

ANNEX XI FINAL NARRATIVE REPORTING TEMPLATE

FINAL REPORT

1. GENERAL INFORMATION	
Date of report submission	August 13, 2014
Name of focal point	Zabihullah "Babur" Managing director
Name of organisation	WRDOAW (Wahdat Rehabilitation and Development Organization for Afghan Women)
Address	Karta-i-Zahiruddin Faryabi, Mazar city, Afghanistan
Telephone / fax	+93(0)799 548 812 ; (0)799 670 049 , (0)786940758
Email	Zabih.wahdat@gmail.com zabih.wrdoaw@yahoo.com

2. PROJECT SUMMARY		
Project title	Mobile life saving health services for conflict affected IDPs in Qaysar district of Faryab province [ERF/AFG/0473/079]	
Location of project	The center will be Chelgazy village covering 2(Sarchashmai Zuhuri and Yaka bagh) villages where the IDPs are relocated in Qaysar district.	
Duration	Six estimated Months	
Start Date	09/02/2014	
End Date	08/08/2014	
Reporting Period	from last signature 09/February/2014 to 08/August/2014	
Gender Marker code:	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input checked="" type="checkbox"/> 2b <input type="checkbox"/>	
Sector(s) of intervention and % per sector		
<input type="checkbox"/> Camp Coord/Mgmt (__%)	<input type="checkbox"/> Emergency Shelter (__%)	<input type="checkbox"/> Logistics (__%)
<input type="checkbox"/> Coord/Support Services (__%)	<input type="checkbox"/> Emergency Telecom. (__%)	<input type="checkbox"/> Nutrition (__%)
<input type="checkbox"/> Early Recovery (__%)	<input type="checkbox"/> Food Security (__%)	<input checked="" type="checkbox"/> Protection (20 %)
<input type="checkbox"/> Education (__%)	<input checked="" type="checkbox"/> Health (80 %)	<input type="checkbox"/> WASH (_%)
Target Population	<p>Direct beneficiaries: 1,110 IDP + % 50 x 4,056 Pop= 3,138 patients (2,975 internal and 163 Gynaecological) IDPs outpatients will be treated by one Emergency Mobile health team. 4% children less than one year, 20 % children less than 5 years, 5.2% antenatal(maternity and 70.8% expected to be male/ female patients not included in above categories.</p> <p>Indirect Beneficiaries: $676/2 = 338$ households ($676 \times 6 = 4,056/2 = 2,028$ individuals) living in 2 villages "306 HHs Yakabagh, 370 HHs Sarchashmi Zohuri" of targeted district will have improved access to Mobile health team and referral services.</p>	

Total Funds requested from the ERF:	\$ 82,164.23 USD only
Total Fund received from ERF	\$ 65,731.38 USD (as 80 % initial instalment) only
Total Funds spent as of 08/August/2014 from the ERF	\$ 82,144.70 USD (as per excel line expenditure) only
Total balance to be received from the ERF	\$ 16,413.32 USD (as 20 % last instalment) only

3. PROJECT OVERVIEW

Northern Afghanistan is highly a disaster (seasonal flooding, drought, harsh winters, landslides, earthquake and Armed conflicts) prone region. Qaysar district where the project is designed to be Implemented is one of the district of Faryab province located at the neighbouring of Chormach district, It is the largest and most populated district with 190 villages and 2502 sq.kms surface area. Based on perception made by MRRD, the total population of the district is 237,000 individuals.

Over than three decades devastating fighting's, caused high number of civilian victims, refuges and disabled persons. Beside the human casualties, the fighting impacted many infrastructure destruction and community assets. Due to lack of health facilities medical staff and specialized medical supplies impacted lot mortality to conflict affected and war wounded population. Internal diseases such as cholera, malaria, diarrhoea, TB and other water born disease are abounded in the area and referral of patients to provincial hospital has own constraints and problem. Referral of war wounded patient's to provincial hospital can be by those who have the ability to pay for transportation, but not for the needy and poor population. As it is clear that the rural conflicts are dependents to the political and election issues, government along with the coalition forces' security management and other internal challenges or barriers towards the remote and marginalized groups of populations, these sorts of conflicts usually creates various types of problems to the populations, surroundings and who are involved in the process of conflicts. This means, the affected area would be unstable for a set of time and sometimes the community along their residents' assets would be damaged or stolen, that leads to internal displacements, some sort of injuries and death.

