented through additional visits of community health workers. Promoting breastfeeding and complementary feeding, Improved immunization coverage of mothers and children. Promotion of birth spacing and informing communities about the dangers of early pregnancies. Promotion of hand washing and sanitation. Establishing emergency transport system for the referrals to the health facilities.

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services. And it is somehow a kind of taboo at this area that women go to the health centres for new born delivery, from the other hand she was too much poor and wasn't able to provide required health services. By chance the mobile health team was assigned at the area and her husband requested from midwife to support his wife, when midwife went there, find the women in terrible moments and in most of need for quick support. The midwife get the medical actions, could help her for home delivery without complication.

Mrs. Zubaida was very happy of the medical services provided by midwife and express" I would thank you for your support, this medical service was very helpful for me otherwise I might to die, it was a grant of God to sent you and I am really thankful".

The women husband expressed that "it is somehow shameful and unaccustomed to transfer our wife to the health centre for health support, that's why the mother and child mortality is high, now I understood that every women should get health support at delivery time, because they need to a midwife" also the women received the new born kit and some required medicine, awareness about baby and mother care during first month and later on.



ABOUT THE PROJECT

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PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

KABUL-BADGHIS MALARIA PROJECT/UNDP/AFG-UNDP-805

Target Groups:

Kabul 51,670 inhabitants of (women of child bearing age + 144 health workers and 721 CHWs. Badghies 26420 inhabitants of (women of child bearing age + 34 health workers and 628 CHWs).

Project Objective:

The project objective is to reduce avoidable morbidity and mortality among the population living in Kabul and badghis, especially women and children by providing accessible, high quality malaria control services and by providing the current network of health structures with supplies, training, support, and community mobilization. The action is designed to target the Specific Objectives outlined, namely:

OUT PUT AND ACTIVITIES

Coordination for implementation of the project with PHCC members including PPHDs and CDC officer of Kabul and Badghies provinces. Conducted orientation meetings with BPHS team regarding implementation of Malaria project as integrated part of BPHS. Recruitment of Project staff at provincial level in Badghis and KABul. Establishment of supervision and monitoring

Training plan and LLIN distribution plan implemented for the year of 2017. Malaria community awareness meetings conducted in Badghis province. Community sessions involved community leaders, health shora, Mullahs (religious leaders), women shura, school teachers and students . During year 2017 totally 23 community awareness session were conducted in Badghis , totally 432 persons were participated, refresher case management training conducted for 222 CHWs and 63 CHSs. supply of LLIN for target HF of the project accomplished.

Malaria community awareness, meetings conducted. Community sessions involved community leaders, health Shura, Molahs (religious leaders), Women shura, school teachers and students. During 2017 totally 12 times community awareness session were conducted in Badghis, totally 210 persons were participated.

Increasing Malaria cases has been reported from Sarubi and from out of 1304 cases referred to LAB section of Sarubi DH , 745 cases were positive during the month of July 2017 and according to HMIS data totally Malaria cases reported from sarubi district about 1273 in July 2017, a mass complain conducted in that district.

Kabul -Badghis Malaria Indicator	Target	Result	Achievements
Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaign	16926	16978	100.3 %
Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	15,057	12894	86 %
Number of suspected malaria cases that receive a parasitological test at public sector health facilities	9,189	7991	87 %
Number of confirmed malaria cases that received first-line antimalarial treatment according to national policy at public sector health facilities	2,150	1921	89 %
Number of suspected malaria cases that receive a parasitological test in the community	5,208	4906	94 %
Number of confirmed malaria cases that received first-line antimalarial treatment according to national policy	993	1061	106 %

plan in different levels of both provinces. PDF Compressor Free Version

Finalization of recording and reporting system and supply chain management, set up of project targets, orientation of project staff and BPHS staff regarding the project target and integrated follow up system.

Collection of project reports from the field and timely submission of projects quarterly report. Monitoring visits by HQ team from both project activities performed.

Regular supervision of project in field by project staff and BPHS staff.

in the community

Number of health practitioners trained on RDTs and MTG	127	145	114 %
Number of Health Facility lab technicians trained on microscopy and RDTs	61	57	93 %
Number of CHS trained	56	63	112 %
Number of CHS completed refresher training	140	149	106 %
Number of CHWs trained	353	410	116 %
Number of CHWs completed refresher training	434	340	78 %

Success Story

Zermina the community-Health worker of sarubi DH, She has completed her education till 10th class and since one year, she became part of health worker with MOVE organization, when she received the training of malaria case management, she learned the different teaching techniques. After that, she is using these methods of communication when visiting household and women in the community. At the beginning, she was worried after receiving of malaria case management training, she becomes better at communication with others. During the past three months, she found a lot of cases in malaria and she convinces women to prevent their families from malaria. Even some time women from community call her and they take advice which how we prevent their family members from malaria. During last month, she found a lot of malaria cases from community and strengthens referral system from HPs to sarubi DH. Totally she found 28 cases from out of 32 RDT strips and referred about 11 cases to sarubi DH for further investigation.



