



WELFARE ORGANIZATION



ANNUAL REPORT - 2018

MOVE
WELFARE
ORGANIZATION



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GENERAL DIRECTOR MESSAGE

Nowadays, MOVE is in an ideal position. It's all because of the skills and commitment of our team, which remain steadfast to providing quality services to all our beneficiaries. I am proud of MOVE; Proud of an organization that is able to professionalize itself and tackle to the current challenges, while staying focused to what we do best, serving the most- needy people, and contributing the communities in the development health and humanitarian scopes. We need to keep up this work, "day after day". We need to reinforce our position to remain united and committed to our mission. At the same time; we must keep in mind that our organization does not exist on its own but through the support and collaboration of the people who are part of the mission. It is our reason for being for those people that we are committed to helping, those who trust us, who support and fund us and finally all those who are our employees and keep alive the organization.

Now, within the 15 years successful journey MOVE has established itself as a; "relying health and social organization of the country and is working in seven provinces of Afghanistan", which states about; its experience, achievement, and commitment towards social development, contributing to sustainable development goals, essential hospital services, capacity development, community nursing and community midwifery education programs, essential nutrition action, promotion of health and livelihood services reaching to a round two million underserved population.

Our focus expanded towards citizen charter-engagement programs, addressing gender-based violence and humanitarian response either through family or social integration, innovation approaches and research studies.

What the MOVE team doing is only possible because of the generosity of our donors; Afghanistan Government, national and international contributors. I would like to take this chance to thank all our supporters. I am pleased that, as I prepare to handover responsibilities as the General Director of MOVE Welfare Organization in 2019, the organization is preparing with confidence for the future. I am much honored to lead the organization during a vital time in the organization's history, and I want to thank the MOVE Trustee Board and all MOVE employees for their support during my tenure.

Dr. Abdul Malok "Khalili"
MOVE General Director

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 the Ministry of Economy (Reg. No. 45) and signed a memorandum of understanding (MoU) with the 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.
- Teamwork, 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 a low level of preventable diseases and disability, and enjoy an optimal level of health and well-being.
- Have a valued and expert workforce committed to continuously improve the quality of services provided by MOVE.
- Desiring to provide education, food, shelter and health care facilities to the indigent, deprived population but ensuring healthy minds in healthy bodies.
- A society stand on the 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 contributing to the promotion of public health through providing facilities and services in, health care, water sanitation, 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.



MOVE MANAGEMENT STAFF DURING ANNUAL REVIEW MEETING

EXECUTIVE SUMMARY:

This report covers MOVE's activities for the period 1 January 2018 to 31st December 2018. These activities have been undertaken in various projects and locations as highlighted in the report of the projects. 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; Badghis, Nimroz, Kabul, Bamyan and Daikundi provinces of Afghanistan. The SEHAT projects which the organizations had implemented till June 2018 were; in Kabul, Bamyan, Daikundi (BPHS), and Badghis (EPHS). The SEHAT projects extended in all mentioned provinces under the name SEHATMANDI for 6 months and ended in 31 December 2018, MOVE's Sub-contractor OCCD implemented in CME/CHNE school in Daikundi BPHS.

MOVE has managed; one Provincial Hospital, 9 District hospitals, 18 CHCs, 48 BHCs, 49 SHCs, 9 MHTs, 82 FHHs, one Prison health facilities and one CME/CHNEP schools for service provision. MOVE community development programs through partnerships with ACTED and CHA organizations implemented standard chartered projects in Badghis and Nimroz provinces channeling by MRRD, for development of 357 CDCs it is going on according its work plan and successfully achieved its targets.

Although in overall MOVE projects performances during 2018 were well achieved, the implementation had many challenges, including shortage of managerial staff, disruption in the management of fund flow, money inflation and its effects, cost increments, social instability and on top of all the insecurity. We endeavored to respond with endurance and proficient approaches to address the project's priorities, drive quality service, and positioned ourselves to meet the most needs, caring for individuals and the community. Caring for those who need it the most and making the best use of available funds and resources with transparency and accountability. The poverty level still remains high which have been negatively affecting the social health status.

Considering all mentioned social challenges and its consequences on population, MOVE's achievements were satisfactory, all HFs were functional, staffing was more than 96%, supplies accomplished timely to HFs and the clients could receive the maximum 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 are grateful from all MOVE staff for their dedication and hard efforts to provide quality services and achieving projects objectives. MOVE 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 to the success of the whole process of the project implementation.

Dr. Abdul Latif Rashed
MOVE Executive Director

PROJECT ACTIVITIES SUMMARY:

MOVE health projects (BPHS&EPHS) Provided services for 1,995,399 populations (Badghis, Bamyan, Kabul, and Daikundi,) provinces. The health services delivered through; “One Provincial Hospital (PH), 9 District Hospitals (DHs), 18 Comprehensive Health Centers (CHCs), 48 Basic Health Centers (BHCs), 49 Sub Health Centers (SHCs), 9 Mobile Health Teams (MHTs), 82 Family Health House (FHHs), 1196 Health Posts(HPs)”. MOVE running the Community Midwifery Education (CME) and Community Health Nursing (CHNEP) in Daikondi provinces (24 CME and 24 CHNE students) that is sub-contracted with OCCD, funded through SEHAT projects. The projects are running smoothly and almost all core performance indicators for the year 2018 were successfully accomplished based on the contracted project plan. The project targets have been set by MOPH in collaboration with implementing agency and in accordance with international health services norms. The detailed performances of the projects demonstrated in the projects description part of this annual project report.

In BPHS and EPHS health facilities a total of 3,480,540 OPD services provided by medical experts. Total of 12,759 IPD cases managed in provincial and 25,234 cases in districts hospitals. The pharmaceuticals for treatments of morbidities provided free of charge to all HF. During the year 2018 the provincial hospitals performed 3,600 and district hospitals 11,677 major and minor surgery operations. The RH sections managed 62,215 ANC, 53,138 PNC, 30,248 normal deliveries, 2,250 assisted deliveries, and 75,317 family planning consultation services. The EPI section could have performed 56,181 Penta-3, 61,050 Penta-1, 58,137 measles, 40,829 TT+ for women and 54,983 BCG vaccinations. The X-ray section performed 9,769 radiography of different parts and 10,074 ultrasonography performed for the clients. In lab sections totally 127,311 routines, serologic and bio-chemic tests have been done for the support of an accurate diagnosis of morbidities and facilitation for medical experts. The above-mentioned services have been done by 1,902 employees, including 808 female and 1,096 male medical and non-medical contracted employees.

MOVE has been started the implementation of CCAP in Badghis/Nimroz since May 2017, and the project’s core performance indicators for the year 2018 were successfully achieved. During the year, all the covered 357 CDC identified under 74 cluster CDCs, all the clusters elected with the formation of sub-committees and CDPs prepared, and 26 CDCs establishment ‘election, the formation of sub-committee, bank account opening and CDP preparation’, with all the tools and its forms submitted to PMU. Also, under this program 137,170 including 66,987 females, 70,183 males’ person’s received different training such as accounting, procurement, Environmental and social safeguard training, and Grievance Handling Mechanism training, and 77 SOs 2nd TOT, 70 SOs reflection training, and 36 SOs received refresher training. Regarding the capacity of the community, Results indicate higher membership of CDCs by members of marginalized groups compared to the NSP; The ‘Leaking Pot’ exercise has changed community members’ behavior regarding unnecessary expenditures; Women are active and represented in CDC’s more than ever and are representing women’s interests; Several CDCs have independently taken responsibility and have mobilized internal resources to implement their development priorities; The Grain Banks approach has instilled more social awareness in wealthy community members to support vulnerable and extremely poor households.

PROJECT DESCRIPTION**BADGHIS EPHS PROJECT****Project Name:** EPHS/SEHAT II /Badghis**Duration:** Dec- 2015 to June -2018 with 6-month extension ended in 31 December-2018**Location:** Badghis Province**Population cover:** 511,671**Project Goal:**

To improve the health of the 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:

- (I) Reduce maternal and new-born mortality.
- (II) Reduce under 5 mortalities, improve child health and nutrition.
- (III) Develop the health system.

Total Staff: 119 Medical and Non-Medical.**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 2018 are satisfactory and almost reached to the level of the target.

Qalaie Naw PH Core-Indicator	Baseline	Target	2018-Achievements	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	88.8	More than the target
2. The proportion of pregnant women who have a cesarean section.	7%	10%	10%	Equal to target
3. Bed occupancy rate (BOR) in Badghis Provincial Hospital.	75%	>75%	89%	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 severe acute malnutrition (SAM) who were successfully treated and discharge	85%	>85%	90%	More than the target
8. Functionality Equipment's Index	86%	100%	100%	Equal to target

HOSPITAL SERVICES:

Total of 12,759 Patients was admitted to the provincial hospital and received IPD services. The OPD section of the hospital were provided 24 hours' service and during the year could cover 125,563 OPD clients of Badghis province and around 350 cases on daily bases.

PROJECT INPUT AND ACTIVITIES

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

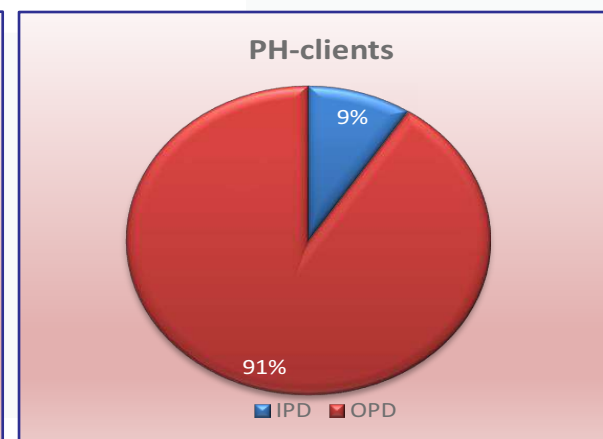
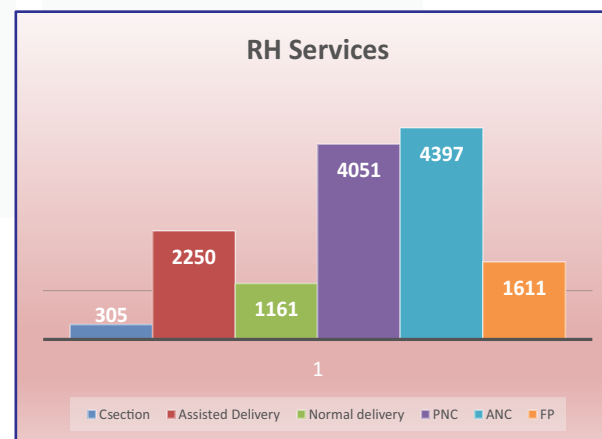
The hospital system for management of administration, finance, and logistics has been developed and respond to all PH activities.

