SEHATMANDI THIRD PARTY MONITORING

Ministry of Public Health of the Islamic Republic of Afghanistan

The Balanced Scorecard Report

Basic Package of Health Services (BPHS)

BSC 2020 – Round 2

Data collection period August to September 2020

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KIT Royal Tropical Institute

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Executive summary

The purpose of the Afghanistan Health Sector Balanced Scorecard (BSC) is to summarize the performance of Afghanistan's provinces in the delivery of the Basic Package of Health Services (BPHS), as well as the Essential Package of Hospital Services (EPHS) and to provide policymakers, health managers and other decision makers with evidence on areas of strength and weakness.

The BSC provides a framework to efficiently look at several key areas or domains of the health sector. Each domain is made up of several indicators that provide information about the performance in that domain.

The BPHS BSC domains summarize the health services from the following six perspectives:

- Client and Community
- Human Resources
- Physical Capacity
- Quality of Service Provision
- Management Systems
- Overall Mission

The information is collected through seven survey instruments and comprises 23 indices, each of which is composed of individual indicators.

Since the previous round of NHSP/BSC (2019-20, District Hospitals are included in the BPHS sample (at the request of MoPH BSC). The methodology remained mostly the same as with previous BPHS BSC. For each province, facilities were randomly selected by facility type: 2 DHs, 5 CHCs, 15 BHCs and 5 PHCs.

The tools used have been expanded before the BSC 2019/2020 to cater for information needs expressed by MoPH. At that time, the tools have also been checked against data collected in the AfSPA tool currently used in Afghanistan without affecting the utility of the indices. For this 2020 edition no changes have been made.

Benchmarks for indices were established in 2011/2012 (baseline) based on the distribution of the provincial scores. These have been used to assess the progress from 2011 until 2018. From round 2019-20, the benchmarks have been adapted in order to reflect changes over time, in addition to the provincial distribution of the scores. For this round, the upper benchmark (UBM) and lower benchmark (LBM) for each index have been determined from the previous three rounds of the BPHS BSC (2017, 2018 and 2019/2020). The cut-off between the upper quintile and the lower quintiles was calculated for each year and subsequently averaged to obtain this rounds' upper benchmark. For the lower benchmark, the cut-off between the lowest quintile and the upper quintiles was obtained from the three previous rounds and averaged to obtain the lower benchmark. This method has been applied retrospectively, to recalculate the benchmarks for the years 2017, 2018 and 2019/2020 to

observe the trends in the UBM and LBM over time (this recalculation does not change or affect the results of the previous rounds). It was not possible to recalculate the benchmarks for 2011/12, 2013/14 and 2015 as these do not have three previous rounds.

In the results section, a chapter has been added to report on Availability, Readiness and Quality, dimensions used in the AfSPA, similar to the previous report. Annex 1 summarizes all BSC means scores by province and by year as presented in the SOP-Sehatmandi Project Annex 9.

The visualizations of the BSC result have also been improved and the scores within each domain are displayed graphically:

- to show trends,
- to show disaggregated results by health facility type, and
- to show provincial results.

These three types of visualizations together are meant to provide a concise analysis of the results, considering the variation across provinces and over time. Where relevant, additional graphs are provided for insight into the items included in the overall score. This may provide insight into the most pressing issues to be addressed.

Below, we present a summary of the main findings for each of the domains.

Domain A

This domain consists of three indicators focusing on clients and community.

- Nationally, scores have remained more or less the same as compared to 2019/2020. Patients are consistently less satisfied with the ease of obtaining prescribed medication, the cleanliness of the toilets and the waiting times. The level of satisfaction in patients remained constant across the different health facility types (A-1).
- The indicator on community involvement remained stable with PHC scoring lower as compared to other facility types, similar as in 2019/2020 (A-2).
- Health posts status index remained stable with PHC scoring relatively low (A-3).

Domain B

This domain is composed of six indicators covering job satisfaction, motivation, salary payment current, staffing index, provider knowledge score and staff received training.

- Health worker satisfaction index remained stable, with little variation between facility types (B-4). Health workers are least satisfied with Interference of work by the management, worried about getting fired and opportunities to participate to develop the facility's budget.

- Health workers are overall well motivated. Again, the health facility type and health worker type does not seem to play a role on the health worker's level of motivation. Equal as the previous BSC, health workers were most likely motivated by the opportunity of helping other people, playing an important role in the community, feeling of high personal responsibility, ability to use her/his skills, feeling of completion (doing something worthwhile), quality of work, meaningfulness of the job, being respected in the community, provision of long term security, and promotion's opportunity (B-5).
- The Salary Payment Current has improvement remarkably: 97% HWs reported having received their salary on time. Nurses, midwifes and CHW reported a relative late payment (B-6).
- Staffing index has improved slightly, with PHC and DH score relatively low. Generally, most of the health facilities have enough health workers but only 46.0% (2019/2020: 44%) of the health facilities had the enough doctors (B-7).
- Knowledge of health workers remains a concern, as the scores are not satisfactory (around 50% - 60%). No significant differences are observed across the different types of health workers and health facilities (B-8).
- The indicator on 'Staff received training' saw a decrease: health facilities have inadequate number of (recently) trained staff, with little variation of the different facility types (B-9).

Domain C

This domain consists of five indicators assessing the availability of services and infrastructure, as well as the readiness to perform these services. A considerable drop in performance can be observed for all four indicators. This may be the result of revisions to the tools that were made.

- The Equipment Functionality index improved as compared to 2019/2020. Most equipment is available in 80% of the facilities, except for Trauma KIT, the Cholera KIT. Emergency ARI KIT and wall thermometer in TFU (C-10).
- Availability of pharmaceuticals and vaccines increased with increasing level of health facility from primary to tertiary level of health care is still seen, with some improvement as compared to 2019/2020. On average, only 68,5% of required pharmaceuticals and vaccines were available at PHCs, which increases to 89% among DHs. TB drug availability in the CHC and DH (the facility types that are supposed to dispense TB drugs) is above 80% (C-11)
- Most of the required laboratory tests are available in over 80% of the facilities, with a similar exception as compared to 2019/2020 for malaria RDT, stool test for occult blood, gram stains, blood sugar and liver function testing which are less than 80% available in the health facilities (C-12).

- The national median for the clinical guidelines index improved compared to 2019/2020 Clinical guidelines for emergency preparedness and response are least available (C-13).
- A nice improvement as compared to the previous BSC. Infrastructure improvements are mainly to be made on PHC and BHC level, which were least likely to have the required functional infrastructure. Main areas for concern are the availability of a reliable electricity supply (33.0) and availability of toilets for patients and staff (65 %). Finally, only 22% had a PSC room available (C-14).

Domain D

This domain is composed of four indicators covering the technical aspects of service provision and the patient provider interaction.

- The vast majority of the health workers asked about the important items to gather background history of the client and adequately performed the vital physical exam. This did not vary between the different types of health facilities. Checking the blood pressure and the temperature of patients is still a point for improvement (D-15).
- The Client Counselling index is overall fine, with variations in the different items that make up this index. Most necessary components home nursing (for under-fives) and the illness were sufficiently discussed with the clients during counselling. However, there is room for improving on explaining the adverse reactions of medicines for under-fives and asking for client's questions (D-16).
- Most health facilities adhere to general safety precautions such as disposing syringes without recapping, safe disposal of sharp items and using new syringes. Facilities however can still improve in keeping the health facility' floor clean (75.1%) and using regularly disinfectant (79.5%) (D-17).
- This index, Time Spent with Clients, continues to score low: the vast majority of the health workers did not spend sufficient time for the clients' consultation which might adversely affect the quality of care (D-18).

Domain E

This domain is composed of three indicators, covering various aspects of management and administration in health facilities such as HMIS index, financial system and management functionality.

- Most health facilities are reporting HMIS components, reaching the UBM in this BSC round. There is some variation of type of facilities though, with PHC's lagging behind (E-19). The Notifiable Disease Report is the least available among BPHS HFs.
- The Financial System Index improved a bit compared to last and previous rounds of BSC. For this indicator there is also a variation across the type of facilities with PHCs lagging behind (E-20).

- The Health Facility Management Index has showed a slight improvement compared to previous round. A similar pattern as for the previous two indicators can be observed. The indicator varies across HFs with with PHCs lagging behind. For all facilities attention should increase on the Equipment and Furniture inventory, Essential drugs Inventory and National Monitoring Checklists as these were not available or not up to date in the majority of the facilities (E-21).

Domain F

This domain is composed of two indicators, outpatient visit concentration index and client satisfaction concentration index, which assesses the promotion of equity and protection of individual rights to healthcare.

- Access to health care seems to become less equitable over time, even though the current BSC shows a rather similar result compared to the previous round. This indicates that less people from lower wealth quintiles use health services than one would expect based on the demographic make-up of the respective province (F-22).
- However, individuals from lower and higher wealth quintiles seem to be equally satisfied with the services they receive with very little difference over time (F-23).

List of abbreviations and acronyms

AfSPA	Afghanistan Service Provision Assessment Survey
ANPHI	Afghanistan National Public Health Institute
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CHC	Comprehensive Health Centre
CHW	Community Health Worker
CI	Concentration Index
COC	Combined Oral Contraceptive
DH	District Hospital
DMPA	Depot medroxyprogesterone acetate injections
EPHS	Essential Package of Hospital Services
FSR	Facility Status Report
HBS	Helping Babies Survive
HCV	Hepatitis-C-Virus
HF	Health Facility
HMIS	Health Management Information System
HP	Health Post
HW	Health Worker
IMCI	Integrated Management of Childhood Illnesses
KIT	The Royal Tropical Institute
LBM	Lower Benchmark
MAAR	Monthly Aggregated Activity Reports
MIAR	Monthly Activity Reports
MoPH	Ministry of Public Health
NDR	Notifiable Disease Reports
NGOs	Non-Governmental Organization
NHSPA	National Health Services Performance Assessment
NRVA	National Risk and Vulnerability Assessment
PHC	Primary Health Center
POP	Progestogen-Only Contraceptive
RUTF	Ready-to-Use Therapeutic Foods
PHC	Sub-Health Center
TB	Tuberculosis
UBM	Upper Benchmark

Definitions of common terms used in BSC

The definition of the EPHS BSC domains, indices and indicators are given in the body of the report. The description of the items or questions used to calculate the indices and indicators are given in Annex 7.

Benchmark	Benchmark is a standard or point of reference against which things may be compared.
Composite	Composite means something is made of different part or components.
Concentration Index	In health economics, a concentration index is a means of quantifying the degree of income-related inequality in health or utilization of health services.
Domain	Domain is a specified are of knowledge or activity. In case of the BSC, it is a specified set of related indicators.
Index	An index is sometimes a scaled composite variable or a summary measure designed to capture some property in a single number.
Indicator	Indicators are statistics or concepts used to measure current conditions as well as to forecast trends of counted or measured variables.
Lower Benchmark	In the case of the provincial EPHS BSC scores, the lower benchmarks are determined by finding the cut-off point between the lowest 20th percentile (quintile) of provinces and the rest of the provinces for each indicator, for the previous three rounds. The average of these three cut-offs is used as the lower benchmark.
Mean	The "mean" is the same as "average". It is calculated by adding up all the figures and then dividing the total by the number of figures.
Median	The "median" is the "middle" value in the list of numbers. To find the median, the numbers have to be listed in numerical order.
Percent	Percent means parts per hundred.
Score	Score is the number of points achieved.
Upper Benchmark	In the case of the EPHS BSC provincial scores, the upper benchmarks are determined by finding the cut-off point between the top 20th percentile (quintile) of provinces and the rest of the provinces for each indicator, for the three previous rounds. The average of these three cut-offs is used as the upper benchmark.
Weight	In statistics, a factor or coefficient which helps represent the relative importance of a given term or value.

How to read the BSC explained in easy language

The BSC is similar to the transcript of a student record with scores for various subjects. The scores range from zero to one hundred. Similar to a student, if a province scores low for an indicator, it means it is not doing well. Likewise, if it scores high, it means it is performing well. Similarly, the BSC scores can be compared across provinces to see how the provinces are performing relative to other provinces. There is also an overall mean score, which is resembles the total score of a student. It is the average of scores achieved by a province, and it shows the overall performance of a province.

To make the reading of the BSC even easier, color codes have been used. If a province has a **green color** for an indicator, it means it performs **very well** compared to other provinces for that indicator. If a province has **red color** for an indicator, it means it performs **poorly** compared to other provinces for that indicator. If a province achieves **yellow color** for an indicator, it means its performance is **average** compared to other provinces for that indicator.

It should be noted that a province may achieve the green color for an indicator because it is performing very well compared to other province for that indicator, but the actual score might be very low, showing an overall poor performance across all provinces – and vice versa.

In addition, a province may not have achieved the upper benchmark but may still have achieved significant improvement over time. Similarly, a province may have succeeded in achieving the upper benchmark but has scored much lower as compared to previous years. Both are important to acknowledge.

1 Introduction

The Afghanistan Health Sector Balanced Scorecard (BSC) is a management tool to convert the mission, vision and overall strategy of organizations or systems into a plan that links strategies to measurable targets and actions. It is made up of domains and indicators derived from the strategic vision of organizations or systems aimed at measuring their performance. Data for the BSC is collected under the National Health Services Performance Assessment Survey (NHSPA), in an annual basis.

In 2003, the Ministry of Public Health of Afghanistan developed the Basic Package of Health Services (BPHS), which outlined the primary health care system delivered at health posts, basic health centers, comprehensive health centers, and district hospitals. Recognizing the need for high quality hospital care as a complement to the BPHS, in 2005, the Ministry of Public Health of Afghanistan developed the Essential Package of Hospital Services (EPHS), which defined the role and services of the hospitals, specifically for the district, provincial and regional hospitals.

In the absence of a routine system to collect information on health services, the MOPH chose to initiate a program to monitor health services through household surveys and annual surveys of health facilities, and to use the Balanced Scorecards (BSC) to benchmark the progress. In 2004, the Ministry of Public Health (MoPH) of Afghanistan, adopted the Balanced Scorecard (BSC) as a performance measurement and management tool for the Basic Package of Health Services in Afghanistan (BPHS). Since 2007, the hospital sector has also undergone annual monitoring through the BSC on specific domains related to the main elements of the EPHS guidelines.

The purpose of the BSC is to summarize the performance of Afghanistan's provinces in the delivery of the Basic Package of Health Services (BPHS), as well as, the Essential Package of Hospital Services (EPHS) and to provide policymakers, health managers and other decision makers with evidence on areas of strength and weakness.

The BSC provides a framework to efficiently look at several key areas or domains of the health sector. Each domain is made up of several indicators that provide information about performance in that domain. The provincial results are color coded in a "traffic light" pattern to draw attention to strong performance (green), weak performance (red), and in-between (yellow), with benchmarks based on the performance found across the provinces in Afghanistan. This allows the Ministry of Public Health (MoPH) and other stakeholders in the health sector to quickly visualize the performance of each province for each indicator relative to benchmarks and other provinces.

The BSC is used by the MoPH to clarify its vision and strategies, and to manage change through a set of indicators that reflect the policies and strategies of the MoPH. It is intended

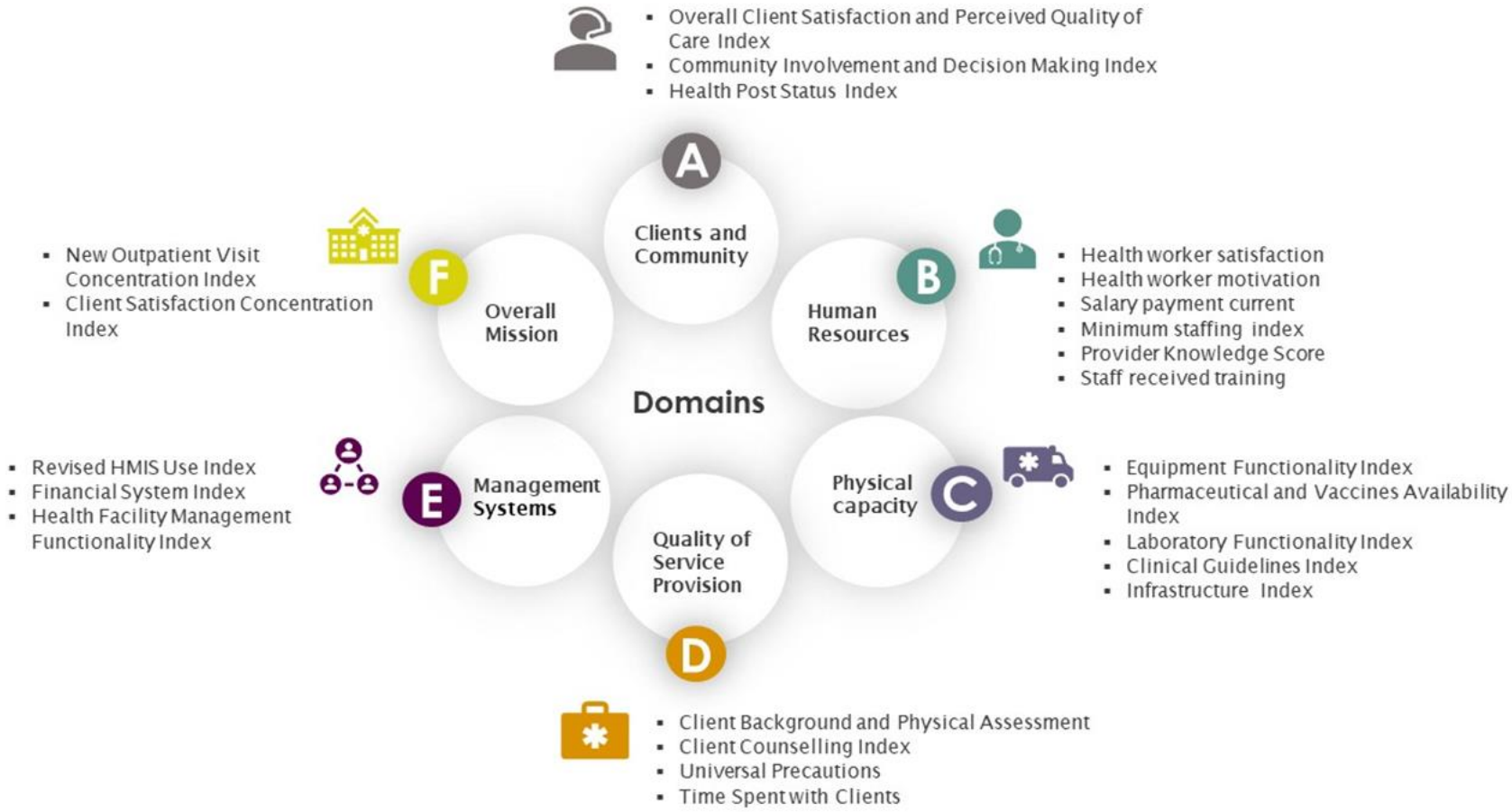
to provide a basis for problem-solving, programmatic change, or for rewarding good performance; the BSC is not simply a tool used for measurement. The province is the main unit of analysis, so the BSC report is largely organized to show how each province performs. Since 2007, the basic services have undergone annual to bi-annual monitoring through the BSC on specific domains related to the main elements of the BPHS guidelines. The BPHS BSC rounds were conducted in 2007/08, 2009/10, 2010/11, 2012/13, 2015, 2016, 2017 and 2018. The BPHS BSC was revised substantially in 2011 to reflect the changing policies and conditions in the country. Compared to the 2018 BPHS BSC the most important changes are the inclusion of District Hospitals in the BPHS BSC, instead off the EPHS BSC, the further refinement of the tools to include topics related to specific programs, the use of ODK in data collection and he presentation of the results to facilitate easy use.