ABOUT THE PROJECT

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Project Name: CCAP (CCNPP)

Duration: From 15-May – 31 December 2017 (actually it is 3 years project)

Location: Badghis & Nimroz

Population cover: MOVE facilitating CCAP in tow provinces with partnership of ACTED and CHA –the covered population:

Badghis: 239,470 “Male: 124,129 and Female: 115,341”

Nimroz: 22,329 “Male: 11,336 and Female: 10,993”

Project Goal:

Citizens’ Charter Afghanistan Project will seek to address key limitations of line agency efforts and NSP to date, and respond to financial constraints to national development investments. First, it will bring together under one umbrella program the rural and urban community level work. Second, consolidating service delivery under the Citizens’ Charter brings many advantages to Afghanistan’s development planning. This transition means that there will be increased emphasis on linking CDCs with local government institutions and ministries following a systems-based rather than project based approach. To provide improved services, the Citizens’ Charter will set a threshold of core infrastructure and services that the government will

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

MOVE has been started the facilitation of CCAP in Badghis/Nimroz since May 2017, the project core performance indicators for the year 2017 were successfully reached to the sat target based on contracted project plan. The targets have been sat by CCAP/MRRD in collaboration with implementing FPs and in accordance to field situation.

Badghis & Nimroz :

Core-Indicator	Baseline	Target	2017	Remarks
Resource Mobilization and Training (Staff orientation and training)	3	3	100%	Equal to target and three additional refresh training
Community Mobilization (Community Introduction to Citizens’ Charter)	374	337	91%	Very Close to the target
Community Mobilization (Community Survey (Rural))	374	337	91%	Very Close to the target
CDC Elections Preparations (Pre-Election Activities (Conduct large meetings, establish election units, and committee)	295	78%	(335) 89%	More than the target
CDC Elections	295	78%	(331) 88.5%	More than the target
Resources / Poverty Analysis and Needs Assessment	300	80%	(331) 88.5%	More than the target
Community WBA forms	295	78%	(331) 88.5%	More than the target
Community Development Planning	278	74.3%	(331) 88.5%	More than the target

provide to all accessible communities the next ten years.

Project Objectives:

To improve the delivery of core infrastructure and social services to participating communities through strengthened Community Development Councils (CDCs). These services are part of a minimum service standards package that the Government is committed to delivering to the citizens of Afghanistan. As such, the Citizens' Charter is a promise of partnership between the state and communities. It is a foundation stone for realizing the Government's development vision. The program is a whole-of-government effort to end fragmentation, bring people together to collectively address their development needs and contribute towards unity. The Charter is a commitment to provide every village and urban communities in Afghanistan with basic services, based on community prioritization.

Infrastructure:

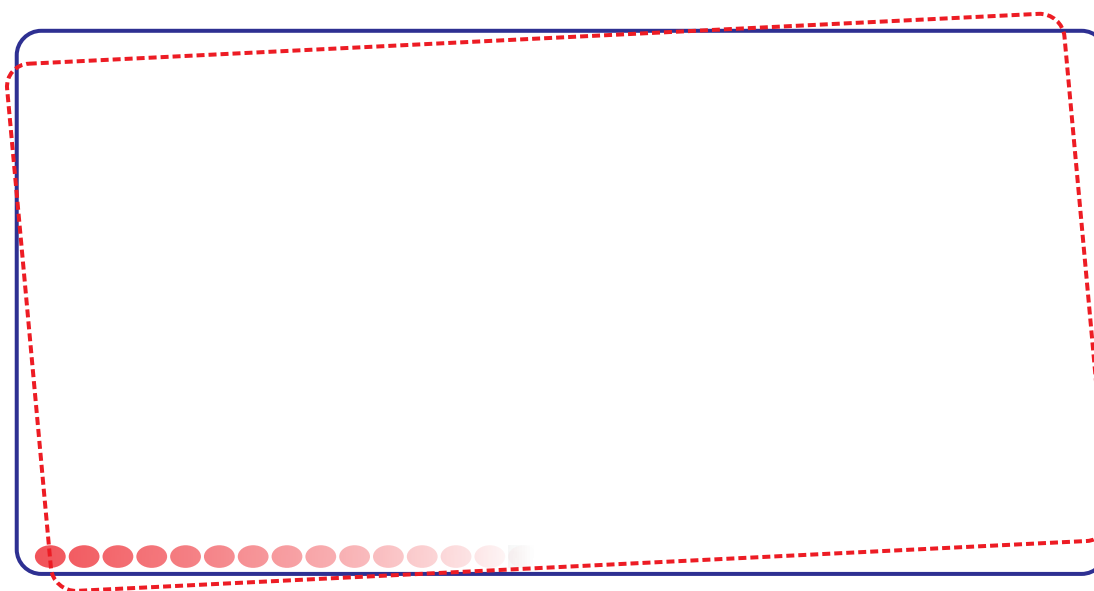
Rural infrastructure communities will have at least one of the following services (depending on gap analysis, community prioritization and accessibility):