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 consumption and inventory list are regularly updated. Hospital action plan for quality improvement developed and implemented.

Five ambulances are functional for providing referral services for hospital

In total, the hospital performed 3,697 surgery operations during the year 2018. The surgery team responded to all emergencies, trauma cases, war-related injuries, elective surgery and Gynecologic Obstetric cases by having two surgeons, two orthopaedists and one Gynaecologist.



The RH section managed 1,818 patients with major obstetric complication 4,397 ANC's, 4,051 PNC's, 1,161 normal deliveries, 2,250 assisted deliveries, and 1,611 family planning consultation and services.



The Pediatrics services for IPD, Neonatology, and TFU served the hospital required clients, more than 50 % of hospital clients were children and 40 beds have been allocated for the pediatric

patients. The ambulances are ready 24 hours for service provision.

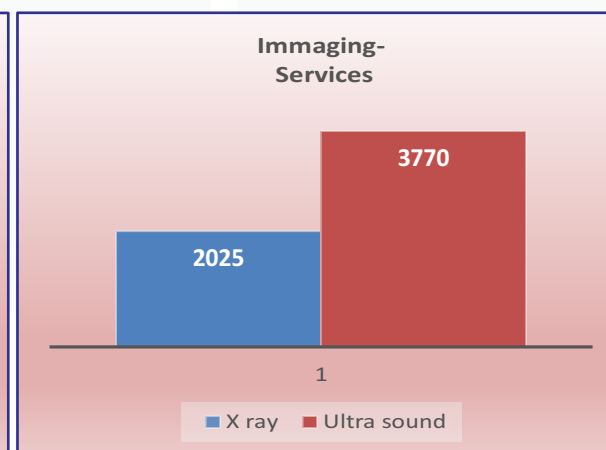
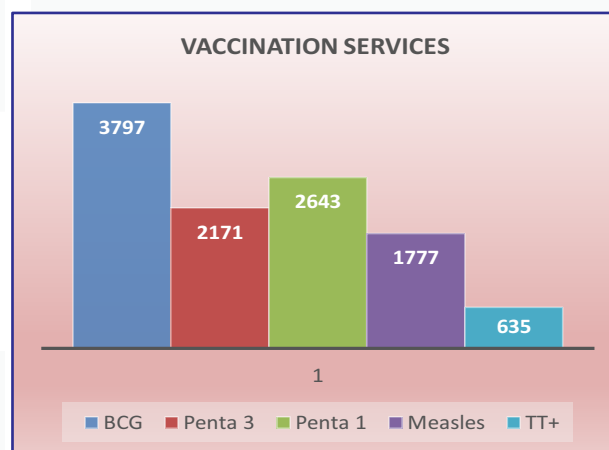
For building the capacity of staff, TNA conducted and training plan developed and implemented, for capacity building of staff. The hospital IPD and emergency services around the clock. The trauma center covered all traumatic casualties in provincial level with having two orthopedic surgeons. Pharmaceuticals, medical expendables and non-medical material supplied on quarterly. The fresh food for patients and daily expenses managed through hospital procurement committee. The staff salaries paid through banks accounts and hospital expenditures managed by PH finance section.

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

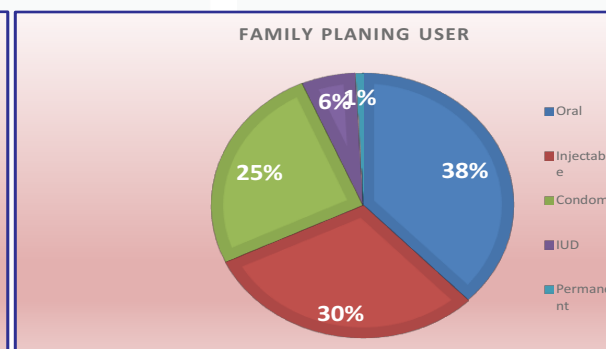
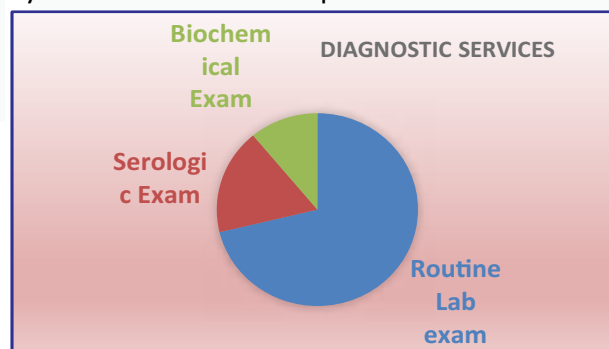
MOVE has been successfully completed all its contractual obligations and Based on MOPH hand over and take over policy on 31 December 2018 the committee for hand over established and the hospital management has been transferred to new implementer MMRCa officially and the document submitted to related departments.

section. 185 sever malnourished children cured in the TFU. The IMNCI implemented in the management of pediatric section and the treatment success improved moreover. The adult IPD were functional for internal disease problems in a different section such as cardiologic, respiratory, digestive system, etc. 86 TB smear + cases have been treated.

The EPI section could perform 2171 Penta-3, 2643 Penta-1, 1177 measles, 635 TT for women and 3797 BCG vaccine administration. The X-ray section performed 2025 radiography of different parts and 3770 ultrasonography performed for the hospital clients.



The Dental section had 4269 dental consultations including the extraction and medical treatments. The emergency section of the hospital performed dressing, injections and emergency procedures. 35632 routines, 8870 serologic and 5515 biochemical tests performed by lab section of the hospital.



PROJECT DESCRIPTION

KABUL BPHS-SEHAT II PROJECT**Project Name:** BPHS/SEHAT /KABUL**Duration:** July- 2015 to June -2018 with 6-months extension ended on 31 Dec. 2018.**Location:** Kabul Province Rural Areas (13 Districts)**Population cover:** 672,400**OVERALL OBJECTIVES:**

The overall objective of the project is to contribute to achieving MoPH goals to reduce maternally, new-born and under 5 mortalities 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 covers 47 HFs including 4 DHs, 10 CHCs, 24 BHCs, 9 SHC and 486 HPs (39 operating in Governmental buildings). All HFs are functional with its CBHC networks including HFs shura, HPs level shura and FHAGs.

Total Staff: 625 Medical and Non-medical.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

The project core performance indicators for the year 2018 were successfully achieved. The targets are sat based on project plan and contract.

Kabul BPHS Core-Indicator	Baseline	Target	2018-Achievement	Remarks
1. Contraceptive Prevalence Rate (%) of women 15-49 years currently using a family planning method [modern].	20%	26%	31%	More than the target
2.TB Notification rate for NSS positive.	20%	22%	63%	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 Penta-3.	63%	93%	>100%	More than the target
5. Score on the balanced scorecard examining quality of care in SHC, BHCs, and CHCs.	52	67	59.7	Less than the target
6. Health Facility Utilization Rate: OPD Visits per person per year.	1.8	2.36	2.6	More than the target et
7. Proportion of births attended by skilled attendants (excluding trained CHWs).	79%	91%	67%	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%	93%	More than target
10. Proportion of children <5 years with severe acute malnutrition enrolled in treatment and cured in program.	NA	70%	65%	Less than the target

The total 47 HFs is provided 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 HFs and EPHS HFs.

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

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

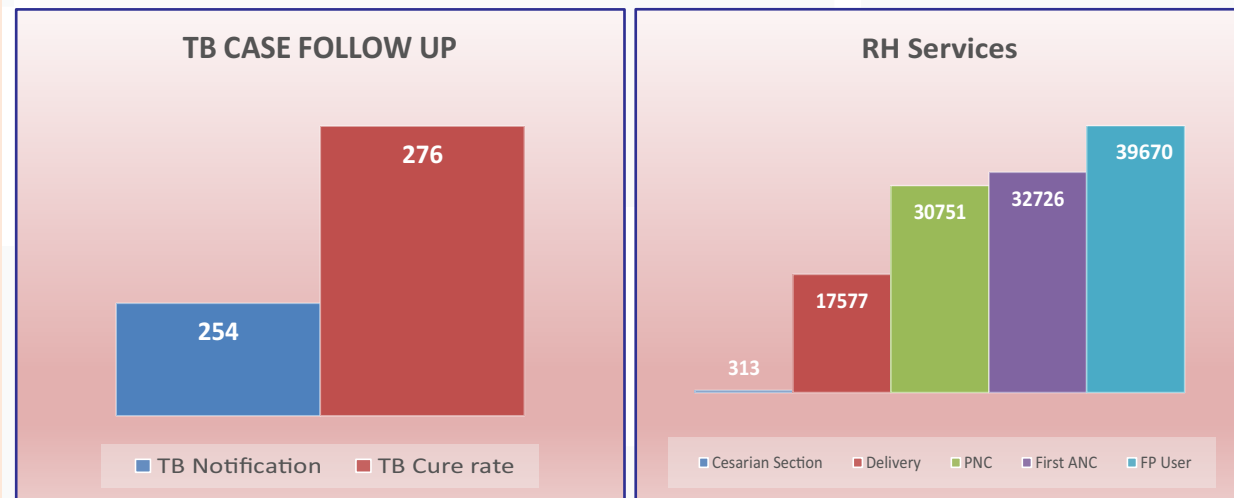
The project was monitored regularly by project key staff, MOVE HQ, KPPHD team, GCMU and MoPH departments and written monitoring report shared with PO. The remedial action plan was developed by the PO team to address the gaps and new recommendations.

Regular Logistic Supply for 47 Health Facilities including Hygienic Materials, Drug Supply and related logistic materials on quarterly base and emergency supply as per need have been done.

KABUL BPHS HFs. SERVICES :

Total of 1,817,993 OPD consultations performed in all HFs during 2018, which shows a high utilization rate of the health facilities service and rate of around 2.6 consultations per person per year in the catchment areas. In total the four District hospitals performed 5,371 major and minor surgery operations during the year 2018, 313 Caesarean sections have been done in District hospitals. The surgery team responded to all surgery emergencies, traumas cases, war - related injuries and elective surgeries.

The RH section managed 32,726 ANC's, 30,751 PNC's, 17,577 normal and assisted deliveries, and 39,670 family planning consultations and services.



The IPD services in DHs and CHCs managed; adult complicated cases, Pediatrics cases, Neonatology, and TFU services. 295 severe malnourished children cured of the TFU. The IMNCI implemented in the management of pediatric section and the treatment success rate improved. 254 TB cases notified and 276 TB smear + cases have been treated. Totally 155,678 under-five children assessed for growth and 3,273 Sever acute malnourished children identified and treated. The rate of severe malnutrition cases among the children monitored is 2.1 % which is still high and need consideration for treatment and prevention. For 57,874 cases IYCF consultation has been done; 129,643 mental health, and 50,255 eye problem cases diagnosed and treated in Kabul HFs.

as per need have been done.

