



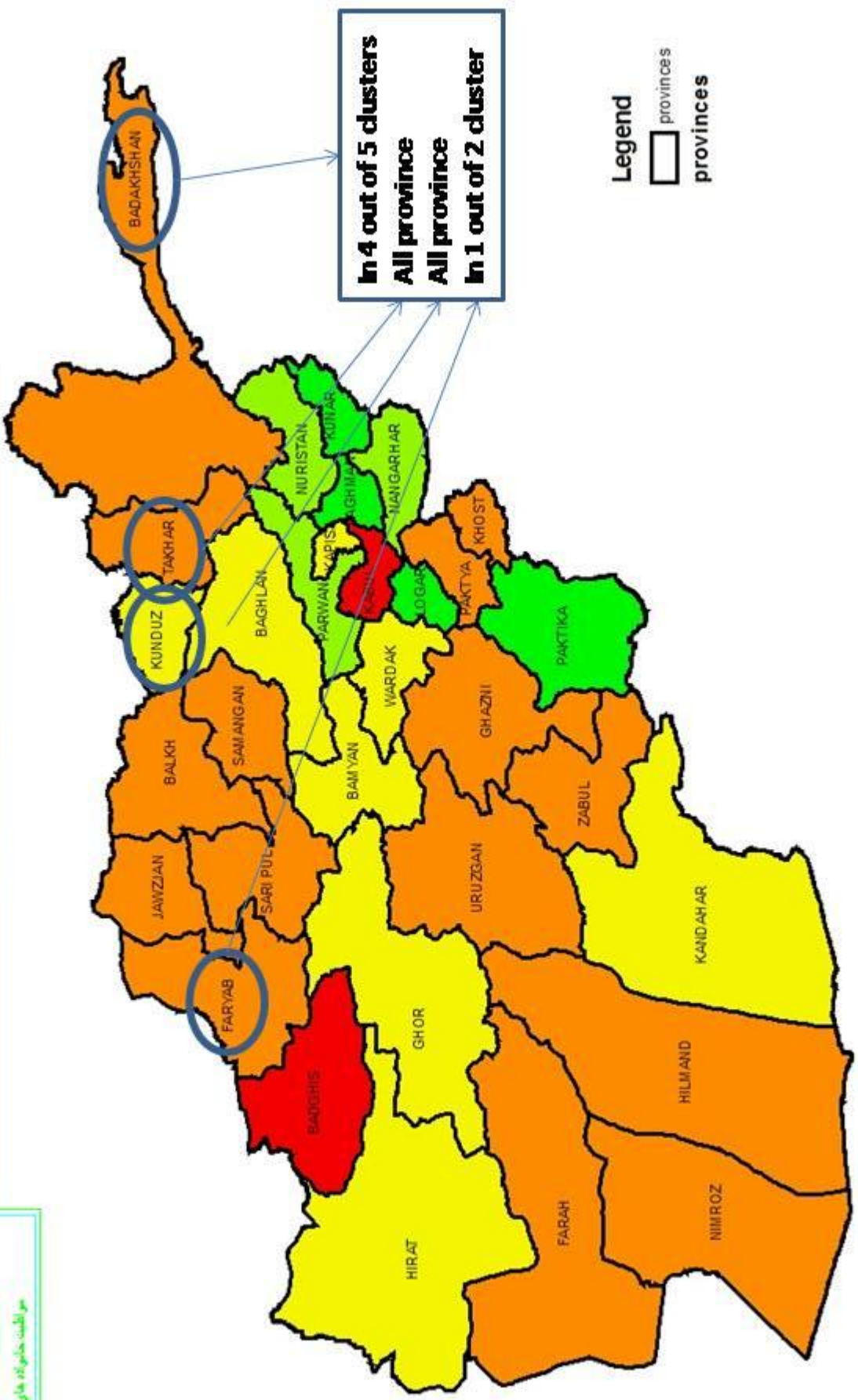
# ANNUAL REPORT 2009

## CARE OF AFGHAN FAMILIES (CAF)





# Where CAF is working



Acronyms:

ACBAR:	Agency Coordinating Body for Afghan Relief	ORT:	Oral Rehydration Therapy
ACF:	Action Contre la Faim	OT:	Operational Theatre
AFP:	Acute Flaccid Paralysis	PDS:	Progress Direct Sheet
ANC:	Ante Natal Care	PEMT:	Provincial EPI Management Team
ARI:	Acute Respiratory Infection	PH:	Provincial Hospital
BEOC:	Basic Obstetric of Care	PHA:	Provincial Health Advisor
BHC:	Basic Health Center	PHCC:	Provincial Health Coordination Committee
BPHS:	Basic Package of Health Services	PNC:	Post Natal Care
BSC:	Balance Scored Card	PPA:	Performance-based Partnership Agreement
CAF:	Care of Afghan Families	PPG:	Performance-based Partnership Grant
CBHC:	Community Based Health Care	PPHD:	Provincial Public Health Directorate
CD:	Communicable Disease	PRT:	Provincial Reconstruction Team
CEOC:	Comprehensive Obstetric Care	REACH:	Rural Expanded of Afghanistan's Community based Health Care Response
CHC:	Comprehensive Health Center	SBM:	Standard Based Management Services
CHS:	Community Health Supervisor	SC:	Sub Center
CHW:	Community Health Worker	SHDP:	Social and Health Development Program
DD:	Diarrheal Disease	TDH:	Terre des hommes
DH:	District hospital	UNFPA:	United Nation Development Fund
EC:	European Committee	UNICEF:	United Nation Children's Fund
EPHS:	Essential Package of Hospital	USAID:	United State Aid for International Development
EPI:	Expended Program of Immunization	WFP:	World Food Programs
EPR:	Emergency Preparedness and	WHO:	World Health Organization
FP:	Family Planning		
GAVI:	Global Alliance Vaccine Immunization		
GCMU:	Grant and Contract Management Unit		
HF:	Health Facility		
HP:	Health Post		
HQ:	Head Quarter		
HR:	Human Resource		
HSSP:	Health Support Services Project		
IEC:	Information Education and		
IFRC:	International Federal of Red Cross and Crescent Societies		
JHU:	John Hopkins University		
LDP:	Leadership Development Program		
MD:	Medical Doctor		
MOPH:	Ministry of Public Health		
MOU:	Memorandum of Understanding		
MSH:	Management Science for Health		
MVA:	Manual Vacuum Assistant		
NGO:	Non Governmental Organization		
OPD:	Out Patient Department		

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## Acknowledgment

I deem it a great honor and a singular privilege to present you the annual report for the 2008<sup>th</sup>. The results are promising but still long path ahead of us to continue.

Two major achievements we had this year; Expansion of health service provision from 78 health facility to 124 health facilities and the second is quality Health service provision through getting Quality Assurance training and application, Partnership Defined Quality training and application ,PDQ, and Standard Based Management. Still we must enhance our engagement in quality service provision. We are working in strategically challenging environments and the neediest parts of the country where the maternal mortality rates are the highest. Despite all that we got significant progress and it is attributed to having very committed and dedicated teams who all together make a whole, a critical mass contributing to the development of our country. With commitment and honesty still as our watchword, performance excellence will continue to be real. This is becoming a reality and evidence abounds for all to see.

We must continue to reinforce the values of the organization and set the appropriate 'tone from the top.' As a board we have, over the year, looked at the way we operate and taken steps to improve the way in which we work so that we are able to respond, particularly to the strategic challenges that are facing the group.

I am pleased to report that as a team we have made good progress over the year in health but still we must not be complacent and must go beyond.

I appreciate the teamwork approach which is bringing added dimension to our management and brought complementary set of skills. If we only do what we know we can do- we never do very much. If we can find a path with no obstacle, it probably doesn't lead to anywhere. We must never shun challenges and must be ready to embraces it. One that would have the fruit must climb the tree and every accomplishment starts with a decision to try. Now in this arena of strong competition we are to make more efforts to bring about quality and diversified work. In fact quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives. So did CAF to step these paths and the success we got must be kept to an ascending pattern and not an oscillatory. Our donors and stakeholders have been supportive, committed and I look forward to their continued support for which not only CAF but the whole Afghan community is thankful.

It is highly worth mentioning to say on behalf of CAF I pray to the sacred souls of those friends who have lost their life for the sake of helping the deserved people and asks from the Almighty God the compassion, mercy and peace.

I thank all those who, without them we could not made the progress; have made the efforts to reach the progress.

May God bless us and guide us steps to greater success

Dr. M.Nazir Rasuli  
General Director

## INTRODUCTION

*Care of Afghan Families* (CAF) is an Afghan non-governmental organization. The organization has been established in Kabul and registered in Ministry of Planning of Islamic Transitional Government of Afghanistan in January 1, 2003 with Registration No 946. CAF is also reregistered in the Ministry Of Economy based on the requirement of the government with registration number 68.

Care of Afghan Families (CAF) is an initiation of senior Afghan staff of several international organizations i.e. Action Contre la Faim (ACF), International Federation of Red Cross and Red Crescent Societies (IFRC), and World Health Organization (WHO). The aim of founder of the organization was to transfer the knowledge and experiences of international organizations into a national agency to guarantee sustainability of the interventions.

CAF as an independent organization has its own financial policies and procedures, developed in line with operation country laws and Generally Accepted Accounting Principles (GAAP). Policies and Procedures are prepared by the management team and approved by the Trustee board of the Organization for proper implementation of the projects and effective and efficient use of the Resources.

### ***Mission***

The mission of organization is enabling the families to fight against disease and its main causes – poverty, unawareness and injustice.