The BPHS BSC domains summarize the health services from the following six perspectives:

- Domain A: Client and Community
- Domain B: Human Resources
- Domain C: Physical Capacity
- Domain D: Quality of Service Provision
- Domain E: Management Systems
- Domain F: Overall Mission

Figure 1 outlines the domains and indicators framework of the BPHS BSC 2020.

Figure 1 Domains and indicators framework of the BPHS BSC 2020



2 Methods

2.1 Description of domains, instruments, scoring

The BSC consists of six domains, as shown in **Figure 1**. Each of the six domains contains several indicators. Each indicator works as a score ranging from 0 to 100. In some cases, the indicator shows the percentage of results in a province that meets a certain standard. For example, the revised staffing index (indicator B-7) presents the percentage of health facilities meeting the staffing requirement of BPHS for a facility type. For some other indicators such as equipment functionality index (indicator 10), the score shows the percentage of items in the index that were present and functional at the time of observation.

Most of the 23 indicators are composed of several related items or questions. However, a few indicators, such as the Current Salary Payment contain only one question. A complete list of items for each indicator is provided in Annex 7. Items within a scale are weighted equally, and for most of the provincial scores they are weighted according to the sampling frame that is stratified by each type of facility (DH, CHC, BHC, and PHC) so that comparison can be made across provinces, even when some provinces do not have the full set of each facility type. A few indicators are weighted based on the number of health workers by category and sex.

The two concentration indexes (indicators F22 and F23) assess how well an attribute is distributed across the population with respect to the wealth status. These were converted into 100-point scales to make the interpretation easier. In the converted scale, a score of 0 equals to a score of (+ 1) on the original concentration index, indicating an extreme pro-rich orientation, and a score of 100 equals to a score of (-1) on the original scale, showing an extreme pro-poor orientation of the attribute (e.g. services). A score of 50 on the converted scale equals a score of (0) on the concentration index, indicating equality between the poor and rich in-service utilization or satisfaction. On the converted index, scores above 50 represent a positive (pro-poor), and scores below 50 show a negative (pro-rich) interpretation.

As a result of the conversion of indexes, all indicators in the BSC are now based on a scale of 0-100 with a higher score representing a more positive result from the perspective of MoPH.

2.2 Sample

Data for the BSC BPHS are collected under the National Health Services Performance Assessment (NHSPA), which has been conducted annually, using a stratified random sample of health facilities providing the BPHS from each province, and random samples of patients

and health workers. This year, 2020, all the 34 provinces of Afghanistan are included in the survey.

The latest version of the sampling frame of BPHS health facilities maintained by the Health Management Information System (HMIS) Unit of the Ministry of Public Health (MOPH) was obtained prior to data collection. A stratified random sample of up to 27 facilities providing BPHS services was taken from each province.

Facilities were stratified into four groups:

- District Hospitals (DH)
- Comprehensive Health Centers (CHC),
- Basic Health Centers (BHC) and
- Primary Health Care Center (PHC).

For each province, facilities were randomly selected from each stratum according to the following distribution: two DHs, five CHCs, fifteen BHCs and five PHCs. If fewer than the above number of a facility type were available in any province, other facility types were substituted. An additional two facilities per province, for each facility type, were randomly sampled as a replacement for facilities that could not be reached. Facilities were only replaced after the approval of MoPH. From 2004 to 2008, DHs were included in the sample for the BPHS BSC, and PHCs were not included in the sample. Starting in 2009/10, PHCs were included in the BPHS sample, and DHs were excluded from the BSC BPHS, and included in the EPHS Balanced Scorecard. This year, DHs have again been included in the BSC BPHS instead of the BSC EPHS. Further details about the samples from previous NHSPA for each province are presented in Annex 6a and 6b.

Below Table 1 presents a summary of the intended and achieved sample of BPHS facility types and Table 2 present the total numbers of interviews conducted in each province for the 2020 annual round.

In total, we couldn't reach 7 BPHS facilities (out of 892 HFs in the intended sample) due to security issues. The MoPH didn't authorize the replacement of these HFs by others located in more secure areas and so none of the facility in this round has been replaced.

Table 1 Sample of BPHS facilities intended and achieved in the NHSPA (BSC) 2020

	Planned sample size					Achieved sample size					Sample achievement rate				
Province	**BHC**	**CHC**	**PHC**	**DH**	**Total**	**BHC**	**CHC**	**PHC**	**DH**	**Total**	**BHC**	**CHC**	**PHC**	**DH**	**Total**
Badakshan	15	5	5	2	**27**	14	5	5	2	**26**	93%	100%	100%	100%	**96%**
Badghis	16	4	5	1	**26**	16	4	5	1	**26**	100%	100%	100%	100%	**100%**
Baghlan	15	5	5	2	**27**	14	5	5	2	**26**	93%	100%	100%	100%	**96%**
Balkh	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Bamyan	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Daykundi	14	5	6	2	**27**	14	5	6	2	**27**	100%	100%	100%	100%	**100%**
Farah	9	5	11	1	**26**	9	5	11	0	**25**	100%	100%	100%		**96%**
Faryab	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Ghazni	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Ghor	15	5	5	2	**27**	14	5	4	2	**25**	93%	100%	80%	100%	**93%**
Helmand	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Herat	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Jawzjan	14	5	6	2	**27**	14	5	6	2	**27**	100%	100%	100%	100%	**100%**
Kabul	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Kandahar	15	5	5	1	**26**	15	5	5	1	**26**	100%	100%	100%	100%	**100%**
Kapisa	15	5	5	1	**26**	15	5	5	1	**26**	100%	100%	100%	100%	**100%**
Khost	8	5	12		**25**	8	5	12		**25**	100%	100%	100%		**100%**
Kunar	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Kunduz	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Laghman	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Logar	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Nangrahar	15	5	5	2	**27**	15	4	5	2	**26**	100%	80%	100%	100%	**96%**
Nimroz	7	3	6		**16**	7	3	6		**16**	100%	100%	100%		**100%**
Nuristan	8	4	12	2	**26**	8	4	12	2	**26**	100%	100%	100%	100%	**100%**
Paktika	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Paktya	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Panjshir	8	2	12	1	**23**	8	2	12	1	**23**	100%	100%	100%	100%	**100%**
Parwan	15	5	5	1	**26**	15	5	5	1	**26**	100%	100%	100%	100%	**100%**
Samangan	14	4	6	2	**26**	14	4	6	2	**26**	100%	100%	100%	100%	**100%**
Saripul	15	5	5	2	**27**	15	4	5	2	**26**	100%	80%	100%	100%	**96%**
Takhar	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Uruzgan	9	5	11	1	**26**	9	5	11	1	**26**	100%	100%	100%	100%	**100%**
Wardak	15	5	5	2	**27**	15	5	5	2	**27**	100%	100%	100%	100%	**100%**
Zabul	14	5	6	1	**26**	14	5	6	1	**26**	100%	100%	100%	100%	**100%**
Total	**466**	**162**	**208**	**56**	**892**	**463**	**160**	**207**	**55**	**885**	**99%**	**99%**	**100%**	**98%**	**99%**

Table 2 Sample of interviews conducted for the BPHS NHSPA (BSC) 2020, by province

Province	2020		
	Health worker interviews	Patient - provider interaction	Exit interviews
Badakshan	111	280	280
Badghis	107	260	217
Baghlan	118	280	280
Balkh	120	290	290
Bamyan	120	293	293
Daykundi	120	290	290
Farah	99	250	250
Faryab	118	291	290
Ghazni	113	291	291
Ghor	113	270	270
Helmand	138	278	278
Herat	120	290	290
Jawzjan	113	270	270
Kabul	116	288	288
Kandahar	107	279	277
Kapisa	104	269	269
Khost	101	250	250
Kunar	113	290	290
Kunduz	120	291	291
Laghman	118	290	290
Logar	120	290	290
Nangarhar	116	281	281
Nimroz	64	160	160
Nuristan	108	270	270
Paktika	116	290	290
Paktya	117	290	290
Panjshir	88	240	240
Parwan	106	265	265
Samangan	112	292	276
Saripul	116	281	281
Takhar	106	249	249
Uruzgan	102	264	264
Wardak	132	320	320
Zabul	104	263	263
TOTAL	**3,796**	**9,345**	**9,283**

2.3 Data Collection and Quality Assurance

Data was collected from health facilities by data collection teams including 2 provincial officers and 1 supervisor who had received an extensive two-week training in the 2019/20 and a refresher training of 4 days in Kabul. The data was collected from August to September 2020.

Training of Survey Team: The research team underwent 4 days of refresher training to update the skills and knowledge of the survey team related to NHSPA survey, including survey protocols and all survey instruments.

The survey tools were reviewed question by question, and the intent of each question was discussed. During this training, the survey team covered the overall objectives of the study, ethical considerations, systematic selection of the respondents, interviewing skills and understanding of the digital data collection using ODK. Role-play, mock interviews, and field visits were organized to ensure thorough preparedness of the team members.

A field practice using the questionnaire for all survey teams was conducted in selected hospitals in Kabul following the training and prior to actual data collection. Based on the field testing of tools, questionnaires were edited.

At the end of the training workshop, *Whatsapp* groups were formed for the data collection teams. These group chats created an easy way to reach to the BSC Field Manager and Technical Manager and serves as a learning and experience sharing platform among all teams.

Data collection took between one to three days per facility. Nationwide data collection was completed in September-24-2020. Field monitors followed up with data collection teams in the provinces daily, as well as through random field visits, and active post-monitoring was also conducted.

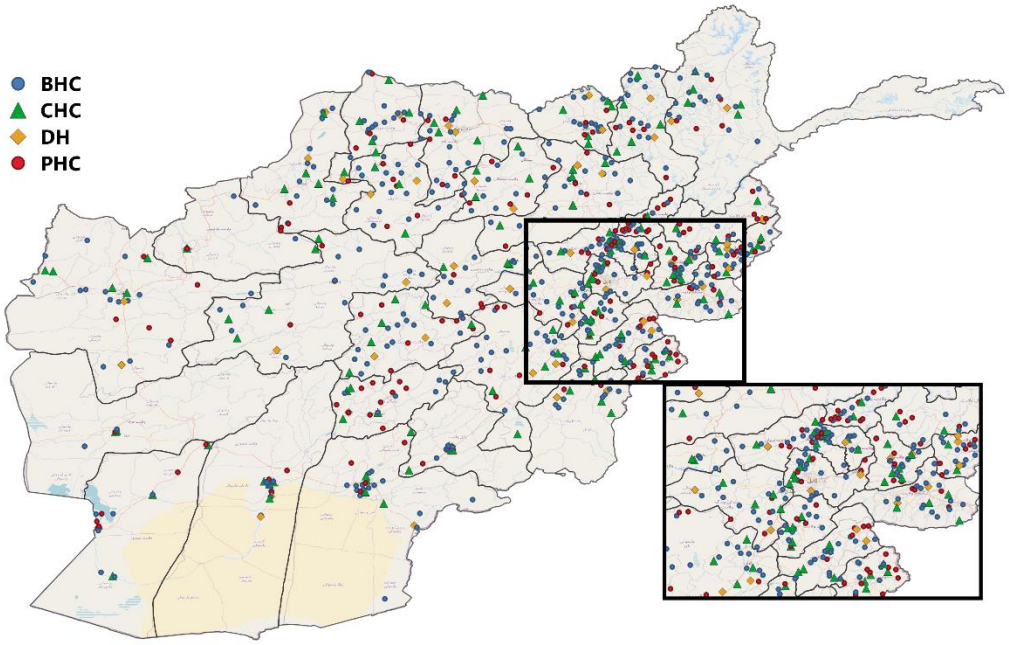
Similarly, to the 2019/20 BSC, DHs were included in the BPHS sample, upon request by MoPH. DHs are hospitals that provide increasingly sophisticated clinical, diagnostic, and administrative services compared to BHCs and CHCs, therefore the inclusion of the DHs could also have positive effects on all study domains in the BPHS.

Data quality assurance: several measures were used including:

1. continuous Spot-Checking;
2. continuous independent monitoring by monitors from the Third Party;
3. regular contact with the field teams and phone calls to the health facilities;
4. collection of proofs of visit to health facilities such as signatures of health facility staff and health facility stamp, photos of the teams in front of signboard of the health facilities, collection of feedback from HF's Head in charges;
5. wherever possible GPS locations were collected from the health facility as well as shown in the map below;

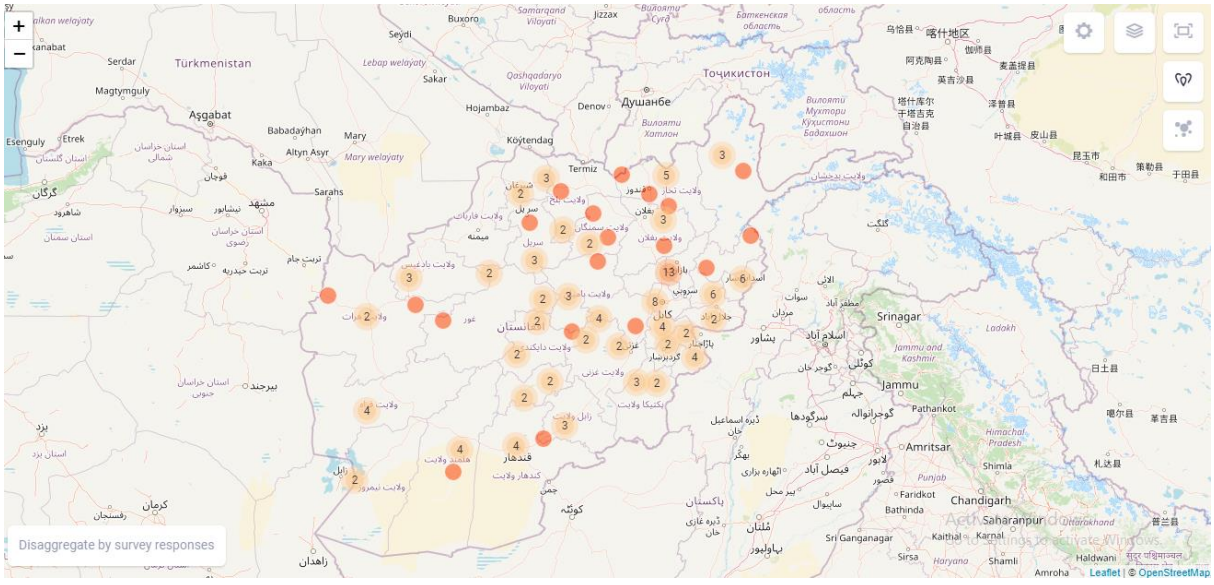
6. additionally, at the end of each day the data quality was checked electronically (and for paper-based questionnaires) and whenever a data quality problem was discovered timely feedback and suggestions for corrective actions were provided to the field teams. This enabled the data collectors to collect good quality data and continuously improve the quality and completeness of their data.

Figure 2 Geographical distribution for the BPHS BSC Sample 2020



For the purpose of quality assurance, about 16% of the randomly sampled BPHS health facilities were re-surveyed by the monitors from Third Party team using tablets. They used the same survey instruments for re-collecting the data. The consistency between the survey and the internal monitoring data was checked on a regular basis. For all of the resurveyed health facilities the consistency between the survey and monitoring data was above 80%.

Figure 3 Open street map - sample for quality assurance (internal monitoring)



2.4 Data management and Analysis

All BSC-BPHS questionnaires have been developed in ODK in the local language. An ODK Aggregate server was installed and an BPHS ODK programme was uploaded for electronic data collection. ODK collect was configured on tablets and we provided training to provincial officers on electronic data collection. Data was collected using tablets and the provincial officers uploaded the data into the TPM webserver. Regular online checking was done by the Deputy Data Manager and timely feedback was provided to field team. Wherever possible GPS locations were collected from the health facility as well. Analysis was performed in Stata 15 statistical software (3). Data cleaning and exploratory data analysis were conducted to check for duplicate codes, and to ensure consistency of data across health facilities. Tabulations were made for each index and its constituent items according to the type of hospital. Some indicators were weighted for health worker type to ensure national representability of the results.

BSC indicators were also categorized according to whether they achieved LBMs or UBMs. The scores are displayed graphically in three ways:

1) The trend of the national median over time, including the lower and upper benchmark;
2) The scores disaggregated by facility type;
3) Three maps showing the provincial results, which provinces met the upper/lower benchmark and how provincial scores have changed over time.

These 3 types of visualizations together are meant to provide a concise analysis of the results, considering variation across provinces and over time. For some indicators, additional graphs displaying the sub items of the respective indicator were added which may provide additional information on what goes well, and what does not.

Since the previous round TPM uses rolling averages as benchmarks to accommodate changes over time. These rolling averages are based on the achievement of provinces of the previous three rounds of the BPHS BSC (2018, 2019/20 and 2020), and will be updated every round. For each of the previous three rounds, the cut-off value for the upper and lower quintile is calculated and averaged for each indicator. As in the previous round, other supplemental indicators including nutritional status assessment and counselling, Mental health, knowledge regarding nutrition, knowledge and attitude regarding people living with HIV/AIDS, and health care waste management, have been calculated and added to the BPHS BSC annexes in 2020. In this round of NHSPA (BSC) the District Hospitals are also included in the BPHS by the request of MoPH. DHs are hospitals that provide increasingly sophisticated clinical, diagnostic, and administrative services compared to BHCs, CHCs, and PHCs therefore the inclusion of the DHs could also have positive effects on all BPHS study domains.

2.5 Ethical Approval

The BSC assessment is considered by MoPH to be part of the M&E tasks included in the Sehatmandi project. Although not compulsory, Ethical approval to conduct the NHSPA survey has been obtained from the Afghanistan Institutional Review Board of the Ministry of Public Health. A waiver was issued by KIT Royal Tropical Institute Research Ethics Committee.

3 BSC BPHS National results

In this section, we describe the main findings for the national level. For each indicator a graph describing the national trend is presented to show the national achievement since 2011/12.

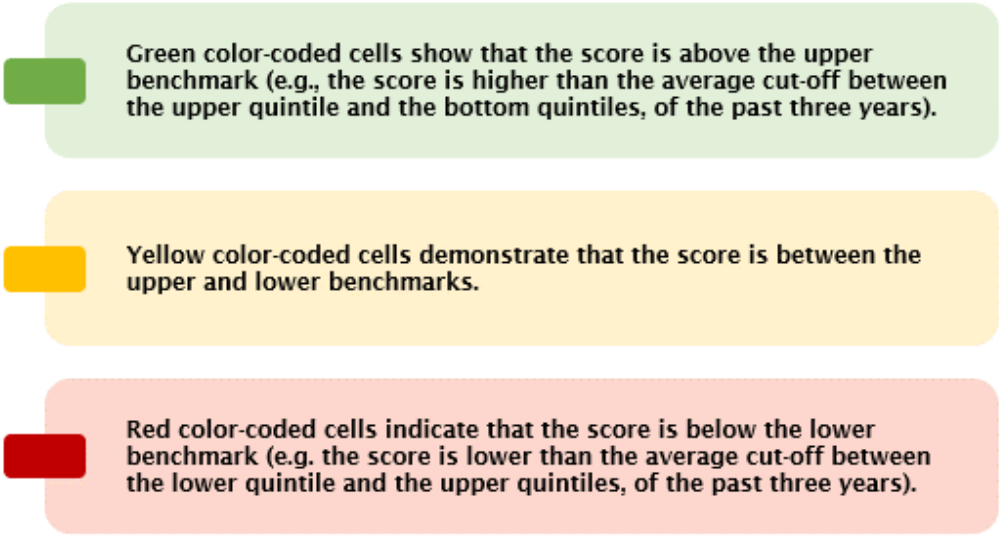
Furthermore, national results by facility type are provided. These graphs were not made for indexes F22 and F23 due to the nature of the analysis, which looks at the province as a whole and not at individual facilities.