Basic electricity: 100W per household through solar, micro hydro, biogas or wind (only in areas that cannot be reached by the

MAJOR SERVICES:

MOVE started a facilitating partnership with CCNPP/MRRD through JV with ACTED and CHA in Badghis and Nimroz provinces in May 2017 for three years. The Citizens Charter is the first ever inter-ministerial, multi-sectorial NPP, where Ministries will collaborate on a single program using a programmatic approach. The key services delivery ministries involved are MRRD, MoE, MoPH and MAIL. The Citizens' Charter is an important foundation for the Government's reform agenda, contributing to a number of priority areas including; Ensuring Citizens' Development Rights; Building Better Governance; Reforming Development Planning & Management and Developing partnership.

During the year 2017, total 249 Community Development Councils (CDCs) of Badghis and 125 CDCs of Nimroz roll out, communities profiling was completed and 235 CDCs in Badghis and 96 CDCs in Nimroz election process, Bank account opening, poverty analysis, Seasonal Calendar, Leaking pot, Women's Mobility Exercise and Community Development Plan process completed and the related forms submitted to Provincial Management Unit. In this period 52 Social Mobilizers in Badghis and 25 Social Mobilizers in Nimroz trained in 1st ToT and 24 Social Mobilizers in Nimroz at 2nd ToT and tow refresher regarding the program provided to Badghis and Nimroz staff.



First ToT for social Mobilizers – Qala-e-Noe, Badghis Province

grid);

Basic road access: within two kilometers walking distance from nearest accessible rural road (accessible areas only); and

Small-scale irrigation infrastructure: this includes intakes (for secondary/tertiary canals), water divider, water control gates, siphon, water reservoir up to 10,000 M3 capacity, rehabilitation or construction of small irrigation canal, protection wall, gabion wall, aqueducts, and super passage. These project will implement by PMU engineering department.

Total Staff: According to the contract ratio 69 Social Organizer and 14 service staff.

The key staff of the CCNPP are: Program

Coordinator: Mr. Nematullah Bahir

Provincial Managers: Mr Mohammad Asif Raoli, Mr Abdul Qadeer Saburi

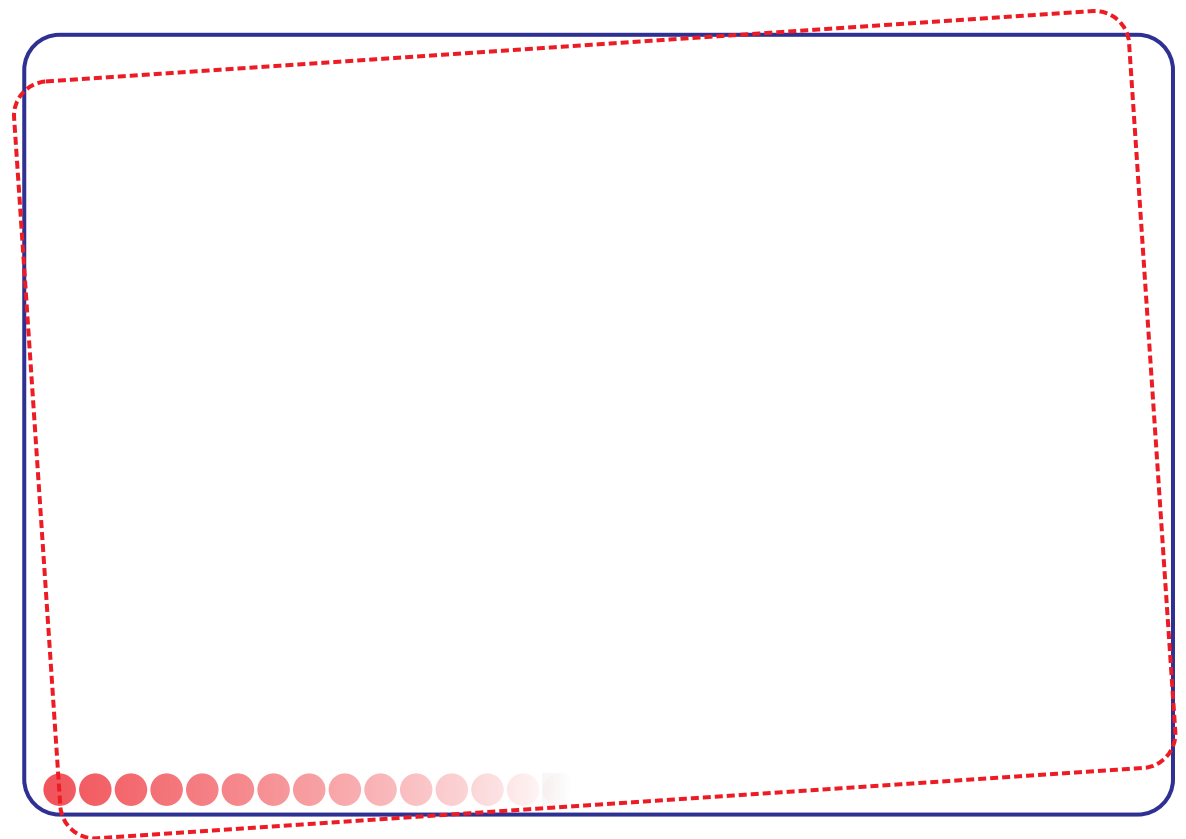
Provincial Trainers: Mr Abdul Jabar Reiaz, Mr Shmasudain Rasa