*CAF is a national organization providing essential health care through community empowerment. We (CAF) empower the families, especially women and children, to enjoy their rights to access high quality health care services, provided by efficient and innovative management system'*

### ***Vision***

*CAF, trusted partner of choice in community-based health care services, our committed and innovator personnel are the leaders in setting standards on quality and efficiency'*

### ***Core Values***

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. Equity,                       | 5. Diversity               |
| 2. Professionalism,              | 6. Team Work               |
| 3. Transparency, accountability, | 7. Creativity & innovation |
| 4. Integrity,                    | 8. Respect                 |

## **CURRENT PROJECTS DURING 2009:**

### **Takhar Province:**

CAF is implementing BPHS in overall Takhar province. Totally, 50 Health Facilities (HFs) (3 DHs, 13 CHCs, 33 BHCs and 1 SC) and 405 Health Posts (HPs) under USAID/PPG&PCH grant, 4 Sub health centers (SCs) and 1 Mobile Health Team under GAVI-HSS are functioning and providing BPHS. In addition, other supplementary projects such as, upgrading of 10 BHCs for Malaria microscopic services with support of Global Fund, upgrading of 23 BHCs for Malaria microscopic services with support of WHO, training of 35 new female CHWs mainly in Reproductive Health services with support of TDH, and infant and child survival demonstration project in 4 HFs and 30 CHWs of Farkhar district funded by BASICS, continued during 2009.

### **Badakhshan Province:**

In Badakhshan Province, CAF is providing essential health services through implementation of BPHS, EPHS and other community based health services. CAF implemented BPHS project in 11 HFs and 189 HPs of Cluster2 in partnership of Merlin, in 4 HFs and 34 HPs of Cluster 3 in partnerships with AKHS. CAF was partner with Medair in 5 HFs and 59 HPs in Cluster 1 of Badakhshan. CAF run 6 SCs of GAVI-HSS project in Teshkan, Yamgan, Manjan, Khahan, Shuhada and Wardoj districts of the province. CAF implemented EPHS project in Faizabad Provincial Hospital. In addition, other supplementary projects such as, Reproductive Health supplementary project in Jurm district funded by UNFPA, Malaria screening and diagnostic project in Faizabad Provincial Hospital supported by health net-TPO, continued during 2009.

### **Kunduz Province:**

CAF is in partnership with Merlin for implementing BPHS project in overall Kunduz province. This project is funded by European Commission (EC) under the MoPH/PCG project. 41 HFs (1 DH, 10 CHCs, 2 CHC+ and 28 BHCs) and 240 HPs are functional and providing BPHS. Community Midwifery Education (CME), program is also supported through this grant in the province which enrolled 20 students from different districts of the province. In addition, other supplementary project such as, Physiotherapy services at DH and CHCs level by support of SCA, HIV/AIDS training for CHWs with support of SCA, bed net distribution with support of HNI, was continued during 2009.

### **Faryab Province:**

CAF implemented BPHS in 5 HFs (1 DH, 1 CHC and 3 BHCs) and 75 HPs in Andkhoi, Khan Charbagh, and Qaramqul districts of Faryab province. In addition, CAF continued implementation the Malaria microscopic diagnostic and screening project in Andkhoi DH which was initiated with support of health net-TPO, during 2009.

### **Audiology Services for Persons with Hearing Disability project in Kabul, Kunduz and Takhar:**

CAF and BARAN by establishing a joint venture project called Afghans Consortium for Social Integration and Rehabilitation (ACSIR) implemented Community Based Audiology Services project for Persons with Hearing Disability in Kabul, Kunduz and Takhar provinces funded by EC during 2009. This is a supporting project to the disabled, is designed to screen all patients with auditory problems and provide them the necessary support.

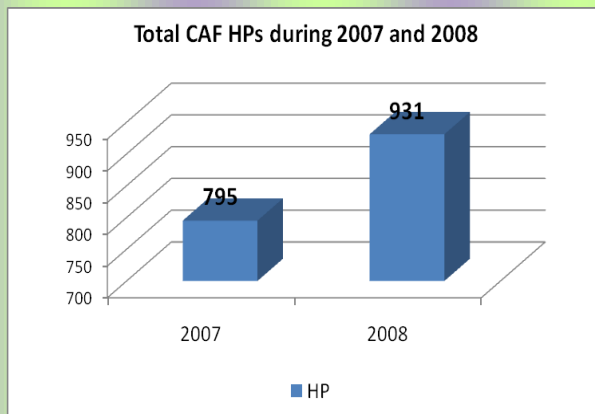
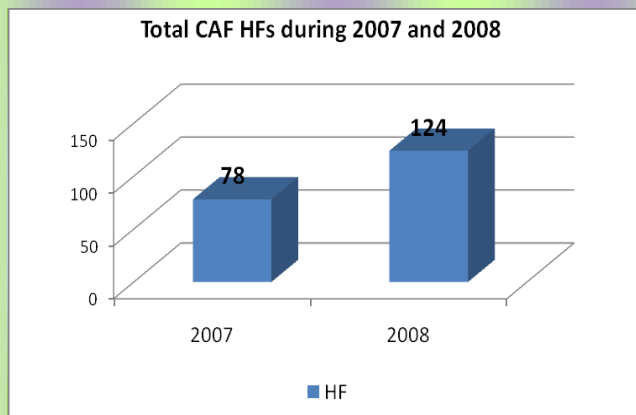
## MAJOR ACHIEVEMENT

### *Expansion of BPHS& increasing access to health services:*

CAF expanded BPHS in the target provinces through 124 health facilities (HFs); 55 HFs in Takhar (3 DHs, 13 CHCs, 35 BHCs and 4 SCs), 21 HFs in Badakhshan (1 PH, 1 DH, 2 CHC+, 1 CHC, 9 BHC and 7 sub centers, 1 MHU), 41 HFs in Kunduz (1 DH, 10 CHCs, 2 CHC+ and 28 BHCs, 1 MHU) and 5 HFs in Faryab (1 DH, 1CHCs, 3BHCs).