Ongoing fighting and mine cultured by opposition groups is creating lots of human casualties (death, injury and disability) every day in Qysar district of Faryab province. AGEs that have control over the majority parts of Chormach district are attacking the neighbouring villages of Qaysar district and resulting human casualties, destruction and displacement of villagers, for example the influence of AGEs in April 2013 to the neighbouring villages of Qaysar district resulted in Many casualties, destruction and displacement of 1,150 civilian households. on 1-July-2013, the AGEs influenced from Chormach district and attacked the Jegdalik-Afghania, Jegdalik-I- Uzbekia and Safarkulik villages. The fighting's continued for one week and the result was much civilian Causality, destruction of community assets and displacement of 214 families from the three villages obliged to leave their homes to avoid the Effects of armed conflict, generalized violence and violation of human Rights.

As per the attack of AGEs on 18-19.11.2013 to the Qipchaq, Mughulha, Shorabek, Khairabad Tajikhai Khalifa Malham, Timori hai Shakh,Barak Zai, Noor Zai,Sarakmai Shakh and Kalalik Papari Villages of Qaysar district totally 720 households were temporary displaced to various villages and after some days 532 IDP households resettled again in their village and 188 households not returned to their Village for the reason of being not secure. On 25.11.2013 the UNHCR monitoring mission to Qaysar district have been cancelled while AGEs put fire on their vehicle and on 27.11.2013 ACTED mission have been ambushed on the way of Maimana to Qaysar and resulted in death of 6 staffs.

There are still 320 (28 in Hazara Qala, 60 in Yaka Bagh,125 Sarchashmai Zohuri, 30 in Noori Rustam Khan, 35 in Qaysar centre and 42 in Ghora villages) IDP households in the district. Out of the total IDPs Present in the district 135 Households have access to health centres and 185 remaining households Have no access to health services for the reason of fighting and not being covered by any humanitarian actors.

There are totally 5 health centres(one BHC+ in Qaysar centre, one CHC in Chelgazi village, one BHC In Shakh village, one HSC in Chechakto village and one HSC in Sayadi Boraghan village) and 7 health Nests in Charshanbe, Yakapista, Birka, Sawri Unbegi, Arakulik, Ghora and Yangi Zaghawi villages. DHC+CHC+BHC and health nests are under the support of AADA and HSCs are supported by DOPH, Which are covering 150 villages and due to lack of medical supply, medical staff and medical equipment and political reason the two mentioned organization are not able to cover 40 proposed Villages located in the front line and to treat conflict affected and war wounded victims.

The designed project aim is to respond an urgent humanitarian health gap with specialized personnel to treat the 1,110 conflict affected IDPs (who are deployed in the Yakabagh and Sarchashmi-Zohuri villages as safest hosting communities for being survived until their villages' situation recovered to the safety, security and relief conditions)or War wounded civilians plus 2,028 host populations lived in Yakabagh and Sarchashmi-Zohuri villages supplementing acute patients as referral mechanism to the nearest hospitals for sufficient treatment and prescription. Then the catchment population would be 3,138 (including 1,110 – %100 IDPs + 2,028 – %50 host populations as per BPHS Guideline) into targeted area of operation. As per work plan and official calendar days, the patients would be served in 130 days {6 months – 1 month x 26 days = 130 days}, then the MHT would visit 24 patients at average (3,138 target patient / 130 days = 24 patients/day). Note that the project targeted area is safe as the mobile health service delivery and accessible to the WRDOAW project personnel and management team.

The emergency health services will be provided through one temporary mobile health team located within the area will function 8 hours a day. Mobile health team will be equipped with one ambulances and one 4*4 drive vehicle to be present at the area to treat IDPs and host residents in the site and to refer them to hospital for the acute cases. The referral health facilities will be supported with medicines and medical consumables to enable them to deal with increased caseload. As the security situation in the targeted area is highly volatile and rapidly changing WRDOAW will closely monitor the developments to be able to identify new areas in the district becoming insecure and affected by violence and where the targeted IDPs newly relocated. The decision to change the project site will be taken in joint agreement with DoPH, health cluster and OCHA.

