AFGHANISTAN

Coverage Assessment (SLEAC Report)

Badakhshan Province, Afghanistan.

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Action Contre la Faim
ACF is a non-governmental, non-political and non-religious organization

Executive Summary

The following report presents key findings from one of a series of five provincial coverage assessments in Afghanistan, undertaken as part of a UNICEF funded ACF coverage project[1]. The project assessed the coverage of the treatment of severe acute malnutrition (SAM) services across five provinces: Laghman, Badakhshan, Jawzjan, Bamyan and Badghis.

In each province the standard SLEAC (Simplified LQAS[2] Evaluation of Access and Coverage) methodology was used in order to achieve coverage classifications at district level and coverage estimations at provincial level. The opportunity was also taken to collect qualitative information on the factors inhibiting access to SAM treatment services as well as those acting in favour of access.

SLEAC uses a two-stage sampling methodology (sampling of villages and then of SAM children) to classify the level of needs met in a province, i.e. to what extent severely acutely malnourished (SAM) children are reaching treatment services. By also administering questionnaires to each SAM case found, whether covered (undergoing treatment) or uncovered (not being treated), a SLEAC assessment also provides information regarding factors influencing access and coverage.

It was expected that, due to patterns of insecurity and varying administrative division of provinces across Afghanistan, sampling of villages and SAM cases by district would present both practical and methodological challenges to the implementation of these SLEAC assessments. Therefore, selected provinces were divided into zones for classification rather than each district being classified, as is typically the case for SLEAC assessments. This allowed for classification of coverage with a smaller, and therefore more practically feasible, sample size and also facilitated inclusion of provinces with many smaller districts where province-wide classifications would have been impractical. The districts were grouped together based on factors such as topography and settlement type (urban or rural).

The SLEAC assessment in Badakhshan, conducted in October 2015, was implemented in partnership with Aga Khan Health Services (AKHS) and Care for Afghan Families (CAF) – the Basic Package of Health Services (BPHS) implementing partners for the province. Badakhshan is divided into two clusters for delivery of the BPHS. Broadly, Cluster 1 comprises the outer regions of the province including most districts with international boarders (e.g. districts in the northern region of Darwaz and eastern region of Ishkashim and Wakhan). AKHS is the BPHS implementor throughout this cluster; however in five of the districts the Social Health Development Programme (SHDP) delivers the BPHS on behalf of AKHS.

Cluster 2 largely consists of the interior part of the province including the capital city of Fayzabad and districts in the lower mountains surrounding the Kokcha River valley area where the BPHS partner is CAF. Due to ongoing concerns regarding security, some districts were also removed from the scope of the assessment (Arghanj Khwa, Tagab, Koran Wa Munjan, Raghestan and Yamgan). Due to escalating insecurity in the region ahead of the implementation of the fieldwork, other districts were later removed from sampling (Yawan, Kohistan, Khwahan, Zebak and Warduj). From the remaining districts, the following four sampling zones were decided upon:

	District(s)
Zone One	Darwaz, Darwaz-e-Bala, Shiki, Kof Ab and Shignan
Zone Two	Fayzabad, Yaftali Sufla, Shahri Buzurg, Argo
Zone Three	Darayem, Khash, Jurm, Baharak, Tishkan, Kishim

[1] Measuring performance and coverage of IMAM programs in Afghanistan: rolling out of the SLEAC methodology
[2] Lot Quality Assured Sampling

Zone Four Shuhada, Ishkeshim and Wardak

Coverage thresholds of low (≤30%), moderate (>30%, ≤50%) and high (>50%) were agreed prior to the assessment and using the single coverage estimator, coverage was classified in the sampling zones. Coverage was found to be moderate in Zone One and low in Zones Two, Three and Four.

The coverage estimation for Badakhshan province is **20.7% (CI 95% 15.93%-25.53%).**

Across the province, the most commonly cited barriers to access related to difficulties caregivers have in accessing health centres. In many cases, this was due to physical access over long distances since there is a lack of transport available and road conditions are poor. Without transport, the average time taken to get tohealth centres was found to be 3-4 hours on foot.

The experience of caregivers at clinic level also was found to have a bearing on coverage. In some central areas in particular, bad (unfair or rude) treatment by health centre staff was cited by informants a reason for not going to the health centre. The lack of support to care for other children in the family was also found to be an inhibiting factor in accessing treatment.

Throughout the zones, caregivers having little information about the treatment services available, was also an important factor preventing them from taking their child suffering from SAM to the health centre, and in more secure and remote areas in particular, the lack of awareness of malnutrition and poor treatment seeking behaviour was demonstrated. Qualitative information also demonstrated the limited level of involvement of community health workers (CHWs) in nutrition activities, including sensitization, screening and referral.

Findings that influence coverage positively related to the constructive roles of various community members in sharing information, indicating how important other villagers, friends and relatives are in facilitating a child reaching admission to SAM treatment. In addition, sensitisation activities in Zone One, including training of school staff and community visits by midwives, seem to have positively influenced admissions to the program.

A set of recommendations based on the findings from this assessment were developed in order to support the implementing partner in overcoming the barriers identified, building on favourable factors and increasing coverage. First, improve physical access to treatment services through the introduction of mobile clinics, SAM services at sub-centres and training CHWs to support caregivers in finding resources to access services. Second, improve the availability of RUTF, by reviewing the process for supply of the province with UNICEF and onward distribution to district and facility level. Third, improve the effectiveness of and enlarge screening and referral, by both training CHWs in nutrition and engaging a wider range of actors (such as vaccinators, private doctors, mullahs and mothers) who are able to screen and refer. Fourth, improve the quality of care provided at clinic level, by reviewing staff work load and resources for nutrition, training all staff in IMAM, ensuring at least minimum information is shared with mothers and improve the organisation and efficiency of clinics. Fifth, utilize influential community figures (such as mullahs and teachers) to improve the awareness of malnutrition and treatment services by training them in key messaging and encouraging them to share these on a regular basis. Finally, it is recommended that a more in depth SQUEAC investigation, including an in depth community assessment to better understand community dynamics and tailor community mobilisation (communication, screening and defaulter follow-up) appropriately, is conducted in at least one district.

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Acronyms

ACF	Action Contre le Faim
AKHS	Aga Khan Health Services
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CAF	Care for Afghan Families
CHC	Comprehensive Health Centre
CHS	Community Health Supervisor
CHW	Community Health Worker
EPHS	Emergency Package of Health Services
FHAG	Family Health Action Group
IMAM	Integrated Management of Acute Malnutrition
IPD	Inpatient Department
MUAC	Mid-Upper Arm Circumference
OPD	Outpatient Department
OTP	Outpatient Therapeutic Program
PNO	Provincial Nutrition Officer
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SLEAC	Simplified LQAS Evaluation of Access and Coverage
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
UNICEF	United Nations Children's Fund

Contents

Tables and Figures

1. Background and Objectives

Parts of Afghanistan have high rates of severe acute malnutrition (SAM) above emergency thresholds[3], and therefore it is imperative that the health system, with the support of the international community, addresses this challenge. Since 2010 the Basic Package of Health Services (BPHS)[4] system has included the treatment of SAM, however the response remains inadequate[5]. In 2015, strengthening the nutrition component of the BPHS/EPHS (Essential Package of Hospital Services) remains a challenge for the Ministry of Public Health (MoPH) and the implementing partners. Coverage assessments allow BPHS implementers to assess the performance of their SAM treatment services and to identify practical steps for reform.

The project, of which the current assessment is a part, intends to contribute to improving the performance of integrated manangement of acute malnutrition (IMAM) services in Afghanistan, through the provision of in-depth information on coverage, identification of barriers and boosters to access, and definition of recommendations for a durable scale up of nutrition service delivery. Provinces were identified for a SLEAC assessment according to several priority factors including: SAM prevalence rates, proportion of districts with SAM treatment services, existence of past or planned coverage assessments and geographical location.

The National Nutrition Survey (NNS) conducted in 2013 indicates a global acute malnutrition (GAM) rate of 9.3% with SAM at 3.2% in Badakhshan. National IMAM reporting[6] also shows that 23 of the 27 districts in Badakhshan have inpatient department (IPD) or outpatient department (OPD) SAM treatment services, making the province an appropriate area for a coverage assessment.

The main objectives of this assessment were to collaborate with the AKHS and CAF organisations in order to:

1. Classify coverage of each zone
2. Estimate coverage in the province
3. Identify key factors influencing coverage
4. Outline evidence based recommendations
5. Train partner staff in the SLEAC coverage methodology

2. Context

Badakhshan is the most northeasterly province Afghanistan, bordering Tajikistan, China and Pakistan. The province is made up of 27 districts (villages from all districts are listed in Annex A) and the capital city is Fayzabad, located in the central western region of the province on the Kokcha River. The majority language is Dari, spoken by around 77% of the population, followed by Uzbeki. Other languages are spoken in minority such as Pashtu, Turkmeni and Wakhani. Badakshan province is made up of around 90% mountainous or semi-mountainous terrain of approximately 47,403km^2 including part of the Hindus Kush mountain range.

The total population is estimated to be 903,000[7], of which around just 4% live in urban areas[8]. Only approximately 43% of the population of Badakhshan have access to roads (including unpaved), and the province endures a long winter season in most areas. On average only 21% of households use safe drinking water and around 36% have access to electricity. Livelihoods are mostly agriculture and livestock based, as

[3] National Nutrition Survey 2013

[4] A Basic Package of Health Services for Afghanistan – (2010/1389) Islamic Republic of Afghanistan, Ministry of Public Health

[5] See Afghanistan: Back to the reality of needs, (ACF International, 2014) and European Union Final Report Nutrition Assessment (August 2014).

[6] Source: UNICEF National Nutrition Cluster

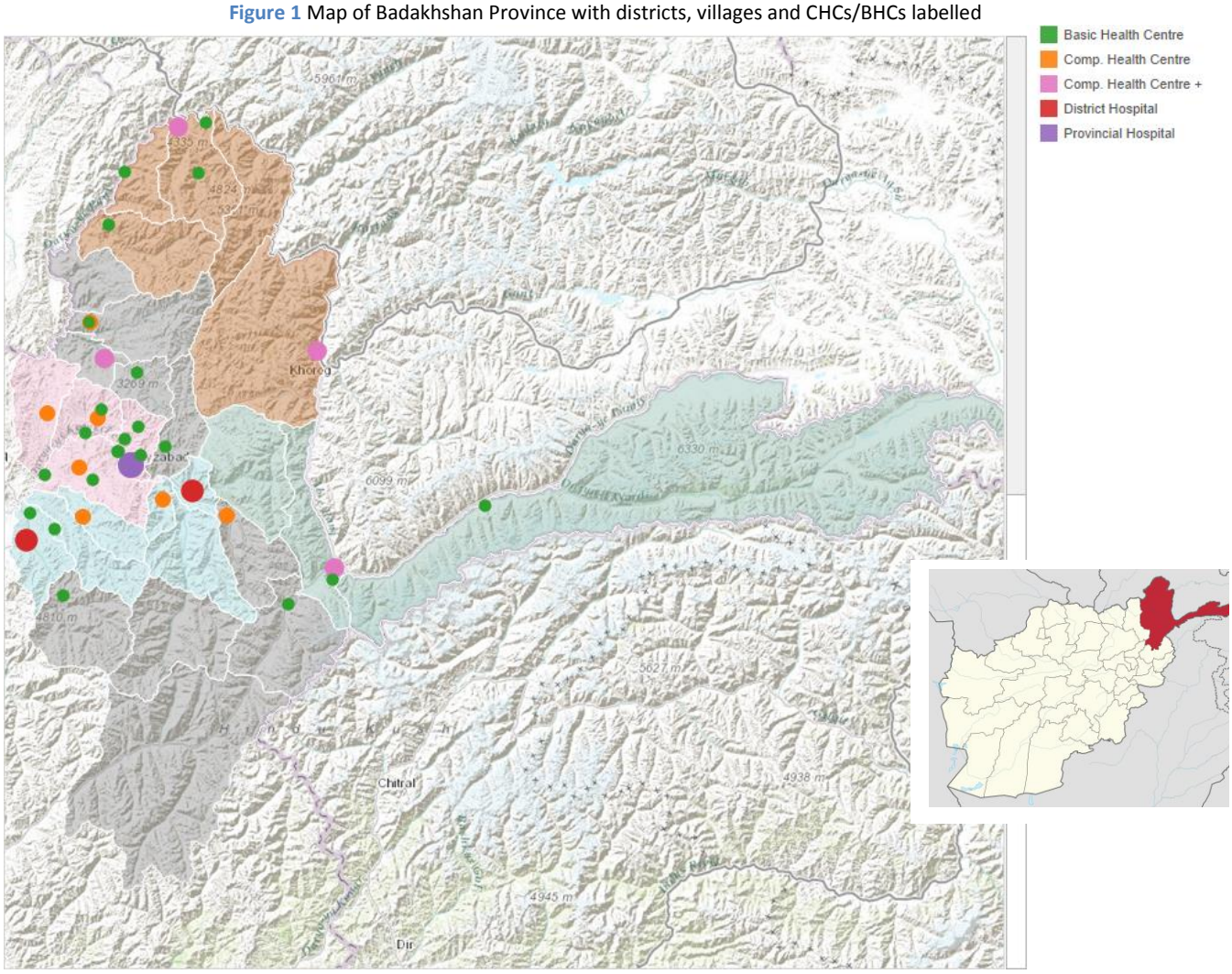
[7] Source: Population data. CSO, 2013

[8] Ministry of Rural Rehabilitation and Development, Badakhshan province profile, 2012

well as production of handicrafts. Around 73% of inhabitants are said to have poor or very poor food consumption with low dietary diversity[8] and 38.2% are thought to be very severely food insecure[9].

Badakhshan is highly vulnerable to frequent natural disasters and suffered a large scale earthquake shortly after this assessment in November 2015. The province is ranked 12 out of the 34 provinces in Afghanistan in 2014 Needs Index[9] with health and nutrition comprising the highest needs over WaSH or conflict related risks.

Figure 1 Map of Badakhshan Province with districts, villages and CHCs/BHCs labelled



BPHS in Badakhshan province has been delivered by CAF and AKHS since 2003 through a number of clinical sites including a provincial hospital in Fayzabad, two district hospitals in Kishim and Baharak, ten Comprehensive Health Centres (CHC). Four of these CHC in Shignan, Darwaz-e-Bala, Yawan and Ishkashim, have been upgraded to CHC 'plus' clinics which have 25 staff instead of 17 for standard CHC, including an inpatient department with a nutrition nurse, as well as a surgical doctor and a female doctor. There are also 23 Basic Health Centres (BHC) across the province. These are all labelled in Figure 1. There are health posts across all districts in Badakhshan, each with one or a pair (male and female) Community Health Workers (CHWs) who are supervised by community health supervisors (CHS)[10].

[9] CHAP 2014: Humanitarian Needs Overview 2012

[10] Information on the number of CHWs and CHSs in the province was not available.

The province is divided into two clusters for BPHS delivery. Cluster 1 comprises the outer parts of Badakshan including the districts of Darwaz, Darwaz-e-Bala, Kofab, Shignan, Shaki, Ishkashim, Shuhada, Wakhan with SAM treatment services delivered by AKHS. The Social Health Development Program (SHDP) however delivers SAM treatment services, on behalf of AKHS, in the districts of Baharak, Jurm and Khash. Cluster 2 comprises the interior districts, which are more highly populated including Argo, Fayzabad, Shahri Buzurg, Yaftali Sufla, Darayim, Kishim, Tishkan where SAM treatment services are delivered by CAF. Previously, Merlin also operated mobile clinics, however, this was finished within the last two years.

3. Methodology

SLEAC is a low-resource method for classifying coverage of feeding programs over wide areas. This methodology was therefore chosen to assess the level of SAM treatment coverage in five provinces across Afghanistan by mapping areas where very high or very low coverage is achieved, and identifying the factors affecting access[11].

SLEAC uses a two-stage sampling process. Stage one samples villages across the area to be classified (in this case zones). The sampling process ensures a random and spatially representative sample. Stage two samples SAM children at village level. This step ensures an exhaustive sampling of all SAM cases in each village selected. Some specific technical considerations were made to adapt the sampling to the Afghanistan context.

3.1. Sampling zones and estimation of required sample size

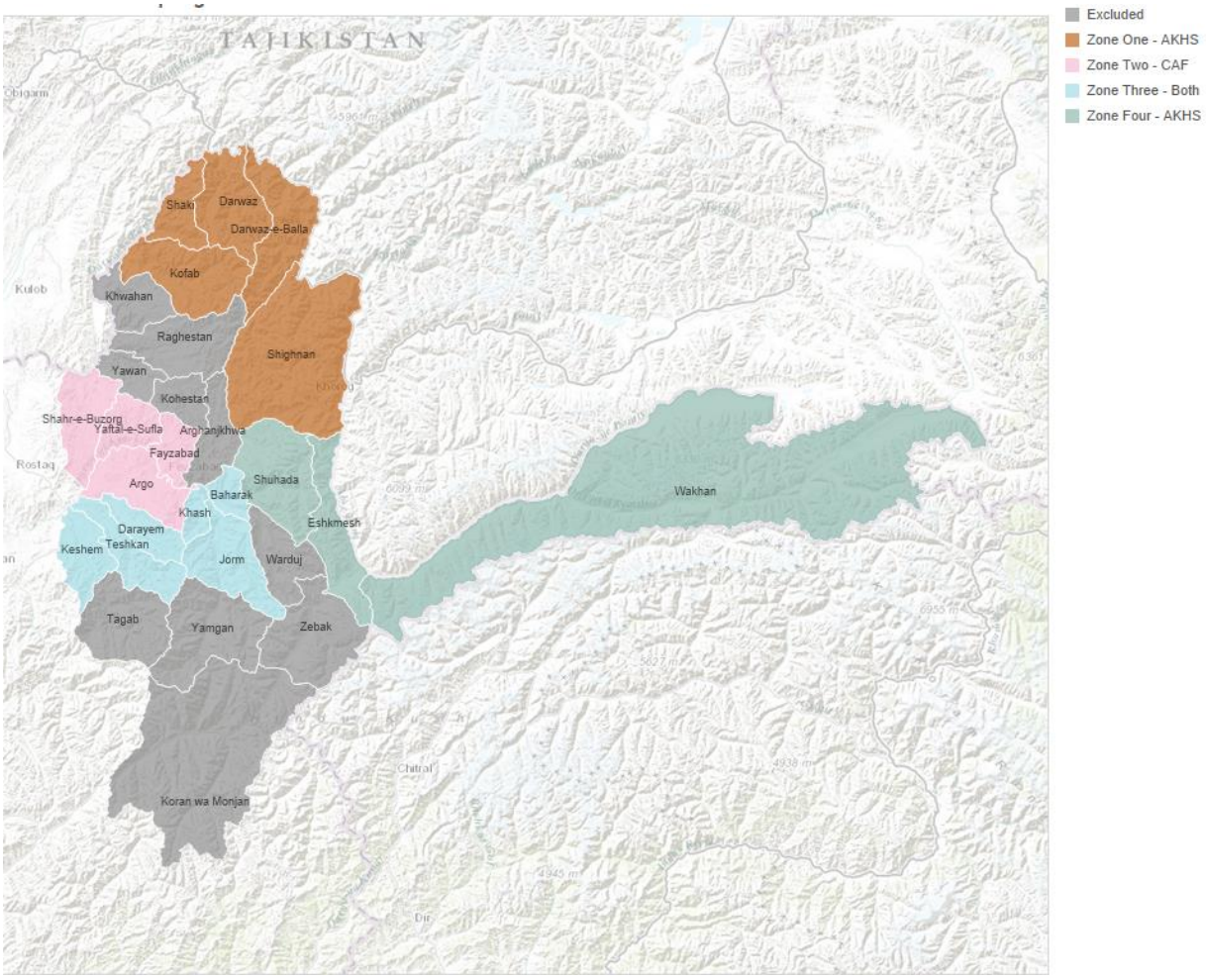
It was expected that, due to patterns of insecurity and varying administrative division of provinces across Afghanistan, sampling of villages and SAM cases by district would present both practical and methodological challenges to the implementation of these SLEAC assessments. Therefore, selected provinces were divided into zones for classification rather than each district being classified. This brought advantages such as lowering total number of cases needed, facilitating implementation in provinces with numerous small districts, and allowing inclusion of small secure parts of districts that are largely insecure and may otherwise have been excluded.

In the case of Badakhshan, the zones were organised according to cluster organisation, topography and demography with Zone One comprised of districts in the secure northern region accessible through Tajikistan, Zone Two made up of the northern interior of the province around the mountainous Kokcha Valley and part of cluster two, Zone Three comprising less secure southern central districts served by CAF in some districts and SHDP in others and Zone Four, the remote eastern part of the province including the main access to Tajikistan and the secure but very remote and mountainous region of Wakhan district. See Figure 2 for an illustration of the following four sampling zones:

	District(s)
Zone One	Darwaz, Darwaz-e-Bala, Kuf Ab, Shignan and Shiki
Zone Two	Argo, Shahri Buzurg, Yaftali Sufla
Zone Three	Baharak, Jurm, Darayim, Kishim and Tishkan
Zone Four	Ishkashem, Shuhada and Wakhan

[11] For more technical information see: Myatt M, Guevarra E, Fieschi L, Norris A, Guerrero S, Schofield L, Jones D, Emru E, Sadler K, Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) / Simplified Lot Quality Assurance Evaluation of Access and Coverage (SLEAC) Technical Reference, Food and Nutritional Technical Assistance III Project (FANTA-III), FHI 360 / FANTA, Washington, DC, October 2012

Figure 2 District map showing sampling zones



In order to confirm that we can still reliably estimate coverage at zonal level without having to find an impractical (given time and resources available) number of SAM cases, estimated caseloads were calculated for each zone using population data, SAM rates and % population 6-59 months of age and the following formula:

$$\text{Estimated caseload} = \text{total zone population} \times \text{population under 59 months} \times \text{SAM rate}$$

The SAM rate used for sampling calculations was standardised at 2% for provinces assessed, which is the rate commonly used for coverage assessment sampling calculations The calculations for the estimated case load are presented in Table 1.

Table 1 Calculations for estimated caseloads, sample sizes required and no. of villages[12]

Zone	Ave. village population	Total population	Population <59 months	SAM rate	Estimated caseload	Sample size required	Required number of villages to sample
Zone One	**365**	**111,563**	**20,081**	2	**402**	**33**	**27**
Zone Two	**475**	**409,773**	**73,759**	2	**1,475**	**40**	**19**
Zone Three	**645**	**203,262**	**36,587**	2	**732**	**40**	**18**
Zone Four	**373**	**124,212**	**22,358**	2	**447**	**33**	**27**
Total	475	1,573,154	1,573,154	2	1,913	146	91

Subsequently, the required sample size was determined using the table provided in the SLEAC technical reference (Table 2) that offers guidance on the sample size required. These are the recommended sample sizes for when using 30% and 70% thresholds. We are using a narrower range (30%-50%) which requires greater accuracy and therefore a larger sample size. However these remain useful as an estimate. We also were knowingly more conservative when calculating the number of villages to sample and so ensured a suitable sample size was met.

Table 2 Estimated sample sizes required for classifications based on estimated caseload in service delivery unit (in this case zone) [13]

Estimated number of cases in the service delivery unit	500	250	125	100	80	60	50	40	30	20
70% standard or 30%/70% class thresholds	33	32	29	26	26	25	22	19	18	15

3.2. Stage One Sampling

The suggested sample size for a SLEAC, according to the technical reference, is 40 cases per delivery unit or unit of classification (zone in this case). However, if the estimated SAM caseload in the zone is small (less than 500) this can be reduced (See Table 2) and still allow for a reliable classification of coverage. Based on this it was calculated that we would require n=40 in Zones One and Four and n=33 for Zones Two and Three.

In order to ensure this number of cases is reached, the number of villages required was calculated using the following formula:

$$n \text{ villages} = \lceil \frac{n}{\text{percentage of population } < 59\text{months} \times \text{SAM prevalence} \times \text{average village population}} \rceil$$

The numbers of villages that need to be sampled for each zone are also presented Table 1.

In normal conditions, an accurate map, or a comprehensive list of villages would then be used to randomly select the required number of villages to ensure a spatially representative sample. However, due to security conditions in Afghanistan, the list of villages was first reviewed by the partners' security focal point, in order to remove villages that were inaccessible by partner staff. Villages that were in areas known to be controlled by armed opposition groups (AOGs) hostile to government and outsiders were removed. In case of any doubt, additional information was sought and the program team (at community level) and local authorities were consulted to determine if it would be safe to go to each village and conduct the assessment. In the case

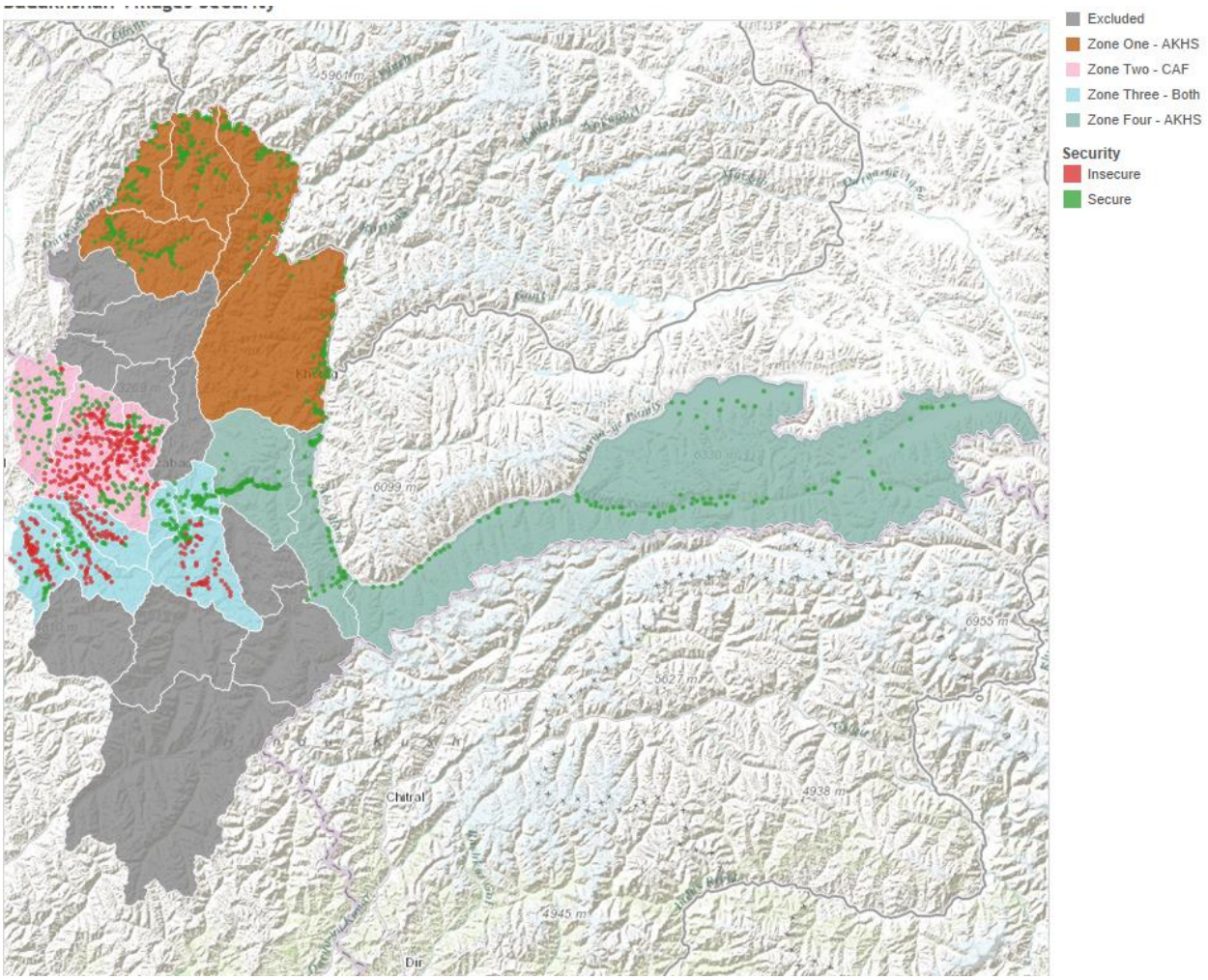
[12] Source: Population data. CSO, 2013

[13] Source : SLEAC/SQUEAC Technical Reference

of Badakhshan, it was appropriate to remove some entire districts from the sampling frame (Yawan, Kohistan, Khwahan, Zebak and Warduj).

