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MANAGEMENT SCIENCES FOR HEALTH TRAINING DEPARTMENT FACTS & STATISTICS

MANAGEMENT SCIENCES
FOR HEALTH

TRAINING DEPARTMENT
FACTS & STATISTICS

MANAGEMENT SCIENCES FOR HEALTH

TRAINING DEPARTMENT

FACTS AND STATISTICS

The staff of the MSH Training Department has assembled a number of facts and statistics for a consolidated presentation of the some of the important Training Department activities and outputs, since the inception of the Afghan Health Sector Support Project in November 1986. This collection of facts and statistics is not intended to be comprehensive, but rather a selected sample of what we, in the Training Department, believe will help to further the reviewers understanding of the HSSP training activities. Inclusion or omission in this collection is purely arbitrary and not necessarily a refection of MSH or USAID priorities.

The presentation is organized into the following sections:

Training Department Activities Summary
Institute of Public Health\MOPH
BHW Initial Training Program
BHW Continuing Education Program
Rural Health Officer (RHO) Training Program
Maternal & Child Health Officer (MCHO) Training Program
Laboratory Technician Training Program
Doctors & Mid-Level Continuing Education Training Program
Buddy Care (First Aiders) Training Program
Primary Health Care Seminars/Workshops
Assessment Program
Wardak Training Center/IPH
Kandahar Training Center/IPH
Area Training Centers
Takhar Training Center (SCNA)
Balkh Training Center (SCNA)
Behsood, Wardak (Central Area) Training Center (HIM)
Herat Training Center (SSWE)
Participant Training Program (Overseas)
Medical Certification Program
Management Training Program
Medical Kit List

22 March 1994

MANAGEMENT SCIENCES

FOR HEALTH

TRAINING DEPARTMENT

FACTS & STATISTICS

INTRODUCTION

END OF TOUR REPORT

TRAINING DEPARTMENT

INTRODUCTION

The overall goal for this section of the report is to describe the evolution and accomplishments of the MSH Afghan Health Sector Support Project (AHSSP) training program from its inception in November 1986 to 28 February 1994. As implementation of the AHSSP training program involved developing technical assistance activities through MSH Training Department and program activities through Afghan counterparts, description of activities will be divided into program and technical assistance components.

Over the past seven plus years, it has been a great pleasure for me to work with both Afghan and Pakistani counterparts on implementing the AHSSP training program. The accomplishments of this program, without doubt, are in a large part due to the dedicated work of so many Afghan and Pakistani colleagues, who through hard work, understanding of the local situation, and personal efforts, able to remove many constraints impeding implementation of the training program. It should be mentioned that implementation was complicated due to the Jihad and further constrained by the very complex and difficult Afghan political environment. It is praiseworthy to note, that in spite of hazardous and or dangerous security situations in Afghanistan, our Afghan colleagues, both staff and program, were willing to carry out field trips in Afghanistan to further the objectives of the training program.

Many counterparts have made significant contributions toward achieving training program goals and objectives, but due to limitations of this report, Dr. Sayed Mohammad Amin Fatimie, Minister of Public Health, Islamic State of Afghanistan & Director General, Institute of Public Health and Dr. Mubarak Shah, Deputy Training Advisor, MSH are selected for special mention. Both Dr. Fatimie and Dr. Mubarak Shah were involved with the training program right from the early days to present and through their tireless and dynamic leadership, they can certainly be identified as the symbolic representatives of all program and technical assistance training staff. It should be mentioned however, that it was team work, not any single individual, that enabled us to achieve AHSSP training objectives.

There is a very regretful or discouraging aspect to report from a development point of view. After so much was expended, both in human and material resources, a very competent technical and managerial training organization was created, i.e. the Institute of Public Health. It took several years to develop such an organization, with a cadre of highly trained staff working together with a common purpose and objective. Now, due to, probably a temporary unstable political situation in Afghanistan and lack of immediate funds, this organization, the Institute of Public Health, most likely will disintegrate. Based on experience, it can safely be said that it could take years of effort to again reach the present technical and managerial level for training health manpower in Afghanistan.

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OBJECTIVES

The purpose or goal of the AHSSP, as stated in the Cooperative Agreement, was "to provide technical, financial and humanitarian assistance to expand and strengthen health services inside Afghanistan as rapidly as possible and strengthen the capability of the health committee of the Seven Party Alliance to plan, operate, and monitor expanded health services in Afghanistan". The stated objective related to training was "improving the capability of the Alliance Health Committee (AHC) in planning and managing expanded health activities and in the training of first-aiders, nurses and doctors".

Background. The AHSSP was specifically set-up in 1986 to provide humanitarian support for mujahideen controlled areas, i.e. most of rural Afghanistan. After the December 1979 Russian invasion, the rural health care delivery system for all practical purposes had collapsed. Due to warfare waged by the communist government in Kabul against the mujahideen throughout rural Afghanistan, all government support for health facilities and services in those areas stopped. Health professionals and paramedical staff working in mujahideen controlled areas found themselves without support (salaries and medical supplies), and as a result of this lack of support became refugees in Pakistan where employment opportunities were available or migrated to other countries. Also, training of health professionals was centralized in Kabul and other major cities and most students from such programs escaped from the communist dominated system at the time of or just before graduation.

In response to the severe shortage and need for health care providers/services in rural Afghanistan, a variety of private voluntary organizations set-up training programs in Pakistan and Iran. However, based on estimates, the production of trained manpower by the PVOs was not sufficient to meet the needs. Each PVO or training organization defined training according to their own requirements, resulting in a confusing array of health workers with wide variations in skills and knowledge, all, however, commonly referred to as nurses.

In view of the physical geography and demographic characteristics of Afghanistan i.e. a population scattered among hundreds of small villages often separated by mountains, rivers or other natural barriers, plus the fact that most villagers had limited or no access to trained health care providers, a training strategy needed to be developed which could rapidly meet some of the health care needs of the mujahideen and civilian population. A training strategy, based on primary health care principles, was developed for training a high volume of community or primary health care workers designated as Basic Health Workers (BHWs) who, during a short training course, could acquire a defined level of skills and knowledge needed for safely providing basic preventive, promotive and simple curative services including first aid within their own community. The strategy was further defined to focus on developing training skills and knowledge within Afghan organizations so that when peace was restored, a core of experienced trainers and training administrators would be available to assist with the reconstruction of the health care system.

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ACCOMPLISHMENT AND OUTPUTS

INTRODUCTION

The organization identified for implementing the AHSSP, with potential for establishing and coordinating health manpower development training programs for Afghanistan, was the Seven Party Political Alliance Health Committee (AHC). In early 1987, intensive efforts were initiated with the AHC leadership to begin setting up an AHC training capability. Although it was a seven party political alliance only four Tanzeem's participated actively in the newly established AHC, i.e. Afghan National Liberation Front (ANLF), Harakat Inqilab Islami Afghanistan (HIIA), Jamiat Islami Afghanistan (JIA) and National Islamic Front of Afghanistan (NIFA). The AHC leadership agreed with the proposed training strategy, including rapidly training a high volume of Basic Health Workers for service in their own villages in Afghanistan. The first step in this process was to form an AHC Sub-Committee on Training to define training objectives, develop training materials, recruit and train trainers, and establish training facilities. From these early efforts the training program gradually expanded from a sub-committee on training to a fully operational Institute of Public Health, including establishing five Area Administration training centers. (Area Administration refers to local & non-formal Afghan organizations responsible for administration and other traditional governmental activities within a defined geographic area.) A summary description for each major component is presented separately, although training activities were integrated and occurring simultaneously.

BASIC HEALTH WORKER TRAINING (BHW)

As mentioned above, BHW training was the first major Training Department activity. This involved working with and explaining to professional staff (doctors) of the AHC Sub-Committee on Training the concept of primary health care, including the rationale for community based health workers. This was followed by developing a curriculum focused on skills and knowledge appropriate for a community health worker. This was a very difficult task as the sub-committee members were anxious to include more and more complex tasks, simplified, but like they had learned in medical school. After many meetings, long discussions and compromises, an appropriate curriculum for BHWs was accepted and agreed to by the AHC.

The leadership totally disagreed with running a combined training program, rather AHC leadership insisted that such training must be conducted separately for their own Tanzeem members within their own Peshawar based Mujahideen camp. Trainers/trainees from one Tanzeem would not be allowed to enter training facilities in another Tanzeem. This was the level of trust that existed in early 1987! (Actually or so it seemed, it was through the AHC that professionals from one Tanzeem begin talking with professionals from another Tanzeem.) While training materials were underdevelopment, hectic preparations were underway to set-up training camps within the Mujahideen Camps. This involved procurement of training supplies/materials and everything needed for a residential camp. To assist with the local procurement a recently retired Pakistani Air Force Officer (Logistical Division) was recruited. With his assistance and knowledge of procurement, the task of acquiring the goods within a short period of time was

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accomplished. Simultaneously, a training of trainers Workshop course was developed and carried out, while each Tanzeem was actively recruiting trainees.

The following presents the BHW trainee selection criteria as developed by the AHC. Trainees were to be literate, have a minimum equivalent of sixth class education, as well as:

1. be willing to participate in the jihad in Afghanistan after completion of the BHW training;
2. be a Muslim who had participated in the jihad;
3. have immediate family members residing in Afghanistan;
4. be at least 16 years old, preferably 20 to 30;
5. be a resident of the locality of the assigned work location;
6. not be employed in Pakistan and;
7. agree to live in the training camp during training.

Four BHW training camps were set up and classes, with 25 trainees in each camp, started in April 87. As USAID mandated a policy of aggressive implementation, the second training session class size was increased from 25 to 60 trainees per camp, along with a corresponding increase in training staff.

In August 1988, Ittehad Islami Afghanistan decided to take an active part in the AHC and started a BHW training camp within the jursidiction of their own mujahideen camp. This brought the total number of participating Tanzeems to five. The remaining two Tanzeems, Hezb-i-Islami (Hekmatyar) and Hezb-i-Islami (Khalis) did not become active either in the AHC or the Peshawar based Afghan Interim Government, Ministry of Public Health. They, however, sent a few of their tanzeem members for BHW training to other tanzeem BHW training camps.

Following the completion of each training session, trainers from each camp participated in a review and, as appropriate, a revision of the curriculum. Although both Dari and Pushto are official languages of Afghanistan, it was found that classes had to be conducted in Dari for Dari speakers and Pushto for Pushto speakers.

The IPH published the following BHW Training materials:
- BHW Training Manuals (Theoretical) Dari & Pushto;
- BHW Training Manuals (Practical) Dari & Pushto;
- BHW Training Manual (Theoretical & Practical) English;
- BHW Training Manual Drug Dosage Calculations, Dari.

Basic Health Worker Training in Afghanistan. As security conditions improved in Afghanistan, efforts were made to organize training facilities to cover the main geographic areas in Afghanistan. The strategy of MSH/IPH was to encourage decentralized training programs
under, wherever possible, local administrations. A decentralized training has many advantages e.g. greater involvement of local leadership and village elders in recruitment and non-technical supervision of the graduates, enhanced opportunities for trainers to observe and assess the product (graduate) of their training program in their working environment, and tailor training to focus on health problems in the area.

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IPH Training Center for North and South Eastern Provinces. It was concluded that IPH should cover the eastern provinces with a training center in Wardak for the north eastern provinces and another site for the south eastern provinces. Wardak was selected for northeastern provinces because of the relatively stable security situation and easy access from the surrounding provinces. A reconnaissance was carried out in September 1990. After agreements with community for local support was secured, a training center was set-up and the first class of BHWs was started in November 1990. Following the establishment of an IPH a satellite training center in Jalalabad in October 1992, the Wardak Training Center was discontinued and materials shifted to the IPH office in Kabul.

IPH Training Center for Southeastern Provinces. Establishing a training center for the southeastern provinces, however, was not an easy manner. The events and activities associated with trying to set-up this center are illustrative of the difficulties and problems encounter working in a unstable political environment.

Initially there was enthusiasm for setting-up in Spinboldak, Kandahar province. Reconnaissance found, however, an insufficient number of families were living in the area for the kind of community training needed. The city of Spinboldak, located just across the Pakistan border, according to reports, was more of a mujahideen headquarters/camp than anything else. It was concluded that Spinboldak would not be appropriate for meeting the training requirements.

Next, reconnaissance teams were sent to investigate potential sites in Zabul province. A good location was found, several meeting were held with the local leadership, agreements for protection/support were signed and a building for the training facility obtained. Trainers were prepared and all equipment, materials and supplies needed to run and accommodate trainers/trainees was dispatched by truck from Peshawar to Quetta, Baluchistan province for crossing into Zabul province Afghanistan. The truck and staff were literally on the way between Quetta and the Afghan border when MSH was informed by USAID that, due to a kidnapping of some international aid workers in Zabul, USAID was imposing a ban on support to Zabul province. Messages were immediately sent and luckily the truck and staff could be informed before crossing into Afghanistan. Meanwhile a commander in Ghazni province took two American hostages employed by a PVO which resulted in USAID declaring a ban on all cross-border assistance in July 1991.

Six months later, when the ban on cross-border assistance was lifted a new reconnaissance team was sent to Trin Kot, Oruzgan province which had recently been liberated and needed support. It was from, a geographic point of view, an excellent location, but the members of the reconnaissance team were kidnapped at gun point and their vehicle stolen. The team was deprived of all valuables and left during the night along an isolated road in the desert. The kidnappers however told them they would find a road side hotel a few kilometers further and that they were lucky not to be killed, but if they came back to Trin Kot they would be killed. Obviously that location was crossed off the list of possible locations for a training center.

Investigations were carried out in Kandahar, actually several trips, and agreements were reached with the Kandahar leadership and governor for space in the damaged Mirwaise

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hospital for the IPH training center. Supplies, equipment and staff were sent and several rooms in a section of the Mirwaise hospital were rehabilitated for the IPH training center. An inauguration was held with the Governor of Kandahar as Chief Guest, but before activities could be well established,
fighting broke out in Kandahar and all activities had to be suspended for an indefinite period.

Area Administration Training Centers. With the expansion of the AHSSP, Field Operations had established dialogue with commanders/organizations responsible for local government in defined geographic locations. The principal organizations with whom training became involved were: Supervisory Council of Northern Afghanistan (SCNA or Shura Nazar), Health Committee of South & Southwest (Ismail Khan, Herat), Health Committee for Central Afghanistan, (Harakat Islami Afghanistan, HIA, Mohsini) and Health Committee for Paktya and Paktika (HCPP or Commander Jalaluddin Haqani). Discussion with Area Administration representatives in Peshawar were initiated to determine whether the organization would be interested in setting up a training center, mainly for BHW training and technically linked (curriculum, teaching methodology, training of trainers) with the Institute of Public Health, within their area of control.

The first organization to develop a Plan of Action for implementation of a training center was the Shura Nazar in Takhar province. Trainers were recruited and a special training of trainers program was organized by MSH and IPH. The first BHW training class was launched in Takhar on 15 July 1988. Similar actions were followed for establishing such a training center for HCPP. The first class started in Miram Shah in 8 November 1988. The Miram Shah Training Center was moved to Khost, Paktia Province in December 1992, where training activities such as BHW CEP, management training, and PHC seminars took place.

The Health Committee for South and South West Emirates (SSWE) expressed interest in such training. There definitely was an acute need since the far western provinces were at the end of the line for Peshawar supported programs. A Plan of Action was developed following a similar pattern as for the SCNA and HCPP training centers. Trainers were recruited and trained by IPH/MSH. The training center was set-up and training of BHWs started on 21 March 1990. Due to complex administrative problems, only one training program was completed. In this regard, many meetings were held to try to solve the administrative/management problems but to no avail. Mainly the Health Committee for SSWE, for whatever reasons, could not follow established accountability procedures on either technical or financial matters.

The health committee (HIA, Mohsini Group) representing Central Afghanistan or the Shia population requested support for setting-up a training center in Behsud, Wardak province. This was agreed to and like the other Area Administration training programs, they were linked technically to the IPH. The first BHW training session began on 20 November 1990. The responsible officials for this program were not active or could not manage the training program. Accountability was unsatisfactory and for reasons unclear to the MSH Training Department, the health committee officials in Peshawar were unable to reach a mutually satisfactory resolution of the problems. As a result only two BHW training session could be certified by MSH Training Department.

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TABLE I

BHW OUTPUT PER TRAINING CENTER

CENTER	ORGANIZATION	DATE ESTABLISHED	NO. TRAINING SESSIONS	TOTAL TRAINED
Jamiat (Dara)	AHC/IPH	14 April 87	9	435
Harakat (Cherat)	AHC/IPH	18 April 87	8	402
ANLF (Shagai 1)	AHC/IPH	1 May 87	10	390
NIFA (Shagai 2)	AHC/IPH	1 May 87	9	399
Ittehad (Pabi)	AHC/IPH	13 August 88	4	197
Takhar	SCNA	15 July 88	6	176
Miramshah	HCPP	8 November 88	6	102
Herat (Zendajan)	SSWE	21 March 90	1	15
Wardak (Central)	IPH	10 November 90	2	12
Behsud (Shia)	HIM	20 November 90	3	49*
Balkh	SCNA	22 December 90	4	65
Jalalabad	IPH	31 January 93	1	13

TOTAL 2255

***Includes 19 trainees of session 3 not certified**

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Overview

Part of the strategy evolved for developing the capacity of the AHC to plan and manage their own training programs was to create a technical and managerial support unit, an AHC Training Center, for MSH sponsored training programs.

With the backing of the AHC leadership a Training Center was established in August 1987. The tasks and duties envisaged for the Training Center were to develop curricula and implement training programs, train trainers, conduct seminars, workshops and refresher training, certify competency of health workers, develop and publish training and other health education materials, provide audiovisual support, maintain a reference library and coordinate training activities with the AHC and outside organizations.

Gradually the AHC Training Center was set-up with each participating Tanzeem allocated equal number of staff positions, as demanded by the Tanzeems. For example, there were

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four Tanzeems participating and whenever new staff were required, four positions had to be created. This had advantages as well as disadvantages. Recruitment was by the Tanzeem and in certain cases the candidate was not qualified for the position. Whenever an unqualified candidate was recommended, MSH declined to provide salary support for that candidate. This political patronage system caused some problems, even when the staff member was qualified for the position. In the long run however, the fact that the organization had a balanced and strong political base was a definite asset.

With the creation of the Afghan Interim Government's (AIG) Ministry of Public Health in 1989, the Training Center was redesignated as the Institute of Public Health (IPH). Prior to the formation of the AIG , BHW training camps were mostly under the technical and managerial supervision of the Tanzeem where the camp was located. But, with the authority of the AIG, the IPH was able to obtain full responsibility for technical and administrative control of all AHC established training camps.

Under the leadership of a highly qualified and dynamic Director General, the IPH/Training Center made rapid progress with organizing and staffing the various components of the organization. IPH, based on the principles and concepts of primary health care, took the leadership in developing a number of training programs, described elsewhere in this Report.

One of the important goals of the IPH was to promote decentralized training through other Afghan organizations. For this (decentralized approach) IPH provided technical and administrative support to the Area Administrations for training programs, as described above. It is worth mentioning the IPH was instrumental in preparation of the Masterplan for Rehabilitation and Reconstruction of the Health System in Afghanistan in 1991.

Following the departure of the Russian in February 1989, there was great optimism that soon the entire AHSSP would be moving to Kabul. Prior to that event however, the Training Department worked on setting up decentralized training centers in Afghanistan, as previously stated. As the need for training a high volume of BHWs declined, activities were consolidated into one facility in Peshawar e.g. all BHW training camps surrounding Peshawar were closed. As a first step for reestablishing in Afghanistan, the IPH created a satellite training center in Jalalabad. The Shura of Nangahar allocated space for this satellite training center in the Jalalabad Nursing School building. Most IPH staff were transferred to Jalalabad beginning October 1992 and completed the move by December 1992. A few staff remained in Peshawar to liaison with MSH and safeguard materials. The remaining staff positions and all materials were shifted to Afghanistan by June 1993.

After the IPH set up a satellite training center in Jalalabad, plans were made for establishing IPH in Kabul. The MOPH allocated certain rooms within the Intermediate Medical Institute in Kabul for IPH activities. Training equipment such as photocopier, VCR, overhead projectors, microscopes were air lifted by the First Deputy Minister of Health, Dr. Fatimie, to Kabul and secured in the offices allocated for the IPH in late 1992.

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Course Design & Curriculum Development. A section within the AHC/IPH was created to work on designing training programs, including curricula for programs to be implemented by the IPH. The training programs, developed by IPH, are as follows: Basic Health Worker, Initial and Refresher; Buddy Care (First Aid); Rural Health Officer (RHO); Maternal and Child Health Officer (MCHO); Field Microscopist, Doctor Refresher; Nurse/mid-level (medical technician) Refresher.

Basic Health Worker Training (BHW). Initial BHW training was described previously, therefore, only BHW Continuing Education Program (BHWCEP) will be described in this section.

All BHWs eligible for resupply kits and salary whether supervised by MOPH or Area Administration are, as a condition for resupply, required to attend a BHW CEP training program.

The training objectives were to:

1. review core skills defined for BHW and ensure BHW could through demonstration and role play correctly use skills and knowledge;
2. strengthen community development skills e.g. influence of social/cultural and environmental factors on health status, working with village elders and community leaders;
3. strengthen home visiting skills, particularly on recognition and attention to child survival interventions;
4. discuss and review procedures on implementation of preventive and promotive health services in the community;
5. introduce dai training (harmful microbes & hand washing, oral rehydration therapy).

Initially BHWCEP training was conducted in Peshawar training facilities, however, as training centers were set-up in Takhar and Balkh under SCNA, their trainers were trained by IPH for this activity. With the closing of Peshawar facilities and improved security in rural Afghanistan, the BHW CEP training strategy was changed. Rather than classroom, trainers were assigned to carry out this program at the district level for the BHWs active in that area. Trainers first conducted a field assessment of each BHW which was followed by training for the group in one of the villages where a BHW was working. By dealing with real life problems and situations, trainers were able to focus on the actual training needs of BHWs rather, than through simulation.

As BHWs, following the completion of the AHSSP, would no longer receive salary support, a strategy for privatization or indigenization, which means building on traditional or natural ways in which community support people who provide a service, needed to be developed and implemented. A seminar sponsored by IPH for this purpose was held in April 1993. Invitations were sent to Area Representatives, MOPH health officials and senior IPH trainers. A Task Force was created to expand on the ideas and strategy proposed at the seminar. Field investigations were carried out and based on experiences, the topic of indigenization was included into BHW refresher training.

For the last resupply, a large group of BHWs were requested by Field Operations to present in Peshawar. Training Department was informed that up to 462 were expected. Since it was impossible to manage such a large group in Peshawar (all training facilities

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closed), IPH organized the training in Jalalabad. This training was conducted in two sessions for 141 BHWs who had reported on schedule in Peshawar, followed by a second group of 71 for a total of 212 BHWs.

Assessments. One of the important steps in training is follow-up and assessment of trainee to determine whether the training prepared trainee to perform the tasks and duties as specified and, among other aspects, was the training appropriate for the job. This is a normal activity in any training program, however, in the AHSSP, special attention had to be devoted to this activity. First, expatriate staff were not allowed to cross into Afghanistan because of security and other political factors. Afghan trainers, new to the job, were not experienced in assessing health workers in the field and needed on the job training. It was equally hazardous, in the early Project days, for Afghan trainers to travel to districts/provinces other than their home district/province.

For this assessment, a comprehensive proforma was developed and field tested in six different provinces in November 1989. Following the development of the proforma, including data tabulation, trainers, on a rotation basis, were assigned to carry out field assessments on a regular basis in accessible provinces. Accessibility varied depending on security and weather conditions e.g. roads block due to snow.

Based on observations, tabulation of data, BHW curriculum was revised or modified. A major benefit was having the trainers learn first hand about problems BHWs were expected to manage. These trainers could then modify their teaching plans to include real problems.

Buddy Care Training. As specified in USAID documents Buddy Care or first aid training was one of the activities to be implemented by MSH. As soon as a training structure was in place planning for Buddy Care was initiated i.e. late 1987. Agreements were reached with the AHC in early 1988 to implement this training in the Mujahideen Training Camps. (These camps were used by Mujahideen for their activities and not related with refugee camps.) As the war inside Afghanistan was creating many casualties, it was a priority to train as many mujahideen as possible in basic, lifesaving first aid measures. A two-day training program, patterned on the International Committee of the Red Cross model, was developed by the Training Center. Ten paramedical staff were recruited and trained as first aid trainers and assigned to conduct full-time training for the mujahideen who were rotating thorough the military camps around Peshawar. The training, primarily in trauma stabilization, was designed to enable a mujahed to provide lifesaving measures for his "buddy" in the field. At the end of the training, each mujahed was given a sterile compress to carry in his kit. By the time this program was discontinued in July 1991, over 36,000 mujahideen had been trained in Buddy Care. The training was discontinued because, military activities were subsiding in Afghanistan, 2078 BHWs, well qualified in first aid measures, had been trained and fielded through out Afghanistan, donor organizations had opened many health facilities in rural areas where war casualties could be treated, very few mujahideen were coming to the camps around Peshawar and finally the MOPH/IPH decided that this program was no longer a priority and should be discontinued for the reasons mentioned above.

Rural Health Officer (RHO) Course. By late 1989 considerable progress had been made toward providing some health services through BHWs in rural Afghanistan. With over

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1000 BHWs trained and fielded in all 29 provinces, attention was focused on developing a system for technical supervision of these BHWs. Following extensive discussions, it was concluded that a new cadre of worker needed to be deployed to provide, not only technical supervision of the BHWs, but to strengthen community involvement with implementation, PHC activities and non-technical supervision of the BHW.

The MOPH decided to designate this new cadre as rural health officers. Trainees would be selected from among the ranks of BHWs who had: a 10th class educational level, been active in assigned location, a good working relationship with community and verifiable ability (skills/knowledge) to carry out the tasks and duties of a BHW. RHOs were to be selected from those provinces where provincial public health officers (PPHO) were to be assigned, as these RHOs should work under the supervision of the PPHO. After completion of training the graduates will be assigned back to their home province/district.

Following USAIDs approval, trainees were selected according to the criteria stated above. Course and training materials, focused on supervised field practice were developed and the first class (20 trainees) started in July 1991 and was completed in June 1992. Due to development work this first class ran for 11 months but through refinements and field testing, the course was redesigned to be completed in six months.

Maternal and Child Health Officer (MCHO) Course. Concomitantly with the development of the RHO training program an MCHO course was planned as health care services for women and children were, for all practical purposes, non-existent. Due to social and cultural factors effecting women in Afghanistan, establishing such a training program necessitated a very cautious and careful approach. Leadership was anxious to avoid any possible misunderstanding or incorrect impression regarding the recruitment and training of females, as adverse rumor could have a long term negative effect and even stop future training of female health workers.

A section within the IPH was set-up for MCHO training. Female trainers (doctors and trained nurse midwives) were recruited. A building exclusively for females was hired and equipped. Both MCHO and MCH Department female staff were accommodated in this building.

The course was planned for two phases (3 & 9 months respectively). The first phase prepares the trainee as a BHW. The reasons for this are: to allow the trainee to achieve a recognized certification (BHW) in the event she is unable to continue to phase 2; and to assess whether or not the trainee is capable for successfully learning, within the specified time period, advanced and more complex topics.

Curriculum was designed to emphasize application of skills and knowledge in a rural setting, particularly, e.g. home visiting, home delivery, dai training. The first course, conducted in Peshawar for trainees selected as a first preference from Afghanistan and secondly assurances by family that the trainee upon successful completion of the training be allowed to return to her home district. USAID, based on the strategy of provincial public health offices, approved in advance the districts from which trainees may be recruited. Following this approval the first course started on 6 April 1991 and was completed 12 April 1992.

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Following the completion of this first course and under the leadership of IPH, the curriculum was reviewed and standardized by representatives from IMC, MCI, IPH and WHO. The revised curriculum, English, was translated into Dari. One trainee and one instructors' manual have been printed both in Dari and English. The MCHO training, along with all other training activities, was relocated in Jalalabad. This necessitated obtaining classrooms and sites for clinical and field practice, which took time and considerable effort on the part of the IPH leadership to reorganize. Some of the experienced trainers were unable to move to Jalalabad so new trainers had to be recruited and trained. As the training was in Jalalabad, trainees were recruited from the surrounding provinces. Careful selection process was followed to find trainees with sufficient educational background to handle the course content, and each family was interviewed to be sure the trainee was from the chosen area. After USAID approval was obtained, the second MCHO training class began with 16 trainees in April 1993. Thirteen trainees successfully completed the didactic phase on 7 February 1994. MCHO kits were prepositioned in Jalalabad and will be issued accordingly. During the MCHO training in Jalalabad, four trainers, two females from Balkh and one married couple (both doctors) from Takhar province, were given a comprehensive orientation for setting up a similar MCHO training program in their home, if ever funding becomes available.

Field Microscopist Training. With the expansion of clinical services through comprehensive care clinics and small hospitals, basic laboratory technicians or field microscopist needed to be trained to fill vacant positions. For such training the IPH developed in cooperation with other field microscopist training programs in Peshawar and WHO, established a field microscopists training program using the standardized 20 weeks WHO curriculum, including WHO approved external testing and competency certification.

The first field microscopist training which began in September 1990 certified 10 trainees as field microscopists followed by a second training starting in May 1991 for 10 trainees who were also certified as field microscopists by an external examining board. During the intervals between training the trainers field assessments were carried out. Since October 1993, IPH worked with IMC on laboratory training in Jalalabad.

Refresher Training for Doctors and Nurses. The leadership of the AHC was, because of the war situation in Afghanistan and lack of continuing educational opportunities, anxious to establish a refresher training program for doctors and nurses serving in clinics and hospitals in Afghanistan. A section within the IPH was set-up for this activity and to work on the refresher training course content. A Professor of Surgery and retired Army Medical Officer, Dr. Douglas Lindsey was invited (February 1988) to review the progress on developing the course content and offer suggestions for improvement. As it was impossible to gather more than one or two trainees at a time in Peshawar, due to the need for their services in Afghanistan and times for resupply in Peshawar. Therefore the strategy was changed so that a doctor or nurse, in consultation with the IPH staff assigned for this duty, design a program to meet his specific requirements, e.g. a doctor wishing to improve knowledge of orthopedics was assigned to work under the supervision of a specialists in one of the AHC hospitals in Peshawar. In addition there were certain core subjects on PHC taught by staff of IPH. This program was discontinued in December 1990 when USAID withdrew funding except for combined refresher training or CMCEP.

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Seminars and Workshops. The IPH throughout the life of this Project organized and conducted numerous seminars and workshops, depending on the requirements of the program. For example, on curriculum review, conducting field assessments, doctor & nurse refresher training, RHO and MCHO training, dai training and BHW indigenization to mention a few.

IPH scheduled, on a regular basis, workshops/seminars for two major activities, i.e. introduction of primary health care concepts and to the strategy adopted for rebuilding the health care system in Afghanistan to health professionals as well as community leaders, and training of trainers.

Support Services. To provide technical and administrative support for the various training programs the following departments were created and equipped: (a.) an audio-visual section, including graphic arts and calligraphy capability; (b.) library containing copies of most books and documents commonly referred to for development of primary health care services and training of paramedical staff. In addition, a selection of the common medical text books available for medical practitioners and students in Pakistan; (c.) a publications and printing sections completely equipped with photo offset printing capability. A number of publications and manuals were prepared by the IPH such as for example, the MCHO manual and several health
education pamphlets, newsletters, etc.; (d.) administrative and finance section was responsible for receiving, distributing and accounting for all funds provided by MSH and overall management of facilities, equipment and supplies issued by MSH.

Training Costs

An important aspect and consideration for all training activities was keeping the training cost as low as possible. This objective (low cost) was kept in view when planning training so that it would be feasible, after the AHSSP, for the government to continue these programs with their own resources or be in a better position to attract donor support.

All training was implemented by Afghan training staff at the salary rate established for Ministry of Public Health. These relatively lower salary rates helped keep training costs down. It is recognized, however, that salary rates established by Peshawar organizations were significantly higher than the Afghan government rates, but given present political and inflationary situation in Afghanistan, who can predict what will transpire. When ever possible, existing Afghan institutions were utilized for training at no additional cost for the AHSSP. For example, BHW training conducted within Mujahideen camps, MCHO training in Afghan OB/GYN facility, CMCEP conducted by IPH in the AIG hospitals in Peshawar. Start up costs e.g. training equipment like projectors, VCRs, printing press, furniture were incurred but most materials have potential for use over a long period. Total program costs for training supported by AHSSP was 3.1 million US dollars (estimated) or 8.6% of the budget.

As BHW training was one of the major Training Department outputs, a recurring cost analysis was made between IPH costs and Area Administration costs per BHW trainee. It was found, based on the BHW training model for staffing and allowances, that it cost US $113 per month per trainee or US $341 for one trained BHW by IPH and US $106 per month per trainee or US $319 for one trained BHW by Area Administration.

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MEDICAL CERTIFICATION

Certification of competence of professional staff for MSH supported clinics and hospital was managed by MSH Field Operations up to mid 1991, when Training Department was requested to oversee this activity. This was an essential activity, because there were so many different training programs, each setting their own training objectives. (It was impossible to determine the level of competence either from the title of the worker or duration of training.) In July 1991 Training Department requested Area Health Committees to form an ad hoc committee to work on upgrading testing and certifying procedures for professional and technical staff and develop written and practical examinations for mid-level medical technicians based on the CMC/WHO Skills Chick Lists, plus define qualifications for a doctors (general practitioner and specialist) before and after changes were made by the Communist government in Kabul. A doctor from each of the participating organizations was assigned for this purpose. The IPH managed this activity for AIG Ministry of Public Health facility staff.

The new testing and certification system for professional and technical health staff was implemented in December 1991. Up to June 1993, a total of 364 health workers were screened to determine level of competence.

COMBINED MID-LEVEL CONTINUING EDUCATION PROGRAM (CMCEP)

In December 1990 USAID informed that financial support for mid-level continuing education activities would be provided to USAID funded organizations only if they worked together to implement a standardized combined mid-level continuing education program. For this purpose a Core Group with a technical representative from each of the participating organizations i.e., International Medical Corps, Institute of Public Health, Management Sciences for Health, Mercy Corps International, Swedish Committee for Afghanistan, and World Health Organization.

The objective for this Core Group was to prepare a standardized mid-level continuing education curriculum for training active mid-level health workers to a uniform standard of skills and knowledge. The Core Group developed an 18 week course to which mid-level health workers supported by the participating organization would be eligible for admission. Materials were prepared in Dari, Pushto and English. It was decided that IMC, IPH and MCI would be responsible for conducting the first CMCEP classes with a maximum of 25 trainees in each class.

The first CMCEP class was conducted by IMC in Thal, and MCI in Quetta, with IPH trainers participating, as required. During the second CMCEP training session two new sites were added: IPH in the MOPH clinical facilities in Peshawar and IMC at Nasir Bagh. After the completion of the second CMCEP session, support for MOPH clinical facilities was discontinued and facilities were closed. As a result IPH did not directly operate another CMCEP training session but rather participated with IMC in Jalalabad. MCI conducted one session in Kandahar. The following Table presents the output per training site to which trainees were sent by the participating organizations as noted above.

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CMCEP

TABLE 2

CLASS	DATES	ORGANIZ.	LOCATION	GRADUATES
FIRST	28/7/91-7/11/91	IMC	THAL	24
		MCI	QUETTA	23
SECOND	23/2/92-25/6/92	IMC	THAL	19
		IMC	NASIR BAGH	20
		IPH	PESHAWAR	22
THIRD	29/7/92-26/11/92	IMC	NASIR BAGH	17
		MCI	QUETTA	20
FOURTH	12/6/93-23/10/93	MCI	KANDAHAR	13
	15/3/93-7/7/93	IMC/IPH	JALALABAD	19
FIFTH	15/8/93-15/12/93	IMC/IPH	JALALABAD	21

PARTICIPANT TRAINING

Since the beginning of the Jihad (1979), few Afghan professional were exposed to or had an opportunity to learn about current developments in delivery of health care services in developing countries. Between the 1979 Alma Ata conference and the beginning of this project, primary health care came into being as the main strategy for delivery of health care services. The Afghan professionals with whom MSH came in contact were almost exclusively focused on medical care, i.e. hospitals and clinics, as the best means for providing health coverage even in rural areas. Obviously such an approach (medical care) would not be affordable, sustainable or have impact on health status of the population scattered in hundreds of small villages.

To increase knowledge and understanding among health professionals about various approaches to development of health services, it was determined that a small participant training program would be beneficial for the promotion of the goals and objectives of the AHSSP. The Boston University Certificate Program, 12 week courses designed primarily for health professionals from developing countries was chosen, as the course description and reputation of the Director suggested that the program would be very good indeed. Two participants were selected for the 1989 Summer Certificate Program, Health Care in Developing Countries, one of whom is now the Islamic State of Afghanistan, Minister of Health. Up to summer 1992, the last course to which participants were sent, 14 attended Health Care in Developing Countries, 3 Management Methods for International Health and 1 Financing Health Care in Developing Countries. All, except two (one official migrated to the US and one whereabouts unknown), are working in some capacity on health services for Afghanistan.

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MANAGEMENT TRAINING

Introduction: This section of the Report was drafted by Mr. Sabir Latifi, Deputy Health Services Development Advisor and covers the period from January 1990 to 28 February 1994.

The leadership of the Area Health Committees and MOPH in early 1990 requested Management Sciences For Health (Health Services Development Department) to assist with.

1, Developing an administrative structure;
2, Reducing red-tape administrative system;
3, Developing trained and skilled administrative personnel;
4, Encouraging a decentralized health services system;
5, Understanding MSH's financial requirements;

The project, in cooperation with Ministry of Public Health (MOPH) and Area Health Administration (AHA), developed plans to sponsor and conduct annually (1). Senior Managers Workshops (2) Basic Administrative Workshops and later (3). a Master Management Workshop for personnel of MOPH and AHAs.

Basic Administrative Workshop. Based on the above objectives, a training needs assessment was carried out to develop a workshop agenda and training plan. The workshop was conducted on August 19, 1990 in Peshawar for 25 administrators from three Area Health Committees in Afghanistan. This workshop was the first of a series of Health Services and Management workshops conducted by MSH and our counterparts; in fact, it was the first ever management workshops for health managers from Afghanistan in Peshawar. Donors (USAID, UNICEF, WHO, Swedish Committee for Afghanistan, IMC,) were asked to attend the first day of the workshop to meet with actual implementors and field manager. At the end of the workshop participants were able to explain management concepts and health administrative systems, plus participants developed a one year workplan. The participants were provided with office supplies for one year period and left for Afghanistan in late September 1990 to set up administrative centers in their designted catchment areas.

September 1990 Senior Managers Workshop. Based on previously developed plans with the Liaison offices of AHSA, MSH sponsored a workshop for 24 senior health officials from three AHSAs. This was the first workshop in 12 years where health planners and senior administrators from the areas mentioned above were able to come together to discuss health services development and consider strategies for rebuilding health services in free Afghanistan. The workshop provided the opportunity for exchanging ideas, as well as stimulation to work on developing specific plans for: expanded BHW training, female health workers training, improved personnel management, establishment of health facilities and improving supervision and referral systems . The output of the workshop was the preparation of one year detailed and a three year general workplan for each of the AHSA. These workplans formed the basis for the development of MSH workplan for AHSA activities for FY-91.

Following the workshop, the Area Health Committees together held individual meetings with WHO, UNICE, CMC, the European Community and MOPH's IPH. They were also invited by ACBAR health subcommittee to present their activities and plans to ACBAR members. These meetings appear to have contributed significantly to the visibility, credibility, and

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acceptance of the area health committees by the humanitarian assistance and UN organizations in Peshawar.

July 1991 Senior Managers Workshop. Planned and organized a workshop for senior mangers from Area Health Subcommittees. Based on a review of 1990 workshop and discussions with AHSA Liaison officers and IPH, a new curriculum was developed that would complement the material presented in the early workshop and meet the continuing management training needs of senior manager from inside Afghanistan. Emphasis in the curriculum was on basic management skills, using examples and supporting material relevant to the needs of managers in the development of a rural health network. The design was 10% lecture/discussion, 60% small group exercises, 20% small group presentation and 10% discussion and review. The workshop was conducted the last week of July and the first week of August 1991 in Peshawar. Twenty-five senior managers attended.

The workshop was evaluated at the conclusion, and a needs assessment conducted to determine management training needs for future workshops. During this process management training for subordinate staff was identified as an important need. The senior manager felt that to be more effective in introducing management concepts, subordinate staff needed to understand the management process. Discussions on this subject led to a plan to train master Management Trainers for placement at project supported training centers in Afghanistan.

Training Of Master Management Trainer. At the conclusion of 1990 senior managers workshop, needs for a massive management training of health committee's administrative staff and health personnel was identified. Since it was not effective or feasible for MSH staff to train that many personnel it was decided that MSH would sponsor and conduct a Seven Week Master Management Training workshop where Master Management Trainers of Area Health Committees and Institute of Public Health would be trained for conducting regular management workshops inside Afghanistan.

Project staff met, on regular basis with representatives of AHCs and IPH to develop a plan of action to train Master Management Trainers. A job description, pay scale and curriculum outline was developed. It was required that candidates be from a province where project supported training center was operational, and candidates had to serve there to be considered for one of the positions.

A total of 15 candidates were enrolled by the AHCs and IPH in master management training course. A curriculum was developed covering basic management skills in 25 subject areas. Each subject or module was supported by background material, case studies, and small group exercise specific to the situation in Afghanistan. The curriculum was translated into Dari, and Pushto.

The 15 candidates were trained for seven weeks in February and March 1992. Their training included a detail review of the 25 management modules, how to conduct a training needs assessment, how to select the appropriate modules for a particular group and how to plan and organize a workshop. Their training , also included practice training in which each candidate was required to prepare and conduct two or three sessions for the other candidates. All 15 candidates successfully completed the training.

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Following the seven week course the trainers were divided into five teams and assigned to conduct a series of workshops for a designated category of health worker from various Afghanistan provinces in Peshawar. This activities, which was carried out under the close supervision of project staff, proved very effective for their future training workshops. During this phase, the trainers trained a total of 95 health workers in basic management who came to Pehsawar for resupply and refresher training. At the end of May the trainers, after developing a one year workplan, returned to Afghanistan and started their work at their posts in each project supported training centers.

Managemenst Training and Management Development. One of Project objectives for 1992 was to straighten management of health services. The plan for this important activity included:

I. Training Master Management Trainers as a resource person for management training and management development;

II. Placing the trained Management Trainers at existing training centers in Afghanistan, as a focal point from where management training and management development would be implemented;

III. For efficiency and effectiveness, integrate management training into the existing training programs at these centers;

IV. Assist the administration of Project supported training centers for conducting efficient and effective over all training;

V. Help the administrative set up of Area Health authorities and project supported Area administrative units;

Due to ethnic fighting the management trainers were not able to conduct management training in Behsud (central Afghanistan) training center. As the shai population in that area was under siege, even the project staff were not able to travel to this training center last year.

The training center of Health Committee of Paktya and Paktika and the Institute of Public health, became the center for management training and management development, despite the shifting of IPH from Peshawar to Jalalabad. The IPH management staff were able to conduct over a dozen management workshops and train over 302 health personnel in late 1992 and 1993 .

The project staff and IPH management trainers conducted the first two management workshops in August and November 1993. Over 40 senior staff of Ministry of Public health were trained to management concepts. For the post workshop evaluation one participant stated "The Master Management trainers, in addition to conducting training, were plying an important role in, planning, implementing, evaluating, and leading of Health Services Development both in MOPH and Area Health Administrations. The Master Management Trainers will remain as a health services management and management development resource for Afghanistan health and other sectors and will continue to play an important role in the development of this war-torn country."

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Management Training Modules. An important output of the project was the development of four management training modules. The four modules will remain as a resource for health services management and management development and provide the base for future management training and development activities.

Based on the training needs assessment, modules on various management concepts and skills were developed. For developing these modules, resource materials from MSH Basic Administrations workshop, MSH senior Managers Workshops, and Harvard Business Review reprints were used. To the extent possible the modules are Afghanistan and health specific. As potential trainees were not expected to be familiar with management concepts, the modules were made as simple as possible. Each module has a session guide, which includes, objectives of the session, time required for session, preparation needed, small group exercises, case studies, and reading material. The modules have been translated into Dari and Pushtu.

The management resource materials has been widely used e.g. MCH, PHC, administration and management workshops. Materials from these modules have also been used in manuals for BHWs, RHOs, MCHOs, VHSs, local dias and senior managers.

MSH TRAINING DEPARTMENT - TECHNICAL ASSISTANCE

Introduction: In November 1986 Deans Hotel, Peshawar (a British Raj vintage hotel established in 1891) was the venue for launching the AHSSP. Initially the focus was on identifying and getting to know the players with whom we would be working with, developing an implementation strategy and budget and establishing the MSH Office in Peshawar.

Technical Assistance. The overall goal of the MSH Training Department was to develop and refine the AHSSP training strategy in cooperation with counterpart staff.. Through this approach training programs were planned, designed and implemented.

As described above the first training activity was to develop, as rapidly as possible, a cadre of primary health care workers for service in their home districts in Afghanistan. The Training Advisor provided the technical backstopping for this activity in the early stages, however, as the program grew, along with a corresponding increase in workload, it was necessary to add staff to Training Department. The first staff member recruited was Dr. Mubarak Shah in February 1988. Dr. Mubarak was one of the original trainers involved with training the first groups of BHWs. However, as Dr. Mubarak was transferred by his Tanzeem to hospital clinical duties, the Training Advisor believed that his experience would be very useful background for expanding the scope of work in the MSH Training Department. Prior to Dr. Mubarak's recruitment, the Chairmen of the Health Committee to which Dr. Mubarak was associated gave his consent. Through hard work and a consistently high level of performance, Dr. Mubarak progressed from Assistant Training Advisor to Deputy Training Advisor. During Dr. Mubarak tenure he was involved with all aspects of providing both technical and administrative backstopping for AHSSP training activities. It is noteworthy to mention that, during the evacuation of expatriate staff from Peshawar during the Gulf War, Dr. Mubarak was one of the principle local staff members responsible for running the day to day MSH operations in Peshawar.

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The next technical staff member added to Training Department was Dr. Mohammad Masood in April 1989. Dr. Masood was mainly involved with technical monitoring of training activities in Afghanistan and field assessments of BHWs. Dr. Masood worked closely with counterpart staff on developing field assessment protocols, training trainers in use of field assessment protocols and helping to provide field information on trainees back into training programs. Due to a reduction in force called for by USAID, Dr. Masood's position was discontinued on 15 November 1992.

By late 1990, the volume of administrative support and financial monitoring had increased to a level which could not be managed without additional staff. For this activity Mr. Karim Rahimi was brought onboard in October 1990 and Mr. Mahammad Wali in February 1992. Both staff members remained with the project until the end of the Project and were responsible for drafting the next section on administrative support.

One of the high priority activities was to provide technical assistance, particularly for practical demonstrations and community health component of the MCHO training. Due to shortage and or availability of trained female health workers, Mrs. Razia Naim, a well qualified and highly experienced Afghan female mid-level health worker, was added to the by MSH Training Department staff to work in close association with IPH female trainers. Mrs. Razia contributed significantly toward developing the community health/home visiting component of the MCHO training in one of the Afghan communities near Peshawar. When the IPH moved to Jalalabad, Mrs. Razia work location was transferred to Jalalabad where she remained until the completion of the second MCHO training program in Jalalabad. Her contribution was indeed remarkable and noteworthy given the constraints placed on women.

Following the departure of the Health Development Services Advisor in late December 1992, Mr. Sabir Latifi, Deputy Health Services Development Advisor was reassigned to Training Department to work on managment training up to end of program activities.

Administrative Support. In addition to technical assistance, as discussed above, managerial and administrative support was provided for IPH/MOPH , and Regional Health Administrations.

Both technical and administrative support staff of Training Department were involved in developing administrative procedures and orientation of the related staff of implementing organizations in Afghanistan as under:

1- IPH/MOPH
2- SCNA
3- HCPP
4- SSWE
5- HIM

The Area Training Centers (except Miramshah T.C. of HCPP) received budgets for a certain period of time to implement planned training activities.

Considering the volume of activities, length of time, circumstances and the actual needs of the programs, periodic budgets were prepared in Training Department and sent to the office of Financial Management of MSH for processing. The budgets were released to the

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authorized representative of the programs and then transferred to training centers for use.

As budgets were issued prior to the commencement of activities, funds released were considered as an outstanding advance. It was agreed that program administratiors should send necessary expenditure documents for clearing accounts (advances) prior to release of additional funds.

As IPH was as a nucleus technical organization operating in Peshawar, the financial procedure was different than the procedures for area training centers inside Afghanistan.

The procedure for IPH was as follows: IPH sent requests for funds for specific activities (previously planned with the coordination of MSH Training Dept.). After requests were reviewed and approved, they were sent to the Office of Financial Management for further processing. The Financial Management, using a payment voucher system, issued the approved cash amounts to the authorized representative of IPH. This was also an outstanding advance which had to be cleared prior to any expense request for similar activities. In order to obtain new funds, IPH had to send acceptable documents which could clear the outstanding advance. The expenditure documents were carefully reviewed by the Training Department for the accuracy/appropriateness and then sent to Financial Management for clearing the accounts.

To operate the minor daily expenses of the IPH there was also a fixed revolving (petty cash) budget allocation. The Financial Administration of IPH had to obtain approval and authorization for the purchase of the needed items from the Director General of IPH. Following such approval a procurement team was asked to purchase the required items and obtain receipts. Three Quotations were required for the purchase of the items costing more than Rs. 1000.

The petty cash expenditure documents, after being certified by the Director General IPH, were sent to MSH for clearance and processing for issuing another revolving amount (petty cash). After a careful review in the Training Department the documents (if considered appropiate) were sent to O/FM for further processing and clearing the advance.

As Miramshah Training Center (HCPP) was located on the Pakistan-Afghan border, it was agreed that MSH would allocate a monthly expenses fund to implement the training activities.

A bank account was opened in Miramshah, and a sum of Rupees was deposited to meet the expenses of the Training Center for one month. By the end of each month, the expenditure documents had been sent to MSH. After review, the documents (if considered appropriate) were sent to O/FM for clearing the account and issuing another Cheque to be deposited in the bank account for subsequent expenditures.

Orientation on Administration: In order to run the training program administrative and financial affairs smoothly, the administration and finance section staff of IPH and all training centers were oriented in: administrative and financial procedures; working with budgets, keeping the income and expenses records; procedures for clearing the outstanding advances; preparing accurate financial documents; maintaining filing and loging systems; preparing proposals and reports, carrying out inventories, and maintaining trainees records/data.

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Monitoring and Evaluation: MSH Training Department staff conducted field visits to monitor and evaluate the office management and administrative activities of the training programs, both in Pakistan and inside Afghanistan. Necessary guidance, recommendations and suggestions were provided for improvement of the programs.

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CHALLENGES AND CONSTRAINTS

There were a number of constraints impacting on the overall implementation of the AHSSP e.g. political instability and lack of security for travel in Afghanistan, fighting between political factions, roads, bridges and entire communities destroyed, large number of land mines, communications systems disrupted, destruction of governmental infrastructure such as health facilities and schools. However, in this section some of the constraints which negatively effected training are briefly described.

Among all constraints identified, denial of permission by USAID for the Training Advisor to carry out regular follow-up field assessments of graduated trainees in Afghanistan was the single most important constraint or challenge. Field assessments and feed back of observations into training program for curriculum revision/refinement is an integral part of any training program.

Without this element it is difficult to know whether training, as designed, is appropriate or not. This constraint was managed through assignment of, initially MSH Training Department Afghan staff, to work on development of assessment protocols, which in turn were passed on to Afghan counterpart staff. This was a challenge because none of the Afghan staff had experience in carrying out field assessments or designing curricula.

Another challenge was the lack of health professionals having a background or experience in training. Considerable effort and time was need for building a cadre of competent trainers. In addition to not finding experienced trainers, knowledge of primary health care strategy and current approaches for delivery of health care services in developing countries was practically nonexistent among Afghan counterparts.

The main counterpart orgnanization, initially, was the Alliance Health Committee (AHC) represented by the Health Committee Chairman from each participating Tanzeem. This was the umbrella organization upon which the training program was built. As the leadership or president of the AHC rotated between Health Committee Chairmen every four months, maintining the focus and strategy for development of the training component was a definite challenge. A stabilizing factor was the creation of the Afghan Interim Government when one politial party was allocated the Health portfolio on a long term basis.

To further complicate matters, training staff were selected according to political affiliation. For example, trainers for BHWs in Jamiat camp had to belong to the Jamiat political party and so on and so forth for all participating Tanzeem training sites. Within the IPH however, positions were equally divided between the participating Tanzeems. These positions were not necessarily filled by the most qualified but through political patronage. The positive aspect was the evolution of an IPH with a broad politicl base. It should be noted MSH declined to support staff not qualified for the position.

Selection of trainees, particularly BHWs was made according to political, family and tribal affiliations. This lead to an uneven distribution (ratio of BHWs to population) in certain provinces. Instituting controls to improve or smoothen distribution of BHWs to population was a difficult and constant challenge. Training programs implemented through Area Administrations helped to improve distribution but these organizations were

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also based on political affiliations.

Organizing a female training program was a challenge given the prevalent conservative attitudes and beliefs toward female education. Because of these conservative attitudes, implementation of female training program proceeded very cautiously. It was difficult to identify and recruit female professionals willing to work on a training program in Peshawar, and even more difficult to recruit female trainees in Afghanistan for the initial MCHO training in Peshawar. With regards to recruiting female trainees having an educational background adequate for the course was a major problem. First, families usually do not allow their daughters to live outside the home and secondly, primary as well as secondary education for girls in Afghanistan is practically nonexistent.

Implementation of program activities was significantly constrained during 1991. First because of the evacuation of all expatriate personnel to MSH Boston during the Gulf War (January 1991 to late April 1991) and then USAID imposed a total ban on all cross border assistance from July through December 1991. During the evacuation on-going program activities were maintained by MSH local staff and carried out their responsibilities very well inde d. However, no new activities were initiated during that period of time. The Training Advisor was back in Peshawar just over two months when USAID imposed a total ban on all cross border assistance. This ban severely restricted training deparument activities.

LESSONS LEARNED

The most important lesson learned was that, in spite of the ongoing war in Afghanistan and political factionalization among the Alliance, it was possible, in cooperation with our counterparts, to build from scratch a completely Afghan managed training program. In the early days of the AHSSP, experienced trainers were not available nor did our counterparts, except in one or two cases, have a working knowledge or understanding of primary health care. This situation completed changed overtime and with the establishment of the Institute of Public Health. The lesson learned was that development work was entirely feasible and appropriate even in the existing chaotic situation. Now that US government has decided to withdraw support, one of the benefits remaining is a cadre of Afghan professionals experienced with planning, managing, implementing and monitoring training programs. When political stability is restored such experienced professionals will, ensha Allah, be available to reestablish the health care delivery system in Afghanistan.

Practical experience has shown the value of establishing the Institute of Public Health as a technical and managerial umbrella organization. As a result of this project, the IPH has a well trained and experienced cadre of trainers and training program managers. Through IPH, training was standardized for implementation by decentralized training centers. Graduates who followed the prescribed standardized course could then be recognized on a national level. This was important given the wide variations of training objectives found among training programs operated by various organizations. Area Administrations requested and received from IPH technical, managerial and administrative support. IPH was the main venue (seminars and workshops) for promoting the concepts and strategy of primary health care, as well as explaining the MOPH plan of action for the reconstruction of the health care delivery system in Afghanistan.

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Participant training program (Boston University Certificate courses) contributed significantly toward achieving the overall goals and objectives of the program, particularly for implementation of primary health care principles. Mid-level managers and professionals showing potential for future leadership roles in the health care system were selected. More than 90% of participants are still working in some capacity in the Afghan health care system. The lesson learned is that such participant training should be expanded in future programs.

A decentralized approach to training was evolved, as Afghanistan is composed of many ethnic groups as well as political organizations. Decentralized training avoids conflicts between divergent groups, plus trainees can be recurited in consultation with local leadership and trainers may easily follow-up on there trainees. International experience has shown that health workers trained near their work location tend to remain in that particular area. rather than migrate to urban centers. Decentralized training is a new approach for training in Afghanistan and hopefully this approach can be sustained over time for reasons mentioned above.

One of the weak links in the emerging health care delivery system implemented through the AHSSP was a technical supervisory system, particularly for BHWs as they were a new cadre of primary health care or community health workers introduced in Afghanistan. A training program for supervisors of BHWs was designed and implemented to prepare these supervisors called Rural Health Officers to not only be able to supervise BHWs, but work on community health development activities and support other preventive health workers at the village level like vaccinators, MCHOs, Volunteer Health Sisters and local birth attendants. These RHOs became part of the provincial public health administrations' supervisory system.

The need to follow-up on trainees at their work location soon after training and on a regular basis cannot be over emphasized. As mentioned in the narrative, this was a major constraint and the Lesson Learned was that, because of this constraint, it took a much longer period of time to find out what was actually happening, and as needed, implement remedial measures.

The smoothest or most satisfactory operations occurred when local leadership and community member were fully involved, whether it be setting up a training facility, recruiting a BHW, MCHO or RHO trainees. Program implementors or field works should always keep in mind and observe the cultural traditions in that particular locality. These important principles should not be overlooked when organizing such programs in the future.

Training programs for women can be successfully implemented as evidenced by the MCHO training. This was managed even though a high priority was placed on training and fielding male health care providers in Afghanistan by donors as well as Afghan Mujahideen leaders. Essentially, however, 50% of the population and most vulnerable group, mothers and children, were left without benefit of modern medical coverage. As an acceptable and recognized female medical technician program has been established, this training should form the basis for future training of females for community or primary health care services for women and children. The experienced gained should not be lost, because US government has withdrawn assistance, at this critical juncture. In

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fact, a significant portion of BHW training and field responsibility was for MCH and experience has shown, interviews and field assessments that male workers can indeed provide a certain level of primary health care for mothers and children.

Training of traditional births attendants in simple subjects e.g. hand washing, prevention of dehydration through use of ORS, and distribution of cord cutting kits was introduced through BHWs. It was found, through interviews, that well over 80% of active BHWs could carry out this activity in their home village.

One of the strengths of the training program was the inclusion of Afghan professional as well as non professional staff from all political factions with whom the AHSSP was involved. It is recommended that future programs keep this point in view when setting up activities. Similiarly, program managers should be careful to see that an equitable coverage is provided through the districts and provinces of Afghanistan to avoid imbalances in services provided.

Maximum efforts were made to implement training, particularly practical training within existing health facilities under the jurisdiction of the MOPH or Area Administrations. This approach enable the Training Department to minimize unit cost per trainee.

Experience has shown that training materials must be in the local language i.e. Dari or Pushto. It was found that trainees both mid-level and BHWs generally could not comprehend materials in a second language e.g. Dari for non Dari speakers.

It was found that BHWs who had only ability to read and write and less than a sixth class educational level were unable to keep up with the class and assessments found they were weak in performance. Such BHWs were accepted from areas which traditionally were undeserved and trainees with a stronger educational level could not be identified. The dilemma was whether to try to provide some coverage for that area or not, the never ending cycle of so called backward areas. In future programs it is recommended that two types of community health worker training be implemented, one for those who have the requisite educational background and, one for the non-literate community health worker.

Initially BHW Continuing Education program was held on a collective basis as BHWs reported to Peshawar for resupply. This proved to be difficult to manage as BHWs came into Peshawar at varying times, depending on resupply schedule and travel conditions in Afghanistan. Then the course was redesigned so that a BHW could enter on any day of a 12 day refresher course, as each day was a complete and independent lesson. However, with establishing training centers in Afghanistan and improved security conditions, plus reduction of primary BHW training, staff were available to carry the CEP in the field. As the field is the natural setting where BHWs work and face various problems, training in the field is far superior to classroom, where trainers try to artificially recreate field conditions e.g. role plays, videos, slide presentations. All the conditions and pathology, and human interactions are there in the field.

Given the fact that US government assistance has been discontinued, in retrospect, it would have been much better if BHW privatization or indigenization had started at a much earlier stage in the project.

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The establishment of a Board of Medical Certification was very useful for categorizing health workers according to skill/knowledge level. This was particularly important given the wide variations in training objectives for health workers who often had the same title like nurse or medical technician.

Health planners and administrators working in Afghanistan were essentially following archaic management procedures and had little knowledge of modern day concepts for planning and managing the delivery of health care services. In view of this factor, management training in future programs should be strengthened and expanded.

Drafted by: R. Johnson
21 March 1994

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3. ACTIVITY STRATEGIES FOR FY-93

Project strategies for FY-93 are summarized according to eight major activities: Training; Management and Health Services Development; Health Services Implementation; Maternal and Child Health and Health Promotion; Child Survival and Disease Control; Procurement and Supplies Management Services; Health Care Financing and Health System Planning; and Financial Management Services. Detailed workplans for each activity area appear in Annex A.

TRAINING; --- INSTITUTE OF PUBLIC HEALTH (IPH)

The IPH is the umbrella technical organization responsible for developing course content, training materials and trainee certification for MSH sponsored training activities. Area or regional training centers are technically linked with the IPH i.e. for training of trainers, training manuals and materials, while management/ - administration of the training center is carried out by the designated Regional Health Administration (RHA) or IPH. Five of the seven proposed training centers are under RHAs, while two are directly under the administrative control of the IPH.

Following the establishment of the new government in Afghanistan, all training activities in Peshawar were suspended and materials/staff consolidated in one facility in preparation for transferring IPH activities to Afghanistan. However, due to unstable political condition and fighting in Kabul, it may be decided to establish, in the first instance, a branch IPH outside of Kabul in a secure zone or perhaps conditions will permit setting up the main IPH office in Kabul. In any case IPH will be encouraged to conduct ad hoc training programs such as seminars, workshops and refresher training in existing district facilities or in the village, depending on the objectives of the training activity.

The IPH has the stated goal of promoting and technically supporting a decentralized training approach. However, in the present unstable political situation, it is impossible to predict how the health care delivery system, including training, will evolve in Afghanistan. The present leadership in the MPH is committed to developing the PHC approach in Afghanistan and has so stated in agreements with WHO.

BHW INITIAL TRAINING

On October 1, 1991, O/AID/REP. imposed a ceiling of 1326 BHWs i.e. number of BHWs actively working in the system on that date, as the maximum number of BHWs eligible for support under the MSH Cooperative Agreement. Replacement of drop-outs and canceled BHWs was approved, keeping in view need (1:5000 population ratio), adjustments for distribution i.e. replacements recruited from and assigned to under-served areas, availability of other health services such as clinics, comprehensive health centers, hospitals and geographic accessibility to the area.

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For BHW coverage, excluding urban centers, approximately 2,357 BHWs are required for a ratio of 1 BHW per 5,000 population. As stated above however, this project is limited to supporting a total of 1326 active BHWs. As BHWs for various reasons leave active service (approximately 20% per year), it is necessary to train new or replacement BHWs i.e. 275 BHW trainees, including 10 drop-out/failures during FY-93.

Altogether it is expected that seven regional or area training centers will be functioning during FY- 93 i.e. Wardak (IPH), Southeast provinces (IPH), Takhar (SCNA), Balkh (SCNA), Khost (HCPP), Behsud, Wardak (HIM) and Herat (SSWA). Two of these centers, i.e. Herat and Southeast are to be activated during the first quarter. As each training center will be responsible for training activities in specified provinces in the region, recruitment of a certain number replacement BHW trainees was allocated to each training center, according to need in each district/province. Please see attached Table (Annex B) for allocation showing the provincial requirement for replacement BHWs. At the time of recruitment, the districts from which recruitment will take place will be specified, as only at the time scheduled for the training will it be known exactly the districts of greatest need according to current monitoring reports.

BHW REFRESHER TRAINING

Each BHW is to attend at least one refresher training program per year. Up to this point in time enrollment into refresher training in Peshawar was based on when a BHW returned for resupply or on a scheduled time period in the area training centers. However, with the move to reestablish in Afghanistan, training activities were suspended in Peshawar and it was found that some of the area training centers were inactive or needed reorganizing.

Since refresher training is vital for ensuring that BHWs maintain certain core skills, it was concluded that it would be appropriate to implement a new BHW refresher training strategy covering the entire country. In the revised strategy, BHW refresher training will be conducted, to the extent possible, in the village setting. BHWs in groups of 10 to 15 will be called to a specific village within their own district or neighbor district for a six day intensive training program. The village itself will be the classroom, as all of the problems with which BHWs must deal can be found in the village e.g. the undernourished child, diarrhea, environmental sanitation, communicable diseases, etc. It is believed that the results of this approach will have a greater influence on upgrading the ability of the BHW to deliver health services rather than covering the same material in the classroom using audio-visual aids such as teaching slides showing the above referenced problems. Village leadership will be requested to provide sleeping quarters for trainers and trainees, while food and other logistic requirements will come through the project. Providing sleeping quarters for visitors is an Afghan tradition and should pose no particular problem, if the groups remain small.

RURAL HEALTH OFFICER TRAINING (RHO)

In the plan endorsed by WHO for reconstructing the health care deliver system in Afghanistan, the Rural Health Officer will be the BHW field supervisor and work with communities on organizing and carrying out preventive and promotive health programs

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in their own villages. In addition this person will be the main link between the villages and the formal health care delivery system e.g. assisting MCHOs with establishing contacts in a village and setting up outreach programs such as the village health sister training.

RHO candidates are selected from among BHWs who have demonstrated an ability to work effectively in their community, have at least a 10th class education level, resident of the districts where they will be expected to work, have monitoring reports showing they have been at their Health Post on a regular basis and passing an oral interview to evaluate the overall skill and ability to function as a BHW supervisor and community developer. The course is of six months duration focused on practical or skill development training. As the political situation in Afghanistan is unclear, it is expected that if no significant disturbances occur, it might be possible to carry out RHO training at two training sites. Of course there should be such training in each region but for now that is a long term goal.

Based on the experience of developing and carrying out the first RHO training in Peshawar, the training package is being prepared for transferring to training centers in Afghanistan.

MATERNAL & CHILD HEALTH OFFICER TRAINING (MCHO)

The first MCHO training program, completed in April 1992, was set-up in Peshawar to facilitate the curriculum development process and because of availability of female training staff. Following completion of this first class, the MCHO staff carried out a curriculum review with WHO, International Medical Corps and Mercy Corps participating. These newly revised materials were translated into Farsi and are being printed at the IPH.

During the past 14 years, development of health care/services for women and children in Afghanistan have been neglected. Outside urban areas only a few MCH clinics, staffed by trained females, are available to serve the most vulnerable and highest health risk group, mothers and children. As a result a critical need exists for significantly increasing the number of trained female health care providers in rural Afghanistan. Given the social and cultural constraints, educational opportunities for young women are limited, particularly if such education requires living outside her home or the home a relative. Therefore, if female health staff serving in rural area are to be increased, MCHO training must be conducted in rural or small town settings. The goal is to set-up several small MCHO training units throughout rural Afghanistan. Given that MCHO program is highly focused on practical training (56%), the training program needs to be located near a health facility providing MCH services, including labor and delivery services, as well as access to village homes for ante natal and home delivery services. In such an arrangement the training facility itself may, indead, be quite modest.

Establishing MCHO training programs will be constrained by lack of qualified females trainers willing to serve in rural Afghanistan. The strategy is to prepare a MCHO training package here in Peshawar and to carry out, through the IPH, training of trainers programs in Peshawar or where ever the IPH moves. In the present situation in Afghanistan, it might be possible to establish two small MCHO training programs in rural Afghanistan in FY-93.

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COMBINED MIDLEVEL CONTINUING EDUCATION PROGRAM (CMCEP)

IPH, since inception of CMCEP, has participated in the development of the program and has carried out one CMCEP standard training course in Peshawar based clinical facilities. After the establishment of the new government in Afghanistan, the Peshawar based clinical facilities were closed so it was not possible to conduct another CMCEP session in Peshawar. As soon as possible IPH will relocate in Afghanistan and set-up another CMCEP training course, plus provide assistance in a least one area with establishing a second CMCEP training course supported by MSH. The long term goal is to establish a CMCEP training capacity and capability in each region/area in close coordination with the CMCEP Core Group and IPH.

FIELD MICROSCOPIST TRAINING

The IPH has developed the institutional capacity to carry out, in accordance with WHO recommendations, field Microscopist training. Prior to discontinuing Peshawar based training, the IPH completed two training cycles of 20 weeks duration each. Following completion of formal training, the field Microscopist training section developed, in coordination with other field Microscopist training programs, field assessment proformas which were used for assessing the performance of field Microscopist who had been trained by IPH and assigned to health facilities in Afghanistan.

It is anticipated that the field Microscopist training will be set-up at an appropriate location in Afghanistan and that field Microscopist refresher training will be conducted in at least one of the area training centers.

SEMINARS/WORKSHOPS

As conditions stabilize in Afghanistan, it is anticipated that the IPH and the RHAs will be actively involved in sponsoring at least eight primary health care workshops each. Such workshops would primarily be for orientation of doctors, administrators, nurses and medical technicians to the PHC strategy, including the proposal of the MPH and endorsed by WHO for reconstruction of the health care delivery system in Afghanistan.

Additional seminars/workshops may be organized in cooperation with the IPH, depending on needs of the health system.

PARTICIPANT TRAINING

If qualified candidates, who have demonstrated a leadership potential, can be identified, four participants will be sponsored for the Boston University Summer Certificate Program, "Health Care in Developing Countries". Former participants upon return from Boston have definitely demonstrated, through performance, the benefit of this training program. It is recommended, budget permitting, that this program be expanded to include more than four participants.

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MEDICAL CERTIFICATION

As the health system in Afghanistan will no doubt experience difficulties with classifying the myriad of health care providers trained by various private voluntary groups as well as the former government of Afghanistan, this activity, "medical certification" will be important. IPH and RHAs will be encouraged to coordinate and work toward classifying and standardizing job descriptions, including core skills and knowledge level for each category of health care provider.

FIELD ASSESSMENTS

It is expected that all training centers, including the IPH continue to carry out systematic technical assessments of BHWs for feedback into primary and refresher BHW training.

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namely, a complete cut off of donor assistance, it would be unlikely that Afghanistan will have developed a tax base which could support even the minimal costs of its rural health system. In that case, we believe that the rural health services would survive by having its patients obtain all of their pharmaceuticals from the private sector pharmacies and fee-for-services necessarily supporting all personnel costs.

3. ACTIVITY STRATEGIES FOR FY-92

Project strategies for FY-92 are summarized according to seven major activities: Training; Management and Health Services Development; Health Services Implementation; Maternal and Child Health and Health Promotion; Child Survival and Disease Control; Procurement and Supplies Management Services; and Financial Management Services. Detailed workplans for each activity area appear in Annex A.

TRAINING: --- Further to the FY- 91 training strategy, the FY- 92 strategy will be focused to:

1. continue work on transferring training programs and activities inside Afghanistan;

2. continue movement toward decentralization of training programs/facilities to specified geopolitical divisions in Afghanistan;

3. promote technical linkage/exchanges between all training organizations supported by MSH;

4. strengthen capacity of organizations supported by MSH to manage, technically as well as administratively, training programs and activities carried out in Afghanistan;

5. further develop the capacity and ability of MSH supported organizations to plan and run continuing medical education programs for BHWs, mid-level health workers and doctors;

6. promote the IPH as a technical resource center, especially for training activities in Afghanistan;

7. encourage development/implementation of performance standards for mid-level health workers through testing, certification and other standardization procedures.

8. expand technical assessment & supervision of BHWs and mid-level health workers for feedback into training;

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Training of health manpower is usually a support function for organizations or health departments, having a need for certain types of health care providers. Rarely are such training programs self sustaining or have the capacity to generate their own income. In the present day Afghan setting, it is highly unlikely to expect training costs to be provided by local Afghan population or Mujahidin organizations having no tax base. Therefore it is assumed that training of health manpower will continue to receive external support either through bilateral, multilateral or private organizations. Nevertheless every effort will be made to encourage development of low cost training programs

The following outlines the major training activities expected to be carried out in FY- 92, based on the assumption that the cross border restrictions will be lifted in the near future and no significant disturbances will occur preventing or disrupting implementation.

BHW Training -- As U.S.A.I.D. has limited training of new Basic Health Workers to replacement levels, the number of new BHWs trainees will be based on an assumed attrition rate. These new BHW trainees will be recruited from and assigned to work in under-served districts thereby reducing the number of BHWs in well-served districts. Through this procedure it is anticipated that existing imbalances, (ratio of BHWs to population) between under-served and well-served districts will be reduced.

BHW Primary Training -- will be carried out at training facilities inside Afghanistan. The number of new trainee will be based on a projected attrition rate. Locations from which trainees may be selected will be based on population (ratio of 1 BHW to 5000) geographic/isolation factors, Mujahidin controlled districts, and local supervision.

BHW Refresher Training -- will continue to be a priority and each BHW will be required to attend this course at least once per year when presenting for resupply.

Female Community Health Worker Training -- will be organized and implemented through MCH Department in cooperation with MPH and AHSAs. Training Department will collaborate on the development of training strategy, materials, training of trainers, and post training feed back.

MCHO Training -- will continue in Peshawar. Plans will be developed to transfer this training capability to area training programs inside Afghanistan. The Peshawar based training is essential for training of trainers and further refinement/development of training materials.

RHO Training -- will continue in Peshawar for the same purpose as stated above for the MCHO training.

Laboratory Training -- will continue in Peshawar with trainees selected from clinics designated for upgrading to comprehensive care clinic.

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Management Training -- workshops and seminars will be organized at training facilities inside Afghanistan as well at the IPH. A section has been created within the IPH for developing and supporting this activity. Technical support will be provided by the MSH Management and Health Services Development Advisor.

Primary Health Care -- seminars and workshop will be carried out at the IPH for inservice professional staff and when possible at training facilities/sites inside Afghanistan.

Institute of Public Health -- will be strengthened to provide technical support to training programs, e.g. publications, audiovisual, curriculum development, training of trainers, conducting seminars & workshops, technical materials development, library, etc.

Combined Continuing Medical Education -- participants from area committees and MPH will be selected to attend CCMEP courses conducted by International Medical Corps (IMC) and Mercy Corps International (MCI). In addition, the IPH will, following the course objectives and materials developed by the CCMEP committee, organize and carry out similar training in Afghanistan as a first preference or Peshawar if conditions do not permit implementing the first course in Afghanistan.

Medical Certification -- is an important activity, particularly in view of the multitude of health workers trained by numerous organizations with varying training objectives and length of training. The medical certification process will be a significant help toward working out standards for medical personnel, mid-level health workers in particular.

Participant Training -- opportunities (short courses) will be increased, as experience with past participants has been excellent. All participants supported by MSH are now in mid or senior leadership roles. Human resources is one of the lasting benefits from this Project.

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EXTRACTED FROM AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT (MSH) WORKPLAN F.Y. 1991.

4. ACTIVITY AREA STRATEGIES FOR FY-91

Project strategies for FY-91 are summarized according to seven major activity areas: training; health services development; health services implementation; maternal and child health and health promotion; child survival and disease control; management services; and financial management services. Detailed workplans for each activity area appear in Annex A.

Training – Basic Health Worker: Due to the U.S.A.I.D. ceiling of 1,700 fielded BHWs, the need for training new BHWs is declining. As a result a greater emphasis will be placed on strengthening and expanding the continuing education programs (refresher training) for BHWs, doctors and nurses. To facilitate this change of emphasis, as well as providing primary BHW training closer to the area of need, efforts will be made to strengthen existing or establishing new small training centers in Afghanistan. These training centers will be operated either by the MOPH or Area Health Services Administrations. Through this course of action, most BHW training activities presently carried out though the MOPH will have shifted from Peshawar to Afghanistan.

As more accurate and more comprehensive sources of planning data becomes available, an improved BHW selection process will be implemented to achieve a ratio of one BHW per 5,000 population. Selection of new BHW trainees will be limited to districts having, as a first priority few or no BHWs, and secondly a population ratio of 1 BHW per 5,000 population. Efforts will also be made to achieve a more balanced or equitable distribution of health services, e.g. shifting BHW Health Posts from well-served to under-served districts. In addition to population, factors such as location and number of villages, accessibility to health facilities, must be considered for determining whether an area is under or well-served .

Given the large deployment of BHWs (approximately 1,300 spread throughout 29 provinces), implementation of supervisory and management systems has become critical. One measure adopted to begin addressing this problem was the development of a Rural Health Officer (BHW supervisor/community developer) course during FY-90. This course is scheduled for implementation early in FY-91.

Since the beginning of the Jehad, the focus has been primarily placed on delivering health services for adult males. It is therefore imperative to begin expanding services for women and children, For this a Maternal and Child Health Officers (female) training course is planned for implementation early in FY-91. Graduates of this training will be assigned to establish MCH clinics in Afghanistan.

Other training activities include: Laboratory Technician training, Mujahideen First Aid training, training BHWs to train local dais selected techniques to reduce neonatal & maternal tetanus, and child survival interventions. Also furthering the capacity of the IOPH to provide technical backstopping for MOPH and AHSAs training activities will be continued.

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4. SUMMARY OF PROJECT ACTIVITIES FOR FY-90

Project activities for FY-90 are summarized according to seven major activity areas: training; health services development; health services implementation; maternal and child health and health promotion; child survival and disease control; management services; and financial management services. Detailed workplans for each activity area appear in the annexes.

Training -- The focus of training activities for FY-90 will be on strengthening existing MOPH training institutions; encouraging transfer of Pakistan-based training activities to Afghanistan, as conditions stabilize in Afghanistan; and promoting quality of training. Efforts to improve quality of training will include reduction of BHW class size, standardization of training materials, field assessments of BHWs for feedback into training. Primary BHW training will continue at a reduced level to replace BHWs who have dropped out from the system and to gradually expand services to under served areas.

Several new training initiatives have been designated for this year's workplan. The most ambitious activity will be to assist the MOPH with developing and implementing a 12 month training program for 25 male and 15 female Rural Health Officers (mid-level health workers). The training will be designed to prepare these RHOs to assume an expanded role in organizing, implementing and managing the deliver of primary health care services at the District level. In addition two short courses (Village Level Rehabilitation Services and Community Developer & Health Promoter) will be organized to support the development and delivery of health services through a Provincial Health Administration.

Support will be continued for BHW Area Training and two new area BHW training sites will be added this year, i.e. Hazarajat Area (Behsud, Wardak Province) and South & Southwest Area (Zendajan, Herat Province). BHW refresher training will continue in Peshawar and be a new activity at two BHW training sites i.e. Supervisory Council of the North, BHW Training Program (Takhar) and the BHW Training Camp at Miram Shah.

Health Services Development -- The main goal of the health services development area is to guide human resources planning, health facilities planning, and overall health system development in directions which will result in a balanced and sustainable Afghan health system. Achieving this objective will depend on close coordination with the MOPH, the AHSAs, and the Provincial Health Directors. The main activities proposed for FY-90 are the following:

* Expansion of the information base for health services development. This will be achieved through provincial health resources surveys, through community health surveys in selected provinces, and through close collaboration with WHO, ACBAR, and CMC. This will also require development of MOPH and AHSA data management capacity.

FUTURE HEALTH SERVICES FOR AFGHANISTAN.

INTRODUCTION:

Russian invasion and war in Afghanistan resulted in collapse of many sectors including the health delivery system. Almost all hospitals, health centers, drug depots and health administrative centers were demolished. Health professional were forced to leave the country and migrated to neighboring or other countries.

Many peace loving nations of the world have been helping with providing health services to Afghans. Different health committees and organizations have been delivering various type and level of health services in Afghanistan.

Since 1986 Management Sciences for Health (MSH) has been significantly involved with expansion and improving of rural health services in Afghanistan.

With establishment of the Islamic State of Afghanistan people were optimistic that a broad base Islamic government would be established. The question of future mode and system of health services in Afghanistan was an important issue. MSH was interested in exploring with Afghan Professionals to know whether what kind of a health system Afghan would prefer to choose for the future of their people.

Therefore, the following health professionals were invited to attend a one week workshop to develope recommendations and their views regarding rebuilding health services in Afghanistan.

1 - Dr.Jan Mohammad Chief of 60 Beds Hospital / MOPH.

2 - Dr.Mubarak Shah Deputy Training Advisor MSH / Peshawar.

3 - Dr.Abdul Latif Deputy of PMD Section MSH / Peshawar.

4 - Dr.MOhammad Qaseem Murad Deputy Institute of Public Health IPH / MOPH.

5 - Dr.Sayed Shukrollah Wahidie Director MCH Section / MOPH

6 - Dr. Amir Mohammad Training Advisor, Health Committee of Supervisory Concile for Northern Afghanistan(SCNA).

7 - Dr.Zulmai Massom Director of PMD Section, Health Committee of Supervisory Council for Northern Afghanistan(SCNA).

8 - Dr.Ahmadullah Ahmadzai, Principle of midlevel health worker`s Training Program IPH / MOPH.

9 - Mr.Najebullah Safi Principle Administrator MOPH.

* * *

CHAPTER ONE

MEETING ON FUTURE HEALTH SERVICES FOR AFGHANISTAN

Rationale:

During the course of 13 years war Afghanistan has heavily incurred huge and immeasurable financial and social damage. As such in the length of this period of conflict over one million Afghans were killed and more than tow million others have fallen victim to various physical and mental disabilities, while around even more than five million people have been forced to leave their homes and hearths and take refuge in different soils all over the world, chiefly, in neighboring countries. Having been depressed under the pressure of the loss of their family members and the laps of their properties and prerogative political rights, most of the people of Afghanistan have been deeply afflicted by multifarious physical and psychic diseases and affliction.

The agriculture system of Afghanistan which was considered as the arch source of the revenues of the country has been badly deteriorated and owing to the cause of sever damage to irrigation systems as well as that
of widely spread plantation of mines and dominant fluid and volatile status que, the once richly fertile farmlands are now lying just as barren vastness and without any yields of whatsoever.

The negative dire effects of miserably devastated socio-economical condition as well as that of the disrupted system of transportation, communication and mass media are shockingly evident in all other spheres of life.

Over the long -drawn period of war schools and Madrasas have also been doomed to suffer their share of ill fate remaining all along closed and inactive causing the steep fall of knowledge level and complete deprivation of children to acquire even the functional learning and literacy.

Another grisly sensational corollary of war is the breakdown of the health system in Afghanistan. Nearly all hospitals, health centers, drugs depots and health administrative centers have been relentlessly demolished compelling the health personnel either to emigrate to other countries or to push on their way towards provincial centers for safety and career, The frequent outbreaks of sundry diseases such as malaria, tuberculosis, diarrhea, malnutrition, respiratory infections and the like have annually been claiming heavy tolls of lives and leaving many others handicapped for the rest of their lives. Thus the mortality and morbidity rates are too high in Afghanistan to be by any degree comparable with any of those registered in other countries of the world. Non-avialability of health facilities , lack of proper nourishments and inadequate vaccination system are among the key factors which have jointly predisposed the context for the high rates of mothers and children mortalities.

Since the year 1979 i.e. after the dastardly Russians invasion of Afghanistan the many peace -loving nations of the world have been seeking to help the people of Afghanistan . Since then many a different health

committees and organization have been delivering one or other types of health services to the ailing people of Afghanistan . In this campaign each of the several committees has adopted its own separate health policy for delivery of health services to the people of Afghanistan. For instance, if one committee has undertaken to setup clinics and health centers. But because of the absence of coordination among the activities of the organizations involved in health affairs, different groups of health workers each with different level of knowledge have been trained and inducted to work inside Afghanistan. Likewise there exists no coordination in the matter of the establishment of health facilities. One district or province seems to have been glutted with superfluous number of health facilities, while the residents of many other districts and provinces of Afghanistan are suffering badly from the lack of such facilities in their region.

From the point of the area of their activities all donating committees are divided into two main groups:

1. Those which are helping in delivery of health services inside Afghanistan.
2. Those which are cooperating in deliver of health services to refugees residing in Pakistan. MSH, SCA, IMC, MTA and the AFGHAN-GERMAN committees are the renowned donating committees listed in the first group of donors.

Later on, by dent of strenuous efforts of all committees involved in the health affairs of Afghanistan, a number of auxiliary organizations for Afghanistan. CMC and ACBAR are two well-known names which are still furthering their scheduled aim of coordinating health activities of several donating organization (1)

Since the year 1986 MSH committee has been significantly cooperating in efficient delivery of effective health services to the people of Afghanistan. With its comparatively more systematic and considerable contribution to the cause of the delivery of health services to the people of Afghanistan, MSH has verily attained a lofty and laudable nice in the ranks if other donating agencies. It is widely admitted by all Afghans with great appreciation that MSH has extended all possible cooperation for Reconstruction of the health Infrastructure in Afghanistan and is enduringly trying to make the health system of Afghanistan more better and systematic to meet all the genuine health requirements of the oppressed and ailing people of Afghanistan.

The recent development in Afghan imbroglio indicate that a broad-based Islamic government will be soon established in Afghanistan and the question of future mode and system of health services in Afghanistan is an important issue to be discussed and analyzed thoroughly. It is hence that MSH is anxious to know whether what kind of a health system Afghan would prefer to choose for the future of their people. In this connection MSH has in[illegible] a number of well versed Afghan Physicians and health administrator from various departments of health services for Afghanistan

come together and express their views and suggestions regarding the future health services in Afghanistan.

Following are the names of the learned personalities invited by MSH:

1. Dr. Jan Mohammad, Chief of 60 beds hospital, MOPH
2. Dr. Sayed Shukrullah "wahidi" Director of MCH, MOPH
3. Dr. Abdul Latif, Assistt. of PMD, MSH
4. Dr. Amir MOhammad Training Advisor ,HC of SCNA
5. Dr. Mohammad Qasim (Murad), IPH, MOPH
6. Dr. Zalmay Masoon , Director of PMD, SCNA
7. Dr. Ahmadullah (Ahmadzai), Director of Mid-Level education, SCNA
8. Dr. Mubarak Shah Deputy and Assistt. Training Department
9. Enj. Najeebullah (Safi), Gen. Asstt. Administrative Dept., MOPH

According to the plan the above health personalities got together in ROYAL PALACE hotel behind the holy shrine of syedo Sharif in Sawat and held meeting for 5 days (April 12-17, 1992) and discussed in details over all the topics of the agenda pertaining to the health affairs of Afghanistan:

1. Health problems and determination of priorities for delivering of health services in Afghanistan.

2. Health systems and health policy for Afghanistan.
3. Management and Administration of health services in Afghanistan.
4. Financing and systematically of health services in Afghanistan.

After setting the above agenda the participants of these technical meetings worked out unanimously a timetable for the better coordination and smooth running of their 5 days works in Sawat. Despite active partaking of all participants in all discussion of the meeting, it was yet decided with full consensus that the discussion on each of the topics of agenda should be chaired and led by a different but most conversant participant.

Talks on all the four specified topics of agenda were desirably drawn over four days and on the fifth day all the chairman of these meeting were asked to prepare a separate report on general discussion about each individual topic led by them. In this way all the participants of sessions again divided into previous groups to prepare their respective report. After the completion of the reports, each group read out its respective report in plenary session whereupon requisite rectification were made in report.

The report of the participants of these meetings have been prepared in five chapters:

Chapter one: General points, objectives of the technical meeting held in Sawat and the mode of the activities if the participants of these meetings on future health services for Afghanistan.

Chapter two: Health problems and determination of priorities in delivery of health services in Afghanistan

Chapter three: Health systems and health policy in Afghanistan.

Chapter four: Management and Administration of health system in Afghanistan.

Chapter five: Financing and systematically of health services in Afghanistan.

The suggestions propounded by the participants of the meeting have been duly included in relevant chapters.

CHAPTER TWO

HEALTH PROBLEMS AND DETERMINATION OF PRIORITIES

Any factor having unpleasant effect on health is deemed to be a health problem. Factors such as social, environmental, economic as well as diseases and inappropriate health system are among the main agents that have unwholesome effects on the health.

Any malady or diseases, no matter what its source and origin may be, is a main cause or factor which affects the health of people negatively. Based on the following reasons diseases are divided into two groups of HIGH PRIORITY and LOW PRIORITY.

Disease with below characteristics are listed in the number of HIGH PRIORITY group of diseases:

A. High mortality rate
B. causing disability
C. Annually enormous number of episodes

A. According to above criteria all the diseases which are considered important in the first step come in the HIGH PRIORITY group. They are mainly as follows:

1. Six deadly diseases of childhood.
2. Diarrhea and Dehydration.
3. ARI
4. Malnutrition
5. Malaria
6. Tuberculosis
7. Pregnency-related diseases

B. Diseases lying in the second step of importance:

1. Meningitis, specially in children
2. Water Born Diseases.
3. Mental disorders
4. Cardio-Vasicular diseases
5. Eye Diseases
6. Minor Injuries, Accidents
7. Skin Diseases, Scabies, Leprosy, Veneral diseases
8. E. N. T diseases

B. ENVIRONMENTAL FACTORS:

1. POOR SANITATION

- Lack of latrine
- lack of sewage disposal

2. POOR HOUSING:

lack of sufficient sunshine fresh air (poor ventilation) . Also living in crowded rooms or together with domestic animals under one roof.

3. Lack of food stuffs in the region.

- Nonavialability of food stuffs
- Improper use of food stuffs

4. Incompatible geographical and transportation condition.
5. Air Pollution (smoke, dust born in air and living rooms.)

SOCIAL FACTORS:

1. Political inconsistancy
2. Illitracy (low level of knowledge)
3. Wrong tradition and beliefs
4. Wrong communications
5. Nonpaticipating community
6. General Social Condition
7. Unemployment and addiction
8. Persence of disabled persons in community

D.ECONOMICAL FACTORS:

1. Lack of agricaltural financial sources, industries
2. Irrigular Planning in making use of budget
3. Inappropriate budgetary sanctions.
4. Desultory monetary supervision system.
5. Improper expendatures analysis and lack of attention to the matter of cost -effectiveness.

6. Lack of fixed standard for expenses like:

- Salaries
- Transportation
- Supplies and equipments

7. Non utilization or improper utilization of avialable resource.
8. Nonexistence of an orgaized monetary system to ensure program,s sustainability.

9. Not attracting people ,s cooperation to participate in Health programs.

E. UNSUITABLE HEALTH SYSTEM:

1, Inequitable dispense of health services irrespective of population density and geographical situation.
2. Muddled or unorganized strategy, Planning and management of the delivery of health services.

3. Nonexistence of coordination among different sections of health services.

PROPOSAL:

1. To identify health problems and set priorities it is important that making comprehensive surveys and collecting authentic statistics of mortalities, afflictions and disabilities be taken into account.

2. Diseases are not the health problems alone , various other fore mentioned factors also have to be taken into consideration and practical ways for their solution be evolved handworks out.

3. Local people should be taken into confidence about the regional health problems and their key problems should be mutually understood through accurate communication with respect to their tradition , culture and language , and their views and cooperation must be esteemed and sought in solution of problems.

4. Selecting suitable health systems:
5. Training of tradition healers (Hakimjees, Injectiones, dias and bone-setter) and involving them in the health team of health system.

CHAPTER THREE

HEALTH SYSTEM

Afghaanistan is a developing country and she has always been economically dependent on the technical and financial assistance and aids of foreign countries. Since all the political ruling regimes in Afghanistan tended all along the past times to lay more stress on the accumulation of powers in the capital of the country, therefore, the health system also had to follow the same centralization of power and authority in the capital. Setting of objectives, designing of health activities and strategy of the designed in the form of multi-year plans in the offices of the public health ministry of the time. Administrative policy and budgetary affairs were also Decision-maker in term of any change in the strategy of the implementation of multurer plans. This policy resulted in no positive yield next to waste of precious time, energy and rack-rent resources.

The ministry of public health was the solitary deliverer of health services and there existed no private sector or any enterprise to deal in this sphere of life. After official working hours most doctors and health personnel would work in private clinics. This lowered the quality of work both in the health facilities and in private clinics. By honest judgement we can say that because of centralized system of health and free of cost delivery of health services the public health ministry could not afford to give sufficient salary to the health personnel and thus the health personnel, driven by necessities, had to work in private clinics to earn their livings. A very limited number of foreign NGO,s associated with health affairs, partook in delivery of health services in Afghanistan and a number of NGO,s concerned in activities other than health , used to provide health facilities only to their own personnel through free of charge medical care or health insurance .

Health system in Afghanistan was primarily founded on the basis of delivery of medical cares and most of the health facilities were concentrated in the capital and provincial centers leaving rural areas deprived of necessary health facilities. Though in term of preventive medicine Afghanistan had attained notable assesses but no significant attention was paid to the primary basic health cares. Issues such as the overall social development and SUSTAINABILITY of the delivery of health services in remote periphery of consideration. Other social sectors like agriculture, transportation, communication, educations industries etc. had no coordination with health sector. Traditional healers were not included in the health system and most often they compacted with Medical professionals.

PROPOSALS:

1. Health system in Afghanistan has to be based on PHC and DECENTRALIZATION basis. Because in this type of a health system waste of time and resource, feared to be caused through Bureaucracy, can be efficiently avoided. Also it would be better if the planning and decision -making mechanism evolved of obtaining FEEDBACK from different health workers and people.

2. According to the principle of PHC it is essential that community be involved in delivery of health services so that they would have constructive role and voice in identification of their health problems , decision -making and determination of priorities.

3. Talking the all around financial status of the government in view, we suggest the involvement of private health suppliers and donating agencies in regular health system beside the state, provided they act in accordance with the policy of public health ministry.

4. Health policy should be based on PRIMARY HEALTH CARE system which is meant to be inclusive of Basic health cares. basic medical cares , preventive measures and overall development of community.

5. In identification of health problems, working out the solutions and setting of the priorities people should have direct cooperation with health personnel and be encouraged to consider themselves responsible consciously and actively.

6. Health system should be constituted pyramidally and the activities of supervision and referral ought to be taken into due account.

6. Health facilities should be equitably distributed all over the country.

8. The integration of the traditional healers within the regular health system of Afghanistan should be made a reality.

CHAPTER FOUR

ADMINISTRATION OF FUTURE HEALTH SYSTEM OF AFGHANISTAN

Administration is an essential vehicle for the conduct of the affairs and based on this very view we should have to simplify the structure of our health administration to achieve facile and smooth running of performance.

with a look at the former health system of Afghanistan we would be able to conclude that the then health system of Afghanistan was collimated central system with long heretical official procedure. Experience has shown that it was because of the complexity and hierarchies that their works were never executed properly and in due time and the people were faced with a lot of difficulties and problems.

The advantages and disadvantages of a centralized health system are summarized as under:

A. ADVANTAGES:

1. It is better from the point of discipline.
2. Standardized health services all over the country.

B . DISADVANTAGES:

1. All planning are in the center which are not likely to be responsive to all the requirement of people because planning is done according to the government,s own idea without being aware of the genuine requirements of its people.

2. Great potential waste of finance and supplies along the long course of travel of consignment from the origin potu desired destination.

3. Long hierarchies to be complied with by people of distant places while making acquisitions to central authority for obtaining their requirements or submitting their proposals will take long time facing people with undue hindrances in works.

PROPOSALS:

For the following reasons the participants of the workshop prefer the DECENTRALIZED SYSTEM OF ADMINISTRATION for the better delivery of health services in Afghanistan:

1. In this system the process of health planning and their implementation can include even every single individual of the community as the pianning is supposed to be designed according to the requirement of the people in the light of the feedback which are received from the health personnel.

2. There is very rare possibility of the waste of finance and supplies and even it won,t even occur at all.

3. In this system delegation of responsibility and authority at different health level is clearly specified which is considered to play vital role in smoothness andsucess of performance.

4. Supervision must be carried out step by step from the vertex towards the blessing of the pyramid of activities , i. e. MOPH should supervise the zonal health affairs and the zonal health affairs authorities should supervise the provincial health affairs and so on, the supervision activities be hierarchically carried out lower potu the level of districts, sub-districts, hamlets and villages.

5. On contrary the reporting system of health activities should be carried on step by step from the blessing towards the vertex of pyramid.

6. Evaluation in every specific project must be taken into account in respect to its extent and as a general rule it should be conducted in two phases.

A. During the proceeding of the implementation of program.

B. In the end of the program.

CHAPTER FIVE

HEALTH SERVICES FINANCING AND SUSTAINABILITY OF HEALTH SERVICES

Because of the lack of access to resource and existing information about survey, the participating members of the workshop decided to overlook comparison between present financial status and the status that they are proposing. Therefore they present their proposals about the above three captioned headings as below:

PROPOSAL

A. HEALTH RESOURCES:

1. Manpower

a. Planning for orderly employment of present manpower in the health system of Afghansitan, taking into account the total number of manpower and their particulars and the demography of the country, with proportion between AUXILIARY HEALTH WORKS AND MEDICAL PROFESSIONAL.

b. Training of technical health personnel :

1. Training of Auxiliary health workers should be continued at different levels to fill the vacancies in the proposed PHC health system.

2. There is need for training technical cadres in different fields, more particularly, training of technical cadres to be appointed to carry out the task of planning, coordination and implementation of health activities based on PHC strategies. Currently there are few such cadres in Afghanistan, necessitating the training of some more at least at the level of MOPH.

C. MATERIALS, EQUIPMENTS AND CONSTRUCTION :

Materials, Supplies and equipments used in delivery of health services should not be sophisticated. They should be just consonant with health requirements and problems of the country i. e. the use of inadequate and expensive materials and technology should be avoided in delivery of health services.

In the past , Vegas of the central health system, very few construction were built for the premises of health centers in rural Afghanistan and these , too, have been now either completely destroyed or badly damaged over the 13 years of ruinous war.

Therefore it is proposed that needful measures be adopted for construction of appropriate buildings to house the health facilities at the level of

provinces, districts and sub-districts so that by doing so vital step be taken in completion of a pyramid health system in Afghanistan.

d. Financial and budgetary resources : Will be discussed in the chapter of financing delivery of health services.

D. FINANCING THE DELIVERY OF HEALTH SERVICES :

1 . Participation of the state in financing of the delivery of health services.

2 . Utilization of COST-RECOVERY system.

A. Health Insurance
B. Fees against receiving health services .
C. Drugs sale

3. Considering people,s overall financial status.
4. Desired utilization of existing revenue sources of Afghanistan.

SUSTAINABILITY OF HEALTH SYSTEM:

With utilization of all financial possibilities and political consistency in survival of delivery of health services in Afghanistan we will be able to provide continues health facilities for people .

Financial resources are mainly classified into 3 categories:

1. Revenue generation system
2. Government resources
3. Donation

PROPOSALS:

A. Creating of revenue generating system.

1. Creation of revolving drug funds by commissioning drugsdepots in provincial and district centers.

2. Sale of drug through hospital on the bases of full charge and partial charges of drugs price.(free issue only to those who are destitute or disabled by the verdict of community leaders)

B. Fees charge by the hospitals:

1. Full fees from well to do people
2. Partial fees from those who can not afford paying of fullfees.

NOTE: All medical tests of publicly recognize poor and hadicapped patients

should be accomplished at gratis.

In hospitals fees can be chargeo for below services

- Polyclinic
- Laboratory
- X-Ray
- Beds and Hospitalization
- Publication and Sale of medical periodicals and journals.

C. Investment of health budget in revenue -generating projects like transportation , trading houses etc .

D. Avoidance of additional expenses by equitable distribution of health facilities through cutting down the redundant numbers of personnel and clinics in different regions.

E. Salary standardization

I- Government
II- Donation
III- Community involvement

- Volunteers
- Osher and Zakat (Tithe and impost religiously levied by partitioned from the wealth of better off people in favor of the needy ones)

END

Training Activities Summary

Management Sciences for Health
Training Department
Activities Summery Sheet
As of February 28, 1994

S. NO.	ACTIVITIES	OUTPUT	COMM.
1	Basic Health Workers (BHWs) Training	* 2255	
2	BHWs Continuing Education Training	3457	
3	Rural Health Officers (RHO) Training	20	
4	Maternal & Child Health Officers (MCHO) Training	23	
5	Primary Health Care Seminars	415	
6	Doctor & Mid_level Continuing Education Training	170	Discontinued on July 1991
7	Combined Mid_level Continuing Education Program (CMCEP)	27	
8	Laboratory Technician Training	18	
9	Participant Training Program	22	
10	Medical Certification Program	364	
11	Field Assessment	2787	
12	First Aid (Buddy Care) Training	37280	Discontinued on September 1991
13	Management Training	673	

* 19 BHWs were trained in Behsood Training Center but they have not been certified.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
B H W s INITIAL TRAINING PROGRAM

TRAINING CENTERS	Number of BHWs received Initial Training								TOTAL
	F Y 1987	F Y 1988	F Y 1989	F Y 1990	F Y 1991	F Y 1992	F Y 1993	FY 1994	
IPH	99	713	557	384	70	0	* 13	0	1836
WARDAK/IPH	0	0	0	0	12	0	0	0	12
KHOST/HCPP	0	0	49	26	27	0	0	0	102
TAKHAR/SCNA	0	0	77	25	74	0	0	0	**176
BALKH/SCNA	0	0	0	0	30	35	0	0	65
BEHSOOD WARDAK/HIM	0	0	0	0	30	***19	0	0	49
HERAT/SSWE	0	0	0	0	15	0	0	0	15
TOTAL	99	713	683	435	258	54	13	0	2255

* Trained in Jalalabad (inside Afghanistan)
** Including 22 BHWs trained by Central Zone of SCNA
*** Trained in 3rd session of Behsood T. C., but not certified yet.

MOPH = Ministry of Public Health
IPH = Institute of Public Health
HCPP = Health Committee of Paktya & Pakteka
SCNA = Supervisory Council of Northern Area
HIM = Harakat Islami (Muhsini)
SSWE = South & South_West Emirates

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
B H Ws CONTINUING EDUCATION PROGRAM

TRAINING CENTERS	Number of BHWs received continuing Education						TOTAL
	F Y 1989	F Y 1990	F Y 1991	F Y 1992	F Y 1993	FY 1994	
IPH	565	900	641	534	138	253	3108
WARDAK/IPH	0	0	15	0	0	0	15
KHOST/HCPP	0	42	31	61	73	0	211
TAKHAR/SCNA	15	65	0	0	3	0	101
BALKH/SCNA	0	0	0	0	16	6	22
BEHSOOD WARDAK/HIM	0	0	0	0	0	0	0
HERAT/SSWE	0	0	0	0	0	0	0
TOTAL	580	1007	687	595	329	259	3457

MOPH = Ministry of Public Health
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SCNA = Supervisory Council of Northern Area
HIM = Harakát Islami (Muhsini)
SSWE = Sòuth & South_West Emirates

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
RURAL HEALTH OFFICER (RHOs)
Institute of Public Health

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992									20				20	20	
FY 1993													0	20	
FY 1994													0	20	

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
MATERNAL & CHILD HEALTH OFFICERS

INSTITUTE OF PUBLIC HEALTH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992							10						10	10	
FY 1993							**							10	
FY 1994					13								13	23	

* FY 1987 = October 1st, 1986 – Septembe 31st, 1987

** 2nd Session started in Jalalabad with 16 trainees enrolled.
out of which 13 were graduated in Feb. 07, 94.

MAMAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
PRIMARY HEALTH CARE SEMINARS

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992			25	61			65						151	151	
FY 1993		16 TKR	11 IPH	18 IPH	0	21 IPH	7 KST	25 IPH	6 BLK				104	255	
FY 1994			160 IPH										160	415	

* FY 1987 = October 1st, 1986 – September 31st, 1987

IPH = Institute of Public Health
TKR = Takhar Training Center
BLK = Balkh Training Center
KST = Khost Training Center

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
DOCTOR + NURSE REFRESHER
Institute of Public Health

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988											9	0	9	9	
FY 1989		9						5				6	20	29	
FY 1990		18				27			20			27	92	121	
FY 1991			22			11			16				49	170	
FY 1992	DISCONTINUED														

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
CMCEP TRAINING / IPH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992		6							20				26	26	
FY 1993										1			1	27	
FY 1994			5										5	32	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Number of graduates in this form shows the number of trainees introduced to CMCEP Training by IPH.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
LABORATORY TECHNICIAN
Institute of Public Health

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989															
FY1990						9							9	9	
FY 1991	9												9	18	
FY 1992													0	18	
FY 1993												**	0	18	

* FY 1987 = October 1st, 1986 – September 31st, 1987
** Discontinued on Sept. 1993.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
PARTICIPANTS TRAINING

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989											2		2	2	
FY 1990									* 4		2		6	8	
FY 1991			1								4		5	13	
FY 1992									3		6		9	22	
FY 1993													0	22	
FY 1994													0	22	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Bangkok Thiland Participants

Management Sciences for Health
Training Department
Medical Certification Committee

May 01, 1991–Feb. 30, 1994

Categories of Medical Personnel	No. of Medical Personnel					REMARKS
	FY 91	FY 92	FY 93	FY 94	TOTAL	
Medical Doctor	25	28	34	0	87	
Assistant Doctor	0	1	3	0	4	
Nurse	4	6	3	0	13	
Mid-level Medical Tech.	75	62	19	0	156	
Pharmacist	0	3	0	0	3	
Laboratory Technician	9	10	1	0	20	
Dental Technician	7	9	5	0	21	
X- Ray Technician	2	4	1	0	7	
First Aider	3	2	1	0	6	
Sanitarion	0	1	0	0	1	
Malaria Technician	1	0	0	0	1	
LHV Assistant	0	1	0	0	1	
Aneasthesia Tech.	0	2	0	0	2	
Unqualified for position	20	18	3	0	41	
Vaccinator	0	0	1	0	1	
GRAND TOTAL	146	147	71	0	364	

Management Sciences for Health
Training Department
BHWs Assessment Program

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990										11	1	28	40	40	
FY 1991	15	15	40	20		131	170	144	196	190	128	152	1201	1241	
FY 1992	174	122	147	84	55	74	81	116	278	84	13	0	1228	2469	
FY 1993	40	28	24	40	0	8	31	24	31	0	41	0	267	2736	
FY 1994	37	14											51	2787	

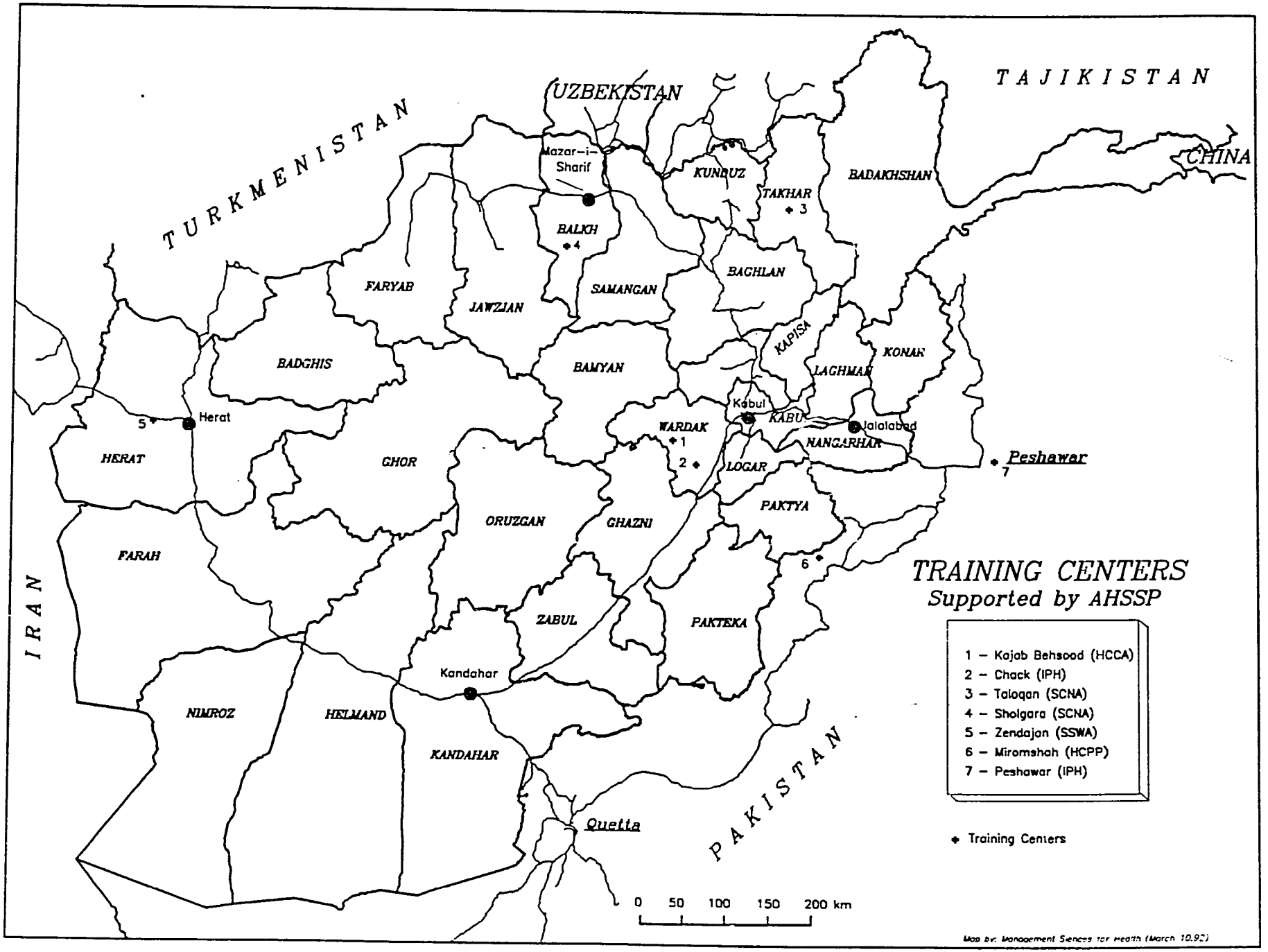
* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BUDDY CARE
Institute of Public Health

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	RMRK
* FY 1987													375	375	
FY 1988													9452	9827	
FY 1989	1294	1301	1679	2260	1833	1868	1617	1511	1897	1777	1780	1710	20527	30354	
FY 1990	2252			132	814	688	403	500	390	90	249	172	5690	36044	
FY 1991	163	208	315	101	110	110	75	81	73				1236	37280	
FY 1992	Discontinued														

* FY 1987 = October 1st, 1986 – September 31st, 1987

BHWs Initial Training


TURKMENISTAN
UZBEKISTAN
TAJIKISTAN
CHINA
IRAN
PAKISTAN
Mazar-i-Sharif
Herat
Kabul
Jalalabad
Kandahar
Quetta
Peshawar
BADAKHSHAN
KUNDUZ
TAKHAR
BALKH
BAGHLAN
FARYAB
JAWZJAN
SAMANGAN
KAPISA
KONAR
LAGHMAN
BADGHIS
BAMYAN
WARDAK
KABUL
NANGARHAR
HERAT
GHOR
LOGAR
PAKTYA
ORUZGAN
GHAZNI
FARAH
ZABUL
PAKTEKA
NIMROZ
HELMAND
KANDAHAR
0 50 100 150 200 km
TRAINING CENTERS
Supported by AHSSP
1 – Kajab Behsood (HCCA)
2 – Chack (IPH)
3 – Taloqan (SCNA)
4 – Sholgara (SCNA)
5 – Zendajan (SSWA)
6 – Miromshah (HCPP)
7 – Peshawar (IPH)
Training Centers
Map by: Management Siences for Health (March 10,92)

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
B H W s INITIAL TRAINING PROGRAM

TRAINING CENTERS	Number of BHWs received Initial Training								TOTAL
	F Y 1987	F Y 1988	F Y 1989	F Y 1990	F Y 1991	F Y 1992	F Y 1993	FY 1994	
IPH	99	713	557	384	70	0	* 13	0	1836
WARDAK/IPH	0	0	0	0	12	0	0	0	12
KHOST/HCPP	0	0	49	26	27	0	0	0	102
TAKHAR/SCNA	0	0	77	25	74	0	0	0	**176
BALKH/SCNA	0	0	0	0	30	35	0	0	65
BEHSOOD WARDAK/HIM	0	0	0	0	30	***19	0	0	49
HERAT/SSWE	0	0	0	0	15	0	0	0	15
TOTAL	99	713	683	435	258	54	13	0	2255

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** Including 22 BHWs trained by Central Zone of SCNA
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MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
INSTITUTE OF PUBLIC HEALTH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987										99			99	99	
FY 1988		236				237				240			713	812	
FY 1989		287					270						557	1369	
FY 1990	247						137						384	1753	
FY 1991		54					16						70	1823	
FY 1992													0	1823	
FY 1993								13					13	1836	
FY 1994													0	1836	

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
TAKHAR / SCNA

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989	25						26					26	77	77	
FY 1990										25			25	102	
FY 1991			27								** 22	25	74	176	
FY 1992													0	176	
FY 1993													0	176	
FY 1994													0	176	

* FY YEAR = October 1st, 1986 – September 31st, 1987

** 22 BHWs trained in Cnteral Zone of SCNA are included in Takhar T.C.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
HCPP / KHOST

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989							24					25	49	49	
FY 1990				12					14				26	75	
FY 1991			14								13		27	102	
FY 1992													0	102	
FY 1993												**	0	102	

* FY 1987 = October 1st, 1986 – Sept. 31st, 1987
** Discontinued on Sept. 30, 1993.

Management Sciences for Health
Trainig Department
BHW Initial Training Program
SCNA / Balkh

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991						15				15			30	30	
FY 1992	15					20							35	65	
FY 1993													0	65	
FY 1994													0	65	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Mnagement Sciences for Health
Training Department
BHW Initial Training Program
HIM / Behsood

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991					15						15		30	30	
FY 1992											** 19		19	49	
FY 1993							***						0	49	

* FY 1986 = October 1st, 1986 – September 31st, 1987

** Trained but not certified.

*** Closed on April 01, 1993

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
SSWE / HERAT

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989															
FY1990									15				15	15	
FY 1991													0	15	
FY 1992													0	15	
FY 1993		**											0	15	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Closed on Nov. 25, 1992

Management Sciences for Health
Training Department
BHW Initial Training Program
IPH / WARDAK

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991					7							5	12	12	
FY 1992													0	12	
FY 1993						**							0	12	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Closed on March 15, 1993

BHWs Continuing Education

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
B H Ws CONTINUING EDUCATION PROGRAM

TRAINING CENTERS	Number of BHWs received continuing Education						TOTAL
	F Y 1989	F Y 1990	F Y 1991	F Y 1992	F Y 1993	FY 1994	
IPH	565	900	641	534	138	253	3108
WARDAK/IPH	0	0	15	0	0	0	15
KHOST/HCPP	0	42	31	61	73	0	211
TAKHAR/SCNA	15	65	0	0	3	0	101
BALKH/SCNA	0	0	0	0	16	6	22
BEHSOOD WARDAK/HIM	0	0	0	0	0	0	0
HERAT/SSWE	0	0	0	0	0	0	0
TOTAL	580	1007	687	595	329	259	3457

MOPH = Ministry of Public Health
IPH = Institute of Public Health
HCPP = Health Committee of Paktya & Pakteka
SCNA = Supervisory Council of Northern Area
HIM = Harakat Islami (Muhsini)
SSWE = South & South_West Emirates

MANAGEMEN.' SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW CONTINUING EDUCATION PROGRAM
INSTITUTE OF PUBLIC HEALTH

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989						99			336	36	32	62	565	565	
FY 1990	27	71	77	14	29	36	49	124	215	162	38	58	900	1465	
FY 1991	60	66	39	27	31	44	80	80	74	56	54	30	641	2106	
FY 1992	80	40	57	28	23	26	18	33	15	21	13	0	354	2460	
FY 1993	13	22	19	18			30	19	17	20	44	13	215	2675	
FY 1994	37	145	71										253	2928	

* FY 1987 = October 1st, 1986 – September 31, 1987

Management Sciences for Health
Training Department
BHW Continuing Education Program
HCPP / KHOST

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990						18				15	9		42	42	
FY 1991					17							14	31	73	
FY 1992	9	28						11				13	61	134	
FY 1993						8	5	5	4	55		**	77	211	

* FY YEAR = October 1st – September 31
** Discontinued on Sept. 30, 1993.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW CONTINUING EDUCATION PROGRAM
TAKHAR / SCNA

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
FY 1987															
FY 1988															
FY 1989							15						15		
FY 1990			15				10	10	5	5	10	10	65	80	
FY 1991													0	80	
FY 1992													0	80	
FY 1993		3										18	21	101	
FY 1994															

* FY 1987 = October 1st, 1986 – September 31st, 1987

Management Sciences for Health
Trainig Department
BHW Continuing Education Program
SCNA/Balkh

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992															
FY 1993									6	10			16	16	
FY 1994		6											6	22	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Management Sciences for Health
Training Department
BHW Continuing Education Program
IPH / Wardak

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991									15				15	15	
FY 1992													0	15	
FY 1993						**							0	15	

* FY 1987 = October 1st, 1986 – September 31st, 1987
** Closed on March 15, 1993.

INSTITUTE OF PUBLIC HEALTH (IPH / MOPH)

SLAMIC STATE OF AFGHANISTAN
INISTRY OF PUBLIC HEALTH
STITUTE OF PUBLIC HEALTH
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دولت اسلامی افغانستان
وزارت صحت عامه
ریاست انستیتوت صحت عامه
مدیریت

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

RECEIVED 17 MAR 94.

Sub: IPH activities report in February 1994.

Dear Dr. Oldham:

In addition to IPH daily activities, sending to you the summary report of IPH activities in February 1994.

1. MCHO training which had started on 10 April 1993 ended on 07 February 1994 and 14 MCHOs graduated the course and they are ready for service at their designated locations.
2. RHO seminar conducted at IPH on February 27-28 and 10 RHOs had participated the seminar was closed according to its time table.
3. Thirty five BHWs in different districts have been evaluated by RHOs and 5 BHWCEP sessions have been conducted to them in their respective locations.
4. Due to great flow of refugees from Kabul 2 of IPH trainers have been assigned to the camps for treatment and health education program. In Sarshahi camp a number of 1447 and in Mumtaz camp a number of 1136 patients have been treated.
5. Due to great number of refugees arriving from Kabul, 2 RHOs were assigned to refugees camps for approximate 1700 families for health education.
6. luckyly RHO Manual have been edited and its printing have been completed.

The above was the summary of IPH activities report in February 94 I, hope you would find it useful for your achievements.

Thank you.

Sincerely Yours,

March 6 94

Dr. Mohammad Safeh Momen
Deputy Director General of IPH

Ansari Watt, Kabul Phone 61166 - 61933
Afghanistan

انصاری وات، کابل تلفون ۶۱۱۶۶ - ۶۱۹۳۳
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AMIC STATE OF AFGHANISTAN

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ISTRY OF PUBLIC HEALTH

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TITUTE OF PUBLIC HEALTH

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مدیریت

:e: 6 / 3 /94

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

RECEIVED 17 MAR 94

Sub: RHOs and MCHOs evaluation report.

Dear Dr. Oldham:

Based on pre arranged program for evaluation of 12 RHOs and 3 MCHOs, some of our trainers were scheduled to travel and to evaluate them in different provinces but due to security problem evaluation of 6 RHOs and 2 MCHOs is not practicable.

The rest 6 RHOs and 1 MCHO working in Laghman, Logar and Wardak were evaluated according to the questionaires.

According to the said program Dr. Shah Pacha and Syed Abdullah evaluated MCHO Zari Gul in Ningarhar and two RHOs each A. Hadi and Baten Shah in Laghman. Nasrullah travelled to Logar and assessed 2 RHOs each Abdullah and Gul Mohd as well as Miram Jan travelled to Wardak and evaluated 2 RHOs each Gul Wazir and Gulbat.

As the questionaire papers were analysed the (IPH) is satisfied with its result and they have worked according to the job discr-iption which was given to them.

For your further information enclosed submitting evaluation reports of the three groups whom have evaluated 6 RHOs and 1 MCHO. I hope you would find it usefull for your kind and necess-ary action.

Thanks.

Sincerely Yours,

March 6, 1994

Dr. Mohammad Salem Momen
Deputy Director General of
Institute of Public Health.

Watt, Kabul Phone . 61166 - 61933
istan

انصاری وات، کابل تلفون ۶۱۱۶۶ - ۶۱۹۳۳
افغانستان

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ISLAMIC STATE OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH

دولت اسلامی افغانستان
وزارت صحت عامه
ریاست انستیتوت صحت عامه
مدیریت

No.
Date: / /

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

RECEIVED 17 MAR 94

Sub: IPH activities report.

Dear Dr. Oldham:

Based on the schedule the IPH had to work on many programs in Jan 1994 but due to security problem in different provinces our activities were limited to below listed functions which we submit its summary to you for your kind achievements.

1. MCHO Department:
   Practical and theoritical classes for 14 MCHO trainees in class hospital and clinic were in progress according to schedule.
2. RHO Department:
   A number of 6 RHOs in Laghman, Logar and Wardak provinces have been evaluated by 3 groups.
3. BHWCEP Department:
   One BHWCEP session have been conducted by 2 RHOs in Laghman for 9 BHWs.
4. Publication Department:
   MCHO instruction manual have been printed and printing of RHO Manual is in progress.
5. Due to great number of refugees arriving from Kabul and lack of suitable sanitation in the camps a number of 4 IPH staff have been assigned in two camps each Sarshahi and Mumtaz for medical examination and health education. A number of 2415 patients in Sarshahi camp and 1501 in Mumtaz camp have been examined as well as the patients and residence have been requested to follow the sanitation principles.
6. Some of IPH trainers are working on PHC curriculum which might be inshallah soon completed.

Above is the brief of IPH activities report in January 1994, I, hope you may please find it usefull for your achievements.

Thank you.

Dr. Mohammad Salih Momen
Deputy Director General, IPH

sari Watt, Kabul Phone 61166 - 61933
ghanistan
انصاری وات، کابل تلیفون ۶۱۱۶۶ - ۶۱۹۳۳
افغانستان

90

LAMIC STATE OF AFGHANISTAN
دولت اسلامی افغانستان
NISTRY OF PUBLIC HEALTH
وزارت صحت عامه
STITUTE OF PUBLIC HEALTH
ریاست انستیتوت صحت عامه
مدیریت
te: / / 1994

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

RECEIVED 17 MAR 94

Sub: RHO seminar.

Dear Dr. Oldham:

According to the plan RHO seminar conducted at IPH Jalalabad on February 27 and 28th, 1994.

From the total 12 RHOs, 10 of them attended and participated in seminar. Two of them each Abdul Hadi and Rahmat Gul had not attended.

Enclosed to the letter submitting to you time table of seminar for your further information.

Thank you.

Sincerely Yours,

March, 6, 94

Dr. Mohammad Saleh Momen
Deputy Director General of IPH.

nsari Watt, Kabul Phone 61166 - 61933
fghanistan
انصاری واټ، کابل تلیفون ۶۱۱۶۶ - ۶۱۹۳۳
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ISLAMIC STATE OF AFGHANISTAN
MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH

No. 11
Date: / /

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مدیریت

RECEIVED 17 MAR 1994

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

Sub: RHOs activities report in January/February 1994.

Dear Dr. Oldham:

In series of our RHO previous reports, now please find activity report of the 10 RHOs in January and February in different districts.

Their duties and activities consisted of organizing health consulting committees, cooperation with vaccination teams, health education regarding excrements and wastes, provision of healty drinking water, how to use available food, personal sanitation, prevention of communicating diseases and cooperation with other non healthy sections. They have also supervised 35 BHWs in different provinces and have conducted BHWCEP.

Names and activities they have performed in different districts are:

1. Allah Noor has supervised 5 BHWs in Shakardara and Kalakan districts Kabul and has conducted one BHWCEP session to them.
2. Gulbat Khan and Gul Mohd 2 RHOs have supervised totally 5 BHWs in Maroof, Maiwand and Panjwayee districts Kandahar and have conducted two BHWCEP sessions there.
3. Sherin Agha and Khan Padsha have evaluated 6 BHWs in Khost Fereng, Nahreen districts in Baghlan province in January and have conducted BHWCEP. In February they have evaluated 10 BHWs in Taluqan the center of Takhar province and have conducted one BHWCEP session.
4. Baten Sha and Abdul Hadi in Laghman center have evaluated 9 BHWs and have conducted BHWCEP to them in January. In February they have been assigned to Refugees camps in Sarshahi and Samar Khail whom have educated more than 1000 families regarding different health problems.

Enclosed is the activities report of the 10 RHOs for your information and necessary achievements.

Thank you.

March 6, 94

Dr. Mohammad Salem Momen
Deputy Director General of IPH

Ansari Watt, Kabul Phone 61166 - 61933
Afghanistan

انصاری واټ، کابل تلیفون ۶۱۱۶۶ - ۶۱۹۳۳
افغانستان

Islamic State of Afghanistan
Ministry of Public Health

Department ( )
Directorate ( )
Date / /
No. 479

دولت اسلامی افغانستان
وزارت صحت عامه

212 / /
TO 29.9.93

William D. Oldham M.D.
Team Leader
MSH, Peshawar,

Sept 20,93

RECEIVED

Dear Dr. Oldham,

IPH recommended organogramad staff position has been reviewed.

Please received the attach revised IPH organogram for further financial management and administrative issue.

We do concur with staff changes based on the attached organogram effective from October 1,93.

We hope that the IPH core staff members will be able to successfully acheive the IPH training objectives.

Sincerely yours,

Dr. Sayed Mohammad Amin Fatimie,
Minister of Public Health and
Director General of IPH.