In addition, three maps were made showing the geographical distribution of the performance across the provinces. The first map shows the distribution of 2020 provincial scores, the second map shows which provinces have achieved the upper or lower benchmarks using the green, yellow and red color scheme as described below. Finally, one map showing the difference of the provinces' 2020 results as compared to the provincial average of the past 3 rounds. The latter tells us whether a province has scored (much) lower than usual, (much) higher than usual or similar.

An overall summary of BSC BPHS Mean Scores by province and by year (i.e. 2011 to 2020) are presented in Annex 1. All the results from this year 2020 by province and the score cards for each province BSCs can be found in Annex 2.

Provincial BSC tables are color-coded for easier reading.

Figure 4 Color code interpretation of the BSC tables



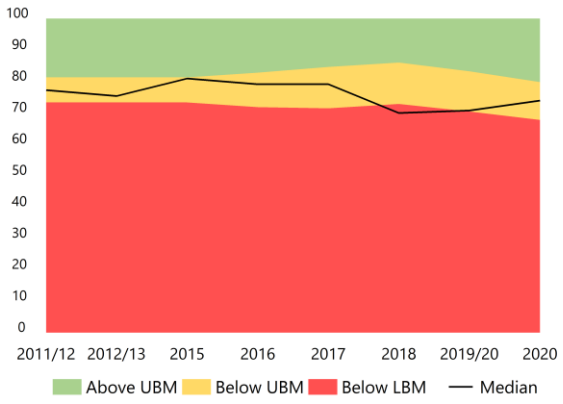
Domain A - Clients and Community

A-1: Overall Client Satisfaction and Perceived Quality of Care Index

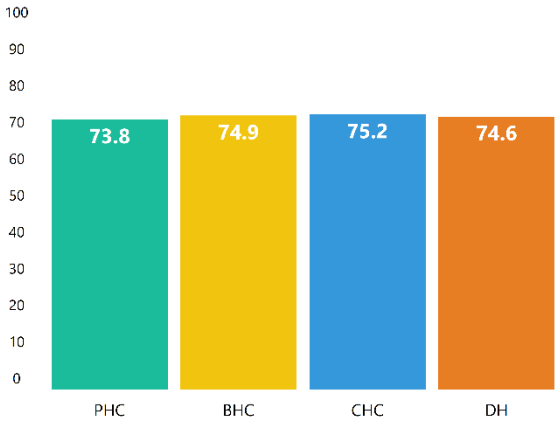
This indicator is composed of twelve items measuring client satisfaction and perception of quality of different aspects of care and services they received at a particular visit in a BPHS facility. It is based on self-reported viewpoints by the clients on: (i) cleanliness of the facility, (ii) cleanliness of the toilets in this HF, (iii) convenience of getting the prescribed medicine, (iv) privacy of the patient, (v) waiting time in the facility, (vi) the hours the facility is open, (vii) cost of the visit, (viii) respectful behavior of health workers, (ix) satisfaction with the way health workers explain the patient's illness, (x) satisfaction with the way health workers explain treatments, (xi) satisfaction with the amount of time health workers spend with patients, and (xii) overall satisfaction. This round, the national median is 74, which represents a 1% increase compared to the three-years average of 73.2.

National median	three-years average	% Change
74.0	73.2	1.0%

National trend over time



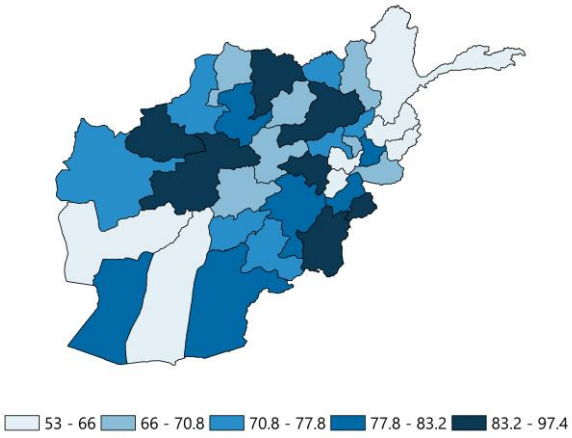
Results by facility type



- The national median remained stable between 70 and 80 from 2011/12 until 2017. In 2018 the score dropped below the lower benchmark, but it has started to increase since las round 2019/20, In this round 2020 it has increased again, surpassing the lower benchmark.
- There is little variation in client satisfaction between the different facility types. The scores range from 73.8 in PHC to 75.2 in CHC.

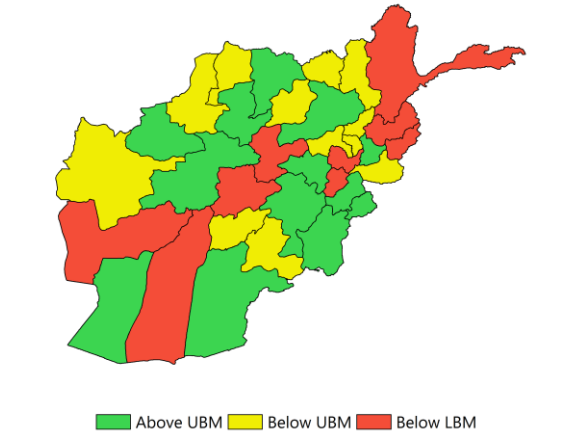
Geographical trends

1. Provincial results



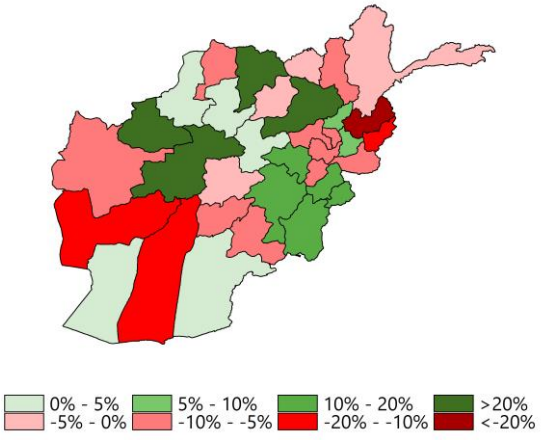
- The provincial scores for client satisfaction range from 53% in Helmand to 97.4% in Baghlan. No clear geographical pattern or clustering is observed for this score.
- The highest scores, over 83.2%, were achieved in Baghlan, Badghis, Balkh, Wardak, Khost, Paktika and Ghor.
- The lowest scores were achieved in Helmand (53%), followed by Nuristan (53.6%), Kunar (55.4%), Badakshan (64%), Logar (64.9%), Kabul (65.2%), Farah (65.6%), Daykundi (66.2%) and Bamyan (66.4%).

2. Provinces meeting LBM and UBM



- None of the provinces mentioned above with lowest scores achieved the lower benchmark.
- Twelve provinces (Faryab, Herat, Jawzjan, Kapisa, Kunduz, Nangarhar, Pansjher, Parwan, Samangan, Takhar, Uruzgan and Zabul) achieved the lower but not the upper benchmark
- The remaining provinces achieved the upper benchmark.

3. Provincial achievement over time



- The provinces that improved the most as compared to the last three-years average were Balkh, Baghlan, Badghis, and Ghor (>20%). The largest decrease was observed in Nuristan (a decrease of more than 20%), followed by Farah, Helmand, and Kunar which scored between 10% and 20% less as compared to the average of the previous three years.
- Zabul, Herat, Jawzjan, Takhar, Parwan, Kapisa and Nangarhar achieved between 5% and 10% lower scores as compared to the past three years. These provinces should be careful to not fall below the lower benchmark.

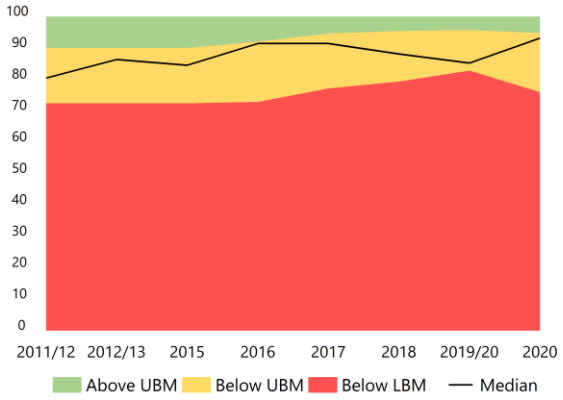
A-2: Community Involvement and Decision-Making Index

This indicator is composed of five items which measure the level of community involvement in the decision-making process about activities related to the health facility. The items are: whether there is a Shura-e-sehie (health committee) in the area, whether the facility has written records of activities carried out by the shura in the past 12 months, whether there exists a list of the shura members' names and contact information, whether there was at least one person from the community participating in the shura meetings held in the past 6 months, and whether the shura provides any support to community health workers (CHWs).

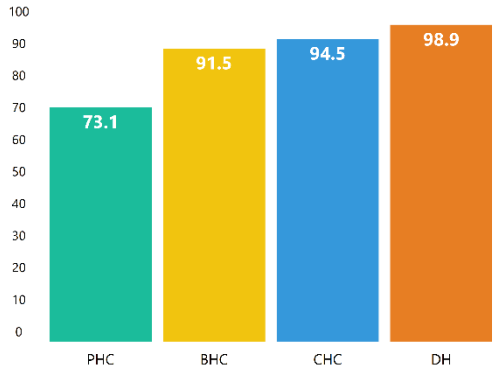
The national median for this index is 93.1 which is 5.5% higher than the past three-years average of 88.2.

National median	three-years average	% Change
93.1	88.2	5.5%

National trend over time



Results by facility type



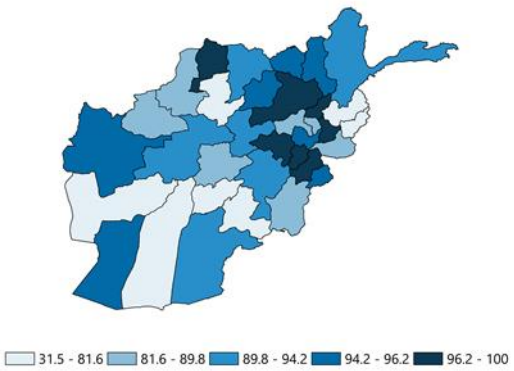
- The national median has fluctuated since 2011/12, substantially increasing in 2015. Since then it kept a steady trend until the last round 2019/20 when the score considerably decreased but remained above the lower benchmark. This round 2020, the median has resumed the positive trend, observed prior to 2018, and is approaching the upper benchmark for this indicator.

- Community involvement is considerably lower in PHC's (73.1) as compared to the other facility types

- While there is little variation across the other facility types, there is an increasing trend with increasing level of facility type (from PHC to DH), with the highest community involvement observed for DH (98.9)

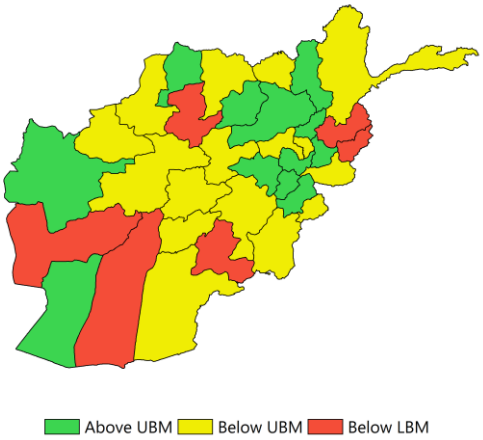
Geographical trends

4. Provincial results



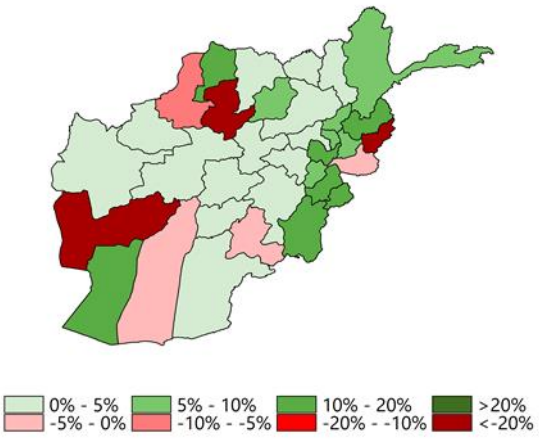
- The provincial scores for community involvement in the decision-making processes range from 31.5% in Farah to 100% in Jawzhan.
- The highest scores, over 96.2%, were achieved in Jawzjan, Baghlan, Laghman, Paktya, Panjsher, Logar and Wardak.
- The lowest score was achieved by Farah (31.5%), followed by Kunar (46.6%), Zabul (53.1%), Sarepul (61%), Nuristan (69.4%), Helmand (69.5%).

5. Provinces meeting LBM and UBM



- The six provinces with lowest scores mentioned above did not achieve the lower benchmark.
- Sixteen provinces (Kunduz, Khost, Ghor, Ghazni, Bamyan, Balkh, Badakhshan, Kandahar, Dykundi, Kapisa, Parwan, Badghis, Faryab, Nangarhar, Paktika, and Urozgan) achieved the lower but not the upper benchmark. The remaining provinces achieved the upper benchmark.

6. Provincial achievement over time



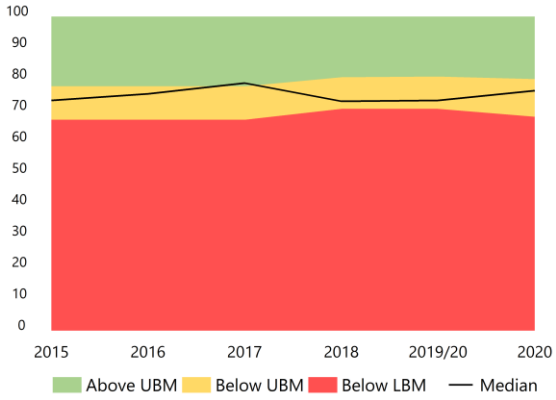
- All the provinces between benchmarks, except Helmand and Nuristan, scored lower as compared to the past three-years average. The most considerable decrease in score was in Farah (a decrease of more than 37%), followed by Sarepul, and Kunar which scored 20% less as compared to the average of the previous three years
- All provinces that reached the upper benchmark also increased their score as compared to the past three years. The most considerable improvements were achieved in Jawzhan, Kabul and Nemroz (10% - 20%).

A-3: Health Post Status Index

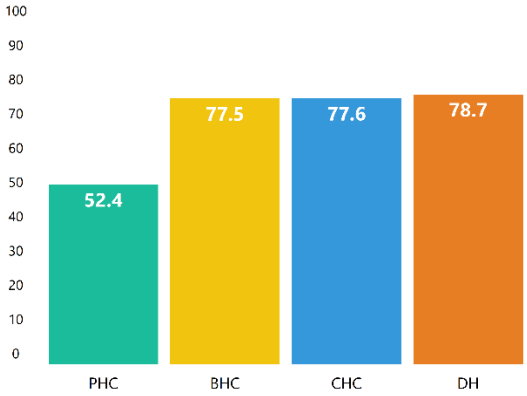
Indicator 3 - Health post status index is a new indicator for 2015. This indicator is comprised of three sub-indices consisting of health post functionality as part of the health system, Community Health Worker (CHW) functionality, and CHW satisfaction and motivation. The health post functionality includes five items measuring health post staffing, repairs, existence of Shura-e-sehi, supervision, and HMIS reporting. The CHW functionality sub-index includes five items: CHW kit, CHW equipment, CHW medical supply, protocols and guidelines, and CHW activeness. Lastly, CHW satisfaction and motivation are also included as a final measure. The average national median over the past three years was 75.0, this year, the national median is slightly higher (1.9%) at 76.4.

National median	three-years average	% Change
76.4	75.0	1.9%

National trend over time



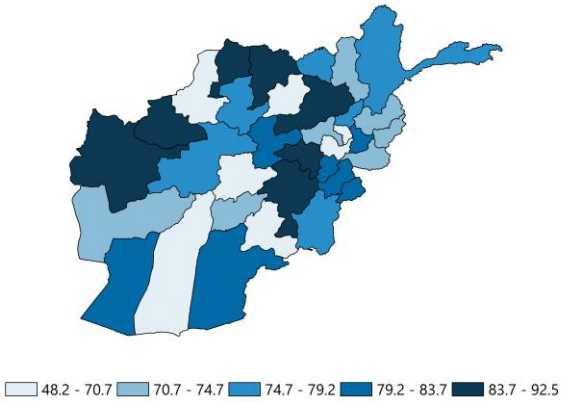
Results by facility type



- There appears to be little variation over time for this score. It slightly increased between 2016 and 2017 when it surpassed the upper benchmark.
- Since 2017 the score has slightly decreased until 2019/20. This year a slight increase is observed. The national median is well within the upper and lower benchmark.
- While there is little variation in the health post status index between BHC (77.5), CHC (77.6) and DH (78.7), the PHC's scored about 20 points lower as compared to the other facilities.

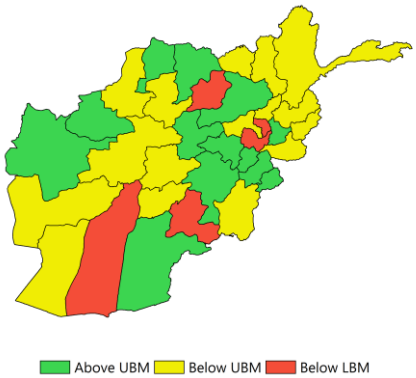
Geographical trends

1. Provincial results



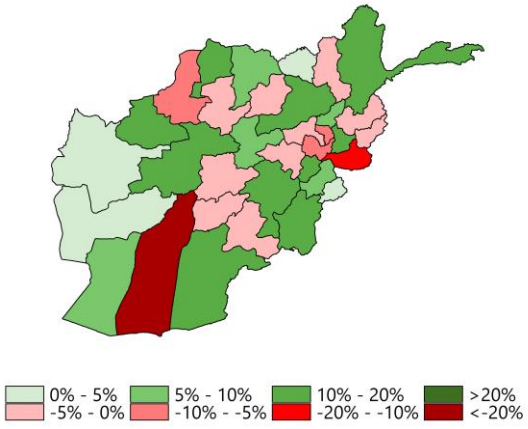
- The provincial scores for Health Post Status Index range from 48.2 in Helmand to 92.5 in Ghazni.
- The highest scores, over 83.7%, were achieved in Ghazni, Baghlan, Jawzjan, Herat, Balkh, Badghis and Wardak.
- The lowest scores were achieved by Helmand (48.2), followed by Samangan (64.3), Kabul (55.4), Zabul (66.8) and Kapisa (67.4).

2. Provinces meeting LBM and UBM



- The five provinces mentioned above with the lowest scores did not achieve the lower benchmark.
- Thirteen provinces achieved the upper benchmark (Ghazni, Baghlan, Jawzhan, Herat, Balkh, Badghis, Wardak, Logar, Laghman, Paktya, Bamyan, Kandahar and Khost.
- Sixteen Provinces (Badakhshan, Dykundi, Farah, Faryab, Ghor, Kunar, Kunduz, Nangahar, Nemroz, Nuristan, Paktika, Panjshir, Parwan, Sarepul, Takhar and Urozgan) achieved the lower but not the upper benchmark.