Providing Transportation facilities for supervision of PO staff and HF staff including the hiring of rental vehicles and ambulances. Maintenance of HFs structure, fuel for vehicles and EPI motorbikes. Winterization supply to PO and HFs done. Maintaining 14 rental vehicles, Maintaining Highway ambulance services billboard along the Highways, conducting TNA, conducted many trainings. Strengthening CBHC services by, active f/up of monthly Review meetings and shura meetings. Submit quarterly technical and Finance reports on time to MOVE HQ with complete packages.

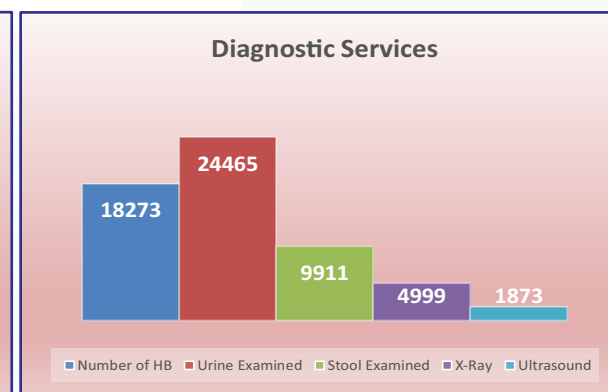
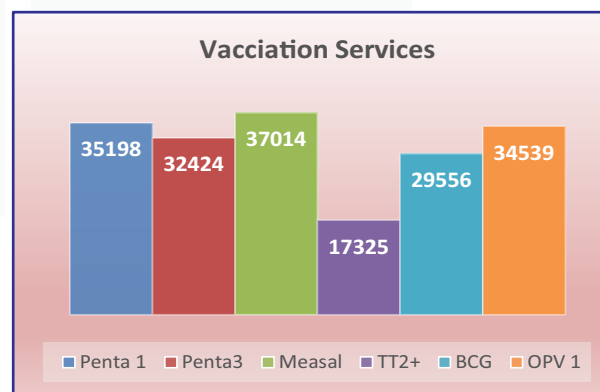
Internal Audit done from Kabul BPHS project and the feedback followed accordingly. Audit of the project done by MOPH & Ministry of Finance auditors during 2018.

MOVE has been successfully completed all its contractual obligations and Based on MOPH hand over and take over policy on 31 December 2018 the committee for hand over established and the project management has been transferred to new implementer SDO officially and the document submitted to related departments.



The EPI section have performed; 32,424 Penta-3, 35,198 Penta-1, 37,014 measles, 17,325 TT2+ for women, and 29,556 BCG vaccine administrated. 34,539 OPV 1 vaccines have been administered in HFs. The X-ray section performed 4,999 radiography of different parts and 1873 ultra-sonography performed for the hospital clients.

The dental section had 75,396 dental consultations including the extraction and medical treatments. The emergency and dressing section of the HFs conducted dressing, injections, and emergency procedures. In the lab section of HFs, 52,649 routine and serologic tests have been performed for quality diagnoses and treatment of clients.



The CHWs had 670,206 home visits and 910,095 referral cases as part of community health support and system during the project period.

PROJECT DESCRIPTION

BAMYAN BPHS-SEHAT II PROJECT**Project Name:** BPHS/SEHAT-II /Bamyan**Duration:** July- 2015 to June -2018 and with 6-months extension ended December 2018**Location:** Bamyan Province**Population cover:** 175,100**OVERALL OBJECTIVES:**

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

The project implemented in 2 districts (Panjab and Waras) of Bamyan province. The project covers 31 HFs including 2 DHs, 2 CHCs, 9 BHCs, 17 SHC, and 265 HPs. 23 HFs has the governmental building. All HFs are functional including CBHC network HFs shura, HPs level shura and FHAGs.

Total Staff: 308 Medical and Non-Medical staff.

The health services provided based on BPHS required service and were included the

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

The project core performance indicators for the year 2018 were mostly achieved. The targets are sat based on project plan and contract.

Bamyan BPHS Core-Indicator	Baseline	Target	2018-Acheivment	Remarks
1. Contraceptive Prevalence Rate (%) of women 15-49 years currently using a family planning method [modern].	NA	23%	29%	More than the target
2. TB Notification rate for NSS positive.	19	20	75%	More than the target
3. TB treatment success rate.	86%	90%	97%	More than the target
4. Increased immunization coverage of children aged between 12 -23 months who are vaccinated with Penta-3.	63%	80%	82%	More than the target
5. Score on the balanced scorecard examining quality of care in SHC BHCs, CHCs.	50	60	57.6	
6. Health Facility Utilization Rate: OPD Visits per person yearly.	1.45	1.85	2.2	More than the target
7. Proportion of births attended by skilled attendants (excluding trained CHWs).	39%	47%	44%	less than the target
8. Coverage of antenatal care (%) of all pregnant women receiving at least one antenatal care visit.	72%	83%	89%	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%	91%	More than the target
10. Proportion of children <5 years with severe acute malnutrition enrolled in treatment and cured in program.	NA	80%	93%	More than the target

seven component in all HFs. 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 98%. Staff salaries timely paid. Supportive supervision of all 31 HFs during the reporting period conducted, a total of 346 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 utilization.

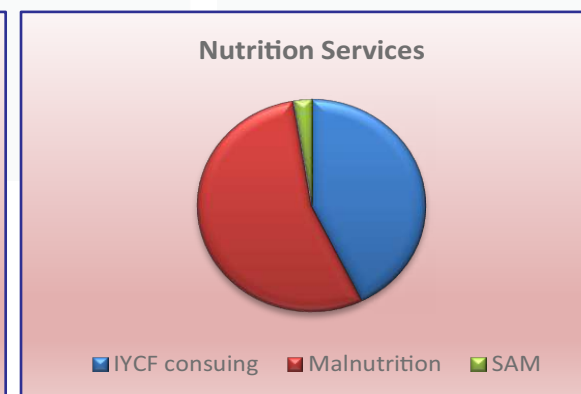
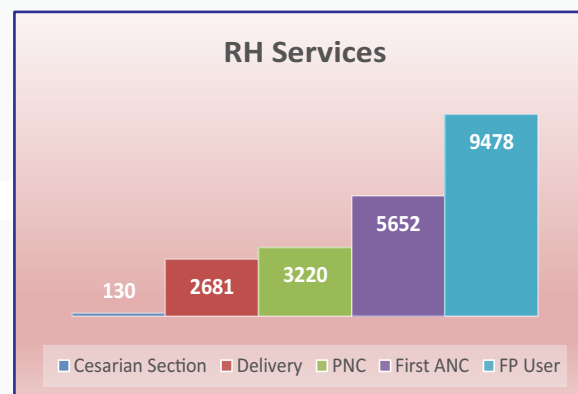
MOVE Bamyan representative actively participated in all coordination meetings at the district and provincial levels including; PPHCC, EPI sub-committee meetings, RH, CBHC, HMIS, CDC, DRR committees. Monitoring visits have been conducted by MoPH M&E consultants and by GCMU, and the remedial actions taken place and achievement shared with MOVE HQ properly.

Joint monitoring sessions with PHOs, have been conducted, the findings shared and action plan has been submitted for follow up

BAMYAN BPHS HFs SERVICES:

Total of 387,342 OPD consultation performed in all HFs during 2018. 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 HFs with 24 hours as well. In total, the two District hospitals performed 2,856 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 elective surgery. The two DHs are certified as BFHI (Baby-friendly Hospital Initiative) by MoPH.

The RH section managed, 5,622 ANC, 3,220 PNC, 2,681 normal and assisted deliveries, and 9,478 family planning consultation and services.



The IPD services in DHs and CHCs managed; adult complicated cases, Pediatrics cases, Neonatology, and TFU services. 86 sever malnourished children cured of the TFU. The IMNCI implemented in the management of pediatric section and the treatment success rate improved. 52 TB cases notified and 31 TB smear + cases have been treated. Totally 23,586 under- five children assessed for growth and 1108 severe acute malnourished children identified and treated. The rate of severe malnutrition cases among the monitored children is still high and need consideration for treatment and prevention. For 18,405 cases IYCF consultation has been done. 13,449 mental health and 15,478 eye problem cases diagnosed and treated in Bamyan HFs.

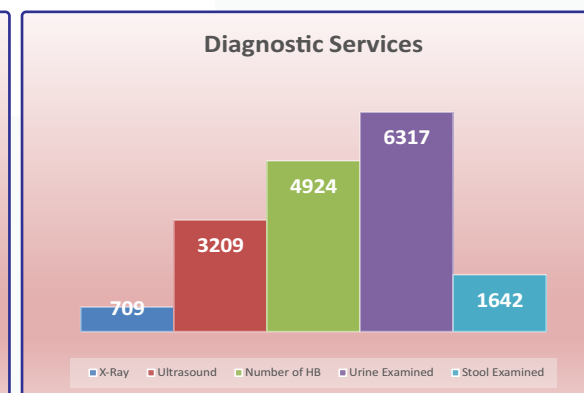
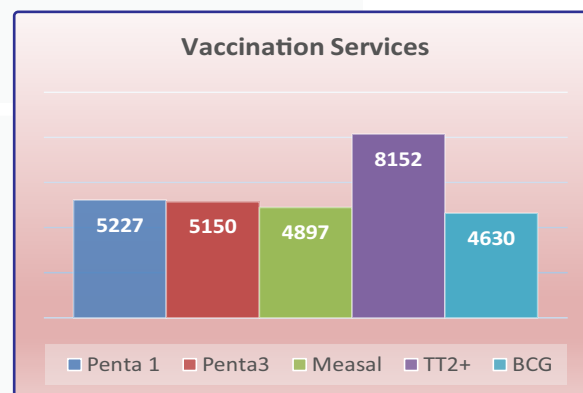
The EPI section could perform 5,150 Penta-3, 5,227 Penta-1, 4914 measles, 4,897 TT+ for women and 4,630 BCG vaccine administrated. 5,334 OPV 1 vaccine has been administered

of the progressions. All HF's have received their winter supplies including; drugs, expandable materials, logistical supplies, and winterization for 6-months. All HP's were properly supplied for re-supply of CHW kit, including; drugs, expendables, and stationeries during the reporting period. Renovation of HF's based on need assessment-major renovation activities are done. All HF's has been equipped with power system.