93

INSITITUTE OF PUBLIC HEALTH
MSH SUPPORTED POSITIONS

EMPL. NO.	EMPLOYEE NAME:	POSITION:	TOTAL/SECT.
* SECTION A: IPH EXECUTIVE LEVEL - KABUL			
1	DR. S. M. AMIN FATIMIE	MINISTER OF PUBLIC HEALTH & DIRECTOR GENERAL IPH	1
2	DR. MOHD SALEH	DEPUTY DIRECTOR GENERAL/PLANNING OPER. COORDINATOR	1
* Subtotal **			2
* SECTION B: (1)ADMINISTRATION. ADMINISTRATIVE CENTER - KABUL			
3	ABDUL QADEER	SENIOR ADMINISTRATOR/MANAGER	1
4	ZIAULLAH	ACOUNTANT	1
5	MOHAMMAD NAEEM	SUPPLY OFFICER/CASHIER	1
6	SAYEED QASEM	ADMINISTRATOR/MANAGEMENT TRAINER	1
7	GHULAM SAKHI	COMPUTER OPERATOR/CLERK TYPIST	1
* Subtotal **			5
* SECTION B: (2)TECHNICAL STAFF - KABUL_OFFICE			
8	MOHAMMAD QASIM MURAD	INCHARGE/MULTIPURPOSE TRAINER	1
9	DR. MOHD RAHIM	DOCTOR TRAINER/ MULTIPURPOSE	1
10	DR. ZIA MOHD POYA	DOCTOR TRAINER/ MULTIPURPOSE	1
11	DR. SAIFURRAHMAN	DOCTOR TRAINER/ MULTIPURPOSE	1
12	DR. SAYEED IBRAR	DOCTOR TRAINER/ MULTIPURPOSE	1
13	MOHAMMAD NAJIB	MID LEVEL TRAINER/MULTIPURPOSE/COMUNITY DEVELOPER	1
14	NASRULLAH	MID LEVEL TRAINER/MULTIPURPOSE	1
15	MIRAM JAN	MID LEVEL TRAINER/MULTIPURPOSE	1
16	SHAH WALI	MID LEVEL TRAINER/MULTIPURPOSE	1
17	DIL MOHAMMAD	MID LEVEL TRAINER/MULTIPURPOSE,ASSIGNED FULL TIME SUPPORT TO SCNA T.C.s TAKHR & BALKH	1
* Subtotal **			10
* SECTION C: TECHNICAL & ADMINISTRATIVE STAFF - JALALABAD_OFFICE			
18	DR. SAYEED ABDUL LATIF	INCHARGE DOCTOR TRAINER	1
19	MOHD ARIF	ADMINISTRATOR/MANAGEMENT TRAINER	1
20	DR. SAYEED ABDULLAH ISRAR	DR. TRAINER - MULTIPURPOSE	1
21	DR. SHAMSULHAQ	DR. TRAINER - MULTIPURPOSE	1
22	DR. HASSAN	DR. TRAINER - MULTIPURPOSE	1
23	DR. SHAH PACHA	DR. TRAINER/CMCEP COORDINATOR	1
24	FARID AHMAD MUJADADI	MID LEVEL TRAINERS - MULTIPURPOSE	1
25	SAYEED ABDULLH	MID LEVEL TRAINERS - MULTIPURPOSE	1
26	SARTOR	MID LEVEL TRAINERS - MULTIPURPOSE/COMMUNITY DEV.	1
27	MOHD NASIM AHMADZAI	COMPUTER OPERATOR/CLERK TYPIST	1
* Subtotal **			10
* SECTION D: NATIONAL MCHO TRAINING PROGRAM			
28	DR. ZAREEN	INCHARGE DOCTOR TRAINER	1
29	DR. ZARIDA	DOCTOR TRAINER	1
30	VACANT	DOCTOR TRAINER	1
31	VACANT	MID LEVEL TRAINER	1
32	VACANT	MID LEVEL TRAINER	1
33	VACANT	MID LEVEL TRAINER	1
34	SHAH GUL	HOUSE KEEPER	1

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INSITITUTE OF PUBLIC HEALTH
MSH SUPPORTED POSITIONS

EMPL. NO.	EMPLOYEE NAME:	POSITION:	TOTAL/SECT.
35	MOHD FAHIM	GUARD	1
** Subtotal **			8
** SECTION E: SUPPORT POSITION			
36	HYDAYATULLAH MATEEN	EDITOR/LIBRARIAN	1
37	WAHIDUDDIN	COMPUTER OPERATOR/CLERK TYPIST	1
38	ABDUL HALEEM SAFI	AUDEO VISUAL TECHNICIAN/GRAPHIC ARTIST	1
39	MOHD WESAL	AUDEO VISUAL TECH.	1
40	HAYATULLAH POPAL	PRINTING PRESS TECHNICIAN	1
41	VACANT	PRINTING PRESS TECHNICIAN	1
42	SAFAUDDIN	GUARD (FOR USAID/MSH EQUEPMENT/SUPPLIES)	1
43	MOHD QASIM	GUARD (FOR USAID/MSH EQUEPMENT/SUPPLIES)	1
** Subtotal **			8
*** Total ***			43

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MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

October 14, 92
~~27 September 1992~~

Dr. S. M. Amin Fatimie
Director General
Institute of Public Health
Peshawar Office

Subj.: Establishment of an Institute of Public Health Eastern Zone (Satellite) Office in Jalalabad.

Dear Dr. Fatimie:

I am very pleased to learn of your decision to relocate the Institute of Public Health in Jalalabad, as conveyed in your letter No. 196 dated 22 September 1992. This, in my view, is a very positive step for strengthening the health program in Afghanistan, as technical staff (trainers) will be closer and more accessible for serving training needs/requirements throughout Afghanistan. In this regard MSH will be pleased to support this move to the extent permitted by our funding agency, USAID.

In support of the relocation of the IPH in Jalalabad, MSH will be able to support a specified number of positions in Jalalabad, plus a few positions temporarily in Peshawar, such as Dr. Akbari and Dr. Qasim, as well as a few administrative and other skilled positions in Peshawar. As requested, one of the MSH supported IPH positions has been reclassified as In-charge of IPH in Eastern Health Zone and concurs with the appointment of Dr. Ahmadullah Ahmadzai to that position.

To support this move, please refer to a list of positions for which MSH will provide support in Jalalabad and temporarily in Peshawar, effective 15 October 1992. The list includes positions allocated for Training Centers in Eastern Provinces (Wardak) and Southeastern Provinces (Kandahar) and it is expected that staff assigned to these position will report for work to the IPH in Jalalabad until further notice.

OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792/44564

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Regarding transportation for the IPH in Jalalabad, MSH, for a temporary period, will support the rental of a Flying Coach in Jalalabad by reducing the number of vehicles receiving MSH support in Peshawar from three vehicles to two vehicles effective 15 October 1992. The In-charge IPH Eastern Health Zone, Dr. Ahmadullah, should obtain three quotations for renting such a vehicle in Jalalabad and submit quotations for consideration prior to making any commitment.

Best Regards.

Sincerely,

William D. Oldham, MD.
Team Leader

cc. All MSH Departments
Professor Ahmad Shah Jalal
IPH Liaison Office, Peshawar

OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792/44564

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10/14/92

MSH SUPPORTED POSITIONS
IPH ALL LOCATIONS

S.NO.	NAME:	POSITION:
** EXECUTIVE LEVEL		
1	S. M. AMIN FATIMIE DR.	DIRECTOR GENERAL & DEPUTY MINISTER OF HEALTH
2 *	MOHAMMAD TAHIR AKBARY DR.	DEPUTY DIRECTOR GENERAL
3 *	MOHAMMAD QASIM MURAD DR.	SECOND DEPUTY DIRECTOR GENERAL
4	AHMADULLAH AHMADZAI DR.	DIRECTOR ZONEL OFFICER OF IPH
** FINANCE AND ADMINISTRATION		
5 *	ZIAULLAH	SENIOR ACCOUNTANT/ADMINISTRATOR
6 *	ABDUL BARI	COMPUTER OPERATOR
7**	MOHAMMAD MASOOD	COMPUTER OPERATOR
8	GHULAM SAKHI	CLERK/ TYPIST (ENGLISH)
9	SAYED ALAM	CLERK/ TYPIST (DARI)
10	WAHIDUDDIN	COMPUTER OPERATOR/CLERK
** MID LEVEL TRAINING (RHO, MCHO, MICROSCOPIST)		
11	MOHAMMAD SALEH MOHEN DR.	DIRECTOR, RHO TRAINING
12	MOHAMMAD RAHIM DR.	TRAINER, DOCTOR - RHO
13	AHMAD FARID MUJADADI	TRAINER MID LEVEL - RHO
14	MOHAMMAD GHAFOOR	TRAINER MID LEVEL - RHO
15*	VACANT	DIRECTOR, MCHO TRAINING
16*	NASIMA NASRATI DR.	TRAINER, DOCTOR MCHO
17*	ZAREEN DR.	TRAINER, DOCTOR - MCHO
18*	LATIFA	TRAINER, MID LEVEL - MCHO
19	ABDUL HADI BABAK DR.	DIRECTOR TRAINER, FIELD MICROSCPIST TRAINING
20	SAFIULLAH	TRAINER/FIELD MICROSCOPIST TRAINING
21	VACANT	TRAINER, FIELD MICROSCOPIST TRAINING
** BHW TRAINING INITIAL, ASSESSMENT & CE - IPH 3 MOBILE TEAMS		
22	S. ABDUL LATIF DR.	DIRECTOR, BHW TRAING. ASSESSMENT & CE (DOCTOR)
23	S.ABDULLAH ISRAR DR.	TRAINER, ASSESSMENT & CE (DOCTOR)
24	SHAH PACHA DR.	TRAINER, ASSESSMENT & CE (DOCTOR)
25	NASRULLAH KHAN	TRAINER, ASSESSMENT & CE (MID LEVEL)
26	MOHAMMAD NAJIB KAKAR	TRAINER, ASSESSMENT & CE (MID LEVEL)
27	SHAH WALI	TRAINER,ASSESSMENT & CE (MID LEVEL)
** MANAGEMENT TRAINING		
28	MOHAMMAD ASIF KARIMI	DIRECTOR, MGMT/TRAINING(IPH & FIELD CENTERS MOBILE
29	ZIA MOHAMMAD POYA DR.	TRAINER, MANAGMENT (IPH & FIELD CENTERS MOBILE)
** SEMINARS/WORKSHOP (PHC, TOT, ETC..		
30	SAIFURRAHMAN DR.	DIRECTOR/TRAINER (DOCTOR)
31	VACANT	TRAINER, DOCTOR
32	MOHAMMAD AZIZ DR.	TRAINER, DOCTOR
** PUBLICATION		
33*	HEDAYATULLAH HATEEM	DIRECTOR/EDITOR
34*	HAYATULLAH POPAL	PRINTING PRESS OPERATOR
35*	MOHAMMAD AKBAR	PRINTING PRESS, ASSTT. OPERATOR
36*	VACANT	PRINTING PRESS ASSTT. OPERATOR
37	MOHAMMAD WASEL	AUDIO-VUSUAL TECHNICIAN
38	ABDUL HALEEM SAFI	CALLIGRAPHER
39	VACANT	GRAPHIC ARTIST
** COMBINED MID-LEVEL CONTINUING EDUCATION PROGRAM (CMCEP)		
40	GH. RASOOL AHMADYAR DR.	DIRECTOR/TRAINER (DOCTOR)

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MSH SUPPORTED POSITIONS
IPH ALL LOCATIONS

S.NO.	NAME:	POSITION:
41	POE MOHAMMAD DR.	TRAINER DOCTOR
42	S. IBRAR DR.	TRAINER DOCTOR
43	TAJWAR KHAN	TRAINER, MID-LEVEL
** TRAINING CENTER (CENTERAL EASTERN PROVINCES - WARDAK)		
44	S. SHAMSULHAQ DR.	DOCTOR TRAINER - INCHARGE
45	SARTOR	TRAINER (COMMUNITY HEALTH)
46	MIRAK JAN	TRAINER, MID-LEVEL
47	MOHAMMAD ARIF	TRAINER, MANAGEMENT
48	ALLAUDDIN DR.	BHW ASSESSMENT & CE TRAINER, DOCTOR (MOBILE)
49	VACANT	BHW ASSESSMENT & CE TRAINER, MID-LEVEL (MOBILE)
50	OMER KHALID SHARIFI	ADMINISTRATIVE ASSTT.
51	ABDUL JALIL	WATCHMAN (INSIDE)
** TRAINING CENTER (SOUTH EASTERN PROVINCES - KANDAHAR)		
52	VACANT	DOCTOR TRAINER, IN-CHARGE
53	VACANT	TRAINER (COMMUNITY HEALTH)
54	VACANT	TRAINER, MID-LEVEL
55	MOHAMMAD HASSAN	TRAINER MANAGEMENT
56	EHSANULLAH DR.	BHW ASSESSMENT/CE, DOCTOR (MOBILE)
57	VACANT	BHW ASSESSMENT/CE, MID-LEVEL (MOBILE)
58	SAMIULLAH	ADMINISTRATIVE ASSTT.
59	VACANT	WATCHMAN (INSEDE)
** IPH SUPPORT STAFF - PESHAWAR LIAISON OFFICE		
60*	MOHAMMAD QASEEM	WATCHMAN
61*	MOHAMMAD IBRAHIM	WATCHMAN
62*	MOHAMMAD FAHIM	WATCHMAN
63*	SAFAUDDIN	WATCHMAN
64*	SHAH GUL MRS.	HOUSE KEEPER MCHO

**

* IPH/PESHAWAR LIAISON OFFICE STAFF

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Dec 12

ISLAMIC STATE OF AFGHANISTAN دولت اسلامی افغانستان

MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH
No. 597
Date: 30 / 9 / 92

وزارت صحت عامه
ریاست انستیتوت صحت عامه
مدیریت ( )

IPH Personnel.

30 SEP 1992

TD 302 7-10-92

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

Sub: Latest organogram of IPH.

Dear Dr. Oldham:

Enclosed to the letter sending to you ~~two~~ (3) copies of the latest organogram of IPH which have been arranged with bilaterial agreement of IPH and MSH for our activities in Afghanistan.

I, hope you may please acknowledge the receipt of the organogram and let us know of your decission so, it would help us for planning our activities inside the country.

Thank you.

Sincerely Yours,

Dr. Akbari
Deputy General Director of
Institute of Public Health.

To: Yousaf Khoynavi
Mary Harper.
Please see attached list of IPH staff supported (salary) by MSH. Effective October 1992. Some of the previous positions will be carried up to 15 Oct 92. see attached list

Concur with recommendation + staffing pattern of IPH. including designated (name) staff.
R. Olmson
10 Oct 92

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100

ORGANOGRAM FOR

MSH SUPPORTED POSITIONS

IPH ALL - LOCATIONS.

		STAFF ASSIGNMENT MADE BY I.P.H.
EXECUTIVE LEVEL:		
1	Director General & Deputy Minister of Health	(Dr.S.M.Amine Fatimie)
* 2	Deputy Director General	Dr. Mohd Tahir Akbary
* 3	Second Deputy Director General	Dr. Mohd Qasim Murad
4	Director, Zonal Officer of IPH	Dr. Ahmadullah Ahmadzai
FINANCE AND ADMINISTRATION:		
* 5	Senior Accountant/Administrator	Mr.Ziaullah
* 6	Computer Operator	Mr.Abdul Bari
* 7	Computer Operator	Mr.Mohd Masud
8	Clerk/Typest (English)	Mr.Ghulam Sakhi
9	Clerk/Typest (Dari)	Mr.Sayed Alam
10	Computer Operator/Clerk	Mr.Wahiduddine
MID LEVEL TRAINING (RHO, MCHO, MICROSCOPIST):		
11	Director, RHO Training	Dr.Saleh
12	Trainer, Doctor - RHO	Dr.M.Rahim
13	Trainer, Mid-level - RHO	Mr.Ahmad Farid Mujadadi
14	Trainer, Mid-level - RHO	Mr.M.Ghafoor
* 15	Director, MCHO Training	Dr. Nooria Sediqi
* 16	Trainer, Doctor - MCHO	Dr. Nasima Nasrati
* 17	Trainer, Doctor - MCHO	Dr. Zareen
* 18	Trainer, Mid-level - MCHO	Ms.Latifa
19	Director/Trainer, Field Microscopist Training	Dr.Abdul Hadi Babak
20	Master Trainer, Field Microscopist Training	Mr.Safiullah
21	Master Trainer, Field Microscopist Training	Vacant
BHW TRAINING INITIAL,ASSESSMENT AND CONTINUING EDUCATION - IPH 3 MOBILE TEAMS: (Three mobile teams of 2 each, one doctor and one Mid-level)		
22	Director, BHW Training Assessment & CE(Doctor)	Dr.S.A.Latif
23	Trainer, Assessment & Continuing Education (Doctor)	Dr.S.Abdullah Israr
24	Trainer, Assessment & Continuing Education (Doctor)	Dr.Shah Pacha
25	Trainer, Assessment & Continuing Education (Mid-level)	Mr.Nasrullah Khan
26	Trainer, Assessment & Continuing Education (Mid-level)	Mr.M.Najib Kakar
27	Trainer, Assessment & Continuing Education (Mid-level)	Mr.Shah Wali
MANAGEMENT TRAINING:		
28	Director,Management Training(IPH & FIELD CENTERS MOBILE)	Mr.Mohd Asif Karimi
29	Master Trainer,Management Training.(")	Dr.Zia Mohammd Poya

* IPH Staff Assigned to Peshawar Liaison Office .

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SEMINARS/WORKSHOP(PHC, TRAINING OF TRAINERS, ETC.:)

30 Director/Trainer, Doctor	Dr.Saifurrahman
31 Trainer, Doctor	Vacant
32 Trainer, Doctor	Dr.M.Aziz

PUBLICATIONS:

* 33 Director/Editor	Hedayatullah Mateen
* 34 Printing Press Operator	Hayatullah Popal
* 35 Printing Press, Assistant Operator	Mr.M.Akbar
* 36 Printing Press, Assistant Operator	Vacant
37 Audio-Visual Technician	Mohd Wasel
38 Calligrapher	Abdul Haleem safi
39 Graphic Artist	Vacant

COMBINED MID-LEVEL CONTINUING EDUCATION PROGRAM (CMCEP):

40 Director/Trainer, Doctor	Dr.Gh.Rasool Ahmadyar
41 Trainer, Doctor	Dr.Peo Mohammad
42 Trainer, Doctor	Dr.S.Ibrar
43 Trainer, Mid-level	Mr.Tajwar Khan

TRAINING CENTER (CENTRAL EASTERN PROVINCES - WARDAK):

44 Doctor Trainer - Incharge	Dr.S.Shamsulhaq
45 Community Developer	Mr.Sartor
46 Trainer, Mid-level	Mr.Miram jan
47 Management Trainer	Mr.M.Arif
48 BHW Assessment & Continuing Edu. Trainer, Doctor (Mobile)	Dr.Allauddine
49 BHW Assessment & Continuing Edu.Trainer,Mid-level(Mobile)	~~Vacant~~ Syed Abdullah
50 Administrative Assistant	Mr.Omer Khalid Sharifi
51 Watchman	Ab.Jalil

TRAINING CENTER (SOUTH EASTERN PROVINCES - KANDAHAR):

52 Doctor Trainer, Incharge	Vacant
53 Community Developer	Vacant
54 Trainer, Mid-level	Vacant
55 Management Trainer	Dr.M.Hassan
56 BHW Assessment & Continuing Education, Doctor	Dr.Ehsanullah
57 BHW Assessment & Continuing Education, Mid-level	Vacant
58 Administrative Assistant	Mr.Sameullah
59 Watchman	Vacant

IPH SUPPORT STAFF - PESHAWAR LIAISON OFFICE

60 Watchman	Mr.M.Qaseem
61 Watchman	Mr.M.Ibrahim
62 Watchman	Mr.M.Fahim
63 Watchman	Mr.Safauddine
64 House Keeper MCHO	Mrs.Shah Gul

IPH Staff Assigned to Peshawar Liaison Office .

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M.S.H. SUPPORTED POSITIONS

IPH STAFF

Peshawar Liaison Office

1.	Deputy Director General	Dr. Mohd Tahir Akbary
2.	Second Deputy Director General	Dr. Mohd Qasim Murad

FINANCE AND ADMINISTRATION:

3.	Senior Accountant/Administrator	Mr.Ziaullah
4.	Computer Operator	Mr.Abdul Bari
5.	Computer Operator	Mr.Mohd Masud
6	Watchman (Temporary)	Mr.M.Qaseem
7	Watchman (Temporary)	Mr.M.Ibrahim
8	Watchman (Temporary)	Mr.M.Fahim
9	Watchman (Temporary)	Mr.Safauddine

MID LEVEL TRAINING (RHO, MCHO, MICROSCOPIST):

10.	Director, MCHO Training	Dr. Nooria Sediqi
11.	Trainer, Doctor - MCHO	Dr. Nasima Nasrati
12.	Trainer, Doctor - MCHO	Dr. Zareen
13.	Trainer, Mid-level - MCHO	Ms.Latifa
14	House Keeper MCHO (Temporary)	Ms.Shah Gul

PUBLICATIONS:

15.	Director/Editor	Mr.Hedayatullah M.
16.	Printing Press OPerator	Mr.Hayatullah Popal
17.	Printing Press, Assistant Operator	Mr.M.akbar
18.	Printing Press, Assistant Operator	Vacant

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POSITIONS IPH AFGHANISTAN & LIAISON OFFICE PESHAWR = 59

TEMPORARY POSITIONS IN LIASON OFFICE PESHAWAR.... = 5

TOTAL POSITIONS ..... = 64

TOTAL POSITION IN IPH LIAISON OFFICE PESHAWAR .....= 13

TEMPORARY POSITIONS IN IPH LIASON OFFICE PESHAWAR .= 5

TOTAL VACANT POSITIONS ..... = 10

TOTAL POSITIONS IN IPH JALALABAD ..... = 46

TOTAL STAFF ASSIGNED TO JALALABAD ..... = 36

Best Available Document

File

MEMORANDUM

DATE: 27 July 1992

TO: William D. Oldham, MD.

FROM: Dick Johnson Dick

SUBJECT: Transfer of IPH to Afghanistan

During Dr. Fatimie's recent visit to Peshawar a preliminary plan was developed for transfer of the IPH to Kabul. Dr. Fatimie has designed several rooms, including library, conference rooms, auditorium which are presently occupied by the MOPH in Kabul for the IPH. Dr. Fatimie stated that the existing complex, now housing the MOPH was originally the main campus of the Institute of Public Health, however, during the communist regime the IPH was abolished and these facilities were taken over for other MOPH activities. This complex is according to Dr. Fatimie located in the most secure area (Wazir Akbar Khan) in Kabul, and is adjacent or very near the American Embassy. Now, the plan is to reactive the IPH and move some Ministry offices to new locations to free up the required space for the IPH. In this regard, Dr. Akbarie, Deputy Director General, IPH in Peshawar left for Kabul on 23 July 1992 to make detailed arrangements for receiving staff, IPH Peshawar, equipment, materials, furniture, and supplies. Dr. Fatimie agreed that the main office of the IPH should be vacated on or about 31 August 1992. Dr. Akbarie is expected back in Peshawar with the detailed transfer plan within a couple of weeks.

Discussion with, Dr. Qasim, Second Deputy Director General in-charge of IPH operations here in Peshawar have been held regarding the planned move. In order to carry out an orderly transfer of materials, it was concluded that all essential functions of the IPH presently carried out in the 13A Chinar Road office would be set up, on a temporary basis, in the RHO complex on Jamrud Road, except for the Publications Unit. This Unit is to remain at the 13 A Chinar Road facility until the last minute because the press requires re calibration after movement.

Yesterday Dr. Qasim, Dr. Mubarak and I carried out a visual survey of all rooms occupied by the IPH i.e. the 13A Chinar Road building, the MCHO building and the RHO complex. It was noted that there is a large quantity of supplies, equipment, materials, and furniture that need to be shifted to Kabul. Based on previous experience of shipping furniture, equipment and supplies into Afghanistan, if "things" are to arrive intact some packing is required e.g. furniture sent out to Chak Wardak arrived in broken or damaged condition.

In order to carry out this transfer in an orderly manner and on time i.e. 31 August 1992, we have concluded that the arrangements must be started immediately. BHW refresher training will be suspended until it can be reopened in Chak Wardak, as it will not be possible to accommodate trainees and all other activities envisaged for the RHO complex during this transition phase. The MCHO building needs to be maintained for the MCH/VHS Workshop planned by the MCH Department. As soon as this Workshop is completed the female MCHO staff will be accommodated in the upstairs rooms of the RHO building. This is a separate area and should not present any problems, at least on a temporary basis. In any case the MCHO building can be returned to the Landlord on 31 August 1992. We would like to retain the RHO facility until the transfer is completed. Rent on that facility has been paid, I think, up to 31 December 1992.

Basically this is the plan in the present political setup and can be implemented if no untoward incidents, affecting the MOPH, occur in Kabul.
If you concur it is recommended that we obtain bids for packing the materials and look into different shipping arrangements in order to identify the lowest price for the movement, taking into consideration security, road conditions, reputation of transporters, etc.

BASIC HEALTH WORKER

Initial training

Program

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
INSTITUTE OF PUBLIC HEALTH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987										99			99	99	
FY 1988		236				237				240			713	812	
FY 1989		287					270						557	1369	
FY 1990	247						137						384	1753	
FY 1991		54					16						70	1823	
FY 1992													0	1823	
FY 1993								13					13	1836	
FY 1994													0	1836	

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR

T R A I N I N G D E P A R T M E N T

BASIC HEALTH WORKERS TEACHING OUTLINE.

CAPTER ONE : Introduction to the BHW training program and BHWs responsibilities and duties .

CHAPTER TWO : Community Development

- Why it is important to involve community .
- How to know the community ?
- Mapping of the service area.
- Home visiting
- BHWs Attitude
- BHWs kit.
- Coordination with other members of health team .

CHAPTER THREE : Management of health activities .

- Supplies Management in the health post.
- Daily Activities schedule .
- Protection of Work location .
- Recording and reporting

CHAPTER FOUR : Introduction to human body structure .

CHAPTER FIVE : Microorganisms the main cause of diseases

- Types of microorganisms .
- Ways of Transmission of Microorganisms.
- Prevention .

CHAPTER SIX : Nursing Skills

- General information .
- Patient Care.
- Sterilization .
- Dressing
- Injection
- Drug Administration .
- Dosage calculation .

CHAPTER SEVEN : Guidelines about using drug included in the BHW kit.

CHAPTER EIGHT : First Aid

General instructions
Unconsciousness
Resuscitation
Bleeding
Shock
Burn
Injuries
Fracture
Asphyxia and drowning
Foreign body in Eye ,Ear and Nose
Poisoning
Heat and Cold effect on the body.
Animals bit
Rabbis

CHAPTER NINE : Management of Common clinical problems

General instructions
Fever
Headache
Cough
Vomiting
Signs of dangerous illness
G.I. Common disorder
Amebiasis
Diarrhea
Bacillary dysentery
Heart burn
Acute abdomen
Worms
Typhoid fever
Respiratory disorders
Sore throat
Acute Respiratory infections
Pneumonia
Bronchitis
T.B.(Prevention)
Malaria
Renal Colic
Anemia
Eye problems
Skin problems
Imptigo
Scabies
Abscess
Painful joints

CHAPTER TEN : Health care of children.

Immunization and six target diseases
Hygiene
Nutrition and malnutrition .
MUAC tool for monitoring the child growths and determining of male nutrition in child..
Preventing accidents involving children.
Care of sick child
Diarrhea and dehydration
Fever and cough
Mumps
Chickenpox
Acute otitis

CHAPTER ELEVEN : Health care of women and mothers.

Pregnancy
Nutritional need during pregnancy
Antenatal and postnatal care
Minor problems during pregnancy
High risk pregnancies and referral.
Labor and delivery
Newborn care
Care of cord
Breast feeding and Care of breast
Dai training .

CHAPTER TWELVE : Health communication and environmental development .

Personal hygiene
Family hygiene
Community health
Water
Waste disposal
Latrine
Protection and handling of the food
Vectors of diseases
Prime messages .

Drafted by :
Dr.Mubarak Shah
November 2nd,1991

بسم الله الرحمن الرحيم

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِلْمُؤْمِنِينَ

دافغانستان داسلامي دولت دعامي روغتیاوزارت

دعامي روغتیاد انستیتوت ریاست

فوتو

Basic Health Worker Certificate

This is to certify that Mr ..... S/o ..... has succesfully completed the Basic Health Worker Training Programme conducted by the Ministry of Public Health (A.I.G) from ..... to ..... .

The bearer of this certificate will be entitled to work in fronts of Jehad inside Afghanistan under the Health Centre Programmes.

د روغتیايي اساسي کارکوونکو

تصدیق پاڼه

تصدیق کیږي چې بناغلی ..... زوی ..... نیټې د روغتیايي اساسي کارکوونکو تربیيتي پروګرام چې دافغانستان داسلامي دولت دعامي روغتیا وزارت له خوا د / / نیټې تر / / نیټې پورې جوړ شوی ؤ، په بریالیتوب سره پای ته رسولې ده .

نوموړی کولای شي دافغانستان د جهادي جبهو په داخل کښې د صحي مرکزونو د پروګرام لاندې کار وکړي .

دعامي روغتیاد وزیرلاسلیک

دعامي روغتیاد انستیتوت د رئیس لاسلیک

مکروب وشستن دست‌ها:

مکروب‌ها سبب امراض شده و مکروب‌ها در اشیا و جاهای ذیل موجودند.

مکروب‌ها در بدن انسان در نواحی ذیل اند:

۱- موی‌ها ۲- بینی ۳- دهن ۴- جلد ۵- دست‌ها ۶- لباس

مکروب‌ها در محیط در نواحی ذیل موجوداند:

۱- ابهای ملوث ۲- مواد غذائی ملوس و باسی ۳- مگس‌ها و پشه‌ها
۴- چوشک اطفال ۵- شیرچوشک اطفال ۶- مواد غایطه

برای جلوگیری از امراض نقاط ذیل در نظر باشد:

الف- غذاهای خوب و صحی صرف شود.
ب- برای اطفال وزنها واکسین تطبیق گردد.
ج- بطور منظم جهت معاینات به کلینک مراجعه شود.
د- در وقت مریضی به کلینک مراجعه شود
ه- پاکی و سترگی مراعات گردد. جهت پاکی و سترگی دستها باید در شش مورد ذیل باآب و صابون شسته شوند:
۱- بعد از هر عمل تغوط ۲- قبل از تهیه کردن غذا.
۳- قبل از خوردن غذا ۴- قبل از غذا دادن به اطفال
۵- بعد از تمام کردن کارهای منزل ۶- قبل از ولادت دادن طفل ۷- الی از نجها بطریقه خاص،

اسهال و دی هایدریشن

اطفال معمولاً از سبب اسهال بمیرند و اسهال از سبب داخل شدن مکروب به بدن طفل عاید می‌شود.

مکروب‌ها در مواد ذیل موجوداند.

۱- دست‌های ناپاک ۲- غذاهای ملوث و شب مانده ۳- آب ناپاک
۴- شیرچوشک و چوشک اطفال ۵- مگس‌ها ۶- مواد غایطه

در هنگامیکه طفل اسهال است چه کارها باید صورت گیرد.

۱- ادامه تغذی با شیر مادر و غذاهای مایع ۲- دادن محلول او.ار. اس و یا محلول بوره و نمک

برای جلوگیری از اسهال شرایط ذیل باید مراعات شود.

۱- تغذی اطفال با شیر مادر الی سن دو سالگی ادامه داده شود ۲- برای اطفال بعد از سن ۴ ماهگی بر علاوه شیر مادر غذاهای مایع نیز داده شود.
۳- پاکی و سترگی مراعات شود.

برای اینکه پاکی و سترگی مراعات شود باید دست‌ها در شش موقع ذیل با آب و صابون شسته شوند

۱- بعد از هر عمل تغوط ۲- قبل از تهیه کردن غذا
۳- قبل از خوردن غذا
۴- قبل از غذا دادن به اطفال
۵- بعد از تمام کردن کارهای منزل
۶- قبل از ولادت دادن طفل

تیتانوس:

یک مرض کشنده و خطرناک است که اگر سترگی و پاکی در موقع ولادت دادن طفل مراعات نشود، طفل و یا مادر به آن گرفتار می‌شوند.

برای جلوگیری از تیتانوس دایه‌های محلی باید هدایات ذیل را در نظر داشته و عمل کنند

۱- نرس‌های حامله را برای واکسین کردن و رفتن به کلینک تشویق کنند. ۲- ولادت باید در یک جای پاک صورت گیرد. ۳- در محلی که ولادت صورت میگیرد یک پارچه پلاستیک به اندازه یک متر هموار شود. ۴- یک تکه پاک بالای پلاستیک هموار شود. ۵- شش عدد تار، شش پارچه گاز، دو عدد پل ریش و یک قیچی باید قبل از ولادت برای مدت (۴) دقیقه جوش داده شوند ۶- دستها بطریقه خاص شسته شوند. ۷- با مادر در حین ولادت کمک شود. ۸- پاک کردن دهن، بینی و چشم‌های نوزاد با پارچه‌های گاز ۹- شستن دست‌ها مرتبه دوم الی از نجها عملی شوند ۱۰- ناف نوزاد بطریقه ذیل قطع شود.

الف- بگذارید ناف باریک و سفید شده و نضاف آن از بینی برود.
ب- ناف را در سه محل با تارها گره زده و گره اول را یک انگشت بالاتر از شکم طفل، گره دوم را یک انگشت بالاتر از گره اول و گره سوم را یک انگشت بالاتر از گره دوم بزنید
ج- ناف با تیغ پاک در بین گره دوم و سوم قطع شود

هیچگاه خیته، نصوار، سرمه، واسلین، خاک و غیره مواد که بالای ناف استعمال نکنید و بهتر است ناف را خشک، پاک و برهنه نگهدارید.

MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

26 March 1990

Dr. Fatimie
Director
Institute of Public Health
Peshawar

Dear Dr. Fatimie:

As a Dai Training Workshop has recently been held (March 1990) with BHW trainers from all BHW training camps, it is assumed that this training will be taught to all BHWs attending the refresher and primary BHW training courses.

To facilitate the transfer of Dai training skills and knowledge to BHWs currently working in Afghanistan, Field Operations has been requested to refer all BHWs presenting for resupply to the BHW refresher training program, regardless as to when the BHW last attended the refresher training.

The MSH warehouse is preparing Dai kits for distribution through BHWs and these kits will be included in all initial and future resupplies. Since I feel this is a very important activity, I have requested the MSH Training Department to ensure that all Class 8 BHWs are trained to teach, where possible, the dais residing in their work area.

Sincerely,

William D. Oldham, M.D.
Team Leader

CC: Dr. Saleem, MCH Dept.
Dr. Safi, BHS Dept.
Dr. Laurence, MSH
Linda Tawfiq, MSH

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OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR

6 DAYS REFRESHER TRAINING PROGRAM

Goal: To enable the BHWs to provide better and more skillful PHC services to the community within the Afghan Health System.

Objectives:

At the end of the 6 days BHW CEP the BHWs will be able to:

1. Clearly describe his role and responsibilities.

2. Demonstrate the application of the core skills defined for the BHW.

3. Recognize the influence of social, cultural and environmental factors on health status of the people.

4. Involve the community in other related sectors such as education, agriculture i.e. chicken farming, paltry forming etc.

5. Demonstrate integrated home visiting skill i.e. water and sanitation, old age problems, care of children and mothers.

6. Properly deal with community elders and leaders and to establish the link between the formal, health system and PHC based on health system.

7. Organize the implementation prevention and promotion of health services.

8. Recognize and work on the management of basic health problem in priority at low cost and using available resources.

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MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR

T R A I N I N G D E P A R T M E N T

BASIC HEALTH WORKERS CONTINUING EDUCATION PROGRAM (BHWCEP)

TEACHING OUTLINE

CHAPTER 1 : Introduction to the BHW training program and BHWs responsibilities and duties .

CHAPTER 2 : Community Development

- Why it is important to involve community .
- How to know the community ?
- Mapping of the service area.
- Home visiting
- BHWs Attitude
- BHWs kit.
- Coordination with other members of health team .

CHAPTER 3 : Afghanistan Health System and Primary Health Care.

CHAPTER 4 : Health communication and environmental development .

- Personal hygiene
- Family hygiene
- Community health
- Water
- Waste disposal
- Latrine
- Protection and handling of the food
- Vectors of diseases
- Prime messages .

CHAPTER 5 : Management of health activities .

- Supplies Management in the health post.
- Daily Activities schedule .
- Protection of Work location .
- Recording and reporting

CHAPTER 6 : Microorganisms the main cause of diseases

Types of microorganisms .
Ways of Transmission of Microorganisms.
Prevention .

CHAPTER 7 : Management of Common clinical problems

CHAPTER 8 : Health Care of Children.

Immunization and six target diseases
Hygiene
Nutrition and malnutrition
MUACT tool for monitoring the child growths and determining of male nutrition in child..
Preventing accidents involving children.
Care of sick child
Diarrhea and dehydration
Fever and cough
Mumps
Chickenpox
Acute otitis
Acut Respiratory Infections (ARI)

CHAPTER 9 : Health care of women and mothers.

Pregnancy
Nutritional need during pregnancy
Antenatal and postnatal care
Minor problems during pregnancy
High risk pregnancies and referral.
Labor and delivery
Newborn care
Care of cord
Breast feeding and Care of breast
Dai training .

CHAPTER 10 : Health Education .

CHAPTER 11 : Family Planning

CHAPTER 12 : Mine Awareness.

CHAPTER 13 : Narcotics Control Program .

Drafted by :
Dr.Mubarak Shah
January 1993.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW CONTINUING EDUCATION PROGRAM
INSTITUTE OF PUBLIC HEALTH

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989						99			336	36	32	62	565	565	
FY 1990	27	71	77	14	29	36	49	124	215	162	38	58	900	1465	
FY 1991	60	66	39	27	31	44	80	80	74	56	54	30	641	2106	
FY 1992	80	40	57	28	23	26	18	33	15	21	13	0	354	2460	
FY 1993	13	22	19	18			30	19	17	20	44	13	215	2675	
FY 1994	37	145	71										253	2928	

* FY 1987 = October 1st, 1986 – September 31, 1987

BASIC HEALTH WORKER

Continuing Education Program

(BHW CEP)

NO. 1
2/91

MoPH/IPH

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MANAGEMENT SCIENCES FOR HEALTH
MSH/DPU
INFORMATION LIST OF BHWS FOR SESSION 1

SION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
1	91	ROHULLAH		0	SAYED ABAD	WARDAK	NIFA
1	33	MOHD ISMAIL		5	JAJI	PAKTYA	ANLF
1	41	FAZEL WAHED		5	ASMAR	KONAR	ANLF
1	28	ALLAH MIR		6	JAJI	PAKTYA	ANLF
1	32	SHAH WALI		6	JAJI	PAKTYA	ANLF
1	34	GH. SAKHI		6	JAJI	PAKTYA	ANLF
1	43	SHERIN		6	ASMAR	KONAR	ANLF
1	78	ABDUL SHAKUR		6	QARA BAGH	GHAZNI	NIFA
1	29	BADSHAH GUL		7	JAJI	PAKTYA	ANLF
1	30	ALIF GUL		7	JAJI	PAKTYA	ANLF
	44	PADSHAH GUL		7	JALALABAD	NANGARHAR	ANLF
1	50	ABDULLAH		7	KABUL	KABUL	ANLF
1	81	MIR BAZ		7	GARDAIZ	PAKTYA	NIFA
1	82	GUL KAUSAR		7	GARDAIZ	PAKTYA	NIFA
1	85	JANAT GUL		7	QARA BAGH	GHAZNI	NIFA
1	38	GUL ZAMAN		8	ASMAR	KONAR	ANLF
1	40	MEHRAJUDDIN		8	ASMAR	KONAR	ANLF
1	76	NASRULLAH		8	SARI PUL	JAWZJAN	NIFA
1	11	JUMA KHAN		9	QARQIN	JAWZJAN	JAMIAT
1	14	NOOR AHMAD		9	KAHMARD	BAMYAN	JAMIAT
1	26	HABIBULLAH		9	KUNDUZ	KUNDUZ	ANLF
1	42	GHULAM		9	ASMAR	KONAR	ANLF
1	48	SHAH AQA		9	QARA BAGH	KABUL	ANLF
1	92	MOHD IBRAHIM		9	ACHIN	NANGARHAR	NIFA
1	94	MOHD NAIM		9	MAZAR-I-SHARIF	BALKH	NIFA
1	15	GUL MOHD KHAN		10	PANJSHARE	PARWAN	JAMIAT
1	17	SHAH WALI		10	MOHAMMAD AGHA	LOGAR	JAMIAT
1	24	MOHD MASUD		10	KABUL	KABUL	JAMIAT
1	47	ATTIQULLAH		10	JALALABAD	NANGARHAR	ANLF
1	56	SHER KHAN		10	PULI ALAM	LOGAR	HARAKAT
1	57	NAJIBULLAH		10	MOHAMMAD AGHA	LOGAR	HARAKAT
1	60	FAIZULLAH		10	GARDAIZ	PAKTYA	HARAKAT
1	62	MOHD JAFAR		10	HESARAK	NANGARHAR	HARAKAT
1	64	ABDUL HADI		10	GHAZNI	GHAZNI	HARAKAT
1	66	NOOR MOHD		10	WARDAK	WARDAK	HARAKAT
1	67	ABDULLAH		10	FARAH	FARAH	HARAKAT
1	68	MOHD ALAM		10	WARDAK	WARDAK	HARAKAT
1	70	MOHD ALEM	NOOR MOHD	10	WARDAK	WARDAK	HARAKAT
1	72	GH. FARUQ		10	WARDAK	WARDAK	HARAKAT
1	74	MOHD AKBAR		10	KABUL	KABUL	HARAKAT
1	75	MATIULLAH		10	KABUL	KABUL	HARAKAT
1	2	MOHD MASIM		11	KHOST WA FRENG	TAKHAR	I.I.M.A
1	4	PURDEL KHAN		11	ANDERAB	BAGHLAN	JAMIAT
1	9	KHAIRUDDIN		11	SARI PUL	JAWZJAN	JAMIAT
1	10	MOHD ESSA		11	SHOLGERA	BALKH	JAMIAT
1	79	AHSAN PADSHAH		11	SARI PUL	JAWZJAN	NIFA
1	80	AHMAD GUL		11	PAGHMAN	KABUL	NIFA
1	93	AMIN JAN		11	SAYED ABAD	WARDAK	NIFA
1	95	GH. HUSSAIN		11	SHAKAR DARA	KABUL	NIFA

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MANAGEMENT SCIENCES FOR HEALTH
MSH/DPU
INFORMATION LIST OF BHWS FOR SESSION 1

SSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
1	97	ZIAUDIN		11	HERAT	HERAT	NIFA
1	1	GULNAZAR		12	ANDERAB	BAGHLAN	I.I.M.A
1	3	NAJIBULLAH		12	ANDERAB	BAGHLAN	JAMIAT
1	5	ABDULLAH		12	KESHAM	BADAKHSHAN	JAMIAT
1	6	MOHD		12	MEYMANEH	FARYAB	JAMIAT
1	7	AZIZULLAH		12	MEYMANEH	FARYAB	JAMIAT
1	8	NOOR MOHD		12	SANG CHARAK	JAWZJAN	JAMIAT
1	12	ABDUL JABAR		12	KOHISTAN	KAPISA	JAMIAT
1	13	GUL AGA		12	KOHISTAN	KAPISA	JAMIAT
1	18	ABDUL HAMID		12	MOHAMMAD AGHA	LOGAR	JAMIAT
1	19	GH. FARUQ	GH. DASTAGIR	12	QARGHAI	LAGHMAN	JAMIAT
1	20	NOORULLAH KHAN		12	ASADABAD	KONAR	JAMIAT
1	21	SHAH MAHMUD		12	PECHE	KONAR	JAMIAT
1	22	AHMAD SHAH		12	KANDAHAR	KANDAHAR	JAMIAT
1	23	AHMAD MOJTABA		12	MAYDAN SHAR	WARDAK	JAMIAT
1	25	AHMAD MOTALEB		12	SARDRI	KABUL	JAMIAT
1	27	NIAZ MOHD		12	NAHRE SHAHI	BALKH	ANLF
1	31	MENHAJUDDIN		12	JAJI	PAKTYA	ANLF
1	35	ABDUL MATIN		12	MOHAMMAD AGHA	LOGAR	ANLF
1	36	GH. SAKHI		12	PULI ALAM	LOGAR	ANLF
1	37	SEKANDAR		12	ASADABAD	KONAR	ANLF
1	39	MOHD KHAN		12	ASADABAD	KONAR	ANLF
1	45	WAISUDDIN		12	SORKH ROD	NANGARHAR	ANLF
1	46	AINULLAH		12	RODAT	NANGARHAR	ANLF
1	49	HAYATULLAH		12	PAGHMAN	KABUL	ANLF
1	52	NAJIBUDDIN		12	JAWZJAN	JAWZJAN	HARAKAT
1	55	ABDUL JABAR		12	MOHAMMAD AGHA	LOGAR	HARAKAT
1	59	SULTAN GUL		12	SAYED KARAM	PAKTYA	HARAKAT
1	61	GHAZI		12	GARDAIZ	PAKTYA	HARAKAT
1	63	MOHD HAMAYUN		12	HESARAK	NANGARHAR	HARAKAT
1	69	MOHD HAMAYUN		12	CHAKE WARDAK	WARDAK	HARAKAT
1	71	FAZEL QADIR		12	WARDAK	WARDAK	HARAKAT
1	77	AZIZULLAH		12	PAGHMAN	KABUL	NIFA
1	83	SHERAZ KHAN		12	JALALABAD	NANGARHAR	NIFA
1	84	AMINULLAH		12	MAYDAN SHAR	WARDAK	NIFA
1	86	SHAH WALI		12	DOWLATABAD	FARYAB	NIFA
1	87	WALI SHAH		12	SARI PUL	JAWZJAN	NIFA
1	88	MOHD KHALIL		12	CHAWKI	KONAR	NIFA
1	89	PADSHAH GUL		12	TAGAB	KAPISA	NIFA
1	90	ABDUL SAMAD		12	TAGAB	KAPISA	NIFA
1	96	ABDUL SALAM		12	NAHRE SHAHI	BALKH	NIFA
1	98	ATTIQULLAH		12	JAJI	PAKTYA	NIFA
1	99	ABDUL ZAHER		12	MAZAR-I-SHARIF	BALKH	NIFA
1	100	AGA MOHD		12	JALALABAD	NANGARHAR	NIFA
1	1113	MOHD SHERIN	ZAFAR KHAN	12	CHAKE WARDAK	WARDAK	JAMIAT
1	1652	MOHD OMAR	MOHD ALAM	12	CHAKE WARDAK	WARDAK	HARAKAT
1	16	ABDUL RASHAD	MOHD OSMAN	14	MOHAMMAD AGHA	LOGAR	JAMIAT
1	51	MEHRAJUDDIN		14	BAMYAN	BAMYAN	HARAKAT
1	53	MOHD ISMAIL		14	MOHAMMAD AGHA	LOGAR	HARAKAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 1

ESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
1	54	MOHAMMADULLAH		14	PULI ALAM	LOGAR	HARAKAT
1	58	GH. DASTAGIR		14	BARAKI	LOGAR	HARAKAT
1	73	SHERULHAQ		14	PAGHMAN	KABUL	HARAKAT

** Total ***
7750

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NO. 1
2/91

MOPH/IPH

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MANAGEMENT SCIENCES FOR HEALTH
MSH/DPU
INFORMATION LIST OF BHWS FOR SESSION 2

ION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
2	126	MOHD YUSOF		3	SHINKAI	ZABUL	ANLF
2	272	NOORULLAH		5	DEH SABZ	KABUL	HARAKAT
2	119	NAQIBULLAH		6	MOHAMMAD AGHA	LOGAR	ANLF
2	122	MULLAH NOOR MOHD		4	ZABUL	ZABUL	ANLF
2	125	MOHD AMIN		6	SHINKAI	ZABUL	ANLF
2	223	MALEK HAIDER SHAH		4	NAHRE SHAHI	BALKH	HARAKAT
2	224	ABDUL KHALIL		6	MEYMANEH	FARYAB	HARAKAT
2	227	ABDULLAH		4	NAHRE SHAHI	BALKH	HARAKAT
2	228	ABDUL JABAR		6	NAHRE SHAHI	BALKH	HARAKAT
2	233	ABDUL MOHD		4	SHOLGERA	BALKH	HARAKAT
2	240	HAMIDULLAH	ABDUL BARI	6	ARGHANDAB	ZABUL	HARAKAT
[illegible]	[illegible]	[illegible]		4	PULI ALAM	LOGAR	HARAKAT
[illegible]	[illegible]	[illegible]		4	[illegible]	[illegible]	[illegible]
2	259	AZIZULLAH		4	DEH SABZ	KABUL	HARAKAT
2	261	NEMATULLAH		6	MOHAMMAD AGHA	LOGAR	HARAKAT
2	271	MOHD HALIM		4	NAHRE SHAHI	BALKH	HARAKAT
2	109	ABDUL MALEK		7	SPIN BOLDAK	KANDAHAR	ANLF
2	142	ABDUL HAMID		7	SURKH PARSA	PARWAN	ANLF
2	143	HAZRATULLAH		7	KABUL	KABUL	ANLF
2	148	ABDUL QADEER		7	KABUL	KABUL	ANLF
2	198	ZAFAR KHAN		7	BAGRAM	PARWAN	JAMIAT
2	203	MOHD GUL		7	CHEMTAL	BALKH	JAMIAT
2	214	MOHD TAHER		7	NAHRE SHAHI	BALKH	JAMIAT
2	230	MOHD SADEQ		7	KOLANGAR	LOGAR	HARAKAT
2	277	MOHD SEDIQ		7	PASHTOON KOT	FARYAB	HARAKAT
2	286	NOOR AHMAD		7	KANDAHAR	KANDAHAR	NIFA
2	288	GUL MOHD		7	ARGHANDAB	KANDAHAR	NIFA
2	291	ABDUL JALIL		7	ARGHANDAB	KANDAHAR	NIFA
2	305	MOHD WALI		7	GHAZNI	GHAZNI	NIFA
2	307	MOHAMMADULLAH		7	GHAZNI	GHAZNI	NIFA
2	333	ABDUL BASHIR		7	CHEMTAL	BALKH	NIFA
2	336	AMIR MOHD		7	KUNDUZ	KUNDUZ	NIFA
2	117	AHMADULLAH		8	PANJWAI	KANDAHAR	ANLF
2	120	ABDUL SALAM		8	MAZAR-I-SHARIF	BALKH	ANLF
2	124	SAYED SHAH		8	SHINKAI	ZABUL	ANLF
2	138	TAZA GUL		8	JALALABAD	NANGARHAR	ANLF
2	149	MOHD IBRAHIM		8	SHOLGERA	BALKH	ANLF
2	166	NASRULLAH		8	CHEMTAL	BALKH	JAMIAT
2	241	JANAT GUL		8	WARDAK	WARDAK	HARAKAT
2	252	MOHD TAWAB		8	KABUL	KABUL	HARAKAT
2	254	HABIBURRAHMAN		8	SAYED ABAD	WARDAK	HARAKAT
2	280	MULLAH MAQDAD		8	MAYWAND	KANDAHAR	NIFA
2	303	ABDUL BAQI		8	GHAZNI	GHAZNI	NIFA
2	337	MULLAH SHAHZAD		8	KUNDUZ	KUNDUZ	NIFA
2	338	MIR ZAMAN		8	MIR BACHAKOT	KABUL	NIFA
2	118	MOHD HANIF		9	ARGHANDAB	KANDAHAR	ANLF
2	121	ABDUL BASHIR		9	PULI ALAM	LOGAR	ANLF
2	162	GUL AGA		9	ANDERAB	BAGHLAN	JAMIAT
2	172	MOHD ASEF		9	GULRAN	HERAT	JAMIAT

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MANAGEMENT SCIENCES FOR HEALTH
MSH/DPU
INFORMATION LIST OF BHWS FOR SESSION 2

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
2	199	SAFIULLAH		9	DARGHAI	LAGHMAN	JAMIAT
2	206	ALLAH MIR		9	NAHREIN	BAGHLAN	JAMIAT
2	208	JUMA DIN		9	KUNDUZ	KUNDUZ	JAMIAT
2	209	ABDUL RASUL		9	NAHRE SHAHI	BALKH	JAMIAT
2	229	MOHD		9	DEH SABZ	KABUL	HARAKAT
2	234	AZIZULLAH		9	PASHTOON KOT	FARYAB	HARAKAT
2	236	ABDUL MAJID		9	SHOLGERA	BALKH	HARAKAT
2	246	JALALUDDIN		9	SHOLGERA	BALKH	HARAKAT
2	253	ISMAIL JAN		9	DEH SABZ	KABUL	HARAKAT
2	255	SHAMSULHAQ		9	SAYED ABAD	WARDAK	HARAKAT
2	263	NOOR SAN		9	PULI ALAM	LOGAR	HARAKAT
2	264	SAYED PEER MOHD		9	SHOLGERA	BALKH	HARAKAT
2	266	JUMA GUL		9	SAYED KARAM	PAKTYA	HARAKAT
2	273	AHMAD QAYUM		9	MOHAMMAD AGHA	LOGAR	HARAKAT
2	274	HAZRAT KHAN		9	AZRO	LOGAR	HARAKAT
2	276	MOHAMMADULLAH		9	PULI ALAM	LOGAR	HARAKAT
2	278	ZABIULLAH		9	AZRO	LOGAR	HARAKAT
2	292	AHMAD		9	ARGHANDAB	KANDAHAR	NIFA
2	295	ABDUL KHALEQ		9	SAYED ABAD	WARDAK	NIFA
2	298	NIAZ MOHD		9	DARA BAGH	GHAZNI	NIFA
2	313	GH. MOHD		9	BAGHLAN	BAGHLAN	NIFA
2	316	AHMAD SHAH		9	KABUL	KABUL	NIFA
2	102	ABDUL HALIM		10	PULI ALAM	LOGAR	ANLF
2	105	TELA MOHD		10	DEH SABZ	KABUL	ANLF
2	123	MUSA KHAN		10	ARGHANDAB	ZABUL	ANLF
2	132	SHAH ZAMAN		10	KOHISTAN	KAPISA	ANLF
2	139	HAMIDULLAH		10	KHOGIANI	NANGARHAR	ANLF
2	153	LAL PADSHAH		10	DEH BALA	NANGARHAR	ANLF
2	156	ABDUL SATAR		10	MOHAMMAD AGHA	LOGAR	ANLF
2	157	HABIBULLAH		10	ASMAR	KONAR	ANLF
2	159	ABDUL RAQIB		10	GHORBAND	PARWAN	ANLF
2	165	MOHD HASHEM		10	PANJSHARE	KAPISA	JAMIAT
2	179	YAR MOHD		10	MOHAMMAD AGHA	LOGAR	JAMIAT
2	181	PADSHAH KHAN		10	JABUL SARAJ	PARWAN	JAMIAT
2	205	MOHD HARUN		10	KOHISTAN	KAPISA	JAMIAT
2	210	ABDUL MAJID		10	CHAH AB	TAKHAR	JAMIAT
2	212	SAYED AHMAD		10	CHAH AB	TAKHAR	JAMIAT
2	218	ABDUL KABIR		10	KOHISTAN	KAPISA	JAMIAT
2	238	MOHD HALIM		10	MAYDAN SHAR	WARDAK	HARAKAT
2	239	FAQIR MOHD		10	MIR BACHAKOT	KABUL	HARAKAT
2	245	SULTAN HAMID		10	CHAKE WARDAK	WARDAK	HARAKAT
2	265	AMIR ZADAH		10	CHAKE WARDAK	WARDAK	HARAKAT
2	267	MOHD GUL		10	MIR BACHAKOT	KABUL	HARAKAT
2	270	ZHARAY	HAZRAT MOHAMMAD	10	MAYDAN SHAR	WARDAK	HARAKAT
2	282	SAYED ABDUL RAHMAN		10	SAYED ABAD	WARDAK	NIFA
2	283	ABDUL BAQI		10	KUNDUZ	KUNDUZ	NIFA
2	293	BAKHT WALI		10	KHOST	PAKTYA	NIFA
2	296	MATIULLAH		10	ASADABAD	KONAR	NIFA
2	301	MIRZA MOHD		10	SAYED ABAD	WARDAK	NIFA

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 2

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
2	312	ABDUL RAZEQ		10	SARI PUL	JAWZJAN	NIFA
2	315	SHER MOHD		10	SARI PUL	JAWZJAN	NIFA
2	318	MOHD JAN		10	WARAS	BAMYAN	NIFA
2	319	ABDUL KHABIR		10	KUNDUZ	KUNDUZ	NIFA
2	320	MOHD RAZA		10	BAMYAN	BAMYAN	NIFA
2	323	SAFAR MOHD		10	MAYDAN SHAR	WARDAK	NIFA
2	324	ZAHERUDDIN		10	KABUL	KABUL	NIFA
2	327	ABDUL MANAN		10	MIR BACHAKOT	KABUL	NIFA
2	335	MOHD AYUB		10	BAGHRAN	HELMAND	NIFA
2	106	MOHD HASHEM		11	DEH SABZ	KABUL	ANLF
2	114	GUL WAHED		11	BAGRAMI	KABUL	ANLF
2	115	DARWESH KHAN		11	BAGRAMI	KABUL	ANLF
2	131	MOHD MUSA		11	MOHAMMAD AGHA	LOGAR	ANLF
2	152	AHMAD KHAN		11	EMAM SAHIB	KUNDUZ	ANLF
2	160	NOORUDDIN		11	JAWZJAN	JAWZJAN	JAMIAT
2	169	JAN MOHD		11	BAMYAN	BAMYAN	JAMIAT
2	170	LAL MOHD		11	KABUL	KABUL	JAMIAT
2	171	ABDUL MANAN		11	GARDAIZ	PAKTYA	JAMIAT
2	175	MOHD OSMAN		11	SORKH ROD	NANGARHAR	JAMIAT
2	178	SHAH MOHD		11	ANDERAB	BAGHLAN	JAMIAT
2	185	ABDUL SAMAD		11	CHAH AB	TAKHAR	JAMIAT
2	194	ABDUL MOMEN		11	FEYZABAD	BADAKHSHAN	JAMIAT
2	207	SEBGHATULLAH		11	SAMANGAN	SAMANGAN	JAMIAT
2	221	MOHD SHAFIQ		11	MAYDAN SHAR	WARDAK	HARAKAT
2	225	KHAWJA ABDUL AHAD		11	BAGHLAN	BAGHLAN	ANLF
2	232	NOOR MOHD		11	KABUL	KABUL	HARAKAT
2	237	MOHD IBRAHIM		11	MAYDAN SHAR	WARDAK	HARAKAT
2	244	GH. RABANI		11	MOHAMMAD AGHA	LOGAR	HARAKAT
2	258	MOHD FARUQ		11	KHOST	PAKTYA	HARAKAT
2	299	HABIBULLAH		11	ASMAR	KONAR	NIFA
2	304	NAQIBULLAH		11	TAKHAR	TAKHAR	NIFA
2	103	GUL AGA		12	RODAT	NANGARHAR	ANLF
2	108	SHAH WALI		12	DEH SABZ	KABUL	ANLF
2	110	HAJI DAWLAT		12	SAYED KARAM	PAKTYA	ANLF
2	111	HAJI ZELO GUL		12	SAYED KARAM	PAKTYA	ANLF
2	116	KHAN AGHA		12	KHOGIANI	NANGARHAR	ANLF
2	127	ABDUL KAFI		12	RODAT	NANGARHAR	ANLF
2	128	BATEN SHAH		12	RODAT	NANGARHAR	ANLF
2	129	ABDUL QAYUM		12	RODAT	NANGARHAR	ANLF
2	130	EMAM JAN		12	RODAT	NANGARHAR	ANLF
2	133	NARING JAN		12	DOWLATABAD	BALKH	ANLF
2	134	ABDUL LATIF		12	NAHRE SHAHI	BALKH	ANLF
2	135	ALI MOHD		12	ASADABAD	KONAR	ANLF
2	136	SARDAR MOHD		12	JALALABAD	NANGARHAR	ANLF
2	141	SAYED AGA		12	CHAWKI	KONAR	ANLF
2	144	MOHD MIRAN		12	KAMA	NANGARHAR	ANLF
2	145	SAMIULHAQ		12	KHAS KONAR	KONAR	ANLF
2	146	GUL MOHD		12	MOHAMMAD AGHA	LOGAR	ANLF
2	147	MOHD ANWAR		12	KABUL	KABUL	ANLF

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SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
2	150	JABAR KHEL		12	KABUL	KABUL	ANLF
2	151	SAHEB NAZAR		12	SHIRIN TAGAB	FARYAB	ANLF
2	154	JALAT		12	CHAWKI	KONAR	ANLF
2	155	MOHD AMAN		12	MAYDAN SHAR	WARDAK	ANLF
2	158	ABDUL AZIZ		12	EMAM SAHIB	KUNDUZ	ANLF
2	161	SHAFIQULLAH		12	MAYDAN SHAR	WARDAK	JAMIAT
2	163	ABDULLAH		12	PECHE	KONAR	JAMIAT
2	167	ABDULLAH		12	BARAKI	LOGAR	JAMIAT
2	168	SULTAN MOHD		12	CHAWKI	KONAR	JAMIAT
2	173	SAYED RIAZ		12	KAMA	NANGARHAR	JAMIAT
2	174	ABDUL AHAD		12	ZENDAJAN	HERAT	JAMIAT
2	176	SHERIN AGHA		12	MEHTERLAM	LAGHMAN	JAMIAT
2	177	MAWEN		12	KAMA	NANGARHAR	JAMIAT
2	180	AQA JAN		12	MOHAMMAD AGHA	LOGAR	JAMIAT
2	182	SAYED MUSTAFA		12	ROKHA	KAPISA	JAMIAT
2	183	NEK MOHD	BARA KHAN	12	CHARIKAR	PARWAN	JAMIAT
2	184	ALLAUDDIN		12	CHARIKAR	PARWAN	JAMIAT
2	186	RAHRAMUDDIN		12	RUSTAQ	TAKHAR	JAMIAT
2	187	ABDUL SATAR		12	TAKHAR	TAKHAR	JAMIAT
2	188	ALI AHMAD		12	TAKHAR	TAKHAR	JAMIAT
2	189	MOHAMMADULLAH		12	CHAH AB	TAKHAR	JAMIAT
2	191	CHARI GUL		12	ANDKHOY	FARYAB	JAMIAT
2	192	NAJIBULLAH		12	PASHTOON KOT	FARYAB	JAMIAT
2	193	ABDUL WAHED		12	FEYZABAD	BADAKHSHAN	JAMIAT
2	195	BAZ MOHD		12	KAMA	NANGARHAR	JAMIAT
2	196	SOBHANULLAH		12	RODAT	NANGARHAR	JAMIAT
2	197	SAYED NAZIM		12	MEHTERLAM	LAGHMAN	JAMIAT
2	200	JAN AGHA		12	PANJSHARE	KAPISA	JAMIAT
2	201	SHER AGHA		12	QARGHAI	LAGHMAN	JAMIAT
2	202	MUHIBULLAH		12	QARGHAI	LAGHMAN	JAMIAT
2	204	ALI KHAN		12	PANJSHARE	KAPISA	JAMIAT
2	211	ABDUL MANAN		12	DOWLATABAD	BALKH	JAMIAT
2	215	ABDUL WARES		12	BAGHLAN	BAGHLAN	JAMIAT
2	216	RAHMATULLAH		12	PECHE	KONAR	JAMIAT
2	217	FAZEL RAB		12	MEHTERLAM	LAGHMAN	JAMIAT
2	219	MOHD TAHER		12	SANG CHARAK	JAWZJAN	JAMIAT
2	220	MOHD AGHA		12	DEH SABZ	KABUL	HARAKAT
2	222	FAZEL RAHMAN		12	BARAKI	LOGAR	HARAKAT
2	226	RAZ MOHD		12	CHAR DARA	KUNDUZ	HARAKAT
2	231	ABDUL WALI		12	KABUL	KABUL	HARAKAT
2	235	SAYED BASHIR		12	SAMANGAN	SAMANGAN	HARAKAT
2	247	NAQIBULLAH		12	MOHAMMAD AGHA	LOGAR	HARAKAT
2	248	MIR AHMAD JAN		12	KHOST	PAKTYA	HARAKAT
2	249	GHAZNI GUL		12	PULI ALAM	LOGAR	HARAKAT
2	257	GHAZNI GUL		12	PULI ALAM	LOGAR	HARAKAT
2	260	OMARA KHAN		12	MOHAMMAD AGHA	LOGAR	HARAKAT
2	262	NAJIBULLAH		12	MOHAMMAD AGHA	LOGAR	HARAKAT
2	268	HAJI MOHD MUSEN		12	SAYED KARAM	PAKTYA	HARAKAT
2	269	HAJI MOHD		12	DEH SABZ	KABUL	HARAKAT

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SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
2	275	ABDUL BASHIR		12	MOHAMMAD AGHA	LOGAR	HARAKAT
2	279	NAJIBULLAH		12	KAMA	NANGARHAR	NIFA
2	284	BAKHT JAMAL		12	SAYED ABAD	WARDAK	NIFA
2	285	SARTUR		12	JALALABAD	NANGARHAR	NIFA
2	287	ABDUL GHAFAR		12	PULI ALAM	LOGAR	NIFA
2	289	MOHD OMAR		12	TAKHAR	TAKHAR	NIFA
2	290	SHER ALI		12	SAR KANI	KONAR	NIFA
2	294	KAMEL KHAN		12	GARDAIZ	PAKTYA	NIFA
2	297	ZABIULLAH		12	JALALABAD	NANGARHAR	NIFA
2	300	HAMID NOOR		12	PULI ALAM	LOGAR	NIFA
2	302	HABIBULLAH		12	ASADABAD	KONAR	NIFA
2	306	MOHD ASLAM		12	MOHAMMAD AGHA	LOGAR	NIFA
2	308	YAR MOHD		12	GHAZNI	GHAZNI	NIFA
2	309	DIN MOHD		12	GHAZNI	GHAZNI	NIFA
2	310	ABDUL QADER		12	JALALABAD	NANGARHAR	NIFA
2	311	OMAR GUL		12	KUNDUZ	KUNDUZ	NIFA
2	314	MIR HATAM		12	SAMANGAN	SAMANGAN	NIFA
2	317	ATTIQULLAH		12	MAYDAN SHAR	WARDAK	NIFA
2	321	ABDUL RAUF		12	BAMYAN	BAMYAN	NIFA
2	322	MOHD ASHUQ		12	MAYDAN SHAR	WARDAK	NIFA
2	325	SAYED GUL JAN		12	TAKHAR	TAKHAR	NIFA
2	326	ABDUL QADIM		12	CHARDEHI	KABUL	NIFA
2	328	SAHEB JAN		12	TAKHAR	TAKHAR	NIFA
2	329	FAZLULHAQ		12	DARA BAGH	KABUL	NIFA
2	330	AHMADULLAH		12	GHAZNI	GHAZNI	NIFA
2	331	AMRULLAH		12	KHWAJABHAR	TAKHAR	NIFA
2	332	ABDUL BAQI		12	SHIRIN TAGAB	FARYAB	NIFA
2	334	NOOR AHMAD		12	MIR BACHAKOT	KABUL	NIFA
2	213	NASRULLAH		13	MAYDAN SHAR	WARDAK	JAMIAT
2	101	MOHD AMAN		14	PULI ALAM	LOGAR	ANLF
2	104	NOOR MOHD		14	DOWLATABAD	FARYAB	ANLF
2	107	MONAWAR KHAN		14	DEH SABZ	KABUL	ANLF
2	137	BABRAK		14	JALALABAD	NANGARHAR	ANLF
2	164	MALEM JUMA KHAN		14	KHANABAD	KUNDUZ	JAMIAT
2	190	SAYED EZATULLAH		14	PASHTOON KOT	FARYAB	JAMIAT
2	250	AZIZULLAH		14	MOHAMMAD AGHA	LOGAR	HARAKAT
2	251	SAYED SALI		14	JALALABAD	NANGARHAR	HARAKAT
2	281	NOOR MOHD		14	SAYED KARAM	PAKTYA	NIFA
2	242	MOHD YUSOF		15	JALALABAD	NANGARHAR	HARAKAT
2	113	ABDUL BASHIR		16	DARA BAGH	KABUL	ANLF
2	140	SHER MOHD		16	SHIRIN TAGAB	FARYAB	ANLF

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 3

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
3	463	NOORULLAH	AMIR GUL	0	RODAT	NANGARHAR	HARAKAT
3	497	ZIAUL HAQ	KHAIRUDDIN	0	MOHAMMAD AGHA	LOGAR	HARAKAT
3	566	MOHD RAFIQ	SULAIMAN	4	PASABAND	GHOR	NIFA
3	568	GH. SAKHI	MOHD HASSAN	5	QADES	BADGHIS	NIFA
3	572	MOHD ARIF	MOHD ASIF	5	BAGHRAN	HELMAND	NIFA
3	409	GH. HAZRAT	MULLAH KHUDAI RAHMAN	6	CHEMTAL	BALKH	ANLF
3	434	KHAIR MOHD	PAIGHAMBER GUL	6	AQCHA	JAWZJAN	ANLF
3	439	TAHOS KHAN	ZARIF KHAN	6	AZRO	LOGAR	ANLF
3	506	MIRZA MOHD	MULLAH FAZEL MOHD	6	KOLANGAR	LOGAR	HARAKAT
3	516	MOHD HASHEM	MOHD RAJAB	6	MOHAMMAD AGHA	LOGAR	HARAKAT
3	547	AHMAD KHAN	MOHD AYUB	6	KHAIR KOT	PAKTEKA	NIFA
3	558	LAL MARJAN	HAJI SADUDDIN	6	SARORI	KABUL	NIFA
3	573	JAMIL KHAN	ARSALAH KHAN	6	DARAGHAI	PAKTYA	NIFA
3	374	MOHD HUSSAIN	HAJI BURHAN	7	GULRAN	HERAT	JAMIAT
3	423	AMANULLAH	SAYED HASSAN	7	ASMAR	KONAR	ANLF
3	450	ABDULLAH	JAN AMIR	7	URGOUN	PAKTYA	ANLF
3	467	KHALED KHAN	SHER MOHD	7	CHAWKI	KONAR	HARAKAT
3	508	LAL GUL	ABDUL HAMED	7	SAYED ABAD	WARDAK	HARAKAT
3	549	SHER MOHD	MOHD KARIM	7	URGOUN	PAKTYA	NIFA
3	361	KHURSHAID	KHUSHDIL	8	MEYMANEH	FARYAB	JAMIAT
3	379	KHAL MOHD	MURAD ALI	8	ANDERAB	BAGHLAN	JAMIAT
3	391	SHAH BAZ	MULLA KHODAIE	8	DARWAZ	BADAKHSHAN	JAMIAT
3	418	ABDUL WASI	ABDUL BARI	8	ARGHANDAB	KANDAHAR	ANLF
3	437	BARYALAI	GUL MOHD	8	AZRO	LOGAR	ANLF
3	446	ZANLA KHAN	HAMID KHAN	8	SAYED KARAM	PAKTYA	ANLF
3	473	ABDUL SALAM	MOHD YAQUB	8	GURZEWAN	FARYAB	HARAKAT
3	474	ABDULLAH	KHUDAI NAZAR	8	DOWLATABAD	FARYAB	HARAKAT
3	479	RAHM DEL	MOHD NAZER	8	BAGRAMI	KABUL	HARAKAT
3	520	ABDUL JALIL	ABDUL RAHIM	8	KHANABAD	KUNDUZ	NIFA
3	524	ABDUL BASHIR	GH. WARI	8	ESHKAMESH	TAKHAR	NIFA
3	533	SARFERAZ	MALEM KAHN	8	DARAGHAI	PAKTYA	NIFA
3	538	ABDUL MANAN	NOOR MOHD KHAN	8	SANGEEN	HELMAND	NIFA
3	552	SAYED ABAS	SHERIN DEL	8	RODAT	NANGARHAR	NIFA
3	557	SAYED AKBAR	SAYED BAHAUDDIN	8	TAKHAR	TAKHAR	NIFA
3	560	ABDUL KARIM	MOHD HASSAN	8	NAWOR	GHAZNI	NIFA
3	565	OBAIDULLAH	ABDUL MAJID	8	PULI ALAM	LOGAR	NIFA
3	350	AZANULLAH	MOHD OMAR	9	PECHE	KONAR	JAMIAT
3	357	ALI AHMAD	SHER AHMAD	9	HERAT	HERAT	JAMIAT
3	360	ABDUL RAUF	MULLAH ABDUL KHALEQ	9	KAHMARD	BAMYAN	JAMIAT
3	371	RAHMAN BERDI	MOOIM	9	QARQIN	JAWZJAN	JAMIAT
3	389	MOHD MUSTAFA	MOHD SARWAR	9	FEYZABAD	BADAKHSHAN	JAMIAT
3	392	SAYED HABIB	SAYED WALI	9	LANDASH	FARYAB	JAMIAT
3	397	MOHD ISMAIL	MOHD SHARIF	9	AQCHA	JAWZJAN	JAMIAT
3	400	GH. ABUBAKER	AHMAD WASIL	9	CHARDEHI	KABUL	ANLF
3	402	ABDUL BASIR	HAJI MOHD RASUL	9	DEH SABZ	KABUL	ANLF
3	424	ZIARAT GUL	RAHMAT GUL	9	ASMAR	KONAR	ANLF
3	425	MOHD TAHER	MULLAH DAD MOHD	9	ASADABAD	KONAR	ANLF
3	435	ABDUL AZIZ	JUMA DIN	9	SARI PUL	JAWZJAN	ANLF
3	449	PEER MOHD	LAL MOHD	9	URGOUN	PAKTYA	ANLF

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SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
3	451	RAHIM GUL	AZAM GUL	9	URGOUN	PAKTYA	ANLF
3	488	ALI MOHD	HAZAR GUL	9	TAKHAR	TAKHAR	HARAKAT
3	489	MOHD AZIM	HAJI GUL	9	TAKHAR	TAKHAR	HARAKAT
3	493	RAHMATULLAH	ENAYATULLAH	9	SAYED ABAD	WARDAK	HARAKAT
3	505	MOHD ZAFAR	SARDAR MOHD	9	KUNDUZ	KUNDUZ	HARAKAT
3	512	MOHD SHARIF	SHER MOHD	9	BARAKI	LOGAR	HARAKAT
3	529	SAYED AMANULLAH	SAYED NASRUDDIN	9	CHENTAL	BALKH	NIFA
3	534	MOHD HAZRAT	SARFERAZ KHAN	9	ASMAR	KONAR	NIFA
3	535	NEMAT KHAN	AMIR KHAN	9	KHAIR KOT	PAKTYA	NIFA
3	542	HAJI ABDUL HAKIM	KHAN ADA	9	DAMAN	KANDAHAR	NIFA
3	555	SAYED IBRAHIM	SAYED MOHD	9	SHAHR-E-SAFA	ZABUL	NIFA
3	578	MOHD ZAMAN	ADAM KHAN	9	AZRO	LOGAR	NIFA
3	339	SAYED RAHMAN	BABA KHAN	10	NAHREIN	BAGHLAN	JAMIAT
3	362	MOHD HAMAYUN	MOHD ANWAR	10	SAMANGAN	SAMANGAN	JAMIAT
3	366	ABDUL WALI	ABDUL AZIZ	10	KHANABAD	KUNDUZ	JAMIAT
3	377	NAZAR MOHD	HAYAT MURAD	10	SHOLGERA	BALKH	JAMIAT
3	381	ABDUL HAMID	ABDUL RAHIM	10	BAMYAN	BAMYAN	JAMIAT
3	383	ABDUL AHAD	FADIR MOHD	10	CHAGHCHARAN	GHOR	JAMIAT
3	386	AHMAD SHAH	RASUL MOHD	10	ASADABAD	KONAR	JAMIAT
3	394	GH. SEDIQ	SAFDAR ALI	10	SURKH PARSA	PARWAN	JAMIAT
3	395	QADEER	HAZRAT GUL	10	YANGI QALEH	TAKHAR	JAMIAT
3	396	MOHD BILAL	MOHD IMRAN	10	NESAY	BADAKHSHAN	JAMIAT
3	404	ZAFAR KHAN	ABDULLAH JAN	10	MAZAR-I-SHARIF	BALKH	ANLF
3	408	SAYED JAMALUDDIN	SAYED HABIB RAHM	10	SHOLGERA	BALKH	ANLF
3	412	ABDUL GHIAS	ABDUL RASUL	10	PASHTOON KOT	FARYAB	ANLF
3	413	ABDULLAH	HAJI WALI MOHD	10	PASHTOON KOT	FARYAB	ANLF
3	415	NEMATULLAH	AMANULLAH	10	KAMA	NANGARHAR	ANLF
3	417	MOHD TAHER	ABDUL AZIZ	10	ARGHANDAB	KANDAHAR	ANLF
3	428	ABDUL GHAFAR	ABDUL SATAR	10	SAYED ABAD	WARDAK	ANLF
3	430	ABDUL BARI	MOL. GUL WALI	10	CHAKE WARDAK	WARDAK	ANLF
3	436	GUL JAN	RAHMATULLAH	10	ARCHI	KUNDUZ	ANLF
3	438	ABDULLAH JAN	SAKHI JAN	10	PULI ALAM	LOGAR	ANLF
3	454	RAMAZAN	ENAYATULLAH	10	SHIRIN TAGAB	FARYAB	ANLF
3	459	NIAZ WALI	SAYED MOHD	10	GARDAIZ	PAKTYA	HARAKAT
3	465	MOHD HANIF	ABDUL RAUF	10	SHINWAR	NANGARHAR	HARAKAT
3	466	JELANI	MULLAH GUL	10	BAGRAM	PARWAN	HARAKAT
3	476	ABDUL KABIR	MOHD	10	KHANABAD	KUNDUZ	HARAKAT
3	480	ABDUL ZAHER	JUMA GUL	10	CHARASYAB	KABUL	HARAKAT
3	482	ABDUL AZIZ	MOHD SHAH	10	KABUL	KABUL	HARAKAT
3	487	ZAFAR KHAN	ABDUL QAYUM	10	TAKHAR	TAKHAR	HARAKAT
3	491	MOHD HANIF	SOHAIL	10	JAGHATU	GHAZNI	HARAKAT
3	492	MOHD TAHER	GH. SADEQ	10	GHAZNI	GHAZNI	HARAKAT
3	495	MOHD AYUB	MOHD JAN	10	JAGHATU	WARDAK	HARAKAT
3	500	NESAR AHMAD	HAJI AGHA GUL	10	BARAKI	LOGAR	HARAKAT
3	507	ABDUL BARI	MOL. ABDUL WADUD	10	MODOR	GHAZNI	HARAKAT
3	510	NOOR HABIB	ABDUL MAJID	10	SAYED ABAD	WARDAK	HARAKAT
3	511	MOHD NAIM	ABDUL QADIM	10	SAYED ABAD	WARDAK	HARAKAT
3	513	SHER AFGHAN	MOHD YUSOF	10	KHUSHI	LOGAR	HARAKAT
3	514	MOHD NABI	HAJI MOHD YUSOF	10	BARAKI	LOGAR	HARAKAT

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SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
3	522	NAQIBULLAH	ALAM KHAN	10	QARA BAGH	GHAZNI	NIFA
3	536	FAIZULLAH	HAJI MOHD YUSOF	10	QARA BAGH	GHAZNI	NIFA
3	544	MOHD NAWAB	HAJI GULAB	10	URGOUN	PAKTYA	NIFA
3	546	GH. DARWESH	GH. HABIB	10	SAYED ABAD	WARDAK	NIFA
3	551	ABDUL HANAN	MIR BAZ KHAN	10	WAZAI	PAKTYA	NIFA
3	553	MORSALIN	MOHD AZIM	10	ARCHI	KUNDUZ	NIFA
3	554	ASEF GUL	MOHD DEDAR	10	RODAT	NANGARHAR	NIFA
3	556	ABDUL HALIM	GH. SAYED	10	MARUF	KANDAHAR	NIFA
3	570	MOHD AKRAM	EID MOHD	10	SHIBAR	BAMYAN	NIFA
3	571	MOHD IBRAHIM	MOHD AMIN	10	DOSHI	BAGHLAN	NIFA
3	359	MOHD SARWAR	ROZI BY	11	EMAM SAHIB	KUNDUZ	JAMIAT
3	363	MAHMUD	MOHD HANIF	11	PASHTOON KOT	FARYAB	JAMIAT
3	364	ABDUL SATAR	NEK MOHD	11	EMAM SAHIB	KUNDUZ	JAMIAT
3	365	MOHD HAKIM	MOHD AZIM	11	FEYZABAD	BADAKHSHAN	JAMIAT
3	378	GHOUS MOHD	KHAIR MOHD	11	PASHTOON KOT	FARYAB	JAMIAT
3	382	MOHD SABER	SHER MOHD	11	KOHISTAN	KAPISA	JAMIAT
3	384	RAMAZAN	MOHD OSMAN	11	QADES	BADGHIS	JAMIAT
3	398	ABDUL RAHMAN	GH. MOHD	11	ZENDAJAN	HERAT	JAMIAT
3	403	SHAISTA GUL	SAHEB DIN	11	BAGRAMI	KABUL	ANLF
3	407	NAJIBULLAH	ABDUL SALAM	11	CHEMTAL	BALKH	ANLF
3	414	MOHD ASLAM	ABDUL MAJID	11	PASHTOON KOT	FARYAB	ANLF
3	427	ABDUL SHAKUR	ABDUL SATAR	11	SAYED ABAD	WARDAK	ANLF
3	448	ALI AKBAR	IBRAHIM	11	KAJRAN	ORUZGAN	ANLF
3	456	MOHD ZAHER	ABDUL KARIM	11	KEZEL KALA	BALKH	ANLF
3	458	ABDUL KHALIL	EMAM NAZAR	11	KAHMARD	BAMYAN	ANLF
3	460	ABDUL SABUR	ABDUL GHAFUR	11	CHARASYAB	KABUL	HARAKAT
3	471	GH. MOHD	TAJ MOHD	11	SHEBERGAN	JAWZJAN	HARAKAT
3	490	KHIAL MOHD	NEK MOHD	11	JAGHATU	WARDAK	HARAKAT
3	496	SHAH WALI	MAN GUL	11	SAYED ABAD	WARDAK	HARAKAT
3	501	SHAH WALI	MIRA KHAN	11	MOHAMMAD AGHA	LOGAR	HARAKAT
3	519	RAHMUDDIN	BURHANUDDIN	11	BARAKI	LOGAR	NIFA
3	526	ALLAH BERDI	JUR JAN	11	KUNDUZ	KUNDUZ	NIFA
3	528	MOHD BILAL	FAZEL MOHD	11	JAWZJAN	JAWZJAN	NIFA
3	539	AHMADUDDIN	DYAKUDDIN	11	QARGHAI	LAGHMAN	NIFA
3	543	ASEL GUL	HAJI FAZEL KHAN	11	MOSA KHEL	PAKTYA	NIFA
3	562	MOHD AKBAR	MOSHFIQULLAH	11	PASHTOON KOT	FARYAB	NIFA
3	577	BARYALAI	MOHD NOOR	11	DEH SABZ	KABUL	NIFA
3	340	HABIBULLAH	NASRULLAH	12	MEHTERLAN	LAGHMAN	JAMIAT
3	341	EMAM HUSSAIN	GH. HUSSAIN	12	FARKHAR	TAKHAR	JAMIAT
3	342	NOOR AGHA	ABDUL AZIZ	12	SHAKAR DARA	KABUL	JAMIAT
3	343	GUL MOHD	SAHEB GUL	12	CHARASYAB	KABUL	JAMIAT
3	344	MOHD NADIM	SULTAN MURAD	12	KAHMARD	BAMYAN	JAMIAT
3	346	GH. SAKHI	GH. NABI	12	GOZARGAH	HERAT	JAMIAT
3	347	MOHD YASIN	ABDUL GHIAS	12	DEH SABZ	KABUL	JAMIAT
3	348	DAWUD SHAH	MOHD GHAFUR	12	KHAS KUNAR	KUNAR	JAMIAT
3	349	NEMATULLAH	HAMIDULLAH	12	SANG CHARAK	JAWZJAN	JAMIAT
3	351	NEK MOHD	ABDUL JALIL	12	KHWAJAGHAR	TAKHAR	JAMIAT
3	352	FULAD KHAN	TURAB KHAN	12	QARGHAI	LAGHMAN	JAMIAT
3	353	ABDULLAH	AHMAD GUL	12	PULI ALAM	LOGAR	JAMIAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 3

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
3	355	AGHA JAN	SARFERAZ	12	SAYED KARAM	PAKTYA	JAMIAT
3	356	BAKHTULLAH	HAKIM KHAN	12	RODAT	NANGARHAR	JAMIAT
3	358	HABIBULLAH	RAHMATULLAH	12	KAHMARD	BAMYAN	JAMIAT
3	367	MOHD SHAH	BELAND SHAH	12	JAJI	PAKTYA	JAMIAT
3	368	AHMAD SHAH	MOHD NADER	12	KESHAM	BADAKHSHAN	JAMIAT
3	369	ABDUL WAHAB	JANG BAZ	12	JABUL SARAJ	PARWAN	JAMIAT
3	370	SAYED IBRAHIM	SAYED MUSTAFA	12	SHOLGERA	BALKH	JAMIAT
3	372	ABDUL HAMID	MOHD NAZER	12	CHARDEHI	KABUL	JAMIAT
3	373	ABDUL QADEER	MOHD ASLAM	12	SAMANGAN	SAMANGAN	JAMIAT
3	376	SAYED HEDAYATULLAH	SAYED SHOJAUDDIN	12	DEH SABZ	KABUL	JAMIAT
3	380	NAQIBULLAH	MOHD	12	MEHTERLAM	LAGHMAN	JAMIAT
3	385	SADULLAH	SHAMADDIN	12	CHAWKI	KONAR	JAMIAT
3	387	ABDUL WASIL	GH. MUHIUDDIN	12	JAGHATU	GHAZNI	JAMIAT
3	388	ABDUL LATIF	ABDUL KHALIL	12	KUNDUZ	KUNDUZ	JAMIAT
3	390	ZIAUDDIN	GHOUSUDDIN	12	KOHISTAN	KAPISA	JAMIAT
3	393	MOHD ANWAR	KHUDAI DAD	12	JAGHORI	GHAZNI	JAMIAT
3	399	NOOR AGA	SHER AGA	12	SHAKAR DARA	KABUL	ANLF
3	401	MOHD HASSAN	OMARA KHAN	12	DEH SABZ	KABUL	ANLF
3	405	SHAH WALI	SHARIF KHAN	12	MAZAR-I-SHARIF	BALKH	ANLF
3	406	ABDUL SAMI	JALANDAR	12	CHEMTAL	BALKH	ANLF
3	411	GH. RABANI	GH. NABI	12	PASHTOON KOT	FARYAB	ANLF
3	416	AZHER KHAN	KHAISTA KHAN	12	KHOGIANI	NANGARHAR	ANLF
3	419	MIR AHMAD	FAIZ AHMAD	12	NEJRAB	KAPISA	ANLF
3	420	KHAN AGHA	HAJI RAJAB KHAN	12	CHARIKAR	PARWAN	ANLF
3	421	ABDUL HADI	KHALILLURAHMAN	12	CHAWKI	KONAR	ANLF
3	422	EHSANULHAQ	MIRZA ABDUL QADEER	12	ASADABAD	KONAR	ANLF
3	426	ABDUL MAQSUD	MULLAH SAHEB JAN	12	MAYDAN SHAR	WARDAK	ANLF
3	429	MOHD NABI	MOHD YUSOF	12	MAYDAN SHAR	WARDAK	ANLF
3	431	MOHD GUL	RUSTUM KHAN	12	CHAKE WARDAK	WARDAK	ANLF
3	432	MOHD ZAMAN	MOHD ESSA	12	MAYDAN SHAR	WARDAK	ANLF
3	433	MOHD YAQUB	MAHMUD	12	AQCHA	JAWZJAN	ANLF
3	440	MOHD SARWAR	SAYED AHMAD	12	NAWOR	GHAZNI	ANLF
3	441	ABDUL RAZAQ	MOHD AKBAR	12	MALESTAN	GHAZNI	ANLF
3	443	NASRULLAH	JAN MOHD	12	MALESTAN	GHAZNI	ANLF
3	444	MOHD AMAN	MOHD RAZA	12	MALESTAN	GHAZNI	ANLF
3	445	GULAB KHAN	BESMILLAH	12	MOSA KHEL	PAKTYA	ANLF
3	447	LAYAQAT	DURANI	12	SAYED KARAM	PAKTYA	ANLF
3	452	MIR HESAMUDDIN	MIR EMANUDDIN	12	CHARIKAR	PARWAN	ANLF
3	457	SHAMSUDDIN	MOHD RAHIM	12	ALISHING	LAGHMAN	ANLF
3	461	GUL WAZIR	SHER JAN	12	SAYED ABAD	WARDAK	HARAKAT
3	462	MOHD NAIM	SAHEB DEL	12	CHAR BOLAK	BALKH	HARAKAT
3	464	GH. NABI	ABDUL GHANI	12	KAMA	NANGARHAR	HARAKAT
3	468	MUHERULLAH	ABDUL HAKIM	12	SAR KANI	KONAR	HARAKAT
3	469	ABDUL RAZAQ	ABDULLAH JAN	12	CHAWKI	KONAR	HARAKAT
3	470	NAQIBURRAHMAN	MOHD AMIR	12	CHAWKI	KONAR	HARAKAT
3	477	SHARIF	HAJI ABDUL SAMAD	12	PASHTOON KOT	FARYAB	HARAKAT
3	478	MOHD AZAM	MOHD	12	CHARDEHI	KABUL	HARAKAT
3	481	NAZAR GUL	BASHIR GUL	12	CHARDEHI	KABUL	HARAKAT
3	484	HEDAYATULLAH	MOHD AZIZ	12	KHOST	PAKTYA	HARAKAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 3

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
3	485	SHER ABAS	MIA WALI	12	KHOST	PAKTYA	HARAKAT
3	486	BESMILLAH	DAD MOHD	12	SAYED KARAM	PAKTYA	HARAKAT
3	494	MOHD AMIR	GUL AMIR	12	SAYED ABAD	WARDAK	HARAKAT
3	498	MOHD NAIM	MOHD AMIN	12	PULI KHUMRI	BAGHLAN	HARAKAT
3	499	FAQIR AHMAD	MOHD AKRAM	12	BARAKI	LOGAR	HARAKAT
3	502	BAHADUR	BEGAL	12	KHOST	PAKTYA	HARAKAT
3	509	MOHD PENDI	ABDUL GHANI	12	SAYED ABAD	WARDAK	HARAKAT
3	515	RAHMUDDIN	FAZLUDDIN	12	PULI ALAM	LOGAR	HARAKAT
3	517	MOHD BASHIR	AMIR MOHD	12	MOHAMMAD AGHA	LOGAR	HARAKAT
3	518	JUMA KHAN	AMIR HAMZA	12	MAYDAN SHAR	WARDAK	HARAKAT
3	521	AHMAD SHAH	MOHD NADER	12	JAGHATU	WARDAK	NIFA
3	523	MOHD	MUSA	12	BAMYAN	BAMYAN	NIFA
3	525	DAWLAT KHAN	RAJAB	12	GHORMACH	BADGHIS	NIFA
3	530	ABDUL RAHMAN	ANWAR BIG	12	TAKHAR	TAKHAR	NIFA
3	531	SAYED LATIF	SAYED FAQIR	12	SHAKAR DARA	KABUL	NIFA
3	532	GH. DASTAGIR	MOHD SHUAIB	12	ASADABAD	KONAR	NIFA
3	537	AMIR JAN	GUL AZAM	12	DARAGHAI	PAKTYA	NIFA
3	540	FAIZ MOHD	WALAT	12	SANGEEN	HELMAND	NIFA
3	545	FAZEL KARIM	HABIBULLAH	12	KHAS KONAR	NANGARHAR	NIFA
3	548	MOHD OMAR	ZAR GUL	12	CHAKE WARDAK	WARDAK	NIFA
3	550	KHAN DAWRAN	MIR BAZ KHAN	12	JADRAN	PAKTYA	NIFA
3	559	MOHD TAHER	ABDUL MANAF	12	CHAWKI	KONAR	NIFA
3	561	ABDUL HADI	ABDUL WAHED	12	NAUZAD	HELMAND	NIFA
3	563	KAZI GUL	NAZAR KHAN	12	WAZAI	PAKTYA	NIFA
3	564	ABDUL HAQ	NOOR MOHD	12	PURCHAMAN	FARYAB	NIFA
3	567	NEK MOHD	ALI AHMAD	12	KAHMARD	BAMYAN	NIFA
3	569	SULTAN MOHD	MOHD JAN	12	ASMAR	KONAR	NIFA
3	574	MOHD HUSSAIN	MOHD SARWAR	12	KHOST WA FRENG	BAGHLAN	NIFA
3	575	MOHD ISMAIL	NAZAR MOHD.	12	BAMYAN	BAMYAN	NIFA
3	576	MOHD ISMAIL	NAZAR MOHD	12	BAMYAN	BAMYAN	NIFA
3	375	ABDUL MOHD	ABDUL WAHID	13	AQCHA	JAWZJAN	JAMIAT
3	453	KHAWJA SHAFI	KHWAJA MOHD	13	KHULM	SAMANGAN	ANLF
3	475	ABDUL HAQ	ABDUL SATAR	13	DARZAB	JAWZJAN	HARAKAT
3	410	AGA MOHD	TOORDY BAG	14	PASHTOON KOT	FARYAB	ANLF
3	442	GH. HASSAN	TAJ MOHD	14	JAGHATU	GHAZNI	ANLF
3	455	KHAN MOHD	GUL MOHD	14	PASHTOON KOT	FARYAB	ANLF
3	472	SAMIULLAH	NEMATULLAH	14	PASHTOON KOT	FARYAB	HARAKAT
3	483	ABDUL NASEER	MOHD YUSOF	14	CHARDEHI	KABUL	HARAKAT
3	503	LAL MOHD	SHAH MOHD	14	GHORBAND	PARWAN	HARAKAT
3	527	SAYED MOHD	SADUDDIN	14	DOWLATABAD	FARYAB	NIFA
3	541	MOHD ZAI	JUMA KHAN	14	ANDAR	GHAZNI	NIFA
3	354	MOHD ASEF	MOHD AYUB	15	MAYDAN SHAR	WARDAK	JAMIAT
3	504	MOHD IBRAHIM	SHAMSUDDIN	16	RUSTAQ	TAKHAR	HARAKA

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BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 4

SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
4	579	ABDUL LATIF	KHALIFA MOHD	22	6			BADGHIS	JAWAND	DO ABE	HARAKAT	04/09/88	.F.	DEEN MOHD	SALEEM SHAH
4	580	ABDUL QASEM	ABDUL HAKIM	24	11			BAGHLAN	ANDERAB	BARO	HARAKAT	04/09/88	.F.	A. HAI SALEHY	M. SARWAR
4	581	KHIAL MOHD	ABDUL RAHIM	25	9			BAGHLAN	PULI KHUMRI	SHAHABUDIN	HARAKAT	04/09/88	.F.	A. HAI SALEHY	A. RAHMAN
4	582	RAHMI KHUDA	ABDUL HAI	21	6			BAGHLAN	ANDERAB	SANG BURAN	HARAKAT	04/09/88	.F.	A. HAI SALEHY	M. SARWAR
4	583	MEHRAJUDDIN	NASRUDDIN	25	11			BAGHLAN	KHOST WA FRENG	CHAR QAYA	HARAKAT	04/09/88	.F.	A. HAI SALEHY	JAMALUDDIN
4	584	ABDUL AHMAD	GH. SAKHI	28	12			BALKH	MAZAR-I-SHARIF	QAZI AFGHAN	HARAKAT	04/09/88	.F.	QARI WOMAN	MEER AFGHAN
4	585	MIR GHULAM AHMAD	MIR AHMAD	24	11			BALKH	CHENTAL	NAW SHAR	HARAKAT	04/09/88	.F.	A. JABAR	MAJNOON
4	586	ZEKRULLAH	BARAT	22	11			BALKH	NAHRE SHAHI	TANDORAK	HARAKAT	04/09/88	.F.	A. GHAFOR	G. HAIDER.
4	587	ABDUL WAKIL	DUST MOHD	27	12			BAMYAN	SAIGHAN	GURAB CHEY	HARAKAT	04/09/88	.F.	A. QUYUM	MULLA ZOY
4	588	ABDUL RAHIM	ABDUL HADI	25	10			BAMYAN	SAIGHAN	KHUDA DAD KHEEL	HARAKAT	04/09/88	.F.	A. QUYUM MALANG	MULLA ZOY
4	589	EKRAMUDDIN	GH. RASUL	26	6			FARAH	BALA BALOUK	SHEWAL	HARAKAT	04/09/89	.F.	G. RASOOL	SULTAN MOHD
4	590	ZIAUDDIN	GH. RASUL	20	9			FARAH	BALA BALOUK	SHEWAL	HARAKAT	04/09/88	.F.	G. RASOOL	SULTAN MOHD
4	591	GH. RABANI	GH. JELANI	27	14			FARYAB	PASHTOON KOT	AFGHAN KOT	HARAKAT	04/09/88	.F.	A. RAHMAN	G. DASTGEER
4	592	MOHD NABI	ALLAUDDIN	28	12			FARYAB	DOWLATABAD	CHARSHANGO	HARAKAT	04/09/88	.F.	AMANULAH FATANG	ABDURRAHMAN
4	593	MUEEN AHMAD	DAD MOHD	20	6			GHAZNI	GHAZNI	MOHD KHAN DALA	HARAKAT	04/09/88	.F.	QARI BABA	WAZEER
4	594	MOHD AMIN	ALLAH DAD	24	8			GHAZNI	MOQOR	BAZAR	HARAKAT	04/09/88	.F.	QARI BABA	M. ISMAEEL
4	595	ABDUL AHAD	MOHD IBRAHIM	24	10			GHAZNI	MOQOR	KUSAMA	HARAKAT	04/09/88	.F.	QARI BABA	M. KHAN
4	596	FAZEL RASUL	GH. HABIB	26	8			GHAZNI	MOQOR	GHOHAR	HARAKAT	04/09/88	.F.	QARI BABA	A. MANAN
4	597	MOHD HAIDER	MOHD NASEER	19	8			GHOR	TEYVAREH	ARPATOO	HARAKAT	04/09/88	.F.	M. ANWAR	M. AYUBE
4	598	NEMATULLAH	MOHD KANAL	26	8			GHOR	PASABAND	GHARGHARAB	HARAKAT	04/09/88	.F.	AHMAD FURAB	ABDULLAH
4	599	ABDUL GHAFUR	ABDUL SAMAD	22	8			GHOR	SRAHRAK	DAHAN-I-HISAR	HARAKAT	04/09/88	.F.	A. JABBAR	YAR MOHD
4	600	ABDUL NABI	HAQ BAD	26	6			GHOR	SHAHRAK	KAHREEZ	HARAKAT	04/09/88	.F.	A. AHMAD	HAFIZULLAH
4	601	MUSTAFA	AMIR MOHD	28	6			GHOR	TOULAK	KHAMEEN	HARAKAT	04/09/88	.F.	M. ISHAQ	A. SATAR
4	602	RAHMATULLAH	MOHD SAFAR	25	9			JAWZJAN	SHEBERGAN	KHUDDOKO	HARAKAT	04/09/88	.F.	MULLA MURADI	HAZRAT GUL
4	603	HAMIDULLAH	KHAIRUDDIN	20	9			JAWZJAN	SARI PUL	SHEERPEX	HARAKAT	04/09/88	.F.	MULLA MURADI	GHAIBULLAH
4	604	MOHD NOBEEN	MOHD ASEF	22	11			KABUL	CHARDEHI	QALA-I-LOGARI	HARAKAT	04/09/88	.F.	MULAVI A.KARIM	MULLA JAN AGHA
4	605	ABDUL AZIM	ABDUL RAHIM	20	12			KABUL	CHARDEHI	CHEHEL STON	HARAKAT	04/09/88	.F.	MULAVI A. KARIM	MULLA JAN AGHA
4	606	SHAISTA	ABDUL SATAR	23	8			KANDAHAR	MARUF	MIANEEY	HARAKAT	04/09/88	.F.	M. SADOO KHAN	A. KARIM
4	607	NADIB AHMAD	FAIZULLAH	22	4			KANDAHAR	MAYWAND	SANG-SAHAR	HARAKAT	04/09/89	.F.	FAIZULLAH	A. HAKIM
4	608	ABDUL HAI	RUSTAM	22	6			KANDAHAR	MAYWAND	SANG-SAHAR	HARAKAT	04/09/89	.F.	FAIZULLAH	A. HAKIM
4	609	SAYED ABDUL HAMID AGH	SAYED GHAFAR SHAH	20	6			KANDAHAR	BABA SAHIB	MUNARA	HARAKAT	04/09/89	.F.	SAID SATAR SHAH	M. AZIME
4	610	RAHMATULLAH	ABDULLAH	20	5			KANDAHAR	DAND	KABUL DARWAZA	HARAKAT	04/09/88	.F.	AZIZULLAH	SULTAN MOHD
4	611	AULFAT	NAJMODDIN	23	12			KAPISA	KOHISTAN	JAMAL AGHA	HARAKAT	04/09/88	.F.	DIN MOHD	RAHIM
4	612	SARDAR KHAN	LALI JAN	22	12			KONAR	SAR KANI	DARIDAM	HARAKAT	04/09/88	.F.	SHENNA KHAN	NASIR KHAN
4	613	SAYED ALAM	SAYEDULLAH	25	12			KUNDUZ	CHAR DARA	MEERSHEEKH	HARAKAT	04/09/89	.F.	A. BARI	EKRAMUDDIN
4	614	FAZEL RAHMAN	ZARIF KHAN	22	11			KUNDUZ	EMAM SAHIB	CHAGHAE	HARAKAT	04/09/88	.F.	A.BARI	M. OMAR
4	615	MOHD HASSAN	FAIZ MOHD	22	12			LAGHMAN	ALINGAR	SANGAR	HARAKAT	04/09/88	.F.	K.ANWAR	M. HASSAN (BHW)
4	616	GH. MOHD	SHAH MOHD	22	12			LOGAR	BARAKI	QULA ABAS	HARAKAT	04/09/88	.F.	GHAZI ALAM	BAGI KHAN
4	617	MUZAMEL MALANG	SAYED YAQUB	22	12			LOGAR	BARAKI	CHEKOZAI	HARAKAT	04/09/89	.F.	ABDUL AHAMD	MUHEBULLAH
4	618	MOHD HABIB	MOHD JAMIL	24	12			PAKTYA	TANI	NARI SAI	HARAKAT	04/09/88	.F.	MEER SHADIKHAN	MOHD AMIR
4	619	GUL MARJAN	MIA NOOR	28	12			PAKTYA	SAYED KARAM	KHUSHAL KHEL	HARAKAT	04/09/89	.F.	FAZLERAHMAN	SHINWARI
4	620	JANAN	DADOO	30	12			PAKTYA	KHOST	DEERAI	HARAKAT	04/09/88	.F.	MANGAL	BABRAI
4	621	ABDUL HAKEEM	SAYED MUBARAK SHAH	18	9			PAKTYA	CHAMKANI	HISARAK	HARAKAT	04/09/88	.F.	PEERAK	NAZARGUL
4	622	NAZLUM	RAHIM KHAN	25	9			PARWAN	GHORBAND	ABCHANA	HARAKAT	04/09/88	.F.	SUHIB DAD	KARBER
4	623	EHSANULLAH	KHALILULLAH	21	10			SAMANGAN	ROYE DOAB	ISLAM BARA	HARAKAT	04/09/89	.F.	K.ISLAM	A.QUDUS
4	624	ABDUL RAHMAN	TASH MURAD	25	8			SAMANGAN	SAMANGAN	SHORAB	HARAKAT	04/09/88	.F.	K.ISLAM	A.QUDUS
4	625	ZIAULHAQ	NOOR MOHD	21	12			TAKHAR	FARKHAR	AEENWARA	HARAKAT	04/09/89	.F.	HAYATULLAH	AZEM
4	626	FAZEL ROHANI	SAIFUL MALUK	25	12			TAKHAR	TALOQAN	CHENZAI	HARAKAT	04/09/89	.F.	HAYATULLAH	HAZARGUL
4	627	MOHD SARWAR	SHAH BAZ	25	6			ZABUL	JALDAK	KOTAI	HARAKAT	04/09/89	.F.	K.RAHIM	M.FAZEL
4	628	MOHD ALI	MIR AHMAD	19	10			[illegible]	SHAH JOY	ISHAKIK KHEL	HARAKAT	04/09/89	.F.	HASSAN KHAN	NOORZAI

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BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 4

SESSION	COD_NO	RHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
4	629	AMINULLAH	MOHD JAN	27	6			ZABUL	DAI CHOPAN	SHOOI	HARAKAT	04/09/88	.F.	ABDORRAHMAN	ABDUL WALI
4	630	SHAMSULLAH	SAFAR KHAN	26	6			ZABUL	DAI CHOPAN	SHOOI	HARAKAT	04/09/88	.F.	ABDURRAHMAN	ABDUL WALI
4	631	ASSADULLAH	ZARIF SHAH	25	10			HELMAND	LASHGARGAH	KAREEZ	HARAKAT	04/09/85	.F.	MALANG KHAN	NAZARMOHD
4	632	MOHD RASUL	ALLAULAH	27	8			HELMAND	MOSA QALEH	SHAH ZADA	HARAKAT	04/09/88	.F.	M.NASEEM	NAZARMOHD
4	633	ESSAMUDDIN	ABDUL HALIM	19	5			HELMAND	SANGEEN	SARAN QALA	HARAKAT	04/09/88	.F.	ATA MOHD	JANDULLAH
4	634	GUL MOHD	RAMAZAN ALI	25	10			GHAZNI	JAGHORI	ANGORE	ANLF	04/09/88	.F.	ALI RAHEMI	HAJI M. EMAZ
4	635	FAZEL KARIM	FAZEL RABI	26	11			GHAZNI	JAGHATU	RASHEDAN	ANLF	04/09/88	.F.	SYED OMAR	ABDUL HABIB
4	636	BADAR GUL	ABDUL KARIM	22	5			KANDAHAR	PANJWAI	KOLK	ANLF	04/09/88	.F.	ABDULLAH KHAN	DAUM KHAN
4	637	NOOR MOHD	SHAH GUL	24	8			KANDAHAR	ARGHANDAR	KHOWAJA MULK	ANLF	04/09/88	.F.	ABDULLAH	DAUM KHAN
4	638	WALI MOHD	HAJI ABDULLAH JAN	22	4			KANDAHAR	ARGHISTAN	DAND	ANLF	04/09/88	.F.	ABDULLAH	DAUM KHAN
4	639	ABDUL GHAFAR	HAJI SARDAR MOHD	20	9			KANDAHAR	ARGHANDAB	TABEN SAIFULLAH	ANLF	04/09/88	.F.	MULLA M. AKHUND	GULAB SHAH
4	640	ABDUL RASHID	ABDUL SAKHI	18	6			KANDAHAR	KHAKRAIZ	CHINAR	ANLF	04/09/88	.F.	WAKEL A. SAKHI	ABDUL MANAN
4	641	GHIASUDDIN	SHARAFUDDIN	22	7			KANDAHAR	DAND	CHAR KOSA	ANLF	04/09/88	.F.	KAMALUDDIN	MOHAMMD ZAHIR
4	642	AHMAD SHAH	JUMA KHAN	22	7			ZABUL	ARGHANDAB	QADALAK NAVA	ANLF	04/09/88	.F.	MUL.KILLAKHUNZADA	GUL MOHAMMAD
4	643	NOOR AHMAD	MULLAH SAYED AHMAD	24	13			GHOR	TEYVAREH	NEELIE	ANLF	04/09/88	.F.	AID GUL KHAN	AID GUL KHAN
4	644	MOHD JUMA	ZEKRIA	24	10			GHOR	CHAGHCHARAN	DEHAK	ANLF	04/09/88	.F.	MOLAVI MIR AHMAD	MOLAVI MIR AHMAD
4	645	EID GUL SOHAIL	HAJI ABDURRAHMAN	24	12			GHOR	TEYVAREH	NEELIE	ANLF	04/09/88	.F.	RHW IS COMMANDER	
4	646	RAJAB ALI	MIRZA ALI	30	16			GHOR	LAL-WA-SARJANGAL	QATLISH	ANLF	04/09/88	.F.	HAMIDULLAH	HAMIDULLAH
4	647	ASKAR KHAN	MIRZA ALI	30	8			GHOR	LAL-WA-SARJANGAL	MANJOO	ANLF	04/09/88	.F.	HAMIDULLAH	HAMIDULLAH
4	648	ABDUL MATIN	MOL. JAMALUDDIN	22	5			HELMAND	MOSA QALEH	CHEGHALI	ANLF	04/09/88	.F.	MOLAVI A. SAMAD	MOLAVI M. MUSA
4	649	ABDUL MALEK	HAJI MIR BAZ	22	5			HELMAND	MOSA QALEH	KAS-E- SARDAR	ANLF	04/09/88	.F.	MOLAVI A. SAMAD	MULLA M. NASUM
4	650	WALI WALAH	MOHD	19	11			FARAH	FARAH	BASHTOO	ANLF	04/09/88	.F.	HAZRAT SULIMAN	M. AKRAM KHAN
4	651	MOHD AKRAM	MOHD	20	11			FARAH	FARAH	H.BAHADOOR ROAD	ANLF	04/09/88	.F.	MOHAMMD SULIMAN	KAMRAN KHAN
4	652	NESAR AHMAD	GH. NABI	18	9			FARAH	FARAH	ROKAN	ANLF	04/09/88	.F.	SULIMAN MUJADABI	JAGRAM IKRAMULLAH
4	653	JALALUDDIN	MOHD	25	9			BAGHLAN	NAHREIN	PULLOLE	ANLF	04/09/88	.F.	AMIR MOHAMMAD	AMIR MOHAMMAD
4	654	MARWAT KHAN	WAZER KHAN	26	10			BAGHLAN	PULI KHUMRI	DAHANA GHORI	ANLF	04/09/88	.F.	ALMAS KHAN	SYED A. RAHIM
4	655	HABIBURRAHMAN	ABDUL QADEER	25	10			SAMANGAN	DARAE SOUF	FOWLAD	ANLF	04/09/88	.F.	MANOR AZIZULLAH	HAFEZULLAH
4	656	KHOSH HAL	ABDUL SABUR	23	10			SAMANGAN	KHULM	SHUKOOR ABAD	ANLF	04/09/88	.F.	YASEEN KHAN	JABAR FAY
4	657	KEFAYATULLAH	ABDUL QAYUM	22	10			LAGHMAN	ALISHING	ALI SHANG	ANLF	04/09/88	.F.	TORAN GULAM MOHD	ABDUL WADI
4	658	EH. SAKHI	MOHD OMAR	21	11			LAGHMAN	ALISHING	TONEE	ANLF	04/09/88	.F.	TORAN GHULAM MOHD	ABDUL WADI
4	659	NAZAR MOHD	FAHLOL	22	6			TAKHAR	KHWAJAGHAR	MENCHEKOOR	ANLF	04/09/88	.F.	AMIR ZAHIR	ASADDULLAH
4	660	ABDUL TAWAB	ABDUL QUDUS	24	10			PARWAN	GHORBAND	PAYAN QARYA	ANLF	04/09/88	.F.	HAJI MIAN HAZRAT	SBDULLLAH
4	661	SAYED MOHD	DIN MOHD	30	12			PARWAN	GHORBAND	PAYAN QARYA	ANLF	04/09/88	.F.	HAJI MIAN HAZRAT	ABDULLAH
4	662	MOHD AKBAR	MOHD	22	7			PARWAN	SURKH PARSA	ROBBATE	ANLF	04/09/88	.F.	HAJI MIAN HAZRAT	MOHAMMAD OMAR
4	663	ABDUL GHANI	MULLA WAZEER	25	8			GHOR	TEYVAREH	MARKASH	ANLF	04/09/88	.F.	GHULAM MOHAMMAD	SYED AHMAD
4	664	JAN MOHD	MOHD	28	12			BALKH	MAZAR-I-SHARIF	SAKAR QANDIAN	ANLF	04/09/88	.F.	ABDUL RAUFE	ABDUL RAUFE
4	665	ASSADULLAH	LAL GUL	[illegible]	12			KUNDUZ	KHANABAD	SHEER KHEL	ANLF	04/09/88	.F.	GHULAM NABI	KHALIQ DAD
4	666	DELAVAR	DAWAR	0	0			KUNDUZ	KHANABAD		ANLF	04/09/88	.F.		
4	667	SHER AGHA	ZARI GUL	28	13			GHAZNI	KHWAJA OMRI	RASHEDAN	ANLF	04/09/88	.F.	SULTAN MOHAMMAD	SULTAN MOHAMMAD
4	668	AKHTAR MOHD	SAYED MOHD	22	8			KUNDUZ	EMAM SAHIB	KUTOR BOLAB	ANLF	04/09/88	.F.	GULAM MOHAMMAD	GULAM MOHAMMAD
4	669	MOHD RAHMAN	ARSALAH	0	0			KUNDUZ	KUNDUZ		ANLF	04/09/88	.F.		
4	670	ZAINULLAH	MOL. HAMDAM	23	10			JAWZJAN	SARI PUL	SAYAD	ANLF	04/09/88	.F.	ABDUL AHAD	KALIK RAUFE
4	671	AHMAD SHAH	BAHRAM KHAN	22	8			JAWZJAN	SANG CHARAK	SANG TODA	ANLF	04/09/88	.F.	ABDUL RAUFE	NOOR MOHAMMAD
4	672	SAYED SAMARUDDIN	SAYED QURBAN	22	12			FARYAB	PASHTOON KOT	TOP PAKHTON	ANLF	04/09/88	.F.	SEYD RAHIM	SEYD ABDUL MANAN
4	673	MOHD AZAM	MOHD	24	11			FARYAB	MAYMANA	KOH-I- KHANA	ANLF	04/09/85	.F.	HAJI AMAN	MOHAMMAD ZAHIR
4	674	MOHD MOSEN	GH. SAKHI	25	12			BALKH	MAZAR-I-SHARIF	MAZAR SHARIF	ANLF	04/09/88	.F.	WAISUDDIN	MERA JUDDIN
4	675	GH. NABI	GH. SAKHI	22	12			BAMYAN	SAIGHAN	KHUDA DAD KHEEL	ANLF	04/09/88	.F.	MOHAMMAD HADI	MOHAMMAD HADI
4	676	EMAM GUL	BABA GUL	30	12			BAMYAN	SAIGHAN	BARAYANA	ANLF	04/09/88	.F.	MOHAMMAD HADI	MOHAMMAD HADI
4	677	AINUDDIN	FAKHRUDDIN	22	9			BAMYAN	KAMARED	SHASHPUL	ANLF	04/09/88	.F.	SEYD ALI BABA	SEYD ALI BABA
4	678	ABDUL GHAFAR	MOHD	20	8			[illegible]	KAJRAN	BALA LASH	ANLF	04/09/88	.F.	M. IBRAHIM	GHULAM DASTAGEER

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SESSION	COD_NO	BKM_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
4	679	MOHD IBRAHIM	GH. DASTAGIR	24	12			ORUZGAN	DEH RAUD	LOBLAN	ANLF	04/09/88	.F.	MOLAVI JALAT KHAN	ABDULLAH JAN
4	680	LAL MOHD	PAY KHAN	22	8			ORUZGAN	DEH RAUD	LOPLAN	ANLF	04/09/88	.F.	MOLAVI JALAT KHAN	ABDULLAH JAN
4	681	MOHD SADEQ	ABDUL HAQ	30	12			ORUZGAN	DEH RAUD	MIANDAM	ANLF	04/09/88	.F.	MOLAVI JALAT KHAN	ABDULLAH JAN
4	682	NEMATULLAH	ABDUL HAQ	23	9			ORUZGAN	DEH RAUD	TARK	ANLF	04/09/88	.F.	MOLAVI JALAT KHAN	ABDULLAH JAN
4	683	MULLAH SALI MOHD	MOHD	24	6			ORUZGAN	KHAS UROZGAN	NAVA SUTAN K.	ANLF	04/09/88	.F.	BKM IS COMMANDER	
4	684	KHUDAI DUST	HAJI MOHD ALAM	30	6			ORUZGAN	KHAS UROZGAN	KHWAJA ZAI	ANLF	04/09/88	.F.	BKM IS COMMANDER	
4	685	ABDUL WAHAB	SAYED MUKHTAR	20	6			KAPISA	TAGAB	MULLA KHIL	ANLF	04/09/88	.F.	GHULAM NABI	GHULAM NABI
4	686	ABDUL HADI	MOHD	27	11			HERAT	GOZARAH	ROWZABAR	ANLF	04/09/88	.F.	SHEER AHMAD KHAN	BASHEER AHMAD KHA
4	687	DUST MOHD	GUL MOHD	23	10			JAWZJAN	SARI PUL	DAKAI AFGHANI	ANLF	04/09/88	.F.	ABDUL WAHAB	GUL MOHAMMAD
4	688	ASSADULLAH	SAYED KHAN	25	8			KONAR	PECHE	MANOGHAI	ANLF	04/09/88	.F.	HASSAN JAN	OSMAN JAN
4	689	NOOR WALI	GUL KAHN	18	8			KABUL	BAGRAMI	KHORD KABUL	ANLF	04/09/88	.F.	DEEDAR	MEER ZAMAN
4	690	SHINA	JANIL	20	9			KONAR	ASADABAD	SHENIGAM	ANLF	04/09/88	.F.	HUSSAN JAN	OSMAN JAN
4	691	MIR RAHMAN	ABDUL JAN	22	9			KABUL	BAGRAMI	KHORD KABUL	ANLF	04/09/88	.F.	DEEDAR	MEERZAMA
4	692	NOOR KHEL	HASSAN KHEL	15	8			LOGAR	AZRO	BABRAR	ANLF	04/09/88	.F.	HAJI HUSSAIN KHIL	MOHAMMAD OMAR
4	693	AMANULLAH	ABDUL RAHMAN	25	6			LOGAR	AZRO	BABRAR	ANLF	04/09/88	.F.	HAJI JUSSAIN KHIL	MOHAMMAD OMAR
4	694	ABDUL BASHIR	MOHD	33	10			BADGHIS	JAWAND	LALADAI	NIFA	04/09/88	.F.	MOHD ALIF KHAN	SEYD ABDUL QADER
4	695	KHAN MOHD	QURBAN	32	9			BADGHIS	GHORMACH	TAKAT KHATON	NIFA	04/09/88	.F.	MOHD YASEEN	MOHD YASEEN
4	696	ABDUL SALAM	ABDUL KARIM	23	8			BADGHIS	QADES	GUNBAD	NIFA	04/09/88	.F.	WAKIL A. ZAHER	ABDULLA
4	697	MULLAH GHULAM	WAZEER MOHD	23	6			BADGHIS	QADES	DARA-E-BOM	NIFA	04/09/88	.F.	WAKIL ABDUL ZAHIR	SAKHI DAD
4	698	SAYED MANSUR	SAYED DAWUD	29	12			BAGHLAN	PULI KHUMRI	AZIZAN	NIFA	04/09/88	.F.	BAZ MOHAMMAD KHAN	ABDUL QUDEER
4	699	ABDUL HAFIZ	ABDUL AHMAD	25	6			BAGHLAN	DOSHI	BARFAK	NIFA	04/09/88	.F.	BAZ MOHAMMAD KHAN	ABDL AHMAD
4	700	ABDUL RAZEQ	MOHD	26	10			BAGHLAN	DOSHI	BARFAK	NIFA	04/09/88	.F.	BAZ MOHAMMAD KHAN	ABDURRAZAQ
4	701	HAJI MOHD	FAZEL AHMAD	29	12			BAMYAN	SAIGHAN	KHUDA DAD KHEEL	NIFA	04/09/88	.F.	BAZ MOHAMMAD KHAN	ASADULLAH
4	702	SAYED AMIN	SAYED ABDUL ALI	28	12			BAMYAN	WARAS	WARAS	NIFA	04/09/88	.F.	MOHD ISHAQ	SEYD HUSSAIN
4	703	ABDUL AZIZ	MOHD	22	7			FARAH	PURCHAMAN	BAQ MEER	NIFA	04/09/88	.F.	SYED ABDULLAH	ARBAB M.AZAM
4	704	GULALAI	ZARIN KHAN	20	10			FARYAB	QAYSAWR	SOFI QALA	NIFA	04/09/88	.F.	KHAN AGA	GULAM RASOOL
4	705	ENGINEER MIRWAIS	MASUM	28	14			FARYAB	QAYSAWR	CHICAKI TOO	NIFA	04/09/88	.F.	KARM AGA	DASTAGEER
4	706	MOHD ASHRAF	HAJI GHULAM HAIDER	23	14			FARYAB	PASHTOON KOT	CHASHMA_ I GHAR	NIFA	04/09/88	.F.	SYED AKHTAR JAN	SALEH MOHAMMAD
4	707	MOHD SULAIMAN	SHAD MOHD	19	11			GHAZNI	GHAZNI	QALA NAW	NIFA	04/09/88	.F.	S. NAZAR JAN AGA	DAGARMAN AGA MOHD
4	708	GH. SAKHI	MALEK AMIR MOHD	27	12			GHAZNI	ANDAR	ROBAT	NIFA	04/09/88	.F.	S. NAZAR JAN AGA	PAYNDA KHAN
4	709	GUL MOHD	BAHADUR MOHD	29	12			GHAZNI	GHAZNI	QALA MOHD KHAN	NIFA	04/09/88	.F.	MOLAVE FAKHRUDDI	MOLAVI ZAFARANI
4	710	DAWLAT KHAN	MIR QALAM	25	8			GHAZNI	NOOOR	BAZAI	NIFA	04/09/88	.F.	S. NAZAR JAN AGA	SYED DULLAH
4	711	GH. NAOSHBAND	GH. DASTASIR	26	11			GHAZNI	QARA BAGH	MURRE WARDAM	NIFA	04/09/88	.F.	S. NAZAR JAN AGA	MOLV. ABDURRAHMAN
4	712	NAZAR MOHD	MOHD	27	12			GHOR	PASABAND	KAKARE	NIFA	04/09/88	.F.	MOHAMMAD KHAN	ABDUL AHAD
4	713	ATTA GUL	KHAIR MOHD	28	9			GHOR	PASABAND	KAKARE	NIFA	04/09/88	.F.	MOHAMMAD KHAN	A. QAYM KHAN
4	714	SAYED ABDUL QADER	SAYED MIRZA KHAN	19	8			GHOR	SHAHRAK	BAND-I- BOR	NIFA	04/09/88	.F.	ARBAB MOHD SYED	MOHSUN HAQANI
4	715	FAIZ MOHD	TAJ MOHD	21	12			JAWZJAN	SHEBERGAN	KHELWATI	NIFA	04/09/88	.F.	KHYER MOHAMMAD	M. WALIKHAN BABOR
4	716	MOHD ZAR KHAN	HAJI MERU KHAN	25	11			JAWZJAN	SARI PUL	KOHNA BAZAR	NIFA	04/09/88	.F.	KHYER MOHAMMAD	GUL MOHAMMAD
4	717	HAJI MOHD	ALI KHAN	30	9			KABUL	PAGHMAN	ARGHNDI ALIA	NIFA	04/09/88	.F.	DR. SHAH RUKH	MIRZA MOHAMMAD
4	718	MOHD RAHIM	HAJI ABDUL HALIM	18	8			KANDAHAR	MAYWAND	SANG SAHAR	NIFA	04/09/88	.F.	MALIK SADDULAH	FIRUZKHAN
4	719	HAYATULLAH	MUSA JAN	30	7			KANDAHAR	DAND	CHAPLANI	NIFA	04/09/88	.F.	MOHAMMAD SADIQ	NOOR ALI
4	720	GUL AGA	SAYED ABDUL HAKIM	22	7			KANDAHAR	KHAKRAIZ	ZAIL ABAD	NIFA	04/09/88	.F.	MOHAMMAD AKBAR	AKRAM
4	721	HEMAYATULLAH	MOHD	25	9			KAPISA	TAGAB	NAWROZ KHELL	NIFA	04/09/88	.F.	MOLAVI M. ZAHER	MOLAVI M. ZAHER
4	722	NOOR AHMAD	AMIR MOHD	30	9			KONAR	PECHE	GUL SALIK	NIFA	04/09/88	.F.	MATEULLAH KHAN	MATEULLAH KHAN
4	723	SHER ZAMAN	SHER ZAMAN	22	10			KONAR	PSWAR	DAMBRARO	NIFA	04/09/88	.F.	WAZER SAID	MADAN SAID
4	724	MOHD YAQUB	ABDUL JALIL	30	12			KONAR	CHAWKI	GAGZIE	NIFA	04/09/88	.F.	MEER AZAM KHAN	MEER AZAM KHAN
4	725	MOHD HASHEM	MOHD	24	12			KUNDUZ	EMAM SAHIB	DARGHIS	NIFA	04/09/88	.F.	QARI JUMA	ARBAB ISMAEEL
4	726	KAHN MOHD	NOOR ALAM	30	9			KUNDUZ	KUNDUZ	QEMAD CHIE	NIFA	04/09/88	.F.	MIRZA MOHAMMAD	MIRZA MOHAMMAD
4	727	ZAINUDDIN	MAHTABUDDIN	22	10			KUNDUZ	KHANABAD	AKHTUSH	NIFA	04/09/88	.F	MOHAMMAD YUNOS	MOHAMMAD YUNOSS
4	728	AKHTAR MOHD	SHIN GUL	22	11			KUNDUZ	EMAM SAHIB	HAD MASJID	NIFA	04/09/88		[illegible]	[illegible]