3. Provincial achievement over time



- The most considerable score improvements, as compared to the three-year average, were achieved in Ghazni, Badghis, Kandahar, Jawzhan and Laghman (10%-20%).
- The most considerable decrease was observed in Helmand (a decrease of more than 25%), followed by Nangarhar, Faryab, and Kapisa which scored 5%-10% less as compared to the average of the previous three years. These provinces should be careful to not fall below the lower benchmark.

Domain B – Human Resources

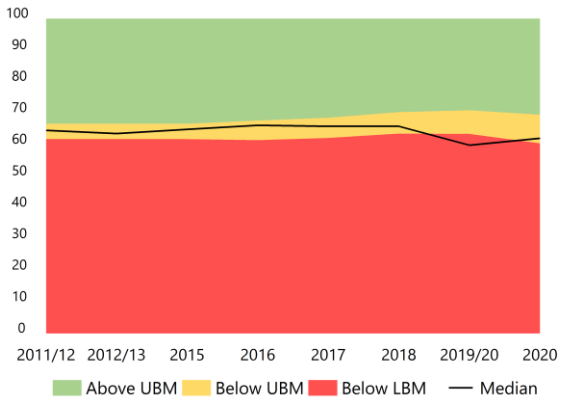
B-4: Revised Health Worker Satisfaction Index

This indicator attempts to measure health workers' job satisfaction: the various aspects of the job health workers might value in their workplace. Measuring these aspects can shed light on important managerial decisions to improve performance of health workers and health facilities. The health worker satisfaction index is composed of 36 items, and the items are mainly focused on determinants of job satisfaction.

The national median score for this indicator was found as 62.0 by NHSPA survey (BSC) this year which is 2.8% lower than the past three-years average at 63.8.

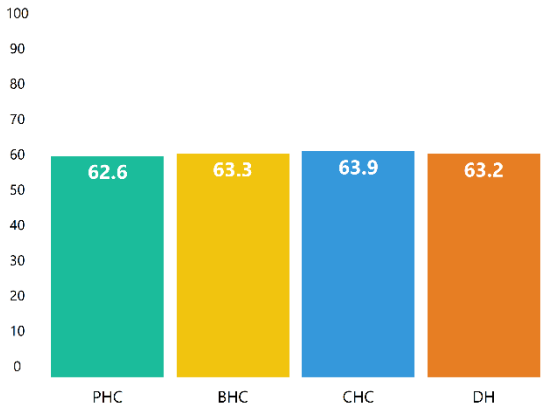
National median	three-years average	% Change
62.0	63.8	-2.8%

National trend over time



- The national median for this score remained stagnant, between the upper and the lower benchmark, from 2011/12 to 2018.
- In 2019/20 the national median drop below the lower benchmark, however it has slightly increased this round just achieving the lower benchmark.

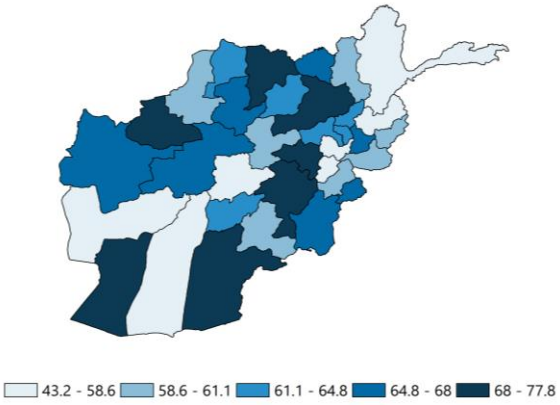
Results by facility type



- The level of satisfaction among health worker does not vary between different facility types. In fact, all scores are between 62.6 (PHC) and 63.9 (CHC).

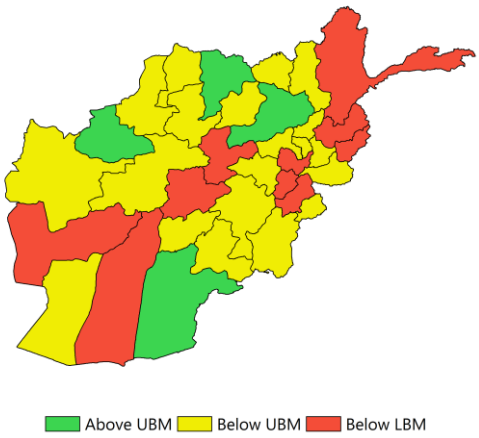
1. Geographical trends

- Provincial results



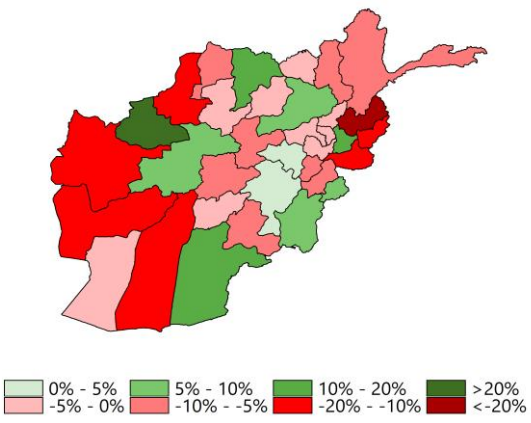
- The provincial scores for this Index range from 43.2 in Nuristan to 77.8 in Balkh.
- The highest scores, above 68%, were achieved in Balkh, Baghlan, Badghis, Kandahar, Ghazni, Nimroz and Wardak.
- The lowest scores were achieved in Nuristan (48.2), followed by Helmand (51.2), Farah (55.0), Dykundi (57.3), Kabul (57.5), Logar (57.6), Badakhshan (58.2), Bamyan (58.9), Paktya (59.3) and Kunar (59.8). These provinces did not achieve the lower benchmark.

2. Provinces meeting LBM and UBM



- Majority (n=20) of the provinces achieved the lower but not the upper benchmark.
- Balkh, Baghlan, Badghis and Kandahar are the only three provinces that have met the upper benchmark.
- Ten provinces provinces did not achieve the lower benchmark (Nuristan, Helmand, Farah, Dykundi, Kabul, Logar, Badakhshan, Bamyan, Paktya and Kunar).

3. Provincial achievement over time



- The most considerable improvements in score, as compared to the last three-year average, were achieved in Badghis, and Kandahar (10% - 20%).
- The most considerable decrease was observed in Farah (a decrease of more than 15%), followed by Herat, Kunar, Faryab, Nangarhar, Farah, Helmand, Takhar, Dykundi and Paktya which scored 5%-10% less as compared to the past three-years average. These provinces should be careful to not fall below the lower benchmark.

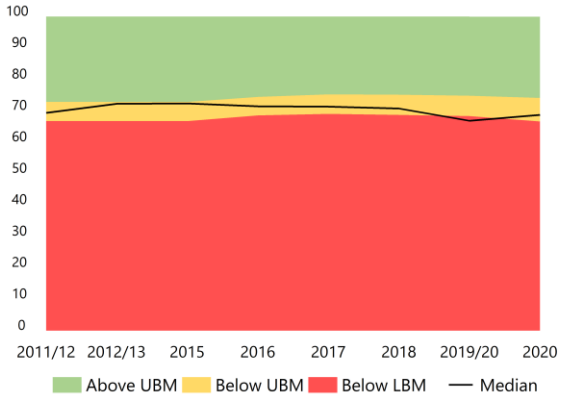
B-5: Health Worker Motivation Index

This indicator aims to measure health workers' motivation, which is defined as the willingness of health workers to perform their jobs. The 20 items included in the indicator attempt to measure various factors that potentially can influence health worker motivation.

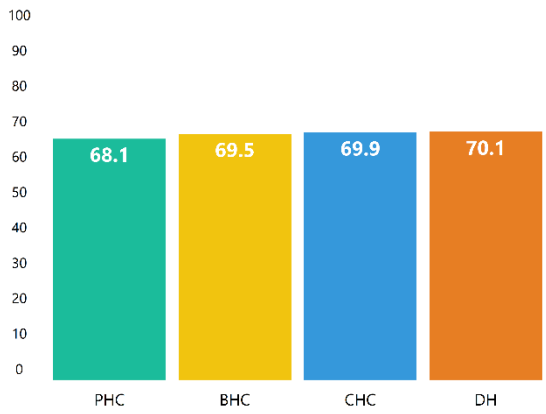
This round the Health Worker Motivation Index is 68.7, which is 1.3% lower than the three-years average of 69.6.

National median	three-years average	% Change
68.7	69.6	-1.3%

National trend over time



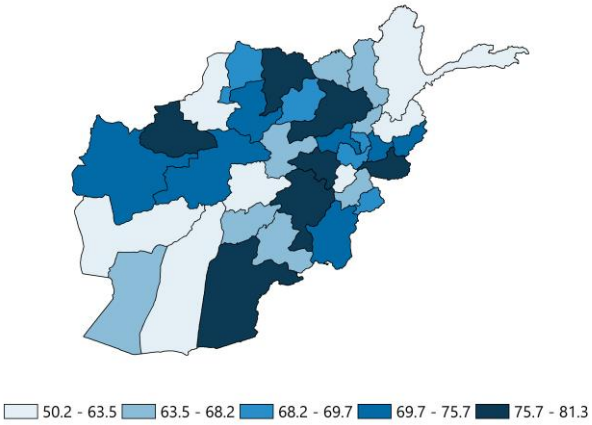
Results by facility type



- The national median for the health worker motivation follows a similar trend as the health worker satisfaction.
- The score stagnated between 2011/12 and 2018 to slight decreased below the lower benchmark in 2019/20. This round, the national median has slightly increased as compared to 2019/20 just achieving the lower benchmark again.
- The motivation of health workers is not different for health workers working in PHC (68.1), BHC (69.5), CHC (69.9) and DH (70.1).

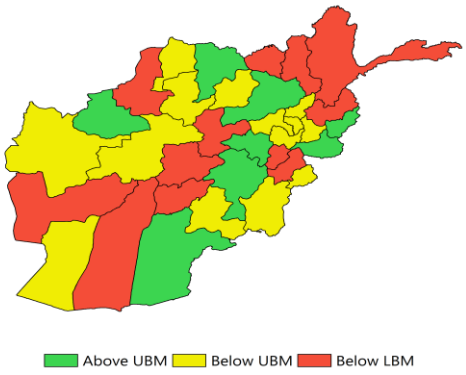
Geographical trends

1. Provincial results



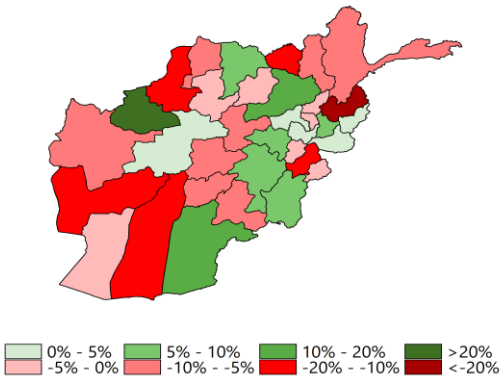
- The provincial scores for Health worker motivation index range from 50.2% in Helmand to 81.3% in Baghlan.
- The highest scores, above 75.7%, were achieved in Baghlan, Badghis, Nangrahar, Balkh, Ghazni, Kandahar and Wardak.
- The lowest scores were in Helmand (50.2%), followed by Nuristan (53.6%), Farah (60.3%), Dykundi (61.3%), Faryab (61.3%), Badakhshan (61.9%), Logar (63.4%), Bamyan (63.6%), Urozgan (63.7%), Takhar (64.7), Paktya (65.4%) and Kunduz (65.4%).

2. Provinces meeting LBM and UBM



- None of the 12 provinces mentioned above with the lowest scores achieve the lower benchmarks.
- Fourteen provinces (Paktika, Parwan, Laghman, Sarepul, Ghor, Herat, Kabul, Jawzhan, Samangan, Khost, Kapisa, Zabul, Panjshir and Nemroz achieved the lower but not the upper benchmark.
- The remaining 8 provinces achieved the upper benchmark.

3. Provincial achievement over time



- The most considerable improvement in scores, as compared to the last three-years average, was achieved by Badghis (15.3%), followed by Baghlan, Kandahar, Ghazni and Balkh who scored 5% - 10% more score than the past three years average.
- Faryab, Helmand and Nuristan achieved between 10% and 20% lower scores as compared to the past three years. These provinces should be careful to not fall below the LB.

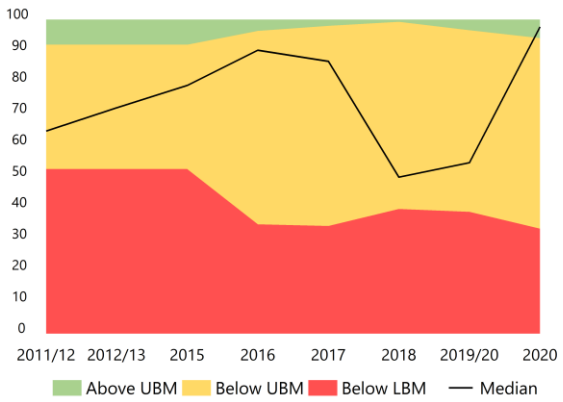
B-6: Salary Payment Current

This indicator measures the on-time payment of salary to health workers. However, unlike the questions on health worker satisfaction and motivation which measure level of satisfaction and motivation, this indicator is a binary response to whether the health worker was paid her/his salary on time.

This year the Salary Payment Current index increased considerable (53.6%) if it is compared with the three-year average, it scored 97.7 while the averages is 63.6.

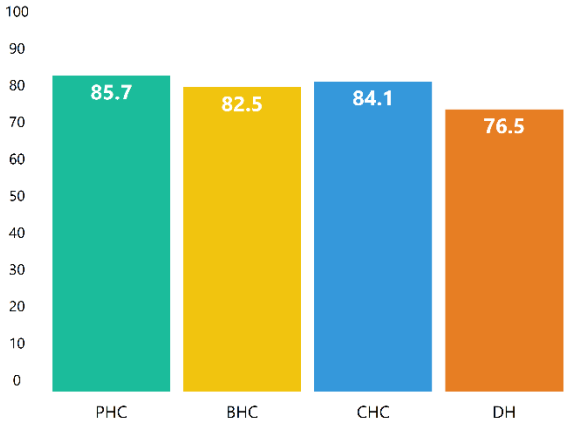
National median	three-years average	% Change
97.7	63.6	53.6%

National trend over time



- There is a lot of variation in the salary payment over time. A considerable increasing trend can be observed between 2011/12 and 2016, followed by an equally considerable drop between 2017 and 2018.
- In previous round the score started to increase, and this improvement has been confirmed in this round. In 2020 the score has reached a record high and for the first time surpasses the upper benchmark.

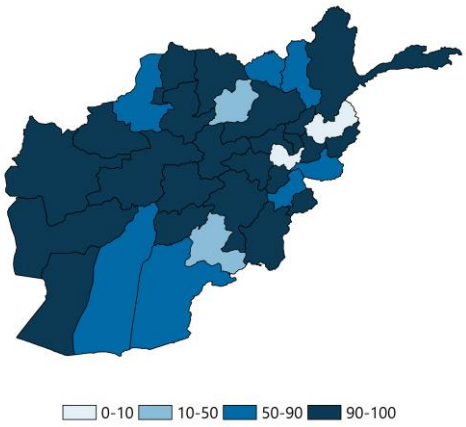
Results by facility type



- Health workers from PHC (85.7%), BHC (82.5%) and CHC (84.1%) are paid their salaries more on time than in DH (76.5%).

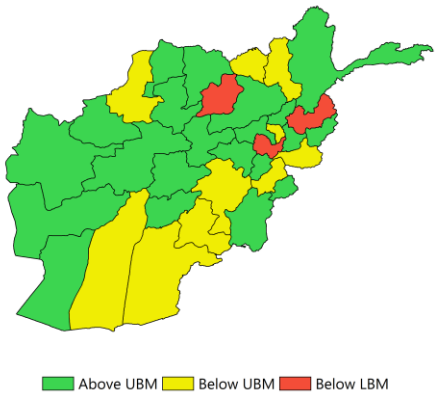
Geographical trends

1. Provincial results



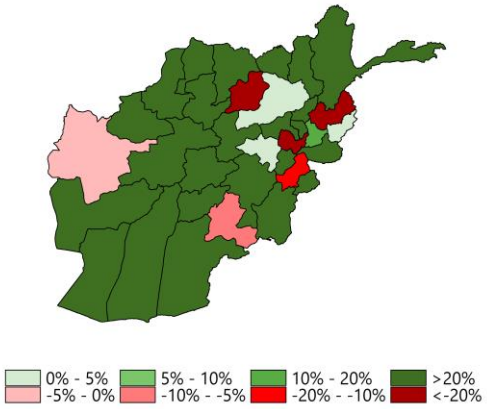
- The provincial scores for this index ranges from 2.1% in Nuristan to 100% in Badakhshan, Badghis, Baghlan, Balkh, Bamyan, Farah, Jawzhan, Khost, Logar, Nemroz, Panjshir, Parwan and Wardak province.
- The highest scores were achieved by 23 provinces mostly clustered in the western, north-western, central and central highland regions.
- The lowest scores were achieved by Nuristan (2.1%), followed by Kabul (7.0%), and Samangan (27%). These provinces did not achieve the lower benchmark.

2. Provinces meeting LBM and UBM



- Only three provinces (Nuristan, Kabul (7.0%), and Samangan (27%)) did not achieve the lower benchmark. All the remaining 21 provinces achieved the upper benchmark.
- Ten provinces (Kapisa, Ghazni, Kandahar, Kunduz, Nangarhar, Helmand, Faryab, Paktya, Takhar, and Zabul) achieved the lower but not the upper benchmark.

3. Provincial achievement over time



- Considerable improvements in score (>20%) were achieved by all the provinces that achieved the upper benchmark.
- The most considerable decrease (a decrease of 25-50%) was observed in Kabul, Nuristan and Samangan provinces.
- Paktya, province achieved between 10% to 20% lower score as compared to the past three years and should be careful to not fall below the lower benchmark

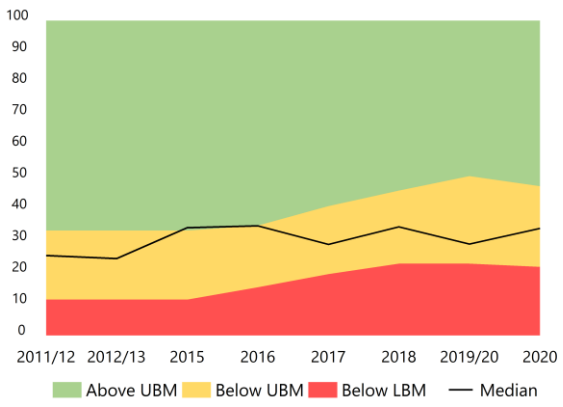
B-7: Revised Staffing Index

This indicator intends to assess whether the actual staffing of health facilities met the BPHS guidelines. For example, the BPHS prescribes that a PHC must have both a nurse and a midwife (or community midwife), while staff for a BHC should include a nurse, a midwife (or community midwife), a community health supervisor, a physician, and two vaccinators. At a CHC, the staffing requirement consists of two nurses, two midwives (or community midwives), two vaccinators, two physicians, a community health supervisor, a laboratory technician, and a pharmacy technician (or pharmacist).