The staff of the project appraised for their performances and contracts are updated. MOVE HQ team have been technically supported the project by monitoring sessions and providing on time and to the points regular feedbacks. The Project management team have kept their close coordination with Bamyan PHD, PPHOs, partner organizations, MOVE HQ and other governmental and non-governmental stockholders.

MOVE has been successfully completed all its contractual obligations and Based on MOPH hand over and take over policy on 31 December 2018 the committee for hand over established and the project management has been transferred to new implementer AKHS officially and the document submitted to related departments.

in HF's. The X-ray section performed 709 radiography of different parts and 3,239 ultrasonography performed for the hospital clients.



The Dental section had 16,974 dental consultations including the extraction and medical treatments. The emergency and dressing section of the HF's conducted dressing, injections and emergency procedures.

In the lab section of HF's, 7,959 routine and serologic tests have been performed for quality diagnoses and treatment of clients.

The CHWs had 154,240 home visits and 24,717 referral cases as part of community health support and system during the project period.



PROJECT DESCRIPTION

DAIKONDI- BPHS-SEHAT III PROJECT

Project Name: BPHS/SEHAT-III /DAIKONDI
Duration: July- 2015 to June -2018 and with 6-months extension ended December 2018
Location: DAIKONDI Province
Population cover: 436,329

OVERALL OBJECTIVES:

The overall objective of the project is to contribute to achieving MoPH goals to reduce maternal, new born and under 5 mortalities 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 provincial management and support staff members have been followed the

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE PERFORMANCE INDICATORS:

The project core performance indicators for the last six months of the year 2018 were successfully reached to the set targeted base on the contracted project plan.

DAIKONDI BPHS Core-Indicator	Baseline	Target	2018-Achievements	Remarks
1. Contraceptive Prevalence Rate (%) of women 15-49 years currently using a family planning method [modern].	15.2 %	15.9 %	22%	More than the target
2. TB Notification rate for NSS	NA	76	75%	Near to the target
3. TB treatment success rate.	80%	85 %	81%	Less than target
4. Increased immunization coverage of children aged between 12 -23 months who are vaccinated with Penta-3.	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	56.6	
6. Health Facility Utilization Rate: OPD Visits per person yearly.	1.5	2	2	Equal to target
7. Proportion of births attended by skilled attendants (excluding trained CHWs).	42%	48 %	44%	Less than the target
8. Coverage of antenatal care (%) of all pregnant women receiving at least one antenatal care visit	78%	82 %%	82%	Equal to target
9- Proportion of pregnant women and of lactating visiting health facility received counseling support on infant	41%	61 %	66%	More than the target

management task as was planned in Daikundi for running of the project.

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

The CME and CHNEP school training going on 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.

The maintenance has been done in most of HFs based on monthly plan which covers; building water system, electricity, incinerator...HFs and provincial office staffed based on project contract, 100% of HFs have at least one female staff. Supportive supervision of all 56 HFs during the reporting period conducted, a total of Health Post supervised.

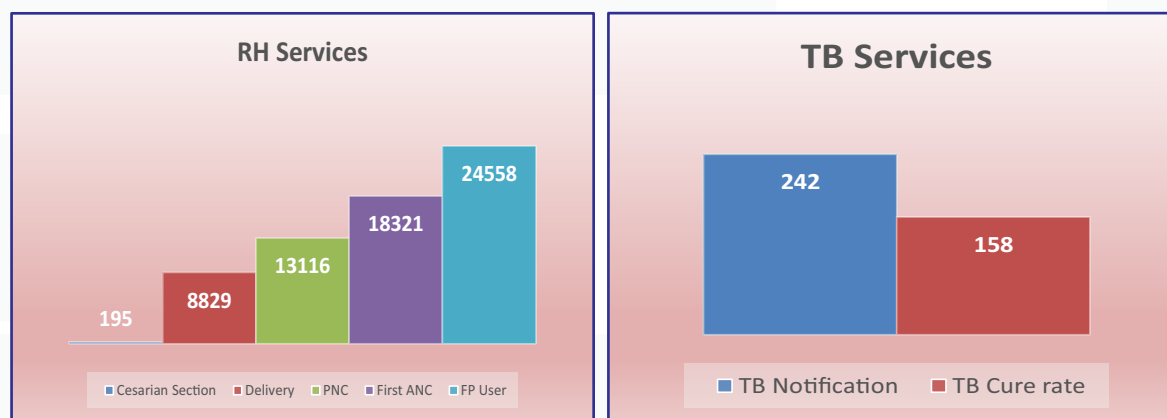
Monitoring visits have been conducted by MoPH M&E consultants during the reporting period, action plans developed based on the monitoring findings and the remedy actions taken place and achievement shared with

and young child feeding (IYCF).

10. Proportion of children <5 years with severe acute malnutrition enrolled in treatment program.	NA	50 %	86%	More than the target
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DAIKONDI BPHS HFS. SERVICES:

Total of 1,129,562 OPD consultations performed in all HFs during 2018. Which shows a high rate of utilization for the health facilities, services, and rate of around 2.6 consultations per person annually in the catchment areas. It includes the services of HFs with 24 hours as well. In total, the District hospitals performed 3,450 major and minor surgeries during the year 2018. 195 Caesarean sections have been done in three hospitals. The surgery team responded to all; surgery emergencies, traumas cases, war-related injuries, elective surgery.



The RH section managed; 18,321 ANCs, 13,116 PNCs, 8,829 normal and assisted deliveries, and 24,558 family planning consultations, and services.

The IPD services in DHs and CHCs managed; adult complicated cases, Pediatrics cases, Neonatology, and TFU services. 2,136 severe malnourished children cured from the TFU. The IMNCI implemented in management of pediatric section and the treatment success improved. 242 TB cases notified and 158 TB smear + cases have been treated. Totally 109,168 under-five children assessed for growth and 2,985 severe acute malnourished children identified and treated. The rate of severe malnutrition cases among the children monitored is still high and need consideration for treatment and prevention. For 68,448

MOVE HQ properly.

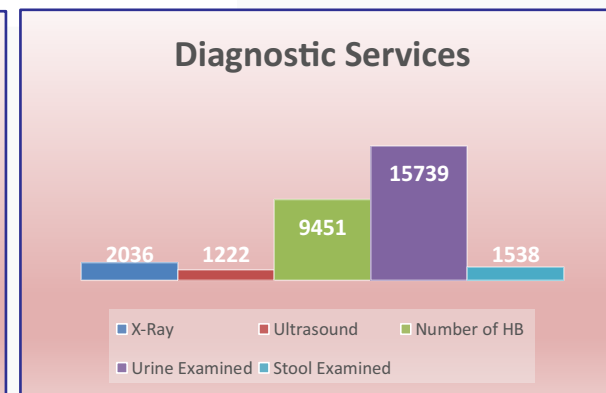
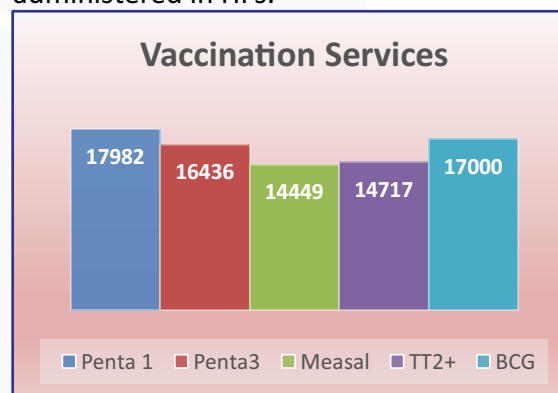
Staff meetings with in-charge of HF conducted regularly and feedbacks on performances provided to strengthen the quality of services.

The staff of the project appraised for their performances and contracts are updated. MOVE HQ team have been technically supported the project by monitoring sessions and providing on time and to the points regular feedbacks. Project management team have kept their close coordination with Daikondi PHD, PPHOs, partner organizations, MOVE HQ and other governmental and non-governmental stockholders.

MOVE has been successfully completed all its contractual obligations and Based on MOPH hand over and take over policy on 31 December 2018 the contract has been ended and new contract SEHATMANDI has been started and the BPHS and EPHS of Daikondi contracted by MOPH with MOVE.

cases IYCF consultation has been done. 42,316 mental health and 23,247 eye problem cases diagnosed and treated in Daikundi HF.

The EPI section could perform 16,436 Penta-3, 17,982 Penta-1, 14,449 measles, 14,717 TT+ for women, and 17,000 BCG vaccine administered. 9,977 OPV 1 vaccines has been administered in HF.



The X-ray section performed 2,036 radiography of different parts, and 1,222 ultrasonography performed for the hospital clients. The Dental section had 37,976 dental consultations including the extraction and medical treatments.

The emergency and dressing section of the HF conduct dressing, injections and emergency procedures. In the lab section of HF 26,728 routine and serologic tests has been performed for quality diagnoses and treatment of clients. The CHWs had 426,824 home visits and 67,345 referral cases.



PROJECT DESCRIPTION**BAMYAN/DAIKONDI FHH-MHT PROJECT**

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

Duration: JAN- 2018 to DEC -2019

Location: DAIKONDI/BAMYAN Province

Population cover: 153,239

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, and Health Posts and GBV Services.

GBV: Strengthened capacities of the health sector and law-enforcement bodies for the prevention, response and monitoring of gender-based violence and child marriage in targeted provinces.

Project Objectives:

- Improve the health services available to women living in the remote and underserved areas in Daikundi and Bamyan.
- Decrease Infant Mortality Rate/Maternal Mortality Rate in the

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

The project performance indicators for the year 2018 were almost successfully accomplished. Most of the indicators reached to the target, few which are not reached due to several influential factors.

Core-Indicator-Daikondi	Baseline	Target	2018	Remarks
OPD	NA	48000	50970	106%
ANC visits	NA	8160	7570	93%
1 st PNC Visits	NA	6720	5550	83%
Delivery by SBA	NA	2880	2759	96%
FP	NA	1884	1651	88%
Core-Indicator-Bamyan	Baseline	Target	2018	Remarks
OPD	NA	13296	12690	95.4%
ANC visits	NA	2261	2267	100.2%
1 st PNC Visits	NA	1862	1944	104%
Delivery by SBA	NA	798	860	107%
FP	NA	688	599	87%
GBV Project Bamyan and Daikundi				
Core-Indicator	Baseline	Target	2018	Remarks
Number of GBV survivors received GBV at the Family Protection Center level.	NA	1000	1808	>100
Number of GBV survivors support GBV services at the CHC and DHs level.	NA	300	1956	>100

MAJOR SERVICES: “PD, ANC, Institution Delivery, PNC, Family Planning, Health Education and Refer to the complicated cases”, were the major services provided through FHH project.