Admin & Finance Officers: Hashmatulla, Noorullah

Monitoring & Data officer: Moienuddin Aryapur

Operation Officer: Ahmad Shah

District Managers: Haji Walid, Faiz Muhammad Ayobi, Abdul Mojir and Qaboos Jawahirpoor



First ToT for Social Mobilizers – Zaranj, Nimroz Province

MOVE's programs are implemented through a participatory approach, which involves rural populations in the identification of their priority needs and the improvement of their living standards. This bottom-up approach, by giving more responsibilities to the communities, further empowers the Afghan population. This process necessitates a thorough knowledge of the country and its social structures, as well as close links with our Afghan partners. Devising bottom-up development projects requires careful consideration of all stakeholders. MOVE operates with political impartiality, without discrimination as to gender, religion or ethnicity.

PROJECT INPUT AND ACTIVITIES

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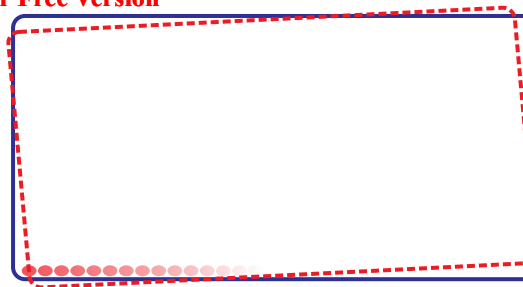
Logistic: District and Provincial offices established in Badghis and Nimroz Provinces, staff recruitment successfully completed in the first phase of the program.

Finance: According to the contract and plan invoices submitted and paid update (by milestone and # of communities for the given period and cumulative) and contract balance updated.

As result, the entire project expenses 'Staff Salaries, Offices rent, Vehicles rent etc.' paid and cleared up to December 31, 2017.

Supervision: Supporting the team in Nimroz and Badghis provinces, focusing on speeding up the roll-out of the program in Chahar borjak and Jawand districts and addressing challenges such as access to scattered and remote communities, work in inaccessible or insecure areas, negotiations with local leaders and groups. Close cooperation and active coordination are ongoing with Provincial Management Unite (PMU), RRD staff.

Monitoring: Many villages in the Badghis and Nimroz province received positive information and feedback on the benefits of the CCNPP from current and past members. In addition, the program facilitate according to the CCNPP



CDC election process, Jawand District
Success Stories:



Meeting with CDC doe CDP, Jawand District

Siah Sang village located in Maqar district (Badghis province)

This community is located 25 km from the center of Muqor district, with approximately 250 households. While the universal problem of rural areas in Badghis is the lack of access to safe drinking water and roads, this village has access to these facilities. However, the mobility of local women is very limited and restricted, with most of them not being allowed to go to schools, public spaces or even health clinics. In fact, most of childbirths are done at home. The women of this village, who wish and are interested to study and develop their skills to further contribute to the lives of the Afghan people and of their native village, are today deprived of this right. When this project started and MOVE's SOs entered the village in June, the villagers refused to cooperate with SOs and expelled the staff from their village. They did not allow the staff to explain the project and activities, not paying any attention to the words and explanations provided. Simply, according to their traditions, women were not allowed to take part in such programmes and they would never be allowed to participate in the elections.

However, the community mobilization continued in the neighboring villages, where the benefits and principles of the programme were not only explained but also shown in practice. The villagers could see that female social workers were actively engaged in the community mobilization. This experience opened the door back to Siah Sang village. SOs received a warm welcome during their second visit, and the people paid close attention to their presentations, introducing the goals and principles of the programme. As a result, local inhabitants have announced their full and comprehensive support to the project. Today, thanks to the CCNP, women play a significant role in the development of Siah Sang and have been given the right to take part in key decisions.