Through this approach optimal access to life saving medical services for the targeted communities will be promoted. The temporary MHT will include experience personnel trained in treatment management. The minor to moderate cases (minor surgery, prevention of infection, etc will be medicated by health team and referral to district and provincial hospital for the acute cases.

Considering the BPHS guideline for the structure of MHT personal we should include just one medical doctor, one community mid wife, one vaccinator and one guard/cleaner for each MHT. While considering the geographical condition of the targeted areas and the need of MHT for the area the objectives of the project will not be achieve through recruitment of recommended staff. Based on our experience from the geographical condition of the targeted district the patients has to checked by doctor (internal and Gynaecologist) to diagnose the disease and medicines has to treated. To reach the goal the presence of medical doctors (one internal and one Gynaecologist), nurse and vaccinator is considered as the main need for medical staff in MHT structure. The vaccinator will be integrated into Polio Eradication Campaign for the duration, before and afterward he would be integrated into community mobilization services for encourage the outpatients for treatments and referrals main for women groups.

Medicine and medical supplies will be procured from Kabul transferred to the project site by truck to the project site in Qaysar district. Totally 3,138 (2,975 internal and 163 gynaecological) IDPs and hosting community population out patients planned to be treated during 5 months. Out of 1,110 IDP individuals who are relocated in 2 targeted villages 100% of them plus 50% host community population will have the opportunity to refer to MHT almost 1 time during 5 months project duration. Mobile health team has to visit 24 patients a day and each internal and Gynaecological patient will receive medicine costs more or less USD 9 per visit.

The WRDOAW will deliver the vital health services to the affected populations and victims on the basis of emergency needs and participatory approach of hosting community people, government officials, Provincial public health, ANDMA, UNHCR, UNICEF, UN-WHO, UN-OCHA, IOM, and BPHS implementer to identify and response the remaining or upcoming needs of the target beneficiaries on the ground. This approach will assist the WRDOAW on effective and efficient project outcomes as the monitoring elements and make timely updates or enable the humanitarian agencies for area access and further survival service provisions.

In addition, the project will be integrated local inputs including personnel localization system based to the competences and qualifications as the project overall service objectives and outcomes measures. Because, the localization will facilitates further access to both the beneficiary as the health service provision and WRDOAW as coverage or objective reaching.

The WRDOAW encourage other humanitarian team to take part in the monitoring process of the current health project, as the UNHCR and UN-WFP responses the other winterization kits and food needs of the people in the earlier stages of IDP deployment. Therefore, no need to be worried on the misuse of the project funds on the ground.

The equipped MHT will visit the two targeted (Yakabagh and Sarchashmi-Zohuri) villages' catchment populations and IDPs into shifts of one each other day. Means that the team will functions six days in a week and 26 days in a month. So, each target village catchment population would be served 3 days in a week not consequently (like village A catchment population visit on Saturday, Monday, Wednesday but Village B catchment population will be served on Sunday, Tuesday, and Thursday). While, the acute cases would be referred to the nearest hospital for further treatment as soon as possible.

4. PROJECT PERFORMANCE:

The project MoU is signed on February 01, 2014 by the WRDOAW in Mazar-e-sharif (received by email PDF version) and signed Feb 09, 2014 by the HC Mark Bowden as the last signature (for same place and time signatory, the road was blocked and the flight facilities were not available, too). The WRDOAW will request the 9 days as the NCE to much the timeframe from central UNOCHA a month near to project end.

In sequence, the site office inauguration and project personnel hiring process made on competences with respect to localization. The office and hired staff are equipped with the relevant medical supplies, medicine and equipments to launch the project objectives' effectively.

The project started with the post comprehensive meetings on the ground upon signing project agreement. The meeting included overall project objectives, indicators, timeline, support of all involved parties and outcomes to the district officials, district and Provincial Public Health, DoRR, AADA BPHS implementer, UNHCR, IOM and UNICEF in addition to the community Shuras/CDCs, representative of IDP groups, religious and host beneficiary groups. The nominated parties are welcome and interested to support the victims either cooperatively or individually.