RMNCH Services through FHHs and HPs: The Provision of Health Services and Promotion of Sustainable Livelihood. The project’s objective is; “providing health care services with the focus on RMNCH services in which doing home visit the FHH’s catchment areas and follow up of family folders”, where the main part of the CMW’s responsibilities. During 2018 all 58 FHH and 58 HP in Daikundi, 120 FHAG, 24 FHH, 24HP, and 48 FHAG were functional in Bamyan and

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, 2 FPC, 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 2018, totally 126 staff worked and presented on their duties including 82 Community Midwives at Family Health Houses in Daikundi, and Bamyan provinces.

Project Input And Activities

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

Supervision& Monitoring:

Totally **574** supportive supervision and **35 joint** monitoring visits have been done from 82 FHH, 2FPCs, 82 HP and 167 FHAG

provided free accessible and quality health services for 150,239 populations.

It is to mention that the project was able to increase access of people to RMNCH substantially by the availability of FHHs and HPs in villages close to where people live in very remote and underserved areas. This project increased social access for the local population by establishing functional Community Health Shuras, and Family Health Action Groups (FHAGs).



Integrated Management of Newborn and Childhood Illnesses:

Management of common childhood illnesses, based on IMNCI guidelines is an important part of FHHs activities. During the reporting period, **60,690** children under five years of age including; “**15,245** coughs and cold, **14425** ENT infections, **14943** pneumonias, **10191** acute watery diarrheas, **4678** acute bloody diarrheas, and **1208** diarrheas with dehydration”, were duly treated in line with IMNCI protocols. Also growth monitoring of **35559** children have been screened for malnutrition in all FHHs during the reporting period.



in Bamyan and Daikundi projects.

Regular supportive supervision of FHHs, FPCs, HPs and FHAGs has been done by the provincial management team. With an effective feedback mechanism, the quality health care services were improved. In each supervisor spent an average of one full day at each FHH, 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 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, task force meetings, semi-annual and annual review meetings of UNFPA, FHH Steering Committee, PCB, provincial council meetings.

Referral of all Complicated Cases: Focusing on the referral system between BPHS health facilities is one of the important issue mentioned in BPHS policy of MoPH. Therefore, During the reporting period; a total of **456** complicated cases were referred to the higher level of health facilities, also they referred out **211** complicated delivery cases such as; “prolong labor, mal presentation, and haemorrhages”, to higher level health facilities.

Community Health Shuras: For improving the quality of health care services and creating ownership feeling within the community in the catchment areas of each FHH one functional Community Health Shura is 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 the reporting period; **754** 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. The orientation sessions were mainly on community participation and mobilization of reproductive health and community resilience.



GBV project in Daikondi and Bamyan:

The aim of this project is; “health sector response and prevention to gender-based violence, as well as strengthen the capacities of the health sector, and law-enforcement bodies for the prevention, response, and monitoring of gender-based violence and child marriage through Family Protection Center”.

Coordination activities in this project is much more important because GBV is multi-sectoral activities in which; all sectors should have efforts on the elimination of GBV as well as their capacities should strengthen in prevention, response, and monitoring of GBV and child marriage. So considering the importance of this matter MOVE GBV Provincial Managers as regular bases conducted monthly Case Management Meeting with all partners including; NGOs, Government, and UN agencies besides of the mentioned meeting Community dialogue; is another mechanism for the improving people awareness. During 2018 in both Bamyan and Daikundi totally **8** Community Dialogue and **24** monthly Case Management meeting successfully conducted.

GBV Project:

Beside of FHH project in Bamyan and Daikundi province MOVE implemented GBV project in mentioned provinces through UNFPA fund. The project's activity is; multi-sectorial for identifying the GBV cases, health response to GBV cases, refer the cases to police and law-enforcement bodies, family Protection Center which is also called FPC is a one-stop assistance center for health sector response to GBV to serve as an entry point to an integrated response to GBV. It will align with the MoPH's SOP for Health Sector response to GBV and adhere to the guiding principles set out in the general SOP to respond to six categories of incidents of GBV; sexual violence, sexual assault, physical violence, forced marriage, denial of basic needs such as food or shelter, psychological and emotional violence.



PROJECT DESCRIPTION

Project Name: MHM (Menstrual Hygiene Management)

Project Type: Innovation

Duration: 12 months

Project Period: Dec. 2017 to Dec. 2018

Target Group: WRA and School Girls (10-49)

Project Catchment area: Kabul districts (Farza and Guldara as a treatment area) & (Dehsabz Kalakan as a control area)

Direct beneficiaries: 8902

Indirect beneficiaries: 105900

Project Goal: To promote the use of sanitary napkins, to reduce maternal morbidities, and improve women and girl health: through increase MHM awareness and distributing of Sanitary Napkin.

Project Objectives:

1. to increase awareness of WRA, adolescent girls on MHM, build self-esteem and empower girls for greater socialisation.
2. To increase access to and use of sanitary napkins by WRA and adolescent girls.
3. To raise awareness/advocate community and stakeholders to mobilize resources for MHM.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

The project Achievements and Results:

- 22 health employees worer in BPHS–HFs received training on MHM.
- 60 CHWs received training on MHM.
- 100 Shura members received awareness and sensitization sessions.
- 8720 WRA/girls received 10 pieces of sanitary napkins per months during life of project.
- 100% risk of infections caused by unclean practices in menstruation decreased through providing health education and napkin distribution.
- Operation research study to evaluate the results of the project conducted.
- The awareness of WRA/adolescent school girls raised in MHM.
- Increased socio-economic power of women in the society.
- Created demands for the use of sanitary napkins by the society.
- Increased gender mainstreaming in the rural population.
- Increased self- esteem amongst WRA/young girls.



MHM project Operation Research Achievements

- Finalization of the work plan and getting approval from IRB.
- Recruitment of staff and implementation of the project.
- Developed IEC materials regarding MHM.
- Conducting baseline assessment and analyzes of the report.
- Training and community Mobilization regarding MHM.
- Distribution of Hygienic napkins to the treatment areas target people.
- Conducting end line survey and analysis of data's in SPSS.
- Awareness trainings for (HFs staff, CHW (Community health worker) School Teacher & Students and Health Shura member) regularly conducted.
 - Distribution of Sanitary Napkin to women/girls through, BPHS-HFs/HPs and school regularly continuing.

Supervision/ Monitoring:

According to Project work plan implementation of project activities supervised regularly by Tech and supportive departments and the reports was shared with HQ.

Women/Girls access to clean pads during menstruation .		Frequency	Percent	Treatment (Freq)	Control (Freq)	Treatment (%)	Control (%)	DiD (%)
Baseline	School	0	0	0	0	0	0	0
	Health Facilities	0	0	0	0	0	0	0
	Market by own money	117	9.5	70	47	11.6	7.8	3.8
	Provide by family	90	7.4	38	52	6.3	8.6	-2.3
	Other	4	0.2	0	4	0.0	0.7	-0.7
End-line	School	50	4	50	0	8.1	0.0	8.1
	Health Facilities	356	28.5	356	0	57.6	0.0	57.6
	Market by own money	61	4.9	5	56	0.8	9.1	-8.3
	Provide by family	193	15.5	27	166	4.4	26.9	-22.5
	Other	8	0.6	0	8	0.0	1.3	-1.3



PROJECT DESCRIPTION

DAIKONDI TSFP PROJECT

Project Name: TSFP (Targeted Supplementary Feeding Program)

Duration: Jan- 2018 to Dec -2018

Location: Daikondi province (10 Districts)

Population cover: Direct population: 16405 PLW and 5859 children.

Project Objective:

The overall goal is to reduced incidence of mortality and morbidity related to acute malnutrition in children aged 6 to 59 months, pregnant and lactating women. Through improving their nutritional status through access to the targeted supplementary feeding program.

Infrastructure:

26 HFs provided OPD-MAM services for targeted children, pregnant, and lactating women.

Total Staff:

26 food distributors, two project supervisors, and one admin/finance officer worked under this project.

Logistics:

As per FLA (field level agreement), 397.46 MT mixed food (Super Cereal, MNT and RUSF) supplied by WFP to targeted HFs.

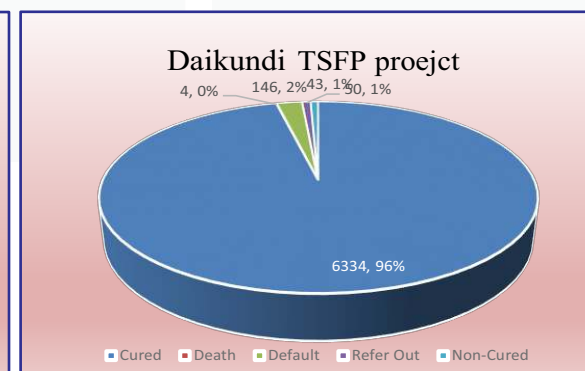
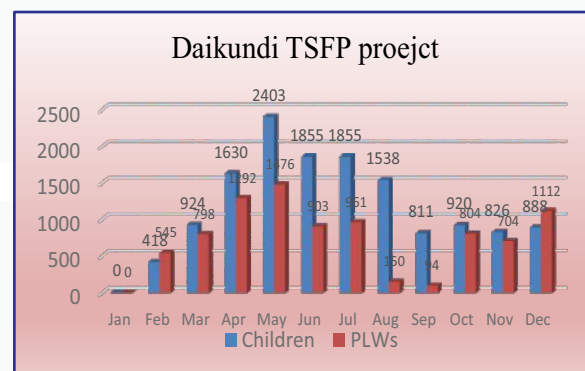
PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

Project's Achievements.

During the reporting period (Jan-December 2018; totally 32,557 malnourished children, and PLWs, including; "2,917 lactating, 5,922 pregnant women, and 14,068 children", admitted in the program while the project target was 22,264 children and PLWs.

262.08 MT Super Cereal, 0.167 MT MNT, and 112.744 MT RUSF/Acha Mam were distributed by food distributors in 26 OPD-MAM sites for admitted children and PLWs.

As the outcome/result of the program, "From 9,047 exited clients, 8,727 (96%) client exited by the program cured, 11 (4 under 2y children, 5 pregnant, and 2 lactating women 0.001%) of them died, 51 (0.024%) of them defaulted and 43 (0.004%) of them not cured".



PROJECT DESCRIPTION

BAMYAN TSFP PROJECT

Project Name:

Targeted Supplementary Feeding Program (TSFP) in Bamyan C2, Afghanistan.

Duration: July 2018 – December 2018

Location: Bamyan province (Panjab and Waras districts)

Population cover: Indirect population: total population of both district direct population: 2,527 PLW and 965 children.