By removing villages (and districts) prior to selection it meant that inaccessible villages were not selected, and we were able to best ensure spatial representivity, albeit outside of the insecure areas. In Badakhshan this resulted in 53% of the villages in the province being removed from the sampling frame. In the districts remaining in the scope of the assessment, 67% of villages were removed comprised of no villages from Zone One, 69% of villages in Zone Two, 57% in Zone Three and 25% of villages in Zone Four. See Annex A for a list of the villages with those removed indicated. Many of the villages removed were located in central areas closer to political / administration centres and near major strategic roads as shown in Figure 3.

Figure 3 Map with insecure villages marked



This clearly presents a limitation to the current assessment, and must be considered when reading the coverage classification and estimations, and applying them to the whole of a district or the province. That said, perhaps more importantly, the qualitative information collected during caregiver interviews will still provide a useful set of information on factors affecting coverage.

Once the insecure villages were removed, since a reliable and complete map was not available at the time, the spatial systematic sampling method (or 'list method') was used to select the required number of villages (See Table 1). With this method, villages are ordered according to district, a sampling interval is then

calculated as well as a random starting point on the list[14]. This allows for the correct amount of villages to be selected both randomly and produces a spatially representative sample. This process was done for each of the four sampling zones. A list of villages and those selected can be found in Annex A. A photograph of the selected villages and CHCs/BHCs marked on a map by the team during the assessment can also be found in Annex B.

3.3. Stage Two Sampling

Once the villages were selected, teams were sent to each village in order to find all SAM cases and to ascertain if they were in the program or not. Recovering cases were also sought and recorded.

A team of 10 enumerators divided into five teams of two were recruited. The enumerators were trained in both door-to-door and active and adaptive case finding. In village settings, active and adaptive case-finding was used. This involves teams using local knowledge to find suspected cases of SAM and therefore means that they do not need to go to each and every household. The sampling method assumes a level of social cohesion and that community members will know about the existence of SAM children in the village. Photos of malnourished children and packets of RUTF were used to assist the enumerators in finding SAM cases both in treatment and those not covered. In each village, teams continued searching for cases until they were certain that they had found all (or almost all) SAM cases.

Door-to-door case finding involves the teams going to each and every house in a given village. This is more appropriate in an urban setting, where it is assumed that due to the density of the population community members will be less aware of SAM children in the community, and therefore active and adaptive case-finding more difficult.

The case definition used was children 6-59 months old with a mid-upper arm circumference (MUAC) of <115mm or displaying bilateral pitting oedema, and children currently undergoing treatment. Enumerators were trained in measuring MUAC and testing for oedema. In each household, all children were screened in this way, and it was ensured no children 6-59 months were omitted (due to them sleeping for example). Non SAM cases that were still undergoing treatment (recovering cases) were also sought.

A recovering case is a child that is no longer SAM but has not yet been discharged from the treatment program. A SAM child is classified as a child with a MUAC of <115mm[15], however cases are not discharged until a MUAC of ≥125mm has been achieved for two consecutive weeks[16]. This means that a child may still be under-going treatment although no longer be suffering from SAM according to the MUAC indicator.

For each case found, the team ascertained whether the child was admitted into SAM treatment or not. If they were covered then the enumerator asked for proof. This meant they were required to show the packets of RUTF or a treatment card, or alternatively sufficiently describe details of the treatment and location of services (in the case RUTF and treatment cards were unavailable). Once proven, the caregiver was administered with a 'covered' questionnaire. If the SAM child was determined to not be covered the caregiver was administered with a 'non-covered' questionnaire and referred to their nearest treatment service. These questionnaire responses were used as qualitative data about what prevents or facilitates the child's admission into treatment. Full versions of these questionnaires can be found in Annexes C and D.

[14] See SQUEAC/SLEAC Technical Reference for more details.
[15] SAM is also defined in terms of weight-for-height z-scores and the presence of bilateral pitting oedema, but the SLEAC assessment did not use this definition.
[16] Integrated Guidelines for the Management of Acute Malnutrition, Ministry of Public Health/Public Nutrition Department (2015)

In the northern region of Zone One access involves international travel through Tajikistan which resulted in one team taking full responsibility for sampling in this zone. Due to this and to the security risk in the province, close supervision of the teams by the survey leader was not possible during most data collection at village level. In order to overcome this, and ensure the highest quality case-finding, certain measures were taken. First, during training extra practical exercises such as role playing interviews were conducted, second the teams ran through possible scenarios (for example definitions of covered and uncovered cases) and last physical rehearsels of the active and adaptive case-finding process were conducted to ensure competence in the method. In Badakshan, a visit to the provincial hospital in Fayzabad was also facilitated and supervised by nutrition management staff of AKHS. This allowed demonstration and practice for the survey teams of field activities including MUAC measurement and application of questionnaires.

The team leaders were provided with telephone credit so that they could call the survey leader when any issues or questions arose during case-finding. The survey leader also called the team leaders every morning and evening, subject to network coverage, to plan and discuss their activities (such as key informants met, number of children screened and households visited, village size and how village boundaries were defined), relay findings and highlight security related information gathered to inform immediate and ongoing planning. After one full day of case-finding, the core team was brought together and each individual questionnaire reviewed to identify and discuss how they found each case and the caregiver's responses in the context of the assessment. It was not practically feasible to do this in every case but was done when appropriate.

3.4 Additional qualitative data collection

In order to go some way in overcoming limitations caused by inaccessibility, some additional qualitative information was also collected to allow some understanding of how coverage is affected in these areas[17]. This information was collected through three methods. First informal interviews were conducted by the survey leader with key nutrition and monitoring management staff from AKHS and CAF and the Provincial Nutrition Officer (PNO) from the MoPH. These interviews focused on nutrition programming structure and overview, the informant's own activities and then further explored in detail information arising relating to challenges with SAM treatment. Second, due to the poor security situation restricting access for the survey team, it was decided to conduct short structured interviews with selected clinical staff and visitors to clinics as close as possible to the affected areas, as outlined in Annex E. Interviews tool place at health centres in Khash, Baharak and Shahri Buzurg, at the latter only with visitors (not staff). Last, detailed discussions took place at each meeting with the field team, and notes from this and telephone conversations were taken.

4. Results

Having sampled all possible selected villages across the province a total of 274 SAM cases, and 1 recovering case were found. Table 3 shows the sample sizes achieved for each zone, including the required sample size, the number of villages selected and the number of villages reached.

Due to the rapidly changing security situation, especially in Zone Three and Shuhada District (in Zone Four), the number of villages reached is slightly less than the number of villages selected. In these central areas, villages were often not sampled as planned due to new information emerging when the team arrived in these villages. In these cases, local village leaders, concerned over the security of the team, advised them to turn away. In some cases, it was suggested that the situation may change and many villages were revisited later in the field work and sampling completed. Finally, the number of villages where sampling was abandoned was a small proportion for the villages selected, it was thought this would not significantly impact the spatial representivity of the sample of villages.

[17] See Annex E for further details

Figure 4 Map with sampled villages

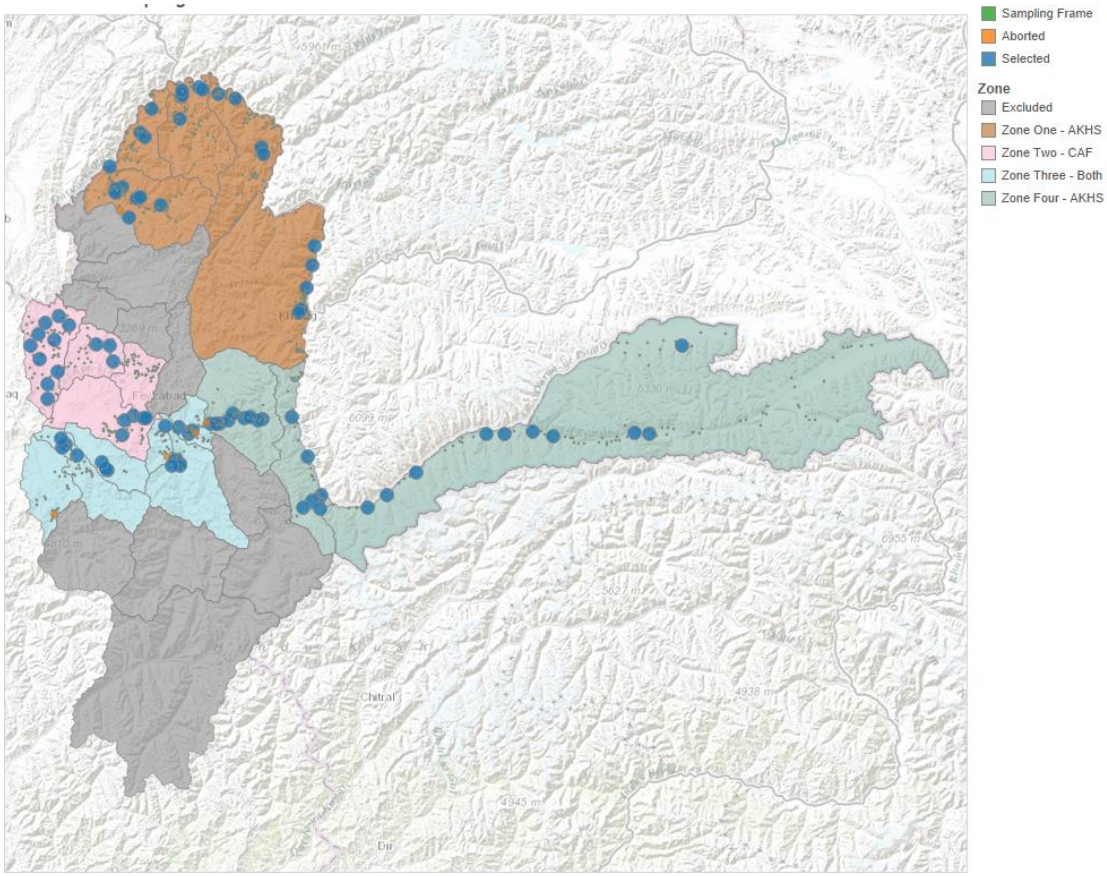


Table 3 Sample sizes required and sample sizes achieved

Zone	SAM Sample size required	No. of villages selected	No. of villages reached	Sample size achieved
Zone One	**40**	**27**	**26**	**51**
Zone Two	**33**	**19**	**19**	**82**
Zone Three	**33**	**18**	**15**	**85**
Zone Four	**40**	**27**	**25**	**57**
Total	146	91	85	275

Table 4 shows that the gender ratio of the uncovered SAM cases found was significantly skewed toward female cases. In terms of the condition of uncovered SAM cases, the median MUAC of the SAM cases found across the province was 110mm, but with small variation between Zone One and Four where MUAC are higher (112cm) and Zones Two and Three, where MUAC are found to be 109cm and 110cm respectively. There are typically few oedema cases, typical for Afghanistan and median age of SAM cases found across the province is 12 months.

Table 4 Age, gender, MUAC and oedema cases per zone

	Zone One	Zone Two	Zone Three	Zone Four	**Total Badakhshan**
Median age of SAM cases (months)	13.0	12.0	12.0	13.0	**12.0**
Male cases found	11	34	35	26	**106**
Female cases found	16	44	47	17	**124**
Median MUAC (mm)	112	109	110	112	**110**
Number of oedema cases	0	2	0	0	**0**

This shows that female children are more affected by acute malnutrition than male children.

4.1. Coverage Classification

The most reliable, and widely suited, coverage estimator currently available is the single coverage estimator. The single coverage estimator[18] estimates coverage using recovering cases still being treated (as found during the assessment) and estimates recovering cases not being treated. The number of recovering cases not in the program (R_{out}) are estimated using the following formula where C_{in}= covered SAM cases, C_{out}= uncovered SAM cases and R_{in} = recovering cases in the program[19].

$$Rout \cong \frac{1}{3} \times (Rin \times \frac{Cin + Cout + 1}{Cin + 1} - Rin)$$

Table 5 presents quantities of covered and uncovered SAM cases and recovering cases found in each zone. This shows the final total of cases used to classify coverage.

Table 5 Table showing results from assessment including covered, uncovered and recovering cases found in each zone and the estimated recovering cases not in the program

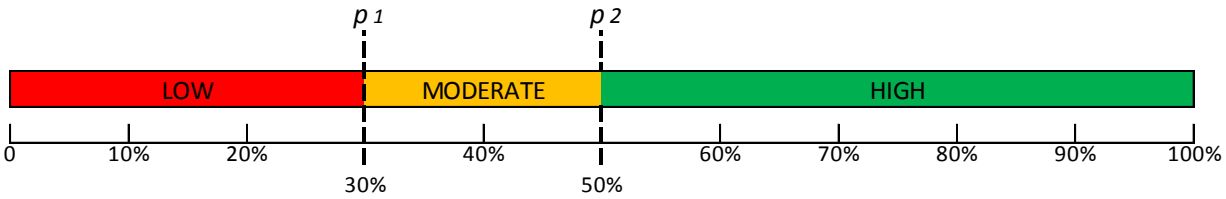
Zone	Covered SAM cases (C_{in})	Uncovered SAM cases (C_{out})	Total SAM cases	Recovering cases (R_{in})	Recovering cases not in the program (R_{out})	Total cases (C_{in} + C_{out} + R_{in} + R_{out})
Zone One	**24**	**27**	**51**	**0**	**0**	**51**
Zone Two	**4**	**78**	**82**	**0**	**0**	**82**
Zone Three	**4**	**81**	**85**	**0**	**0**	**85**
Zone Four	**12**	**44**	**56**	**1**	**1**	**58**
Total	**44**	**230**	**274**	**1**	**1**	**276**

Classification thresholds were decided prior to the assessment. It was decided that a three tier classification method was most appropriate, providing classification of high, moderate and low. The thresholds were set at 30% (p_1) and 50% (p_2) (see Figure 5). It was determined that these thresholds would be the most useful in distinguishing between poorly performing districts and the better performing districts. Coverage estimations from previous assessments in Afghanistan were used to forecast what levels of coverage we would expect to find.

[18] For more information see Myatt, M et al, (2015) A single coverage estimator for use in SQUEAC, SLEAC, and other CMAM coverage assessments, p.81 Field Exchange 49

[19] 1/3 is the correction factor calculated using the median length of stay for a treated SAM case (2.5 months) and an estimated length of an untreated episode of SAM (7.5 months). For more information see idem.

Figure 5 Diagram showing coverage classification thresholds



In order to determine the classification of coverage for each zone the decision rule (d_1 and d_2) for each classification is first calculated using the following formula where n = total cases ($C_{in} + C_{out} + R_{in} + R_{out}$), $p_1 = 30$ and $p_2 = 50$.

$$d_1 = \left\lfloor n \times \frac{p1}{100} \right\rfloor \quad \text{and} \quad d_2 = \left\lfloor n \times \frac{p2}{100} \right\rfloor$$

Then following algorithm is then used to determine the classification:

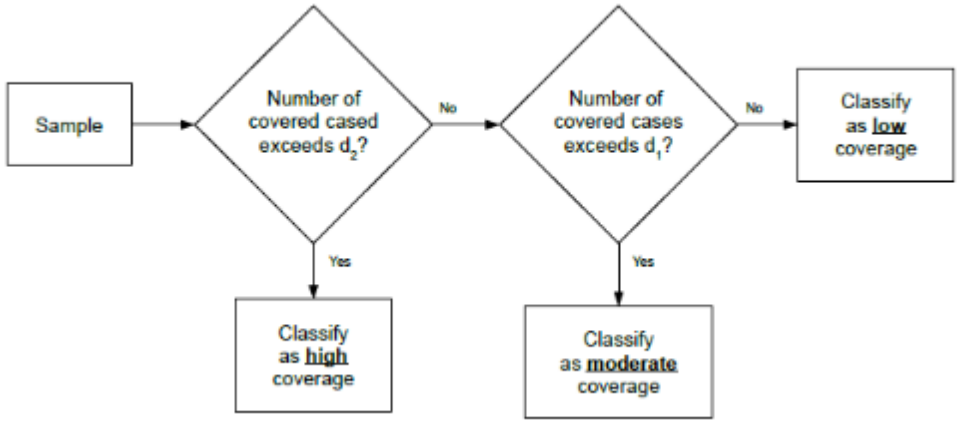


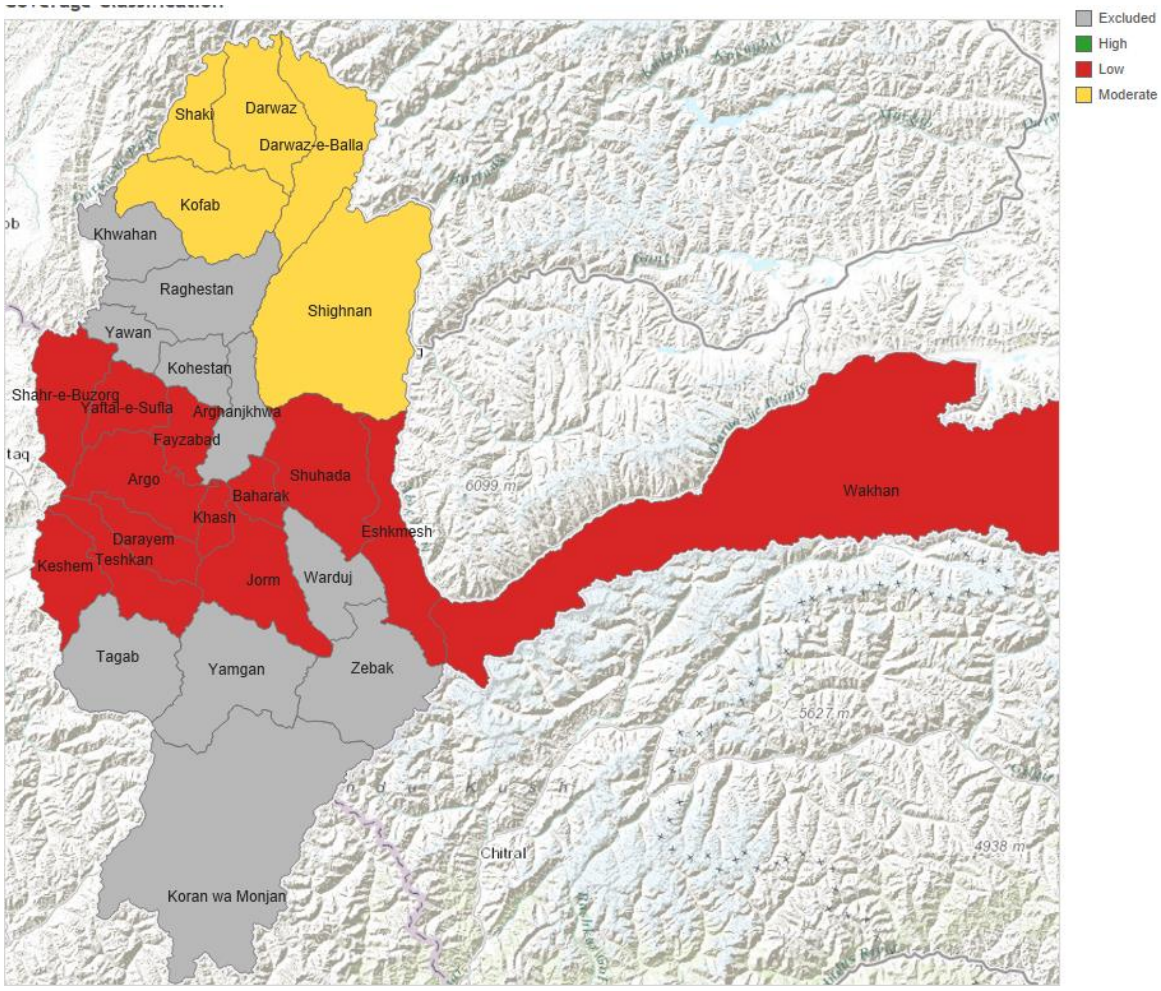
Table 6 illustrates the decision rules for each threshold, the total covered cases ($C_{in} + R_{in}$) and therefore the final classifications.

Table 6 Applying decision rule to determine coverage classifications

	Total cases (n)	d_1	d_2	Cases covered ($C_{in} + R_{in}$)	Coverage Classification
Zone One	**51**	15	25	24	Moderate
Zone Two	**82**	24	41	4	Low
Zone Three	**85**	25	42	4	Low
Zone Four	**13**	17	29	13	Low

The following map illustrates the classifications.

Figure 6 Map showing coverage classification of districts in Badakhshan Province



4.2. Provincial Coverage Estimation

Provincial coverage estimation (for the secure villages) can also be made. In order to make this more precise, we use a prevalence estimation based on the survey results:

Table 7 Table showing calculations of prevalence rate based on survey data

	Number of villages sampled	Average village population for sampling frame[20]	% population under 5[21]	Under 5 population in sampled villages	Actual SAM (MUAC <115mm or oedema) cases found	Proportion of SAM cases by MUAC<115 or oedema
Zone One	26	**365**	0.18	1,708.20	51	2.986%
Zone Two	19	**475**	0.18	1,624.50	82	5.048%
Zone Three	15	**645**	0.18	1,741.50	85	4.881%
Zone Four	25	**373**	0.18	1,678.50	56	3.336%
SUM	85		0.18	6.752.70	274	**4.06%**

Therefore based on the actual SAM cases found in the survey villages the % of SAM cases with MUAC <115mm is 4.06% in the surveyed villages.

In order to allocate a relevant weight to each zone based on the estimated SAM population in the surveyed areas, a weight is calculated. This takes into account the villages removed from the sampling frame due to insecurity.

Table 8 Table showing calculations of weights awarded to each zone

	Total number of villages	% villages removed	No. villages after review	Average village population	Total population (surveyed)	U5 population	% MUAC <115	Estimated Point SAM case load (MUAC)[22] (N)	weight=N /∑N
Zone One	**306**	**0**	**306**	**365**	**111,690**	0.18	0.0406	816	0.293898
Zone Two	**620**	**0.69**	**192**	**475**	**91,295**	0.18	0.0406	667	0.240231
Zone Three	**365**	**0.57**	**157**	**645**	**101,233**	0.18	0.0406	740	0.266381
Zone Four	**271**	**0.25**	**203**	**373**	**75,812**	0.18	0.0406	554	0.199490
SUM								2,777	1

Having allocated a weight to each zone, using the survey data we can estimate the coverage estimation based on the survey data.

[20] Source: Population data. CSO, 2013
[21] Source: SCA management
[22] This estimation does not take the incidence rate into account.

Table 9 Table showing allocation of weights to each zone and calculation of coverage estimation

	Total cases (Cin+Rin+Cout+Rout)	Cases covered (Cin + Rin)	(Cin + Rin)/n	weight* Cin+Rin /n
Zone One	51	24	0.471	0.138305
Zone Two	82	4	0.049	0.011719
Zone Three	85	4	0.047	0.012536
Zone Four	58	13	0.224	0.044713
Total	276	45		**20.7%**

Finally, a credibility interval must be calculated using the following formula, where coverage = 20.7% and total SAM cases found = 274:

$$Lower\ and\ upper\ cerdibility\ intervals = coverage\ \mp 1.96\ x\ \sqrt{\frac{Coverage\ \times\ (1 - coverage)}{Total\ SAM\ cases\ found}}$$

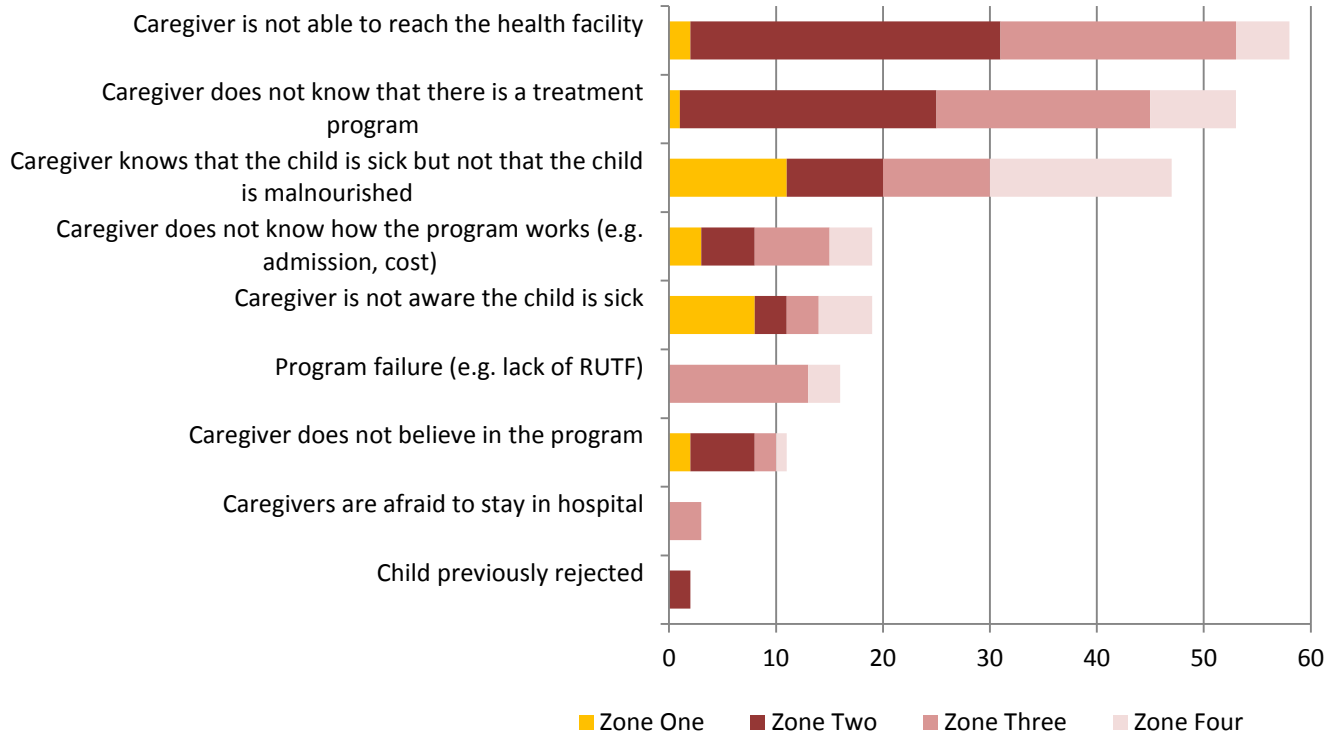
Therefore the coverage estimation for the accessible villages can be estimated at **20.7% (CI 95%: 15.93%-25.53%).** It must be noted that this does not represent coverage estimation for the 53% villages (including 8 removed districts) within the province that were removed from the sampling frame due to insecurity.