The AADA provided us with the technical reporting and recording format of BPHS as coordination and support to the project. In addition oriented the MHT on the documentation and health delivering process on the ground as their lesson learned.

The DoPH welcome the project and interviewed the medical mobile team. The project supplemented with the DoPH vaccine carrier to maintain the vaccine until injection to the beneficiary groups. The WRDOAW is introduced by the DoPH to the district level hospital, health centres and BPHS implementers for receiving vaccine from nearest health centres for injecting to the children and pregnant women on time. The government health centres and BPHS implementers are responsible for safe keeping the vaccine due to having the facilities and controlled freezers. The WRDOAW is supporting the government on POLIO campaign and transport facilities on the site of operation.

In connection, the procurement process made in central and northern provinces as per the availability of the trustworthy suppliers and quality of inputs or supplies. Means that the procurement and storing process made on the standard of procurement and logistic procedures as per procurement plan. The project items are purchased from the vendors on competitive and quality base and delivered to the storage site for timely treatment. The procured medicine and medical supplies are transported from Kabul to Faryab site office for storing and timely dispatching on treatment needs.

The Ambulance vehicle is contracted from the field due to geographical facilities and cost effectiveness.

The regular monitoring process made by the WRDOAW field, technical and management team to retrieve any deviation made during implementation process. The monitoring took place visually, on the job, photo and narration base.

During the monitoring process found that the residents and IDPs are afraid from opposite or illegal armed groups' warning and threat for visiting health centres and post. Therefore, several community comprehensive meetings held by the MHT on the IDP deployed site to encourage the people to let their women patients or sick as referring and emergency treatment in addition the screening or advocating process are made on the eligibility of the beneficiaries either from the conflict induced IDPs or the hosting community people living under health threat or risk for survival and free treatment.

The provincial public health monitors and the government district health centres are timely and closely monitoring the WRDOAW mobile health team project's inputs, deliveries and treatments on the ground. Whereas, our project activities are goes under the timeline, plan and proposal agreement objectives or indicator with the provincial public health coordination.

The WRDOAW is timely presented in the health coordination meetings for exchanging lesson learned, and practicing on eliminating gaps. The project ongoing or progress reports are shared timely with the provincial public health and relevant agencies in the formats provided by the BPHS implementers and PPH.

The oriented and equipped mobile health team well functioning in the targeted areas of Yaka Bagh and Sarchashmai Zohori villages of Qaisar district for daily visiting the IDP and host community patients and pregnant women groups beside vaccination facilities.

The project received NCE – No Cost Extension letter from OCHA Geneva for the seven more days as extension amendment with due of August 07, 2014.

In addition to the project targeted beneficiary groups the MHT served the latest conflicted affected population of Qaisar adjacent.

The mobile health team served around 1,504 patients during the 2 service months as per agreed calendar with an estimate of around % 48 disposable medical supplies, and % 45 medicines. The target is 3,138 patients / 5 service months = 627.6 patients per month x 2 months = 1,255.2 patients while the WRDOAW mobile health team served 1,504 patients during the first two months (March to April 2014).

The mobile health team served around 838 patients during the service month of May as per agreed calendar. The target is 3,138 patients / 5 service months = 627.6 patients per month x 1 months = 627.6 patients while the WRDOAW mobile health team served 838 patients during the third months (May 2014).

The mobile health team served around 1,222 patients during the service month of June as per agreed calendar. The target is 3,138 patients / 5 service months = 627.6 patients per month x 1 months = 627.6 patients while the WRDOAW mobile health team served 1,222 patients during the fourth month (June 2014).

The mobile health team served around 706 patients during the service month of July as per agreed calendar. The target is 3,138 patients / 5 service months = 627.6 patients per month x 1 months = 627.6 patients while the WRDOAW mobile health team served 706 patients during the fifth month (July 2014).

