



Organization for Community Coordination and Development

Annual Report 2017



Our Mission: To serve individuals and families in the communities, build capacities of human resources & to provide health services in real sense that enable communities and civilians to have vibrant, advanced, developed and self-esteemed societies

OCCD Annual Report 2017

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Abbreviation and Acronyms

AMNEAB	Afghanistan Midwifery and Nursing Education and Accreditation Board
BDN	Baghtar Development Network
BPHS	Basic Package Health Services
CBHC	Community Based Health Care
CHNE	Community Health Nursing Education
CHS	Community Health Supervisor
CHW	Community Health Worker
CME	Community Mefwifery Educaiton
DH	District Hospital
EPHS	Essential Package of Hospital Services
ETAT	Emergency Triage Assessment and Treatment
FHAG	Family Health Action Group
GIHS	Ghazanfar Institute of Health Science
HF	Health Facility
HMIS	Health Management Informaiton system
HP	Healt Post
IMCI	Integrated Management Information System
LHC	Local Health Committee
MOPH	Ministry of Publich Health
OCCD	Organization for Community Coordination and Development
PH	Provincial Hospital
PHCC	Provincial Health Coordinaiton Committee
RMU	Rational Medicine Use
RUD	Rational Use of Drugs
SEHAT	System Enhancement for Health Action in Transitiion
TNA	Training Need Assessment

Our History

The aim of OCCD is to transfer the experience and expertise from international organizations to Afghan institutions in order to ensure the sustainability of efforts have so far made to improve the health of Afghans and to provide more opportunities for Afghans to use their full potential in humanitarian and development activities. OCCD works in partnership with government, development and implementing partners in the following four directions:

Health

Education

Agriculture and Livestock

Research and Development

Throughout the last three years of work in Afghanistan, OCCD has proven capability of establishing strong relationship with national and subnational government institutions, independent administrative agencies, and major donors in Afghanistan. We have until now delivered capacity building and running CME and CHNE schools service in 3 provinces of Afghanistan that has been widely recognized and greatly appreciated by the government, donors and people of Afghanistan.

Our employees have strong community based networks and vast experience in accessing isolated communities, where other development actors are not able to implement projects. Our ongoing projects are good examples of these, which focus on wide range of selected geographic areas in the country. OCCD employ's both male and female employees in different parts of the country and has the capacity of delivering aid, assessing needs in these mentioned provinces, especially those that are more conservative and difficult to reach or approach.

Core Values and Principles

OCCD considers the following ethics in all of its interventions:

1. Follow no harm policy;
2. Respect human dignity and local values;
3. Obligated to provide training to project staff before implementation of the project;
4. Obligated to ensure beneficiary, donor and other stakeholders satisfaction throughout the project implementation process;
5. Committed to act as per the agreed plan and follow donor instructions;
6. Committed to keep confidentiality;
7. Obligated to obtain beneficiaries consent on activities before launching;
8. Commitment to inform stakeholders on defects in the project work; and
9. Committed to provide accurate financial and technical reports.

Core Values:

1. Believe in people's capacity and dignity
2. Culture and environment friendly
3. Creativity and innovation
4. Discipline, participation, team work and openness
5. Cost consciousness
6. Gender equity

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7. Accountability and transparency
8. Honesty and integrity
9. Justice and fairness
10. Striving for excellence

OCCD Governance System:

OCCD has a board of trustee (BOT) which is comprised of volunteer members who are working outside the organization. They govern the overall organization and oversee if the organization is on the track of its vision, mission and the strategy. The Managing Director of the organization is selected by BOT. Daily management of organization is the responsibility of management team which is formed by the directors of relevant departments. They are competent persons having vast experience of management and leadership in international organizations and UN agencies. At the field level, the Project Management Team, directed by the Project Manager, is responsible for proper implementation of projects. The technical team of Kabul Main Office provide support, monitor and control the project field staffs and make sure that the project objectives are achieved with accepted standards.