Lesson learn:

Access to the Communities - engaging women participants (Jawand districts). Hiring

operation manual in very remote areas of Jawand, Maqar and Charborjack districts but still the CDCs as per security and culture issues have problems with participation of female in the program; in general employees performance is evaluated good and action plan quality improvement developed and implemented more than the targeted of 2017.

Coordination meetings at central, provincial and district level including CCNPP meetings, FPRG meeting and PDC meetings conducted, MOVE staff were actively participated during year 2017.

The Citizens' Charter will be the first inter-ministerial program where Ministries collaborate on a single program in both rural and urban areas. This project comprises four components. 1) First component, service standards grants will support two types of grants to CDCs: (i) rural areas service standards grants, and (ii) urban areas block grants. 2) Second component, institution building CCAP aims to build strong Afghan institutions from national to local levels, capable of planning and managing their own development. This component will support: capacity building; technical assistance; and community facilitation services. 3) Third component, monitoring and knowledge learning includes learning activities.

Female SOs from the areas where the programme is implemented proved to be the only way to safeguard their access to communities and allow them to conduct planned activities. Female SOs who are not originally coming from the target areas would, in the majority cases, not be even allowed to enter the community. Furthermore, we learnt that most of the sensitivities which emerge out of absurd traditions and obsolete beliefs such as not mentioning female's names, not allowing them to participate and so on and so forth, could be resolved by increasing number of visits, identifying prominent influential personalities and explaining them the importance of women at a community and at last persuading them to help the team for awareness raising purposes at the community level.

Necessity to understand the background; education level and skills of CDC members (all districts). While CDC members were elected by their community, it is essential that the JV provides additional support to their members, as they possess different levels of education, literacy knowledge, etc. For example, in certain areas of Badghis, participation in the CCNP is often women's first time being publicly engaged in community affairs, having low or no familiarity with local governance structures, community-led development and organizations present in the area. Without additional support, the trainings provided on CDC responsibilities, procurement, project management or sub-committees can often cause confusion without understanding their purpose in the wider context.

Frequent communication between the field and the Program (all districts). As discussed during coordination meetings with FPMD considering that CCNP is a newly launched program, several issues (rejection of forms, changing of form templates, requests for additional document and requests for different or additional work plans) arose in the initial stage of implementation and caused slight delays in the progress of the activities. Through timely communication and by raising these points to the FPMD, problems on the ground were rapidly solved.



ABOUT THE PROJECT

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PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

OPERATION ACTIVITIES

MOVE operation department has followed its activities in accordance to the operational cycle. It was included, procurement, stocking & releasing, transportation facilities, asset & inventory follow up and maintenance, supervision and monitoring and security system. The activities performed to facilitate the health services delivery and active management of the systems in central and provincial levels for each project. All the guidelines and procedures have been designed and implemented based on MOVE welfare organization policy and DONORS requirements.

Procurement; Operation team made their best efforts in placing the effective methods for procurement. This plans carry out all those local and any required international procurements, operation have been designed the committees on project level and invite the supplier whom applied for offer opening.

Supply: 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

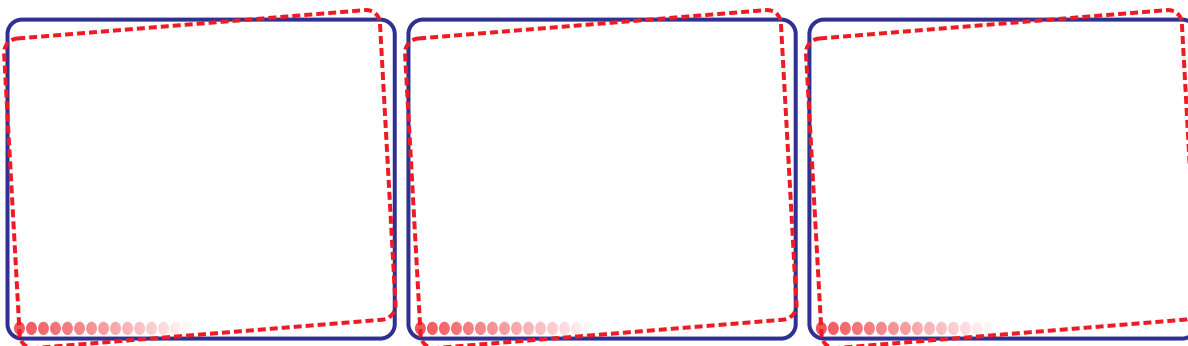
Stock and warehouses management: Operation department have been arranged the reliable and secure stockroom/warehouse where the medical and logistician items are maintained store during the projects period.

MAIN ACHIEVEMENT:

Operation Department Managed the initial and resupply of the following projects, also maintained the supply of the offices and health facilities on a regular bases of monthly and quarterly, as well as the winterization supplies has been provided. The routine supply of each project included the Pharmaceuticals, medical supplies, HMIS, hygiene materials, food, fuel and other logistical supplies.