To date conclusion

The mobile health team served around 4,208 out-patients (3,252 internal, 412 gynecology, 544 minor surgery) during project life time – 5 service months (early March – July end, 2014) as per agreed calendar with an estimated expenditure of around % 99.93 disposable medical supplies, and % 99.96 medicines. The target is 3,138 patients / 5 service months = 627.6 patients while the WRDOAW mobile health team served 4,208 out patients in addition to 62 PID.

Project progress updates

- The project agreement made on Kabul between UNOCHA and WRDOAW head to facilitate the emergency mobile health services to the Qaisar district villagers and IDPs for life saving and mortality reductions.

- The project objectives, natures and targets are oriented / facilitated to the district target populations through comprehensive meetings with the representative(s) of district and village Shuras/CDCs, BPHS implementers, district and provincial hospitals, cluster members/lead, and other stakeholders on the ground.
- The personnel hiring process made on the best qualifications and competencies with considering localization impacts on the light of HR principles and project technical objective. Including Medical doctor (interest physician), Medical doctor (Gynaecologist/ midwife), Nurses, Vaccinator, project manager, project assistant, project guard and project cook/helper.
- The Mobile health ambulance stabilized/ placed in rental houses of Qaisar district centre and functioned where the majority of the populations were easily accessible. The MHT are equipped and prepared to the minimum health environmental principles and staffs. The MHT were operated 8-9 hours normally and the Qaisar centre is open 24 hours to the patient assistance, besides in case of emergencies the health team assisted the victims or patients on their village houses or delivered to the district hospital as referral mechanism. The MHT- mobile health team facilitated treatment of internal disease, minor surgery and first aids, gynaecological assistance to the affected target populations (3,138 / 5 = 627.6 individuals on monthly basis).
- The project vehicle ambulance is rented based to the procurement principles and geographical area of operations' nature.
- The project medicines/drugs are contracted with the entrusted eligible suppliers on the bases of qualifications, health quantity/quality, and effectiveness over the human body. The procured medicines and necessary emergency medical supplies are transported and safe placed/stored under the custodian of nurse and medical circumstances in the area of operation.
- The project progress services are regularly monitored by the provincial health departments' medical personnel/ seniors along with the WRDOAW management team. This regular supportive visit eliminated the security trends and kept the project objectives on track. In addition, it is found that the performed health services are vitally assisted the majority of the population "over project target/estimate" and needs prolonging survival cooperation on eliminating or reducing level of mortality focusing children under five, pregnant women and disabled groups.
- The district community residents are well informed through comprehensive meetings and referral communication mechanism on the objectives, target and services of the Mobile health team. The community representatives well assisted both the project objectives and their lower residents and IDPs on effectively and timely health support services/treatment. The community local management, authorities and IDP leaders are highly delighted from the health service provided and they contributed in terms of encouraging the victims towards treatment on the ground in addition to safe keeping the security situation of the operation area.
- The project progress reports (including health statistics, security situation trends, monitoring and narrative updates) are collected, compiled and analysed on regular basis using MoPH reporting system/formats. The district/provincial public health and other relevant health service providers are updated by the project monthly progress reports. The statistics on health service activities collected on daily basis, compiled and analysed on a monthly basis to identify any trends, deviations, or changes towards effective and efficient service deliveries.

Findings and recommendation on services:

During the project implementation process it is found that the health service provided were survival and vital elements to the affected IDPs and hosting residents. The mobile health service project totally treated and prescribed 4,208 (3,252 internal and 412 Gynaecological, 544 minor surgery) out patients against 3,138 (2,975 internal and 163 Gynaecological) IDPs target outpatients through the designated mobile ambulance – MHT where 1,110 IDP + % 50 x 4,056 Pop = 2,028 are targeted and exists.

The internal fighting put in place the high level of displacements, economic disabilities, even mortalities, infectious diseases, to the vulnerable groups where no health facilities and sufficient livelihood exists due to several rural man made threats. This continues impacts brought the residents into chronic vulnerabilities, malnutrition, and acute sicknesses in the future, unless the safety and security or peace provides the well-being and dignities.

The project implementation officially closed on August 08, 2014 with prior approval mailing on August 07, 2014 to UNOCHA with \$ 82,144.70 expenditure closing accounts.