A total of **2,679,941** clients received BPHS services through CAF HFs during 2009. Among this figure **200,803** women received reproductive health services, (ante natal care, post natal care, family planning and delivery care) and **577,042** children under 5 received required medical consultation.

Establishment of Health Posts was also considered as another pillar to expand the coverage of BPHS in four provinces which totally **945** HPs, (**405** HPs in Takhar, **225** HPs in Badakhshan, **240** HPs in Kunduz and **75** HPs in Faryab) are functioning and providing BPHS services. In addition, **35** female CHWs newly trained in Rustaq district of Takhar province by support of TDH, with main focus on essential RH



services provision.

**2** Mobile Health Teams in Takhar and Kunduz provinces under grant of GAVI-HSS is functioning and providing BPHS.

Four rounds of Sustainable Outreach Services (SOS) were implemented in Takhar province which covered remote areas of the province. **9,564** children under 5 and **4,978** women were immunized against 7 diseases. In addition, **716** women received antenatal care (ANC) services, **346** women received postnatal care (PNC)

services, **250** women received family planning (FP) services and **3,430** women received IEC services during the four rounds of SOS activities.

Four rounds of (NIDs) National Immunization campaign was conducted as part of national polio eradication program. **334,860** children under 5 in Badakhshan, **580,128** children under 5 in Takhar, **22,040** children under 5 in Faryab and **166,600** children under 5 in Kunduz province were immunized in OPV and received Vit-A during the 2009.

Rabies Campaign was successfully implemented in Kishim district of Badakhshan Province in which **124** stray dogs were killed.

Four rounds of Mobile immunization services were implemented in Badakhshan province which covered remote areas of the province where outreach and routine activities could not cover children and women. **17,452** children under 5 and **16,756** women were immunized against 8 preventive diseases.

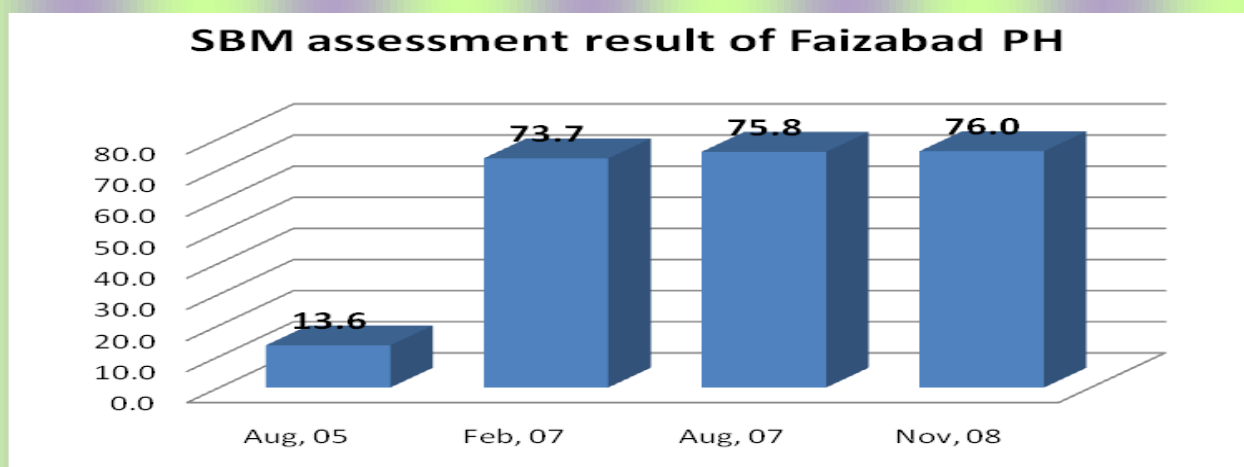


### ***Improving Quality of Services:***

Facilitation of Quality Assurance deploying with the support of HSSP was a successful experience in improving quality of health care services, QA baseline and trainings have been conducted in all 49 HFs and 25 HPs of Takhar province. Also the QA baseline and trainings conducted in 13 HFs of Badakhshan provinces.

Implementation and replication of Partnership Defined Quality (PDQ) training in 10 HFs of Takhar is also an outstanding activity for quality improvement supported by HSSP. Upon implementation of PDQ in the HFs resulted to have support of the community members to: Construction of a Landry and waiting area in Farkhar DH, construction of a waiting area, tiling of HF and increase in TB case detection in Khojaghar CHC, establishment of surrounding wall in Syab BHC, tiling of Baharak CHC, tiling of Sina DH, tiling of Rustaq DH, building 4 rooms in Worsaj CHC, construction of room for midwife of Nahrechaman BHC.

In addition Leadership Development Program (LDP) was applied in 6 HFs of Takhar and 3 HFs of Badakhshan provinces (1PH, 1DH and 1CHC+) supported by Tech Serve. We have plan, to replicate the LDP to the remaining HFs in Takhar and Badakhshan provinces.



Implementation of Standard Based Management approach in Badakhshan Provincial hospital during 2009 shows a considerable improvement in the quality of services comparing to the baseline in 2005.