S#	Province	Number of HFs supplied with all winterization materials in 2017									
		PH	DH	CHC	BHC	SC	FHH	MST	CME	CHNE	Su, Office
1	Badghis	1									3
2	Daikondi	0	3	7	15	29	58	2	1	1	2
3	Bamyan	0	2	2	9	5	24	0	0	0	3
4	Kabul	0	4	9	24	5	0	0	1	1	3
	Nimroz	0	0	0	0	0	0	0	0	0	1
Total HFs supplied											215

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



HFs under the renovation:

For providing of effective services and secure situation for staff in working environment, operation department has conducted several training and orientation during the year for

Transportation Management; MOVE operation provided necessary transportation for implementation of official tasks. In general all employees of MOVE traveling for the purpose of MOVE related official organization tasks can be passengers of vehicles.

Inventory management: all MOVE asset and inventories have been registered in standard database and updated on quarterly bases in all projects including health facilities, HQ and sub offices

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

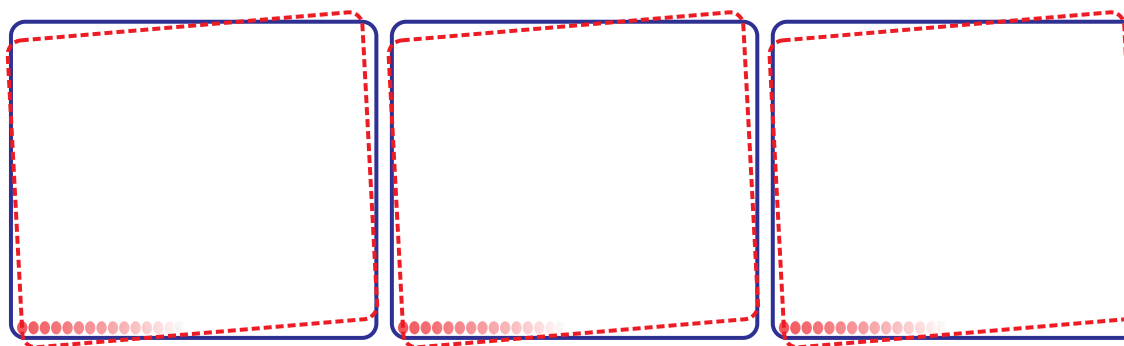
For providing of efective services and secure situation for staff in working environment, operation department has conducted several training and oreintation during the year for logistic staff. Security training has conducted with cooperation of ANSO organization for all security guards.

Monitoring and Supervision: Over all supervision has been done by operation team from HFs activities base on operation to be maintained all health facility equipment and observing of hygienic sanitation in each departments and proper usage of consumable materials.

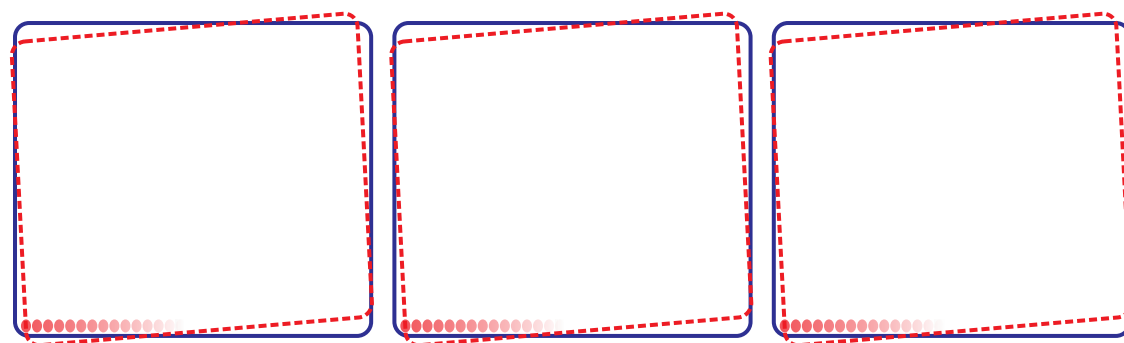
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logistic staff. Security training has conducted with cooperation of ANSO organization for all security guards.

Update of sign Board for health facilities are the part of operation activities, According to MoPH decision for changed of signboard, MOVE Operation have been changed the signboards in all health facilities under coverage of MOVE projects.



For better waste management and set up of the safest hygiene system in health facilities, operation department has constructed the local Incinerator for the burning of Health Facilities garbage. The incinerator is used in safe procedure according to the hygiene sanitation rule. such a structure is for makes incineration not only the safest, but also one of the most cost-effective disposal methods.



ABOUT THE PROJECT

FINANCE DEPARTMENT ACTIVITIES:

The objective of finance department is to manage the organization budget in accordance national and international norm, facilitate the funding flow and ensure accountability and transparency.