5. PROJECT REPORT – PLEASE REFER TO YOUR PROJECT PROPOSAL – PLEASE ATTACH NECESSARY DOCUMENTATION OF PROJECT IMPLEMENTATION

Overall Objective: To prevent avoidable mortality caused by diseases and landmine among IDPs in Qaysar district, Faryab province. To ensure timely access to quality life saving emergency health care services for IDPs living in difficult access areas of Faryab province, not covered by any health services through running of one temporary mobile health team.

Planned Outcome 1. Improved access to life saving emergency health care services for 3,138 patients (1,110 IDP populations +2,028 host populations) in areas not covered by public health services or other humanitarian actors in 2 villages of Qaysar district, Faryab province.

<p>Achieved outcome 1.</p>	<p>Survival and vital mobile health services provided to the proposed area population and induced IDPs through the designated MHT where the public health services of the government and the humanitarian are very restricted. The residential were on vulnerability of access to basic health services even, transportation and roads, economic and other living facilities.</p> <ul style="list-style-type: none"> - The site office opening process made in Chelgazi village as per proposal then due to security problems and threats the office location changed from Chelgazi to Qaisar district of Faryab province. - Personnel hiring process took place upon the project agreement made on the competency basis with considering localization systems, supported by the MoPH. - The procurement process of medical supplies and medicine made in Kabul and transported to the area of operation. - The Ambulance vehicle contracted from the area of operation due to cost effectiveness and effective deliveries - Office supplies and utilities timely made available from the site of operation - Post comprehensive meetings held with the agencies and government line departments and key leaders of the hosting community people and IDPs. - Comprehensive meetings made with the relevant stakeholders Shuras, CDC and community people, relevant government departments for beneficiary selection and quality health deliveries
<p>Planned Output(s) 1.1.</p>	<p>One temporary mobile health team stabilization and treatment, basic emergency curative services for internal outpatient established in targeted villages of Qaysar district.</p>
<p>Achieved output 1.1.</p>	<ul style="list-style-type: none"> - Project medical supplies and medicines are procured and shifted to the sites for beneficiary treatments as per procurement and logistic procedures. - Around 3,252 patients visited the mobile health team due to having internal body relevant sicknesses during the 5 serviced months against 2,975 targets. - Around 30 pregnant women visited the mobile health team from the time of operation and the 24 of them were normal infant bearing made successfully but the 6 of them were un-normal bearing referred to the nearest clinics. - Around 382 pregnant women received medicine and prescriptions against 163 targets. - Around 62 PID women received medical assistance during reporting months - Around 544 minor surgery services made by the mobile medical team during the 5 serviced months - Regular monitoring process made by the WRDOAW team and provincial public health monitors and district health centres. -
<p>Measurable Indicators (Expected results) 1.2.</p>	<ul style="list-style-type: none"> - 100% mobile health centre working 8 hours a day. - 100% of mobile health centre staffed with qualified staff and quality inputs(medicines, medical supplies) provided regularly without stock rupture - 2,975 internal out patients are timely and appropriately managed; treatment in 5 serviced months as the project targets.