4.3. Barriers to access

Simple questionnaires, designed to determine reasons why a SAM child was not being treated, were administered to the caregiver of each uncovered case found. From these questionnaires, qualitative information related to how the caregiver accesses health services and the factors preventing them from accessing SAM treatment services was collected. This information is analysed in more detail in the following section. However in each case, a primary barrier to access was determined from the responses using a simple decision logic.[23] This allows for the identification of the most common barriers in each zone and across the province, and therefore facilitating prioritization of the most important issues. Collectively (including all zones), the frequency of primary barriers can be shown as follows:

[23] See Annex G for analysis logic

Figure 7 Pareto chart showing primary barriers to access in Badakhshan Province (n=230)



This shows the top barrier to access related to challenges in physically reaching the health centre. This is due to long distances, lack of finances to make the journey and lack of suitable transportation. In some cases, caregivers report six to nine hour journeys between their home and the health centre and many are subject to multiple other challenges preventing them from visiting under these circumstances, such as lack of support at home or bad experiences at health centres.

This also shows that there are several differences in the order of primary barriers between zones. For example, in Zone One where coverage is moderate the most predominant barriers related to awareness about the child's condition.Awareness related barriers are important across the province, but the most common is a lack of awareness that there is a program to treat SAM. This is shown here to be a particularly important barrier to access in Zones Two and Three, where coverage is very low. There are also several caregivers in each zone who are aware of the child's condition and of the treatment program, but do not understand that it is free or how to get their child admitted.

Notably in Zone Three a number of caregivers have stated that they have tried the program but that it has not been adequate, usually because of lack of RUTF (or some say unfair distribution of RUTF) at the health centres. This issue was also raised in through the additional qualitative data collection.

5. Analysis of factors affecting access and coverage

The following section presents an analysis of the key factors affecting access and coverage as described by findings from all available sources, including survey questionnaires to caregivers of SAM children and supplementary interviews with staff.

The barriers presented in Figure 7 clearly indicates that poor access to health centres and the lack of understanding of malnutrition or awareness of services to treat it, are negatively impacting access and coverage of SAM treatment services in Badakhshan. A more in depth analysis of the questionnaires administered to both covered and uncovered questionnaires allows for a more detailed view on these factors, and also the emergence of some additional elements related to coverage.

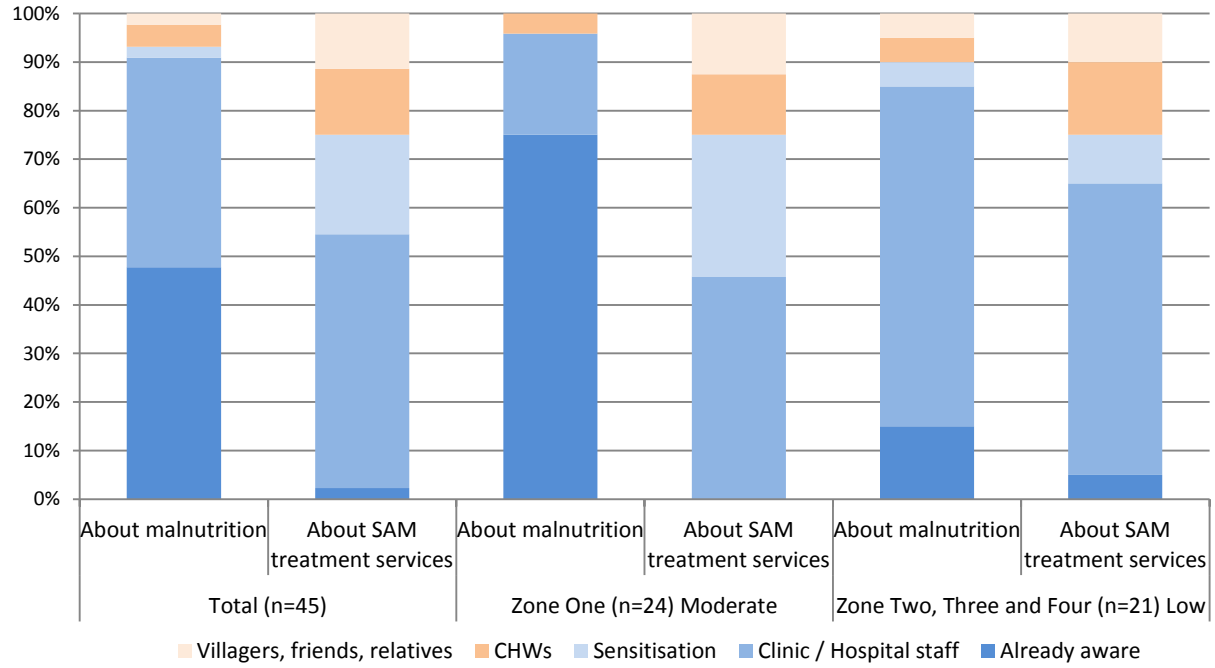
5.1. Key findings from covered questionnaires

The objective of the questionnaire administered for covered cases was to explore what factors influenced the child's admission to the treatment program. Particularly in terms of awareness, the covered questionnaires provide a means to ascertain whether caregivers had knowledge about the child's sickness and how to get treatment, and if not, how they received this information to facilitate admission.

In Figure 8 the zones with low coverage have been grouped together since Zones Two and Three have very small samples (both n=4) of covered cases. The results illustrate that more caregivers are already aware that their child is sick from their symptoms, and very few know that there is a treatment service available for the condition. The majority of caregivers who are not already aware of either of these are often informed once they make a visit to the health centre.

Proportionally, more caregivers recognise malnutrition from knowledge of the symptoms in Zone One than in the other three zones, suggesting that the **general awareness of the condition is higher** there. This is supported by the **presence of 'sensitisation' activities as a source of information about treatment**. In Zone One, this includes involvement of school staff, information from midwives during health and nutrition awareness visits to villages, the presence of a mobile team and seeing health information posters. In Zone Four, two caregivers said they had information from a mobile health team (previously implemented by Merlin).

Figure 8 Bar chart showing the source of information about malnutrition and SAM services for covered and recovering cases (n= 45)



Also notable here is **involvement of friends and neighbours in sharing information about treatment services**. There are more cases that have been advised about the treatment program than the condition of malnutrition by friends and neighbours however indicating that these actors may themselves know about the treatment (and specifically about the distribution of RUTF) but without knowledge of the condition. There is also **limited information coming from CHWs**, indicating that CHWs play a small role in sensitising communities and referring SAM children to treatment.

5.2. Key findings from non-covered questionnaires

The objective of the non-covered questionnaires is to ascertain key factors preventing caregivers from admitting their child into the treatment program. From the responses the primary barrier for each case, as presented in Figure 5 above, provide an overview of the principal reason for not being treated at the time of the assessment. However, there may be several factors at play in each case that prevent the caregiver from admitting a SAM child for treatment.

In addition to the primary barriers, a summary of responses from uncovered cases presented in Table 10 shows that:

- Nearly one third (30%) of caregivers of uncovered cases in **Zone One do not recognise that there child is sick**, where this is less than 10% across the rest of the zones
- Significantly more caregivers in the more remote zones (One and Four) (70% and 45% respectively) **do not recognise that their child is malnourished,** compared with around just 15% in more populated Zones Two and Three
- Around one third (36%) of caregivers are **not aware there are treatment services available**
- Around 61% of caregivers **have never been informed about nutrition** by a health worker (either at facility or by CHW)
- Around one third to one half of caregivers reported **difficulties getting to the health centre** (for any ailment). Reported difficulties included distance, lack of finances, lack of support at home and bad experiences at health centres.

Since coverage varied between the four zones, it is also useful to present the responses relating to each of the key factors affecting coverage by zone (Table 10). Results which are significantly different to the same in other zones are highlighted.

Table 10 Summary of responses to key questions from caregivers of uncovered cases (n=230)

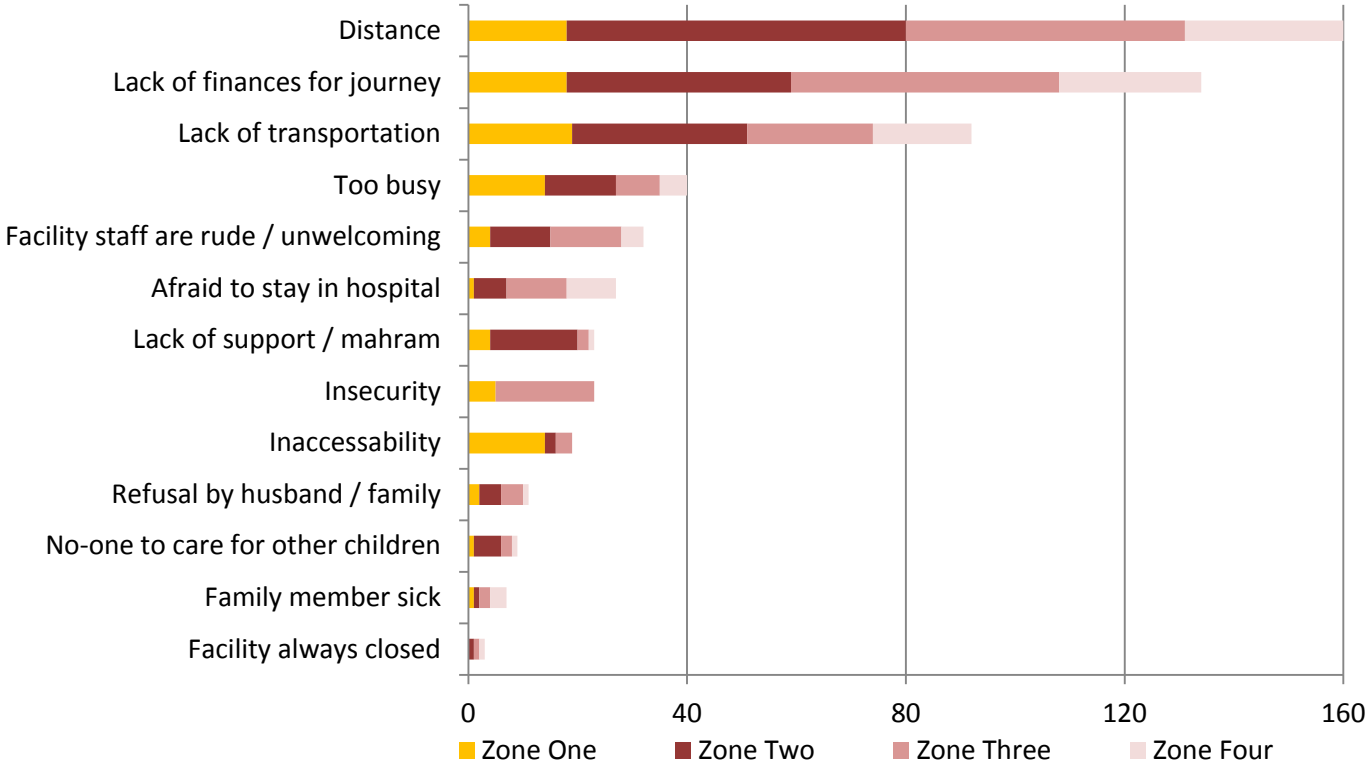
	Zone One (n=27)	**Zone Two (n=78)**	**Zone Three (n=81)**	**Zone Four (n=44)**	**Total (n=230)**
Coverage Classification	Moderate	Low	Low	Low	
Caregiver does not recognize the child is sick	30%	5%	4%	11%	**9%**
Caregiver does not know the child is malnourished	70%	14%	16%	45%	**27%**
Caregiver does not know about SAM treatment services	30%	36%	33%	45%	**36%**
Caregiver has never received information about nutrition	70%	65%	53%	64%	**61%**
Caregiver has difficulties getting to the health centre	48%	55%	33%	41%	**44%**

This shows that in Zones Two and Three, caregivers' awareness of their child's condition is relatively good and unlikely to be the reason for them not reaching admission into the program, and yet this is where coverage is lowest. By contract in Zone One where there are fewer uncovered cases, since coverage is moderate, it seems that awareness is lower.

5.2.1. Access to health centres

When looking at primary barriers, not being able to reach the health centre is the most common overall, as well as in Zones Two and Three. For physical access to present as a primary barrier, caregivers must know that their child is malnourished and that there is a program to treat it, otherwise these would take precedent over physical access as a barrier. Therefore, we could infer that in the other zones (One and Four), this would have similar impact even if awareness was improved as there are as many caregivers responding that they have difficulties in these zones (see Table 10). Around one third to one half of caregivers of uncovered SAM cases said that they are not able to reach the health centre easily. The reasons were also then collected. Since all caregivers may experience some challenges in reaching a health centre on some occasion all uncovered cases (n=230) were asked "When you cannot go [to the clinic], what are the main reasons?" Participants were able to give multiple reasons as to why they are not able to go to health facilities. The responses are presented in Figure 8.

Figure 8 Factors presenting a challenge to accessing health centres as cited by uncovered cases (n=230 but multiple answers given by individuals)



This shows the extent to which the physical journey to the health centre is a challenge to access. Nearly 70% of caregivers have said that **the distance to the nearest health centre is too far**, with median journey time for those caregivers of three hours on foot (median five hours in Zone Two) and with some journeys as long as 6 days. This is accompanied in many cases with a lack of resources to make that journey, with many caregivers also citing **cost and availability of transportation,** which are the second most cited reasons for experiencing difficulty attending the clinic. From interviews and extra information gathered, lack of transportation includes poor availability of cars or donkeys to travel from remote areas. In Zone One inaccessibility is a particular problem where there are few roads and especially challenging terrain in high mountains.

Lack of finances for the journey relates to the price of hiring means of transport, but also costs for sustenance or even accommodation away from the home when travelling these distances. Furthermore, there are implications of long distances on **time away from home** for the household. Many caregivers who said that they were **too busy were involved in farming cultivation activities** and preparing for the onset of winter at this time, particularly in Zone One. Proportionally, there are many more caregivers in Zone Two who are not able to reach the health centre because of **lack of support or a mahram**. The challenges of not having anyone to look after other children, or another family member being sick, indicates that **lack of support in other caring responsibilities** (child and sick family member) also presents significant difficulty for caregivers to access services and shows the need for the family to support the mother in order to allow her to take her malnourished child to the clinic.

Bad experiences at health centres including **staff behaviour at the health centre,** which was cited by 32 of the 230 uncovered cases (around 14%), are a clear deterant for caregivers seeking help at the health centre. Many caregivers commented further on their experiences at health centres saying that they had waited for a long time in an overcrowded health centre, that the staff are very busy, that there is poor attention to their

children and that they never know whether they will recieve RUTF or not. Overall, staff behaviour was found to be an important factor discouraging caregivers from accessing health services which warrants attention. There is also evidence of caregivers being afraid of a stay in hospital which indicates a lack of understanding of what treatement entails. Many caregivers also mention the previous mobile teams saying that they had used these previously but observing that they no longer visit the area. Use of these mobile teams is also reflected in the results from covered cases where these are highlighted as sources of information in Zones One and Four. It is notable also, that the only two districts where more covered cases were found than uncovered cases were Shignan and Ishkashim, which also have **CHC plus clinics, which have extra staff** and inpatient services. A dissaggreagation of results by district can be found in Annex G.

Lastly, **insecurity is shown to be an important factor, but this is localised to specific areas and therefore does not apply across the province**. Of 22 caregivers who say insecurity prevents them from visiting health centres, nearly half (10) are located in Darayim District (Zone Three). The rest are split between two other districts in Zone Three (Baharak and Jurm) and Kofab in Zone One (3, 4 and 5 respectively).

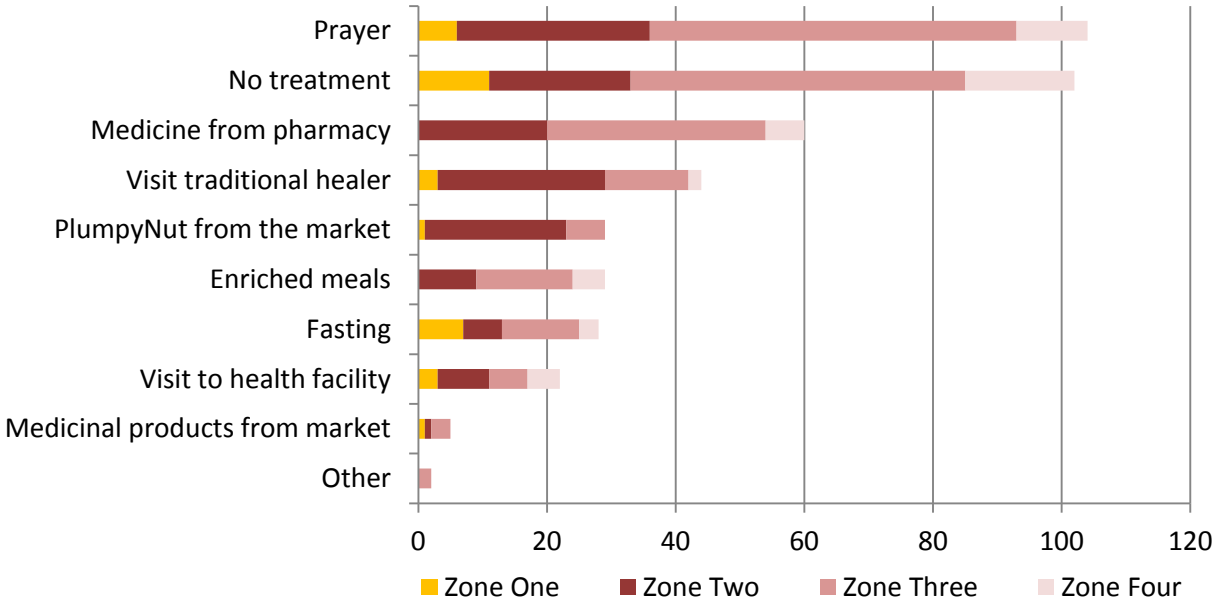
5.2.2. Lack of awareness of SAM and treatment services

More than half of caregivers of uncovered SAM cases said that they were not aware there is a service to treat malnutrition. These numbers are particularly high in Zones Two and Three and this is thought to be the second most common primary reason for a child not reaching the treatment program in Badakhshan province.

From covered questionnaires we can see that the majority of caregivers are only told about services once they make a visit to a health centre where they are informed by staff. In Zone One, however, where coverage has been classified as moderate, other informants including from nutrition sensitisation activities have improved awareness of the treatment services and thereby improved coverage. Some caregivers of uncovered cases who were aware of the SAM treatment services stated that they did know how to get their child admitted to the program, or do not have finances to pay for treatment showing that, since treatment is free, information they have received is incomplete.

Despite reportedly being able to recognise malnutrition in Zones Two and Three, many caregivers have tried treatments that are unlikely to make a difference to the child's condition. Figure 9 shows the different treatements tried by uncovered SAM cases showing a wide prevelance of alternative health seeking behaviour.

Figure 9 Treatments tried or considered by caregivers of SAM cases not admitted to the program (n=230)



A number of caregivers of uncovered cases (16%) also said that they did not believe that the program will help their child's condition showing some negative perception of the treatment program.

5.2.3. Supply and distribution of RUTF

Throughout the SLEAC assessment in Badakhshan, comments and issues with RUTF supply, availability and distribution of RUTF were raised.

Stockouts

Of the 17 SAM cases who had been admitted to the program previously, the majority (n=9) were also from Zone Three and when asked the reason for the child no longer being admitted in the program, most said that this was because the health centre had run out of RUTF.

It is also clear that problems with supply are more predominant in Zones Two and Three where transportation of RUTF from Fayzabad to health centres is not financed. In Zones One and Four, supplementary funding provides means to transport RUTF to the most remote districts such as Kofab and Wakhan which require transportation across borders and were routes are vulnerable to being blocked by snow (for example).

Distribution

Discussions with the assessment team and with a variety of management level stakeholders revealed that in many areas, monthly supply of RUTF is being provided to caregivers. Some added that this is common standard practice in most of Badakhshan due to the long distances caregivers must travel to health centres and staff are forced to do this:

> *"It is the client's decision.We know that the MUAC should be taken every week, but people simply weren't coming back after admission"*
>
> - Management staff, implementing partner

There is also some evidence of discrimination in terms of distribution of RUTF and staff not admitting children based on the criteria outlined in the IMAM guidelines.

"People say that some of the midwives give RUTF to relatives who don't need it"
- Management staff, implementing partner

"We need RUTF in the clinic to be distributed honestly", "In the clinic, staff respect influential people and those who have power", "we need transparency and compassion during the treatment"
- Caregivers of three uncovered cases in Jurm and Khash (Zone Three)

This lack of trust in the health centre staff is likely to have a profound affect on the willingness of caregivers to go to the health centre to seek care, and is supported by the finding that some care givers do not go to the health centre due to the behaviour of staff.

Selling of RUTF

As shown in Figure 9, there is also evidence of RUTF reaching the market, especially in Zone Three with 22 caregivers of SAM cases not admitted to the program saying that they had tried using RUTF from the market. Further investigation would be needed to discover how the RUTF ended up at the market, but the lack of systems to prove caregivers are not selling the RUTF (the requiremenet to return empty packets) and the distribution of 4 weeks supply at a time, suggests that it could be the mothers selling part of the ration. However, leakage of supply along the supply chaine should not be ruled out and therefore efforts to reduce this should be directed at sensitisation of mothers and as well as better control of supply lines.

5.3 Security-related findings

The implementation of the assessment was clearly restricted due to insecurity. Specifically, there were violent clashes between armed opposition groups (AOG) and government forces at the time of implementation, and increased presence of groups in the community known to be hostile to outsiders (such as the assessment team). AOG presence was greater in Jurm, Raghestan, Shuhada, Yaftali Sufla, Warduj and Kishim and although AOG were said not to be problematic for health staff, reports of violent attacks against health structures were reported. For example,an arson attack at a health centre in Shuhada, then a centre being commandeered in Yaftali Sufla where people were not allowed to enter, and five WFP trucks carrying medical supplies were burned in the north (Yawan District). In this regard, the escalation of security risks in the central and western areas was beyond expectation. In Zone Three in particular, this led to changes in planning for sampling (case-finding) and some selected villages being removed from the scope of the assessment. Using data from questionnaires of caregivers, interviews with staff (at management and clinic level), interviews with visitors to clinics[24] and comprehensive field notes, an analysis of the effects insecurity has on access was made.

These investigations also revealed information about what types of insecurity are being experienced. This includes the clashes between armed groups and hostile presence in the community that impacted the assessment, as well as more long term effects of political instability and lack of government control causing a reluctance to pass checkpoints and make journeys because of unpredictable hostility. Results also revealed some information about the impact on community access to treatment services and the impact on the provision of treatment services.

Impact on community access

In the village level security review conducted before sampling, 69% of villages were removed from the list for Zone Two and 57% of villages in Zone Three. By comparison, in the same security review, no villages from Zone One and 25% of villages from Zone Four were removed. Although the review reflected the risk

[24] See Methodology section

associated with the assessment team travelling to these villages, this still provides an indication of where AOG presence might influence access to clinics for the community. Therefore the level of insecurity is highest in Zone Two, then in Zone Three and relatively low in Zone Four and negligible in Zone One. It is notable that this inversely matches the level of coverage in the zones.

Even after removing villages as advised by this review, the security risk in six villages sampled was later found to be too high to visit them. One of these villages was in a strategic location which had made it vulnerable to frequent clashes between AOG and government authorities. The other five were either found to be experiencing live clashes when the team arrived, or the team were stopped from entering the village by AOG already controlling the village. In some cases, villages were revisted later during the field work. This was determined either through informants en route to the village or upon the advice of community leaders and local officials.

Additional brief interviews with visitors to health centres near these volatile areas (at Baharak, Khash and Shahri Buzurg clinics) allowed us to explore this further[25]. In Baharak and Khash, all participants spoke about their security concerns when making the journey to the health centre. In Khash, these were tribal hostilities.

"*Conflicts have been happening between people from two villages for about one year*"

- a resident of Shahran, visiting Khash clinic

But in Baharak, there was concern about the clashes and explosions on the journey, and the impact on access to health sevices,

"*We fear clashes between AOG and police forces. The main issue is they do not let us to have access to health facilities*"

"Clashes between Taliban and government stop us from going to the health facility. A few days ago clashes happened during our journey"

- two visitors to Baharak Clinic

When caregivers were asked what alternatives they use when they are not able to make the journey to the facility, none mentioned using CHWs, as you might expect, saying that they refer their child to the mullah in the village or use medicines from the market.

Impact on provision of services.

Interviews with staff at clinics and at management level revealed that insecurity also inhibits a range of activities required for operating the OPD SAM sites, specifically those involving movement from provincial to district level, such as monitoring, training, supervision activities, and supply of RUTF. For example, in Yawan, Kohistan and Khwahan, located to the north of Zone Two and originally included in it but then removed, it is reported that (non-clinical) staff cannot go there, and health facilities were not currently being supplied with medicines. This was the area where five WFP trucks were attacked at the time of the assessment, and many AOG checkpoints continued to control activities in the area.

For monitoring or supervision to be conducted safely, long-term relationships with community members and groups often facilitate safe visits for known staff. It is considered that personal risk is significantly increased when staff visit more remote and volatile areas where they are not known to local leaders. Therefore long-standing relationships with local leaders and networks comprise a crucial mechanism for access and activities,

[25] See methodology and Annex E

"Since September when the situation got worse, we were not able to supply the clinics. Currently the staff are working and will finish the resupplying soon. There is a plan with local maliks, mullah, health shura and some Jihadi leaders about how to get the supply to the clinics. Officially it is not part of the job, but it's an important part of keeping the clinics supplied and supported"

- Management staff, implementing partner

In many districts it was reported that Afghan National Security Force (ANSF) troups have prevented the supply of health centres in AOG areas, and inversely, that AOGs have been known to prevent supply of health centres in government controlled areas.

"All [health centres] are under 'red line' [security category] in Jurm, Shuhada, Khash. There is difficulty getting RUTF to the clinics. ANSF stop them supplying the clinics with RUTF and other medicines. ANSF stop them because they don't want AOG to be supplied. Same vice versa (AOG do not want authorities to be supplied)"

- Staff from implementing partner

Staff in health centres also expressed concern that RUTF had not been available to communities in the past because of insecurity causing significant numbers of patients to default from treatment and that the security situation was worsening.