Another successful strategy for improving the quality was initiation of exchange visits of project staff members such as CBHC officers and Management team joint visits of covering provinces, where CAF is working, to learn from each others, share strengths, exchange problem solving experiences and implement standards.

CAF was recognized by the MoPH and awarded a certificate of excellent performance in Badakhshan, Takhar and Faryab Provinces. Also HSSP awarded the first “certificate of initiative” to CAF for translating the Gender Integration Index-II from English to Dari.

### ***Startup of PCH project:***

After completion of PPG projects on 23<sup>rd</sup> Nov 2009, CAF was awarded by MOPH the USAID/PCH projects in C1 Badakhshan covering **27** HFs and C1 Takhar covering **50** HFs started from 24<sup>th</sup> Nov, 2009. In addition, **2** HFs in Badakhshan and **1** HF in Takhar provinces have been taken over from KBI and added under the USAID/PCH grant. CAF is implementing the PCH project through **29** HFs and **202** HPs in Badakhshan province with partnership of BARAN and **51** HFs and **404** HPs in Takhar province with partnership of SHDP.

### ***Startup of other projects:***

Care of Afghan Families (CAF) started the Baby Friendly Village project, to improve the nutrition status of young children through focus not just on their mothers but also on other family and village members, in 4 districts of Takhar province since Oct, 2009.

CAF started the “Infant and Young Children Feeding” innovative project in Takhar, Badakhshan and Kunduz provinces funded by UNICEF. The project started since Oct, 2009 and will last for 15 months.

CAF as sub recipient of BRAC as principle recipient started Round-8 Global Fund TB-control project in Takhar and Kunduz provinces since Oct, 2009.

CAF is implementing the Micronutrient Initiative project in 2 districts of Badakhshan province funded by CANADA-FUND-MI. 8 HFs and 42 HPs received a refresher training about the project and distributing the micronutrient supplies to children and women.

### ***Human Resources:***

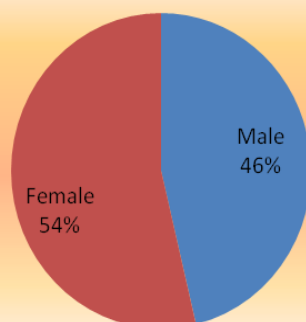
All the achievements were due to the hard working & efforts of 1,273 full time paid staff, and 1,806 Community Health Workers (volunteers). According to the MOPH standards, 82 %( 102 out of 124) health facilities were properly staffed.

The total Human resource for the projects and CAF Head office reached to 1,273 (946 male and 327 female) staff during the 2009.



Besides the contracted staff, CAF’s volunteer staffs who are working as community Health worker were increased from 1,633 to 1,806 (848 male and 958 female) at the end of December 2009.

### CARE OF AFGHAN FAMILIES (CAF) VOLUNTEER STAFF (CHWs) 2008



#### ***Monitoring & Supervision:***

**21** external monitoring visits (**7** in Takhar, **11** in Badakhshan, **1** in Faryab and **2** in Kunduz) conducted by GCMU-MOPH, Tech-Serve, WHO and PPHD.

**28** internal monitoring visits (**3** in Takhar, **9** in Badakhshan, **10** in Faryab and **6** in Kunduz) conducted by CAF HQ management team. Action plan prepared to address the gaps found during the visits.

#### ***Capacity Building***

Capacity building is one of the main objectives of all projects through which the quality of performance is improved. During the year, **4055** persons received training sessions through HSSP, Tech Serve, MOPH and CAF. In addition, **222** internal and external meetings attended by CAF management staff members during the year.

Beside that CAF has its capacity building programs at the office and health facilities level. Weekly technical conference at the health facilities level, semiannual workshops at the office, weekly workshops at HQ level, trainings and on the job trainings in both levels support and enhance the knowledge and skills of the staffs. Additionally another way to build capacity of the HF's staff as well as management staff of the office which CAF is focusing on regular supportive supervision of health facilities done by trained and expert supervisors.

#### ***Community Empowerment:***

Establishment of new **27** female health shura during the year and continuation of totally **910** male and **532** female health *shura* at the health facility and health post level supported further health program and linked community with health services. The health shura were empowered to oversee the activities of CHWs as well as health facilities' staff. Their direct observations, comments and involvements of community members in the system helped us to solve problems and improve the quality of services.

CME (community midwifery education) is another community based program which highly supports HFs to have professional and skilled trained staff for provision of reproductive health services. **20** students from different districts of Kunduz province selected and graduated from Kunduz CME School during 2009.

### ***Coordination:***

CAF works in partnership with various actors – community, government, national and international agencies.

CAF is an active and permanent member of Provincial Health Coordination Committee (PHCC) in the covering provinces. In addition, CAF was an active member of BPHS revision core group in MOPH.

Coordination with other partners and stakeholder such as SHDP, BARAN, Merlin, Medair, Aga Khan Health Services (AKHS), WHO, UNICEF, Tech Serve, HSSP, Mission East, Women Affair Department, UNFPA, TDH, Provincial council, governmental agencies at the provincial level was made through meetings and joint supervision-monitoring of projects in the covering provinces. Outstanding examples of coordination among the stakeholders and health care providing NGOs during the year of 2009 were: their active participation in conduction of Rabies Campaigns in Badakhshan, province; distribution of bed-nets in Takhar, Faryab and Badakhshan provinces; establishing referral system for people with disability to rehabilitation and physiotherapy centers and refresher training of staff, participation of CAF trained CHWs in Annual CHW conference in Kabul, participation in FHAG different meetings.