The provincial finance departments, strengthened projects financial activities and closely followed with strong coordination.

The project funding flow, expenditures, recording and reporting managed based on MOVE finance policy.

Monitoring and supervision of project has been done by MOVE HQ team.

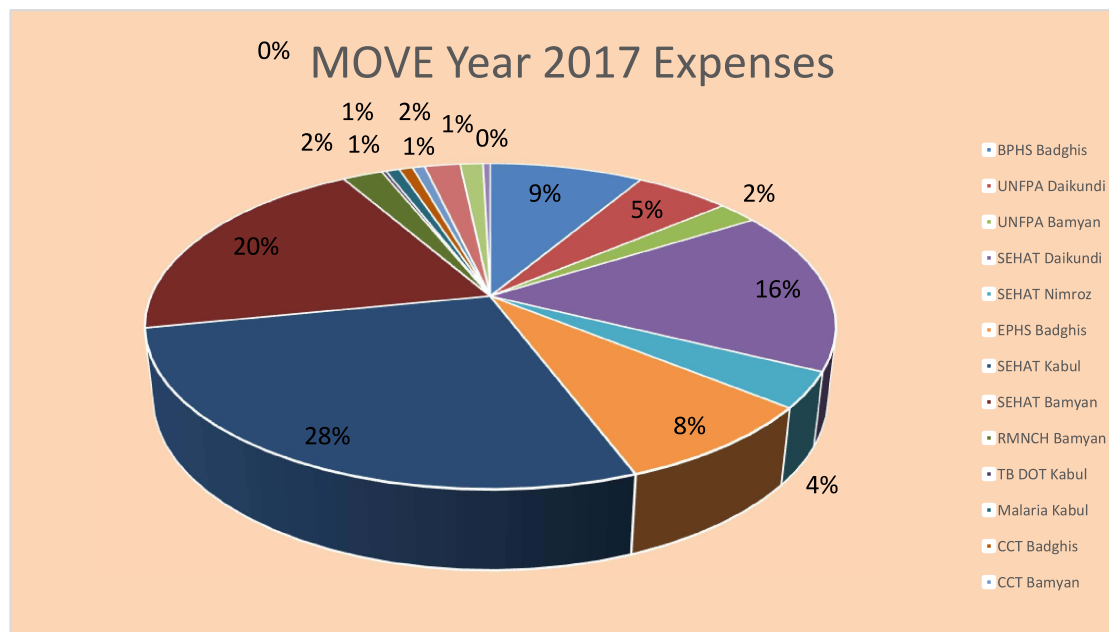
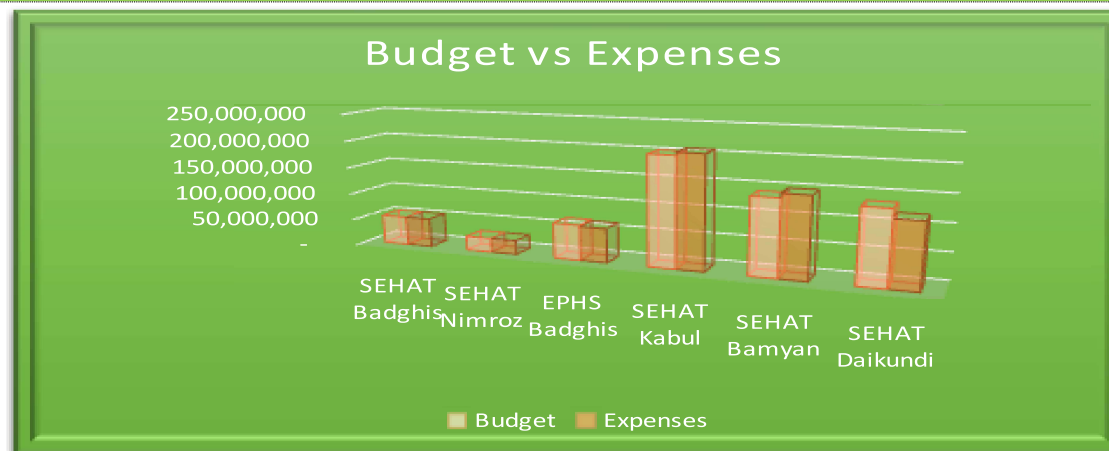
MOVE organizational Annual Audit of 2016 conducted by (Baker Telly) Company, the report and result was satisfactory with impression of unqualified performances.

Staff salaries managed through banking system and M paisa. Revision of the policies was done.

Over all taxation and Annual tax report (Ezahrnama) as per Afghanistan TAX Law controlled, managed and delivered to income tax department for 2017.