Financial Management System:

The OCCD financial management system and procedure is designed to manage financial resource of the organization and its project in an effective manner with emphasized on strong internal control system, and segregation of duties to minimize the risk. The system respects the financial management's ethical principles and is prepared considering International Accounting Standards and Generally Accepted Accounting Principles. It ensures external audit take place and the organization produce an annual report of its activities and audited financial statements at the end of each fiscal year. Bookkeeping function of the financial management system ensure individual projects has separate bank accounts as well as separate cash books at the main and field offices. The daily transactions are recorded within the appropriate accounts on daily basis after complete documentation. The OCCD accounting system (Quick Books) is a centralized system; implements a double entry system of accounting at each cost centers. The system is able to keep track of income and expenses of each project as well as Asset, Liabilities and Capital of the organization. The system produces complete and reliable financial information timely about the financial position of the organization. Budget management function of the system ensures budgets are followed up for the budgets are prepared on monthly basis and expenses are incurred according to approved budget considering contract requirements and applicable laws. Records for all the projects accounts such as, complete books of accounts, ledgers, original vouchers and their supportive documents are kept in main office for auditing purpose.

Administrative Procedures:

The Admin/HR unit is one of the operational support units of OCCD. The purpose of this unit is to provide administrative support and services to OCCD management and other units to achieve the goals of the organization. The Admin/HR Unit assists OCCD management in developing appropriate and efficient administrative rules, regulations, and guidelines. The Administration Unit coordinates and responds to the short and long-term needs of OCCD in terms of administration and human resource needs and priorities. In addition, the Admin/HR unit at Kabul head office renders administrative development support to the provincial office Admin/HR units, and ensures the system is implemented and run based on the rules and regulations already set and approved correctly.

Outstanding achievements -2017

Organization for Community Coordination and Development has started the implementation of Community Midwifery and Community Nursing Educations in Diakondy province in July 01 – 2017. This project is implementing in partnership of MOVE as a lead organization through BPHS project (SEHAT III). As a part of this project, 48 female students will be recieved institutional training through the CME and CHNE schools. OCCD activities have continued in Baghlan and Ghazni province. We have provided Community Based Health Care,CME/CHNE schools, Health Educaiton and building the capacity of health workers as well as community health workers in these two provinces.

OCCD Projects Descriptions:

1. Baghlan province

A.CME school:

The community Midwifery Education program is designed to parpare midwives to manage normal pregancies, to address life-threatening complicaitions and to care for newborns at BPHS health facilities. To achieve these outcomes, OCCD applied an effective management and monitoring systme to support the implmentation of competency-based training. Currently the CME schools is going on, it started in 2015 and it will be completed in the end of June 2018. At present 34 studenst under the training and during this period the therortical and practical sessions were continued and students successfully completed 2nd and stared 3rd phases. The CME educational required materials were provided for trainers and students during this peroid. The CME program activities are superviserd and monitoring by program team and course coordinator on regular bases. Further more monitoring and evaluation of CME is done by main office project team and donors. AMNEAB performed base line and non-binding assessment of CME and the results was 96%.