Project Goal: The overall goal is; “to reduced incidence of mortality and morbidity related to acute malnutrition in children aged 6 to 59 months, pregnant, and lactating women”, by improving their nutritional status through access to the targeted supplementary feeding program.

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

Total Staff: 13 food distributives and one project supervisor worked under this project.

PROJECT INPUT AND ACTIVITIES

As per FLA (field level agreement), 49.1342 MT mixed food (30,150 MT super cereal, 18,950 MT RUSF, and 0.342 MT micronutrient tables) supplied by WFP to targeted HF.

Supervision and Monitoring:

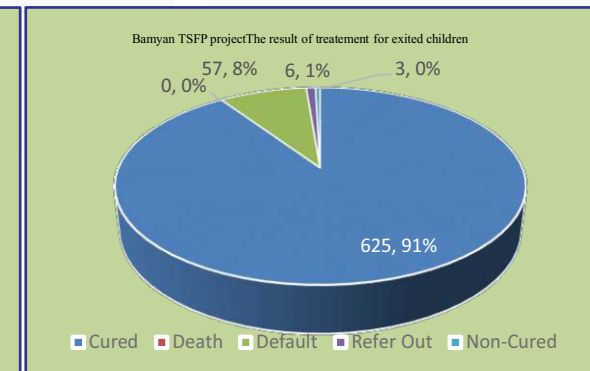
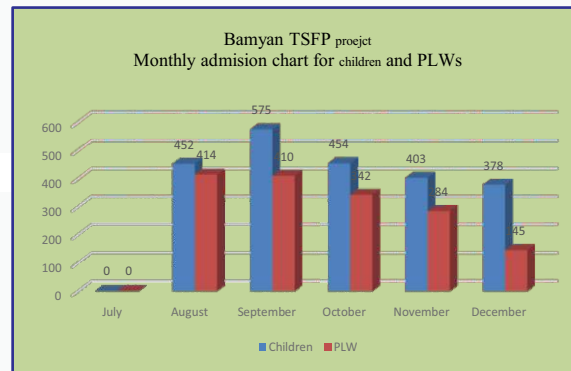
All serviced delivery point visited once per month by project officer and totally 78 supportive supervision conducted.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

Project achievements and outcome:

During the reporting period (July-December 2018) totally 3,857 malnourished children and PLWs; “652 lactating women, 945 pregnant women, and 2,262 children admitted”, in the program while the project target was 3,492 children and PLWs.

During the period; 30.14 MT Super Cereal, 0.029 MT MNT, and 13.4484 MT RUSF distributed by food distributors in 13 OPD-MAM sites. As the result of the program from 871 exited clients; 789 (91%) client exited from the program are cured, 1 pregnant woman died, 72 (8%) of them defaulted, 6 children were referred out to other HF, and 3 of them not cured.



PROJECT DESCRIPTION

BAMYAN RMNCH PROJECT

Project Name: RMNCH/UNICEF

Duration: Jan-2018 to December-2018

Location: Bamyan Province

Population cover: 63,791

Project Goal: “To reduce maternal, child mortality, and morbidity rate among mothers, and young children”, through equitable access to quality health care services, through mobile health services in hard reachable areas.

INPUT and ACTIVITIES

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

Total Staff:

MHTS: 7 midwives, 2 MD, 5 Nurses, 7 vaccinators, and 7 drivers. as field staff (Total 28)

Office Base staff: 1 PC, 1 F/A Officer, 1 Data entry & logistic, 2 Security guards, 1 cleaner and 1 driver (Total 7).

The key staff of the project:

Project Manager: Dr Azizullah Shafaq

Finance officer: Mr Ramazan Mosadiq

PROJECT INPUT AND ACTIVITIES

8 vehicles were contracted to facilitate the MHT teams and supervision of the project. Drug supply and medical materials for MHTs donated by UNICEF, the project's logistics and administrative issue accomplished by the provincial team in full

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

The target of mobile health teams as most of the other indicators achieved more than 100% which is satisfactory for the organization. The services are in mobile strategy estimation through the high population variances.

Bamyan RMNCH Indicator	Target	Achievement	Percentage
OPD	62235	89093	>100%
ANC 1	1052	1943	>100%
PNC 1	516	960	>100%
Penta-3	1913	1491	>75%
TT2+PW	1818	1915	>100%
GM	9568	9969	>100%
Measles	1913	2251	>100%



MAJOR SERVICES PROVIDED:

- ✓ All the required RMNCH services provided in selected service delivery points in seven districts of Bamyan province in rural areas, areas of uncovered of BPHS by seven Mobile teams include one MD/Nurse, one midwife, one vaccinator equipped with medical and non-medical equipment and vehicles for transportation.

support of HQ and PPHD teams. The staff monthly salary payments accomplished, provide office facilities, regular technical supervision and monitoring of the project have been performed.

The MHT teams beside health service provision increased 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 is implemented through additional visits to 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 an emergency transport system for referrals to health facilities.

- ✓ 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, and 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 stabilizes, refer, infection control, safe injection practices, and proper waste disposal.
- ✓ Reporting, supervision and monitoring.



PROJECT DESCRIPTION

KABUL-DAIKONDI MALARIA PROJECT/UNDP/AFG UNDP**Target Groups:**

- A- Total population of Kabul province 672,400. Priority target groups have been chosen 12,351 women of childbearing age, 183 health workers, 99 labs, 128 CHSs, and 904 CHWs.
- B- Total population of Daikundi province 560,329. Priority target groups are 56 health workers, 15 lab technicians, 24 CHSs and 611 CHWs.

Project Objective:

The project aims to achieve the global objective of the Malaria program which is; “to reduce avoidable mortality and morbidity among the population living in Kabul and Daikundi provinces specifically women and children”.

- 1) To reduce maternal and child mortality caused by the burden of Malaria.
- 2) To increase the capacity of Health workers working in BPHS – HF on Malaria control.
- 3) To increase capacity of community health workers, community health supervisors, and the local community on Malaria control.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

Based on project plan MOVE succeed to achieve overall project targets, and provide cooperation and coordination with stakeholders. All the steps have been followed based on agreed project contract with consideration, follow up of MOVE services and procurement policies and procedure.

Kabul and Daikondi Output indicators	Target	Achievement	% Achievement
VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution.	4034	5563	137 %
CM-1a(M): Number of suspected malaria cases that receive a parasitological test at public sector health facilities (RDTs and Microscopy).	56132	38424	65.8 %
CM-2a(M): Number of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities.	8503	9938	109 %
CM-1b(M): Number of suspected malaria cases that receive a parasitological test in the community.	13058	11817	79.4 %
CM-2b(M): Number of confirmed malaria cases that received first-line antimalarial treatment in the community.	2469	3853	131%
CM-other 1: Proportion of confirmed malaria cases among total reported malaria cases (presumed and confirmed).	96	27%	27%
Number of health practitioners trained on RDTs and MTG.	235	365	155 %
Number of CHS completed refresher training.	152	163	107 %
Number of CHWs completed refresher training.	1526	1534	100.5 %
Number of participants attended community awareness event (230 participants per province).	460	663	142 %
Number of supervisory visit conducted (Kabul to province and Province to district level).	64	50	78 %

- During the year; “364 In-charge of HF, 163 CHSs and 1534 CHW”, trained on Malaria case management, reporting system, and Malaria commodities (treatment charts, medicines, and RDT) have been distributed to all HF and HPs SEHAT - I & II projects, PPHDs and other health providers in Kabul and Daikundi Provinces.
- 20 batches of training for health providers were conducted, totally 364 head of HF from 115 HF of Kabul and 79 HF of Daikundi province and 163 CHSs trained on RDT and

INPUT AND ACTIVITIES

Over the last year since the commencement of the project, MOVE welfare organization team implement the project objectives and activities in a collaborative manner with Kabul and Daikundi PPHDs Malaria team and community influence holders. The Malaria project's staff and a broad group of stakeholders were involved to explore the potential for nurturing and deepening systems for attracting the efforts for Malaria project implementation.

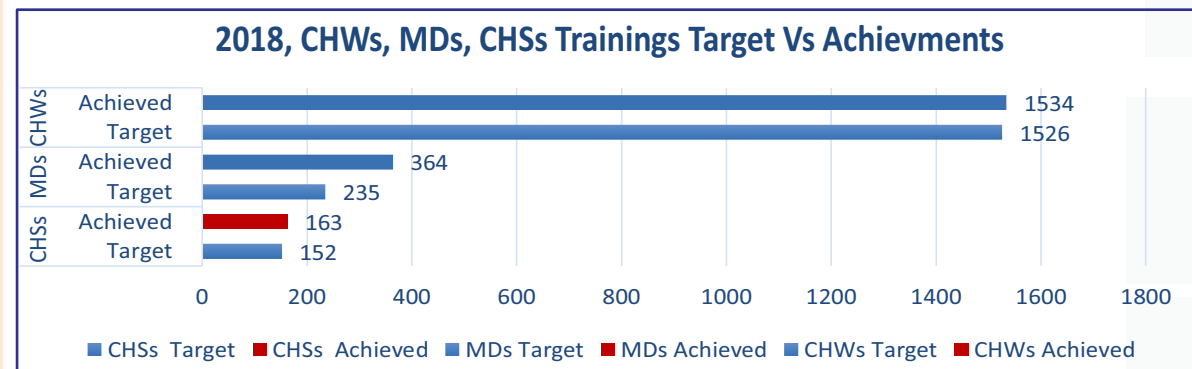
The malaria project team held regular meetings with PPHDs staff to discuss the implementation of activities in PPHDs-supported health facilities. The discussions included; "the planned malaria activities, training for the health practitioners, community health supervisors, community health workers, reporting system, and supply systems". For good performance and implementation of Governmental law an MoU between KPPHD and MOVE were signed. The Malaria project team also participated in PHCC meetings to discuss the MLIS tools, reports of Malaria project progress, established the reporting system between KPPHD and other stakeholders agreed.

MTG also 1534 CHW from Kabul and Daikundi trained on RDT and MTG.

- Supply of Malaria commodity to all HFs done; (Primaquine, AL and Reporting formats and supplied all HFs to RDT that not have laboratory facilities).
- Distribution of LLIN through ANC visits in Sorubi district 7 health facilities.
- Regular supervisory and monitoring visits were conducted (province to province and district to districts).
- Regular monthly and quarterly reporting system established and followed.

As a result, these initiatives from 50,241 suspected Malaria cases in HFs and HPs of Kabul and Daikundi provinces 13,791 confirmed and treated based on national treatment guideline. For prevention of Mother and Childs from Malaria 5,563 LLINs were distributed through ANC visits in an endemic area of project catchment areas.