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4	729	JUE MOHD	SHER AHMAD	28	12			LOGAR	BARAKI	QALA-I- NAW	NIFA	04/09/88	.F.	HAJI HABIB NOOR	MEER SYED MOHAMMD
4	730	AHMAD WALI	MOHD WALI	22	10			NANGARHAR	RODAT	MITRANI	NIFA	04/09/88	.F.	BAZ MOHAMMAD	BAZ MOHAMMAD
4	731	MULLAH MOHD	SAIFULLAH KHAN	26	12			PAKTYA	SAYED KARAM	MACHALGHAW	NIFA	04/09/88	.F.	ALLOZAI	MODER SHEER KHAN
4	732	NOOR GUL	GULAB GUL	23	9			PAKTYA	CHAMKANI	MARI ELA	NIFA	04/09/88	.F.	SULIMAN ZAI	KHAN WAZIR
4	733	ABDUL QADER	PAW NOOR	22	9			PAKTYA	URGOUN	AMGOR ADA	NIFA	04/09/88	.F.	NIAMAT	SELGHI
4	734	MOHD AKBAR KHAN	AMANULLAH	25	8			PAKTYA	GOMAL	MAMAR GALA	NIFA	04/09/88	.F.	EID MOHAMMAD	MOHAMMAD AFZAL
4	735	DAWUD SHAH	HAJI ZAMAN SHAH	36	12			PAKTYA	KHAIR KOT	BAK KHEEL	NIFA	04/09/88	.F.	SOFI ADAM KHAN	NADIR KHAN
4	736	BAZAR KHAN	SHAH MIR	30	9			PAKTYA	KHAIR KOT	BELLA	NIFA	04/09/88	.F.	SOFI ADAM KHAN	AKHTAR JAN
4	737	HABIBULLAH MALIK	SAHEB KHAN	24	10			PARWAN	BAGRAM	NASRO KLI	NIFA	04/09/88	.F.	MOHAD AKRAM	MOHAD HANIF
4	738	ALI AHMAD TURKMAN	BARAT ALI	33	14			PARWAN	SUROH PARSA	ALI KHANI	NIFA	04/09/88	.F.	BARA IBRAHIM	HAJI ISMAEEL
4	739	SAYED ALI JAN	SYED QANDI	27	15			PARWAN	SUROH PARSA	LOLANG	NIFA	04/09/88	.F.	SYED M. HASAN	MOHAMMAD IBRAHIM
4	740	MOHD EKLIL	ATTA MOHD	42	9			SAMANGAN	SAMANGAN	SAMGUTAK	NIFA	04/09/88	.F.	MOLAVI A. QUDUS	SOFI HAZRAT GUL
4	741	NIAZ MOHD	ADA MOHD	40	12			TAKHAR	ESHKAMESH	ALI OUTAM	NIFA	04/09/88	.F.	GULO JAN	GULO JAN
4	742	RAHATULLAH	ABDULLAH	29	12			TAKHAR	TALOQAN	MASJID SAFED	NIFA	04/09/88	.F.	SYED MUKHTAR	SYED MUKHTAR
4	743	SHAH WALI	DAWLAT MOHD	20	10			TAKHAR	TALOQAN	DORAHI	NIFA	04/09/88	.F.	MAMOR AFGHAN	ENGENR M. OMAR
4	744	MOHD ESSA	KHAN ALI	25	10			DRUZGAN	SHAHRISTAN	CHAHAR SADKHANA	NIFA	04/09/88	.F.	SYED M. HASSAN	NADER ALI RAZAI
4	745	MULLAH ABDUL HAI	OBAIDULLAH	25	6			DRUZGAN	DEH RAWD	CHARCHAR	NIFA	04/09/88	.F.	GULAM SARWAR	MOHAMMAD RAHIM
4	746	ROHULLAH	GH. OMAR JAN	20	10			WARDAK	SAYED ABAD	KELLI KHEEL	NIFA	04/09/88	.F.	ENG. MIRVAIS	SYED AKBAR KAHN
4	747	HAQIBULLAH	JAGRAM SHERULLAH	20	10			WARDAK	MAYDAN SHAR	CHARAKI	NIFA	04/09/88	.F.	SYED NAEEM	SYED NAEEM
4	748	NAWAB	HAJI NAWAZ KHAN	28	12			ZABUL	ARGHANDAB	NANA KHEEL	NIFA	04/09/88	.F.	ABDUL AZIM QADERI	ABDUL AZIM QADERI
4	749	SAYED MOHD	JAN MOHD	25	12			BALKH	MAZAR-I-SHARIF	PATAN GAN	NIFA	04/09/88	.F.	SOFI ADAM KHAN	SOFI ADAM KHAN
4	750	ABDUL SATAR	GULBUDDIN	18	8			BALKH	CHAR BOLAK	MOCHANONA	NIFA	04/09/88	.F.	TORAM SAHIB DAD	TORAM SAHIB DAD
4	751	ABDUL MALEK	FAZEL HAQ	25	12			BALKH	CHAR BOLAK	ALI ABAD	NIFA	04/09/88	.F.	SOFI ADAM KHAN	SOFI ADAM KHAN
4	752	MOHD SALIM	MIR HASSAN	27	12			GHAZNI	JAGHATU	WAZIE	JAMIAT	/ /	.F.	KHALILULLAH HOTAK	M. ZAMAN HASMAL
4	753	ABDULLAH KHAN	RAZ GUL	26	12			GHAZNI	ANDAR	MASLAI	JAMIAT	/ /	.F.	HAMDULLAH	ABDUL WABI
4	754	HABIBULLAH	MOHD AYUB	26	12			KABUL	KABUL	QALAI WAHID	JAMIAT	/ /	.F.	MUSHTAG AHMAD	SHAM SULLAH
4	755	ABDUL HADI	ABDUL BAQI	24	10			KABUL	BAGRAMI	BUT KHAK	JAMIAT	/ /	.F.	DAUD	BESMELLAH
4	756	SAYED MOHD	KHUDAI NOOR	26	7			KANDAHAR	ARGHANDAB	JOY LAHOR	JAMIAT	/ /	.F.	MULLA AKHTAR MOHD	MULLA A. KARIME
4	757	MOHD EKHLAS	ABDUL BARI	18	5			KANDAHAR	ARGHANDAB	CHARGHULBA	JAMIAT	/ /	.F.	MULLA NASEEBULLAH	KHAN MOHD
4	758	MOHD ZAFRAN	ABDULLAH	19	7			KANDAHAR	ARGHANDAB	CHARGHULBA	JAMIAT	/ /	.F.	MULLA NASEEBULLAH	KHAN MOHD
4	761	ROZI MOHD	MOHD SEDIQ	26	8			ZABUL	DAI CHOPAN	SRAH QADER	JAMIAT	/ /	.F.	MIR AHMAD ZAKERI	JAMALLUDDIN
4	762	ATTA MOHD	HAJI ZAINUDDIN	29	10			ZABUL	DAI CHOPAN	SHINIA	JAMIAT	/ /	.F.	MIR AHMAD ZAKERI	JAMALLUDDIN
4	764	MIR ASHA	MOHD ASGHAR	28	12			GHOR	PASABAND	KHWJA WEHAJUDIN	JAMIAT	/ /	.F.	MOWLAVI KHAN MOHD	MOHD ASGHAR
4	765	WALI MOHD	MULLAH FAIZ MOHD	23	11			GHOR	TEYVAREH	CHAR DARA	JAMIAT	/ /	.F.	MOWLAVI DADIKHUDA	WALI MOHD
4	766	MULLAH SERAJUDDIN	BASHIR	25	6			BADGHIS	QALA NAU	GHALBARDAK	JAMIAT	/ /	.F.	NEEK MOHD	FATEH MOHD
4	767	ABDUL HAMID	MULLAH NAJIBULLAH	25	11			BADGHIS	QADES	QADIS KHURDAK	JAMIAT	/ /	.F.	NEEK.MOHD	QURI RAUF
4	768	ABDULLAH	ABDUL MAJEED	25	12			BADGHIS	QADES	PAI WAR	JAMIAT	/ /	.F.	NEEK.MOHD	QURI RAUF
4	769	MOHD RASUL	HAJI ABDUL WADUD	25	9			GHOR	CHAGHCHARAN	QAZIA CHAR SADA	JAMIAT	/ /	.F.	QAZI A.QADER	QAZI A.JUMA
4	770	MOHD HANIF	MOHD SADEQ	0	0			HELMAND	NADI-ALI		JAMIAT	/ /	.F.		
4	771	MOHD ISMAIL	MOHD IBRAHIM	25	10			HELMAND	NADI-ALI	ZAKGHON	JAMIAT	/ /	.F.	DOD.MOHD	ABDUL.BARI
4	772	SAYED MALUK	MOHD YASIN	30	14			FARAH	KHAJE SAFID	SOURHASH	JAMIAT	/ /	.F.	SANATOR SHERAHMAD	SENATOR SHERAHMAD
4	773	ABDUL HALIM	KHUDAI RAHIM	28	11			FARAH	FARAH	TAY NISK	JAMIAT	/ /	.F.	JUMA KHAN	HABIBULLAH
4	774	MULLAH AINUDDIN	MOHD KARIM	28	10			FARAH	LASH JAWEEN	DAHAN ROOD	JAMIAT	/ /	.F.	ABDUL KHAN	ABDUL KHAN
4	775	GH. NABI	GH. QADER	29	12			BAGHLAN	KHOST WA FRENG	GHARDO	JAMIAT	/ /	.F.	AHMAD SHAH MASAWD	JUMA KHAN
4	776	MOHD HASSAN	HAYAT MOHD	22	11			BAGHLAN	NAHREIN	KHUWJA KHIZER	JAMIAT	/ /	.F.	A.HAI HAE JOY	FAZEL HAE
4	777	SAYED ESSA	SAYED MOHD	30	9			SAMANGAN	DARAE SOUF	DEHI	JAMIAT	/ /	.F.	MAHEUPULLAH	SYED EASSA
4	778	ABDUL QAHAR	DUST MOHAD	22	6			SAMANGAN	SAMANGAN	ASIA ABAD	JAMIAT	/ /	.F.	SAIFULLAH	SADRUDDIN
4	779	EZATULLAH	MUSTAK KHAN	31	12			LAGHMAN	QARGHAI	TARAKHEL	JAMIAT	/ /	.F.	EZATULLAH(BHW)	EZATULLAH(BHW)
4	780	MOHD NAZEER	RAHMUDDIN	27	12			LAGHMAN	ALISHING	DOWLAT SHAH	JAMIAT	/ /	.F.	M.ESMAEEL TARIQ	SULIMAN SHAH
4	781	ABDUL KHALED	MOHD OMAR	35	8			K	CHAKCI	MAZAR DARA	JAMIAT	/ /	.F.	DR.K. SADIQ	A.KHALIQ(BHW)

BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 4

SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
4	782	SAYED HABIB	MOHD ASLAM	21	8			TAKHAR	TALOQAN	KHUSTI	JAMIAT	/ /	.F.	MULLA WADOUD	SYED BASHEER
4	783	GUL DIN	ANJAMUDDIN	26	12			TAKHAR	TALOQAN	NAHRI CHAMAN	JAMIAT	/ /	.F.	GULDEN(BHW)	GULDEN (BHW)
4	784	GH. MOHD	MOHD FEROZ	22	12			PARWAN	SURKH PARSA	PESH DEH	JAMIAT	/ /	.F.	GHULAM SAKHI	M. YOUSUF
4	785	SHAH ZADAH	GUL MOHD	20	10			PARWAN	SURKH PARSA	PARSA	JAMIAT	/ /	.F.	MALIK A. KARIME	PAHLAWAN FEROZ
4	786	SHERIN AGHA	AZIZ AHMAD	20	10			KAPISA	PANJSHARE	CHAMAL WARDO	JAMIAT	/ /	.F.	SARANWAL MAHMOOD	GUL HAIDER
4	787	SAYED HABIB	GULRUDDIN	23	12			KAPISA	TAGAB	MULLAH KHEEL	JAMIAT	/ /	.F.	ENG. G.JAILANI	MOWLAVI M. RASOOL
4	788	ABDUL JALIL	HAJI EMADE	21	10			BALKH	SHOLGERA	QAFLAN DARA	JAMIAT	/ /	.F.	ALAM KHAN	SOFI NOORULLAH
4	789	MOHD SAMI	MOHD OMAR	17	11			KUNDUZ	KHANABAD	RAGMIA	JAMIAT	/ /	.F.	IBRAHIM SARSAFED	RAHIM
4	790	GH. MUHIUDDIN	ABDUL WAHID	22	8			KUNDUZ	CHAR DARA	CHAR SHAHED	JAMIAT	/ /	.F.	ARIF KHAN	SHEER MOHD
4	791	GH. SAKHI	MOHD AMIN	23	9			JAWZJAN	SARI PUL	DUDUSCHA	JAMIAT	/ /	.F.	MOWLAVI A.QUYM	RUSTAM
4	792	MOHD JUMA	KHUDAI BERAN	28	12			JAWZJAN	AOCHA	HARONCHARSHANGO	JAMIAT	/ /	.F.	HAJI CHARY	HAJI CHARY
4	793	SAYED SHAMSUDDIN	SAYED NASRUDDIN	25	12			FARYAB	MAYMANA	AMAM SAHIB	JAMIAT	/ /	.F.	SYED M.YOUSUF	SYED ALLUDIN
4	794	GH. SAKHI	MOHD NADER	25	10			BAMYAN	BAMYAN	GHANDAK	JAMIAT	/ /	.F.	ABDULLA HASHOMI	MULLA PAIWANDI
4	795	SAYED MOHD	SAYED MIR AGHA	24	12			LOGAR	PULI ALAM	SYED QADER	JAMIAT	/ /	.F.	SYED RASOOL	S. G. HUSSAIN
4	796	ATTIQULLAH	HBIR JAN	25	11			ORUZGAN	KHAS URUZGAN	SAIDAN	JAMIAT	/ /	.F.	M. MARUF	SADULLAH KHAN
4	797	MAWLA DAD	GH. DASTAGIR	21	11			ORUZGAN	TIRIN KOT	SURKH MUGHAB	JAMIAT	/ /	.F.	RAHMATULLA AZIZ	AHMADDULAH
4	798	SAYED HABIB	SAYED MUSTAFA	23	10			HERAT	CHESTE-SHARIF	SAREE TAGHAB	JAMIAT	/ /	.F.	ISMAEEL KHAN	M. OMAR
4	799	SAYED MOHD	SAYED ABDURRAHMAN	23	8			HERAT	OBEH	MUSSAFERAN	JAMIAT	/ /	.F.	ISMAEEL KHAN	ABDUL ZAHER
4	800	NEZAMUDDIN	MOHD ZAMAN	19	9			HERAT	GOZARAH	QAYMAST	JAMIAT	/ /	.F.	QUAZI KASHMIR	ABDUL ZAHER
4	802	MOHD ZARIF	MOHD IBRAHIM	28	10			BADAKHSHAN	BAHARAK	WARDAS	JAMIAT	/ /	.F.	S.WAJMUDDIN	SHAH ABDUL NABI
4	803	MOHD ASLAM	MOHD WALI	24	8			BADAKHSHAN	FEYZABAD	YAFTALI-ULIA	JAMIAT	/ /	.F.	A.BASSIR KHALID	LUTFULLAH
4	804	ABDUL KHALIL	GH. RASUL	22	11			BADAKHSHAN	FEYZABAD	QAILA DARA	JAMIAT	/ /	.F.	MOVLAVI A. HAFIZ	MAQSOOD KHAN
4	805	ABDUL MAJID	SANDUBAR	23	10			BADAKHSHAN	DARWAZ	SANGLICH	JAMIAT	/ /	.F.	SAMIILLAH	MULA DAWLATULLAH
4	806	MOHD ESHAQ	MOHD IBRAHIM	18	9			NIMROZ	CHAR BORJAK	SAKHI DAD KHAN	JAMIAT	/ /	.F.	IBRAHIM JAN	HABIBULLAH
4	807	SAYED ISLAMUDDIN	SAYED JALALUDDIN	32	12			NIMROZ	CHAKHANSUR	SARLOF	JAMIAT	/ /	.F.	SHARIF JAN	ABDULAH
4	808	ABDUL MATIN	ABDUL GHAFUR	27	12			KABUL	KOTA ACHRO	CENTER	JAMIAT	/ /	.F.	ELIACE ALOKOZAI	ELIACE ALOKOZAI
4	809	FAZEL RAHMAN	SULTAN AZIZ	23	12			WARDAK	JAGHATU	DURANI	JAMIAT	/ /	.F.	SULTAN MUHOD	M. NASEER
4	810	SAKHI JAN	GUL JAMAL	25	12			PAKTYA	SAYED KARAM	MACHALGHO	JAMIAT	/ /	.F.	KHAWAJA MOHD	KHAWAJA MOHD
4	811	ABDUL BASIR	GH. DASTAGIR	23	12			NANGARHAR	RODAT	KAGA	JAMIAT	/ /	.F.	TOOR PADSHA	NOOR AGHA
4	812	MOHD YUNOS	MOHD YAHYA	20	10			BAGHLAN	NAHREIN	KHILAR	JAMIAT	/ /	.F.	ARBAB JAMIL	ABDUL JAMIL
4	813	EID GUL	ABDUL GAFUR	31	11			LOGAR	BARAKI	TAGAB	HARAKAT	/ /	.F.	MULLA MUHIBULLAH	MULLA SAID KAMAL
4	814	ABDUL MALUK	KHARD GUL	20	8			WARDAK	SAYED ABAD	GADIAN KHIL	HARAKAT	/ /	.F.	MOLAVI M. HASSAN	MOLAVI A. SALIM
4	815	KHAIR MOHD	KUNDEL	26	12			WARDAK	SAYED ABAD	RAHRAM KHIL	HARAKAT	/ /	.F.	HAJI A. HAMID	GHULAM FAROQ
4	661	GH. SADEQ	AZIZULLAH	29	8			LOGAR	PULI ALAM	GHANDAK	HARAKAT	/ /	.F.	?	?
4	817	ABDUL LATIF	ABDUL RAZAQ	20	7			LOGAR	MOHAMMAD AGHA	ZARSHON SHAHER	HARAKAT	/ /	.F.	MULLA FAZEL AHMAD	TARIQ
4	818	SULTAN SHAH	ABDUL MAJEED	24	9			KUNDUZ	EMAM SAHIB	KHAN AGA	NIFA	/ /	.F.	KHAN SAR	SULTAN SHAH BHW
4	819	SAYED IBRAR	SAYED ALI	20	9			TAKHAR	TALOQAN	JUDA KAMAR	NIFA	/ /	.F.	SYED MUKHTA	SYED IBRAR BHW

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 5

ESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	854	NEMATULLAH	SHEER DIL	4	KANG	NIMROZ	HARAKAT
5	944	MOHD WAIS	GH. RASUL	4	SHINDAND	HERAT	NIFA
5	830	FAIZ MOHD	ABDUL RAHMAN	5	SAGHAR	GHOR	HARAKAT
5	831	MOHD	AHMAD	5	SAGHAR	GHOR	HARAKAT
5	833	ABDUL AZIZ	MOHD OSMAN	5	SHAHRAK	GHOR	HARAKAT
5	856	SHAFIQULLAH	MIRZA SYED MOHD	5	KANG	NIMROZ	HARAKAT
5	943	SAYED OSMAN	SAYED MOHD	5	ADRESKAN	HERAT	NIFA
5	956	ABDUL RAHIM	HAJI MOHD OSMAN	5	MORGHAR	BADGHIS	NIFA
5	832	MOHD RASUL	MULLAH GHOUSUDDIN	6	TOULAK	GHOR	HARAKAT
5	837	ABDUL WAHED	ABDUL KARIM	6	SANGEEN	HELMAND	HARAKAT
5	849	NIAZ MOHD	GUL AHMAD	6	PULI ALAM	LOGAR	HARAKAT
	863	ABDULLAH	ABDUL RASUL	6	SAMANGAN	SAMANGAN	HARAKAT
5	883	MOHD HASHEM	HAJI GHAFOOR	6	MOQOR	GHAZNI	ANLF
5	893	ABDUL SAMAD	ABDUL RAHMAN	6	SARI PUL	JAWZJAN	ANLF
5	947	NEMATULLAH	ABDUL RAHMAN	6	MAYWAND	KANDAHAR	NIFA
5	449	KALA KHAN	ESSA KHAN	6	JAWAND	BADGHIS	NIFA
5	599	ABDUL JABAR	JALAT KHAN	6	JAWAND	BADGHIS	NIFA
5	963	ATTAULLAH	MALIK SHERIN	6	GEZAB	ORUZGAN	NIFA
5	979	AMINULLAH	HAJI GUL MOHD	6	ARGHANDAB	ZABUL	NIFA
5	1014	ABDUL RAUF	ABDUL RAHMAN	6	SANGEEN	HELMAND	JAMIAT
5	1022	HABIBULLAH	MULLAH ABDUL HAI	6	KANDAHAR	KANDAHAR	JAMIAT
5	1095	GH. NABI	MOHD DIN	6	ARGHANDAB	KANDAHAR	HARAKAT
5	1100	ABDUL SAMAD	ABDUL MAJEED	6	CHARASYAB	KABUL	HARAKAT
5	1006	GH. MUHIUDDIN	MOHD RASUL	6	ALISHING	LAGHMAN	HARAKAT
5	1111	AHMAD KHAN	AHMAD ALAM	6	BAGHRAN	HELMAND	NIFA
5	875	HAFIZULLAH	ABDUL MAJEED	7	MAYMANA	FARYAB	ANLF
5	876	EID MOHD	EMAM GUL	7	PASHTOON KOT	FARYAB	ANLF
5	899	NOOR MOHD	TAJ MOHD	7	ARGHANDAB	KANDAHAR	ANLF
5	913	AHMAD KHAN	ESHAN GUL	7	KHWAJAGHAR	TAKHAR	ANLF
5	914	GH. HAIDER	NAZAR MOHD	7	TIRIN KOT	ORUZGAN	ANLF
5	932	SAYED ABDUL RAHMAN	SAYED YAQUB	7	SHAHRAK	GHOR	NIFA
5	946	MOHD NABI	MOHD ALI	7	LAL-WA-SARJANGAL	GHOR	NIFA
5	948	ZEKRIA	MOHD SEDIQ	7	GERESHK	HELMAND	NIFA
5	954	MOHD HASHEM	ASIL KHAN	7	DAYSAHR	FARYAB	NIFA
5	821	MULLAH KHUDAI DAD	SHAH MOHD	8	CHAR BOLAK	BALKH	HARAKAT
5	822	MOHD SADEQ	SAFAR MOHD	8	NAHREIN	BAGHLAN	HARAKAT
5	823	KHUDAI NAZAR	ABDUL RAHIM	8	NAHREIN	BAGHLAN	HARAKAT
5	825	YARO	MAMAR	8	KAHMARD	BAMYAN	HARAKAT
5	841	SHAH BAZ	HAJI ABDUL QADER	8	KANDAHAR	KANDAHAR	HARAKAT
5	859	WAZIR MOHD	BAKHT MOHD	8	WAZAI	PAKTEKA	HARAKAT
5	864	ABDUL HAI	ABDUL GHAFAR	8	SHAH JOY	ZABUL	HARAKAT
5	867	ABDUL HAI	RAHMATULLAH	8	SANG CHARAK	JAWZJAN	ANLF
5	872	MOHD ALEM	BAHRUDDIN	8	QALAE KOH	FARAH	ANLF
5	877	JANAT GUL	GH. DASTAGIR	8	KHANABAD	KUNDUZ	ANLF
5	880	NASRUDDIN	HAJI KHUDAI DAD	8	MOQOR	GHAZNI	ANLF
5	884	HAYATULLAH	ABDUL NABI	8	GERESHK	HELMAND	ANLF
5	885	MOHD JAWAD	ALI	8	GOZARAH	HERAT	ANLF
5	886	MOHD YUSOF	MOHD ALI	8	GOZARAH	HERAT	ANLF
5	889	MOHD DAWUD	ABDUL QADER	8	CHAR DARA	KUNDUZ	ANLF

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 5

SION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	894	NOORULLAH	HAJI ROZ GELDI	8	SHEBERGAN	JAWZJAN	ANLF
5	896	MOHD ISMAIL	SHAH ZADAH	8	DAND	KANDAHAR	ANLF
5	900	AHMADUDDIN	SHARAFUDDIN	8	DAND	KANDAHAR	ANLF
5	919	MOHD NAIM	FAIZ TALEB	8	PANJSHARE	KAPISA	ANLF
5	921	KHOSH HAL	NASEER KHAN	8	GOSHTA	NANGARHAR	ANLF
5	936	HAZRAT GUL	MULLAH DIN MOHD	8	SHAHRAK	GHOR	NIFA
5	965	MOHD QASEM	HAJI ABDUL RAUF	8	BAGHRAN	HELMAND	NIFA
5	976	SAYED MOHD	SAYED KHAN	8	SHAH JOY	ZABUL	NIFA
5	989	ABDUL RAHIM	MOHD IBRAHIM	8	JAWAND	BADGHIS	JAMIAT
	991	NESAR AHMAD	GH. RASUL	8	SHINDAND	HERAT	JAMIAT
5	999	MOHD AKBAR	AKHTAR MOHD	8	QALA NAU	BADGHIS	JAMIAT
5	1013	GUL AHMAD	MULLAH AHMAD	8	TEYVAREH	GHOR	JAMIAT
5	1015	SAYED AHMAD	GH. SAKHI	8	TEYVAREH	GHOR	JAMIAT
5	1019	MOHD QASEM	MOHD OMAR	8	PASHTOON ZARGOON	HERAT	JAMIAT
5	1020	MOHD AREF	MOHD HAIDER	8	TEYVAREH	GHOR	JAMIAT
5	1030	MOHD IBRAHIM	ALI MOHD	8	SANG CHARAK	JAWZJAN	JAMIAT
5	1035	GH. RASUL	SAYED MOHD	8	FEYZABAD	BADAKHSHAN	JAMIAT
5	1044	GH. RASUL	TALEB	8	SAYED KARAM	PAKTYA	I.I.M.A
5	1049	MOHD YAQUB	JALAT KHAN	8	CHAR DARA	KUNDUZ	I.I.M.A
5	1055	MOHD NAIM	MOHD	8	SANG CHARAK	JAWZJAN	I.I.M.A
5	1079	MOHD GUL	MOHIUDDIN	8	PANJWAI	KANDAHAR	I.I.M.A
5	1081	AHMAD	MOL. ABDUL HAI	8	NADI-ALI	HELMAND	I.I.M.A
5	1088	GUL ZAMAN	MASUM KHAN	8	ARGHISTAN	KANDAHAR	I.I.M.A
5	1099	MOHD KAZIM	MOHD SHARIF	8	MOHAMMAD AGHA	LOGAR	HARAKAT
5	1004	AMANULLAH	DURANI	8	BARAKI	LOGAR	HARAKAT
5	1009	MOHD ANWAR	MOHD AMIN	8	URGOON	PAKTYA	I.I.M.A
5	834	ABDULLAH	MOHD	9	SHAHRAK	GHOR	HARAKAT
5	835	SALI MOHD	LAL MOHD	9	NADI-ALI	HELMAND	HARAKAT
5	838	MALEK MOHD	GUL MOHD	9	SARI PUL	JAWZJAN	HARAKAT
5	848	AZAD KHAN	MOHD TAHOS	9	PULI ALAM	LOGAR	HARAKAT
5	857	ABDUL SAMAD	HAIDER KHAN	9	KHOST	PAKTYA	HARAKAT
5	866	MOKAMIL SHAH	MOHD ZAHER	9	MAZAR-I-SHARIF	BALKH	ANLF
5	881	MOHD NAIM	MULLA ZAR MUEEN	9	QARA BAGH	GHAZNI	ANLF
5	897	MOHD WALI	HAJI KHUDAI RAHIM	9	ARGHANDAB	KANDAHAR	ANLF
5	898	GH. MUHIUDDIN	ESAMUDDIN	9	DAND	KANDAHAR	ANLF
5	901	KHAN MOHD	GUL MOHD	9	SPIN BOLDAK	KANDAHAR	ANLF
5	904	MAHMUD	GH. MOHD	9	NADI-ALI	HELMAND	ANLF
5	909	AGHA KHAN	GH. GHOUS	9	CHARIKAR	PARWAN	ANLF
5	915	ABDUL HAMID	HAJI ABDUL HAKIM	9	TIRIN KOT	ORUZGAN	ANLF
5	928	MOHD KHAN	HAJI GUL MOHD	9	PURCHAMAN	FARAH	NIFA
5	933	ZALMAI	GH. HAZRAT	9	SARI PUL	JAWZJAN	NIFA
5	945	MOHD NAWAB	MOHD JAFAR	9	SHAHRISTAN	ORUZGAN	NIFA
5	951	DARYA KHAN	MALLE KHAN	9	MOOOR	GHAZNI	NIFA
5	953	MOHD FAZEL	HAJI MOHD RAHIM	9	QARA BAGH	GHAZNI	NIFA
5	958	MULLAH ALI ZAI	MALANG KHAN	9	MOOOR	GHAZNI	NIFA
5	966	MIR HAMZA	ABDUL AHAD	9	EMAM SAHIB	KUNDUZ	NIFA
5	973	ABDUL QADEER	HAJI NOOR ALI	9	PANJWAI	KANDAHAR	NIFA
5	987	SHAH MOHD	AHMAD KHAN	9	CHAR DARA	KUNDUZ	JAMIAT
5	993	HEKMATULLAH	ABDUL RAHMAN	9	DARAE SOUF	SAMANGAN	JAMIAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 5

ESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	997	ABDUL QASEM	MOHD ZAMAN	9	PANJSHARE	KAPISA	JAMIAT
5	998	FEDA MOHD	MOHD AKBAR	9	PANJSHARE	KAPISA	JAMIAT
5	1002	RAHIMULLAH	ABDUL WADUD	9	KESHAM	BADAKHSHAN	JAMIAT
5	1018	SAYED BAHAUDDIN	SAYED ABDULLAH	9	ADRESKAN	HERAT	JAMIAT
5	1021	MOHD QASEM	HAJI ABDUL GHAFUR	9	LASHGARGAH	HELMAND	JAMIAT
5	1025	ZAHER SHAH	NEK MOHD	9	SHAH JOY	ZABUL	JAMIAT
5	1028	MOHD SADEQ	LAL MOHD	9	DAMAN	KANDAHAR	JAMIAT
5	1029	SAHER JAN	MOHD JAN KHAN	9	ARGHANDAB	KANDAHAR	JAMIAT
5	1036	MOHD MASUM	AHMAD KHAN	9	OBEH	HERAT	JAMIAT
5	1041	MANDAHER	SHAHEED NAZA MIR	9	CHAMKANI	PAKTYA	I.I.M.A
	1052	EID GUL	ALLAH RASAN	9	SHAHRAK	GHOR	I.I.M.A
5	1097	HEKMATULLAH	SAIFULLAH	9	ARGHANDAB	KANDAHAR	HARAKAT
5	820	GH. AHMAD	GH. MOHD	10	MAHREIN	BAGHLAN	HARAKAT
5	824	SAYED FAZEL RAHMAN	SAYED ABDUL MANAN	10	DOWLATABAD	BALKH	HARAKAT
5	826	MULLAH ABDUL SALAM	MOL. SAKHI DAD	10	MAYMANA	FARYAB	HARAKAT
5	836	AGHA JAN	ABDUL RAHMAN	10	GERESHK	HELMAND	HARAKAT
5	844	MOHD AREF	NASEER KHAN	10	SAR KANI	KONAR	HARAKAT
5	845	SAYED GHULAM	DAWAI KHAN	10	SAR KANI	KONAR	HARAKAT
5	855	ABDUL RAZAQ	ABDUL WAHAB	10	KANG	NIMROZ	HARAKAT
5	862	ABDUL KARIM	AKHTAR MOHD	10	TIRIN KOT	ORUZGAN	HARAKAT
5	868	DARWESH	ZIAUDDIN	10	DOWLATABAD	BALKH	ANLF
5	873	ZALMAI	ABDUL JAMIL	10	JAGHATU	GHAZNI	ANLF
5	879	HERAT KHAN	SALAM KHAN	10	SAYED KARAM	PAKTYA	ANLF
5	882	ABDUL KAMEL	ABDUL JALIL	10	AJRESTAN	GHAZNI	ANLF
5	907	MOHD SABER	MAHMUD KHAN	10	KOHISTAN	KAPISA	ANLF
5	908	MIR ABDUL HAMID	MIR ABDUL AHMAD	10	CHARIKAR	PARWAN	ANLF
5	922	ABDULLAH	AMIR JAN	10	AJRESTAN	GHAZNI	ANLF
5	923	ABDUL BASHIR	ABDUL KHALIL	10	CHAR BOLAK	BALKH	ANLF
5	926	MOHD AZIM	ABDUL RAHMAN	10	QAYSAWR	FARYAB	NIFA
5	927	ABDUL HAMID	HAJI MOHD ALIM	10	SHOLGERA	BALKH	NIFA
5	929	NAJMUDDIN	BAHRAMUDDIN	10	BAKWA	FARAH	NIFA
5	930	SHAH MAHMUD	MOHD RAHIM	10	SHOLGERA	BALKH	NIFA
5	931	MOHD ALAM	MOHD AMIN	10	SHOLGERA	BALKH	NIFA
5	938	MOHD HANIF	MULLAH MUHIUDDIN	10	DOSHI	BAGHLAN	NIFA
5	941	MOHD SARWAR	FATEH KHAN	10	TALOQAN	TAKHAR	NIFA
5	950	LAHOR KHAN	DIN MOHD	10	MOOOR	GHAZNI	NIFA
5	961	GH. HAIDER	GH. DASTAGIR	10	KHANABAD	KUNDUZ	NIFA
5	964	SAYED JAMALUDDIN	SYED SERRAJUDDIN	10	PANJWAI	KANDAHAR	NIFA
5	972	ENAYATULLAH	GUL AHMAD	10	GOZARAH	HERAT	NIFA
5	977	RAWZUDDIN	JALALUDDIN	10	ARGHANDAB	ZABUL	NIFA
5	990	MOHD SHARIF	DAMULLAH AHMAD	10	BELCHERAGH	FARYAB	JAMIAT
5	1009	MOHD RAHIM	MOHD KHALIS	10	DARWAZ	BADAKHSHAN	JAMIAT
5	1012	ABDUL QUDUS	ABDUL SAFAR	10	PASABAND	GHOR	JAMIAT
5	1023	ABDUL QAHER	HAJI MOHD NAIM	10	SHAH WALI KOT	KANDAHAR	JAMIAT
5	1026	MOHD ZAHER	GH. NABI	10	PURCHAMAN	FARAH	JAMIAT
5	1037	SAYED NABI	SAYED YAQUB	10	OBEH	HERAT	JAMIAT
5	1038	SAYED SHAH	SAYED AYUB	10	CHESTE-SHARIF	HERAT	JAMIAT
5	1040	ABDUL HADI	HAJI ABDUL HAYEEZ	10	SAYED KARAM	PAKTYA	I.I.M.A
5	1042	WALI JAN	HAJI HAMID	10	JAJI	PAKTYA	I.I.M.A

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MANAGEMENT SCIENCES FOR HEALTH
MSH/DPU
INFORMATION LIST OF BHWS FOR SESSION 5

SSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	1043	TALEB NOOR	SAHEB NOOR	10	JAJI	PAKTYA	I.I.M.A
5	1048	MULLAH SALI MOHD	SAHER JAN	10	CHAR DARA	KUNDUZ	I.I.M.A
5	1050	SHER AGHA	ABDUL MANAN	10	CHAR DARA	KUNDUZ	I.I.M.A
5	1053	MOHD NABI	SAYED MOHD	10	SHAHRAK	GHOR	I.I.M.A
5	1054	MOHD AZIM	GUL AGHA	10	PULI ALAM	LOGAR	I.I.M.A
5	1064	SAYED HUSSAIN	MOHD NIZAM	10	SAR KANI	KONAR	I.I.M.A
5	1071	LAL MOHD	DUR MOHD	10	PASHMAN	KABUL	I.I.M.A
5	1073	MOHD NASIR	HAJI MOHD SHARIF	10	MAYDAN SHAR	WARDAK	I.I.M.A
5	1074	BAHARUDDIN	FAZLUDDIN	10	PULI ALAM	LOGAR	I.I.M.A
5	1075	SAYED RAHMAN	MOHD ZAMAN	10	BARAKI	LOGAR	I.I.M.A
5	1080	SADI JAN	SADULLAH JAN	10	MARUF	KANDAHAR	I.I.M.A
5	1082	MOHD YAQUB	MOL. ABDUL MANAN	10	CHAR DARA	KUNDUZ	I.I.M.A
5	1084	MOHD ALAM	MOHD AMIN	10	URGOUN	PAKTEKA	I.I.M.A
5	1087	BADAR	BARI DAD	10	GERESHK	HELMAND	I.I.M.A
5	1090	MOHD HASHEM	AMINULLAH	10	CHAKE WARDAK	WARDAK	I.I.M.A
5	1096	ABDUL SAMAD	ABDUL GHAFAR	10	MARUF	KANDAHAR	HARAKAT
5	1005	MOHD ALI	ABDUL AHAD	10	BARAKI	LOGAR	HARAKAT
5	1110	ABDUL ALI	AMINULLAH	10	SHAH WALI KOT	KANDAHAR	HARAKAT
5	828	AGHA MOHD	SHAH MOHD	11	DAYSAWR	FARYAB	HARAKAT
5	842	SAYED ALAM	SAYED ALI	11	ALIABAD	KUNDUZ	HARAKAT
5	846	MOHD JAN	MOHD KHAN	11	BARAKI	LOGAR	HARAKAT
5	847	ABDUL ARIF	ABDUL SAMAD	11	MOHAMMAD AGHA	LOGAR	HARAKAT
5	853	ABDUL JALIL	GH. NABI	11	KANG	NIMROZ	HARAKAT
5	888	RAHMATULLAH	MOHD ISMAIL	11	EMAM SAHIB	KUNDUZ	ANLF
5	903	MOHD SADEQ	OBAIDULLAH	11	MAYWAND	KANDAHAR	ANLF
5	906	MANGAL	ASEM KHAN	11	CHAWKI	KONAR	ANLF
5	911	SULTAN MOHD	GH. MOHD	11	DARAE SOUF	SAMANGAN	ANLF
5	924	BESMILLAH	QAZI ABDULLAH	11	MAYDAN SHAR	WARDAK	ANLF
5	942	SALI MOHD	DIN MOHD	11	TALOQAN	TAKHAR	NIFA
5	974	NADIRULLAH	KHALILULLAH	11	DARGHAI	LAGHMAN	NIFA
5	980	GH. ALI	ABDUL HUSSAIN	11	PANJSHARE	KAPISA	JAMIAT
5	982	RAHMATULLAH	HAJI JUMA	11	KHOST WA FRENG	BAGHLAN	JAMIAT
5	994	MOHD ALEM	MOHD HASHEM	11	QALAE KOH	FARAH	JAMIAT
5	995	GUL AHMAD	KHAN MOHD	11	ANAR DARA	FARAH	JAMIAT
5	996	OMARA KHAN	HAZRAT SHAH	11	CHARIKAR	PARWAN	JAMIAT
5	1003	ABDUL QADEER	QAZI MOHD AYUB	11	GOZARAH	HERAT	JAMIAT
5	1010	MIR AFGHAN	GH. FARUQ	11	JABUL SARAJ	PARWAN	JAMIAT
5	1060	ABDUL AZIZ	ABDUL GHAFAR	11	URGOUN	PAKTEKA	I.I.M.A
5	1062	MOHD AKBAR	MOHD OMAR	11	PASHMAN	KABUL	I.I.M.A
5	1066	ABDUL AZIZ	ABDUL QADER	11	MOHAMMAD AGHA	LOGAR	I.I.M.A
5	1083	MOHD HASHEM	HAJI MOHD	11	SAYED ABAD	WARDAK	I.I.M.A
5	1085	AINUDDIN	ABDUL QAYUM	11	PASHMAN	KABUL	I.I.M.A
5	1092	SHER AGHA	ABDUL RASHID	11	CHAKE WARDAK	WARDAK	I.I.M.A
5	1093	SHER MOHD	HAJI DIN MOHD	11	ZORMAT	PAKTYA	I.I.M.A
5	1098	LAL JAN	ABDUL JABAR	11	KUNDUZ	KUNDUZ	HARAKAT
5	1101	KHAN AGHA	JALANDAR	11	PULI ALAM	LOGAR	HARAKAT
5	1003	MULLAH BAREKZAI	NOOR GUL	11	JASHATU	WARDAK	HARAKAT
5	1007	TEMOR SHAH	ABDUL QAYUM	11	FARAH	FARAH	NIFA
5	827	ASSADULLAH	JURA	12	MAYMANA	FARYAB	HARAKAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 5

SSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	829	MOHD SARWAR	HAZRAT NOOR	12	MOQOR	GHAZNI	HARAKAT
5	839	ATTA MOHD	YAR MOHD	12	SARI PUL	JAWZJAN	HARAKAT
5	840	ABDUL WAHED	SAMANDAR	12	SHAKAR DARA	KABUL	HARAKAT
5	843	EKRAMUDDIN	ENAMUDDIN	12	KHANABAD	KUNDUZ	HARAKAT
5	850	MOHD IBRAHIM	ABDUL KARIM	12	HESARAK	NANGARHAR	HARAKAT
5	851	HAMIDULLAH	OMARA KHAN	12	RODAT	NANGARHAR	HARAKAT
5	852	GH. SEDIQ	SAYED MOHD	12	CHAKE WARDAK	WARDAK	HARAKAT
5	858	ABDUL SHAKUR	JANAT GUL	12	KHOST	PAKTYA	HARAKAT
5	860	AGHA GUL	SUR GUL	12	SAYED ABAD	WARDAK	HARAKAT
5	861	ABDUL HAI	ABDUL DAYUM	12	ESHKAMESH	TAKHAR	HARAKAT
5	865	MOHD NAZEER	AGA MOHD	12	NAHREIN	BAGHLAN	ANLF
5	869	AHMAD SHAFI	ZIAUDDIN	12	NAHRE SHAHI	BALKH	ANLF
5	870	DUST MOHD	MOHD YAQUB	12	SHOLGERA	BALKH	ANLF
5	871	HEDAYATULLAH	GUL MOHD	12	CHAR BOLAK	BALKH	ANLF
5	873	ABDULLAH	ASSADULLAH	12	DALAE KOH	FARAH	ANLF
5	887	SAYED HAMAYUN	SAYED MAHBUB SHAH	12	DALAE ZAL	KUNDUZ	ANLF
5	890	ABDUL RAHMAN	SHAH BAZ KHAN	12	SAYED KARAM	PAKTYA	ANLF
5	891	MOHD EHSAN	EMAMUDDIN	12	DALAE ZAL	KUNDUZ	ANLF
5	892	SAYED GHARUR	SAYED AMIR	12	AQCHA	JAWZJAN	ANLF
5	895	HAYATULLAH	JUMA KHAN	12	AQCHA	JAWZJAN	ANLF
5	902	MOHD HARUN	HAJI GHULAM MOHD	12	SHORABAK	KANDAHAR	ANLF
5	905	KARIMULLAH	OBAIDULLAH	12	MAYWAND	KANDAHAR	ANLF
5	910	MOHD ANWAR	GH. MANAN	12	KHOST	PAKTYA	ANLF
5	912	SAFAR MOHD	RAHMAN GUL	12	KHWAJAGHAR	TAKHAR	ANLF
5	916	MOHD AKBAR	SHAMOOK KHAN	12	TIRIN KOT	ORUZGAN	ANLF
5	917	MOHD ATTIQ	GH. HAIDER	12	PASHTOON KOT	FARYAB	ANLF
5	918	GUL MOHD	IBRAHIM	12	DAI KUNDI	ORUZGAN	ANLF
5	920	GH. DAWUD	GH. DASTAGIR	12	GHORBAND	PARWAN	ANLF
5	925	GUL MOHD	MOHD SHARIF	12	KHAKE SAFID	FARAH	NIFA
5	934	LAL MOHD	GH. SAKHI	12	DARGHAI	LAGHMAN	NIFA
5	935	AHMAD AKHUNDZADAH	MULLAH HAMIDULLAH	12	NADI-ALI	HELMAND	NIFA
5	937	MOHD HUSSAIN	SAHER DIN	12	GHAZNI	GHAZNI	NIFA
5	939	MOHD HASSAN	MOHD AZIM	12	TALA WA BARFAK	BAGHLAN	NIFA
5	940	JUMA GUL	MOHD KHAN	12	SHAHRAK	GHOR	NIFA
5	952	MATIULLAH	SAYED ALAM	12	HESARAK	NANGARHAR	NIFA
5	955	EHSANULLAH	MOHD MUSA	12	TAGAB	KAPISA	NIFA
5	960	DAD MOHD	SULTAN MOHD	12	CHAR BOLAK	BALKH	NIFA
5	962	SHAH BAZ KHAN	ABDUL JABAR	12	BAGRAM	PARWAN	NIFA
5	968	ABDUL MANAN	HAJI ALLAH NAZAR	12	TIRIN KOT	ORUZGAN	NIFA
5	969	MOHD IBRAHIM	MAWLA DAD	12	GERESHK	HELMAND	NIFA
5	970	SAYED ABDUL RAHMAN	SAYED IBRAHIM	12	PASHTOON KOT	FARYAB	NIFA
5	971	HAFIZULLAH	ABDULLAH JAN	12	GOZARAH	HERAT	NIFA
5	975	ZAIDULLAH	SHAH GUL	12	ARGHANDAB	ZABUL	NIFA
5	978	ABDUL HADI	ABDUL RAZAQ	12	ARGHANDAB	ZABUL	NIFA
5	981	ABDULLAH	PADSHAH GUL	12	YANGI QALEH	TAKHAR	JAMIAT
5	984	ALLAH NOOR	MIR AKBAR	12	SHAKAR DARA	KABUL	JAMIAT
5	985	ABDUL RAUF	ABDUL GHAFAR	12	KHOST WA FRENG	BAGHLAN	JAMIAT
5	986	SAYED MUSA	SAYED ZEKRIA	12	RUSTAQ	TAKHAR	JAMIAT
5	988	GH. MOHD	GH. HAIDER	12	KESHAM	BADAKHSHAN	JAMIAT

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MANAGEMENT SCIENCES FOR HEALTH
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INFORMATION LIST OF BHWS FOR SESSION 5

SESSION	COD_NO	NAME OF BHW	FATHER NAME	ED_LEVEL	DISTRICT	PROVINCE	PARTY
5	1001	AMANULLAH	RAJAB MOHD	12	KESHAM	BADAKHSHAN	JAMIAT
5	1004	FAZEL HAQ	BAHAUDDIN	12	GHORYAN	HERAT	JAMIAT
5	1006	AHMADULLAH	ABDULLAH	12	TALOQAN	TAKHAR	JAMIAT
5	1007	SAYED AMIN	SAYED HASHEM	12	SHINKAI	ZABUL	JAMIAT
5	1008	MOHD ANWAR	GH. SAKHI	12	KHOST	PAKTYA	JAMIAT
5	1016	MOHD JUMA	AMIR JAN	12	PASHTOON ZARGOON	HERAT	JAMIAT
5	1017	GHAMAI KHAN	ALLAH NAZAR	12	ANDAR	GHAZNI	JAMIAT
5	1024	MAZHULLAH	MUSHK ALAM	12	KHAKRAIZ	KANDAHAR	JAMIAT
5	1027	ABDUL WALI	ABDUL RADUR	12	ARGHANDAB	ZABUL	JAMIAT
5	1031	SAYED ABDUL QADER	SAYED BURHANUDDIN	12	FARYHAR	TAKHAR	JAMIAT
5	1033	MOHD WALI	GH. JELANI	12	GHAZNI	GHAZNI	JAMIAT
5	1034	ABDUL WAHED	AHMAD GUL	12	CHAR BOLAK	BALKH	JAMIAT
5	1039	NOORULLAH	SAHEB JAN	12	SAYED KARAM	PAKTYA	I.I.M.A
5	1045	ABDULLAH	WALAYAT KHAN	12	JAJI	PAKTYA	I.I.M.A
5	1046	AHMAD JAWAD	AHMAD NOOR	12	URGOUN	PAKTYA	I.I.M.A
5	1047	ABDULLAH JAN	HAJI ABDUL HANAN	12	CHAR DARA	KUNDUZ	I.I.M.A
5	1056	MOHD QAHER	MOHD TAHER	12	PAGHMAN	KABUL	I.I.M.A
5	1057	MOHD AMIN	ABDUL MATIN	12	PAGHMAN	KABUL	I.I.M.A
5	1058	MOHD KARIM	MOHD ISLAM	12	MAYDAN SHAR	WARDAK	I.I.M.A
5	1061	RAHIM GUL	MAMRUZ	12	SAYED KARAM	PAKTYA	I.I.M.A
5	1065	EZATULLAH	ABDUL RAZEQ	12	CHARASYAB	KABUL	I.I.M.A
5	1067	JANAT GUL	KAKO GUL	12	KAMA	NANGARHAR	I.I.M.A
5	1068	FAZEL AHMAD	ABDUL AHMAD	12	SAR KANI	KUNAR	I.I.M.A
5	1069	ZAINULLAH	MOHD HARUN	12	BODAT	NANGARHAR	I.I.M.A
5	1070	ABDUL SABUR	ABDUL MONIR	12	PAGHMAN	KABUL	I.I.M.A
5	1072	AMANULLAH	NASRULLAH	12	PAGHMAN	KABUL	I.I.M.A
5	1076	KHALILULLAH	KHAWANI	12	BARAKI	LOGAR	I.I.M.A
5	1077	MOHD NAIM	ABDUL RAZEQ	12	PAGHMAN	KABUL	I.I.M.A
5	1078	ABDULLAH	MOHD HASHEM	12	KANDAHAR	KANDAHAR	I.I.M.A
5	1086	AMIR SHAH	ALAM KHAN	12	QARA BAGH	GHAZNI	I.I.M.A
5	1089	JALAT KHAN	MOHD AZIM	12	PAGHMAN	KABUL	I.I.M.A
5	1091	SAIFULLAH	HAJI MUSTAFA	12	QARA BAGH	GHAZNI	I.I.M.A
5	1094	SAYED FARUQ	SAYED GHANI	12	PAGHMAN	KABUL	I.I.M.A
5	1102	QIAMUDDIN	MOHD DIN	12	ROYE DOAB	SAMANGAN	HARAKAT
5	1008	BAKHT JAMAL	MOHD IBRAHIM	12	PASHTOON KOT	FARYAB	NIFA
5	1112	ABDULLAH JAN	HAJI MOHD NAWAB	12	PURCHAMAN	FARAH	I.I.M.A
5	0	RAHMATULLAH	GH. HASSAN	12	KAHMARD	BAMYAN	HARAKAT
5	1011	MOHD SHUAIB	ABDUL WAHID	13	MEHTERLAM	LAGHMAN	JAMIAT
5	1059	ABDUL QADEER	HAJI MOHD KHAN	13	PULI ALAM	LOGAR	I.I.M.A
5	[illegible]	MOHD ESHAQ	HAJI MOHD AYUB	14	SHIRIN TAGAB	FARYAB	ANLF
5	957	MOHD RAHIM	GH. SAKHI	14	SHIRIN TAGAB	FARYAB	NIFA
5	967	MOHD BILAL	ZARGHUN	14	GERESHK	HELMAND	NIFA
5	983	ABDUL GHAYUR	MOHD HASSAN	14	ANDERAB	BAGHLAN	JAMIAT
5	992	ABDUL HAI	MOL. SALI MOHD	14	CHAKE WARDAK	WARDAK	JAMIAT
5	1000	MOHD AKRAM	KHAIR MOHD	14	MAYMANA	FARYAB	JAMIAT
5	1032	ABDUL SAMAD	ABDUL RAUF	14	QARGHAI	LAGHMAN	JAMIAT
5	1063	ASSADULLAH GHALIB	MULLAH JAN	14	KAMA	NANGARHAR	I.I.M.A
5	0	TAJ MOHD	NOOR MOHD	14	KAHMARD	BAMYAN	HARAKAT
5	1051	MUSAFER GUL	SAYEDA GUL	16	CHAR DARA	KUNDUZ	I.I.M.A

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(6)

BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 6

SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	SENCOMMAND	LOCAL COMMANDER
6	65	ABDUL HAMID		35	14	PUSHTO	DARI	WARDAK	WARDAK	CHARAYA	HARAKAT	04/19/87	.F.		
6	112	KARIMULLAH		21	11	PUSHTO	DARI	NANGARHAR	JALALABAD	TATANG	ANLF	07/25/87	.F.		
6	745	ABAS KHAN	KARIM KHAN	22	10	DARI	PUSHTO	BAGHLAN	NAHREIN	KHWAJA KHIZER	JAMIAT	11/21/87	.F.		
6	1005	ABDUL BADI	UDRAH	22	10	DARI	UZBAKI	JAWZJAN	SARI PUL	KHWAJA YARSAI	JAMIAT	08/20/88	.F.	ATA MURAD	GHAYEB NAZAR
6	1171	MOHD ZAHER	MOHD NADER	23	11	PUSHTO	DARI	BADGHIS	MORGHAB	BOZAKH	ANLF	01/21/89	.F.	IBRAHIM JAN	SHORIN JAN
6	1175	NOOR ZAMAN	NAZAR JAN	22	12	PUSHTO	DARI	BAGHLAN	ANDERAB	ANDARAB	ANLF	01/21/89	.F.	MULLA M.ZARIN	M.HASHIM
6	1176	MOMEN	SAIFURAHMAN	29	9	PUSHTO	DARI	BAGHLAN	ANDERAB		ANLF	01/21/89	.F.	MULAH M.ZARIN	TAJBAR KHAN
6	1172	BADRUL MAABE	MOL. SAYED AHMAD	21	8	DARI		BAGHLAN	ANDERAB	ABDARA	ANLF	01/21/89	.F.	GH.HAIDAR	GH.HAIDAR
6	1174	ABDULLAH	MOHD HASHEM	26	9	DARI	PUSHTO	BAMYAN	KAHMARD	DARA ONNA	ANLF	01/21/89	.F.	MOHD HADI	AHMADSHAH
6	1173	SAYED AGHA HUSSAIN	SAYED MOHD	21	10	DARI	PUSHTO	BAMYAN	SHIBAR	IRAQ	ANLF	01/21/89	.F.	S.IBRAHIM SHAH	SAYED AADEL
6	1177	HAMAYUN	MOHD ZARIF	18	9	DARI	PUSHTO	FARAH	BALAE KOH	KARRA_E	ANLF	01/21/89	.F.	SULMAN MUJADADI	AB.RAHIM
6	1178	MOHD HASHEM	ABDULLAH JAN	23	10	DARI	PUSHTO	FARAH	BALAE KOH	KOORAI	ANLF	01/21/89	.F.	SULIMAN MUJADADI	AB.GHANI
6	1179	MAHMUD SHAH	HABIBULLAH	18	8	DARI	PUSHTO	FARAH	BALAE KOH	KOORAI	ANLF	01/21/89	.F.	SULIMAN MUJADADI	SAYED HABIBULLAH
6	1180	RAHMATULLAH	MAHMUD	18	6	DARI		FARAH	BALAE KOH	KOORAI	ANLF	01/21/89	.F.	SULIMAN MUJADADI	SHAMSUL HAQ
6	1181	SAKHI DAD	GH. MOHD	30	12	UZBAKI	DARI	FARYAB	MAYMANA	GAMMSHEDI	ANLF	01/21/89	.F.	SAYED ALLAHDDIN	H.MORAD PAHLWAN
6	1182	MOHD YUSOF	MOHD ALAM	25	10	PUSHTO	DARI	FARYAB	SHIRIN TAGAB	ATA KHUJA	ANLF	01/21/89	.F.	MOWLAVI MUSSA	ZAHIR
6	1183	MOHD JAN	ABDUL QADEER	26	12	PUSHTO	DARI	GHAZNI	JAGHATU	KUNJ JAGHATO	ANLF	01/21/89	.F.	SAYED OMAR KHAN	HAJI HUSSAIN
6	1184	SULTAN ALI	SAKHI DAD	35	14	DARI	ENGLISH	GHAZNI	JAGHATU	TORGHAN	ANLF	01/21/89	.F.	HAMID	JAN ALI
6	1185	HAIDER ALI	GH. HASSAN	28	12	DARI	PUSHTO	GHAZNI	JAGHATU	TORGHAN	ANLF	01/21/89	.F.	HAMID	JAN ALI
6	1186	ZARIF KHAN	KARIM KHAN	26	12	PUSHTO	DARI	GHAZNI	JAGHATU	JAFAR KHEL	ANLF	01/21/89	.F.	SAYED OMAR	SAYED OMAR
6	1190	MOHD	GH. MOHD	22	14	PUSHTO	DARI	GHOR	TEYVAREH	URCIE	ANLF	01/21/89	.F.	MULAVI HAYUDDIN	DEEN MOHD
6	1188	MOHD AREF	MOHD HUSSAIN	22	10	DARI		GHOR	LAL-WA-SARJANGAL	CHAR ASYAB	ANLF	01/21/89	.F.	AB.HAKIM AYUBI	?
6	1187	NOOR AHMAD	SAYED BAKHSH	25	12	DARI	PUSHTO	GHOR	CHAGHCHARAN	TAGH TEMOR	ANLF	01/21/89	.F.	MOLVI. MER AHMAD	(BHW HIMSELF)
6	1189	MOHD HAMED	HAJI ATTA MOHD	19	8	DARI	PUSHTO	GHOR	TEYVAREH	HELI	ANLF	01/21/89	.F.	NOOR AHMAD	NOOR AHMAD
6	1191	HABIBULLAH	ABDULLAH	30	9	DARI	PUSHTO	GHOR	CHAGHCHARAN	JERMATOO	ANLF	01/21/89	.F.	ABDUL BAKI	(BHW HIMSELF)
6	1192	ABDUL QADEER	HAJI AMANULLAH	23	6	PUSHTO	DARI	HELMAND	KAJAKI	KALMAND	ANLF	01/21/89	.F.	HABIBULLAH	HABIBULLAH
6	1193	MOHD MIRWAIS	MOHD OSMAN	18	9	DARI		JAWZJAN	SANG CHARAK	MALIKON	ANLF	01/21/89	.F.	FAIZ MOHD	FAIZ MOHD
6	1194	NAJIBULLAH	NASRULLAH	24	12	PUSHTO	DARI	KABUL	PAGHMAN	KHALDARI	ANLF	01/21/89	.F.	ZARIT KHANSAR	MALAM NIZAM
6	1195	FAZEL JAN	MAR JAN	22	8	PUSHTO	DARI	KABUL	PAGHMAN	ARGHANDI ELIA	ANLF	01/21/89	.F.	KHAN MOHD	AZIZULLAH
6	1197	ABDUL HADI	HAJI ABDUL HAMID	21	10	PUSHTO	DARI	KANDAHAR	PANJWAI	PASHMULL	ANLF	01/21/89	.F.	HAJI MASHASH	RAUF KHAN
6	1198	TAJ MOHD	MOHD OSMAN	27	11	DARI	PUSHTO	KANDAHAR	PANJWAI	KOLKO SARLASHAI	ANLF	01/21/89	.F.	DARO KHAN	ABDULLAH KHAN
6	1199	GULALAI	HAJI ABDUL HAMID	21	6	PUSHTO		KANDAHAR	KANDAHAR	DAMAN	ANLF	01/21/89	.F.	MAHBOB KHAN	MAHBOB KHAN
6	1200	ESMATULLAH	ALI AHMAD	18	8	PUSHTO		KANDAHAR	DAND	POHABAD	ANLF	01/21/89	.F.	ALI AHMAD	MOHD HASHIM
6	1201	NEKI GUL	GUL AKBAR	21	8	PUSHTO	DARI	KONAR	ASMAR	SAN KHONAR	ANLF	01/21/89	.F.	MALIK ZAREEN	TAJBAR KHAN
6	1211	MALANG JAN	MOHD KAMAL	25	9	PUSHTO		KONAR	PECHE	BAR KANDI	ANLF	01/21/89	.F.	HASSAN JAN	OSMAN JAN
6	1206	MOHD AYUB	MOHD RAHMAN	20	10	DARI	PUSHTO	KONAR	ASMAR	CHERA GAL	ANLF	01/21/89	.F.	MALIK ZAREEN	TAJBAR KHAN
6	1207	FAZEL KHALEQ	GAZI HEDAYATULLAH	25	10	PUSHTO	DARI	KONAR	ASMAR	SHALL	ANLF	01/21/89	.F.	MALIK ZAREEN	TAJBAR KHAN
6	1205	ABDUL AWAL	JANG BOY	25	11	DARI	PUSHTO	KUNDUZ	CHAR DARA	ESSA KHEL	ANLF	01/21/89	.F.	BADAL BOY	RAHIM ALI
6	1203	QUDRATULLAH	HAJI FAIWAND	21	10	DARI	PUSHTO	KUNDUZ	ALIABAD	LALI	ANLF	01/21/89	.F.	HAJI AMANULLAH	AZIZULLAH
6	1202	SAIFURRAHMAN	MOHD YAR	25	12	PUSHTO	DARI	KUNDUZ	CHAR DARA	ESSA KHEL	ANLF	01/21/89	.F.	ABDUL QAYUM	MOHD ZARIF
6	1204	ABDUL WAHID	JURA	25	12	UZBAKI	DARI	KUNDUZ	EMAM SAHIB	DELSHAD GHAROW	ANLF	01/21/89	.F.	ZARIT SHAH WALI	ZARIT SHAH WALI
6	1229	ABDUL SHAKUR	ABDUL RAZAB	25	12	PUSHTO	DARI	LAGHMAN	MEHTERLAM	SHOKER ABAD	ANLF	01/21/89	.F.	FAZEL MOHD	FAZEL MOHD
6	1210	SAYED GHULAM	SAYED MOHD	23	11	DARI	PUSHTO	LOGAR	BARAKI	SADAT CHARSH	ANLF	01/21/89	.F.	S.MOHD QASEEM	JAGHRAN.S.ASADULA
6	1196	JAVEED	NAQIBULLAH	25	12	DARI	PUSHTO	LOGAR	MOHAMMAD AGHA	ZAID ABAD	ANLF	01/21/89	.F.	ENGINAR ANASE	TORAN ANWAR
6	1208	SAYED MOHD	MIR AHMAD SHAH	30	12	DARI	PUSHTO	LOGAR	BARAKI	SADAT QALA NAW	ANLF	01/21/89	.F.	S.MOHD QASSEM	JAGHRAN S.ABDULLH
6	1209	MOHD MUSTAFA	MOHD AZIM	20	12	DARI	PUSHTO	LOGAR	MOHAMMAD AGHA	DEH NAW	ANLF	01/21/89	.F.	MOHD ANAS	TORAN ANWAR
6	1221	MOHD RAFIQ	GH. HUSSAIN	29	9	DARI		ORUZGAN	SHAHRISTAN	MARAGHA	ANLF	01/21/89	.F.	MOHD IBRAHIM	ASIF
6	1222	MOHD ZOBAIR	HAZRAR MOHD ALI JAN	22	4	PUSHTO		ORUZGAN	TIRIN KOT	GHARMAB	ANLF	01/21/89	.F.	IS-HAQ MUJADADI	SARDAR AGHA
6	1223	SHAH WALI	NOOR MOHD	24	10	PUSHTO	DARI	ORUZGAN	DEH RAUD	SHIN GHOOLA	ANLF	01/21/89	.F.	ABDURAHMAN	ROZI KHAN
6	1224	GH. NABI	MOHD HASSAN	25	9	DARI		ORUZGAN	DAI KUNDI	KHUSHAN	ANLF	01/21/89	.F.	IF KHAN	ALBAR SERRAT

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SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	SENCOMMAND	LOCAL COMMANDER
6	1214	MOHD WALI JAN	KHAN AFZAL	24	8	PUSHTO		PAKTEYA	KHOST DOMENDA	SYED KHEL	ANLF	01/21/89	.F.	MOHD AMIN	MOHD AMIN
6	1212	MOHD AZIZ	DIN MOHD	24	9	PUSHTO		PAKTYA	DARASHAI	MELAVI ZAWAR	ANLF	01/21/89	.F.	MINA KHAN	IKHTIYAR KHAN
6	1213	MOHD JAN	HAJI YAR BAZAK	20	8	PUSHTO		PAKTYA	GARDAIZ	ZARGUL TANGI	ANLF	01/21/89	.F.	HAJI YAR BAZAK	HAJI MEER BAZAK
6	1216	GUL ALIM	ABDUL HALIM	26	12	DARI	PUSHTO	PARWAN	CHARIKAR	GOZARA MULTANI	ANLF	01/21/89	.F.	MEER AB.AHMAD	MOHD AZIZ
6	1215	ZAMEN ALI	ABDUL GHIAS	30	12	DARI	PUSHTO	PARWAN	SURKH PARSA	DAWLAT KHANI	ANLF	01/21/89	.F.	HAJI AB AHMAD	GUL AHMAD MADDADI
6	1218	HAJI MIA JAN	MOHD IBRAHIM	32	12	PUSHTO	DARI	TAKHAR	ESHKAMESH	SARI BAZAR	ANLF	01/21/89	.F.	MUSTAFA	MUSTAFA
6	1217	ABDUL AWAL	MOL. KAMALUDDIN	23	11	OZBAKI	DARI	TAKHAR	KHWAJAGHAR	OUROO	ANLF	01/21/89	.F.	ASADULLAH	MULLA JOMA KHAN
6	1220	DAWA JAN	NOOR JAHAN	28	10	PUSHTO	DARI	TAKHAR	ESHKAMESH	HAJI RAMAZAN	ANLF	01/21/89	.F.	MOHD MUSSA	MOHD MUSSA
6	1219	BABRAK	FAQIR MOHD	22	10	PUSHTO	DARI	TAKHAR	ESHKAMESH	SARI BAZAR	ANLF	01/21/89	.F.	ALLUDIN	ABDUL HAKIM
6	1225	MIRZA ALI	HAYATULLAH	26	12	PUSHTO	DARI	WARDAK	CHAKE WARDAK	GHODDA	ANLF	01/21/89	.F.	ASADULLAH	RAB NAWAZ
6	1226	GH. ALI	MOHD ALI	21	10	DARI		WARDAK	MAYDAN SHAR	CIA PAITOOW	ANLF	01/21/89	.F.	DR.SADDIQ	SOFI SAFAR
6	1227	MOHD SAYED	MOHD FAIZUL HAQ	18	10	PUSHTO	DARI	ZABUL	SHINKAI	ZETS	ANLF	01/21/89	.F.	SPIN KHAN	MASHUD
6	1228	GUL JAN	MOHD	19	6	PUSHTO		ZABUL	SHAH JOY	KUJUR KHEL	ANLF	01/21/89	.F.	MOMEEN KHAN	MOHD ANWAR
6	1230	AZIZULLAH	NAZAR MOHD	25	8	DARI	PUSHTO	FARYAB	BAYSAWR	CHAR QUDUG	ANLF	01/21/89	.F.	MULLA KHEER MOHD	DR.NASEEM
6	1119	FAZEL AHMAD	MOHD AKRAM	23	10	DARI	PUSHTO	BAGHLAN	NAHREIN	KOHGHADAI	I.I.M.A	01/21/89	.F.	A.GHYOOR	MAMOR A.SHAKOR
6	1144	ABDUL SABUR	ABDUL RASUL	20	6	DARI	PUSHTO	BAGHLAN	NAHREIN	KOHGHADAI	I.I.M.A	01/21/89	.F.	A.GHYOOR	MOHD DAWOOD
6	1111	NOOR MOHD	GUL MOHD	26	12	PUSHTO	DARI	BALKH	CHAR BOLAK	SHOR TEPA	I.I.M.A	01/21/89	.F.	MALAWI AL DAD	ZABIT JAMEEL
6	1145	MAHMUD	YAKO JAN	26	12	PUSHTO	DARI	BALKH	CHAR BOLAK	BEST PAICARD	I.I.M.A	01/21/89	.F.	ZABET JAMEEL	ZABET JAMEEL
6	1130	ABDUL WAHID	ABDUL QAYUM	23	11	DARI	PUSHTO	BAMYAN	BAMYAN	TOR WALA	I.I.M.A	01/21/89	.F.	MULLAH WALI	MOHD NADEEM
6	1113	ABDUL ALI	HAJI WALI MOHD	20	11	PUSHTO	DARI	FARAH	BAKWA	GHAZI QALA	I.I.M.A	01/21/89	.F.	ENG.ABDUL ALI	MOHAMMAD
6	1112	MOHD	JUMA KHAN	24	11	DARI	PUSHTO	FARAH	SHINDAND	BAKHT ABAD	I.I.M.A	01/21/89	.F.	MOHD NADIR	JALALUDDIN
6	1122	GUL BAT	MOHD ANWAR	25	8	PUSHTO	DARI	GHAZNI	JAGHATU	MULLAH	I.I.M.A	01/21/89	.F.	MALAWEE FAIZ MOHD	ABDUL HALEEM
6	1121	AHMADULLAH	MOHD ALI SHAH	18	10	PUSHTO	DARI	GHAZNI	QARA BAGH	KANDALAKH	I.I.M.A	01/21/89	.F.	HAJI AHMAD	MUSA KHAN
6	1120	MOHD GUL	RAHIM GUL	20	10	DARI	PUSHTO	GHAZNI	DEHAK	RABBAT	I.I.M.A	01/21/89	.F.	KHERUDDIN	SARDAR
6	1119	SAYED FAZEL WAHAB	SAYED ABDUL HAI	20	12	DARI	PUSHTO	GHAZNI	GHAZNI	TOORGHAN	I.I.M.A	01/21/89	.F.	MULLA PAYNDA KHAN	MULLA ABDUL RAZEQ
6	1118	MIR MOHD SHARIQ	MIR ABDUL GHAFAR	32	12	DARI	PUSHTO	GHAZNI	GHAZNI	TOOR GHAN	I.I.M.A	01/21/89	.F.	MULLA PAYNDA KHAN	MOWLAI TOORANI
6	1146	RAHMATULLAH	ABDUL GHAFAR	25	12	PUSHTO	DARI	GHAZNI	ANDAR	ADAH	I.I.M.A	01/21/89	.F.	MOHD MASUM KHAN	TORN DAD MOHD
6	1147	AHMADULLAH	HAJI ATTA MOHD	23	9	DARI	PUSHTO	GHOR	TEYYAREH	HELI SAR SHAHR	I.I.M.A	01/21/89	.F.	MOHD NADIR	AHMAD
6	1114	GH. MOHD	KHAIR MOHD	26	12	DARI	PUSHTO	GHOR	TOULAK	CHAR KHANA	I.I.M.A	01/21/89	.F.	HAJI GUL	(FHW HIMSELF)
6	1115	ABDUL HAQ	HAJI MOHD RASUL	25	10	DARI	PASHAI	GHOR	CHAGHCHARAN	DEVALI SAFED	I.I.M.A	01/21/89	.F.	MERZA AB.SHAKOOR	AB.QADEER
6	1116	MOHD AKRAM	MOHD ISMAIL	25	10	DARI	PUSHTO	GHOR	TEYYAREH	GHOOCHI	I.I.M.A	01/21/89	.F.	GUL ZAMAN	AB.SAMAD
6	1117	AHMAD SHAH	YAR MOHD	25	12	PUSHTO	DARI	GHOR	CHAGHCHARAN	QALA SANG	I.I.M.A	01/21/89	.F.	SARDAR QAYUM	AMIR JAN
6	1123	ABDUL SALAM	ABDULLAH	26	9	PUSHTO	DARI	HELMAND	LASHGARGAH	KHARRABA	I.I.M.A	01/21/89	.F.	MANAB KHAN	SHAH WALI
6	1124	KHUDAI NOOR	ABDUL ALI	22	10	PUSHTO	ENGLISH	HELMAND	KHALACH	KHUSER ABAD	I.I.M.A	01/21/89	.F.	MOHD NABI	GHULAM JAN
6	1125	ABDUL LATIF	ABDUL WADUD	22	12	DARI	PUSHTO	HELMAND	NAHRE SARAJ	DEH ADAM KHAN	I.I.M.A	01/21/89	.F.	MEERZA KHAN	HAMEEDULLAH
6	1126	MOHD WALI	HAJI MUSA	21	9	PUSHTO	ENGLISH	HELMAND	KHALACH	NEGHARIN	I.I.M.A	01/21/89	.F.	HAJI MANAB KHAN	JUMA GUL
6	1127	ABDUL JAMIL	MOHD NABI	19	11	PUSHTO	DARI	HERAT	ISLAM QALA	GEZEL ISLAM	I.I.M.A	01/21/89	.F.	MOHD NAEEM	AHMAD SHAH
6	1129	EZATULLAH	HEDAYATULLAH	22	10	PUSHTO	DARI	JAWZJAN	SARI PUL	AFGHAN TAPA	I.I.M.A	01/21/89	.F.	HUSSAIN MOHD	MULLAH NAWAB
6	1148	SAYED RAHMAN	ABDUL KHALED	25	13	PUSHTO	DARI	JAWZJAN	SARI PUL	ADAM KHEL	I.I.M.A	01/21/89	.F.	HAJI GUL MOHD	MOHD ZAHIR
6	1134	NADER KHAN	HAJI NASRULLAH	30	12	PUSHTO	DARI	KANDAHAR	PANJWAI	PASHMULL	I.I.M.A	01/21/89	.F.	MOHD HASHIM	TOOR JAN
6	1135	GUL HABIB	ABDUL MOMEN	22	9	PUSHTO	DARI	KANDAHAR	DAND	REGI GALEHA	I.I.M.A	01/21/89	.F.	MAWLAWI AZIZULLAH	MAWLAWI AZIZULLAH
6	1131	NAJMUDDIN	SHAHABUDDIN	27	12	DARI	PASHAI	KAPISA	KOHISTAN	TOORBAT	I.I.M.A	01/21/89	.F.	DR.ABDUL RAZIQ	ABDUL RAZAQ
6	1132	SAYED KARIM	ZALMAY	24	9	DARI	PUSHTO	KAPISA	KOHISTAN	NASAJI	I.I.M.A	01/21/89	.F.	DR.ABDUL RAZIQ	AHMAD KHAN
6	1133	MOHD GHANI	MOHD WALI	43	12	PUSHTO	DARI	KAPISA	TAGAB	NAWROZKHEL	I.I.M.A	01/21/89	.F.	HAMIDULLAH	KARIMULLAH
6	1136	MOHD AZIZ	GH. NABI	26	12	PUSHTO	DARI	KUNDUZ	KHANABAD	MAHFALLI	I.I.M.A	01/21/89	.F.	AMIR MOHD	AMIR MOHD
6	1138	MOHD ESSA	MOHD SHAH	24	10	PUSHTO	DARI	KUNDUZ	CHAR DARA	QARA YATEM	I.I.M.A	01/21/89	.F.	GH.MUHEUDDIN	ABDUL MANAN
6	1129	SARTUR AHMAD	GH. HAZRAT	22	10	PUSHTO	DARI	KUNDUZ	EKAM SAHIB	BUTLAKASHAN	I.I.M.A	01/21/89	.F.	NASIR KHAN	ABDUL MOHD
6	1137	MOHD AMIN	MOHD OSMAN	20	12	DARI	PUSHTO	KUNDUZ	KUNDUZ	WAZEERY	I.I.M.A	01/21/89	.F.	GH.MUHEUDDIN	ZABIT NOORULLAH
6	1149	EHOUSUDDIN	SALI MOHD	20	10	PUSHTO	DARI	LAGHMAN	NOORISTAN	CHOPALAN	I.I.M.A	01/21/89	.F.	ALLOUDIN	DELAWAR
6	1139	ABDUL HAI	MOHD AMIN	27	12	PUSHTO	DARI	LAGHMAN	DARSHAI	TOORGHAR	I.I.M.A	01/21/89	.F.	HAJI ZAKARIA	HAJI ZAKARIA

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SESSION	COD_NO	BHN_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STAT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
6	1140	AZIZULLAH	MIR ZAMAN	25	12	PUSHTO	DARI	LASHMAN	ALINGAR	SANGER	I.I.M.A	01/21/89	.F.	MOHAD KAZIM	MOHAD KAZIM
6	1143	MIR AGHA	ABDUL AHMAD	25	10	DARI	PUSHTO	LOGAR	MOHAMMAD AGHA	ZARGHON SHAR	I.I.M.A	01/21/89	.F.	HAJI SAYED MOHAI	SHER AGHA
6	1141	ABDUL ZAHER	GUL MOHD	19	10	PUSHTO	DARI	LOGAR	PULI ALAM	KAGEE	I.I.M.A	01/21/89	.F.	SHARAFUDDIN	SHARAFUDDIN
6	1142	ABDUL HAQ	DUST MOHD	31	12	PUSHTO	DARI	LOGAR	BARAKI	CHALDWZAI	I.I.M.A	01/21/89	.F.	QAZI GUL JAN	HAJI AJAB KHAN
6	1150	ABDUL MATIN	MULLAH GHULAM JAN	22	9	PUSHTO	DARI	LOGAR	PULI ALAM	KONJAK	I.I.M.A	01/21/89	.F.	MOHD NAWROZ	GUL MOHD
6	1144	MOHD AKRAM	AMIR JAN	26	12	PUSHTO	DARI	DRUZGAN	TIRIN KOT	KHAN AGA	I.I.M.A	01/21/89	.F.	MAWLAWI AB.MANAN	MAWLAWI AB.MANAN
6	1151	ABDUL RAHIM	MOHD ANWAR	27	12	PUSHTO	DARI	PAKTEKA	ZARGHON SHAHAR	JANI KHEL	I.I.M.A	01/21/89	.F.	ABDUL RAZAQ	BAHRAM SHAH
6	1152	NAZAR MOHD	ANDER KHAN	25	12	PUSHTO	DARI	PAKTYA	MOSA KHEL	KAHOKHULASHENI	I.I.M.A	01/21/89	.F.	ENG.NAZAR MOHD	HAJI KAMAL KHEL
6	1153	SAYED MAMOOR KHAN	HAJI WAZIR MOHD	23	12	PUSHTO	DARI	PAKTYA	JAJI MAIDAN	VOCHADARGA	I.I.M.A	01/21/89	.F.	MAWLAWI GULRAHMAN	SAYED RAHIM
6	1154	ABDUL RAUF	HAJI GUL HANAN	19	10	PUSHTO	DARI	PAKTYA	JAJI MAIDAN	AKA VILLAGE	I.I.M.A	01/21/89	.F.	TORAN ISLAM GUL	SPIN GUL
6	1155	GUL HADEEN	LALLUDDIN	30	12	PUSHTO	DARI	PAKTYA	JANI KHEL	KOTKI	I.I.M.A	01/21/89	.F.	ABDULLAH	HKIM NOOR
6	1156	HAJI MOHD WAZIR	MOHD NAIM	22	12	PUSHTO	DARI	PAKTYA	GARDAIZ	ASALAT BIG	I.I.M.A	01/21/89	.F.	ZABIT MOHD GUL	SHER RAZ
6	1160	MOHD SEDIQ	MOHD YASIN	25	12	DARI	PUSHTO	PARWAN	BAGRAM	KOH SAFI	I.I.M.A	01/21/89	.F.	HAYATULLAH	MAWLAWI AMANULLAH
6	1159	AZIZ MOHD	JAN MOHD	27	12	DARI	PUSHTO	PARWAN	GHORBAND	FRINJAL	I.I.M.A	01/21/89	.F.	ES-HAQ KHAN	ALLAH MOHD
6	1158	GH. MOHD	SAKHI DAD	27	13	DARI	PUSHTO	PARWAN	SURKH PARSA	SHEYKALI DARWAZ	I.I.M.A	01/21/89	.F.	USTAD ESSA KHAN	ZABIT KHUDA DAD
6	1157	MOHD YUSOF	ABDUL WAHAB	25	12	PUSHTO	DARI	PARWAN	BAGRAM	KOH SAFI	I.I.M.A	01/21/89	.F.	MAWLAWI AMAN	ABDUL KHALIL
6	1161	NAJMUDDIN	ABDUL RAHIM	25	12	PUSHTO	DARI	SAMANGAN	KHULM	PEER NASHCHI	I.I.M.A	01/21/89	.F.	MULLAH GH.JAN	MULLAH AB.RAHMAN
6	1163	ABDUL WAKIL	ABDUL KHALIL	35	12	PUSHTO	DARI	TAKHAR	FARKHAR	ZARDARDARA	I.I.M.A	01/21/89	.F.	MALIM AB.GHEYAS	MALIM AB.GHEYAS
6	1162	KARIM SHAH	MOHD ATTAULLAH	21	10	PUSHTO	DARI	TAKHAR	YANGI QALEH	OMAR KHEL	I.I.M.A	01/21/89	.F.	ABDUL QUDOOS	MOHD ZAHIR
6	1167	MOHD JAN	MOHD WALI	25	9	DARI		WARDAK	MAYDAN SHAR	TAKANA ULIA	I.I.M.A	01/21/89	.F.	MULLAH WADEEBULLA	NIAZ MOHD
6	1166	SAYED MANSUR	SAYED TAJUDDIN	24	12	PUSHTO	DARI	WARDAK	CHAKE WARDAK	TANGI SYEDAN	I.I.M.A	01/21/89	.F.	QAZI AB.RAHIM	QAZI AMER
6	1165	ABDUL BAQI	ABDUL HADI	25	11	PUSHTO	DARI	WARDAK	CHAKE WARDAK	TANGI SYEDAN	I.I.M.A	01/21/89	.F.	QAZI RAHEMI	QAZI AMER
6	1168	OBAIDULLAH	[illegible] MOHD GHANI	25	10	PUSHTO		ZABUL	DAI CHOPAN	MULAH BUSTNBABA	I.I.M.A	01/21/89	.F.	AHMADULAH AKHUND	MULLAH NOOR MOHD
6	1169	ALIF NOOR	MALEK NOOR	25	9	PUSHTO	URDO	PAKTYA	KHOST	CHAKRAI	I.I.M.A	01/21/89	.F.	JAMIL SHAH	SABIR JAN
6	1354	SERAJUDDIN	MOHD AZIM	21	8	DARI		BADAKHSHAN	FEYZABAD	SOOCH	HARAKAT	01/21/89	.F.	SHMSUDDIN	ISLAMUDDIN
6	1355	MIRZA MOHD RAHIM	MOHD YUSOF	23	8	DARI		BADGHIS	JAWAND	KHMI MACHIN	HARAKAT	01/21/89	.F.	MALAWI DIN MOHD	GUL MOHD
6	1360	MOHD AKBAR	ABDULLAH JAN	25	8	DARI	ARABIC	BAGHLAN	ANDERAB	DEHAK	HARAKAT	01/21/89	.F.	MAKHDOM M.SARWAR	BABA KHAN
6	1357	AKHTAR MOHD	NAZAR MOHD	30	12	PUSHTO	DARI	BAGHLAN	NAHREIN	ANBAR TEPA	HARAKAT	01/21/89	.F.	ARBAB TAJ MOHD	PHER MOHD
6	1356	MIRZA HUSSAIN	NAZAR MOHD	25	8	DARI		BAGHLAN	DOSHI	BURFAK	HARAKAT	01/21/89	.F.	MULLAH AMAN ALI	ABDUL LATIF
6	1358	HAZRAT MIR	MOHD AMIN	25	12	PUSHTO	DARI	BAGHLAN	PULI KHUMRI	FHAR CHISHMA	HARAKAT	01/21/89	.F.	MAWLANA S.MOHD.	JUMADDIN
6	1359	SHAH WALI	SHAH MAHMUD	18	10	PUSHTO	DARI	BAGHLAN	PULI KHUMRI	CHAR CHISHMA	HARAKAT	01/21/89	.F.	MAWLANA S.MOHD.	JUMADDIN
6	1361	SAYED SHERIN AGHA	MIR KHAN AGHA	23	12	DARI		BALKH	NAHRE SHAHI	DEHDADEE	HARAKAT	01/21/89	.F.	MAWLAWI USMAN	GUL ALAM
6	1362	SAYED ANWAR	SAYED MOHD	20	10	DARI		BAMYAN	KAHMARD	ROISANG	HARAKAT	01/21/89	.F.	MAWLAWI AB.QAYOM	MALIM SYED MOHD
6	1363	HAJIBULLAH	AMIR MOHD	25	12	DARI	PUSHTO	FARYAB	MAYMANA	QEZL QUL	HARAKAT	01/21/89	.F.	ABDUL HAKIM	ABDUL RAHMAN
6	1364	HABIBULLAH	ABDULLAH	25	8	DARI	TURKI	FARYAB	SHIRIN TAGAB	QALA KULIQ	HARAKAT	01/21/89	.F.	MULLAH AB.MANAN	MAWLANA DOOST .M
6	1365	ABDUL MALEK	ABDUL WAHID	25	8	PUSHTO	URDO	GHAZNI	BARA BAGH	SHEER	HARAKAT	01/21/89	.F.	ALI MOHD	MULLAH ESMAEEL
6	1366	MUHAIUDDIN	AGHA MOHD	22	8	DARI	PUSHTO	GHOR	SHAHRAK	TANGI AZOW	HARAKAT	01/21/89	.F.	MAWLAWI RIAZUDDIN	ARBAB GH.DASTAGIR
6	1367	MOHD YASIN	HAJI YASUR	24	9	DARI	PUSHTO	GHOR	SHAHRAK	SPEEZOO	HARAKAT	01/21/89	.F.	MAWLAWI MOHD	ABDUL WUDOOD
6	1368	MOHD TAHER	MOHD AKBAR	23	9	DARI	PUSHTO	GHOR	SHAHRAK	TANGI AZOW	HARAKAT	01/21/89	.F.	MAWLAWI RIAZUDDIN	MULLAH ZARIN
6	1369	MOHD SARWAR	FAZEL AHMAD	25	12	DARI	PUSHTO	GHOR	PASABAND	KHOJA WEHAJUDIN	HARAKAT	01/21/89	.F.	MAWLAWI AHMAD	MULLAH ABDULLAH
6	1370	MUSTAFA	ZEKRIA	23	9	DARI	PUSHTO	GHOR	SHAHRAK	TANGI AZOW	HARAKAT	01/21/89	.F.	MAWLAWI AB.ZAHIR	MULLAH FAZEL AHMD
6	1371	ABDUL HAQ	ABDUL KARIM	25	12	DARI		GHOR	SHAHRAK	ABRAKEY	HARAKAT	01/21/89	.F.	MAWLAWI AB.JABAR	MAWLAWI AB.GHANI
6	1372	NOOR MOHD	LAYEQ	18	6	PUSHTO	DARI	HELMAND	MOSA QALEH	SHAHRAK	HARAKAT	01/21/89	.F.	MAWLAWI NAZAR .M	MULLAH AB.BAQI
6	1374	GABER KHAN	MOHD ANWAR	21	8	PUSHTO	DARI	HELMAND	NADI-ALI	PANG F BLOCK	HARAKAT	01/21/89	.F.	AB.JABAR SEDDIQEE	AB.MANAN
6	1373	MOHD ISMAIL	QUTBUDDIN	19	5	PUSHTO	DARI	HELMAND	MOSA QALEH	MASAK	HARAKAT	01/21/89	.F.	ZABIT SALAM KHAN	MULLAH AB.JABAR
6	1376	HEFAYATULLAH	KHWAJA ABDULLAH	25	9	DARI		JAWZJAN	SANG CHARAK	BAZA[illegible]CHI	HARAKAT	01/21/89	.F.	MAWLAWI YASEEN	MOHD ESMAEEL
6	1377	EZATULLAH	ABDULLAH	28	12	OZBAKI	DARI	JAWZJAN	SARI PUL	JEGHDABULAQ	HARAKAT	01/21/89	.F.	MAWLAWI HAZRATQUL	SHARAF BOY
6	1379	RAHMAT GUL	MOHD GUL	22	12	DARI	PUSHTO	KABUL	BAGRAMI	CHAKARI	HARAKAT	01/21/89	.F.	FAZELRAHMAN	MOHD ANWAR
6	1380	ENAMUDDIN	NASEHUDDIN	27	16	DARI	PUSHTO	KABUL	BAGRAMI	CHAKARI	HARAKAT	01/21/89	.F.	MAWLAWI SEDDIQ	SAMAD HAQ PARAST
6	1381	HAMAYUN	ENAMUDDIN	20	12	DARI	PUSHTO	KABUL	BAGRAMI	CHAKARI	HARAKAT	01/21/89	.F.	.I.FAZEL RAHMAN	MOHD ANWAR

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BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 6

SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	BENCOMMAND	LOCAL COMMANDER
6	1376	NOOR MOHD	HAJI MOHD OMAR	35	9	PUSHTO	DARI	KABUL	CHARASYAB	CHAKARI	HARAKAT	01/21/89	.F.	HAJI NIAZ GUL	(BHW HIMSELF)
6	1383	SARDAR KHAN	MOL. MOHD MOSEN	18	7	PUSHTO	DARI	KABUL	CHARASYAB	MOSAI	HARAKAT	01/21/89	.F.	MULLAH FAZEL JAN	MULLAH AJAB GUL
6	1384	MOHD NABI	AMRUDDIN	23	10	PUSHTO	DARI	KANDAHAR	DAND	ZALA KHAN	HARAKAT	01/21/89	.F.	HAJI AMIRSAHIB	MULLAH ALI MOHD
6	1385	DIN MOHD	RIAZ MOHD	22	3	PUSHTO	DARI	KANDAHAR	PANJWAI	ZANGABAD	HARAKAT	01/21/89	.F.	SYED AB.MAJEED	ESMATULLAH
6	1386	ABDUL LATIF	ABDUL RAUF	26	12	PUSHTO	DARI	KAPISA	TAGAB	PAYENDA KHEL	HARAKAT	01/21/89	.F.	ABDUL HAKIM	ABDUL SATAR
6	1387	MOHD ZAREEN	ASHEER AHMAD	24	12	DARI	ENGLISH	KAPISA	KOHISTAN	MALE KHEL	HARAKAT	01/21/89	.F.	MAWLAWI DIN MOHD	ZIAUDDIN
6	1388	ASSADULLAH	JALILULLAH	18	12	DARI	PUSHTO	KUNDUZ	KHANABAD	JANAT BASH	HARAKAT	01/21/89	.F.	ABDUL AHMAD	SAFAR MOHD
6	1389	ABDUL BHAYUR	BABA	23	12	DARI	PUSHTO	KUNDUZ	ALIABAD	SYED AHMAD	HARAKAT	01/21/89	.F.	BABA MEER	MOHD MUSSA
6	1391	GUL RAHMAN	ESMATULLAH	25	11	DARI	PUSHTO	LASHMAN	ALISHING	DEH DAZI	HARAKAT	01/21/89	.F.	ABDUL HALEEM	AHMAD ALI
6	1390	MOMTAZ	MOHD YASIN	28	12	PUSHTO	DARI	LAGHMAN	MEHTERLAM	HARMUL	HARAKAT	01/21/89	.F.	MULAH MOHD ANWAR	MALIM TOOR KHAN
6	1382	MOHD RASUL	MOHD OSMAN	21	11	DARI	PUSHTO	LOGAR	PULI ALAM	KUHJAK	HARAKAT	01/21/89	.F.	MAWLAWI ABDULLAH	(BHW HIMSELF)
6	1395	FAIZUDDIN	ABDUL HAKIM	23	12	DARI	PUSHTO	LOGAR	PULI ALAM	HONY SYEDAN	HARAKAT	01/21/89	.F.	HAJI AB.AHMAD	GHULLAM SAKHI
6	1397	NOOR AGHA	JALALLUDDIN	18	9	DARI	PUSHTO	LOGAR	BARAKI	NAW SHAHAR	HARAKAT	01/21/89	.F.	BADI KHAN	BADSHAHUDDIN
6	1398	MOHD SABER	HAJI MOHD NABI	22	8	PUSHTO	DARI	LOGAR	MOHAMMAD AGHA	MUGHUL KHEL	HARAKAT	01/21/89	.F.	MLI.FAZEL AHMAD	HAJI NASRULLAH
6	1396	FARED AHMAD	GH. MOHD	19	6	PUSHTO	DARI	LOGAR	BARAKI	BAZI KHEL	HARAKAT	01/21/89	.F.	MULLAH MOHIBULLAH	MULLAH S.KAMAL
6	1394	ALI AHMAD	MOHD AKRAM	22	12	PUSHTO	DARI	LOGAR	BARAKI	TOPAK	HARAKAT	01/21/89	.F.	MULLAH MOHIBULLAH	NISAR AHMAD
6	1393	ABDUL RAHMAN	FATEH MOHD	26	12	PUSHTO	DARI	LOGAR	MOHAMMAD AGHA	SURKHAB	HARAKAT	01/21/89	.F.	MAWLAWI AB.RAZIQ	WALI JAN
6	1392	NOOR AHMAD SHAH	LAJBAR KHAN	21	10	PUSHTO	DARI	LOGAR	MOHAMMAD AGHA	BALA AHMADZAI	HARAKAT	01/21/89	.F.	SAADATTULLAH	ASEEL KHAN
6	1399	KHAIR MOHD	ABDUL MOHD	22	12	PUSHTO	DARI	LOGAR	BARAKI	DEH MANGAL	HARAKAT	01/21/89	.F.	AMIR GUL	ZAHIR
6	1375	KHAN ZAMAN	SULAIMAN	25	7	PUSHTO	DARI	PAKTYA	KHOST	ISMAEEL KHEL	HARAKAT	01/21/89	.F.	MULLAH BAZ MOHD	MOHD SHARIF
6	1401	SHAIKH OMAR	SHAIKHUL ABU DIN	30	4	PUSHTO		PAKTYA	WAZAKHWA	SPESTA	HARAKAT	01/21/89	.F.	MULLAH SHER MOHD	JAN MOHD
6	1402	GH. DASTAGIR	ABDUL RAHIM	29	12	PUSHTO		PAKTEKA	WAZAKHWA	NAHAD KHAN	HARAKAT	01/21/89	.F.	MLI.SHAH MAHMOOD	ABDUL KARAIM
6	1403	GH. NABI	SULTAN SHAH	20	5	PUSHTO	DARI	PAKTEKA	KHAIR KOT	MOHD ALI	HARAKAT	01/21/89	.F.	MAWLAWI MOHD SYED	SYED MOHD SHAH
6	1400	SULTAN MOHD	SALI MOHD	35	12	PUSHTO	DARI	PAKTYA	SAYED KARAM	SALAM KHEL	HARAKAT	01/21/89	.F.	SARDAR	GHAMMI
6	1405	ABDUL QADEER	KAKO JAN	28	12	DARI	PUSHTO	PARWAN	GHORBAND	SHEWA	HARAKAT	01/21/89	.F.	MLI M.NABI AHMADI	JAN FEDA
6	1406	GUL MURAD	MOHD MURAD	25	9	DARI	PUSHTO	SAMANGAN	ROYE DOAB	BEGHISH	HARAKAT	01/21/89	.F.	ABDUL QAYOM	MAWLAWI TAJ MOHD
6	1407	ABDUL BAQI	MULLAH BDUL RASHID	28	12	PUSHTO	DARI	TAKHAR	ESHKAMESH	TERSAKCHESHMA	HARAKAT	01/21/89	.F.	ABDUL QASIM	DOST MOHD
6	1408	SHAMSUDDIN	DOWAT	28	12	OZBAKI	DARI	TAKHAR	TALOQAN	BARAPARCHOW	HARAKAT	01/21/89	.F.	MAKHDUM HAYATULAH	MOHD NAZAR
6	1409	AMIN KHAN	MOMEN KHAN	39	16	PUSHTO	DARI	WARDAK	SAYED ABAD	LOY AEDARA	HARAKAT	01/21/89	.F.	AB.QADEER AKHUND	HAJI ASHRAF GUL
6	1410	KHANUDDIN	ABDUL QUDUS	28	12	PUSHTO	DARI	WARDAK	SAYED ABAD	TANGI	HARAKAT	01/21/89	.F.	HAJI ABDUL HAMEED	HAJI ABDUL HAMEED
6	1411	ABDULLAH	HAJI ADAM	17	6	PUSHTO	DARI	ZABUL	SHAH JOY	LALEE	HARAKAT	01/21/89	.F.	MULLAH AHMAD TOOR	MULLAH MOHD RAHIM
6	1412	RAMAUDDIN	JAMALUDDIN	25	7	PUSHTO	DARI	ZABUL	SHAH JOY	LALEE	HARAKAT	01/21/89	.F.	MUSSA KHAN	LALEE
6	1413	SHAH WALI	ABDULLAH JAN	22	8	PUSHTO	DARI	ZABUL	SHAH JOY	ABDUL MANAN	HARAKAT	01/21/89	.F.	AMEER ABDUL WAHED	QARI
6	1414	SULAIMAN	SARDAR KHAN	32	13	PUSHTO	DARI	WARDAK	SAYED ABAD	ABDARA	HARAKAT	01/21/89	.F.	AB.BADIM AKHUNZADA	MOWLVI S.RAHMAN
6	1232	ABDUL MALEK	RAHMAN GUL	24	12	OZBAKI	DARI	BADAKHSHAN	KESHAM	NAW ABAD	JAMIAT	01/21/89	.F.	ARYANPOOR	FZEL AHMAD
6	1233	SHARAFATULLAH	QARI ABDUL MAJEED	25	11	OZBAKI	DARI	BADAKHSHAN	KESHAM	SANDUM GUL	JAMIAT	01/21/89	.F.	ARYANPOOR	ZABIT KERAMATULAH
6	1234	NAZRUDDIN	BABA KHAN	23	12	DARI		BADAKHSHAN	FEYZABAD	CHOWSANI	JAMIAT	01/21/89	.F.	AB.BASEER	WASEQI
6	1235	ABDUL MOHD	ABDUL HABIB	22	12	DARI	PUSHTO	BAGHLAN	ANDERAB	SHAHSHAN	JAMIAT	01/21/89	.F.	RAHIMIKHUDA	GH.RABANI
6	1236	EKRAMUDDIN	MOHD AKRAM	26	12	DARI	PUSHTO	BAGHLAN	KHOST WA FRENG	GHAROO	JAMIAT	01/21/89	.F.	AB.WAKEEL	MAMOR JUMA KHAN
6	1237	KHWAJA HAMIDULLAH	KHWAJA ASSADULLAH	26	12	DARI	OZBAKI	BAGHLAN	BAGHLAN	BAIDOO	JAMIAT	01/21/89	.F.	ALAM KHAN	ABDUL MAJEED
6	1238	MOHD RAZA	MOHD MUSA	26	9	DARI	PUSHTO	BALKH	SHOLGERA	DALAN	JAMIAT	01/21/89	.F.	ALAM KHAN	SYED HAFIZULLAH
6	1239	MOHD ASKAR	TAJ MOHD	24	11	DARI	PUSHTO	BAMYAN	SHIBAR	SHEYKHTAKAGHUNDK	JAMIAT	01/21/89	.F.	FAIZ MOHD	MULLAH PAIWANDI
6	1240	MOHD EBADY	ABDULLAH EBADY	36	10	DARI	PUSHTO	FARAH	ANAR DARA	ANAR DARA	JAMIAT	01/21/89	.F.	MOHD AKBAR	MOHD AKRAM
6	1284	GUL ZAMAN	MOHD YASIN	23	9	PUSHTO	DARI	FARAH	KHAKE SAFID	MULLAH WALI	JAMIAT	01/21/89	.F.	SANATOR S.SHER.AH	MOHD OMAR
6	1241	ABDUL HALIM	HAJI WALI MOHD	24	8	PUSHTO	DARI	FARAH	FARAH	GHAJ GHEEN	JAMIAT	01/21/89	.F.	MULLA AINUDDIN	MULLA AINUDDIN
6	1242	AHMAD	JUMMA	30	12	DARI	PUSHTO	FARAH	GALAE KOH	EOOR	JAMIAT	01/21/89	.F.	SANATOR SHIRAHMAD	MOHD NAYEB
6	1243	TALEB SHAH	MULLAH GUL MURAD	25	10	DARI	PUSHTO	FARAH	GURZEWAN	GHULPIAN	JAMIAT	01/21/89	.F.	ABDUL KARIM	HAJI KHAL MURZA
6	1244	MOHD AMIN	ABDUL AZIZ	25	10	DARI		FARYAB	GURZEWAN	DEWALAK	JAMIAT	01/21/89	.F.	ABDUL KARIM	SARANWAL AB.AHAD
6	1245	ABDUL GHAFOR	MOHD AZIM	22	11	DARI	PUSHTO	GHOR	PASABAND	ESS KOCHA	JAMIAT	01/21/89	.F.	MAWLAWI ATA MOHD	ABDUL GHFOOR
6	1246	ABDULLAH	MOHD HUSSAIN	23	11	DARI	PUSHTO	GHOR	CHAGHCHARAN	KASSA	JAMIAT	01/21/89	.F.	MAWLAWI AB.RAHMAN	MULLAH NOOR MOHD

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BASIC HEALTH TRAINING PROGRAMME
INFORMATION SHEET FOR CLASS 6

SESSION	CDD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	BENCOMMAND	LOCAL COMMANDER
6	1247	RAHMATULLAH	SARDAR KHAN	27	11	PUSHTO	DARI	HELMAND	BAGHRAN	CHOWTOO	JAMIAT	01/21/89	.F.	ABDUL GHFOOR	ZABIT WALI
6	1248	MOHD ESSA	HAJI DAWUD SHAH	20	8	PUSHTO	DARI	HELMAND	KHALACH	DAWOOD SHAH	JAMIAT	01/21/89	.F.	AKHUNDI	ZAHIR KHAN
6	1249	SADULLAH	SAYED MOHD	27	11	PUSHTO	DARI	HELMAND	KHALACH	SAHRAM TAI	JAMIAT	01/21/89	.F.	AKHUNDI	SHAMS MOHD GUL
6	1250	SAYED LAL	IARGHUN	24	10	PUSHTO	DARI	HELMAND	GERESHK	MIRMANDAB	JAMIAT	01/21/89	.F.	PAYENDA MOHD	PAYENDA MOHD
6	1287	GH. NABI	SULTAN AHMAD	25	10	DARI		HERAT	SULRAN	DAHANIZULFIQAR	JAMIAT	01/21/89	.F.	MALIM GH.RASOOL	MOHD YASEEN
6	1286	FAQIR AHMAD	MIR AHMAD	26	12	DARI	PUSHTO	HERAT	PASHTOON ZARGOON	FESHLAN	JAMIAT	01/21/89	.F.	QAZI MOHAMMADKASHMIR	ABDUL HADI FAYEQ
6	1285	NEZAMUDDIN	SHAMSUDDIN	28	10	DARI		HERAT	KARDKH	PASHTON	JAMIAT	01/21/89	.F.	SELAIMAN SHAH	SHAH MOHD
6	1251	ABDUL SATAR	ABDUL QUDUS	25	8	DARI	PUSHTO	HERAT	SHINDAND	ADWIAL	JAMIAT	01/21/89	.F.	SULTAN MOHD	ABDUL FATAH
6	1252	GH. HAZRAT	AHMAD SHAH	18	9	DARI	PUSHTO	HERAT	SULRAN	BUZZAN	JAMIAT	01/21/89	.F.	ESSMAYEL A.SHAH	TAJ MEER
6	1253	SHAH MOHD	MOHD AKBAR	21	10	DARI	PUSHTO	HERAT	GHORYAN	SHUNJAN	JAMIAT	01/21/89	.F.	KHUJA ZABIULLAH	ABDUL QUDDOS
6	1254	ABDUL ZAHER	MOHD IBRAHIM	27	9	DARI	PUSHTO	HERAT	ENJEEL	NAWBADAM	JAMIAT	01/21/89	.F.	AZIZULLAH	MOHD DAWOOD
6	1255	GUL MOHD	MULLAH SHER ALI	25	8	DARI		HERAT	SHINDAND	ZEERKOH	JAMIAT	01/21/89	.F.	MALIM GUL MOHD	ATAULLAH KHAN
6	1256	MOHD ALEM	MULLAH MOHD EWAZ	25	8	OZBAKI	DARI	JAWZJAN	SANG CHARAK	GHOORKAB	JAMIAT	01/21/89	.F.	FAIZ MOHD	ABDUL RAHIM
6	1257	KHAIRUDDIN	SULTAN	25	11	DARI	OZBAKI	JAWZJAN	ASCHA	HAIDER AEAD	JAMIAT	01/21/89	.F.	ZABIT KHAN MOHAD	ZABIT KHUDAI DUL
6	1258	MEHRAJUDDIN	MOHD DIN	24	12	DARI	ENGLISH	KABUL	SHAKAR DARA	GHAZWA	JAMIAT	01/21/89	.F.	DR.KHAN AGHAH	SAHAR GUL
6	1260	NAZEER AHMAD	FERUZ KHAN	21	12	PUSHTO	DARI	KABUL	SAROBI	MAHIPAR	JAMIAT	01/21/89	.F.	MOHD HASSAN	SULTAN JAN
6	1261	OBAIDULLAH	ABDUL ZAHER	24	9	PUSHTO	DARI	KANDAHAR	KHAKRAIZ	KAITOO	JAMIAT	01/21/89	.F.	MULLAH NADEEBULAH	MULLAH AB.WAHAB
6	1262	ABDUL HADI	ABDUL KARIM	22	6	PUSHTO	DARI	KANDAHAR	ARGHANDAB	KOLKE	JAMIAT	01/21/89	.F.	MULLAH NADEEBULAH	MULLAH FAIZ MOHD
6	1263	NASRUDDIN	AINUDDIN	35	12	DARI	PUSHTO	KAPISA	KOHISTAN	BOLAGHAIN	JAMIAT	01/21/89	.F.	AMEER HAMZA	(BHW HIMSELF)
6	1289	ZALMAI	ALI KHAN	24	12	PUSHTO	DARI	KAPISA	MAHMUD RAQI	MULLAH RASOOL	JAMIAT	01/21/89	.F.	M.SHARIF SHAHEEN	ABDUL RAB
6	1264	NAZAR MOHD	SAYED MOHD	24	12	PUSHTO	DARI	KONAR	CHAWKI	CHAVKI	JAMIAT	01/21/89	.F.	DR.SADIQ	MOHD JAN
6	1265	HAMIDULLAH	SAMIULLAH	22	12	PUSHTO	DARI	KONAR	CHAWKI	NOOR GAL	JAMIAT	01/21/89	.F.	RAHIMULLAH	GUL SYED
6	1266	MOHD HAKIM	HAJI EMAN KHEL	20	8	DARI		KUNDUZ	KUNDUZ	GUL TEEPA	JAMIAT	01/21/89	.F.	ARIF KHAN	AMANULLAH
6	1267	MOHD ISMAIL	MOHD ESSA KHAN	20	12	DARI	DARI	KUNDUZ	KUNDUZ	KANAM	JAMIAT	01/21/89	.F.	QRI RAHMATULLAH	SYED PADSHAH
6	1268	ABDUL WADUD	MIRZA ALI	26	12	DARI	PUSHTO	KUNDUZ	KHANABAD	SAR-E DOWRA	JAMIAT	01/21/89	.F.	QRI RAHMATULLAH	QURBAN
6	1269	ABDUL QAHAR	MUHAIUDDIN	27	14	PUSHTO	DARI	LAGHMAN	GARGHAI	AMBIR	JAMIAT	01/21/89	.F.	NADIR KHAN	SAYEDI
6	1270	MOHD YAR	MOHD ZAFAR	25	12	PUSHTO	DARI	LAGHMAN	QARGHAI	AMBIR	JAMIAT	01/21/89	.F.	NADIR KHAN	SAYEDI
6	1271	NESAR AHMAD	ATTA MOHD	22	10	DARI	PUSHTO	LOGAR	BARAKI	QALA HAYAT	JAMIAT	01/21/89	.F.	DR.FAZLULLAH	ZABIT ALEEM
6	1272	MOHD SALIM	MOHD RASUL	23	9	DARI	PUSHTO	LOGAR	PULI ALAM	KOLANGAR	JAMIAT	01/21/89	.F.	DR.FAZLULLAH	SARDAR AGHA
6	1273	GH. HAIDER	GH. HUSSAIN	22	9	DARI	PUSHTO	NIMROZ	KANG	?	JAMIAT	01/21/89	.F.	SHER AHMAD	GUL MOHD
6	1274	ZAHEE KHAN	MOHD ZARIN	17	10	PUSHTO	DARI	PAKTEKA	URGOON	CHINNA	JAMIAT	01/21/89	.F.	ABDUL RAHIM	ABDUL RAUF
6	1275	KHAN MOHD	RAZ MOHD	32	12	DARI		PARWAN	BAGRAM	SHAH KAH	JAMIAT	01/21/89	.F.	SHAHEEN	DEWANA BARSOO
6	1276	KHAN PADSHAH	KHWAJA AMIR MOHD	22	10	DARI		PARWAN	JABUL SARAJ	GUL BAHAR	JAMIAT	01/21/89	.F.	ABDUL QADEER	KHUJA MOHD SABIR
6	1277	MIRA GUL	MOHD	22	10	PUSHTO	DARI	PARWAN	BAGRAM	SOFI BABA	JAMIAT	01/21/89	.F.	HAJI SAHIBULHAD	ABDUL HAKIM
6	1278	MOHD HUSSAIN	SERAJUDDIN	24	11	DARI		SAMANGAN	SAMANGAN	KOKJAR	JAMIAT	01/21/89	.F.	ARSHAD FARID	SALEEM
6	1279	SADRUDDIN	GIAMUDDIN	24	12	DARI	OZBAKI	SAMANGAN	SAMANGAN	KOKJAR	JAMIAT	01/21/89	.F.	ARSHAD FARID	RAZEQ BOY
6	1280	ABDUL SATAR	ABDUL RAZAQ	20	11	OZBAKI	DARI	TAKHAR	YANGI QALEH	JELGA	JAMIAT	01/21/89	.F.	SYED IMADUDDIN	HAMEEDULLAH
6	1281	BESMILLAH	MOHD AMIN	25	7	DARI	OZBAKI	TAKHAR	KHWAJAGHAR	KHUJA SHAR	JAMIAT	01/21/89	.F.	ENG.MASOOD	MAWLAWI JABAR
6	1259	NAJIBULLAH	NASRULLAH	22	11	PUSHTO	DARI	WARDAK	MAYDAN SHAR	TAI TAMORHAJIAN	JAMIAT	01/21/89	.F.	ZABIT MOHD ESA	ZABIT MOHD ESA
6	1265	FAQIR MOHD	MIR ZAMAN	26	13	PUSHTO	DARI	WARDAK	MAYDAN SHAR	TAI TAMOR	JAMIAT	01/21/89	.F.	HAJI QAZI KHALID	ZABIT ISHAAQ
6	1292	MIRWAIS	MOHD GHOUS	19	10	PUSHTO	DARI	WARDAK	JAGHATU	DOORANI	JAMIAT	01/21/89	.F.	SULTAN MAHMOOD	FAZEL RAHMAN
6	1283	SHAH NAZAR	MOHD KABIR	27	11	PUSHTO	DARI	ZABUL	SHAH JOY	SHOOBAR	JAMIAT	01/21/89	.F.	ALLAH NAZAR	MANGAL
6	1290	MOHD NAIM	MIR HASSAN	28	9	PUSHTO	DARI	GHAZNI	JAGHATU	SARASAN GHARE	JAMIAT	01/21/89	.F.	JALLAT KHAN	MOHD SEDDIQ SADQ
6	1293	MULLAH GUL MOHD	NOOR MOHD	27	9	DARI	ENGLISH	BAGHLAN	DOSHI	TALA WA BARFAK	NIFA	01/21/89	.F.	BAZ MOHD	MOHD EWAZ
6	1294	FAKHRUDDIN	HAJI KHAIRUDDIN	28	12	DARI	ENGLISH	BAGHLAN	DOSHI	TALA WA BARFAK	NIFA	01/21/89	.F.	BAZ MOHD	MOHD EWAZ
6	1295	MOHD KARIM	MOMEN KHAN	30	12	PUSHTO	DARI	BAGHLAN	BAGHLAN	JAR-E KHSHY	NIFA	01/21/89	.F.	MALIM SHABAN	MALIM SHABAN
6	1297	GH. SAKHI	MOHD ALEM	30	9	DARI	ENGLISH	BAGHLAN	DOSHI	BARFAK	NIFA	01/21/89	.F.	BAZ MOHD	MOHD JAN
6	1298	MIRA JAN	ABDUL RAHIM	26	12	PUSHTO	DARI	BALKH	SHOLGERA	BAGH-E-PAHLAWAN	NIFA	01/21/89	.F.	MAWLAWI AE.HAI	SOFI ADAM KHAN
6	1299	HAZRAT NOOR	ABDULLAH JAN	23	12	PUSHTO	DARI	BALKH	CHAR BOLAK	KHAN ABAD	NIFA	01/21/89	.F.	[illegible]LIM ABAD KHAN	JUMMADDIN
6	1300	ATTIQULLAH	REDI GUL	24	9	PUSHTO	DARI	BALKH	CHAR BOLAK	ARZANKAR	NIFA	01/21/89	.F.	[illegible]LIM ABAD KHAN	SOFI NAZEEM

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6	1301	MOHD HAKIM	HAJI SAKHI JAN	20	9	PUSHTO	DARI	BALKH	CHAR BOLAK	GHALA JOY	NIFA	01/21/89	.F.	AKHTAR MOHD	HAZRAT WALI
6	1296	SAYED HASSAN	MIRZA HUSSAIN	21	2	DARI		BAMYAN	BAMYAN	SAR-E BAZAR	NIFA	01/21/89	.F.	SYED MUBAREZ	ABDUL HAQ
6	1302	MUBAREZ	MOHD NADER	26	12	DARI	ENGLISH	BAMYAN	BAMYAN	DADMASTI	NIFA	01/21/89	.F.	BAZ MOHD	SHAMSULAHMAD
6	1303	ABDUL WAHID	ABDUL RAZEQ	30	12	PUSHTO	DARI	FARYAB	SHIRIN TAGAB	SHOR DARYAB	NIFA	01/21/89	.F.	ABDUL RAHMAN	YAHYA
6	1304	GH. DASTAGIR	ZARIN KHAN	24	10	PUSHTO	DARI	FARYAB	DAYSAWR	KHUJA GHOWHAR	NIFA	01/21/89	.F.	KHAN AGHA	GH.RASOOL
6	1305	JAMALUDDIN	BESMILLAH	25	7	PUSHTO	DARI	FARYAB	DOWLATABAD	SHOR DARYAB	NIFA	01/21/89	.F.	SHUJAH KHAN	MAHYA KHAN
6	1306	MOHD ASSADULLAH	MOHD YASIN	17	9	PUSHTO	DARI	GHAZNI	MOQOR	SEEKI CHI	NIFA	01/21/89	.F.	YAWAR AKHTAR MOHD	MOHD AKRAM
6	1307	ABDUL JABAR	ABDUL GHAFAR	25	11	PUSHTO	DARI	GHAZNI	BARA BAGH	PANNI	NIFA	01/21/89	.F.	MAWLAWI AB.RAHMAN	SHAIKH MOHD
6	1308	MOHD ANWAR	MOHD HAZRAT	25	12	PUSHTO	DARI	GHAZNI	BARA BAGH	NAKHEEL	NIFA	01/21/89	.F.	MAWLAWI AB.RAHMAN	HAJI EMAMULLAH
6	1309	ABDUL JAMIL	ABDUL SAMAD	20	12	PUSHTO	DARI	GHAZNI	BARA BAGH	MIR KHAN	NIFA	01/21/89	.F.	MAWLAWI AB.RAHMAN	NOORULLAH
6	1320	MOHD DAWUD	ABDUL MAJEED	28	12	PUSHTO	DARI	GHAZNI	JAGHATU	AMOO KHAN	NIFA	01/21/89	.F.	MAWLAWI GUL MOHD	BISMELLAH
6	1310	BAHRAM KHAN	ROZI KHAN	27	12	PUSHTO	DARI	GHAZNI	JAGHATU	GALA SURKH	NIFA	01/21/89	.F.	MAWLAWI GUL MOHD	MOHD IBRAHIM
6	1311	MULLAH RAHMATULLAH	MOHD KHAN	28	12	PUSHTO	ENGLISH	GHAZNI	AJRESTAN	SANGER	NIFA	01/21/89	.F.	KHALILULRAHMAN	MULLAH AB.HALEEM
6	1312	ABDUL WAHAB	TAJ MOHD	30	9	DARI	PUSHTO	GHOR	SHAHRAK	KERISKHUSHK	NIFA	01/21/89	.F.	ARBAB MOHD	ABDUL AHAD
6	1313	KHAIRUDDIN	NOOR MOHD	35	13	DARI	PUSHTO	GHOR	SHAHRAK	FAQIR ABAD	NIFA	01/21/89	.F.	SYED YUSOF	SARAJUDDIN
6	1314	MOHD ALI	MOHD ISMAIL	26	10	DARI	PUSHTO	GHOR	SHAHRAK	FAQIR ABAD	NIFA	01/21/89	.F.	SYED YUSOF	SARAJUDDIN
6	1315	ABDUL QUDUS	HAJI MOHD HUSSAIN	20	6	DARI	PUSHTO	GHOR	SHAHRAK	FAQIR ABAD	NIFA	01/21/89	.F.	SYED YUSOF	SARAJUDDIN
6	1316	NOOR MOHD	KHAN MOHD	24	11	PUSHTO	DARI	HELMAND	NADI-ALI	MARJA	NIFA	01/21/89	.F.	WAKEL MASHOQ KHAN	AB.RASHEED
6	1317	AKHTAR MOHD	KHUDAI NAZAR	28	10	PUSHTO	DARI	HELMAND	BAGHRAN	BAGHNI	NIFA	01/21/89	.F.	GHULAM HASAN	MOHD HASAN
6	1318	ABDUL HAKIM	SULTAN MOHD	24	12	DARI	PUSHTO	HERAT	PASHTOON ZAREGOON	SHAHABAD	NIFA	01/21/89	.F.	HAJI ABDUL GHANI	MALIM AB.RAZAQ
6	1319	ABDUL SATAR	FAZEL AHMAD KHAN	24	9	DARI	PUSHTO	HERAT	SHINDAND	AOWKAL	NIFA	01/21/89	.F.	DEGARWAL AB.AZIZ	MOHD AYUB
6	1321	ESSAMUDDIN	RAHMUDDIN	25	12	PUSHTO	DARI	JAWZJAN	SARI PUL	KHWAGHANA	NIFA	01/21/89	.F.	HAJI KHEER MOHD	SHIR MOHD
6	1322	RAHMATULLAH	MOHD	22	7	DARI	PUSHTO	JAWZJAN	SANG CHARAK	TOKHSHAR	NIFA	01/21/89	.F.	MOHD ALEMI	HASAN ANSARI
6	1323	GH. SAKHI	SAR FERAZ	30	12	PUSHTO	DARI	JAWZJAN	SARI PUL	KONABAZAR	NIFA	01/21/89	.F.	KHEER MOHD	GADA MOHD
6	1324	BAHRAM	ALAM JAN	28	14	PUSHTO	DARI	JAWZJAN	SARI PUL	GEZAK	NIFA	01/21/89	.F.	MOHD WALI K.BABUR	MIR WAIS
6	1325	MOHD NASIM	MOHD IBRAHIM	24	12	PUSHTO	DARI	KABUL	DEH SABZ	KOH SAFI	NIFA	01/21/89	.F.	KHAN MOHD	PASHTOON
6	1326	ABDULLAH	ABDUL WADUD	20	9	PUSHTO	DARI	KANDAHAR	MARUF	HAROON	NIFA	01/21/89	.F.	TORAN SH.MAHMOOD	MOHD NAEEM
6	1327	SHAH WALI	HAJI GHULAM SYED	30	7	PUSHTO	DARI	KANDAHAR	MARUF	MOHD ZAI	NIFA	01/21/89	.F.	TORAN SH.MAHMOOD	TORAN SH.MAHMOOD
6	1328	ABDUL KHALEQ	ABDUL HAMID	18	5	PUSHTO	ENGLISH	KANDAHAR	DAND	MULAHJAT	NIFA	01/21/89	.F.	ALI AHMAD	ABDULLAH
6	1329	ABDUL KHALEQ	MOHD MASUM	19	9	PUSHTO	DARI	KANDAHAR	DAND	MALLAJAT	NIFA	01/21/89	.F.	ALI AHMAD	MOHD NABI
6	1330	FAZEL RABI	SALI MOHD	20	12	PUSHTO	DARI	KAPISA	TAGAB	NAWROZ KHEL	NIFA	01/21/89	.F.	MAWLAWI AB.ZAHIR	MAWLAWI AB.ZAHIR
6	1331	ABDUL QASEM	ABDUL HASHEM	30	12	PUSHTO	DARI	KUNDUZ	KUNDUZ	KANAM	NIFA	01/21/89	.F.	DR.SHAMS	SYED AHMAD
6	1332	MOHD ISMAIL	ABDUL GHAFUR	26	10	DARI	PUSHTO	KUNDUZ	KUNDUZ	JAR-E GHOZAR	NIFA	01/21/89	.F.	MIRZA MOHD	ABDUL WAKEEL
6	1333	MOHD WALI	NIAZ MOHD	25	12	PUSHTO	DARI	KUNDUZ	EMAM SAHIB	TOYACHI	NIFA	01/21/89	.F.	MULLAH AB.MAJEED	MULLAH AB.MAJEED
6	1334	MOHD SALIM	MOHD ALEM	24	12	PUSHTO	DARI	LAGHMAN	ALINGAR	QALATAK NIAZY	NIFA	01/21/89	.F.	MAMOR S.ISMATULAH	AB.QUDUS
6	1346	LAL MOHD	SHAH BURHAN	26	11	PUSHTO	DARI	GHAZNI	AJRESTAN	HASHIM KHEL	NIFA	01/21/89	.F.	HAJI KHALILRAHMAN	HAJI KHALILRAHMAN
6	1345	ABDUL WAHAB	NADER KHAN	27	10	PUSHTO	DARI	GHAZNI	AJRESTAN	YAR WALI	NIFA	01/21/89	.F.	HAJI KHALILRAHMAN	MOHD GHANI
6	1344	MOHD SHARIF	AKHTAR MOHD	18	5	DARI	ARABIC	ORUZGAN	KAJRAN	KESAR	NIFA	01/21/89	.F.	MOHD NADIR	ABDUL QADIR
6	1336	FAREQ	ASHRAF KHAN	22	8	PUSHTO	ARABIC	PAKTYA	KHOST	SHAWI	NIFA	01/21/89	.F.	HAJI ASHRAF KHAN	ZAINUDDIN
6	1335	NAZUK MIR	SHER ALI	25	11	PUSHTO	DARI	PAKTEKA	KATAWAZ	SWAKARIA	NIFA	01/21/89	.F.	SOHAIL	SOHAIL
6	1337	ABDUL MAJID	HAJI MIR HAIDER	28	12	PUSHTO	DARI	PAKTYA	JAJI	ALISANGIPAYAN	NIFA	01/21/89	.F.	RAHIM JAN	WAZIR
6	1338	HALIM SHAH	ABDUL HAKIM	23	12	PUSHTO	DARI	PAKTEKA	URGOUN	MASTOY	NIFA	01/21/89	.F.	KHAN MEER AGHA	NAZAR MOHD
6	1339	ABDUL GHAFUR	MOHD NABI	26	6	PUSHTO	DARI	PAKTEKA	KHAIR KOT	SADASH	NIFA	01/21/89	.F.	KHALIFA JAMAL	MULLAH GULANAR
6	1340	ABDULLAH	OBAIDULLAH	25	9	DARI	PUSHTO	SAMANGAN	SAMANGAN	KHURAM	NIFA	01/21/89	.F.	SYED HABIBULLAH	QIAMUDDIN
6	1341	ALI AHMAD	SHAH MOHD	24	11	PUSHTO	DARI	TAKHAR	TALOQAN	BAHARAK	NIFA	01/21/89	.F.	SYED MUKHTAR	KHAN KHAROTI
6	1342	JAN MOHD	KHAN MOHD	22	9	PUSHTO	DARI	TAKHAR	ESHKAMESH	KATABOROSH	NIFA	01/21/89	.F.	GOLO JAN	ABDUL RAHMAN
6	1343	MOHD SALIM	TOOR GUL	26	12	PUSHTO	DARI	T[illegible]	TALOQAN	TAKHTOPRAK	NIFA	01/21/89		MAMOR AFGHAN	AGHA GHARI
6	1347	ABDUL WAKIL	AMIR JAN	23	10	PUSHTO	DARI	[illegible]	DAI CHOPAN	BASH	NIFA	01/21/89		FEROZ KHAN	FEROZ KHAN
6	1348	ABDUL BADI	JUMA MOHD	26	12	DARI	PUSHTO	GHAZNI	DEHAK	FARSAT	NIFA	01/21/89	.F.	FAYAZA KHAN	DAR[illegible] KHAN
6	1349	MOHD YUNUS	FAZEL RAHMAN	22	11	PUSHTO	DARI	KUNDUZ	KHANABAD	BASUS	NIFA	01/21/89	.F.	TORAN MOHD YUNUS	SYED ALI

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6	1350	GH. NABI	ABDUL JALIL	30	9	DARI		GHOR	LAL-WA-SARJANGAL	TALKHAK-E LAL	NIFA	01/21/89	.F.	M.ESHAQ MOHAQIQ	MOHD HUSSAIN
6	1351	ABDUL SAMAD	KHAIAL MOHD	22	10	PUSHTO	DARI	GHAZNI	ANDAR	IBRAHIM KHEL	NIFA	01/21/89	.F.	HAJI MARZA MOHD	AMINULLAH
6	1352	HEMAYATULLAH	ABDUL QAYUM	24	12	PUSHTO	DARI	KABUL	DEH SABZ	KOH SAFI	NIFA	01/21/89	.F.	JAGHRAN K.M.KHAN	JAGHRAN MOHD GUL