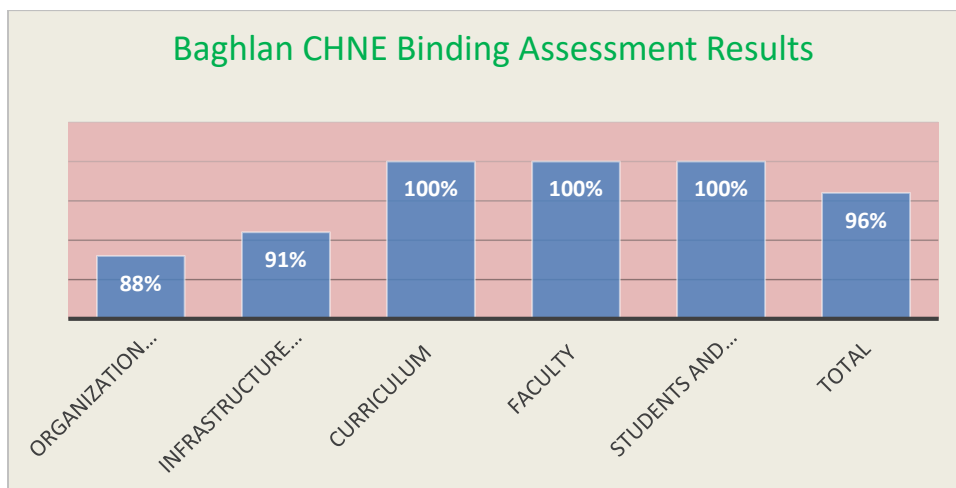
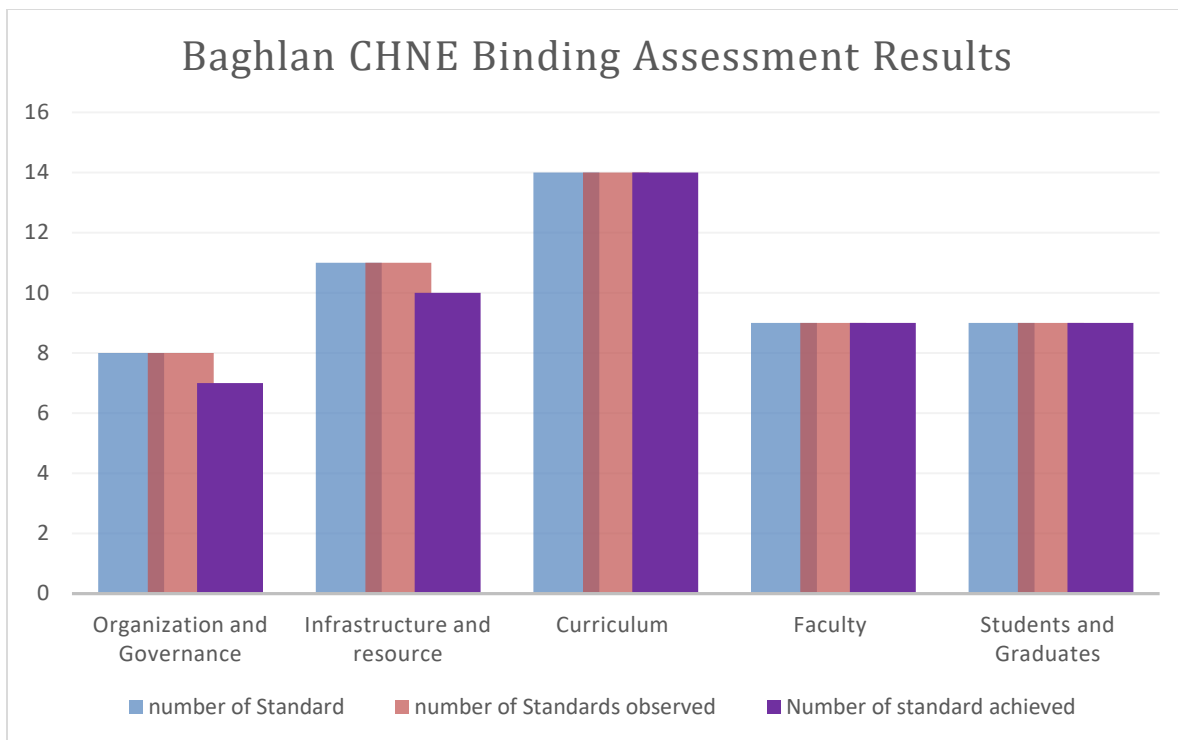
B.CHNE School:

The goal of the project is to contribute to the reduction of mortality and morbidity caused by common and communicable disease, through training and deployment of female health nurses in rural underserved communities. The overall goal of the program is to graduate female health workers who are primary and community health oriented rather than disease oriented, and who are able to provide care to well and sick individuals, families and communities. The project started in 2015 in partnership of BDN and OCCD and funded by MoPH/WB. Through the CHNE program 24 female students trained for a period of 24 months on MoPH standards and graduated in 2017.



To prepare the program for accreditation by the midwifery and Nursing Board, OCCD assessed the program regularly and this enabled students to attain the required knowledge, skills and competencies. AMNEAB performed Binding assessment in following 5 areas and the result was 96%.

1. Organization and Governance
2. Infrastructure and resource
3. Curriculum
4. Faculty
5. Students and Graduates



C. Community Based Health Care (CBHC):

The CBHC program is running smoothly through existing CBHC network in the project catchment area. In total 1436 active health post including 694 males and 742 females continued provision of CBHC services as defined by BPHS. CHWs continued to provide CBHC related services. Regular supervision and monitoring of the CBHC program is provided by the community health supervisor and sub office technical team and constructive feedback were provided. The CBHC reports are collected on a monthly basis from all CHWs and regular feedback provided. OCCD updated the CHWs profile in continually manner.