"[One one occasion] distribution of RUTF was stopped for 5 days due to insecurity, this month we have 50% decrease in patients"

- Staff at Baharak Clinic

6 Conclusions

The findings show that the most important factors affecting access to health centres are the long distances, awareness of sickness and malnutrition, awareness that free treatment is available, RUTF stockouts and poor behaviou of staff. It is also notable the limited screening and referral at community level, which has a further negative affect on coverage. These are the main contributing factors to the low to moderate coverage in Badakhshan, and the low coverage estimation in the province of **20.7% (CI 95% 15.93%-25.53%)**. This estimation incorporates results only for areas which were deemed secure enough for the assessment to access. Further analysis on insecure areas shows that coverage in those areas is very likely to be lower than in the more secure areas and therefore likely to reduce the overall coverage of SAM services in the province.

Throughout the assessment various aspects of related to insecurity came up. These have revealed the impact on community access to health services generally inhibiting caregivers from making the journey to the health centre, the implementation and monitoring of SAM treatment activities, such as supervision visits and RUTF supply, and implementation of the SLEAC assessment itself. The latter also implies a limitation on the results of the assessment, particularly in the reading of the classifications and estimation, which should be understood as relating only to 53% of the villages that were not removed from the sampling frame due to insecurity. The villages removed were largely settlements located in the interior western and central region of the province, rather than the remote mountainous regions towards international borders.

Distance was found to be an important factor restricting access to SAM treatment services. The questionnaire responses showed that it was not necessarily the distance itself but the ability for mothers to pay for the transport required, the time take to travel the distance and safety during the journey. Safety during the journey was sometimes related to insecurity but other times related to the lack of a mahram to escort the mother to the clinic.

Challenges relating to awareness were also found to inhibit coverage. In zones 2 and 3, the more populous areas where security is worse and coverage is very low, caregivers of uncovered cases were found not to know about the program to treat their malnourished child. This indicates that there is limited outreach activities and promotion of the programme by CHWs. In more secure areas, many caregivers knew that their child was sick, but did not recognise that their child was malnourished. In Zone One in particular, which is the most remote and secure, and the only zone where coverage is classified as moderate, this was the most common primary barrier to access. Here, the most common treatments tried by caregivers of uncovered cases were prayer, fasting or no treatment at all. By contrast, covered cases in this zone revealed that information leading to admissions often came from people involved in sensitisation and outreach activities such as from school staff or midwives on community visits. This indicates that proactive dissemination of messages related to malnutrition and treatment are highly likely to have contributed to better coverage.

The continuity and quality of care was also found to have an important influence on coverage. RUTF stock outs were found to be an important reason why cases stopped receiving treatment and going to the health facility. This not only has an impact on the case that defaults but also has negative impact on the perception on the programme and therefore reduces the likelihood that others with make the journey to the clinic to receive treatment. The poor behaviour of staff has a similar impact on the reputation of the programme and therefore the likelihood of others to go to seek treatment.

The involvement of CHWs in nutrition activities is notably absent throughout. However where they are present, they could be encouraged to screen and refer to the OTP SAM treatment program. Further, since social networks (neighbours, friends and relatives) are shown to be active sources of information leading to admission, they could also be utilised effectively for screening and referral. Caregivers also show a preference for seeking advice from actors such as mullah, community leaders, pharmacists, who would therefore also be well placed to share key messages for better understanding of malnutrition and treatment.

With guidance from these findings, recommendations to improve community mobilisation, programming and monitoring activities are made in the following section.

7 Recommendations

Based on the findings above and further discussions with key stakeholders such as nutrition, management and assessment staff, the following recommendations for improving access and coverage for this program have been developed. Clearly, many of the findings should be considered in the context of its novelty, and some recommendations will act only to reinforce activities already planned by AKHS and CAF.

	Rationale	**Suggested Activities**
Recommendation 1: <u>Distance</u> Improve **physical access** to SAM treatment services in remote areas	Economic and geographic barriers prevent cases from being treated at current OPD SAM sites (source: questionnaires and field notes)	- Re-introduce additional mobile clinics that can visit more remote areas - Provide OPD SAM treatment services at sub-centres that are located in more remote areas - Train CHWs to support caregivers to source finances for transport and make arrangements that allow them to attend the OPD (for example finding someone else to look after other children).
Recommendation 2: <u>RUTF supply</u> Improve RUTF supply and distribution in co-ordination with UNICEF	Evidence of insufficient supply of RUTF at health facilities including those near provincial capital. Evidence of RUTF availability on the market	- Review process for forecast and delivery of RUTF at provincial level - Review in facility level distribution and storage practices throughout the province - Investigate causes for possible leakage and availability of RUTF on the market including establishing at which point or points in the supply and distribution of RUTF it is being leaving supply chain
Recommendation 3: <u>Screening and Referral</u> Improve and enlarge **screening and referral** at community level by improving systems to support and monitor CHW activities and engaging additional actors in screening	Limited involvement of CHWs in screening, referral or sensitization, and lack of engagement with community in screening and referral	- Train CHWs in MUAC and oedema screening, referrals and sensitization. - Redesign and distribute referral slips to enable follow up of referred cases to ensure admission and attendance. - Train community actors including school staff, private doctors, pharmacists and vaccinators in MUAC screening and referral. - Train mothers to regularly screen their children. Training can take place during visits to health centres and MUAC tapes should distributed to them.
Recommendation 4:	Bad staff behaviour at clinics, poor delivery of RUTF, and over-worked	- Formally review and record workload of staff members, and ensure nutrition staff have sufficient time to fulfil obligations

Quality of care Improve SAM treatment **service delivery and patient care**	staff	- Train clinic staff in nutrition and IMAM guidelines[26] - Ensure minimum information on treatment is shared with caregivers (e.g. dos and don'ts for treatment, duration of treatment, reasons for admission/non-admission/discharge) - Organise clinic so as to allow appropriate time for each visitor and improve experience at clinic for caregivers
Recommendation 5: Awareness of malnutrition and treatment Utilize existing community networks and groups t**o increase awareness of malnutrition and SAM treatment services**	Knowledge about malnutrition (signs and symptoms) and SAM treatment services is poor. Information is not effectively communicated by health staff and CHWs, nor effectively shared amongst community members	- Train CHWs to conduct regular nutrition specific (condition and treatment) education sessions with mothers and fathers - Train and engage with key community figures such as maliks, mullahs and school teachers and encourage them to share key messages for recognizing the condition, screening and treatment within the community using sensitisation tools and materials.
Recommendation 6: Monitoring Conduct a **SQUEAC assessment** to monitor progress after six months of implementation of current recommendations	Currently limited knowledge of effective and efficient monitoring tools needed particularly to monitor effectiveness of activities currently being introduced (such as IMAM training), more in depth investigation of treatment flow and interface between clinic and community activities is required.	- SQUEAC assessment in central region in six months, further building capacity of core team for SLEAC assessment - Include full community assessment to better understand community dynamics and key actors in order to develop a more sophisticated community mobilization (communication, screening and follow-up) plan. - PNO should be involved in training for capacity building and full engagement with recommendations

[26] This activity is currently underway

Annexes

Annex A - Full list of villages in Badakhshan Province

The highlighted villages are those that were sampled. NB, the villages are not ordered according to health centre catchment area as they were when the sampling was done.

District Name	Village Name (in alphabetical order)	Village removed from sampling frame (1=yes, 2=no)	CHC+ (1=yes 2=no)	CHC (1=yes 2=no)	BHC (1=yes 2=no)	Selected for sampling (1=yes, 2=no) *Highlighted in yellow*	Removed from final sample (1=yes, 2=no)
Arghanjkhwa	Aryan (1)	1	2	2	2	2	2
Arghanjkhwa	Aryan (2)	1	2	2	2	2	2
Arghanjkhwa	Aryan (3)	1	2	2	2	2	2
Arghanjkhwa	Asrich	1	2	2	2	2	2
Arghanjkhwa	Astaraj	1	2	2	2	2	2
Arghanjkhwa	Banew	1	2	2	2	2	2
Arghanjkhwa	Chaka Khwa	1	2	2	2	2	2
Arghanjkhwa	Dasht Pang	1	2	2	2	2	2
Arghanjkhwa	Dasht Shmera	1	2	2	2	2	2
Arghanjkhwa	Ghala Dara Bala	1	2	2	2	2	2
Arghanjkhwa	Ghala Dara Payen	1	2	2	2	2	2
Arghanjkhwa	Ghawiyla	1	2	2	2	2	2
Arghanjkhwa	Gumab	1	2	2	2	2	2
Arghanjkhwa	Jangalak	1	2	2	2	2	2
Arghanjkhwa	Kaloch Do Ab	1	2	2	2	2	2
Arghanjkhwa	Kamar Saighan	1	2	2	2	2	2
Arghanjkhwa	Kazir Chaqil	1	2	2	2	2	2
Arghanjkhwa	Kazir Nashir	1	2	2	2	2	2
Arghanjkhwa	Khambayo Bala	1	2	2	2	2	2
Arghanjkhwa	Khambayo Payen	1	2	2	2	2	2
Arghanjkhwa	Khambew	1	2	2	2	2	2
Arghanjkhwa	Khanaqa	1	2	2	2	2	2
Arghanjkhwa	Khanaqa-i-bala	1	2	2	2	2	2
Arghanjkhwa	Kolan	1	2	2	2	2	2
Arghanjkhwa	Lakeow	1	2	2	2	2	2
Arghanjkhwa	Morghak	1	2	2	2	2	2
Arghanjkhwa	Nahmat Abad	1	2	2	2	2	2
Arghanjkhwa	Naran Shahr Bala	1	2	2	2	2	2
Arghanjkhwa	Now Abad	1	2	2	2	2	2
Arghanjkhwa	Qal'eh-ye Mirza Shah	1	2	2	2	2	2

Arghanjkhwa	Razan	1	2	2	2	2	2
Arghanjkhwa	Robat	1	2	2	2	2	2
Arghanjkhwa	Sandara	1	2	2	2	2	2
Arghanjkhwa	Sar Sang	1	2	2	2	2	2
Arghanjkhwa	Seni Mayet	1	2	2	1	2	2
Arghanjkhwa	Tagabak	1	2	2	2	2	2
Arghanjkhwa	Takhsab	1	2	2	2	2	2
Arghanjkhwa	War Nail	1	2	2	2	2	2
Arghanjkhwa	Waran Shahr	1	2	2	2	2	2
Arghanjkhwa	Waran Shahr Payen	1	2	2	2	2	2
Arghanjkhwa	Wuran Shahr-i-bala	1	2	2	2	2	2
Arghanjkhwa	Zebskha	1	2	2	2	2	2
Argo	Ab Barek	1	2	2	2	2	2
Argo	Ab Seni	1	2	2	2	2	2
Argo	Afaqi	1	2	2	2	2	2
Argo	Afaqi Khord	1	2	2	2	2	2
Argo	Ahen Jalow	1	2	2	1	2	2
Argo	Ailaq Sangi	2	2	2	2	2	2
Argo	Ali Manko	2	2	2	2	2	2
Argo	Alocha Balaq	1	2	2	2	2	2
Argo	Anjar	1	2	2	2	2	2
Argo	Aqboreya Bala	2	2	2	2	2	2
Argo	Aqboreya Payen	2	2	2	2	2	2
Argo	Argetal	2	2	2	2	2	2
Argo	Arghond	1	2	2	2	2	2
Argo	Ayshak Kate	1	2	2	2	2	2
Argo	Bagh Mobarak	1	2	2	2	2	2
Argo	Bagh Shah	1	2	2	2	2	2
Argo	Baidak	1	2	2	2	2	2
Argo	Bakht Shah	2	2	2	2	2	2
Argo	Balas Shemar	1	2	2	2	2	2
Argo	Barlas	2	2	2	2	2	2
Argo	Barlas Chanar	1	2	2	2	2	2
Argo	Batash	1	2	2	2	2	2
Argo	Boyena Qara Bala	1	2	2	2	2	2
Argo	Boyena Qara Payen	1	2	2	2	2	2
Argo	Chaip Dara Payen	2	2	2	2	1	2
Argo	Chak Ab	1	2	2	2	2	2
Argo	Chak Abdul	2	2	2	2	2	2
Argo	Changa Chashma Hassar	2	2	2	2	2	2
Argo	Chapa Dara	1	2	2	2	2	2
Argo	Chapa Dara Bala	2	2	2	2	2	2
Argo	Chaqal Qeshlaq	1	2	2	2	2	2
Argo	Char Dara	1	2	2	2	2	2

Argo	Char Qul	1	2	2	2	2	2
Argo	Chatraq	2	2	2	2	2	2
Argo	Chehl Kapa	1	2	2	2	2	2
Argo	Dahana Ab	2	2	2	2	1	2
Argo	Dahi Magas	2	2	2	2	2	2
Argo	Dahi Ramazan	2	2	2	2	2	2
Argo	Dahidahe	2	2	2	2	2	2
Argo	Dahqan Khana	1	2	2	2	2	2
Argo	Daneshmandan	2	2	2	2	2	2
Argo	Dara Jani	2	2	2	2	2	2
Argo	Darbandak Ya Togh Dara	2	2	2	2	2	2
Argo	Darkhan	2	2	2	2	2	2
Argo	Dashtak	2	2	2	2	2	2
Argo	Do Ghalat Hulya	1	2	2	2	2	2
Argo	Do Ghalat Sufla	1	2	2	2	2	2
Argo	Doki Towarq	1	2	2	2	2	2
Argo	Dowlat Abad	1	2	2	2	2	2
Argo	Eashananan	2	2	2	2	2	2
Argo	Eashkashan	1	2	2	2	2	2
Argo	Eatar Chai	1	2	2	2	2	2
Argo	Gaje	1	2	2	2	2	2
Argo	Ganda Chashma	1	2	2	2	2	2
Argo	Gar Ab	1	2	2	2	2	2
Argo	Gazan	2	2	2	2	2	2
Argo	Ghozak Dara	2	2	2	2	2	2
Argo	Gozar	1	2	2	2	2	2
Argo	Hafiz Moghol	1	2	2	1	2	2
Argo	Halqa Jaar	1	2	2	2	2	2
Argo	Hazar Maishi	1	2	2	2	2	2
Argo	Hazara Dawana	1	2	2	2	2	2
Argo	Hazara Kari	1	2	2	2	2	2
Argo	Hazon Qoul	1	2	2	2	2	2
Argo	Howzi	1	2	2	2	2	2
Argo	Jaata	1	2	2	2	2	2
Argo	Janmorad	1	2	2	2	2	2
Argo	Jaqcha Dara	1	2	2	2	2	2
Argo	Jawazak	2	2	2	2	2	2
Argo	Kachi Towarq Towarq Khord	1	2	2	2	2	2
Argo	Kakan Bala	1	2	2	2	2	2
Argo	Kakan Payan	1	2	2	2	2	2
Argo	Kalar	2	2	2	2	2	2
Argo	Kamar Khor Bala	1	2	2	2	2	2
Argo	Kamar Khor Payen	1	2	2	2	2	2
Argo	Karnai	1	2	2	2	2	2

Argo	Kata Dara	1	2	2	2	2	2
Argo	Kata Qeshlaq	1	2	2	2	2	2
Argo	Khak Sari	1	2	2	2	2	2
Argo	Khazak	1	2	2	2	2	2
Argo	Khoja Ashtal	1	2	2	2	2	2
Argo	Khoja Chaloli Ya Pasha Qeshlaq	1	2	2	2	2	2
Argo	Khoja Chashma	1	2	2	2	2	2
Argo	Khosh Dara	1	2	2	2	2	2
Argo	Khosh Kham	1	2	2	2	2	2
Argo	Khowja Moly	2	2	2	2	2	2
Argo	Kohaki	1	2	2	2	2	2
Argo	Kohna Batash	2	2	2	2	1	2
Argo	Kor Chashma	1	2	2	2	2	2
Argo	Lal Aba	1	2	2	2	2	2
Argo	Maida Do Ghalat	1	2	2	2	2	2
Argo	Maliwey Dara	2	2	2	2	2	2
Argo	Man Dara	1	2	2	2	2	2
Argo	Marjan Dara	1	2	2	2	2	2
Argo	Morchak	2	2	2	2	2	2
Argo	Narman Gow	1	2	2	2	2	2
Argo	Now Abad Daneshmandi	2	2	2	2	2	2
Argo	Now Abad Eatar Chai	1	2	2	2	2	2
Argo	Now Abad Shatak Ya Kata Qeshlaq	1	2	2	2	2	2
Argo	Now Abad Taghachak	1	2	2	2	2	2
Argo	Paimalsi	1	2	2	2	2	2
Argo	Paista Khor	1	2	2	2	2	2
Argo	Panj Dara	2	2	2	2	2	2
Argo	Pas Jaar	2	2	2	2	1	2
Argo	Patyan	1	2	2	2	2	2
Argo	Payam Chashma	1	2	2	2	2	2
Argo	Peashga	1	2	2	2	2	2
Argo	Pochoq	1	2	2	2	2	2
Argo	Qadam	1	2	2	2	2	2
Argo	Qala Zafar	1	2	2	2	2	2
Argo	Qara Moghol	2	2	2	2	2	2
Argo	Qara Qouzi	1	2	2	1	2	2
Argo	Qargha	1	2	2	2	2	2
Argo	Qarya Mandrasa	2	2	2	2	2	2
Argo	Qatar Kharman	1	2	2	2	2	2
Argo	Qayla Dara	2	2	2	2	2	2
Argo	Qazi Dara	1	2	2	2	2	2
Argo	Qeshqalaq	2	2	2	2	2	2
Argo	Quchi	1	2	2	2	2	2

Argo	Rabat	1	2	2	2	2	2
Argo	Sabze Bahar	1	2	2	2	2	2
Argo	Samadi	1	2	2	2	2	2
Argo	Saray Dara	1	2	2	2	2	2
Argo	Shah Mari	2	2	2	2	2	2
Argo	Shah Wazir	1	2	2	2	2	2
Argo	Shahr Wahdat	1	2	2	2	2	2
Argo	Shatak	1	2	1	2	2	2
Argo	Shen Qarchai	1	2	2	2	2	2
Argo	Sochi Bala Ya Dahi Bala	2	2	2	2	2	2
Argo	Sochi Payen	2	2	2	2	1	2
Argo	Taal Dara	1	2	2	2	2	2
Argo	Taghar Chak	1	2	2	2	2	2
Argo	Tajekan	2	2	2	2	2	2
Argo	Tarfi Kail	2	2	2	2	2	2
Argo	Togh Bai	1	2	2	2	2	2
Argo	Toot Balaq	1	2	2	2	2	2
Argo	Towaraq Kalam Ya Madrasa	1	2	2	2	2	2
Argo	Towaroq Ya Kalak	1	2	2	2	2	2
Argo	Yarn Shah	2	2	2	2	2	2
Argo	Zahrak	1	2	2	2	2	2
Baharak	Aweshkan	2	2	2	2	2	2
Baharak	Baharak (1)	2	2	2	2	2	2
Baharak	Chapak Sark	2	2	2	2	2	2
Baharak	Chapche Yardar	2	2	2	2	2	2
Baharak	Chapchi Maghzdar	2	2	2	2	2	2
Baharak	Dahi Bala	2	2	2	2	2	2
Baharak	Dahi Chashma	2	2	2	2	2	2
Baharak	Dasht Faragh	2	2	2	2	2	2
Baharak	Dasht Farhad	2	2	2	2	2	2
Baharak	Dashtak	2	2	2	2	2	2
Baharak	Dih Ta	2	2	2	2	2	2
Baharak	Diya	2	2	2	2	2	2
Baharak	Do Ab	2	2	2	2	2	2
Baharak	Do Abgi	2	2	2	2	2	2
Baharak	Do Qol	2	2	2	2	2	2
Baharak	Four Maragh	2	2	2	2	2	2
Baharak	Hatam Baik	2	2	2	2	2	2
Baharak	Khair Abad	2	2	2	2	2	2
Baharak	Khosh Daryo	2	2	2	2	2	2
Baharak	Koh Daraz Bala	2	2	2	2	1	1
Baharak	Koh Daraz Payen	2	2	2	2	2	2
Baharak	Kohi Daraz	2	2	2	2	1	2
Baharak	Madrasa Rababe	2	2	2	2	2	2

Baharak	Markaz Woluswaly	2	2	2	2	2	2
Baharak	Masjed Rababe	2	2	2	2	2	2
Baharak	Mazar	2	2	2	2	1	2
Baharak	Payen Shahr	2	2	2	2	2	2
Baharak	Poshestan	2	2	2	2	2	2
Baharak	Qoul Dasht	2	2	2	2	2	2
Baharak	Rabat	2	2	2	2	2	2
Baharak	Sakha	2	2	2	2	2	2
Baharak	Sar Poul Yardar	2	2	2	2	2	2
Baharak	Sar Shahr	2	2	2	2	2	2
Baharak	Sar Tal Kalan	2	2	2	2	2	2
Baharak	Sar Tal Masteng	2	2	2	2	2	2
Baharak	Sar-i-hawdz	2	2	2	2	2	2
Baharak	Shash Poul	2	2	2	2	1	2
Baharak	Wajenj Ha	2	2	2	2	2	2
Baharak	Yardar	2	2	2	2	2	2
Baharak	Yaste Rah	2	2	2	2	2	2
Baharak	Zar Dewi Ha	2	2	2	2	2	2
Baharak	Zebranj	2	2	2	2	2	2
Darayem	Allani	1	2	2	2	2	2
Darayem	Bagh Sufi	1	2	2	2	2	2
Darayem	Chapa	1	2	2	2	2	2
Darayem	Chashma Qalandar	1	2	2	2	2	2
Darayem	Dahi Bazar	1	2	2	2	2	2
Darayem	Dahi Mulayan	1	2	2	2	2	2
Darayem	Dahi Past Manje	2	2	2	2	2	2
Darayem	Dara Cherk	1	2	2	2	2	2
Darayem	Dara Mahmod	1	2	2	2	2	2
Darayem	Dara Mazar	1	2	2	2	2	2
Darayem	Do Ab	1	2	2	2	2	2
Darayem	Dogh Ghalta	1	2	2	2	2	2
Darayem	Eashan Ha	1	2	2	2	2	2
Darayem	Fazalan	1	2	2	2	2	2
Darayem	Gazykel	1	2	2	2	2	2
Darayem	Ghar Che	1	2	2	2	2	2
Darayem	Gorgeyan	1	2	2	2	2	2
Darayem	Gul Aki	1	2	2	2	2	2
Darayem	Haji Pahlwan	1	2	2	2	2	2
Darayem	Hazara Dara Bagh	1	2	2	2	2	2
Darayem	Jangal Baid	1	2	2	2	2	2
Darayem	Kaftar Khana	1	2	2	2	2	2
Darayem	Kata Qeshlaq	1	2	2	2	2	2
Darayem	Khair Abad (1)	1	2	2	2	2	2
Darayem	Kham Mira Zar	1	2	2	2	2	2

Darayem	Khandan Shahr	1	2	2	2	2	2
Darayem	Khas Pak	1	2	2	2	2	2
Darayem	Khiar Baik	1	2	2	2	2	2
Darayem	Khowja Bagh	1	2	2	2	2	2
Darayem	Kolabi	1	2	2	2	2	2
Darayem	Langar	1	2	2	2	2	2
Darayem	Madrasa	1	2	2	2	2	2
Darayem	Maktab	1	2	2	2	2	2
Darayem	Malangan	1	2	2	2	2	2
Darayem	Manje	2	2	2	2	2	2
Darayem	Markaz Shahr Safa	1	2	1	2	2	2
Darayem	Matal	1	2	2	2	2	2
Darayem	Mir Baqi	1	2	2	2	2	2
Darayem	Moghul Tay	1	2	2	2	2	2
Darayem	Naemtala Dahi Bala	1	2	2	2	2	2
Darayem	Naemtala Payen	1	2	2	2	2	2
Darayem	Now Abad (1)	1	2	2	2	2	2
Darayem	Now Abad (2)	1	2	2	2	2	2
Darayem	Now Abad Qarlogh	1	2	2	2	2	2
Darayem	Pangani	1	2	2	2	2	2
Darayem	Peashawak	1	2	2	2	2	2
Darayem	Qazi Qeshlaq	1	2	2	2	2	2
Darayem	Qowat Ali	1	2	2	2	2	2
Darayem	Sahadat	1	2	2	2	2	2
Darayem	Sar Kotal	1	2	2	2	2	2
Darayem	Sayida Dahi Bazar	1	2	2	2	2	2
Darayem	Shaikh Gaylan	1	2	2	2	2	2
Darayem	Shaikh Sang	1	2	2	2	2	2
Darayem	Toot Dara	1	2	2	2	2	2
Darayem	Torgate Payen	2	2	2	2	1	2
Darayem	Torgote Bala	1	2	2	2	2	2
Darayem	Yama Chayan Meyana	2	2	2	2	1	2
Darayem	Yamachayan Payan	2	2	2	2	2	2
Darayem	Yamacheyan Bala	2	2	2	2	1	2
Darayem	Zeir Kohtal	1	2	2	2	2	2
Darayem	Zirak	1	2	2	2	2	2
Darwaz	Ahyena Masjed	2	2	2	2	1	2
Darwaz	Amran	2	2	2	2	2	2
Darwaz	Ataw	2	2	2	2	2	2
Darwaz	Aw Wepach	2	2	2	2	2	2
Darwaz	Awbast	2	2	2	2	2	2
Darwaz	Ayfedon	2	2	2	2	2	2
Darwaz	Azbi	2	2	2	2	2	2
Darwaz	Azgad	2	2	2	2	2	2

Darwaz	Azway	2	2	2	2	2	2
Darwaz	Bagh Tak	2	2	2	2	2	2
Darwaz	Bagowi	2	2	2	2	1	2
Darwaz	Bakhairsak	2	2	2	2	2	2
Darwaz	Band Kamar	2	2	2	2	2	2
Darwaz	Barchod	2	2	2	2	2	2
Darwaz	Bargha	2	2	2	2	2	2
Darwaz	Begav	2	2	2	2	2	2
Darwaz	Bodana	2	2	2	2	2	2
Darwaz	Chamarj Hulya	2	2	2	2	2	2
Darwaz	Dail Wakh	2	2	2	2	2	2
Darwaz	Dar Naiz	2	2	2	2	2	2
Darwaz	Dar Wa Safid Sang	2	2	2	2	2	2
Darwaz	Dara Shair	2	2	2	2	2	2
Darwaz	Dasht Manzel	2	2	2	2	2	2
Darwaz	Ghashon	2	2	2	2	2	2
Darwaz	Ghomy	2	2	2	2	2	2
Darwaz	Ghoyech	2	2	2	2	2	2
Darwaz	Ghozh	2	2	2	2	2	2
Darwaz	Jamarji Payan	2	2	2	2	2	2
Darwaz	Kashkon	2	2	2	2	2	2
Darwaz	Kharnak	2	2	2	2	2	2
Darwaz	Khawd	2	2	2	2	2	2
Darwaz	Khawof (1)	2	2	2	2	2	2
Darwaz	Khawof (2)	2	2	2	2	2	2
Darwaz	Khawof (3)	2	2	2	2	2	2
Darwaz	Khoghaz	2	2	2	2	2	2
Darwaz	Koyeda	2	2	2	2	2	2
Darwaz	Kushuj	2	2	2	2	2	2
Darwaz	Mada Khairs	2	2	2	2	2	2
Darwaz	Mah May Ya Char Bagh	2	2	2	2	2	2
Darwaz	Manow	2	2	2	2	1	2
Darwaz	Mirak	2	2	2	2	2	2
Darwaz	Molo	2	2	2	2	2	2
Darwaz	Motak	2	2	2	2	2	2
Darwaz	Nashrow	2	2	2	2	2	2
Darwaz	Panja Mard	2	2	2	2	2	2
Darwaz	Par Gaj	2	2	2	2	2	2
Darwaz	Patow	2	2	2	2	2	2
Darwaz	Poon Shahr	2	2	2	2	2	2
Darwaz	Qabady	2	2	2	2	2	2
Darwaz	Rabatak	2	2	2	2	2	2
Darwaz	Rabod	2	2	2	2	2	2
Darwaz	Rawand (1)	2	2	2	2	2	2