### ***Gender activities:***

One of the important activities of CAF is struggling to improve Gender equality. Some main activities on improving gender balance during the year were: recruitment of female staff, conducting regular meeting about gender issue awareness, celebration of 8 March/ national woman days, participation in Gender integration index workshop in Kabul held by HSSP, translation of gender integration index into local language and application of the gender integration index at the office level. The result of index application shared with HSSP for further coordination.

### ***Emergency Preparedness and Response (EPR)***

Badakhshan and Takhar are the two provinces of north-eastern of the country where the people suffer from natural disasters and disease outbreaks. Being one of the main implementers of health projects in Takhar, Badakhshan, Faryab and Kunduz provinces, CAF has actively contributed in response to the emergencies in these provinces. CAF is an active member of Emergency preparedness and Response (EPR) committee at mentioned provinces and managed to respond effectively and timely in 9 of such events.

Health emergencies in CAF project-2008		
Province	Year	Number of events
Badakhshan	2009	5
Takhar	2009	4
<b>Total</b>	2009	<b>9</b>

### ***Health Facilities Renovation/Rehabilitation activities:***

For better and quality service delivery in CAF related health facilities some renovation activities were taken place during 2009: Connection of deep well to hospital building for water supply and maintenance of toilets and Plumbing system of the hospital in Faizabad provincial hospital, construction of new building for Gandom Qul BHC, construction of a waiting area for women in Jurm CHC, and replacement of two PPA sign boards with PPG standard sign boards in 5 HFs, construction of 4 toilets in Jurm CHC+ by Mission East and UNICEF, renovation and re-habilitation of 37 HFs in Takhar, 5 HFs in Faryab and 22 HFs in Kunduz province.

### ***Initiatives:***

Care of Afghan Families (CAF) awarded \$40,000 for its innovative idea, **Baby Friendly Village** project, to improve the nutrition status of young children through focus not just on their mothers but also on other family and village members, by the South Asia Region Development Marketplace (DM) in Dhaka on August, 2009. CAF started the **"Infant and Young Children Feeding"** innovative project in Takhar, Badakhshan and Kunduz provinces funded by UNICEF. The project started since Oct, 2009 and will last for 15 months.

CAF created a **pharmacy data base** in SQL-Server software for better management of drug and supply chains at the HQ, provincial and HFs level.

### ***Disaster Management System:***

CAF has a disaster management system in place. The system covers not only the health emergencies but also any kind of disaster that cause a defect in the normal live of afghan families. The system works in three steps, before disaster, during disaster and after disaster. The system begins from the very remote area, village level to the ministry of MOPH at high level. At the village level CAF has oriented the CHWs and some of the community members about the basic management of emergencies. At the HF level, all staffs received orientation about the management of emergencies and its preparedness and timely response. Also we established an emergency team at the HF level consisted of at least three staff members. Another initiative is establishment of district emergency preparedness committee which consisted of local government, DHS, HF staff and some local influenced people. The HF emergency team has already equipped with some kits like ARI kits, Diarrhea kit. To strength the system we have ambulance services at DHs and CHCs to facilitate further the response to emergencies. At the national and provincial level there are focal points for follow up of all kind of emergencies. In addition we are an active member of provincial EPR committee.

Identifying of villages of at risk area is another initiative. These areas are more prone to the floods during winter and spring seasons. The HFs emergency team has regular outreach visits from that area and gives them awareness about the floods and/disaster.

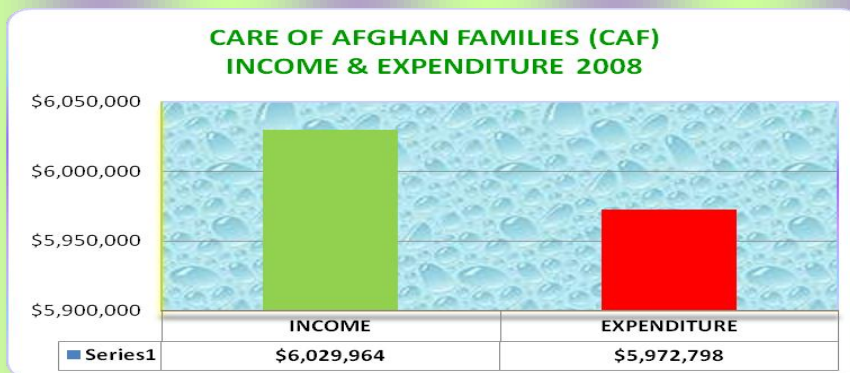
To provide a good quality of report and have in dept investigation about the emergencies our provincial team use from the emergency investigation tools and reporting format which is developed by CAF.