C.1 CHW refresher and initial training:

During this year refresher training were provided for all CHWs. We provided at least a three-day refresher training per six months. OCCD emphasized on improving the knowledge and skills of CHWs through the practical work. The refresher training plan were scheduled based on their Job description, the gap of knowledge and skill in the performance, health need of the community and feedback from supervisory and monitoring visits. Totally 1436 CHW received refresher training including 742 females and 694 males.



To expand health coverage and strengthening referral system, an effective high quality initial training was provided to 52 new CHWs in Baghlan health catchment areas. These new CHWs completed three phase of training and required material and supply (CWH kit) were provided to them.

No of CHWs received initial training in 2017

District	Health facility	No of CHWs trained in 2017		Total	Remarks
		Male	Female		
Bano	CHC	6	6	12	
Shahshan	BHC	3	3	6	
Khin jan	CHC	8	8	16	
Tagab dahna	BHC	9	9	18	
TOTAL		26	26	52	



C.2 CHW Monthly Meetings:

All CHWs are attending once a month to their related health facilities for a refresher session. This session provides an opportunity for CHWs to exchange knowledge and practices, submit their monthly reports, receive necessary feedback on their referrals, discuss about some challenges and difficulties cases they managed during the month and discuss about the main health problems of their communities and possible solutions.

C.3 Community Health Shuras:

There are 734 active community health Shuras to support CBHC program and 63 health Shuras to support the HFs. Among this figure 97 female Shura that meet separately. Establishing female health Shura has shown great success in implementing of the project and it enabled us to achieve our targets.

C.4 Family Health Action group:

According to CBHC plan, we brought together a group of women in the catchment area of health post to talk about their past experiences in pregnancy related health problems, delivery and caring of newborns.



C.5 Referral System:

OCCD have a functional referral system, from HPs to health facilities level, CHWs are the key personnel in this level. To improve the referral system, all CHWs received training on identifying early signs of complicated cases in order to refer them smoothly to HFs.

Early recognition of danger signs among children and women; ability to communicate the issue to the families; and refer them to appropriate referral center are among the main activities they are doing.

D. Capacity Building for Basic Package of Health Service staff

It is the obligation of OCCD to support and build the capacity of health and community health workers whom offering the health services. OCCD builds the capacity of them in several ways, including by sharing information and tools, offering supportive supervision and on the job training, distributing job aids and conducting direct trainings. OCCD works with health facility staff to empower them and uplift their skills and knowledge that they can identify performance gaps and the cause of the gaps. We planed the training based on annual project training plan and according to trends in need identified by TNA. In total during this year a total of 365 people have been trained in Baghlan, including 365 health providers from 64 health facilities. In total OCCD provided 35 different types of clinical and not-clinical training courses.



No of Health workers received the following training in Baghlan province

No	Training	No of Health worker trained in 2017		Total
		Male	Female	
1	HMIS	14	11	25
2	Mental Health	13	0	13
3	RUM/MDS	22	0	22
4	Infection prevention	9	10	19
5	FDP-1-2	2	1	3

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6	ETS/CTS	0	6	6
7	HBS	0	22	22
8	Blood Transfusion	6	0	6
9	PPH	0	17	17
10	Disability	23	0	23
11	TB, Malaria ,HIV	13	0	13
12	IMCI	9	0	9
13	FP	0	20	20
14	Nutrition (Full package)	8	14	22
15	Basic EOC	0	8	8
16	Sup/M&E	23	4	27
17	EPI	13	10	23
18	BFHI	5	6	11
19	Primary Eye care	27	0	27
20	LHCs Orientation	29	5	34
21	ETS	0	6	6
22	Lab.skill	15	0	15
Total		231	140	371

E.Health Education:

Mass media is an important means in public health situation and it plays a vital role as the link between health workers and the large public. Based on the project requirement, OCCD contracted with local Radio to broadcast these messages to audience. The overall objectives of these activities is to decrease maternal and child mortality through increasing and raising awareness of the community and empower them to fight major cause of maternal and infant mortalities. The topics and subjects endorsed by MoPH based on the requirement of community in Baghlan province.

Ghazni province

Capacity Building for Essential Package of Hospital Service (EPHS)

Capacity building is one of main objective in EPHS project. Through this activity the performance of project improved. During this year 230 persons received training sessions through CSKT plan. In addition, OCCD has delivered the 4 core competence training to the hospital management and operational staff. They became competence on following 4 trainings.