Darwaz	Rawand (2)	2	2	2	2	2	2
Darwaz	Sadod	2	2	2	2	2	2
Darwaz	Saray Boland	2	2	2	2	2	2
Darwaz	Saray Dar	2	2	2	2	2	2
Darwaz	Shah Jakon	2	2	2	2	2	2
Darwaz	Tayr Gon	2	2	2	2	2	2
Darwaz	Toop Dara	2	2	2	2	2	2
Darwaz	Wad Wadak	2	2	2	2	1	2
Darwaz	Wadab	2	2	2	2	2	2
Darwaz	Wand	2	2	2	2	2	2
Darwaz	Wanownech	2	2	2	2	2	2
Darwaz	Waras	2	2	2	2	2	2
Darwaz	Waroqad	2	2	2	2	2	2
Darwaz	Wow Zhown	2	2	2	2	2	2
Darwaz	Zanif	2	2	2	2	2	2
Darwaz	Zecherwa	2	2	2	2	2	2
Darwaz-e-Balla	Ab Band Matkat	2	2	2	2	2	2
Darwaz-e-Balla	Arward	2	2	2	2	2	2
Darwaz-e-Balla	Awbshan	2	2	2	2	2	2
Darwaz-e-Balla	Awryak Payen	2	2	2	2	2	2
Darwaz-e-Balla	Aylaq Katan	2	2	2	2	1	2
Darwaz-e-Balla	Badat	2	2	2	2	1	2
Darwaz-e-Balla	Badmag	2	2	2	2	2	2
Darwaz-e-Balla	Bahshar	2	2	2	2	2	2
Darwaz-e-Balla	Daraw	2	2	2	2	2	2
Darwaz-e-Balla	Darrah Jaway	2	2	2	2	2	2
Darwaz-e-Balla	Darwaz	2	2	2	2	2	2
Darwaz-e-Balla	Dasak	2	2	2	2	2	2
Darwaz-e-Balla	Dawj	2	2	2	2	2	2
Darwaz-e-Balla	Derch	2	2	2	2	2	2
Darwaz-e-Balla	Erga	2	2	2	2	2	2
Darwaz-e-Balla	Ghumay	2	2	2	2	2	2
Darwaz-e-Balla	Haroon	2	2	2	2	2	2
Darwaz-e-Balla	Hujm-i-bala	2	2	2	2	2	2
Darwaz-e-Balla	Hujm-i-pa'in	2	2	2	2	2	2
Darwaz-e-Balla	Jamarj-i-payan	2	2	2	1	2	2
Darwaz-e-Balla	Jugani (1)	2	2	2	2	2	2
Darwaz-e-Balla	Kay	2	2	2	2	2	2
Darwaz-e-Balla	Kerawar	2	2	2	2	2	2
Darwaz-e-Balla	Khar Kat-e Bala	2	2	2	2	2	2
Darwaz-e-Balla	Kharkat Payan Ya Jaghandak	2	2	2	2	2	2
Darwaz-e-Balla	Khejwand	2	2	2	2	2	2
Darwaz-e-Balla	Khevaj	2	2	2	2	2	2
Darwaz-e-Balla	Khoghaz	2	2	2	2	1	2

Darwaz-e-Balla	Madud	2	2	2	2	2	2
Darwaz-e-Balla	Magay	2	2	2	1	2	2
Darwaz-e-Balla	Markaz Nasi	2	2	2	2	2	2
Darwaz-e-Balla	Menadu	2	2	2	2	2	2
Darwaz-e-Balla	Mina Do	2	2	2	2	2	2
Darwaz-e-Balla	Mina Vad	2	2	2	2	2	2
Darwaz-e-Balla	Mizak	2	2	2	2	2	2
Darwaz-e-Balla	Munikharw	2	2	2	2	2	2
Darwaz-e-Balla	Nusai	2	1	2	2	2	2
Darwaz-e-Balla	Parkhekh	2	2	2	2	2	2
Darwaz-e-Balla	Paryad	2	2	2	2	2	2
Darwaz-e-Balla	Posang	2	2	2	2	2	2
Darwaz-e-Balla	Poundeya	2	2	2	2	2	2
Darwaz-e-Balla	Radoj	2	2	2	2	1	2
Darwaz-e-Balla	Raig Basha	2	2	2	2	2	2
Darwaz-e-Balla	Rawan	2	2	2	2	2	2
Darwaz-e-Balla	Sad Waft	2	2	2	2	2	2
Darwaz-e-Balla	Sar-i-deh	2	2	2	2	2	2
Darwaz-e-Balla	Shajak	2	2	2	2	2	2
Darwaz-e-Balla	Tar Baghan	2	2	2	2	2	2
Darwaz-e-Balla	Tar Shaar	2	2	2	2	2	2
Darwaz-e-Balla	Ur Gaz	2	2	2	2	2	2
Darwaz-e-Balla	Vod Ab	2	2	2	2	2	2
Darwaz-e-Balla	Wandak	2	2	2	2	2	2
Darwaz-e-Balla	Washnishar	2	2	2	2	1	2
Darwaz-e-Balla	Zahghar	2	2	2	2	1	2
Darwaz-e-Balla	Zang	2	2	2	2	2	2
Darwaz-e-Balla	Zanon	2	2	2	2	2	2
Darwaz-e-Balla	Zin	2	2	2	2	2	2
Darwaz-e-Balla	Zinjaren	2	2	2	2	2	2
Darwaz-e-Balla	Zir-e Pol-e Juy	2	2	2	2	2	2
Darwaz-e-Balla	Zus Kad	2	2	2	2	2	2
Eshkmesh	Andaj	2	2	2	2	2	2
Eshkmesh	Awyand	2	2	2	2	2	2
Eshkmesh	Bazger	2	2	2	2	2	2
Eshkmesh	Bodar Ban	2	2	2	2	2	2
Eshkmesh	Bodar Dara	2	2	2	2	2	2
Eshkmesh	Chok Sang	2	2	2	2	2	2
Eshkmesh	Dar Madar	2	2	2	2	2	2
Eshkmesh	Darwan	2	2	2	2	2	2
Eshkmesh	Dasht Ganj Abad	2	2	2	2	2	2
Eshkmesh	Eshkashem	2	1	2	2	2	2
Eshkmesh	Gawan Dara	2	2	2	1	1	2
Eshkmesh	Gul Bagh (1)	2	2	2	2	2	2

Eshkmesh	Kand Kat	2	2	2	2	2	2
Eshkmesh	Khoshbak	2	2	2	2	2	2
Eshkmesh	Khoshbak Bala Wa Payen	2	2	2	2	2	2
Eshkmesh	Nicham	2	2	2	2	1	2
Eshkmesh	Odain	2	2	2	2	2	2
Eshkmesh	Qaz Dahi	2	2	2	2	2	2
Eshkmesh	Safaid Sang	2	2	2	2	2	2
Eshkmesh	Sakhaich	2	2	2	2	2	2
Eshkmesh	Sakmal	2	2	2	2	1	2
Eshkmesh	Sar Jangal	2	2	2	2	2	2
Eshkmesh	Sar Shakh Dahi Payen	2	2	2	2	2	2
Eshkmesh	Sayyad	2	2	2	2	1	2
Eshkmesh	Shaikh Baik	2	2	2	2	2	2
Eshkmesh	Showl Dara	2	2	2	2	2	2
Eshkmesh	Skaich	2	2	2	2	2	2
Eshkmesh	Sorkh Dara	2	2	2	2	2	2
Eshkmesh	Sound	2	2	2	2	2	2
Eshkmesh	Tashkhan Bala	2	2	2	2	2	2
Eshkmesh	Tashkhan Payen	2	2	2	2	2	2
Eshkmesh	Torbat	2	2	2	2	2	2
Eshkmesh	Walech	2	2	2	2	2	2
Eshkmesh	Warkat	2	2	2	2	2	2
Eshkmesh	Wonod	2	2	2	2	2	2
Eshkmesh	Yakh Darow	2	2	2	2	2	2
Eshkmesh	Yashtew (1)	2	2	2	2	2	2
Eshkmesh	Yashtew (2)	2	2	2	2	1	2
Eshkmesh	Youfaich	2	2	2	2	2	2
Eshkmesh	Zargaran	2	2	2	2	2	2
Eshkmesh	Zawar Dara	2	2	2	2	2	2
Eshkmesh	Zeyech	2	2	2	2	2	2
Eshkmesh	Zeyech Bar Nasir	2	2	2	2	1	2
Fayzabad	Ab Dara	2	2	2	2	2	2
Fayzabad	Aber Dara	2	2	2	2	2	2
Fayzabad	Ab-i-darrah	2	2	2	2	2	2
Fayzabad	Airat	2	2	2	2	2	2
Fayzabad	Angara Kalan	2	2	2	2	2	2
Fayzabad	Asas	1	2	2	2	2	2
Fayzabad	Ashi	1	2	2	2	2	2
Fayzabad	Aweyo	1	2	2	2	2	2
Fayzabad	Bagh Gardak	2	2	2	2	2	2
Fayzabad	Bazgaran	1	2	2	2	2	2
Fayzabad	Boshteak	1	2	2	2	2	2
Fayzabad	Chahosh Dara	2	2	2	2	2	2
Fayzabad	Chakolach	1	2	2	2	2	2

Fayzabad	Chap Dara	2	2	2	2	2	2
Fayzabad	Chashma Baid	1	2	2	2	2	2
Fayzabad	Dagh Dara	2	2	2	2	2	2
Fayzabad	Dah Mashen	2	2	2	2	2	2
Fayzabad	Dahi Bala	2	2	2	2	2	2
Fayzabad	Dahi Boland	2	2	2	2	2	2
Fayzabad	Dahi Kalan	1	2	2	2	2	2
Fayzabad	Dahi Meyana	1	2	2	2	2	2
Fayzabad	Dahi Morghan Pass Band	1	2	2	2	2	2
Fayzabad	Dahi Shana	1	2	2	2	2	2
Fayzabad	Dahi Tagab	2	2	2	2	2	2
Fayzabad	Dahi Zandan Payen	1	2	2	2	2	2
Fayzabad	Dahi Zendan Bala	1	2	2	2	2	2
Fayzabad	Dar Band	2	2	2	2	2	2
Fayzabad	Dar Gak	2	2	2	2	2	2
Fayzabad	Dara Kalan	1	2	2	2	2	2
Fayzabad	Dara Zaran	1	2	2	2	2	2
Fayzabad	Dara Zaran Payen	1	2	2	2	2	2
Fayzabad	Daryel	1	2	2	2	2	2
Fayzabad	Deaga	2	2	2	2	2	2
Fayzabad	Dey Dara	1	2	2	2	2	2
Fayzabad	Do Aba	2	2	2	2	2	2
Fayzabad	Faiz Abad	1	2	2	2	2	2
Fayzabad	Gaz Dara	1	2	2	2	2	2
Fayzabad	Gazan	1	2	2	1	2	2
Fayzabad	Ghanga	2	2	2	2	2	2
Fayzabad	Gor Kashan	1	2	2	2	2	2
Fayzabad	Gul Dara	1	2	2	2	2	2
Fayzabad	Hassan Baigi	1	2	2	2	2	2
Fayzabad	Hassarai	1	2	2	2	2	2
Fayzabad	Kaj Khamr Bala	1	2	2	2	2	2
Fayzabad	Kaji Kham Payen	1	2	2	2	2	2
Fayzabad	Kal Gi Dara	2	2	2	2	2	2
Fayzabad	Kalakh Gan	1	2	2	2	2	2
Fayzabad	Kanj Khamrawal	1	2	2	2	2	2
Fayzabad	Kar Sayet	2	2	2	2	2	2
Fayzabad	Karak Shakh	2	2	2	2	2	2
Fayzabad	Khajow	2	2	2	2	2	2
Fayzabad	Kham Bail	1	2	2	2	2	2
Fayzabad	Kham Hafeza	1	2	2	2	2	2
Fayzabad	Kham Mir	1	2	2	2	2	2
Fayzabad	Kham Sareban	2	2	2	2	2	2
Fayzabad	Khanaqah	1	2	2	2	2	2
Fayzabad	Kohnna Qeshlaq	1	2	2	2	2	2

Fayzabad	Kolaga Bala	1	2	2	2	2	2
Fayzabad	Kolga Payen	1	2	2	2	2	2
Fayzabad	Langar	1	2	2	1	2	2
Fayzabad	Layaba	1	2	2	1	2	2
Fayzabad	Madral	1	2	2	2	2	2
Fayzabad	Malambakh	1	2	2	2	2	2
Fayzabad	Mazang	2	2	2	2	2	2
Fayzabad	Mirgan Dara	2	2	2	2	2	2
Fayzabad	Nafaz Dara	2	2	2	2	2	2
Fayzabad	Naron	1	2	2	2	2	2
Fayzabad	Now Abad	1	2	2	2	2	2
Fayzabad	Ogar Bala	1	2	2	2	2	2
Fayzabad	Ogar Payen	1	2	2	2	2	2
Fayzabad	Palang Dara	2	2	2	2	2	2
Fayzabad	Parna Khamr	1	2	2	2	2	2
Fayzabad	Pashayel	2	2	2	2	2	2
Fayzabad	Payenton	1	2	2	2	2	2
Fayzabad	Qasim Dara	1	2	2	2	2	2
Fayzabad	Rabat	1	2	2	2	2	2
Fayzabad	Roi Rab Ya Khair Abad	1	2	2	2	2	2
Fayzabad	Samchaiyan	1	2	2	2	2	2
Fayzabad	Sanjal	2	2	2	2	2	2
Fayzabad	Sar Ali Payen	1	2	2	2	2	2
Fayzabad	Sar Dara	2	2	2	2	2	2
Fayzabad	Sar Jangal	1	2	2	2	2	2
Fayzabad	Sar Qoul (1)	1	2	2	2	2	2
Fayzabad	Sar Qoul (2)	1	2	2	2	2	2
Fayzabad	Sayid Bashi	1	2	2	2	2	2
Fayzabad	Seya Shakh	1	2	2	2	2	2
Fayzabad	Shah Zamin	2	2	2	2	2	2
Fayzabad	Shahid Dara	2	2	2	2	2	2
Fayzabad	Shahin Dara	2	2	2	2	2	2
Fayzabad	Shahr Zawan	1	2	2	2	2	2
Fayzabad	Sheela Kalan	1	2	2	2	2	2
Fayzabad	Sheela Khord	1	2	2	2	2	2
Fayzabad	Shor Abak	1	2	2	2	2	2
Fayzabad	Talbazan Payen	1	2	2	1	2	2
Fayzabad	Talbozang Bala	1	2	2	2	2	2
Fayzabad	Tooja Dara	1	2	2	2	2	2
Fayzabad	Tough Dara	1	2	2	2	2	2
Fayzabad	Warsag	1	2	2	2	2	2
Fayzabad	Youchai	1	2	2	2	2	2
Fayzabad	Zakak	2	2	2	2	2	2
Fayzabad	Zarangan Dara	1	2	2	2	2	2

Fayzabad	Zard Alowk	2	2	2	2	2	2
Jorm	Ali Moghul	1	2	2	2	2	2
Jorm	Arjangan	1	2	2	2	2	2
Jorm	Aronj	2	2	2	2	2	2
Jorm	Askan	1	2	2	2	2	2
Jorm	Ata Pashkan	2	2	2	2	2	2
Jorm	Awan	1	2	2	2	2	2
Jorm	Awerok	1	2	2	2	2	2
Jorm	Ayela	1	2	2	2	2	2
Jorm	Ayourch	1	2	2	2	2	2
Jorm	Ba Qasem	2	2	2	2	2	2
Jorm	Bagh Zaghan Farghamenej	1	2	2	2	2	2
Jorm	Baz Paran	2	2	2	2	1	2
Jorm	Changa	1	2	2	2	2	2
Jorm	Changa Bala	2	2	2	2	2	2
Jorm	Dahan Dara	2	2	2	2	2	2
Jorm	Dahi Bala Jurm Now	2	2	2	2	2	2
Jorm	Dahi Sangan	2	2	2	2	2	2
Jorm	Dahi Sanglakh	2	2	2	2	1	2
Jorm	Dara Khail	1	2	2	2	2	2
Jorm	Dara Pashkan Chap	2	2	2	2	2	2
Jorm	Dashtak	2	2	2	2	2	2
Jorm	Fai Rustam Dashtak	2	2	2	2	1	2
Jorm	Fargha Miro	1	2	2	2	2	2
Jorm	Farghamenj Dahi Bala	1	2	2	2	2	2
Jorm	Ferech Bala	1	2	2	2	2	2
Jorm	Ferej Payen	1	2	2	2	2	2
Jorm	Gozar Zamin Abi Yabab	1	2	2	2	2	2
Jorm	Hassarak	2	2	2	2	2	2
Jorm	Hazar Bai	2	2	2	2	2	2
Jorm	Jorm	1	2	2	2	2	2
Jorm	Kaman Garan	1	2	2	2	2	2
Jorm	Kateb	1	2	2	2	2	2
Jorm	Khairang	1	2	2	2	2	2
Jorm	Khan Aqah	1	2	2	2	2	2
Jorm	Kharanadab	2	2	2	2	2	2
Jorm	Khol	1	2	2	2	2	2
Jorm	Khowa	1	2	2	2	2	2
Jorm	Kib Bala	1	2	2	2	2	2
Jorm	Kib Meyana	1	2	2	2	2	2
Jorm	Kib Payen	1	2	2	2	2	2
Jorm	Koshgag	1	2	2	2	2	2
Jorm	Lairak	1	2	2	2	2	2
Jorm	Maghzar Khol	1	2	2	2	2	2

Jorm	Maida Bai	1	2	2	2	2	2
Jorm	Mila	1	2	2	2	2	2
Jorm	Naway Balay Tashtak	2	2	2	2	2	2
Jorm	Nok	1	2	2	2	2	2
Jorm	Now Abad	1	2	2	2	2	2
Jorm	Now Abad Koshgag	1	2	2	2	2	2
Jorm	Now Jurm Dahi Payen	2	2	2	2	2	2
Jorm	Oghan	1	2	2	2	2	2
Jorm	Panjeryan	2	2	2	2	2	2
Jorm	Pata Gozar	2	2	2	2	2	2
Jorm	Polar	1	2	2	2	2	2
Jorm	Qala Gonbad	2	2	2	2	1	2
Jorm	Qaymaq Chee	2	2	2	2	2	2
Jorm	Rakho	1	2	2	2	2	2
Jorm	Safchan	1	2	2	2	2	2
Jorm	Sapoh Bala	1	2	2	2	2	2
Jorm	Sapoh Payen	1	2	2	2	2	2
Jorm	Sar Howz	2	2	2	2	2	2
Jorm	Sar Howz Farghamiro	1	2	2	2	2	2
Jorm	Sartal	2	2	2	2	2	2
Jorm	Sayel Dara	1	2	2	2	2	2
Jorm	Seena	1	2	2	2	2	2
Jorm	Shaghazh Kib	1	2	2	2	2	2
Jorm	Shash Kula	2	2	2	2	2	2
Jorm	Sonder	1	2	2	2	2	2
Jorm	Ter Garan	1	2	2	2	2	2
Jorm	Walaryab	1	2	2	2	2	2
Jorm	Yabab	1	2	2	2	2	2
Jorm	Yasyani	1	2	2	2	2	2
Jorm	Yooz	1	2	2	2	2	2
Jorm	Zo	1	2	2	2	2	2
Keshem	Ab Chanar	1	2	2	2	2	2
Keshem	Asil Kishm Shahr	1	2	2	2	2	2
Keshem	Baba Darwaish	1	2	2	2	2	2
Keshem	Bagh-i-turk	1	2	2	2	2	2
Keshem	Bala Hassar	1	2	2	2	2	2
Keshem	Baloch	1	2	2	2	2	2
Keshem	Baloch Bala	1	2	2	2	2	2
Keshem	Baloch Kalan	1	2	2	2	2	2
Keshem	Baloch Kalan Ya Qeshlaq Akram	1	2	2	2	2	2
Keshem	Boi Abi Jeem	1	2	2	2	2	2
Keshem	Bolbol Dara	1	2	2	2	2	2
Keshem	Chahl Ghazi	1	2	2	2	2	2
Keshem	Char Maghz	2	2	2	2	2	2

Keshem	Charmaghz Dara	2	2	2	2	2	2
Keshem	Dara Chaleyak	2	2	2	2	2	2
Keshem	Dara Gandom	2	2	2	2	2	2
Keshem	Dara Jar Shah Baba	1	2	2	2	2	2
Keshem	Dara Namaz Gah	1	2	2	2	2	2
Keshem	Dara Para Chai	2	2	2	2	2	2
Keshem	Dara Qazi	1	2	2	2	2	2
Keshem	Dasht Khawarak	2	2	2	2	2	2
Keshem	Dashti Khawruk	1	2	2	2	2	2
Keshem	Eashan Ha	2	2	2	2	2	2
Keshem	Farjghani	1	2	2	2	2	2
Keshem	Farjghani Afghani	1	2	2	2	2	2
Keshem	Farjghani Panjshairi	1	2	2	2	2	2
Keshem	Farjghani Panjshairi Payen	1	2	2	2	2	2
Keshem	Farkhjani Gharbe	1	2	2	2	2	2
Keshem	Farkhjani Sar Jar	1	2	2	2	2	2
Keshem	Gandom Qoul	1	2	2	1	2	2
Keshem	Gangory Chee	1	2	2	2	2	2
Keshem	Ghayrat Baigi	1	2	2	2	2	2
Keshem	Gonbad Hulya	1	2	2	2	2	2
Keshem	Gong Shahr	1	2	2	2	2	2
Keshem	Gunbad Bala	1	2	2	2	2	2
Keshem	Hazara	1	2	2	2	2	2
Keshem	Hazara Qeshlaq	2	2	2	2	2	2
Keshem	Jangal	2	2	2	2	1	1
Keshem	Kaj Dara	2	2	2	2	2	2
Keshem	Kazankan	1	2	2	2	2	2
Keshem	Kham Bok Payen	2	2	2	2	2	2
Keshem	Khambok Hulya	2	2	2	2	2	2
Keshem	Khawarak	2	2	2	2	2	2
Keshem	Khoja Bagh	2	2	2	2	2	2
Keshem	Khoshka Dara	1	2	2	2	2	2
Keshem	Khoshka Dara Payen	1	2	2	2	2	2
Keshem	Kohna Qala	1	2	2	2	2	2
Keshem	Kohna Qeshlaq	1	2	2	2	2	2
Keshem	Mahajer Sar Asiab	1	2	2	2	2	2
Keshem	Mahajer Shaikhdan	1	2	2	2	2	2
Keshem	Meyan Shahr	1	2	2	2	2	2
Keshem	Mohammad Aba Malawa	1	2	2	2	2	2
Keshem	Namaz Gah	1	2	2	2	2	2
Keshem	Nayeb Hai Gharbe	1	2	2	2	2	2
Keshem	Nayeb Hai Sharqe	1	2	2	2	2	2
Keshem	Now Abad	1	2	2	2	2	2
Keshem	Now Abad Charnaghz Dar	2	2	2	2	2	2

Keshem	Now Abad Ghandom Qoul	1	2	2	2	2	2
Keshem	Now Chai	1	2	2	2	2	2
Keshem	Oghor Dara	1	2	2	2	2	2
Keshem	Pasha Dara	1	2	2	2	2	2
Keshem	Poul Hairan	2	2	2	2	2	2
Keshem	Qara Balaq	1	2	2	2	2	2
Keshem	Qarya Gholam Rsool	1	2	2	2	2	2
Keshem	Samar Qandi	1	2	2	1	2	2
Keshem	Sang Ab	1	2	2	2	2	2
Keshem	Sangi Ha	1	2	2	2	2	2
Keshem	Sar Jaar	1	2	2	2	2	2
Keshem	Saray Gharbe	1	2	2	2	2	2
Keshem	Saray Mashhad	1	2	2	2	2	2
Keshem	Sarband Jowi	1	2	2	2	2	2
Keshem	Shah Khoja	1	2	2	2	2	2
Keshem	Shekistagan	1	2	2	2	2	2
Keshem	Sholesh Dara	1	2	2	2	2	2
Keshem	Takya	1	2	2	2	2	2
Keshem	Talak	1	2	2	2	2	2
Keshem	Tarnab	1	2	2	2	2	2
Keshem	Wahshe Uzbek Ha	1	2	2	2	2	2
Keshem	Wakhshi	2	2	2	2	2	2
Keshem	Yawar Zan (1)	2	2	2	2	2	2
Keshem	Yawar Zan (2)	2	2	2	2	2	2
Keshem	Zair Jaar	1	2	2	2	2	2
Keshem	Zair Jaar Ha	1	2	2	2	2	2
Keshem	Zair Paichak	1	2	2	2	2	2
Keshem	Zarkhak	1	2	2	2	2	2
Khash	Baloch Boqlak	2	2	2	2	2	2
Khash	Boqalak	2	2	2	2	2	2
Khash	Chawk Dahi Meyana Shahran	2	2	2	2	2	2
Khash	Dah Now Bala	2	2	2	2	2	2
Khash	Dahi Bala Dahi Para	2	2	2	2	2	2
Khash	Dahi Now Payen	2	2	2	2	2	2
Khash	Dahi Para	2	2	2	2	2	2
Khash	Dar Khan	2	2	2	2	1	2
Khash	Kaj Gardan	2	2	2	2	1	1
Khash	Khash	2	2	1	2	2	2
Khash	Mughla	2	2	2	2	2	2
Khash	Now Abad Bala Shahran	2	2	2	2	2	2
Khash	Now Abad Payen Shahran	2	2	2	2	2	2
Khash	Now Abad Sar Lola	2	2	2	2	2	2
Khash	Now Abad Tajek	2	2	2	2	2	2
Khash	Sar Lola	2	2	2	2	2	2