***Challenges/ constraints:***

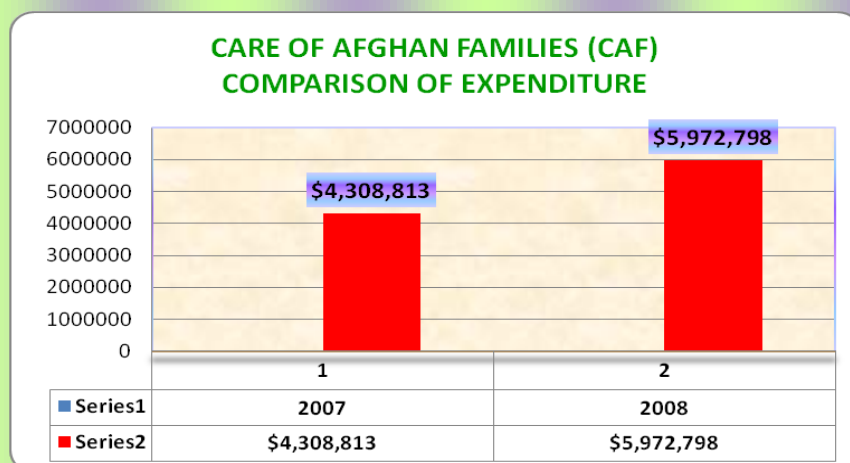
CAF major challenges during the year were: Security problems in some districts of Kunduz, Takhar and Badakhshan; shortage of female professional staffs; insufficient training events/ capacity building program for HF staff especially Faizabad provincial hospital staffs; lack of standard building in some of HFs, blockage of roads due to floods during the winter, lack of surrounding wall in some of the HFs at all provinces.

## FINANCIAL STATEMENTS 2008

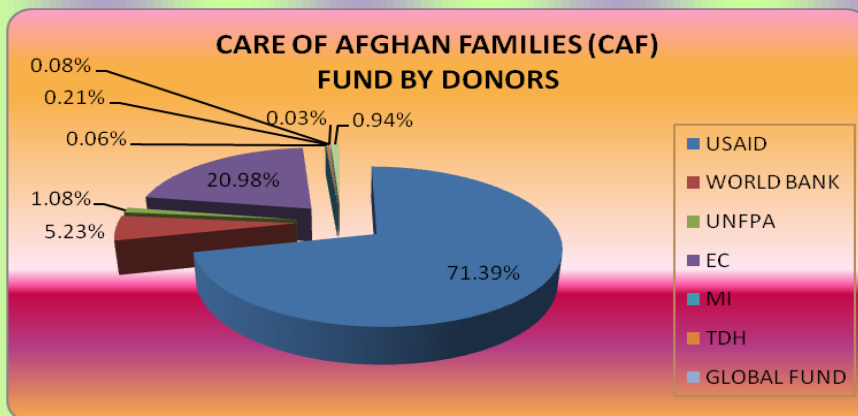
The Income for the year 2008 was more than the expenditure and the organization at the end of year 2008 had a surplus amount of \$57,166; the surplus illustrates the donations received from the employees of the Organization, Disposal of Assets and some other denotations.



The total expenditure for the year 2008 is increased by 39% comparing with the last year.



During 2008 we have achieved an increase of 38 % in fund from donors and our main donor during the year was USAID.