- Project Management
- Human Resource Management
- Supervision and Monitoring
- Integrating Gender into Management

Besides the capacity building program based on CSKT annual plan, OCCD conducted monthly conference at the hospital level and semiannual workshop at the office for hospital team.



Number of staff trained in the following trainings:

No	Training	No of Health worker trained in 2017		Total
		Male	Female	
1	General Anaesthesia	1	0	1
2	Neonatal Intensive Care Unit	6	2	8
3	IMCI	6	1	7
4	Physiotherapy	0	1	1
5	Nursing Care	5	2	7

6	Neonatal Care	0	5	5
7	Basic EmONC	0	2	2
8	Comprehensive EmOC	0	2	2
9	Laboratory Analysis	1	0	1
10	X-Ray Training	1	0	1
11	Ultrasound Training	1	0	1
12	Primary Eye Care	2	1	3
13	Public Nutrition	7	5	12
14	RMU /MMS	3	0	3
15	Blood Transfusion	6	5	11
16	IPC (Infection Prevention &Control)	7	5	12
17	EPI Refresher Training	0	2	2
18	Disability	4	6	10
19	Family Planning	0	2	2
20	Mental Health MD	6	1	7
21	Mental Health Nurse	4	4	8
22	TB, Malaria, HIV	15	12	27
23	Baby Friendly Hospital Initiative	7	5	12
24	Emergency Triage Assessment and Treatment	5	5	10
25	Human Resource Management	5	0	5
26	Standard Based Management and Recognition	5	0	5
27	HMIS	4	10	14
28	Supervision, M&E	3	0	3
29	BCC	3	3	6
30	IPCC	3	4	7
31	Quality Improvement	3	0	3
32	Gender Awareness	3	11	14

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33	Equipment Maintenance	1	0	1
34	IPC (Infection Prevention & Control)	1	5	6
35	Mass Casualties Management	9	4	13
Total		125	105	230

Diakondy province

Community midwifery Education (CME) Community Health Nursing Education (CHNE)

For successful implementation of the project as a first step we got community support through the awareness of community members, especially the community elders and decision makers about the program. We have provided culturally appropriate messages to communicate the facts about maternal health in Afghanistan especially in Diakondy province and the need for more skilled midwives and nurses in accordance with MoPH guidelines. Diakondy CME/CHNE Schools commenced in 28 October 2017 and according to the contract requirement they will be finished in June 2018. Actually the schools project duration is 24 months including three month of preparation, one month for closeout and the rest organized for training. The project is funded by the SEHAT through the BPHS and is implemented by OCCD in partnership with MOVE in close coordination with MoPH/GIHS

The CME and CHNE Schools inaugurated in the Nili, the main city of Daiknody province. It will be completed in 24 months. There was a high demand for qualified midwives to attend pregnancy and childbirth. This inauguration took place in the presence of PPHD, representatives of governor and other government departments. Totally 48 female students will be graduated from CHNE and CME schools during the life of the project.