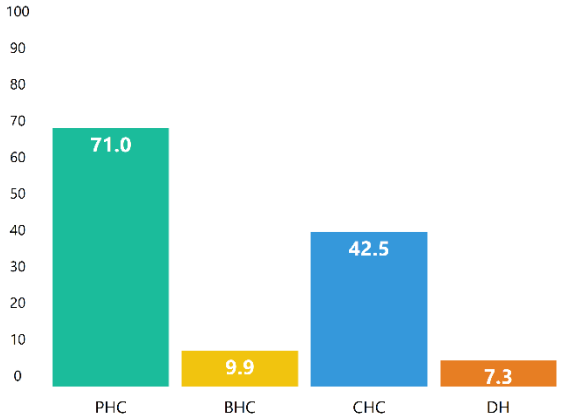
The NHSPA (BSC) 2020 discovered that the staffing index is increased by 10.4 %, if it is compared with the past three-years average.

National median	three-years average	% Change
34.0	30.8	10.4%

National trend over time



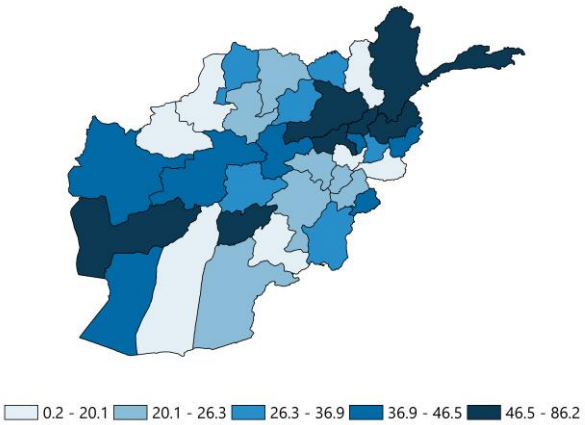
Results by facility type



- The national score has fluctuated between the benchmarks since 2011/12.
- The score slightly decreased in the last round 2019/20 but in 2020 it has slightly increased again by 5% (from 29% to 34%).
- The staffing index score considerably vary across facility type, as already observed in the previous BSC round. DH scored the lowest (7.3%), followed by BHC (9.9%) whereas PHC (71%) and CHC (42.5%) has gotten much better scores regarding the availability of staff as required in SOP/BPHS guidelines.

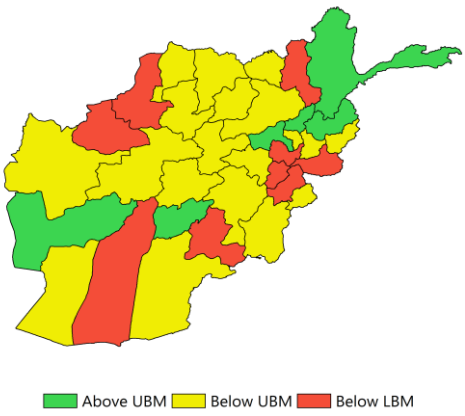
Geographical trends

1. Provincial results



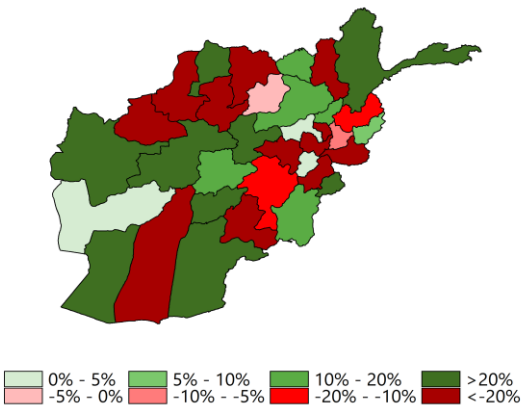
- The provincial scores for this index ranges from 0.2% in Zabul to 86.2 in Panjshir province.
- The highest scores, above 46.5%, were achieved in Panjsher, Uruzgan, Parwan, Farah, Nuristan, Badakshan and Baghlan.
- The lowest scores were achieved by Zabul (0.2%), followed by Helmand (6.4%), Nangarhar (14.1%), Kabul (14.2%), Badghis (14.8%), Takhar (16.7%), Faryab (19.5%), Paktya (20.5%) and Logar (21.6%).

2. Provinces meeting LBM and UBM



- None of the nine provinces mentioned above with the lowest scores achieve the lower benchmark.
- In fact, the majority (n=19) of the provinces achieved the lower but not the upper benchmark.
- Only six provinces (Badakshan, Farah, Nuristan, Panjsheer, Parwan, Uruzgan) achieved the upper benchmark.

3. Provincial achievement over time



- All six provinces who reached the upper benchmark, except Nuristan, achieved an increase in score compared to the past three years average. The most considerable improvement in score was achieved in Urozgan (>20%) and the highest decrease (between 20%-40%) was in Zabul, Nangarhar and Helmand.
- Balkh, Sarepul and Samangan province achieved between 10% to 20% lower score as compared to the past three-years average and should be careful not to fall below the lower benchmark.

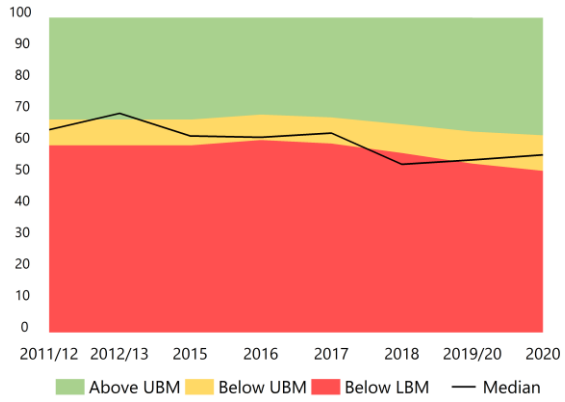
B-8: Provider Knowledge Score

This indicator assesses the knowledge of health workers through the use of self-administered questionnaires for each health worker, which asks about practical knowledge and skills concerning management of common health conditions specified in the BPHS. The questions included in this indicator are mainly about childhood illnesses, nutrition, maternal health, vaccination, and infectious diseases including malaria, tuberculosis, and HIV/AIDS. It also covers major aspects of infection control at facility level. For each round of NHSPA, a new set of questions is selected from an existing question bank and included in the questionnaires.

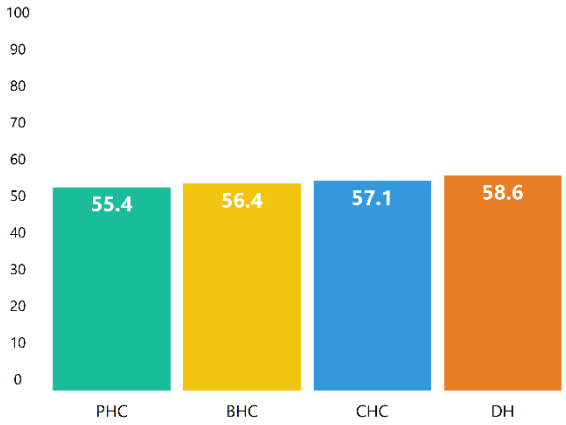
The score for the knowledge of the health providers this year was found at 56.4 which is 1.4% lower than the three-years average score at 57.2.

National median	three-years average	% Change
56.4	57.2	-1.4%

National trend over time

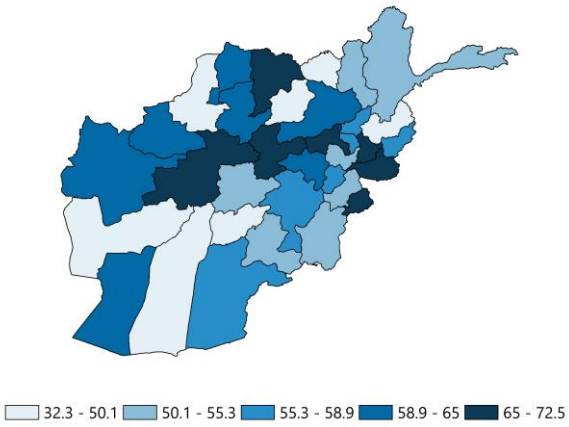


Results by facility type



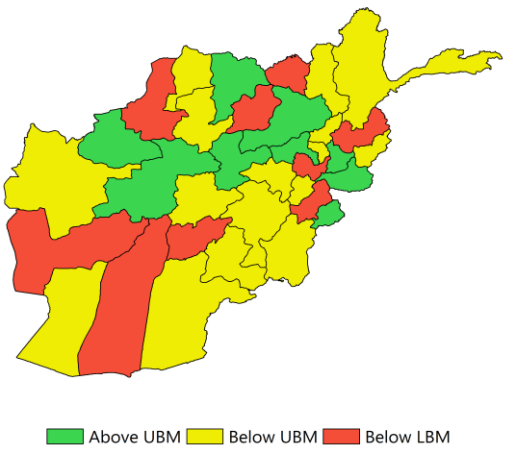
- The score for the knowledge of health providers follows a decreasing trend since 2012/13 but kept above the lower benchmark between 2012/13 and 2017. In 2018 fell, for the first time, below the LBM. In the previous round 2019/20 the Provider Knowledge score slightly increases and achieved the LBM. This improvement has been confirmed in this round with the score (56.4%) well above the LBM.
- There is little variation in the knowledge of health providers between the different facility types. The scores range from 55.4 in PHC's to 58.6 in DHs.

Geographical trends



1. Provincial results

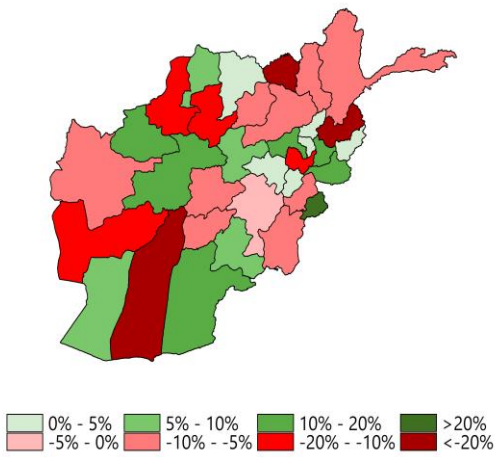
- The provincial scores for this index ranges from 32.3% in Helmand to 72.5% in Khost province.
- The highest scores, above 65%, were achieved in Khost, Nangrahar, Parwan, Ghor, Balkh, Bamyan and Laghman.
- The lowest scores were achieved in Helmand (32.3%), followed by Kunduz (41.2%), Nuristan (42.3%), Samangan (48.4%), Urozgan (49.3%), Farah (49.5%), Faryab (50.0%), and Paktya (50.2%).



2. Provinces meeting LBM and UBM

- The provinces with the lowest scores mentioned above (Helmand, Kunduz, Nuristan, Samangan, Urozgan, Farah, Faryab and Paktya) did not achieve the lower benchmark.
- In total, sixteen provinces achieved the lower benchmark but not the upper benchmark.
- The remaining seven provinces achieved the upper benchmark (Baghlan, Balkh, Bamyan, Ghor, Khost, Nangrahar, Parwan).

3. Provincial achievement over time



- All the provinces that achieved the upper benchmark, except Baghlan, increased the score as compared to the past three-years average. The most considerable improvement was achieved in Khost and Laghman (10% - 20%) and the largest decrease (between 10% – 20%) was observed in Kunduz, and Nuristan.
- Herat, Kabul, Kandahar and Sarepul achieved between 5% to 10% lower score as compared to the past three years and should be careful not to fall below the lower benchmark.

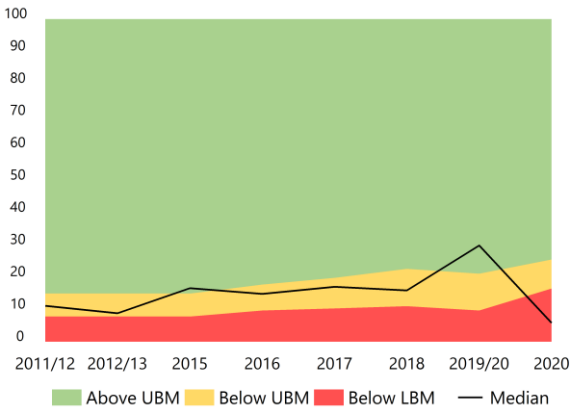
B-9: Staff Received Training (in last year)

This indicator assesses whether health workers received job-related training in the past 12 months. The items used in this indicator are related to diagnosis and management of common illnesses, including areas such as Integrated Management of Childhood Illnesses (IMCI), maternal and child health, family planning methods, malaria, HIV/AIDS, nutrition, tuberculosis, and infection prevention.

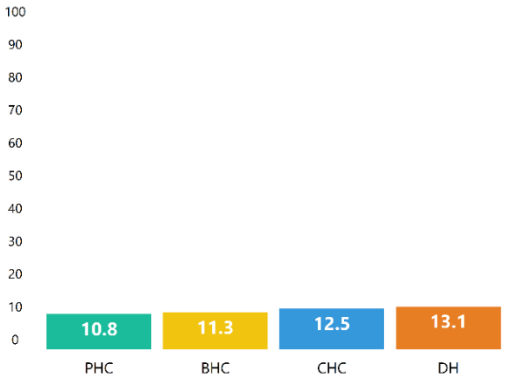
Staff training index scored 5.8 which is 72.2% lower than the past three-years average (20.9) this year.

National median	three-years average	% Change
5.8	20.9	-72.2%

National trend over time



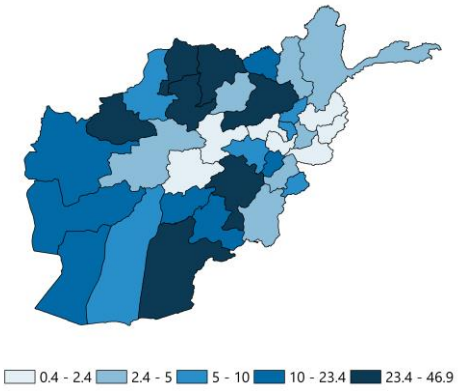
Results by facility type



- The training index score has slightly fluctuated between 2011/12 and 2018 remaining between the benchmarks most of the time
- In 2018 the score considerably increased and in 2019/20, the score reached a record high and for the first time surpassed the upper benchmark. This round, the national median considerably dropped as compared to 2019/20 and the score is below the lower benchmark again.

- The training of staff is not different for health workers working in PHC (10.8), BHC (11.3), CHC (12.5) and DH (13.1). All scores are within 2 points of each other.

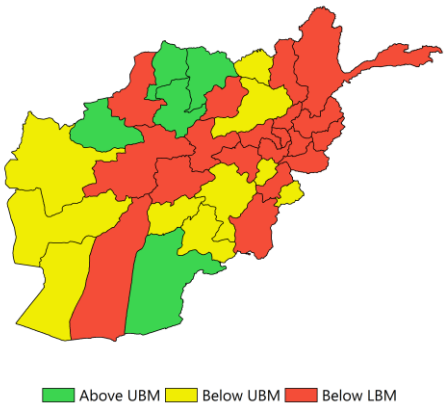
Geographical trends



- The scores for staff received training index ranges from 0.4 in Nuristan to 46.9 in Saripul.
- Seven provinces, Baghlan, Baghdis, Balkh, Saripul, Kandahar, Jawzjan, Ghazni, achieved the highest scores above 23.4%.
- Lowest scores, below 2.4% were found in seven provinces (Nuristan, Kabul, Kunar, Nangrahar, Daykundi, Parwan and Takhar)

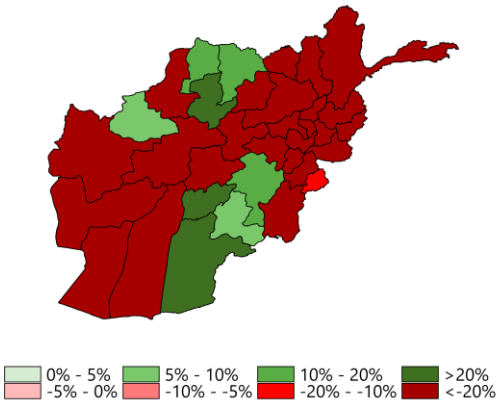
1. Provincial results

2. Provinces meeting LBM and UBM



- Majority (n=19) of the provinces scored below the lower benchmark.
- Only Badghis, Balkh, Jawzhan, Kandahar and Saripul province achieved the upper benchmark.
- Ten provinces (Baghlan, Urozgan, Nimroz, Herat, Zabul, Kunduz, Logar, Farah, Khost and Ghazni) achieved the lower but not the upper benchmark.

3. Provincial achievement over time



- All provinces that achieved the upper benchmark along with Uruzgan, Zabul, and Ghazni improved their training score.
- Kandahar, Saripul and Uruzgan improved the most by more than 20.0%.
- In the majority 26 of the provinces, the score for the training dropped compared to the past 3-year average.
- Apart from Khost which drop by 10-20%, all 25 provinces dropped by more than 20.0% compared to the past 3-years average.

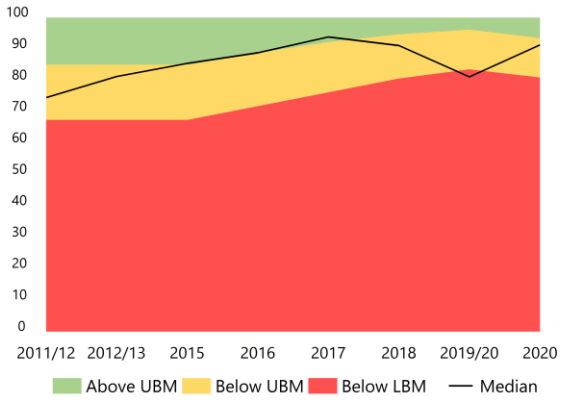
Domain C – Physical Capacity

C-10: Equipment Functionality Index

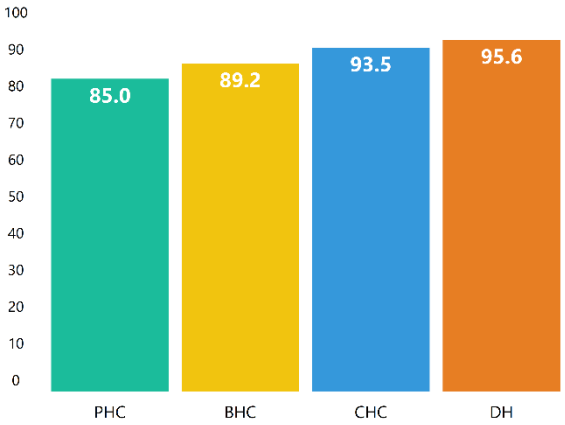
This indicator assesses availability and functionality of various types of equipment which are required according to the BPHS guidelines. Included in the indicator are 33 items for PHCs and BHCs, and 39 items for CHCs and DHs. Major items include children's scale, thermometer, stethoscope, sterilizer, vaccine refrigerator, delivery kit and other basic equipment. A microscope, centrifuge, hemoglobinometer, TB diagnostic lab kit, sputum cups and reagents are included for CHCs and DHs. The average national median of the 3 previous rounds was 88.6. This year, the median score is 91.3, which is 3.0% higher than the three-year average.