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7	1451	ZMARAI	DAWUD JAN	18	12	PUSHTO	DARI	PAKTYA	MUSA KHEL	BACHY KOAT	JAMIAT	06/17/89	.F.	HAJI MIRZA JAN	DAWUD JAN
7	1450	MOHD SAYED	MOHD SHOUS	25	12	PUSHTO	DARI	GHAZNI	MOOOR	MIRZA KHEL	JAMIAT	06/17/89	.F.	KHALIL HOTAK	HAFIZULLAH
7	1452	KHAIRUDDIN	SALI MOHD	21	9	DARI	PUSHTO	BASHLAN	ANDARAB	BAND	JAMIAT	06/17/89	.F.	DR. MOHAIUDDIN	SOFI RASOL
7	1453	HAYATULLAH	MOHAMMADULLAH	25	10	PUSHTO	DARI	VARDAK	JAGHATU	DORANI	JAMIAT	06/17/89	.F.	SULTAN MOHD KHAN	FAZEL RAHMAN
7	1612	NAJIBULLAH	SHERZAD YAQUBI	18	11	PUSHTO	DARI	KABUL	PAGHMAN	URIA KHEL	I.I.M.A	06/17/89	.F.	SHER ALAM	PATANG
7	1615	MOHD KHAN	HAJI AGA MOHD	20	5	PUSHTO		KANDAHAR	PANJVAI	ZANGAYABAD	I.I.M.A	06/17/89	.F.	HAJI HASTY MOHD	MAWLAVI DOR MOHD
7	1614	SARDAR AGA	ASDUL HANAN	20	10	PUSHTO	DARI	KABUL	PAGHMAN	QALAI HAKIM	I.I.M.A	06/17/89	.F.	SHER AGA	NOOR MOHD
7	1652	MOHD OMAR	MOHD ALAM	29	12	PUSHTO	DARI	VARDAK	CHAK-E VARDAK	HAZAR BAGH	HARAKAT	06/17/89	.F.	MOHD ASIF	MULLAH MUSSA

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7	1611	ABDUL HABIB	ABDUL MAJID	22	10	PUSHTO	DARI	BAGHLAN	BAGHLAN	GAZI QELAI	I.I.M.A	06/17/89	.F.	ZAR GUL	SHAH MOHD
7	1613	ABDUL SABUR	ABDUL HALIM	26	12	PUSHTO	DARI	KONDUZ	EMAM SAHIB	AGHA MUSJID	I.I.M.A	06/17/89	.F.	ABDUL RAHMAN	AHMAD SHAH
7	1616	MOHD IBRAHIM	NAZRAT DIN	22	8	PUSHTO	DARI	HELMAND	KAJAKI	SHENAN	I.I.M.A	06/17/89	.F.	ZABIT AMIR QALANI	MULLAH AKHTAR NAI
7	1617	ABDUL HADI	MOHD REDI GUL	20	10	PUSHTO	DARI	KABUL	BAGRAMI	KHORD KABUL	I.I.M.A	06/17/89	.F.	EN. AFZAL	SOHRAB
7	1618	SAYED ZAMAN	SAYED SARAJ	20	12	DARI		TAKHAR	FARKHAR	KHAUF DARA	I.I.M.A	06/17/89	.F.	QARI AKBAR	MODEER GHAFUR
7	1619	ABDUL WASI	SHAH WALI	18	12	PUSHTO	DARI	LOGAR	MOHD AGHA	ZARGHON SHAHR	I.I.M.A	06/17/89	.F.	HAJI MIRZA	ABDUL SAMI
7	1620	SHAH AGA	MOHD AMIN	27	12	PUSHTO	DARI	LOGAR	PUL-E ALAM	BADUS	I.I.M.A	06/17/89	.F.	M. SAYED MOHD	SHER JAN
7	1621	MOHD DAWUD	ABDUL GHANI	20	7	PUSHTO	DARI	FARAH	BALABOLAK	DAH ZAK	I.I.M.A	06/17/89	.F.	HAJI ABDUL KHALIQ	ABDUL JALIL
7	1622	MOHD WALI	MOHD YAR	18	7	PUSHTO		HELMAND	LASHGARGAH	KARIZ	I.I.M.A	06/17/89	.F.	GH. YAHYA	GH. YAHYA
7	1623	ABDUL RAHMAN	ABDUL RAZEQ	21	12	PUSHTO	DARI	KABUL	PASHMAN	KAREZAK	I.I.M.A	06/17/89	.F.	HAJI SHER ALAM	MOHD ANWAR
7	1624	MAZAR MOHD	AMINULLAH	22	11	PUSHTO		JOWZJAN	SANGCHARAK	ALAGHAN	I.I.M.A	06/17/89	.F.	ABDUL HANAN	ABDUL RAUF
7	1625	MOHD OMAR	HAJI NEK MOHD	21	6	PUSHTO		KANDAHAR	DAND	KUNIGAR	I.I.M.A	06/17/89	.F.	MAULAVI DUR MOHD	HAJI HASTI MOHD
7	1626	HAMIDULLAH	MOHD FARUQ	19	12	DARI	PUSHTO	NANGARHAR	SURKH ROD	SUTANPUR SIFLA	I.I.M.A	06/17/89	.F.	MALEM GHANI	SHAFIQULLAH
7	1627	EHSANUDDIN	GH. MUHIUDDIN	19	12	PUSHTO	DARI	GHAZNI	QARABAGH	NASO KHEL	I.I.M.A	06/17/89	.F.	AHMAD	GH. NAQSHBAND
7	1628	MOHD HUMAYUN	SHERZAD YAQUBI	20	10	PUSHTO	DARI	KABUL	PAGHMAN	URA KHEL	I.I.M.A	06/17/89	.F.	SHER ALAM	PATANS
7	1629	GRAN	MOHD AYUB	29	12	PUSHTO	DARI	VARDAK	SAYED ABAD	KHADI KHEL	I.I.M.A	06/17/89	.F.	SHAH WALI	MOHD ASIF
7	1630	MOHD SALIM	MOHD AJMAL	20	6	PUSHTO		HELMAND	NAD-E ALI	MARJA	I.I.M.A	06/17/89	.F.	HAJI OBAIDULLAH	HAJI OBAIDULLAH
7	1631	MOHD GHANI	MOHD KHAN	19	11	DARI		GHAZNI	GHAZNI	TASUN	I.I.M.A	06/17/89	.F.	ABDUL RAHMAN	KHAN AGHA
7	1632	AZIZ AHMAD	MOHD SHAH	22	6	PUSHTO		KANDAHAR	DAND	BALA DAMY	I.I.M.A	06/17/89	.F.	AGHAI GUL	SAYED RASUL
7	1633	ABDUL WALI	ABDUL GHAFUR	20	10	PUSHTO	DARI	KONDUZ	EMAM SAHIB	QARGHAN TAPA	I.I.M.A	06/17/89	.F.	ABDUL RAHMAN	AHMAD SHAH
7	1634	MOHD KHAN	ABDUL HAMID	21	7	PUSHTO		ZABOL	ARGHANDAB	SARDARI	I.I.M.A	06/17/89	.F.	HAIDARI	CHIKARA
7	1635	MIRAM JAN	AMIR JAN	23	8	PUSHTO	DARI	BAGHLAN	BAGHLAN	SHAHRE KOHNA	I.I.M.A	06/17/89	.F.	HAJI ZARGUL	KHAYL GUL
7	1636	MOHD NAZAR	HAJI AKHTAR MOHD	30	8	PUSHTO		ZABOL	SHAHJUI	MARIAH	I.I.M.A	06/17/89	.F.	RAZ MOHD	ENAYATULLAH
7	1637	HAFIZULLAH	HAJI MOHD IQBAL	23	10	PUSHTO		PAKTYA	JAJI	SHEGAI	I.I.M.A	06/17/89	.F.	DAOWD	DAOWD
7	1638	ASSADULLAH	HAJI SHER MOHD	24	10	DARI	PUSHTO	L	MOHD AGHA	ZARGHON SHAHR	I.I.M.A	06/17/8	.	HAJI SAYED MOHD	SHER AGHA

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7	1667	MOHD AKBAR	MIR HAIDER	23	10	PUSHTO		LAGHMAN	MEHTAR LAM	KALOF	HARAKAT	06/17/89	.F.	HANIFI	ANWAR
7	1668	AINULLAH	AMIRUDDIN	25	12	PUSHTO	DARI	VARDAK	SAYED ABAD	HASSAN KHEL	HARAKAT	06/17/89	.F.	MALAVI GH. FAROOQ	GH. MUHAIUDDIN
7	1669	HAJI NEMATULLAH	HAJI MAHMUD	32	11	PUSHTO	DARI	HELMAND	BAGHRAN	BAGHANI	HARAKAT	06/17/89	.F.	SAYED RASUL	BISMILLAH
7	1670	HIKMATULLAH	SADAT KHAN	18	10	PUSHTO		PAKTIKA	ORGUN	ZEROK	HARAKAT	06/17/89	.F.	HAJI RAHMAN	HAJI ABDUL MANAN
7	1671	MOHD ISMAIL	MULLAH ABDULLAH	30	3	PUSHTO		HELMAND	MUSSA QALAH	HELMAND	HARAKAT	06/17/89	.F.	MULLAH NASIM	M. MOHD IKHLAS
7	1672	Saleh ~~SHAH~~ MOHD	HAJI SHER MOHD	16	8	PUSHTO	DARI	HELMAND	NAD-E ALI	MARJAH	HARAKAT	06/17/89	.F.	RYAZADAY	SADIQAY
7	1673	ZALA KHAN	MALEK ANAR GUL	23	10	PUSHTO		NANGARHAR	HESARAK	JUKAN	HARAKAT	06/17/89	.F.	MALIK ANAR	NASIM KHAN
7	1674	SAYED MOHD GHAFUR	SAYED MOHD	19	4	PUSHTO		ZABOL	SHINKAI	GHANDA	HARAKAT	06/17/89	.F.	MULLAH ALI MOHD	ALI MOHD
7	1675	SAYED MOHD	MAHMUD ZAI	20	4	PUSHTO		ZABOL	SHAHJUI	AZMAT	HARAKAT	06/17/89	.F.	MULLAH MOHD ALI	MALANG
7	1676	KHUDAI NAZAR	HAJI JALAT KHAN	25	7	PUSHTO		GHAZNI	NAWUR	KHWAJA KHEL	HARAKAT	06/17/89	.F.	FAIZUL HAQ	SAYDULLAH
7	1677	MOHD NASIM	ABDUL HAMID	23	6	PUSHTO		ZABOL		H. A. AHMAD KEL	HARAKAT	06/17/89	.F.	ABDUL MANAN	ROHULLAH
7	1678	SARDAR NAWABE	GH. HAZRAT	18	9	PUSHTO	DARI	FARAH		TAIWASK	HARAKAT	06/17/89	.F.	AKRAM KHAN	SAYED AKBAR SHAH
7	1679	FAIZURAHMAN	GH. RABANI	23	12	PUSHTO	DARI	LOGAR	BARAKI	QALAI DURANI	HARAKAT	06/17/89	.F.	MUHIBULLAH	ISMAIL
7	1680	AMINULLAH	MALANG	22	12	PUSHTO	DARI	BAGHLAN	NAHRIN	JALGAH	HARAKAT	06/17/89	.F.	TAJUDDIN KHAN	ZAINUL ABUDDIN
7	1600	MOHD NAIM	MOHD HANAN	32	12	PUSHTO	DARI	PARVAN	GHORBAND	KAKSHALO	I.I.M.A	06/17/89	.F.	BABO KHAN	TAJ MOHD
7	1601	MOHD TAOUS KHAN	SHER MOHD	30	12	PUSHTO	DARI	KONDUZ	KHANABAD	BUIN	I.I.M.A	06/17/89	.F.	MOHD AMIR	MOHD NABI
7	1602	ABDUL KARIM	HAJI ABDUL JAN	25	12	DARI	PUSHTO	LOGAR	PUL-E ALAM	BABUS	I.I.M.A	06/17/89	.F.	HAJI SAYED MOHD	QAZI MOHD
7	1603	MOHAMMADULLAH	MOHD RASUL	25	12	PUSHTO	DARI	VARDAK	MAYDAN SHAHR	CHARAKI	I.I.M.A	06/17/89	.F.	KUCHAI	GUL RAHMAN
7	1604	ABDUL JALIL	ABDUL RAHMAN	25	12	PUSHTO	DARI	BAGHLAN	PUL-E KHUMRI	KHADAR KHEL	I.I.M.A	06/17/89	.F.	MAULAVI AKRAM	MULLAH MOHD NAIM
7	1605	AZATULLAH	AMINULLAH	29	12	PUSHTO	DARI	KABUL	PAGHMAN	KHALDARA	I.I.M.A	06/17/89	.F.	HAJI SHER ALAM	MALEM GHANI
7	1606	NOORULLAH	ABDUL SALAM	21	11	PUSHTO	DARI	LOGAR	PUL-E ALAM	KHOSHY	I.I.M.A	06/17/89	.F.	HAJI SAYED MOHD	MALEM BISMILLAH
7	1607	ABDUL NAZIR	ABDUL HAI	26	11	DARI		KABUL	BAGRAMI	KAMRA	I.I.M.A	06/17/89	.F.	DR. AFZAL	AHMAD SHABEER
7	1608	SADULLAH	ABDUL KHALIQ	25	12	PUSHTO	DARI	TAKHAR	YANGI QALEH	OMAR KHEL	I.I.M.A	06/17/89	.F.	ABDUL QUDUS	AMIR MOHD
7	1609	HAMIDULLAH	MOHD JAN	20	8	DARI	PUSHTO	LOGAR	PUL-E ALAM	KOLANGAR	I.I.M.A	06/17/89	.F.	MALEM TOOR	TAHIR
7	1610	NAJIBULLAH	MIR JAN	20	8	PUSHTO	DARI	KABUL	SARDRI	TEHZIN	I.I.M.A	06/17/89	.F.	MOHAMDULLAH	MIR ALAM

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7	1641	ABDUL HADI	HAJI ABDUL KHALIQ	22	8	PUSHTO	ENGLISH	KANDAHAR	PANJVAI	KHUGYANI	HARAKAT	06/17/89	.F.	MULLAH MASAUD	MULLAH MASAUD
7	1642	SAYED MAHBUB SHAH	SAYED HUSSAINSHAH	23	11	DARI		LOGAR	PUL-E ALAM	HONY SAYDAN	HARAKAT	06/17/89	.F.	MALIK TAHIR	ABDUL SHAH
7	1643	SAKHI AMIN	ABDUL ALAM	24	11	DARI		BAGHLAN	DOSHI	BARFAK	HARAKAT	06/17/89	.F.	MAULAVI ABDULHAI	ABDUL LATIF
7	1644	NEMATULLAH	AHMAD JAN	24	12	DARI		LOGAR	MOHD AGHA	ZOLMABAD	HARAKAT	06/17/89	.F.	M. ABDUL KARIM	NIAZULLAH
7	1645	MOHD AMIN	LOGMAN	25	6	DARI		BADGHIS	QADES	GULCHIN	HARAKAT	06/17/89	.F.	MAULAVI ABDULHAI	M. ABDUL RAHIM
7	1646	KHAN WAZIR	PADSHAH MIR	24	10	DARI	PUSHTO	NIMROZ	KANG	M. SAIDAI KHAN	HARAKAT	06/17/89	.F.	GH. NABI KHAN	ABDUL KHALIL KHAN
7	1647	SHER KHAN	GH. RABANI	22	9	DARI	PUSHTO	PAKTIKA	WAZA KHWA	KAREZAK	HARAKAT	06/17/89	.F.	M. SHAH MOHD	ABDUL HAI
7	1648	ASSADULLAH	BESMILLAH	27	11	DARI		KABUL	MIR BACHA KOT	MASHWANI	HARAKAT	06/17/89	.F.	HAJI ABDUL RAZIQ	GH. RABANI
7	1649	MOHD HUMAYUN	NAZAR MOHD	23	12	PUSHTO	DARI	VARDAK	MAYDAN SHAHR	MAHALAI SARBAGH	HARAKAT	06/17/89	.F.	MUSA	SHER MOHD
7	1650	ABDUL SATAR	MOHD DIN	29	11	PUSHTO	DARI	PAKTYA	JAJI	ROGYAN	HARAKAT	06/17/89	.F.	DURMOHD	SULTANAI
7	1651	MOHD FARUQ	MOHD JAN	22	12	PUSHTO	DARI	LOGAR	BARAKI	CHALOZAI	HARAKAT	06/17/89	.F.	HAJI ABDU AHMAD	NASIR AHMAD
7	1653	MOHAMMADULLAH	GUL AZIZ	30	12	PUSHTO	DARI	JOWZJAN	SAR-E PUL	TAJGOZAR	HARAKAT	06/17/89	.F.	HAJI FIDA MOHD	ABDUL BAQI
7	1654	MOHD ASEF	ABDUL GHAFUR	18	9	PUSHTO		GHAZNI	JAGHATU	QALA_E SELAMAN	HARAKAT	06/17/89	.F.	M. ABDUL WAKEL	JUMA GUL
7	1655	ABDUL BASIR	OBAIDULLAH	27	11	PUSHTO	DARI	FARAH	SHINDAND	ZARKOH	HARAKAT	06/17/89	.F.	MULLAH ZARIN	M. NJIBULLAH
7	1656	MOHD PEAL	PEER MOHD	22	10	DARI		LOGAR	PUL-E ALAM	DEH DUSHANBA	HARAKAT	06/17/89	.F.	HAJI ABDUL AHMAD	AHMAD JAN
7	1657	ABDUL ALI	MOHD AZIM	20	8	DARI	PUSHTO	FARAH	QALEH-E KAH	QALEH_E KAH	HARAKAT	06/17/89	.F.	AKBAR SHAH	HAKIM
7	1658	SALI MOHD	FAIZ MOHD	35	14	DARI		BAMYAN	KAHMARD	DODARY	HARAKAT	06/17/89	.F.	MULAZUI	SAYED MOHD
7	1659	KHAIR MOHD	ASHIR MOHD	35	12	DARI	PUSHTO	BAMYAN	KAHMARD	PAYAN BAGH	HARAKAT	06/17/89	.F.	MULAZUI	KHAL MOHD
7	1660	GUL MOHD	ABDUL GHAFUR	26	10	DARI	PUSHTO	KONDUZ	KONDUZ	MURSHIKH	HARAKAT	06/17/89	.F.	M. ABDUL BARI	GUL SADIQ
7	1661	AZATULLAH	MOHAMMADULLAH	20	8	PUSHTO	DARI	HERAT		NOOK MOHD	HARAKAT	06/17/89	.F.	MAULAVI BISMILLAH	KHAN JAN
7	1662	AZIZ RAHMAN	HAJI DADA KHUDA	30	8	PUSHTO	DARI	KABUL	DEH SABZ	MADI QALA	HARAKAT	06/17/89	.F.	SIDIQULLAH	SAYED MAQBOOL
7	1663	WAZIR MOHD	MOHAMMADULLAH	25	8	PUSHTO		GHAZNI	NAWUR	SHINKAI	HARAKAT	06/17/89	.F.	SAYDU[illegible]	HAMIDULLAH
7	1664	MULLAH MANGAL	MOHD RAFIQ	43	9	PUSHTO		LOGAR	BARAKI	APOKHAN	HARAKAT	06/17/89	.F.	QARI SAYED YAQUB	MOHD YAHYA
7	1665	HAZRAT GUL	SARGUL	28	12	DARI	PUSHTO	VARDAK	SAYED ABAD	HASSAN KHEL	HARAKAT	06/17/89	.F.	M. SAYED FARDOO	SAYED MOHAUDDIN
7	1666	ABDUL SAMAD	DIN MOHD	22	8	PUSHTO	DARI	GHAZNI	MOQOR	MOGAZAS KHEL	HARAKAT	06/17/89	.F.	MOHD RASUL MAMA	ABDUL BAZAR

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7	1503	HABIBULLAH	HAJI ZARIF SHAH	25	10	PUSHTO		HELMAND		KHOSRABAD	H.E.I.K	06/17/89	.F.	FAIZULLAH	PURDIL
7	1504	MOHD NADIR	ASADULLAH	18	7	PUSHTO		KANDAHAR	ARGHANDAB	NAJUHAR	H.E.I.K	06/17/89	.F.	ABDUL BARI AGA	HASTI MOHD
7	1505	MOHD OMAR	MOHD	21	0	DARI		GHOWR	TEYVAREH	CHARDARA	H.E.I.K	06/17/89	.F.	MAULAVI KHUDAIDAD	SAYED AHMD WAFAQ
7	1506	AZATULLAH	MIR ENAYATULLAH	24	10	PUSHTO	DARI	ZABOL	BALAT	KANDI BOLAN	H.E.I.K	06/17/89	.F.	SHIASULHAQ HAQANI	ABDUL NASIR
7	1518	SAYED KHALID	SAYED [illegible] ZAHER	25	8	DARI	PUSHTO	NANGARHAR	SURKH ROD	HAJI SAHIBAN	AMLF	06/17/89	.F.	KHOMAINI	SATAR
7	1599	MOHD ANWAR	MOHD A[illegible]AR	30	10	PUSHTO	DARI	LAGHMAN	BARGHAI	TORGHAR	NIFA	06/17/89	.F.	SHARYATI	MUMTAZ
7	1480	ABDULLAH	HABIBULLAH	19	6	PUSHTO	DARI	ZABOL	SHAHJUI	BARA KHEL	H.E.I.H	06/17/89	.F.	BARAN	NIZAMUDDIN
7	1481	SAYED MOHD	SAYED HASSAN AGHA	23	6	PUSHTO		HELMAND	NAD-E ALI	LEWMONDAH	H.E.I.H	06/17/89	.F.	ENG. MOHD	ABDUL HAQ
7	1482	MOHD RASUL	HAJI GHAMAI	22	9	PUSHTO	DARI	GHAZNI	MOQOR	JANDA	H.E.I.H	06/17/89	.F.	ENG. JAN	HAJI SHAMSULLAH
7	1483	GH. H[illegible]ER	HAJI NABIR	16	8	PUSHTO		HELMAND	NAD-E ALI	BLACK 9	H.E.I.H	06/17/89	.F.	MALEM DAN	MALEM DAWUD
7	1484	ABDULLAH	MOHD [illegible]	25	8	PUSHTO	DARI	ZABOL	SHAHJUI	KAJIR KHEL	H.E.I.H	06/17/89	.F.	MOHD HANIF	JAN MOHD
7	1485	MOHD ZAHER	HAJI ALI MOHD	21	7	PUSHTO		KANDAHAR	PANJVAI	NAKHONIA	H.E.I.H	06/17/89	.F.	LOTFULLAH AGHA	MALEM AGHA
7	1486	HEDAYATULLAH	HAJI RA[illegible]MATULLAH	22	8	PUSHTO		KANDAHAR	ARGHANDAB	KHESHKI	H.E.I.H	06/17/89	.F.	MOKHLIS WALI MOHD	ABDUL HANAN
7	1487	ALLAUDDIN	ZIAUDDIN	22	9	PUSHTO	DARI	KANDAHAR	PANJVAI	ZALI KHAN	H.E.I.H	06/17/89	.F.	TALIB KHAN	KHAN MOHD
7	1488	AHMAD	HAJI A[illegible]UL RAZEQ	19	5	PUSHTO	DARI	KANDAHAR	PANJVAI	PASHMAL	H.E.I.H	06/17/89	.F.	AKBAR AGHA	MULLAH MOHD
7	1489	GH. YAHYA	MOHD DIN	20	9	PUSHTO	DARI	HELMAND	NAD-E ALI	BABAJI	H.E.I.H	06/17/89	.F.	MOHD	MIR AHMAD
7	1490	MIR WALI	HAJI ALAM	43	5	PUSHTO	DARI	ZABOL	DAYCHOPAN	MIRZA KHEL	H.E.I.H	06/17/89	.F.	MULLAH MATIN	MULLAH ZAFAR KHAN
7	1491	ABDUL HADI	SHER ALI	28	4	PUSHTO		KANDAHAR	PANJVAI	ZALAKHAN	H.E.I.H	06/17/89	.F.	AMAN JAN	MOHD OMER JAN
7	1[illegible]2	GUL RASUL	RAHIMUDDIN	20	6	PUSHTO		HELMAND	NAD-E ALI	LEWMONDA	H.E.I.H	06/17/89	.F.	ENG. MOHD	ABDUL HAQ
7	1493	ZAKIRULLAH	SHAHBAZ KHAN	20	6	DARI		VARDAK	MAYDAN SHAHR	CHARAKI	H.E.I.H	06/17/89	.F.	TORAN AHMADULLAH	DOCTOR
7	1496	MOHD DAWUD	HAJI RAZ MOHD	20	7	PUSHTO		KANDAHAR	DAMAN	SHER SOOKH	H.E.I.H	06/17/89	.F.	TRON ABDUL KHALIQ	SHAH MOHD
7	1497	GH.HAIDER	HAJI NABIR	17	7	PUSHTO		KANDAHAR	DAMAN	KULCH ABAD	H.E.I.H	06/17/89	.F.	ABDUL KHALIQ	AHAH MOHD
7	1498	TEMOR SHAH	AHMAD SHAH	21	9	PUSHTO	DARI	ZABOL	SHAHJUI	KHAKA	H.I.A.H	06/17/89	.F.	ZALMAI	AHMAD JAN
7	1639	MOHD RAFIQ	AKHTAR MOHD	19	11	PUSHTO	ENGLISH	KANDAHAR	PANJVAI	KHWAJA MALIK	HARAKAT	06/17/89	.F.	MULLAH MAJID AGHA	AZIZULLAH AGHA
7	1640	MOHD KHALIL	HAJI ALI MOHD	22	6	PUSHTO		KANDAHAR	PANJVAI	PASHMAL	HARAKAT	06/17/89	.F.	MOHD RASUL	FAZ MOHD

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7	1586	PURDEL	GH. HAIDER	21	11	DARI	URDU	HERAT	HERAT	NONA	NIFA	06/17/89	.F.	HAJI ABDL BASIR	NOOR AHMAD
7	1587	MOHD JUMA	ABDUL HAKIM	31	11	DARI	PUSHTO	GHAZNI	JAGHORI	MAMAKALAK	NIFA	06/17/89	.F.	ABDUL HAKIM	MOHD RAZA
7	1588	NAZEER	KHAIR MOHD	21	8	PUSHTO		KANDAHAR	MARUF	TUGHRA	NIFA	06/17/89	.F.	MAWLAVI DAD MOHD	BASHIR MOHD
7	1589	SHERIN DUST	KHODAI DUST	22	9	PUSHTO		VARDAK	JAGHATU	BARGHOLA	NIFA	06/17/89	.F.	M. MOHD HASSAN	M. MOHD UMER
7	1590	ABDUL MATIN	ABDUL RAHIM	18	11	DARI	PUSHTO	HERAT	HERAT	KHWAJA QALA	NIFA	06/17/89	.F.	HAJI ABDUL BASIR	SOFI HAMID
7	1591	ABDUL BARI	NOOR MOHD	30	11	PUSHTO		ZABOL	SHINKAI	HAWASYAN	NIFA	06/17/89	.F.	MOHD SALAM KHAN	NOORULLAH
7	1592	MOHD WASIM	ABDUL BASIR	22	10	PUSHTO	DARI	KAPISA	TAGAB	SIA KOH	NIFA	06/17/89	.F.	TORAN SHAH MOHD	TORAN SHAH MOHD
7	1593	SAYED MOMEN	SAYED ASHRAF	27	10	DARI	PUSHTO	BAGHLAN	BAGHLAN	JARI KHOSHK	NIFA	06/17/89	.F.	MALEM SHAHBAN	ABDUL SATAR
7	1594	ZMARAI	MASJIDI KHAN	20	9	DARI		KABUL	MIR BACHA KOT	KALAKAN	NIFA	06/17/89	.F.	BAHAUDDIN	JELANI
7	1595	HABIBULLAH	MULLAH ABDULLAH	25	10	DARI		GHOWR	TEYVAREH	AWTAI	NIFA	06/17/89	.F.	ABDUL QADIR	MOHD
7	1596	MOMTAZ	STANA GUL	18	11	PUSHTO		NANGARHAR	KOUZ KONAR	SHIGHAI	NIFA	06/17/89	.F.	PAHLAWAN	RAZA GUL
7	1597	RAHMANULLAH	SHER JAN	25	12	PUSHTO	DARI	BALKH	CHARBOLAK	QAZI KILAI	NIFA	06/17/89	.F.	RUSTAM KHAN	RUSTAM KHAN
7	1598	NEMATULLAH	GH. HAIDER	25	9	UZBAKI	DARI	SAMANGAN	SAMANGAN	TAIOONAK	NIFA	06/17/89	.F.	M. ABDUL QUDUS	ESMATULLAH
7	1507	MOHD WALI	MOHD RASUL	22	10	PUSHTO	DARI	GHAZNI	QARABAGH	ZARDALOW	H.E.I.K	06/17/89	.F.	ABDUL SALAM	MALEM HUSSAIN
7	1508	AKHTAR MOHD	NEK MOHD	26	4	PUSHTO	DARI	GHAZNI	MOOOR	DANA KHEL	H.E.I.K	06/17/89	.F.	MOHD SALIM	MULLAH OBUD
7	1509	MOHD OMAR	ZALMAY	24	8	PUSHTO		VARDAK	JAGHATU	DAHANI	H.E.I.K	06/17/89	.F.	M. ABDUL MOHD	M. AHMAD JAN
7	1510	GH. RAQIB	JUMA KHAN	20	14	PUSHTO		VARDAK	JAGHATU	LAL KAL	HARAKAT	06/17/89	.F.	MULLAH MAHMUD	M. MOHD JAN
7	1511	TOR GUL	SARTUR	20	12	PUSHTO	DARI	NANGARHAR	SURKH RUD	REGSHAMARDKHAN	HARAKAT	06/17/89	.F.	ZARAB GUL KHOMANI	MULLAH MOHD
7	1512	MOHD WALI	AMIR	28	10	PUSHTO	DARI	PAKTYA	JAJI MEYDAN	PAKHI LAR	HARAKAT	06/17/89	.F.	MAULAVI KAMIL	MOHD KABIR
7	1513	MOHD RAUF	MOHD HASSAN	19	7	PUSHTO		NANGARHAR	KAMA	LANDAIBOCH	HARAKAT	06/17/89	.F.	SAYED WAZIR	MANGAL
7	1514	[illegible]HD YUSOF	SADDIAI	25	11	PUSHTO		VARDAK	SAYED ABAD	GANDACOL	HARAKAT	06/17/89	.F.	M. AHMAD JAN	ABDULLAH JAN
7	1515	ABDUL HABIB	GUL JAN	24	8	PUSHTO	DARI	VARDAK	JAGHATU	JOSHY	HARAKAT	06/17/89	.F.	MAULAVI MAHMUD	MAULAVI AHMAD JAN
7	1516	MOHD ASEF	ALIF KHAN	34	12	PUSHTO		VARDAK	JAGHATU	LALKAI	HARAKAT	06/17/89	.F.	M. ABDUL MOHD	M. AHMAD JAN
7	1517	SIBGHATULLAH	ABDUL MANAN	20	12	PUSHTO	DARI	TAKHAR	TALOQAN	CHOSHMALSHER	HARAKAT	06/17/89	.F.	M. GH. RASUL	GH. RASUL
7	1502	NISAR AHMAD	GH. AHMAD	23	9	PUSHTO	DARI	ZABOL	SHAHJUI	MILIKHEL	H.E.I.K	06/17/89	.F.	GHIASUL HAQ	AMINULLAH

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7	1561	ABDUL RASHID	FATEH KHAN	23	12	PUSHTO	DARI	PAKTYA	SARDES	MACHUL GHAR	NIFA	06/17/89	.F.	HAJI RAHIM MANGAL	ABDUL BASKHAN
7	1562	SHAH WALI	HUSSAIN KHEL	24	12	DARI		GHAZNI	GHAZNI	BUKAWL	NIFA	06/17/89	.F.	SARDAR ALIMI	SULTAN MOHSINI
7	1563	HAKIM KHAN	GHOUS KHAN	25	11	PUSHTO	DARI	PAKTYA	JANIKHEL	PAL KHEL	NIFA	06/17/89	.F.	ABDUL BAZ	KHIAL BADSHAH
7	1564	HELAL	ABDUL HAI	28	12	PUSHTO	DARI	LOGAR	MOHD AGHA	MOHD AGHA	NIFA	06/17/89	.F.	AHMADJI	U.K
7	1565	AMANULLAH	MOHD RAZAQ	20	9	PUSHTO		KONAR	PECH	NEKGA	NIFA	06/17/89	.F.	SAYED AHMAD KHAN	GUL MOHD KHAN
7	1566	ATTIQULLAH	MOHD GUL	18	12	PUSHTO		LAGHMAN	ALISHENG	ALENGAR	NIFA	06/17/89	.F.	SHER AGHA	SHER AGHA
7	1567	SHER WALI	SHER AFZAL	25	12	PUSHTO	DARI	KONAR	PECH	BARKANDAI	NIFA	06/17/89	.F.	MATIULLAH	PACHA
7	1568	MOHD ASEF	HAJI SH. RASUL	24	11	DARI		ORUZGAN	KAJRAN	DEH MALEK	NIFA	06/17/89	.F.	MOHD NADIR	ABDUL QADIR
7	1569	SH. RABANI	ABDUL QADIR	26	12	DARI		KABUL	SHAKAR DAREH	MOHD BEIG	NIFA	06/17/89	.F.	HAJI ABDUL QAYUM	ABDUL QADIR
7	1570	JAFAR	KHEDMAT HUSSAIN	20	8	DARI		BAMYAN	WARAS	JURK	NIFA	06/17/89	.F.	MOHD HASSAN	MOHAQIQ
7	1571	MOHD HUSSAIN	HAJI ALI	28	9	DARI	TURKMANI	KONDUZ	EMAM SAHIB	KARI KUTERM	NIFA	06/17/89	.F.	MOHD ISMAIL	PANJI
7	1572	MOHD ISHAQ	MOHD ESSA	23	11	PUSHTO		KANDAHAR	KANDAHAR	KANDAHAR	NIFA	06/17/89	.F.	MULLAH GUL AKHUND	MULLAH NEK MOHD
7	1573	MOHD AYUB	ABDUL RAUF	24	10	PUSHTO		VARDAK	SAYED ABAD	SHAH TEW	NIFA	06/17/89	.F.	QADIR	ASADULLAH
7	1574	S. MIR AHMAD SHAH	SAYED MOHD SHAH	25	12	PUSHTO		KANDAHAR	PANJVAI	BALINDI	NIFA	06/17/89	.F.	SAYED ZAHIR AGHA	AGHA JAN AGHA
7	1575	SARDAR MOHD	WALI MOHD	22	12	PUSHTO		KANDAHAR	MEYVAND	SANGSAR	NIFA	06/17/89	.F.	SAYED MOHD HASSAN	M. ABDUL SHAFAR
7	1576	HAFIZULLAH	KHAIRULLAH	21	8	DARI		BAGHLAN	DOSHI	BARFAK	NIFA	06/17/89	.F.	BAZ MOHD KHAN	MULLAH ABDURAHMAN
7	1577	HAYATULLAH	GH. HAIDER	20	10	PUSHTO	DARI	KANDAHAR	KANDAHAR	KANDAHAR	NIFA	06/17/89	.F.	HAJI LATIF	GUL AGHA
7	1578	MOHD SADEQ	ABDUL BAQI	21	10	PUSHTO	DARI	ZABOL	SHINKAI	SORKHGAN	NIFA	06/17/89	.F.	MOHD ZARIR	MARJAN
7	1579	MEHRAJUDDIN	HAJI ALLAUDDIN	20	9	PUSHTO		KANDAHAR	KANDAHAR	KANDAHAR	NIFA	06/17/89	.F.	S. FAZLUDDIN AGHA	BESMILLAH AGHA
7	1580	EID GUL	GH. RASUL	25	8	DARI	PUSHTO	GHOWR	TEYVAREH	NEL_E DARZAB	NIFA	06/17/89	.F.	KHALILULLAH GHORI	SH. YAHYA
7	1581	JAN MOHD	FAIZ MOHD	20	11	PUSHTO	DARI	ZABOL	DAYCHOPAN	HAWARI	NIFA	06/17/89	.F.	ABDUL JABAR KHAN	GUL MOHD
7	1582	MOHD AMAN	JAMALUDDIN	25	12	PUSHTO	DARI	GHAZNI	GHAZNI	NEKZAI	NIFA	06/17/89	.F.	IMFIRANI	MAWLAVI FAQRUDINW
7	1583	IMARAY	MOHD SARWAR	22	11	DARI	PUSHTO	BALKH	CHAMTAL	ARBAB MAZARI	NIFA	06/17/89	.F.	HAJI LATIF	U.K
7	1584	ABDUL QADIR	HAJI ABDUL RAZAQ	22	10	PUSHTO		KANDAHAR	DAND	DAND	NIFA	06/17/89	.F.	SAYED ZAHIR AGHA	AGHA JAN AGHA
7	1585	JAMALUDDIN	FAIZULLAH	22	10	UZBAKI	DARI	FARYAB	QEYSAR	TOGHMANAN DALA	NIFA	06/17/89	.F.	SOFI HAFIZULLAH	MULLAH GAMARUDDIN

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7	1536	SAYED HASHIM	SAYED QASEM	20	12	DARI	PUSHTO	BADGHIS	GHOWRMACH	GHOWRMACH	ANLF	06/17/89	.F.	TAWAKAL KHAN	MAWLAVI SAFIUDDIN
7	1537	MOHD ALI	JUMA	35	6	PUSHTO	DARI	BAMYAN	BAMYAN	SHINDAND	ANLF	06/17/89	.F.	SAYE SHAHUSSIN	JAN FEDA
7	1538	NAJIBULLAH	SAIFUDDIN	18	9	DARI		JOWZJAN	SANGCHARAK	DARA ZAMCHI	ANLF	06/17/89	.F.	MOHD IBRAHIM	GHIASUDDIN
7	1539	AHMAD QASIM	FAZEL AHMAD	20	9	DARI		JOWZJAN	SANGCHARAK	DARI AUQAF	ANLF	06/17/89	.F.	AYUB KHAN	KHAIRUDDIN
7	1540	MOHD SHARIF	MOHD SEDIQ	22	8	DARI	PUSHTO	NIMROZ	CHAR BORJAK	JENEW	ANLF	06/17/89	.F.	SARWAR	U.K
7	1541	SANA GUL	PAYENDA GUL	23	12	DARI	PUSHTO	BAGHLAN	ANDARAB	SURAI PUL	ANLF	06/17/89	.F.	ABDUL QAYUM	U.K
7	1542	FARHAD	ABDUL GHAFAR	21	9	PUSHTO	DARI	BAGHLAN	DOSHI	DARA_E NEKPA	ANLF	06/17/89	.F.	DASTAGIR	U.K
7	1543	AZIZ	ESHAQ ALI	18	7	DARI		BADGHIS	GHOWRMACH	GHOWRMACH	ANLF	06/17/89	.F.	MAWLAVI SAIFUDDIN	SAIFUDDIN
7	1544	ABDUL RAUF	MOHD SARWAR	20	7	DARI		FARAH	FARAH	TEWOSK	ANLF	06/17/89	.F.	AKRAM KHAN	HAKIM KHAN
7	1545	MOHD HAKIM	MOHD ALAM	18	3	DARI	PUSHTO	BADGHIS	GHOWRMACH	GHOWRMACH	ANLF	06/17/89	.F.	MAWLAVI SAIFUDDIN	U.K
7	1546	MIR WAIS	MIR ZAMAN	25	12	PUSHTO	DARI	NANGARHAR	KHUGEYANI	ARGHACH	ANLF	06/17/89	.F.	JAJI MOHD YONUS	U.K
7	1547	JALALUDDIN	KOHSAF	29	9	DARI	PUSHTO	JOWZJAN	SAR-E PUL	QAFLATOON	ANLF	06/17/89	.F.	SHAIKH ABDULLAH	QARE SAKHIDAD
7	1548	MOHD NASIM	GUL MOHD	27	12	DARI		KONDUZ	KHANABAD	CHARTUT	ANLF	06/17/89	.F.	MOHD IBRAHIM	MAJID
7	1549	GH. DASTAGIR	KHUMAR GUL	28	12	PUSHTO	DARI	KAPISA	NEJRAB	MASHDOOD KHEL	ANLF	06/17/89	.F.	AMRULLAH	HAYATULLAH
7	1550	ASKAR	YARJAN	22	11	PUSHTO	DARI	KONAR	SARKANI	BADUL	ANLF	06/17/89	.F.	ABDUL QADIR	GH. SAKHI
7	1551	SAIFULLAH	GH. FARUQ	18	10	PUSHTO	DARI	KONAR	SARKANI	GHUNDU	ANLF	06/17/89	.F.	GHULLAM MOHD	FAQIR MOHD
7	1552	ABDULLAH	HAJI MOHD HASHIM	24	9	PUSHTO	DARI	GHAZNI	MOQOR	AGHUJAN	ANLF	06/17/89	.F.	M. MOHD HANIF	U.K
7	1553	NAQIBULLAH	GH. DASTAGIR	30	12	PUSHTO	DARI	KANDAHAR	ARGHANDAB	KOHAK	ANLF	06/17/89	.F.	ABDUL HAMID	MULLA OBAIDULLAH
7	1554	MOHD SARWAR	MOHD HASHEM	22	6	PUSHTO		KANDAHAR	DAND	ROHABAD	ANLF	06/17/89	.F.	MOHD HASHIM	JANAN
7	1555	ABDUL QUDUS	ABDULLAH JAN	20	5	PUSHTO		KANDAHAR	ARGHANDAB	ARGHANDAB	ANLF	06/17/89	.F.	MALEM NANAI	JAN MOHD
7	1556	ABDUL KHALIL	MOHD KABIR	20	8	DARI	PUSHTO	FARAH	FARAH	RIAGE	ANLF	06/17/89	.F.	AKRAM	MAMA HAKIM
7	1557	BARYALAI	ABDUL AZIZ	21	9	PUSHTO	DARI	NIMROZ	CHAR BORJAK	JENAW	ANLF	06/17/89	.F.	MALEM SARWAR KHAN	ABDUL QADIR
7	1559	ABDUL WAHED	ABDUL QUDUS	25	10	PUSHTO	DARI	LOGAR	MOHD AGHA	MOGHOL KHEL	ANLF	06/17/89	.F.	MOHD ANAS	ABDUL QUDUS
7	1559	RAHIM SHAH	MOHD MIR	26	12	PUSHTO	DARI	FARYAB	PUSHTUN KOT	SHOR TAPA	ANLF	06/17/89	.F.	KHAIR MOHD	ALAM BY
7	1560	ABDUL MANAF	GUL RAHMAN	23	12	PUSHTO	DARI	LAGHMAN	MEHTAR LAM	TORGHAR	NIFA	06/17/89	.F.	ASIUL QAHIR	ZABIT

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7	1467	NAQIBULLAH	M. ABDUL GHANI	18	7	PUSHTO	DARI	GHAZNI	GHAZNI	NOSHI	H.E.I.H	06/17/89	.F.	AHMAD SHAH KHAN	DAWLAT KHAN
7	1468	FAZEL KARIM	ABDUL RAHIM	19	7	PUSHTO	DARI	GHAZNI	ANDAR	KANE SOF	H.E.I.H	06/17/89	.F.	HANIF	AHMAD SHAH
7	1469	SALI MOHD	SHAMSULHAQ	17	9	PUSHTO	DARI	HELMAND	NAD-E ALI	SHIN KALEH	H.E.I.H	06/17/89	.F.	BARYALAI	U.N.
7	1470	ABDUL SALAM	HAJI ALI JAN	20	8	PUSHTO		HELMAND	NAD-E ALI	MARGU	H.E.I.H	06/17/89	.F.	NADIR KHAN	MOHD JAN
7	1471	LAL MIR	MIR AHMAD KHAN	23	8	PUSHTO	DARI	HELMAND	NAD-E ALI	ZARGHUN	H.E.I.H	06/17/89	.F.	DARWESH	GHAFUR
7	1472	ABDUL HADI	MULLAH KASHMIR	22	8	PUSHTO	DARI	HELMAND	NAD-E ALI	NAD_E ALI	H.E.I.H	06/17/89	.F.	ABDUL RAHMAN KHAN	ABDUL HADI
7	1473	MOHD AMIN	MOHD GUL	19	6	PUSHTO		HELMAND	NAD-E ALI	NAD_E ALI	H.E.I.H	06/17/89	.F.	ABDUL RAHMAN KHAN	OBAIDULLAH KHAN
7	1474	ABDUL KHALIQ	ABDULLAH KHAN	22	6	PUSHTO	DARI	HELMAND	KAJAKI	KARIZDAI	H.E.I.H	06/17/89	.F.	ABDUL RAHMAN KHAN	SADIQ KHAN
7	1475	MOHD ESSA	SHADI KHAN	19	7	PUSHTO		KANDAHAR	DAND	BABASAHIB	H.E.I.H	06/17/89	.F.	HAJI ABDUL QAYUM	ABDUL RAZAQ
7	1476	ABDUL WALI	ABDUL GHANI	20	8	PUSHTO		KANDAHAR	DAND	SHENAR	H.E.I.H	06/17/89	.F.	ABDUL QAYUM KHAN	ABDUL HAMID
7	1477	ABDUL GHANI	MAWLA DAD	25	6	PUSHTO		HELMAND	NAD-E ALI	NAD_E ALI	H.E.I.H	06/17/89	.F.	MOHD NADIR	LAL MOHD
7	1478	KHAN AFZAL	HAJI MIA DAD	23	7	PUSHTO		HELMAND	NAD-E ALI	MARGO	H.E.I.H	06/17/89	.F.	NADAI	NADAI
7	1479	SHER ALI	HAJI NOOR MOHD	18	10	PUSHTO		HELMAND	NAD-E ALI	CHARAI JALAKHAN	H.E.I.H	06/17/89	.F.	FAIZULLAH KHAN	TEACHER MIA JAN
7	1524	NOORUDDIN	PAYENDA MOHD	25	8	PUSHTO	DARI	FARYAB	DAWLATABAD	TAKHTE FEROZA	ANLF	06/17/89	.F.	HAJI ABDUL RAHMAN	GUL AQA
7	1525	ABDUL AHAD	ABDUL WAHED	22	10	DARI	PUSHTO	TAKHAR	KHAWJA GHAR	SPANDISH	ANLF	06/17/89	.F.	ASADULLAH	KHAN MOHD
7	1526	SARAJUDDIN	DARI ABDULLAH	32	9	PUSHTO	UUZBAKI	TAKHAR	KHAWJA GHAR	JEHLUM KHANAI	ANLF	06/17/89	.F.	ABDUL SALAM	ABDUL ZAHER
7	1527	RAJAB ALI	KHAWJA NAZAR	22	12	DARI		BAGHLAN	DOSHI	ASHRAF	ANLF	06/17/89	.F.	MIRZA NAZAR	PAIWAND ALI
7	1528	HASHMATULLAH	JAN ALI	19	8	DARI		FARAH	FARAH	YEZDI	ANLF	06/17/89	.F.	JAGRAN AKRAM KHAN	JAGRAN AKRAM KHAN
7	1529	MOHD KARIM	MOHD RAHIM	35	14	DARI		GHOWR	TEYVAREH	NILLI	ANLF	06/17/89	.F.	MIRZA ABDUL BAQI	MIRZA ABDUL BAQI
7	1530	YAR MOHD	NOOR MOHD	20	11	DARI	PUSHTO	PARVAN	PANJSHIR	MISGARAN	ANLF	06/17/89	.F.	AMIR MOHD	AZIZ MOHD
7	1531	AMAN	ABAS	20	5	DARI		FARAH	FARAH	NINGO	ANLF	06/17/89	.F.	AKRAM KHAN	TAWAKAL KHAN
7	1532	GULISTAN	NAZIR	25	10	PUSHTO	DARI	BALKH	CHARBOLAK	SHEKH TASHTEMUR	ANLF	06/17/89	.F.	KAMALUDDIN	LALO
7	1533	AZIZ KHAN	ESHAQ	20	7	DARI		FARAH	FARAH	REJUI	ANLF	06/17/89	.F.	AKRAM KHAN	FAZLUDDIN
7	1534	MOHD JUMA	GUL DAD	25	7	DARI	PUSHTO	GHOWR	TEYVAREH	NEAL DARZAB	ANLF	06/17/89	.F.	MULLAH EAD GUL	MOHD JUMA
7	1535	MOHD ALI	AHMAD	28	8	DARI		ORUZGAN	TERIN KOT	HUSSAINI	ANLF	06/17/89	.F.	MOHD IBRAHIM	SALMAN

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7	1440	ABDUL RAZEQ	HUKOM KHAN	30	12	PUSHTO	DARI	NANGARHAR	RUDAT	BARROW	JAMIAT	06/17/89	.F.	QARI ISRARULLAH	NADER ARAB
7	1441	ABDUL SABUR	SAYED AMIR	21	12	PUSHTO		LAGHMAN	ALISHENG	MIA SAHIB	JAMIAT	06/17/89	.F.	QAYUM AKHUND ZADA	QAYUM AKHUND ZADA
7	1442	ATTA MOHD	HAJI MALANG	30	13	PUSHTO	DARI	PAKTIKA	ORGUN	BAGHAR	JAMIAT	06/17/89	.F.	ABDUL RAUF	SHARIF
7	1443	MASUM SHAH	KHAN RASUL	27	12	PUSHTO	DARI	KONAR	ASMAR	SHEGAL	JAMIAT	06/17/89	.F.	MAMUR NEMATULLAH	ABDUL GHAFUR
7	1444	GUL HABIB	ABDUL MIR	29	12	DARI	PUSHTO	VARDAK	MARKAR	BESRAQ	JAMIAT	06/17/89	.F.	BULBUL SHAH	NASIR
7	1445	ZIAUDDIN	NIAZ MOHD	25	12	PUSHTO	DARI	VARDAK	SAYED ABAD	DUABA	JAMIAT	06/17/89	.F.	HAMISHASUL	MAULANA MUSA
7	1446	MOHD ALI	MOHD AZIM	22	7	DARI	PUSHTO	GHOWR	TEYVAREH	KAJ JUI	JAMIAT	06/17/89	.F.	MULLA MOHD HASSAN	DIN MOHD
7	1447	MOHD SHERIN	MOHD SARWAR	24	9	PUSHTO	DARI	VARDAK	CHAK-E VARDAK	KAKA KHEL	JAMIAT	06/17/89	.F.	HAJI ZAHIR	MAHMUD
7	1448	MOHD KARIM	ABDUL AHAD	27	10	PUSHTO	DARI	VARDAK	CHAK-E VARDAK	KAKA KHEL	JAMIAT	06/17/89	.F.	MAULAVI SHERIN	HAJI ZAHIR
7	1449	GULBUDDIN	GH. MUHIUDDIN	25	12	PUSHTO	DARI	VARDAK	SAYED ABAD	GULI KHEL	JAMIAT	06/17/89	.F.	HAMISHA GUL	MAULANA MUSA
7	1455	ABDUL HABIB	MOHD TAHER	19	11	PUSHTO	DARI	KANDAHAR	PANJVAI	KOBAI	H.E.I.H	06/17/89	.F.	GHULAM MOHD	MULA NAFI
7	1456	HAIDER ALI	HAJI AMIR	22	5	DARI		ORUZGAN	GEZAB	KHALAJ	H.E.I.H	06/17/89	.F.	ABDUL WAHED KHAN	ASLAM KHAN
7	1457	EHSANULLAH	ABDUL SHAKUR	20	11	PUSHTO	DARI	GHAZNI	ANDAR	YAQUB	H.E.I.H	06/17/89	.F.	MULAVI GH.MOHD	MULLAH NAFI
7	1458	ALI GAUHAR	MOHD IBRAHIM	36	0	DARI		GHAZNI	JAGHORI	PATO	H.E.I.H	06/17/89	.F.	MOHD IBRAHIM	MAMUR AHMAD
7	1459	ZAHER	QAMBAR SHAH	22	7	DARI		ORUZGAN	DAI KUNDI	SANG MARMAR	H.E.I.H	06/17/89	.F.	ABDUL WAHED	ASLAM KHAN
7	1460	MOHD ALI	HUSSAIN ALI	25	6	DARI		GHAZNI	JAGHORI	PATO	H.E.I.H	06/17/89	.F.	IBRAHIM ABASI	MAMUR AHMAD
7	1461	ABDUL MALEK	ABDUL RAZEQ	23	7	PUSHTO	DARI	GHAZNI	MOQOR	RASANI MOUNTAIN	H.E.I.H	06/17/89	.F.	ENG. ZIA	HAJI SHAMSULLAH
7	1462	ABDUL RAHIM	HAJI BARAT KHAN	19	8	PUSHTO		GHAZNI	MOQOR	LATIF	H.E.I.H	06/17/89	.F.	ENG. ZIA	SHAMSULLAH
7	1463	JANAN	KHUDAI RAHIM	21	7	PUSHTO	DARI	ZABOL	SHAHR_E SAFA	APO VALEY	H.E.I.H	06/17/89	.F.	WALI MOHD	ROI MOHD
7	1464	ABDUL HAKIM	ISMAIL HABIB	24	8	PUSHTO		GHAZNI	MOQOR	JEHLUM	H.E.I.H	06/17/89	.F.	HAJI SHAMSULLAH	NAJABI
7	1499	ABDUL HANAN	ZARIF KHAN	21	9	PUSHTO		ZABOL	SHAHJUI	IBRAHIM KHEL	H.E.I.K	06/17/89	.F.	GHAUSUL HAQ	ZABIT
7	1500	ABDUL MANAN	HAJI SHOUSUDDIN	20	8	PUSHTO	DARI	ZABOL	SHAHJUI	HAMRAN	H.E.I.K	06/17/89	.F.	GHYASOL HAQ	NOOR AHMAD
7	1501	KAMAL SHAH	MAHBUB SHAH	20	10	PUSHTO	DARI	ZABOL	SHAHJUI	SAHABUDDIN V	H.E.I.K	06/17/89	.F.	PACHA	MOHD JUMER
7	1465	ABDUL RAHMAN	HAJI GH. DASTAGIR	22	5	PUSHTO	DARI	KANDAHAR	SHORABAK	DURAZI MANZEL B	H.E.I.H	06/17/89	.F.	MOHD ESA	MASUD
7	1466	MOHD MASUM	ABDUL RASHID	22	8	PUSHTO	DARI	KANDAHAR	KANDAHAR	KANDAHAR CITY	H.E.I.H	06/17/89	.F.	HAJI JALIL AGHA	HAJI JALIL AGHA

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SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	VILLAGE	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	L.COMMA
7	1415	ABDUL KARIM	KHUDAI BAKHSH	28	10	DARI	ARABI	BADAKHSHAN	FAIZABAD	AUNDAYN	JAMIAT	06/17/89	.F.	ABDUL QADIR	NAZRE ALLAH
7	1416	NOOR AHMAD	KHAIRUDDIN	22	13	DARI	PUSHTO	BADAKHSHAN	DARWAZ	MAMA YAK	JAMIAT	06/17/89	.F.	SAMIULLAH	ROHULLAH
7	1417	JAN MOHD	EBADULLAH	22	8	DARI		BALKH	SHOLGAREH	AKHKUBRUK	JAMIAT	06/17/89	.F.	ALLEM KHAN	KAMAL
7	1418	NAJMUDDIN	MOHD JUMA	23	6	DARI		BADGHIS	BADGHIS	ARKAMARIA	JAMIAT	06/17/89	.F.	NEK MOHD	MOHD AKBAR
7	1419	MOHD DIN	MOHD AMIN	28	11	DARI		BAMYAN	KAHMARD	AJER	JAMIAT	06/17/89	.F.	HAJI NOOR MOHD	GH. FARUQ
7	1420	ABDUL MATIN	MOHD BAZ	22	12	PUSHTO	DARI	PARVAN	CHARIKAR	BOLASHAIN	JAMIAT	06/17/89	.F.	DR. HADBIN	MANGAL
7	1421	ALI KHAN	SHER AGA	22	12	DARI	PUSHTO	PARVAN	BAGRAM	SHAKA	JAMIAT	06/17/89	.F.	ABDUL RAB	BASO
7	1422	SAFIULLAH	HEDAYATULLAH	23	12	DARI		KAPISA	PANJSHIR	SHASTI	JAMIAT	06/17/89	.F.	SARANWAL MAHMUD	GUL HAIDER
7	1423	NAQIBULLAH	NASRULLAH	19	12	PUSHTO	DARI	VARDAK	MAYDAN SHAHR	HAZYAN	JAMIAT	06/17/89	.F.	SABIR	MOHD ASIF
7	1424	ABDUL LATIF	MOHD YAQUB	30	12	PUSHTO	DARI	LOGAR	MOHD AGHA	ZARGHOON SHAHR	JAMIAT	06/17/89	.F.	DR. FAZLULLAH	MOHD ASLAM
7	1425	SHER AGA	HAZRAT GUL	33	12	DARI	PUSHTO	KAPISA	PANJSHIR	KANDA	JAMIAT	06/17/89	.F.	AHMAD SHAH	GUL HAIDER
7	1426	FAIZULLAH	AKRAM JAN	17	7	PUSHTO	DARI	KANDAHAR	ARGHANDAB	CHARGHULAB	JAMIAT	06/17/89	.F.	KHAN MOHD	HAJI ABDUL WAHAB
7	1427	AZIZ AHMAD	FAZEL AHMAD	21	12	DARI		HERAT	ENJIL	MOOSAM	JAMIAT	06/17/89	.F.	SOFI ABDUL JABAR	SOFI SHER AGHA
7	1428	ABDUL RAHMAN	HABIBULLAH	32	8	DARI		HERAT	ADRASKAN	KHWAJA GOZEER	JAMIAT	06/17/89	.F.	HAJI MALANG	SHER AHMAD
7	1429	ABDUL JABAR	JURA GUL	22	12	DARI		SAMANGAN	AIBAK	KOG JER	JAMIAT	06/17/89	.F.	ARSHAD FARID	AKHTAR MOHD
7	1430	ABDUL WADUD	ABDUL WAHED	29	11	DARI	PUSHTO	KONDUZ	CHAR DAREH	QARA KHANI	JAMIAT	06/17/89	.F.	ARIF KHAN	SHER NASIR
7	1431	GH. HAZRAT	GH. SARWAR	19	7	DARI		HERAT	GOZAREH	QAYMAST	JAMIAT	06/17/89	.F.	QAZI MOHD KASHMIR	DR. ABDUL ZAHER
7	1432	ABDULLAH	ABDUL RAHIM	22	12	DARI	OUZBAKI	FARYAB	MEYMANEH	KUHEE KANA	JAMIAT	06/17/09	.F.	S.ALLAUDDIN	HAJI RAHMATULLAH
7	1433	GH. RAZA	GUL BAZ	35	12	DARI	PUSHTO	PARVAN	JABAL_OS SERAJ	AUSHTURKAR	JAMIAT	06/17/89	.F.	GH. JAILANI	GH. JAILANI
7	1434	BABA MURAD	KHAL MURAD	25	10	DARI		FARYAB	MEYMANEH	PAYHAL SUR	JAMIAT	06/17/89	.F.	ABDUL KARIM	ABDUL HAMID
7	1435	SAYED SAIFUDDIN	SAYED ABU_BAKER	28	11	DARI	OUZBAKI	JOWZJAN	SANGCHARAK	KHANEGA	JAMIAT	06/17/89	.F.	MOHD RAHIM	S. ABU_BAKER
7	1436	SAYED TAJUDDIN	SAYED QASEM	25	10	DARI	PUSHTO	KONDUZ	KHANABAD	NAWABAD	JAMIAT	06/17/89	.F.	S. PAD SHAH	S. ISLAM
7	1437	MOHD KHAN	SULTAN MOHD	30	16	DARI	PUSHTO	KONDUZ	CHAR DAREH	TEPA	JAMIAT	06/17/89	.F.	SHER MOHD KHAN	SAYED MOHD
7	1438	BADAM	MOHD HASHEM	21	12	PUSHTO	DARI	KONAR	CHAVKI	NARANG BADEL	JAMIAT	06/17/89	.F.	HAZRAT MOHD	HAZRAT MOHD
7	1439	ABDUL MANAN	ABDUL HANAN	24	11	DARI	PUSHTO	NANGARHAR	KHUGEYANI	WAZIRI	JAMIAT	06/17/89	.F.	TAFSEER KHAN	BASIR KHAN

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BASIC HEALTH TRAINING PROGRAMME
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SESSION	COD_NO	BRW_NAME	FATH_NAME	ASE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	SENCOMMAND	LOCAL COMMANDER
8	1681	MAHMOOD	MOHD OMAR	28	11	TURKMAN I	DARI	JAWZJAN	SAGA JAK	HARON DOAM	JAMIAT	01/03/90	.F.	HAJIMULAH A.HALIM	MOWLAN PAHLAWAN
8	1682	SAFAT KHAN	HAMID GUL	25	9	PUSHTU	DARI	KABUL	SAROBI	JAGDALAK	H.I.A.H	01/03/90	.F.	AHJI BASMELLAH	MOHD ALAM
8	1683	NASIR AHMAD	KHOWJA MOHD	21	10	DARI	PUSHTU	PARWAN	KOHISTAN	REGRAWAN	H.I.A.H	01/03/90	.F.	OSTAD FARID	OAMARUDDEN
8	1684	ABDUL HAFIZ	ABDUL HAKIM	19	10	DARI	ENGLISH	PARWAN	PARWAN	TUTUM DARAH	ANLF	01/03/90	.F.	MOHD RAHIM FROTAM	ABDULLAH
8	1685	MIR AZMUDEEN	MIR ATIQUDDEN	21	10	DARI		PARWAN	PARWAN	TUTUM DARAH	JAMIAT	01/03/90	.F.	AHMAD ALI	MIR AGHA
8	1686	SYED ARIF	SYED BABA	35	13	DARI		PARWAN	PARWAN	HOYAN-E-SHARIF	H.I.A.H	01/03/90	.F.	OSTAD FATIH MOHD	SYED MARUF
8	1687	ABDUL AHAD	ABDUL SHAFAR	24	12	DARI	PUSHTU	NANGARHAR	KHOGYANI	BAZI KHIL	NIFA	01/03/90	.F.	QAZI SAMIULLAH	QAZI SAMIULLAH
8	1688	ABDUL QAUM	FAZLUDDEN	25	12	PUSHTU	DARI	LAGHMAN	MEHTARLAM	OMAR ZAEI	JAMIAT	01/03/90	.F.	JUMAH KHAN	MUSLIM KHAN
8	1689	ABDUL SATAR	ABDUL HAKIM	24	12	DARI	PUSHTU	KABUL	SHAKAR DARAH	SULAEMAN	JAMIAT	01/03/90	.F.	AAMER ANWAR	AAMER ANWAR
8	1690	AMANULLAH	HAJI TULAB MURAD	24	12	OZBAKI	DARI	TAKHAR	TALUQAN	BAHARAK	NIFA	01/03/90	.F.	ABDUL QAUM	QURBAN ALI
8	1691	GHULAM SAKHI	MOHD NADIR	30	12	OZBAKI	DARI	TAKHAR	KALAFGAN	ZARDALOW DARAH	H.I.I.A	01/03/90	.F.	MAWLAWI M. SARWAR	MULLAH MOHD ALI
8	1692	ZABIHULLAH	GHULAM SEDIQ	18	11	PUSHTU	DARI	NANGARHAR	RUDAT	SAHAR SHAHI	ANLF	01/03/90	.F.	SHARIF AHMAD	BURHANULLAH
8	1693	MOHD SALM	MOHD NASIM	25	12	DARI		BAGHLAN	BAGHLAN	HASAN TAL	JAMIAT	01/03/90	.F.	ABDUL HAI HAQJOW	ARBAB JUMA KHAN
8	1694	RAHMATULLAH	ABDUL AHMAD	25	12	DARI	PUSHTU	BAGHLAN	PUL-E-KHOMRI	SAIAD	H.I.A.K	01/03/90	.F.	MAWLAWI MOHD GUL	ABDUL HAFIZ
8	1695	BASMALLAH	BABA MULLAH	23	9	DARI		BAGHLAN	ANDARAB	KASHAN ABAD	ANLF	01/03/90	.F.	GHULAM DASTAGIR	ABDUL QAUM
8	1696	KHALILULLAH	ABDUL GHAFAR	19	10	PUSHTU	DARI	KAPISA	TAGHAB	JOW-E-BAR	I.I.A	01/03/90	.F.	ZABAT ANWAR KHAN	ZABAT ANWAR KHAN
8	1697	SYED ALI	SYED ALAM	28	12	DARI	PUSHTU	PARWAN	BAGRAM	QALANDAR KHIL	JAMIAT	01/03/90	.F.	FATIH MOHD	PAHLAWAN
8	1698	ROHOLLAH	ABDUL RAZAQ	24	12	DARI		KAPISA	KOHISTAN	FESHTA GUDAM	H.I.A.H	01/03/90	.F.	OSTAD FARID	MOHD ALAM
8	1699	ABDULLAH	MOHD ANWAR	21	12	DARI	PUSHTU	KONDUZ	EMAM SAHIB	TOOT MAZAR	JAMIAT	01/03/90	.F.	QARI RAHMATULLAH	MAWEN HANAN
8	1700	SHAH MOHD	TABAR SHAH	23	12	DARI		BALKH	SHOLGIRAH	SHOLGIRAH	JAMIAT	01/03/90	.F.	MAWLAWI MOHD ALAM	ZAHER BAY
8	1701	MOHD ALIF	ALI RAHM	25	11	DARI		BALKH	SHOLGIRAH	KHWAJA SAKANDAR	NIFA	01/03/90	.F.	AAMAR ABDULLAH	SAFDAR
8	1702	HAKIM BIG	MOHD YUNUS	25	13	DARI	ENGLISH	BADAKHSHAN	DARWAZ	WARFAD	JAMIAT	01/03/90	.F.	ESHAN BURHANUDDEN	MULLAH MOHD RASUL
8	1703	SYED MIRZA	SYED AMANUDDEN	28	11	DARI		BADAKHSHAN	RAGH	SADAT	JAMIAT	01/03/90	.F.	AUSTAD MOHD AKBAR	ZABAT S. AMRULLAH
8	1704	GHULAM DASTAGIR	GUL HASAN	28	12	DARI	PUSHTU	BADAKHSHAN	KISHEM	YAWAR ZAN	JAMIAT	01/03/90	.F.	OSTAD GH. MOHD	SAKHI DAD
8	1705	MIRAJUDDEN	HAJI MOHD ISLAM	20	12	DARI	PUSHTU	BADAKHSHAN	BAHARAK	KOHI DARAZ BALA	JAMIAT	01/03/90	.F.	SYED NAJMUDEEN	PAHLAWAN SABER
8	1706	WAHIDULLAH	ALIF BIS	18	10	DARI	PUSHTU	PARWAN	PANJSHER	BAZARAK	ANLF	01/03/90	.F.	MOHD AZIM	MOHD AZIM
8	1707	SYED AGA	HASAMUDDEN	23	10	DARI		PARWAN	PANJSHER	KARAMAN	JAMIAT	01/03/90	.F.	KOMANDAN S. MASUD	MIRZA MOHD
8	1708	SYED KARIM	HAJI HABIBULLAH	41	12	PUSHTU	DARI	TAKHAR	TAKHAR	MASJAD-E-SAFID	NIFA	01/03/90	.F.	SYED MUKHTAR	SYED IBRAR
8	1709	MOHD NUMAN	MOHD HANIF	21	12	PUSHTU		WARDAK	CHAK	MADOW	JAMIAT	01/03/90	.F.	MAMUR SADIQ	SARMULEM MUSA
8	1710	ABDUL HAKIM	SARDAR MOHD	25	12	DARI	PUSHUTU	PARWAN	PARWAN	AKHTAR CHI	JAMIAT	01/03/90	.F.	AHMAD ALI KHAN	GHULAMUDDEN
8	1711	AHMAD FAWAD	ABDUL SALAM	23	12	DARI		BADAKHSHAN	FAIZ ABAD	YAFTAL-E-BALA	JAMIAT	01/03/90	.F.	BASIR	AMIN
8	1712	WALI MOHD	GUL MOHD	20	10	PUSHTU	DARI	PAKTIKA	AZRAH	AKBAR KHIL	JAMIAT	01/03/90	.F.	ENGENER LATIF	MAMOR FAZIL
8	1713	ABDUL BASIR	MULLAH PATAN	22	6	PUSHTU		PAKTIKA	AZRAH	AKBAR KHIL	JAMIAT	01/03/90	.F.	ENGENER LATIF	MAMOR FAZIL
8	1714	NOOR MOHD	MOHD KARIM	32	12	DARI	PUSHTU	BADAKHSHAN	KASHEM	DARA-E-JIM	JAMIAT	01/03/90	.F.	GHULAM MOHD	MULLAH GHULAM
8	1715	MOHD NAWROZ	ABDUL RAHIM	19	9	DARI		KONDUZ	EMAM SAHIB	QARGHAN TIPA	H.I.I.A	01/03/90	.F.	HAJI MOHD KAMIL	NASIR
8	1716	MOHD KHALID	HAFIZULLAH	17	12	DARI	PUSHTU	NANGARHAR	KHOSHANI	WAZIREE	JAMIAT	01/03/90	.F.	ZABIT TAFSEER	BASEER KHAN
8	1718	AKRAMUDDIN	SYED MORAD	23	8	DARI	OZBAKI	JAWZJAN	SARI PUL	NEMAHADAN	JAMIAT	01/03/90	.F.	ABDUL HANAN	MOLAH HABIBULLAH
8	1719	ABDUL RAHIM	HAJI KHDIBARDI	27	9	TURKI	OZBAKI	JAWZJAN	AOCHA	KOWANI	H.I.I.A	01/03/90	.F.	AHASOR PARWAN	HAJI SOBHAN
8	1720	MOHD KARIM	DEEN MOHD	25	14	DARI	OZBAKI	JAWZJAN	SARI PUL	QALI SKHTA	I.I.A	01/03/90	.F.	MOHD ZAHIR	AMARUDDIN
8	1721	AHMAD BEDAR	HANIF	25	12	DARI	ARABIC	SAMANGAN	DARH SUF	SORANG	JAMIAT	01/03/90	.F.	SAIFULLAH KHAN	MOHIBULLAH FORGAN
8	1722	MOHD IBRAHIM	MOHD ISRAIL	23	14	DARI	PUSHTU	SAMANGAN	AIBAK	JOROON	JAMIAT	01/03/90	.F.	SAIFULLAH KHAN	ZABET SOHGAUDDIN
8	1723	MERZA SAHIB	HAJI ABDULLAH JAN	23	12	PUSHTU	DARI	JAWZJAN	SANG CHARAK	H.PAYAN AHMADZI	I.I.A	01/03/90	.F.	ABDUL HANAN	ABDUL RAUF
8	1724	MOHIBULLAH	ABDUL QADIR	25	9	DARI	PUSHTU	SAMANGAN	DARA SUF	FOLAD	JAMIAT	01/03/90	.F.	MOHIBULLAH	MAWLANI FAIZANI
8	1725	HAJI ABDUL RAHIM	HAJI KHOSH WAQT	42	9	TURKI	DARI	SAMANGAN	AIBAK	ANJIR BARAH	NIFA	01/03/90	.F.	SOFI HAZRAT GUL	GHULAM RASUL
8	1726	ABDUL SHOOKOR	ABDUL MASUM	19	12	DARI	PUSHTU	GHAZNI	DARA BAGH	ARBAB	NIFA	01/03/90	.F.	ABDUL RAHMAN	ABDUL RAHMAN
8	1727	GUL AHMAD	ALI YAWAR	22	12	DARI	PUSHTU	GHAZNI	JAGHATOO	MICHA	S.ITFAQ	01/03/90	.F.	AKBAR BAGAMI	SULAIMAN
8	1728	ABDUL HAI	QURBAN ALI	25	11	DARI		BAMYAN	KAHMARD	ANDARAB	ANLF	01/03/90	.F.	MAWLAWI S. AZIZ	MOHD AZIZ
8	1729	GHULAM SAKHI	MOHD RAJAB	27	9	DARI		BAMYAN	KAHMARD	BAJEA	ANLF	01/03/90	.F.	SHMATULLAH	GHULAM RASUL
8	1730	MOHD ARIF	GHAZIB ALI	33	12	DARI		BAMYAN	KAHMARD	LAGHYI	H.I.I.A	01/03/90	.F.	ULLAH JAN	MULLAH NAJMUDDEN

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SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	SENCOMMAND	LOCAL COMMANDER
8	1731	MOHD ZUBAIR	MULLAH NASRULLAH	30	12	DARI	PUSHTU	TAKHAR	TALUQAN	MALIKAN	NIFA	01/03/90	.F.	MAMUR AFGHAN	ENGENYAR OMAR
8	1732	ABDUL MOQIM	ABDUL SATAR	26	12	DARI	PUSHTU	PARWAN	GHORBAND	QANDAQISTAN	H.I.A.H	01/03/90	.F.	RAES JALIL	QAZI ABDUL WAKIL
8	1733	MOHD ZAHER	MOHD SARWAR	31	12	DARI	PUSHTU	PARWAN	GHORBAND	QANDAQISTAN	AHLF	01/03/90	.F.	MOHD YUSUF	MOHD YUSUF
8	1734	BAZ MOHD	PER MOHD	21	11	DARI		PARWAN	CHAR-E-KAR	SAJAD DARAH	ANLF	01/03/90	.F.	MIRA JAN	ABDUL SUBOR
8	1735	ABDUL ZAHER	MOHD TAHER	22	12	DARI		PARWAN	CHAR-E-KAR	DASHT-E-HOFYAN	NIFA	01/03/90	.F.	ENGENYAR FAROQ	MIR AMAMUDDIN
8	1736	ABDUL MAJID	ABDUL GHAFOOR	25	9	DARI	PUSHTU	PARWAN	JABUL SARAJ	SALANG	JAMIAT	01/03/90	.F.	MIRZA MOHD	MULLAH JALAUDDEN
8	1737	MIA JAN	MOHD JAN	35	12	DARI	ENGLISH	PARWAN	GHORBAND	QADAQISTAN	ANLF	01/03/90	.F.	MOHD YUSUF	MOHD YUSUF
8	1738	QASIM KHAN	MALIK ANAR GUL	22	12	PUSHTU	DARI	NANGARHAR	HESARAK GHALJAI	JOKAN	H.I.I.A	01/03/90	.F.	MALIK ANAR	MOYEN
8	1739	HAFIZULLAH	ALADAD	28	12	DARI	PUSHTU	PARWAN	PANJSHER	FRAJ	ANLF	01/03/90	.F.	HAJI AMIR MOHD	MOHD AZIM
8	1740	RAHMULLAH	HAJI SOHKRULLAH	23	12	DARI	OZBAKI	FARYAB	INDKOHI	QARGAHAN	JAMIAT	01/03/90	.F.	QARI DULAT	RAHMATULLAH
8	1741	MOHD NAZAR	ABDUL KARIM	24	10	TURKI	DARI	FARYAB	ANDKHOY	ALTI BULAK	NIFA	01/03/90	.F.	HAJI CHAGHAN BAY	ZULFI PAHLAWAN
8	1742	ABDUL RAHMAN	MOHD OMAR	23	10	OZBAKI	DARI	FARYAB	ANDKHOY	ARAB SHAH-E-PAY	JAMIAT	01/03/90	.F.	[illegible] DAWLAT	RAHMATULLAH
8	1743	HABIBULLAH	HAJI KHATIB	24	12	OZBAKI	DARI	FARYAB	KAZI BAN	BAL CHARAGH	H.I.I.A	01/03/90	.F.	[illegible]ABDUL RAUF	QARI ALAM
8	1744	BAZ MOHD	NIAZ GUL	26	11	DARI	OZBAKI	FARYAB	GURZI WAN	DARAH-E-JOWZ	JAMIAT	01/03/90	.F.	ABDUL KARIM	MULLAH NOROLHAQ
8	1745	KHAL MOHD	FAIZULLAH	25	9	DARI	PUSHTU	BAGHLAN	NAHRIN	BADAM DARAH	NIFA	01/03/90	.F.	HABIBULLAH	BAZ GUL PAHLAWAN
8	1746	GHULAM MOHD	GHULAM HAZRAT	24	12	DARI		KONDUZ	KHAN ABAD	BADAR-E-SHORAB	JAMIAT	01/03/90	.F.	QARI RAHMATULLAH	GHULAM ALIZ
8	1747	MOHD HASHIM	MOHD NASIR	21	8	DARI		GHAZNI	MALISTAN	NAW DEH	H.I.I.A	01/03/90	.F.	AQA-E-RAZAYE	MOHD AMIN
8	1748	SYED MOHD NAIM	SYED FAQIR MOHD	17	10	DARI	PUSHTU	NANGARHAR	KAMA	DEH BALAYE	ANLF	01/03/90	.F.	SYED FAFIL KARIM	SYED MOHD ZAHER
8	1749	SHAMSUL GHANI	MOHDULLAH	19	12	DARI	PUSHTU	KAPISA	MAHMUD RAQI	HARUKI	JAMIAT	01/03/90	.F.	SHAHEEN	SHAHEEN
8	1750	MOHD AMIN	MOHD DAD	25	9	DARI		BAMYAN	WARAS	OWMI MIRZA	S.ITFAQ	01/03/90	.F.	MOHAQIQ	KARIMI
8	1751	NOORULLAH	HAMIDULLAH	20	9	PUSHTU	DARI	NANGARHAR	SHEWA	DARA-E- NAZAR	H.I.I.A	01/03/90	.F.	ABDUL HAMID	GHANI
8	1752	ABDUL MATEEN	ABDUL WAKIL	25	11	DARI		PARWAN	PANJSHER	SANGI KHAN	JAMIAT	01/03/90	.F.	MERZA MOHD	GHULAMDDEN
8	1753	ABDUL AZIM	HAJI AKHTAR MOHD	21	9	DARI	PUSHTU	BADGHIS	QADIS	QARCHAQI	JAMIAT	01/03/90	.F.	AMAR SAHIB GHANI	AGHA MOHD
8	1754	GUL MOHD	MOHD NAIM	22	10	PUSHTU	DARI	BADGHIS	MURGHAB	KARULI	JAMIAT	01/03/90	.F.	SHAH MOHD	SHAH MOHD
8	1755	ABDUL HAKIM	MOHD KHAN	30	6	PUSHTU	DARI	BADGHIS	GHORMACH	QAL-E-WALI	JAMIAT	01/03/90	.F.	MAWLAWI MAHIUDEEN	ABDULLAH
8	1756	ZABIHULLAH	MOHD	23	9	DARI		BADGHIS	QADIS	BOYAH KADANK	ANLF	01/03/90	.F.	SADUDDEN KHADIMI	MOHD QURBAN
8	1757	ZALMAI	MULLSH ESA	24	6	DARI		BADGHIS	QADIS	JAHANDOST	ANLF	01/03/90	.F.	SADUDDEN KHADAMI	NOOR MOHD
8	2758	ABDULLAH	MAWLAWI MAHAUDDEN	18	6	DARI	PUSHTU	BADGHIS	GHORMACH	QALA-E-WALI	I.I.A	01/03/90	.F.	HAJI ABDULHAI	MULLAH AKBAR KHAN
8	1759	JAN MOHD	JOW MOHD	25	9	DARI	PUSHTU	HERAT	CHESHT SHARIF	CHESHT SHARIF	H.I.I.A	01/03/90	.F.	NAIMULLAH KHAN	NIAMATULLAH KHAN
8	1760	HABIBURAHMAN	AMINULLAH	18	9	PUSHTU	DARI	WARDAK	SEYD ABAD	ABDULHAIUDDEN	H.I.I.A	01/03/90	.F.	GADIM KHAN	ABDUL RAUF
9	1761	ABDUL ZAHER	HAJI HABIBULLAH	31	13	DARI	PUSHTU	HERAT	SHEN DAND	AOKAL	JAMIAT	01/03/90	.F.	JUMA KHAN	QAZI AKBAR KHAN
8	1762	FARID AHMAD	NEEK MOHD	24	12	DARI	PUSHTU	HERAT	KOHISTAN	J.SHAHID AFZALI	JAMIAT	01/03/90	.F.	TURAN ESMAIEL	SEYD MOHD
8	1763	MOHD ANWAR	GHULAM HAIDAR	35	14	DARI	PUSHTU	FARAH	GHINDAWD	AOKAL	JAMIAT	01/03/90	.F.	ZATBAT GH. AHMAD	ABDULLAH
8	1764	NISAR AHMAD	SARDAR MOHD	18	8	DARI	PUSHTU	HERAT	KHISTAN	RANGE SABAH	ANLF	01/03/90	.F.	AZIZ KHAN	ABDUL KARIM
8	1765	MOHD ASIM	SYED ALAM	23	10	DARI	PUSHTU	NIMRUZ	KANGH	SAEDAN	H.I.I.A	01/03/90	.F.	KHALIL	GHULAM MAHAUDDEN
8	1766	JAMALUDDEN	MOHD DEN	20	8	PUSHTU	DARI	ZABUL	KALAT	SORAI	I.I.A	01/03/90	.F.	HAJI BARIS	HAJI BAZ
8	1767	ALAUDDIN	MOHD SAED	25	12	DARI	PUSHTU	GHOWR	TAIWARA	SARMA ZOOR	NIFA	01/03/90	.F.	KHILILULLAK	SHAH NAWAZ
8	1768	AGHA GUL	MOHD	27	10	DARI	PUSHTU	GHOWR	TAIWARA	NILIE	H.I.A.K	01/03/90	.F.	MAWLAWI KHUDAIDAD	ABDUL AZIM
8	1769	ABDUL JABAR	HAJI AB. GHAFUR	21	8	DARI		GHOWR	TULAK	KHAMIN	I.I.A	01/03/90	.F.	HAJI AB. AZIZ	TAJBUL KHAN
8	1770	RANEEN	GHAWSSUDDINM	23	9	DARI	PUSHTU	GHOWR	TULAK	KARIZ DAI	H.I.I.A	01/03/90	.F.	MAWLAWI GHAWSUDIN	MULLAH BA. QUDUS
8	1772	ABDUL BASIR	MOHD IBRAHIM	25	8	DARI	PUSHTU	GHOWR	CHAGHCHARAN	NADANK	H.I.I.A	01/03/90	.F.	MULLAH GH. YASIN	SHIR MOHD KHAN
8	1773	MOHD YUNOS	SULTAN MOHD	25	6	DARI	PUSHTU	ORUZGAN	AJRISTAN	CHSHMAE MIRAN	ANLF	01/03/90	.F.	MAHMUD JAN	ANWAR KHAN
9	1774	MOHD SHARIF	MOHD AKBAR	24	8	DARI		ORUZGAN	KAJRAN	KHOGO KHIL	H.I.A.H	01/03/90	.F.	ABDUL KHALIQ	MOHD TAHER
3	1775	ABDUL RASHID	MOHD ESA	23	7	DARI		ORUZGAN	KAJRAN	KITI	ANLF	01/03/90	.F.	SULAIMAN MUJADIDI	MOHD ZAMAN WAHIDI
9	1776	BASHIR AHMAD	DAD MULLAH	25	9	DARI		ORUZGAN	DAI KUNDI	KHEEDEER	ANLF	01/03/90	.F.	SULAIMAN MUJDIDI	MOHD ZAMAN WAHIDI
9	1777	NOORULLAH	ATIQULLAH	23	12	DARI	PUSHTU	ORUZGAN	SHINKAI	SHINKAI	JAMIAT	01/03/90	.F.	AB.WAHAB	EID MOHD
8	1778	RAHMATULLAH	NASIRULLAH	24	9	DARI	PUSHTU	FARAH	GULISTAN	DAI TARKAN	H.I.I.A	01/03/90	.F.	HAJI JAN MOHD	MULLAH SYED MOHD
8	1779	NOOR AHMAD	AB. FAZAD	24	9	DARI	PUSHTU	FARAH	SHEN DAND	FARMAYAN	H.I.A.K	01/03/90	.F.	MULLAH WAZIR	ABDUL RAHMAN
9	1780	ASADULLAH	AMANULLAH	25	8	DARI	PUSHTU	FAR	SHEN DAND	DEH MORDAH	H.I.A.H	01/03/90	.F.	MULLAH WAZIR	ABDUL RAHMAN

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INFORMATION SHEET FOR CLASS 8

SESSION	COD_NO	BHW_NAME	FATH_NAME	AGE	ED_LEVEL	LANG_1	LANG_2	PROVINCE	DISTRICT	LOCATION	PARTY	STRT_DATE	GRADUATE	GENCOMMAND	LOCAL COMMANDER
8	1781	SYED MASUD	SYED AB. RAHIM	22	9	DARI		HERAT	GUZARAH	SEB SKAN	JAMIAT	01/03/90	.F.	GH. YAHYA	AZIZ PAHLAWAN
8	1782	DIL AFGHAN	MOHD DAWUD	23	12	PUSHTU	DARI	NANGARHAR	SURKH RUD	BAKHTAN	NIFA	01/03/90	.F.	ZAMAN	ASIF KHAN
8	1783	MOHD SHARIF	ABDUL WAHAB	25	12	PASUTU	DARI	NANGARHAR	CAMA	WARSA FAQIR SA.	JAMIAT	01/03/90	.F.	MHOD ZAMAN	BAKHTYAR
8	1784	MOHD DAWUD	ABDULLAH	22	8	PUSHTU	DARI	KONDUZ	EMAM SAHIB	QOTAR BALAGH	NIFA	01/03/90	.F.	MAWLAWI MAJID	MULAH AB. RASUL
8	1785	GHULAM SAKHI	MOHD SARWAR	18	10	PUSHTU	DARI	KONDUZ	CHAR DARAH	DOR ABAD	ANLF	10/03/90	.F.	HAJI MOHD GHUL	HAJI BESMELLAH
8	1786	SHAH GHULAM	SHAH GHASI	29	12	PUSHTU	DARI	KONDUZ	EMAM SAHIB	SANG LAKH	NIFA	01/03/90	.F.	MULLAH AB. MAJID	MOHD RASUL
8	1787	ABDUL RAUF	AZIM GUL	28	12	PUSHTU	DARI	NANGARHAR	SHEWA	ABDULKHEEL	JAMIAT	01/03/90	.F.	HAJI DAWA JAN	RAZ MOHD
8	1788	SYED JAFAR	SYED GHULAM FARID	22	12	DARI	PUSHTU	NANGARHAR	BEHSOOD	KHAS BEHSOOD	ANLF	01/03/90	.F.	SYED EZATULLAH	SYED HAMIDULLAH
8	1789	EAZATULLAH	ABDULLAH	19	8	PUSHTU	DARI	BADGHIS	BALAMORGAR	MIRANZAI	NIFA	01/03/90	.F.	MOHD ANWAR	MOHD LAL
8	1790	KHAN MOHD	GUL MOHD	17	10	PUSHTU	DARI	GHAZNI	GHAZNI	GODAL	I.I.A	01/03/90	.F.	MOLAWI NEM MOHD	MOLAH AB.KARIM
8	1791	AMANULLAH	GH.SADIQ	28	12	PUSHTU	DARI	ORUZGAN	KHAS ORZGHAN	CHANARTO	H.I.A.H	01/03/90	.F.	FAIZ MOHD	ABDUL QUDUS
8	1792	ABDUL HAMID	ALI MOHD	22	6	PUSHTU	DARI	ORUZGAN	KAJRAN	CHAR CHNA	H.I.A.H	01/03/90	.F.	ZABET AB.RAZAQ	MOLAH NAIM
8	1793	ABDUL MALIK	GH.RASUL	31	4	PUSHTU	DARI	KANDAHAR	MAYWAND	AZIMJAN	H.I.A.H	01/03/90	.F.	AKHTAR M.HAQANI	ABDUL QAUM
8	1794	HANGAYLI	NOOR MOHD	22	9	PUSHTU	DARI	FARAH	FARAH RUD	TAKHSIRAT	I.I.A	01/03/90	.F.	HAJI AB.KHALIQ	ZALMI
8	1795	SYED HANEFI	ABDUL BASHIR	18	11	PUSHTU	DARI	FARAH	MAYMANA	SAHGI	I.I.A	01/03/90	.F.	MOUHMOOD	ABDUL GHAFAR
8	1796	FAZIL AHMAD	GH.DASTAGIR	19	8	PUSHTU	DARI	FARAH	FARAH RUD	DEHZAK	I.I.A	01/03/90	.F.	HAJI AB.KHALIQ	JALIL
8	1797	SHAH WALI	LAL MOHD	22	9	PUSHTU	DARI	HELMAND	SANGEN	KOHBAR	H.I.I.A	01/03/90	.F.	NASIM AKONZADH	ZAGOM KHAN
8	1798	ABDUL GHAFAR	HAJI ZARIF	16	8	PUSHTU	DARI	HELMAND	NAD-E-ALI	H.ROZEKHAN GALI	JAMIAT	01/03/90	.F.	ENGER AJAB GUL	BAZ GUL
8	1799	MOHD NASIM	ABDUL SALAM	25	10	PUSHTU		KANDAHAR	MARUF	KHOT KANDI	NIFA	01/03/90	.F.	TORAN SHAH MUHMOD	MOHD DAWUD
8	1800	NOOR AHMAD	KHER MOHD	28	8	PUSHTU		KANDAHAR	ARGANDAB	ZARA MAZA	H.I.A.H	01/03/90	.F.	ZABET AB.JALIL	MULAH AB.MALIK
8	1801	MOHD AZIZ	ABDUL RAZAQ	25	12	PUSHTU	DARI	KANDAHAR	MARUF	MOHBOB JAN BAGH	H.I.I.A	01/03/90	.F.	MOLAWI AB.RAZAQ	NEK NAZAR
8	1802	AHMAD SHAH	AGHA LALA	21	9	PUSHTU	ENGLISH	KANDAHAR	ARGANDAB	CHAR GOLBA	JAMIAT	01/03/90	.F.	MOLAH NAQIB AKHON	KHAN MOHD
8	1803	DOST MOHD	FAIZ MOHD	20	9	PUSHTU		KANDAHAR	MARFUF	SHENARI	I.I.A	01/03/90	.F.	MOLAWI GH.MOHD	KALA KHAN
8	1804	MOHD HASSAN	ABDUL HANAN	25	11	PUSHTU	DARI	SAMANGAN	KHLOM	NOOR MOHD GALI	H.I.I.A	01/03/90	.F.	MOLAWI AB.QODUS	ABDUL HAI
8	1805	MUHMOOD	HAJI MOHD	23	8	PUSHTU	ARABIC	SAMANGAN	KHLOM	NOOR MOHD OLAI	H.I.I.A	01/03/90	.F.	MOLAWI AB.QODUS	ABDUL HAI
8	1806	BARUAYLI	ABDUL QODUS	22	12	PUSHTU	DARI	NANGARHAR	KHOGHANI	ZAWAH	NIFA	01/03/90	.F.	MOMOR ASMATULLAH	SYED AGHA
8	1807	MOHD ANWAR	JALAT KHAN	27	12	PUSHTU	DARI	LAGHMAN	ALINGAR	DAGAR GALI	H.I.I.A	01/03/90	.F.	MOLAWI AB.KARIM	ABDUL QAYUM
8	1809	JAHANDAR SHAH	BABA KHAN	28	12	PUSHTU	DARI	LAGHMAN	ALINGAR	SALAR ALI	H.I.I.A	01/03/90	.F.	ANWAR KHAN	JAHANDAR SHAH
8	1810	AMIN JAN	KHASADAR	20	12	PUSHTU	DARI	BAGHLAN	PUL-E-KHAMRI	JOY NEW	I.I.A	01/03/90	.F.	POSTAK	ATA GUL
8	1811	KHANZADAH	SYED MOHD	25	12	PUSHTU	DARI	KANDAHAR	KANDAHAR	DANDAD	H.I.I.A	01/03/90	.F.	WAKIL GH.MOHD	TAFSIR KHAN
8	1812	MOHD GHALIB	GHULAM JAN	18	12	PUSHTU	DARI	KONAR	CHAWKI	NARAK GHOND	H.I.I.A	01/03/90	.F.	WAKIL GH.MOHD	AZAM KHAN
8	1813	JAMAL NASIR	GH.SHAKI	23	12	PUSHTU	DARI	KONAR	KHAS KONAR	ARAZE	JAMIAT	01/03/90	.F.	ZAHER KHAN	ZAHER KHAN
8	1814	ABDUL RAZAQ	MOHD AZAM	19	9	PUSHTU	DARI	PAKTIKA	ORGUN	SORBI	JAMIAT	01/03/90	.F.	MOLWAI AB.RAHIM	ENGER AB.RAUF
8	1815	LAL MOHD	NAIZ MOHD	19	11	PUSHTU	DARI	KONDUZ	CHAR DARH	JADRAN	NIFA	01/03/90	.F.	NAZAR MOHD JAN	ABDUL GAHFAR
8	1816	SHAH WALI	MOHD HASHIM	28	12	PUSHTU	DARI	KANDAHAR	DANDAND	DANDAND	NIFA	01/03/90	.F.	MOLAH GUL AKHAND	MOLAH GUL AKHAND
8	1817	ABDUL SALAM	SARDAR KHAN	20	8	PUSHTU	DARI	BALKH	CHAMTAL	NOSHAHR	H.I.I.A	01/03/90	.F.	ABDUL KARIM	SYED AMIR
8	1818	HAJI MOHD	ALIF NOOR	18	11	PUHSTU		KONAR	ASMAR	PALOSO	H.I.I.A	01/03/90	.F.	DAIM KHAN	SAKHI JAN
8	1819	MOHDULLAH	FAIZULLAH	30	9	PUSHTU	DARI	ZABUL	ARGANDAB	SELIMANZAI	JAMIAT	10/30/90	.F.	AMIR GHISHULHAQ	MOHD ZAMAN
9	1820	FAQIR MOHD SHAH	IBRAHIM SHAH	30	10	PUSHTU	DARI	GHAZNI	MOQUR	QALI EZAT	H.I.I.A	01/03/90	.F.	MOLAWI NAQIBULLAH	MOLAH ABDULLAH
3	1821	ABDUL HAMID	MOHD KABEER	30	13	PUSHTU	DARI	GHAZNI	QARA BAGH	ASKAR KOT	H.I.I.A	01/03/90	.F.	ENGER NAWAB	ABDUL HAMED
3	1822	GHULAM NABI	ABDUL BAQI	24	12	PUSHTU	DARI	GHAZNI	QARA BAGH	AMASHI	H.I.A.H	01/03/90	.F.	ENGER NAWAB	MAMOR OSMAN
8	1823	SARDAR MOHD	SYED MOHD	21	10	PUSHTU	DARI	HELMAND	NOWAH BARKZAI	NATRO	JAMIAT	01/03/90	.F.	QASEM KHAN	MOHD MASUM
3	1824	MOHD NASIM	BABAJE	23	8	PUSHTU	DARI	KANDAHAR	ARGANDAB	LOY MONARH	H.I.A.H	01/03/90	.F.	MALIM NANI	ALI ZAI

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INFORMATION SHEET

CODE NO	TRAINING CENTER NAME	SESSION	BHW NAME	FATHER NAME	AGE	EDUCATION LEVEL	LANGUAGE 1st	LANGUAGE 2nd	LANGUAGE 3rd	PROVINCE	DISTRICT	VILLAGE	ENTRY POINT	PARTY	GENERAL COMMANDAR	LOCAL COMMANDAR
1869	DARA	9	M.SALEEM	BAZUDDIN	23	12	DARI	PUSHTO		KABUL	CHEHAR DEHI	BALANDI	TARI MANGAL	ANLF	MIRZA MODH	SARDAR MOHD
1839	DARA	9	ABDUL QADIR	MOHD. ANWAR	21	10	DARI			GHAZNI	MAWAR	BUKHARA	AZAM WARSAK	ANLF	MOV. HAMIDULLAH	MOHD AZEEM
1838	DARA	9	NIZAMUDDIN	MOHD.NABBI	30	12	DARI	PUSHTO	ENGLISH	SAMANGAN	DARA SAUF	SARDWANG	AZAM WARSAK	ANLF	TAMSAKI	TAMSAKI
1837	DARA	9	MOHD.NAEEM	A.HAKIM	35	12	DARI	PUSHTO	ENGLISH	SAMANGAN	DARA SAUF	ZAIRKI	AZAM WARSAK	ANLF	MATKI	MOHD IBRAHIM
1875	SHAGHI NO 2	9	AMINUL HAQ	H.NOOR MOHD	28	9	DARI	PUSHTO		KUNAR	DEHNIKKAH	BERAKI	GANDAB	ANLF	UBAIDULLAH	SYED HASSAN
1874	SHAGHI NO 2	9	MOHD ZAMAN	HAZRAT KHAN	23	12	DARI	PUSHTO		NANGARHAR	RODAT	HISAR SHAHI	TOORKHAM	ANLF	H.AZAB KHAN	ABDUUR REHMAN
1878	SHAGHI NO 2	9	GUL HABIB	GUL KHAN	32	12	DARI	PUSHTO	ENGLISH	NANGARHAR	DEH BALA	LAGHAR JO	TOORKHAM	ANLF	ABDUL MANAN	KHASA DAR
1862	SHAGHI NO 2	9	A.JAMIL	A.HANAN	20	8	DARI	PUSHTO		PARWAN	SHINWARI	MATTA ALI	TARI MANGAL	ANLF	ABDUL MANANOOF	NOOR MOHD TOOFAN
1864	SHAGHI NO 2	9	MOHD DEEN	PADSHAH MIR	24	8	DARI	PUSHTO		JOZJAN	SHABERGHAN	MUKHEEZI	AZAM WARSAK	ANLF	A.AHAD	A.WAHAB
1865	SHAGHI NO 2	9	HAFIZULLAH	MIROJAN	19	9	DARI	PUSHTO		JOZJAN	SHEBERGHAN	KHUWAJA YAGANA	AZAM WARSAK	ANLF	A.AHAD	A.SALAM
1868	SHAGHI NO 2	9	SYED AFZAL	SYED MOHSIN	28	12	DARI	PUSHTO		LOGAR	KHOSHHI	GHOSHI	TARI MANGAL	ANLF	ASSADULLAH	YASIN
1851	SHAGHI NO 2	9	A.KHALIL	S.RAHMAN	25	12	DARI	PUSHTO	URDU.ENGLI	LAGHMAN	CENTER	HARMAL	GANDAB	HARAKAT	SALAM	SALAM
1860	SHAGHI NO 2	9	SAHIB DAD	AMANULLAH	28	10	DARI	PUSHTO		BALKH	BALKH	TOK.BERMAZEED	AZAM WARSAK	HARAKAT	A.RAZAQ	A.MAJEED
1863	SHAGHI NO 2	9	RUSTAM	PURDIL	22	12	DARI	PUSHTO	UZBAKKI	JOZJAN	KHIYAB	SHAKRAK	CHAMAN	HARAKAT	AKHTAR MEHMOOD	A.KHALIQ
1866	SHAGHI NO 2	9	MOHD JAN	GUL AJAN	32	12	DARI	PUSHTO		LOGAR	CHARKH	DASHT	AZAM WARSAK	HARAKAT	SIRRAJUDDIN	TILLA MOHD
1840	DARA	9	ALI MOHD.KAMALI	GH.ALI KAMALI	32	12	DARI			GHAZNI	JAGHORI	MIANA ALITO	AZAM WARSAK	HIA	AMINI	SYED HASHIM
1855	SHAGHI NO 2	9	M.NAEEM	A.HAKIM	21	12	DARI	PUSHTO		NANGARHAR	BEHSOOD	BEHR ABAD	GANDAB	HIK	GHAFFAR	ABDUL WAHAB
1543	DARA	9	ABDUL KABIR	ABDUL RASHID	23	11	DARI			SAMANGAN	ROAI DOAAB	QALA SURKH	AZAM WARSAK	HIK	GHULAM SAKHI	GHULAM SAKHI
1873	SHAGHI NO 2	9	HAYAT GHULAM	GH.QADIR	28	12	DARI	PUSHTO		NANGARHAR	MOHMANDARA	KARDI GHOUS	TOORKHAM	HIK	MEHMOOD	PIRBAKHT
1947	SHAGHI NO 2	9	ABDUL SHAKOOR	PIANDA KHAN	17	7	DARI	PUSHTO		LAGHMAN	MEHTERLAM	MIADAN DERMAL	GANDAB	HIK	QADIR KHAN	BACHAH GUL
1852	SHAGHI NO 2	9	JAN AGHA	MOHD MOASAM	16	7	DARI	PUSHTO	ARABIC	LAGHMAN	CENTER	MAIDAN HARMAL	GANDAB	HIK	QADIR KHAN	BACHAH KHAN
1853	SHAGHI NO 2	9	NADIR MOHD	GHULAM MOHD	25	10	DARI	PUSHTO		NANGARHAR	DER BABA	SHEIKHAN	TOORKHAM	HIK	H.QADIR	H.SYED REHMAN
1861	SHAGHI NO 2	9	SHER AGHA	M.MOHSIN	20	9	DARI	PUSHTO		LAGHMAN	CENTER	KATTAR	GANDAB	HIK	QADIR KHAN	BACHA GUL
1880	DARA	9	FAIZULLUDDIN	H.ATTAULLAH	24	5	DARI	AZBAKKI		SAMANGAN	DARA SAUF	MASOOD	AZAM WARSAK	IIA	KHADIM	ABDUL HAKIM
1845	DARA	9	ASSADULLAH	SALAIMAN ALI	23	12	DARI	[illegible]		GHAZNI	MALISTAN	SABZAK	AZA[illegible] [illegible]SAK	IIA	MOV. NAIK MOHAMMAD	MALIK MOHD HAIDER KHAN

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BASIC HEALTH WORKERS TRAINING PROGRAME
INFORMATION SHEET

CODE NO	TRAINING CENTER NAME	SESSION	BHW NAME -	FATHER NAME	AGE	EDUCATION LEVEL	LANGUAGE 1st	LANGUAGE 2nd	LANGUAGE 3rd	PROVINCE	DISTRICT	VILLAGE	ENTRY POINT	PARTY	GENERAL COMMANDAR	LOCAL COMMANDAR
1833	DARA	9	A.BASEER	SALEH MOHD.	25	11	PERSION	PUSHTO		BADKHSHAN	RAKH	MARCH	CHITRAL	IIA	SAID ALAM	A.QUDDUS
1831	DARA	9	ASSADULLAH	GH.SAKHI	20	11	DARI	PUSHTO		LOGAR	CHARKH	FERGHAMENJ	TARI MANGAL	IIA	FAZAL AHMAD	HAJI SABOOR
1826	DARA	9	AZIZURREHMAN	HAJI ABDULLAH	18	11	DARI	PUSHTO	ARABIC	PARWAN	JABUS SIRAJ	KHUWAJA KHAIL	GANDAB	IIA	DR.A.RAZAQ	DR.ABDUL RAZAQ
1876	SHAGHI NO 2	9	GHOUSUDDIN	SALEH MOHD	22	10	DARI	PUSHTO		LAGHMAN	NOORISTAN	TEKTEEN	GANDAB	IIA	HAZRAT DEEN	ALLAUDDIN
1849	SHAGHI NO 2	9	AKBAR KHAN	PAINDA MOHD.	21	9	PUSHTO	ENGLISH		LAGHMAN	NOORISTAN	DABA	GANDAB	IIA	HAZRAT DEEN	ALLAUDDIN
1856	SHAGHI NO 2	9	IQRAR GUL	AZAB GUL	18	10	DARI	PUSHTO	ENGLISH	NANGARHAR	SURKHRUD	BALA BAGH	TOORKHAM	IIA	SHAMS	KOCHI
1871	DARA	9	KHUWAJA GH. ALI	K.GHULAM SAKHI	22	12	DARI	PUSHTO		KAPYSA	PUNJSHER AWAL	ROHKA	AZAM WARSAK	JAMIAT	PANNAH	PANNAH
1872	DARA	9	GH.UMMAR	NOOR AQA	23	10	DARI	PUSHTO		KAPYSA	KOH BAND	DER NAMA	AZAM WARSAK	JAMIAT	AGHA JAN	AGHA JAN
1870	DARA	9	ABDUL QAYYUM	FAZULLUDDIN	20	12	DARI	PUSHTO		LAGHMAN	CENTER	LAMDA UMARZAI	GANDAB	JAMIAT	ADUL ALEEM	GUL ADEEN
1846	DARA	9	ADUL WALI	GH.ALI	27	12	DARI	PUSHTO		BADAKHSHAN	RAKH	MARCH	CHITRAL	JAMIAT	AKBAR KHAN	BADEEUS ZAMAN
1844	DARA	9	MOHAMMAD SHAH	ABDUL FAIZ	20	11	AZBAKKI	DARI	PUSHTO	KUNDUZ	BALA ZAL	JUNGGHARAK	CHITRAL	JAMIAT	HAJI SADDIQ	PAHLWAN QADIR
1842	DARA	9	ABDUL SALAM	ABDUL KARIM	28	12	AZBAKI	DARI	PUSHTO	JOZJAN	MENGAJIK	HAROON	TARI MANGAL	JAMIAT	ABDUL NAZAR	SYED AGHA
1841	DARA	9	KHALIL	DIDAR	27	9	DARI			GHAZNI	TAEWARA	JADGHAI	AZAM WARSAK	JAMIAT	ALI AKBAR	JAWAD
1835	DARA	9	HAYATULLAH	M.ZAFAR	28	12	DARI	PUSHTO	AZBAKKI	TAKHAR	CHAH AAB	GHUZAR RAIZWA	CHITRAL	JAMIAT	GH.HAIDER	MOHD ASLAM
1834	DARA	9	M.SARWAR	M.SHARIF	22	12	DARI	PUSHTO	ENGLISH	BADKHSHAN	BAHARAK	YERDAR	CHITRAL	JAMIAT	S.NAJMUDDIN WASIQ	SARDAR KHAN
1832	DARA	9	SHAFIQULLAH	SHEIK MOHD.	27	12	DARI	PUSHTO		BADKHSHAN	JURM	FERGHAMENJ	CHITRAL	JAMIAT	S.NAJMUDDIN WASIQ	PAHLAWAN MOHD NAZIR
1830	DARA	9	ZIAUDDIN	JALALUDDIN	20	11	DARI	AZBAKKI		BALKH	KASHBANDI	ACHAMAILI	AZAM WARSAK	JAMIAT	MOHD AZAM	KAMALUDDIN
1829	DARA	9	SAMIULLAH	MOHD.MIR	25	12	DARI	ARABIC	PUSHTO	KUNDUZ	ARCHI	QARLAQ	CHITRAL	JAMIAT	MOHD USMAN	NADIR KHAN
1828	DAR	9	ABDUL MALIK	MOHD.SALIM	18	8	DARI	ARABIC		PARWAN	SALANG	GHOLANG	CHITRAL	JAMIAT	MASIR	MOV. ABDUL QADIR
1827	DARA	9	ASHA MOHAMMAD	SAKHI MOHAMMAD	20	10	DARI	PUSHTO	ENGLISH	PARWAN	JABYUS SIRAAJ	LALMI SABZAK	CHITRAL	JAMIAT	MOHD HUSSIAN	SHIRIN ASHA
1825	DARA	9	ABDUL FATAH	KHANJER KHAN	22	11	DARI	PUSHTO		KAPYSA	PUNJSHER AWAL	KHANANI	CHITRAL	JAMIAT	MAHMOOD	MANSOOR
1850	SHAGHI NO 2	9	KHAIR MOHD	SULTAN MOHD	27	12	DARI	PUSHTO		LAGHMAN	NOORISTAN	MASVEE	GANDAB	JAMIAT	YAR MOHD	AKBAR KHAN
1848	SHAGHI NO 2	9	M.BAHADUR	JAN MOHD.	25	9	DARI	PUSHTO	NOORISTANI	LAGHMAN	NOORISTAN	QOLATAN	GANDAB	JAMIAT	DEEN MOHD	AMIR MOHD
1859	SHAGHI NO 2	9	DOST MOHAMMAD	GUL KHAN	25	12	DARI	PUSHTO		KUNDUZ	BALA ZAL	SHINWARI	TARI MANGAL	JAMIAT	ARIF KHAN	KHALIL
1879	DARA	9	SYED IQBAL	S.MEHBOOB SHAH	18	11	DARI	[illegible]		PARWAN	SALANG	[illegible]	AZAM [illegible]	NIFA	GHULAM ALI	MOHD NABI

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BASIC HEALTH WORKERS TRAINING PROGRAMME
INFORMATION SHEET

CODE NO	TRAINING CENTER NAME	SESSION	BHW NAME	FATHER NAME	AGE	EDUCATION LEVEL	LANGUAGE Ist	LANGUAGE 2nd	LANGUAGE 3rd	PROVINCE	DISTRICT	VILLAGE	ENTRY POINT	PARTY	GENERAL COMMANDAR	LOCAL COMMANDAR
1836	DARA	9	HAYATULLAH	MOHAMMADULLAH	25	10	DARI	PUSHTO		SAMANGAN	KHULM	FEROZ NAKHCHER	MIRAN SHAH	NIFA	ABDUL-SAMMAD	SULAIMAN
1877	SHAGHI NO 2	9	MAJEEBULLAH	MIR ISLAM	25	12	DARI	PUSHTO		BALKH	BALKH	ALM KHAIL	AZAM WARSAK	NIFA	JUMMA KHAN	NASEEM
1854	SHAGHI NO 2	9	ABDUL ZAHID	GULABUDDIN	19	12	DARI	PUSHTO		NANGARHAR	SURKH RUD	BAKHTAN	TOORKHAM	NIFA	ASIF KHAN	ZERBULLAH
1857	SHAGHI NO 2	9	M.HANIF	GH.HAIDE	23	11	DARI	PUSHTO		NANGARHAR	BEHSOOD	BINI GAH	GANDAB	NIFA	A.BASEER	BISMILLAH
1858	SHAGHI NO 2	9	MOHD.NABBI	FAZALURREHMAN	26	12	PUSHTO			KABUL	MIRBACHA KOT	SUAFAR	TARI MANGAL	NIFA	MOHD.ALAM	YOUSUF KHAN
1867	SHAGHI NO 2	9	ASKAR KHAN	MIRA KHAN	24	12	DARI	PUSHTO		BALKH	BALKH	SHIN DANGAI	AZAM WARSAK	NIFA	JUMMA KHAN	SOFI NAZAR

** Total ***
****

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Dara = 28
Shagi = 28

MoPH/IPH = 10 =

BASIC HEALTH WORKERS TRAINING PROGRAMME
LIST OF BHWs CLASS 10

COD_NO	TR.CEN_NAME	BHW NAME	FATHER NAME	AGE	EDUCATION LEVEL	LANGUAGE 1st	LANGUAGE 2nd	PROVINCE	DISTRICT	VILLAGE	ENTRY POINT	PARTY	GENERAL COMMANDER	LOCAL COMMANDER
1881	SHAGHI NO 2	ABDUL SATAR	ALI MOHD	22	10	PUSHTU		LAGHMAN	ALI SHING	DERA MIA SAHIB	GAND AB	HIIA	A.HALIM HALIMI	ASKARI
1882	SHAGHI NO 2	ASSADULLAH	DAD MOHD	25	10	PUSHTU	DARI	LAGHMAN	KAIEL	DAULAT SHAH	GAND AB	HIIA	A.HALIM HALIMI	MULLAH MALANG
1883	SHAGHI NO 2	SHARAFUDDIN	MOHD FAROOQ	18	8	DARI		LAGHMAN	DAULAT SHAH	MAYOU	GAND AB	HIIA	A.HALIM HALIMI	MULLAH MALANG
1884	SHAGHI NO 2	MOHD YASEER	MOHD HANIF	21	11	DARI	PUSHTU	LAGHMAN	ALISHING	SABAR ABAD	GAND AB	HIIA	A.HALIM HALIMI	KHUDAI NOOR
1885	SHAGHI NO 2	HASHMATULLAH	MOHD AZIM	17	9	PUSHTU	DARI	LAGHMAN	ALI SHING	ISLAMABAD	GAND AB	HIIA	A.HALIM HALIMI	M.PRASHGHAN
1886	SHAGHI NO 2	NOOR GUL	NOOR MOHD	36	12	PUSHTU	DARI	NANGARHAR	DEH BALA	SHPOLA LAKARI	TURKHAM	HIA	M.MAWLA JAN	AHMADZAI
1887	SHAGHI NO 2	S.HAYAT SHAH	S.NOOR MOHD SHAH	28	11	PUSHTU	DARI	NANGARHAR	ACHEEN	KOSHYAL	TURKHAM	HIK	QARI A.SALAM	HAJI SARKAR
1888	SHAGHI NO 2	MOHD SABER	SAYED MOHD	25	11	PUSHTU		NANGARHAR	PACHIR	PAS SABAR	TURKHAM	HIK	MOV.ABDUL GHAFOOR	NOORULLAH
1889	SHAGHI NO 2	SALAHUDDIN	ABDUL HAKIM	27	14	PUSHTU	DARI	NANGARHAR	DARA NOOR	BONYA	GAND AB	HIFA	HALIM SHAH	HALIM SHAH
1890	SHAGHI NO 2	MOHD TAHER	HAJI GRAZI	28	11	PUSHTU	DARI	NANGARHAR	LALPUR	LALPUR	GAND AB	HIK	MOHD HASHIM	MOHD HASHIM
1891	SHAGHI NO 2	ASSADULLAH	M.ZARAWAR KHAN	20	11	PUSHTU	DARI	KUNAR	KANDISH	HANDA GUL	GAND AB	HIK	A.SUBOR KHAN	ABDUL HANAN
1892	SHAGHI NO 2	AMINULLAH	RAHMATULLAH	18	10	PUSHTU	DARI	KUNAR	BARG MATAL	SHANGAR	GAND AB	HIK	MOHD ANWAR	NOOR WALI KHAN
1893	SHAGHI NO 2	KHAYATULLAH	M.ZERAI GUL	30	12	PUSHTU	DARI	NANGARHAR	BATY KOOT	BATY KOOT	TURKHAM	HIA	M.SHAHAFAT	MATEULLAH
1894	SHAGHI NO 2	HAYATULLAH	NOOR AHMAD	26	9	PUSHTU	DARI	KABUL	SAROBI	JAGDALAK	TARI MANGAL	HIFA	MOHD ALEM KHAN	NAZAR KHAN
1895	SHAGHI NO 2	MOHD NAWAB	TOOR GUL	22	12	PUSHTU	DARI	KABUL	SAROBI	JAGDALAK	TARI MANGAL	HIFA	MOHD ALEM	NAZAR KHAN
1896	SHAGHI NO 2	MOHD NASEEM	GHULAM HUSSAIN	25	11	PUSHTU	DARI	NANGARHAR	SHIR ZAD	KODI KHIL	TURKHAM	HIK	ENG.AMINULLAH	MOHD NASEEM
1897	SHAGHI NO 2	SAYED ARIF SHAH	GHULAM NABI	25	11	PUSHTU	DARI	NANGARHAR	CHPRAHAR	MORI	TURKHAM	HIA	MIA MOHD DAUD	S.AHMADULLAH
1898	SHAGHI NO 2	GUL AHMAD KHAN	MIR AZAM KHAN	26	10	PUSHTU	DARI	KUNAR	CHAPA DARA	CHAPA DARA	GAND AB	HIFA	MYEULLAH	SARHAFAT

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[illegible] BHW INITIAL TRAINING IN JAL-JALALABAD

[illegible]	[illegible]	NAME	F. NAME	VILLAGE	DISTRICT	PROVINCE	PARTY	GEN. COMMDR	[illegible]
1898	11	MUHAMMAD NAEEM	MUHAMMAD YASIN	BENIGAH GAMIA	BEHSOOD	NANGARHAR	HIH	ZALMAI	ZALMAI
1900	11	SHAFIQULLAH	JAMALUDIN	SAWATI	SURKHROD	NANGARHAR	NIFA	HAJI ZAMAN	MOHD ASIF
[illegible]	11	[illegible]	MOH. [illegible]	ZERANI	SURKHROD	NANGARHAR	NIFA	ABDUL JABAR	MOHD KHAN
1901	11	SANGEEN AGHA	S. MAUBOL SHAH	MARKIKHAIL/ KHAORI KHAIL	SHERZAD	NANGARHAR	NIFA	ABDUL MAJEED	KABIR
1902	11	ABDUL JAMIL	ABDUL QADEER	QAUERDAISH	KAMDAISH	KONDR	HIH	SHAMSURRAMAN	SAIDULLAH
1903	11	GHULAM MOHD	MAHMADULLAH	MANO/MORA	CHAPARHAR	NANGARHAR	HIH	MIA DROWA	GH. MOHD
1903	11	MALIK MIR	SHARAFUDIN	DARATO	DAWLAT SHAH	LAGHMAN	HIH	FOLAD	GHULAM SH
1906	11	ISMATULLAH	MOHD HASHIM	PEYAR	NOORISTAN	LAGHMAN	HIH	MAMOR OSMAN	MERBAZ
1909	11	HABIB UR RAHMAN	ABDUL RAHMAN	NORA	DAWLAT SHAH	LAGHMAN	HIH	FOLAD	S. ABDULL
1898	11	TORYALAI	SHAH ZAMIR	HADA	BEHSOOD	NANGARHAR	HIH	ZALMAI	MLAVI GHAF
1904	11	MOHD MIRAN	GUL MIRAN	SHERGAR	KAMA	NANGARHAR	ANLF	ZAHID KHAN	ZAHID KHAN
1905	11	HAMDULLAH	ABDUL JABAR	KACHORI SALAB	ALINEGAR	LAGHMAN	HIH	QADEER	S. AMIR
1910	11	MOHD YASIN	MER MOHD	BALLO	RODAT	NANGARHAR	HIH	HAJI AJAB	HABIBULLAH

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MEMO

FROM : STEVE SOLTER 25 MARCH 1990

TO : BILL OLDHAM, DICK JOHNSON, PAUL ICKX, JONO QUICK,

SUBJECT: COMPARISON OF BHW DRUG LIST WITH WHO CHW DRUG LIST

This memo adds information comparing the two drug lists which wasn't included in my memo to you of 12 March 1990 in which I Summarized the the discussion, We had at at Dick Johnson's house. Bill pointed out to me that someone comparing the two drug lists (BHW Drugs Vs. Drugs for CHWs listed in WHO's CHW Manual) might wonder why there were any differences at all (the two lists, included on page 1 of my March 12 memo, are actually quite similar although there are minors differences). In this memo I will review reasons for the differences that exist in the two lists. If your know of additional reasons, Please let me know.

A. Drugs That Occur on Both Lists

1. Aluminum Hydroxide Tablets
2. Benzyl Benzoate (liquid)
3. Chloroquine Tablets
4. Gentian Violet/Iodine (liquid)
5. Ferrous Sulfate tablets
6. Mebendazole tablets
7. Metronidazole tablets
8. Neomycin/bacitracin ointment
9. O R S packets
10. Procaine penicillin ampules (for injection)
11. Ampicillin Capsules
12. Co-trimoxazole tablets
13. Tetracycline eye ointment.

B. Drugs on WHO's CHW LIST but not on the BHW List

1. Aspirin tablets
2. Vitamin A Capsules
3. Benzoic & Salicylic acid ointment
4. Activated Charcoal (powder)
5. Ergometrine tablets
6. Ipecac Syrup
7. Niclosamide tablets
8. Benzathine penicillin ampules for injection
9. Phenobarbital tablets
10. Piperazine tablets
11. Silver nitrate drops
12. Tetracycline tablets

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Reasons for not including these drugs on the BHW Drug List include the following :

1. Aspirin tablets - The BHW drugs list includes acetaminophen but not aspirin. One concern about aspirin is its role in Reye's Syndrome (especially when aspirin is used for treating chicken pox and influenza). Secondly, aspirin causes gastric irritation and bleeding. However, aspirin is more effective than acetaminophen in relieving inflammation (such as arthritis). If experienced health workers inside Afghanistan feel very strongly that BHW's should have aspirin to treat inflammation, we will reconsider putting aspirin back on the list.

2. Vitamin A Capsules (200,000 I.V.) - The BHW drug list does not include high-dose Vitamin A Capsules because of concern that infants may be given an overdose and develop Vitamin A toxicity. High-dose capsules should not be given more than one every six months when given prophylactically. Another factor is that the multivitamins included on the BHW list contain relatively large amounts of Vitamin A (4,000 I.V.), so that children talking multivitamins should be protected against Vitamin A deficiency. Finally, the extent and of severity of Vitamin A deficiency in Afghanistan are unknown. Once conditions are more stable in Afghanistan, and assuming Vitamin A deficiency is a problem, it may be possible to provide high-dose Vitamin A capsules twice a year on a "campaign" basis.

3. Benzoic + Salicylic acid ointment- Since we try to keep the BHW drug list to a minimum number of only the most safe and essential drugs, this particular ointment was not felt to add any important therapeutic benefit.

4. Activated charcoal- This drug (used for treatment of acute poisonings) was not considered essential for BHW's.

5. Ergometrine tablets- This drug which is important for safe delivery, was not included in the drug list for male BHW's because BHW's are rarely, if ever, involved in labor and delivery.

6. Ipecac syrup- Used in situations similar to # 4 above. This drug was also not considered essential for BHW's. Also, it carries risks (it induces vomiting, which can be dangerous if the vomitus is his inhaled into the lungs).

7. Niclosamide tablets- Used for treating tapeworm infections. Tapeworms are not an important health problem in Afghanistan.

8. Benzathine penicillin ampule for injection- BHW's already have one form of penicillin given by injection. It was not felt necessary to have two different kinds (long vs. short acting).

9. Phenobarbital tablets- There was concern that this drug, fatal when taken in overdose might be difficult to keep away from children in a typical Afghan home. Proper dosage and appropriate use are also difficult to manage.

10. Piperazine tablets- This drug is not manufactured in Pakistan (as a tablets) and the syrup is bulky to transport and expensive. Mebendazole (found in both the BHW and WHO list) is used instead to treat roundworm infections.

11. Silver nitrate drops- Since BHW's are not involved in delivering babies, this drug is not included in the list.

12. Tetracycline tablets- This drug was not felt to be necessary since BHW's already had 3 different kind of antibiotics on their list and tetracycline provided no significant additional therapeutic benefit. Besides, it can damage bones in the developing fetus and teeth in young children.

C. Drugs on the BHW Drug List but not on WHO's CHW List

1. Acetaminophen tablets
2. Multivitamin tablets
3. Pentazocine ampules
4. Chlorpheniramine maleate tablets
5. Tripolidine + pseudoephedrine tablets
6. Chlorhexidine + Cetrimide solution

Reason for inclusion of these drugs are as follows:

1. Actaminophen Tablets- See # 1 (aspirin) in section B. for an explanation of why acetaminopen instead of aspirin is on the list.

2. Multivitamins- The WHO drug list for CHWs includes high-dose Vitamins A but not multivitamins. The BHW drug list includes Multivitamins (with significant amounts of Vitamins A) because it is safer than high-dose Vitamin A and because it also contains other Vitamins, the lack of which cause significant morbidity in Afghanistan. For example, swaddling of infants blocks the affect of sunlight skin, causing rickets.

3. Pentazocine ampules - This drug used for pain relief is included in the BHW drug list (in small quantities) for emergency situations (such as for the war-wounded).

4. Chlorpheniramine maleate- The drug, used for treating the common cold (for symptomatic relief) is safe and provides some relief for this common condition.

5. Tripolidine + Pseudoephedrine- The reason for the inclusion of this drug on the BHW list is the same as for # 4 above.

6. Chlorhexidine + Cetrimide- Used as a disinfectant for the skin.

D. Conclusion

My conclusion is that the slight differences in the two drug list can quite easily be explained. The BHW drug list is remarkably similar to WHO's recommendation for CHWs.

RURAL HEALTH OFFICER

(RHO)

Training program

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
RURAL HEALTH OFFICER (RHOs)
Institute of Public Health

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992									20				20	20	
FY 1993													0	20	
FY 1994													0	20	

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
Rural Health Officers (RHO's) Training Program
Institute of Public Health

SESSION	DATE		TOTAL		COMUL.
	STARTED	COMPLETED	ENROLLED	GRADUATED	TOTAL
I	July 18, 1991	June 22, 1992	20	20	20

RURAL HEALTH OFFICERS:

A STRATEGY FOR MANAGING PRIMARY HEALTH CARE AT THE DISTRICT LEVEL IN AFGHANISTAN.

A. INTRODUCTION

Since the Soviet invasion of Afghanistan in 1987 the Kabul regime has been unable to provide health services outside of the major cities. Despite the outpouring of 5 million Afghan refugees to Pakistan and Iran, and despite the death of more than one million Afghan as a result of the War, there remain at least 8 million people in rural areas of Afghanistan in need of health services.

Since 1980 numerous PVOs have assisted in training Afghan health workers and in establishing "clinics," especially in those Afghan provinces which border on Pakistan.

Beginning in 1987 the 7- Party Alliance Health Committee (incorporated in 1989 into the Ministry of Public Health [MOPH] of the Afghan Interim Government, based in Peshawar) has also trained large numbers of Afghan health workers and sent them inside Afghanistan, with ample supplies of drugs and equipment. Despite, however, this massive 10 years effort to provide health care for Afghans living in the Mujahideen controlled rural areas, a number of major constraints have been identified which lessen the health impact that can be achieved. Among the most important of these obstacles are the following:

(1) CLINICS PROVIDE MOSTLY CURATIVE RATHER THAN PREVENTIVE CARE

Most of the several hundred clinics or health centers that have been established in rural areas of Afghanistan provide little in the way of health education, preventive services, or any of the major components of primary health care (PHC) other than basic curative care. This is due in part to the fact that many of these clinics were originally established to provide emergency wartime relief services, including treatment of the war-wounded. They were not intended to be comprehensive health centers.

(2)LACK OF SUPERVISION OF BHWs

The MOPH has trained more than 1500 male Basic Health Workers (BHWs) for 3 months (in Pakistan) and has sent them into rural areas of Afghanistan to provide primary health care. Although their training includes a major emphasis on prevention, health education and PHC, the BHWs have not focused on these areas as much as they might have mainly because villagers demand curative care. A major problem has been the lack of supervision of BHWs by more highly trained health workers.