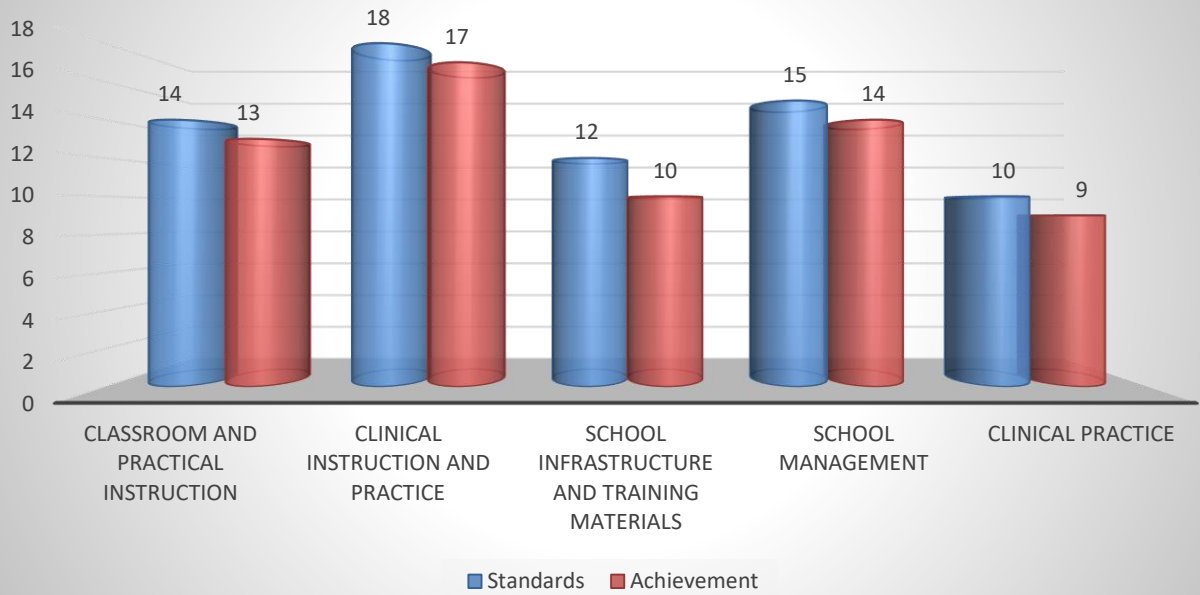


At the first stage of the project, OCCD carried out the following activities:

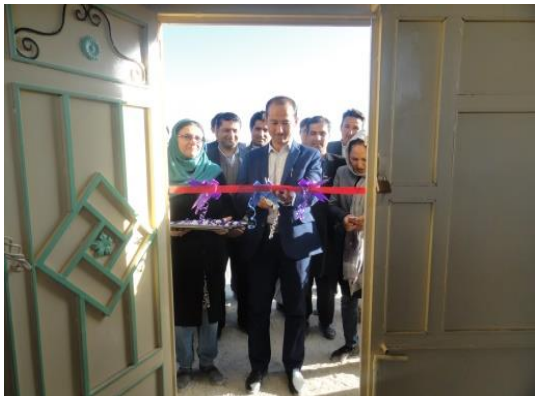
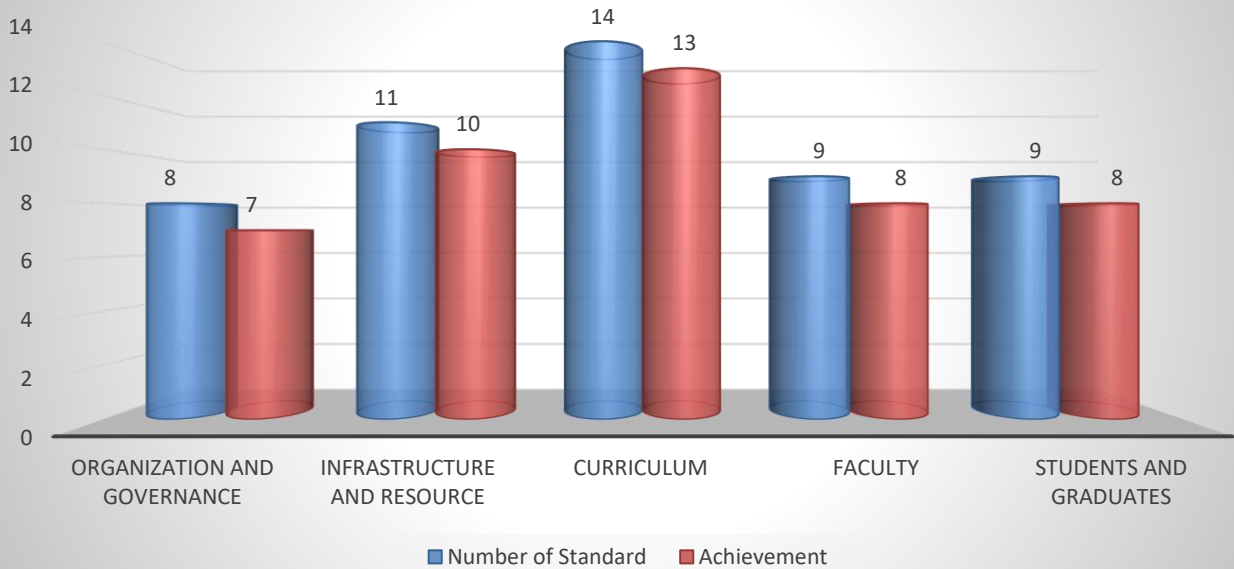
1. Public awareness and program announcement
2. Recruitment and staffing the CHNE and CME schools
3. Establishment of steering committee
4. Entry Exam and Students Selection:
5. Identify and selection of clinical practice site:
6. Coordination Meetings at central and provincial level
7. Providing the required books and schools materials

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Diakondi CME Internal Assessment Result



Diakondi CHNE Internal Assessment Result



Supervision and Monitoring

We believe a coherent M&E system helps ensuring that M&E efforts best contribute to a better project performance and of course the health need of the population. OCCD developed a PME (Project monitoring and Evaluation department) unit in main office and the responsibility of this unit is to develop monitoring and supervision plan at beginning of each project and travels to project site to assess the project team work and quality of the services delivered.