National median	three-years average	% Change
91.3	88.6	3.0%

National trend over time



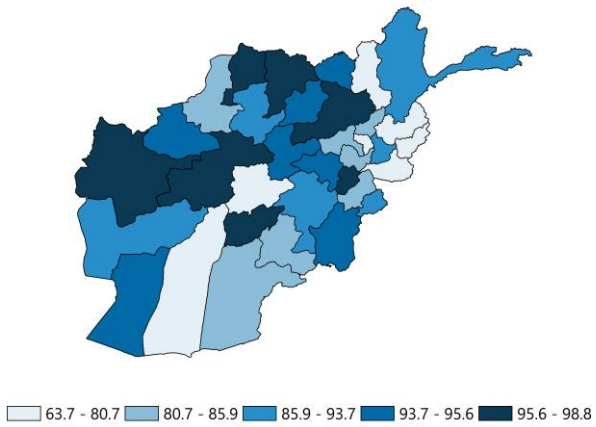
Results by facility type



- The national median steadily increased between 2011/12 until 2017 where it started to fall. Since 2018, the median follows a decreasing trend and fell below the lower benchmark in the previous round 2019/20.
- This round 2020 the median has increased by 10.3% compared with previous round keeping well above the lower benchmark.
- Not much variation has been observed across facilities. The availability of equipment seems to improve with increasing level of health care. PHCs have the lowest availability of equipment on average (85.0), followed by BHC (89.2), CHC (93.5) and DH (95.6) where the equipment availability is higher.

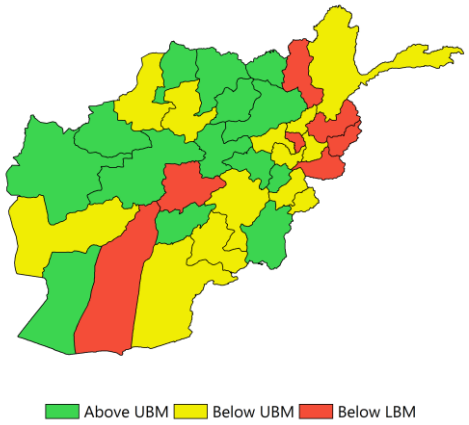
Geographical trends

1. Provincial results



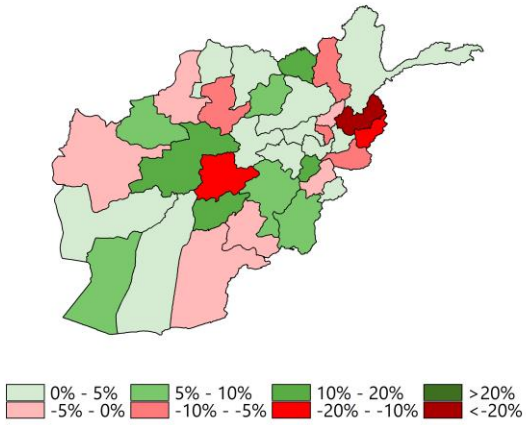
- The provincial scores for this index range from 63.7 in Nuristan to 98.8 in Logar.
- The highest scores, over 95.6%, were achieved in Logar, Baghlan, Herat, Jawzjan, Ghor, Uruzgan and Balkh.
- The lowest scores were achieved by Nuristan (63.7), followed by Kunar (72.6), Daykundi (72.8), Takhar (77.8), Nangarhar (78.5), Kapisa (78.7) and Helmand (79.3).

2. Provinces meeting LBM and UBM



- None of the seven provinces mentioned above with the lowest score achieved the lower benchmark.
- Thirteen provinces (Badakhsan, Farah, Faryab, Ghazni, Kabul, Kandahar, Khost, Laghman, Paktya, Panjsher, Parwan, Saripul and Zabul) achieved the lower but not the upper benchmark.
- The remaining (n=14) provinces achieved the upper benchmark.

3. Provincial achievement over time



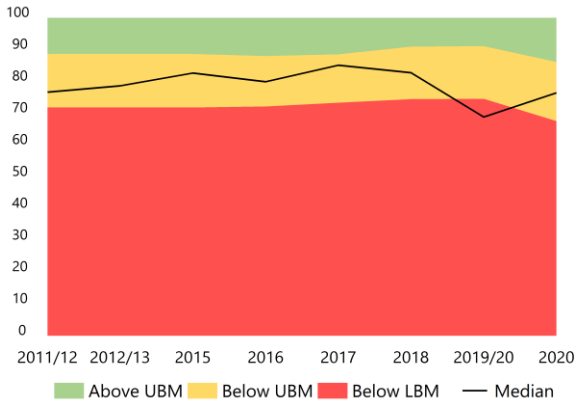
- All the 14 provinces that achieved the upper benchmark, except Herat, increased their scores as compared to the past three years average.
- The most considerable improvement was achieved in Kunduz, Ghor, Urozgan and Logar provinces (10%-20%).
- Whereas the largest decrease was observed in Nuristan (more than 20% decrease), followed closely by Kunar and DayKundi with 10%-20% drop compared to the last 3-years average.

C-11: Pharmaceutical and Vaccines Availability Index

This indicator assesses availability and usability of pharmaceuticals and vaccines. Usability refers to the expiry dates of pharmaceutical and vaccines: the items in question should not be expired or near expiration. This indicator is composed of 53 important pharmaceutical items and vaccines that are included in the BPHS essential drugs list. Items include paracetamol, anti-malarial drugs, common antibiotics, oral contraceptive pills, oxytocin, and childhood vaccines, amongst others. This year the pharmaceuticals included were adapted to reflect the 2010 BPHS guidelines. The national median score this year is 76.4, which is slightly lower (3.0%) than the average of the past three years (78.8).

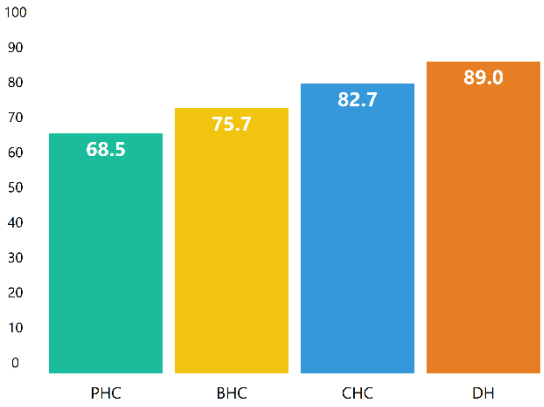
National median	three-years average	% Change
76.4	78.8	-3.0%

National trend over time



- The national median has been well in between the upper and lower benchmark since 2011/12. It saw a slight increasing trend between 2011/12 and 2017, after which it sharply declined in 2019/20.
- This year a slight increase by 3.1% is observed if compare to the score achieved in 2019/20.

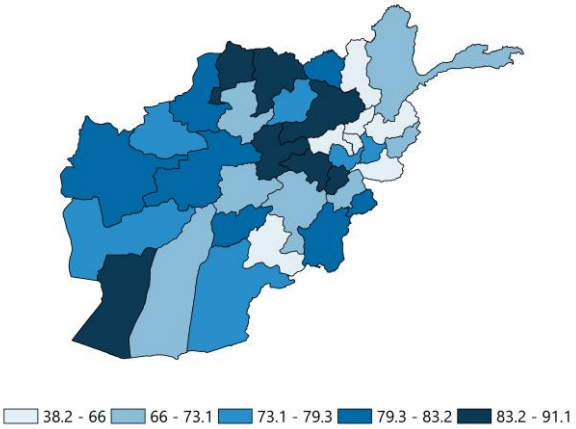
Results by facility type



- There is a clear increasing trend in scores from PHC to DH. On average 69% of required pharmaceuticals and vaccines were available at PHCs.
- This is slightly higher in BHCs (75.7%) and CHCs (82.7%). The highest in DHs (89.0%).

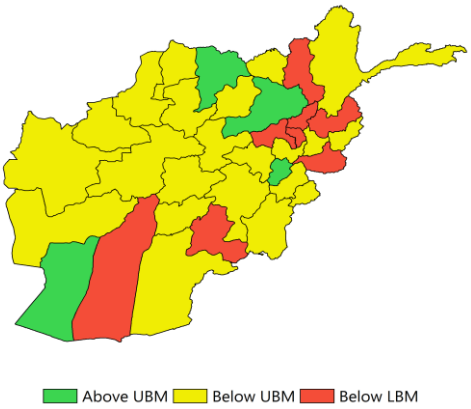
Geographical trends

1. Provincial results



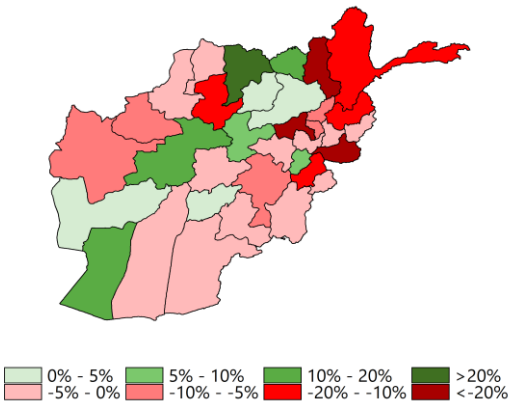
- The provincial scores for this index ranges from 38.2 in Takhar to 91.1 in Logar.
- The highest scores were achieved in seven provinces Baghlan (88.6%), Balkh (87.2%), Bamyan(83.8%), Jawzjan (83.6%), Nimroz (86.1%), Wardak (83.9%) and Logar (91.1%).
- The lowest scores were achieved in Takhar (38.2%) followed by Nangarhar (49.4%), Parwan (53.1%), Kapisa (54.9%), Nuristan (64.4%), Panjsher (65.7%) and Zabul (65.9%). These provinces did not achieve the lower benchmarks.

2. Provinces meeting LBM and UBM



- Majority (n=21) provinces have achieved the lower but not the upper benchmark.
- Baghlan, Balkh, Logar and Nimroz are the only provinces that achieved the upper benchmark.
- Takhar, Panjsher, Kapisa, Parwan, Nuristan, Nangarhar, Zabul and Helmand provinces are below the lower benchmark.

3. Provincial achievement over time



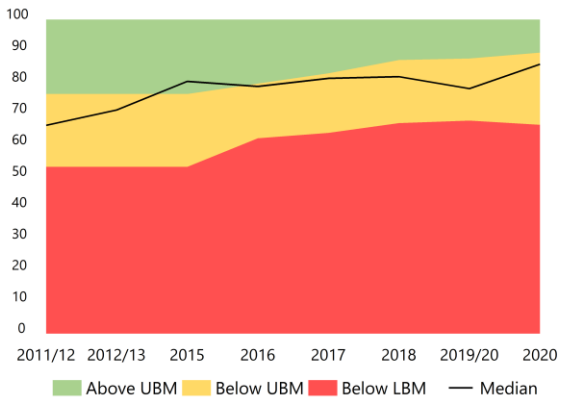
- Balkh is the only province where the score improved more than 20% compared to the last three-year average. The most considerable decrease was observed in Parwan, Nangarhar and Takhar (a decrease of more than 20%).
- Badakhsan, Paktya, Nuristan and Sar-e-Pul scores are moving backwards (scored 10%-20% less of the past three-years average) and should be careful not to fall under the lower benchmark.

C-12 Laboratory Functionality Index

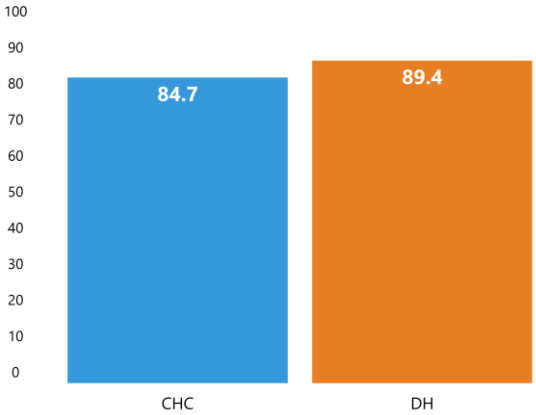
This indicator is composed of 17 laboratory tests required for the diagnosis of common illnesses and conditions in Afghanistan, including pregnancy testing, tuberculosis smears, and HIV testing. This indicator is implemented only in CHCs and DHs as PHCs and BHCs are not required to perform any laboratory tests. This year, the national median is slightly increased (6.8%) the average of the previous three rounds. The past three-years average is 80.3 while the national median for this year is 85.8.

National median	three-years average	% Change
85.8	80.3	6.8%

National trend over time



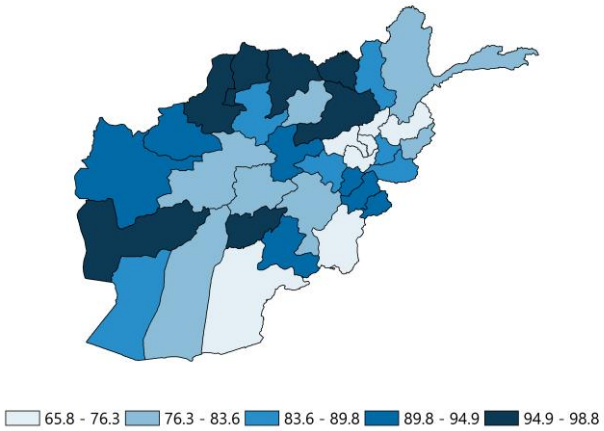
Results by facility type



- In 2011/12 the national median was below the lower benchmark. It sharply increased until 2015 after which it remained stable around 80.
- In 2019/20 the national median was slightly decreased, but this year the score for this index is again significantly increased and remained above the LBM.
- On average, CHCs were able to perform 84.7% of the required laboratory tests on the day of the survey, as compared to 89.4% among DHs.

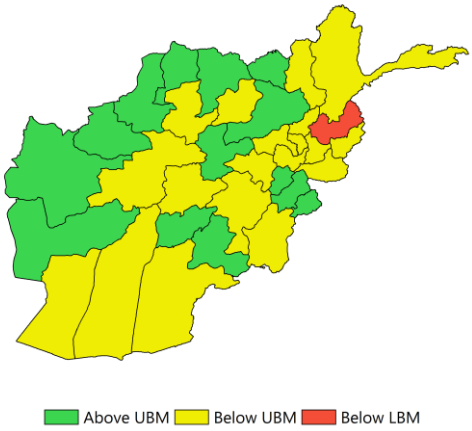
Geographical trends

1. Provincial results



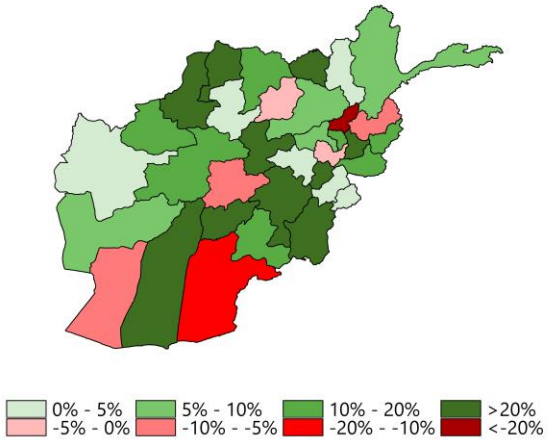
- The provincial scores for laboratory functionality ranges from 65.8 in Nuristan to 98.8 in Farah.
- Seven provinces achieved the highest scores (Baghlan, Balkh, Farah Faryab, Jawzjan, Kunduz and Urozgan) with scores over 94.9.
- The lowest scores were in are Nuristan (65.8) followed by Panjsher (66.7), Kabul (68.6), Kapisa (69.0), Kandahar (70.8), Parwan (74.5), and Paktika (74.9).

2. Provinces meeting LBM and UBM



- Fourteen provinces met the UBM (Farah Uruzgan, Kunduz, Balkh, Jawzjan, Baghlan, Faryab, Badghis, Paktya, Logar, Herat, Zabul, Khost and Bamyan).
- A total of 19 provinces met the LBM, but not the UBM.
- Nuristan is the only province who did not achieved the lower benchmark.

3. Provincial achievement over time



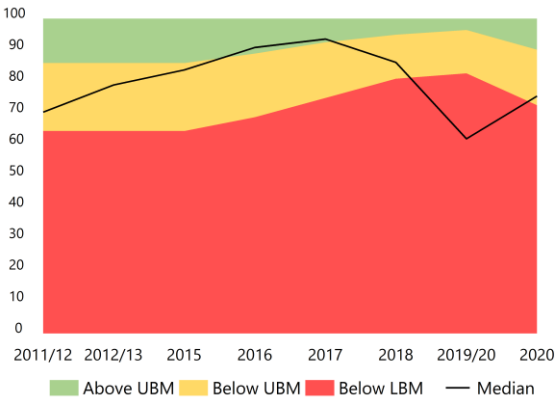
- All of the provinces that met the UBM, increased their score compared to the three-years average. The most considerable improvements were observed by Bamyan, Logar, Faryab and Jawzjan province (>20%).
- Among those between LBM and UBM, Kandahar, Daikundi and Nimroz scored 5%-10% lower. These provinces should be careful not to fall below the LBM.
- Panjsher province achieved more than 20% less score as compared to three-years average. This province needs to take action to improve their availability of laboratory tests.

C-13: Clinical Guidelines Index

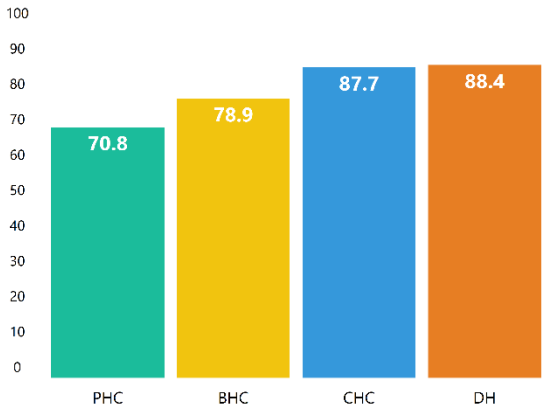
This indicator assesses the presence of clinical guidelines which are required for the proper management of common illnesses and conditions. The items included in the indicator are clinical guidelines on IMCI, tuberculosis (TB), malaria, immunization, family planning methods, and HIV counselling and testing. The latter clinical guideline is only required for CHCs and DHs, as PHCs and BHCs are not required to have it. The national median for the clinical guidelines index is 75.4, which is slightly (-6.3%) lower than the past three-years average at 80.5.

National median	three-years average	% Change
75.4	80.5	-6.3%

National trend over time



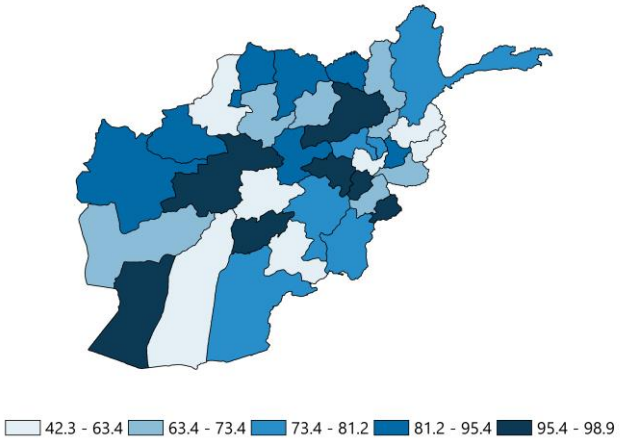
Results by facility type



- The clinical guidelines index started of below the lower benchmark in 2011/12. However, it saw a substantial increase until 2017.
- In 2018 and 2019/20 the national median dropped considerably from 93.5 in 2017 to 86.1 in 2018 and to 61.9 in 2019/20 and fell below the LBM.
- This year, the national median score of this index is significantly increased and met the LBM.
- Like the indicators 10, 11 and 12; the performance of the different health facilities on the clinical guidelines index increases in higher levels of health facilities. PHCs and BHCs scored the lowest, 70.8 and 78.9 respectively. CHCs and DHs have the highest scores, with 87.7 and 88.4 respectively.