In theory clinic and health center staff are supposed to supervise BHWs but in practice this rarely happens. BHWs do, however, receive refresher training in Peshawar and are regularly resupplied.

(3) LACK OF FEMALE HEALTH WORKERS AND MCH SERVICES

MCH Services are sadly neglected throughout rural Afhganistan, largely due to the shortage of female health workers. the only female health workers in most districts are untrained TBAs (dais); health care for women (including pregnant women) Therefore barely exists in most parts of Afghanistan. Contraceptive are virtually unobtainable.

Because of Afghan cultural constraints, women are rarely if ever examined by male health workers. Clinics and BHWs see few infants and almost never see babies less than 40 days old (nearly half of infant deaths occur in the first month of life).

B. WHY DOES RURAL AFGHANISTAN NEED RHOs ?

The problems listed above give some indication of what is needed to increase the impact on morbidity and mortality of health services in rural Afghanistan. The proposed health service delivery model which is being implemented by the MOPH will be managed at the province level by a Provincial Public Hralth Director (PPHD). By 1991 a total of 10 provinces are expected to have PPHDs in place; five have already been assigned. The PPHDs expected to have PHOs in place; five have already been assigned. The PHOs will not be able to manage health programs throughout a province without someone at the district (woleswali) level who can supervise BHWs and implement preventive/health education/PHC interventions. In addition, it will also be necessary for someone at the district level to work closely with MOPH supported clinics to ensure good communications with the PPHD, a functional supply system, and timely reporting from all health facilities in the district. The clinics and health centers that exist at the district level are not in a position to do this. For this reason the MOPH is proposing to have Rural Health Officers (RHO) usually male and MCH Officers (female) at the woleswali level (one male RHO and one MCH Officers per woleswali). They will provide a critical link in the PHC chain that stretches from the PPHD to the village level BHW.

The RHO and MCH Officer will play a critical role in Afghanistan's rural health system until such a time when health centers are able to expand their activities from curative care to include prevention), (e.g. immunization, water and sanitation, health education), MCH [with female health staff], and the supervision of village-level health workers.

C. RHO AND MCH OFFICERS ---- ----- WHAT IS THEIR JOB ?

RHO

The basic job of the RHO (male) will be to mange primary health care at the woleswali level, under the supervision of the Provincial Public Health Directors. "Managing PHC at the woleswali level" has the following major components :

1) Technical supervision of all BHWs in the woleswali.

2) Implementation of preventive and health education programs (such as immunization, environmental health, and so froth) in collaboration with health centers or clinics in the woleswali.

3) Making sure that public health policies of the PPHD are appropriately carried out in his woleswali.

4) Submitting reports on a regular basic to the PPHD from each MOPH-supported clinic or health center, as well as his own reports regarding health in the woleswali.

5) Support Primary Health Care (PHC) through more effective health education, MCH and prevention activities by BHWs and by clinics, health centers and hospitals in the district.

6) Support logistics for BHWs and clinics and for prevention programs in the woleswali.

7) Close involvement with the community and with other (non-health) sectors, including organizing communities to become more involved in health.

8) Supervision of preventive and public health programs for clinics and health centers (but not curative care).

MCH OFFICERS (FEMALE)

The basic job of the MCH Officer will be to manage MCH Services at the woleswali level, under the supervision of the Provencial Public Health Director. "Managing MCH Services at the woleswali level" will have the following major components :

1) Training of village-level female Community Health Workers (CHWs).

2) Training of TBAs (dais).

3) Supervision of female CHWs and dais.

4) Prenatal care, deliveries, and postnatal care.

5) Diagnosis and treatment of common diseases/problems of women and children and the disabled.

6) Health edition of mothers.

7) Child spacing.

8) PHC and prevention activities (including support of immunization and ORT).

9) Submitting reports on a regular basis to the PPHD concerning MCH activities in the woleswali.

D. RECRUITMENT AND SELECTION

RHO

The RHOs will be recruited and selected from among the 1,500 BHWs who have already been trained. There are several reasons why BHWs will be chosen (rather than, say, mid-level health workers trained by PVOs for 6-18 months and working in clinics inside Afhganistan). These reasons include :

1- BHWs are part of the MOPH and Area Development system. If health workers outside of the MOPH/Area Development are selected to be RHOs, this will cause BHWs morale to suffer since many of them aspire to higher-level positions requiring additional training. Right now there is no " Career ladder" for them. The RHO position is a means for them to advance.

2- BHWs are only trained for 3 months and much of this training focuses on health education, prevention, and MCH. Most PVO-trained mid-level health workers receive much more curative training than do BHWs as a result it will be more difficult to convert curative-oriented mid-level workers to a PHC approach than it will be to convert BHW to this approach.

3- BHWs having been trained, monitored, resupplied, and given refresher training by the MOPH, are well known to their trainers and monitors. Selection can be based on familiarity with their work record. For PVO's recommendation. Furthermore, a major component of the male RHO's job to supervise BHW's job before he can supervise him. This will not be necessary for the BHWs themselves.

Among the criteria for choosing male RHOs are the following:

1- Works in one of the 25 woleswali selected to have RHOs these 25 woleswali are located in the 10 provinces which will have PPHDs by 1990. These woleswli will be those with the largest populations and the largest number of BHWs and will be part of provincial health system.

2- BHW with at least six months experience working as a BHW in rural Afghanistan (graduated of one of the first six BHW classes).

3- Resupplied at least once and has taken BHW refresher training at least once.

4- The BHW should if possible, have a wife or female relative who is literate, wants to be a MCH Officer, and can accompany the BHW to Peshawar for one year's training (and return back to the woleswali to begin work).

5- The BHW selected from the woleswali should be based in a village or small clinic (not a hospital or large clinic), should have done an excellent job, be intelligent, eager to learn new skills, and overall be the best and most active BHW in his woleswali (supprted by his commander, community leaders, and the community itself).

Recruitment and selection of RHOs who have met the above criteria should be done by two different means. In those provinces which already have a PPHD in place, the PPHD and his staff should be responsible for visiting those woleswalis in their province which are included among the 25 woleswalis to have RHOs. When visiting these selected woleswali they should interview all the BHWs who have met the selection criteria and choose the best one to be the RHO from that woleswali. In addition to interviewing the BHWs, they should also interview commanders and members of the community before making their decision.

The second approach to recruiting and selecting RHOs will take place in those provinces which do not yet have PPHD in place. In these provinces all the woleswalis chosen to have RHOs should be visited by 2- person teams from Peshawar. These teams will use the same process used by the PPHD and his staff to decide on which BHW in the woleswali should be trained as an RHO. For both methods of selection, if a BHW has a wife or female relative who can be a MCH Officers, this would be a very strong recommendation for his selection, assuming he met the other criteria.

MCH OFFICER

MCH Officer (Female) will be much more difficult to recruit than will be male RHOs. However, MCH in rural Afghanistan is of such vital importance that every possible effort should be made to identify literate females who can travel to Peshawar for training and return to Afhganistan one year lateer.

If a MCH Officer candidate can be linked to a male BHW (so that they can travel together to Peshawar and return together to their woleswali) this would be ideal. However, if such women can not be found then other women meeting the criteria (basic literacy, 18-35 years of age, commitment to return to rural Afghanistan after training and work as a MCH Officer for at least 5 years, permission of husband/father) should be selected. Whenever possible, MCH Officer's should be selected from woleswali that will have a RHO.

If the minimum numbers of MCH Officer (15) can not be found in rural Afghnistan, they can be recruited from Pakistan (refugee camps) so long as they promise to work in one of the selected woleswali in rural Afghanistan for at least 5 years after training. Once again, permission of husband/father will be essential.

It is likely that if BHWs who strongly desire to become RHOs are told that they must find a literate female relative to accompany them to Peshawar to become a MCH Officer (otherwise they can not become on RHO), they will have a very powerful incentive to find a suitable female candidate.

E.TRAINING

For any training program two key elements of success are the quality of the students and the quality of the trainers. With a large pool of male BHWs to choose from, there is a good likelihood of finding high-quality RHO candidates. The pool of MCH Officer RHO candidates is much smaller, so that quality will be more a matter of chance.

The selection of RHO trainers is a very important early step in implementing the male and female training programs. Fortunately, the Training Center of the Institute of Public Health (IPH) has a wealth of experience, having trained more than 1,800 BHWs since 1987. The IPH, however, has very little experience training female health workers and no experience training mid-level health workers.

Mr. Dick Johnson, the MSH training advisor, Mrs. Linda Tawfik, the MSH MCH advisor, will be able to help the IPH in both these areas. In addition, a 3 week study tour in Thailand (scheduled for May 1990) should provide an excellent opportunity for RHO trainers to learn how community-based programs are organized and managed. Some important principles which will be followed by the RHO and MCH Officer training programs include the following.

1- The training will focus on practical skills actually needed by the RHO & MCH Officer (especially supervisory, health education, and community involvement skills for the male RHO and MCH, diagnostic, training, and supervisory skills for the MCH Officers). Although RHOs will not be actively involved in curative care, they will require several months of intensive clinical training so that they can be effective supervisors of the BHWs clinical work.

2- Much of the one-year initial training for both male and female trainees will take place in Afghan refugee camps and in clinics; classroom lecture time will be kept to a minimum.

3- The training of RHOs will cover a 24-month period. They have already been trained for 3 months as a BHW. Their initial RHO training is for 12 months. They then return to their woleswali inside Afghanistan for a 6-month "internship". After this

they will receive a final 3 months training. MCH Officer training is the same except that it is for 21 months in total instead of 24 months (the MCH Officers hav not had the 3-month BHW training that the male BHW have had.

RHO	MCH OFFICER
a) 3-month training as BHW	a) 12-month training as MCHO
b) 12-month training as RHO	b) 6-month field internship
c) 6-month field internship	c) 3-month follow-up training
d) 3-month follow-up training	
24 months total	21 months total.

4- MCH Officer training will be kept entirely separate from male RHO training (to be consistent with Afghan cultural norms). Training of both RHOs and MCH Officers will be the responsilility of the inistitute of Public Health, however, MCH Officer training will be carried out in close coordination with the MCH Department of the MOPH.

5- MCH Officer training will focus on hands-on clinical skills (as well as how to train and supervise female CHWs and dais). RHO training will emphasize health education and supervisory skills more than clinical skills, though clinical skills will still be important.

6- The training of MCH Officers in clinical skills will depend upon an MCH teaching clinic that will be established (possibly in Cherat).

7- A "Task Analy. " for both RHO and MCH Officer is shown in Annex I.

E. SUPERVISION AND CONTINUING EDUCATION

Both the RHO and the female MCH Officers will be supervised by the PPHD:

Province level PPHD

Woleswali level Male RHO MCH Officer RHOs & MCHOs supervised by PPHD

Village level BHW BHW BHW BHW DAI DAI Female CHW Female CHW

Supervised by male RHO Supervised by MCH Officer

The supervision of RHOs and MCH Officers by the PPHD should occur on a regular basis (monthly or bimonthly if possible). This should be a major component of the PPHD's job. The RHOs and MCH Officers are in great need of support from the PPHD so that they can have credibility in the woleswali with commanders, teachers, mullahs, and other community leaders as well as with the community itself.

Regular continuing education (refresher training) of RHOS and MCH Officers will be essential for them to maintain and enhance their skills. These refresher courses can take place in Pakistan until such time that the MOPH can manage these courses inside Afghanistan.

G. SUPPLY AND FINANCING

Regular supply and payment of salaries is vital to the RHO and MCH Officer program's success. This RHOs and MCH Officers will use the same system which is currently supplying and financing the BHWs and clinics inside Afghanistan.

H. SUSTAINABILITY

RHOs will be paid a salary (RS. 2,000 per month has been suggested); since they will not be providing curative care it (although they will be supervising the curative care of BHWs) will be difficult to find some way of getting the community to share some of the cost of their salary (this will be less difficult for BHWs who do provide curative care).

The MOPH, through its own resources or with donor support, will have to cover RHO costs for the foreseeable future. MCH Officers, on the other hand, will be providing curative care to women and will be able to deliver babies. Some sort of fee-for-service is possible for them which would reduce the future burden on the MOPH for recurrent costs to sustain MCH Officers:

I. CONCLUSION

The RHO (male) and MCH Officers (female) are badly needed in rural Afghanistan to supervise vilalge-level workers (including BHWs and dais) and to promote PHC, health education, and prevention, through clinics, health centers and BHWs, under the guidance and supervision of Provincial Health Officers. When the RHOs and MCH Officers arrive at the district level, we will finally have the beginnings of a true health system in rural Afghanistan.

Drafted by: Steven Solter, M.D.

21 March 1988

Revised 8 April 1990

RURAL HEALTH OFFICER (RHO)

TASK ANALYSIS

JOB SUMMARY

The Rural Health Officer (usually male) will manage Primary Health Care activities at the Wolsevali level by promoting and supervising implementation of village based programs through Basic Health Workers and other community health staff. He will generally be posted at the district (wolesvali) level to supervise 5 to 20 BHWs and to coordinate with the MCH Officer (female counterpart to RHO), and district Comprehensive Health Center (CHC). Under supervision of the Provincial Public Health Director, he will assist health facility staff at the Comprehensive Health Center and Basic Health Centers with planning and organizing preventive and promotive health activities.

REPORTS TO: PROVINCIAL PUBLIC HEALTH DIRECTOR (PPHD) OR HIS/HER DEPUTY FOR BASIC HEALTH SERVICES

TASKS

Within the overall framework of the Job Summary, the RHO will be responsible for directly or indirectly carrying out the following tasks, listed in order of priority. In some wolesvalis, his efforts may be supplemented by other primary health care staff, such as an MCH Officer or water and sanitation officer.

(It should be noted that many of the Duties listed below will be carried out by other field staff, such as the MCH Officer or BHW. These duties, however, will require coordination/support of the RHO or the RHO may be directly responsible for supervision of the field worker like a BHW. Therefore these duties must be covered in training and be listed as Duties under the "Tasks" heading.)

TASK 1. PROVIDE TECHNICAL AND ADMINISTRATIVE SUPERVISION AND LOGISTICAL SUPPORT FOR BHWS AND CHWS.

DUTIES:

1. Carry out direct and indirect monitoring of the management of specified common clinical problems by BHWs and CHWs, including on-site visits to each BHW at specified intervals.

2. Provide technical information and guidance to BHWs and CHWs as required.

3. Facilitate the provision of required supplies.

4. Carry out administrative support functions for personnel matters: training and supplies.

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TASK 2. PROMOTE AND SUPERVISE MCH SERVICES IN WOLESVALI.

DUTIES:

1. Promote immunization of all children and tetanus toxoid immunization for pregnant women.

2. Promote nutrition education programs.

3. Promote use of O.R.T. to prevent dehydration.

4. Organize programs to help disabled children.

5. Help community with organizing MCH preventive programs and referral system for obtaining treatment for infants and children.

6. Assist with Organizing local dai and female CHW training programs.

7. Assist with organizing screening and referral programs for high risk pregnancies.

8. Organize Iron and Folic Acid distribution programs.

TASK 3. WORK WITH COMMUNITY MEMBERS TO PLAN AND CARRY OUT COMMUNITY HEALTH ACTIVITIES.

DUTIES:

1. Prepare comprehensive map of service area.

2. Get to know the community through meetings with local leaders, visiting homes, observing the environment, discussing health problems and services with patients, BHWs, CHWs and health facility staff.

3. Help BHW to educate village leaders about the role of BHWs in their communities. Assist village leaders to develop appropriate expectations for BHWs and to provide on-site non-technical monitoring of BHWs.

4. Work with community members to gather information about their health problems.

5. Carry out village level health survey.

6. Help community members to choose and prioritize health activities.

7. Help community members decide on how to carry out priority health activities.

TASK 4. PROMOTE AND ORGANIZE ENVIRONMENTAL HEALTH PROGRAM IN WOLESVALI.

DUTIES: 1. Promote development of and utilization of safe water.

2. Promote safe disposal of human excreta.

3. Organize community educational programs to encourage households to safely dispose of waste water and other refuse.

4. Promote personal and family hygiene (healthful living practices).

5. Encourage families to have a well ventilated house with sufficient light and avoid over crowding.

TASK 5. MANAGE COMMUNICABLE AND ENDEMIC CONTROL PROGRAMS.

DUTIES: 1. Inform community how to prevent and seek treatment for specified communicable and endemic diseases.

2. Assist with the implementation of national control programs such as malaria, T.B., trachoma, Leishmaniasis.

3. Assist with preparing and organizing community for immunization campaigns.

TASK 6. MANAGE IMPLEMENTATION OF P.H.C. SERVICES IN WOLESVALI.

DUTIES: 1. Monitor and make recommendations to PPHD regarding improvement and implementation of PHC services in Wolesvali.

2. Maintain data as required for management of PHC in Wolesvali.

3. Monitor/Evaluate progress of implementation of PHC services.

4. Identify PHC implementation constraints, problems, needs and report findings to PPHD.

5. Access PHC coverage in Wolesvali and make recommendations for improving accessibility and or equitable distribution of available resources.

6. Promote inter-sectorial cooperation for developing and implementing PHC services in Wolesvali

TASK 7. ASSIST HEALTH FACILITIES STAFF WITH CARRYING OUT PREVENTIVE AND PROMOTIVE HEALTH SERVICES.

DUTIES:

1. Promote communication between community and health facility staff.

2. Work with health facility staff on delivering health messages.

3. Help organize special preventive programs within health facility (e.g. immunization and nutrition demonstration).

4. Assist with implementation and monitoring of patient referral system (i.e. BHW to health facility, emergency evacuation, clinic to hospital).

5. Organize and carry out inservice education programs for health facility staff regarding PHC activities.

TASK 8. CARRY OUT EPIDEMIOLOGICAL SURVEILLANCE WITHIN WOLESVALI. (District)

DUTIES;

1. Report any unusual increase of illness in villages to PPHD

2. Assist with carrying out special studies as directed by PPHD

3. Maintain Wolesvali mortality record.

MANAGEMENT SCIENCES FOR HEALTH
BOSTON

25 February 1991

ouglas Palmer
ealth Development Officer
ID/REP/AFGHANISTAN
oom 310, Department of State
ashington D.C. 20523-1515

ear ~~Mr. Palmer~~ Doug:

he Institute of Public Health in cooperation with the Area Health ervices Administration (Supervisory Council of the North Area, South & outhwest Area and Health Committee of Central Afghanistan) is now ready o begin implementation of the planned Rural Health Officer training ourse.

s specified in your letter dated 4 June 1990 approving plans to train ural Health Officers (RHO) and MCH Officers (MCHO), selection of andidates will take place in provinces having an active health service dministration. The Ministry of Public Health has provided MSH with the ames and provinces where the Ministry of Public Health is setting up an ctive health service administration and these are the provinces from hich RHO trainees will be selected. With regard to the Area Health ervices Administration, the Institute of Public Health will be recruiting HO trainees through the Chief of the Health Committee for the Area where ctive health administration is in place. Please see attached list howing name of provinces and responsible officer from where RHO trainees ill be selected.

need before approv.

s requested by you, the plans for RHO as well as MCHO training have been ormally submitted to CMC and WHO for their review and comments.

ince the IPH is anxious to move this program forward with recruitment of ualified candidates, your early review and concurrence to implement the HO training would be greatly appreciated.

Sincerely,

Bill

William D. Oldham, M.D.
Team Leader

oncur: _____
ate: _____

on-Concur: _____
ate: 2/26/91

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RURAL HEALTH OFFICER TRAINING PROGRAM

PROVINCES PROVINCES WITH ACTIVE HEALTH SERVICES ADMINISTRATION

LOCATIONS FROM WHERE RHO TRAINEES ARE TO BE SELECTED

VINCE	ORGANIZATION	NAME OF RESPONSIBLE OFFICER
zni (06 - Paktika)	MOPH	Dr. Rahim Ranzoormal
dak (04 (Paktika)	MOPH	Dr. Amin
ar 03	MOPH	Dr. Mohd. Yousaf
ul 01	MOPH	Dr. Hamid Ahmadzai
ar 10	MOPH	Dr. Assadullah Fazli
arhar 08	MOPH	Dr. Hadiullah
zgan 26	MOPH	Dr. Ab. Rahime
kh 16	SCNA	Deputy to Dr. Sahar
akhshan 14	SCNA	Deputy to Dr. Sahar
hlan 13	SCNA	Deputy to Dr. Sahar
isa 02	SCNA	Deputy to Dr. Sahar
duz 14	SCNA	Deputy to Dr. Sahar
angan 15	SCNA	Deputy to Dr. Sahar
van 03	SCNA	Deputy to Dr. Sahar
ıar 12	SCNA	Deputy to Dr. Sahar
t 20	SSWA	Dr. Mahmood Shah
ıh 21	SSWA	Dr. Basir
van 28	HCCA	Dr. Sayed Ahmad Meri
ni (06 Hazara)	HCCA	Dr. Sayed Ahmad Meri
lak (04 Hazara)	HCCA	Dr. Naq Mohmmad

? —

eviations
--Ministrty of Public Health
--Supervisory Council of the North Area
--South and Southwest
--Health Committee of Central Afghanistan

07 Paktya
22 Paktika
04 Laghman
17 Daikundi
19 Badgis
22 Nimroz
23 Helmand
24 Kandahar

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O/AID/Rep for Afghan Affairs (in Exile)
1515 Wilson Blvd.
Rosslyn, Va.
FAX No. (703) 235-0809

To: BILL OLDHAM
MSH

FAX No. 617-965-2208

From: DOUG PALMER
O/AID/Rep in Exile

Tele: No. (703) 235-0894

Approved by: T Eighmy

No. of Pages 3

* APPROVED REQUEST FOR SHIPMENT OF JONO'S PERSONAL EFFECTS AND FAXED TO JOHN MAY.

* I CAN NOT APPROVE REQUEST TO TRAIN RHOs UNTIL WE RECEIVE PROOF THAT THE MOPH HAS / PLANS TO HAVE ACTIVE, SENIOR MOPH OFFICIALS WORKING FULL TIME IN THEIR RESPECTIVE PROVINCES IN AFGHANISTAN. PLEASE PROVIDE DATES WHEN THE INDICATED MOPH OFFICIALS ARRIVED / WILL ARRIVE IN GHAZNI, WARDAK, LOGAR, KABUL, KUNAR, NANGARHAR AND UROZGAN PROVINCES. I ASSUME THAT ALL THE SCNA, SSWA AND HCCA OFFICIALS ARE IN PLACE. PLEASE CONFIRM. PLEASE PROVIDE NAMES OF ALL THE SCNA OFFICIALS PER THEIR RESPECTIVE PROVINCES.

* AS INDICATED EARLIER, I WILL BE VISITING YOU AND YOUR STAFF DURING THE WEEK OF 3/11 TO DISCUSS THE ENTIRE PROGRAM — PARTICULARLY [illegible]

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INSTITUTE OF PUBLIC HEALTH

RURAL HEALTH OFFICERS TRAINING PROGRAM

TIME ALLOCATION OF CHAPTERS

No	Chapters	Theory	Practical	Field Work	Totoal	%
1.	Introduction to P.H.C. RHO's Training Progoramme	33	0	0	33	3.6
2.	Health Communication	26	16	18	60	6.6
3.	Management of Health Activities	42	9	29	80	8.8
4.	Environmental Health	25	4	45	74	8.2
5.	Immunization	20	9	41	70	7.7
6.	Nutrition	29	9	30	68	7.5
7.	Maternal and Child Health	34	20	18	72	8.0
8.	Child Survival and Diseases Children	36	7	33	76	8.4
9.	Health and Community	20	7	35	62	6.9
10.	Supervision and Administration	44	8	21	73	8.1
11.	First Aid and Nursing Skills	18	9	12	39	4.3
12.	Anatomy, Physiology and Pharmacology	18	3	0	21	2.3
13.	Diseases and Treatment	18	0	18	36	4.0
14.	Field Practic	0	0	136	136	15.1
	Total	363	101	436	900	100
	Percentage	40.3%	11.2%	48.4%	99.9%	

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DATES OF IMPLEMENTATION

1 - DURATION OF RHO TRAINING PROGRAM 26 WEEKS

2 - TEACHING HOURS 34 HOURS / WEEK AS FOLLOWS :
A - SATURDAY TO WEDNESDAY 6 HOURS / DAY
B - THURSDAY .....4 HOURS / DAY

3 - RHO TRAINING PROGRAM BEGAN ON SEPTEMBER 07, 1991 .

4 - CHAPTER 1,2,3,4,5, HAVE BEEN TAUGHT ALREADY .

5 - TEACHING OF CHAPTERS 6, 7, 8,AND 9 WILL BE COMPLETED BY MARCH 01,1992

6 - TEACHING OF THE CHAPTERS 10, 11, 12, AND 13 WILL BE COMPLETED BY APRIL,15,1992 .

7 - FINAL PRACTICAL AND WRITTEN EXAMINATION IS SCHEDULED FROM APRIL 18 - 23,1992 .

8 - PREPARATION AND TRAVEL TO CHACK DISTRICT WARDAK PROVINCE FROM APRIL, 25 - 30,1992 .

9 - FIELD PRACTICE IN WARDAK PROVINCE MAY 01,1992 TO MAY 28,1992 .

10 - CLOSING OF FIRST RHO TRAINING SESSION AND DISTRIBUTION OF CERTIFICAT MAY 31,1992 .

بسم الله الرحمن الرحيم

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِّلْمُؤْمِنِينَ

Islamic State of Afghanistan
Ministry of Public Health

دولت اسلامی افغانستان
وزارت صحت عامه

This is to certify that s/o has successfully completed the course of Rural Health Officers (R.H.O) from August 7, 1991 to June 21, 1992 in the Institute of Public Health.

This certificate has been given to him to enjoy all its privileges and to serve the people of Afghanistan.

تصدیق میشود که ولد کورس کارکنان صحی روستائی (ار، اچ، او) را از تاریخ ۷ اگست ۱۹۹۱ الی ۲۱ ر جون ر ۱۹۹۲ در انستیتوت صحت عامه موفقانه سپری نموده است ، این سند برایش داده شد تا از حقوق آن در جهت خدمت به مردم کشور عزیز استفاده نماید .

امضاء وزیر صحت عامه

امضاء رئیس انستیتوت صحت عامه

RURAL HEALTH OFFICERS
FIRST SESSION

SESSION:	NAME:	FATHER NAME:	GRAD.BHW SESSION:	AGE	CODE NO:	EDUCATION LEVEL:	PROVINCE:	DISTRICT:
1	GUL WAZIR	SHER JAN	3rd	27	570	12	WARDAK	SAYDABAD
1	MOHAMMAD AMAN	JAMALUDDIN	7th	27	1582	12	GHAZNI	QARABAGH
1	ABDUL HADI	KHALIL RAHMAN	3rd	27	364	12	KONAR	CHOWKI
1	GUL MOHAMMAD	ABDUL MOHD	2nd	30	330	12	LOGAR	MOHD AGHA
1	SHEREEN AGHA	AZIZ AHMAD	4th	22	678	11	KAPISA	PANJSHIR
1	SHAH ZADAH	GUL MOHD	4th	24	675	12	PARWAN	SURKH PARSA
1	ABDUL WAKIL	DOST MOHD	4th	30	702	12	BAMYAN	SAIGHAN
1	NAJIBULLAH	NASRULLAH	6th	25	1128	12	KABUL	PAGHMAN
1	NAZRUDIN	BABA KHAN	6th	27	1302	11	BADAKHSHAN	SHARE BUZURG
1	MOHEBULLAH	M.A. QADIR	8th	25	1724	12	SAMANGAN	DARAISOOF
1	ABDULLAH	FAZEL RAHMAN	2nd	25	202	12	LOGAR	BARAKI
1	GUL BAT KHAN	MOHD ANWAR	6th	26	1206	10	WARDAK	CHAK
1	ABDUL BAQI	MOHD RUSTAM	4th	24	4106	10	BAGHLAN	ANDARAB
1	BATEN SHAH	MOHD GUL	2nd	25	297	11	NINGARHAR	KHOGYANI
1	RAHMAT GUL	MOHD GUL	6th	26	1285	12	KABUL	CHARDEHI
1	MOHD IBRAHIM	GH. DASTGIR	4th	27	813	11	URUZGAN	TERINOT
1	MOHD DAUD	ABDULLAH	8th	26	1784	11	KUNDUZ	IMAM SAHEB
1	ALLAH NOOR	MIR AKBAR	5th	29	1024	12	KABUL	SHEWA [illegible]
1	[illegible] FACHA	AMIR MOHD	6th	22	1332	12	[illegible]	[illegible]
1	SAIFURRAHMAN	M. YAR	6th	25	1157	12	KUNDUZ	[illegible]

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MATERNAL & CHILD HEALTH

OFFICER (MCHO)

Training Program

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MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
MATERNAL & CHILD HEALTH OFFICERS

INSTITUTE OF PUBLIC HEALTH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992							10						10	10	
FY 1993							**							10	
FY 1994					13								13	23	

* FY 1987 = October 1st, 1986 – Septembe 31st, 1987

** 2nd Session started in Jalalabad with 16 trainees enrolled.
out of which 13 were graduated in Feb. 07, 94.

MANAGEMENT SCIENCES FOR HEALTH

TRAINING DEPARTMENT

Maternal & Child Health Officers (MCHO's)

Institute of Public Health

SESSION	DATE		TOTAL		CUMUL.
	STARTED	COMPLETED	ENROLLED	GRADUATED	TOTAL
I	April 06, 1991	April 12, 1992	11	10	10
II	April 11, 1993	Feb. 07, 1994	16	13	23

✓ – chron

MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

22 November 1992

Dr. M. Akbari
Deputy Director General
Institute of Public Health
Peshawar

Subject: MCHO Training Program

Dear Dr. Akbari:

In a recent meeting with Mr. Douglas Palmer, Health Officer, Office of the USAID Representative for Afghanistan, Mr. Palmer concurred with funding the proposed IPH MCHO training program in Jalalabad.

Mrs. Linda Tawfik, MSH has, in coordination with the MOPH MCH Department, provided a list of districts/locations in the Jalalabad catchment area eligible for recruitment of MCHO trainees. It is proposed that the training program start on or about 1 January 1993.

As MCHO training will take place in Jalalabad, obviously the IPH MCHO trainers will be needed in Jalalabad. It is recommended that the following positions be transferred to Jalalabad effective 1 January 1993. The positions are as follows: Director, MCHO Training and one Trainer Doctor. Further, it is recommended that one of the two Trainer Doctor positions be converted to mid-level for recruitment in and assignment in Jalalabad. The present Trainer, Mid-level is needed here in Peshawar on a temporary basis to assist with completing the VHS curriculum. Just to clarify and avoid possible misunderstandings, MSH Training Department will be able to fund only one MCHO mid-level training position in Peshawar after 31 December 1992 and then only on a temporary basis.

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I look forward to discussing this matter with you and to assist the IPH with implementing this very important and needed MCHO training program.

Sincerely,

Richard B. Johnson
Training Advisor

cc: William D. Oldham, MD
Dr. Fatimie
Dr. Wahidi
Linda Tawfik

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INSTITUTE OF PUBLIC HEALTH

MOTHER AND CHILD HEALTH OFFICERS' (MCHO) TRAINING PROGRAM
TEACHING SCHEDULE

A - TEACHING HOURS : TOTAL TEACHING HOUR IS 34 HOURS / WEEK
1 - SATURDAY TO WEDNESDAY 6 HOURS / DAY
2 - THURSDAY .....4 HOURS / DAY

PHASE I : (APRIL 06,1991 TO JULY 01,1991 = 12 WEEKS)

TEACHING CONTENTS : USING FEMALE B.H.Ws' CURRICULUM .

PHASE II : (JULY 02,1991 TO MARCH 29,1992 = 33 WEEKS)

TIME ALLOCATION FOR TEACHING OF SUBJECTS INCLUDED IN MCHO CURRICULUM FOR PHASE II, ARE AS FOLLOWS :

NO.	CHAPTER	Theory	Practical	Total	% Th.	% Pr.
1	Health and Community & Communication in Health	66	36	102	65	35
2	Management of Normal Pregnancy .	50	52	102	50	50
3	Management of Nor. Delivery & Postnatal Period	95	177	272	35	65
4	Management of Emergencies During Pregnancy,Delivery & Postnatal Period .	36	36	72	50	50
5	Care of New born,infants & Children .	83	155	238	35	65
6	Management of Clinical Problems .	68	68	136	50	50
7	MCHO's Role in Providing Family Planning Services.	34	34	68	50	50
8	Management of Health Facilities & MCHO's Responsibilities .	34	34	68	50	50
9	Training and Supervision of TBAs and Female B.H.Ws.	34	34	68	50	50
	TOTAL	500 HOURS	626 HOURS	1126 HOURS	48.33	51.66

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيْمِ

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَاهُوَشِفَاءٌ وَّرَحْمَةٌ لِّلْمُؤْمِنِيْنَ

Islamic State of Afghanistan
Ministry of Public Health

دولت اسلامی افغا نستان
وزارت صحت عامه

This is to certify that Sister D/o has successfully completed the course of Mother-Child Health Officers (MCHO) from April 6, 1991 to May 12, 1992 in the Institute of Public Health.

This certificate has been given to her to enjoy all its privileges and to serve mothers and children in Afghanistan.

تصدیق میشود که خواهر بنت
کورس متصدیان امور صحی مادران و اطفال (ام ، سی ، ایچ
، او) را از تاریخ ٦ اپریل ١٩٩١ الی ١٢ می ١٩٩٢ در
انستیتوت صحت عامه موفقانه سپری نموده ، این سند برایش
داده شد تا از حقوق آن درجهت خدمت به مادران و اطفال
کشور ما استفاده نماید .

امضای وزیر صحت عامه

امضای رئیس انستیتوت صحت عامه

بسم الله الرحمن الرحیم

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِلْمُؤْمِنِينَ

Islamic State of Afghanistan
Ministry of Public Haelth
Departman of M.C.H

دولت اسلامی افغانستان
وزارت صحت عامه
ریاست حمایهٔ طفل و مادر

This is to certify that _____ has attended the MCH workshop conducted in Institute of Public Health from _____ to _____.

His/Her active Participation in this workshop is appreciated.

S/O
D/O

بدین وسیله از اشتراک فعال محترم / محترمه ..... ولد / بنت ..... در ورکشاپ حمایهٔ طفل مادر، که در انستیتوت صحت عامه دایر گردیده بود، تصدیق می شود

تاریخ / / الی / / در

والسلام

امضای کتی سالترینهای ورکشاپ — امضای رئیس حمایهٔ طفل و مادر — امضای رئیس انستیتوت صحت عامه — امضاء وزیر صحت عامه

R.N, S.C.M, M.P.H

MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

Dr. Shukrullah Wahidi
Director of MCH
Ministry of Public Health

November 12, 1992

Dear Dr. Wahidi:

In preparation for the recruitment of trainees for the MCHO course in Jalalabad, the MSH MCH Department has reviewed data from WHO and MSH to determine the priority districts for recruitment from the Eastern Zone. The attached pages list the priority districts and the maps indicate the location of existing facilities.

Criteria for MCHO recruitment is as follows:

1. For rational distribution of services, a MCH Post can be established for a population of 15,000; a MCH clinic can be established for a population of 30,000 or more. The attached listing of priority districts are listed based on a population of 15,000 or more because most of the 1992 MCHO graduates established Posts. For 1993, the priority should be to first recruit from areas where you can allocate MCH facilities at a ratio of 1 MCH clinic per 30,000. (Due to the cutbacks in funding levels, MCHO candidates should agree to be linked to existing Basic Health Centers and Comprehensive Health Centers if possible, thereby creating in essence a MCH facility. Agreement should be obtained from the facility staff prior to the final selection of MCHO trainees; this factor will be considered in selection.)

2. Candidates should have a minimum of a 10th class education in order to successfully master the MCHO curriculum.

3. Candidates should be currently living in the district to which they agree to work after graduation. Therefore, candidates from Peshawar will not be accepted.

4. Candidates should be selected from each province in the Eastern Zone according to need as indicated on the attached listings. (e.g. Based on population and need approximately 7-8 candidates should be from Nangarhar, 2-3 from Laghman, 2 from Kapisa, 2 from Kunar, 0-1 for Logar). Logar already has a higher ratio of MCH facilities to population than the other provinces listed, indicating less need than other provinces.)

5. The distance between any 2 MCH facilities should be at least 10 kilometers.

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The MOPH MCH Department should begin recruitment immediately because the target start date for the MCHO course will be January 1, 1993. Based on discussions with Dr. Akbari and Mr. Johnson, it is expected that screening and testing of candidates will be carried out in coordination with the Institute of Public Health in Jalalabad.

Sincerely,

Linda Tawfik

Linda Tawfik
Women's Health and
Health Ed Advisor

cc: Dr. Akbari, Director of Institute of Pubic Health, MOPH
Mr. Richard Johnson, Training Dept, MSH
Dr. Laurence Laumonier, Field Ops, MSH

PRIORITY DISTRICTS FOR SELECTION OF 1993 MCHO CLASS FOR EASTERN ZONE

PROVINCE	DISTRICTS WITH OVER 15,000	POPULATION (old data for areas and WHO data)	NUMBER AND LOCATION OF MCH FACILITIES	NUMBER OF BHC'S, CHC'S, HOSPITALS (W.H.O.)
Nangarhar	Achin	41,510-68,604	No MCH facility	1 CHC 1 BHC
	BatiKot	38,185-44,585	No MCH facility	1 H3 1 BHC
	Behsud	32,466-63,782	No MCH facility	None
	Chaperhar	8,574-43,275	No MCH facility	2 CHC 1 BHC
	Dara-l-noor	27,608-35,010	No MCH facility	None
	Deh Bala	31,421-39,913	No MCH facility	2 CHC 1 BHC
	Dur Baba	17,154-20,030	No MCH facility	None
	Goshta	5,666-21,272	No MCH facility	1 BHC
	Hesarak	4,449-22,454	No MCH facility	4 BHC
	Kama	10,724-54,130	No MCH facility	None
	Khogyani	22,953-115,847	No MCH facility	1 H3 3 BHC 2 CHC
	Kouz Kunar	19,058-40,316	No MCH facility	1 BHC
	Lalpur	20,876-27,229	No MCH facility	None
	Mohmand Darah	49,022-74,333	No MCH facility	1 CHC 1 BHC
	Nazyan	15,444-18,033	No MCH facility	1 CHC 1 BHC
	Pachir-wa-Agam	24,758-30-994	No MCH facility	None
	Rodat	36,156-86,655	No MCH facility	1 CHC 3 BHC
	Sherzad	28,169-52,375	No MCH facility	1 CHC 2 BHC
	Shinwar	19,752-23,063	No MCH facility	1 H3 5 BHC 1 CHC
	Surkh Road	57,327-106,016	~~No MCH facility~~ 70447 MCHO)	1 H3 3 BHC 1 CHC
LAGHMAN	Alishang	42,000-48,000	7031 in Qala-e-Tak	1 H3 1 BHC 1 CHC
	Mehterlam	77,793-106,556	No MCH facility	Ortho center Mobile unit

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	Qarghaie	48,956-99,745	No MCH facility	1 H3	
	Alingar	50,613-61,864	No MCH facility		
	Hooristan	53,209-53,842	No MCH facility	2 BHC	
Kunar	Chapa dara	27,990-32,032	No MCH facility	2 BHC	
	Naranj	16,607-19,129	No MCH facility	1 CHC	2 BHC
	Nour Gul	21,922-24,064	No MCH facility	3 BHC	
	Asad Abad	42,387	7045 (post) in center	2 CHC	2 H3
	Asmar	27,318	No MCH facility	1 CHC	5 BHC
	Chaw Kai	25,693	No MCH facility	1 CHC	3 BHC
	Khas Kunar	22,129	7048 (post) in Khaskunar	2 BHC	
	Peche	60,052	No MCH facility	1 CHC	6 BHC
	Sar Kanai	34,521	No MCH facility	1 CHC	1 BHC
Logar	Charch	35,317-39,313	7051 (post) in Garmaba	3 CHC	3 BHC
	Kulanger	24,000-70,127	7002 in Sayed Habibullah to be cancelled	4 CHC 5 BHC	1 H3
	Baraki Barak	50,227	7001 (post) in Baraki-Barak 7052 (post) in Chalozai		1 CHC 13 BHC
	Mohammed Agha	20,110-82,633	No MCH facility	1 H3 1 CHC	2 BHC
Kapisa	Negrab	81,308-82,245	No MCH facility	3 CHC	1 BHC
	Tajab	52,346-60,458	No MCH facility	1 CHC	1 BHC

DISTRICTS WITH OVER 15,000 POP IN THE EASTERN ZONE WHICH ALREADY HAVE SUFFICIENT MCH FACILITIES PER POPULATION

PROVINCE	DISTRICTS WITH OVER 15,000	POPULATION (old data for areas and WHO data)	NUMBER AND LOCATION OF MCH FACILITIES	NUMBER OF BHC'S, CHC'S, HOSPITALS (W.H.O.)
Laghman	Dawlatshah	20,000-26,719	7041 in Zarkamar	1 CHC

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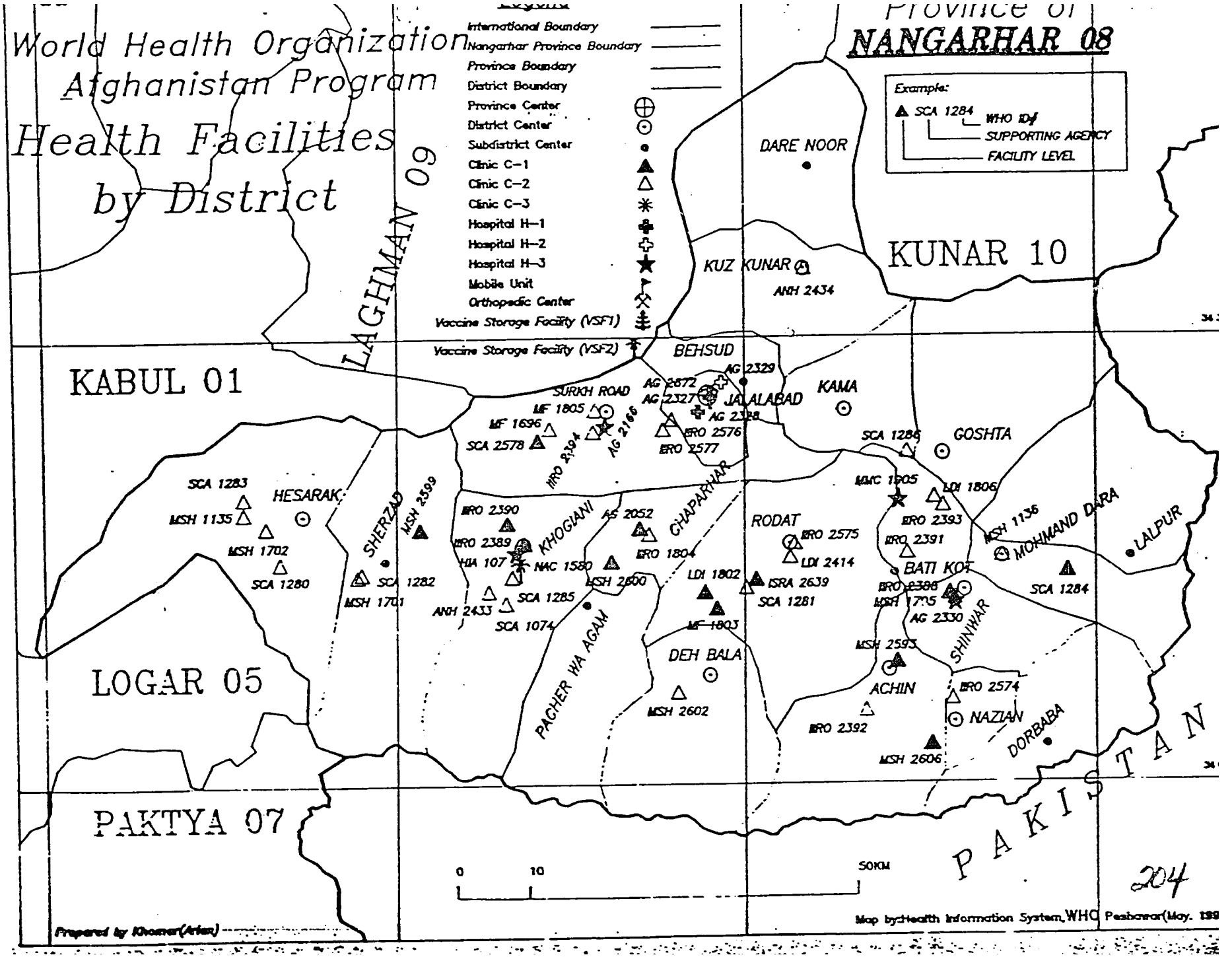
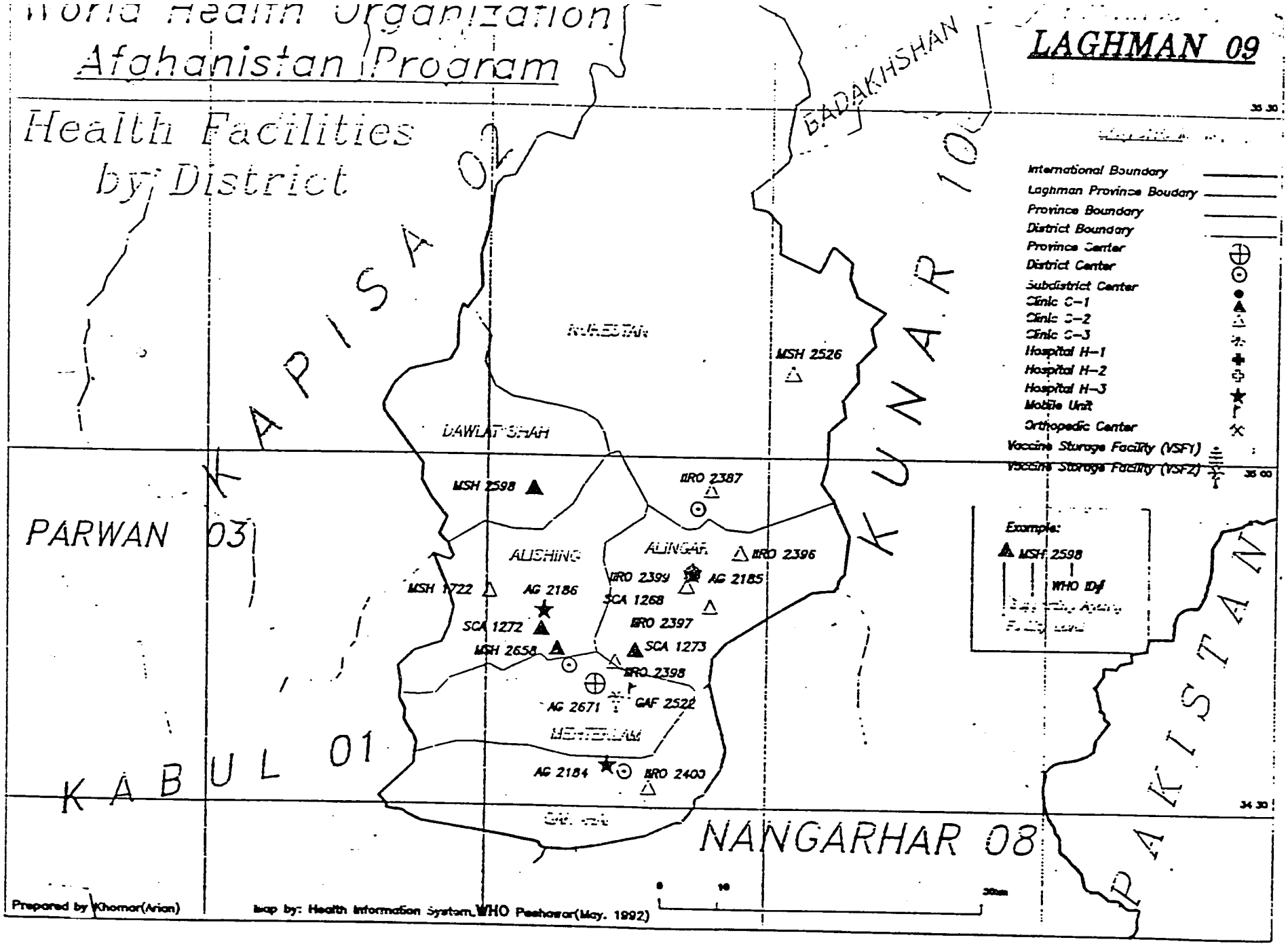

World Health Organization
Afghanistan Program
Health Facilities
by District
Province of
NANGARHAR 08
Legend
International Boundary
Nangarhar Province Boundary
Province Boundary
District Boundary
Province Center
District Center
Subdistrict Center
Clinic C-1
Clinic C-2
Clinic C-3
Hospital H-1
Hospital H-2
Hospital H-3
Mobile Unit
Orthopedic Center
Vaccine Storage Facility (VSF1)
Vaccine Storage Facility (VSF2)
Example:
SCA 1284
WHO ID
SUPPORTING AGENCY
FACILITY LEVEL
KABUL 01
LAGHMAN 09
KUNAR 10
LOGAR 05
PAKTYA 07
PAKISTAN
DARE NOOR
KUZ KUNAR
ANH 2434
BEHSUD
JALALABAD
KAMA
GOSHTA
SURKH ROAD
HESARAK
SHERZAD
KHOGIANI
GHAPARHAR
RODAT
BATI KOT
MOHMAND DARA
LALPUR
SHINWAR
DEH BALA
ACHIN
NAZIAN
DORBABA
PACHER WA AGAM
0
10
50KM
204
Prepared by Khamar(Arian)
Map by:Health Information System,WHO Peshawar(May. 199

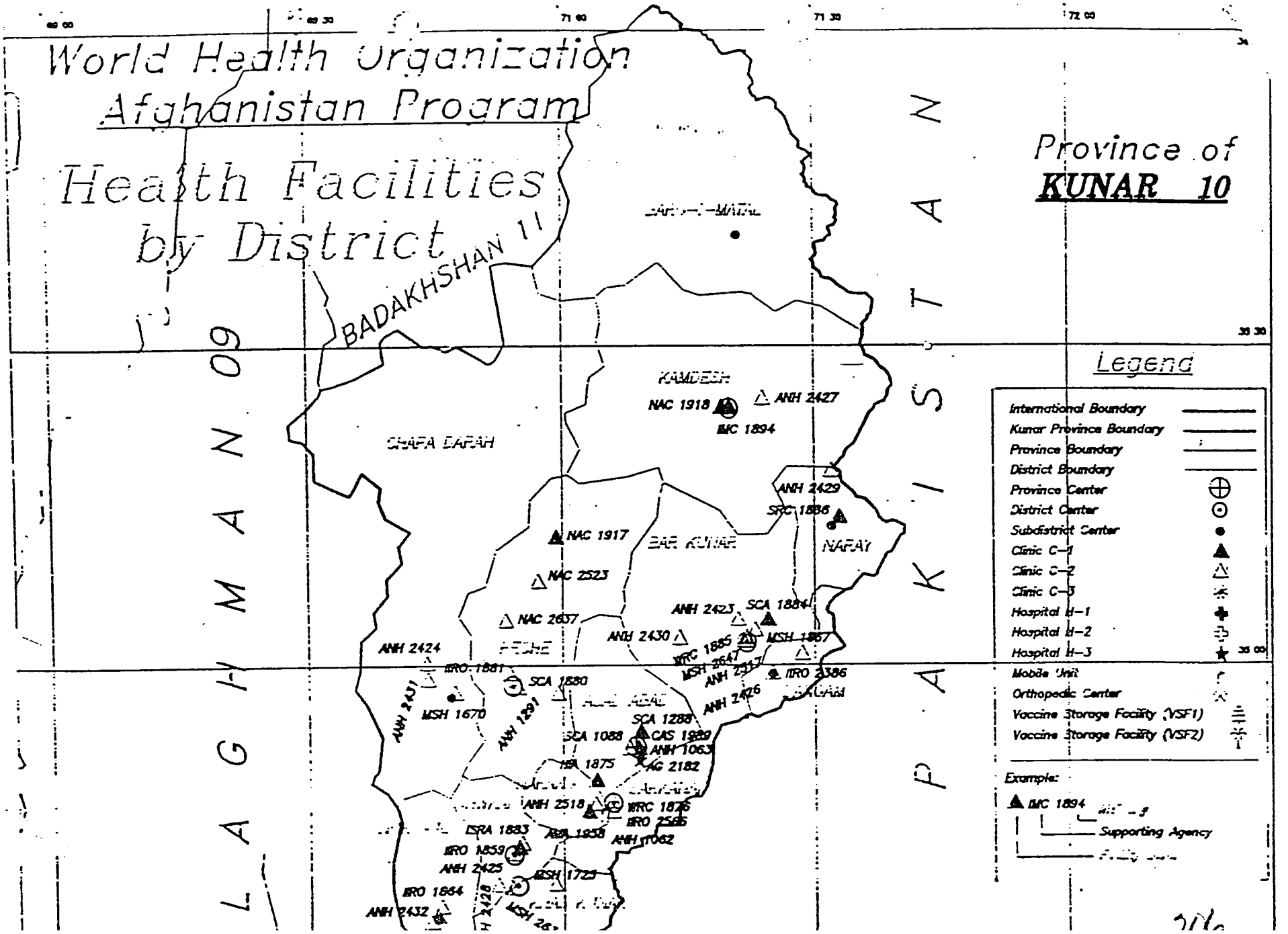
World Health Organization
Afghanistan Program

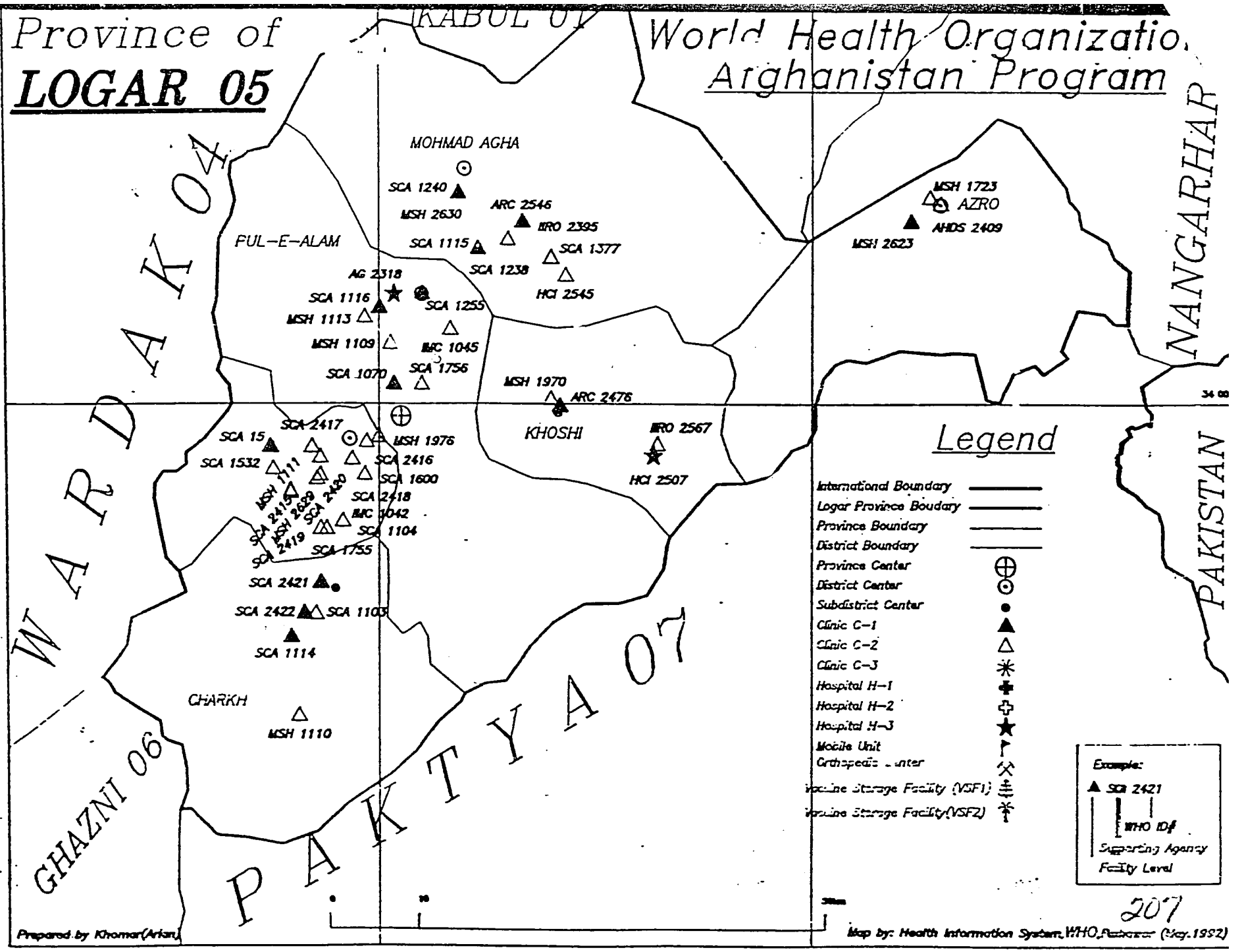
Health Facilities by District

LAGHMAN 09



World Health Organization
Afghanistan Program
Health Facilities by District

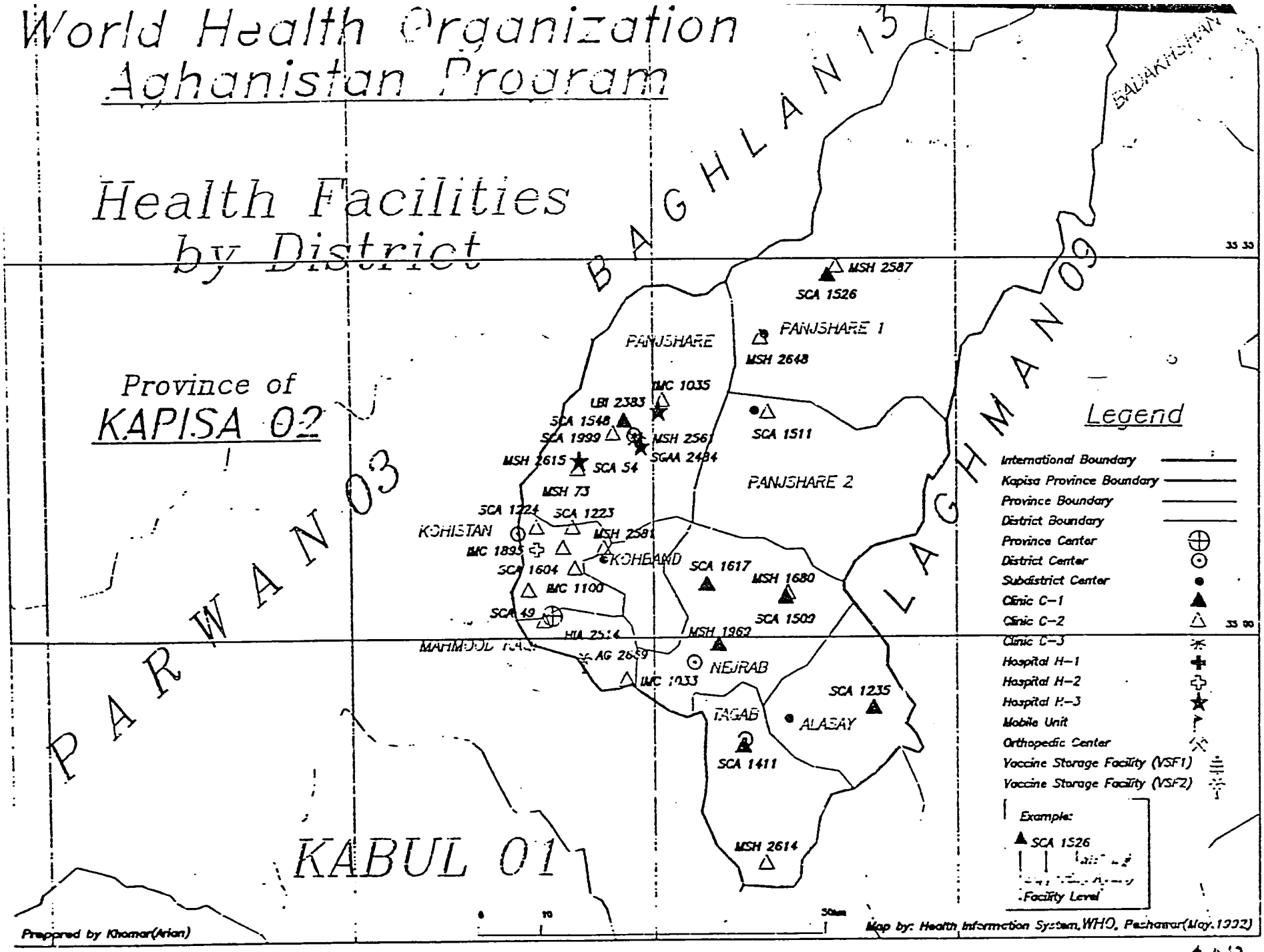



Province of
LOGAR 05
World Health Organization
Afghanistan Program
KABUL 01
WARDAK 04
NANGARHAR
PAKISTAN
GHAZNI 06
PAKTYA 07
MOHMAD AGHA
PUL-E-ALAM
KHOSHI
CHARKH
SCA 1240
MSH 2630
ARC 2546
IRO 2395
SCA 1115
SCA 1377
SCA 1238
HCI 2545
AG 2318
SCA 1116
SCA 1255
MSH 1113
MSH 1109
MC 1045
SCA 1070
SCA 1756
MSH 1970
ARC 2476
MSH 1723
AZRO
AHDS 2409
MSH 2623
SCA 2417
SCA 15
MSH 1976
SCA 1532
SCA 2416
SCA 1600
SCA 2418
MC 1042
SCA 1104
SCA 1755
SCA 2421
SCA 2422
SCA 1103
SCA 1114
MSH 1110
IRO 2567
HCI 2507
Legend
International Boundary
Logar Province Boudary
Province Boundary
District Boundary
Province Center
District Center
Subdistrict Center
Clinic C-1
Clinic C-2
Clinic C-3
Hospital H-1
Hospital H-2
Hospital H-3
Mobile Unit
Orthopedic Center
Vaccine Storage Facility (VSF1)
Vaccine Storage Facility(VSF2)
Example:
SCA 2421
WHO ID#
Supporting Agency
Facility Level
Prepared by Khomar(Arian)
Map by: Health Information System, WHO, Peshawar (May.1992)

World Health Organization
Aghanistan Program

Health Facilities by District

Province of
KAPISA 02



INSTITUTE OF PUBLIC HEALTH

MATERNAL & CHILD HEALTH OFFICER TRAINING PROGRAM

Conducted in Jalalabad

(April 1993 – February 1994)

List of 2nd session graduates

NO.	NAME	F_NAME	AGE	EDUCATION	VILLAGE	DISTRICT	PROVINCE
1	SAEEDA SLAMA	SAEED PADSHAH	22	12	QALA TAK	SHEWA	NANGARHAR
2	NABILA	ABDUL SAMEE	20	12	WALY QALA	CHOWKI	KONAR
3	MASHOOQA	GUL MIRAN	18	8	SHER GAR	KAMA	NANGARHAR
4	ZARSANGA	NIAMATULLAH	21	8	ALI KHAIL	QARGHAI	LAGHMAN
5	SHAKELA	GH. SAKHI	22	12	KOT	RODAT	NANGARHAR
6	MARIDA	SALIH MOHD	23	12	TAGARI	TAGARI	LAGHMAN
7	SALMA	AB. BASIR	20	12	JOY HAFT	JALALABAD	NANGARHAR
8	ZAHIDA	SAEED MOHAMMAD	19	11	SABR SUFLA	PACHIER	NANGARHAR
9	NABILA	S. ARIF	22	11	SULTAN POOR	SURKH ROAD	NANGARHAR
10	BELQIS	WAHIDULLAH	22	10	MANO	CHAPARHAR	NANGARHAR
11	AQILA	GH. JELANI	25	12	CHARDEHI	BATIKOT	NANGARHAR
12	LAILUMA	NIAMATULLAH	30	9	MARYAM	MARKAZ	LAGHMAN
13	BIBI KHURD	GH. HABIB	33	12	MAIDAN KANI	KHUGIANI	NANGARHAR

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MATERNAL AND CHILD HEALTH OFFICERS
TRAINING PROGRAM
FIRST SESSION

S.NO.	NAME:	FATHER NAME:	AGE:	EDUCATION LEVEL :	PROVINCE:	STATUS:	COMMENTS:
1	AQELA	MOHD EWAZ	19	12th	BAMYAN	PASSED	(INSIDE AFGHANISTAN)
2	LAILUMA	A. QUDDUS	25	14th	LOGAR	PASSED	
3	ZARI GUL	HAMIDULLAH	18	14th	NINGARHAR	PASSED	
4	MAJEEDA	M. RASOOL	24	10th	KONAR	PASSED	(INSIDE AFGHANISTAN)
5	ZUBAIDA	MOHD RASOOL	24	12th	KONAR	PASSED	(INSIDE AFGHANISTAN)
6	SURAYYA	TAJ MOHD	22	12th	KUNDUZ	PASSED	
7	SHAIMA	M. NAWAB	32	12th	KABUL	PASSED	
8	FAHIMA	AMIIR MOHD	22	12th	LOGAR	PASSED	
9	HASEENA	M. AYUB	26	14th	KABUL	PASSED	
10	SAMIA	M. AMAN	20	10th	LOGAR	PASSED	
11	ADELA	FAZEL AHMAD	20	10th	GHAZNI	DROPPED OUT	(INSIDE AFGHANISTAN)
12	QUDSIA	SAMAD ALI	21	12th	GHAZNI	DROPPED OUT	
13	ZARMINA	M. ALI	16	9th	GHAZNI	DROPPED OUT	

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PRIMARY HEALTH CARE

Seminars/workshops

MAMAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
PRIMARY HEALTH CARE SEMINARS

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992			25	61			65						151	151	
FY 1993		16 TKR	11 IPH	18 IPH	0	21 IPH	7 KST	25 IPH	6 BLK				104	255	
FY 1994			160 IPH										160	415	

* FY 1987 = October 1st, 1986 – September 31st, 1987

IPH = Institute of Public Health
TKR = Takhar Training Center
BLK = Balkh Training Center
KST = Khost Training Center

PRIMARY HEALTH CARE SEMINAR

FOR

DOCTORS & MLHW

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PRIMARY HEALTH CARE SEMINAR
FOR DOCTORS AND MLHWs

Introduction:

Most of doctors and MLHWs who are working in different health facilities are trained to take care of patients, and they have information about causes, diagnosis and treatment of diseases, but they have limited information about prevention of diseases and community health status development. They also need to know about the proper ways of health services development. Furthermore they need to know how to work with the health team for example; where to refer the patient, whom they should supervise, and who should supervise them.

Therefore the IPH directorate had made the decision to conduct a short term one week seminar for those doctors and MLHWs currently working in the clinics, basic health posts, MCH posts and other health facilities, that while they are coming to Peshawar for receiving salary and resupplying, they should follow this course of PHC to get information about PHC concepts and Afghanistan Health System.

This seminar will be running by IPH with close cooperation of the concerned Departments of MOPH, such as; BHS, MCH, and PMD. Training Department of MSH will contribute in technical and financial supporting of this program. It is planned that those doctors/trainers who have teaching experience about certain related subjects should participate and train the trainees in the specific fields.

Goal and Objectives:

To develop and improve the level of skills and knowledge of doctors and mid-level health workers who will be able to:

1. Know Afghanistan health services delivery system.
2. Assure that the health services delivery based on PHC is the best strategy.
3. Know their position in Afghanistan Health System pyramid and among the members of health team.
4. Know the better ways of supervision and referral in the health system.
5. Reduce the morbidity and mortality rate of diseases in

PHC SEMINAR FOR DOCTORS AND MID-LEVEL HEALTH WORKERS
TEACHING SCHEDULE

DAYS	TOPICS	TIME	LECTURER	TOPICS	TIME	LECTURER
1st day	· Afghanistan Health Problems · Public Health · PHC strategy for promotion of health	8-12 am.	Dr. Fatimie Dr. Fatimie Dr. Qasim Dr. Ahmad Yar	· Delivery of PHC services based on master plan · Afghanistan Health System	2-4 pm. 2-4 pm.	Dr. Fatimie Dr. Sidiqi
2nd day	- MCH problems in Afghanistan · MCH components	8-12 am.	Dr. Wahidi	- Continued	2-4 pm.	Dr. Wahidi
3rd day	- Role of Health communication in PHC as a key component - Principles and methods of health communication	8-12 am. 8-12 am.	Dr. Akbari Dr. Ahmad Zai	- Basic Management of Health Center	2-4 pm.	Dr. Saleh Mr. Asif
4th day	- Visit to BHU		Dr. Saleh Mr. Asif	Role of RHO, MCHO and BHW in PHC and their Job description	2-4 pm.	Dr. Ahmad Zai Dr. Ehsan Dr. Abdullah Dr. Saifurrahman
5th day	· Visit to RHO, MCHO and BHW continued education	8-12 am.	Dr. Ahamad Zai Dr. Saifurrahman	- Water and Sanitation (food and personal Environmental Health) (Safe extreta of waste disposal)	2-4 pm.	Dr. Akbari Dr. Ahmad Yar Dr. Akbar Shirzad
6th day	- Visit to Refugee Camp	8-12 am.	Dr. Ahmad Yar Dr. A. Shirzad	· Immunization Activities - Importance of Cold Chain System and Vaccine maintenance	2-4 pm.	Dr. Azimi Mr. Rahmanyar
7th day	Visit to PMD and Vacc. Training Programme	8-12 am	Dr. Azimi Dr. Ahmad Yar Mr. Rahmanyar	Conclusion and Evaluation of seminar	2-4 pm.	Dr. Akbar Shirzad Dr. Qasim Dr. Ahmad Yar

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Health Care Problems in Afghanistan

Outline:

1. Mortality and morbidity in Afghanistan with special focus on children and women

2. Safe motherhood

   a. Major causes of death among women
   b. Safe motherhood strategies

3. Child survival

   a. Major causes of death among children
   b. Child survival strategies

4. The link between maternal and child health

5. Major root causes of death

Health Care Problems in Afghanistan

Learning Objectives:

By the end of this session the participants should be able to:

1. Understand the mortality and morbidity rate due to common problems in Afghanistan and compare them with other countries in the world.

2. Identify the main medical causes of death among women and children.

3. Describe the key child survival technologies and safe motherhood intervention to improve maternal and child health.

4. Identify the root causes of death and determine what doctors and mid-level health workers can do to prevent deaths in terms of medical, health services, transport, socio/economic and cultural factors.

Public Health

Outline:

1. The rise of Public Health
2. Germ theory of diseases
3. The birth of preventive medicine
4. Modern Medicine
   - -Curative Medicine
   - -Preventive Medicine
   - -The social Medicine
   - -Changing concept of public health
5. Health for all
6. Public health
7. Health Education and Communication
   - -What is health Education
   - -Objective of health education
   - -Approach to public health
   - -Adoption of new ideas and practices

Public Health

Learning Objectives:

By the end of the session the trainee will be able to:

1. Understand the rise of public health.
2. Know the germ theory of diseases.
3. Explain the modern medicine.
4. Understand the goal of health for all.
5. Explain public health and health communition.

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Primary Health Care Concepts

Outline:

1. Introduction
2. The changed meaning of PHC
3. The limitation of medical care
4. World Health Organization and PHC
5. Primary Health Care definition, principles, strategies and elements.
6. The two sides of the health coin.
7. Delivery of PHC based on Master Plan
8. Afghanistan Health System

Primary Health Care Concepts

Learning Objectives:

The learning objectives for this session are to:

1. Understand the changed meaning of PHC.
2. Describe Primary Health Care definition, Principles. strategies and elements.
3. Describe the two sides of health coin.
4. Understand Afghanistan Health Systems and take part in integration of disintegrated pyramid of health system.

Maternal Child Health

Outline:

I. MCH problems in Afghanistan

1. Morbidity and mortality rate of mothers and children in Afghanistan

2. Safe Motherhood

   a. Major causes of death among women

   b. Safe motherhood strategies

3. Child survival

   a. Major causes of death among children

   b. Child survival strategies

4. The link between maternal and child health

5. Major root causes of death

II. MCH Components

1. Maternal Health

   a. Working with TBAs

   b. Pregnancy
      _ Importance of prenatal care
      _ High risk pregnancy and referral

   c. Delivery
      _ Normal delivery
      _ Role of Dais in delivery
      _ ruptured uterus, signs, symptoms, and referral

2. Child health

   a. New born care
      _ Normal healthy newborn
      _ Care of newborn

   b. Pediatric
      _ Diseases of children
         . Diarrhea
         . ARI
         . Malnutrition

Maternal Child Health

Learning Objectives:

By the end of this session the participant will be able to:

1. Know the pregnancy risk factors.
2. Explain work with TBAs
3. Recognize children with diarrhea and ARI and manage them in a proper way.
4. Recognize the major causes of death in infants and how to prevent them.
5. Know the importance of MCH services and the effect of these services on Maternal and Child morbidity and mortality.
6. Know better ways of implementation of MCH services.

Managing the Work Place

Out line:

1. Organizing the staff, facilities and equipment of the health center

   a. Staff location and patient Flow
   b. Hours of operation and clinic schedules

2. Organizing and maintaining health center records

   a. Filling system for the health center
   b. Disposing of records
   c. Receiving and submitting official reports

3. Protecting the health center

   a. Responsibility for keys and locking up
   b. Securing and closing the health center
   c. Supervising the guard

4. Handing over notes

   a. Duties of the position

5. Evaluating the management system supporting the health center.

6. Supervision

   a. What supervision is
   b. Advantages of supervision
   c. Different methods of supervision
   d. Characteristics of a good supervisor
   e. Supervision and consultation

Managing the Work Place

Learning Objectives:

By the end of the session the participants will be able to:

1. Organize the staff facilities and equipment of health center.
2. Organize and maintain health center records.
3. Arrange protection for health center.
4. Prepare handing over notes.
5. Evaluate the management systems supporting the health center.
6. Explain advantages and different methods of supervision.
7. Be a good supervisor.

Health Communication

Out line:

1. Definition
2. Importance of H.C. in health program
3. Guidelines for a good communication
4. Importance steps to carry out communication session
5. Various methods of Health Communication
6. Health, diseases and habits
7. H.C. Planning in PHC

Health Communication

Learning Objectives:

1. To describe the importance objectives of H.C.
2. To identify communities which need Health Communication.
3. To imply various methods of H.C. in the community.
4. To be able to change the behavior of people through proper communication of health messages.
5. To know the importance of H.C.
6. Understand the link between health communication and other component of PHC.

Role of MCHO, RHO and BHW in PHC and their Job description

Outline:

I. Rural Health Officer

1. Introduction

2. Why RHOs and MCHOs are necessary for rural Afghanistan

3. RHO job description:

   a. Rural Health Officer (RHO) job description
   b. Maternal and Child Health Officer (MCHO) job description

4. Employment and Selection

   a. RHO
   b. MCHO

5. Training

6. Supervision

7. Working Plan

8. Conclusion

II. BHW

1. Who is BHW

2. Duties, responsibilities and role of BHW in the community

Role of MCHO, RHO and BHW in PHC and their job description

Learning Objectives:

By the end of this session the participants will be able to:

1. Describe MCHO, RHO and BHW roles in the Health Team.
2. Identify their responsibilities.
3. Explain their importance in the community.
4. Understand their position in Afghanistan Health System.

Environmental Health, Water and Sanitation

Outlines:

I. Environmental Health

1. Description
2. Principles of Environmental Health
3. Relationship between Health and Environment
4. Personal and Family hygiene
5. Hand washing is important
6. Safe excreta of waste disposal

II. Water and Sanitation

1. Introduction
2. Clean water
3. Uses of water
4. Wells
5. Sanitary wells
6. Water pollution
7. Water born diseases
8. Hardness of water
9. Disinfection of wells
10. Protection of water and water sources

    a. during collecting of water
    b. during carrying of water
    c. during storage of water

Environmental Health and Water and Sanitation

Learning Objectives:

By the end of the session the participants will be able to:

1. Describe Environmental Health.
2. Identify and explain the principles of Environmental Health.
3. Motivate the people for personal and family hygiene.
4. Identify and explain the clean water.
5. Encourage people in providing sanitary wells.
6. Explain to the community the safe method of water collection, storage and transportation.
7. Know how to excrete the waste disposal safely.

Immunization

Outline:

1. Immunity
2. Target population (who should be vaccinated)
3. Vaccines
4. Target diseases
5. Record keeping
6. Community education
7. Carrying of vaccines (cold chain)
8. Role of vaccinator in the health team

Immunization

Learning Objectives:

The objectives for this session are to:

1. Know which diseases can be prevented by which vaccine.
2. Know the symptoms, treatment and prevention of target diseases.
3. Explain the recommended age for each vaccination to be given.
4. Recognize and know the principles about record keeping (road to health cards).
5. Be able to plan/conduct health education activities about importance of Immunization.
6. Understand the importance of cold chain system.

COMBINED MID_LEVEL

Continuing Education Program

(CMCEP)

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
CMCEP TRAINING / IPH

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992		6							20				26	26	
FY 1993										1			1	27	
FY 1994			5										5	32	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Number of graduates in this form shows the number of trainees introduced to CMCEP Training by IPH.

MEMORANDUM

: THE CMCEP MEMBER ORGANIZATIONS

TE : December ,19,1991 .

BJECT : Trainees Recruitment for Combined Mid-level Continuing Education Program (C.M.C.E.P.) .

AID had requested IMC,MCI, MSH/MOPH ,WHO and SCA to develop a plan for a andard combined continuing (Inservice) training for those Mid-level alth Workers providing health services in Afghanistan . It is clearly ated that USAID will not provide budget for any other continuing training r Mid-level except CMCEP .

l the Mid-level health workers supported by mentioned organizations quireing further training should be introduced to the CMCEP Core Group r pretesting and selection (if qualified) for admission to the next CEP course .

llowing are the goal and objective of Combined Mid-level Continuing ucation Program (CMCEP) :

AL :

To develop and impr ve the level of skills and knowledge of a d-level health worker , who will be able to deliver health services 'ely , adequately and appropriately , according to the WHO Mid-level andards and Guidelines .

JECTIVES :

1 - To develop a standardized Mid-level continuing Education Program ich enables a health worker to gain Mid-level skills and knowledge and o can be incorporated appropriately into a future health system in ghanistan.

2 - To reduce the overall morbidity and mortality rates in Afghanistan

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3 - To strengthen the Mid-level health worker's skills and knowledge reagarding the delivery of Primary Health Care services which include :

a) Health Education
b) Nutrition
c) Immunization .
d) Maternal and Child Health
e) Water and Sanitation
f) Control of Ende ic Diseases .
g) Treatment of Co mon diseases
h) Provision of Es ential drugs .

he first training session of CMCEP conducted in Thall and Quetta, was uccessfully completed in November 1991 . The CMCEP second training session ill begin on February 23,1992 . 96 trainees will be enrolled and trained n four training sites i.e. Thall,Nasirbagh,Quetta and Institute of Public lealth I.P.H. (MOPH) . IMC,MCI and IPH trainers are running the training rogram in their related training site.
t is expected that 120 candidates to be introduced for pretesting as ollowing :

SCA	40 candidates
MOPH/MSH	40 candidates
IMC	20 candidates
MCI	20 candidates

TUDENTS SELECTION CRITERIA AND SELECTION PROCESS :

- The Mid-level health workers will be selected for the CMCEP training rogram and eligibility for recognition of a Mid-level health worker are as ollows:

A - 6 months minimum prior formal training .
B - 6 months minimum service inside Afghanistan .
C - Candidates must come from existing support system i.e. salary, supplies, monitoring and assessment should be provided by organization that introduce the candidates or an organization should accept to support the candidates after graduation from the CMCEP course .
D - Prescreening of candidates should be done by supporting agency

- Trainees application for the CMCEP course second session will be cepted up to January 30,1992 . All application forms will be reviewed by e member of core group on February 02,1992 .
ease return the candidates application forms to the following members of e Core Group :

A - Dr.Rrohollah in IMC .
B - Dr.Saeed in SCA .
C - Dr.Akbar in IPH.
D - Dr.Amanullah in MCI Quetta .

3 - Written Exam will be conducted simultaneously in two place, Quetta and Nasir Bagh, on February 6,1992

4 - Practical exams will be in four training sites Quetta ,Nasir Bagh, Thall and IPH February 9 - 12,1992 .

5 - The CMCEP Course second session is planned to begin on February 23,1992 in all four training sites .

Your cooperation regarding introducing of suitable candidates will be highly appreciated .

Sincerely,

Dr.Mubarak Shah
Coordinator CMCEP Core Group .

15 January 92

COMBINED MID-LEVEL CONTINUING EDUCATION PROGRAM

C.M.C.E.P.

COURSE OUTLINE

I - Introduction to Primary Health care (12 hours)
II - Health Education (52 hours)
III- Nutrition (30 hours)
IV - Immunization (12 hours)
V - MCH..... (72 hours)

1. Maternal Health
   a. Working with TBAs
   b. Pregnancy
   c. Delivery
   d. Postpartum
   e. Women's care (outside pregnancy, including family planning)
2. Child Health
   a. Newborn care
   b. Pediatrics

VI - Environmental Health (Water and Sanitation) (30 hours)

1. Water
2. Waste product disposal
3. Accident prevention
4. Personal Hygiene
5. Control of Endemic Diseases
6. Vector control

VII - Common Disease Diagnosis and Treatment: (94 hours)

A. Identification/treatment/prevention/patient education for problems/diseases regarding:
   1. Dermatology
   2. Eye
   3. ENT (Ear-Nose-Throat)
   4. Respiratory
   5. Cardiovascular
   6. Gastrointestinal
   7. Genitourinary
   8. Infectious diseases
   9. Musculoskeletal
   10. Neuropsychiatry

B. Midlevel standard drug list/formulary

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VIII- Nursing/Clinic Skills: (66 hours)

A . Patient care procedures

1. Patient assessment: history and physical exam
   - a. Vital signs (BP, TPR)
   - b. Use of otoscope

   - b. application oral/topical drugs
   - c. Injections (IM, SC, ID)
   - d. Intravenous

C. Eye irrigation

D. Ear irrigation

E. Nasogastric tube insertion and management

F. Urinary catheter insertion and management

G. Basic Wound care

1. Clean technique
2. Sterile technique
3. Application of dressings/dressing kit
4. Identification/treatment simple infected wounds
5. Identification.management of abscess
6. Surgical debridement of wounds
7. Local anesthesia
8. Identification/treatment of burns

H. Infection control

1. Hand washing
2. Surgical scrub
3. Pre-op skin preparation
4. Putting on sterile gloves
5. Isolation technique

I. Handling of equipment/instruments/materials

1. Sterilization of equipment/materials
2. Care of equipment
3. Handling sterile equipment/materials
4. Disposal of contaminated materials/fluids

J. Application of heat and cold

K. Health system/management skills

1. Data collection
   - a. Outpatient/inpatient record keeping
   - b. Use of appropriate referral forms
2. Clinic management: facility
   - a. Ensuring cleanliness/hygiene
   - b. Correct disposal of waste products
3. Clinic management: personnel
   - a. Supervise auxiliary personnel
   - b. Provide training
4. Clinic management: supplies/equipment
   - a. Ensure proper storage
   - b. Maintain written inventory
     - i. record of stock, issue
     - ii. order resupply (if appropriate)
     - iii. rotate stock, check for expiration

IX - Pharmacology and Administration of drugs (18hours)

1 Dosage calculations/math

X - First Aid: (40 hours)

A - Airway-breathing-circulation assessment

1. Assessment of trauma
2. Pulmonary resuscitation

B. Control of bleeding
C. Identification and treatment of shock
D. Immobilization of injury (bandaging/splinting)
E. Primary treatment of fractures/dislocation
F. Basic trauma care of head, spine, chest,
G Abdominal and muscle injuries
H. Transport of injured

XI - Review and weekly examinations (16 hours)

TOTAL ALLOCATED HOURS 461 HOURS

COURSE DURATION	18 WEEKS
MID TERM EXAMINATIONS	1 WEEK
FINAL EXAMINATION	1 WEEK
HOLIDAYS	9 DAYS
TOTAL TEACHING DAYS	71 DAYS
DAILY TRACHIMG HOURS	6 HOURS ASND 30 MINUTES
PRACTICAL TEACHNG	60 %
THEORITICAL TEACHING	40 %

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MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

14 January 1992

)r. Fatimie
)irector General
Institute of Public Health
'eshawar

Subject: CMCEP

)ear Dr. Fatimie:

'irst of all I would like to compliment the staff of the IPH, particularly)r. Akbar on the fine job they are doing for the preparation of the first :MCEP course to be run by the Ministry of Public Health. This, as you :now, is a very important program designed to help with standardizing the)ractice of mid-level health workers in Afghanistan.

Regarding yesterday's meeting, I would like to assure you that MSH is .nterested in working closely with you and the IPH staff on the CMCEP to)nsure the highest possible technical standards are met and the course, as)lanned by the Core Group, is smoothly implemented. MSH is of the view .hat with mobilization of existing clinical resources (2 hospitals and a)olyclinic) supported by MSH, plus facilities and staff of IPH and other MOPH departments, the Ministry should be able to more than adequately :arry out all training specified in the course outline. Therefore, MSH is ot considering any additional inputs for clinical practice or emonstration rooms, classrooms, or other major investments. It is ecognized however, that some additional logistical support will be equired such as leasing accommodations for the trainees, transportation o and from hostel and other needs not identified at this time.

t would be helpful, I believe, if the In-charge would prepare a plan of ction specifying classrooms, clinical practice area (names of acilities), names of designated MOPH experts responsible for specified opics for either classroom and or demonstration, administrative plan such s attendance records, rules and regulations of the IPH on performance and ther standards expected of the trainee.

s little time remains for recruitment, the pretest is scheduled for 6 ebruary 1992, it would be appreciated if you would provide me with a copy f the recruitment plan, showing names of candidates contacted and or to e contacted when and by whom. MSH will provide support for the necessary ecruitment according to the plan.

OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792/44564

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MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

I am looking forward to keeping in close contact with you on this program and please let me know how MSH Training Department may facility the MOPH with implementation of this very important activity.

Sincerely,

Richard E. Johnson
Training Advisor

cc: William D. Oldham, M.D.

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OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792/44564

بسم الله الرحمن الرحيم

COMBINED MIDLEVEL CONTINUING EDUCATION

COURSE (CMCEP)

د منځنی سویې د پرله پسې تعلیماتو گد کورس

Number 13

Date: 7 NOV 91

دنړیوالی روغتیائي اداري په سمون د منځني سویې دپرله پسې تعلیماتو گد کورس تصدیق کوي چه نور محمد د بهرام خان زوي ، د منځنی سولی دپیا روزنی کورس او دهغه مربوط آزموینه چه د نړیوالی روغتیائی اداری د معیارونو او لارښودنوسره سم د منځني سویې دپرله پسې تعلیماتو گد کورس له خواپه _____ لیکه په لاره اچول شوی او په بریالیتوب سره پای ته ورسول .

The CMCEP, through coordination with WHO, certify that

NOOR MOHD son of BAHARAM KHAN

has successfully completed the Mid - level Refresher Training Course and passed all examination procedures conducted through the CMCEP, according to the WHO Midlevel Health Worker Standards and Guidelines.

Dr Amanullah Aziz
CMCEP Course
Representative

Field Coordinator,
WHO Afghanistan,
Operation Salaam

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متوسط روغتیائی کارکوونکی ددي ورتیا لري چه لاندي خدمتونه د ناروغانو او ښځو او ماشومانو دپاره ترسره کري .

لومړني پاملرني :

- تاریخچه او فزیکي پلټنه
- دنړیوالی روغتیائی اداری دمعیارنو او لارښودنو په پاملرني سره د عامونارو غیو تشخیص او معالجه
- دهغو ناروغیو تشخیص او ریفرال (پورته استول) چه دهغه دتصدیق شوي مهارتونو ته پورته وي .

وقایوي پاملرني :

- دصحت تدریس او دلاندنیو موادو په هکله دخلکو دخبرتیا سطح لوړول :
  * تغذي (خوراک)
  * دمور او ماشوم روغتیا
  * اوبه او حفظ الصحه
  * دناروغیو مخنیوي
- دمعافیتي (واکسیناسیون) پروګرامونو ملاتړ
- دهغو بین سکتوري فعالیتونو سره مرسته چه روغتیا باندي اثر واچوي .
- روغتیائی پاملرنی ټول پرسونل سره ګډه همکاري .

لومړني مرستي او نرسنګ تخنیکي مهارتونه :

دکورس موده	15 ورځي	
50 % وخت	کلینیکي / عملي	
50 % وخت	نظري	/ درسخونه

The Mid-level practitioner is qualified to provide the following service to men, women and children:

PRIMARY CARE

- history and physical exmamination.
- diagnosis and treatment of common diseases according to the WHO/os Health Worker Standards and Guidelines.
- identification and referral of all cases beyond certified skills.

PREVENTIVE CARE

- health teaching and promotion of community awareness on:
  * nutrition
  * MCH
  * water and sanitation/hygiene
  * disease prevention
- support of immunization programmes
- intersectoral cooperation on activities affecting community health.
- collaboration with all levels of health care personnel.

FIRST AID & TECHNICAL NURSING SKILLS

- according to the WHO/os Health Worker Standards and Guidelines.
  Course duration - 15 weeks
  50 % time - clinical / practical
  50 % time - classroom / theory

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LABORATORY TECHNICIAN

Training program

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
LABORATORY TECHNICIAN
Institute of Public Health

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989															
FY1990						9							9	9	
FY 1991	9												9	18	
FY 1992													0	18	
FY 1993												**	0	18	

* FY 1987 = October 1st, 1986 – September 31st, 1987
** Discontinued on Sept. 1993.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
LABORATORY TECHNICIAN
Institute of Public Health

SESSION	DATE		TOTAL		CUMUL.
	STARTED	COMPLETED	ENROLLED	GRADUATED	TOTAL
I	Sept. 12, 1990	March 24, 1991	9	9	9
II	May 11, 1991	Oct. 20, 1991	9	9	18

** Discontinued on Sept. 1993.

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TIME ALLOCATION OF CHAPTERS

No.	CHAPTERS	THEORY H	PRACTICAL H	TOTAL
1	RESPONSIBILITIES OF THE LABORATORY WORKER	8	2	10
2	LABORATORY DESING	7	2	9
3	FIRST AID IN LABORATORY ACCIDENTS	7	3	10
4	DAILY WORK	4	3	7
5	CHEMICALS AND SOLUTIONS	5	2	7
6	CLEANING GLASSWARE	3	3	6
7	DISINFECTION AND DISPOSAL OF INFECTED MATERIAL	6	3	9
8	THE MICROSCOP	3	4	7
9	REGISTRATION AND INVENTORY	6	2	8
10	SPUTUM EXAMINATION FOR TUBERCULOSIS	23	34	57
11	MALARIA	12	50	62
12	HAEMATOLOGY	30	15	45
13	STOOL EXAMINATION	21	16	36
14	URINE EXAMINATION	19	14	33
15	STAINS AND SOLUTIONS	5	5	10
	Duration of the course 5 months Total teaching sessions (90 MINUTES/EACH)	162	155	317

Prepared by: Dr. Babuk

SUMMARY OF GENERAL OBJECTIVES OF LAB. TRAINING COURSE FIELD-MICROSCOPIST (F.M.)/IPH

General Objective		Refining and Further Developing F.M. Training Plans and Material									
No	Chapters	Lab manual for Afghanistan English Text	Lab manual for Afghanistan Dari Text	Lab manual for Afghanistan Pushtu Text	SPECIFIC TASK						
					Handout in Dari	Wall Charts	Teaching Obj.	Lesson Plan	SK Check List	Test Instrument	Outreach Activities
1	RESPONSIBILITIES OF THE LABORATORY WORKER	Y	Y	Y	Y	Y	Y	Y	Y	Y	Done
2	LABORATORY DESING	Y	Y	Y	Y	Y	Y	Y	Y	Y	Activity/Performed
3	FIRST AID IN LABORATORY ACCIDENTS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Done
4	DAILY WORK	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
5	CHEMICALS AND SOLUTIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Performed
6	CLEANING GLASSWARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
7	DISINFECTION AND DISPOSAL OF INFECTED MATERIAL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
8	THE MICROSCOP	Y	Y	Y	Y	Y	Y	Y	Y	Y	Performed
9	REGISTRATION AND INVENTORY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
10	STUTUM EXAMINATION FOR TUBERCULOSIS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Referral Lab. ICD
11	MALARIA	Y	Y	Y	Y	Y	Y	Y	Y	Y	Referral Lab. MSF/li
12	HAEMATOLOGY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
13	STOOL EXAMINATION	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
14	URINE EXAMINATION	Y	Y	Y	Y	Y	Y	Y	Y	Y	Not Required
15	STAINS AND SOLUTIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Performed
TOTAL COMPLETE		15	15	15	15	15	15	15	15	15	8

Resource:

1. Manual of basic technique for a health laboratory (WHO) 1980
2. Medical Laboratory Manual for Tropical Countries vol. 1 Monica Chessbrough
3. Basic Laboratory Procedure Manual American Society of Clinical Pathologists PHC Project: Islamabad Pakistan
4. Comprehensive Atlas for the Laboratory

Prepared by: Dr. Babuk

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بسم الله الرحمن الرحيم

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَا هُوَ شِفَاءٌ وَرَحْمَةٌ لِلْمُؤْمِنِينَ

د افغانستان د اسلامي دولت د عامي روغتيا وزارت

د عامي روغتيا د انستيتوت رياست

فوتو

AFGHAN INTERIM GOVERNMENT
MINISTRY OF PUBLIC HEALTH
PUBLIC HEALTH INSTITUTE

د ساحوي مکرسکوپيست تربيوي کورس

تصديق پاڼه

This is to certify that
Mr _____ S /o _____
Has successfully completed the Field microscopist Training programme conducted at the Afghan Trauma Center , Peshawar.
From _____ To _____
The Field Microscopist has been trained to set up a laboratory to perform the following :

- *Sputum examination for tuberculosis .*
- *Blood examination for malaria ,anaemia and infections .*
- *Stool examination for intestinal parasites .*
- *Urine examination for diabetes and infection*

د عامي روغتيا د انستيتوت رياست تصديق کوي چې
ښاغلي _____ د ښاغلي _____ څوي په پيښور
د افغان ترماسنټر کې د _____ کال د _____ نيټې څخه د _____
کال د _____ نيټې پورې د عامي روغتيا په انستيتوت کې د تعليمي
کورسونو په لړ کې د ساحوي مکرسکوپيست تربيوي کورس پروګرام په بري سره
سرته رسولي دي .
وموري ته به لاندې لا براتوار ي کړنه کې ښوونه او روزنه شوي ده .

. بلغمو معاينه د نري رنځ له نظره .
. وينې معاينه . ملاريا . کم خوني د انتاناتو له نظره .
. د غايطه موادو معاينه دکلمو د پرزيتونو له نظره .
. ادرار معاينه د ديابت او انتاناتو له نظره .

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د افغانستان اسلامي دولت
د عامي روغتيا وزير

د عامي روغتيا انستيتوت رئيس

ډاکټر عبدالهادي بابک د ساحوي
لابراتوار د تربيوي کورس ناظم

251

LIST OF FIELD MICROSCOPISTS
TRAINED BY IPH LAB.TRAINING COURSE

FACIL_CODE:	SESSION:	NAME:	F_NAME:	P_CODE:	PROVINCE:	DISTRICT:
1125	1ST	BASIR AHMAD	ZABIHULLAH	02499	HERAT	ENJEEL
1010	1ST	GH. SAKHI	HAJI M. AZAM	2500	HERAT	GAZAR
1024	1ST	HAJI M. ADEL	IMAM UDDIN	0113	LOGAR	PUL ALAM
1112	1ST	AHMAD RAZA	GH. RAZA	2501	PARWAN	SUREH PARSA
1009	1ST	ABDUL WAKIL	FAZEL AHMAD	2502	KAPISA	PANJSHER
1064	1ST	MOHIBULLAH	MOHD AKBAR	2503	KUNAR	ASMAR
1023	1ST	AHMAD SHAH	MOHD QADIR	2504	WARDAK	CHAK
1123	1ST	MOHD SHARIF	MOHD ZARIF	2505	GHAZNI	QARA BAGH
1041	1ST	HAMIDULLAH	SUBHAN/MAJAN	0218	PAKTYA	KHOST
1110	2ND	MOHD NASER	MEAK MOHD	02984	HILMAND	MOSA QALA
1153	2ND	AZIZ GUL	KHAN GUL	02988	PAKTYA	SAYED KARAM
1176	2ND	ABDUL AHAD	AHMAD SHAH	02985	BAGHLAN	DAHNA GHORI
1182	2ND	ABDUL RAHMAN	MOHD IQBAL	02991	BAGHLAN	DOSHI
1144	2ND	S. EID MOHD	S. AMIN	02986	GHAZNI	JAGHORI
1044	2ND	HABIBULLAH	MOHD ALI	02992	GHAZNI	JAGHORI
1170	2ND	KHALILULLAH	PEER MOHD	02987	KAPISA	PANJSHER
1053	2ND	AZIZ AHMAD	HEZIZULLAH	02989	HERAT	ANJEEL
1060	2ND	DELLAWAR	HAJI SARDAR	02990	NANGARHAR	GHANI KHAIL

LIST OF FIELD MICROSCOPISTS
TRAINED BY IPH LAB.TRAINING COURSE
SESSION 1ST

FACIL_CODE:	SESSION:	NAME:	F_NAME:	P_CODE:	PROVINCE:	DISTRICT:
1125	1ST	BASIR AHMAD	ZABIHULLAH	02499	HERAT	ENJEEL
1010	1ST	GH. SAKHI	HAJI M. AZAM	2500	HERAT	GAZAR
1024	1ST	HAJI M. ADEL	IMAM UDDIN	0113	LOGAR	PUL ALAM
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1023	1ST	AHMAD SHAH	MOHD QADIR	2504	WARDAK	CHAK
1123	1ST	MOHD SHARIF	MOHD ZARIF	2505	GHAZNI	QARA BAGH
1041	1ST	HAMIDULLAH	SUBHAN/MAJAN	0218	PAKTYA	KHOST

LIST OF FIELD MICROSCOPISTS
TRAINED BY IPH LAB.TRAINING COURSE
SESSION 2ND

FACIL_CODE:	SESSION:	NAME:	F_NAME:	P_CODE:	PROVINCE:	DISTRICT:
1110	2ND	MOHD NASER	MEAK MOHD	02984	HILMAND	MOSA QALA
1153	2ND	AZIZ GUL	KHAN GUL	02988	PAKTYA	SAYED KARAM
1176	2ND	ABDUL AHAD	AHMAD SHAH	02985	BAGHLAN	DAHNA GHORI
1182	2ND	ABDUL RAHMAN	MOHD IQBAL	02991	BAGHLAN	DOSHI
1144	2ND	S. EID MOHD	S. AMIN	02986	GHAZNI	JAGHORI
1044	2ND	HABIBULLAH	MOHD ALI	02992	GHAZNI	JAGHORI
1170	2ND	KHALILULLAH	PEER MOHD	02987	KAPISA	PANJSHER
1033	2ND	AZIZ AHMAD	HAFIZULLAH	02989	HERAT	ANJEEL
1060	2ND	DELLAWAR	HAJI SARDAR	02990	NANGARHAR	GHANI KHAIL

DOCTORS & MID_LEVEL

CONTINUING EDUCATION

Training Program

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
DOCTOR + NURSE REFRESHER
Institute of Public Health

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988											9	0	9	9	
FY 1989		9						5				6	20	29	
FY 1990		18				27			20			27	92	121	
FY 1991			22			11			16				49	170	
FY 1992	DISCONTINUED														

* FY 1987 = October 1st, 1986 – September 31st, 1987

RE[illegible]HER TRAINING PROGRAM
FOR
DOCTORS AND NURSES

REVISED TRAINING STRATEGY
21 FEBRUARY 1989

During a meeting held at the AHC Training Center on 21 February 89 it was decided that a revised strategy for organizing and implementing refresher training for doctors and nurses should be developed. The change was recommended as the present training approach (fixed starting & ending dates) is based on teaching groups of 8 to 10 trainees at a time. The problem with this approach is the difficulty of addressing specific training needs of an individual trainee, as well as assembling a group of 8 to 10 doctors or nurses at any one time. Since the completion of the first doctor refresher training program (November 88), it has not been possible to assemble a second doctor refresher training class.

A. The Revised Training Strategy

The revised training strategy should follow a tutorial system or individualized study program under the direction of the Training Center and doctor specialists.

It was concluded that:

1. training schedule should be flexible i.e. participants may start at any time. The minimum time period would be three weeks and continued up to a maximum of 6 weeks. The second 3 week period would emphasize pursing individualized training objectives.

2. training should be divided so that each trainee would cover a set of standard training objectives, as well as concentrate on expanding skills in specified areas according to his own training needs.

3. a one day Workshop should be held with the part time trainers (specialist doctors working in the Tanzeem hospitals) to: identify specialists who would be responsible for specific area of concentration e.g. orthopaedics, internal medicine, surgery, pediatrics, public health; plan training schedule according to objectives outlined (February 88 Workshop) for doctor & nurse refresher training.

4. Tanzeem hospital administrators should be contacted to secure their cooperation.

5. Weekly seminars on topics of general interest should be held for refresher training participants, as well as doctors working in the Tanzeem hospitals.

6. Trainers may receive a maximum honorarium of Rupees 250 per day for lecture/demonstration. A minimum of 2 hours lecture or demonstration will be required for payment of an honorarium. Payments will be based on a preplanned and preapproved training schedule, as well as signed attendance records. The teaching schedule for doctors/nurses refresher training should be prepared by Dr. Fatemie and Dr. Shokrullah.

7. Participants in addition to their regular salary, will receive a per diem of Rupees 100 per day. Please note that per diem will be paid only to those participants who are coming from their normal duty station inside Afghanistan. Participant who are residents in Peshawar will not be entitled to a per diem.

8. Admission will be restricted to AHC employed doctors and nurses assigned to an AHC health facility inside Afghanistan or approved for implementation of an AHC health facility inside Afghanistan.

9. A proforma for registration, specifying individual training objectives and attendance, including per diem calculations will be prepared.

B. Training of BHW Trainers

Training Center recommended that a Training of BHW Trainers Workshop be organized to prepare additional trainers to replace or relieve regular BHW Training Camp trainers when necessary. Replacing BHW trainers who have resigned has been a problem. In addition this group of new trainers would participate in the BHW refresher training. It was recommended that a total of 10 participants (2 from each Tanzeem) be selected for this Workshop. Support for the Workshop will be provided by MSH.

It was concluded that the Workshop should run for 6 days (1 day general orientation/discussion, 3 days BHW training camp and 3 days BHW refresher training).

The above recommendations should be discussed with the President of AHC for final approval.

Drafted by: R. Johnson
6 March 1989

EVALUATION OF THE REFRESHER TRAINING COURSE FOR AFGHAN DOCTORS

PREPARED DURING THE PERIOD:

6 - 17 NOVEMBER 1988

BY: DOUGLAS LINDSEY, M.D., DR.P.H.

PROJECT

SUPPORTED BY : U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

SUMMARY

The Training Center of the Alliance Health Committee (AHC) has just completed the first Refresher Training Course, and nine Afghan physicians are now en route back to their posts in five different provinces, better prepared to care for their fellow countrymen.

It may be well to retain the descriptor "refresher" in courses which follow, but a concept of upgrade training is preferable as a guide to future course content and presentation.

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SCOPE OF WORK

The scope of work document provided to me is attached.

I was heavily involved in the initial planning of the course which ha just been completed. (See report prepared during the period 3 - 18 February 1988. Development of an overall refresher training program for Afghan doctors and nurses.") The opportunity to return to Peshawar, and the obligation to evaluate the first course, thus stimulated anticipatory emotions of both pleasure and apprehension.

I have:

1. Evaluated the first refresher training course for doctors.

2. Developed recommendations for strengthening the course through modification of course content, orientation, schedule, and skills training both surgical and medical.

3. Prepared advice on the temporal, qualitative, and quantitative threat of mine warfare, and detailed objective recommendatio for the management of casualties caused by land mines.

4. Delivered a series of 6 periods of instruction on the management of injuries inflicted by mines and on other common emergencies.

DESCRIPTION OF ACTIVITIES.

I departed the United States on 2 November, and arrived in Tokyo on 3 November after crossing the International Date Line. After an overnight rest stop in Tokyo I was scheduled to depart on a direct flight to Islamabad, arriving there at 2010 hours on 4 November and continuing to Peshawar the next day. At the last minute I was pulled off PK 751 for a lack of a transit visa through Beijing and rerouted on a flight the following day via Manila, Bangkok, and Karachi to Peshawar, arriving for duty on 6 November.

Except for the inevitable but time-consuming ceremonial activities (formal visit to the President AHC, graduation ceremonies for the 5th BHW class, and graduation for the refresher course) my time on Saturdays through Thursdays has been devoted to observing instruction in the refresher course, interviewing students and faculty of the course, discussing findings and recommendations with personnel of MSH and of the AHC Training Center, and presenting certain instruction myself.

The requirement of presenting lectures conflicted somewhat with the primary mission of evaluating the course Every hour that I spent on the platform meant one less hour of instruction available to me for evaluation. I was able to fill one unforeseen gap in the course schedule with presentations on common emergencies involving the eye, and the same for ear/nose/throat. The two-period presentation of Threat of Mine Warfare, and Management of Mine Injuries aroused enough interest to warrant repeat performances. For CMC additional emphasis was put on the scientific background supporting the recommendations for management, and

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for IMC the emphasis was on clinical decision making and technique.

FINDINGS.

1. The course is basically sound. The instructors are qualified, interested and dedicated. They have obviously put a great deal of effort into the planning of their lectures, and the preparation of handouts which are comprehensive and organized. The content of the course is appropriate in terms of general subject matter and relative allocation of time.

2. I agree with the feeling of the students that the course is disproportionately didactic. The standard schedule day calls for 3 hours of lecture, and 2.5 hours of patient contact. I would prefer to see something like 4 hours of patient contact, and 1.5 hours of formal classroom work, with conference or discussion type teaching instead of pure lecture. If detailed handouts are being prepared (which they are) they could be distributed before the class, not afterward, and class time can be devoted to give and take to further understanding.

3. It so happened that all of the clinical training which I observed was surgical, not medical. This surgical training was pertinent and effective, but it would be more effective in proportion to the extent to which it can be made "hands on" instead of over the shoulder observation. Although I did not witness any clinical training in internal medicine, I gather that this training is in ward medicine. Liberal supervised participation in outpatient practice would offer faster maturation of judgment and decision making. Notably lacking from the clinical program is direct involvement in pediatrics.

4. The students are grateful for the opportunity to review what they learned in medical school. They are intensely interested in learning more, and they have the capability to absorb advanced material. There is liberal opportunity to increase motivation by the intellectual stimulation of including in course material the most up-to-date material available--material that is <u>new</u> to the students.

The formal schedule of the course was altered frequently to take advantage of presentations by consultants transient in the area. The instructional quality of these presentations is definitely a mixed bag. Even if of good instructional quality, the impromptu lectures result in some duplication of course material, and significant encroachment on the time scheduled for clinical training. The <u>net</u> effect, however, has been enrichment of the course, and heightening of student interest.

5. Attached is a copy of the final examination of the course just completed.

Basically it is a good examination. It sampled an adequate range of the content of the course, even including a question on a presentation by an unscheduled transient consultant. The use of short "essay" type questions is appropriate for a class this small. The examination stresses the students, just as much as the annual in-service exam stresses American residents in training. And the examination provided credible discrimination between levels of student mastery of the course material.

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Except for two low outliers the scores range from 70 to 86 and the discriminative capability of the exam was evident to me even before the papers were graded. The maximum time allowed for the examination was 90 minutes, but two students turned in their papers at 60 minutes. One of the two had competently and confidently written a good paper; the other was frustrated and tired of trying. Their two scores were the 86 and the 70 respectively.

Although the examination which has just been given is good there is much room for improvement through development of better examination questions for use in future courses. The present examination puts far too much dependence on questions which demand no more of the student than to recall, often en bloc, lists of items from course handouts. Such questions do not test the ability of the student to apply that knowledge in a clinical situation. For example, questions calling for the listing of types of fractures is testing only the ability of the student to transliterate single words from the language of orthopedics. Presenting a stark diagram of a fracture line and asking the student to identity it by name is in effect testing whether the student knows the meaning of the transliterated word. Presenting the same stark diagram and following it with a question pertinent to the clinical significance of that particular facture line would test for usable fluency of orthopedic terminology in clinical syntax.

Clinical application should be the ultimate goal of the course, and examination questions should test for application as much as possible. Some of the revisions to accomplish this are not at all difficult. Question 20 on the exam asks the student to state a formula for calculation of fluid requirements. My experience with medical students in Arizona is that they all know the formula, but when you call them to the blackboard to do the calculations a surprising number will slip a decimal point or drop a zero. Quest 20 could easily be rephrased to read:

> What is you weight in kilograms?_____kg.
> If you sustain a 30% BSA burn, how many milliliters of plasma/dextran would you expect to receive?_____ml?

The crafting of examination questions requires both effort and skill, but it is not a black art. It can be taught by any professional educator. The course director has a large pool of examination items from which the 25 on this examination were drawn. With some initial professional assistance these items can be transformed into a variety of formats (such as National Board Types A, B, and C) to better test student understanding and application.

6. The students in this course have limited access to basic medical literature.

MSH has provided to the Training Center recent editions of standard works quite adequate to support the needs of the instructors. As a reference source this material is available to students during the course, but once the graduates return to Afghanistan they will have available virtually nothing more than their own notes from the course, perhaps notes from their student years, and copies of handouts prepared by instructors for each lecture in the course. This is not enough.

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Each student should be furnished with a set of basic texts, to use throughout the course, and to take back to Afghanistan. Many of the students can read English even if they cannot speak it. For these students the selection and procurement of texts poses no problem; recent editions of standard British and American texts are marketed in Peshawar. My suggestion would be the pediatric, internal medicine, and surgery volumes of the Lange/Appleton series. They are modestly priced, and revised every two years.

For students who cannot read English effectively it will be necessary to obtain the latest available Farsi editions of any standard work in pediatrics, internal medicine, and surgery. Some such texts can be had in Peshawar, but you yet in quantity.

Whether the student can or cannot read English the indispensable work in trauma is the "Green Book", Volume 2 of the GTZ surgical text. It is intelligible from illustrations alone. When Volume 1 on general surgery appears it too will be essential. No other works come even close in teaching how to get state of the art results out of limited surgical resources.

7. The instructors are unhappy over the method of computation (and, of course, the resultant amount) of their compensation for lecturing. I am aware of the fact that pay is a market phenomenon, but I feel for them about the logic involved. Delivering a one hour lecture takes far more than an hour of work. Each lecture which I give repeatedly costs me 3 hours of preparation, and preparing a new lecture may take as much as 100 hours of work.

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RECOMMENDATIONS

1. Don't start over. Stay with the present course structure and modify it to the extent that resources and the flexibility of the Afghan instructors will permit.

2. Decrease the didactic emphasis. Increase clinical training, cut back on classroom time, and in the classroom have more conferences and fewer lectures.

3. Ensure that clinical training is structured and focussed. Expand outpatient activities, particularly in pediatrics.

4. Stimulate interest and improve competence by including the most current "state of the art" material in the course. Exploit the visiting firemen. There are many orthopedists available; seek out general surgeons, other surgical specialists, internists, and pediatricians.

5. Provide to the Training Center some professional advice in designing examinations.

6. Take another look at instructor compensation.

7. Provide each student with a set of standard clinical textbooks, to be used throughout the course and taken back to Afghanistan.

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SCOPE OF WORK

DOUGLAS LINDSEY, M.D., DR.P.H.

TRAUMA SURGERY AND MILITARY MEDICAL ADVISOR

BACKGROUND/JUSTIFICATION

During the period 3 to 18 February 1988, Douglas Lindsey, M.D. assisted the Alliance Health Committee with developing a Refresher Training Course Outline for doctors and nurses.

The first refresher training course for doctors started on 16 August 1988 and is scheduled to be completed in mid November 1988.

It is proposed that the above named consultant return for a two week consultancy to evaluate the training program, particularly while the first group of trainees are still present, and to offer suggestions for strengthening and or modifying the training plan, as appropriate.

GENERAL SCOPE OF WORK

To assist the Alliance Health Committee Training Center with evaluating the first refresher training course (doctors) and offer suggestions for strengthening this program, particularly as it relates to teaching surgical skills and military medical considerations.

SPECIFIC SCOPE OF WORK

The consultant will be responsible for:

1. evaluating the current refresher training course for doctors;

2. preparing recommendations for strengthening course content, teaching plan and surgical skills training;

3. providing advice and recommendations for management of casualties caused by land mines for doctors, nurses and basic health workers;

4. delivering a series of at least 6 lectures on military medical aspects of land mines and principles of military medicine administration for doctors working in clinics/hospitals inside Afghanistan;

5. drafting a final report prior to departure from Pakistan.

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PROPOSED DURATION AND DATES

DURATION: 2 weeks

DATES:

Arrival in Peshawar 4 November 1988

Depart from Peshawar 18 November 1988

drafted by: R. Johnson

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DEVELOPMENT OF AN OVERALL REFRESHER TRAINING PROGRAM FOR AFGHAN DOCTORS AND NURSES

PREPARED DURING THE PERIOD

3-18 FEBRUARY 1988

BY

DOUGLAS LINDSEY, M.D., DR.P.H.

PROJECT SUPPORTED BY

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

MANAGEMENT SCIENCES FOR HEALTH

PESHAWAR, PAKISTAN

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SUMMARY

At 0900 hours on 17 February 1988 I sat down with members of the Alliance Health Committee (AHC) for our last meeting together. The blackboard in the corner of the conference room was already inscribed with the notation "Conclusions of seminar on curriculum for refresher courses for doctors and nurses who are working inside Afghanistan for the benefit of Jihad."

Although these is a floral touch to this wording it is not idle hyperbole, nor wishful thinking, nor contrary to concrete fact. Available on the table in from of each participant was:

1. A typed outline of the scope of subject matter to be included in such courses.

2. A typed allocation to specific surgeons of responsibility for the preparation and presentation all of the surgical subjects to be included in the courses.

3. A typed outline of specific responsibility for instructional planning of non-surgical subject matter: internal medicine, maternal and child health, and preventive medicine--assigned to four physicians, three named and one yet to be selected.

By the time of conclusion of the morning meeting determination had been made of:

a. Limitation of the total subject matter scope (item 1. above) for the 3 week short course for physicians: selection of specified topics for presentation in the same depth.

b. Limitation of the total subject matter scope (item 1. above) for the 6 week course for nurses: inclusion of the total scope of subjects, but presentation in lesser depth, and strictly with reference to nurses.

Thus, if you concede the fact that I was of some assistance to the Alliance Health Committee and MSH in the process, it appears that I have fulfilled my primary mission as assigned in the general Scope of Work.

Quite frankly, the role I played was more that of catalyst than of supplier of facts, ideas, or fuel. The structure and leadership to develop the refresher training programs were already in place. MSH is staffed with old hands, wise in the ways of the East. AHC includes practical and far-sighted executives and planners. And the resources included three astute and experienced educators: Prof. Afzali, Dr. Fatimi, and Mr. Johnson.

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SCOPE OF WORK

The Scope of Work document provided to me is attached.

From the document itself, from the informal oral discussion of the project, and from the time and effort actually expended, it is clear to me that the primary mission pertained to refresher training. A refresher course has now been developed, at well beyond the "outline" level. Essential surgical skills to be taught have been specified for : wounds of the extremities (including open and closed fractures); soft tissue wounds of the trunk; and open wounds of the cranium, face, and chest. Left unspecified is skills to be taught for management of injuries and surgical diseases of the abdomen. Skills appropriate to these conditions will vary widely in individual circumstances: level of prior training of the physician student, and facilities available. Whether a physician without advanced surgical training should invade the abdomen, even under the most emergent conditions, has never been settled in American professional society, and I am in no position to advise Afghan doctors on the matter.

I have reviewed basic health worker (BHW and "buddy care") training. I have provided recommendations regarding evacuation of casualties. And I have formulated a general evaluation of the effectiveness and future improvement of the capability of AHC to deal with war related injuries.

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DESCRIPTION OF ACTIVITIES

I departed the United States on 31 January. After crossing the International Date Line, spending one night in Bangkok for rest, and passing a very short night (less than 6 hours of sleep) in Karachi between flights, I arrived in Peshawar late in the afternoon of 3 February. I was met at Islamabad airport by Mr. Johnson of MSH, who briefed me thoroughly while we traversed the Grand Trunk Road. Thursday 4 February was spent partly in the MSH office, and partly in a visit to BHW training in the Mujahideen camp at Cherat.

My first requests to MSH for specific information before visiting Cherat were:

1. What is the pertinent medical stock list?

2. What is the curriculum?

These requests, as were all subsequent requests, were immediately and fully met, and contributed greatly to my comprehension of activities in the field.

On Friday 5 February Dr. Steven Solter of MSH kindly oriented me to Peshawar and environs, including Khyber Hospital, Khyber Medical College, Islamia College, and Peshawar University.

On Saturday 6 February began a formal schedule with AHC. A chronicle of these activities is attached. At the first meeting with AHC the Committee determined that a more intensive schedule was desirable. I was asked how long each day was I willing to work? I replied: 0800-1900. This proved to be an adequate offer; AHC settled for 0800-1800, but added a requirement which I had not anticipated before leaving the United States: a series of 5 lectures. I developed these lectures during evening hours, and presented them as an integrated series:

1. Principles in the care of major trauma.

2. Why do wounds become infected?

3. Basic wound ballistics.

4. Why do we cut tissue out of bullet wounds?

5. Which wounds do we close, or not close?

Three of these lectures created enough interest to result in discussion lasting a hour past formal lecture time.

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FINDINGS

1. The MSH people with whom I worked closely (M. Johnson, Dr. Oldham, Dr. Solter) are old pros. They know the problems, and they know the people they work with. They have earned great gratitude and respect from the Afghans.

2. One of the general characteristics of third world physicians is a wide range of competence, but the best of them are as good as the best anywhere. I single out for superb clinical competence some of the leaders in AHC: Dr. Sarabi, orthopedic surgeon; Prof. Afzali, Internist; and Dr. Rousta, general surgeon. If I had suffered an emergent illness or injury during my stay in Peshawar I would have been happy to have any one of them treat me.

3. The Alliance Health Committee is an effective and efficient organization. I noted no more wheel-spinning or turf jealousy in the AHC than in the Curriculum Committee of the University of Arizona College of Medicine.

4. The Basic Health Worker program is solid. It is founded on sound principles and experience proved before the Jihad. The curriculum is appropriate. The students are plainly learning, and understanding the material.

5. The "buddy care" program is effective. It is brief in time and scope, but needs no apology therefor. Current thinking in the Medical Department of the United States Army is that the scope of effective buddy care is severely limited. The Mujahideen are being taught bandaging, splinting, and control of bleeding. And they are <u>learning</u> it. This is success.

6. The AHC capability for clinical care of war-related injuries in NWFP (outside Afghanistan) is severely limited. The base for comparison in this case is the level of care available in local non-party hospitals, such as Khyber, Lady Reading, or ICRC. But the AHC objective is the improvement of care in Afghanistan. Here an appropriate base for comparison might be zero. If the bandages, splints, and medications are getting through to BHWs inside Afghanistan then the AHC capability in dealing with war-related injuries is most considerable. Over 90% of casualties who do not die on the field of battle will have suffered wounds of the extremities, or wounds of the trunk without chest or abdominal penetration. Functional salvage of these wounded can be, and presumably is being, accomplished with very limited medical measures. The program for upgrading the training of physicians and nurses in Afghanistan has a very high potential for improving this capability.

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RECOMMENDATIONS

1. Continue the good work with AHC.

2. Leave "buddy care" as is.

3. Keep up momentum in the BHW program; evolutionary upgrade in scope, supply, and instructional support as resources and technical advances permit.

4. Be prepared to apply additional resources to support and coordination of the refresher training program. The addition of Dr. Mubarak to Mr. Johnson's staff is certainly timely and encouraging.

5. Certain specific support of the refresher training program appears (to me) to be definitely indicated:

a. Three additional physicians: 1 Director of refresher courses; 1 Assistant Director; 1 physician (or qualified nurse, capable educator, if available) to teach Nurse course.

b. Improvement of library: textbooks (easy, at local prices); a few journals, titles to be selected, probably including British Medical Journal, Lancet, and Medical Journal of Australia, plus some in Farsee, and Pakistani journals.

c. Housing for students; transport to and from hospitals.

d. Payment to instructors, over and above item a. I have had plenty of experience with proposals for increasing demand on my teaching time without consideration of decreasing my workload somewhere else in compensation. The quality of preparation and delivery of instruction will suffer unless is is rewarded in some way.

6. Less evidently essential, but worthy of consideration are:

a. Gradual and limited upgrading of technical capability of party hospitals, particularly in basic radiology and laboratory. I realize that there is differences of opinion on this. Some are of the opinion that barefoot doctors should be trained by barefoot professors, but I disagree. I like to teach students that they can diagnose fractures by physical examination, and diagnoses pneumonia with a stethoscope, but after the students do that, I like to clinch it with a film.

b. Support for better facilities along the border for interim care and transport. The AHC has asked for this. I do not have enough information on which to make judgement.

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7. Look at your contract and plans, and be prepared to modify the objectives, move the operation into Afghanistan, and work with new organization(s).

8. Keep close liaison personally with Dr. Rashid and Dr. Mujadidi. I think they will remain powerful leaders at the time the AHC is dissolved.

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BB. FOLLOWING IS SCOPE OF WORK FOR DOUGLAS LINDSEY, TRAUMA SURGERY AND MILITARY MEDICAL ADVISOR.
AVAILABLE DATES FEB. 1 - 20, 1988.

GENERAL SOW: 1. TO ASSIST THE AHC AND THE MSH TRAINING ADVISOR WITH DEVELOPING AND OVERALL REFRESHER TRAINING PROGRAM FOR AFGHAN DOCTORS AND NURSES.

2. TO REVIEW, FROM A MILITARY MEDICINE PERSPECTIVE. THE OVERALL PROJECT. INCLUDING "BHW" AND "BUDDY CARE" TRAINING.

SPECIFIC SOW.

1. DEVELOP AN OUTLINE REFRESHER COURSE ON MANAGEMENT OF WAR INJURIES FOR AFGHAN DOCTORS AND NURSES.

2. SPECIFY SURGICAL SKILLS AND TECHNIQUES TO BE TAUGHT IN THE REFRESHER COURSE AND IDENTIFY RESOURCE REQUIRED.

3. PROVIDE RECOMMENDATIONS REGARDING TRANSPORT OF CASUALTIES FORM THE BATTLEFIELD TO VARIOUS LEVELS OF MEDICAL CARE.

4. REVIEW THE AHC PROGRAM FOR BHW AND BUDDY CARE TRAINING FROM THE PERSPECTIVE OF BASIC PRINCIPLES OF MILITARY MEDICINE.

5. REVIEW THE OVERALL AHC PROGRAM FROM THE STANDPOINT OF MILITARY MEDICINE AND MAKE RECOMMENDATIONS FOR IMPROVING THE AHC'S CAPABILITY IN DEALING WITH WAR-RELATED INJURIES.

6. PREPARE A DRAFT CONSULTANT'S REPORT BEFORE LEAVING PAKISTAN.

BUDDY CARE

(First Aiders)

Training program

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BUDDY CARE
Institute of Public Health

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	RMF
FY 1987*													375	375	
FY 1988													9452	9827	
FY 1989	1294	1301	1679	2260	1833	1868	1617	1511	1897	1777	1780	1710	20527	30354	
FY 1990	2252			132	814	688	403	500	390	90	249	172	5690	36044	
FY 1991	163	208	315	101	110	110	75	81	73				1236	37280	
FY 1992	Discontinued														

* FY 1987 = October 1st, 1986 – September 31st, 1987

MANAGEMENT SCIENCES FOR HEALTH
PESHAWAR

29 November 1987

Dr. Najibullah Mojadidi
President, Alliance Health Committee
Peshawar

Subject: Mujahideen First Aid Training

Dear Dr. Mojadidi:

It has been reported by Mr. Johnson that a committee meeting, attended by yourself, Dr. Bassir (Jamiat), Dr. Nassir (Mahaz), Dr. Fatimie, Dr. Afzali and Mr. Johnson, was held on 24 November 1987 at the Alliance Health Committee office. I understand that during this meeting a plan of action for training basic life saving first aid measures to Mujahideen was discussed and recommendations were developed. I have summarized below the plan of action as it was reported to me. Please advise if I have made any errors in the summary. I feel the plan is a good one. MSH is prepared to support it to the extent outlined below:

Objective: Train a large number of Mujahideen basic life saving first aid measures.

Location: Tanzeem camps where BHW Training programs are located.

Duration of Training: Two days.

Trainers: Two first aid trainers for each camp.

Number of Mujahid Trainees: Each first aid trainer will be responsible for training 20 Mujahid every two days. The total number of Mujahid trained (two first aid trainers) every two days will be 40.

First Aid Trainers.

1. Minimum Qualification:

a. ICRC One Month First Aid Training Course Certificate of Completion.

b. Demonstrated ability to teach basic life saving first aid measures.

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First Aid Trainers (Continued)

2. Selection Process:

a. Each Tanzeem should nominate 4 or 5 candidates for pretest and assessment of capability.

b. Based on the pretest, two candidates from each Tanzeem will be selected for a one week training of first aid trainers course.

c. At the end of the one week training course, the candidates will be tested and if successful recommended for appointment as First Aid Trainer.