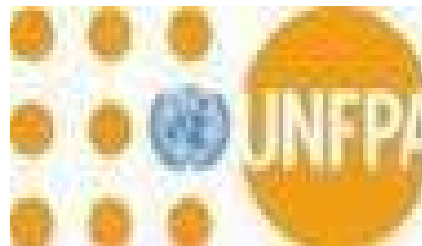
Quarterly projects financial report, EMIS report, required data base are submitted timely to MOPH and donors for all projects.

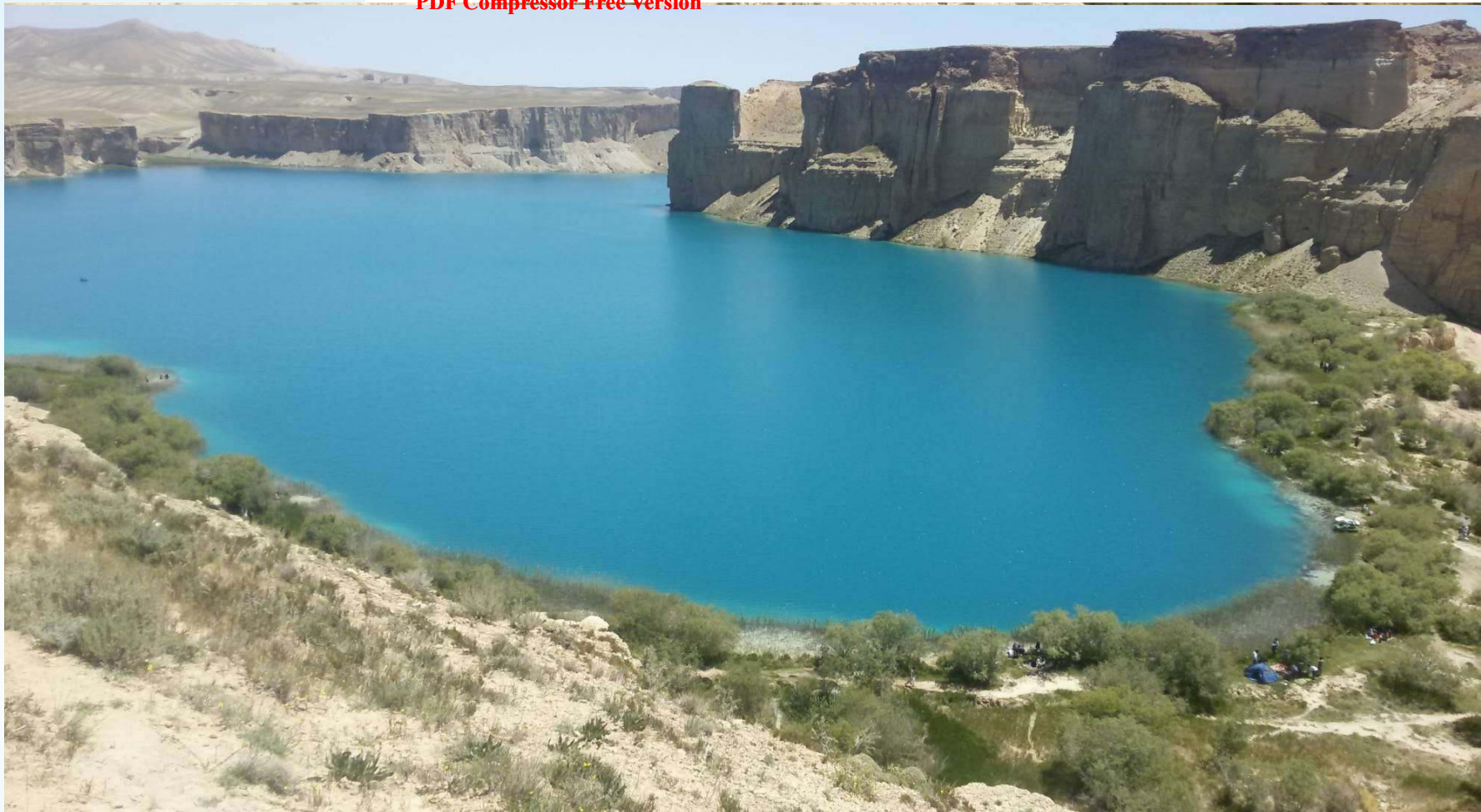
PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS











MOVE ADDRESSES:

KABUL:

KotiSangi, Dehbori Road
Hose # 353
Kabul –Afghanistan
Mobile #: 0772090001

BADGHIS:

Qala –e- Naw Center
In front of Electric power directorate
Badghis-Afghanistan
Mobile #: 0777781310

DAIKUNDI:

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

BAMYAN

Bamyan City, Sareasyab
Near airport
Bamyan-Afghanistan
Mobile#: 07775610021

NIMROZ:

Z aranj
CharahiWelayat
Infront ofMokhabrat
Mobile#:0700207826



MOVE WELFARE ORGANIZATION

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