OCCD technical team from main office and provincial office regularly supervise and monitor the CME/CHNE Schools, CBHC and Capacity building programs. These monitoring are quarterly (based on annual monitoring plan). After each monitoring, the monitoring report prepared and send to provincial office by monitoring team and provincial team prepare their action plan according to monitoring findings. The provincial team update the main office regarding monitoring findings and progress on monthly basis. In addition, we developed different monitoring tools for CME/CHNE, CBHC and CSKT training activities. Furthermore, OCCD developed M&E policy in local language as required that allows the project staff to have regular monitoring and supervision from project in a meaningful manner.



ORGANIZATION FOR COMMUNITY COORDINATION & DEVELOPMENT
STATEMENT OF FINANCIAL POSITION

As of December 31, 2017

	Note	2017 AFN	2016 AFN
ASSETS			
Fixed Assets			
	4	-	-
Current assets			
Receivable from Donor	5	-	1,242,326
Cash and cash equivalents	6	7,317,582	1,588,594
TOTAL ASSETS		7,317,582	2,830,920
LIABILITIES AND RESERVES			
Liabilities / Reserves			
Fund Balance	7	1,521,620	764,177
Unutilized Funds	8	3,722,631	-
Inter Project Loan	9	-	-
Accrued and Other Liabilities	10	2,073,331	2,066,745
TOTAL LIABILITIES AND RESERVES		7,317,582	2,830,922
Reserves (Deficit)			
Reserves (Deficit)		-	-
TOTAL LIABILITIES AND RESERVES		7,317,582	2,830,922

The annexed notes from 1 to 14 are an integral part of these financial statements.



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PRESIDENT

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FINANCE MANAGER



STATEMENT OF COMPREHENSIVE INCOME
 For the year ended December 31, 2017

	Note	2017		2016	
		AFN	AFN	AFN	AFN
FUNDS					
Funds Received	11	32,374,092		37,588,398	
PROJECT EXPENDITURE					
Project Expenses	12	32,374,092		37,588,398	
TOTAL EXPENDITURE		32,374,092		37,588,398	
PROJECT SURPLUS/ (DEFICIT)		-		-	
ACCUMULATED RESERVE (DEFICIT) BROUGHT FORWARD					
ACCUMULATED RESERVE CARRIED FORWARD					

The annexed notes from 1 to 14 are an integral part of these financial statements.




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 PRESIDENT

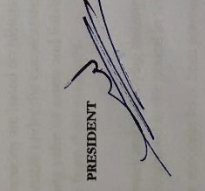
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 FINANCE MANAGER



ORGANIZATION FOR COMMUNITY COORDINATION & DEVELOPMENT
STATEMENT OF CASH FLOWS
 For the year ended December 31, 2017

	2017 AFN	2016 AFN
CASH FLOE FROM OPERATING ACTIVITIES		
(Deficit) / Surplus for the year		
Add: Non-Cash Items		
Deficit before working capital changes		
Working Capital Changes		
(Increase) / Decrease in Receivable from Donor	1,242,326	(1,153,504)
Increase / (Decrease) in Un-Utilized funds	3,722,631	(2,794,798)
Increase / (Decrease) in Fund Balance	757,443	764,177
Increase / (Decrease) in Accrued and Other Liabilities	6,586	844,646
Net Working Capital Changes	5,728,986	(2,339,479)
Purchased of Fixed Assets		
CASH (USED IN) / IN FLOW FROM OPERATING ACTIVITIES	5,728,986	
NET (DECREASE) / INCREASE IN CASH AND CASH EQUIVALENTS	1,588,595	3,928,074
CASH & CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	7,317,581	1,588,595
CASH & CASH EQUIVALENTS AT THE END OF THE YEAR		


 FINANCE MANAGER


 PRESIDENT