Training: Total target of CHW and CHSs training was achieved. With the approval of UNDP, we facilitated and conduct training for all NGOs that have a reporting system to KPPHD as an extra activity than project work plan and reached 55% over from the project target.



Malaria Community awareness- community awareness, meetings conducted in Kabul by MOVE malaria team and KPPHD totally 664 people that included of community leaders, health Shuras, Mullahs (religious leaders), women Shuras, school teachers and students attended in this session.

Partnerships- MOVE Malaria project works closely with its partners and actively participates in standing technical communities such as; PHCC meeting UNDP, and NMLCP monthly coordination meetings. MOVE malaria project has been fully engaged with the UNDP, NMLCP, KPPHD and DPPHD. MOVE continues to provide technical assistance to HFs and HPs to implement and use the new Malaria treatment guideline in services.

PROJECT DESCRIPTION

KABUL BASIC TRAUMA CARE IN SUROBI DH/WHO

Period: November 2017- Sep 2018

Project Objectives

The project's objective was; "to improve access to essential life saving services through the establishment of first aid Trauma post at Surobi district hospital located in the conflict-affect area".

the specific project objectives are:

- To improve basic Trauma care through improving infrastructure in the targeted area (Surobi DH).
- To improve basic Trauma care through the provision of training, to equip hospital staff with skills and confidence to manage Trauma patients effectively, and availability of high-quality equipment and supplies.

To coordinate the activities of the project in central and district level. The project focal point followed the project in accordance with the project's work plan.

the process for construction of the Trauma center building completed. The required equipment's procurement completed, supplied, and the staff of the hospital trained for utilization of the center and equipment for service provision.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT ACHIEVEMENTS

- Finalization of the project plan, the design of the Trauma center and location with Surobi DH management team and hospital council.
- The predefined design which was 144 square meter has been changed to 180 square meter as the final design for the construction. (under the same budget ceiling).
- The frame of the building contracted with Afghan Hangar construction company, which was specialized for, and had much extensive work experience.
- Based on community council for providing work opportunities and the chance local market and staff, the rest of the activities including; "masonry, carpentry, canalization, metalwork, painting for construction of walls, tiling, roof and windowed contracted with different companies and local workers".
- The activities performed perfectly and completed the construction.



- The contractual approved list of equipment has been reviewed by the project team and DH leadership.
- The list of needed equipment announced for bidding on Kabul local market. The costs and quality of the proposed quotations analyzed.
- The procurement of equipment accomplished supplied to Surobi DH Trauma center and installation of mentioned equipment have been done for practical use.
- Official inauguration of the Trauma center has been done by Deputy Minister Mr Ahmad Jan Naiem, in presence of; "MOVE General Director, the delegation of the district, community elders and Kabul PPHD".

PROJECT DESCRIPTION

CCNP BADGHIS AND NIMROZ PROJECT

Duration: 01 January – 31 December 2018 (actually it is 3 years' project)

Location: Badghis & Nimroz

Population cover: As MOVE facilitating CCAP in two provinces and the number of the population which CDCS covered in 2018.

Nimroz: 22,329; "Male: 11,336 and Female: 10,993".

Badghis: 276,044; "Male: 142,503 and Female: 133,541"

Project Goal:

Citizens' Charter Afghanistan Project will seek to address key limitations of line agency efforts, NSP to date, and respond to financial constraints to national development investments. First, it brings together the rural and urban community level work under one umbrella. 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 provide to all accessible communities over the next ten years.

PROJECT PERFORMANCES AND MAIN ACHIEVEMENTS

PROJECT CORE INDICATOR PERFORMANCE:

MOVE has been started the facilitation of CCAP in Badghis since May 2017. And the project core performance indicators for the year 2018 were successfully reached to the sat target based on the contracted project plan. The targets have been sat by CCAP/MRRD in collaboration with implementing FPs and in accordance with field situation.

Badghis & Nimroz:

Core-Indicator	Baseline	Target	2018	Remarks
Resource Mobilization and Training (Staff orientation and training).	5	5	100%	Equal to target and three additional refresh training.
Community Mobilization, elections, bank account opening and CDP.	43	26	100%	9 CDC deducted from contract and 8 CDCs doesn't have the ID code at 2018.
CDCs sub-committee formation.	2,618	2,471	94.4%	Very Close to the target.
Identification, election, bank accountant opening, CDP and sub-committee formation of clusters.	74	74	100%	Part of sub-committee formation is additional activities of plan.
CDCs Grain Bank Establishment.	357	357	98%	Very Close to the target.
Institutional Maturity Index (IMI), Community Participatory Monitoring (CPM), Score Card first round.	357	357	99%	Very Close to the target.

MAJOR SERVICES; Narrative Description-

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.

During the year 2018; "all the covered 357 CDC identified under 74 cluster CDCs, all the clusters

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 the 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, brings 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 the gap analysis, community prioritization and accessibility):

- 1) **Basic electricity, Basic road access**
- 2) **Small-scale irrigation infrastructure**

Total Staff: According to the contract ratio 69-Social Organizer but with the completion of the first six-month of 2018 it's decreased to 36-social organizer base on second-year ratio and 14 service staff.

elected with the formation of sub-committees and CDPs prepared, 26 CDCs establishment 'election, the formation of sub-committee, bank account Opening, and CDP preparation", with all the tools and its forms submitted to PMU. Under this program 137,170; "66,987 females, 70,183 males' received different training such as; accountant, procurement, environmental, social safeguard training, and Grievance Handling Mechanism training; and 77 SOs 2nd TOT, 70 SOs reflection training and 36 SOs received refresh training.

Main achievements base on the capacity of the community;

- Results indicate higher membership of CDCs by members of marginalized groups compared to the NSP.
- The 'Leaking Pot' exercise has changed community members' behaviour regarding unnecessary expenditures.
- Women are active and represented in CDC's more than ever and are representing women's interests.
- Several CDCs have independently taken responsibility and have mobilized internal resources to implement their development priorities.
- The Grain Banks approach has instilled more social awareness in wealthy community members to support vulnerable and extremely poor households.



Jawand CDCs Clustering Identification – Badghis Province

PROJECT INPUT AND ACTIVITIES

Key staff replacement and social organizer recruitment based on vacant position and ratio of the program especially in remote and insecure areas.

Based on good coordination and relationship with Taliban and communities successfully formation and election of cluster CDC at Jawand and Maqar districts as per the operation manual of the program.

Providing practical and theory training to CDCs such as procurement, CDP, Environmental and Social Safeguards and accountant, which builds the capacity of the community.

Grain Bank formation on CDC level which is a very important component of the program which they supporting regularly poor, IDPs and vulnerable Groups on the community level.



Contract renewal of; rental house, vehicles, and replacement of Nimroz provincial office according to the plan.

Winterization of provincial and districts sub-office is done on time and good condition as per instruction.

As per contract milestone the target which is fixed was very high to achieve as per field security condition for the third and fourth instalment we can only request the mentioned instalment in October which only paid Nimroz amount by end of December and still wait for Badghis invoice and the finance department tried to finance CCNPP from other projects for a long time.

As result, all the project expenses; “Staff Salaries, offices rent, vehicles rent, etc.” Nimroz paid and cleared up to December 31, 2018, except three months’ staff salaries of Badghis province.

Supervision:

Supporting the team in Badghis and Nimroz provinces, focusing on speeding up the formation of cluster CDCs Jawand and in Chaharborjak districts and formation of sub-committee of CDC/CCDC in both provinces and addressing challenges such as; “access to scattered and remote communities, work in inaccessible or insecure areas, negotiations with local leaders and groups, revising the forms as per CCNPP/MRRD new changes, and instruction”.

Close cooperation and active coordination



Cluster sub-committee formation, Chakhansor district, Nimroz Province

Success Stories: “Strong female leadership and determination”

Arbab Amir CDC (Code # 19-1907-0026) of Maqar District of Badghis province:

#Of Household: 62

When the CCNPP started its mobilization activities in Arbab Amir Community of Maqar district of Badghis province. Farishta, daughter of Gul Rahman, raised her voice and initiated discussions to encourage women to participate in CDC meetings. “Women have important roles in communities and form 50% of community populations”, she said. However, there was not a single woman candidate running to be chairman of national projects in rural areas. After learning about the goal of having a balanced representation of men and women in the CCNPP program, Naz Gul was encouraged to run for the above-mentioned position. “I came to know about the 50% female and 50% male participation in the CCNPP, and felt that it was my obligation to run for the position of

are ongoing with Provincial Management Unite (PMU), MRRD staff and relevant department of sectoral Ministries.

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 facilitates according to the CCNPP operation manual in a very remote area 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; formation of the grain bank at CDCs have good impact but fewer people participated for the fact, most of the people of Badghis and Nimroz is not in good economic condition. In general, employees' performance is evaluated good and action plan quality improvement developed and implemented according to the targeted plan of 2018.

Coordination meetings at central, provincial and district level including; CCNPP meetings, FPRG meeting and PDC meetings, MOVE staff were actively participated during year 2018.

chairman with my brothers", She Said.

Naz Gul was first elected as the women's representative in the Arbab Amir's CDC. The members of the CDC consequently elected her to be the chairman. Initially, her election into the position raised some objections from her community. Many thought that it would be impossible for a woman to manage and control projects and grants on such large scales. Naz Gul responded strongly to such criticism, claiming that she would closely supervise financial issues and take necessary actions if any mismanagement was to be found. "I will prove to my community that women can have the necessary skills to control such situations", she claimed.

Since she was elected, Naz Gul has focused her attention on raising funds from different donors and organizations. "I will knock on the doors of the government sector and make sure that they bring development projects to my community and implement them," she explained. She has already successfully coordinated activities with International NGOs in July 2018, overseeing the distribution of food items to 10 vulnerable households identified through the Well-Being Analysis (WBA) process of the CCNPP.

Naz Gul continues to be strongly committed assisting the most vulnerable in her community. She has been supporting the creation of the Arbab Amir CDC Vulnerable Subcommittee and the implementation of a community-wide campaign to raise funds and food for the community's Grain Bank.

Lesson to learn:

Clustering: This is the first time that CDCs are experiencing clustering. The concept has been received with great interest by the CDCs as they will be able to engage in larger scale infrastructure projects. In addition to the infrastructural benefits, the clustering of CDCs has also improved community relations and security in the intervention areas, allowing for the sharing of experiences and the creation of a common vision between CDCs. In certain instances, it has also improved the security situation as CDCs act as bridges between AOG forces and the Afghan government.

Implementation of Program in Insecure Areas: Through engagement of community elders and briefing in detail on the importance of the program to the representatives of AOG in the insecure area, it is possible to obtain their support on the permission of program implementation under their territory.