3. Responsible AHC Section:

a. The High Council will be responsible for nominating candidates;

b. The AHC Training Center will be responsible to :

i. Pretesting and assessment of applicants;

ii. Developing training objectives/materials;

iii. Conducting a one week trainers course;

iv. Final testing of candidates & certification that candidate is competent for teaching basic life saving first aid measures.

4. Monitoring of Training (Technical).

a. Training Center will be responsible for monitoring the technical aspects of the training. For example, Are the training objectives being met? Are the trainees able to demonstrate basic first aid skills? Is the training time too long or too short?

5. Administrative Management

a. First Aid Trainers will be assigned to the BHW Training Camp for supervision and logistical support such as food and accommodations.

6. Training Aids

a. As required for training objectives.

6. First Aid Material

a. One sterile first aid dressing will be issued to each Mujahideen completing the course. (Sterile bandages are available in sufficient quantity in MSH Warehouse.)

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The plan of action recommended by the committee is comprehensive. I feel that, by training a large number of Mujahideen in basic first aid measures, many lives can be saved.

As stated at the beginning of this letter, MSH is prepared to support the AHC with implementing the plan to the extent outlined above. It is recognized however, that variations in the number of Mujahideen in residence exist between Tanzeem Camps. For those Tanzeems that have the capacity for simultaneously training a larger number of Mujahideen, MSH is willing to support the fielding of additional First Aid Trainers. For this additional support, it is requested that the concerned Tanzeem submit a training plan, outlining an estimate of how many Mujahideen can be trained in a one month period to MSH.

A salary of Rupees 2,000.00 per month plus a food allowance, overnight allowance of Rupees 30 and standard bedding set will be made available for each First Aid trainer who has successfully completed the First Aid Trainers Course. As an added incentive, each First Aid Trainer may claim Rupees five (Rs. 5.00) for each Mujahideen trained.

As it is expected that the First Aid Trainers will be in residence at the BHW Training Camp and working within the boundary of the Tanzeem camp, additional transport will not be required.

Since large numbers of Mujahideen are frequently present in the Tanzeem camps during the winter months, I would like to encourage the AHC to implement this program as soon as possible. My staff and I will be available to provide the AHC with technical as well as administrative support. For financial audit purposes, it is requested that full documentation be maintained, including signed and certified attendance sheets for each Mujahideen First Aid Training Class.

Sincerely,

William D. Oldham, M.D.

William D. Oldham, M.D.
Team Leader

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Mujahideen First Aid Training (Mini Course)

Proposal

General Objectives:

The overalll objective of Mujahideen First Aid Training is to provide a large number of Mujahideen with sufficient skill on "Basic Life Saving First Aid Measures."

Specific Objectives:

It is intended that at the end of two days training the trainees get skills on

1. Control of Bleeding.
2. Application of Triangular Bandages.
3. Opening of the Airway.
4. Immobilisation of Fractures.
5. Handling and transportation of casualties.

Material and Method:

-Teaching Aids that require doing as well as seeing will be provided

-Instructions will be taught by

- demonstrations.
- discussions.

-At least two sterile First Aid dressing will be issued to each Mujahid completing the course.

Duration and Time:

(Please look at the attached two days planning sheet.)

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2-days training sheet - Nuguedeee Bless Aid Training

Day and Date / Time	First Day .....day December.....	2nd Day .....day December.....
9:00-9:15	Brief introduction on the Programme	Discussion
9:15-9:45	Controlling Blood loss	Immobilisation of Fractures
9:45-10:45	Students Practice	Practice
10:45-11:00	Break	Break
11:00-11:30	Application of Bandages (Trianguler)	Handling and Transport
11:30-12:30	Practice	Practice
12:30-2:00	Lunch and pray	Lunch and Pray
2:00-2:50	Opening and Clearing the Airway	How to make a triangular bandage as well as a strechers
2:		Practice + Distribution

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ASSESSMENT PROGRAM

Management Sciences for Health
Training Department
BHWs Assessment Program

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL*	REMARKS
FY 1987															
FY 1988															
FY 1989															
FY 1990										11	1	28	40	40	
FY 1991	15	15	40	20		131	170	144	196	190	128	152	1201	1241	
FY 1992	174	122	147	84	55	74	81	116	278	84	13	0	1228	2469	
FY 1993	40	23	24	40	0	8	31	24	31	0	41	0	267	2736	
FY 1994	37	14											51	2787	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Afghanistan Health Sector Support Project
Basic Health Worker Questionnair

Name of BHW: _____ Commander Name: _____

Father Name: _____ Party connection: _____

BHW code, Number: _____ District: _____

BHW Age: _____ Village : _____

Graduation Session: _____ Name of Evaluator: _____

Date of latest Refresher Training _____ Date of Eva. _____

Section A: General Information about the health Post/clinic.

*The interviewer is to observe and circle or write the answer

1 Location of the Post/Clinic: Mountain/Village/Moj.Base/ Mobile/ Cave
2 Duration it takes people to come from the remotest area served by the post : _____ hours.
3 Cleanliness of the area outside post: :clean, garbage, sewage, stagnant water/...
4. Cleanliness of the post :clean/ garbage/ dust/ dirty dishes/ dirty cloths/ .....
5. BHW personal cleanliness: :v.good/ good/ fair/ poor/
6 Order inside post: :v.good/ good/ fair/ poor
7. Where are drugs kept ? :in a cabin/ on a table/ on floor/ outside post/ ...
8 Condation of drugs: :Good/ leakage/ broken/ dirty/ expired/ ...
9 Are there any drugs beyond the BHW level of training (not included in BHW kit)? Yes, No If yes, what: _____

_____

_____

13 Total number of BHWs serving in the post: _____

* Ask to confirm your observation

12 Is the Health post used for other purposes: . No/ guest room/ preparing food/ shop/ ....

10. Date of last drug supply to BHW _____ * Ask BHW

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11. Are the following drugs available in the post:

a. Penicilllin inj: Yes, No If no, since when ? _____
b. ORS: Yes, No If no, since when ? _____
c. Ampicillin caps: Yes, No If no, since when ? _____
d. Chloroquine Tab.: Yes, No If no, since when ? _____
e. Benzyl Benzoate: Yes, No If no, since when ? _____

Clarifying comments on section A: _____

_____

_____

Section B: Observing BHW Attitude and Practice:

B.1. Ability of BHW to manage caces:

1. Patient Age: _____ 2. Patient Sex: _____

3. History talking: Did BHW ask about:

Cough?	Yes, No, not applicable
Dry cough or with mucous?	Yes, No, not applicable
Colour of sputum?	Yes, No, not applicable
Blood in sputum ?	Yes, No, not applicable
Lenght of illness?	Yes, No, not applicable

4. Physical Exam: Did BHW: Check temperature? Yes, No, not applicable
Count Respiratory Rate Yes, No, not applicable

5. BHW's Diagnosis: _____ 6. Interviewer's Diagnosis _____

7. Treatment decided by BHW: _____

_____

8. Did BHW tell patient: Purpose of drugs? Yes, No, not applicable
How to take? Yes, No, not applicable
When to take? Yes, No, not applicable

9. Did BHW Explain causes of illness? Yes. No,
Explain ways of prevention? Yes. No,
Give advice on feeding? Yes. No,

10. BHW's attitude towards patient: Poor/ Fair/ Good/ V.good

_____

b. Gastro Intestinal System:

1. Patient Age: _____ 2. Patient Sex: _____

3. History talking: Did BHW ask about:

Number of motions?	Yes, No, not applicable
Mucous/blood in stools?	Yes, No, not applicable
Vomiting?	Yes, No, not applicable

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4. Physical Exam: Did BHW:
Check skin elasticity? Yes, No, not applicable
Check for depressed fontanells? Yes, No, not applicable

5. BHW's Diagnosis: _____ 6. Interviewer's Diagnosis: _____

7. Treatment decided by BHW: _____

_____

8. Did BHW tell patient: Purpose of drugs? Yes, No, not applicable
How to take? Yes, No, not applicable
When to take? Yes, No, not applicable

9. Did BHW Explain causes of illness? Yes, No,
Explain ways of prevention? Yes, No,
Give advice on feeding? Yes, No,

10. BHW's attitude towards patient: Poor, Fair, Good, V.good

c. Eye Diseases:

1. Patient Age: _____ 2. Patient Sex: _____

3. History talking: Did BHW ask about:
Duration of illness? Yes, No, not applicable
Discharge? Yes, No, not applicable
Pain? Yes, No, not applicable

4. Physical Exam: Did BHW:
Check colour of Conjunctiva? Yes, No, not applicable
Wash his hands after the examination? Yes, No, not applicable

5. BHW's Diagnosis: _____ 6. Interviewer's Diagnosis: _____

7. Treatment decided by BHW: _____

_____

8. Has BHW told patient Purpose of drugs? Yes, No, not applicable
How to take? Yes, No, not applicable
When to take? Yes, No, not applicable

9. Did BHW explain Causes of illness Yes, No,
Ways of prevention? Yes, No,

10. BHW's attitude towards patient: Poor/ Fair/ Good/ V.good

_____

d. Skin:

1. Patient Age: _____ 2. Patient Sex: _____

Best Available Document

3. History taking: did BHW ask about:

Itching ?	Yes, No, not applicable
Fever ?	Yes, No, not applicable
Duration of illness?	Yes, No, not applicable

4. Physical exam: did BHW:

Examin the site of itching?	Yes, No, not applicable
Wash his hands after the exam.?	Yes, No,

5. BHW's Diagnosis: _____ 6. Interviewers Diagnosis: _____

7 Treatment Decided by BHW: _____

---

8. Did BHW tell patient:

Purpose of drugs?	Yes, No, not applicable
How to take?	Yes, No, not applicable
When to take?	Yes, No, not applicable

9. Did BHW explain:

Causes of illness?	Yes, No,
Ways of prevention?	Yes, No,

10 BHW's attitude towards patients? Poor, Fair, Good, V.good

e. Throat illness:

1. Patient Age: _____ 2. Patient Sex: _____

3. History talking: Did BHW ask about :

Fever ?	Yes, No, not applicable
Difficulty in swallowing?	Yes, No, not applicable
Lenght of illness?	Yes, No, not applicable

4. Physical exam: Did BHW :

Look at patient throat?	Yes, No, not applicable
Examin throat lymph nodes?	Yes, No, not applicable

5. BHW Diagnosis: _____ 6. Interviewer's Diagnosis: _____

7 Treatment decided by BHW: _____

---

8. Did BHW tell patient:

Purpose of drugs?	Yes, No, not applicable
How to take?	Yes, No, not applicable
When to take?	Yes, No, not applicable

9. Did BHW explain:

Causes of illness?	Yes, No, not applicable
Ways of prevention?	Yes, No, not applicable

10. BHW's attitude toward patient: Poor/ Fair/ Good/ V good

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B.3. Ability of BHW to give injections:

1. Has BHW given injection to any patient during the visit by the interviewer?
   Yes, No If Yes, a-What was the injected drug? _____
   b-Were syringe and needle sterilized? Yes, No
   c-Was the injection technique correct? Yes, No
   If no, why? _____

B.4. Ability of BHW to measure temperature:

1. Has BHW measured temperature of any patients during the visit? Yes, No
   If Yes, a- Was thermometer cleaned? Yes, No
   b- Was technique correct? Yes, No
   c- Could he read the temperature? Yes, No

B.5. Observing BHW load of work:

1. What is the total number of patients came to see the BHW during the vis
   by the interviewers? total:_____ Children less than 5 years: _____
   Males more then 5 years: _____ Females more than 5 years: _____

2. How long did the interviewer spend observing the BHW? _____ hours

* The Interviewer should spend at least one full work day observing the B

B.6. Ability of BHW to register information in the "Green Book" :

1. Is the BHW's green book upto date? Yes, No(enteries more than 2 days la
2. Is there any advance registration? Yes, No
3. Did BHW leave patients out? Yes, No
4. Did BHW leave drug out? Yes, No

Other problems with green book: _____

_____

Section C: BHW load of work and work circumstances:

* The interviewer asks BHW and circles or writes BHW answers

1. What is the approximate number of households served by the post: _____ huousehlolds.
2. What is the approximate number of patient come to post per day: _____ patients.
3. Do you have other responsibilities beside being a BHW? No/ shop/ farm/ moj.....
4. Tell me about the last patient you saw who you could not help, What did you do: _____ _____

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5. During the last 2 weeks have you visited any patients in their home?
Yes, No If Yes, How many: children under 5 _____, males over 5 _____, female over 5 _____

6. Scince you started your work as a BHW have you performed any of the following:

- I.V. injection ? Yes, NO
- I.V. Drip ? Yes, NO
- Surgery ? Yes, No If yes, what _____
- Prescription writing? Yes, No If yes, what _____

7. Are there any of the following professional Health personnel in your are

Doctor? Yes, No If yes, have you refered to/consulled him/her? Yes,
Nurse? Yes, No If yes, have you refered to/consulled him/her? Yes,
Ass.Doc? Yes, No If yes, have you refered to/consulled him/her? Yes,
Para med? Yes, No If yes, have you refered to/consulled him/her? Yes,

8 Are there female professional health personnel in your area?
Yes, No If yes, what level _____ If possible what is her

name _____ contact _____

9. Are there any of the following non-professional health personnel in your area?
Dais? Yes, No If yes have you refered to/consulted her? Yes, N
Bone-selters? Yes, No If yes have you refered to/consulted her? Yes, N
Hakimjees? Yes, No If yes have you refered to/consulted her? Yes, N
Injectionist? Yes, No If yes have you refered to/consulted her? Yes, N

10. Are there commandors in your area cooperative? Yes, No
If No, Explain _____

After the interview try to solve problems between BHW & area comm/lead

11. What are the problems you are facing in your work? _____

_____

_____

Section D: BHW knowledge

1. Name the important causes of death among children less then 5 years old?

_____

_____

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1. Other illness:

1. Patient Age: _____ 2. Patient Sex: _____

3. History taking: did BHW as about:
   - -Length of illness? Yes, No, not applicable
   - -Fever? Yes, No, not applicable

4. Physical exam: Did BHW:
   - -Check temperature? Yes, No, not applicable
   - -Check for signs of anemia? Yes, No, not applicable

5. BHW's Diagnosis: _____ 6. Interviewer's Diagnosis: _____

7. Treatment decided by BHW: _____

_____

8. Did BHW tell patient: Purpose of drugs? Yes, No, not applicable
   How to take? Yes, No, not applicable
   When to take? Yes, No, not applicable

9. Did BHW explain: Causes of illness? Yes, No, not applicable
   Ways of prevention? Yes, No, not applicable

10. BHW attitude toward patient Poor/ Fair/ Good/ V.good

_____

Comments; _____

_____

B.2. Ability of BHW to manage wounded patients:

1. Has BHW treated any wounded patients in the duration of the visit by the interviewer?

   Yes, No | *If no move to B.3. |

2. General management of wounded patients:
   Did the BHW
   - -Insure clear airpassages? Yes, No, not applicable
   - -Stop bleeding? Yes, No, not applicable
   - -Check signs of shock? Yes, No, not applicable
   - -Immobilize the injured part? Yes, No, not applicable

Comments: _____

_____

3. Dressing a wound:
   - -Are instruments clean? Yes, No
   - -Were instruments boild? Yes adequately, not adequat., No
   - -Were sterilized instr. taken in aseptic conditions? Yes, No, not appl.
   - -Did BHW wash his hands before dressing the wound? Yes ad. Not ad. No

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2 A father brought to you his 6 month old child sufferring from Acute wat diarrhea with no blood or mucous in stool /what would you do?

_____

_____

3. What would you tell the mother to do for feeding of such boby? _____

_____

4. What are the sings of dehydration in a 6 month old patient? _____

_____

_____

5 Show me how to prepare ORS: *Observe BHW while he actually mixing ORS

- Water amount: correct, Less, more, no ORS in post/ no water
- Did BHW stir the mixture: yes adequately/ Not adequately, No

6. Show me how to propare salt and sugar solution:

* Observe while he is mixing

- Water amount: correct/ Less/ more/ not available
- Suger amount: correct/ Less/ more/ not available
- Salt amount: correct/ less/ more/ not available

7. In your community, what group of population the Iron and Folic acid tablets, included in your kit is intended for what class of your commun

8 When should you give antibiotic for a child Less then 5 years suffering from acute Respiratory infection? _____

_____

What advice can you give to prevent people in community from having Hook worm infestation? _____

_____

10. What are the sings of malaria ? _____

_____

11. What drug do you give for malaria? _____

_____

12. Do you have the BHW Refrence manual available in the post ? Yes, No

* Ask to see it

If yes, what do you refer to your manual for ? *circle all that apply

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Sings of disease, symptoms of disese, treatment of disease, preventior

disease, other: _____

13. Mention 3 important measures to prevent malaria in your community?

a. _____ b. _____ c. _____

14 Mention 6 diseases that can be prevented by vaccine?

a. _____ b. _____ c. _____

d. _____ e. _____ f. _____

15 Name 3 factor which are important to make the water in a well safe to drink?

a. _____ b. _____ c. _____

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9. During the last 2 weeks has the BHW come to your house to ask about your health? Yes, No.

10. Is there any type of help you would like to get from BHW which your BHW cannot provide ? _____

11. Do you feel that the BHW in your village understands you and your family health needs ?

_____

_____

Name: _____ Age: _____ Sex: _____ Profession: _____

1.
2
.
4.
5.
6.
7.

11. To be repeated to cover total of 10 intervewes per form.

Best Available Document

9. During the last 2 weeks has the BHW come to your house to ask about your health? Yes, No.

10. Is there any type of help you would like to get from BHW which your BH cannot provide ? _____

11. Do you feel that the BHW in your village understands you and your family health needs ?

_____

_____

Name: _____ Age: _____ Sex: _____ Profession: _____

1.
2
3.
4.
5.
6.
7.

11. To be repeated to cover total of 10 intervewes per form.

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BHW'S ASSESSMENT FORM

Province		Session			Code No		

BHW NAME	
FATHER NAME	
INTERRIEW DATE	
DATE OF INTRODUSED TO IPH	
DATE OF LAST REFRESHER COURSE	
SIGNATURE OF RECOMMENDER	

THE FOLLOWING PART TO BE FILL OUT BY RESEARCH AND ASSESSMENT DEPARTMENT

VERY GOOD		RESULT OF ASSESSMENT
GOOD		
WARNING		

TO : BASIC HEALTH SERVICE PRESIDENCY

THE SAID BHW IS INTRODUCED TO BASIC HEALTH SERVICE FOR (

EVALUATOR'S SIGNATURE (DATE / /

IPH DIRECTOR'S SIGNATURE ( )

پروژه تقویتی بخش صحت افغانستان

پرسشنامهٔ کارکنان صحی اساسی

اسم کارکن صحی اساسی : _____ اسم قوماندان : _____

اسم پدر : _____ ارتباط تنظیم : _____

کود نمبر : _____ ولایت : _____

سن : _____ ولسوالی : _____

دورهٔ فراغت : _____ قریه : _____

آخرین تاریخ ترینگ اسم ارزیابی کننده : _____

ریفریشر : _____

==========

بخش الف : معلومات عمومی دربارهٔ پوسته صحی

مصاحبه کننده از روی مشاهدات خویش دور جوابات دایره کشیده

ویا آنها را بنویسید.

۱ـ موقعیت پوسته صحی : کوه ، قریه ، مرکز مجاهدین ، سیار ، مغاره

۲ـ مدت زمانیکه طی آن مردم از دور افتاده ترین نقاط به پوسته صحی میآیند : _____ ساعت

۳ـ نظافت ماحول پوسته صحی : پاك ، اشغال ، بدرفت ، آب راکد .....

٤ـ نظافت پوسته صحی : پاك ، اشغال ، گرد وخاك ،ظروف کثیف ، البسه کثیف

٥ـ نظافت شخصی کارکن صحی اساسی : بسیار خوب ، خوب ، بد نبود ، خراب

٦ـ نظم ونسق داخل پوسته صحی : بسیار خوب ، خوب ، بد نبود ، خراب

۷ـ جای نگهداشت ادویه : در الماری ، بالای میز ، روی زمین ، بیرون پوسته صحی

۸ـ حالت ادویه : خوب ، لیك یا خراب ، ، شکسته ، کثیف ، میعاد گذشته

۹ـ موجودیت ادویکه از سویهٔ ترینگ کارکن بالا باشد (شامل کت کارکن صحی نباشد): بلی نی

اگر بلی ، پس چه :_____

_____

_____

۱۰ـ تاریخ آخرین اکمال مجدد (ریسپلای) کارکن صحی اساسی : _____

ازخودش پرسیده شود.

پروژهٔ تقویتی بخش صحت افغانستان

کودنمبر کارکن صحی اساس :

۱۱ـ آیا ادویه جات ذیل در پوسته صحی موجود است :

الف ـ امپول پنسلین : بلی نی اگر نی ازکی به اینسو _____

ب ـ او ـ آر ـ اس : بلی نی رر رر رر _____

ج ـ کپسول امپسلین : بلی نی رر رر رر _____

د ـ تابلیت کلوروکین : بلی نی رر رر رر _____

هه ـ بینزایل بنزویت : بلی نی رر رر رر _____

۱۲ـ آیا از پوسته صحی به مقاصد دیگر استفاده میشود: نی مهمانخانه ، آشپزخانه ، دوکان ....

۱۲ـ تعداد مجموعی کارکنان صحی ایکه درپوسته صحی خدمت مینمایند _____

برای تایید مشاهده تان بپرسید

درمورد بخش الف اظهارت راتصفیه نمایید_____

_____

_____

بخش ب : مشاهده برخورد وعملکرد کارکن صحی اساس :

ب : ۱ : قابلیت رسیده گی کارکن صحی اساسی به واقعات

الف ـ جهاز تنفسی

۱ـ سن مریض : _____ ۲ـ جنس مریض : _____

۲ـ تاریخچهٔ مریض : آیا کارکن صحی راجع به این چیز ها میپرسید ؟

سرفه ؟ بلی نی سوال وارد نبود

سرفه خشك یا بابلغم ؟ بلی نی سوال وارد نبود

رنگ بلغم ؟ بلی نی سوال وارد نبود

خون در بلغم ؟ بلی نی سوال وارد نبود

مدت مریض ؟ بلی نی سوال وارد نبود

٤ـ معاینات جسمانی :

آیا کارکن صحی درجه حرارت مریض را معاینه میکرد ؟ بلی نی سوال واردنبود

اندازه تنفس مریض را می شمرد ؟ بلی نی سوال وارد نبود

٥ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده _____

پروژهٔ تقویتی بخش صحی افغانستان

کودنمبرکارکن صحی اساسی :

۷ـ معالجهٔ را که کارکن صحی فیصله نموده است : _____

_____

۸ـ آیا کارکن صحی به مریض میگوید: مقصد ادویه را ؟ بلی نی سوال وارد نبود

طرز استعمال ادویه را ؟ بلی نی سوال وارد نبود

وقت استعمال ادویه بلی نی سوال وارد نبود

۹ـ آیا کارکن صحی اسباب مریض را تشریح مینمود ؟

طرق جلوگیری یا وقایه را تشریح مینمود: بلی نی

درمورد تغذیه مشورت میداد : بلی نی

۱۰ـ برخورد کارکن صحی با مریض : خراب بد نبود خو[illegible]

ب ـ جهاز معدی امعایی

۱ـ سن مریض : _____ ۲ ـ جنس مریض : _____

۳ـ گرفتن تاریخچهٔ مریض : آیا کارکن صحی راجع به این چیز ها میپرسد ؟

تعدادوفیات ؟ بلی نی سوال وارد نبود

خون در غایطه ؟ بلی نی سوال وارد نبود

استفراق ؟ بلی نی سوال وارد نبود

٤ـ معاینات جسمانی : آیا کارکن صحی الاستکیت پوست را معاینه کرد ؟ بلی نی سوال وارد نبود

آیا کارکن صحی فرورفتگی فانتنیل (شروان) مریض را معاینه کرد ؟ بلی نی سوال وارد نبود

۵ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده : _____

۷ـ معالجهٔ را که کارکن صحی فیصله نموده است _____

_____

۸ـ آیا کارکن صحی به مریض گفت : مقصد ادویه را ؟ بلی نی سوال وارد نبود

طرز استعمال ادویه را ؟ بلی نی سوال وارد نبود

وقت استعمال ادویه را ؟ بلی نی سوال وارد نبود

۹ـ آیا کارکن صحی اسباب مریض را تشریح مینمود ؟ بلی نی سوال وارد نبود

طرق وقایه را ؟ بلی نی سوال وارد نبود

در مورد تغذیه مشوره میداد ؟ بلی نی سوال وارد نبود.

پروژه تقویتی بخش صحت افغانستان

کودنمبر کارکن صحی اساسی :

۱۰ـ برخورد کارکن صحی بامریض : خراب بدنبود خوب بسیار خوب .

ج ـ امراض چشم

۱ـ سن مریض : _____ ۲ـ جنس مریض : _____

۳ـگرفتن تاریخچه : آیا کارکن صحی راجع به این چیز ها میپرسید ؟

مدت مریض : بلی نی سوال وارد نبود

افرازات : بلی نی سوال وارد نبو

درد : بلی نی سوال وارد نبود

٤ـ معاینات جسمانی : آیاکارکن صحی رنگ منظمهٔ چشم را معاینه کرد: بلی نی سوال وارد نبود

دست های خود را بعد از معاینه شست ؟ بلی نی سوال وارد نبود

۵ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده :_____

۷ـ معالجه را که کارکن صحی فیصله نموده است : _____

_____

۸ـ آیا کارکن صحی به مریض گفته است ؟

مقصد ادویه را ؟ بلی نی سوال وارد نبود

طرز استعمال ادویه را ؟ بلی نی سوال وارد نبود

وقت استعمال ادویه را ؟ بلی نی سوال وارد نبود

۹ـ آیا کارکن صحی اسباب بیماری را تشریح نمود ؟ بلی نی سوال وارد نبود.

طرق وقایه را تشریح نمود ؟ بلی نی سوال وارد نبود

۱۰ـ برخورد کارکن صحی بامریض : خراب بد نبود خوب بسیار خوب

د ـ امراض جلدی :

۱ـ سن مریض : _____ ۲ ـ جنس مریض : _____

۳ـ گرفتن تاریخچه : آیا کارکن صحی راجع به این چیز ها میپرسید ؟

خارش : بلی نی سوال وارد نبود

تب : بلی نی سوال وارد نبود

مدت مرض : بلی نی سوال وارد نبود

پروژه تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

٤ـ معاینات جسمانی : آیا کارکن صحی محل خارش را معاینه کرد ؟ بلی نی سوال واردنبود

٥ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده : _____

٧ـ معالجه را که کارکن صحی فیصله نموده است : _____

٨ـ آیا کارکن صحی به مریض گفته است ؟

مقصد ادویه را ؟ بلی نی سوال وارد نبود

طرزاستعمال ادویه را ؟ بلی نی سوال وارد نبود

وقت استعمال ادویه را ؟ بلی نی سوال وارد نبود

٩ـ آیا کارکن صحی اسباب بیماری را تشریح مینمود ؟ بلی نی سوال وارد نبود

طرق وقایه بیماری را تشریح مینمود ؟ بلی نی سوال وارد نبود

١٠ـ برخورد کارکن صحی بامریض : خراب بد نبود خوب بسیار خود

٥ـ بیماری های گلو :

١ـ سن مریض : _____ ٢ـ جنس مریض : _____

٣ـ گرفتن تاریخچه : آیا کارکن صحی راجع به این چیز ها میپرسید ؟

تب : بلی نی سوال وارد نبود

عسرت در بلعیدن : بلی نی سوال وارد نبود

مدت بیماری : بلی نی سوال وارد نبود

٤ـ معاینات جسمانی : آیا کارکن صحی گلوی مریض را دید ؟ بلی نی سوال واردنبود

غدوات لمفاوی گلو را معاینه کرد ؟ بلی نی سوال وارد نبود

دست های خود را بعد ازمعاینه شست ؟ بلی نی سوال وارد نبود

٥ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده _____

٧ـ معالجه را که کارکن صحی فیصله نموده است : _____

و ـ سایر بیماری ها :

١ـ سن مریض : _____ ٢ـ جنس مریض : _____

٣ـ گرفتن تاریخچه : آیا کارکن صحی راجع به این چیز ها میپرسید

مدت مریض : بلی نی وارد نبود

تب : بلی نی وارد نبود

پروژه تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

٤ـ معاینات جسمانی : آیا کارکن صحی درجهٔ حرارت مریض را معاینه کرد ؟ بلی نی وارد نبود

علایم کم خونی را معاینه کرد ؟ بلی نی وارد نبود

٥ـ تشخیص کارکن صحی : _____ ٦ـ تشخیص مصاحبه کننده : _____

٧ـ معالجه را که کارکن صحی فیصله نموده است : _____

_____

٨ـ آیا کارکن صحی به مریض گفته است ؟

مقصد ادویه را ؟ بلی نی وارد نبود

وقت استعمال ادویه را ؟ بلی نی وارد نبود.

طرز استعمال ادویه را ؟ بلی نی وارد نبود.

٩ـ آیا کارکن صحی اسباب بیماری را تشریح مینمود ؟ بلی نی وارد نبود

طرق وقایهٔ بیماری را تشریح مینمود ؟ بلی نی وارد نبود

١٠ـ برخورد کارکن صحی بامریض : خراب بد نبود خوب بسیار خوب

==========

نظریات : _____

_____

ب ٢ ـ قابلیت کارکن صحی اساسی از نقطه نظر رسیدگی به مریضان زخمی :

١ـ آیا در هنگام باز دید مصاحبه کننده کارکن صحی کدام مریض زخمی را تداوی کرده است :

بلی نی اگر نی : پس به سوالات ب ٢ بروید

٢ـ تدابیر عمومی درمورد مریضان زخمی :

آیا کارکن صحی اساسی : از باز بودن مجرای تنفس اطمینان حاصل کرده است ؟

بلی نی سوال وارد نیست

از خون ریزی جلوگیری کرده است ؟ بلی نی سوال وارد نیست

علایم شوك را معاینه کرده است ؟ بلی نی سوال وارد نیست

ناحیه مصدوم را غیر متحرکه ساخته است ؟ بلی نی سوال وارد نیست

نظریات : _____

_____

پروژه تقوي تی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

۲ـ پانسمان زخم :

ـ آیا وسایل پاك است ؟ بلی نی

ـ آیا وسایل جوش داده شده ؟ بلی بصورت درست بصورت درست نی

ـ آیا سامان بصورت اسپتیك گرفته میشد ؟ بلی نی سوال وارد نبود

ـ آیا کارکن صحی قبل از پانسمان زخم دستهای خود را شست ؟

بلی بصورت درست بصورت درست نی

ب ۲ قابلیت کارکن صحی در پیچکاری کردن :

۱ـ آیا در هنگام باز دید مصاحبه کننده کارکن صحی کدام مریض را پیچکاری میکرد ؟

بلی نی اگر بلی :

الف ـ چه ادویه زرقی را _____

ب ـ آیا سوزن وسرنج تعقیم شده بود ؟ بلی نی

ج ـ آیا تخنیك پیچکاری کردن صحیح بود ؟ بلی نی

اگر نی ، پس چرا ؟ _____

_____

ب ٤ لیاقت کارکن صحی در اندازه گیری درجه حرارت :

۱ـ آیادرهنگام باز دید مصاحبه کننده کارکن صحی درجه حرارت کدام مریض را اندازه میکرد ؟

بلی نی اگر بلی :

الف ـ میز ان الحرارت پاك کرده شد ؟

ب ـ تخنیك اندازه گیری درست بود ؟ بلی نی

ج ـ میزان الحرارت را خوانده میتوانست ؟ بلی نی

ب ٥ـ مشاهدهٔ اندازهٔ کار کارکن صحی اساسی :

۱ـ برچه تعداد مریض حین باز دید مصاحبه کننده نزدکارکن صحی مراجعه نمود :

مجموعه : _____ اطفال کمتر از پنجساله :_____ ذکور بالاتر از پنجساله _____

اناث بالاتر از پنجساله :_____

۲ـ مدت زمان مصاحبه باکارکن صحی : _____ ساعت

مصاحبه کننده باید حداقل یك روز مکمل کار را در مشاهدات خویش از کارکن صحی مصرف نماید.

پروژهٔ تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی :_____

ب ٦ قابلیت کارکن صحی در درج نمودن معلومات در کتاب راجستری یا (Green Book) :

١ـ آیا کتاب گرین بك کارکن صحی متقارن به وقت وتاریخ است ؟

بلی . نی (بیشتر از دو روز در آن چیزی درج نگردیده است).

٢ـ آیا کدام خانه پری یا اندراج پیشکی در گرین بك دیده میشود ؟ بلی نی

٣ـ آیا کارکن صحی نام کدام مریض را درگرین بك درجه نکرده است ؟ بلی نی

٤ـ آیا کارکن صحی کدام ادویه را درج نکرده است ؟ . بلی نی

مسایل دیگر در مورد گرین بك : _____

بخش ج : اندازه کارکن صحی وشرایط واحوال کار :

مصاحبه کننده دور جوابات کارکن صحی دایره میگیرد ویا آنها را می نویسد

١ـ این پوسته صحی به چه تعداد خانه وارها خدمت مینماید ؟ _____ خانه وار

٢ـروزمره به چه تعداد مریضان به پوسته صحی مراجعه مینمایند ؟ _____ مریض

٣ـ برعلاوهٔ کارکن صحی بودن کدام مسئولیت های دیگری هم دارید؟ نی ، دوکان ، دهقانی ، جهاد

٤ـ راجع به مریض بگوید که شما درین اواخر اورا دیده لاکن به او کمك کرده نه توانسته اید .

شماچه کردید ؟ _____

٥ـ در ظرف دو هفته اخیر کدام مریض را در خانه اش دیده اید ؟ بلی نی

اگر بلی، چند: اطفال کمترازپنجساله _____ ذکوربالاترازپنجساله _____اناث بالاترازپنجساله _____

٦ـ از زمانیکه بحیث کارکن صحی آغاز به کار نموده اید آیا کدام اجرات ذیل عملی نموده اید ؟

ـ پیچکاری داخل ورید ؟ بلی نی

ـ جریان سیرم داخل ورید ؟ بلی نی

ـ جراحی ؟ بلی نی اگر بلی چه ؟ _____

ـ نسخه نویسی ؟ بلی نی اگر بلی چه ؟ _____

٧ـ آیا کدام کارکنان مسلکی صحی ذیل در منطقه تان وجود دارند ؟

داکتر : بلی نی اگر بلی شما کدام مریض را به او فرستاده اید ؟ بلی نی

نرس : بلی نی رد رد رد رد رد رد بلی نی

معاون داکتر : بلی نی رد رد رد رد رد رد بلی نی

پارامدیك : بلی نی رد رد رد رد رد رد بلی نی

پروژهٔ تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

۸ـ آیا کدام کارکن صحی مسلکی زنانه (استخدام شده یا نشده) درمنطقه شما وجود دارد ؟ بلی نی اگر بلی سویه تعلیمی وی _____ درصورت امکان اسم و _____ آدرس او _____

۹ـ آیا کدام کارکن غیر مسلکی صحی ذیل در منطقهٔ تان وجود دارد ؟

دایه : بلی نی اگر بلی شما کدام کس را برای مشوره به او راجع نموده اید ؟ بلی نی

شکسته بند : بلی نی رد رد رد رد رد رد ؟ بلی نی

حکیم جی : بلی نی رد رد رد رد رد رد ؟ بلی نی

پیچکاری کننده : بلی نی رد رد رد رد رد رد ؟ بلی نی

۱۰ـ آیا قوماندان وبزرگان منطقه با شما همکاری مینمایند ؟ بلی نی

اگر نی توضیح بدهید که چرا ؟ _____

_____

بعد ازمصاحبه بکوشید که مسایل را بین کارکن صحی قوماندانان وبزرگان منطقه حل نمائید

_____

۱۱ـ درمورد کار تان با چه مشکلات مواجه هستید ؟_____

_____

بخش د : دانش کارکن صحی اساسی

۱ـ اسباب عمدهٔ مرگ ومیر اطفال کمتر از پنجساله را نام بگیرید :

_____

_____

۲ـ اگر پدری طفل ٦ ماهه خویش را که مبتلا به اسهال حاد بوده و در غایطه آن بلغم و خون هم دیده نشود به شما بیاورد ، در آنصورت شما چه خواهید کرد ؟ _____

_____

۳ـ درمورد تغذیه طفل بالا به مادرش چه توصیه مینمائید ؟

_____

_____

پروژهٔ تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

٤ـ علایم ضیاع مایعات نزدیك مریض که عمر او ٦ ماه پست چه است . _____

_____

٥ـ عملا نشان بدهید که محلول او ـ آرـ اس راچطور تهیه میکنید ؟

_____

کارکن صحی را درحالیکه وی عملا او ـ آر ـ اس را مخلوط میکند مشاهده کنید در حالیکه مخلوط میکند او را مشاهده کنید .

_____

ـ مقدار آب : درست کمتر بیشتر پیدا نمیشد

ـ مقدار شکر : درست کمتر بیشتر پیدا نمیشد

ـ مقدار نمك : درست کمتر بیشتر پیدا نمیشد

۷ـ لطفاً بگوید که تابلیت های Iron و Falic acid مشمول کیت های تان بخاطر کدام دسته از اهالی منطقهٔ تان در نظر گرفته شده است .

۸ـ چه وقت باید به یك طفلیکه از پنجساله کمتر عمر دارد و از التهاب حاد تنفسی رنج میبرد انتی بیوتیك داد ؟ _____

_____

_____

۹ـ برای جلوگیری از کرم چنگکدار به مردم منطقهٔ تان چه توصیه مینمایید ؟

_____

_____

۱۰ـ علایم ملاریا چه است ؟ _____

۱۱ـ در مورد ملاریا چه ادویه تجویز میکنید ؟

_____

_____

پروژهٔ تقویتی بخش صحت افغانستان

کود نمبر کارکن صحی اساسی : _____

۱۲ـ کتاب درسی یا ریفرینس کارکن صحی اساسی (BHW) را درپوسته صحی موجود دارید ؟

بلی نی

اگر دارید ، پس درچه موارد به آن مراجعه میکنید :

ـ علایم مرض

ـ عوارض مرض

ـ تداوی مرض

ـ وقایه مرض

وسایر چیز ها _____

_____

به هرچیزیکه مراجعه میکند گردآن دایره بکشید

_____

۱۳ـ برای جلوگیری از ملاریا در منطقهٔ تان از سه اقدام نام بگیرید

الف _____ ب _____ ج _____

۱٤ـ از ٦ امراض نام ببرید که با تطبیق واکسین وقایه شده میتواند

الف _____ ب _____ ج _____

د _____ هه _____ و _____

۱۵ـ از سه فکتور ها یا عواملی نام بگیرید که در محفوظ ساختن آب چاه ها برای نوشیدن اهمیت بسزای دارند :

الف : _____

ب : _____

ج : _____

پروژهٔ تقویتی بخش صحت افغانستان

پرسشنامهٔ جامعه

بخاطر ارزیابی خدمات کارکنان صحی اساسی

==========

ولایت : _____ تعداد کارکنان صحی اساسی مصروف خدمت

ولسوالی : _____ در قریه : _____

قریه : _____ کود نمبر کارکن صحی اساسی اول : _____

اسم مصاحبه کننده : _____ دوم : _____

سوم : _____

چهارم : _____

پنجم : _____

بخاطر معلومات دوبارهٔ هر یك از کارکن صحی اساسی با ده نفر مصاحبه کنید .

بهتر است که روسای فامیل باشند .

اسم : _____ سن : _____ جنس : _____ پیشه : _____

۱ـ آیا در دوهفته اخیر کدام کس از اعضای فامیل تان کدام تکلیف صحی داشته است بلی نی

_____

اگر نی ، سوال سوم را بپرسید

_____

۲ـ آیا بخاطر شخص مریض طالب توصیه گردیده اید ؟ بلی نی

اگر جواب نی باشد ، بکوشید که او را در بارهٔ کارکن صحی باخبر بسازید

اگر بلی ، از کجا _____

٤ـ کارکن صحی اساسی در کجا موقعیت دارد ؟ جواب درست جواب غلط

_____

یك جواب را دایره کشید

_____

پروژه تقویتی بخش صحت افغانستان

پرسشنامهٔ جامعه

بخاطر ارزیابی خدمات کارکن صحی اساسی

==========

۵ـ آیا شما یا کدام عضو فامیل تان گاهی با کارکن صحی اساسی در پوسته اش مشوره کرده اید ؟

بلی نی

۶ـ آیا شما یا کدام عضو فامیل تان گاهی متوجه غیابت کارکن صحی اساسی در پوسته اش شده اید ؟ بلی نی

۷ـ بهترین وقتیکه کارکن صحی اساسی را در پوسته اش دریابید کی است ؟

۸ـ آیاکارکن صحی اساسی گاهی بخاطرپرسان ازمشکلات صحی تان بخانهٔ تان آمده است؟ بلی نی

۹ـآیادرظرف دوهفته آخیرکارکن صحی اساسی بخاطرجویاشدن ازصحتتان بخانه تان آمده است؟بلی نی

۱۰ـ آیا کدام نوع کمکی وجود دارد که شما از کارکن صحی اساسی تان استمداد خواسته باشید و آنرا به شما عرضه کرده نتوانسته باشد ؟

۱۱ـ آیا احساس مینمائید که کارکن صحی شمار شناخته وضروریات صحی تان را درك نموده باشد

اسم : _____: سن : _____جنس : _____ پیشه : _____

۱ـ

۲ـ

۳ـ

۴ـ

۵ـ

۶ـ

۷ـ

۸ـ

۹ـ

۱۰ـ

(در هرفارم باده نفر مصاحبه شود)

AFGHANISTAN HEALTH SECTOR SUPPORT PROJECT

MATERNAL CHILD HEALTH OFFICER QUESTIONER

Name of MCHO:.....Commander Name:.....

Father Name:.....Party connection:.....

Code Number:.....District:.....

Age:.....Village:.....

Date of Evaluation:.....Name of Evaluator:.....

The interviewer is to observe and circle or write the answer.

PART-I: GENERAL INFORMATION ABOUT MCH POST.

1- Location of the post:

2- Number of villages,population and map of the area covered by MCHO:

3- Duration it takes people to come from the remotest area server by the post:

4- Number and tittle of other health facilities in the region?

5- Cleanliness of the area outside post:

Clean, garbage, sewage, stagnant water.

6- Cleanliness of the post:

Clean, garbage, sewage, stagnant water.

7- MCHO personal cleanliness:

V.good / good / fair / poor.

8- Order inside post:

V.good / good / fair / poor.

9- Where are drugs kept?

In a cabin / on a table /on the floor /outside post.

10- Condition of drugs:

Good / leakage / broken / dirty / expired.

11- Date of last supply to MCHO:_____

12- Did MCHO fill out green book correctly?

Yes / No / Not applicable.

PART- II: HEALTH,COMMUNITY AND COMMUNICATION:

1- Is MCHO able to explain the concept of PHC?

Yes / No / Not applicable.

2- Can MCHO name components of PHC?

Yes / No / Not applicable.

3- Is MCHO able to define community.

Yes / No / Not applicable/

4- Which type of Health Education has used by MCHO.

a-Individual b-Group c-both of them.

5- Which of the following teaching methods was used by MCHO?

Discussion, Role play, Lecture, Story, Telling, Demonstration. Question and answer, Counselling.

6- Which of the following teaching aid was used by MCHO?

Flip charts, Posters,.

7- Has MCHO developed any new poster for Health Education?

Yes / No

If yes, is it clear and proper?

Yes / No / Not applicable.

PART-III: PREGNANCY:

1- Can MCHO explain symptoms and signs of pregnancy?

Yes / No / Not applicable.

2- Is MCHO able to estimate date of confinement?

Yes / No Not applicable.

PART-IV: ABNORMAL PREGNANCY:

1- Can MCHO list high risk factors during pregnancy?

Yes / No / Not applicable.

2- Can MCHO name complications during pregnancy?

Yes / No / Not applicable.

3- Has MCHO seen any case of hyperemesis?

Yes / No

If yes, what she has done with these cases?

4- Can MCHO explain symptoms and signs of Anemia?

Yes / No / Not applicable.

5- Can MCHO explain Management and prevention of anemia during pregnancy?

Yes / No / Not applicable.

6- How MCHO diagnose preeclampsia?.

7- Has MCHO seen any case of preeclampsia?

Yes / No / Not applicable.

If yes what she has done with this cases?

8- Is MCHO able to differentiate preeclampsia and eclampsia?

Yes / No / Not applicable.

9- Can MCH name the causes vaginal bleeding during pregnancy?

Yes / No / Not applicable.

PART-V ANTENATAL CARE:

1- Can MCHO explain importance of antenatal care?

Yes / No / Not applicable.

2- Can MCHO take B.P of a pregnant woman? (MCHO should practically take B.P of a patient).

Yes / No / Not applicable.

3- Can MCHO correctly weigh a pregnant woman? (MCHO should practically weigh a patient).

Yes / No / Not applicable.

4- Can MCHO estimate the time of delivery through measuring fundus height (practically)?

Yes / No / Not applicable.

5- Can MCHO count fetal heart beat by fetal stethoscope (Foetoscope) (her procedure should practically be observed and checked)?

Yes / No / Not applicable.

6- Is MCHO able to demonstrate vaginal examination (External and Internal)?

Yes / No / Not applicable.

7- Can MCHO list contraindication of vaginal examination?

Yes / No / Not applicable.

8- Is MCHO able to practically perform pregnancy test?

Yes / No / Not applicable.

PART-VI NORMAL LABOR AND DELIVERY:

1- Can MCH list materials which are needed to be prepared before delivery? (MCHO should show these methods to interviewer).

Yes / No / Not applicable.

2- Is MCHO able to define 3 stages of labor?

Yes / No / Not applicable.

3- Can MCHO name APgar score for evaluating a new born baby?

yes / No / Not applicable

PART-VII ABNORMAL LABOR AND DELIVERY:

1- Can MCHO explain symptom, signs and management of premature rupture of membrane?

Yes / No / Not applicable.

2- Is MCHO able to explain causes and management of obstructed labor?

Yes / No / Not applicable.

3- Can MCHO diagnose and manage breech presentation?

Yes / No / Not application.

4- Can MCHO explain causes and diagnose rupture of Uterus?

Yes / No / Not applicable.

5- Can MCHO list causes of prolonged labor?

Yes / No / Not applicable.

6- Can MCHO define and manage cord prolapse?

Yes / No / Not applicable.

7- Can MCHO explain management of retained placenta?.

Yes / No / Not applicable.

PART-VIII NORMAL POST PARTUM:

1- Can MCHO differential normal and abnormal lochia after delivery.

Yes / No / Not applicable.

2- What kind of advice MCHO has given to the mothers about care of perineal area after delivery?

3- Is MCHO able to advice mothers for a good diet and rest after delivery (pretend she is giving adevice to a mother)?

Yes / No / Not applicable.

4- Can MCHO advice mothers how to take care of umblical cord?

Yes / No / Not applicable.

5- Has MCHO given Health Education to the mother about breast feeding?

Yes / No / Not applicable.

If yes what advice she has given to them.

6- Is MCHO able to differential physiologic and pathologic jaundice?

Yes / No / Not applicable.

PART-IX ABNORMAL POST PARTUM:

1- Can MCHO diagnose and manage Asphyxia of a new born baby.

Yes / No / Not applicable.

2- Can MCHO name causes of puerperal sepsis?

Yes / No / Not applicable.

3- Is MCHO able to diagnose and manage puerperal sepsis?

Yes / No / Not applicable.

4- Can MCHO list causes of post partum hemorrhage?

Yes / No / Not applicable.

5- Can MCHO list causes of mastitis?

Yes / No / Not applicable.

6- Is MCHO able to diagnose and manage mastitis.

Yes / No / Not applicable.

PART-X CARE OF 0-5 YEARS OLD CHILDREN AND MANAGEMENT OF COMMON CLINICAL PROBLEMS:

1- How MCHO diagnose neonatal Tetanus?

2- Can MCHO explain Management and prevention of neonatal Tetanus?

Yes / No / Not applicable.

3- Is MCHO able to explain prevention of neonatal septicemia?

Yes / No / Not applicable.

4- Can MCHO explain Management and prevention of neonatal gonococcal conjunctivitis?

Yes / No / Not applicable.

5- Is MCHO able to list causes of congenital abnormalities?

Yes / No / Not applicable.

6- Has ever MCHO seen any congenital abnormality during her practice?

Yes / No / Not applicable.

7- Can MCHO define growth and development?

Yes / No / Not applicable.

8- Is MCHO able to fill out practically a growth chart?

Yes / No / Not applicable.

9- Can MCHO practically measure arm circumfrernce of a under five years child and find the degree of M.N?

Yes / No / Not applicable.

10- Has MCHO given health education about weaning food to the mothers.

Yes / No /
If yes what she has told them?

11- Can MCHO list causes of Marasmus and Kwashiorkor?

Yes / No / Not applicable.

12- Is MCHO able to differentiat Marasmus and Kwashiorkor?

Yes / No / Not applicable.

13- Can MCHO explain causes and prevention of night blindness(vit.A Deficiency)?

Yes / No / Not applicable.

PART-XI VACCINATION:

1- Can MCHO name diseases which can be prevented by vaccination?

Yes / No / Not applicable.

2- Can MCHO explain immunization schedule?

Yes / No / Not applicable

3- Has MCHO given group Health education to the mother about vaccination?

Yes / No

If yes how MCHO encouraged them and their children for vaccination.

4- How many under five children are there in MCHO's family, and check if they are fully immunized?

PART-XI COMMON CLINICAL PROBLEMS:

1- How MCHO differential pneumonia from other respiratory infection?

2- How many cases of pneumonia MCHO has seen and what she has done with them?

3- Does MCHO know signs and symptoms of Tuberculosis?

Yes / No / Not applicable.

4- Can MCHO explain prevention of T.B?

Yes / No / Not applicable.

5- Is MCHO able to diagnose and manage Amoebiasis and Giardiasis?

Yes / No / Not applicable.

6- Is MCHO able to give health education about prevention of Amoebiasis and Giardiasis?

Yes / No / Not applicable.

7- Can MCHO explain prevention of different kinds of worms?

Yes / No / Not applicable

8- Can MCHO explain signs, symptoms and management of Typhoid fever?

Yes / No / Not applicable.

9- Can MCHO explain signs, symptoms and management of vaginitis?

Yes / No / Not applicable.

10- Is MCHO able to explain signs, symptoms and management of conjunctivitis?

Yes / No / Not applicable.

11- Is MCHO able to diagnose and manage Acute Otitis media?

Yes / No / Not applicable

12- Can MCHO explain prevention of Impetigo?

Yes / No / Not Applicable.

PART-XII FAMILY PLANNING:

1- Can MCHO explain the importance of family planning for the health of the mother and the family?

Yes / No / Not applicable.

2- Can MCHO explain safe period of rhythm methods?

Yes / No / Not applicable.

3- Can MCHO explain breast feeding method of family planning?

Yes / No / Not applicable.

4- Is MCHO able to describe advantages of condom?

Yes / No / Not applicable.

5- Can MCHO explain advantages and contraindication of pills?

Yes / No / Not applicable.

6- Can MCHO explain correct method of talking the pill (pretend you are a woman)?

Yes / No / Not applicable.

WARDAK TRAINING CENTER

IPH / MOPH

Management Sciences for Health
Training Department
BHW Initial Training Program
IPH / WARDAK

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991					7							5	12	12	
FY 1992													0	12	
FY 1993						**							0	12	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Closed on March 15, 1993

Management Sciences for Health
Training Department
BHW Continuing Education Program
IPH / Wardak

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991									15				15	15	
FY 1992													0	15	
FY 1993						**							0	15	

* FY 1987 = October 1st, 1986 – September 31st, 1987
** Closed on March 15, 1993.

RECONNAISSANCE TRIP TO WARDAK

SEPT,6, TO SEPT, 23,1990

SUBJECT : Survey of Gaghatoo and Chack district of Wardak province for shifting one of the Peshawar Based BHW Training Center to Wardak

SUMMARY :
The Commanders and community leaders gives warm welcome to the survey team in Chack district.They respectfully accepted the proposal of the Institute of Public Health (MOPH) regarding shifting of the BHW training course to Chack district, they had promised to support and patronize from this Program in in Chack district. the members of the council had selected a building for the BHW training Center in a village called Beddari in Araban valley Chack district.
The incharge of the Araban clinic which is supported by Swedish Committee had promised to help in the practical training of BHWs.
A meeting was held with the leaders of those villages which are located around the selected building for BHW training Center. All of them had agreed with the establishing BHW training course in the mentioned building.
Meeting was planned with the commanders of Gaghatoo district on Sept,13,1990 in the provincial public health directorate of Wardak province . Due the concerned commanders were officially informed about the meeting but on scheduled date and time except commander Syed Omar belongs to ANLF party and commander Nangyally from the Hezbi Islami Mawlavi Khalis which came for the meeting the other commanders did not came .
therefor we were not able to discuss the matter with the Shora of Commanders in Gaghatoo district.
As the members of the survey team were told by Dr.Seddequllah weera to visit the Jehad front of Qazi Amine in Gaghatoo, the survey team payed visit to the Jehadic front of Qazi Amine in gaghatoo.

EXPLANATION :

Members of the Survey team are the following :
1- Dr.Mubarak Shah Deputy training advisor MSH/ Peshawar
2-Mr.Miram Jan nurse BHW trainer (MOPH).
3-Mr.Esmattullah General administrator of P.P.H.D. of Wardak Province.
4-Mr.Payenda Mohd Financial manager of P.P.H.D. of Wardak Province.

The members of survey team had met with the following members of jehadic front of Chack district on Sept,12,1990.:
1- Commander Mohd Asif Farooqyar belong to Hrakat-e-Inqelab-e-Islami Party.
2-Commonder Syed Jan Belong to Jamiat-e-Islami Party.
3-Commonder Mohd Asif Hekamt belong to Hezb Islami Hekmatyar party.
As well as the leaders judges and mullah's from the different Jehadic fronts were present in this meeting.

The members of survey tram were given warm welcome by the shora in Chack, as the matter of Shifting the BHW training Center was discussed with them before so they were ready for acceptance of this proposal. The policy of trainees recruitment was explained to the shora and they were informed there is no chance for the candidates form Wardak province to attend in this training course, they told to the survey members that this program is for Afghans and Afghanistan is our country the trainees are our brothers and we are happy to support them.
The above mentioned three commanders had promised to help in management, control, supervision and security of the BHW course in Chack.the commanders had delivered documents regarding there support from this course to the survey team for the IPH and MSH assurance.(See attachment no.1).

The properous valley of Araban strats from Tangi Bome and terminates in Konj Gaghatoo village .this prosperous valley is rich of water and 18 villages are existed in this valley about 1100 families are living there.The people are not emigrated from this valley .
the main road to north provinces of Afghanistan is passing through this valley. Most of the people are farmers and good relationship are there between the commanders and the people. Parties and tribal contrast is very limit in Araban valley
As commander Asif (belong to hezbe Islami Hekmatyar) and Commander Asif Belong to Harakat Inqelabe Islami party are living in this valley, so the existing of there houses had improved the security of this region.

THE BUILDING :
The building which has been selected for the BHW training course is located in Beddari village in Araban Valley Chack district.
Commander Syed Jan commander of Chack district belong to Jamiat party said " This building is located on a hill and is close to the spring where women are collecting water from . As this building is built on hill the neighbors houses are visible form this building which is not acceptable."
Then commander asif The commander of Chack district belong to Harakat I.I.party said " This problem can be avoided through good managment and we are here to cooperate in this regard" then commander syed Jan kept quite and did not mentioned any thing.
This building contains 11 rooms and is located 5 K.M. far from the local bazaar (Bome)and the provincial public health directorate of Wardak province is 44 K.M. far from this building and it tacks 2 hours and 30 minute to reach to PPHD of Wardak province by vehicle . The building is 200 meters to 400 meters far from the neighbors villages .
Dr. Ab.Hakeem the owner of building is ready to allocate his building for the BHW training program against Afs.80,000 monthly rent until the IPH need the building. (See Attached rental agreement).

WATER :

People drinks from a spring which is 150 meters far from the mentioned building. the spring has plenty water and people are carrying the water in bucket or by donkeys.

ESSENTIAL MATERIALS :

The essential food materials is available in local bazaar in Bome, as there is no electricity Alekens are used for lighting , the building are built such that rapidly growing bushes which are gathered from the mountains are used for heating and cooking purpose .
Diesel, patrol,oil and wood for cocking are available in Araban valley but the prices are not stable weather and political factors can effect on the cost of materials. (See Attached list of material with their cost).

GAGHATOO DISTRICT :
The commanders of Gaghatoo district were officially informed about the survey team arrival to Gaghatoo and need for the meeting regarding the BHW training program two days before the scheduled time. On the expected time two commanders (Syed Omar and Nangyallai) came for the meeting and the others did not came , therefor we were not able to discuss the matter with the shora of commanders in Gaghatoo.
As the members of survey team were told by Dr. Weera to visit the jehadic front of Qazi Amine . This front were visited by the survey team on Sept,13,90.Qazi Amine jehadic front is located 25 K.M. in the west part of PPHD of Wardak province and a hospital is built near to main office of Qazi Amine there which has the capacity of 20 beds . This hospital is equipped with X-rays Machine,Laboratory and operation theather.
The place which was shown to the survey tram in this jehadic front is located between mountains.

Then the survey team had met together and summarized their finding finally we had decided to go back to Chack district for further searching. During the second trip to Chack district the survey team was able to get the written document from the commanders members of shora regarding their support from this program, written agreement from the owner of the building ,talk with the community leaders in Beddari village , written agreement from the incharge of Araban clinic regarding his cooperation in practical training of BHWs.
(See attachment documents)

RECOMMENDATONS

1- Araban valley is suitable place for shifting the BHW training course because the commanders, the community leaders had agreed to and the building form BHW course is available and there is a clinic for the practicsal activities of BHWs.

2-As there is political contrast between commanders and community leaders in Gaghatoo district it is recommended that this district is not good place for shifting the BHW course.

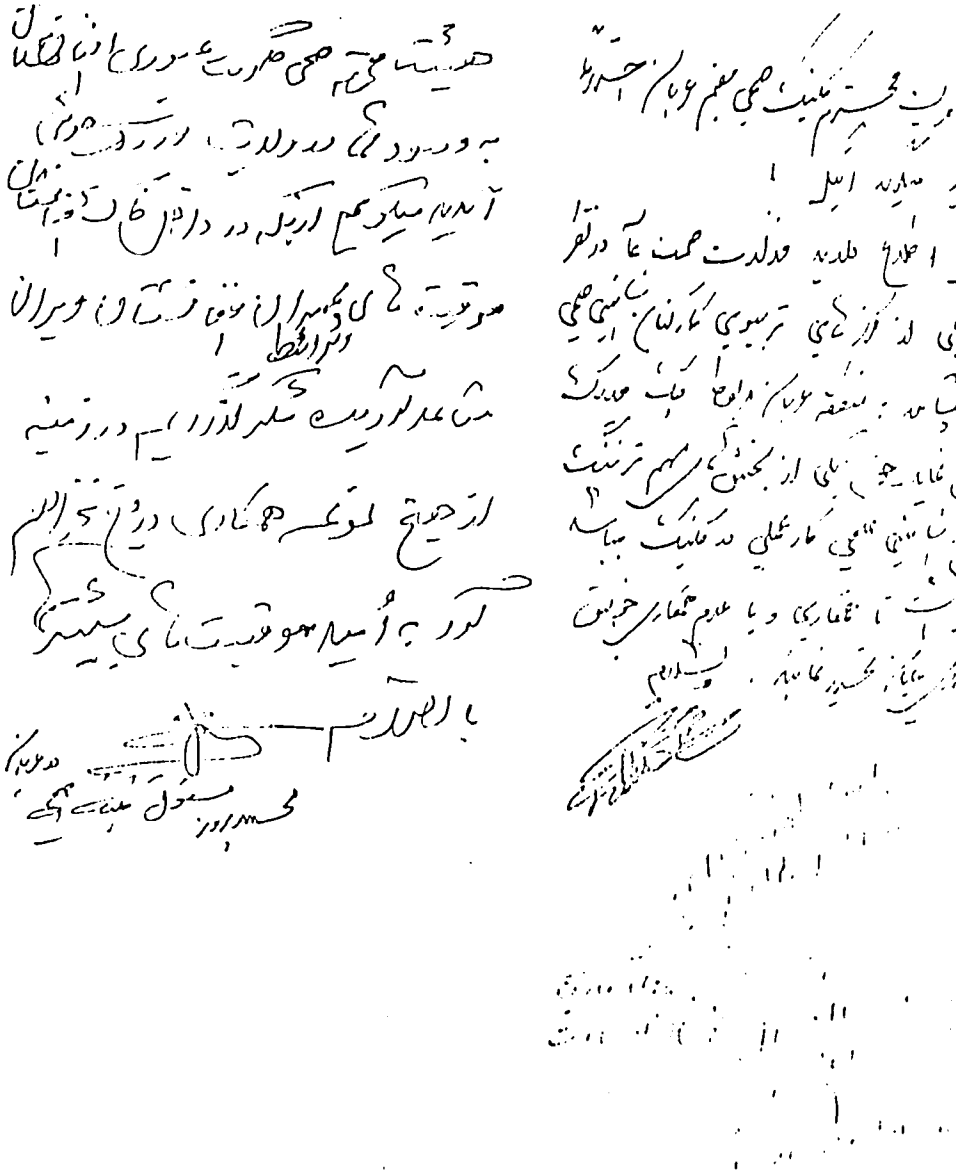
3-The Jehadic front t of Qazi Amine in Gaghatoo is not a suit able place for the BHW course because it is located between mountains mountains very far from the villages and shifting the BHW course to his front of Jehad will create problems between the commanders in this district.

4-As the water source is 150 meters far fro the building it will be difficult to carry water in buckets or by donkey during the winter. It is recommended that a water pump should be installed on the spring and should be connected with the building .

]

Sincerely Yours,

Dr.Mubarak Shah
Deputy Training Advisor
MSH/Peshawar.



LETTER FORM THE INCHARGE OF ARABAN CLINIC WHICH SHOWSTHAT HE IS READY TO COOPERAT IN THE PRACTICAL TRAINING OF BHWs IN HIS CLINIC.

Best Available Document

AFGHAN INTERIM
GOVERNMENT (A.I.G)
PUBLIC HEALTH MINISTRY
Date.

دولت اسلامی افغانستان
وزارت صحت عامه

تاریخ	استلام	تاریخ	جواب

WRITTEN ANOUNCEMENT TO THE COMMANDERS OF GAGHATOO DISTRICT REGARDING THE ARRIVAL OF SURVEY TEAM TO GAGHATOO AND NEED FOR THE MEETING ABOUT THE SHIFTING OF THE BHW TRAINING COURSE TO WARDAK PROVINCE.

Best Available Document

LETTER FORM THE MEMBERS OF JEHADIC SHORA OF CHACK DIDTRICT TO THE MINISTER OF PUBLIC HEALTH .

THIS LETTER SHOWS THAT THE COMMANDERS OF ARABAN VALLEY ARE WILLING TO SUPPORT THE BHW TRAINING PROGRAM IN THAT VALLEY.

Best Available Document

AFGHAN INTERIM
GOVERNMENT (A.I.G)
PUBLIC HEALTH MINISTRY
Date.

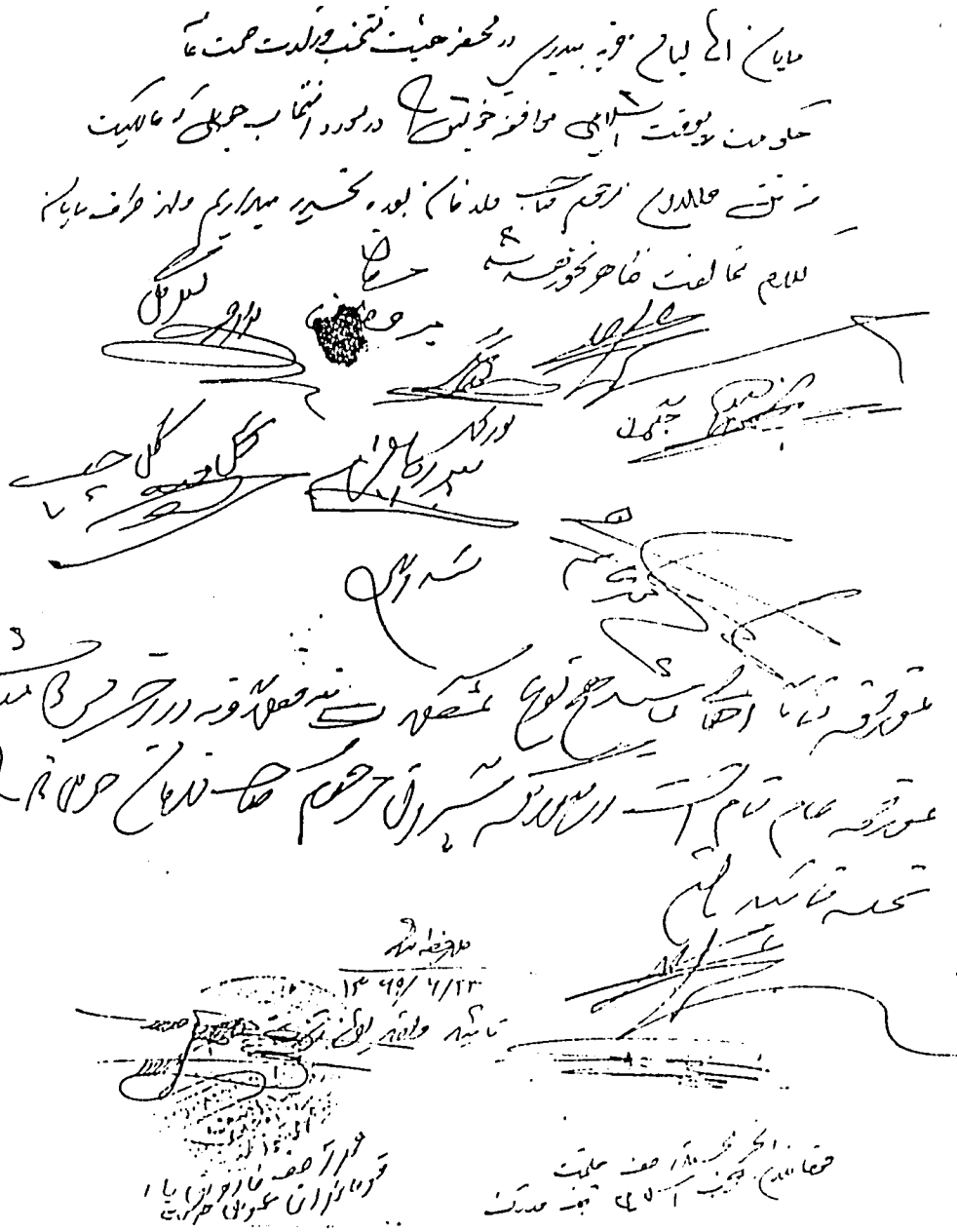
دولت اسلامی افغانستان
وزارت صحت عامه
ریاست
دیریت ( )
نمبر تاریخ

WRITTEN AGREEMENT BETWEEN THE OWNER OF thatBUILDING WHICH IS SELECTED FOR THE BHW TRAINING COURSE BY THE COMMADERS OF ARABAN VALLEY AND THE MEMBERS OF SURVEY TEAM.

Best Available Document

AFGHAN INTERIM
GOVERNMENT (A.I.G)
PUBLIC HEALTH MINISTRY
Date.

دولت اسلامی افغانستان
وزارت صحت عامه
ریاست
مدیریت
نمبر و تاریخ _____



LETTER FROM THE LEADERS OF THOSE VILLAGES WHICH ARE LOCATED AROUND THAT BUILDING WHICH IS SELECTED FOR THE BHW TRAINING COURSE BY THE COMMANDERS OF ARABAN VALLEY AND MEMBERS OF THE SURVEY TEAM.

Best Available Document

01/13/92

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
WARDAK TRAINING CENTER (MOPH)

SESSION CODE £:	NAME:	FATHER NAME:	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
2	3008 AHMAD ZAI	ABDUL RAUF	LOGAR	CHARKH		MOPH	S. ASSADULLAH
2	3009 MOHD WASSIL	MOHD ABAS	LOGER	CHARKH		MOPH	SAFIULLAH
2	3010 ABDULLAH	ZEKRIA	GHAZNI	ANDER		MOPH	MOHD HANIF
2	* 3011 MOHAMADULLAH	HABIBULLAH	GHAZNI	ANDER			(NOT CERTIFIED)
2	3012 ABDUL RAHMAN	MADLA DAD	GHAZNI	ADNER		MOPH	USTAD HANIF
2	3013 ABDUL MALEK	ABDUL RAZAQ	WARDAK	NERKH		MOPH	Q. M. SHARIF

Best Available Document

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
WARDAK TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	3001	ANDALEEB	ABDUL HUSSAIN	BAMYAN	PANJAB	SIQ	MOPH	SHAIKH MOHAQIQ
1	3002	ABDUL KHALIQ	MOHDAMMAD	ORUZGAN	CHORAH	HIIA	MOPH	MOHD ANWAR
1	3003	MOHD	SARWAR	ORUZGAN	DAI KUNDI	HIM	MOPH	FAZALIE
1	3004	MOHD ALI	ABDUL MOHD	BAMYAN	YAWKOWLANG	SIQ	MOPH	SHAIKH MOHAQIQ
1	3005	S. ABDUL RAHIM	S. ISMAIL	BAMYAN	PANJAB	SIQ	MOPH	SHAIKH MOHAQIQ
1	3006	MOHD	MAHMOOD KHAN	GHOR	LAL-WA-SARJANGAL	IIA	MOPH	ABDUL QAYUM
1	3007	ALI HUSSAIN	MOHAMMAD	BAMYAN	WARAS	SIQ	MOPH	SHAIKH MOHAQIQ

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
WARDAK TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	3001	ANDALEEB	ABDUL HUSSAIN	BAMYAN	PANJAB	SIQ	MOPH	SHAIKH MOHAQIQ
1	3002	ABDUL KHALIQ	MOHDAMMAD	ORUZGAN	CHORAH	HIIA	MOPH	MOHD ANWAR
1	3003	MOHD	SARWAR	ORUZGAN	DAI KUNDI	HIM	MOPH	FAZALIE
1	3004	MOHD ALI	ABDUL MOHD	BAMYAN	YAWKOWLANG	SIQ	MOPH	SHAIKH MOHAQIQ
1	3005	S. ABDUL RAHIM	S. ISMAIL	BAMYAN	PANJAB	SIQ	MOPH	SHAIKH MOHAQIQ
1	3006	MOHD	MAHMOOD KHAN	GHOR	LAL-WA-SARJANGAL	IIA	MOPH	ABDUL QAYUM
1	3007	ALI HUSSAIN	MOHAMMAD	BAMYAN	WARAS	SIQ	MOPH	SHAIKH MOHAQIQ

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KANDAHAR TRAINING CENTER

IPH / MOPH

RECONNA[illegible]CE TRIP TO

K A N D A H A R

NOVEMBER 10 - 16,1992.

Reconnaissance team's members :

1 - Dr.Mohammad Tahir Akbary Director IPH/MOPH

2 - Dr.Adam Shahab Public Health Director of South Esat Zone / MOPH.

3 - Dr.Mubarak Shah Deputy Training Adviosr / MSH.

SITE FOR TRAINING CENTER :

The main purpose of the reconnaissance is to search for the possibility c establishing a training center in Kandahar to conducting Primary Health Care (PHC) based training program for health workers of South-East provinces.

The team reached to Kandahar on November 11,1992 in the afternoon and soc begun reconnaissance about the training center.

Commander Ab. Hakeem and commander Khan M. of Jamiat party were met , the matter was discussed and it was recommended that Dr.M.Hashim Allokozai th Provincial Public Health Director (PPHD) of kandahar's to be involve in this reconnaissance .

Dr.M.Hashim Allokozai and commander khan Mohammad recommended that the Training center to be established in the building which were used as nursing school before.

The nursing school is a three story building built just behind the Mirwaise hospital. It has more than 30 rooms and located about 3 K.M.in the south part of Kandahar main bazaar.

All windows and doors of this building are taken away, bathrooms are damaged such that the water supply and drainage system are out of order. Two rooms in the north parts of this building is completely destroyed because of rockets attack. This building's construction is designed very similar to the nursing school in Jalalabad .

The nursing school in Kandahar located near to Dand district of Kandahar, Sarpoza and Mallajat villages are very closed to this part of the city an trainees could go to this villages for community based and out reach training programs .

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KANDAHAR AND PRESENT SITUATION :

Kandahar city is badly damaged during the 14 years of Jehad and about 40 percent of building are completely destroyed to the surface . The roads Communication system, Water supply system, Hospitals, Banks , Schools an private houses are badly damaged . Hydraulic electricity is provided to some parts of the city.

Different food items are available in the bazaar and the cost of food items are lower in comparison with other cities, like Kabul. Pcik-ups, Rekaha and Tanga are used for public transportation in Kandahar city.

The road between Quetta and Chamman and Chamman to Kandahar is in a good condition and only few kilometers of the road is damaged near to Kandahar city . The distance between Quetta and Chamman is 137 K.M. and Chamman tc Kandahar is 132 K.M.. It take three hours from Chamman to get to Kandahar by pick-up vehicle .

Refugees returned to Kandahar and begun reconstruction of their houses, constructive materials like baked bricks and cement are available in Kandahar.

From the point of view of security and administration each commander govern in his own jurisdiction and city is divided into sections and each section is controlled by specific commanders from the existing parties in Kandahar . There is no problem for the public moving around and working i all sections of the city.

Other districts in Kandahar has their own security and management system, information provided by Kandahar civilians said that there is limited coordination between the Shura of kandahr city and the Shura of districts . To some extend security maintained in Kandahar city and it was realized that there is no problems among Sheya and Soni"s in Kandahar.

Members of Kandahar City's Shura are as follows :

1 - Mr.Gul Agha Shirzai, Chief of the Shura and members of NIFA party.

2 - Mr.Mawlawi Naqebullah from Jamiat party.

3 - Mr.Lalai from NIFA party.

4 - Mr.Ustad Haleem from Itehad party.

5 - Mr.Hameed Agha from NIFA party.

6 - Mr.Haji Ahmad from ANLF party.

7 - Mr. Ali Yawar from Harakat-e Islami Mohseni party.

8 - Mr.Mukhtar from WAHDAT party.

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There are three hospitals and one poly clinic in Kandahar city .

A - Mirwaise hospital (Chinese Hospital) is a 250 beds hospital and i damaged during fighting and now is operating with 20 beds allocated for emergency cases.
Currently 3 male doctors, 4 nurses (2 female & 2 male) and 4 technicians are working in this hospital. Commander Khan Mohammad Jamit is controlling this hospital and the area around .

The Office of Provincial Public director of Kandahar is located in this hospital and there is poor coordination between PPHD of Kandaha and staff of poly clinic, Military and Afghan Nothlif hospitals .

B - We were not able to visit the Military Hospital and according to Dr.allokozai two doctors are working in this hospital . Military hospital had the capacity of 150 in bed patients. Commander Lalai fr NIFA is controlling this hospital.

C - Poly clinic is functioning with one doctor and four nurses . Lajnatuddawa which is an Arab organization is providing the current cost and medicine for the poly clinic. The Poly clinic is located in Mr.Ustad Haleem Jurisdiction .

D - Afghan Nothlif Hospital :
This hospital is established in a house located in the east part of Mirwaise hospital . Recently this house is repaired by Afghan Nothlif organization.

The team met with the Shura of Kandahar City and discussed the issue of establishing the training center in Kandahar. Dr.Akbary briefly explained the main purpose of establishing training center in Kandahar and informed members of Shura about training objectives. (See attached copy).

Shura's members agreed on team recommendation for establishing the training center in Kandahar nursing school's building. A mutual agreement was signed by Dr.Akbary and Mr.Gul Agha Shirzai the chief of Shura.

It was recommended by Dr.Mubarak to visit other districts, information received by Dr.Shahab and Dr.Akbary's relatives and says that the governmental buildings in other districts either are destroyed or occupied by commanders of the districts. As well as because of security problems it was not recommended by Dr.Akbary and Dr.Shahab to established training center in other districts of Kandahar province .

The team visited Mr.Attaullah MSH representative in Quetta and later the team were lead to a room where the training supplies and materials were stored . Training materials and supplies were sent before for the establishing the training center in Zabul, but because of USAID ban in July,1991 for that province all materials kept and stored in Quetta to be used for establishing training center in South East zone. The materials are kept very well and list of existed equipment and materials in MSH representative office in Quetta was given to Dr.Mubarak before departure to Peshawar.

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RECOMMENDATIONS :

1 - Establishing of a training center for South provinces is needed because :

A - There are 9 provinces in South East and South West province with more than 3.5 millions population and there is'nt any active training center to provide man power training support to these provinces except MCI's training center which is limited to CMCEP training .

B - According to information available in MSH office 275 BHWs are actively working in these zones (as of October 92),obiously conducting BHW continuing education program is needed for these BHWs .

C - Based on MSH training department plan for FY 1993 a total of 39 BHWs to be trained for these zones to receive initial BHW training .

D - Training of Trainers , conducting PHC, MCH and Management seminar are training activities which could be organized through this training center.

2 - As this reconnaissance is not completed therefore two IPH trainers / professionals to be send to Kandahar for completion of our incomplete survey.

3 - A senior IPH's trainer to be assigned as incharge of the training center in Kandahar . Recruiting new trainer is not recommended at this time.

4 - As Dr.Allokozai is not familiar with PHC concept close monitoring and supervision of training activities to be done by IPH or MSH training department.

5 - If training center is going to be established in Kandahar nursing school, IPH / MOPH should seek for the possibility of repairing this building, because due to budget constrains MSH will not be in a position to pay for major repairing of the building.

Sincerely,

Dr.Mubarak Shah
Deputy Training Advisor
MSH/Peshawar.

(4)

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ISLAMIC STATE OF AFGHANISTAN

MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH

No. 161
Date: 25 / 2 / 92

دولت اسلامی افغانستان
وزارت صحت عامه
انستیتوت صحت عامه

(2) f.s

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

25 FEB 1992

Sub: Report of Dr. Qasim

Dear Dr. Oldham:

Enclosed please find report of Dr. Mohammad Qasim Murad and Dr. Barakzai who had travelled to Afghanistan to survey establishment of BHW training course in Urozgan for your information and necessary achievements.

Thank you.

Sincerely Yours,

Dr. Akbari
Deputy Director General of
Institute of Public Health.

13-A Chinar Road, University Town, Peshawar
Tel. (0521) 43592 - 43492

چنار روڈ، یونیورسٹی ٹاؤن، پشاور
تلیفون: ۴۳۵۹۲ - ۴۳۴۹۲

Report of IPH Delegation

The Director General of the Institute of Public Health

Dear Sir,

With compliment, We would like to submit the report of IPH delegation which had been to the provinces of Uruzgan, Kandahar and Hilmand for the selection of location for training center.

Members of the Delegation:

1. Dr. Mohammad Qasim "Murad" Deputy Director General of IPH
2. Dr. Mohammad Samai Barakzai, Director of training course CEP for BHWs.
3. Dr. Nizamuddin, Director of Health Center of Public Health Department in South-West Zone.
4. Dr. Khalilurahman, nominated Director of training course for BHWs in Tarinkote.
5. Mohammad Sadiq, Driver, IPH, South-West zone.

Security guard:

1. Yar-Mohammad, Mujahid of (Haji Shah Mohammad Front) Kandahar Province.
2. Abdul Khaliq, Mujahid (Mula Malang Front) Kandahar Province. and
3. Rahmatullah, Mujahid (Mohammad Nabi Khan Front) Tarinkot city.

The Objective of the tour:

The survey of Uruzgan, Kandahar and Hilmand Provinces for the selection of location for the training center.

Duration of the tour: Sixteen (16) days.

Detail:

The delegation comprising Dr. Qasim, Dr. Barakzai and Dr. Khalil left IPH for islamabad by vehicle on 21.1.92 at 10 a.m and reached Islamabad air port at 1:30 p.m. The delegation flew from Islamabad at 2:30 p.m. and arrived in Quetta at 4 p.m, and went straight to the office of Public Health Department South-West Zone.

On the next day 22.1.92 at 9 a.m, the delegation met Dr. Shahab, Director General of Public Health Department, South-West zone and handed over to him the letter of MOPH in refard to the objective of the delegation and asked him for the transport and other facilities, which he graciously provided. He further instructed Mr. Nizamuddin Khan and driver Mohammad Sadiq to accompany the delegation. Nizamuddin intended to undertake the surveillance of health centrers situated in the course of our route and to fillup the forms. The visiting of these centers was also useful for the delegation, to know where these are located, and whether to be selected or not.

On 23.1.92, the delegation visited Haji Mohammad Zahir, Commander of Tarinkot city of Itihadi-Islami, for whom Dr. Barakzai had also an introductory letter from commander Molvi Ghulam Mohammad in the District of Maruf, Kandahar Province to cooperate with the delegation. We saught his advice, how and from where to start the survey work in Tarinkote city. He advised us to contact the Judiciary of Tarinkot in this regard. The Judiciary of Tarinkot is consistes of Ulama, elders and judges and looking into the problems of the Province.

We left Quetta at 12 noon for

Spin-Buldak and reached there at 4 p.m, inspite of heavy raining, we continued our journy towards kughi, which is situated about 65 km. away from the border area. Due to heavy rain and flood the vehicle could not move further and we therefore, stayed overnighty in nearby hotel. Here the cost of one meal was 900 Afghanies.

On Friday 24.1.92, driver Mohammad Sadiq tried to repair the defected vehicle which he did at about 11 pm. Although, the vehicle was able for further journey, but we came to know that the river of Arghistan has become so flooded that could not be crossed. We therefore, returned to chaman city and stayed for a night.

On 25.1.92, we consulted Dr. Shahab by telephone in Chaman and informed him about the closing of the road due to flooded river. He told us that he would contact Dr. Fatimie by phone in this regard.

We, again had contact with Dr. Shahab about 11:30 am, to know about the advice of Dr. Fatimie. He told us to return to Quetta in accordance with the instruction of Dr. Fatimie. We, however, decided to proceed further and abserve the situation closely. Dr. Shahab also accepted our opinion, and we continued our trip to inside Afghanistan in the afternoon. Reaching the flooded river of Arghistan, we noteced that the vehicle stucked up in the flood were pulled up by tractors for Afghanis 20000, each. We also paid the same amount for our vehicle to cross the river. We proceeded further until reached another river namely Tarnak which had also been flooded. The amount of 8000/- Afghanis was paid again for crossing the river. The delegation continued its journey through the district of Arghistan and reached the district Daman, where our vehicle again stucked in mud at about 6,0, clock in the evening and remained until we succeded the pulling out of our vehicle at 9 pm. As it was late, also raining and chill, we could not move further, and stayed overnight in a hotel in the same place.

On 26.1.92 the delegation continued its journey and passed through Daman, Shahwali kote and Kazhi Districts and reached the district of Arghandab, and had lunch in the Bazar of Khwaja Malik. Khwaja Malik is a density populated area with a beg Bazar where a stream is passing through. We reached Bagh-Pull area at 3 pm. Baghi Pull is situated near general Bakery and about 5 km away from the city of kandahar. There was a clinic MCI of commander Malang front Hezbi-Islami, known as Mohammadi hospital. This hospital had two buildings. One of these buildings had two rooms and had been repaired earlier, while another is under construction. It is intended to install a 20 bed hospital in this area. We took some photographs of these buildings, fill up our forms and stayed here for a night.

It is to be mintioned that during our journey, until we reached this place, had no arms, but, here, driver Mohammad Sadiq got two automatic rifles (Kalashinkoves) from somewhere and wequiped Yar-Mohammad, Rahmatullah and Abdul Khaliq our security guard.

On 27.1.92, we left this area, (where clinic was situated), for our target destance Tarinkote. Passing through Arghandab and Khakrez districts, the sub-districts of Naish and the valley of Darai Noor of Qandahar Province, reached a hotel in the end of the vally and had our lunch here. We continued our trip and reached the city of Tarinkote at about 4 pm, after paving some 460 km rout from the border area. Here we met Commander Haji Saifullah, who is causin brother of Dr. Khalil, had tea with him, and saught his and another Commander Haji Mohammad Hashim Khan's advice who was also present, in regard to our tour. They advised us to contact the court in this regard. We handed them over the official letter from the IPH and Sout-Western zone and took leave of them. Dr. khalil remained here and we went to the place of Commander Mohammad Nabi Khan, who was living in Quetta by the time, but his brother Mannan Khan received us well.

On 28.1.92 we left our luggage in Mannan Khan's house, submit him the letter and sought his consultation in regard to the establishment of a training center in Tarinkote. He also advised us to

consult the court authority (Muhkama). We left him and went back to the house of Haji Saifullah to collect Dr. Kahlil and go to the residency of the chief justice of Trainkote. However, Dr. Khalil, due to his personal engagements with his relatives declined to accompany us. We proceeded towards the residency of chief justice and in the middle of the way met Commander Haji Abdul Wadood and gave him the letter of Dr. Shahab. He pleased and assuared us of his every kind of cooperation. We proceeded further and went to the center of Commander Haji Mohammad Zahir Khan, with whom we had meeting earlier in Quetta.

As he himself was in Quetta, we therefore, stayed with his sons, had lunch with them and informed them about our programme. Next meeting, we had with Sayed Kabirjan, the chief justice of Tarinkote and submit him a letter from IPH and explained to him the aim and objectives of our trip. It was decided in the meeting that all the memberts of the court will be called on Thursday, where, the delegation will also be present to discuss the matter with them. It is to be mentioned, that the court does not set every day. The members of the court are called by the chief justice whenever necessary. We left in the afternoon to meet Haji Khairullah Khan former governor of Mujahideen in Tarinkote, in his house. In the way to the governor house, we met Commander Abdurrauf and gave him the letter from Dr. Shahab and informed him about of our programme. He assured us of his full cooperation. We proceeded towards the house of former governor and on reaching there, he enthusiastically welcomed the delegation. We stayed him overnighty and discussed with him the plan and programme of our tour. He assured us of his assistance. At present Haji Khairullah Khan is also the chief of the Mujahideen front in the same area.Uptill, wednesday, 29.1.1992 we had meeting with most of the Mujahideen Commanders in the area; on wednesday, we therefore, had a programme to visit the present health clinics in the area. For this purpose, being an elderly and influential person, and familiar with the clinics in the area, we requested Haji Khairullah former governor to accompany us in our tour of the clinics. We went to the clinic (I.A.H.C) of Commander Mula Shafiq front situated in Qalai Kelah and offiliated to the clinics group of Dr. Abdul Baqi Haqani. We found the clinic accommodated in a single building, with a laboratory, dentisty, vaccination, Medical and surgery rooms. We talked to Khaliqdad a midlevel and the incharge of the clinic. We fill up the formas, had lunch with Khaliqdad and left for Khaw Chela to visit another clinic MCI. This clinic was situated in the Mujahideen front of Commander Mullah Abdul Mlik where Dr. Rahmatullah was working as head of the clinic. We toured different sections of the clinic and fill up releavant forms. Our next target was to visit Haji Saifullah in his residenly. We left for his place while Haji Khairullah was also accompanied us and reached the house of Safillah at about 5 pm. However, he himself was not available and Dr. Khalil who was present in his (Saifullah's) house received us. As our vehicle was nct in good order we therefore, send it for repairing work to BAzar. Meanwhile, Dr. Khalil Proposed to check up a near by house, if we found suitable we shall select it for the instalation of Training Center. Thus, we went to Wanu village to see the house. But, we found the house mostly destroyed in the bombardment, except a single room which was still standing. Here , while, we were busy in drinking tea, an armed person came and told us that " a vehicle and your other friends are waiting for you outside, and you are invited to Wanu village as guests." When we came out, we saw some armed people standing outside and some are setting in the vehicle with another driver (not our own) although, the vehicle was ours. Our driver Mohammad Sadiq, Nizamuddin Khan, Haji Khairullah, Yar Mohammad and Abdul Khaliq walking towards the vehicle. We came to know that armed pursons have taken the vehicle by force from our drivers and other friends. The armed gang asked us to get in the vehicle, "We have Shoora with you" They said. We refused to do so. But, they forcefully took us into the vehicle and left for an unknown destance. Here, we found Dr. Khalil and Haji Khairullah standing infront of the house and counted the members of the delegation. The abducted members of the delegation included Dr. Qasim, Dr. Barakzai, Nizamuddin, Mohammad Sadiq Driver, Yar Mohammad and Abdul Khaliq.

The gang earlier have seized arms from Yar Mohammad and Abdul Khaliq in the Bazar. The armed gang after two and half hour of travilling by vehicle reached a desert where they draft us from the vehicle, returned the arms to Yar Mohammd and Abdul Khaliq. They took som e money from

Nizamuddin and asked us to pay for Dr. Khalil. The gang also took away the wrest watch of Dr. Qasim and a Camera which we used for photography during our tour. We walked to a nearby hotel and reached there after half and hour in extreme chill and snow fall. We stayed overnight in the same hotel.

On Thursday 30.1.1992, according to our previous appointment with the chief justice of Tarinkote we proceeded towards Qandahar. In midway, the vehicle went out of order and we walked to a village Pitawai. As there was no vehicle available, we therefore, remained here for another night. We met Dr. Rahmatullah again while Yar Mohammad Mujahid went with Dr. Rahmat to Tarinkote.

On 31.1.1992, we moved to Khwaja Malik by truck and reach there at 2 pm. Khwaja Malik is a village in the Arghandab district. We spent two days in the Mujahideen center of Commander Naim Khan of Harakati Inqilab-i-Islami Afghanistan. We talked to the commander about the establishment of a health training course, in the district of Arghandab. He showed us a house, with four rooms, two basements, one drawing room and veranda. However, the rooms had no door and windows. The veranda had also no roof. The house had sufficient carridor. The carridor had tow sides round wall, but one side was open. Besides the house had also a wall.

With the following expenditures, the house could be repaired:

1. Repairing expenses = Rs. 70000/-
2 Monthly rent = Afgh. 100000/-
3. Daily wages for worker (Mason) = Afgh. 15000/-
4. Daily wages for worker = Afgh. 3500/-

The house needs 6 doors, 8 windows, the roof over the drawing room and veranda and the construction of one side wall around.

We, after after staying over for a day, left for Chaman city on 2.2.92 at 7 am. by a hired vehicle. In Quetta, we contacted Dr. Shahab and informed him about our programme and other development and saught his advice in regard to go back to Hilmand province. He consulted health representative of Hilmand province, of Harakati Inqelabi Islami Afghanistan and inquired about the situation in that province. He told him that as fighting between Mujahideen and Kabul regtime is still going on in Hilmand province with heavy bombardment, the visiting of the delegation, therefore, would not be possible in such a situation.

Knowing the situation in Hilmand province, the delegation cancelled their programme, flew to Islamabad on 5.2.92 at 3:00 O'clock in the afternoon and landed at 4:30 in the airport. We reached Peshawar by public transport at 9:00 pm.

Some Important Recommandations

1. The city of Trainkote has been completely destroyed by bombardment and no house is available at present. The city has been divided between two Mujahideen Commanders, Mohammad Azim and Jan Mohammad and sometime they fight with each-other.

2. In the city of Trainkote Shoora-i-Jehadi is not available. The court (Judiceary) is therefore, looking after the work of the shoora as representative body.

3. Trainkote is extremely cold, snow fall is continuing. Most of the people are living in suburban area. The main crop of the area is wheat. Other materials and food stuff are imported from Pakistan in sufficient quantity.

4. Security of the rout is good, sufficient vehicles are plying on the road. But, sometime robbery occurs in the desert of Arghistan.

Finally, we recommand that the establishment of health training course in the provinces of Urzgan and Qandahar in the present situation is not possible, because, Shoora-i-Jehady in these provinces is not present and the Mujahideen front or a Commander alone cannot guarantee the securityu of such establishments.

THE OBJECTIVES OF THE ESTABLISHMENT OF TRAINING CENTER FOR BHWS IN SOUTH-WEST ZONE

It may be known to the people throughout the world that thirteen years ago the communist and atheist troops invaded the defenseless Muslim nation of Afghanistan, destroying social, economic and health facilities and infrastructure in Afghanistan. More that one and half million Afghans were martyred, about five million others were disabled and the rest of the people in the destroyed villages and towns affected with various epidemic diseases. Besides, due to the destruction of agricultural lands and irrigation system by the communist troops, the people have been facing with extreme hardships and the problem of food shortage and malnutrition particularly among the women and children in the country, is increasing day-by-day. Moreover, education system has completely been destroyed and the percentage of illiterate among the Afghan nation has been increased. Being deprived of health facilities, one is compelled to walk for more than 10 km. to reach a health center for the treatment of an ordinary sickness.

Keeping in view all these problems and hardships, the Afghan Mujahid nation is facing with, the Ministry of Public Health, Government of the Islamic State of Afghanistan endeavors to provide ways and means for the settlement of these problems, and to serve the people, in accordance with slogan of " Health for all the people of Afghanistan."

The Ministry of Public Health (MOPH) understand that for obtaining the aforementioned goal, it is necessary to train the professional personnel and man-power. The ministry also feels that such programme shall begin in the villages where the people themselves will participate in the activities.

To enhance health movement inside Afghanistan, the Ministry of Public Health MOPH is intending to open a training center for BHWs in one of South-Eastern Provinces of Afghanistan. A four member delegation has therefore been appointed to visit that specific province and discuss the matter with the chiefs of the tribes and select a proper place for the center with their consultation.

The first duty of the delegation is to select an adequate place for the training center in the province of Uruzgan, because the province of Uruzgan is situated in the South-West zone and controlled by the Mujahideen. It is also a safe province against the attack of communist troops.

THE OBJECTIVES OF THE TRAINING CENTER

1. To train the BHWs for South-West zone.

2. To provide health services to the people of that area through BHWs.

3. The majority of the people of this area have not been migrated, it is therefore necessary to establish a training center for their services.

4. Former health facilities in this area have been completely annihilated.

5. The BHWs compare to other provinces have been trained in small number in the provinces of South-East zone.

For the selection of a proper place for the training center, first of all the consent of the elders, commanders and people of the area was absolutely necessary, so that the said center in the future would undertake its activities with satisfaction and also with cooperation of the people.

The Chiefs of the tribes and commanders are therefore, kindly informed:

1. To select a proper location for the training center with sufficient rooms and to be situated near the present health clinic in the area.

2. The building must require little repairing work, because the MOPH has no sufficient fund at present to afford it.

3. The place must have enough clean drinking water.

4. The people and Mujahideen commanders must assure the security of the center.

5. To take/acquire the agreement of the said clinic to cooperate with the training center in the teaching of its students.

6. The people of the area are advised that the personnel of the training center shall be selected by the MOPH and not by the people of the area.

7. The people and elders of the area are also advised that the center is opened to meet the requirement of all the people of the province of South-West zone according to their need and not from a particular province.

8. They are also advised that the participants of this training course are selected from all the provinces of South-West zone according to their need and not from a particular province.

9. The problem of the rent for the building of the training center will also be discussed with them.

This was a brief introduction to the aim and objectives of the establishment of the training center for BHWs in the South-West zone and other matters to be explained and discussed with the elders and commanders of the area.

January 1992
Translated from
original Dari
document by E.P.H.

File

ISLAMIC GOVERNMENT OF AFGHANISTAN

Urozgan

وزارت صحت عامه
ریاست انستیتوت صحت عامه
MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH
13-A Chinar Road, University Town, Peshawar
Tel. (0521) 43592 - 43492

9/1/92

34

TD 18 / 12.1.92

09 JAN 1992

William D. Oldham, M.D.
Team Leader,
Management Sciences for
Health, Peshawar.

Re: Surveying plan of Urozgan BHW Training Course.

Dear Dr. Oldham:

The committee assigned to survey Urozgan BHW Training Course, will fulfill the task according to following itenarary:

1. Departure date from Peshawar to Quetta.
2. Stopping days in Quetta.
3. Departure date from Quetta to Urozgan.
4. Measure the distance from Quetta to intended point.
5. Arrival date to Urozgan.
6. Enroute obstacles.
7. Enroute security.
8. Traffic flow to and from.
9. Location selection where MSH clinic to be there otherwise IHC clinic to be there.
10. Discussion with Incharge Doctor of clinic regarding BHW practical works.
11. Discussion with Jehad council and elders of tribes about location of training course if agreed this should be guaranteed.
12. It shall be explained to the council and elders that this training course relates to all Afghans not only to the council nor the province.
13. Ponullation statistics of the area.
14. Distance between neighbouring villages.
15. Information about availability of food stuff in the area and its prices.
16. Income of the people in the area.
17. Spreading diseases in the area.
18. Distance of training course from Bazar.
19. Need of supplies and approximate prices.
20. Map of the training course.
21. Conditions of selecting building for BHW training course:

O/O

Response drafted 12 Jan 92

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ISLAMIC GOVERNMENT OF AFGHANISTAN

وزارت صحت عامه
ریاست انستیتوت صحت عامه
MINISTRY OF PUBLIC HEALTH
INSTITUTE OF PUBLIC HEALTH
13-A Chinar Road, University Town, Peshawar
Tel. (0521) 43592 - 43492

* The training course to be close to the clinics cooperating with us.
* Shall be selected in populated area.
* The building shall have sufficient rooms such as living rooms, office, class rooms, kitchen and toilet.
* Shall have a distance of 2 KM from residencial area.
* Shall have linking road to Bazar.
* Drinking water shall be checked to be healthy otherwise shall be studied hygenically and estimate the cost.
* Building shall be observed whether it is useable if not renovation cost shall be studied. The renovation cost would be paid in advance from the rent according to agreement.
* Contract with owner of building for duration and rent.
* The training course to be maped and photographed.

The committee survying the training course will perform the task according to the listed itenararies. If any thing else you wish to add please let us know before departure of the committee to Quetta.

Thank you.

Sincerely Yours,

Dr. Mohammad Qasim Murad
Deputy Director General of
Institute of Public Health.

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AREA TRAINING CENTERS

TAKHAR TRAINING CENTER

(SCNA)

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
TAKHAR / SCNA

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989	25						26					26	77	77	
FY 1990										25			25	102	
FY 1991			27								** 22	25	74	176	
FY 1992													0	176	
FY 1993													0	176	
FY 1994													0	176	

* FY YEAR = October 1st, 1986 – September 31st, 1987

** 22 BHWs trained in Cnteral Zone of SCNA are included in Takhar T.C.

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW CONTINUING EDUCATION PROGRAM
TAKHAR / SCNA

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989							15						15		
FY 1990			15				10	10	5	5	10	10	65	80	
FY 1991													0	80	
FY 1992													0	80	
FY 1993		3										18	21	101	
FY 1994															

* FY 1987 = October 1st, 1986 – September 31st, 1987

A PROPOSAL FOR

ESTABLISHING A REGIONAL TRAINING CENTER IN TAKHAR PROVINCE

AFGHANISTAN

INTRODUCTION

Over the past several years the "Resistance", under the leadership of Commander Masood, has slowly developed an organization or administrative setup (Supervisory Council) to focus on civil matters in several of Afghanistan's northern provinces. Within this administrative setup health has been given a priority, as evidenced by the appointment of a Regional Medical Officer, Dr. Sahar, establishing and running a 20 bed provincial hospital (Takhar Central) plus a 10 bed hospital in Takhar and a 10 bed hospital in Baghlan as well as 14 clinics spread throughout 4 provinces. It should be noted, however, that some of the facilities listed above are sponsored by private voluntary organizations.

A proposal was received through Dr. Sahar's representative in Peshawar, Dr. Wasiq, requesting financial and technical support for establishing a Training Center at the Takhar Provincial Hospital.

As this is one of the few administratively well organized areas in Afghanistan, this is an excellent opportunity for expanding health services through local leadership. The benefits of such an approach are obvious, however, some of the positive factors are:

1. ability to respond quickly to local health needs, particularly important with the anticipated return of refugees;

2. improved trainee selection process and post training follow-up (this unfortunately is lacking in Peshawar based training);

3. training tailored for managing specific health problems in the area,

4. strengthening team working relationships and referral system and;

5. improved control and distribution of medical supplies.

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THE PROPOSAL

It is proposed that MSH directly support the Supervisory Council's request for establishing and operating a Regional Training Center attached to the Takhar Provincial Hospital in Afghanistan.

I. THE TRAINING CENTER OBJECTIVES

The objectives are to:

1. carry out Basic Health Worker training;

2. conduct Refresher Training for Basic Health Workers

3. carry out Basic Health Worker training for women.

Discussions have been held at the AHC Training Center with Dr. Wasiq and Dr. Fatimie. Dr. Wasiq agrees that:

1. the AHC Basic Health Worker curriculum and training plan should be followed;

2. training materials should be the same as used by the Training Center;

3. testing and certification should be coordinated with the AHC Training Center;

4. close technical links should be maintained between the Regional Training Center and the AHC Training Center.

Dr. Fatimie stated that he was prepared, within his capacity, to provide technical support for the Takhar Training Center. It is important that such a technical link be established and maintained. There are currently so many different categories of health care providers, it is not advisable to encourage or even support yet another level worker. Further, with standardization and Alliance recognition, there will hopefully be a place for these workers in the new health care delivery system. Basic Health Workers, can be an extremely valuable resource for quickly implementing rural primary health care services.

With regard to BHW refresher training, this type training can best be carried out in small groups near the Basic Health Worker's work station. One of the high priority areas for such training is maternal and child health, as this topic was inadequately covered in the Peshawar based training programs due to lack of access to clinics/homes for MCH training.

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Objective 3 listed above, Female Basic Health Workers. An operational plan needs to be developed, however, it was agreed that services for women and children are inadequate and need to be developed in a culturally acceptable way as quickly as possible. This is extremely important in view of the anticipated return of millions of refugees, who have generally had access to health care services.

Gradually, as the training program is developed, recruitment of trainees for Peshawar based BHW training should be discontinued.

II. THE SERVICE AREA

According to information provided, the Takhar Provincial Hospital is the main referral hospital for Takhar, Baglan, Kunduz and Badakshan provinces. Pre-war population was around 2.6 million. Exact figures for the present are not known, however, it has been reported that a large percentage of the population remained and for planning purposes it should be assumed that the majority of refugees will be returning to their home provinces.

III. THE HOSPITAL

The hospital altogether has 20 beds, (10 surgical and 10 medical) plus the following services: operating room, x-ray, laboratory, orthopedic center, dental clinic, outpatient room. The breakdown of the hospital staff is as follows:

Doctors	3
Medical Technicians	3
X-ray technician	2
Laboratory technician	2
Orthopedic center technicians	2
Dental technicians	2
Basic Health Workers	4
Field Practitioners	1
Support staff	9
Total	28

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IV. THE PLAN OF ACTION

It is strongly recommended that a full time training staff be assigned to the Provincial Training Center. Less than full time staff is risking the quality of training, as well as the potential of the trainee. Dr. Wasiq is of the opinion that staff can be recruited from Peshawar to move back into Afghanistan.

BASIC HEALTH WORKER TRAINING

Number of three month training cycles per year: 3

Number of trainees per class; 25

Training Staff: Doctors.....2

Nurses.....2

Admin. Assistant.....1

Watchman.....1

If trainers are recruited in Peshawar, it is recommended that the trainer (s) immediately be assigned to the AHC Training Center for orientation and to participate in the present BHW Training program at Jamiat Camp, Dara.

During this orientation period, supplies/equipment, which cannot be obtained inside, will be procured and prepared for shipment to Takhar hopefully late June or early July. Also during this orientation a working relationship between THE AHC Training Center and the Regional Training Center can be established.

بسم الله الرحمن الرحیم

وننزل من القرآن ما هو شفاء ورحمة للمؤمنین

جمعیت اسلامی افغانستان

کمیته صحی شورای نظار

مرکز تعلیمات طبی

BASIC HEALTH WORKER CERTIFICATE

This is to certify that Mr._____ s/o_____ has successfully completed the BHW training programme conducted by the health committee of the supervisory council from_____ inside Afghanistan._____

The bearer of this certificate will [illegible] work in jehad fronts inside Afghanistan under the supervision of the health committee of the supervisory council.

Photo

Head of [illegible]
(Signature)

Responsible of health committee
(Signature)

Responsible of Training Center
(Signature)

تصدیق نامه کارکنان ابتدائی صحی

تصدیق میگردد که محترم _____ ولد _____ پروگرام _____

خدمات ابتدائی صحی را که از طرف کمیته صحی شورای نظار از تاریخ / / الی تاریخ / / در داخل افغانستان دایرگردیده بود، موفقانه اکمال نموده است۔

موصوف میتواند در داخل جبهات جهادی افغانستان تحت نظارت کمیته صحی شورای نظار، کار کند۔

رئیس عمومی شورای نظار (امضاء)

مسئول کمیته صحی شورای نظار (امضاء)

مسئول مرکز تعلیمات طبی (امضاء)

AKHAR TRAINING CENTER
SESSIN 6

SESSION	CODE_NO	BHW_NAME	FATHER_NAME	AGE	EDU_LEVEL	PROVINCE	DISTRICT	GEN_COMDER	LOC_COMDER
6TH	4130	A. HAMEED	M. HAKIM	27	10	BADAKHSHAN	JURM	SYED NAJMUDIN	MAHMOOD KHA
6TH	4131	NAJEEBULLAH	SHER AHMAD	20	11	TAKHAR	TAKHAR	SAYED AHMAD	AGHA GUL
6TH	4132	AMINULLAH	GH. JAILANI	22	12	KUNDOZ	DASHT ARCHI	SHIEKH SADI	SHIEKH SADI
6TH	4133	AB. KHAIR	KHYRULLAH	17	10	TAKHAR	YANGI QALA	QAZI KABIR	QAZI KABIR
6TH	4134	SAYED RAHIM	M. KARIM	18	6	KUNDOZ	EMAMSAHIB	AB. WADOOD	M. NAWAB
6TH	4135	RAHMATULLAH	JUMA KHAN	27	11	KUNDOZ	KUNDOZ	QARI RAHMATULLAH	GH. ALI
6TH	4136	MOHD TAHIR	MOHD SHARIF	25	9	BADAKHSHAN	KESHM	ARYAN PUR	ABDUL HAI
6TH	4137	MOHD ALEM	KHODIQUL	26	8	TAKHAR	YANGI QALA	QAZI KABIR	MOHYUDIN
6TH	4138	AB. RAHIM	JUMA KHAN	28	12	TAKHAR	ROSTAQ	PYRUM QUL	HABIBULLAH
6TH	4139	ABDUL HAI	ABDUL HAQ	20	8	TAKHAR	YANGI QALA	QAZI KABIR	HAMZA
6TH	4140	MOHD HUSSAIN	MOHD YOUSUF	20	8	TAKHAR	WARSAJ	MOHD ALI	MOHD ALI
6TH	4141	MOHD SHYDA	HAMIDULLAH	28	8	BADAKHSHAN	FAIZABAD	JAM ALI	JAM ALI
6TH	4142	MOHD YAQUB	MOHD HUSSAN	23	11	TAKHAR	TALOQAN	SYED AHMUD	AGHA GUL
6TH	4143	ASADULLAH	SHAMSUDDIN	25	7	BADAKHSHAN	KESHM	S. KHYRUDIN	S. KHYRUDIN
6TH	4144	MOHD KHALID	A. WAHAB	25	8	TAKHAR	ROSTAQ	PYRUM QUL	MOWIN SUBHAN
6TH	4145	MOHD ESMAEL	MOHD IBRAHIM	24	9	KUNDOZ	KHANABAD	Q. RAHMATULLAH	M. ESA
6TH	4146	HD AMIN	MOHD RASUOL	25	9	TAKHAR	KHAWAJAGHAR	ML. A. JABAR	DR. LA LA
6TH	4147	AHMAD SHAH	H.M. ALEM	18	7	TAKHAR	ESHKASHEM	ARBAB KHAN	HUSSAIN KHAN
6TH	4148	MOHD RAHIM	MOHD ALI	23	10	BAGHLAN	NAHRIN	AB. HAQJO	MOHD JAN
6TH	4149	JAMAL NASER	MOHD GHAFOOR	16	9	KUNDOZ	ARCHI	KHAKSAR	ABDUL HASHIM
6TH	4150	SHAMSUDIN	MOHD ESMAEL	20	9	TAKHAR	WARSAJ	ML. A. RAHIM	MOHD ALI
6TH	4151	HABIBULLAH	LAL BAIG	23	9	TAKHAR	WARSAJ	ML. A. RAHIM	MOHD ALI
6TH	4152	NOOR AHMAD	ASHOR BAIG	35	12	TAKAHR	WARSAJ	ML. A. RAHIM	HAQ DAD
6TH	4153	HABIBULLAH	M.AYAZ	32	12	TAKHAR	TAKHAR	TALEB KHAN	GUL AHMAD
6TH	4154	S.A. HAKIM	S. NOORULLAH	20	10	KUNDOZ	CHARDARA	SHER AHMAD	LUTFULLAH

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
TAKHAR TRAINING CENTER

SSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
5	4103	NEK MOHD	GUL MOHD	BADAKHSHAN	KESHAM	JIA	SCNA	ARYAN POOR
5	4104	JUMA KHAN	GH. RASOOL	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. IKRAMUDDIN
5	4105	TORYALAI	NASIR KHAN	BAGHLAN	ANDERAB	JIA	SCNA	RAHM KHUDA
5	4106	ABDUL BAQI	MOHD RUSTAM	BAGHLAN	ANDERAB	JIA	SCNA	RAHM KHUDA
5	4107	ALI KHWAJA	NEMATULLAH	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. IKRAMUDDIN
5	4108	SHAFI AHMAD	ABDURRAB	KAPISA	PANJSHARE	JIA	SCNA	MAHMOOD KHAN
5	4109	ABDUL BASIR	MOHD IBRAHIM	BADAKHSHAN	KESHAM	JIA	SCNA	ABDUL MOHD
5	4110	MOHD HASHEM	ABDUL HAKIM	BADAKHSHAN	KESHAM	JIA	SCNA	ABDUL MOHD
5	4111	MOHD ALAM	MOHD SHARIF	PARWAN	SALANG	JIA	SCNA	MIRZA MOHD
5	4112	NAZAR MOHD	GH. MOHD	BAGHLAN	ANDERAB	JIA	SCNA	RAHM KHUDA
5	4113	ZAINUL ABIDDIN	MOHD HUSSAIN	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
5	4114	ABDUL RASHID	ABDUL GHAFOOR	BADAKHSHAN	KESHAM	JIA	SCNA	ABDUL MOHD
5	4115	ABDUL BASIR	MOHD SHARIF	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. IKRAMUDDIN
5	4116	MOHD AKBAR	IMMAM GUL	TAKHAR	ESHKAMESH	JIA	SCNA	S. IKRAMUDDIN
5	4117	S. SHARIF	GULA KHAN	TAKHAR	TALOQAN	JIA	SCNA	H. AGHA GUL
5	4118	MOHD YOUNUS	MOHD HASHIM	TAKHAR	TALOQAN	JIA	SCNA	H. AGHA GUL
5	4119	FAIZUR RAHAMAN	MOHD RAHIM	TAKHAR	TALOQAN	JIA	SCNA	S. MIRZA
5	4120	AZIMULLAH	MOHD KARIM	TAKHAR	TALOQAN	JIA	SCNA	H. AGHA GUL
5	4121	ABDUL SALAM	ABDUL KARIM	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
5	4122	MEHRABUDDIN	S. ZUHRUDDIN	BAGHLAN	NAHREIN	JIA	SCNA	ABDUL HAI
5	4123	ABDUL WAHEED	ABDUL GHIAS	TAKHAR	TALOQAN	JIA	SCNA	MOHD SHAHEED
5	4124	ABDUL HANAN	ABDUR RAHMAN	TAKHAR	FARKHAR	JIA	SCNA	TALIB KHAN
5	4125	ENAYATULLAH	MOHD AMIN	TAKHAR	ESHKAMESH	JIA	SCNA	S. IKRAMUDDIN
5	4126	MOHD BELAL	MOHD ALI	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
5	4127	HABIBULLAH	RAHIMUDDIN	TAKHAR	ESHKAMESH	JIA	SCNA	ABDUL QAHAR
5	4128	ABDUL WAHAB	MOL. SHARIF	TAKHAR	ESHKAMESH	JIA	SCNA	MIR ALAM
5	4129	SHER AGHA	KHESRAW SHAH	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
TAKHAR TRAINING CENTER

SSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
4	4078	RAHMATULLAH	MOHD NABI	KUNDUZ	KHANABAD	JIA	SCNA	RAHMATULLAH
4	4079	MOHD MALANG	MOHD MASOOM	KUNDUZ	KUNDUZ	JIA	SCNA	AREF KHAN
4	4080	MOHD NADER	MOHD AMIR	KUNDUZ	CHAR DARA	JIA	SCNA	AREF KHAN
4	4081	AINUDDIN	FAIZ MOHD	BAGHLAN	NAHREIN	JIA	SCNA	ABDUL HAI
4	4082	EZATULLAH	HAJI PAIWAND	KUNDUZ	ALIABAD	JIA	SCNA	QARI RAHMATULLAH
4	4083	ASSADULLAH	HAJI ESSA	KUNDUZ	KUNDUZ	JIA	SCNA	Q. RAHMATULLAH
4	4084	MOHD NAWROZ	ALI AHMAD	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
4	4085	ABDUL KHALED	HAJI ABDUL HAFIZ	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
4	4086	MOHD EMRAN	HAJI AMIR MOHD	KUNDUZ	KUNDUZ	JIA	SCNA	AREF KHAN
4	4087	MOHD RASOOL	ABDUL HAMID	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
4	4088	MOHD SHARIF	MOHD NABI	KUNDUZ	KHANABAD	JIA	SCNA	QARI RHAMATULLAH
4	4089	KHUDAI DAD	NOOR ALI	FARYAB	PASHTOON KOT	JIA	SCNA	AHMAD SHAH MASAUD
4	4090	GH. MUHAIUDDIN	MOHD ZAI	BADAKHSHAN	KESHAM	JIA	SCNA	ARYAN POOR
4	4091	ABDUL HAMID	SERAJUDDIN	BAGHLAN	NAHREIN	JIA	SCNA	ABDUL HAI
4	4092	ABDUL FATAH	KHAL NAZAR	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
4	4093	ABDUL WAKIL	SARDAR MOHD	KUNDUZ	KHANABAD	JIA	SCNA	QARI RAHMATULLAH
4	4094	ABDUL RAZAQ	JURA KHAN	SAMANGAN	KHULM	JIA	SCNA	AHMAD SHAH MASAUD
4	4095	SHUKRULLAH	MOHD SARWAR	SAMANGAN	KHULM	JIA	SCNA	AHMAD SHAH MASAUD
4	4096	MOHD QASEM	MOHD ADEL	BALKH	NAHRE SHAHI	JIA	SCNA	AHMAD SHAH MASAUD
4	4097	MOHD RAHIM	MOHD SHARIF	BALKH	NAHRE SHAHI	JIA	SCNA	AHMAD SHAH MASAUD
4	4098	MAQSOOD SHAH	MOHD NABI	BADAKHSHAN	KERANOMONJAN	JIA	SCNA	S. NAJMUDDIN
4	4099	ABDUL GHAFAR	ABDUL SATAR	BADAKHSHAN	KERANOMONJAN	JIA	SCNA	S. NAJMUDDIN
4	4100	ABDUL KHALIQ	ALLAH YAR	TAKHAR	BANGI	JIA	SCNA	S. IKRAMUDDIN
4	4101	MOHD FAROOQ	SHER GUL	BAGHLAN	BAGHLAN	JIA	SCNA	ABDUL HAI
4	4102	MOHD QASEM	HAJI ABDUL RAHIM	TAKHAR	CHAL	JIA	SCNA	S. IKRAMUDDIN

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
TAKHAR TRAINING CENTER

SSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
3	4052	ALI AHMAD	RAIS AHMAD	TAKHAR	WARSAJ	JIA	SCNA	S. MIRZA
3	4053	ABDUL WAKIL	MOHD NASIM	TAKHAR	TALOQAN	JIA	SCNA	Q. SEDIQ
3	4054	ABDUL AZIZ	MOHD GADA	TAKHAR	FARKHAR	JIA	SCNA	S. MIRZA
3	4055	ABDUL ZAHER	ABDUL MANAN	KUNDUZ	KHANABAD	JIA	SCNA	Q. RAHMATULLAH
3	4056	NOORULLAH	EDI MOHD	TAKHAR	RUSTAQ	JIA	SCNA	PERAM QUL
3	4057	NOORULLAH	BAKHSHULLAH	TAKHAR	RUSTAQ	JIA	SCNA	PERAMN QUL
3	4058	ABDUL QAYUOM	ABDUL SAMAD	TAKHAR	RUSTAQ	JIA	SCNA	PERAM QUL
3	4059	FEDA MOHD	MOHD KAMAL	TAKHAR	RUSTAQ	JIA	SCNA	PERAM QUL
3	4060	H. MOHD	MOHD TAHER	KUNDUZ	KHANABAD	JIA	SCNA	Q.RAHMATULLAH
3	4061	LUTFUR RAHMAN	KHWAJA MOHD	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
3	4062	MOHD SARWAR	MOHD ISMAIL	KUNDUZ	KHANABAD	JIA	SCNA	RAHMATULLAH
3	4063	MOHD AYMAQ	ABDUL RAHMAN	TAKHAR	KALAFGAN	JIA	SCNA	MULLAH NAWROZ
3	4064	EHSANULLAH	DELAWAR	TAKHAR	CHAL	JIA	SCNA	S. IKRAM
3	4065	AMIR MOHD	ABDUL WADUD	TAKHAR	FARKHAR	JIA	SCNA	S. MIRZA
3	4066	MOHD HASHEM	S. AKBAR	BAGHLAN	ANDERAB	JIA	SCNA	RAHME KHUDA
3	4067	IMAMUDDIN	MOHD ALIM	BAGHLAN	PULI KHUMRI	JIA	SCNA	SHAMSUDDIN
3	4068	GH. QADIR	GH. SAKHI	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
3	4069	ABDUL SAMAD	ATTA MURAD	KUNDUZ	HAZARAT IMAM	JIA	SCNA	MOHD ZAFAR
3	4070	GH. NABI	NASRUDDIN	KUNDUZ	KUNDUZ	JIA	SCNA	MOHD ZAHER
3	4071	ABDUL GHANI	MIRZA JAN	BAGHLAN	ANDERAB	JIA	SCNA	RAHM KHUDA
3	4072	MOHD NABI	NASRUDDIN	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
3	4073	S. ASLAM	S. AKRAM	KUNDUZ	KUNDUZ	JIA	SCNA	QARI RAHMATULLAH
3	4074	MOHD AZIZ	ARSALLAH	BAGHLAN	BAGHLAN	JIA	SCNA	M. SHAMSUDDIN
3	4075	GUL DIN	MOHD IBRAHIM	KUNDUZ	HAZARAT IMAM	JIA	SCNA	MOHD ZAHER
3	4076	ABDUL RAHIM	ABDUL MANAN	TAKHAR	FARKHAR	JIA	SCNA	S. MIRZA
3	4077	HAFIZ MOHD	MOHD KHAN	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
TAKHAR TRAINING CENTER

SION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
2	4026	HEKMATULLAH	SABZ MOHD	TAKHAR	FARKHAR	JIA	SCNA	S. MIRZA
2	4027	KHUDY NAZAR	RAJAB ALI	TAKHAR	TALOQAN	JIA	SCNA	QARI SEDIQ
2	4028	SHUJAUDDIN	BURHANUDDIN	TAKHAR	CHAH AB	JIA	SCNA	PERAM QUL
2	4029	BIG MOHAD	BY MOHAD	TAKHAR	FARKHAR	JIA	SCNA	S. MERZA
2	4030	AINUDDIN	SADRUDDIN	TAKHAR	FARKHAR	JIA	SCNA	S. MERZA
2	4031	FAZEL AHMAD	ABDUL GHANI	TAKHAR	FARKHAR	JIA	SCNA	S. MERZA
2	4032	ABDUL RAHMAN	RAJAB ALI	TAKHAR	CHAH AB	JIA	SCNA	PERAM QUL
2	4033	KHAIRULLAH	DOWLAT MOHD	TAKHAR	FARKHAR	JIA	SCNA	S. MERZA
2	4034	ABDUL BASIR	DOWLAT MOHAD	TAKHAR	FARKHAR	JIA	SCNA	S. MERZA
2	4035	S. MOHD	NIAZ MOHD	BAGHLAN	BAGHLAN	JIA	SCNA	M. SHAMSUDDIN
2	4036	ENAYATULLAH	FAQIRULLAH	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
2	4037	ABDUL BASIR	ABDUL AHMAD	BAGHLAN	BURKA	JIA	SCNA	ABDUL HAI
2	4038	KHAIRUDDIN	RAJAB ALI	BAGHLAN	ANDERAB	JIA	SCNA	
2	4039	NEMATULLAH	GUL AGHA	BAGHLAN	KHENJAN	JIA	SCNA	SOFI QAHER
2	4040	GH. RABANI	GHULAM SAKHI	BAGHLAN	DOSHI	JIA	SCNA	
2	4041	MOHD ASLAM	SAHIB NAZAR	BAGHLAN	ANDERAB	JIA	SCNA	RAHM KHUDA
2	4042	MIR AGHA	MOHAD KHURAM	BAGHLAN	ANDERAB	JIA	SCNA	
2	4043	S. NASIM	SAYED PADSHAH	BAGHLAN	DOSHI	JIA	SCNA	
2	4044	ABDUL HASHEM	SAIFURRAHMAN	KAPISA	PANJSHARE	JIA	SCNA	
2	4045	MOHD AGHA	KHUDA DAD	KAPISA	TAGAB	JIA	SCNA	MUSLIM
2	4046	ABDUL WALI	ABDUL HAKIM	BADAKHSHAN	FAIZABAD	JIA	SCNA	ARYANPUR
2	4047	AHMAD NOOR	ABDUL KABIR	BADAKHSHAN	FAIZABAD	JIA	SCNA	ARYANPUR
2	4048	IMAM MOHD	BALOOCH BAY	BADAKHSHAN	FAIZABAD	JIA	SCNA	ARYANPUR
2	4049	S. MUHAIUDDIN	S.MASOOM	BADAKHSHAN	KESHAM	JIA	SCNA	ARYAN POOR
2	4050	MOHD HANIF	ABDUL GHANI	BADAKHSHAN	KESHAM	JIA	SCNA	ARYANPUR
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Best Available Document

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
TAKHAR TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	4001	ATTAULLAH	H. PARTAW	TAKHAR	TALOQAN	JIA	SCNA	
1	4002	MOHD IBRAHIM	MULLAH BARAT	TAKHAR	RUSTAQ	JIA	SCNA	PERAM QUL
1	4003	ASSADULLAH	BAKHSHULLAH	TAKHAR	RUSTAQ	JIA	SCNA	
1	4004	H. MOHD	MOHD HUSSAIN	TAKHAR	ESHKAMESH	JIA	SCNA	Q. ISLAMUDDIN
1	4005	BIG MURAD	EMAM MURAD	TAKHAR	FARKHAR	JIA	SCNA	
1	4006	MOHD RAHIM	MOHD KARIM	TAKHAR	KALAFGAN	JIA	SCNA	
1	4007	MOHD QUL	KHUDAI DAD	KUNDUZ	KUNDUZ	JIA	SCNA	RAHMATULLAH
1	4008	QABEL	JUMA KHAN	BADAKHSHAN	KESHAM	JIA	SCNA	ARYANPOOR
1	4009	ZAMANUDDIN	BIG MOHD	BADAKHSHAN	KESHAM	JIA	SCNA	ARYANPOOR
1	4010	ABDUL ZAHER	NAWRUZ	BADAKHSHAN	SHAHRE BOZURG	JIA	SCNA	
1	4011	MOHD ZARIF	FULAD	BADAKHSHAN	SHAHRE BOZURG	JIA	SCNA	ARYANPUR
1	4012	MOHD NADER	ADENA	BALKH	NAHRE SHAHI	JIA	SCNA	MASAUD
1	4013	MOHD ZAHER	RAHMATULLAH	BALKH	NAHRE SHAHI	JIA	SCNA	MASAUD
1	4014	MOHD HUSSAIN	MOHD KABIR	BAGHLAN	KHENJAN	JIA	SCNA	
1	4015	JUMA KHAN	FAZAL HAQ	PARWAN	JABUL SARAJ	JIA	SCNA	MIRZA MOHD
1	4016	ABDUL RAUF	ABDUL RASHID	KAPISA	PANJSHARE	JIA	SCNA	
1	4017	AZIZUR RAHMAN	AZIMULLAH	KAPISA	PANJSHARE	JIA	SCNA	MAHMOOD
1	4018	MOHD AKBAR	KHAJ. NOOR	BAGHLAN	KHOST WA FRENG	JIA	SCNA	
1	4019	ABDUL RASHID	RAHMUDDIN	BAGHLAN	KHOST WA FRENG	JIA	SCNA	
1	4020	MOHD SADER	MOHD AREF	BAGHLAN	KHOST WA FRENG	JIA	SCNA	
1	4021	ABDUL BASIR	MOHD BIG	BAGHLAN	KHOST WA FRENG	JIA	SCNA	S. YAHYA
1	4022	DAD ALI	MOHD ALI	KUNDUZ	ALIABAD	JIA	SCNA	RAHMATULLAH
1	4023	FAIZULLAH	HABIBBULAH	KUNDUZ	KUNDUZ	JIA	SCNA	
1	4024	ABDUL GHAFOOR	H. ABDUL MAJID	TAKHAR	ESHKAMESH	JIA	SCNA	
1	4025	MOHD ALI	ABDUL RASUL	KAPISA	PANJSHARE	JIA	SCNA	MAHMOOD

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* Centeral Zone SCNA

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
CENTERAL ZONE OF SCNA

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	4908	SADRUDDIN	IMMAMUDDIN	PARWAN	JABUL SARAJ	JIA	SCNA	NOOR HABIB
1	4909	ENAYATULLAH	DADULLAH	KAPISA	KOHISTAN	JIA	SCNA	AZIMI
1	4910	ABDUL BASIR	BABA KHAN	PARWAN	SALANG	JIA	SCNA	MIRZA
1	4911	ABDUL JAMIL	NEZAMUDDIN	PARWAN	JABUL SARAJ	JIA	SCNA	DAGARWAL JAILANI
1	4912	TORYALAI	MEHRABUDDIN	KAPISA	TAGAB	JIA	SCNA	MUSLIM
1	4913	ABDUL HAFIZ	MOHD ASLAM	KAPISA	PANJSHARE	JIA	SCNA	SARANWAL MAHMOOD

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
CENTERAL ZONE OF SCNA

CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
4914	JAN AGHA	MOHD RAHIM	PARWAN	JABUL SARAJ	JIA	SCNA	AZIMI
4915	HAFIZULLAH	ABDUL MOHD	PARWAN	JABUL SARAJ	JIA	SCNA	MOHD MERZA
4916	LAL AGHA	ABDUL GHANI	KAPISA	KOHISTAN	JIA	SCNA	AZIMI
4917	MOHD SHARIF	MOHD DAUD	KAPISA	PANJSHARE AWAL	JIA	SCNA	SARANWAL MAHMOOD
4918	DADUR RAHMAN	AMINULLAH	KAPISA	PANJSHARE	JIA	SCNA	ABDUL MAHMOOD
4919	MOHD NAIM	MOHD NASIM	KAPISA	PANJSHARE AWAL	JIA	SCNA	SARANWAL MAHMOOD
4920	ABDUL MAHFOOZ	ABDUL RAUF	PARWAN	CHARIKAR	JIA	SCNA	ENG. WASIL
4921	S. AGHA	GH. SAKHI	PARWAN	SALANG	JIA	SCNA	MERZA KHAN
4922	DAD MOHD	LAL MOHD	BAMYAN	BAMYAN	JIA	SCNA	RAHMATULLAH
4923	GUL RAHMAN	GH. SARWAR	BAMYAN	BAMYAN	JIA	SCNA	RAHMATULLAH
4924	SHER AGHA	MOHD OMAR	KAPISA	TAGAB	JIA	SCNA	MUSLIM
4925	GH. NOORANI	GH. DASTAGIR	KAPISA	NEJRAB	JIA	SCNA	ABDUL HADI
4926	ABDUL ALIM	MOHD HUSSAIN	KAPISA	NEJRAB	JIA	SCNA	ABDUL HADI
4927	ABDUL RAHIM	MIR AGHA	PARWAN	GHORBAND	JIA	SCNA	ENG. WASIL
4928	MOHD AZIM	MOHD AZIZ KHAN	PARWAN	JABUL SARAJ	JIA	SCNA	AZIMI
4929	JAWEED	SAMIULLAH	PARWAN	JABUL SARAJ	JIA	SCNA	AZIMI

BALKH TRAINING CENTER

(SCNA)

Management Sciences for Health
Trainig Department
BHW Initial Training Program
SCNA / Balkh

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
FY 1987*															
FY 1988															
FY 1989															
FY 1990															
FY 1991						15				15			30	30	
FY 1992	15					20							35	65	
FY 1993													0	65	
FY 1994													0	65	

* FY 1987 = October 1st, 1986 – September 31st, 1987

Management Sciences for Health
Trainig Department
BHW Continuing Education Program
SCNA/Balkh

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991															
FY 1992															
FY 1993									6	10			16	16	
FY 1994		6											6	22	

* FY 1987 = October 1st, 1986 – September 31st, 1987

A PROPOSAL FOR ESTABLISHING A SATELLITE BHW TRAINING CENTER IN BALKH PROVINCE, AFGHANISTAN

BACKGROUND

Since July 1988 the Jamiat Islami Afghanistan Supervisory Council Health Committee has been operating a Basic Health Worker Training Center in Khylab, Takhar Province. The purpose for setting up this training center was to assist the Supervisory Council Health Committee with expanding primary health care coverage in areas under their administrative control. Altogether 4 BHW classes of 25 trainees each have been conducted at the Center.