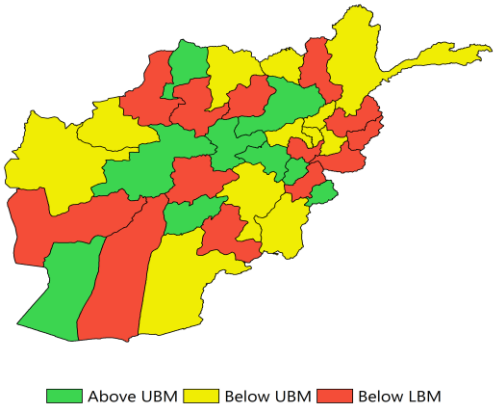
Geographical trends

1. Provincial results



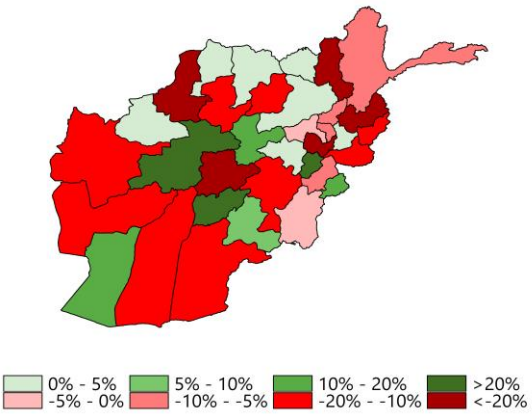
- The provincial scores for clinical guidelines index range from 42.3 in Daykundi to 98.9 in Baghlan.
- The lowest scores were achieved by Daykundi (42.3), followed by Nuristan (42.9), Helmand (55.5), Kabul (60.2), Faryab (61.6), Kunar (61.9), Zabul (62.4), Takhar (64.0), Samangan (67.3), Farah (68.0), Nangarhar (68.2), Paktya (70.8) and Saripul (71.5).
- The highest scores, over 95.4%, were achieved in Baghlan, Logar, Nimroz, Wardak, Ghor, Khost and Uruzgan.

2. Provinces meeting LBM and UBM



- Twelve provinces (Badakhshan, Badghis, Balkh, Ghazni, Herat, Kandahar, Kapisa, Kunduz, Laghman, Paktika, Panjsher and Parwan) achieved the lower but not the upper benchmark.
- Nine provinces (Baghlan, Logar, Nimroz, Wardak, Ghor, Khost, Jowzjan, Bamyan and Uruzgan) achieved the upper benchmark; The remaining provinces were all below the lower benchmark.

3. Provincial achievement over time



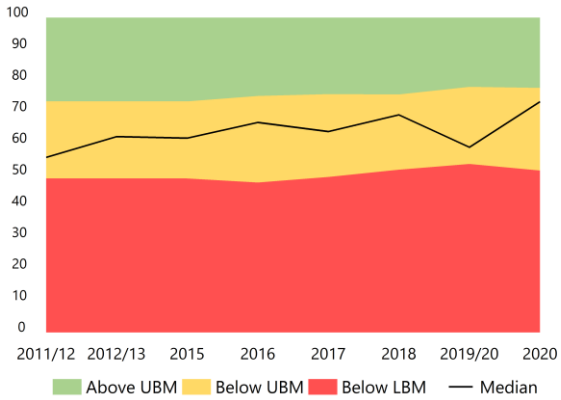
- Overall, more than half, 20 provinces decreased their scores for the clinical guideline index compared to the last 3-year average. The most considerable decrease was in Daykundi, Nuristan, Kabul, Takhar and Faryab (a decrease of more than 20%), compared to the previous three years' average.
- Three provinces Logar, Ghor and Urozgan increased more than 20% compared to the last 3-years average.

C-14: Infrastructure Index

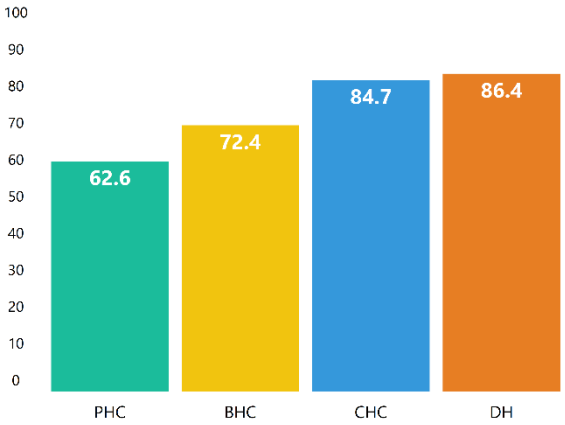
This indicator assesses whether health facilities have the basic infrastructure. This index includes 10 items assessing the functional condition of windows, doors, roof, interior walls, exterior walls, grounds, water source, heating, electricity, and toilets as well as designated rooms or corners for postpartum family planning, nutrition counselor, DOTs, newborn corner, post abortion care and psychosocial counselor. For a health facility to receive a full score in this indicator, all 18 items need to be present and functional. The national median for this score is 73.4, which is 14.8% higher as compared to the three-years average of 63.9.

National median	three-years average	% Change
73.4	63.9	14.9%

National trend over time



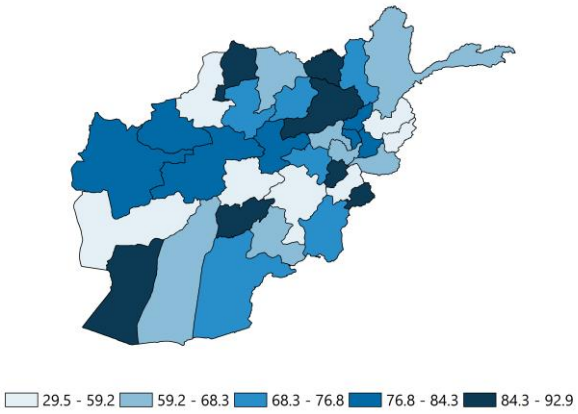
Results by facility type



- A slight gradual increase was observed between 2011/12 and 2018.
- In 2019/20, the score was considerably decreased and this year the national median for this index is again significantly increased.
- Available and functionality of infrastructure increased in higher levels of health facility types.
- The availability and functionality of infrastructure in PHC is (62.6), BHC (72.4), CHC (84.7) and the highest score was observed in DH (86.4).

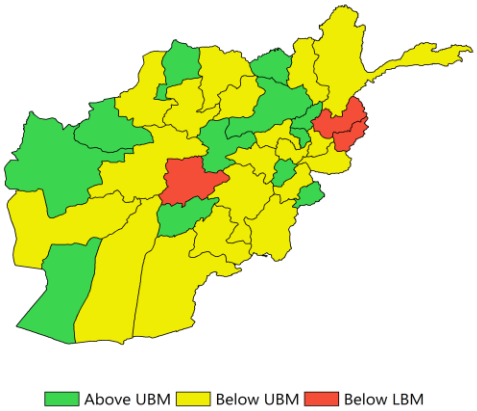
Geographical trends

1. Provincial results



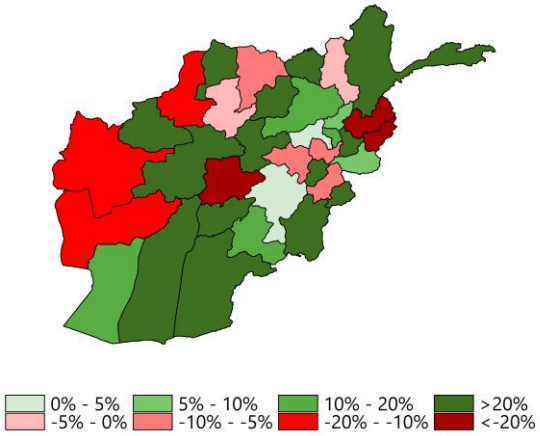
- The provincial scores for Infrastructure Index range from 29.5 in Daykundi to 92.9 in Baghlan.
- The lowest scores were achieved by Daykundi (29.5), followed by Nuristan (29.9), and Kunar (46.5). These provinces did not achieve the LBM.
- The highest scores were achieved in Baghlan, Logar, Nimroz, Jawzjan, Kunduz, Khost and Uruzgan.

2. Provinces meeting LBM and UBM



- Only three provinces' scores have falled below the lower benchmark (Daykundi, Kunar and Nuristan)
- A total 12 provinces achieved the upper benchmark (Baghlan, Logar, Nimroz, Jawzjan, Kunduz, Khost, Panjsher, Kapisa, Bamyan, Herat, Badghis and Uruzganlist).
- The rest of provinces achieved the lower but not the UBM.

3. Provincial achievement over time



- Generally, more than half fo the provinces (22 provinces) found improved related to infrastructure index score. The most considerable improvements were achieved by 14 provinces (>20%).
- While the score dropped in the remaining 12 provinces.
- In Kunar, Nuristan and Daykundi, the score dropped the most by more than 20.0%.

Domain D – Quality of Service Provision

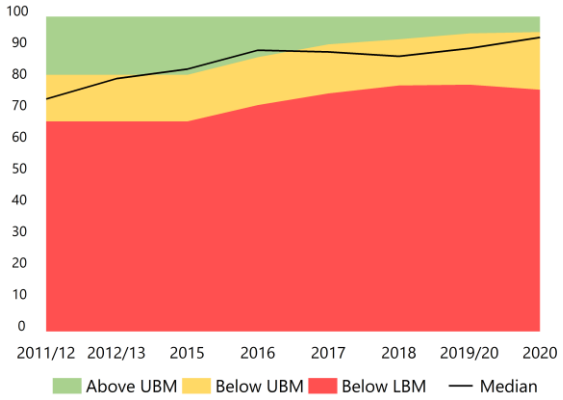
D-15: Client Background and Physical Assessment

This indicator assesses the basic communication and technical skills a health worker is required to demonstrate during patient visits. The indicator is composed of 7 items. Observed is whether the health worker greets the patient, asks their age, asks the reason for the visit, asks for nature and duration of a complaint, asks about previous treatment, performs physical examination, and ensures privacy.

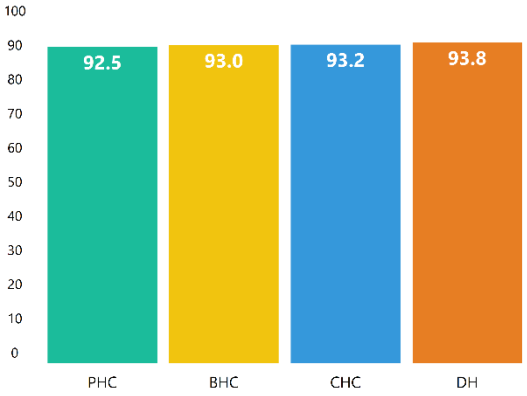
The national median for this index was found to be 93.5, which is 5.4% higher than three-years average at 88.7.

National median	three-years average	% Change
93.5	88.7	5.4%

National trend over time



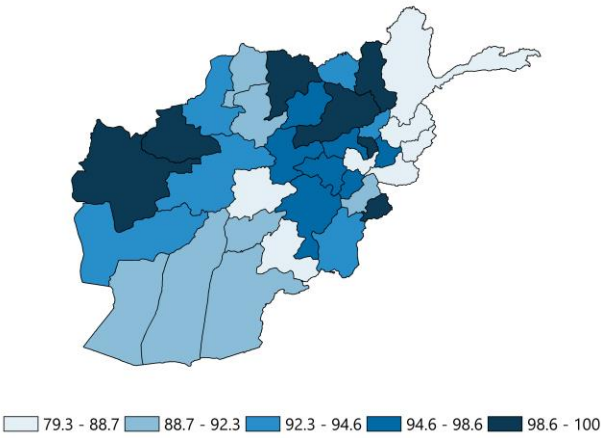
Results by facility type



- This index showed gradually increasing trend since 2011/12. Started from above the LBM at 73.8 and increased to cross the UBM at 83.3 in 2015 and remained on the UBM until 2016. Since then dropped from the UBM in 2018 but increase again to 93.5 in 2020.
- Client background and physical assessment index was found to be high (93.0) and almost the same across all types of HFs.

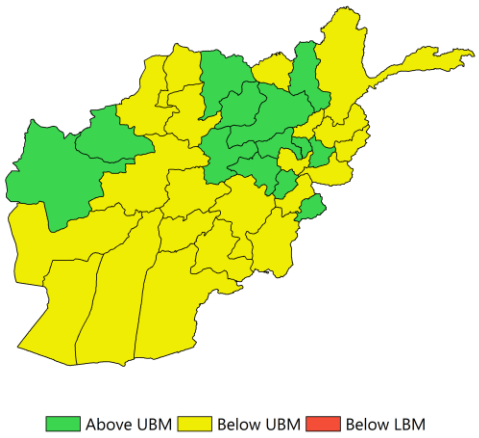
Geographical trends

1. Provincial results



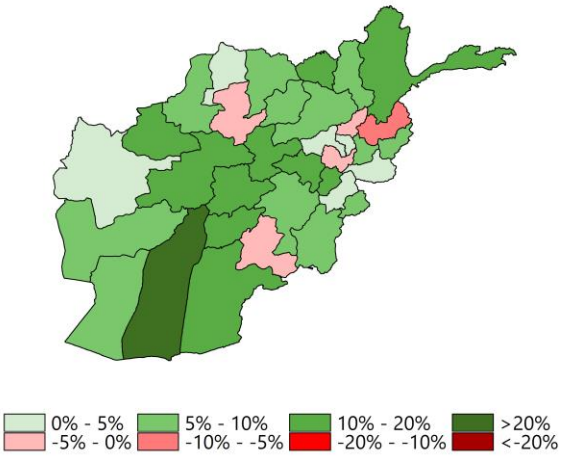
- The score for client background and physical assessment index was found to be vary from 100.0 in Baghlan to 79.3 in Kabul.
- Baghlan, Balkh, Badghis, Kapisa, Herat, Takhar and Khost were the provinces with highest score ranging from 98.6 to 100.
- The lowest score (less than 88.7) have been found in Nangarhar, Badakshan, Zabul, Daykundi, Kunar, Nuristan and Kabul.

2. Provinces meeting LBM and UBM



- All five provinces with highest scores (Baghlan, Balkh, Badghis, Kapisa and Herat) along with Laghman, Khost, Logar, Wardak, Parwan, Bamyan, Takhan, Samangan and Baghlan reached the upper benchmark.
- Other remained between the upper and lower benchmarks.

3. Provincial achievement over time



- The scores for client background and physical assessment were improved in all provinces but five (Nuristan, Panjsher, Kabul, Zabul and Sar-e-Pul).
- Helmand scored more than 20% higher than three-years average score.
- The highest drop has been found in Nuristan (5-10% less than the three-years average).

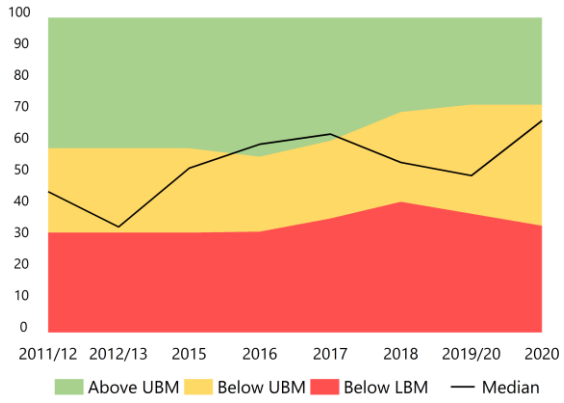
D-16: Client Counselling Index

This indicator intends to measure skills of health workers with respect to counselling of patients. It is composed of 8 items which are meant to capture how well a health worker communicates with the patient and provides important information concerning their condition, including home care, precautions, proper ways of taking the drugs, potential drugs side effects, and follow up visits.

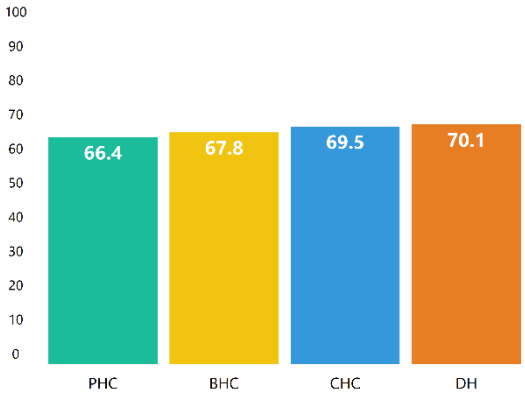
The national median score for the Client Counselling Index is 67.3, which is 21.0% higher than the past three-years average at 55.6.

National median	three-years average	% Change
67.3	55.6	21.0%

National trend over time



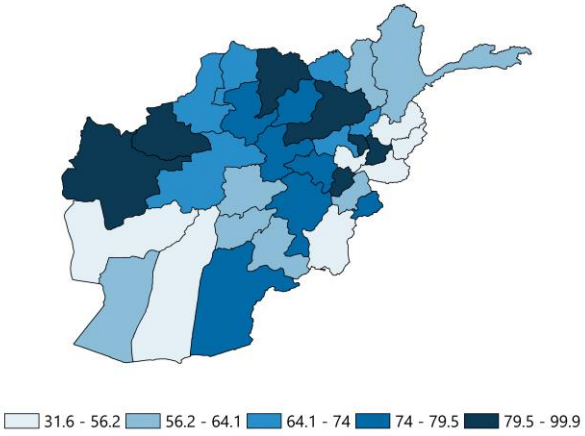
Results by facility type



- The national median score for the Client Counselling showed an increasing trend until 2017 (63.0). It dropped down to 54.0 in 2018 and it has further decreased to 49.9 in 2019/20. In this round the score increased to 67.3 toward the UBM.
- Almost no variation across facility type is observed regarding client counseling index; the scores seems to be increasing by increasing level of HFs but the differences are minor and probably not significant.

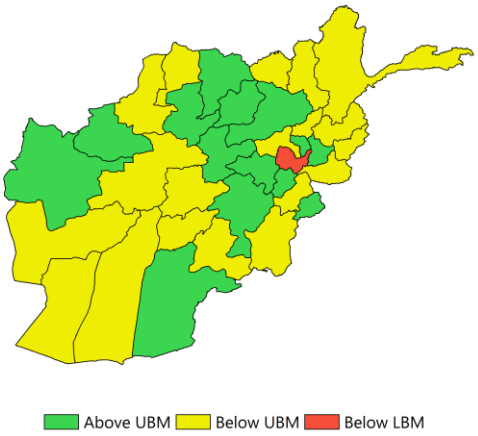
Geographical trends

1. Provincial results



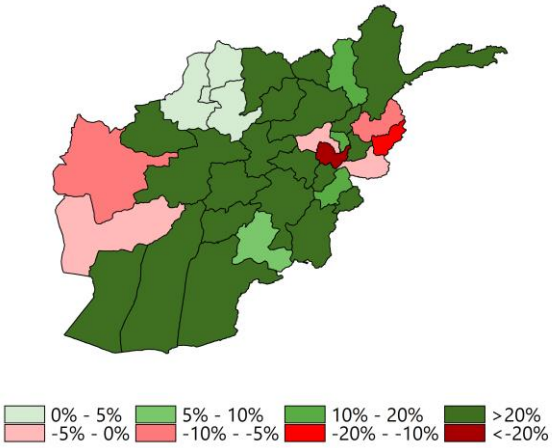
- The score for client counseling ranges from 99.9 in Baghlan to 31.6 in Kabul.
- Seven provinces (Baghlan, Badghis, Kapisa, Balkh, Laghman, Herat and Logar) scored the highest from 79.5 to 99.9.
- The provinces that obtained the lower score (<56.2) were Nangrahar, Paktika, Helmand, Farah, Nuristan, Kunar, and Kabul

2. Provinces meeting LBM and UBM



- Only Kabul scored below the lower benchmark.
- Khost, Laghman, Kapisa, Logar, Wardak, Ghazni, Bamyan, Baghlan, Samangan, Balkh, Saripul, Badghis, Herat and Kandahar reached the upper benchmark and all other provinces reached the lower benchmark.