Khash	Shahran	2	2	2	2	2	2
Khash	Ta Dahi Kaj Gardan	2	2	2	2	2	2
Khash	Tajek Ha	2	2	2	2	2	2
Khash	Youz Nahmat	2	2	2	2	2	2
Khash	Zar Shakh	2	2	2	2	2	2
Khash	Zolm Abad	2	2	2	2	2	2
Khwahan	Ambaran	1	2	2	2	2	2
Khwahan	Bagh Sangak	1	2	2	2	2	2
Khwahan	Baid Yakhowa	1	2	2	2	2	2
Khwahan	Baidi Kha	1	2	2	2	2	2
Khwahan	Barike	1	2	2	2	2	2
Khwahan	Bostanak	1	2	2	2	2	2
Khwahan	Chashma Toot	1	2	2	2	2	2
Khwahan	Chashna Kail	1	2	2	2	2	2
Khwahan	Chatga	1	2	2	2	2	2
Khwahan	Dahi Shaar	1	2	2	2	2	2
Khwahan	Dood Ragi	1	2	2	2	2	2
Khwahan	Dowlat Abad	1	2	2	2	2	2
Khwahan	Dril	1	2	2	2	2	2
Khwahan	Ghalail	1	2	2	2	2	2
Khwahan	Ghozan	1	2	2	2	2	2
Khwahan	Gozon	1	2	2	2	2	2
Khwahan	Howz Shah Bala	1	2	2	2	2	2
Khwahan	Howz Shah Payan	1	2	2	2	2	2
Khwahan	Jarwa Bala	1	2	2	2	2	2
Khwahan	Jarwa Payan	1	2	2	2	2	2
Khwahan	Kair Abad	1	2	2	2	2	2
Khwahan	Kaje	1	2	2	2	2	2
Khwahan	Kamar	1	2	2	2	2	2
Khwahan	Kashga	1	2	2	2	2	2
Khwahan	Kham Bahar	1	2	2	2	2	2
Khwahan	Kham Togh	1	2	2	2	2	2
Khwahan	Khangan	1	2	2	2	2	2
Khwahan	Khwahan	1	2	2	2	2	2
Khwahan	Kol Dara	1	2	2	2	2	2
Khwahan	Lakhman	1	2	2	2	2	2
Khwahan	Lala Margh	1	2	2	2	2	2
Khwahan	Namaz Pass	1	2	2	2	2	2
Khwahan	Noorak	1	2	2	2	2	2
Khwahan	Pari Kham	1	2	2	2	2	2
Khwahan	Pashahr Abad	1	2	2	2	2	2
Khwahan	Qarya-i-tang	1	2	2	2	2	2
Khwahan	Rohin Zar	1	2	2	2	2	2
Khwahan	Sabz Dasht	1	2	2	2	2	2

Khwahan	Safid Sangan	1	2	2	2	2	2
Khwahan	Sang Ab	1	2	2	2	2	2
Khwahan	Sayed Abad	1	2	2	2	2	2
Khwahan	Sayyedan	1	2	2	2	2	2
Khwahan	Shakar Labi Bala	1	2	2	2	2	2
Khwahan	Shalil	1	2	2	2	2	2
Khwahan	Shalil Shalail	1	2	2	2	2	2
Khwahan	Shang Dara	1	2	2	2	2	2
Khwahan	Tah Kamar	1	2	2	2	2	2
Khwahan	Takaka	1	2	2	2	2	2
Khwahan	Zar Dahi	1	2	2	2	2	2
Khwahan	Zaryej	1	2	2	2	2	2
Kofab	Abed Kani	2	2	2	2	2	2
Kofab	Abgard	2	2	2	2	2	2
Kofab	Aghram	2	2	2	2	2	2
Kofab	Anj	2	2	2	2	2	2
Kofab	Astar	2	2	2	2	2	2
Kofab	Ayowd	2	2	2	2	2	2
Kofab	Bakharo	2	2	2	2	1	2
Kofab	Bargag	2	2	2	2	2	2
Kofab	Chashma Dara	2	2	2	2	2	2
Kofab	Chatnowi	2	2	2	2	2	2
Kofab	Dailwakh (1)	2	2	2	2	1	2
Kofab	Dailwakh (2)	2	2	2	2	2	2
Kofab	Dara Dozdan Ya Sabz Dara	2	2	2	2	2	2
Kofab	Daraj	2	2	2	2	2	2
Kofab	Dowga	2	2	2	2	2	2
Kofab	Gharew	2	2	2	2	2	2
Kofab	Karnew Bala	2	2	2	2	2	2
Kofab	Karnew Payen	2	2	2	2	2	2
Kofab	Kashmeno	2	2	2	2	2	2
Kofab	Kharmanak	2	2	2	2	2	2
Kofab	Kharsh	2	2	2	2	2	2
Kofab	Kof Ab	2	2	2	1	2	2
Kofab	Logard	2	2	2	2	2	2
Kofab	Mandayz	2	2	2	2	2	2
Kofab	Nashair	2	2	2	2	1	2
Kofab	Now Abad	2	2	2	2	1	2
Kofab	Now Abad Ayesh	2	2	2	2	1	1
Kofab	Now Kosar	2	2	2	2	2	2
Kofab	Pa Shahr	2	2	2	2	2	2
Kofab	Padeow	2	2	2	2	2	2
Kofab	Parkhoch	2	2	2	2	2	2
Kofab	Pas Az	2	2	2	2	2	2

Kofab	Pas Fatak	2	2	2	2	2	2
Kofab	Pas Fe	2	2	2	2	1	2
Kofab	Pas Padew	2	2	2	2	2	2
Kofab	Pass Band	2	2	2	2	1	2
Kofab	Paymazar	2	2	2	2	1	2
Kofab	Qala Kof	2	2	2	2	2	2
Kofab	Raghd	2	2	2	2	2	2
Kofab	Raj	2	2	2	2	2	2
Kofab	Ronj	2	2	2	2	2	2
Kofab	Saad Zam	2	2	2	2	2	2
Kofab	Sar	2	2	2	2	2	2
Kofab	Sar Poul	2	2	2	2	2	2
Kofab	Saydan	2	2	2	2	2	2
Kofab	Sayid Abad	2	2	2	2	2	2
Kofab	Shakhrawi	2	2	2	2	2	2
Kofab	Shakhrow	2	2	2	2	2	2
Kofab	Shapon	2	2	2	2	2	2
Kofab	Soj	2	2	2	2	2	2
Kofab	Wargh	2	2	2	2	2	2
Kofab	Wayaj	2	2	2	2	2	2
Kofab	Wedar Khoft	2	2	2	2	2	2
Kofab	Yarkam	2	2	2	2	2	2
Kofab	Zayr Khamzh Dara	2	2	2	2	2	2
Kohestan	Amaran Dowr	1	2	2	2	2	2
Kohestan	Ashantok	1	2	2	2	2	2
Kohestan	Bahar Dowr Ya Bahar Dara	1	2	2	2	2	2
Kohestan	Bar Kham	1	2	2	2	2	2
Kohestan	Barshi Dara	1	2	2	2	2	2
Kohestan	Bash Dahi	1	2	2	2	2	2
Kohestan	Baykha	1	2	2	2	2	2
Kohestan	Buzkash	1	2	2	2	2	2
Kohestan	Chadeow Bala Ya Shaikh Mast	1	2	2	2	2	2
Kohestan	Chaka Kham	1	2	2	2	2	2
Kohestan	Chanar	1	2	2	2	2	2
Kohestan	Chashmot Ayelga Ya Chmot Ayelga	1	2	2	2	2	2
Kohestan	Chashtez	1	2	2	2	2	2
Kohestan	Cheshor	1	2	2	2	2	2
Kohestan	Dahi Bala	1	2	2	2	2	2
Kohestan	Dahi Boland	1	2	2	2	2	2
Kohestan	Dahi Moghul	1	2	2	2	2	2
Kohestan	Dara Baid	1	2	2	2	2	2
Kohestan	Dara Jowi	1	2	2	2	2	2
Kohestan	Dara Khana	1	2	2	2	2	2

Kohestan	Doshakh	1	2	2	2	2	2
Kohestan	Eylga Dara	1	2	2	2	2	2
Kohestan	Farghyel Pala	1	2	2	2	2	2
Kohestan	Farghyel Payen	1	2	2	2	2	2
Kohestan	Farishta Ja	1	2	2	2	2	2
Kohestan	Gar Baid	1	2	2	2	2	2
Kohestan	Ghaji Dowr	1	2	2	2	2	2
Kohestan	Ghumar-i-jar	1	2	2	2	2	2
Kohestan	Gulag Ayelga	1	2	2	2	2	2
Kohestan	Hajra Gardan	1	2	2	2	2	2
Kohestan	Jadeow Payan	1	2	2	2	2	2
Kohestan	Jaghar Naik	1	2	2	2	2	2
Kohestan	Jeghreng	1	2	2	2	2	2
Kohestan	Kalan Eylga	1	2	2	2	2	2
Kohestan	Kalat	1	2	2	2	2	2
Kohestan	Kashka Dara	1	2	2	2	2	2
Kohestan	Kelklew	1	2	2	2	2	2
Kohestan	Khajak Dowr	1	2	2	2	2	2
Kohestan	Kham Bolak	1	2	2	2	2	2
Kohestan	Kham Chashma	1	2	2	2	2	2
Kohestan	Khambeo Bala	1	2	2	2	2	2
Kohestan	Khambeo Payen	1	2	2	2	2	2
Kohestan	Khamkok	1	2	2	2	2	2
Kohestan	Khashla	1	2	2	2	2	2
Kohestan	Khoja Mashtor	1	2	2	2	2	2
Kohestan	Khoshlar	1	2	2	2	2	2
Kohestan	Kohestan	1	2	2	2	2	2
Kohestan	Kolokhak	1	2	2	2	2	2
Kohestan	Laghsh	1	2	2	2	2	2
Kohestan	Lal Ab	1	2	2	2	2	2
Kohestan	Maidan Bala	1	2	2	2	2	2
Kohestan	Maidan Payen	1	2	2	2	2	2
Kohestan	March	1	2	2	2	2	2
Kohestan	Marghayl	1	2	2	2	2	2
Kohestan	Mashtor	1	2	2	2	2	2
Kohestan	Modi Chot	1	2	2	2	2	2
Kohestan	Nafaspala	1	2	2	2	2	2
Kohestan	Neyawa	1	2	2	2	2	2
Kohestan	Nonyou	1	2	2	2	2	2
Kohestan	Paitawak	1	2	2	2	2	2
Kohestan	Paitow Ayewer	1	2	2	2	2	2
Kohestan	Palas Poul	1	2	2	1	2	2
Kohestan	Paroj Neyawa	1	2	2	2	2	2
Kohestan	Paroj Sarshakh	1	2	2	2	2	2

Kohestan	Pas Nais	1	2	2	2	2	2
Kohestan	Pasangang	1	2	2	2	2	2
Kohestan	Paschot	1	2	2	2	2	2
Kohestan	Peroz Ayelga	1	2	2	2	2	2
Kohestan	Qalat	1	2	2	2	2	2
Kohestan	Qarya Safid	1	2	2	2	2	2
Kohestan	Qaylak Ya Targhan	1	2	2	2	2	2
Kohestan	Safid Jareow	1	2	2	2	2	2
Kohestan	Salat	1	2	2	2	2	2
Kohestan	Sallay Ra	1	2	2	2	2	2
Kohestan	Samin Dara	1	2	2	2	2	2
Kohestan	Sar Boland Ya Shalil	1	2	2	2	2	2
Kohestan	Sar Sang	1	2	2	2	2	2
Kohestan	Shablanjel	1	2	2	2	2	2
Kohestan	Shafkeng	1	2	2	2	2	2
Kohestan	Shah Shetaj	1	2	2	2	2	2
Kohestan	Shahin Dowr	1	2	2	2	2	2
Kohestan	Shakol Dara Shakar Dara	1	2	2	2	2	2
Kohestan	Shanjedah	1	2	2	2	2	2
Kohestan	Shapoy Bala Ya Shapoy Hulya	1	2	2	2	2	2
Kohestan	Shapoy Payan Ya Shapoy Sufla	1	2	2	2	2	2
Kohestan	Shegha Wal	1	2	2	2	2	2
Kohestan	Shenshal	1	2	2	2	2	2
Kohestan	Shepu-i-bala	1	2	2	2	2	2
Kohestan	Sikhawal	1	2	2	2	2	2
Kohestan	Sin Shal	1	2	2	2	2	2
Kohestan	Sorkh Lala	1	2	2	2	2	2
Kohestan	Talak Dasht	1	2	2	2	2	2
Kohestan	Tor Bagh	1	2	2	2	2	2
Kohestan	Tor Chot (1)	1	2	2	2	2	2
Kohestan	Tor Chot (2)	1	2	2	2	2	2
Kohestan	Tor Chot (3)	1	2	2	2	2	2
Kohestan	Wakhandeow	1	2	2	2	2	2
Kohestan	Wancha	1	2	2	2	2	2
Kohestan	Warsak	1	2	2	2	2	2
Kohestan	Waz Dowr	1	2	2	2	2	2
Kohestan	Zarmach Bala	1	2	2	2	2	2
Kohestan	Zarmach Payan	1	2	2	2	2	2
Kohestan	Zarnowd Bala	1	2	2	2	2	2
Kohestan	Zarnowd Payen	1	2	2	2	2	2
Kohestan	Zaz Noworas	1	2	2	2	2	2
Koran wa Monjan	Anjuman	1	2	2	2	2	2
Koran wa	Aska Sek	1	2	2	2	2	2

Monjan							
Koran wa Monjan	Ayoum	1	2	2	2	2	2
Koran wa Monjan	Baghtah	1	2	2	2	2	2
Koran wa Monjan	Bala Keran (iskasik)	1	2	2	2	2	2
Koran wa Monjan	Bot	1	2	2	2	2	2
Koran wa Monjan	Dahane Aw	1	2	2	2	2	2
Koran wa Monjan	Dahi Amba	1	2	2	2	2	2
Koran wa Monjan	Dara Shaikh Milat	1	2	2	2	2	2
Koran wa Monjan	Dasht	1	2	2	2	2	2
Koran wa Monjan	Dasht Parghish	1	2	2	2	2	2
Koran wa Monjan	Farazon	1	2	2	2	2	2
Koran wa Monjan	Ghamand	1	2	2	2	2	2
Koran wa Monjan	Ghaz	1	2	2	2	2	2
Koran wa Monjan	Hazhdagher	1	2	2	2	2	2
Koran wa Monjan	Kalt	1	2	2	2	2	2
Koran wa Monjan	Koran Wa Monjan	1	2	2	2	2	2
Koran wa Monjan	Lajaward Shahr	1	2	2	2	2	2
Koran wa Monjan	Maghnawol	1	2	2	2	2	2
Koran wa Monjan	Mahdan Lajaward	1	2	2	2	2	2
Koran wa Monjan	Meyan Dahi	1	2	2	2	2	2
Koran wa Monjan	Meyan Shahr	1	2	2	2	2	2
Koran wa Monjan	Naw	1	2	2	2	2	2
Koran wa Monjan	Nuristan	1	2	2	2	2	2
Koran wa Monjan	Panam	1	2	2	2	2	2
Koran wa Monjan	Paroch	1	2	2	2	2	2

Koran wa Monjan	Parwarda	1	2	2	2	2	2
Koran wa Monjan	Parwaz	1	2	2	2	2	2
Koran wa Monjan	Qala	1	2	2	2	2	2
Koran wa Monjan	Qala Shah	1	2	2	2	2	2
Koran wa Monjan	Rabat Bala	1	2	2	2	2	2
Koran wa Monjan	Rabata	1	2	2	2	2	2
Koran wa Monjan	Razar	1	2	2	2	2	2
Koran wa Monjan	Robaghan	1	2	2	2	2	2
Koran wa Monjan	Robate Payan	1	2	2	2	2	2
Koran wa Monjan	Sakazar	1	2	2	2	2	2
Koran wa Monjan	Sako Ho	1	2	2	2	2	2
Koran wa Monjan	Sar Jangal	1	2	2	2	2	2
Koran wa Monjan	Shah Pari	1	2	2	2	2	2
Koran wa Monjan	Shahran	1	2	2	2	2	2
Koran wa Monjan	Tagow	1	2	2	2	2	2
Koran wa Monjan	Tele	1	2	2	2	2	2
Koran wa Monjan	Tooghak	1	2	2	2	2	2
Koran wa Monjan	Walf	1	2	2	2	2	2
Koran wa Monjan	Welo	1	2	2	2	2	2
Koran wa Monjan	Weshte	1	2	2	2	2	2
Koran wa Monjan	Wulf	1	2	2	2	2	2
Koran wa Monjan	Yamak	1	2	2	2	2	2
Koran wa Monjan	Yaow Ghadak	1	2	2	2	2	2
Koran wa Monjan	Yawi	1	2	2	2	2	2
Raghestan	Ahmad Dowr	1	2	2	2	2	2

Raghestan	Ayjosh	1	2	2	2	2	2
Raghestan	Baid Man	1	2	2	2	2	2
Raghestan	Baikadr Ya Deyka Dowr	1	2	2	2	2	2
Raghestan	Bakhshi Gah	1	2	2	2	2	2
Raghestan	Bamastan	1	2	2	2	2	2
Raghestan	Bashan	1	2	2	2	2	2
Raghestan	Bashi Deow	1	2	2	2	2	2
Raghestan	Chachma	1	2	2	2	2	2
Raghestan	Chadikador Ya Sar Ab	1	2	2	2	2	2
Raghestan	Chakren	1	2	2	2	2	2
Raghestan	Chayeb Chasar	1	2	2	2	2	2
Raghestan	Dahan Shala	1	2	2	2	2	2
Raghestan	Dahana Dara	1	2	2	2	2	2
Raghestan	Dahi Qazeyan	1	2	2	2	2	2
Raghestan	Dakhowk	1	2	2	2	2	2
Raghestan	Dara Char	1	2	2	2	2	2
Raghestan	Dara Ghoz	1	2	2	2	2	2
Raghestan	Dasht Lakhsh Ya Doze Dara	1	2	2	2	2	2
Raghestan	Dega	1	2	2	2	2	2
Raghestan	Dega Ya Ahmad Dowr	1	2	2	2	2	2
Raghestan	Do Dara	1	2	2	2	2	2
Raghestan	Farhdor	1	2	2	2	2	2
Raghestan	Gar Dar	1	2	2	2	2	2
Raghestan	Gargecha	1	2	2	2	2	2
Raghestan	Ghal Shoda	1	2	2	2	2	2
Raghestan	Gharam	1	2	2	2	2	2
Raghestan	Ghojan	1	2	2	2	2	2
Raghestan	Ghor Pala	1	2	2	2	2	2
Raghestan	Gul Khandan	1	2	2	2	2	2
Raghestan	Guldor	1	2	2	2	2	2
Raghestan	Jadain Dowr Ya Sar Ab	1	2	2	2	2	2
Raghestan	Jajdar	1	2	2	2	2	2
Raghestan	Jaqsoor	1	2	2	2	2	2
Raghestan	Jowrijan	1	2	2	2	2	2
Raghestan	Jujdur	1	2	2	2	2	2
Raghestan	Kajlar	1	2	2	2	2	2
Raghestan	Kalar Bala	1	2	2	2	2	2
Raghestan	Kalar Payan	1	2	2	2	2	2
Raghestan	Kalatak	1	2	2	2	2	2
Raghestan	Kalraik Ya Say Ab	1	2	2	2	2	2
Raghestan	Kan Ain Payen	1	2	2	2	2	2
Raghestan	Kandain Bala	1	2	2	2	2	2
Raghestan	Kandel	1	2	2	2	2	2
Raghestan	Kaskha	1	2	2	2	2	2

Raghestan	Khafaj	1	2	2	2	2	2
Raghestan	Khaly Kot	1	2	2	2	2	2
Raghestan	Kham Shahan	1	2	2	2	2	2
Raghestan	Kham Video	1	2	2	2	2	2
Raghestan	Khambel	1	2	2	2	2	2
Raghestan	Khasar Kham	1	2	1	2	2	2
Raghestan	Khasham	1	2	2	2	2	2
Raghestan	Khaynowar	1	2	2	2	2	2
Raghestan	Khonelar Hulya	1	2	2	2	2	2
Raghestan	Khonelar Payen	1	2	2	2	2	2
Raghestan	Koshlar	1	2	2	2	2	2
Raghestan	Koylar Ya Koh Lahl	1	2	2	2	2	2
Raghestan	Lakhsh Ya Hulya Kham	1	2	2	2	2	2
Raghestan	Lashkar Ja	1	2	2	2	2	2
Raghestan	Lashti	1	2	2	2	2	2
Raghestan	Leader	1	2	2	2	2	2
Raghestan	Maristan	1	2	2	2	2	2
Raghestan	Markaz Woluswali Ya Zeyrki	1	2	2	2	2	2
Raghestan	Menjang	1	2	2	2	2	2
Raghestan	Moshtak March	1	2	2	2	2	2
Raghestan	Na Shahr	1	2	2	2	2	2
Raghestan	Naqshoda	1	2	2	2	2	2
Raghestan	Nar Asp	1	2	2	2	2	2
Raghestan	Nesheyb Dowr	1	2	2	2	2	2
Raghestan	Now Abad	1	2	2	2	2	2
Raghestan	Now Abad Sar Ab	1	2	2	2	2	2
Raghestan	Paitow	1	2	2	2	2	2
Raghestan	Pakman	1	2	2	2	2	2
Raghestan	Paska Khan	1	2	2	2	2	2
Raghestan	Pater Bala	1	2	2	2	2	2
Raghestan	Pater Payen	1	2	2	1	2	2
Raghestan	Poska Khan	1	2	2	2	2	2
Raghestan	Qal Qew	1	2	2	2	2	2
Raghestan	Qeshlaq Safid	1	2	2	2	2	2
Raghestan	Ra Dara	1	2	2	2	2	2
Raghestan	Rabara Sar Ab	1	2	2	2	2	2
Raghestan	Rabat	1	2	2	2	2	2
Raghestan	Rabat-i-seh Ab	1	2	2	2	2	2
Raghestan	Ragh Chandara	1	2	2	2	2	2
Raghestan	Raghestan	1	2	2	2	2	2
Raghestan	Raiman	1	2	2	2	2	2
Raghestan	Randikhowa	1	2	2	2	2	2
Raghestan	Rawanjak	1	2	2	2	2	2
Raghestan	Reman	1	2	2	2	2	2

Raghestan	Sabz Chashma	1	2	2	2	2	2
Raghestan	Safid Ab	1	2	2	2	2	2
Raghestan	Safid Chot	1	2	2	2	2	2
Raghestan	Salam Dahi	1	2	2	2	2	2
Raghestan	Sar Abshar	1	2	2	2	2	2
Raghestan	Sar Dasht	1	2	2	2	2	2
Raghestan	Sayab Dasht	1	2	2	2	2	2
Raghestan	Seya	1	2	2	2	2	2
Raghestan	Shab Dowr	1	2	2	2	2	2
Raghestan	Tagab Shan	1	2	2	2	2	2
Raghestan	Tajeal Dara	1	2	2	2	2	2
Raghestan	Tanilar	1	2	2	2	2	2
Raghestan	Video	1	2	2	2	2	2
Raghestan	Wadin Dowr	1	2	2	2	2	2
Raghestan	Wakhandew	1	2	2	2	2	2
Raghestan	Walak Dara	1	2	2	2	2	2
Raghestan	Walk	1	2	2	2	2	2
Raghestan	Warsendor	1	2	2	2	2	2
Raghestan	Yawjan	1	2	2	2	2	2
Raghestan	Youshlanj	1	2	2	2	2	2
Raghestan	Zar Dahi	1	2	2	2	2	2
Raghestan	Zolazma Now Abad	1	2	2	2	2	2
Shahr-e-Buzorg	Ab Ganda	1	2	2	2	2	2
Shahr-e-Buzorg	Akhmastan	2	2	2	2	2	2
Shahr-e-Buzorg	Angariyan	2	2	2	2	2	2
Shahr-e-Buzorg	Arj Kham	2	2	2	2	1	2
Shahr-e-Buzorg	Aspkhowa Ya Aspakha	2	2	2	2	2	2
Shahr-e-Buzorg	Bar Lass	2	2	2	2	2	2
Shahr-e-Buzorg	Bary Kham	2	2	2	2	1	2
Shahr-e-Buzorg	Chaka Kha	2	2	2	2	1	2
Shahr-e-Buzorg	Chashma Khareta	2	2	2	2	2	2
Shahr-e-Buzorg	Chehl Kam Shahr	2	2	2	2	2	2
Shahr-e-Buzorg	Chogani	2	2	2	2	2	2
Shahr-e-Buzorg	Chot Yabolbol Dara	2	2	2	2	2	2
Shahr-e-Buzorg	Dahi Toot	2	2	2	2	2	2
Shahr-e-Buzorg	Dailgi	2	2	2	2	2	2
Shahr-e-Buzorg	Danishmandi	2	2	2	2	2	2
Shahr-e-Buzorg	Dara Syidan	2	2	2	2	2	2
Shahr-e-Buzorg	Dara Zaran	2	2	2	2	2	2
Shahr-e-Buzorg	Dasht Farnik	2	2	2	2	1	2
Shahr-e-Buzorg	Faryask Bala	2	2	2	2	2	2
Shahr-e-Buzorg	Gardan Raig	2	2	2	2	2	2
Shahr-e-Buzorg	Gardanak	2	2	2	2	2	2
Shahr-e-Buzorg	Ghanghar Bala	2	2	2	2	2	2

Shahr-e-Buzorg	Ghanghar Payan	2	2	2	2	2	2
Shahr-e-Buzorg	Hassan Baigi	2	2	2	2	2	2
Shahr-e-Buzorg	Jagani	2	2	2	2	2	2
Shahr-e-Buzorg	Kalati	2	2	2	2	2	2
Shahr-e-Buzorg	Kapa Dara	2	2	2	2	1	2
Shahr-e-Buzorg	Kara Bain	2	2	2	2	1	2
Shahr-e-Buzorg	Kara Payen	2	2	2	2	2	2
Shahr-e-Buzorg	Katak Bala	2	2	2	2	2	2
Shahr-e-Buzorg	Katak Payen	2	2	2	2	2	2
Shahr-e-Buzorg	Khak	2	2	2	2	2	2
Shahr-e-Buzorg	Khak Paietow	2	2	2	2	2	2
Shahr-e-Buzorg	Kham Ab	2	2	2	2	2	2
Shahr-e-Buzorg	Khasar	2	2	2	2	2	2
Shahr-e-Buzorg	Khord Kan	2	2	1	2	2	2
Shahr-e-Buzorg	Khowja Gulrang	2	2	2	2	2	2
Shahr-e-Buzorg	Kol	2	2	2	2	2	2
Shahr-e-Buzorg	Kol Dara	2	2	2	2	2	2
Shahr-e-Buzorg	Kord Bala	2	2	2	2	2	2
Shahr-e-Buzorg	Laghayer	2	2	2	2	2	2
Shahr-e-Buzorg	Malwan Payen	2	2	2	2	2	2
Shahr-e-Buzorg	Mamyalik	2	2	2	2	1	2
Shahr-e-Buzorg	Manwan	2	2	2	2	2	2
Shahr-e-Buzorg	Now Abad Abganda	1	2	2	2	2	2
Shahr-e-Buzorg	Paitow	2	2	2	2	2	2
Shahr-e-Buzorg	Pasha Dara	2	2	2	2	2	2
Shahr-e-Buzorg	Payan Mor	2	2	2	2	2	2
Shahr-e-Buzorg	Poshta Bahar	2	2	2	2	2	2
Shahr-e-Buzorg	Qarya Sag Payan	2	2	2	2	2	2
Shahr-e-Buzorg	Qasab	2	2	2	2	2	2
Shahr-e-Buzorg	Qouchi	2	2	2	2	2	2
Shahr-e-Buzorg	Rabat Gulak	2	2	2	2	2	2
Shahr-e-Buzorg	Rabat Hamidin	2	2	2	2	2	2
Shahr-e-Buzorg	Ragh Dasht	2	2	2	2	2	2
Shahr-e-Buzorg	Razk	2	2	2	2	2	2
Shahr-e-Buzorg	Safid Shakh	2	2	2	2	2	2
Shahr-e-Buzorg	Safidara	2	2	2	2	2	2
Shahr-e-Buzorg	Sang Dara	2	2	2	2	2	2
Shahr-e-Buzorg	Sang Kha Ya Sangikhowa	2	2	2	2	2	2
Shahr-e-Buzorg	Semorgh	2	2	2	2	2	2
Shahr-e-Buzorg	Seya Sang	2	2	2	2	1	2
Shahr-e-Buzorg	Shah Dasht	2	2	2	2	2	2
Shahr-e-Buzorg	Shaikhan	2	2	2	2	1	2
Shahr-e-Buzorg	Shakh Ab Par	2	2	2	2	1	2
Shahr-e-Buzorg	Shorak Bala	2	2	2	2	2	2