<p>Achieved Result 1.2.</p>	<ul style="list-style-type: none"> - The mobile health team is well functioning in the villages of Yakabagh and Sarchashai Zohori for deployed IDPs and hosting community residents. - Around 3,252 patients visited the mobile health team due to having internal body relevant sicknesses during the 5 serviced months (March – early August). - The minor surgery and first aid services including emergency treatment facilitated to the victims, too. - More than 28 (totally 4,208 / 150 days = 28) out patients were prescribed at average daily basis on the designated MHT centre.
<p>Planned Outcome 2. Improved access to life saving emergency health care services for 3,138 patients (1,110 IDP populations +2,028 host populations) in areas not covered by public health services or other humanitarian actors in 2 villages of Qaysar district, Faryab province.</p>	
<p>Achieved outcome 2.</p>	<ul style="list-style-type: none"> - The community people understood health is wealth and they used the MHT services in addition to the prescription of the medical team on hygiene and sanitation vital roles for the prevention of seasonal and diarrhoea diseases mainly for children under five and lactating or pregnant women.
<p>Planned output 2.1.</p>	<p>One temporary mobile health team stabilization and treatment, basic emergency curative services for materiality outpatients established in targeted villages of Qaysar district.</p>
<p>Achieved output(s) 2.1.</p>	<ul style="list-style-type: none"> - The conflicted IDPs and hosting community people received medical assistance of Mobile health team in addition to diseases prevention prescriptions including hygiene and sanitation measures and experiences. - The mobile health team served around 382 pregnant women during reporting periods with prescription of estimate items of medicines in addition to 24 normal and 6 un-normal bearing made (March – early August). - The timely monitoring process accomplished by the head of NRDOAW and member of provincial health service providers. - The progress, findings, recommendations are collected on the site and reported to main office for keeping on track the project objectives and effective/efficient service deliveries.
<p>Measurable Indicators (Expected results) 2.2.</p>	<ul style="list-style-type: none"> - 100% mobile health centre working 8 hours a day. - 100% of mobile health centre staffed with qualified staff and quality inputs(medicines, medical supplies) provided regularly without stock rupture - The 163 materiality pregnant out patients are timely and appropriately managed; treatment in 5 serviced months, as the project targets.
<p>Achieved Result 2.2.</p>	<ul style="list-style-type: none"> - Around 30 pregnant women visited the mobile health team from the time of operation and the 24 of them were normal infant bearing made successfully but the 6 of them were un-normal bearing referred to the nearest clinics (March – early August). - Around 382 pregnant women received medicine and prescriptions during 5 serviced months (March – early August) against 163 project targets. - Around 62 PID women received medical assistance during reporting months.

6. FINANCIAL STATUS – PLEASE COMPLETE THE FINANCIAL REPORTING TEMPLATE AND ATTACH TO THIS FORM

The project first installment [% 80 fund – \$ 65,731.38 USD from project grant sum \$ 82,164.23 USD only] transferred on February 25, 2014 to WRDOAW AIB – Afghanistan International Bank USD Account Number [0513302011814100] with bellow details indicated in the AIB bank statement:

/485001802, UN OFFICE AT GENEVA, SWITZERLAND, GENEVA, SWITZERLAND,

WRDOAW, Karti Zahiruddin Faryabi, street No 6 District No 4, Mazar Sharif Balkh Province

Ref.:2014022400149367 /RFB/CAP OF 14/02/24 ERF DMA O473 079 ALSI 1202 OBM O 56586 MOBILE LIFE SAVING HEALTH SERV

For the implementation of Mobile Life-saving Health Services for conflict affected IDPs in Qaisar district of Faryab Province [ERF / AFG / 0473 / 079]. The health service project only received UNOCHA funding for the period of implementation phases.

With the receipt of Project remittance, bellow classified expenditure made to the early 08 August 2014 (project closing due date).

(1). Revenue Account Balance – first installment [% 80 of Fund]	\$ 65,731.38 USD
(2). Expenditure Accounts:	
Personnel expenditure accounts	\$ 34,500.00 USD
Relief (Medicines & Medical supplies) account	\$ 32,089.02 USD
Operation (Freight, Rental Vehicle) account	\$ 7,192.98 USD
Operation (Office supplies & Utilities) account	\$ 1,788.75 USD
Operation (Rental Office Space) account	\$ 1,200 USD
Sub-Project cost	<u>\$ 76,770.75 USD</u>
Administrative expenditure charged	\$ 5,373.95 USD
Total Project Expenditure to early of August 2014	<u>\$ 82,144.70 USD</u>
(3). Remaining Balance Account as of project closing (08 August 2014):	<u>\$ - 16,413.32 USD</u>

The project incurred expenses reached to \$ 82,144.70 USD on the basis of supporting documents for the period of February 09 – August 08, 2014 for the six calendar months. The WRDOAW will further request an amount of \$16,413.32 USD as last instalment from the UNOCAH. For the clearance, the WRDOAW main office administrative/financial team will ask the UNOCHA/UNDP Audit Team very nearly. Here above is the summary of incurred expenses for the time being:

¹ The implementing partner files the original receipts for 5 years. Files must be accessible for auditors at all times.