A MSH Consultant (Dr. Obidullah, an Afghan doctor) was sent to the BHW Training Center Khylab to carry out an administrative review in late September 1989. His report indicated that the Training Center was well organized, including financial documentation clearing all advances provided by MSH. Based on these finding, the Khylab BHW Training Center was provided a second advance for the period 1 March 1990 to 30 September 1990.

THE PROPOSAL

The Supervisory Council has submitted a request to MSH for support for setting up a Satellite BHW Training Center in Balkh Province. According to the Supervisory Council, "Balkh is an important province of the north of Afghanistan which has a central position in the Northern Zone (Balkh, Samangan, Juzjan and Faryab provinces)".

The SCHC plans to set up the satellite BHW Training Center in Shulgara district (Markaz-i-Shulgara) of Balkh province. This Training Center is intended to serve the BHW training requirement for the 4 provinces listed above. With regard to practical training, the hospital in Shulgara will be available for BHW training. In addition a Zonal Health Director, Dr. Mia, is headquartered in Shulgara and he will be responsible for supervising the staff of the Training Center as well as the general administration.

Training will be based on the standardized BHW curriculum developed by the Institute of Public Health. The duration of each course will be 12 weeks (72 days at 6 training hours per day). Since the Takhar Training Center has an experienced training staff, they will be consulted on training issues, as needed.

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BHW Selection Criteria and Supervison

The SCHC, under the supervison of Dr. Sahar, Chairman of the SCHC Health Committee, will be responsible for BHW trainee recruitment, placement and follow-up supervision. The BHW selection criteria will be as follows:

1. an active provincial health officer/director will be in place with the assigned responsiblity for ensuring BHWs in his service area are supervised on a regular basis;

2. BHWs will be selected/assigned from locations with access to a health facility which will provide BHW with technical support;

3. BHW service area will be defined and selection/placement based on a minimum ratio of one BHW per 1000 population;

MSH SUPPORT

MSH agrees to provide financial and training materials support for 45 trainees (15 trainees per class) over a 12 month period. Due to travel constraints to Afghanistan, technical support will be primarily conducted in the Peshawar area. However, once travel constraints are removed, it is anticipated that the level of technical support provided by MSH may be increased.

MSH will provide financial support for the following full time training staff:

Doctor Trainer (In-Charge).....1

Nurse Trainer *.....1

Administrative Assistant.....1

Watchman.....1

*Note a doctor may be substituted for the nurse trainer. Salary will be based on the Bio-data provided by SCHC.

A detailed budget is presented in Attachment No. 1.

Following the successful completion of training, each trainee certified by the SCHC will be eligible for receiving the "Standard BHW Kits" (initial and resupply) and standard BHW salary. MSH will periodically assess the BHWs trained by the SCHC as well as conduct periodic technical and administrative reviews of the Training Center.

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SCHC

The Supervisory Council Health Committee agrees to provide quarterly reports covering the financial and administrative aspects of the the training program. Sample reporting proforma are presented in Attachment No. 2.

A letter dated June 6 1990 Subject: Balk Basic Health Worker Training Programme singed by Dr. Wasiq, Assistant Director/Representative of SCHC is attached and becomes part of this proposal.

Dr. Waiq.

June. 20. 1990

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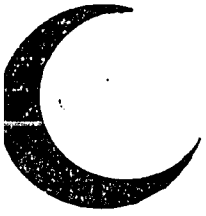
بسم الله الرحمن الرحيم



جمعیت اسلامی افغانستان
شورای نظار کمیته صحی

JAMIAT ISLAMI AFGHANISTAN
SUPERVISORY COUNCIL
HEALTH COMMITTEE

LIAISON OFFICE IN PESHAWAR

DATE:
NO:

DRAFT

Date: June 6th.,1990
Subject: Balkh Basic Health Worker Training Programme.

To: Dick Jonson, Director of Training Departmenet, MSH
From: Dr. Wasiq, Assistant Director/ Representative of SCHC

Dear Sir:

In accordance with the development of a regional health policy and strengthening the basis of the system, we are planning to set up the training programmes,as well as other health services, within the framework of Supervisory Council's Health Committee.

Since two years there have been planned and implemented certain health projects in Balkh and Samangan provinces through Shor-i-Nizzar's Health Committee.

Balkh is an important province of the north of Afghanistan which has a central position in the Northern Zone (Balkh, Samangan, Juzjan and Faryab provinces). For the time being many health facilities have been established in Balkh and Samangan provinces. But certain health projects are planned for Juzjan and Faryab provinces in this year.

Now, Dr. Mia, M.D is working as "Zonal Health Director and Supervisor" for northern zone. The Headquarters is situated in Shulgara District of Balkh province. A Primary Care Hospital is working in Shulgara District, and also a Cold Chain Center for implementation of a Massive Immunization Programme in northern zone is set up there nowadays. 7 more Health Clinics are working in Balkh and Samangan provinces within the frame work of our health committee.

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Address in Pakistan:
Telephone No:

Address in Afghanistan:

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Therefore, we prefer to set up the Basic Health Worker Training Center in Shulgara district of Balkh province. The Hospital will help the practical subjects of the course and the Training center could be supervised by the Zonal Health Office too. Transpostation facilities are available between Shulgara and neighbouring districts and provinces (Kunjan and Samangan).

The course will be intermittently held in three sessions annually, and one month holidays between sessions. The capacity of a session is 20 students. 5 candidates will be selected from each province. Qualifications requirements (curriculum, equipments, outreach/operational costs and other necessities) and regulations for this programme will be the same as Takhar Training Center. It seems to have an especific center (building) for better running the programme. The course is directed by a M.D doctor and the trainers, for the time being, will be 2 doctors (M.D) and certain midlevel health workers (Nurse and Medical Technicians).

Good cooperation in this regard is highly appreciated

Sincerely Yours

Dr. Wasiq, M.D

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MANAGEMENT SCIENCES FOR HEALTH
PESHAWAR

20 February 1990

TO: William D. Oldham, M.D.

FROM: Dick Johnson

SUBJECT: BHW Training - Supervisory Council of the North, Health Committee

A request has been received from the Shorai Nizar for support to establish a satellite BHW Training Center in Balkh Province. It is intended that this satellite Training Center would serve the training needs for the Shorai Nizar in Balkh, Samagan, Jowzjan and Faryab Provinces. Establishing a training site in Balkh province would facilitate recruitment and follow-up of trainees in their home area.

It is proposed that a training center be established in close proximity to a clinic facility already established and supported by MSH. It will be the responsibility of the Health Committee of the Shorai Nizar to provide the overall supervision, security and arrange the facilities needed i.e. classroom, hostel, and office space. MSH will provide budget for start-up expenses, training staff salaries, trainee expenses.

The maximum number of trainees per class would be 15. Training staff: 1 doctor, 1 nurse, 1 administrative assistant and 1 watchman.

It is recommended that the trainer be recruited and given a thorough orientation program in Peshawar. Therefore, it is anticipated that the first training program would not be started until June 90, at the earliest. The total output would be limited to 45 in a 12 month period. The estimated budget is attached.

Your approval is requested for implementation of this project. A detailed implementation plan and schedule will be developed in coordination with Dr. Wasiq.

I assume this is the satellite center about which you had discussions with Wasiq in the past and to which you tentatively agreed to establishing if you could cut back the Peshawar program by at least 15 students per class. Your argument then that the ~~one~~ SCN carefully supervises and properly places their BHWs in areas of greatest need is still compelling. Please proceed with planning on this activity, make sure the Peshawar based program is cut back on ~~the~~ new BHWs and then proceed in Balkh.

W.D. Oldham 20 Feb 90

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LIST OF RHWs TRAINED
BALKH TRAINING CENTER
SESSIN 4

SESSION	CODE_NO	RHW_NAME	FAIHER_NAME	AGE	EDU_LEVEL	PROVINCE	DISTRICT	GEN_COMDER	LOC_COMDER
4TH	5046	HAJI FAZEL AHMAD	ABDUL MOHAMMAD	33	7	JAWZJAN(017)	SANGCHARAK(02)	HAJI RAHIM	M. SHAHID
4TH	5047	AHMAD SHAH	RAHIM GUL	19	7	BALKH(016)	MAHRE SHAHI(03)	KHALIL UR RAHMAN	M. NAZUKMIR
4TH	5048	ABDUL NASIR	ABDUL GHANI	23	7	SAMANGAN(015)	KHULM(03)	HAMIDULLAH S.	HAMIDULLLAH S
4TH	5049	ABDUL WAKIL	GUL NABI	18	6	BALKH(016)	SHULGARA(07)	ABDUL WAKIL	MAULAVI ALAM
4TH	5050	MOHD ASHRAF	ABDUL RAHIM	22	6	BALKH(016)	SHULGARA(07)	MAVIN AZEEM	ZAEEMULLAH
4TH	5051	EMAM NAZAR	ABDUL KHALIL	19	5	FARYAB(018)	QAISAR(11)	SAEED YASUF	ABDUL RAUF
4TH	5052	KHAL MOHD	QUWAT	23	6	FARYAB(018)	BELCHERAGH(09)	SAEED YASUF	MOHD HASHIM
4TH	5053	ABDUL WAHID	SHEREEN JAN	22	8	BALKH(016)	BALKH(02)	ALAM KHAN	MIR HAMZA
4TH	5054	SAEED GH. SAKHI	SAEED ABDUL	25	6	FARYAB(018)	ALMAR(08)	SAEED YASUF	S. BAHAUDDIN
4TH	5055	RAHMATULLAH	KHAL MOHD	30	6	FARYAB(018)	PUSHTOOKHOT(06)	SAEED YASUF	ABDUL MAJEED
4TH	5056	MULAH MIRZA	SAEED ABDULLAH	22	6	FARYAB(018)	QAISAR(11)	SAEED YASUF	ABDUL RAUF
4TH	5057	BARAT MOHD	MOHD JAN	27	6	BALKH(016)	CHARKENT(05)	M. OSMAN	GH. HAIDAR
4TH	5058	ABDUL RAUF	HUSSAIN	29	7	BALKH(016)	MAHRE SHAHI(03)	DEEM MOHD KHAN	QAZI SHARIF
4TH	5059	NOORUL HAQ	ABDUL HAI	24	12	SAMANGAN(015)	KHULM(03)	HAMIDULLAH S.	MAMUR NIAZI
4TH	5060	MOHD AZEEM	MOHD KARIM	22	12	BALKH(016)	CHARBULAK(10)	ALAM KHAN	ESHAN SEDIQ
4TH	5061	SARFERAZ	ATA MOHD	26	6	JAUZJAN(017)	SANGCHARAK(02)	HAJI RAHIM	AMANULLAH BOY
4TH	5062	NAJEBULLAH	ABDUL SALAM	21	5	JAUZJAN(017)	SANGCHARAK(02)	HAJI RAHIM	AMANULLAH BOY
4TH	5063	SAEED OSMAN	SAEED MUSTAFA	19	6	SAMANGAN(015)	DARA E SOUF(02)	MUHIBULLAH	M. ABDUL HADI
4TH	5064	ABDUL WAHID	SAKHI DAD	19	9	SAMANGAN(015)	ROY DOAAB(06)	TAMSAKI	ALAVI
4TH	5065	GH. NABI	SHAH BARAT	32	7	SAMANGAN(015)	DARAE SOUF(02)	MUHIBEULLAH	ABDUL HAKIM

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NO.
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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
BALKH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
3	5031	EZATULLAH	MULLAH AHRAH	FARYAB	PASHTOON KOT	JIA	SCNA	AMIR CHOPAN
3	5032	ABDUL AHAD	HAJI KUNDEL	SAMANGAN	DARAE SOUF	JIA	SCNA	MOHIBULLAH
3	5033	KHAIRULLAH	NOORULLAH	JAWZJAN	SANG CHARAK	JIA	SCNA	HAJI RAHIM
3	5034	SHER MOHD	HAJI QURBAN	FARYAB	PASHTOON KOT	JIA	SCNA	AMIR CHOPAN
3	5035	MOHD ASEF	ABDUL JALIL	JAWZJAN	SANG CHARAK	JIA	SCNA	QAZI RAHIM
3	5036	BARAT SHAH	JUMA KHAN	BALKH	CHARKANT	JIA	SCNA	ALAM KHAN
3	5037	MOHD KAMIL	MOHD YAQUB	SAMANGAN	KHULM	JIA	SCNA	ALAM KHAN
3	5038	ABDUL HAKIM	ABDUL QAYOUM	BALKH	BALKH	JIA	SCNA	ALAM KHAN
3	5039	MOHD DIN	MOHD QASIM	FARYAB	PASHTOON KOT	JIA	SCNA	AMIR CHOPAN
3	5040	GH. MOHD	MOHD NABI	JAWZJAN	SANG CHARAK	JIA	SCNA	HAJI RAHIM
3	5041	FAIZULLAH	GH. HAIDER	JAWZJAN	SARI PUL	JIA	SCNA	MUL. HABIBULLAH
3	5042	KHUDA DAD	HABIBULLAH	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN
3	5043	NEMATULLAH	TORA SHAH	BALKH	DOWLATABAD	JIA	SCNA	ALAM KHAN
3	5044	MOHD HASSAN	MOHD YASIN	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN
3	5045	ABDUL WAHED	H. BAI NAZAR	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
BALKH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
2	5016	ABDUL GHAFAR	PUR DEL	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN
2	5017	NOOR AHMAD	ABDUL JALIL	BALKH	CHAR BOLAK	JIA	SCNA	ALAM KHAN
2	5018	MUSHTAQ	MOHD SADIQ	JAWZJAN	SANG CHARAK	JIA	SCNA	HAJI RAHIM
2	5019	ABDUL FATAH	MOL. ALAM KHAN	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN
2	5020	HAFIZULLAH	ALI MOHD	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN
2	5021	JAMAL AHMAD	GH. GHOUS	BALKH	BALKH	JIA	SCNA	ALAM KHAN
2	5022	ABDUL GHANI	GH. MOHD	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN
2	5023	MOHD SAFI	ABDUL GHANI	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN
2	5024	MOHD HAKIM	TAJ MOHD	BALKH	CHAR BOLAK	JIA	SCNA	ALAM KHAN
2	5025	AMANULLAH	ABDUL KHALIQ	JAWZJAN	SANG CHARAK	JIA	SCNA	HAJI RAHIM
2	5026	IMADUDDIN	MOHD YOUSUF	JAWZJAN	SANG CHARAK	JIA	SCNA	HAJI RAHIM
2	5027	ABDUL MALOOK	NOOR MOHD	BALKH	CHARKANT	JIA	SCNA	ALAM KHAN
2	5028	ABDUL RAUF	BAZ MOHD	BALKH	SHORTEPA	JIA	SCNA	ALAM KHAN
2	5029	MOHD ISMAIL	MOHD YOUSUF	BALKH	CHAR BOLAK	JIA	SCNA	ALAM KHAN
2	5030	NASRULLAH	SAYED ALI	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
BALKH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	5001	TAJUDDIN	ABDUL BASIR	BALKH	CHARKANT	JIA	SCNA	ALAM KHAN
1	5002	RUHULLAH	MOHD NABI	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN
1	5003	GH. MOHD	MOHD HUSSAIN	BALKH	SHORTEPA	JIA	SCNA	ALAM KHAN
1	5004	GH. RABANI	GH. JAILANI	BALKH	BALKH	JIA	SCNA	ALAM KHAN
1	5005	SULTAN MIR	ABDUL SATAR	BALKH	SHORTEPA	JIA	SCNA	ALAM KHAN
1	5006	MOHD ZAHER	ABDUL AZIZ	JAWZJAN	SANG CHARAK	JIA	SCNA	RAHIM
1	5007	NAJIBULLAH	SHER MOHD	BALKH	CHAR BOLAK	JIA	SCNA	ALAM KHAN
1	5008	MOHD GUL	H. BURI	BALKH	CHEMTAL	JIA	SCNA	ALAM KHAN
1	5009	MOHD OSMAN	MOHD HUSSAIN	BALKH	DEHDADI	JIA	SCNA	ALAM KHAN
1	5010	MOHD GUL	H. MOHD YOUSUF	JAWZJAN	SANG CHARAK	JIA	SCNA	RAHIM
1	5011	GUL AHMAD	GH. SAKHI	SAMANGAN	KHULM	JIA	SCNA	ALAM KHAN
1	5012	MOHD ASHRAF	GH. HAIDER	SAMANGAN	KHULM	JIA	SCNA	ALAM KHAN
1	5013	MOHD NADER	MOHD ANWAR	BALKH	DEHDADI	JIA	SCNA	ALAM KHAN
1	5014	SALAHUDDIN	ISLAMUDDIN	BALKH	KESHENDE	JIA	SCNA	ALAM KHAN
1	5015	ABDULLAH	ESMATULLAH	BALKH	SHOLGERA	JIA	SCNA	ALAM KHAN

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MIRAMSHAH / KHOST (HCPP)

TRAINING CENTER

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
HCPP / KHOST

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989							24					25	49	49	
FY 1990				12					14				26	75	
FY 1991			14								13		27	102	
FY 1992													0	102	
FY 1993												**	0	102	

* FY 1987 = October 1st, 1986 – Sept. 31st, 1987
** Discontinued on Sept. 30, 1993.

Management Sciences for Health
Training Department
BHW Continuing Education Program
HCPP / KHOST

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990						18				15	9		42	42	
FY 1991					17							14	31	73	
FY 1992	9	28						11				13	61	134	
FY 1993						8	5	5	4	55		**	77	211	

* FY YEAR = October 1st – September 31
** Discontinued on Sept. 30, 1993.

MEMORANDUM

21 September 1988

TO: William D. Oldham, M.D.
Team Leader

FROM: Dick Johnson
Training Advisor

SUBJECT: BASIC HEALTH WORKER REGIONAL TRAINING AT MIRAM SHAH

Attached is a background description and proposed plan of action for establishing BHW Regional Training Program under the jurisdiction of Commander Haqani at Miram Shah.

The plan was developed in close consultation withs Dr. Shah Wali, a representative from Commander Haqani's office in Peshawar. The draft was prepared and discussed line by line with Dr. Shah Wali and Haji Mahmood Rahman from Commander Haqani's office on 20 September 1988.

The plan has been coordinated with Dr. Laurence who yesterday explanined in detail the field operational aspects to Dr. Shah Wali and Haji Mahmood Rahman.

Haji Mahmood Rahman gave us a note from Nulana Nizammuddin appointing Dr. Shah Wali as the Coordinator or Representative from Commander Haqani's office for this BHW training and field activity.
If you approve this plan, it is recommended that Len Chang be requested to work out the exact financial management procedure and reporting system.

I think it would be appropriate to request that an official representative of Haqani sign the memorandum of understanding or Agreement. Perhaps, we should ask Omar who is the right person as there will immediately following be a transfer of funds, plus we should start the procurement process.

Approved

386

BASIC HEALTH WORKER

REGIONAL TRAINING PROGRAM

AT MIRAM SHAH

INTRODUCTION

One of the well known and important regional commanders (Jallaudin Haqani) leading Mujahideen activities in and around Paktia province approached MSH to seek assistance for expanding medical coverage in areas inside Afghanistan under his administration.

Commander Hakani, during a meeting with MSH staff, explained that there is an acute shortage of trained health manpower and facilities in Paktia Specifically Commander Hakani requested assistance for establishing a Basic Health Worker Training Center at his administrative headquarters in Miram Shah.

This request was discussed directly/indirectly with concerned officials (Office of the AID Representative, GOP Representative and Younis Khalis). It was decided that MSH should follow up with a site visit to Miram Shah to explore with the feasibility of establishing a BHW training center in Miram Shah.

MIRAM SHAH SITE VISIT

A site visit, along with a GOP Representative, to the Miram Shah was carried out by Mr. Johnson and Dr. Mubarak Shah on 31 August 1988. An escort from Commander Haqani's Peshawar office accompanied the team to act as a guide and facilitate introductions.

The purpose of the visit was explained to Commander Haqani's Deputy, Mulana Nizammuddin and other senior representatives. It was stated that this was an exploratory visit to determine whether it would be feasible to establish a basic health worker training program in Miram Shah.

Kuwaiti Red Crescent has established a hospital to support the health care needs of Mujahideen, particularly casualty care, and for Afghan population residing in the area. It was stated that BHW trainees would have access to this hospital for clinical practice.

A staff physician, along with staff from "Headquarters", conducted a tour of the hospital for us. The hospital has the capacity for about 25 inpatients. A full range of services are available, i.e. emergency room, outpatient clinic, operating room theater, x-ray and laboratory. The hospital was very well set up and general maintenance and cleanliness was exceptionally good. At the time of the visit a fresh casualty directly from Afghanistan was brought in. The patient during some military action sustained an abdominal wound. Unfortunately, even basic first aid measure had not been

Adjacent to the hospital a women's medical facility was set up. The team did not see the facility, however, it was stated that if a basic health worker training program was established, it would be possible for the trainees to receive practical experience with treating maternal and child health problems.

Within a few meters from the hospital, two building were shown as potential sites for classroom and living quarters. The buildings were hired by Haqani's Headquarters and were being used to store supplies. Staff representatives stated these buildings could be turned over for a BHW training facility.

A detailed explanation about the purpose and objectives of the basic health worker training and the BHWs role in the health care delivery system inside Afghanistan was given to the Medical Officer In-Charge of the hospital, as well as a general overview of the training plan. As technical supervision, it was explained, for BHWs working inside Afghanistan will often be limited, the need for a quality training program with full time trainers was emphasized.

The overall finding is that:

1. a well developed organization exists for managing such a training program;

2. clinical facilities for on the job training are excellent, particularly for fresh casualty care and MCH;

3. classroom and living accommodations are available and wholly adequate.

4. training staff is not available and would have to be recruited from outside Miram Shah.

The conclusion, at the time of departure, was that MSH would be very interested in developing, in close consultation with a senior representative from Commander Hanqani's Headquarters, a detailed proposal for implementing a Basic Health Worker training program at Miram Shah. A follow up letter was sent to Commander Haqani to confirm that MSH is prepared to support the development of a regional BHW training program at Miram Shah.

In response to this follow-up letter, a delegation led by Maulavi Nizammuddine met with Dr. Oldham, Mr. Johnson, and Dr. Mubarak on 19 September 1988. The delegation was composed of Mowlavi Nizammuddini, Haji Mahmood Rahman, Dr. Shah Wali, and Haji Abl Hakime.

Mowlavi Nizammuddin expressed on behalf of Commander Haqani an interest in proceeding with the development of an implementation plan. Dr. Shah Wali was assigned to work out the details with MSH.

IMPLEMENTATION PLAN

BACKGROUND

In response to a request from Commander Haqani, MSH has agreed to provide assistance for implementing a Basic Health Worker training program under the supervision and jurisdiction of Commander Haqani's Headquarters in Mriam Shah. Hereafter Commander Haqani's organization will be referred to as "Headquarters". Dr. Shah Wali was assigned to work out implementation details with MSH training staff.

The following outlines the terms and conditions of an Agreement between Management Sciences for Health and Commander Haqani for organizing and running a BHW training program at Miram Shah

It should be noted that funding provided through MSH must be used exclusively for and only for developing and supporting expansion of health services inside Afghanistan.

THE TRAINING ORGANIZATION

Organizing and managing all aspects of the training program will be the full responsibility of "Headquarters". MSH will provide budgetary support as specified in Annexure I and technical advice, as appropriate. Training will be according to the standardized curriculum and training materials adopted by the Alliance Health Committee for Basic Health Workers. MSH will request an independent group, mutually agreeable to "Headquarters" and MSH, to test and certify the technical competency of the trainees, as a condition for receiving supplies and salary support for BHWs from MSH.

SELECTION OF BASIC HEALTH WORKERS

It is expected that BHWs will be selected equitably from all areas under the command of "Headquarters", keeping in view facilities (hospitals, clinics, BHWs) established by other organizations. Headquarter representative said that all of Paktia and Paktika provinces and part of Ghazni, Logar and Kabul provinces are under the administrative influence of "Headquarters".

The selection criteria suggested by "Headquarter" representative, as well as equitable distribution mentioned above, is appropriate and is considered a part of the agreement. The selection criteria is as follows:

1. 3 years of Jihad;
2. Education level: demonstrated ability to read & write;
3. Good character and respected by the people;
4. Good family.

TRAINING PLAN

MSH will provide support for 25 BHW trainees in each training cycle of 3 months duration and support for a total of 75 BHW trainees in a 12 month period.

Headquarters will recruit and assign training staff for this program on a full time basis.

The training will be according to the BHW curriculum developed by the AHC. As the BHWs will be provided equipment, medical supplies and drugs according to a standardized list, trainers will be responsible to ensure that each trainee can competently use each of the supplied items.

Duration of each training cycle is 12 full weeks or 72 days. Daily hours of instruction, not less than 6 hours.

The emphasis and focus is on developing practical skills. Therefore, it is recommended that approximately 50 per cent of the training time be allocated for demonstrations, role plays, and practice in a clinical setting i.e. hospital and outpatient clinic.

As these BHWs once in the field will be called to provide health care services (advice & treatment) for mothers and children, maternal and child health lectures as well as clinical experience should be incorporated into the training. It is understood that the trainees may receive MCH clinical experience at the hospital outpatient clinic.

As soon as the training staff is appointed, MSH will arrange a full technical orientation and briefing for the trainers.

CLASSROOMS AND ACCOMMODATIONS

Headquarters agrees to provide two building adjacent to the hospital, currently being used as store rooms, for the classroom, training office in one building and accommodations (hostel) for trainees in the other building.

FIELDING OF BHWS

After the BHWs have been certified as competent, MSH will provide these BHWs with medical supplies and equipment plus salary. A procedure for receiving this support should be developed in consultation with the MSH Field Operations Advisor.

THE BUDGET

As MSH receives its funds from USAID, there are certain audit regulations which must be observed. However, it is the intent of MSH, to the extent possible and within audit limitations, to request Headquarters to assume responsibility for operating the budget. MSH financial management section will provide advice on the accounting method to be followed, along with sample forms required for audit records.

A three month advance will be provided initially. Replenishment of the funds subsequently will be accomplished on a quarterly basis i.e. every three months, provided supporting financial documentation is submitted.

In this cooperative arrangement it is expected that "Headquarter" will provide certain inputs to the training program e.g. management and supervisory support, staff to coordinate with MSH, logistical support and incidental supplies. The budget provided through MSH is intended to provide sufficient funds for the main activities. All possible contingencies are not covered in this budget. It is expected that incidental items will be paid for by Headquarters. In the event a significant unexpected expense occurs, MSH will consider a request for supplemental funding.

Drafted by: R. Johnson
19 September 1988

Dr. Shah-waleed

NOTES FOR MEETING WITH HAQANI
ON
BHW TRAINING PROGRAM AT MIRAM SHAH

26 JANUARY 1989

PROBLEM

ADMINISTRATIVE CONTROL VESTED IN STAFF MEMBER USUALLY NOT PRESENT IN MIRAM SHAH. AUTHORITY TO MAKE DECISIONS, EXPEND FUNDS NOT DELEGATED TO A REPRESENTATIVE IN MIRAM SHAH. AS A RESULT PAYMENT OF SALARIES, STIPENDS, FOOD ALLOWANCE, ETC. EXCESSIVELY DELAYED. THIS HAS HAD A VERY NEGATIVE EFFECTIVE ON TRAINING.

RECOMMENDATION

TRANSFER ADMINISTRATIVE AND DECISION MAKING AUTHORITY TO STAFF RESIDING FULL TIME IN MIRAM SHAH.

PROBLEM

ARRANGEMENT FOR TRAINEES TO HAVE SUPERVISED CLINICAL EXPERIENCE IN F CRESCENT HOSPITAL HAS NOT BEEN AS EXPECTED I.E. ACCESS HAS BEEN LIMITED.

RECOMMENDATION

CONTINUE COOPERATION WITH RED CRESCENT HOSPITAL AND WORK TOWARD INCREASING BHW TRAINEE ACTIVITIES IN HOSPITAL

SET UP A BHW TEACHING HEALTH POST IN A NEAR BY LOCATION WITH ONLY BH EQUIPMENT AND DRUGS. HEALTH POST SHOULD FUNCTION LIKE A BHW HEALTH POST IN AFGHANISTAN I.E. FIRST LINE TREATMENT, SCREENING AND REFERRA

NOTE: SETTING UP CONTINGENT ON SOLVING ADMINISTRATIVE AND MANAGEMENT PROBLEMS AS NOTED ABOVE.

PROBLEM

DUE TO CONSTRAINTS LISTED ABOVE PLUS INEXPERIENCED TRAINERS, BHW TRAINEES HAVE NOT YET DEVELOPED THE NECESSARY KNOWLEDGE AND SKILL LEVELS.

RECOMMENDATION

ONCE THE ADMINISTRATIVE AND MANAGEMENT PROBLEM IS SOLVED I.E. RESPONSIBILITY FOR DECISIONS AND EXPENDING FUNDS VESTED IN STAFF AT MIRAM SHAH, SET UP A BHW TEACHING HEALTH POST

FROM THE DATE THE ABOVE ACCOMPLISHED (ADMIN. AND TEACHING POST) EXTE THE TRAINING FOR A TWO MONTH PERIOD.

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NOTE FOR THE RECORD

PROGRESS REPORT ON MIRAM SHAH BHW TRAINING PROGRAM

10 JANUARY 1989

BACKGROUND

In response to a request from Commander Haqani, MSH agreed to provide assistance for implementing a Basic Health Worker training program unde the administrative jurisdiction of Commander Haqani's Headquarters in Miram Shah.

An agreement outlining the general terms and conditions for establishin BHW training program at Miram Shah was jointly developed and signed by Commander Haqani's representatives (Mahmood Rahman and Dr. Shah Wali) 29 September 1989. An estimated budget for the first 12 months was prepared (Rs. 437,880) and an advance of Rs. 146,360 was turned over to Dr. Shah Wali on 5 October 1988. In addition training camp supplies an aterials such as beds, blankets, demonstration equipment, 35mm trainin slides and projector, books, etc. were issued to Dr. Shah Wali 19 Octob 88. MSH was informed that training staff and BHW trainees had been recruited and that training had started on 4 November 1988.

FOLLOW-UP VISIT TO BHW TRAINING PROGRAM AT MIRAM SHAH

Dr. Mubarak Shah visited Miram Shah BHW training program from 9 to 13 December 1988. Although there are technical weakness, i.e. lack of teaching experience, the major problem adversely affecting the program that MSH funds have not been released (locally) for training activities Specifically, the doctor trainer had not been paid; funds for food allowance were not made available and all were complaining about the po quality diet received through the Headquarters kitchen, pocket money ha not been paid to the trainees, nor was the money allocated for heating allowance made available. It was initially agreed that two buildings would be made available for the training but this was not done. As a result the one building allocated is crowded and used both as class roo and hostel. Unfortunately, the space is so limited some of the trainee ve to sleep outside on the verandah.

This problem, failure to release funds for day to day operational needs, was discussed with Mahmood Raham and Dr. Shah Wali on 18 December 1988. Assurance were given that this matter would be resolved as quickly as possible.

SECOND FOLLOW-UP VISIT TO MIRAM SHAH BHW TRAINING

Dr. Mubarak carried out a follow-up visit to Miram Shah BHW training program from 8 to 11 January 1989. Some administrative actions were initiated on 5 January such as paying the salary of the doctor and nurse trainer, paying some of the trainees the authorized pocket money, improvement of quality of food, occupying a second building for use as a hostel. It was interesting to note that one of the chowkidars reported received Rs. 650 monthly salary rather than the Rs. 1000 per month plan and advanced. An Administrative Assistant was appointed but the only du assigned was to purchase food supplies for the mess.

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These administrative actions are certainly an improvement, but mostly cosmetic in that the fundamental problem still exists. The problem is that administrative and management authority is vested in Dr. Shah Wali who remains mostly outside of Miram Shah. For example, it is now the coldest time of the year and proper heating arrangements have not been made. Electric heaters were provided but electric current in that locality is insufficient to run the heaters fully and there are frequent power failures. Since no one has budget or authority to take action on resolving this problem, the problem remains.

When the training program was set up, it was anticipated that the Kuwait supported hospital adjacent to the training facility would be made available as a clinical practice site for the BHW trainees. This arrangement however has not been implemented. As supervised clinical practice is essential, a couple of BHW Health Posts should be set up for teaching purposes.

Commander Haqani was fully briefed about the technical, administrative a management aspects of the BHW training program by Dr. Mubarak. Commande daqani expressed interest in resolving the administrative and management problems as quickly as possible.

RECOMMENDATIONS

1. Administrative, management and financial authority be delegated a staff person who is assigned to Miram Shah on a full time basis;

2. Setup a BHW Health Post in a nearby location for trainee's supervised clinical practice;

3. Extend training for 2 months from the date the administrative, management and financial problems are resolved so that the program m move ahead satisfactorily.

Drafted by: R. Johnson
12 January 1989

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فوتو

بسم الله الرحمن الرحيم

وننزل من القرآن ما هو شفاء ورحمة للمؤمنين

په میرام شاه کښې د صحي کارکوونکو دری میاشتنی کورس

د روغتیایي اساسي کارکوونکو تصدیق پاڼه

تصدیق کیږی چی ښاغلی.....د.....زوی د روغتیائی اساسی کارکوونکو تربیتی پروګرام چی تعلیمی نصاب یی د افغانستان د مجاهدینو د اسلامی اتحاد د صحی کمیتی د روغتیائی اساسی کارکوونکو تعلیمی نصاب سره ورته دی او د.....ته تر.....پوری په میرام شاه کښې جوړشوی وو په برید نیتوب سره پای ته رسولی دی۔

نوموړی کولای شی د افغانستان د جهادی جبهو په داخل کښې د صحی مرکزونو د پروګرام لاندی کار وکړی۔

BASIC HEALTH WORKER CERTIFICATE

This is to certify that Mr.....S/o .....has successfully completed the Basic Health Worker Training Programme according to the curriculum of Health Committee of Itehad-e-Islami Mujahideen Afghanistan from..... To.....

The bearer of this Certificate will be entitled to work in fronts of Jehad inside Afghanistan under the Health Center Programme.

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
6	1150	MOHD AZIZ	DIN MANAN	PAKTYA	GURBUZ	ANLF	HAQ	SHAH KHAN
6	1246	KHAN ZAMAN	SULAIMAN	PAKTYA	GURBUZ	HIIA	HAQ	BAZ MOHD
6	4370	ALLAH NAZAR	ALLAH MOHD	PAKTEKA	MATA KHEL (P)	HIK	HAQ	MOHD ALI
6	4371	ABDUL WALI	MUL. ABDUL GHAFAR	PAKTEKA	OMNA (G)	HIK	HAQ	KHALID FAROOQI
6	4372	JALALUDDIN	JALAT KHAN	PAKTEKA	YUSUF KHEL (G)	HIK	HAQ	MOHD ALI
6	4373	ABDUL HABIB	MIRZA MOHD	PAKTEKA	DILA (G)	HIK	HAQ	MOL. ARSALAH
6	4375	MOHD YASIN	MOHD GULAB	PAKTYA	GURBUZ	HIK	HAQ	MOL. NEZAMUDDIN
6	4378	RAHMATULLAH	MOHD KABIR	PAKTYA	KHOST	HIK	HAQ	MOL. MIR DAD
6	4382	MOHAMMADULLAH	ABDUL SALAM	GHAZNI	GELAN	HIK	HAQ	MOHD TAHER
6	4374	SADULLAH	MOHD JAN	PAKTEKA	URGOUN (P)	HIK	HAQ	MOL. ARSALAH
6	4376	AREF KHAN	MOHD JAN	PAKTYA	SHAWAK	HIK	HAQ	H. IBRAHIM
6	4377	LAL MOHD	REDI GUL	PAKTYA	SHAWAK	HIK	HAQ	JALALUDDIN HAQAN
6	4380	MIRAMSHAH	H. HAQ DAD	PAKTYA	ZORMAT	HIK	HAQ	NADIR KHAN
6	4381	AMAL KHAN	HABIB KHAN	PAKTYA	SHAMAL	HIK	HAQ	MOL. NEZAMUDDIN
6	4379	GUL RAHMAN	HAKIM KHAN	PAKTYA	MOSA KHEL	HIK	HAQ	MOL. NEZAMUDDIN

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
5	871	MOHD ANWAR	GUL MANAN	PAKTYA	GURBUZ	HIIA	HAQ	SHAH KHAN
5	928	ABDUL SHAKOOR	JANAT GUL	PAKTYA	KHOST	HIIA	HAQ	MOHD GHOWS
5	4369	BAQI KHAN	MULLAH NOOR MOHD	PAKTEKA	NEKA (P)	HIK	HAQ	HAJI KAR MOHD
5	4368	ABDUL HAKIM	MOHD MUSSA	PAKTEKA	URGOUN (P)	HIK	HAQ	TAJ MOHD
5	4367	ENAYATULLAH	KHATAM SHAH	PAKTEKA	GAYAN (P)	HIK.	HAQ	MOL. BAKHTA JAN
5	4366	FARIDULLAH	GULA NOOR	PAKTEKA	URGOUN (P)	HIK	HAQ	SHER MOHD
5	4365	BAKHT MOHD	ABDUL SALAM	PAKTYA	ZORMAT	HIK	HAQ	MOL. FARID
5	4364	HAMDULLAH	OBAIDULLAH	GHAZNI	AB BAND	HIK	HAQ	HAJI ABDUL SALAM
5	4363	MOHD SADEQ	QUBAT KHAN	GHAZNI	KIRO	HIK	HAQ	SHER GUL
5	4362	MOHD AJAN	HABIBULLAH JAN	PAKTYA	QALANDAR	HIK	HAQ	HAJI QIAMUDDIN
5	4361	NOOR AFZAL	HAJI AJAB KHAN	PAKTYA	MANDOZI	HIK	HAQ	HAJI AJAB KHAN
5	4360	SERAJUDDIN	HAJI WAZIR KHAN	PAKTYA	MANDOZI	HIK	HAQ	MUL. H.PIRMAR JAN
5	4358	BABRAK	JAMROOZ KHAN	PAKTYA	DAND WA PATAN	HIK	HAQ	MOL. BACHTA JAN
5	4357	GUL FARAZ	GUL MOHD	PAKTYA	KHOST	HIK	HAQ	DR. BELAL
5	4356	S. RAHMAN SHAH	PIR MOHD SHAH	PAKTYA	KHOST	HIK	HAQ	MOL. BAKHT ZAMAN
5	4355	JAHANGIR KHAN	ZANGI KHAN	PAKTEKA	ZELOOK (P)	HIK	HAQ	HAJI KHEZER KHAN

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
4	4340	ENAYATULLAH	SELEMANZIA	GHAZNI	MOQOR	HIK	HAQ	H. SALAM
4	4341	NAZAR MOHD	KHAIR MOHD	GHAZNI	QARABAGH	HIK	HAQ	ABDUR RAHMAN
4	4343	MIR DIL KHAN	ALAM GIR	PAKTEKA	URGOUN (P)	HIK	HAQ	KHAN GUL
4	4344	HAJI ABAS	MOHD AYUB	GHAZNI	QARABAGH	HIK	HAQ	ABDUL SALAM
4	4345	MIR WALI	GUL	PAKTEKA	URGOUN (P)	HIK	HAQ	SHER MOHD
4	4346	AMIR MOHD	SARDAR	PAKTYA	JANI KHEL	HIK	HAQ	ATTIQULAH
4	4347	ABDUL RAHMAN	ISMAIL	GHAZNI	QARABAGH	HIK	HAQ	ARSALA KHAN
4	4348	ABDUL KHALIQ	MOHD ALI	PAKTEKA	URGOUN (P)	HIK	HAQ	PALAWAN
4	4349	NEK MOHD	H. JAN MOHD	PAKTYA	ZORMAT	HIK	HAQ	AMANULAH
4	4350	DAD MOHD	EID MOHD	PAKTYA	SAYED KARAM	HIK	HAQ	H. AKHTAR MOHD
4	4351	S. SHARIF	S. SHAH MAHMUD	PAKTEKA	URGOUN (P)	HIK	HAQ	MOHD HASSAN
4	4352	BESMILLAH	HAKIM KHAN	PAKTYA	KHOST	HIK	HAQ	ZAR KHAN
4	4353	KASHMIR KHAN	JANMIR KHAN	PAKTYA	SPERAH	HIK	HAQ	KHALIL
4	4354	JANAT GUL	KHWAJA NOOR	GHAZNI	QARABAGH	HIK	HAQ	MOHD KABIR

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
3	431	MOHD NAWAB	H. GULAB	PAKTEKA	URGOUN	HIK	HAQ	MALIK AQA MOHD
3	4326	SHAFIULLAH	TAWAKAL KHAN	PAKTEKA	URGOUN	HIK	HAQ	ABDUL HADI
3	4327	MOHD SHERIN	NIA MOHD	PAKTEKA	URGOUN	HIK	HAQ	SERAJUDDIN
3	4328	S. MOHD SHAH	S. MOHD HUSSIN	PAKTEKA	URGOUN	HIK	HAQ	S. AKBAR
3	4329	GUL TELA KHAN	ZARBAT KHAN	PAKTEKA	URGOUN	HIK.	HAQ	MULLAH JAMAL
3	4330	RAFIQ SHAH	ZARMAT KHAN	PAKTYA	DAND-WA-PATAN	HIK	HAQ	MULLAH KHALIL
3	4332	SADAT KHAN	AWAZ KHAN	PAKTEKA	URGOUN	HIK	HAQ	SHER MOHD
3	4333	ISLAM JAN	ZAMKI	PAKTEKA	URGOUN	HIK	HAQ	NAZAR JAN
3	4334	NAZAR JAN	SARDAR KHAN	GHAZNI	QARABAGH	HIK	HAQ	ABDUL SALAM
3	4335	NAWAB KHAN	SHER KHAN	PAKTEKA	URGOUN	HIK	HAQ	MAW. MOHD HASSAN
3	4336	AWAL DAR	TANGI KHAN	PAKTEKA	URGOUN	HIK	HAQ	GUL SAHEB
3	4337	MOHD KAMIL	AKHRAR GUL	GHAZNI	AB BAND	HIK	HAQ	GUL SAHIB
3	4339	ENAYATULLAH	NASRULLAH	PAKTEKA	URGOUN	HIK	HAQ	MAW. MOHD HASSAN

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
2	4301	JAMAL KHAN	MOHABAT KHAN	PAKTYA	TANI	HIK	HAQ	MOL. HANIF SHAH
2	4302	HAYAT GUL	NAZAR GUL	PAKTYA	TANI	HIK	HAQ	MOL. HANIF SHAH
2	4303	LATIF RAHMAN	FAZEL RAHMAN	PAKTYA	KHOST	HIK	HAQ	S. HAMID SHAH
2	4304	MOHD SHAH	SHAH WALI	PAKTYA	KHOST	HIK	HAQ	MOL. HANIF SHAH
2	4305	NOOR RAHMAN	HABIB KHAN	PAKTYA	SAYED KARAM	HIK	HAQ	FALAK
2	4306	AMIR HAKIM	MOHD YASIN	PAKTYA	TANI	HIK	HAQ	MOL. HANIF SHAH
2	4307	NAZAR MOHD	SHER MOHD	PAKTEKA	WAZAKHWA	HIK	HAQ	SHAKERIN
2	4308	KHAN	SHER ALEM	PAKTEKA	WAZAKHWA	HIK	HAQ	MOL. NEZAMUDDIN
2	4309	MASUM JAN	MOHD JAN	PAKTYA	SAYED KARAM	HIK	HAQ	H. AKHTAR MOHD
2	4310	FAIZ MOHD	MAKHAN	PAKTYA	KHOST	HIK	HAQ	MOL. HANIF SHAH
2	4311	AMANULLAH	GUL HUSSAIN	PAKTYA	KHOST	HIK	HAQ	SABER JAN
2	4312	MOHD SAYED	NEMATULLAH	PAKTYA	ZORMAT	HIK	HAQ	MOL. SULTAN
2	4313	SABER GUL	EIDA GUL	PAKTEKA	WAZAKHWA	HIK	HAQ	MOL. NEZAMUDDIN
2	4314	NABI GUL	SHAH ZAD GUL	PAKTYA	KHOST	HIK	HAQ	MOL. ALIF GUL
2	4315	MOHD SAYED	H. RAHIM GUL	PAKTEKA	URGOUN	HIK	HAQ	H. AKRAMI
2	4316	SALI DIN	MALI DIN	PAKTYA	TANI	HIK	HAQ	MOL. HANIF SHAH
2	4317	RAHIM KHAN	BAZ MOHD	PAKTEKA	WAZAKHWA	HIK	HAQ	AKBAR SHAH
2	4318	MIRZA KHAN	H. GUL	PAKTYA	JADRAN	HIK	HAQ	AKRAMAI
2	4319	GUL HAMIM	H. SANEK	PAKTYA	SPERAH	HIK	HAQ	KHALIL
2	4320	NOORULLAH	AKHTAR GUL	PAKTYA	ZORMAT	HIK	HAQ	MOL. SULTAN
2	4321	RAMAZAN	YAR KHAN	PAKTYA	JAJI	HIK	HAQ	WAZIR KHAN
2	4322	AHMAD GUL	H. GUL MOHD	PAKTEKA	URGOUN	HIK	HAQ	H. AKRAMAI
2	4323	NIAZ MOHD	MULLAH FAIZ MOHD	PAKTEKA	WAZAKHWA	HIK	HAQ	MOL. NEZAMUDDIN
2	4324	SALI MOHD	H. SAHER KHAN	PAKTEKA	WAZAKHWA	HIK	HAQ	MOL. NEZAMUDDIN
2	4325	SHAH MAHMOOD	FAIZULLAH KHAN	PAKTEKA	URGOUN (P)	HIK	HAQ	MAFI KHAN

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
MIRAMSHAH TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	4276	SHAHED MIR	MULLAH LAJMIR	PAKTYA	JAJI MAIDAN	HIK	HAQ	MOL. ATTIQULLAH
1	4277	MERAJ GUL	SHAISTA GUL	PAKTYA	JAJI MAIDAN	HIK	HAQ	MOL. MIRDAD
1	4278	NAWAB KHAN	ABED KHAN	PAKTYA	JAJI MAIDAN	HIK	HAQ	MIRDAD
1	4279	ZAREEN KHAN	MURAD KHAN	PAKTYA	ZORMAT	HIK	HAQ	MOL. NEZAMUDDIN
1	4280	MOHD YUSOF	SHER MOHD	PAKTEKA	URGOUN	HIK	HAQ	KHAIR MOHD
1	4281	ABDUL QUDUS	MOHD HASHEM	LOGAR	BARAKI	HIK	HAQ	MOL. SHARAFUDDIN
1	4282	ZARULLAH KHAN	HAMID KHAN	PAKTYA	SAYED KARAM	HIK	HAQ	SHERZA KHAN
1	4283	GUL SHAH	ABDUL SALIM	PAKTYA	KHOST	HIK	HAQ	HANIF SHAH
1	4284	MOHD JAFAR	MOHD AREF	PAKTYA	KHOST	HIK	HAQ	H. KARAMI
1	4285	MANDAHER GUL	ALMAR GUL	PAKTYA	KHOST	HIK	HAQ	KHALIL
1	4286	AMANULLAH	WAZIR KHAN	PAKTEKA	URGOUN (P)	HIK	HAQ	KHALIL
1	4287	MOHD SHARIF	NEK MOHD	PAKTYA	JADRAN	HIK	HAQ	MOL. NEZAMUDDIN
1	4288	MOHD SALEM	H. GUL MAK	PAKTYA	JADRAN	HIK	HAQ	MOL. NEZAMUDDIN
1	4289	HASSAN MOHD	SHER MOHD	PAKTYA	GURBUZ	HIK	HAQ	SHAH KARIM
1	4290	ZARDAD KHAN	SHAIKH MONIR	PAKTYA	DAND-WA-PATAN	HIK	HAQ	MOL. HANIF SHAH
1	4291	KHATEM SHAH	H: S. MOHD	PAKTYA	KHOST	HIK	HAQ	H. IBRAHIM HAQANI
1	4292	MOHD QASEM	LAL KHAN	PAKTYA	KHOST	HIK	HAQ	S. AHMAD SHAH
1	4293	MASEL KHAN	MAGUL	PAKTEKA	URGOUN	HIK	HAQ	H. IBRAHIM
1	4294	FATEH MOHD	EID MOHD	PAKTEKA	URGOUN	HIK	HAQ	H. MOHD IBRAHIM
1	4295	ZABET KHAN	GUL KHAN	PAKTEKA	URGOUN	HIK	HAQ	KHAIR PADSHAH
1	4296	GHUDA GUL	KHAN GUL	PAKTYA	KHOST	HIK	HAQ	MOL. ALIF GUL
1	4297	RAIS KHAN	NIAZUK	PAKTEKA	URGOUN	HIK	HAQ	H. AKRAMAI
1	4298	BESMILLAH DIN	KHAN MOHD	PAKTYA	MOSA KHEL	HIK	HAQ	ABDUL QADER
1	4299	BURHANUDDIN	FAR GUL	PAKTYA	KHOST	HIK	HAQ	ABDUL QADER

BEHSOOD, WARDAK

Central Afghanistan, HIM / Shia popul.

TRAINING CENTER

Mnagement Sciences for Health
Training Department
BHW Initial Training Program
HIM / Behsood

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989															
FY 1990															
FY 1991					15						15		30	30	
FY 1992											** 19		19	49	
FY 1993							***						0	49	

* FY 1986 = October 1st, 1986 – September 31st, 1987

** Trained but not certified.

*** Closed on April 01, 1993

File

MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

28 March 1993

Dr. Nek Mohd. Ataie
Chief, Health Committee
Harakat Islami Afghanistan
Peshawar

Dear Dr. Ataie:

As you may know the USAID/MSH Health Sector Support Project, as currently designed, will be discontinued within the next 12 months. For accomplishing the close down as smoothly as possible, the MSH Training Department is reviewing and reformulating all training plans.

Based on discussions with you and other reports, it seems that the HIM training program has been inactive for the past several month. In any case, I must inform you that effective 1 April 1993, MSH Training Department will not be able to provide additional financial support for HIM training activities, including staff until, the reprogramming exercise is completed.

Regarding amounts (funds) HIM believes MSH should reimburse to the Health Committee of HIM, the claims should be supported with full certified documentation. If such claims are made MSH Training Department will review the submission and then plan with you a field trip to verify the outputs. Once this is accomplished the claims will be processed accordingly.

I look forward to discussing with you training issues as they relate to the transition toward closing out MSH training activities.

Sincerely,

Richard E. Johnson

Richard E. Johnson
Training Advisor

cc: William D. Oldham, MD
MSH Team Leader

OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792

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HAZARAJAT REGIONAL HEALTH PROGRAM

PLAN OF ACTION

FOR A

BASIC HEALTH WORKER TRAINING CENTER

I. INTRODUCTION

A request has been presented to MSH by Haji Khalil, on behalf of a group of Commanders representing the population of the Hazarajat in general and the Shora of Harakat-i-Islami Afghanistan, for support to expand health services in areas under their influence or more generally speaking the Hazarajat region. As this request is consistent with MSH workplan, it was concluded that for beginning the expansion of health services a Training Center should be developed.

Based on this request, a reconnaissance trip to Beshud District, Wardak Province was carried out in late July 1989 with Dr. Niek Mohmmad, Regional Medical Representative for Harakat-i-Islami in Peshawar, Drs. Mumtaz & Masood, MSH Training Section. The purpose of the trip was to discuss with local administration the feasibility of establishing a training center in Kajjab Valley Behsud District and secure the backing and active support of the local administration for this activity. The findings were that the local administration is willing to provide administrative backing and other support such as security for a Training Center and that establishing a Training Center is feasible. Therefore, MSH agrees to work on a cooperative basis with a "Regional Administration" to establish a BHW Training Center in Behsud, Wardak province. In general MSH will provide specified financial assistance and technical support for the training, while the "Regional Administration" assumes responsibility e.g. for running the Center, recruitment of trainees, security, logistical support (transportation) as needed, buildings and facilities, incidental expenses.

It is anticipated that the Training Center in Behsud will be a resource training center for Bamian, Wardak, Ghazni and Parwan provinces.

II. HEALTH SERVICES IN THE REGION

A clinic has recently been established with MSH support in Kajab valley, where the main headquarter for Harakat-i-Islami is located. The clinic is staffed by one doctor and one nurse.

The nearest referral hospital is located in Tangi Saidan which is about 4 or 5 hours by vehicle. Overall health coverage for the Hazarajat population is limited. A few referral clinics run by various "Committees" are accessible such as Sanglakh, Wardak province and Jaghatoo Ghazni province.

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III. THE PROPOSED TRAINING CENTER

A. Objectives

In cooperation with the local administration in Behsud and Commanders operational in the Hazarajat region, it is proposed that a Training Center be established in Kajab valley. The overall objective of this training center would be to support, through training efforts, the expansion and delivery of health services in the Hazarajat region. The specific objectives are:

1. carry out Basic Health Worker (primary and refresher) training;

2. implement training programs for women, as defined for a national program.

As the purpose for establishing a Training Center is to support implementation of a "national health plan" within the region, all training courses must be closely coordinated with the AHC/MOPH Training Center. Training courses, therefore, will be based on the standardized curricula prepared by the AHC/MOPH Training Center. Modifications may be needed to meet specific training requirements peculiar to the Region.

B. THE PROPOSED LOCATION

The proposed site for the training center is Kajjab which is situated about 70 kilometers west of Maidan Share in Beshood District, Wardak Province. According to Spokesman Haji Khalil, Behsud district is one of the important locations in the region and has a population of approximately 10,000. The main office of Harakat-i-Islami Afghanistan Shora is located there plus there are approximately 2000 armed Mujahideen, As a result administrative support and security for a Training Center may be found in Kajjab valley, Behsud district.

C. THE TRAINING ORGANIZATION

Organizing and managing the Training Center will be the responsibility of the "Regional Administration". MSH will provide budgetary support as outlined in Annex I and technical advice, as appropriate. All staff financed by MSH for the Training Center are expected to work full time on training activities.

Initially, the main focus will be on training BHWs. However, as the Training Center develops, it is expected that the second objective will be implemented.

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Testing and certification of BHW competency will be according to the guidelines and standards established by AHC/MOPH Training Center. BHWs will be expected to secure a minimum of 50% on both written and practical examination to qualify for MSH support i.e. medical supplies and salary. MSH will periodically assess the skill and knowledge level of BHWs trained by the Training Center for feedback into the training program and the certification of BHW process.

D. SELECTION OF BASIC HEALTH WORKERS

It has been agreed by the "Administration" that BHW trainees will be selected on an equitable basis from all areas in the Region, keeping in view population, established health facilities, topography, and communications. In addition to a selection criteria determined by the "medical administration", a minimum qualification is for the candidate trainee to be able to read and write.

E. THE TRAINING PLAN

MSH will provide support for 15 BHW trainees in each training cycle of 3 months duration and a total of 30 to 45 BHW trainees in a 12 month period.

All MSH financed training staff will be expected to work full time on training responsibilities.

Training will be according to the BHW curriculum developed by the AHC/MOPH Training Center. Training materials developed by the AHC/MOPH Training Center will be made available and a set of basic training aids and materials will be provided by MSH. As BHWs will be provided a standard kit of medical equipment, drugs and supplies, trainers will be responsible for ensuring that each trainee can competently use the materials provided. This will be determined during testing and certification and through field assessments.

Duration of each training cycle will be 12 full weeks or 72 full days with 6 training hours per day.

BHW training should be focused on developing practical skills. Therefore, it is recommended that 50% of the training time be allocated for demonstrations, role plays and practice in a clinical setting (BHW Health Post). As BHWs when in the field will be called upon to provide health care services (advice & treatment) for mothers and children, MCH lectures, demonstrations and practice should be incorporated into the training plan and every effort made to ensure that the trainee in fact has an opportunity to gain some MCH clinical experience.

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F. TRAINING CENTER STAFF

The following full time training staff positions are recommended:

Doctor Trainer (In-Charge) (1)

Nurse Trainer (1)

Administrative & Field Operations Assistant (1)

Watchman (1)

Orientation and training of trainers will be arranged by MSH. It is expected that all technical and administrative training staff will attend the orientation.

G. THE TRAINING FACILITY

The MSH Regional Training Assistant, during a recent visit to Behsud District (July 89) met with the "Administration" in Kajjab valley. The training program was fully explained and discussed with the Commander In-Charge, Mr. Haddi. The Commander In Charge agreed to provide security and administrative support and accommodation for the Training Center. It was proposed that the Training Center be set up in conjunction with the MSH support clinic as there are three large unused rooms which may be taken over for the training.

Since a clinic is already functioning it may be used by the trainees for supervised clinical practice and experience.

H. FIELDING OF BHWS

BHWs who are certified competent will be expected to establish a Health Post in a location agreed to by the trainee prior to entering the training program. The BHW will be expected to work on a full time basis as a BHW and will be supervised by the Regional Administration. MSH will periodically carry out site visit to BHW Health Posts. BHWs who are found to be nonfunctional will be cancelled. In addition MSH will carry out technical assessments of the BHWs for feedback into training and verification of the competency of the BHW.

I. THE BUDGET

As MSH receives its funds from USAID, there are certain audit regulations which must be observed. However, it is the intent of MSH, to the extent possible and within audit limitation, to request the Regional Administration to assume responsibility for operating the budget. MSH financial management section will provide advice on the accounting method to be followed, along with sample forms required for accounting records.

A 4 month advance will be provided initially. Replenishment of the funds subsequently will be accomplished on a quarterly basis i.e. every three months, provided supporting financial documentation is submitted.

In this cooperative arrangement between Regional Administration and MSH it is expected that "Regional Administration" will provide certain inputs to the training program e.g. management and supervisory support, staff to coordinate with MSH, logistical support and incidental supplies. The budget provided through MSH is intended to provide sufficient funds for the main activities. All possible contingencies are not covered in this budget. It is expected that incidental expenses will be paid for by the Regional Administration.

Richard E. Johnson
Acting Team Leader
Management Sciences for Health
Peshawar, 23 August 1989

Haji Mohammad Khalil Zai
MC incharge of Harakat-e-Islami Afghanistan
23-8-89

BEHSUD TRAINING CENTER

LIST OF SUPPLIES & EQUIPMENT FOR PROCUREMENT

ESTIMATED PRICES

	ITEM	QUANTITY	UNIT PRRICE	TOTAL
01.	Mattress (cotton)	20	90.00	1,800.00
02.	Pillow (cotton)	20	60.00	1,200.00
03.	Blankets (wool)	40	450.00	18,000.00
04.	Bed Sheets	40	45.00	1,800.00
05.	Towels	40	30.00	1,200.00
06.	Carpets (wool Multani) 12 x 15	6	1,200.00	7,200.00
07.	Pressure Lanterns	6	400	2,400.00
08.	Kerosine Lamps	6	100	600.00
09.	Torch/ cells	5	125	625.00
10.	Plastic Bucket (Med Size)	20	70	1,400.00
11.	Water Jugs 8 Liters	10	100	1,000.00
12.	Jerry Can (Plastic) for storage Kerosine	1	200	200.00
13.	Hand Pump for well with 40 feet pipe	1	4,000	4,000.00
14.	Soap Bars	100	4.00	400.00
15.	Clothes Washing Soap bars	50	4.00	200.00
16.	Insecticide	2 gallons	95.00	190.00
17.	Sprayer	2	50.00	100.00
			TOTAL	42,315.00

BEHSUD TRAINING CENTER

LIST OF SUPPLIES & EQUIPMENT FOR PROCUREMENT

ESTIMATED PRICES

	ITEM	QUANTITY	UNIT PRRICE	TOTAL
01.	Note Book	200	6.00	1,200.00
02.	Pens	70 x 10	11.00	770.00
03.	Pencil	50 x 10	12.00	660.00
04.	Sharpener	100	1.00	100.00
05.	Eraser	100	1.00	100.00
06.	Ruler	100	1.00	100.00
07.	Chalk	10 Boxes	10.00	100.00
08.	Board Marker	5 Dozen	360/dz.	1,800.00
09.	White Board	2	900	1,800.00
10.	Chalk Board	2	900	1,800.00
11.	White Paper	15 reams	100	1,500.00
12.	Paper pins	10 boxes	8.00	80.00
13.	Paper clips	10 boxes	8.00	80.00
14.	Stapler	2 each	95.00	190.00
15.	Staples	50 boxes	6.00	300.00
16.	Register Books	10	30	300.00
17.	Pocket Calculator	1	200.00	200.00
18.	File Cover Binder	10	85.00	850.00
19.	File Cover (Paper)	40	2.00	80.00
20.	Paper punch	1	100.00	100.00
21.	Trainee Bags	50	50.00	2,500.00
22.	Clip Boards	50	22	1,100.00
			TOTAL	15,710.00

LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
BEHSOOD TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
2	4517	MOHD ASEF	GH. HASSAN	GHAZNI	NAWOR	HIM	HCCA	S. HASSAN JALRAN
2	4518	ABDUL AHMAD	MOHD HASSAN	WARDAK	JALREZ	HIM	HCCA	ANWARI
2	4519	MOHD YAQUB	KHUDA BAKHSH	GHAZNI	NAWOR	HIM	HCCA	HADI
2	4520	MOHD SHAH	ZARGHAM ALI	WARDAK	JALREZ	HIM	HCCA	ANWARI
2	4521	MOHD MUSSA	HUSSAIN DAD	BAMYAN	WARAS	HIM	HCCA	HADI
2	4522	SHAFIULLAH	MOHSIN KHAN	GHAZNI	NAWOR	HIM	HCCA	HADI
2	4523	MOHD TAQI	AMIR MOHD	WARDAK	MARKAZE BEHSUD	HIM	HCCA	HADI
2	4524	MOHD YASIN	HUSSAIN ALI	WARDAK	MARKAZE BEHSUD	HIM	HCCA	HADI
2	4525	GH. ABAS	GH. MOHD	WARDAK	MARKAZE BEHSUD	HIM	HCCA	HADI
2	4526	MOHD ALI	HAJI MURAD	BAMYAN	PANJAB	HIM	HCCA	HADI
2	4527	ABDUL HUSSAIN	S. SAKHI DAD	WARDAK	JALREZ	HIM	HCCA	ANWARI
2	4528	SOHAIL	MARDAN ALI	LOGAR	BARAKI	HIM	HCCA	ANWARI
2	4529	MOHD EKHLAS	MOHD SADIQ	GHAZNI	KHWAJA OMRI	HIM	HCCA	DR. SHAH JAN
2	4530	RAJAB ALI	GH. HASSAN	BAMYAN	PANJAB	HIM	HCCA	HADI
2	4531	NAWROZ ALI	KHAN ALI	WARDAK	DAY MIRDAD	HIM	HCCA	HADI

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
BEHSOOD TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	4501	S. IBRAHIM	S. AHMAD SHAH	PARWAN	SHEKH ALI	HIM	HCCA	HUSSAINI
1	4502	S. NASIR	S. MOHD ALI SHAH	KABUL	PAGHMAN	HIM	HCCA	HUSSAINI
1	4505	AHMAD ZIA	ALI AHMAD	PARWAN	BAGRAM	HIM	HCCA	MESBAH
1	4503	HAJI MOHD	NADER ALI	WARDAK	MAYDAN SHAR	HIM	HCCA	ANWARI
1	4506	S. ISMAIL	S. NABI	WARDAK	JALREZ	HIM	HCCA	QAMBAR
1	4507	S. JAFAR	S. SHAH HUSSAIN	PARWAN	SHEKH ALI	HIM	HCCA	HUSSAINI
1	4508	SHER AGHA	MOHD REZA	WARDAK	JALREZ	HIM	HCCA	ALAWI
1	4509	SHERIN AGHA	MOHD SAYED	WARDAK	JALREZ	HIM	HCCA	ALAWI
1	4510	ENAYATULLAH	GH. HASSAN	WARDAK	DAY MIRDAD	HIM	HCCA	FAIZI
1	4511	AHMAD HUSSAIN	QUL HUSSAIN	WARDAK	DAY MIRDAD	HIM	HCCA	FAIZI
1	4512	YAQUB ALI	YOUSUF ALI	BAMYAN	PANJAB	HIM	HCCA	H. SHOAA
1	4513	JAMAL NASIR	KHADIM HUSSAIN	BAMYAN	PANJAB	HIM	HCCA	H. SHOAA
1	4514	SHER AHMAD	MOHD IBRAHIM	WARDAK	BEHSUDE AWAL	HIM	HCCA	H. NOORI
1	4515	RAJAB ALI	ZAMIN ALI	WARDAK	DAY MIRDAD	HIM	HCCA	DAWUD
1	4516	S. NASIR AHMAD	SAYED HUSSAIN	WARDAK	DAY MIRDAD	HIM	HCCA	SOFI ABU ZAR

HERAT TRAINING CENTER

(SSWE)

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MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
BHW INITIAL TRAINING PROGRAM
SSWE / HERAT

MONTH / F. YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY1989															
FY1990									15				15	15	
FY 1991													0	15	
FY 1992													0	15	
FY 1993		**											0	15	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Closed on Nov. 25, 1992

Original Document signed by Dr. M. Sh.

MEMORANDUM

28 November 1989

TO: William D. Oldham, M.D.

FROM: Dick Johnson Dick Johnson

Attached is a proposal for establishing a BHW Training Center at Zindajan, Herat Province under the jurisdiction of The Health Committee of the South and West Provinces.

The proposal has been translated into Dari and thoroughly discussed with and agreed to by Dr. Mohamod Shah, Medical In-charge of S & W Provinces and Dr. Abdullah Saddiqi, Representative of S & W Provinces in Peshawar.

The estimated budget for 6 months, including the amount for stationary and durable supplies which should last for 3 classes or approximately one year, is Rs. 249,099.00.

Approval is requested for F.M. to advance Rs. 249,099.00 to Dr. Mohamod Shah for establishing the Zindajan BHW Training Center, Herat Province, Afghanistan. It is expected that F.M. will provide the required financial management forms and instruct Dr. Mohamod Shah on how to use these forms.

Approved
W D Oldham

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ZINDAJAN BHW TRAINING CENTER

BUDGET FOR 6 MONTHS

SUMMARY

STAFF SALARIES.....	Rs. 84,684.00
TRAINEE STIPEND.....	12,600.00
FOOD ALLOWANCE.....	78,660.00
Miscellaneous.....	12,000.00
Supplies/Equipment (3 classes)	
16,680 + 44,475 =.....	61,155.00
	249,099.00

28.11.89

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ANNEX I
ZINDAJAN BHW TRAINING CENTER
BUDGET
SIX MONTHS

STAFF SALARY

Doctor Trainers (2) 5,457 x 2 x 6 months.....65,484.00

Administrative Assistant
(Training & Field Operations (1) 2200 x 6 mo.....13,200.00

Watchman (2) 500 x 2 x 6 mo..... 6,000.00

SUB TOTAL STAFF SLALRIES 84,684.00

TRAINEE STIPEND

Rs. 5.00 per trainee per day during official training periods

Rs. 5 x 15 trainees x 84 days =Rs. 6,300 x 2 courses= 12,600.00

SUB TOTAL TRAINEE STIPEND 12,600.00

FOOD ALLOWANCE

Rs. 23 per day per trainee x 15 trainees x 84 days
= Rs. 28,980.00 x 2 courses.....57,960.00

Training Staff

5 staff x Rs.23 x 180 days =.....20,700.00

SUB TOTAL FOOD ALLOWANCE 78,660.00

MISCELLANEOUS

Rs. 2,000.00 per month x 6 months..... 12,000.00

ZINDAJAN TRAINING CENTER

LIST OF SUPPLIES & EQUIPMENT FOR PROCUREMENT

ESTIMATED PRICES

	ITEM	QUANTITY	UNIT PRRICE	TOTAL
01.	Note Book	200	10.00	2,000.00
02.	Pens	70	11.00	770.00
03.	Pencil	50	12.00	600.00
04.	Sharpener	100	1.00	100.00
05.	Eraser	100	1.00	100.00
06.	Ruler	100	1.00	100.00
07.	Chalk	10 Boxes	15.00	150.00
08.	Board Marker	5 Dozen	360/dz.	1,800.00
09.	White Board	2	900	1,800.00
10.	Chalk Board	2	900	1,800.00
11.	White Paper	15 reams	100	1,500.00
12.	Paper pins	10 boxes	10.00	100.00
13.	Paper clips	10 boxes	10.00	100.00
14.	Stapler	2 each	95.00	190.00
15.	Staples	50 boxes	6.00	300.00
16.	Register Books	10	40.00	400.00
17.	Pocket Calculator	1	200.00	200.00
18.	File Cover Binder	10	85.00	850.00
19.	File Cover (Paper)	40	3.00	120.00
20.	Paper punch	1	100.00	100.00
21.	Trainee Bags	50	50.00	2,500.00
22.	Clip Boards	50	22	1,100.00
			TOTAL	16,680.00

ZINDAJAN TRAINING CENTER

LIST OF SUPPLIES & EQUIPMENT FOR PROCUREMENT

ESTIMATED PRICES

	ITEM	QUANTITY	UNIT PRRICE	TOTAL
01.	Mattress (cotton)	20	200.00	4,000.00
02.	Pillow (cotton)	20	80.00	1,600.00
03.	Blankets (wool)	40	450.00	18,000.00
04.	Bed Sheets	40	45.00	1,800.00
05.	Towels	40	30.00	1,200.00
06.	Carpets (wool Multani) 12 x 15	8	1,200.00	9,600.00
07.	Pressure Lanterns	6	450.00	2,700.00
08.	Kerosine Lamps	6	100.00	600.00
09.	Torch/ cells	5	125.00	625.00
10.	Plastic Bucket (Med Size)	20	70.00	1,400.00
11.	Water Jugs 8 Liters	10	110.00	1,100.00
12.	Jerry Can (Plastic) for storage Kerosine	1	200.00	200.00
13.	Hand Pump for well with pipe	1	500.00	500.00
14.	Soap Bars	100	6.00	600.00
15.	Clothes Washing Soap bars	50	5.00	250.00
16.	Insecticide	2 gallons	100.00	200.00
17.	Sprayer	2	50.00	100.00
			TOTAL	44,475.00

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HEALTH COMMITTEE OF THE SOUTH AND WEST PROVINCES
(HERAT)

PLAN OF ACTION

FOR A

BASIC HEALTH WORKER TRAINING CENTER

I. INTRODUCTION

The Health Committee of the South and West Provinces, through Dr. Mahmood Shah (Darwish), In-charge of Health Affairs of the South and West Provinces, has requested Management Sciences for Health, Peshawar (MSH) to provide assistance for establishing a Basic Health Worker Training Center in Zindajan District, Herat Province.

MSH has agreed to provide specified support to the Health Committee of the South and West Provinces for establishing and running a Basic Health Worker Training Program in Zindajan District, Herat Province, Afghanistan.

In general MSH will provide specified financial assistance and technical support for the training, while the Health Committee of the South and West Provinces assumes responsibility for management of the Training Center, recruitment of staff/trainees, assignment and follow-up supervision of graduate BHWs, logistical support (transportation) as needed, building and facilities for training activities, and incidental expenses.

It is expected that this Training Center will serve as a Basic Health Worker Training Center for primarily Herat, Ghoor, Badghis and Farah Provinces.

II. THE PROPOSED LOCATION FOR THE TRAINING CENTER

It is proposed that the BHW Training Center be located near the 50 bed Zindajan district hospital, which is approximately 35 kilometers west of Herat City on the main road leading to Iran. The area, according to reports, has a population of approximately 80,000 and is completely under the control of the Mujahideen South-West Command. In addition, there is a near by subclinic and a prosthesis workshop. During the past few years, various courses, e.g. on x-ray, physiotherapy, first aid have been held with assistance from external sources such as MSF and OHI Quetta. The Health Committee a few years ago trained about 40 health workers in a three month course but had to discontinue this activity due to the shortage of funds.

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III. THE TRAINING CENTER OBJECTIVE

The overall objective of this training center will be to support, through training efforts, the expansion and delivery of health services in the South and West Provinces of Afghanistan. The specific objectives area:

1. carry out Basic Health Worker (primary and refresher) training;

As the purpose for establishing the Training Center is to support implementation of an overall "national health plan", the BHW training will be based on and follow the standard curriculum developed by the Interim Government of Afghanistan, Ministry of Public Health. Conforming to a standard BHW curriculum is considered essential for future recognition and integration of BHWs trained at the Zindajan Training Center into a Government of Afghanistan, Ministry of Public Health health care delivery system. Modification of the course may be required to train BHWs to manage specific health problems specific for the area.

IV. ORGANIZING AND MANAGING THE TRAINING CENTER

Organizing and managing the Training Center will be the responsibility of the Health Committee of the South and West Provinces, hereafter referred to as the "Administration". MSH will provide budgetary support as outlined in Annex I and technical advice, as appropriate. All staff financed by MSH for the Training Center are expected to work full time on Training Center objectives.

It is expected that the "Administration" will arrange for the required facilities i.e. classroom, administrative office, hostel, plus access to health facilities (hospital and nearby clinics) for the practical training of the BHWs.

Testing and certification of BHW competency will be according to the guidelines and standards established by the MOPH Institute of Public Health. BHWs will be expected to secure a minimum of 50% on both written and practical examination to qualify for MSH support i.e. medical supplies and salary. For the final examination and certification of the trainees, the "Administration" should arrange for external examiners. MSH will periodically assess the skill and knowledge level of BHWs trained by the Zindajan Training Center for feedback into the training program and the certification of BHW process.

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V. SELECTION OF BASIC HEALTH WORKER TRAINEES

The "Administration" agrees that BHW trainees will be selected on an equitable basis from the area under the control of the South and West Provinces Command, keeping in view population, previously established health facilities, topography and communications. Initially the recruitment will be focused on Herat, Ghor, Badghis and Farah Provinces.

The "Administration" has selected the following criteria for recruitment of trainees:

1. Graduate from 10, 11, or 12 class;

2, Introduced by a commander in the area where the BHW will be assigned;

3. Achieve a passing score on a preadmission test.

VI. THE TRAINING PLAN

MSH will provide support for 15 BHW trainees in each training cycle of 3 months duration. The maximum number of trainees for which MSH will provide support in a 12 month period is 45 i.e. 3 training cycles.

All MSH financed training staff will be expect to work full time on training responsibilities.

Training will be according to the BHW curriculum developed by the MOPH. The relevant MOPH training materials will be provided, plus a set of basic training aids/materials will be provided by MSH. As BHWs will be provided a standard kit of medical equipment, drugs and supplies, trainers will be responsible for ensuring that each trainee can competently use the materials provided. This will be determined during testing and certification and through field assessments.

Duration of each training cycle will be 12 full weeks or 72 full days with 6 training hours per day.

BHW training should be focused on developing practical skills. Therefore, it is recommended that 50% of the training time be allocated for demonstrations, role plays and practice in a clinical setting appropriate for the level of a BHW. As BHWs, when in the field, will be called upon to provide health care services (advice & treatment) for mothers and children, MCH lectures, demonstrations and practice should be incorporated in the training plan and every effort made to ensure that trainees, in fact, have an opportunity to gain MCH clinical experience.

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VII. TRAINING CENTER STAFF

The following full time staff positions are recommended and will be funded by MSH:

Doctor Trainers 2

Administrative Assistant.....1

Watchmen.....2

Orientation and training of the trainers will be arranged by MSH.

VIII. FIELDING OF BHWS

BHWs who are certified competent will be assigned to a specific work location by the "Administration". The assignment may be to establish a Health Post or work in one of the health facilities controlled by the "Administration". These BHWs will be regularly supervised by the "Administration" MSH Field Operations Section will, based on detailed plans developed jointly by MSH Field Operations Section and the "Administration", provide BHW salaries, drugs, medical equipment and supplies, plus cost for transportation. The BHW in order to be eligible for MSH support must work on his assignment on a full time basis. MSH will periodically carry out site visits to BHW work locations. BHWs who are found to be nonfunctional will be cancelled. In addition MSH will carry out technical assessments of the BHWs for feedback into training and verification of the competency of the BHW.

IX. THE BUDGET

As MSH receives its funds from USAID, there are certain audit regulations which must be observed. However, it is the intent of MSH, to extent possible and within audit limitations, to request the "Administration" to assume responsibility for operating the budget. MSH financial management section will provide advice on the accounting method to be followed, along with sample forms required for accounting records.

A 6 month advance will be provided. Replenishment for the funds will be made after receipt of supporting financial documents.

In this cooperative arrangement between the "Administration" and MSH, it is expected that the "Administration" will provide certain inputs to the training program as previously outlined. The budget provided through MSH is intended to provide sufficient funds for the main activities. All possible contingencies are not covered in this budget. It is expected that incidental expenses or needs will be provided by the "Administration".

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X. REPORTS/RECORDS

The following reports are requested and needed to support the MSH financial contribution to the BHW Training Program. (Sample forms attached)

1. BHW Training Staff Biodata
2. BHW Trainee Biodata
3. Photograph of BHW
4. Attendance Records for Training Staff
5. Attendance Records for Trainees
6. BHW Assignment Record
7. Progress Report
8. Financial Summary Report
9. Receipts for all items purchased or funds expended
10. BHW Test Scores

28-11-89

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MANAGEMENT SCIENCES FOR HEALTH
PESHAWAR

TO: Dr. M. Shah

From: Dick Johnson

SUBJECT: Issues of Training Supplies & Equipment for Training Center Zindajan, Heart Province

01. World Neighbor Slide Sets

Paths of Disease.....2 each

Grow Fruit for Family Use.....2 each

How to Build, Use & Maintain Latrine.....2 each

Reuben.....2 each

The Itch, Treatment and Prevention.....2 each

Who Should Eat the Egg.....2 each

Healthier Living through Community Effort I.....2 each

Healthier Living through Community Effort II....2 each

Caring for Skin Infections.....2 each

Caring for A Sick Child At Home.....2 each

Caring For Baby.....2 each

Birth of a Baby.....2 each

What Happenat the the MCH/FP Clinic.....2 each

Drinking Pure Water.....2 each

Control of TB.....2 each

Volunteer Health Promoters.....2 each

Film Strip Guide (English)..... 2 copies

Film Strip Guide (Dari)..... 2 copies

02. Anatomical Chart Set of 8 Charts.....1 each

03. Anatomical Model.....1 each

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Training Supplies For Zindajan Training Program Continued

04. Projector for World Neighbor Slide Sets

Carrying Case.....2 each

Projector Model 2205..... 2 each

Extra Reflector Lamp No. 2236..... 2 each

Power Module for Projector Model 2223-W..... 2 each

Accesories For Model 2205.....2 each

Rechargeable Battery.....2 each

Battery Charger Model 1225-X .....1 each

REFERENCE BOOKS

05. The Community Health Woprker, WHO, 1987.....1 each

06. Primary Child Care, King, Book one.....1 each

07. Primary Child Care, King, Book two.....1 each

08. Better Child Care, India.....1 each

09. Health Care, Farsi, Dr. Fatimie.....1 each

10. Right & Wrong Use of Medicines, Farsi, Dr. Fatimie.1 each

11. Where There is No Dentist, Dari.....4 each

12. Practical Guide to Common Illness, Dari
(For Doctors and Nurses)..... 4 copies

13. Flip Chart. How Disease Travels.....1 copy

14. Flip Chart. What is Disease.....1 copy

15. Flip Chart. Control of Tuberculosis.....1 copy

16. Flip Chart. Infant Care and Feeding.....1 copy

17. Dirty Water, Child to Child Reader.....1 copy

18. Good Food, " " " .....1 copy

19. A Simple Cure " " " .....1 copy

20. Manual or Feeding Infants and Young Children.....1 copy

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LIST OF ALL BASIC HEALTH WORKERS
TRAINED BY
HERAT TRAINING CENTER

SESSION:	CODE £:	NAME:	FATHER NAME :	PROVINCE:	DISTRICT:	PARTY:	TYPE:	GEN.COM:
1	4701	ABDUL SATAR	GUL MOHD	HERAT	ZENDAJAN	JIA	SSWA	GH. JELANI GULRAN
1	4702	MOHD NADER	H. MAHMOOD	HERAT	ZENDAJAN	JIA	SSWA	MOHD AZEEM KHAN
1	4703	GH. FAROOQ	GH. RASOOL	HERAT	ZENDAJAN	JIA	SSWA	ARBAB JAN
1	4704	FAIZ AHMAD	H. MURTAZA KHAN	HERAT	ZENDAJAN	JIA	SSWA	GH. MOHD
1	4705	ABDUL GHANI	H. HABIBULLAH	BADGHIS	KHUSHKE KOHNA	JIA	SSWA	MOHD IBRAHIM
1	4706	KHAN MOHD	MOHD HASHIM	HERAT	PASHTOON ZARGOON	JIA	SSWA	MOHD NABI
1	4707	HABIBULLAH	SHAH GUL	BADGHIS	KHUSHKE KOHNA	JIA	SSWA	MOHD IBRAHIM
1	4708	ABDUL GHANI	MULLAH S. AHMAD	FARAH	SHINDAND	JIA	SSWA	NISAR AHMAD
1	4709	GH. RASOOL	MOHD AYUB	FARAH	SHINDAND	JIA	SSWA	ABDUL AZIZ
1	4710	MOHD AYUB	ABDUL QADIR	HERAT	ZENDAJAN	JIA	SSWA	NISAR AHMAD
1	4711	MOHD HAMAYUN	DAD MOHD	HERAT	ENJEEL	JIA	SSWA	HAJI QOMANDAN
1	4712	MOHD WAZIR	MOHD IBRAHIM	BADGHIS	KHUSHKE KOHNA	JIA	SSWA	HAJI RAMAZAN
1	4713	ABDUL BASIR	H. FAZAL AHMAD	HERAT	ENJEEL	JIA	SSWA	HAJI QOMANDAN
1	4714	NOOR AHMAD	MOHD SARWAR	FARAH	SHINDAND	JIA	SSWA	ABDUL AZIZ
1	4715	MOHD QASEM	GH. MOHD JAN	HERAT	ZENDAJAN	JIA	SSWA	GH. SEDIQ

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PARTICIPANT TRAINING PROGRAM (Overseas)

MANAGEMENT SCIENCES FOR HEALTH
TRAINING DEPARTMENT
PARTICIPANTS TRAINING

MONTH / FY YEAR	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL	COMUL. TOTAL	REMARKS
* FY 1987															
FY 1988															
FY 1989											2		2	2	
FY 1990									* 4		2		6	8	
FY 1991			1								4		5	13	
FY 1992									3		6		9	22	
FY 1993													0	22	
FY 1994													0	22	

* FY 1987 = October 1st, 1986 – September 31st, 1987

** Bangkok Thiland Participants

NO	PARTICIPANTS NAME	PRE-COURSE JOB / ORGANIZATION	COURSE TITLE	TRAINING SITE	DATE ATTENDED	POST-COURSE JOB/ORGANIZATION	PRESENT JOB / ORGANIZATION 24 may 1993
12	Dr. Ahmadullah Ahmadzai	Principle of Mid-level Health Worker Training IPH	Health Care in Developing Countries	Boston, MA, USA	May 20-Aug. 17, 1991	Deputy Director IPH Jalalabad	Chief of MCH Section MSH
13	Dr. Abdul Basir	Liaison Officer of Health Services development of Farah	. . . . .	. . . . .	. . . . .	Liaison Officer of Health Services development of Farah Province	Provincial Public Health Direcotor of Farah Province
14	Dr. Sayd Shah Wasiq	Liaison Officer of SCNA Health Comit. in Peshawar	Management Methods for International Health	. . . . .	Feb. 06-MAy 03, 1992	Liaison Officer of SCNA Health Comit. in Peshawar	Liaison Officer of SCNA Health Comit. in Kabul
15	Dr. Shahwaliullah Saddiqi	Chief of BHS Department MOPH	. . . . .	. . . . .	. . . . .	Chief of BHS Department MOPH	Medical Director of Avicen
16	Dr. Mohammad Mehdi	Deputy Liaison Officer SCNA Health Committee	. . . . .	. . . . .	. . . . .	Deputy Liaison Officer SCNA Health Committee	Member of board of directorate Of SCNA
17	Dr. Mohammad Akbar	Director of PHC Seminar IPH	Health Care in Developing Countries	. . . . .	May 19- Aug. 15, 1992	Did not return to Pakistan	Whereabouts unknown
18	Dr. Monammad Saleh	Chief of Primary Health Care & Management Training IPH	. . . . .	. . . . .	. . . . .	Management trainer & Chief of MLHW Training	Chief of PHC based Seminar and Workshop
19	Dr. Saif-ur-Rehman	Senior Trainer of CHW in IPH	. . . . .	. . . . .	. . . . .	Chief of Supervsion and Assessment Section IPH	Chief of Supervsion and Assessment Section IPH
20	Dr. Zalmai Massoon	Deputy Director of PMD Section SCNA	. . . . .	. . . . .	. . . . .	Deputy Director of PMD Section SCNA	Deputy Director Foregin Relation MOPH Kabul
21	Dr. Naik Mohammad Attaie	Chief of HIM health Committee	. . . . .	. . . . .	. . . . .	Chief of HIM Health Committee	Chief of HIM Health Committee
22	Dr. Mohammad Dauod	Chief of NASR Health Committee	. . . . .	. . . . .	. . . . .	Chief of NASR Health Committee	Chief of WAHDAT Health Committee

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PARTICIPANT INFORMATION SHEET

NO	PARTICIPANTS NAME	PRE-COURSE JOB / ORGANIZATION	COURSE TITLE	TRAINING SITE	DATE ATTENDED	POST-COURSE JOB/ORGANIZATION	PRESENT JOB / ORGANIZATION 24 May 1993
1	Dr. S. Mohammad Amin Fatimie	Director G. IPH MOPH	Health Care in Developing countries	Boston M A. USA	May 26-Aug.20, 1989	Director G. IPH/MOPH	Minister of MOPH Islamic State of Afghanistan
2	Dr. Mubarakshah	Training Assistant Training Dept. MSH	. . . . .	. . . . .	. . . . .	Deputy Training Advisor Training Dept. MSH	Deputy Training Advisor Training Dept. MSH
3	Dr. S. Shukrullah Wahidi	Deputy Director IPH MOPH	. . . . .	. . . . .	May 25-Aug 19, 1990	Deputy Director IPH MOPH	Director of MCH Dept. IPH & Director G. of East Zone Health affairs MOPH
4	Dr. Mohammad Saleem Ayub	Director of MCH Depatment MOPH	. . . . .	. . . . .	. . . . .	Director of MCH Department MOPH	migrated to USA Dec. 1990
5	Dr. Ahmadullah Ahmadzai	Mid-level Health Worker Trainer IPH	Training of Trainers for Family Planning and Health Care	Bangkok, Thailand	May 21- June 09, 1990	Mid-level Health Worker Trainer IPH	Chief of MCH Section MSH
6	Dr. Asmatullah	Trainer of Rural Health Officer Training Program IPH	. . . . .	. . . . .	. . . . .	Trainer of Rural Health Officer Training Program IPH	Medical Officer in ISRA Jalalabad
7	Dr. Sayed Abdullah	RHO trainer IPH	. . . . .	. . . .	. . . . .	RHO trainer IPH	RHO trainer IPH
8	Dr. Ehsanullah	RHO trainer IPH	. . . . .	. . . . .	. . . . .	RHO trainer IPH	Trainer in Aldawa Medical Faculty - Pubbl
9	Eng. Najibullah	Finance and Management Officer IPH	Financing Health Care in Developing Countries	Boston, MA, USA	Sept. 13-Dec. 10 1990	Deputy Director of Management and Administration Dept. of MOPH	Deputy Director of Finance Office of ARIA/NGO
10	Dr. Mohammad Qasim Murad	Chief of CHW Training IPH	Health Care in Developing Countries	. . . . .	May 20-Aug. 17, 1991	Deputy Director of IPH/MOPH	National Coordinator for MCHO Training & Deputy Director IPH
11	Dr. Amir Mohammad	Trainer in Taloqan Training Center	. . . . .	. . . . .	. . . . .	Training Coordinator for SCNA HC	Whereabouts unknown

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PARTICIPANT INFORMATION SHEET

NO	PARTICIPANTS NAME	PRE-COURSE JOB / ORGANIZATION	COURSE TITLE	TRAINING SITE	DATE ATTENDED	POST-COURSE JOB/ORGANIZATION	PRESENT JOB / ORGANIZ... 24 May 1993
1	Dr. S. Mohammad Amin Fatimie	Director G. IPH MOPH	Health Care in Developing countries	Boston M A. USA	May 26-Aug.20, 1989	Director G. IPH/MOPH	Minister of MOPH Islamic State of Afghanistan
2	Dr. Mubarakshah	Training Assistant Training Dept. MSH	.....	.....	.....	Deputy Training Advisor Training Dept. MSH	Deputy Training Advisor Training Dept. MSH
3	Dr. S. Shukrullah Wahidi	Deputy Director IPH MOPH	.....	.....	May 25-Aug 19, 1990	Deputy Director IPH MOPH	Director of MCH Dept. IPH & Director G. of East Zone Health affairs MOPH
4	Dr. Mohammad Saleem Ayub	Director of MCH Depatment MOPH	.....	.....	.....	Director of MCH Department MOPH	migrated to USA Dec. 1990
5	Dr. Ahmadullah Ahmadzai	Mid-level Health Worker Trainer IPH	Training of Trainers for Family Planning and Health Care	Bangkok, Thailand	May 21- June 09, 1990	Mid-level Health Worker Trainer IPH	Chief of MCH Section MSH
6	Dr. Asmatullah	Trainer of Rural Health Officer Training Program IPH	.....	.....	.....	Trainer of Rural Health Training Program IPH	Medical Officer in ISRA Jalalabad
7	Dr. Sayed Abdullah	RHO trainer IPH	.....	.....	.....	RHO trainer IPH	RHO trainer IPH
8	Dr. Ehsanullah	RHO trainer IPH	.....	.....	.....	RHO trainer IPH	Trainer in Aldawa Medical Faculty - Pubbi
9	Eng. Najibullah	Finance and Management Officer IPH	Financing Health Care in Developing Countries	Boston, MA. USA	Sept. 13-Dec. 10, 1990	Deputy Director of Management and Administration Dept. of MOPH	Deputy Director of Finance of ARIA/NGO
10	Dr. Mohammad Qasim Murad	Chief of CHW Training IPH	Health Care in Developing Countries	.....	May 20-Aug. 17, 1991	Deputy Director of IPH/MOPH	National Coordinator for MC Training & Deputy Director
11	Dr. Amir Mohammad	Trainer in Taloqan Training Center	.....	.....	.....	Training Coordinator for SCNA HC	Whereabouts unknown

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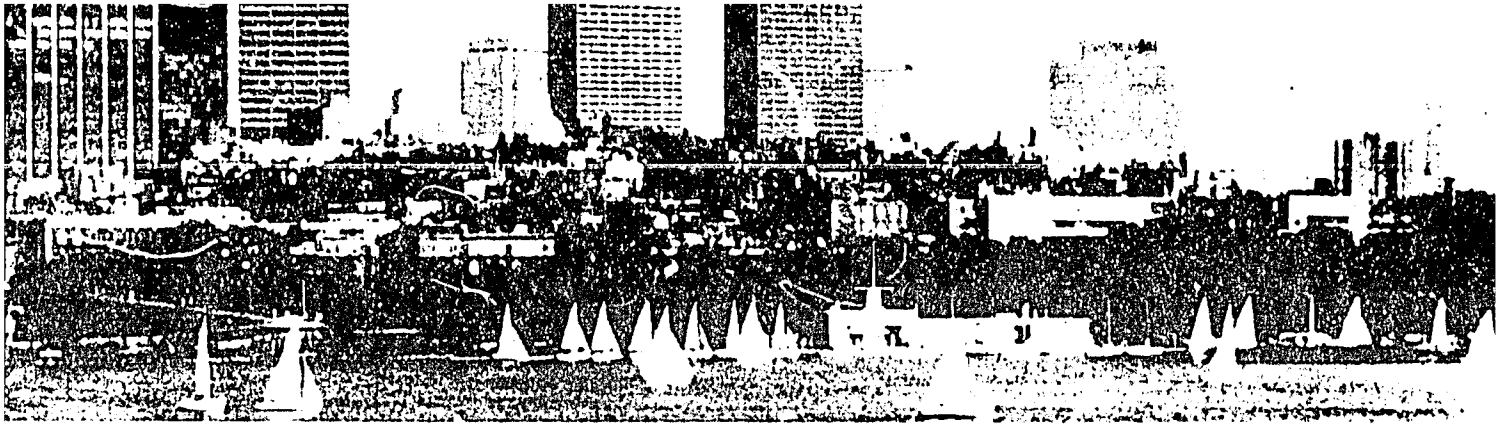

Boston University School of Public Health

Eighth Annual Summer Certificate Program

Health Care in Developing Countries

May 25 - August 19, 1990

Course Director: William J. Bicknell, M.D., M.P.H.
Assistant Course Director: Susan D. Weinstein

This twelve-week course is practical in emphasis. The method of instruction combines small group case analysis, seminar discussion, and lecture. **The course provides up to 20 credits towards the Master of Public Health (MPH) degree at Boston University. Twenty credits represent 42% of the MPH degree requirements.**

Topics include:

- Planning, Design, Implementation, and Evaluation of Affordable Primary-Care Services in Developing Countries
- Fundamentals of Development Economics
- Issues in Population Dynamics and Family Planning
- Applications of Appropriate Technology
- Community Participation and Involvement
- Health Program Management
- Planning, Selection, and Education of Health Workers
- Environmental Factors Affecting Health
- Integration of Traditional Medicine into Primary Health Care
- Essentials of Managing Selected Diseases Common to the Developing World

Eligibility: This course is intended for individuals who have or anticipate having professional responsibilities in developing countries. All health personnel are eligible to apply, including health program administrators, physicians, nurses, planners, senior auxiliaries, sanitarians, trainers and educators. Applicants must have completed the equivalent of a bachelor's degree or other comparable technical or professional training after high school. Geographic diversity among participants is actively sought, and total course enrollment is limited.

Please send all inquiries and applications to:
Health Care in Developing Countries
Boston University School of Public Health
80 East Concord Street, Room A-310
Boston, MA 02118-2394 USA
Telephone: (617) 638-5234 Telex: 200191 BU UR Fax: (617) 638-5374

Instruction: The faculty, drawn from universities, international agencies, and international consulting firms, have relevant and recent overseas experience. Problem solving, group discussion, case studies and lectures are carefully interwoven to assure an effective learning process. In addition to the faculty, two resident tutors attend classes and work with participants who may need additional clarification on certain segments of the course. This is done outside of class on an individual and small group basis.

Each participant is required to complete a project addressing some aspect of health planning or management. Projects should target a clinical, organizational or technical issue at the local, regional or national level. Topic selection must be related to Certificate Program content and relevant to the domestic professional responsibilities of the individual. To the greatest extent possible, project findings will be used in class to illustrate the range of related isses and alternatives facing developing countries.

Each participant is requested to bring from his/her native country current materials such as annual reports, development plans, country health data and statistical summaries. These are intended as resource materials for the management/planning project.

Curriculum Summary:

Social Sciences, Education, and Primary Care — **81 hours**

- Health Policy and Primary Care
- Health Economics and Appropriate Technology
- Community Participation
- Health Education, Communication Skills and Social Marketing
- Population Dynamics and Urbanization
- Women in Development
- Traditional Medicine

Basic Public Health Sciences and Primary Care — **130 hours**

- Epidemiology and Biostatistics
- Water and Sanitation
- Infectious and Parasitic Disease Management
- Maternal and Child Health; Family Planning; Nutrition and Oral Rehydration Therapy
- Applied Research Techniques

Planning and Management for Primary Care — **84 hours**

- Auxiliaries: Selection, Education and Utilization
- Delivery of Health Services
- Social Marketing
- Microcomputers: Applications in Health Care
- Funding Agencies: Activities in Health Care

TOTAL: 295 hours

Criteria for the Certificate: A certificate is awarded on the basis of satisfactory performance on examinations, in-class participation, and other assignments. A good record of attendance is required as well.

Continuing Education Credits: As an accredited institution, the Boston University School of Medicine designates this continuing medical activity for up to 50 credits in Category 1 towards the Physician's Recognition Award of the American Medical Association.

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Course Components and Faculty

IUNITY PARTICIPATION
- Jaksic, M.D., Sc.D.
or of Social Medicine, School of Public Health, Zagreb, Yugoslavia
nity participation and involvement in primary health care; health services
community approach and self-care; the role and effect of selective and
ed approaches to health care.

TH ECONOMICS AND APPROPRIATE TECHNOLOGY
S. Shepard, M.P.P., Ph.D.
ate Professor of Operations Management and Operations Research
d School of Public Health
les of economics applied to decision-making and resource allocation in the
sector; economic perspective on the use of appropriate technology.

MIOLOGY AND BIOSTATISTICS
re Colton, M.S., Sc.D.
or and Chief, Epidemiology and Biostatistics Section, Boston University
methods for the study of the distribution of disease in a human population.
ires of morbidity and mortality, various sources of data, descriptive epide-
y investigations, and analytic epidemiology studies to detect etiologic agents.
ayne, M.S., Ph.D.
ate Professor, Epidemiology and Biostatistics Section, Boston University
ion, classification and presentation of descriptive data; the rationale of
esis testing; experimental design; t-tests; simple correlation analysis; and
s of contingency tables.

ATION DYNAMICS AND FAMILY PLANNNING
axman, J.D.
Senior Policy Advisor, The Pathfinder Fund
Raghavan-Gilbert, M.B.B.S., M.P.H.
r of Medical Services, The Pathfinder Fund
les of demography, fertility, mortality, world population change, and
on. The effects of population growth, demographic transition, and
ation. Family planning methods, delivery systems and user perspectives.

RNAL AND CHILD HEALTH, INCLUDING NUTRITION, ORAL
DRATION THERAPY AND BREASTFEEDING
r Onyett, M.D., F.R.C.P.(C), M.P.H., D.T.M.N.H.
nt Professor of Community Health, Paediatrics, and Microbiology
s University, Kingston, Canada
ine S. Schlager, M.S.
of Special Projects, Boston University, and Center for Field Research
ndamentals of maternal and child health practices, including oral rehydration
, growth charts, immunizations, nutrition, pre- and post-natal care, delivery
es, child spacing and under-fives health services.

ITIONAL BIRTH ATTENDANTS
Kamal, R.N., M.A.
y Representative for The Pathfinder Fund, Pakistan
ng, training and integrating traditional birth attendants into the health care
delivery system.

EN IN DEVELOPMENT
Antrobus, Ed.D. candidate
Coordinator, Women and Development Unit
sity of the West Indies
ses the promotion of women's health and participation at all levels of
pment, specifically women's role in health activities and services.

ERY OF HEALTH SERVICES IN URBAN & RURAL ENVIRONMENTS
apilaya, M.D., D.T.P.H.
ive Director, Center for Child Survival, University of Indonesia
les of primary care and their applications in urban and rural settings.

ING AGENCIES: ACTIVITIES IN HEALTH CARE
sions in Washington, D.C. with representatives of USAID, WHO, The World
JNDP and selected private organizations.

ITIONAL MEDICINE AND PRIMARY HEALTH CARE
al and limits of cooperation between traditional healers and modern practicioners.

HEALTH EDUCATION AND COMMUNICATION SKILLS
Marcia Pinkett-Heller, M.P.H.
Assistant Professor, Jersey City State College
Communication techniques for health education of illiterate and semi-literate groups. Techniques for developing education and training programs for health workers. Participatory education and evaluation are highlighted.

WATER AND SANITATION
Dave Laredo, M.S., C.S.S.
Camp, Dresser and McKee International, Inc.
Eliot Epstein, M.S., Ph.D.
E & A Environmental Consultants, Inc.
Environmental health problems, particularly those associated with the contamination of water and food supplies. Elements of environmental health. Options and appropriate technologies for water supplies and waste disposal.

VECTORS AND PARASITES
Stewart Duncan, M.A., Ph.D.
Professor of Biology, Boston University
Lecture and laboratory sessions on the morphology, life cycles, host-parasite interactions, and control methods of protozoan, helminth and anthropod parasites of humans. Emphasis on knowledge needed for effective disease control.

INFECTIOUS AND PARASITIC DISEASE MANAGEMENT
James Plorde, M.D.
Professor and Chief, Microbiology Lab & Infectious Disease Sections
Veterans Administration Hospital, Seattle, Washington
The identification by symptom complex of common infectious and tropical diseases. Emphasis is given to the rationale for determining low-cost, effective therapies and indications for treatment.

HEALTH POLICY AND PRIMARY CARE
John McKinlay, Ph.D.
Professor of Sociology, Boston University
Director, The New England Research Institute
Review of policy issues related to primary health care. Emphasizes the role of epidemiologic and social science methods in health planning and resource allocation.

OPERATIONS AND APPLIED RESEARCH
Yolande M. Gershmann, M.A., Ph.D.
Consultant, Secretariat of His Highness the Aga Khan
The use of applied research as a tool for managers and researchers.

SOCIAL MARKETING
Planning for and evaluating the marketplace, increasing the human dimension of marketing, and promoting specific ideas within a community.

PRIMARY CARE INTEGRATIVE SEMINARS
William J. Bicknell, M.D., M.P.H.
Professor of Public Health, Director, Office of Special Projects, and Assistant Vice President for International Health Programs, Boston University
Periodic sessions to integrate and synthesize course components.

AUXILIARIES: SELECTION, TRAINING AND UTILIZATION
N.R.E. Fendall, M.D., B.Sc., D.Ph., F.F.C.M.
Past Chair, International Community Health
Liverpool School of Tropical Medicine
Adjunct Professor of Public Health, Boston University
The selection, scope of responsibility, training, assessment, and supervision of auxilaries, as well as the training of trainers and supervisors.

MICROCOMPUTERS: APPLICATIONS IN HEALTH CARE
Doreen Nicastro, M.P.H.
Assistant Director for Computer Education
Boston University School of Medicine
Hands-on practical exposure to microcomputers. Terminology and application of microcomputers in health care systems.

Best Available Document

Housing and Meals: Pre-arranged housing is provided by the University. Most participants will be assigned t bedroom apartments, sharing cooking and living quarters with one other participant. Meals can be purchased a restaurants or prepared in the apartments. Cooking and eating utensils, however, are not provided by the University. participant is responsible for paying the housing fee directly to the University.

Arrival in Boston: Participants should arrive in Boston on Thursday, May 25, 1990. Housing will not be av before that time, so those planning an early arrival should budget for a hotel stay. Participants will be met at the provided that they inform the office of the appropriate information (date, airline and flight number, time of arrival).

Climate: Boston is a large cosmopolitan city located on the Northeastern coast of the continental United States. W patterns can change quickly and dramatically. Participants should bring or be prepared to buy warm jackets and rainwear temperature in May can be as low as 14°C (55°F) and in July can reach 32°C (90°F).

Obligatory Fees

Tuition	$5,650
Course Materials	$ 325
Housing (for international participants)*	$1,028

* Participants who request University housing are required to remain in that housing for the full 12 weeks of the course.

Estimated Expenses

Meals (includes purchase of cooking utensils)	$1,700 --
Miscellaneous (includes local transportation and incidentals)	$ 800
Health Insurance (for international participants)**	$ 200
Attendance of the 17th Annual International Health Conference, June 17-20, 1990, Washington, D.C.***	$ 350

** All participants must have valid U.S. health insurance for the period of time that they will be in the U.S. Those interna participants whose sponsors do not provide coverage can purchase health insurance through the University.

*** Participants in the course will attend sessions at this National Council for International Health conference, in addition to meetin officials from international donor agencies such as the World Bank, USAID, and UNICEF. Cost includes round-trip transportation Boston, conference registration fees, and hotel accommodations. Meals are not included.

Visa Regulations for International Participants: In order to be issued a visa, the applicant must demonstra the Boston University International Student and Scholar Office that he/she has financial resources of at least $10,053 f twelve week period. The documentation of funds should be in English and should specify the amount in US dollars. documents must be for Boston University and must be no more than one year old. Visas can not be issued without this of sponsorship.

Documenting Available Funds - for International and Domestic Participants:

1. If the applicant will be funded by a sponsoring agency, organization, or government, the sponsor must submit an of letter of sponsorship stating what costs it intends to cover (ie. tuition, travel and living expenses, health insurance). letter must also state the length of time for which this support is guaranteed.
2. If the applicant will be funded by his or her parents or a relative, he/she must submit: A) a notarized letter indicatin the sponsor is willing to pay tuition and living expenses while the applicant is enrolled in the course, and B) a statement or credit reference from a bank verifying funds sufficient to cover tuition and living expenses.
3. If the applicant will be self-funded, he/she must submit official documentation, such as a bank statement, student letter or credit reference, stating the amount of financial support to be provided.

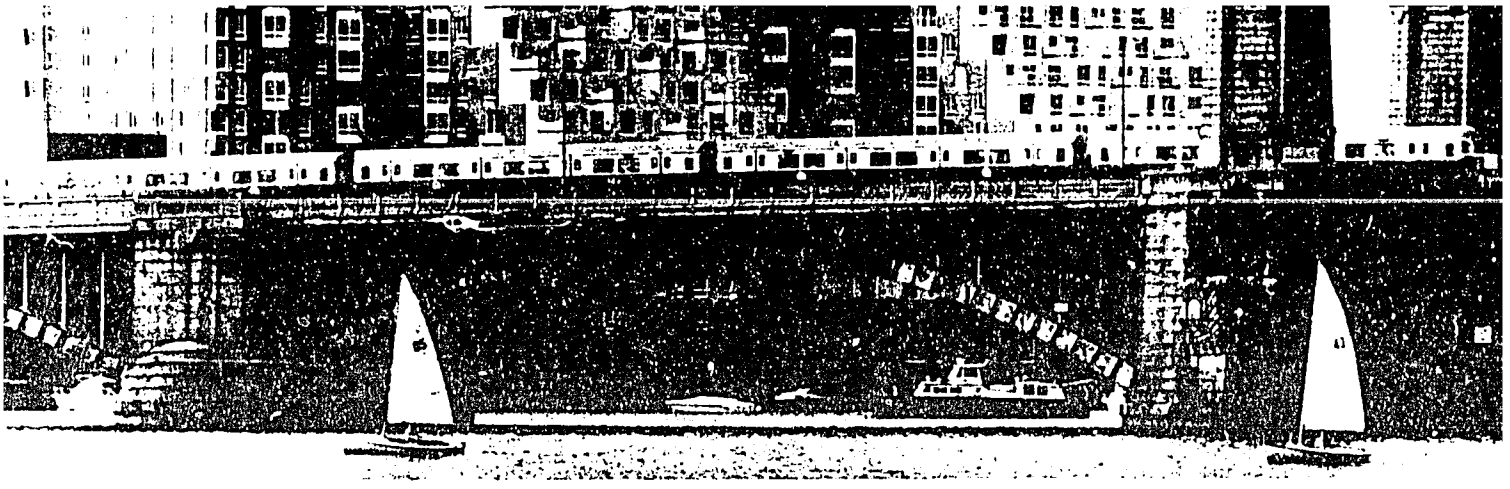
Applications must be received no later than April 15, 1990. As enrollment is limited, early applications are encouraged. Please send all inquiries and applications to:

Health Care in Developing Countries
Boston University School of Public Health
80 East Concord Street, Room A-310
Boston, MA 02118-2394 USA
Telephone: (617) 638-5234, Telex: 200191 BU UR, Fax: (617) 638-5374

This course is one of four courses offered annually by the Office of Special Projects:

SPRING:	MANAGEMENT METHODS FOR INTERNATIONAL HEALTH
SUMMER:	HEALTH CARE IN DEVELOPING COUNTRIES
SUMMER:	ECONOMIE ET GESTION DES RESSOURCES DANS LES PROGRAMMES DE SANTE (in Fren
FALL:	FINANCING HEALTH CARE IN DEVELOPING COUNTRIES

Best Available Document



BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH

CENTER FOR INTERNATIONAL HEALTH

Fourth Annual Certificate Program

MANAGEMENT METHODS FOR INTERNATIONAL HEALTH

February 6 - May 3, 1992

Course Directors: William J. Bicknell, M.D., M.P.H.
Michael G. Trisolini, M.B.A.

Course Manager: Michael Devlin, M.P.H.

This twelve-week course addresses the practical application of management principles in the public and private health sectors. The course is taught in a seminar/workshop format, and provides up to 16 graduate credits towards the Master of Public Health (M.P.H.) degree at Boston University. Sixteen credits represent 33% of the MPH degree requirements. Topics include:

- Health Planning Techniques
- Human Resource Management
- Financial Management
- Non-Financial Incentives for Employees
- Organizational Behavior
- Developing Change Strategies
- Management of Health Care Operations
- Logistics and Drug Supply Management
- Methods for Management Decentralization
- Marketing Principles and Strategies
- Management Information Systems
- Group Dynamics and Team Building

Please send all inquiries and applications to:

Management Methods for International Health
Boston University School of Public Health
80 East Concord Street, Room A-310
Boston, MA 02118-2394 USA
Telephone: (617) 638-5234 Telex: 200191 BU UR Fax: (617) 638-4476

Best Available Document

Eligibility: All health personnel who have or anticipate having management or supervisory health program responsibilities in the public or private sector of developing countries are welcome to apply. Applicants must have completed the equivalent of a bachelor's degree or other comparable technical or professional training after high school. Geographic diversity among participants is actively sought, and total course enrollment is limited.

Instruction: The faculty, drawn from universities, international agencies, and international consulting firms, have relevant and recent overseas experience. Problem solving, group discussion, case studies and lectures are carefully interwoven to assure an effective learning process. In addition to the faculty, resident tutors attend classes and work with participants who may need additional clarification on certain segments of the course. This is done outside of class on an individual and small group basis.

In class, participants frequently will work in small groups. One major management and program planning exercise will culminate in the submission of a paper. In addition, there will be computer exercises to assist participants in learning financial analysis programs.

Participants are requested to bring from their countries current program and budget materials such as annual reports, development plans, country health data and statistical summaries. To the greatest extent possible, these will be used in class to illustrate the range of management issues and alternatives facing developing countries.

CURRICULUM SUMMARY

PLANNING, EVALUATION and FINANCIAL MANAGEMENT — **73 hours**
- Planning Techniques and Strategies
- Integrating Clinical and Managerial Decision-Making
- Management by Objectives
- Budgeting and Accounting Principles
- Financial Planning: Spreadsheets and Sensitivity Analysis
- Hands-on Computer Exercises

HUMAN RESOURCE MANAGEMENT and ORGANIZATIONAL BEHAVIOR — **70 hours**
- Staff Planning, Selection, Hiring and Compensation
- Motivating Employees
- Non-financial Incentives
- Group Dynamics and Team Building
- Leadership Styles and Consensus Building
- Supervision and Career Development

OPERATIONS MANAGEMENT and MARKETING — **77 hours**
- Selection of Service Delivery Systems
- Designing Effective Referral Patterns
- Methods for Management Decentralization
- Task Analysis, Work Flows, and Capacity Planning
- Skill Mix Selection
- Information Systems and Computer Applications
- Logistics and Drug Supply Management
- Marketing Principles
- Pricing and Promotion

IMPLEMENTATION METHODS — **50 hours**
- Consumer and Community Participation
- Communications Skills for Managers
- Understanding Organizational Culture
- Developing Change Strategies

TOTAL: 270 hours

Criteria for the Certificate: A certificate is awarded on the basis of satisfactory performance on examinations, papers, class participation, and other assignments. A good record of attendance is required as well.

Continuing Education Credits: As an accredited institution, the Boston University School of Medicine designates this continuing medical activity for up to 50 credits in Category 1 towards the Physician's Recognition Award of the American Medical Association.

Best Available Document

Course Components and Faculty

ALTH PLANNING and HEALTH SYSTEMS

iam J. Bicknell, M.D., M.P.H.
essor of Public Health; Director, Center for
national Health; and Course Director
on University School of Public Health

tation and overview of planning and management for health
ns in developing countries and the U.S.

ANCIAL MANAGEMENT

Campbell, M.P.A., Sc.D.
irer on Management, Harvard School of Public Health
iael Trisolini, M.B.A.
se Director
on University School of Public Health

nting, budgeting, monitoring, price-setting, and principles
ancial planning will be covered in this segment. Case
s will be drawn from health facilities and health programs.

IAN RESOURCE MANAGEMENT

Helfenbein, M.A., M.S.P.H.
gement Sciences for Health

ge of personnel issues, such as recruitment, performance
tion, motivation, and career development will be covered.
inancial incentives for staff motivation will be stressed.

AGEMENT PRINCIPLES

ael Trisolini, M.B.A.
e Director
n University School of Public Health

ew of the discipline of management, including the range
s and functional areas.

KETING

ie Huff-Rousselle, M.B.A., Ph.D. candidate
ent, Social Sectors Development Strategies

les and techniques of marketing will be presented in
ntext of social marketing efforts.

UP DYNAMICS and TEAM BUILDING

a Pinkett-Heller, M.P.H., Ph.D. candidate
int Professor, Jersey City State College

nication techniques and applications in consensus
g and improving group dynamics.

PUTER APPLICATIONS

n Nicastro, M.P.H.
iter Systems Specialist
University School of Public Health
t Puglisi
ement Consultant

on instruction in the use of personal computers and
heets. Criteria for selecting computer hardware and software.

ORGANIZATIONAL DEVELOPMENT: PLANNING, IMPLEMENTATION, EVALUATION

David Kahler, Ed.D.
Vice President, World Education
Nanette Magnani, Ed.D.
Director of Training, World Education

Introduction to organizational development and systems theory. How to plan organizational change efforts using action planning.

OPERATIONS MANAGEMENT

Carolyn Hart, M.S.P.H.
Deputy Director, Enterprise Program, John Snow, Inc.

Methods for managing the operations of health facilities or programs. Topics include task analysis, skill mix selection, patient flows, capacity planning, and inventory management.

LOGISTICS & DRUG SUPPLY MANAGEMENT

Richard Blakney, M.P.H.
Drug Financing Coordinator, Management Sciences for Health

Planning, policy, and management issues surrounding logistics and drug supply financing, procurement, distribution, and use.

ORGANIZATIONAL STRATEGIES

Joel Lamstein, M.S.
President, John Snow, Inc.

Methods for analyzing and managing organizational direction regarding governmental and other environmental changes.

ORGANIZATIONAL BEHAVIOR

Sarah Degnan Kambou, M.P.H., Ph.D. candidate
Deputy Director, Center for International Health
Boston University School of Public Health

Analysis of staff motivation, leadership, behavior of groups, and organizational adaptability.

INFORMATION SYSTEMS

Daniel Moriarty, M.B.A.
Vice President, John Snow, Inc.

How to design, process, and manage financial and other management information. How to determine what data are necessary and who should receive them.

HEALTH FACILITIES PLANNING

Susan Monserud, AIA
Architect and Health Planner

Methods for integrating health care program and facilities design. Focus on primary care.

COMMUNITY PARTICIPATION

Social and political issues in gaining and maintaining participation of communities in health development efforts and health programs.

enter for International Health reserves the right to make minor changes to the curriculum and/or faculty prior to the start of the course.

Best Available Document

Housing and Meals: Housing is provided by the University. Most participants will be assigned to two-bedro apartments, sharing cooking and living quarters with one other participant. Meals can be purchased at local restaurants prepared in the apartments. However, cooking and eating utensils are not provided by the University. Each participan responsible for paying the housing fee directly to the University. Participants may opt to stay in accommodations other tl those provided by the University, but must clearly indicate this on the application form.

Arrival in Boston: Participants should arrive in Boston on February 6, 1992. Housing will not be available bef that time, so those planning an early arrival should budget for a hotel stay. Participants will be met at the airport provic that they inform the Center of the appropriate information (date, airline and flight number, time of arrival).

Climate: Boston is a large cosmopolitan city located on the Northeastern coast of the continental United States. Weat patterns can change quickly. February generally is cold. March has both cold and temperate days, while April and May c be quite warm. Participants should bring or be prepared to buy warm jackets and rainwear.

Obligatory Fees

Tuition	$5,980
Course Materials	$ 300
Computer Rental Fee	$ 300

Estimated Expenses

Housing (for international participants)*	$1,925
Meals (includes purchase of cooking utensils)	$1,700
Miscellaneous (includes local transportation and incidentals)	$1,000
Health Insurance (for international participants)**	$ 300

* Participants who elect to stay in University housing are required to remain in that housing for the full 12 weeks of the course.

** All international participants must have valid U.S. health insurance for the duration of the program. Those internatio participants whose sponsors do not provide coverage can purchase health insurance through the University.

Visa Regulations - for International Participants: In order to be issued a visa, the applicant must demonstr to the Boston University International Student and Scholar Office that he/she has financial resources of at least $11,505 the twelve week period. The documentation of funds should be in English and should specify the amount in US dollars. documents must be for Boston University and must be no more than one year old. Visas can not be issued without t proof of sponsorship.

Documenting Availab'e Funds - for International and Domestic Participants:

1. If the applicant will be funded by a sponsoring agency, organization, or government, the sponsor must submit an offic letter of sponsorship stating what costs it intends to cover (ie. tuition, travel and living expenses, health insurance). T letter must also state the length of time for which this support is guaranteed.
2. If the applicant will be funded by his or her parents or a relative, he/she must submit: A) a notarized letter indicating tl the sponsor is willing to pay tuition and living expenses while the applicant is enrolled in the course, and B) a ba statement or credit reference from a bank verifying funds sufficient to cover tuition and living expenses.
3. If the applicant will be self-funded, he/she must submit official documentation, such as a bank statement, student lc letter or credit reference, stating the amount of financial support to be provided.

Applications must be received no later than January 10, 1992. As enrollment is limited, early application is encouraged. Please send all inquiries and applications to the address listed on the first page of this brochure.

This course is one of five courses offered annually by the Center for International Health:

SPRING:
- MANAGEMENT METHODS FOR INTERNATIONAL HEALTH

SUMMER:
- HEALTH CARE IN DEVELOPING COUNTRIES
- ECONOMIE ET GESTION DES RESSOURCES DANS LES PROGRAMMES DE SANTE (in Frenc

FALL:
- FINANCING HEALTH CARE IN DEVELOPING COUNTRIES
- WOMEN HEALTH CARE MANAGERS IN DEVELOPING COUNTRIES: INCREASING THEIR EFFECTIVENESS

Best Available Document

Boston University School of Public Health

Fourth Annual Certificate Program

Financing Health Care in Developing Countries

September 13 - December 10, 1990

Course Directors: William J. Bicknell, M.D., M.P.H.
Paul H. Campbell, M.P.A., Sc.D.

Associate Course Director: Michael G. Trisolini, M.B.A.

This twelve-week course in seminar/workshop format addresses the practical application of economic and financial management principles in the public and private health sectors.

This course provides up to 16 credits towards the Master of Public Health (MPH) degree at Boston University. Sixteen credits represent 33% of the MPH degree requirements. Topics include:

- Macro-Economic Factors and their Effect on the Health Sector
- Structural Analysis of Health Sector Revenues and Expenditures
- Comparative Financing Strategies in Selected Developing and Developed Countries
- Methods for Generating Non-Governmental Revenue
- Health Insurance Alternatives including Health Maintenance Organizations (HMOs)
- Cost-Effectiveness Analysis of Health Programs
- Projecting Capital, Operating, and Recurrent Costs
- Financial Management Techniques for Health Facilities and Health Programs
- Practical Applications of Personal Computers Including the Use of Spreadsheets
- Strategies for Optimizing Public and Private Sector Resource Allocation
- Structuring Incentives and Assessing Performance

Eligibility: All health personnel who have or anticipate having planning, policy-making, financial management, or supervisory responsibilities in the public or private sector of developing countries are welcome to apply. Applicants must have completed the equivalent of a bachelor's degree or other comparable technical or professional training after high school. Geographic diversity among participants is actively sought, and total course enrollment is limited.

Please send all inquiries and applications to:
Financing Health Care in Developing Countries
Boston University School of Public Health
80 East Concord Street, Room A-310
Boston, MA 02118-2394 USA
Telephone: (617) 638-5234 Telex: 200191 BU UR Fax: (617) 638-5374

Applications must be received no later than August 15, 1990.

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Instruction: The faculty, drawn from universities, international agencies, and international consulting firms, have relevant and recent overseas experience. Problem solving, group discussion, case studies and lectures are carefully interwoven to assure an effective learning process. In addition to the faculty, two resident tutors attend classes and work with participants who may need additional clarification on certain segments of the course. This is done outside of class on an individual and small group basis.

In class, participants will frequently work in small groups. One major financial and program planning exercise will culminate in the submission of a group paper. In addition, there will be computer exercises to assist participants in learning financial analysis programs.

Participants are requested to bring from their native countries current program and budget materials such as annual reports, development plans, country health data and statistical summaries. To the greatest extent possible, these will be used in class to illustrate the range of financial issues and alternatives facing developing countries.

Curriculum Summary:

Comparative Financing, Health Services, and Economics — **80 hours**

- Review of health services and primary care
- Public and private sector roles in preventive and curative services
- The effect of macro-economic factors on the health sector
- Comparative financing of health services in developing and developed countries, including insurance, social welfare, fee-for-services and prepayment
- Fundamentals of health economics, including revenue and expenditure analysis of the health sector and cost-effectiveness analysis of health programs
- Projecting and understanding the relationship between capital and operating costs

Budgeting, Accounting, and Computer Applications — **90 hours**

- Accounting principles and practices
- Personal computer use for financial management (hands-on, IBM compatible)
- Spreadsheets: what they are and how to use them, manually and by computer
- Monitoring costs of health services: expenditure control and variance reports
- Budgeting techniques and strategies
- Forecasting costs and revenues, including analysis of recurrent costs

Revenue Generation — **45 hours**

- Opportunities for the public and private sectors
- Generating local revenues, pricing, marketing, and accounting for cash
- Revolving funds: principles and practices
- Social and cultural issues and constraints
- Structuring incentives and assessing performance
- Using private and public resources to maximum effect

Management and Monitoring — **75 hours**

- Identifying, collecting and using the minimum data needed for effective management
- Projecting and minimizing hard currency needs
- Integrating program planning and management with financial management
- Implementation strategies

TOTAL: 290 hours

Criteria for the Certificate: A certificate is awarded on the basis of satisfactory performance on examinations, papers, class participation, and other assignments. A good record of attendance is required as well.