Shahr-e-Buzorg	Shorak Payan	2	2	2	2	2	2
Shahr-e-Buzorg	Wandeyan	2	2	2	2	2	2
Shahr-e-Buzorg	Zair Kotal	2	2	2	2	2	2
Shahr-e-Buzorg	Zarangan	2	2	2	2	2	2
Shaki	Arzeshak	2	2	2	2	2	2
Shaki	Awbghan	2	2	2	2	2	2
Shaki	Aylaq Satmaij	2	2	2	2	2	2
Shaki	Az Ghoi	2	2	2	2	2	2
Shaki	Bad Kai	2	2	2	2	2	2
Shaki	Bani Bat	2	2	2	2	2	2
Shaki	Dahi Khowa	2	2	2	2	2	2
Shaki	Dar Gag	2	2	2	2	2	2
Shaki	Despi	2	2	2	2	2	2
Shaki	Do Row	2	2	2	2	2	2
Shaki	Dok	2	2	2	2	2	2
Shaki	Ghowsi Payan	2	2	2	2	2	2
Shaki	Hajmak	2	2	2	2	2	2
Shaki	Halot	2	2	2	2	2	2
Shaki	Hazhdowan	2	2	2	2	2	2
Shaki	Jarf	2	2	2	2	2	2
Shaki	Kham Kasko	2	2	2	2	1	2
Shaki	Khandak	2	2	2	2	2	2
Shaki	Khowa Dara	2	2	2	2	1	2
Shaki	Khowand	2	2	2	2	2	2
Shaki	Larom	2	2	2	2	1	2
Shaki	Ma Now	2	2	2	2	2	2
Shaki	Mai Lang	2	2	2	2	2	2
Shaki	Mainado	2	2	2	2	1	2
Shaki	Manow Now Abad Manow	2	2	2	2	2	2
Shaki	Mashto Bala	2	2	2	2	2	2
Shaki	Mashto Payen	2	2	2	2	2	2
Shaki	Maymik	2	2	2	2	2	2
Shaki	Par Teyel	2	2	2	2	2	2
Shaki	Rawanak	2	2	2	2	2	2
Shaki	Sang Laj	2	2	2	2	2	2
Shaki	Sarenazim	2	2	2	2	2	2
Shaki	Shahr Sabz	2	2	2	2	2	2
Shaki	Shaki	2	2	2	1	2	2
Shaki	Shalak	2	2	2	2	2	2
Shaki	Tarjowi	2	2	2	2	2	2
Shaki	Warchap	2	2	2	2	2	2
Shaki	Wasko	2	2	2	2	2	2
Shaki	Zang	2	2	2	2	2	2
Shaki	Zangerya	2	2	2	2	2	2

Shighnan	Andar Zair	2	2	2	2	2	2
Shighnan	Arkht	2	2	2	2	2	2
Shighnan	Aryab	2	2	2	2	2	2
Shighnan	Awel	2	2	2	2	2	2
Shighnan	Bashar	2	2	1	2	2	2
Shighnan	Bawar	2	2	2	2	2	2
Shighnan	Chaigh	2	2	2	2	2	2
Shighnan	Chasood Payen	2	2	2	2	2	2
Shighnan	Chasow Bala	2	2	2	2	1	2
Shighnan	Chawid	2	2	2	2	2	2
Shighnan	Chogan Tarashan	2	2	2	2	2	2
Shighnan	Dad Marokh	2	2	2	2	2	2
Shighnan	Dahi Morghan	2	2	2	2	2	2
Shighnan	Dahi Shahr	2	2	2	2	2	2
Shighnan	Dahi Shargh	2	2	2	2	2	2
Shighnan	Dam Est Yaje	2	2	2	2	2	2
Shighnan	Dasht	2	2	2	2	2	2
Shighnan	Deraj	2	2	2	2	2	2
Shighnan	Fanjan	2	2	2	2	2	2
Shighnan	Gazgen	2	2	2	2	2	2
Shighnan	Ghar Jawen	2	2	2	2	2	2
Shighnan	Karnj	2	2	2	2	2	2
Shighnan	Khost	2	2	2	2	2	2
Shighnan	Maiyan Shahr	2	2	2	2	2	2
Shighnan	Nashk	2	2	2	2	2	2
Shighnan	Nem Dahi	2	2	2	2	2	2
Shighnan	Nowarak	2	2	2	2	2	2
Shighnan	Pachor	2	2	2	2	2	2
Shighnan	Paitab	2	2	2	2	2	2
Shighnan	Past Tew	2	2	2	2	1	2
Shighnan	Pedrod	2	2	2	2	2	2
Shighnan	Qala	2	2	2	2	2	2
Shighnan	Rabat Bala	2	2	2	2	2	2
Shighnan	Rabat Mabayen	2	2	2	2	2	2
Shighnan	Rabat Payen	2	2	2	2	2	2
Shighnan	Radaj	2	2	2	2	2	2
Shighnan	Sar Chashma	2	2	2	2	2	2
Shighnan	Sar Poul	2	2	2	2	1	2
Shighnan	Sawan	2	2	2	2	2	2
Shighnan	Seesak	2	2	2	2	2	2
Shighnan	Shaikhan	2	2	2	2	2	2
Shighnan	Shair Wech	2	2	2	2	1	2
Shighnan	Sharan	2	2	2	2	2	2
Shighnan	Sheow	2	2	2	2	2	2

Shighnan	Shighnan	2	1	2	2	2	2
Shighnan	Shodoj Dara	2	2	2	2	2	2
Shighnan	Tabenak	2	2	2	2	2	2
Shighnan	Tamowy	2	2	2	2	1	2
Shighnan	Tour Teyeghar	2	2	2	2	2	2
Shighnan	Warest Mal	2	2	2	2	2	2
Shighnan	Warez	2	2	2	2	2	2
Shighnan	Wer	2	2	2	2	2	2
Shighnan	Wer Bala	2	2	2	2	2	2
Shighnan	Wer Payen	2	2	2	2	2	2
Shighnan	Weshtan	2	2	2	2	2	2
Shighnan	Yarukh	2	2	2	2	2	2
Shighnan	Yazgan	2	2	2	2	2	2
Shuhada	Ababak	2	2	2	2	2	2
Shuhada	Afrej	2	2	2	2	2	2
Shuhada	Aqcho	2	2	2	2	2	2
Shuhada	Arghadang	2	2	2	2	2	2
Shuhada	Awach	2	2	2	2	2	2
Shuhada	Ayonak	2	2	2	2	2	2
Shuhada	Ayzayow	2	2	2	2	2	2
Shuhada	Azeyo	2	2	2	2	2	2
Shuhada	Baykan	2	2	2	2	2	2
Shuhada	Bosht	2	2	2	2	2	2
Shuhada	Chakaran	2	2	2	2	2	2
Shuhada	Dara Bala	2	2	2	2	2	2
Shuhada	Dara Nawk	2	2	2	2	2	2
Shuhada	Dara Qalat	2	2	2	2	2	2
Shuhada	Dasht	2	2	2	2	2	2
Shuhada	Dasht Afghani Ha	2	2	2	2	2	2
Shuhada	Dasht Chakaran	2	2	2	2	2	2
Shuhada	Deh Dara	2	2	2	2	2	2
Shuhada	Farkhach	2	2	2	2	1	2
Shuhada	Gharspan	2	2	2	2	2	2
Shuhada	Ghazalyo	2	2	2	2	2	2
Shuhada	Ghoz Kani	2	2	2	2	1	2
Shuhada	Gowi Bar	2	2	2	2	1	1
Shuhada	Lab Dara	2	2	2	2	2	2
Shuhada	Madrasa Ya Bosht	2	2	2	2	1	2
Shuhada	Maghayeb	2	2	2	2	1	1
Shuhada	Mahmodan	2	2	2	2	1	2
Shuhada	Maiyan Dah	2	2	2	2	2	2
Shuhada	Markaz Woluswaly Shuhada	2	2	2	2	2	2
Shuhada	Mazar	2	2	2	2	1	2
Shuhada	Paijoj Dewana Ha	2	2	2	2	2	2

Shuhada	Palow Shewa	2	2	2	2	2	2
Shuhada	Panjgeo Ya Dahi Qazeyan	2	2	2	2	2	2
Shuhada	Parkhaw	2	2	2	2	1	2
Shuhada	Partaw	2	2	2	2	2	2
Shuhada	Pass Kham	2	2	2	2	2	2
Shuhada	Payjoj	2	2	2	2	2	2
Shuhada	Qarya Bostan	2	2	2	2	2	2
Shuhada	Qasab Dara Shewa	2	2	2	2	2	2
Shuhada	Raizowan	2	2	2	2	2	2
Shuhada	Saghai	2	2	2	2	2	2
Shuhada	Sangab	2	2	2	2	2	2
Shuhada	Sar Poul	2	2	2	2	2	2
Shuhada	Sarangan	2	2	2	2	2	2
Shuhada	Sarkani	2	2	2	2	2	2
Shuhada	Sarsak	2	2	2	2	2	2
Shuhada	Saylow	2	2	2	2	2	2
Shuhada	Sengaryan	2	2	2	2	2	2
Shuhada	Shakhyarak	2	2	2	2	2	2
Shuhada	Shuhada	2	2	2	2	2	2
Shuhada	Socheyou	2	2	2	2	2	2
Shuhada	Tarwaza	2	2	2	2	1	2
Shuhada	Wanar	2	2	2	2	2	2
Shuhada	Wanech	2	2	2	2	1	2
Shuhada	Wayam	2	2	2	2	2	2
Shuhada	Yabab Kalan	2	2	2	2	2	2
Shuhada	Yabab Maghayeb	2	2	2	2	2	2
Shuhada	Yajak	2	2	2	2	2	2
Shuhada	Yakh Chayek	2	2	2	2	2	2
Shuhada	Yaryam	2	2	2	2	2	2
Shuhada	Yasech	2	2	2	2	2	2
Shuhada	Ybaba Kakan	2	2	2	2	2	2
Shuhada	Zargho	2	2	2	2	1	2
Tagab	Afghan Dara	1	2	2	2	2	2
Tagab	Amya Dara	1	2	2	2	2	2
Tagab	Angar Ha	1	2	2	2	2	2
Tagab	Arghenj Kha Bala	1	2	2	2	2	2
Tagab	Asiabak	1	2	2	2	2	2
Tagab	Asyawani	1	2	2	2	2	2
Tagab	At Ya Arghechi	1	2	2	2	2	2
Tagab	Awliga	1	2	2	2	2	2
Tagab	Chakaran	1	2	2	2	2	2
Tagab	Dahan Dara Ghaydan	1	2	2	2	2	2
Tagab	Dahan Gardan	1	2	2	2	2	2
Tagab	Dahi Bala	1	2	2	2	2	2

Tagab	Dahi Kalan	1	2	2	2	2	2
Tagab	Dand	1	2	2	2	2	2
Tagab	Dara Hassar	1	2	2	2	2	2
Tagab	Dara Mir	1	2	2	2	2	2
Tagab	Dara Shemel Farmanqoli	1	2	2	2	2	2
Tagab	Dara Som	1	2	2	2	2	2
Tagab	Dashaki Bala	1	2	2	2	2	2
Tagab	Dasht Bala	1	2	2	2	2	2
Tagab	Dasht Kalan Wa Dasht Khord	1	2	2	2	2	2
Tagab	Dashtak Ghayan	1	2	2	2	2	2
Tagab	Dashtaki Payan	1	2	2	2	2	2
Tagab	Dehi Past	1	2	2	2	2	2
Tagab	Dih Bala	1	2	2	2	2	2
Tagab	Do Abi (1)	1	2	2	2	2	2
Tagab	Do Abi (2)	1	2	2	2	2	2
Tagab	Farmanqouli Bala Dahi	1	2	2	1	2	2
Tagab	Farmanqouli Dahi Payen	1	2	2	2	2	2
Tagab	Hajel	1	2	2	2	2	2
Tagab	Hasheqan	1	2	2	2	2	2
Tagab	Hasrat	1	2	2	2	2	2
Tagab	Hasyani	1	2	2	2	2	2
Tagab	Howlega Ya Gadak	1	2	2	2	2	2
Tagab	Jowshan	1	2	2	2	2	2
Tagab	Kaftar Khana	1	2	2	2	2	2
Tagab	Karastada	1	2	2	2	2	2
Tagab	Karasti	1	2	2	2	2	2
Tagab	Katow	1	2	2	2	2	2
Tagab	Kawari	1	2	2	2	2	2
Tagab	Khail Asp	1	2	2	2	2	2
Tagab	Kham Bok	1	2	2	2	2	2
Tagab	Khambok Sar Asia	1	2	2	2	2	2
Tagab	Khambuk-i-bala	1	2	2	2	2	2
Tagab	Khar Kan	1	2	2	2	2	2
Tagab	Khorok	1	2	2	2	2	2
Tagab	Khumbuke Bala	1	2	2	2	2	2
Tagab	Lajda	1	2	2	2	2	2
Tagab	Mala	1	2	2	2	2	2
Tagab	Mir Kan	1	2	2	2	2	2
Tagab	Nisar Karistada	1	2	2	2	2	2
Tagab	Now Abad Poul Asheqan Tand Kyan	1	2	2	2	2	2
Tagab	Palran	1	2	2	2	2	2
Tagab	Payan Kori	1	2	2	2	2	2
Tagab	Qala Hazara Ha	1	2	2	2	2	2

Tagab	Rabat (1)	1	2	2	2	2	2
Tagab	Rabat (2)	1	2	2	2	2	2
Tagab	Sabz Dara	1	2	2	2	2	2
Tagab	Senjak Chashma Wa Teerash	1	2	2	2	2	2
Tagab	Shahid Kan	1	2	2	2	2	2
Tagab	Shaikh Khambok	1	2	2	2	2	2
Tagab	Shak Dara Ya Shakar Dara	1	2	2	2	2	2
Tagab	Shayesta	1	2	2	2	2	2
Tagab	Shaykhak	1	2	2	2	2	2
Tagab	Waf Dara	1	2	2	2	2	2
Tagab	Wawoch	1	2	2	2	2	2
Tagab	Zak Ab	1	2	2	2	2	2
Tagab	Zugham Dara	1	2	2	2	2	2
Teshkan	Ab Shair Ahmad	2	2	2	2	2	2
Teshkan	Ahmad Abad	1	2	2	2	2	2
Teshkan	Almaich	1	2	2	2	2	2
Teshkan	Archa Mullah	2	2	2	2	2	2
Teshkan	Arghandakan	2	2	2	2	2	2
Teshkan	Aseyab Pastak	1	2	2	2	2	2
Teshkan	Bagh Haram	2	2	2	2	2	2
Teshkan	Baid Dara	2	2	2	2	2	2
Teshkan	Bala Tashkan	1	2	2	2	2	2
Teshkan	Bazar Tashkan	2	2	2	2	2	2
Teshkan	Chaqa Khowja Ya Dara Eashan	2	2	2	2	1	2
Teshkan	Chashma Daraz	1	2	2	2	2	2
Teshkan	Dahi Miri	1	2	2	2	2	2
Teshkan	Dahi Saidan Sartal	2	2	2	2	2	2
Teshkan	Dara Aftoo	1	2	2	2	2	2
Teshkan	Dara Qaq	2	2	2	2	2	2
Teshkan	Dasht Agha	2	2	2	2	2	2
Teshkan	Dew Stayan	1	2	2	2	2	2
Teshkan	Dood Ga	1	2	2	2	2	2
Teshkan	Dorakhshan Ya Shairak	1	2	2	2	2	2
Teshkan	Eashana Faizani	2	2	2	2	2	2
Teshkan	Faizani	2	2	2	2	2	2
Teshkan	Gaz Dara	2	2	2	2	2	2
Teshkan	Ghori Sang	1	2	2	2	2	2
Teshkan	Ghylawak	2	2	2	2	2	2
Teshkan	Kasho	1	2	2	2	2	2
Teshkan	Khabaz Dara	2	2	2	2	1	2
Teshkan	Khanaqa	2	2	2	2	2	2
Teshkan	Khankan	2	2	2	2	2	2
Teshkan	Khowaliyan	1	2	2	2	2	2
Teshkan	Khowja Afghan	2	2	2	2	2	2

Teshkan	Maghzar	2	2	2	2	2	2
Teshkan	Mozafari	2	2	2	2	2	2
Teshkan	Mulgani	1	2	2	2	2	2
Teshkan	Now Abad	1	2	2	2	2	2
Teshkan	Pesta Khor	2	2	2	2	2	2
Teshkan	Pollani	1	2	2	2	2	2
Teshkan	Qar Maishi	2	2	2	2	2	2
Teshkan	Roi Sabo Dara Sabo	1	2	2	2	2	2
Teshkan	Safaid Raig	2	2	2	2	2	2
Teshkan	Saidan Mozafari	2	2	2	2	1	2
Teshkan	Sang Kalan	2	2	2	2	1	2
Teshkan	Sar Payshani	2	2	2	2	2	2
Teshkan	Seya Jangal	1	2	2	2	2	2
Teshkan	Shotor Garadan	1	2	2	2	2	2
Teshkan	Sosgan	1	2	2	2	2	2
Teshkan	Toghak Patak Chai	2	2	2	2	2	2
Teshkan	Tootak	2	2	2	2	2	2
Teshkan	Wajeb	1	2	2	2	2	2
Teshkan	Wali Abad	2	2	2	2	2	2
Teshkan	Yar Khash	1	2	2	2	2	2
Teshkan	Yar Saz	1	2	2	2	2	2
Teshkan	Yawal Bala	2	2	2	2	2	2
Teshkan	Yawal Payen	2	2	2	2	2	2
Teshkan	Zagham Dara	2	2	2	2	2	2
Teshkan	Zard Alik	1	2	2	2	2	2
Wakhan	Ab Kaj	2	2	2	2	1	2
Wakhan	Acheq Tash	2	2	2	2	2	2
Wakhan	Akhor	2	2	2	2	2	2
Wakhan	Akhsai	2	2	2	2	2	2
Wakhan	Archa	2	2	2	2	1	2
Wakhan	Ashtaq	2	2	2	2	2	2
Wakhan	Awrang	2	2	2	2	2	2
Wakhan	Baba Sangi	2	2	2	2	2	2
Wakhan	Bai Tebet	2	2	2	2	2	2
Wakhan	Beyr Geta	2	2	2	2	2	2
Wakhan	Chalp Ya Daildail	2	2	2	2	2	2
Wakhan	Chat	2	2	2	2	2	2
Wakhan	Dahi Gholaman	2	2	2	2	2	2
Wakhan	Dahqani Khana	2	2	2	2	2	2
Wakhan	Do Gor Kan	2	2	2	2	2	2
Wakhan	Fator	2	2	2	2	2	2
Wakhan	Gangar Hotak	2	2	2	2	2	2
Wakhan	Gaz Khan	2	2	2	2	2	2
Wakhan	Gazgat	2	2	2	2	2	2

Wakhan	Ghajotak	2	2	2	2	2	2
Wakhan	Haq Jalqa	2	2	2	2	2	2
Wakhan	Haq Qarghan	2	2	2	2	2	2
Wakhan	Iachkali	2	2	2	2	2	2
Wakhan	Ish Morgh	2	2	2	2	2	2
Wakhan	Issik	2	2	2	2	2	2
Wakhan	Izak	2	2	2	2	2	2
Wakhan	Jaar Qaychal	2	2	2	2	2	2
Wakhan	Jahl Kan	2	2	2	2	2	2
Wakhan	Kankhan	2	2	2	2	2	2
Wakhan	Karat	2	2	2	2	2	2
Wakhan	Karkat	2	2	2	2	2	2
Wakhan	Kas Kantash	2	2	2	2	2	2
Wakhan	Kashkandeya	2	2	2	2	1	2
Wakhan	Kashni Khan	2	2	2	2	2	2
Wakhan	Khandanen Bala	2	2	2	2	2	2
Wakhan	Khandmen Payen	2	2	2	2	2	2
Wakhan	Kharyech	2	2	2	2	2	2
Wakhan	Kip Kot	2	2	2	2	2	2
Wakhan	Konj Organd	2	2	2	2	2	2
Wakhan	Korastan Hotak	2	2	2	2	1	2
Wakhan	Langar	2	2	2	2	2	2
Wakhan	Malong Zan	2	2	2	2	2	2
Wakhan	Manik Ali	2	2	2	2	2	2
Wakhan	Markaz Wolluswali Khandod	2	2	2	1	2	2
Wakhan	Marta Balek	2	2	2	2	2	2
Wakhan	Narsh Bala	2	2	2	2	1	2
Wakhan	Narsh Payen	2	2	2	2	2	2
Wakhan	Nashkhor Bala	2	2	2	2	2	2
Wakhan	Organd Payan	2	2	2	2	2	2
Wakhan	Pagayesh	2	2	2	2	2	2
Wakhan	Paicharf	2	2	2	2	2	2
Wakhan	Pak	2	2	2	2	1	2
Wakhan	Pakoi	2	2	2	2	1	2
Wakhan	Pakot	2	2	2	2	2	2
Wakhan	Potokh	2	2	2	2	2	2
Wakhan	Qala Panja	2	2	2	2	2	2
Wakhan	Qala West	2	2	2	2	2	2
Wakhan	Qaqtotak	2	2	2	2	2	2
Wakhan	Qara Bar	2	2	2	2	2	2
Wakhan	Qara Jelga	2	2	2	2	2	2
Wakhan	Qara Tash	2	2	2	2	2	2
Wakhan	Qashtow	2	2	2	2	2	2
Wakhan	Qazal Awtak	2	2	2	2	2	2

Wakhan	Qazal Qaroon	2	2	2	2	2	2
Wakhan	Qazi Dahi	2	2	2	2	2	2
Wakhan	Qorghan	2	2	2	2	2	2
Wakhan	Qote Kalbi Ya Langar	2	2	2	2	2	2
Wakhan	Rachon	2	2	2	2	2	2
Wakhan	Ragez	2	2	2	2	2	2
Wakhan	Sar Gaz	2	2	2	2	2	2
Wakhan	Sar Had	2	2	2	2	2	2
Wakhan	Sar Muqor	2	2	2	2	2	2
Wakhan	Sar Shaikhor	2	2	2	2	2	2
Wakhan	Sari Tash	2	2	2	2	2	2
Wakhan	Sartash	2	2	2	2	2	2
Wakhan	Sartash Shakang	2	2	2	2	2	2
Wakhan	Say Ka	2	2	2	2	2	2
Wakhan	Say Konj	2	2	2	2	2	2
Wakhan	Sest Bala	2	2	2	2	1	2
Wakhan	Sest Markazi	2	2	2	2	2	2
Wakhan	Sest Payen	2	2	2	2	2	2
Wakhan	Seynen	2	2	2	2	2	2
Wakhan	Shaikhor Payan	2	2	2	2	1	2
Wakhan	Shalk	2	2	2	2	2	2
Wakhan	Shamsan	2	2	2	2	2	2
Wakhan	Sharotaq	2	2	2	2	2	2
Wakhan	Sheow Khon	2	2	2	2	2	2
Wakhan	Sheshp	2	2	2	2	2	2
Wakhan	Tarotak	2	2	2	2	2	2
Wakhan	Tash Sary	2	2	2	2	2	2
Wakhan	Tasri	2	2	2	2	2	2
Wakhan	Tigar Mano	2	2	2	2	2	2
Wakhan	Wakhan	2	2	2	2	2	2
Wakhan	Wardaf	2	2	2	2	2	2
Wakhan	Wark	2	2	2	2	1	2
Wakhan	Wazd	2	2	2	2	2	2
Wakhan	Yamyat	2	2	2	2	2	2
Wakhan	Yorop	2	2	2	2	2	2
Warduj	Ab Do	1	2	2	2	2	2
Warduj	Abjan	1	2	2	2	2	2
Warduj	Ahwar	1	2	2	2	2	2
Warduj	Akinjan	1	2	2	2	2	2
Warduj	Alosh Garayo	1	2	2	2	2	2
Warduj	Ashtakan	1	2	2	2	2	2
Warduj	Ashterab	1	2	2	2	2	2
Warduj	Asten	1	2	2	2	2	2
Warduj	Bara Bara	1	2	2	2	2	2

Warduj	Bashand	1	2	2	2	2	2
Warduj	Char Dara	1	2	2	2	2	2
Warduj	Char Darah	1	2	2	2	2	2
Warduj	Chashm Wakhail	1	2	2	2	2	2
Warduj	Dahi Do Rowza	1	2	2	2	2	2
Warduj	Dahi Qala	1	2	2	2	2	2
Warduj	Deh Dorooz	1	2	2	2	2	2
Warduj	Ghachan	1	2	2	2	2	2
Warduj	Ghanyo	1	2	2	2	2	2
Warduj	Hashim Khan	1	2	2	2	2	2
Warduj	Ishtakan	1	2	2	2	2	2
Warduj	Kaz Dahi	1	2	2	2	2	2
Warduj	Khaisrow	1	2	2	2	2	2
Warduj	Khashben	1	2	2	2	2	2
Warduj	Khoch	1	2	2	2	2	2
Warduj	Koyak	1	2	2	2	2	2
Warduj	Mali Hazara	1	2	2	2	2	2
Warduj	Markaz Wolluswaly Shakaran	1	2	2	2	2	2
Warduj	Morkan	1	2	2	2	2	2
Warduj	Nulan	1	2	2	2	2	2
Warduj	Pass Bagh	1	2	2	2	2	2
Warduj	Peash	1	2	2	2	2	2
Warduj	Rabat Chehltan	1	2	2	2	2	2
Warduj	Rukhshan	1	2	2	2	2	2
Warduj	Safid Dara	1	2	2	2	2	2
Warduj	Sang Kabod	1	2	2	2	2	2
Warduj	Sangani	1	2	2	2	2	2
Warduj	Sar Dahi	1	2	2	2	2	2
Warduj	Sara Sang Ya Say Sang	1	2	2	2	2	2
Warduj	Shafchan	1	2	2	2	2	2
Warduj	Shah Gan	1	2	2	2	2	2
Warduj	Shahid Abad	1	2	2	2	2	2
Warduj	Song Kabud	1	2	2	2	2	2
Warduj	Stain	1	2	2	2	2	2
Warduj	Sufeyan	1	2	2	2	2	2
Warduj	Surb	1	2	2	2	2	2
Warduj	Syedabad	1	2	2	2	2	2
Warduj	Tarang	1	2	1	2	2	2
Warduj	Teer Garan	1	2	2	2	2	2
Warduj	Wakhial Bala	1	2	2	2	2	2
Warduj	Warche	1	2	2	2	2	2
Warduj	Yakhshaira	1	2	2	2	2	2
Warduj	Yazaghcha	1	2	2	2	2	2
Warduj	Yomal	1	2	2	2	2	2