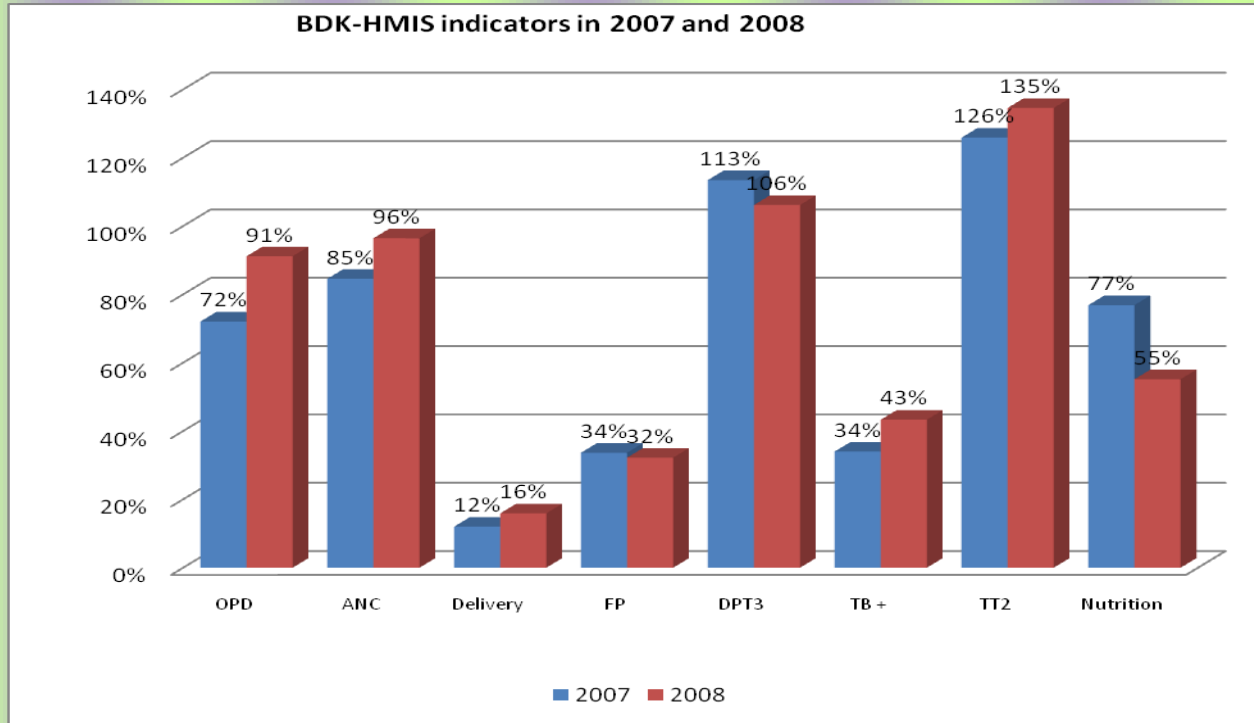
**AUDITORS REPORT**

**APPRECIATION LETTER**





### GRAPHS





<p>Islamic Republic of Afghanistan Ministry of Economy NGOs Department <b>Certificate of Registration</b></p>		<p>جمهوری اسلامی افغانستان وزارت اقتصاد ریاست مؤسسات غیر دولتی جواز نامه فعالیت</p>
<p>Former Registration No: ( 946 ) Date / / New Registration Number: ( 68 ) Date 29/09/2005</p>		<p>شماره ثبت قبلی ( ۹۴۶ ) تاریخ / / شماره ثبت جدید ( ۶۸ ) تاریخ ۲۹ / ۰۹ / ۱۳۸۴</p>
<p>To: <u>Care...of...Afghan...Families.....</u></p>		<p>به مؤسسه محترم ( <u>موظبت خانوارها افغان</u> ) (CAF)</p>
<p>According to the final decision No: ( 68 ) Dated 29/09/05 of High Evaluation commission of NGOs your Organization is entitled to work in Afghanistan as an NGO.</p>		<p>با اساسی تصویب کمیسیون عالی ارزیابی مؤسسات غیر دولتی تحت فیصله شماره ( ۶۸ ) مورخ ۲۹ / ۰۹ / ۱۳۸۴ برای مؤسسه شما اجازه فعالیت در افغانستان منظور است. مؤسسه مکلف است در اجراءات خویش تمام مواد مندرج قانون اساسی، قانون مؤسسات غیر دولتی و سایر قوانین و مقررات نافذہ جمهوری اسلامی افغانستان را رعایت نماید.</p>
<p>You shall respect and observe the Afghanistan Constitution, NGO law and the rest of laws and regulations enforced in the Islamic Republic of Afghanistan.</p>		
	<p>با احترام  دوکتور میر محمد امین (فرهنگ) وزیر اقتصاد و رئیس کمیسیون عالی ارزیابی Dr. Mir. M. Amin (Farhang) Minister of Economy</p>	

<p>ISLAMIC TRANSITIONAL GOVERNMENT OF AFGHANISTAN MINISTRY OF PLANNING Directorate of Non-Governmental Organizations</p>		<p>دولت انتقالی اسلامی افغانستان وزارت پلان ریاست مؤسسات غیر حکومتی</p>
<p>S.No: <u>2886</u> Date: <u>2016</u> <u>9-01-2003</u></p>		<p>شماره مسلسل: <u>۲۸۸۶</u> تاریخ: <u>۲۰۱۶</u> <u>۱۳۸۴/۱۰/۱۹</u></p>
<p><b>REGISTRATION CERTIFICATE</b></p>		<p>تصویب نامه ثبت و فعالیت</p>
<p>No. of Registration: <u>946</u></p>		<p>شماره ثبت: <u>۹۴۶</u></p>
<p>Awarded to <u>C.A.F</u></p>		<p>به مؤسسه محترم: <u>موظبت خانوارها افغان</u></p>
<p>High commission for Non-Governmental Organizations (NGOs) has made its decision dated <u>11/10/2011</u> registration No. <u>946</u> through official letter to your address to approve your NGO's activities in the capital and provinces of the country.</p>		<p>به اساس کمیسیون عالی ارزیابی مؤسسات غیر حکومتی تحت فیصله شماره <u>۹۴۶</u> مورخ <u>۱۳۸۱/۱۰/۱۱</u> خویش با صدور مکتوب رسمی برای مؤسسه شما اجازه فعالیت را در مرکز و ولایات کشور منظور نموده است.</p>
<p>Your organization is to observe in its activities the laws and legislation of the Non-Governmental local and international Organizations (NGOs) Afghan tradition.</p>		<p>مؤسسه مذکور در اجراءات خویش احکام مقررہ فعالیت های مؤسسات غیر حکومتی داخلی و خارجی، عنعنات، رسوم پسندیده مردم و سایر قوانین و مقررات افغانستان را مطابق تعهدات قبلی رعایت نماید.</p>
<p>Praise worthy custom and other rules and regulations according to its commitment.</p>		
<p>Best Regards, <u>Haji Mohammad Mohaqiq</u> Planning Minister &amp; Director of High Commission for Registration</p>		<p>با احترام <u>عاجی محمد محقق</u> وزیر پلان رئیس کمیسیون عالی ارزیابی</p>

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