Continuing Education Credits: As an accredited institution, the Boston University School of Medicine designates this continuing medical activity for up to 50 credits in Category 1 towards the Physician's Recognition Award of the American Medical Association.

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Course Components and Faculty

TOPICS IN HEALTH CARE FINANCE

William Bicknell, M.D., M.P.H.
Course Director, Professor of Public Health, Director, Office of Special Projects, and Assistant Vice President for International Health Programs, Boston University
Michael Trisolini, M.B.A.
Associate Course Director and Associate Director, Office of Special Projects, Boston University

Orientation and health sector overview. Expenditure based health sector analysis, insurance concepts and issues including health maintenance organizations, donor policies, country decision-making and recurrent costs.

NATIONAL HEALTH FINANCE STRATEGIES

Brian Abel-Smith, Ph.D.
Professor of Social Administration
London School of Economics
Guy Carrin, Ph.D.
Professor of Economics
University of Antwerp
Vicente Paqueo, Ph.D.
Economist
The World Bank
Dieter Zschock, Ph.D.
Associate Professor of Economics
State University of New York at Stony Brook

Alternative financing strategies and approaches to health sector analysis. Country case studies will be used to illustrate concepts and alternatives.

FINANCIAL MANAGEMENT

Paul H. Campbell, M.P.A., Sc.D.
Course Director & Assistant Professor of Public Health (appointment in process)
Boston University School of Public Health
Maggie Huff-Rouselle, M.A., M.B.A.
Partner, INITIATIVES, Boston, MA
Partner, CARICAN Development Resources, Ottawa, Canada

Accounting, budgeting, monitoring, price-setting, and principles of financial planning will be covered in this segment. Case studies will be drawn from health facilities, health programs, evolving drug funds, and health insurance schemes.

COMPUTER APPLICATIONS

Doreen Nicastro, M.P.H.
Assistant Director for Computer Education
Boston University School of Medicine

Hands-on instruction in the use of personal computers, operating systems, spreadsheets, and wordprocessing.

FINANCIAL PLANNING

Robert Puglisi
Management Consultant

Projecting, planning, and managing health program costs and revenues, using an in-depth Lotus 1-2-3 model and case study.

INTEGRATING CLINICAL PROGRAMS AND FINANCIAL MANAGEMENT

James Plorde, M.D.
Professor and Chief, Microbiology Lab and Infectious Disease Sections, Veterans Administration Hospital, Seattle

Program examples from the control of infectious diseases will be used to illustrate a method and the need to integrate clinical, financial and public health factors in decision-making.

PLANNING AND ECONOMIC EVALUATION FOR HEALTH PROGRAMS

Donald Shepard, M.P.A., Ph.D.
Associate Professor of Operations Management and Operations Research, Harvard School of Public Health and Harvard Institute for International Development

Defining and measuring outputs of health programs and evaluating cost-effectiveness.

INFORMATION SYSTEMS

Michael Trisolini, M.B.A.
Associate Course Director and Associate Director, Office of Special Projects, Boston University

How to design, process, and manage financial and other management information. Methods for selecting computer hardware and software.

MICROECONOMIC PRINCIPLES

Ricardo Bitran, M.S., M.B.A., Ph.D. candidate
Health Economist, Abt Associates, Inc.

Determinants of supply and demand for health services, methods for pricing and adjusting for inflation, concepts of marginal analysis and opportunity costs. Case studies will be used to illustrate practical applications of these principles.

IMPLEMENTATION METHODS

David Kahler, Ed.D.
Vice President, World Education
Nanette Magnani, Ed.D.
Director of Training, World Education
David Pyle, Ph.D.
Senior Associate, John Snow, Inc.

Strategies for implementing change for organizations and communities. Formulation of action plans and approaches to identifying and motivating persons responsible for making change take place.

DONOR AGENCIES, DEVELOPMENT BANKS, and the INTERNATIONAL MONETARY FUND

The history and role of major bilateral and multilateral donor agencies. The World Bank, regional development banks, and the International Monetary Fund will be discussed from several perspectives during the course. Donor representatives will address the class.

Housing and Meals: Pre-arranged housing is provided by the University. Most participants will be assigned to tv bedroom apartments, sharing cooking and living quarters with one other participant. Meals can be purchased at lo restaurants or prepared in the apartments. Cooking and eating utensils, however, are not provided by the University. E participant is responsible for paying the housing fee directly to the University.

Arrival in Boston: Participants should arrive in Boston on September 13, 1990. Housing will not be available bef that time, so those planning an early arrival should budget for a hotel stay. Participants will be met at the airport provi that they inform the office of the appropriate information (date, airline and flight number, time of arrival).

Climate: Boston is a large cosmopolitan city located on the Northeastern coast of the continental United States. Weat patterns can change quickly. September and October tend to be warm to mildly cool and pleasant. November is cooler December is cold. Participants should bring or be prepared to buy warm jackets and rainwear.

Obligatory Fees	Option A Computer Purchase	Option B Shared Computer Rental
Tuition	$5,650	$5,650
Course Materials (books, photocopies, software)	$ 250	$ 250
Computer Fee*	$2,450	$ 300

* Computers must be either purchased or rented. The purchase option includes exclusive use of an IBM compatible lap top (portal computer, with a portable ink-jet printer and software. Participants will retain ownership of purchased computers and may take them h with them at the end of the course. The rental option includes a stationary IBM compatible computer with software to be shared with other person; printers will also be shared.

Estimated Expenses

Housing (for international participants)**	$1,925
Meals (includes purchase of cooking utensils)	$1,700
Miscellaneous (includes local transportation and incidentals)	$ 800
Health Insurance (for international participants)***	$ 200

** Participants who request University housing are required to remain in that housing for the full 12 weeks of the course.

*** All participants must have valid U.S. health insurance for the period of time that they will be in the U.S. Those internatic participants whose sponsors do not provide coverage can purchase health insurance through the University.

Visa Regulations for International Participants: In order to be issued a visa, the applicant must demonstrate the Boston University International Student and Scholar Office that he/she has financial resources of at least $10,825 the twelve week period. The documentation of funds should be in English and should specify the amount in US dollars. documents must be for Boston University and must be no more than one year old. Visas can not be issued without proof of sponsorship.

Documenting Available Funds - for International and Domestic Participants:

1. If the applicant will be funded by a sponsoring agency, organization, or government, the sponsor must submit an offic letter of sponsorship stating what costs it intends to cover (ie. tuition, travel and living expenses, health insurance). T letter must also state the length of time for which this support is guaranteed.
2. If the applicant will be funded by his or her parents or a relative, he/she must submit: A) a notarized letter indicating t the sponsor is willing to pay tuition and living expenses while the applicant is enrolled in the course, and B) a b statement or credit reference from a bank verifying funds sufficient to cover tuition and living expenses.
3. If the applicant will be self-funded, he/she must submit official documentation, such as a bank statement, student l letter or credit reference, stating the amount of financial support to be provided.

Applications must be received no later than August 15, 1990. As enrollment is limited, ea applications are encouraged. Please send all inquiries and applications to:

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Boston University School of Public Health
80 East Concord Street, Room A-310
Boston, MA 02118-2394 USA
Telephone: (617) 638-5234, Telex: 200191 BU UR, Fax: (617) 638-5374

This course is one of four courses offered annually by the Office of Special Projects:

SPRING:	MANAGEMENT METHODS FOR INTERNATIONAL HEALTH
SUMMER:	HEALTH CARE IN DEVELOPING COUNTRIES
SUMMER:	ECONOMIE ET GESTION DES RESSOURCES DANS LES PROGRAMMES DE SANTE (in Fren
FALL:	FINANCING HEALTH CARE IN DEVELOPING COUNTRIES

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The Asian Centre

FOR POPULATION & COMMUNITY DEVELOPMENT

Chairman : Mechai Viravaidya Director : Pairojana Sornjitti

INFORMATION FOR PARTICIPANT DR. SAYED HASHMATULLAH

TO TRAINING COURSE AT ACPD, BANGKOK, THAILAND

Introduction

The Asian Centre for Population and Community Development (ACPD) was established in 1978 by the Population and Community Development Association. The Pathfinder Fund and the Japanese Organization for International Cooperation in Family Planning Inc. (JOICFP) provided initial funds for the physical establishment of the Centre, and from 1979-1984 the Pathfinder Fund contributed to the partial administrative cost of the Centre.

The ACPD aims to provide a forum to facilitate the transfer of experience in community based fertility and development management among developing countries. While the basic thrust initially was in the area of family planning, emphasis is also placed on the potential for the integration of health and development activities. To achieve this objective, the ACPD collaborates with several institutions and agencies like the Program for International Training in Health, the United State Agency for International Development, the United Nations Fund for Population Activities, the Japanese Organization for International Cooperation in Family Planning Inc. and others, in providing a series of international training courses and in conducting study tour programmes. More than 1,000 participants from 38 countries have been trained by the Centre since 1979. The ACPD has also provided orientation to more than 6,000 visitors from all continents.

In addition, the ACPD has provided technical assistance and consultancy services to other country programmes. Staff from the Centre have taken part in programmes inBangladesh, Egypt, Nepal, Sri Lanka, Pakistan, Japan and Kenya. Linkages are being developed to extend more services to other Asian and African countries.

POPULATION & COMMUNITY DEVELOPMENT ASSOCIATION

8 Sukhumvit 12, Bangkok 10110, Thailand. Tel 2510402-3, 2527349, 2523960-4

Cable : COMBAT BANGKOK Telex : 82603 PDA TH

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Basic Training of Trainers (TOT)
for
Family Planning and Health Programs
May 21-June 9, 1990

A. Programme

1. Participants are expected to be in Bangkok, Thailand before the starting date of the programme.

2. Programmes will be conducted in English

3. Training sessions will be held at the Asian Centre in a friendly atmosphere. Informal attire is acceptable.

4. Order of the day during classroom sessions is as follows:

Morning Session	09:00-12:00	a.m.
Afternoon Session	13:00-16:30	p.m.

5. Training/Workshop Methodology: Experiential and participatory approaches to learning

6. A certificate will be awarded to each participant upon completion of the programme.

B. Training Facilities

1. Air-Conditioned conference rooms: Please bring a thin sweater or light jacket for your comfort.

2. Audio-visual facilities which include:

- Overhead and slide projectors
- 16 mm. movie projector
- Sound system
- VHS, BETA, U-matic Pal Video System

C. Travel Arrangements

1. Participants with their own funding or sponsor are responsible for their own travel arrangement to Thailand.

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2. All participants are required to possess a valid passport and be familiar with visa, health and custom regulations prior to arrival and departure from Thailand. This information can be obtained at the Thai Embassy or Consular Section in your country.

3. Upon arrival at Don Muang International Airport in Bangkok, it is recommended that participants cash some traveler's checks or exchange money at the money exchange counter in the arriving passengers' service area. You will definitely need this money to pay for transportation to the hotel.

4. Participants are recommended to contact the limousine/Taxi counter for transportation to the hotel in Bangkok metropolis. It costs approximately 100 Baht per person for limousine bus and 300 Baht for authorized automobile. It is advisable not to take other private taxi.

5. Daily transportation between the Centre's authorized hotel and the Centre during the programme will be provided.

6. Participants are requested to reimburse the Asian Centre US$ 7 per training day to cover lunches and coffee breaks during training days.

D. Accommodation and Per diem

1. Asian Centre has made special arrangement for participations' accommodation at: Rex Hotel
Sukhumvit Rd.
Opposite Soi Klang (49)
Bangkok, Thailand
Tel.2590106-15
Fax. (662)2586635

Special Rate for participant 900 Baht/day (Single or Double) for Standard Rm.

2. Recommended Per diem: at least US$ 60/day

The Training Division
ASIAN CENTRE

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MEDICAL CERTIFICATION PROGRAM

Management Sciences for Health
Training Department
Medical Certification Committee

May 01, 1991–Feb. 30, 1994

Categories of Medical Personnel	No. of Medical Personnel					REMARKS
	FY 91	FY 92	FY 93	FY 94	TOTAL	
Medical Doctor	*25*	*28*	*34*	*0*	*87*	
Assistant Doctor	*0*	*1*	*3*	*0*	*4*	
Nurse	*4*	*6*	*3*	*0*	*13*	
Mid-level Medical Tech.	*75*	*62*	*19*	*0*	*156*	
Pharmacist	*0*	*3*	*0*	*0*	*3*	
Laboratory Technician	*9*	*10*	*1*	*0*	*20*	
Dental Technician	*7*	*9*	*5*	*0*	*21*	
X- Ray Technician	*2*	*4*	*1*	*0*	*7*	
First Aider	*3*	*2*	*1*	*0*	*6*	
Sanitarion	*0*	*1*	*0*	*0*	*1*	
Malaria Technician	*1*	*0*	*0*	*0*	*1*	
LHV Assistant	*0*	*1*	*0*	*0*	*1*	
Aneasthesia Tech.	*0*	*2*	*0*	*0*	*2*	
Unqualified for position	*20*	*18*	*3*	*0*	*41*	
Vaccinator	*0*	*0*	*1*	*0*	*1*	
GRAND TOTAL	*146*	*147*	*71*	*0*	*364*	

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— MCC

MANAGEMENT SCIENCES FOR HEALTH
A NONPROFIT INSTITUTION

27 December 1992

Office of the Area Health Committee
Liaison Office
Peshawar

Subject: Area Health Committees - Board of Medical Certification

Dear Sir:

Over the past several months a substantial decrease in the number of health personnel referred by Area Health Committees to the Board of Medical Certification for evaluation has occurred. This decrease is due partially to MSH's reduced budget for supporting new health facilities and need for additional or replacement medical staff.

As health facility staff vacancies will have to be filled from time to time, a need exists for continuing the work carried out by the board of medical certification. However as requests for medical certification will be few in number (three for the month of December), it is believed that an ad hoc committee meeting one or two times per month could more that adequately handle this requirement.

Beginning 15 January 1993 MSH will no longer be able to support full time staff for Area Health Committees Board of Medical Certification. Rather MSH will be please to support an ad hoc committee convened when necessary to process applicants for medical certification. An honorarium of Rs. 225.00 for each representative per session may be authorized. In order to qualify for the honorarium the designated representative should be pre qualified by the present Board of Medical Certification with concurrence by MSH Training Department. In the event that such pre qualification does not occur before 15 January 1993, then a special pre qualification board (Area Health Committee officers and MSH Training Department) may be convened to determine whether the proposed representative is qualified for this activity.

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OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV TOWN

MANAGEMENT SCIENCES FOR HEALTH
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It is recommended that the Administrative Assistant presently assigned to the Area Board of Medical Certification continue on a full time basis as there are many records, documents, as well as medical supplies and equipment used during testing that need to be maintained.

The MSH Training Department would be pleased to meet with you to discuss and finalize a new policy for carrying out the medical certification process in Peshawar. The policy will be reviewed as requirments and conditions change in Afghanistan.

Sincerely,

Richard E. Johnson
Training Advisor

cc: Health Committee Liaison Office
SCNA
HIM
HCS&SW
HCPP
NASAR

William D. Oldham, MD
MSH Departments

OLD BARA ROAD, AFZALABAD, UNIVERSITY TOWN, PESHAWAR
TELEX: 52399 P.O. BOX: 919, UNIV. TOWN, TEL: 40792

MANAGEMENT SCIENCES FOR HEALTH
PESHAWAR

TRAINING DEPARTMENT

AREA MEDICAL CERTIFICATION ACTIVITY

In late July 1991 an Ad Hoc committee was formed to work on upgrading testing and certifying procedures for the Area Development Health Committees. One doctor from each of the 4 Area Health Committees functioning at that time, i.e. SSCNA, HCCA, SSW and Nasar Organization was appointed to the committee. The Health Committee for Paktia and Paktika was formed later. This Ad Hoc committee was charged with developing written and practical examinations for mid-level medical technicians based on CMC/WHO Skills Check Lists, plus procedure and criteria for testing and certifying various categories of health workers.

By December 1991 the ad hoc committee had for the most part completed the initial phase i.e. review of curricula of mid level health workers training programs (Peshawar based), draft job descriptions and skill check lists for BHWs, mid-level medical technician, advanced mid-level medical technician, laboratory technician, x-ray technician, practical and written examinations for mid-level medical technicians, description of medical doctors qualifications prior to 1980 and after 19980, description of specialist and what his/her training should have been to qualify in Afghanistan as a specialist.

Following the Russian invasion the health care delivery system in rural areas completely broke down. Most existing rural health manpower were unable to continue without financial support (salary & medical supplies) and therefore forced into refugee status. To replace health workers in mujahideen controlled areas numerous training programs, developed an run by as many organization, were established in Quetta and the Peshawar area. Mid-level medical technician courses, for example, were anywhere from 6 to 24 months duration. As no regulatory board existed, course content/training objectives were at the discretion of the training organization. This resulted in creation of a variety of names for a mid-level medical technicians which did not reflect his qualifications, and duration of course did not reflect level of competence, that is time does not equal training objectives or skills/knowledge included in the training program.

To address this problem committees composed of Afghan doctors were formed, one for Area Development Schemes and one for MOPH staff, to determine the skill level of applicants for positions supported by MSH. MSH Training Department was requested to oversee this function early summer, 1991. By end December 1991 the Medical Certification Ad Hoc Committee was ready to take over the function of medical certification, using the recently developed practical and written examination questions. Beginning in January 1992, a transition to the new system is being introduced.

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Due to the numerous classifications or titles used for referring to mid-level medical technicians, it is quite impossible for health managers or public to know to what skill level the individual qualified. In order to begin clarifying and rationalizing the nomenclature of health manpower staff, Medical Certification for mid-level health workers will follow the CMC/WHO recommendation i.e. mid-level health worker, medical technician (basic level) and mid-level health worker, medical technician (advanced level). Therefore, for medical technician there will be only two classifications:

Medical Technician, Basic Level and,
Medical Technician, Advanced Level.

I. Basic Level Medical Technician, must through written and practical examination be able to demonstrate knowledge and skills required, as described in job description and CMC/WHO Check List. If applicant secures less that 50% in either the written or practical examination, he will not be certified. In exceptional cases he may be retested after 3 months. For applicants securing between 50 to 60% in either or both practical and written examination, the applicant will be recommended for refresher training. Applicants securing more than 60% in both written and practical examination may be certified, provided other documents are in order. Regarding refresher training, it is the responsibility of the referring committee or applicant to seek admission to a refresher training program. MSH Training Department will provide advice and assistance to the Area Health Committee regarding for example, admission requirements into the CMCEF course.

II. Advanced Level Medical Technician, must through written and practical examination be able to demonstrate knowledge and skills required, as described in job description and CMC/WHO Check List. To qualify for advanced level the candidate must secure a score of 80% or more in both written and practical examination, present verifiable credentials, and or verifiable work experience in lieu of verifiable credentials. If the minimum standards for advanced level medical technician are not met but the minimum standards mentioned above for the basic medical technician are met, the applicant may be certified as Basic Level Medical Technician. In exceptional cases, the applicant may be retested after 3 months.

III. Applications for Medical Certification will be accepted for a specific position which is to be specified on the application. The Medical Certification Board will not be able to determine or equate skill/knowledge levels to length/duration of training, as was the past practice.

IV. The goal is to ensure that health staff can safely and accurately provide health care services according to their job description. To this end your ideas and suggestions would be welcomed, as this process will hopefully continue to be upgraded and streamlined as new improved procedures are formulated.

Drafted by Dick Johnson Dick Johnson
4 February 1992

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JOB DESCRIPTION

TITLE : Coordinator Certification Committee .

REPORT TO : Members of certification committee &
MSH Training Advisor or his Deputy .

JOB SUMMARY :

Responsible for developin implementation plan for certification process, organizing certification sessions, organizing written and practical exams sessions, coordinate with concerned organizations and reporting of certification related activities.

SPECIFIC REPRODUCIBILITIES :

Under the supervision of the members of Certification Committee and MSH Training Advisor the incumbent is responsible for :

1 - developing implementation plan of certification committee based or the approved criteria and guidelines .

2 - Arranging the Medical certification sessions based on need .

3 - Organizing relevant questions equipments and field of practice for written and practical testing of specific group or individual health workers who need to be certified .

4 - Determining whether the testing procedure is appropriate for the needs of providing health services safely in Afghanistan .

5 - working with the Area Health Committees and MSH Training Department on redefining and improving technical aspects of certification process.

6 - Maintaining a close working relationship and coordinate with the Area Health Committees and MSH Training Department about certification related issues .

7 - Submitting certification result sheets to MSH Training Department for final approval .

8 - Certifying the time and attendance records of members of certification committee .

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9 - Keeping records of certification sessions , minutes of meetings and improving recording and reporting system of certification committee i.e.
Certification result sheet of individuals, exam questions documents, certificates, reference materials and etc.

10 - preparing recommendations for improving the certification process

11 - any other related duties assigned by supervisors.

JOB REQUIREMENTS :

1 - Graduation from a recognized medical faculty (Kabul or Nangerhar) preferably be a specialist .
2 - Member of Certification of Ad hoc committee .
3 - Good working knowledge fluent in English, Dari, and Pushtu (Reading ,Writing, and Speaking).
4 - More than one year of teaching experience in field of medicine .

EXPERIENCE :

1 - At least five years of experience in field of Medicine .
2 - Jehadic experience (being a mujahid)

DUTY LOCATION :

Medical Certification Office ,Old DPU /MSH Building
Old Bara Road Afzal Abad
University Town
Peshawar .

WORKING SCHEDULE :

Sunday trough Thursday from 8:00 A.M to 4:30 P.M.

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Feb. 13, 9

HEALTH PERSONNEL APPLICATION
درخواست نامه پرسونل صحی

HEALTH COMMITTEE
کمیته صحی ( )

Form No.
فارم نمبر : _____

Applicant,s Status:
موقف درخواست کننده : _____

Applicant,s Identity:
الف : مشخصات : درخواست کننده :

Photo
فوتو

Name:
۱ـ اسم : _____

F/Name:
۲ـ اسم پدر : _____

Family Name:
۳ـ اسم فامیلی (تخلص) : _____

Birth Date:
٤ـ تاریخ تولد : _____

Place of birth:
٥ـ محل تولد : _____

Native Language:
٦ـ لسان مادری : _____

Other Languages:
۷ـ سایر لسانها: _____ _____ _____

Sex: Male: Female:
۸ـ جنس : مذکر ( ) مونث ( )

Marital Status: Single: Married:
۹ـ حالت مدنی : مجرد ( ) متاهل ( )

Identity card No.:
۱۰ـ نمبر شناختی پاس : _____

Party card No.:
۱۱ـ نمبر کارت تنظیم : _____

Profession:
۱۲ مسلک : _____

Qualification:
۱۳ـ درجهٔ تحصیل : _____

Present Address:
Province:
۱٤ـ آدرس فعلی : ولایت : _____ ولسوالی : _____ قریه : _____
District:
Village:

Permanent Address:
۱٥ـ ادرس دایمی : _____

Immigration date:
۱٦ـ تاریخ مهاجرت : _____

Time participated in Jehad:
۱۷ـ مدت اشتراک در جهاد : _____

Telephone No.:
۱۸ـ نمبر تیلفون : _____

If Telephone No. not available, give other specified address.
۱۹ـ درصورت نداشتن نمبرتیلفون،آدرس مشخص دیگر:

Contact Address:
ب : مراجع ارتباطی :

Write namesof 3 persons not having family relation with you but acquainted with your characters:
لست سه نفری راکه باشماارتباط فامیلی نداشته ولی باکرکترواوصاف شماآشنائی داشته باشدتحریردارید:

No. نمبر	Full name اسم مکمل	Full address آدرس مکمل	Position وظیفه
۱			
۲			
۳			

Academic background:
ج : سوابق تحصیلی :

School مکتب	Name نام	Location محل	Country مملکت	Duration مدت		Certificate تصدیقنامه
				Start شروع	End ختم	
Primary ابتدائیه						
Secondary						

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457

Degree - Diploma درجه علمی – دیپلومه Academic Privilegs امتیازات اکادمیك	Duration میعاد End ختم	Start شروع	Country مملکت	location محل	Name اسم	High education تحصیلات عالی University or پوهنتون یا equivalent معادل آن

Certificate/ Gratuation تصدیقنامه / documents اسناد فراغت	Duration مدت ختم	شروع	Country مملکت	place محل کورس	Course نام کورس	P/ education تحصیلات مسلکی Vocational
						۱
						۲

Other skills:
د : سایر مهارت ها :

Comment:
ه : تبصره :

Work background:
و : سوابق کار:

Basic position وظیفه اصلی	Place محل District ولسوالی	Province ولایت	Organisation موسسه	End ختم Year سال	Month ماه	Start شروع Year سال	Month ماه	
								۱
								۲
								۳

I certify that the above information is true, complete and accurate to the best of my knowledge.
اینجانب تصدیق میدارم که معلومات ارائه شده فوق واقعی ، مکمل ودرست بوده ومطابق فهم ودانش من میباشد.

Date: تاریخ : Day روز ( ) Month ماه ( ) Year سال ( )

Applicant,s Signature:
امضادرخواست کننده

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MEDICAL CERTIFICATION PROGRAM
RESULTS OF INTERVIEWED CANDIDATES

S.NO.	NAME:	F.NAME:	BIRTH_PLACE	ORGANI.	FACIL-NO	INTRV_DATE	W_EXAM	P_EXAM	APPROVED	RESULT
1	MIRAJUDDIN			SCHA	0	04/05/91				MEDICAL TECH
2	JALALUDDIN			SCHA	0	04/05/91				MEDICAL TECH
3	ABDUL RAUF			SCHA	0	04/05/91				AS KILLED NURSE
4	MOHD RASOOL			NASR	0	04/05/91				MALARIA TECH.
5	MOHD NAEEM			NASR	0	04/05/92				MEDICAL TECH.
6	JAN AGHA			SCHA	0	09/05/91				00
7	GH. NABSHBAND	GH. MOHD		SCHA	0	09/05/91				6 MONTHS MEDICAL KNOWLEDGE
8	MOHD JUMA	NASIR HUSSAIN		HIM	0	09/05/91				9 MONTHS MEDICAL KNOWLEDGE
9	GHULAM MOHD	EWAZ ALI		HIM	0	09/05/91				HE NEEDS TRAINING
10	MOHD ZAMAN	MOHD SARWAR		HIM	0	09/05/91				9 MONTHS MEDICAL KNOWLEDGE
11	MOHD AMIN	MOHD REZA		HIM	0	10/05/91				6 MONTHS MEDICAL KNOWLEDGE
12	SARAJUDDIN	AMINUDDIN		SCHA	0	16/05/91				NOT QUALIFIED HE NEEDS TRAINIG
13	[illegible]	AZIZ UR RAHMA	KOHISTAN/KAPISA	SCHA	0	16/05/91				16 MONTHS MEDICAL KNOWLEDGE
14	[illegible]	ABDUL QADIR	GARA BAGH/GHAZNI	HIM	0	16/05/91				NOT QUALIFIED NEEDS TRAINING
15	MOHD SHAFI	M. SHAMSULLAH	DAULAT ABAD/BALKH	SCHA	0	16/05/91				6 MONTHS MEDICAL KNOWLEDGE
16	ALI HASSAN	NAD ALI	SURKH PARSA/PARWAN	HIM	0	16/05/91				9 MONTHS MEDICAL KNOWLEDGE
17	ABDUL FATAH	ALI HASSAN	QARABAGH/GHAZNI	NASR	0	16/05/91				9 MONTHS MEDICAL KNOWLEDGE
18	JAN AGHA	MOHD SHERIN	JURM/BADAKHSHAN	SCHA	0	23/05/91				NOT APPROVED
19	[illegible]	RAJAB ALI	ANDARAB/PAGHLAN	SCHA	0	23/05/91				6 MONTHS MEDICAL KNOWLEDGE
20	SAIFUDDIN	SARFIRAZ	RUSTAQ/TAKHAR	SCHA	0	23/05/91				6 MONTHS MEDICAL KNOWLEDGE
21	SAID ISA	SAID SAHMUSAIN	JAGHORI/GHAZNI	HIM	0	23/05/91				NOT QUALIFIED
22	SHAHKHAN	GH. RASOOL		HIM	0	23/05/91				MEDICAL DOCTOR
23	SAID HABIBULLAH	S. ABDUL AZIZ	PELCHERAGH/FARAH	SCHA	0	30/05/91				MEDICAL TECH.
24	[illegible]	NOOR KHAN	BALKH	SCHA	0	30/05/91				NOT QUALIFIED
25	MOHD MUSA	RAZ ALI	PUNJAB/BAMYAN	NASR	0	30/05/91				MED LEVEL MEDICAL TECH.
26	SAID JAMSHEED	SAID FARIDON SHAH	SURKH PARSA/PARWAN	HIM	0	30/05/91				DENTAL TECHNICIAN
27	ALI AKBAR	EWAZ ALI	GHAZNI	HIM	0	30/05/91				MEDICAL DOCTOR
28	GUL DIN	HAJI RANGEEN	TAKHAR	SCHA	0	30/05/91				MED-LEVEL HEALTH WORKER
29	SAID SHAFIULLAH	SAID NOORULLAH	KHOWJA GHAR/TAKHAR	SCHA	0	30/05/91				MEDICAL TECH.
30	NASIB UR RAHMAN	ABDUL RAHMAN	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				LABORATORY TECH.
31	MOHD AMIN	MOHD HAKIM	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				QUALIFIED NURSE
32	MOHD AFGHAN	MOHD QASIM	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				QUALIFIED NURSE
33	GUL AHMAD	ABDUL MOHAMMAD	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				X-RAY TECH.
34	GH. AHMAD	TAJ MOHAMMAD	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				DENTAL TECH.
35	MOHD YOUSUF	MOHD ALAM	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				MEDICAL DOCTOR
36	GH. MUSTAFA	GH. DASTAGIR	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				MEDICAL DOCTOR
37	MOHD SHAFI	MOHD OMER	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				QUALIFIED NURSE
38	MOHD AMIN	RAZ MOHD	KOHISTAN/JAUZJAN	SCHA	0	07/06/91				NOT QUALIFIED (RETRAIN)
39	MOHD ALI	AKBAR ALI	JAGHATO/GHAZNI	HIM	0	07/06/91				9 MONTHS MEDICAL KNOWLEDGE
40	MOHD ISHAQ	MOHD IBRAHIM	JAGHATO/GHAZNI	HIM	0	07/06/91				9 MONTHS MEDICAL KNOWLEDGE
41	MOHD HADI	MOHD ALI	QARABAGH/GHAZNI	HIM	0	06/06/91				MEDICAL DOCTOR
42	HAMID SHAH	MOHD SARWAR	MIRBACHA KOT/KABUL	SCHA	0	07/06/91				MEDICAL DOCTOR
43	MOOR ALAM	MOHD AKRAM	GHORBAND/PARWAN	SCHA	0	06/06/91				6 MONTHS MEDICAL KNOWLEDGE
44	AMIR KHAN	MASUM KHAN	DEH SABZ/KABUL	SCHA	0	06/06/91				RETRAIN
45	SALLAR	KALIK DAD	PANJSHER/PARWAN	SCHA	0	06/06/91				6 MONTHS MEDICAL KNOWLEDGE
46	SAID QURBAN ALI	MOHD HASSAN	JAGHATO/GHAZNI	HIM	0	07/06/91				9 MONTHS MEDICAL KNOWLEDGE
47	MOHD IBRAHIM	ABDUL MAJED	GHAZNI	HIM	0	06/06/91				9 MONTHS MEDICAL KNOWLEDGE
48	DAWRAS	NAJAF	JAGHATO/GHAZNI	HIM	0	07/06/91				9 MONTHS MEDICAL KNOWLEDGE
49	ABDUL KHALIL	MOHD ISMAEEL	JAGHATO/GHAZNI	HIM	0	05/06/91				LAB.TECH.
50	SAID ISA	SAEED SHAH	GHAZNI	HIM	0	07/06/91				NOT QUALIFIED (RETRAIN)

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MEDICAL CERTIFICATION PROGRAM
RESULTS OF INTERVIEWD CANDIDATES

S.NO.	NAME:	F.NAME:	BIRTH_PLACE	ORGANI.	FACIL-NO	INTRV_DATE	W_EXAM	P_EXAM	APPROVED_RESULT
51	MOHD AKBAR	MOHD AYUB	ALNAR/FARYAB	SCHA	0	13/06/91			6 MONTHS MEDICAL KNOWLEDGE
52	MOHD SARWAR	MOHD HASSAN	DEH KURDI/UROZGAN	SCHA	0	13/06/91			DENTAL TECH.
53	MOHD JAFAR	KHADIM HUSSAIN	BEHSOOD/WARDAK	HIM	0	13/06/91			6 MONTHS MEDICAL KNOWLEDGE
54	ABDUL HALIM	ABDUL SADIM	NOORISTAN/LAGHMAN	SCHA	0				MEDICAL DOCTOR
55	ABDUL BARI	MOHD ASHRAF	NOORISTAN/LAGHMAN	SCHA	0	13/06/91			MEDICAL DOCTOR
56	ALI JAFAR	ABDUL HUSSAIN	JAGHATO/GHAZNI	NASR	0	13/06/91			3 YEARS LAB. TECH. KNOWLEDGE
57	MOHD TAQUB	ABBAS	PUNJAN/BAMYAN	NASR	0	13/06/91			1 YEAR MEDICAL KNOWLEDGE
58	ABDUL HAI	JALALUDDIN	KAPISA	SCHA	0	20/06/91			4 YEARS MEDICAL KNOWLEDGE
59	MOHD DAUD	MOHD AKBAR	BADAKHSHAN	SCHA	0	20/06/91			NOT QUALIFIED (RETRAIN)
60	ASIULLAH JAN	ABDUL HANAN	CHARDARA/KUNDOZ	HIM	0	20/06/91			15 MONTHS MEDICAL KNOWLEDGE
61	ABDUL RAHIM	ABDUL KASIM	ARGHANDAB/KANDAHAR	SSWE	0	20/06/91			MEDICAL DOCTOR
62	SAEED RAHIM	MUSTAFIX	BEHSOOD/WARDAK	HIM	0	20/06/91			1 YEAR MEDICAL KNOWLEDGE
63	RAHMUDDIN	MUHAYUDDIN	CHARDARA/KUNDOZ	HIM	0	20/06/91			6 MONTHS MEDICAL KNOWLEDGE
64	AHMAD KHALIL	GH. GHAUS	CHARDARA/KUNDOZ	HIM	0	20/06/91			6 MONTHS MEDICAL KNOWLEDGE
65	MOHD DAUD	JALAT KHAN	CHARDARA/KUNDOZ	HIM	0	20/06/91			15 MONTHS MEDICAL KNOWLEDGE
66	SHAH WALI	SAEED OMER	EMAMSAHIB/KUNDOZ	SCHA	0	27/06/91			NOT QUALIFIED (RETRAIN)
67	SAEED BASHIR	SAEED ZAMARUD SHAH	KHAWJA OMER/GHAZNI	HIM	0	27/06/91			DENTAL TECH.
68	ALIF KHAN	YAR MOHD	EMAMSAHIB/KUNDOZ	SCHA	0	27/06/91			NOT QUALIFIED (RETRAIN)
69	DAD MOHD	YAR MOHD	EMAMSAHIB/KUNDOZ	SCHA	0	27/06/91			NOT QUALIFIED (RETRAIN)
70	KHAN MOHD	GUL MOHD	JAGHORI/GHAZNI	HIM	0	27/06/91			6 MONTHS MEDICAL KNOWLEDGE
71	WAHIDUDDIN	GHAUSUDDIN	KOHISTAN/KAPISA	SCHA	0	04/07/91			NOT QUALIFIED (RETRAIN)
72	ABDUL MALIK	FAZEL HAQ	CHARBULAK/BALKH	SCHA	0	11/07/91			9 MONTHS MEDICAL KNOWLEDGE
73	GH. HAIDER	MOHD HABI	BEHSOOD/WARDAK	HIM	0	11/07/91			6 MONTHS MEDICAL KNOWLEDGE
74	GH. SARWAR	FAQIR MOHD	JAGHATO/GHAZNI	HIM	0	11/07/91			LAB. TECHNICIAN
75	FAYENDA MOHD	SEHAR GUL	KAHKEEN/BAGHLAN	SCHA	0	11/07/91			MEDICAL DOCTOR
76	MOHD NAEEM	DEEN MOHD	KHAILAR/BAGHLAN	SCHA	0	11/07/91			MEDICAL DOCTOR
77	SAEED FAZEL RABI	S. GH. NAQSHBAND		SCHA	0	11/07/91			LAB. TECHNICIAN
78	MOHD ZAHIR	SULMAN ALI	MAIDISTAN/GHAZNI	NASR	0	11/07/91			1 YEAR MEDICAL KNOWLEDGE
79	GUL MOHD	FAQIR MOHD	QARABAGH/GHAZNI	HIM	0	11/07/91			LAB. TECHNICIAN
80	MOHD HAMIDH	SHER AGHA	KUNDOZ	SCHA	0	11/07/91			MEDICAL DOCTOR
81	MOHD HANIF	QASIM ALI	JAGHORI/GHAZNI	HIM	0	11/07/91			MEDICAL DOCTOR
82	MOHD NOOR	NOORUDIN	KUNDOZ	SCHA	0	11/07/91			LAB. TECH.
83	MOHD ANWAR	MOHD ASGHAR	SHAGHNAN/BADAKHSAHN	SCHA	0	18/07/91			NOT QUALIFIED
84	ABDUL RAHIM	ABDUL KARIM	SHIGHNAN/BADAKHSHAN	SCHA	0	18/07/91			1 YEAR MEDICAL TECH.
85	SAEED ESSA	SAEED SHAH	JAGHORI/GHAZNI	HIM	0	18/07/91			6 MONTHS MEDICAL KNOWLEDGE
86	MOHD ZAKA	MOHD HABI	JAGHATO/GHAZNI	SCHA	0	18/07/91			9 MONTHS MEDICAL KNOWLEDGE
87	HABIBULLAH	ASHUR MOHD	SHEGHNAN/BADAKHSHAN	SCHA	0	18/07/91			NOT QUALIFIED
88	ABDUL HAMID	PELAWAR	SHEGHNAN/BADAKHSHAN	SCHA	0	18/07/91			3 MONTHS MEDICAL KNOWLEDGE
89	MOHD ALI	SULTAN ALI	JAGHORI/GHAZNI	HIM	0	25/07/91			6 MONTHS MEDICAL KNOWLEDGE
90	MOHD ALEM	MOHD TALEB		SCHA	0	01/08/91			NOT QUALIFIED
91	MOHD RAHIM	RAJAB ALI	JURM/BADAKHSHAN	SCHA	0	01/08/91			1 YEAR LAB. TECH.
92	KEHRAM ALI	JAN ALI	WARDAK	HIM	0	01/08/91			2 YEARS MEDICAL KNOWLEDGE
93	MOHD AZIM	HUSSAIN ALI	CHAK/WARDAK	HIM	0	01/08/91			9 MONTHS MEDICAL KNOWLEDGE
94	JALALUDDIN	GH. HAIDER	JURM/BADAKHSHAN	SCHA	0	01/08/91			3 YEARS MEDICAL KNOWLEDGE
95	AHMAD WALI	HAIDER	JURM/BADAKHSHAN	SCHA	0	01/08/91			MEDICAL DOCTOR
96	MOHD ZAHIR	ABDUL GHAFOOR	JURM/BADAKHSHAN	SCHA	0	08/08/91			MEDICAL DOCTOR
97	GH. NAQSHBAND	MOHD ISMAEEL	RUSTAQ/TAKHAR	SCHA	0	08/08/91			MEDICAL DOCTOR/CHILD SPCI.
98	AHMAD WALI	GH. ALI	BEHSOOD/WARDAK	NASR	0	08/08/91			6 MONTHS MEDICAL KNOWLEDGE
99	SARDAR	SULTAN ALI	BEHSOOD/WARDAK	NASR	0	08/08/91			1 YEAR MEDICAL KNOWLEDGE
100	SAEED SETEZ	S. SEKANDAR SHAH	SHIEKH ALI/PARWAN	HIM	0	08/08/91			3 MONTHS X-RAY TECH.

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S.NO.	NAME:	F.NAME:	BIRTH PLACE	ORGANI.	FACIL-NO	INTRV DATE	W EXAM	P EXAM	APPROVED	RESULT
101	MOHARAM ALI	KARIM DAD	BEHSOOD/WARDAK	NASR	0	08/08/91				1 YEAR MEDICAL KNOWLEDGE
102	ASGAR KHAN	JAMAL UDDIN	RUSTAQ/TAKHAR	SCNA	0	03/08/91				MEDICAL DOCTOR
103	ABDULLAH	SULMAN ALI	NAWOR/GHAZNI	NASR	0	15/08/91				9 MONTHS MEDICAL KNOWLEDGE
104	MOHD ALI	BOSTAN ALI	NAWOR/GHAZNI	NASR	0	15/08/91				6 MONTHS MEDICAL KNOWLEDGE
105	SAEED MOHD	SAEED AKBAR	NAHR E SARAJ/HELMAND	HIM	0	15/08/91				9 MONTHS MEDICAL KNOWLEDGE
106	SAEED NAEEM	SAEED SAHIR	NAHR E SARAJ/HELMAND	HIM	0	15/08/91				6 MONTHS MEDICAL KNOWLEDGE
107	ABDULLAH	ALI JAN	NAWOR/GHAZNI	NASR	0	15/08/91				1 YEAR MEDICAL KNOWLEDGE
108	ABDUL FARID	ABDUL GHAFOOR	RUSTAQ/TAKHAR	SCNA	0	15/08/91				6 MONTHS MEDICAL KNOWLEDGE
109	MOHD ALI	SULTAN ALI	JAGHORI/GHAZNI	HIM	0	22/08/91				1 YEAR MEDICAL KNOWLEDGE
110	MOHD HOSSA	HUSSAIN ALI	JAGHORI/GHAZNI	NASR	0	22/08/91				1 YEAR MEDICAL KNOWLEDGE
111	NOORULLAH	NOOPULLAH	AQ CHISHMA/SAMANGAN	NASR	0	22/08/91				1 YEAR MEDICAL KNOWLEDGE
112	ASSADULLAH	KHUDA DAD	AQ CHISHMA/SAMANGAN	NASR	0	22/08/91				18 MONTHS MEDICAL KNOWLEDGE
113	SAED AB. LATIF	SAEED GH. HAIDER	SURKH PARSA/PARWAN	HIM	0	22/08/91				MEDICAL DOCTOR
114	SAEED FARID	SAEED BAHADUR	JAGHATO/GHAZNI	HIM	0	05/09/91				MEDICAL DOCTOR
115	GHULAM HASSAN	SULTAN ALI	SURKH PARSA/PARWAN	HIM	0	05/09/91				9 MONTHS MEDICAL KNOWLEDGE
116	SARWI	ESHAQ	LALAL SARJANGL	HIM	0	05/09/91				1 YEAR MEDICAL KNOWLEDGE
117	IBRAHIM	MOHD ESSA	LAL SARJANGL	HIM	0	05/09/91				6 MONTHS MEDICAL KNOWLEDGE
118	ABDUL SAHIR	ABDUL WAFI	CHARDARA/KUNDOZ	HIM	0	05/09/91				MEDICAL DOCTOR
119	MUKTAR	ALI KHAN	JAGHORI/WARDAK	HIM	0	12/09/91				5 MONTHS DENTAL TECH.
120	MOHD NASIM	MOHD MEHDI	WARAS/BAMYAN	NASR	0	12/09/91				1 YEAR MEDICAL KNOWLEDGE
121	MOHD NASIR	MOHD SARWAR	BAMIAN	NASR	0	19/09/91				MEDICAL TECH.
122	SAEED SHAHBAZ	SAEED IQBAL	SURKH PARSA/PARWAN	HIM	0	19/09/91				NOT CERTIFIED
123	ABDUL SAMAN	MOHD ZAMAN	SANGLAKH/KABUL	SCNA	0	19/09/91				MEDICAL TECH.
124	ABDUL GHANI	KHAIRULLAH	JAWAND/BADGHIS	SSWE	0	19/09/91				16 MONTHS MEDICAL TECH.
125	MOHD DAVID	ABDULLAH JAN	TAKIN KOT/UROZGAN	SSWE	0	19/09/91				MEDICAL TECH.
126	MOHD BASIR	ABDUL HAMID	SHULGAR/BALKH	SCNA	0	19/09/91				MEDICAL DOCTOR
127	ERAM BAKHSH	JAN ALI	JAGHORI/GHAZNI	HIM	0	19/09/91				5 MONTHS DENTAL TECH.
128	HAMID SHAH	MOHD SARWAR	MIRBACHAKOT/KABUL	SCNA	0	19/09/91				MEDICAL DOCTOR
129	MOHD TAJOD	MOHSA ALAM	KOHDAMAN	SCNA	0	19/09/91				MEDICAL DOCTOR
130	ABDUL BASIR	MOHD KARIM	SHULGAR/BALKH	SCNA	0	19/09/91				LAB. TECH.
131	ABDUL MALAN	HULLAH QURBAN	DAULAT ABAD/BALKH	SCNA	0	19/09/91				9 MONTHS MEDICAL TECH.
132	MOHD ZAKIR	ABDUL GHAFOOR	JURM/BADAKHSHAN	SCNA	0	19/09/91				MEDICAL DOCTOR
133	MUSTAFA	GH. DASTAGIR	MIRBACHAKOT/KABUL	SCNA	0	19/09/91				MEDICAL DOCTOR
134	MOHD YAQUB KHAN	MOHD ALAM	MIRBACHAKOT/KABUL	SCNA	0	19/09/91				MEDICAL DOCTOR
135	NIAZ MOHD	FAQIR MOHD	BALKH	SCNA	0	26/09/91				3 MONTHS HEALTH WORKER
136	ALI MOHD	GH. HUSSAIN	DARA E SUF/SAMANGAN	NASR	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
137	HASSAN JAN	HAJI JAWID	SHAHRISTAN/UROZGAN	NASR	0	26/09/91				1 YEAR MEDICAL KNOWLEDGE)
138	MOHD IBRAHIM	GURBAN	SHAHRISTAN/UROZGAN	NASR	0	26/09/91				15 MONTHS MEDICAL KNOWLEDGE
139	MOHD IBRAHIM	HUSSAIN ALI	SHAHRISTAN/UROZGAN	NASR	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
140	ABDUL WAHAB	MOHD ZAFAR	NAHRIN/BAGHLAN	SCNA	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
141	ABDUL FARIN	MOHD HASSAN	SHULGAR/BALKH	NASR	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
142	SHER MOHD	ABDUL AHAD	DAYKIRDAD/WARDAK	SCNA	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
143	KHAN ALI	SULTAN ALI	MIRBACHAKOT/KABUL	HIM	0					16 MONTHS MEDICAL KNOWLEDGE
144	MOHD OSMAN	MOHD AMAN	MIRBACHAKOT/KABUL	SCNA	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
145	SHARAFUDDIN	ZIA UDDIN	DARAE SOUF/BAGHLAN	NASR	0	26/09/91				15 MONTHS MEDICAL KOWLEDGE)
146	EHSAN AHMAD	ATA MOHD	KAMAR BAMIAN	SCNA	0	26/09/91				16 MONTHS MEDICAL KNOWLEDGE
147	SAEED MOHD	NIAZ MOHD	BAIGZAD/BAGHLAN	SCNA	0	03/10/91				16 MONTHS MEDICAL KNOWLEDGE
148	MOHD SARWAR	MOHD NASI	PUSHTONKOT/FARYAB	SCNA	0	03/10/91				1 YEAR MEDICAL KNOWLEDGE
149	ADA MOHD	GUL NAZAR	PUSHTONKOT/FARYAB	SCNA	0	03/10/91				6 MONTHS MEDICAL KNOWLEDGE
150	HEMATULLAH	MOHD KARIM	PUSHTONKOT/FARYAB	SCNA	0	03/10/91				18 MONTHS MEDICAL KNOWLEDGE

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S.NO.	NAME:	F.NAME:	BIRTH_PLACE	ORGANI.	FACIL-NO	INTRV_DATE	W_EXAM	P_EXAM	APPROVED_RESULT
151	MIR HAMZON	MIR SEKANDAR	TAIWARA/GHOR	SSWE	0	03/10/91			MEDICAL DOCTOR
152	AHMAD ZIA	GH. DASTAGIR	TAIWARA/GHOR	SSWE	0	03/10/91			1 YEAR MEDICAL KNOWLEDGE
153	BASHIR AHMAD	ABDUL RAHIM	CHARKENT/BALKH	HIM	0	03/10/91			16 MONTHS MEDICAL KNOWLEDGE
154	ASSADULLAH	MOHD SARWAR	CHARKENT BALKH	HIM	0	03/10/91			15 MONTHS MEDICAL KNOWLEDGE
155	DOST MOHD	ENAYATULLAH	KHAN ABAD/KUNDOZ	SCNA	0	03/10/91			2 YEARS MEDICAL KNOWLEDGE
156	MOHD HAMAYUN	FAZEL MOHD	PAGHMAN/KABUL	SCNA	0	03/10/91			4 MONTHS MEDICAL KNOWLEDGE
157	MOHD SALIM	MOHD OMER	BAIGZAD/BAGHLAN	SCNA	0	03/10/91			1 YEAR MEDICAL KNOWLEDGE
158	FAIZ MOHD	HAJI GH. SAKHI	BAIGZAD/BAGHLAN	SCNA	0	03/10/91			1 YEAR MEDICAL KNOWLEDGE
159	ABDUL AHMAD	ABDUL HUSSAIN	KHAKRIZ/KANDAHAR	HIM	0	03/10/91			16 MONTHS MEDICAL KNOWLEDGE
160	MATIULLAH	ATAULLAH	CHARIKAR/PARWAN	SCNA	0	03/10/91			1ST YEAR OF PHARMACY FACULTY
161	SAIFUDDIN	GHAUS UDDIN	CHARIKAR/PARWAN	SCNA	0	03/10/91			2 YEAR MEDICAL KNOWLEDGE
162	MOHD SADIQ	MOHD ASGHAR	BEHSOOD/BAMIYAN	HIM	0	03/10/91			16 MONTHS MEDICAL KNOWLEDGE
163	SEBGHATULLAH	MOHD YOSUF	BAHARAK/BADAKHSHAN	SCNA	0	03/10/91			MEDICAL DOCTOR
164	ABDULLAH	ABDUL WARIS	WARAS/BARYAN	NASR	0	03/10/91			6 MONTHS MEDICAL KNOWLEDGE
165	MOHD ZIA	MOHD FEROZ	CHENTAL/BALKH	SCNA	0	03/10/91			3 YEAR MEDICAL KNOWLEDGE
166	SOHRAB	DAULAT SHAH	SHEGHNAN/BADAKHSHAN	SCNA	0	10/10/91			PHARMACIST
167	SAEED AZAM	SAEED HAMZA	SHEGHNAN/BADAKHSHAN	SCNA	0	10/10/91			MEDICAL DOCTOR
168	SERAJUDDIN	JORA GUL	CHENTAL/BALKH	SCNA	0	10/10/91			1 YEAR X-RAY TECH.
169	GH. FAROOQ	HAJI YOSUF	CHARKENT/FARYAB	SCNA	0	10/10/91			6 MONTHS KNOWLEDGE
170	SHAH NAZAR	FAQIR MOHD	NAWOR/GHAZNI	NASR	0	10/10/91			1 YEAR MEDICAL KNOWLEDGE
171	ABDUL HAMID	KHOL MOHD	CHARKENT/BALKH	SCNA	0	10/10/91			6 MONTHS MEDICAL KNOWLEDGE
172	MOHD SHAFIQ	MOHD SEDIQ	SHULGAR/BALKH	SCNA	0	10/10/91			MEDICAL DOCTOR
173	NOOR AHMAD	ABDUL QUDOS	ASKAZER/BADAKHSHAN	SCNA	0	17/10/91			3 YEARS NURSE
174	BESMELLAH	OBAIDULLAH	SAKANGAN/BADAKHSHAN	NASR	0	17/10/91			3 YEARS MEDICAL TECH.
175	KHUDYDAD	MOHD ESA	LAWLASHA/FARYAB	SCNA	0	17/10/91			1 YEAR MEDICAL TECH.
176	ASSADULLAH	RAJAB ALI	KHUJA OMER/GHAZNI	HIM	0	24/10/91			18 WEEKS FIELD MICROSCOPIST
177	NAZAR HUSSAIN	ALLAH NAZAR	BEHSOOD/WARDAK	HIM	0	24/10/91			18 WEEKS FIELD MICROSCOPIST
178	ATAULLAH	SURNAN GUL	CHENTAL/BALKH	SCNA	0	24/10/91			6 MONTHS MEDICAL KNOWLEDGE
179	MOHD LATIF	SULTAN ALI	JAGHORI/GHAZNI	HIM	0	17/10/91			18 WEEKS FIELD MICROSCOPIST
180	MOHD HOSSIN	MOHD YUNOS	MALISTAN/GHAZNI	HIM	0	24/10/91			1 YEAR MEDICAL KNOWLEDGE
181	ENAYATULLAH	MOHD ESA	MALISTAN/GHAZNI	HIM	0	24/10/91			1 YEAR MEDICAL KNOWLEDGE
182	AMANULLAH	KHAN MIR KHAN	KHOST/PAKTYA	HCPP	0	24/10/91			MEDICAL DOCTOR/SPECIA.INT.MED
183	ZAMARAI	MOHD YUNOS	SHULGARA/BALKH	SCNA	0	31/10/91			MEDICAL DOCTOR
184	AHMAD JAN	MOHD QASIM	BALKH	SCNA	0	31/10/91			2 YEARS MEDICAL KNOWLEDGE
185	HABIBULLAH	MOHD ALI	JAGHORI/GHAZNI	NASR	0	31/10/91			5 MONTHS FIELD MICROSCOPIST
186	GHARIB MOHD	NAZAR MOHD	ESHKASHIM/BADAKHSHAN	SCNA	0	07/11/91			2 YEARS SANITARIAN
187	SAEED OSMAN	SALEH MOHD	KHOST/PAKTYA	HCPP	0	07/11/91			MEDICAL DOCTOR
188	MOHD AKBAR	SHAH ISLAM	ESHKASHIM/BADAKHSHAN	SCNA	0	07/11/91			MEDICAL DOCTOR
189	MOHD HASAN	MOHD AZAM	JURM/BADAKHSHAN	SCNA	0	07/11/91			MEDICAL DOCTOR
190	MOHD NABIA	MOHD SEDDIQ	SHULGARA/BALKH	SCNA	0	07/11/91			MEDICAL DOCTOR
191	ALAM SAEED	SAIFUDDIN	IMAMSAHIB/KUNDOZ	SCNA	0	14/11/91			MEDICAL DOCTOR
192	MOHD NAEEM	ABDUL ALI	MALISTAN/GHAZNI	NASR	0	14/11/91			1 YEAR MEDICAL KNOWLEDGE
193	GUL MOHD	JALAL UDDIN	BERMAL/PAKTYA	HCPP	0	14/11/91			MEDICAL DOCTOR
194	SAEED NAMEN	SAEED MOHD HUSSAN	DAY KUNDI/URUZGAN	NASR	0	14/11/91			1 YEAR MEDICAL KNOWLEDGE
195	GH. SAKHI	HAMED ALI	DAY KUNDI/URUZGAN		0	14/11/91			6 MONTHS MEDICAL KNOWLEDGE
196	MOHD SAMI	YAR MOHD	SANGLAKH/WARDAK	SCNA	0	14/11/91			2 YEARS NURSE
197	SAEED AKBAR	SAEED MOHD HASSAN	DAY KUNDI/URUZGAN	NASR	0	14/11/91			1 YEAR MEDICAL KNOWLEDGE
198	KHAIR MOHD	FAIZ MOHD	BECHERAGH/FARYAB	SCNA	0	14/11/91			1 YEAR MEDICAL KNOWLEDGE
199	MIRZA SAEED	MALIK SAEED	FARYAB	SCNA	0	21/11/91			6 MONTHS DENTAL TECH.
200	GUL KHAN	SHER KHAN	ESHKASHIM/BADAKHSHAN	SCNA	0	21/11/91			1 YEAR MEDICAL KNOWLEDGE

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201	MOHD SALEEM	MOHD HUSSAIN	WARAS/BAMYAN	HIM	0	21/11/91			9 MONTHS MEDICAL KNOWLEDGE
202	ZAHIR UDDIN	KHUJA ZHAIR UDDIN	FARYAB	SCNA	0	21/11/91			3 YEARS NURSE
203	KHAN MOHD	KHAIR MOHD	SURKH PARSA/PARWAN	HIM	0	21/11/91			NOT QUALIFIED
204	MOHD SALIM	NOOR MOHD	SAEED ABAD/WARDAK	SCNA	0	21/11/91			MEDICAL DOCTOR
205	MOHD SHARIF	MOHD SAJEB	BAMYAN	HIM	0	21/11/91			1 YEAR MEDICAL KNOWLEDGE
206	SAEED MOHD ALI	SAEED AMER REZA	SURKH PARSA/PARWAN	HIM	2015	21/11/91			6 MONTHS MEDICAL KNOWLEDGE
207	KHALID PAP	CHAMAN ALI	JAGHORI/GHAZNI	HIM	7009	05/12/91			6 MONTHS DENTAL TECH.
208	SAMIULLAH	MOHD AMIR	CHARDARA/KUNDOZ	SCNA	1156	05/12/91			6 MONTHS DENTAL TECH.
209	SAEED HUSSAIN	SAEED AB. HUSSAIN	SANGCHARAK/JAUZJAN	HIM	1234	05/12/91			6 MONTHS DENTAL TECH.
210	NESAMUDDIN	BALTA	YANGI QALA/TAKHAR	SCNA	0	05/12/91			MEDICAL DOCTOR
211	GH. SARWAR	IBRAHIM	KAJRAN/URUZGAN	HIM	0	05/12/91			6 MONTHS DENTAL TECH.
212	ABDULLAH SADIDI	ABDUL RAHMAN	ENJEEL/HERAT	SSWE	1032	12/12/91			FELCHER ASSISSTT. DOCTOR
213	ABDUL KHALID	MIRZA HUSSAIN	NAD ALI/HELMAND	HIM	1200	12/12/91			6 MONTHS DENTAL TECH.
214	MOHD ACHIL	CHARIKOY	SANGCHARAK/JAUZJAN	SCNA	0	12/12/91			NOT QUALIFIED
215	KHAN MOHD	KHAIR MOHD	CHARDEH/KABUL	HIM	2015	12/12/91			6 MONTHS X-RAY TECH.
216	MOHD HALIM	RAZ MOHD	JAGHORI/GHAZNI	NASR	1044	12/12/91			6 MONTHS DENTAL TECH.
217	MOHD SHARIF	SHAMSUDDIN	SANGCHARAK/JAUZJAN	SCNA	0	12/12/91			NOT QUALIFIED
218	MOHD QASSIM	KHAN NAZAR	SANGCHARAK/JAUZJAN	SCNA	0	12/12/91			1 YEAR MEDICAL KNOWLEDGE
219	SARDAR MOHD	FATEH MOHD	NANGARHAR	SCNA	2001	19/12/91			3 YEARS NURSE
220	ABDUL RADIR	ABDUL HABIB	PAGHMAN/KABUL	SCNA	2001	19/12/91			6 MONTHS MEDICAL KNOWLEDGE
221	GULRUDDIN	HAJI MOHD SHAH	SARA PUL/JAUZJAN	SCNA	0	19/12/91			6 MONTHS MEDICAL KNOWLEDGE
222	SOOR GUL	MOHD AMIN	SARA PUL/JAUZJAN	SCNA	0	19/12/91			3 MONTHS FIRST AID
223	SHAMSULLAH	HAYATULLAH	SARA PUL/JAUZJAN	SCNA	0	19/12/91			1 YEAR MEDICAL KNOWLEDGE)
224	MOHD JAN	DIDAR	WARAS/BAMYAN	NASR	0	31/03/92			MEDICAL TECH. BASIC LEVEL
225	AMANULLAH	HAJI GUL HUSSAIN	KHOST/PAKTYA	HCPP	0	16/01/92			VERY LOW SCORE REFER TO CMCEP
226	SAEED JALAL	SAEED ISHAEEL	BAGHRAN/HELMAND	HIM	1200	16/01/92			REF. TO CMCEP REFRESHER
227	MOHD AMIN	MOHD DAD	WARAS/BAMYAN	NASR	0	16/01/92			MEDICAL TECH.
228	MOHD AKBAR	MOHD AKRAM	WARAS/BAMYAN	NASR	0	16/01/92	74		MEDICAL TECH.
229	SHARIF	MOHD HAIDAR	SAGHAR/GHOR	SSWE	1028	16/01/92	60		NOT CERTIFIED AS RHW
230	ABDUL SAMI	RAJAB ALI	JALRIZ/WARDAK	HIM	0	23/01/92	90		BASIC MEDICAL TECH.
231	MOHD JUSA	ABDUL HAKIM	MALISTAN/GHAZNI	NASR	1196	23/01/92	47		NOT QUALIFIED
232	MOHD NAEEM	ABDUL ALI	MALISTAN/GHAZNI	NASR	1196	23/01/92	67		NOT APPROVED(18 TRAIN)
233	SAEED MOHD	GH. NABI	FARGI/FARAH	SSWE	1222	23/01/92	60		NOT APPROVED
234	IBRAHIM	MOHD ESA	LAL/GHOR	HIM	0	23/01/92	80		2 YEARS TRAINED MEDICAL TECH.
235	ABDUL QADIR	GH. MOHD	TAIWARA/GHOR	SSWE	1221	16/01/92	54		REF. TO CMCEP REFRESHER TRAIN.
236	SAEED ABDULLAH	S. ABDUL RAHMAN	SAGHAR/GHOR	SSWE	1028	16/01/92	58		REF. TO CMCEP REFRESHER TRAIN.
237	MOHD MUSA	KAZIM ALI	JAGHORI/GHAZNI	NASR	0	06/02/92	80		ADVANCED LEVEL MEDICAL TECH.
238	KHADIM HUSSAIN	HAIDER ALI	JAGHORI/GHAZNI	NASR	0	06/02/92	74		ASSUME 1 YEAR TRAINING
239	SAEED ALI SHAH	ZAMAN SHAH	URGON/PAKTIKA	HCPP	0	06/02/92	92		PHARMACIST
240	MIR ISLAMUDDIN	MIR JALAL UDDIN	JAMAL AGHA/KAPISA	SSWE	11450	06/02/92	76		DIPLOMA NURSE
241	MOHD KHAN	MOHD SANA	PUNJSHER/KAPISA	SCNA	2009	06/02/92	91		ANEASTHESIA TECH.
242	NIAMATULLAH	LAL MOHD	NAHRIN/BAGHLAN	HCPP	0	09/01/92	66		MED. LEVEL MEDICAL TECH.
243	SAEED HABIBULLAH	SAEED MUSTAFA	CHESHT SHARIF/HERAT	SSWE	1026	16/01/92	69		MEDICAL TECH. (ENTRY LEVEL)
244	MOHD ANWAR	MOHD AKBAR	HERAT	SSWE	0	20/02/92			MEDICAL DOCTOR
245	MOHD YAQUB	JALAL	KHOST/PAKTYA	HCPP	0	20/02/92			MEDICAL DOCTOR
246	CHAMAN SHAH	MOHD TAHIR	MALISTAN/GHAZNI	NASR	0	09/01/92	56		MED. LEVEL HEALTH WORKER
247	SHAMSULLAH	NOORULLAH	PAGHMAN/KABUL	MOPH	1091	19/02/92			MEDICAL TECH. BASIC LEVEL
248	MOHD KHAN	MOHD AZIM	MOHAMAD AGHA/LOGAR	MOPH	1084	05/01/91			3 YEARS MEDICAL STUDENT
249	MEHRABUDDIN	BUSTAN			0	19/12/90			MEDICAL TECH. BASIC LEVEL
250	BASHIR AHMAD	FAZEL AHMAD	URUZGAN	MOPH	1150	01/02/59			MEDICAL TECH. BASIC LEVEL

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MEDICAL CERTIFICATION PROGRAM
RESULTS OF INTERVIEWD CANDIDATES

S.NO.	NAME:	F.NAME:	BIRTH_PLACE	ORGANI.	FACIL-NO	INTRV_DATE	W_EXAM	P_EXAM	APPROVED_RESULT
251	WAKIL AHMAD	FAZEL AHMAD	KHAS URUZGAN/URUZGAN	MOPH	1235	19/02/92			MEDICAL TECH. BASIC LEVEL
252	ABDUL SAMAD	ABDUL AZIZ	JABAL SARAJ/PARWAN	SSWE	1028	27/02/92	90		ADVANCED MEDICAL TECH.
253	MOHD YAMUS	NAWROZ ALI	YAKAWALANG/BAMYAN	NASR	0	23/01/92	90		NOT CONCUR AS ASSISTT. DOCTOR
254	ABDULLAH	MOHM ZAHIR	DARA BAGH/GHAZNI	HIM	1202	27/02/92	50		NOT QUALIFIED AS MED LEVL H.WORKER
255	DEL AGHA	SARDAR MOHD	KABUL	SSWE	0	02/02/92			MEDICAL DOCTOR
256	ABDULLAH	MOHD ALI	JAGHORI/GHAZNI	NASR	1191	19/02/92	100		LAB. TECH.
257	AHMAD ALI	KHADIR ALI	KALISTAN/GHAZNI	HIM	1114	25/02/92	22.5		MEDICAL TECH.
258	MOHD KARIM	MOHD EHSAN	GHAZNI	NASR	1185	23/02/92	80		6 MONTHS DENTAL TECH.
259	BARAKAT ALI	MOHD EWAZ	JAGHORI/GHAZNI	HIM	1114	20/02/92	56		NOT QUALIFIED
260	SUFI MOHD	WAZIR MOHD	MANDOZAI/PAKTYA	MCPP	1241	12/03/92	68		MEDICAL TECH. BASIC LEVEL
261	MOHD AMIN	GULBUDDIN	CHAK/WARDAK	MCPP	0	15/03/92	87		ADVANCED MEDICAL TECH.
262	WAKIL AHMAD	FAZLUL HAQ	HERAT	SSWE	1015	12/03/92	80		ADVANCED MEDICAL TECH.
263	ABDUL HALEEM	SHAH MOHD	KOHISTAN/KAPISA	SSWE	1145	20/02/92	60		BASIC LEVEL MEDICAL TECH.
264	DOST MOHD	MOHD ZAMAN	KABUL	SCHA	0	20/02/92	48.5		NOT QUALIFIED
265	ABDUL MOHD	GH. MOHD	PAGHMAN/KABUL	SCHA	2001	24/03/92	60		X-RAY TECH.
266	KAMROBUL HAQ	MOHD ANWAR	ZURMAT/PAKTIKA	MCPP	0	19/02/92	42		NOT QUALIFIED
267	ABDUL GHEYASS	ABDUL GHANI	GHAZNI	NASR	1186	19/02/92			MEDICAL DOCTOR
268	ABDUL MOHAMMAD	GH. MOHAMMAD	KABUL	SSWE	0	04/06/92			MEDICAL DOCTOR
269	MOHD NAEEM	GH. HASSAN	KABUL	HIM	1134	07/06/92	72		BASIC LEVEL MEDICAL TECH.
270	MOHD KAMEL	HAJI BABA	RUSTAQ/TAKHAR	SCHA	2013	17/06/92	74		X RAY TECH.(3 MONTHS TRAINING)
271	SAEED AHMAD	SAEED DAUD	KABUL	HIM	1112	18/06/92	82.5		FELCHER (4 YEARS TRAINING)
272	GHULAM HADI	GHULAM RASUL	HERAT	SSWE	0	25/06/92			MEDICAL DOCTOR
273	MOHD DAUD	ABDUL GHAFOUR	KABUL	SSWE	0	25/06/92			MEDICAL DOCTOR
274	MOHD SALIM	MOHD YASIN	KABUL	SSWE	0	25/06/92			MEDICAL DOCTOR
275	MOHD JAMIL	NOORULLAH	KHOST/PATIA	MCPP	0	25/06/92			PHARMACIST
276	MOHD ZAHIR	MOHD ANWAR	SARANGAN	HIM	1234	27/06/92	69		BASIC LEVEL MEDICAL TECH.
277	MOHD ARIF	ABDULLAH	JAWZJAN/FAIZ ABAD	SCHA	0	14/07/92	77	50	FIRST AIDER
278	MOHD ANWAR	ALLAH MURAD	MAZAR-E-SHARIF	SCHA	0	14/07/92	71	30	NOT QUALIFIED AS BASIC MED.TECH.
279	MOHD HUMAYOON	WAJEHUDEEN	BADAKHSHAN	SCHA	0	23/07/92	GOOD	GOOD	ANEASTHESIA TECHNICIAN
280	MIR HAMAYUN	MIR SEKANDAR	KABUL	HIM	1175	30/07/92			DOCTOR
281	SHER AHMAD	NOOR AHMAD	KABUL	HIM	1187	29/07/92	GOOD	GOOD	LAB. TECHNICIAN
282	ZAMIN ALI	RAMAZAN	KABUL	NASR	1210	29/07/92	GOOD	GOOD	FIELD MICROSCOPIST
283	ABDUL AHMAD	GUL MOHAMMAD	BAGHLAN	NASR	1228	29/07/92	GOOD	GOOD	FIELD MICROSCOPIST
284	MOHD SABIR	DUR MOHD	JURM/BADAKHSHAN	SCHA	1211	23/08/92			MEDICAL DOCTOR
285	DELABAR	GH. SAKHI	BAMYAN	HIM	1165	23/08/92	66	68	MEDICAL TECH. BASIC LEVEL
286	MAKAY JAN	NOORULLAH KHAN	KABUL	MCPP	0	03/06/92	72	76	LHV ASSISTANT
287	LAJ MIR	SHER HUSSAIN	KHOSHI/LOGAR	HIM	1175	09/09/92	60	GOOD	DENTAL HEALTH WORKER
288	ABDUL HADI	M.ABDUL KARIM	FARYAB	SCHA	2003	17/09/92			PH D IN MEDICINE
289	HANIFA	MOHD SEDIQ	KABUL	SCHA	2003	17/09/92			MEDICAL DOCTOR (SPECIST)
290	RAHMULLAH	MULA MOHD	KABUL	HIM	2015	17/09/92			MD DOCTOR
291	MOREHA	ABDUL QAYUM	MAZAR E SHARIF	SCHA	0	17/09/92			QUALIFIED NURSE
292	SAID MOHD SHAFI	SAID AMIR SHAH	KABUL	SSWE	7013	24/09/92			MEDICAL DOCTOR

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MANAGEMENT TRAINING PROGRAM

MANAGEMENT WORKSHOPS - 1991-92

IPH

TYPE	NUMBER	LOCATION	DATE FROM	DATE TO	TRAINING DAYS
PPHD	22	IPH	14/12/91	24/12/91	10
HOSPITAL	20	IPH	11/4/92	19/4/92	8
BHW	20	IPH	11/4/92	16/4/92	3
RHO	20	IPH	13/4/92	18/4/92	5
MOPH	20	IPH	20/4/92	26/4/92	6
CMCEP	20	IPH	13/7/92	16/7/92	4
MCI	20	QUETTA	13/7/92	16/7/92	4
MCHO	12	OB/GYN	27/9/92	1/10/92	5
TOTAL NO.	154				

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MANAGEMENT WORKSHOPS - 1991-92

IPH

TYPE	NUMBER	LOCATION	DATE FROM	DATE TO	TRAINING DAYS
PPHD *	22	IPH	14/12/91	24/12/91	10
HOSPITAL	20	IPH	11/4/92	19/4/92	8
BHW	20	IPH	11/4/92	16/4/92	3
RHO	20	IPH	13/4/92	18/4/92	5
MOPH	20	IPH	20/4/92	26/4/92	6
CMCEP	20	IPH	13/7/92	16/7/92	4
MCI	20	QUETTA	13/7/92	16/7/92	4
MCHO	12	OB/GYN	27/9/92	1/10/92	5
TOTAL NO.	154				

* PPHD

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INTHE APRIL 30, 1992

REPORT ON

MASTER MANAGEMENT TRAINERS

TRAINING PROGRAM

INTRODUCTION

At the conclusion of the 1991 Senior Managers Workshop for health managers from four area health committees, participants were asked to identify their additional management training needs, if any. In addition to identifying topics that they felt would help senior managers improve their job performance, the participants felt that management training was needed for personnel at all levels in the health system. BHWs, Mid Level Health Workers, clinic and hospital directors provincial health officers, and senior staff of area and zonal health offices were mentioned. This need was supported by the fact that education and training had been neglected during the war years and that many administrative positions were filed by younger, less experienced persons.

The discussion with the Senior Managers focused on how to train such a large, diverse group of health workers. The consensus was that a cadre of management trainers would be necessary and that support of their effort would have to be provided from outside sources. It was suggested that MSH consider developing a program to train management trainers.

In response to the recommendation of the senior managers MSH developed a master management trainers training program with the following goals:

1. To strengthen and expand the capacity of training centers inside Afghanistan by including management training.

2. To strengthen the administration of health facilities, Training Centers, Health Committees, Zonal, Provincial, and District Health Offices and the Ministry of Public Health.

3. Provide job specific management skills training to health workers at all levels. Concentrate on improving job performance.

4. Improve the planing and management process of the health delivery system.

DEVELOPMENT OF PROGRAM

A review of management training that was available from other donors in Peshawar was conducted. This step was considered essential so as to avoid duplicating what other organizations had done. The first step was a review of material available in the ACBAR library. No material was available from this source for management training or to train management trainers. Following leads uncovered through networking, MSH Health Services Development staff visited other donor organization and NGOs that were involved in training.

The staff found that Save the Children UK had developed and was conducting a two week Training of Trainers Program. However, the training was conducted from a slyblus, and written curriculum was not available Written curriculum was considered necessary for our purpose because Master Management Trainers may in the future be required to train other trainers. Also, the slyblus was written for a general audience and it was felt that health management trainers needs could better be met with a TOT program that was health management and Afghanistan specific. Also, it was felt that management skills training should be integrated into training of trainers material to the maximum extent possible, making possible improvement of the trainers management knowledge and skills while developing training skills.

In addition to the training offered by Save the children UK, International Rescue Committee was offering training course on administration. The course emphasis was on office procedures and administration. The course was general and not specific to health. MSH felt that the master management trainers required more emphasis on management skills.

Several other NGOs expressed an interest and felt that there was a need for management training for health personnel in Afghanistan. Since these organizations were primarily engaged in the delivery of health services they had no plans to offer training in management.

THE TRAINING PLAN

MSH Health Services Development developed a training plan to train Master Management Trainer with the following specific objectives:

1. Provide a modular curriculum that could be used by the trainers to train groups of health workers that had similar management training needs. The curriculum should be designed so that the trainer could select modules that met the management training needs of a specific group of health workers.

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2. Provide each management trainer with a set of modules that could be reproduced inside Afghanistan for handout material and a set of transparencies for each module to be used as a training aid. In this way the trainer would only require access to an overhead projector and reproduction facilities. MSH supported training centers are provided with a Gestetner machine and a stencil maker.

3. Train Master Management trainers in training skills and on the use of each module. Training to include practice training in Peshawar under MSH supervision.

4. Deploy Master Management trainers to MSH supported training centers in Afghanistan and to the Institute of Public Health training center in Peshawar by Spring 1992.

5. Provide support for the conduct of management training workshops over the balance of the project.

6. Provide refresher training and train additional trainers as needed.

THE SELECTION OF THE CANDIDATES

Prior education and experience requirement expected of candidates for Master Management Trainer was discussed with the four MSH supported Area Health Committees and the Institute of Public Health. Working with the committees and IPH a job description was developed. A copy of the job description is shown in appendix I. In addition to the job description, the following selection criterion was agreed to:

1. Candidates should be living in Afghanistan or willing to relocate following completion of training,

2. Have a minimum of a high school education, and

3. Read and speak some English was optional, but Dari and/or Pushto was essential.

The Institute of Public Health and the four Area Health Committees recommended candidates for placement at MSH supported training centers in their area. Candidates were interviewed by their respective organization, and MSH and the most appropriate candidate for each center was selected.

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Background of the candidates selected was:

Doctor	4
Pharmacist	1
Engineering Faculty	2
Teachers Training	1
Institute of Public Health Trainer	2
Science Faculty	1
Non Doctor Medical Training	2
Class 12 Graduate	2

THE TRAINING PROGRAM:

Since the Master Management Trainers will be training health personnel in management and not all of the trainers had had prior health training or experience the first week of their training was devoted to an orientation to primary health care. This orientation was conducted by the capable health trained staff of the Area Health Committees and the Institute of Public Health. Emphasis in this part of the training was on Maternal and Child Health, Primary Health Care, organization of health services at the local level and the MPH five year health plan.

The second week of training was devoted to developing training skills. During this week selected management modules were introduced and used to demonstrate training techniques.

The next four weeks were devoted to developing management skills. Using the 27 modules that had been developed for this purpose. Each trainer prepared and presented two or three modules under close supervision. Each presentation was critiqued by the other trainees and the trainee presenting the module was given an opportunity to do additional preparation as required. The management modules are listed in Appendix II.

The seventh week was devoted to training the participants on conducting a training need assessment, and to the development of a management training workplan for each training center. The trainees were divided into five teams of three, and assigned to do a management training assessment for a group of MOPH or Area Health Committee management and administrative personnel in Peshawar. Each team presented their assessment in plenary session and were assigned to develop a training plan for a workshop for their group. These workshops are discussed in the section of this report on Follow Up and Practice training.

The management training workplan for six training centers for June through December 1992 is as follows:

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Health Committee of Paktia and Pakteka, Miramshah Training Center.

May - 15 - Training center and area health committee staff
June - 15 - Basic Health Workers
July - 15 - Basic Health Workers
November - 20 - Basic Health Workers

Health Committee, Supervisory Council of Northern Afghanistan, Takhar Training Center

June - 15 - Basic Health Workers
October - 15 - Basic Health Workers
November - 18 - Administrators of Hospitals
November - 18 - Administrators of clinics

Health Committee, Supervisory Council of Northern Afghanistan, Balkh Training Center

August - 15 - Basic Health Workers
August - 15 - Basic Health Workers
December - 10 - Administrators and Store Keepers
December - 10 - Administrators of Clinics

Health Committee, Central Afghanistan, Besood Training Center

June - 10 - Administrators of Hospitals/Clinics
August - 20 - Basic Health workers
September- 15 - Vaccinators
September- 11 - Administrative staff of hospital and clinics
November - 11 - Administrative staff of hospital and clinics

Health Committee of South and Southwest (training center site not selected)

August - 15 - Administrators, Hospitals and Clinics
September - 15 - Administrators, Hospitals and Clinics
October - 8 - Basic Health Workers
November - 15 - Depot staff and Store Keepers

Institute of Public Health, Wardak Training Center

June - 15 - Administrative staff clinics/hospitals and training center staff
August - 12 - Basic Health Workers
Sep - Oct - 15 - Basic Health Workers

Institute of Public Health, Mobile team

June - 12 - Hospital/Clinic Managers
July - 12 - Mid level Health workers
September- 15 - BHWs

Institute of Public Health Peshawar

May - 15 - MPH Managers
June - 15 - MPH administrative persons
July - 20 - RHOs
August - 30 - BHWs
September- 23 - Mid level Health Workers
October - 12 - Lady Doctors

FOLLOW UP and Practice Training

Based on the training need assessment conducted during the final week of training the trainers, working in the same five teams that were organized to conduct training needs assessments developed a training plan to train the group for which they had conducted the needs assessment. The training plans included:

Module selection,
Arrangements for a training site,
Selection of participants,
Reproduction of modules and arrangements for supplies,
Preparation to conduct sessions, and
Invitations to participants

Preparations were completed in March and workshops, under MSH supervision were conducted in April. Workshops were conducted: For the following groups:

PARTICIPANTS	NUMBER
Rural Health Officers	20
Basic Health Workers	11
BHW and RHO Trainers	12
Area Health Committees/Hospital Staff	20
Area Health Committee/MPH Departments Staff	12
	75

At the end of April the staff of Health Services development Department of MSH met with the Master Management Trainers before their departing for Afghanistan. Workplans were reviewed and finalized. The operation of MSH supported training centers was discussed with emphasis on the need to coordinate management training with other training that was scheduled at each center. Procedures for requesting MSH support and clearing advances was, also discussed.

RECOMMENDATIONS:

1. Train additional Master Management Trainers as required.
2. Do refresher training for Master Management Trainers.
3. Train Master Management Trainers to develop curriculum.
4. Develop addition management modules as required.
5. Support financially and technically the activities of management training in MPH and Area Health Committees.

APPENDIX I

JOB DESCRIPTION

MASTER MANAGEMENT TRAINER

JOB DESCRIPTION

DESIGNATION	Master Management Trainer
REPORTS TO	Health Committee, Training Department.
JOB SUMMARY	The position is located inside Afghanistan at health committee, Training Centers. Under the direction of the Training Department Director or Training Advisor the trainers will design and arrange the management training programme and the sessions. The trainers will assess management training needs of health workers, administrators and other selective staff of the health committee, hospitals and clinics, prepare the curriculum and select the necessary topics of management for the different level of trainees/staff. Through 12 months, the trainers have to set up at least three sessions of the training. After completing 3 each training programme, the trainers will provide the reports on whatever done in this context and submit to the Training Department and the Liaison Office. The trainer will bring all necessary documents and reports of activities to the Liaison Office and set forth the matters with supporting partners (MSH Training Department, Health Services Development Advisor, ...) and the Training Advisor of the Health Committee to improve the programme in the future. During his stay in Peshawar he will attend the refresher management training. Just after completion of the training in Peshawar, the trainer will back to inside Afghanistan, in accordance with the schedule of the management trainers' attendance assaigned by the Health Committee/Liaison Office the incumbent must follow the timetable of his duties as follows: * Trainers to represent, for review and approval, their annual workplan to the Liaison Office prior to returning to Afghanistan. * After the review of annual workplan, the trainers have to return to Afghanistan withen 2 weeks and organize the first training workshop.
SPECIFIC DUTIES/ RESPONSIBILITIES	(1)-Plan and conduct the training programmes and workshops on general management and sensible specific subjects of management. (2)-Assaign regulations and requirements for the training and perform administrative functions involved in conducting training sessions inside Afghanistan. (3)-Evaluate the training effectiveness through local visits of the health facilities and administrative departments from which the trainees have been trained. (4)-Make proposals and set forth needs and matters with the Health Committee, Training Deptt, Liaison Office & Supporting Organization to ensure the training requirements, supplies and operational budget of the training courses. (5)-Prepare necessary documents & report of activities to concerned deptts as required. (6)-Attend the annual refresher management training/workshops in Peshawar. (7)-Coordinate the Liaison Office and the Training advisor as required. (8)-Any other duties assaigned by the health committee/concerned competent departments
QUALIFICATION	EDUCATION: Advanced Level Health Worker (MD or Assist.Doctor) or Technical person with minimum education level of 12 classes of school. EXPERIENCE: More than 5 years of experience in health services inside Afghanistan and/or more than 3 years in the field of training and education. LANGUAGE PROFICIENCY: Excellent raeding, writing and speaking of persian. Good writing and reading of english (with speaking fair english).

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APPENDIX II

LIST OF

MANAGEMENT MODULES

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1. Introduction to Administration
2. Time Management
3. Meeting
4. Personnel Management
5. Policies
6. Hiring
7. Job Description
8. Supervision
9. Delegation
10. Motivation
11. Designing Forms
12. Written Communication
13. Office Management
14. Problem Solving
15. Basic Account
16. Filling
17. Additional reading Material
18. Supply System Organization
19. Decision Making
20. Setting Objectives
21. Manpower Planning
22. Developing Workplans

Indicators	Baseline	FY93	Cumulative	Rest	PCD	Analysis
1. Training						
a. Critical Events Agenda						
b. # BHW trained	2,223	13	2,238	0	2,238	
c. RHO trained	20	-	20	0	20	
d. MCHO graduated	10	-	10	12	22	
e. Buddy Care participants	37,090	-	37,090	0	37,090	
f. ML & MD continuing education participants	187	-	187	0	187	
g. BHW continuing education participants	2,689	88	2,777	960	3,737	
h. Overseas participant training	22	0	22	0	22	
2. Health Services Development						
a. Critical Events Agenda						
b. RHA Identified and supported	4	-	4	-	0	
c. RHA workplans and budgets developed	11	1	12	-	12	
d. Senior Health Managers Workshop participants	74	9	83		83	
e. Management trainers trained	15	-	15		15	
f. Basic Health Management trainees	318	257	575		575	
g. PPHO established	5	0	5	0	5	
3. Health services implementation						
a. Critical Events Agenda						
b. Basic Health Posts established	2,213	20	2,233		0	
c. Basic Health Centers established	197	0	197		0	
d. Comprehensive Health Centers established	41	0	41		0	
e. Primary Health Care Hospitals established	16	0	16		0	
f. Cancelled from support:						
Basic Health Posts	1,035	106	1,141	55	2,233	
Basic Health Centers	74	19	93	8	197	
Comprehensive Health Centers	12	5	17	4	41	
Primary Care Hospitals	0	2	2	2	16	
MCH clinics	5	4	9	1	62	
MCH posts	8	4	12	2	30	
VHS training sites	0	4	4	4	20	
PPHO	5	0	5	0	5	
g. # of facilities with revenue generation	30	20	50	2	346	

Baseline are outputs from November 1986 - September 1992
FY93 are outputs for Q1 and Q2
Cumulative are outputs up to March 1993
PCD are cumulative outputs at April 30th, 1994.

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيْمِ

وَنُنَزِّلُ مِنَ الْقُرْآنِ مَاهُوَشِفَآءٌ وَّرَحْمَةٌ لِّلْمُؤْمِنِيْنَ

Islamic State of Afghanistan
Ministry of Public Health

دولت اسلامی افغانستان
وزارت صحت عامه

This is to certify that _____ s/o _____ actively participated the workshop of Management which was conducted from / / to / / by the institute of Public Health.

بدین وسیله از اشتراک فعال محترم ( ) ولد ( ) در ورکشاپ منجمنت که از تاریخ ر ر الی ر ر از طرف انستیتوت وزارت صحت عامه دائر گردیده بود تصدیق میشود.

امضای رئیس انستیتوت صحت عامه

480

MEDICAL KIT LIST

LIST OF KITS INCLUDED IN

B.H.W.INITIAL SUPPLY (FOR SIX MONTHS)
MARCH 1994

KIT NAME	QUANTITY
1 - BHW D1 KIT.	1
2 - BHW D KIT.	5
3 - BHW EQUIPMENT KIT.	1
4 - BHW FIELD KIT.	1
6 - DAI KIT.	8

Management Sciences for Health / Peshawar
Basic Health Worker - DI Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	1,000	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	83.50	2.75
2.141	3	PENTAZOCINE 30MG/ML SOLUTION	AMP 30MG x 1ML	42.88	1.41
3.001	200	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	2.96	0.10
6.191	100	MEBENDAZOLE 100MG TABLET	TAB 100MG	18.00	0.59
6.326	350	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	99.75	3.29
6.328	10	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	51.00	1.68
6.701	250	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	52.50	1.73
10.101	2,000	FERROUS SULPHATE + FOLIC ACID	TAB 60MG+0.25MG	204.00	6.73
13.201	8	GENTIAN VIOLET,TOPICAL USE	POW 25GMS	96.00	3.17
13.203	1	NITROFURAZONE 0.2% CREAM	CRM 0.2%,28GR TUB	7.09	0.23
13.601	3	BENZYL BENZOATE 25% EMULSION	EMN 25%,60ML BTL	17.10	0.56
15.001	1	CHLORHEXIDINE 1.5% + CETRIMIDE 15%	SOL 1.5%+15%, 1 LIT	47.00	1.55
17.101	200	ALUMINIUM HYDROXYDE (COMP.) TABLET	TAB 400MG	15.20	0.50
17.621	100	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	228.00	7.52
21.101	15	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	33.45	1.10
28.301	2	BUCCAL THERMOMETER F+C	PIECE	52.00	1.72
29.132	4	SYRINGE HYPO LUER DISP.2CC,WITH NED	2CC,0.1CC GRADUATED	6.00	0.20
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.311	3	CREPE BANDAGE ROLL	4.5Mx10CM	26.40	0.87
33.321	3	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	49.00	1.58
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.332	1	COTTON HYDROPHILIC ROLL	ROLL 300GMS	18.00	0.59
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.501	1	NAILBRUSH FOR SURGEON, NYLON HAIR	8CMx2.5CM	4.50	0.15
33.503	50	MINI SOAP BAR	30 GMS BAR	97.50	3.22
99.121	2	"GREEN BOOK"	PIECE	70.00	2.31
99.301	250	PACKET FOR MEDICINE	CMx CM	19.00	0.63
*** Total ***				1415.25	46.68

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Management Sciences for Health / Peshawar
Basic Health Worker - D Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	1,000	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	83.50	2.75
3.001	200	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	2.96	0.10
6.101	100	MEBENDAZOLE 100MG TABLET	TAB 100MG	18.00	0.59
6.326	350	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	93.75	3.29
6.328	10	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	51.00	1.68
6.701	250	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	52.50	1.73
10.101	2,000	FERROUS SULPHATE + FOLIC ACID	TAB 60MG+0.25MG	204.00	6.73
13.203	1	NITROFURAZONE 0.2% CREAM	CRM 0.2%,20GR TUB	7.09	0.23
13.601	1	BENZYL BENZOATE 25% EMULSION	EMN 25%,60ML BTL	17.10	0.56
17.101	200	ALUMINIUM HYDROXYDE (COMP.) TABLET	TAB 400MG	15.20	0.50
17.621	100	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	228.00	7.52
21.101	15	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	33.45	1.10
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.311	3	CREPE BANDAGE ROLL	4.5Mx10CM	26.40	0.87
33.321	3	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	48.00	1.58
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	50	MINI SOAP BAR	30 GMS BAR	97.50	3.22
99.301	250	PACKET FOR MEDICINE	CMx CM	19.00	0.63
*** Total ***				1078.87	35.58

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Management Sciences for Health / Peshawar
Basic Health Worker - Equipment Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
29.603	1	ARM CIRCUMFERENCE TAPE	PIECE	6.00	0.20
29.605	1	CUTTING PLIERS		15.00	0.49
31.225	2	SHEETING, PLASTIC.	910 X 1800MM	150.00	4.95
32.201	1	RAZOR SAFETY, ALL METAL		7.80	0.26
32.314	1	OPERATING SCISSORS BLUNT/BLUNT	STRAIGHT 14.5CM	18.00	0.59
32.412	1	DRESSING FORCEPS, THUMB, BROAD	THUMB, BROAD 15CM	15.00	0.49
32.423	1	FORCEPS HEMOSTATIC KELLY, STRAIGHT	STRAIGHT 14CM	30.00	0.99
32.424	1	FORCEPS HEMOSTATIC KELLY, CURVED	CURVED 14CM	30.00	0.99
32.451	1	FORCEPS SPONGE HOLDING RAMPLEY	25CM	47.00	1.55
32.901	2	STAINLESS STEEL BOX 8"x3"	8"x3"	200.00	6.60
33.111	1	LISTER BANDAGE SCISSORS, ANGULAR	ANGULAR 18CM	30.00	0.99
33.114	1	ORDINARY SCISSORS, STRAIGHT	8.5"	36.00	1.19
33.115	1	NAIL CUTTER		10.00	0.33
33.131	1	FORCEPS JAR	6"DEEP+2.5"WIDE	50.00	1.65
33.133	2	SPONGE BOWL STAINLESS STEEL	6"DIAMx2"DEEP	69.50	2.29
33.135	1	CUP MEASURING WITH HANDLE STAINLESS	1000CC, GRADUATED	95.00	3.13
33.136	1	FUNNEL STAINLESS STEEL MOUTH 3x4.5"	MOUTH 3x4.5"	25.00	0.82
33.141	2	KIDNEY TRAY METAL	8 1/4"x4"	130.00	4.29
33.142	1	TRAY ALUMINIUM ORDINARY	14"x10.5"x1"	32.00	1.06
33.151	1	DRESSING DRUM STAINLESS STEEL	6"x6"	175.00	5.77
33.161	6	BOTTLE PLASTIC+ASSORTED SCREW CAP	125CC NARROW MOUTH	24.00	0.79
33.172	1	BASIN PLASTIC	13"x5"	68.00	2.24
33.173	1	SOAP-BOX, 2-PIECE	95x65x35MM, PLASTIC	6.00	0.20
33.181	1	STERILIZER INSTRUMENT WITH COVER	STLSS 10"x5"x3.5"	175.75	5.80
*** Total ***				1445.05	47.66

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Management Sciences for Health / Peshawar
Basic Health Worker - Field Kit

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	100	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	8.35	0.28
2.141	1	PENTAZOCINE 30MG/ML SOLUTION	AMP 30MG x 1ML	14.29	0.47
3.001	30	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	0.44	0.01
6.101	12	MEBENDAZOLE 100MG TABLET	TAB 100MG	2.16	0.07
6.326	60	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	17.10	0.56
6.328	2	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	10.20	0.34
6.701	50	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	10.50	0.35
13.205	1	GENTIAN VIOLET SOLUTION	SOL 60ML BTL	3.00	0.10
15.002	1	XYLENOL W/V	SOL	8.58	0.28
17.621	5	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	11.40	0.38
21.101	5	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	11.15	0.37
29.132	2	SYRINGE HYPO LUER DISP.2CC,WITH NED	2CC,0.1CC GRADUATED	3.00	0.10
32.314	1	OPERATING SCISSORS BLUNT/BLUNT	STRAIGHT 14.5CM	18.00	0.59
32.412	1	DRESSING FORCEPS, THUMB, BROAD	THUMB, BROAD 15CM	15.00	0.49
32.423	1	FORCEPS HEMOSTATIC KELLY, STRAIGHT	STRAIGHT 14CM	30.00	0.99
32.424	1	FORCEPS HEMOSTATIC KELLY, CURVED	CURVED 14CM	30.00	0.99
32.901	1	STAINLESS STEEL BOX 8"x3"	8"x3"	100.00	3.30
33.111	1	LISTER BANDAGE SCISSORS, ANGULAR	ANGULAR 18CM	30.00	0.99
33.133	1	SPONGE BOWL STAINLESS STEEL	6"DIAMx2"DEEP	34.75	1.15
33.161	1	BOTTLE PLASTIC+ASSORTED SCREW CAP	125CC NARROW MOUTH	4.00	0.13
33.173	1	SOAP-BOX, 2-PIECE	95x65x35MM, PLASTIC	6.00	0.20
33.311	2	CREPE BANDAGE ROLL	4.5Mx10CM	17.60	0.58
33.321	1	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	16.00	0.53
33.332	1	COTTON HYDROPHILIC ROLL	ROLL 300GMS	18.00	0.59
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	1	MINI SOAP BAR	30 GMS BAR	1.95	0.06
95.501	1	RUCKSACK, NYLON	PIECE	150.00	4.95
*** Total ***				608.88	20.08

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Management Sciences for Health / Peshawar
DAIIN -KIT

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
17.621	2	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	4.56	0.15
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.349	24	COTTON STRING GLAZED LEATHER SW,555	PIECE,1FT	0.48	0.02
33.351	24	GAUZE PADS,"NON-STERILE", 4"X4"	1 PIECE	11.96	0.39
33.501	1	NAILBRUSH FOR SURGEON, NYLON HAIR	8CMx2.5CM	4.50	0.15
33.503	4	MINI SOAP BAR	30 GMS BAR	7.80	0.26
95.503	1	LARGE PLASTIC BAG	PIECE	5.00	0.16
*** Total ***				37.32	1.23

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LIST OF KITS INCLUDED IN

M.C.H.O. INITIAL SUPPLY (FOR SIX MONTHS)

MARCH 1994

KIT NAME	QUANTITY
1 - BHW D1 KIT.	1
2 - BHW D KIT.	5
3 - BHW EQUIPMENT KIT.	1
4 - BHW FIELD KIT.	1
5 - INITIAL MCH KIT.	1
6 - DAI KIT.	8
7 - VHS KIT(SHOULDER KIT).	8
8 - GROWTH CHARTS.	200
9 - ANTENATAL CARDS.	200

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Management Sciences for Health / Peshawar
Basic Health Worker - D1 Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	1,000	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	83.50	2.75
2.141	3	PENTAZOCINE 30MG/ML SOLUTION	AMP 30MG x 1ML	42.88	1.41
3.001	200	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	2.96	0.10
6.101	100	MEBENDAZOLE 100MG TABLET	TAB 100MG	18.00	0.59
6.326	350	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	99.75	3.29
6.329	10	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	51.00	1.68
6.701	250	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	52.50	1.73
10.101	2,000	FERROUS SULPHATE + FOLIC ACID	TAB 60MG+0.25MG	204.00	6.73
13.201	8	GENTIAN VIOLET,TOPICAL USE	POW 25GMS	96.00	3.17
13.203	1	NITROFURAZONE 0.2% CREAM	CRM 0.2%,28GR TUB	7.09	0.23
13.601	3	BENZYL BENZOATE 25% EMULSION	EMN 25%,60ML BTL	17.10	0.56
15.001	1	CHLORHEXIDINE 1.5% + CETRIMIDE 15%	SOL 1.5%+15%, 1 LIT	47.00	1.55
17.101	200	ALUMINIUM HYDROXYDE (COMP.) TABLET	TAB 400MG	15.20	0.50
17.621	100	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	228.00	7.52
21.101	15	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	33.45	1.10
28.301	2	BUCCAL THERMOMETER F+C	PIECE	52.00	1.72
29.132	4	SYRINGE HYPO LUER DISP.2CC,WITH NED	2CC,0.1CC GRADUATED	6.00	0.20
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.311	3	CREPE BANDAGE ROLL	4.5Mx10CM	26.40	0.87
33.321	3	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	48.00	1.58
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.332	1	COTTON HYDROPHILIC ROLL	ROLL 300GMS	18.00	0.59
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.501	1	NAILBRUSH FOR SURGEON, NYLON HAIR	8CMx2.5CM	4.50	0.15
33.503	50	MINI SOAP BAR	30 GMS BAR	97.50	3.22
99.121	2	"GREEN BOOK"	PIECE	70.00	2.31
99.301	250	PACKET FOR MEDICINE	CM x CM	19.00	0.63
*** Total ***				1415.25	46.68

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Management Sciences for Health / Peshawar
Basic Health Worker - D Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	1,000	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	83.50	2.75
3.001	200	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	2.96	0.10
6.101	100	MEBENDAZOLE 100MG TABLET	TAB 100MG	18.00	0.59
6.326	350	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	99.75	3.29
6.328	10	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	51.00	1.68
6.701	250	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	52.50	1.73
10.101	2,000	FERROUS SULPHATE + FOLIC ACID	TAB 60MG+0.25MG	204.00	6.73
13.203	1	NITROFURAZONE 0.2% CREAM	CRM 0.2%,28GR TUB	7.09	0.23
13.601	1	BENZYL BENZOATE 25% EMULSION	EMN 25%,60ML BTL	17.10	0.56
17.101	200	ALUMINIUM HYDROXYDE (COMP.) TABLET	TAB 400MG	15.20	0.50
17.621	100	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	228.00	7.52
21.101	15	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	33.45	1.10
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.311	3	CREPE BANDAGE ROLL	4.5Mx10CM	26.40	0.87
33.321	3	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	48.00	1.58
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	50	MINI SOAP BAR	30 GMS BAR	97.50	3.22
99.301	250	PACKET FOR MEDICINE	CMx CM	19.00	0.63
*** Total ***				1078.87	35.58

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Management Sciences for Health / Peshawar
Basic Health Worker - Equipment Carton

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
29.603	1	ARM CIRCUMFERENCE TAPE	PIECE	6.00	0.20
29.605	1	CUTTING PLIERS		15.00	0.49
31.225	2	SHEETING, PLASTIC.	91C X 1800MM	150.00	4.95
32.201	1	RAZOR SAFETY, ALL METAL		7.80	0.26
32.314	1	OPERATING SCISSORS BLUNT/BLUNT	STRAIGHT 14.5CM	18.00	0.59
32.412	1	DRESSING FORCEPS, THUMB, BROAD	THUMB, BROAD 16CM	15.00	0.49
32.423	1	FORCEPS HEMOSTATIC KELLY, STRAIGHT	STRAIGHT 14CM	30.00	0.99
32.424	1	FORCEPS HEMOSTATIC KELLY, CURVED	CURVED 14CM	30.00	0.99
32.451	1	FORCEPS SPONGE HOLDING RAMPLEY	25CM	47.00	1.55
32.901	2	STAINLESS STEEL BOX 8"x3"	8"x3"	200.00	6.60
33.111	1	LISTER BANDAGE SCISSORS, ANGULAR	ANGULAR 18CM	30.00	0.99
33.114	1	ORDINARY SCISSORS, STRAIGHT	8.5"	36.00	1.19
33.115	1	NAIL CUTTER		10.00	0.33
33.131	1	FORCEPS JAR	6"DEEP+2.5"WIDE	50.00	1.65
33.133	2	SPONGE BOWL STAINLESS STEEL	6"DIAMx2"DEEP	69.50	2.29
33.135	1	CUP MEASURING WITH HANDLE STAINLESS	1000CC, GRADUATED	95.00	3.13
33.136	1	FUNNEL STAINLESS STEEL MOUTH 3x4.5"	MOUTH 3x4.5"	25.00	0.82
33.141	2	KIDNEY TRAY METAL	81/4"x4"	130.00	4.29
33.142	1	TRAY ALUMINIUM ORDINARY	14"x10.5"x1"	32.00	1.06
33.151	1	DRESSING DRUM STAINLESS STEEL	6"x6"	175.00	5.77
33.161	6	BOTTLE PLASTIC+ASSORTED SCREW CAP	125CC NARROW MOUTH	24.00	0.79
33.172	1	BASIN PLASTIC	13"x5"	68.00	2.24
33.173	1	SOAP-BOX, 2-PIECE	95x65x35MM, PLASTIC	6.00	0.20
33.181	1	STERILIZER INSTRUMENT WITH COVER	STLSS 10"x5"x3.5"	175.75	5.80
*** Total ***				1445.05	47.66

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Management Sciences for Health / Peshawar
Basic Health Worker - Field Kit

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
2.111	100	ACETAMINOPHEN 500MG TABLETS	TAB 500MG	8.35	0.28
2.141	1	PENTAZOCINE 30MG/ML SOLUTION	AMP 30MG x 1ML	14.29	0.47
3.001	30	CHLORPHENIRAMINE MALEATE 4MG	TAB 4MG	0.44	0.01
6.101	12	MEBENDAZOLE 100MG TABLET	TAB 100MG	2.16	0.07
6.326	60	SULFAMETHOXAZOL 400+TRIMETHOPRIM 80	TAB 400MG+80MG	17.10	0.56
6.328	2	SULFAMETHOXAZOL 200+TRIMETHOPRIM 40	SYR 200MG+40MG/5ML	10.20	0.34
6.701	50	CHLOROQUINE 150MG BASE TABLETS	TAB 250MG=150MG BASE	10.50	0.35
13.205	1	GENTIAN VIOLET SOLUTION	SOL 60ML BTL	3.00	0.10
15.002	1	XYLENOL W/V	SOL	8.58	0.28
17.621	5	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	11.40	0.38
21.101	5	OXYTETRACYCLINE 1% EYE OINTMENT	OMT 1%, 3.5MG TUB	11.15	0.37
29.132	2	SYRINGE HYPO LUER DISP.2CC,WITH NED	2CC,0.1CC GRADUATED	3.00	0.10
32.314	1	OPERATING SCISSORS BLUNT/BLUNT	STRAIGHT 14.5CM	18.00	0.59
32.412	1	DRESSING FORCEPS, THUMB, BROAD	THUMB, BROAD 16CM	15.00	0.49
32.423	1	FORCEPS HEMOSTATIC KELLY, STRAIGHT	STRAIGHT 14CM	30.00	0.99
32.424	1	FORCEPS HEMOSTATIC KELLY, CURVED	CURVED 14CM	30.00	0.99
32.901	1	STAINLESS STEEL BOX 8"x3"	8"x3"	100.00	3.30
33.111	1	LISTER BANDAGE SCISSORS, ANGULAR	ANGULAR 18CM	30.00	0.99
33.133	1	SPONGE BOWL STAINLESS STEEL	6"DIAMx2"DEEP	34.75	1.15
33.161	1	BOTTLE PLASTIC+ASSORTED SCREW CAP	125CC NARROW MOUTH	4.00	0.13
33.173	1	SOAP-BOX, 2-PIECE	95x65x35MM, PLASTIC	6.00	0.20
33.311	2	CREPE BANDAGE ROLL	4.5Mx10CM	17.60	0.58
33.321	1	GAUZE BANDAGES 3"	ROLL, ONE DOZEN	16.00	0.53
33.332	1	COTTON HYDROPHILIC ROLL	ROLL 300GMS	18.00	0.59
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	1	MINI SOAP BAR	30 GMS BAR	1.95	0.06
95.591	1	RUCKSACK, NYLON	PIECE	150.00	4.95
*** Total ***				608.88	20.08

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Management Sciences for Health / Peshawar
MCHIN -KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
1.203	60	LIDOCAINE 2% SOLUTION	AMP 10ML	240.22	7.92
6.201	2,500	METRONIDAZOLE 200MG TABLET	TAB 200MG	635.00	20.94
6.311	1,000	AMPICILLIN 250MG CAPSULES	CAP 250MG	1150.00	37.93
6.501	2,000	NYSTATINE VAGINAL TABLET	TAB 100,000 IU	1580.00	52.11
17.621	200	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	456.00	15.04
18.104	400	DESOGESTREL+ETHINYLESTRADIOL	TAB 28 PER PACK	10800.00	356.20
22.001	80	ERGOMETRINE MALEATE 0.2MG/ML	AMP 0.2MG x 1ML	171.26	5.65
28.401	1	FETOSCOPE	PIECE	22.00	0.73
28.511	1	SPECULUM VAGINAL GRAVES, SMALL	SMALL SIZE	60.00	1.98
28.512	1	SPECULUM VAGINAL GRAVES, MEDIUM	MEDIUM SIZE	42.00	1.39
28.513	1	SPECULUM VAGINAL GRAVES, LARGE	LARGE SIZE	45.00	1.48
29.525	1	PREGNANCY TEST STRIPS	BOTTLE OF 70 STRIPS	1500.00	49.47
29.603	10	ARM CIRCUMFERENCE TAPE	PIECE	60.00	1.98
31.223	1	APRON UTILITY PLASTIC	900MM X 1MM	125.00	4.12
31.225	1	SHEETING, PLASTIC.	910 X 1800MM	75.00	2.47
32.314	1	OPERATING SCISSORS BLUNT/BLUNT	STRAIGHT 14.5CM	18.00	0.59
32.333	1	EPISIOTOMY SCISSORS, ANGULAR BRAUN	145MM SS	32.00	1.06
32.432	1	FORCEPS, STERILIZER UTILITY	200MM VAUGHN SS	33.50	1.10
32.451	1	FORCEPS SPONGE HOLDING RAMPLEY	25CM	47.00	1.55
32.502	1	TOWEL HOOK.	430 X 500MM	45.00	1.48
32.692	1	MOUTH MUCOUS EXTRACTOR	FOR NEONATE	45.00	1.48
32.905	1	ALUMINUM CASE FOR MIDWIFERY KIT	ALUM. LID & HANDLE	200.00	6.60
33.133	2	SPONGE BOWL STAINLESS STEEL	6"DIAMx2"DEEP	69.50	2.29
33.141	1	KIDNEY TRAY METAL	81/4"x4"	65.00	2.14
33.173	1	SOAP-BOX, 2-PIECE	95x65x35MM, PLASTIC	6.00	0.20
33.501	1	NAILBRUSH FOR SURGEON, NYLON HAIR	8CMx2.5CM	4.50	0.15
36.115	2,000	CONDOMS STERILE	PKT 4	3700.00	122.03
41.124	2	HAEMOGLOBINOMETER PIPETTE	WITH PIPETTE 2 TUBE	70.00	2.31
41.125	1	HAEMOGLOBINOMETER SET	HAEMOMETER SAHLI	250.00	8.25
41.624	1	BEAKER 50ML	GLASS PIECE	19.50	0.64
41.626	1	BEAKER 500ML	GLASS PIECE	42.90	1.41
41.704	2	UROSTIX	BOTTEL OF 100 STP	516.00	17.02
41.705	1	ANTI-COAGULANT FOR BLOOD	1000 CMS(EDTA)	823.00	27.14
41.738	3	ETHANOL,96 %	SOL 200ML	156.00	5.15
41.755	1	HYDROCHLORIC ACID CONC.	SOL 200ML	28.00	0.92
41.765	1	BLOOD LANCETS(FEATHER)	200 PCS	85.00	2.80
41.805	6	LAB.RECORD BOOK,LINED	BOOK 100 PAGES	255.00	8.41
41.912	1	FLASH LIGHT,PREFOCUSED	W/2 DRY CELL 1.5V	150.00	4.95
99.123	2	MARKER BLACK	PERMANANT, PIECE	28.00	0.92
*** Total ***				23650.38	780.03

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DAIIN -KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
17.621	2	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	4.56	0.15
32.205	1	RAZOR BLAD DOUBLE EDGE LOCAL.QUAL	PKT OF 5	3.02	0.10
33.349	24	COTTON STRING GLAZED LEATHER SW,555	PIECE,1FT	0.48	0.02
33.351	24	GAUZE PADS,"NON-STERILE", 4"X4"	1 PIECE	11.96	0.39
33.501	1	NAILBRUSH FOR SURGEON, NYLON HAIR	8CMx2.5CM	4.50	0.15
33.503	4	MINI SOAP BAR	30 GMS BAR	7.80	0.26
95.503	1	LARGE PLASTIC BAG	PIECE	5.00	0.16
*** Total ***				37.32	1.23

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VHSIN -KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
17.621	25	ORAL REHYDRATATION SALTS FOR 1000CC	POW FOR 1 LITRE	57.00	1.88
33.135	1	CUP MEASURING WITH HANDLE STAINLESS	1000CC, GRADUATED	95.00	3.13
33.503	25	MINI SOAP BAR	30 GMS BAR	48.75	1.61
99.123	2	MARKER BLACK	PERMANANT, PIECE	28.00	0.92
99.134	1	PERSONAL HYGIENE,POSTER	PIECE	30.00	0.99
99.135	1	IMUNIZATION,POSTER	PIECE	30.00	0.99
99.136	1	CONTROL OF DIARRHEAL DISEASES,CHART	PIECE	175.00	5.77
99.137	1	SAFE MOTHERHOOD,FLIPCHART	PIECE	210.00	6.93
99.138	1	SHOULDER BAG (ARMY GREEN)	PIECE	40.00	1.32
*** Total ***				713.75	23.54

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Management Sciences for Health / Peshawar
LAB-KIT

Resupply

Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
15.001	1	CHLORHEXIDINE 1.5% + CETRIMIDE 15%	SOL 1.5%+15%, 1 LIT	47.00	1.55
29.325	1	BRUSH TO WASH CYLINDER	PLASTIC HAIR	8.00	0.26
29.327	1	BRUSH TO WASH TEST TUB	PLASTIC HAIR	10.00	0.33
32.502	1	TOWEL HOOK.	430 X 500MM	45.00	1.48
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.332	3	COTTON HYDROPHILIC ROLL	ROLL 300GMS	54.00	1.78
33.350	2	LABELLING TAPE	WHITE ROLL	46.00	1.52
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	48	MINI SOAP BAR	30 GMS BAR	93.60	3.09
33.504	10	TOILET PAPER	1 ROLL	120.00	3.96
41.107	1	LENS PAPER	PKT	65.00	2.14
41.123	2	HAEMOGLOBINOMETER TUBE	GLASS PIECE	40.00	1.32
41.124	6	HAEMOGLOBINOMETER PIPETTE	WITH PIPETTE 2 TUBE	210.00	6.93
41.129	2	CLEANSING SPONGE	PIECE	20.00	0.66
41.405	100	RECIPIENTS FOR STOOL SPECIMEN	1 PC.PLAS. WITH LID	200.00	6.60
41.407	1	WOOD APPLICATORS	BOX OF 100	45.00	1.48
41.411	5	MICROSCOPIC SLIDES 25X75MM	72 SLIDES/PACK	117.50	3.88
41.413	3	MICROSCOPIC COVERSLIPS 20X20MM	100 COVERSLIPS/PACK	105.00	3.46
41.431	5	TEST TUBE	1PC. 150X16MM,PYREX.	50.00	1.65
41.433	5	TEST TUBE	1PC. 85X15MM ,PYREX	50.00	1.65
41.455	5	CENTRIFUGAL TUBE CONICAL	15ML	75.00	2.47
41.516	1	PIPETTE RBC	FOR HEMACYTOMETER	45.00	1.48
41.517	1	PIPETTE WBC	FOR HEMACYTOMETER	45.00	1.48
41.535	1	MICRO HAEMATOCRIT CAPILLARY TUBE	1000 PIECES	325.00	10.72
41.702	1	ACETIC ACID, GLACIAL	SOL 200ML	32.25	1.06
41.704	1	UROSTIX	BOTTEL OF 100 STP	258.00	8.51
41.711	4	CARBOL FUCHSINE,	SOL 200ML	632.00	20.84
41.717	1	GIEMSA STAIN	POW 25GMS	215.00	7.09
41.721	1	GRAM IODINE	SOL 200ML	25.00	0.82
41.727	1	METHYLENE BLUE	POW 25GMS	140.00	4.62
41.729	4	GLYCEROL,SOLUTION	SOL 200ML	166.40	5.49
41.735	4	METHANOL	SOL 200ML	95.36	3.15
41.738	2	ETHANOL,96 %	SOL 200ML	104.00	3.43
41.741	20	METHYLATED SPIRIT	SOL 200ML	160.00	5.28
41.743	1	BENEDICT SOLUTION	SOL 200ML	10.00	0.33
41.745	1	XYLOL	SOL 200ML	24.00	0.79
41.753	1	SULPHURIC ACID CONC.	SOL 200ML	27.84	0.92
41.755	1	HYDROCHLORIC ACID CONC.	SOL 200ML	28.00	0.92
41.759	1	CARBOLIC ACID(PHENOL)	SOL 200ML	96.00	3.17
41.761	1	OIL IMMERSION	SOL CEDDER WOOD OIL	900.00	29.68
41.765	1	BLOOD LANCETS(FEATHER)	200 PCS	85.00	2.80
41.805	6	LAB.RECORD BOOK,LINED	BOOK 100 PAGES	255.00	8.41
41.808	1	LABORATORY APRON	WHITE, MED.	50.00	1.65
41.905	1	FILTER PAPER NO.1	100 SHEETS	3.85	0.13
41.911	1	PH PAPER,RANGE 6-8	1 BOOK	310.00	10.22
99.123	2	MARKER BLACK	PERMANANT, PIECE	28.00	0.92
99.124	2	MARKER BLUE	PARMANANT,PIECE	32.00	1.06
99.126	3	COTTON CLOTH	1 PC. 2 SQ. FT	66.00	2.18

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LAB-KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
*** Total ***				5632.20	185.76

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Management Sciences for Health / Peshawar
LABIN -KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
15.001	1	CHLORHEXIDINE 1.5% + CETRIMIDE 15%	SOL 1.5%+15%, 1 LIT	47.00	1.55
29.325	2	BRUSH TO WASH CYLINDER	PLASTIC HAIR	16.00	0.53
29.327	2	BRUSH TO WASH TEST TUB	PLASTIC HAIR	20.00	0.66
29.331	2	HAIR BRUSH FOR MICROSCOPE	PIECE	90.00	2.97
29.602	2	TOURNIQUET LATEX RUBBER FOR INFUSIO	75CM x 1.5CM	17.00	0.56
32.411	2	DRESSING FORCEPS, THUMB, BROAD	THUMB, BROAD 10CM	50.00	1.65
32.453	1	ARTERY FORCEPS	STEEL SIZE 8"	35.00	1.15
32.502	1	TOWEL HOOK.	430 X 500MM	45.00	1.48
33.114	1	ORDINARY SCISSORS, STRAIGHT	8.5"	36.00	1.19
33.135	1	CUP MEASURING WITH HANDLE STAINLESS	1000CC, GRADUATED	95.00	3.13
33.171	1	PAIL WITH COVER PLASTIC	13"x13"	90.00	2.97
33.331	1	ABSORBANT GAUZE FOR COMPRESSES	20 YARD	35.00	1.15
33.332	3	COTTON HYDROPHILIC ROLL	ROLL 300GMS	54.00	1.78
33.350	2	LABELLING TAPE	WHITE ROLL	46.00	1.52
33.352	1	ADHESIVE TAPE 3"	ROLL	37.40	1.23
33.503	48	MINI SOAP BAR	30 GMS BAR	93.60	3.09
33.504	10	TOILET PAPER	1 ROLL	120.00	3.96
41.105	1	MICROSCOPE BINOCULAR OBJECTIVE	X10,X40,X100 OBJ	30000.00	989.45
41.107	1	LENS PAPER	PKT	65.00	2.14
41.111	1	MANUAL CENTRIFUGE	S.STEEL FREE WTS.	450.00	14.84
41.115	1	ANALYTICAL BALANCE	CAP.100GM,JEWL.TYPE	1650.00	54.42
41.123	4	HAEMOGLOBINOMETER TUBE	GLASS PIECE	80.00	2.64
41.124	6	HAEMOGLOBINOMETER PIPETTE	WITH PIPETTE 2 TUBE	210.00	6.93
41.125	1	HAEMOGLOBINOMETER SET	HAEMOMETER SAHLI	250.00	8.25
41.128	2	CLEANSING SPONGE	PIECE	20.00	0.66
41.129	1	MORTAR AND PESTLE	CHINA CLAY DIAM 6"	80.00	2.64
41.131	1	TIMER (STOP WATCH)	1 PIECE WITH ALARM	350.00	11.54
41.405	100	RECIPIENTS FOR STOOL SPECIMEN	1 PC.PLAS. WITH LID	200.00	6.60
41.407	1	WOOD APPLICATORS	BOX OF 100	45.00	1.48
41.411	10	MICROSCOPIC SLIDES 25X75MM	72 SLIDES/PACK	235.00	7.75
41.413	5	MICROSCOPIC COVERSLIPS 20X20MM	100 COVERSLIPS/PACK	175.00	5.77
41.415	5	PIPETTE,1ML SUBDIVIDED 0.01ML	GRADUATED TOP TO TIP	74.00	2.44
41.421	3	PIPETTE,2ML SUBDIVIDED 0.01ML	GRADU.TOP & NOT TIP	44.40	1.46
41.423	3	PIPETTE,5ML SUBDIVIDED 0.01ML	GRADU.TOP & NOT TIP	48.00	1.58
41.425	3	PIPETTE,10ML SUBDIVIDED 0.1ML	GRADU.TOP & NOT TIP	57.00	1.88
41.428	50	PASTEUR PIPETTES	150X16MM,PYREX	97.50	3.22
41.431	10	TEST TUBE	1PC. 150X16MM,PYREX.	100.00	3.30
41.433	5	TEST TUBE	1PC. 85X15MM ,PYREX	50.00	1.65
41.438	5	GLASS RODS,SOLID	1PC. 6MM DIAMETER	27.50	0.91
41.440	2	OIL DROPPER BOTTLE	PLASTIC 50ML	20.00	0.66
41.441	5	DROP BOTTLE	1PC.100ML CLR. GLASS	90.00	2.97
41.445	5	DROP BOTTLE	1PC.100ML BROWN GLAS	120.00	3.96
41.455	10	CENTRIFUGAL TUBE CONICAL	15ML	150.00	4.95
41.457	1	RACK CENTRIFUGE TUBE	PIECE	35.00	1.15
41.515	2	COUNTING CHAMBER,IMPROVED	NEUBAUER\PIECE	560.00	18.47
41.516	1	PIPETTE RBC	FOR HEMACYTOMETER	45.00	1.48
41.517	2	PIPETTE WBC	FOR HEMACYTOMETER	90.00	2.97
41.519	1	PIPETTE CONTAINER	PIECE	70.00	2.31

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LABIN -KIT

Product Identi-fication Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
41.535	1	MICRO HAEMATOCRIT CAPILLARY TUBE	1000 PIECES	325.00	10.72
41.605	2	NICKEL-CHROM ALLOY WIRE	1PC.1MM DIA,12 INCH	100.00	3.30
41.607	2	LOOP HOLDERS	1 PC. S.STEEL	50.00	1.65
41.612	1	TRIPOD STAND	IRON WITH STE. GAUZE	20.00	0.66
41.613	1	SPIRIT LAMP,STEEL	1 PIECE STEEL	20.00	0.66
41.614	2	MEASURICING CYLINDER GRADUATED	1 PC.100 ML,PLASTIC	280.00	9.23
41.616	2	MEASURING CYLINDER GRADUATED	1PC.500 ML, PLASTIC	500.00	16.49
41.617	1	TEST TUBE HOLDER	1 PC.WOODEN HANDLES	8.00	0.26
41.621	1	TEST TUBE STAND (STEEL)	1 PC. WITH 12 HOLES	47.00	1.55
41.623	2	STAINING JAR (PLASTIC)	1 PC. JAR FOR SLIDE,	50.00	1.65
41.625	2	BEAKER 100ML	GLASS PIECE	38.00	1.25
41.626	2	BEAKER 500ML	GLASS PIECE	85.80	2.83
41.627	2	FUNNEL GLASS	1 PC. 4"DIA.PYREX	380.00	12.53
41.628	2	FUNNEL PLASTIC	1PC.4" DIAM.	60.00	1.98
41.629	3	WASH BOTTLE,	1 PC WHITE PLASTIC	330.00	10.88
41.631	1	DRAINING RACK FOR SLIDES	CAPACITY 20 SLIDES	90.00	2.97
41.632	2	PETRI DISH	GLASS PIECE	60.00	1.98
41.633	1	SLIDE BOX	CAPACITY 100 SLIDES	90.00	2.97
41.702	1	ACETIC ACID, GLACIAL	SOL 200ML	32.25	1.06
41.704	1	UROSTIX	BOTTEL OF 100 STP	258.00	8.51
41.706	2	URINOMETER	PIECE	300.00	9.89
41.708	1	DIPOTASSIUM HYDROGEN PHOSPHATE	POW 1000GMS	430.00	14.18
41.709	1	POTASSIUME DIHYDROGEN PHOSPHATE	POW 1000GMS	400.00	13.19
41.711	4	CARBOL FUCHSINE,	SOL 200ML	632.00	20.84
41.713	1	POTASSIUM DICHROMAPE (K2CR207)	POW 1000GMS	340.00	11.21
41.714	1	SULFOSALICYLIC ACID	POW 1000GMS	1325.00	43.70
41.717	1	GIEMSA STAIN	POW 25GMS	215.00	7.09
41.721	1	GRAM IODINE	SOL 200ML	25.00	0.82
41.727	1	METHYLENE BLUE	POW 25GMS	140.00	4.62
41.729	4	GLYCEROL,SOLUTION	SOL 200ML	166.40	5.49
41.735	4	METHANOL	SOL 200ML	95.36	3.15
41.738	2	ETHANOL,96 %	SOL 200ML	104.00	3.43
41.741	20	METHYLATED SPIRIT	SOL 200ML	160.00	5.28
41.743	1	BENEDICT SOLUTION	SOL 200ML	10.00	0.33
41.745	1	XYLOL	SOL 200ML	24.00	0.79
41.751	1	SODIUM CHLORIDE	POW 1000GMS ANAL GR.	114.00	3.76
41.752	1	BORIC ACID	POW 1000GMS	235.00	7.75
41.753	1	SULPHURIC ACID CONC.	SOL 200ML	27.84	0.92
41.755	1	HYDROCHLORIC ACID CONC.	SOL 200ML	28.00	0.92
41.759	1	CARBOLIC ACID(PHENOL)	SOL 200ML	96.00	3.17
41.761	1	OIL IMMERSION	SOL CEDDER WOOD OIL	900.00	29.68
41.765	1	BLOOD LANCETS(FEATHER)	200 PCS	85.00	2.80
41.767	5	GLASS BOTTLE BROWN	CAP 1/2KG	130.00	4.29
41.769	5	GLASS BOTTLE BROWN	CAP 1/4KG	77.50	2.56
41.790	1	TRAY WITH RODS STAINING	S.STEEL 450X350X25MM	260.00	8.58
41.793	1	SODIUM CARBONATE	1000 GMS	50.00	1.65
41.805	6	LAB.RECORD BOOK,LINED	BOOK 100 PAGES	255.00	8.41
41.808	1	LABORATORY APRON	WHITE, MED.	50.00	1.65

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Product Identification Number.	Total Number Counting Units	Generic Name	Counting Unit Specifications	Cost in Pakistani Rupees.	Cost in US $
41.905	1	FILTER PAPER NO.1	100 SHEETS	3.85	0.13
41.911	1	PH PAPER,RANGE 6-8	1 BOOK	310.00	10.22
95.502	1	METAL SUIT CASE WITH LOCK	APROX.2.5X1.5X1 FT	450.00	14.84
99.123	2	MARKER BLACK	PERMANANT, PIECE	28.00	0.92
99.124	2	MARKER BLUE	PARMANANT,PIECE	32.00	1.06
99.126	3	COTTON CLOTH	1 PC. 2 SQ. FT	66.00	2.18
99.127	1	RULER	PLASTIC PIECE	5.00	0.16
99.129	1	PLASTIC TABLE CLOTH	PIECE 3M	120.00	3.96
99.503	1	LANTERN	GAS WITH 5 MANTLE	650.00	21.44
99.510	1	WATER DRUM	PIECE	100.00	3.30
*** Total ***				47679.40	1572.54

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