Safe Environment for Women. Field teams are aware of the fact that, in communities where women were not previously engaged in community decision-making processes, their participation and involvement should follow a gradual process. Amongst the initial steps to be taken is the identification of a safe and comfortable place in the village for women, where they can openly share and discuss their situation and build relationships with SOs.

OPERATION DEPARTMENT ACTIVITIES AND ACHIEVEMENTS

Operation department did the best efforts to accomplish its annual plan with full satisfaction. Monthly work plan made to avoid any filling gap in the process of the supply chain. All necessary steps have been taken in the area of project supply, such as; "procurement, stocking, releasing, transport, security action, monitoring and controlling base on budgets line, record keeping with complete transparency and proper documents". To support of local market we kept close contact with local suppliers to supplied the project requirement.

Office Facility: Save and proper environment to keeping daily work smoothly for the project's supply have been provided for all projects at provincial office and HQ.

Procurement: HQ and provincial procurement team made their best efforts in the implementation of the procurement for the supply of projects during the year.

Transportation: During last year all project need for the vehicles are contracted with local private companies, which provided transportation facilities. MOVE has been used 100 vehicles from such number; 52 vehicles are as rental other 48 vehicles are the official or project vehicles.

Operation Department managed the initial and re-supply of the projects, also maintained the supply of the offices and health facilities on a regular basis of monthly and quarterly. As well as, the winterization supplies have been provided. The routine supply of each project included the; "pharmaceuticals, medical supplies, HMIS, hygiene materials, food, fuel and other logistical supplies have been provided".

S#	Province	Number of HFs supplied with routine and winterization materials in 2018									
		PH	DH	CHC	BHC	SC	FHH	MST	MHT	CHNE/CME	Sub Office
1	Badghis	1	0	0	0	0	0	0	0	0	2
2	Daikondi	0	3	7	15	29	58	2	2	1	2
3	Bamyan	0	2	2	9	18	24	0	7	0	3
4	Kabul	0	4	10	24	9	0	0	0	0	3
5	Nimroz	0	0	0	0	0	0	0	0	0	1
Total HFs supplied											238

Renovation of health facilities and maintenance of infrastructures are main activities of logistic department followed for the projects. Despite the project has no-fund for construction, but the team of maintenance have been trained in construction activities such as; painting, plumbing, repairing medical and non-medical equipment, and other maintenance work. Winterization was so hard to reach in different areas which were a challenge in project implementation.



Stock/warehouse: Operation department has been arranged the reliable and secure stockroom where the medical and logistician items are maintained and stored during the year. Proper stock control system and stock cards were used to show the better management of the stock system for stock balance and reported on a monthly base from the stock balance.

Project supply: All medical and logistician consumable and non-consumable material for all health facilities including project offices have been timely done on a monthly and quarterly basis. The medical and non-medical equipment have purchased base on project's need such as; motorbikes, generators, solar and other medical equipment for HFs have purchased.

Renovation: Renovation of health facilities and maintenance of infrastructure was the main activity of the operation department that was including of annually plan for all MOVE projects. we were able to have some construction and renovation for the projects during the year the following are some example; 'Somewhere followed the construction work with portion cooperation of community that participated in providing the workers (Mason and Labor)'.

- 1- Construction of some rooms in HFs.
- 2- Standardization of laboratory in CHC and DHs.
- 3- Construction the incinerators.



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

Update of signboard for health facilities is part of operational activities. According to MoPH decision for change of the signboard, MOVE Operation has been changed the signboards in all health facilities under coverage of MOVE projects. The required equipment for HFs identified and procured from Kabul and supplied for support of health services.



4- Painting of the HF's building.

5- Construction of the building for a Trauma center in Sorobi DH.

Asset/ Inventory: Update of inventory for the organization properties are also including the annual plan that was successfully done for each project on a quarterly base. All property damaged items or missing items discovered during the inventory, and reported with the damaged form and removed from the list of the project asset and property. The repairable items are repaired for the use.

Communication: We had several net provider contracts and two telecommunication postpaid package from the remote area. Communication such as; setting up of verbal, writing, mobile, email... Operation department had normal monitoring from the provided services and timely follow with companies during the year.

Reporting: Operation department is implementing the organization standard recording and reporting system for all operation issues, so the project activities reports have been normally receipted monthly from all projects from consumable and non-consumable materials and the reports analyzed by Operation Director and taking action and provided feedback accordingly.

Monitoring and supervision: Field monitoring and supervision as part of the annual plan and logistic staff have been done with effective monitoring tools and checklist during the year from all supply chain process.

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 garbages. The incinerator is used in a 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.



For support of the referral system, the ambulances and motorbikes maintained functional to provide outreach and referral services.



FINANCE DEPARTMENT ACTIVITIES AND ACHIEVEMENTS

The objective of the finance department is; “to manage the organization budget in accordance with national and international norms, facilitate the funding flow and ensure accountability and transparency”. The provincial finance departments strengthened the project's financial activities and closely followed with strong coordination. The fund flow of the project, expenditures, recording, reporting management based on MOVE finance policy and procedure.

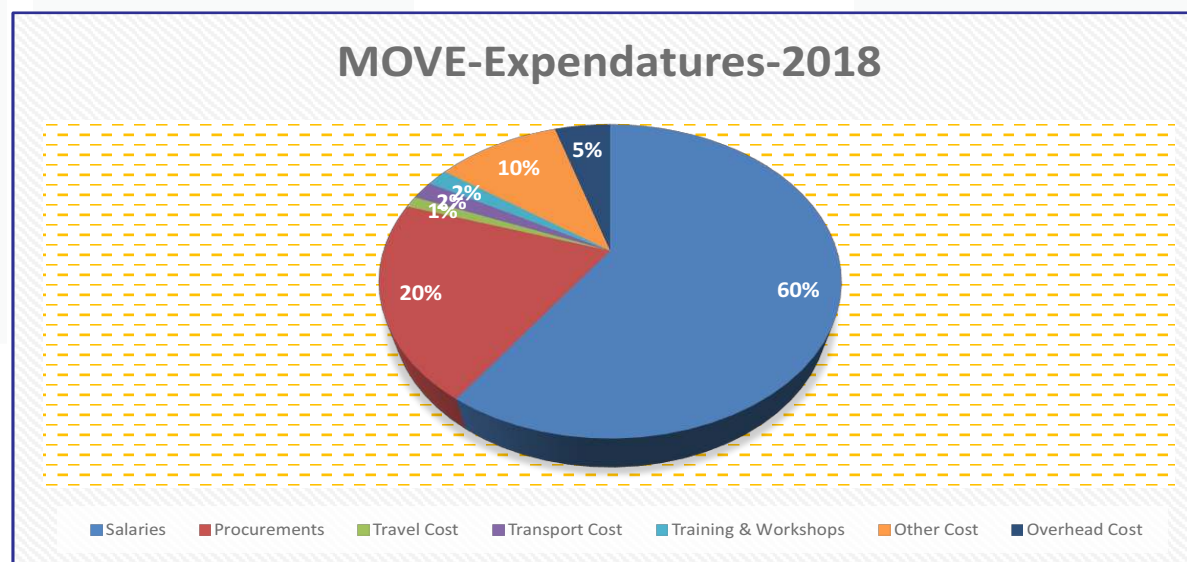
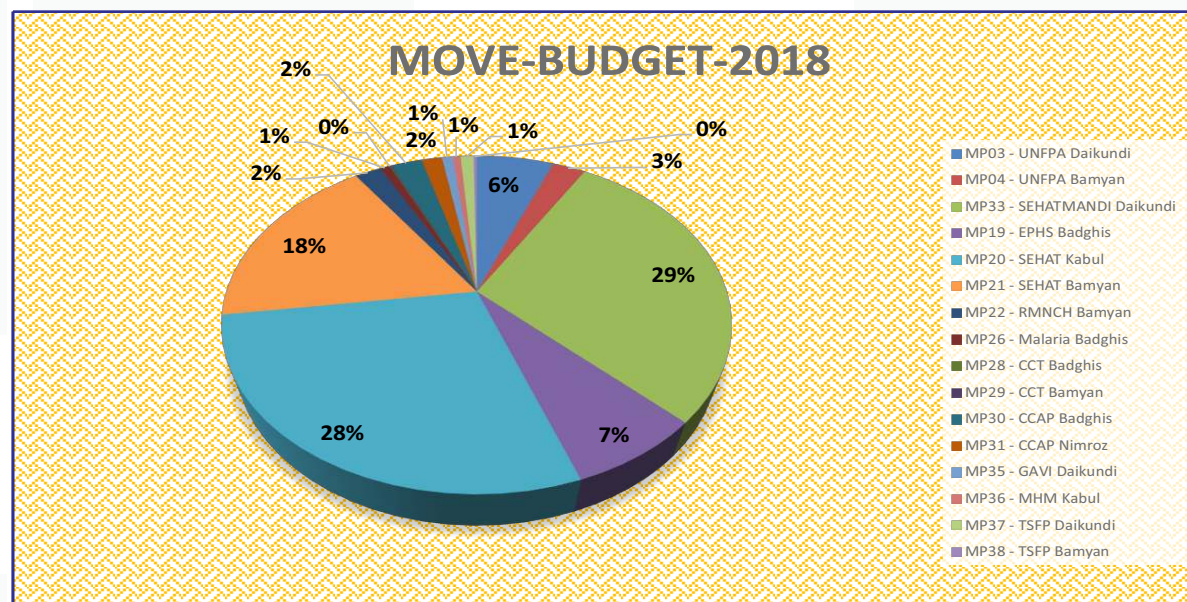
Monitoring and supervision of projects have been done by MOVE HQ finance team.

MOVE's organizational Annual Audit conducted by an international auditing company, the report and result were satisfactory with the impression of unqualified performances.

Staff salaries managed through bank accounts system. Revision of the policies was done.

Overall, taxation and annual tax report (Ezahrnama) as per Afghanistan Tax Law controlled, managed and delivered to income, and withholding tax department for the year 2018.

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





MOVE OFFICES:

KABUL Main Office :

Khoshal Khan Mina

Hose # 2

Kabul – Afghanistan

Mobile #: 0772090001

BADGHIS Main Office :

Qala -e- Naw Center

In front of Electric power directorate

Badghis - Afghanistan

Mobile #: 0777781310

DAIKUNDI Main Office:

Nili Center

Beside Kabul Bank

Dikondi - Afghanistan

Mobile #:0777876614

BAMYAN Main Office:

Bamyan City, Sareasyab

Near airport

Bamyan - Afghanistan

Mobile#: 07775610021

NIMROZ Main Office:

Zaranj

Charahi Welayat

Infront of Mokhabrat

Mobile#:0700207826