Warduj	Zo	1	2	2	2	2	2
Yaftal-e-Sufla	Anar Dara Payen	1	2	2	2	2	2
Yaftal-e-Sufla	Anar Darah Bala	1	2	2	2	2	2
Yaftal-e-Sufla	Aroyesha	1	2	2	2	2	2
Yaftal-e-Sufla	Arqa Qeshlaq	1	2	2	2	2	2
Yaftal-e-Sufla	Arzan Cahe	1	2	2	2	2	2
Yaftal-e-Sufla	Awarang Bala	2	2	2	2	2	2
Yaftal-e-Sufla	Bagh Balen	2	2	2	2	2	2
Yaftal-e-Sufla	Baghak	2	2	2	2	2	2
Yaftal-e-Sufla	Baid Kalan	2	2	2	2	2	2
Yaftal-e-Sufla	Baljow	1	2	2	2	2	2
Yaftal-e-Sufla	Bar Bagh	2	2	2	2	2	2
Yaftal-e-Sufla	Bar Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Baykha	1	2	2	2	2	2
Yaftal-e-Sufla	Bazarak	1	2	2	2	2	2
Yaftal-e-Sufla	Chayabak	1	2	2	2	2	2
Yaftal-e-Sufla	Dahan Darah Kohna	1	2	2	2	2	2
Yaftal-e-Sufla	Dara Rast	1	2	2	2	2	2
Yaftal-e-Sufla	Farghambol	1	2	2	1	2	2
Yaftal-e-Sufla	Fazil Khowa	2	2	2	2	2	2
Yaftal-e-Sufla	Galke	1	2	2	2	2	2
Yaftal-e-Sufla	Gazanak	2	2	2	2	2	2
Yaftal-e-Sufla	Ghoz Morgh	2	2	2	2	2	2
Yaftal-e-Sufla	Hassan Dewana	2	2	2	2	2	2
Yaftal-e-Sufla	Hawza Kan	1	2	2	2	2	2
Yaftal-e-Sufla	Hazar Sayeb	1	2	2	2	2	2
Yaftal-e-Sufla	Kandeylan	1	2	2	2	2	2
Yaftal-e-Sufla	Kashan Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Kaz Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Khanqa	1	2	2	2	2	2
Yaftal-e-Sufla	Khar Chang Ya Shair Chang	2	2	2	2	2	2
Yaftal-e-Sufla	Khasaba	1	2	2	2	2	2
Yaftal-e-Sufla	Khob Awa	1	2	2	2	2	2
Yaftal-e-Sufla	Khokastanak	1	2	2	2	2	2
Yaftal-e-Sufla	Khowja Almas	2	2	2	2	2	2
Yaftal-e-Sufla	Kol Dara	2	2	2	2	2	2
Yaftal-e-Sufla	Kushtga	2	2	2	2	2	2
Yaftal-e-Sufla	Langar Bala	2	2	2	2	2	2
Yaftal-e-Sufla	Langar Payan	2	2	2	2	2	2
Yaftal-e-Sufla	Lol Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Markaz Wolluswaly	1	2	2	2	2	2
Yaftal-e-Sufla	Meshkaran	1	2	2	2	2	2
Yaftal-e-Sufla	Murgh Zar	1	2	2	2	2	2
Yaftal-e-Sufla	Naland	1	2	1	2	2	2

Yaftal-e-Sufla	Nashren Bala	1	2	2	2	2	2
Yaftal-e-Sufla	Nashren Payan Ya Now Abad	1	2	2	2	2	2
Yaftal-e-Sufla	Now Abad Dasht Bad Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Pahan Dara Bala	2	2	2	2	2	2
Yaftal-e-Sufla	Pahan Dara Payen	2	2	2	2	2	2
Yaftal-e-Sufla	Paista Kalan	1	2	2	2	2	2
Yaftal-e-Sufla	Qadaq	2	2	2	2	2	2
Yaftal-e-Sufla	Qara Che	1	2	2	2	2	2
Yaftal-e-Sufla	Qouyez	1	2	2	2	2	2
Yaftal-e-Sufla	Rabatak	2	2	2	2	2	2
Yaftal-e-Sufla	Safid Darak	2	2	2	2	2	2
Yaftal-e-Sufla	Safid Darak Pass Band	2	2	2	2	2	2
Yaftal-e-Sufla	Samen Jow	1	2	2	2	2	2
Yaftal-e-Sufla	Sar Nang	1	2	2	2	2	2
Yaftal-e-Sufla	Sarn Bala	2	2	2	2	1	2
Yaftal-e-Sufla	Sayel	2	2	2	2	1	2
Yaftal-e-Sufla	Shaer Kash	1	2	2	2	2	2
Yaftal-e-Sufla	Shakar Lab Bala	1	2	2	2	2	2
Yaftal-e-Sufla	Shakar Lab Payan	1	2	2	1	2	2
Yaftal-e-Sufla	Shalgha Zar	2	2	2	2	2	2
Yaftal-e-Sufla	Shekh Dara	1	2	2	2	2	2
Yaftal-e-Sufla	Sofiyan	1	2	2	2	2	2
Yaftal-e-Sufla	Sokhta Koh	1	2	2	2	2	2
Yaftal-e-Sufla	Sorkh Ab	2	2	2	2	2	2
Yaftal-e-Sufla	Spak	2	2	2	2	2	2
Yaftal-e-Sufla	Toghak	1	2	2	2	2	2
Yaftal-e-Sufla	Tooryab	2	2	2	2	2	2
Yaftal-e-Sufla	Towka Shal	1	2	2	2	2	2
Yaftal-e-Sufla	Walak Payan	2	2	2	2	1	2
Yaftal-e-Sufla	Walk Bala	2	2	2	2	2	2
Yaftal-e-Sufla	Yojaykel	2	2	2	2	2	2
Yaftal-e-Sufla	Yorkan	2	2	2	2	2	2
Yaftal-e-Sufla	Younus Pandra	2	2	2	2	2	2
Yaftal-e-Sufla	Zemastanak	2	2	2	2	2	2
Yamgan	Ambadewal	1	2	2	2	2	2
Yamgan	Arghsak	1	2	2	2	2	2
Yamgan	Arkhi	1	2	2	2	2	2
Yamgan	Ashnam	1	2	2	2	2	2
Yamgan	Asil Gharmi	1	2	2	2	2	2
Yamgan	Awech Bay	1	2	2	2	2	2
Yamgan	Charambada	1	2	2	2	2	2
Yamgan	Charmaghzestan	1	2	2	2	2	2
Yamgan	Dah Bala Kalafzar	1	2	2	2	2	2
Yamgan	Dah Payen Kalafzar	1	2	2	2	2	2

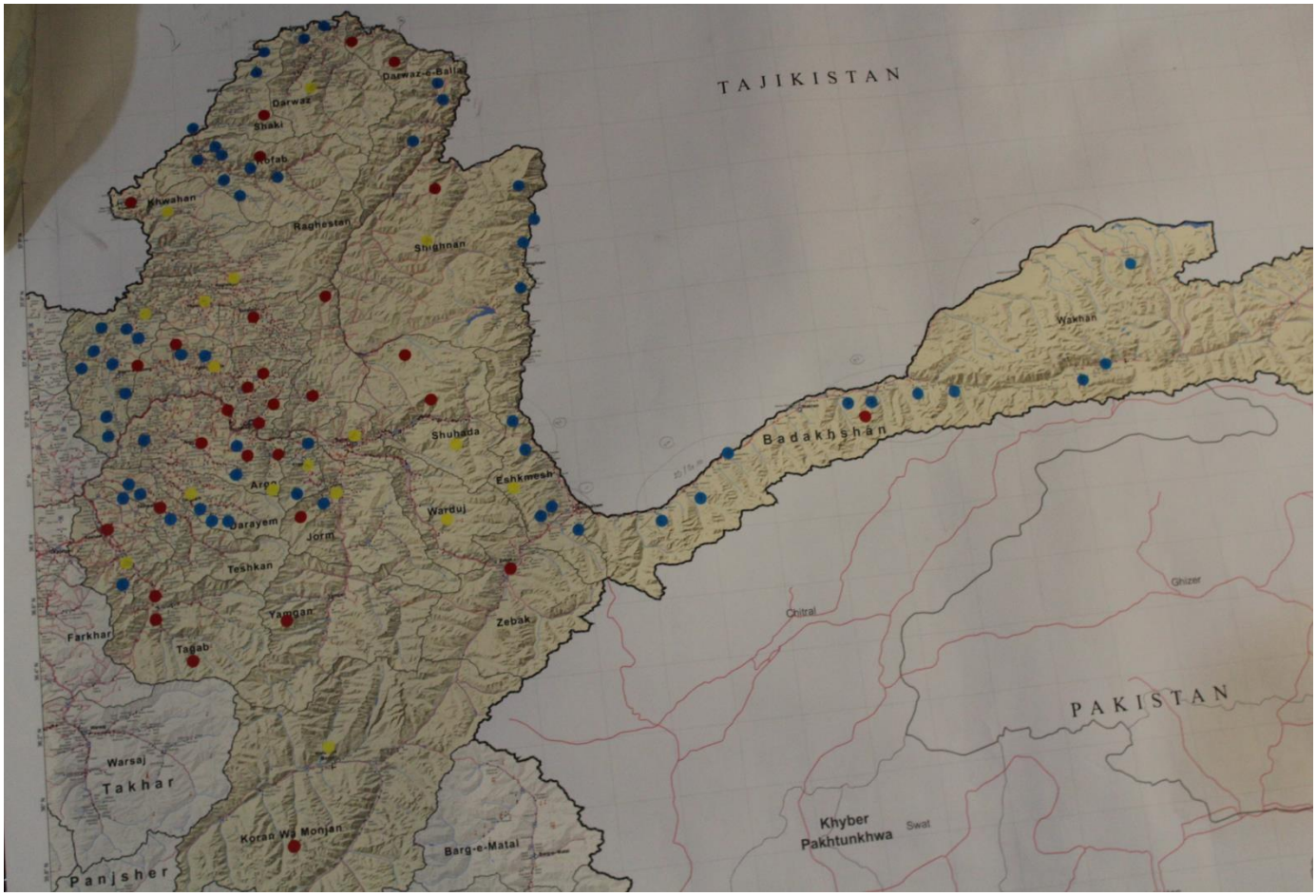
Yamgan	Dasht	1	2	2	2	2	2
Yamgan	Dasht Ashnam	1	2	2	2	2	2
Yamgan	Dasht Gharmi	1	2	2	2	2	2
Yamgan	Deh Payan	1	2	2	2	2	2
Yamgan	Faraz	1	2	2	2	2	2
Yamgan	Farghamo	1	2	2	2	2	2
Yamgan	Farghandaj	1	2	2	2	2	2
Yamgan	Farmanagah	1	2	2	2	2	2
Yamgan	Gharmi	1	2	2	2	2	2
Yamgan	Gowhar	1	2	2	2	2	2
Yamgan	Hazrat Sayyid	1	2	2	2	2	2
Yamgan	Jow	1	2	2	2	2	2
Yamgan	Jowghan	1	2	2	2	2	2
Yamgan	Jukhan	1	2	2	2	2	2
Yamgan	Kajaw	1	2	2	2	2	2
Yamgan	Kalafzar	1	2	2	2	2	2
Yamgan	Kaow Jowkhan	1	2	2	2	2	2
Yamgan	Khajan	1	2	2	2	2	2
Yamgan	Khanaqa	1	2	2	2	2	2
Yamgan	Khash	1	2	2	2	2	2
Yamgan	Khateb	1	2	2	2	2	2
Yamgan	Khawari	1	2	2	2	2	2
Yamgan	Larki	1	2	2	2	2	2
Yamgan	Madarasa Hazrat Sayyid	1	2	2	2	2	2
Yamgan	Mushtaraw	1	2	2	2	2	2
Yamgan	Nalwech	1	2	2	2	2	2
Yamgan	Neshi	1	2	2	2	2	2
Yamgan	Ocidar	1	2	2	2	2	2
Yamgan	Oshnogan	1	2	2	2	2	2
Yamgan	Pasilak	1	2	2	2	2	2
Yamgan	Qala Kohna	1	2	2	2	2	2
Yamgan	Qala Now	1	2	2	2	2	2
Yamgan	Qalat	1	2	2	2	2	2
Yamgan	Qalata	1	2	2	2	2	2
Yamgan	Ragh	1	2	2	2	2	2
Yamgan	Sanawari	1	2	2	2	2	2
Yamgan	Sar Ab	1	2	2	2	2	2
Yamgan	Sar Awash	1	2	2	2	2	2
Yamgan	Sar Sayel	1	2	2	2	2	2
Yamgan	Sar Shakh	1	2	2	2	2	2
Yamgan	Sheeren Ya Shoren	1	2	2	2	2	2
Yamgan	Spozhmay	1	2	2	2	2	2
Yamgan	Ta Dahi Sakhash	1	2	2	2	2	2
Yamgan	Tand Ka	1	2	2	2	2	2

Yamgan	Tazaknawa	1	2	2	2	2	2
Yamgan	Wajan	1	2	2	2	2	2
Yamgan	Wani	1	2	2	2	2	2
Yamgan	Yamgan	1	2	2	2	2	2
Yamgan	Yawagh	1	2	2	2	2	2
Yawan	Ab Zamch	1	2	2	2	2	2
Yawan	Adnail	1	2	2	2	2	2
Yawan	Afch Bala	1	2	2	2	2	2
Yawan	Afch Payen	1	2	2	2	2	2
Yawan	Air So	1	2	2	2	2	2
Yawan	Ajael Bala	1	2	2	2	2	2
Yawan	Ajael Payen	1	2	2	2	2	2
Yawan	Anj	1	2	2	2	2	2
Yawan	Arzanche	1	2	2	2	2	2
Yawan	Arzanj	1	2	2	2	2	2
Yawan	Ayelak (1)	1	2	2	2	2	2
Yawan	Ayelak (2)	1	2	2	2	2	2
Yawan	Baryadan	1	2	2	2	2	2
Yawan	Dahi Boland	1	2	2	2	2	2
Yawan	Dahi Sarchan	1	2	2	2	2	2
Yawan	Dar Washkail	1	2	2	2	2	2
Yawan	Dara Shairi	1	2	2	2	2	2
Yawan	Darang Bala	1	2	2	2	2	2
Yawan	Darang Payan	1	2	2	2	2	2
Yawan	Ealga Mir	1	2	2	2	2	2
Yawan	Farbai	1	2	2	2	2	2
Yawan	Ghoshkenak	1	2	2	2	2	2
Yawan	Gosh Kham	1	2	2	2	2	2
Yawan	Kandail	1	2	2	2	2	2
Yawan	Khair Abad	1	2	2	2	2	2
Yawan	Khaiwars	1	2	2	2	2	2
Yawan	Kham Alga	1	2	2	2	2	2
Yawan	Kharmank	1	2	2	2	2	2
Yawan	Khowja Maynow	1	2	2	2	2	2
Yawan	Khowsayaran	1	2	2	2	2	2
Yawan	Lala Khairman	1	2	2	2	2	2
Yawan	Lala Kham	1	2	2	2	2	2
Yawan	Lala Maidan	1	2	2	2	2	2
Yawan	Markaz Yawan	1	2	2	2	2	2
Yawan	Mazk Dasht	1	2	2	2	2	2
Yawan	Morch	1	2	2	2	2	2
Yawan	Now Abad (1)	1	2	2	2	2	2
Yawan	Now Abad (2)	1	2	2	2	2	2
Yawan	Now Rowz	1	2	2	2	2	2

Yawan	Now Shaar	1	2	2	2	2	2
Yawan	Paitow	1	2	2	2	2	2
Yawan	Pas-i-kher	1	2	2	2	2	2
Yawan	Qaq Dasht Ya Ab Shakhak	1	2	2	2	2	2
Yawan	Qatar Baid Bala	1	2	2	2	2	2
Yawan	Qatar Baid Payen	1	2	2	2	2	2
Yawan	Reman	1	2	2	2	2	2
Yawan	Rowi Rabat	1	2	2	2	2	2
Yawan	Rowi Zayran	1	2	2	2	2	2
Yawan	Safidar Ealga	1	2	2	2	2	2
Yawan	Sar Poul	1	2	2	2	2	2
Yawan	Sar Sang	1	2	2	2	2	2
Yawan	Sari	1	2	2	2	2	2
Yawan	Sar-i-darrah-i-ab	1	2	2	2	2	2
Yawan	Sayed Abad	1	2	2	2	2	2
Yawan	Semchyo	1	2	2	2	2	2
Yawan	Seya Kundi Ya Jahad Abad	1	2	2	2	2	2
Yawan	Shairi	1	2	2	2	2	2
Yawan	Shangan Bala	1	2	2	2	2	2
Yawan	Shangan Payan	1	2	2	2	2	2
Yawan	Sheeni	1	2	2	2	2	2
Yawan	Sholayer Bala	1	2	2	2	2	2
Yawan	Sholayer Payen	1	2	2	2	2	2
Yawan	Tangan	1	2	2	2	2	2
Yawan	Tayayel	1	2	2	2	2	2
Yawan	Teyer Garan	1	2	2	2	2	2
Yawan	Wanar	1	2	2	2	2	2
Yawan	Wekha	1	2	2	2	2	2
Yawan	Yaowajan Bala	1	2	2	2	2	2
Yawan	Yaowajan Payen	1	2	2	2	2	2
Yawan	Yasef	1	2	2	2	2	2
Yawan	Yaular Naik	1	2	2	2	2	2
Yawan	Yawan	1	1	2	2	2	2
Yawan	Yawanje	1	2	2	2	2	2
Yawan	Youston	1	2	2	2	2	2
Yawan	Zo	1	2	2	2	2	2
Zebak	Aow Past	1	2	2	2	2	2
Zebak	Askan	1	2	2	2	2	2
Zebak	Asketol	1	2	2	2	2	2
Zebak	Basej Ya Kolla Ha	1	2	2	2	2	2
Zebak	Dahi Gul	1	2	2	2	2	2
Zebak	Dand	1	2	2	2	2	2
Zebak	Dasht Khan	1	2	2	2	2	2
Zebak	Dasht Rabat	1	2	2	2	2	2

Zebak	Falakh Madak	1	2	2	2	2	2
Zebak	Farooq	1	2	2	2	2	2
Zebak	Gharb	1	2	2	2	2	2
Zebak	Gul Khana	1	2	2	2	2	2
Zebak	Hazrati Dawud	1	2	2	2	2	2
Zebak	Kaida	1	2	2	2	2	2
Zebak	Kaz Dan	1	2	2	2	2	2
Zebak	Khal Khan	1	2	2	2	2	2
Zebak	Markaz Zebak	1	2	2	2	2	2
Zebak	Meyana Eadkhor	1	2	2	2	2	2
Zebak	Myana-red Khwa	1	2	2	2	2	2
Zebak	Now Abad	1	2	2	2	2	2
Zebak	Raz Rak	1	2	2	2	2	2
Zebak	Rod	1	2	2	2	2	2
Zebak	Row Kal	1	2	2	2	2	2
Zebak	Sang Leach	1	2	2	2	2	2
Zebak	Sheengog	1	2	2	2	2	2
Zebak	Takya Khoban	1	2	2	2	2	2
Zebak	Uspu	1	2	2	2	2	2
Zebak	Zar Khan	1	2	2	2	2	2
Zebak	Zebak	1	2	2	1	2	2

Annex B – Photograph of map with CHCs, BHCs, subcentres and selected villages marked by assessment team



Annex C - Questionnaire for cases in the programme (English version)

SAM CASES IN THE PROGRAMME / COVERED SAM CASES

Date: _____ **Name of Child: _____** **MUAC: _____**

District :_____ **Age: _____** **Oedema? (+, ++, +++): _____**

Village : _____ **Sex: _____**

Enumerator/Supervisor name:

1 How did you first know that your child was malnourished?

_____

---

2 Did you try to treat your child before visiting the OTP programme?

☐No

☐Yes, How? _____

_____

---

3 How did you hear about the programme?

_____

---

4 Which factors encouraged you to enrol your child in OTP programme?

_____

5a Is this the first time your child has been admitted them into OTP/TSFP programme?

☐If Yes (**go to 6)**

☐No, how many times has your child been admitted before? _____

5b Why has s/he returned to the programme?

☐A. The child discontinued treatment and then returned. Why discontinued? _____

☐ B. The child was cured and relapsed. Why was he relapsed? _____

---

5 Do you have other children admitted in the programme?

☐Yes, how many children? (Sick)----------

☐No

Annex D - Questionnaire for cases not in the programme (English version)

SAM CASES NOT IN THE PROGRAMME / NON-COVERED SAM CASES

Date: _____ **Name of Child: _____** **MUAC: _____**

District :_____ **Age: _____** **Oedema? (+, ++, +++): _____**

Village : _____ **Sex: _____**

Enumerator/Supervisor name:

1a Do you know that your child is malnourished?

☐Yes ☐No

2a Do you think that your child is sick

☐No (**go to 3**) ☐Yes, do you know what illness? _____

2b What are the symptoms your child is suffering from?

☐i. Vomiting	☐ii. Fever	☐iii. Diarrhea
☐iv. Weight loss	☐ v. Loss of appetite	☐vi. Apathy
☐vii. Swelling	☐viii. Hair loss	☐ix. Skin lesions
☐x. Other, specify:		

2c What treatment have you tried, or what treatment are you going to try to recover the illness?

☐i. Medicinal roots / herbs	☐ii. Enriched meals	☐iii. Fasting
☐iv. Medicinal products (bought at market)	☐ v. Medicinal products (bought at pharmacy)	☐vi. Prayer
☐vii. Visit traditional healer	☐viii. Visit to health facility	☐ix. No treatment
☐ x. PlumpyNut (RUTF) from market	☐xi. Other, specify:	

3a Are you able to take your child(ren) to the health facility easily?

☐No ☐Yes

3b When was the last time? _____

3c What was that for?_____

3d When you cannot go, what are the main reasons?

☐ i. Too far; Walking distance_____ How many hours? _____	☐ ii. Insecurity
☐ iii. Inaccessibility (seasonal flooding, etc.)	☐ iv. Lack of transportation
☐ v. Lack of support / mahram	☐ vi. Lack of finances for the journey cost
☐ vii. Refusal by husband / family	☐ viii. A family member is sick

☐ ix. Caregiver is sick

☐ x. No one to take care of the other children

☐ xi. Too busy; reason: _____

☐ xii. Prefer traditional medicine

☐ xiii. Afraid to stay in the hospital (distance from home, cost)

☐ xiv. Health Facility is always closed.

☐ xv. Staff in Health Facility are rude and not welcoming

☐ xvi. Other, specify: _____

4a Have you received any information about nutrition, malnutrition?

☐No ☐Yes

☐If Yes which information? ----------

From whom you have received this information? _____

4b has your child ever been screened? (MUAC, Weight / Height)

☐No ☐Yes, screened: Where? _____ By whom?

_____When?_____

5 Has your child previously admitted in OTP or SFP or TFU programs?

☐No (**go to 6**) ☐Yes

Why are they no longer in the programme? _____

☐Defaulter; Why ?_____ When ?_____

☐Discharged cured ; ☐Discharged non-cured ; When ?_____

☐Other reasons : _____

---

6 Do you know that there is a programme at the health facility to treat malnutrition? Do you know how it works?

☐No ☐Yes, how do you know? _____

7 Why have you not taken your child to be treated at the health facility?

_____

☐ i. Difficulty getting to the health facility (see 3b)

☐ ii. Do not believe the programme will help

☐ iii. Don't know how to get child admitted to the program.

☐ iv. Lack of finances for the treatment

☐ v. Ashamed to be admitted in the programme

☐ vi. Prefer traditional medicine

☐ vii. Afraid to stay in the hospital (distance from home, cost)

☐ viii. The problem is not serious enough

☐ ix. The child was previously rejected; when? _____

☐ x. Lack of RUTF at clinic

☐ xi. Other, specify: _____

Thank the carer and provide with a referral slip.

Any additional comments/observations:

Annex E - Security Study Outline: Badakhshan

Justification: Certain areas are inaccessible for the SLEAC team (due to insecurity), therefore in an effort to gain an understanding of coverage in these areas, and specifically if and how the insecure nature of these areas affects access to facilities for patients and the functioning of the facilities themselves.

Overall Question: How does insecurity affect access to health care (and in particular SAM treatment)?

Methodology

- Qualitative through structured interviews
- Two sets of informants at two health facilities will be targeted including health facility staff and residents
- 2 health facilities that provide IMAM services shall be visited where surrounding villages are insecure
- 2 Staff members (ideally 1 nurse/midwife and 1 doctor who are engaged with IMAM) and 2-4 patients (men and women, preferably come for nutrition treatment) should be interviewed.

Ethics and considerations

- Security is a sensitive issue and these questions must not be administered if there if any risk is deemed to come to either the interviewees or interviewers.
- Interviewees must give verbal consent before the interview begins.

Key Questions

Mothers / clients

Are you here for the screening or nutrition program?

- Journey:
    - How did you get here today?
    - How long did it take?
    - How much did it cost you?
- What obstacles do you face in getting to the clinic?
- If insecurity effects your use of the health facilities, how? And how do you decide whether to make the journey?
- When you cannot reach health facilities, what alternatives do you use? And do you use your CHW?

Staff

Do you work with the nutrition programs here?

- Have you ever closed the OTP? Why? When? And for how long?
- Does insecurity affect the running of the OTP? How?
- Is RUTF supply ever affected? When? For how long?
- What do the community do when they are not able to visit the facility?
- Are CHW and outreach activities affected by insecurity in the area?

Annex F – District level results: Badakhshan

	Covered	Uncovered	Total
Darwaz	1	6	7
Darwaz-e-Bala	3	4	7
Kofab	7	12	19
Shignan	10	1	11
Shouky	3	4	7
Zone 1	**24**	**27**	**51**
Argo	1	10	11
Shahri Buzurg	0	41	41
Yaftali Sufla	3	27	30
Zone 2	**4**	**78**	**82**
Baharak	1	8	9
Darayim	1	19	20
Jurm	2	24	26
Khash	0	17	17
Tishkan	0	13	13
Zone 3	**4**	**81**	**85**
Ishkashim	7	2	9
Shuhada	3	22	25
Wakhan	3	20	23
Zone 4	**13**	**44**	**57**
Badakhshan	**45**	**230**	**275**

Annex G – Logical analysis for derivation of primary barriers from non-covered questionnaires

The following diagram represents the hierarchy of barriers that prevent children from reaching admission to the SAM treatment program. This logic allows allocation of a single barrier to each case and is based on the flow of standard form non-covered questionnaires for coverage assessments.