3. Provincial achievement over time



- The vast majority (n=270 of the provinces improved their score regarding the client counselling index.
- A total of 20 provinces improved the score by more than 20% compared to the past three-years average.
- In seven provinces, the scored dropped compared to the past three-years average. In Kabul the score dropped by more than 20% compared to the three-year average and in Kunar the score decreased by 10-20% compared to the past three-years average.

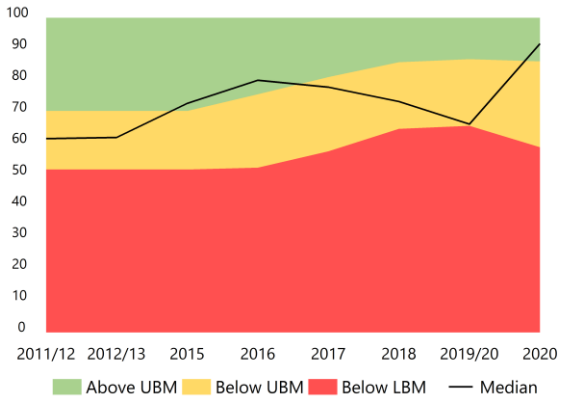
D-17: Universal Precautions

This indicator assesses the safety and precaution measures recommended by the BPHS to prevent infections and ensure safety in the workplace both for patients and health workers. The indicator includes 9 items, including to the use of disposable syringes for injections, presence of clean water and soap, regular use of sterilizers, disinfectants and incinerators, and proper disposal of sharps.

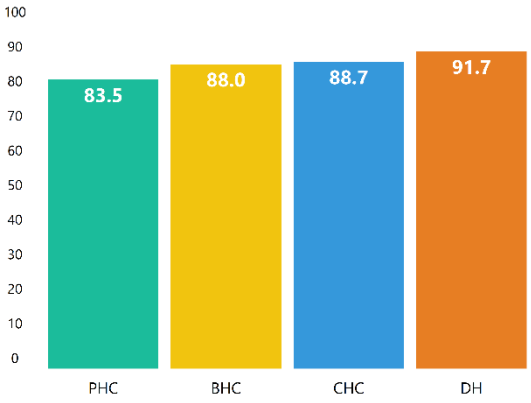
National median score is 91.8 this year which is 26.4% higher than the past 3- years average 72.6).

National median	three-years average	% Change
91.8	72.6	26.4%

National trend over time



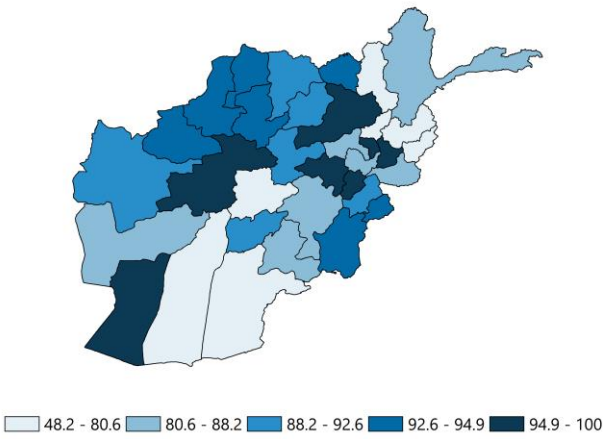
Results by facility type



- A slowly raising and dropping trend can be observed in the universal precaution index. Starting from above the LBM, in 2012/13, cross the UBM in 2016 at 80.2 and continue up to 2016 on above the UBM.
- Since then it dropped significantly to 66.2 slightly above the LBM. In this round the index again crossed the UBM by sharply increase to 91.8.
- This index slightly increases by increasing level of facility type but overall the variation observed is minimal.

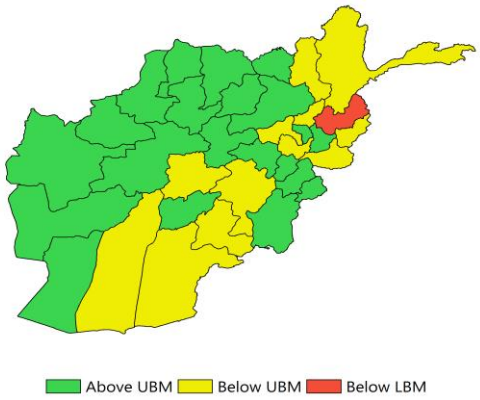
Geographical trends

1. Provincial results



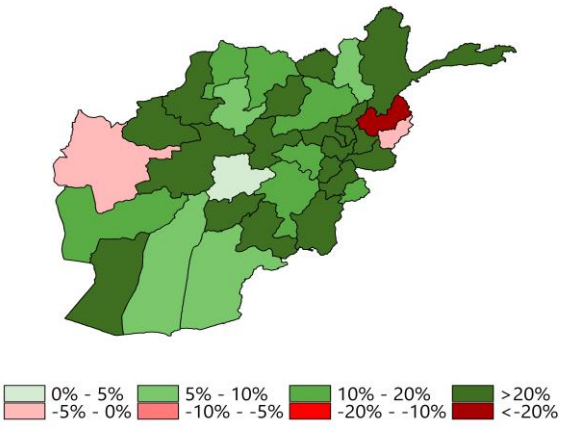
- Universal precaution index varies geographically from 100 in Nimroz to 48.2 in Nuristan.
- Nimroz, Logar, Ghor, Laghman, Kapisa, Wardak and Baghlan scored the highest ranging from 94.9 to 100.
- On the other hand, Panjsher, Kandahar, Takhar, Helmand, Kunar, Daykundiand Nuristan scored the lowest, less than 80.6.

2. Provinces meeting LBM and UBM



- Apart from Nuristan province, all other provinces crossed the lower benchmark for the universal precautions.
- Almost two-third (n=21) of the provinces even reached the UBM.

3. Provincial achievement over time



- Overall, 30 out of 34 provinces have improved their universal precautions' scores.
- Seven provinces including Balkh, Farah, Wardak, Jawzjan, Khost, Ghazni and Baghlan scored 10-20% more than three-years average and a a total of 19 provinces scored more than 20% higher than the three-years average.
- Only three provinces dropped compared to the three-years average. Nuristan, that dropped by more than 20%, and Kunar and Herat that decreased by 0-5%.

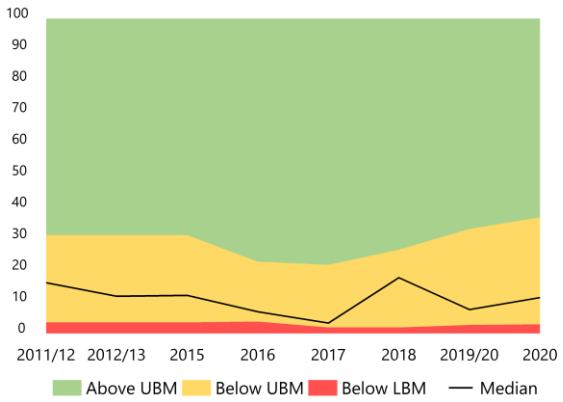
D-18: Time Spent with Clients

This indicator assesses whether a health provider spends nine minutes during patient visit. The question included in the survey forms collects data on how much time a health provider spends with each patient during their visit, but for analysis the data were recorded as binary (at least nine minutes equals one, and less than nine minutes equals zero). The nine minutes are the minimum time required for a health provider to complete a patient history, perform physical examination, make diagnosis and do the counselling and prescribe the treatment.

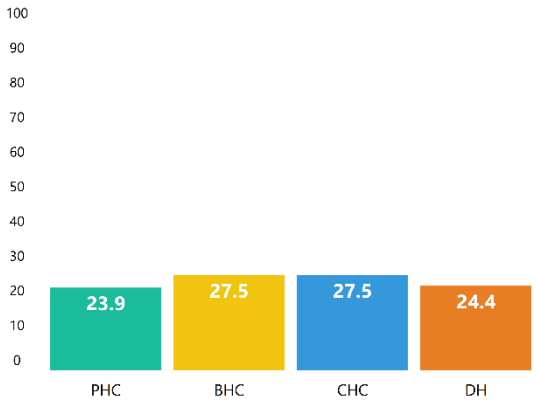
The national median for the time spent with clients' score is 11.4% this year. This is 20.2% higher than the 3-years average (9.5) for this score.

National median	three-years average	% Change
11.4	9.5	20.2%

National trend over time



Results by facility type

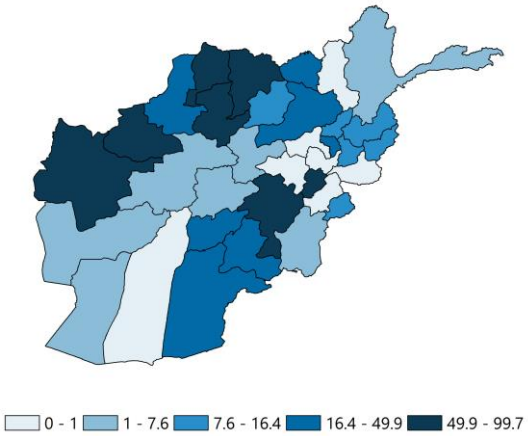


- The score for this index follows slightly but progressive decreasing and increasing trend between UBM and LBM.
- Since 2017 the score peaked to 17.7 in 2018 and dropped to 7.6 in 2019/20.
- In this round the score increased slightly to 11.7.

- Overall, the score for this index is low between 23.9 and 27.5.
- In BHC and CHC, time spent with client scored higher 27.5 than PHC and DH, 23.9 and 24.4 respectively.

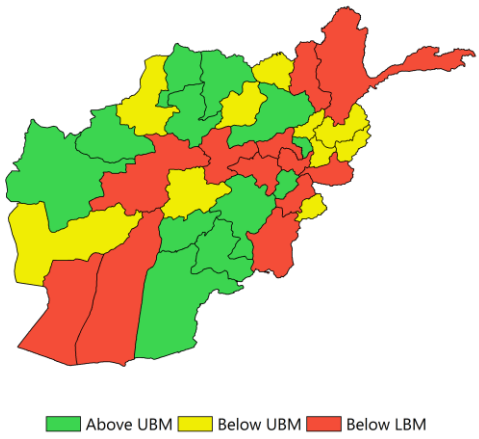
Geographical trends

1. Provincial results



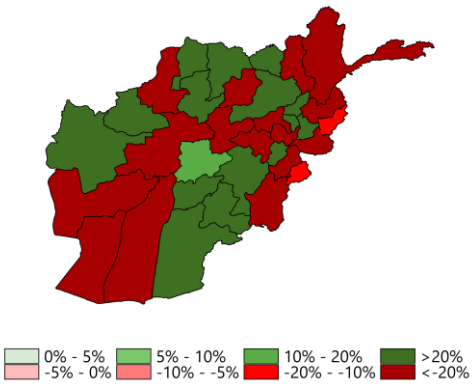
- The score for time spent with client varies from 99.7 in Badghis to 0 in Helmand and Nangarhar.
- Seven provinces scored between 49.9 and 99.7 (Badghis, Balkh, Saripul, Herat, Ghazni, Jawzjan and Logar).
- Paktya, Parwan, Kabul, Wardak, Takhar, Helmand and Nangrahar scored the lowest between 0-1.

2. Provinces meeting LBM and UBM



- The province with the lowest score (Paktya, Parwan, Kabul, Wardak, Takhar, Helmand and Nangrahar) along with the Badakhshan, Paktika, Bamyan, Ghor and Nimroz remained below the LBM.
- Kunar, Nuristan, Laghman, Panjsher, Khost, Kunduz, Samangan, Faryab, Daykundi and Farah provinces score between the upper and the lower benchmark. The remaining provinces crossed the upper benchmark.

3. Provincial achievement over time



- Overall, the score for time spent with the client's index have been improved in almost half (n=16) provinces.
- Jawzjan, Laghman, Saripul, Ghazni, Badghis, Herat, Logar, Uruzgan, Kandahar, Zabul, Kunduz, Balkh, Baghlan, Panjsher and Kapisa provinces scored more than 20% higher than the three-years average.
- The score decreased in a total of 18 provinces; In 16 provinces the score dropped by more than 20% from the past three-years average; in two provinces, Khost and Kunar the score dropped by 10-20% compared to the past three-years average.

Domain E – Management System

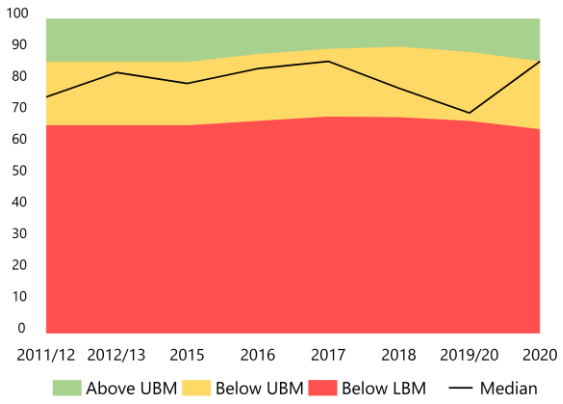
E-19: Revised HMIS Use Index

This indicator assesses availability and use of HMIS in health facilities, and it includes five questions related to various HMIS forms used in health facilities.

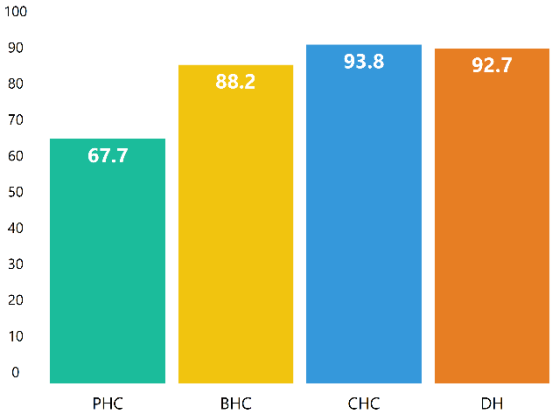
The HMIS index's national median score is 86.4 which is 10.6% higher than the past three-years average at 78.1.

National median	three-years average	% Change
86.4	78.1	10.6%

National trend over time



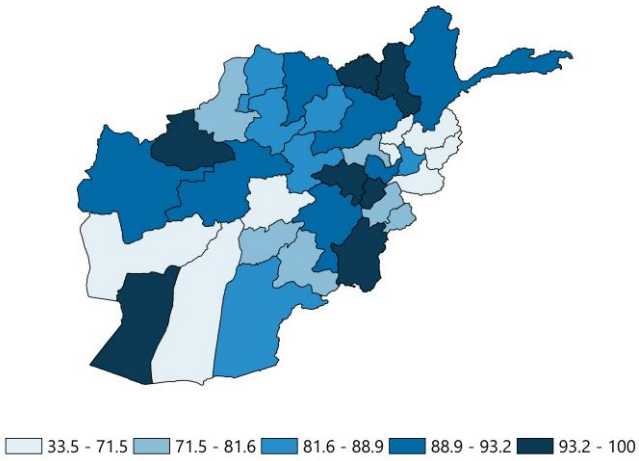
Results by facility type



- The score for HMIS index fluctuates between benchmarks from 2011/12 to 2020.
- It started at 75.1in 2011/12, raised to 86.4 in 2017 and then gradually decreased to 78.0 in 2018 and further dropped down to 70.0 in 2019/20.
- In this round, substantially increase has been found in the score, it reached to UBM from 78.0 to 86.4.
- HMIS use index was found to be increasing by the increase of the increasing level of HFs.
- This index scored the highest 92.7 in DH, while scored the least 67.7 in PHC.

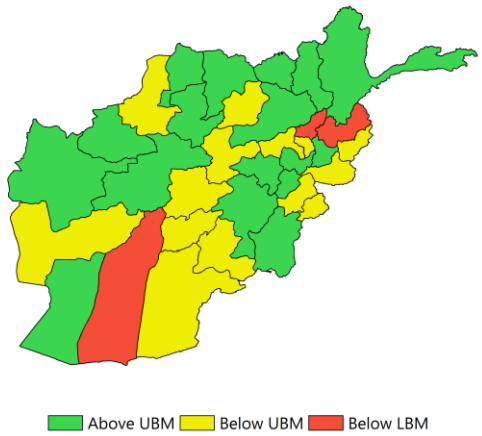
Geographical trends

1. Provincial results



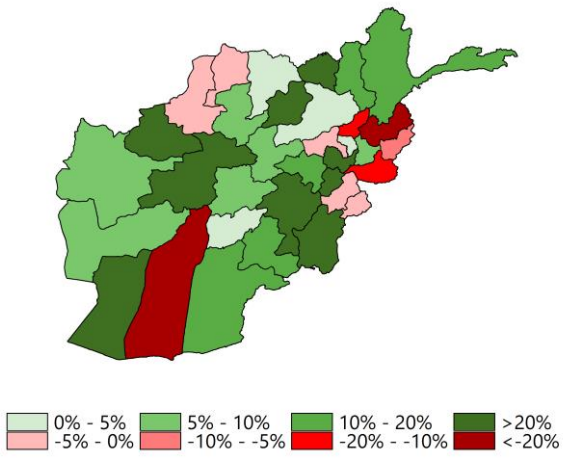
- The score for the HMIS use index ranges from 100 in Nimroz to 35.5 in Nuristan.
- Nimroz, Badghis, Logar, Takhar, Kunduz, Paktika and Wardak scored the highest ranging from 93.2 and 100.
- Daykundi, Kapisa, Kunar, Farah, Nangrahar, Panjsher, Helmand and Nuristan provinces scored the lowest.

2. Provinces meeting LBM and UBM



- All provinces crossed the lower benchmark but three provinces (Helmand, Nuristan and Panjsher), remained below the lower benchmark.
- Most of the provinces (n=18) scored above the upper benchmark and only three provinces score below the lower benchmark (Nuristan, Panjsher and Helmand)

3. Provincial achievement over time



- Overall, most of the provinces improved their score compared to past three-years average.
- Kunduz, Ghazni, Samangan, Logar, Paktika, Nimroz, Ghor, Kabul and Badghis scored over 20% higher than the three-years average.
- On the other hand, the score dropped by more than 20% in Helmand and Nuristan compared to past three-years average.

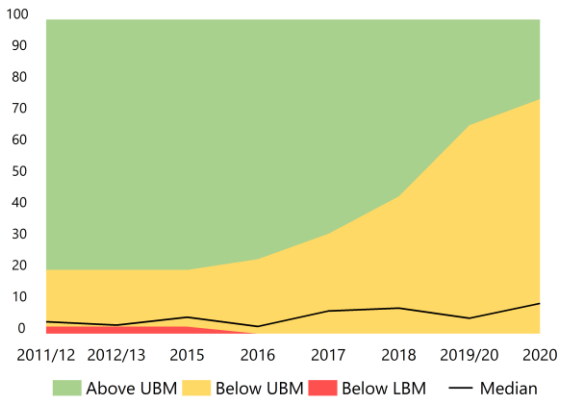
E-20: Financial System Index

This indicator assesses the presence and functionality of a financial system in the visited health facilities. It is composed of three items related to the existence and functionality of a petty cash system, availability of petty cash, and maintenance of expenditures in health facilities (in the last month).

This year national median for the Financial System Index is 9.7, which is 42.6% higher than the past three-years average (6.8).

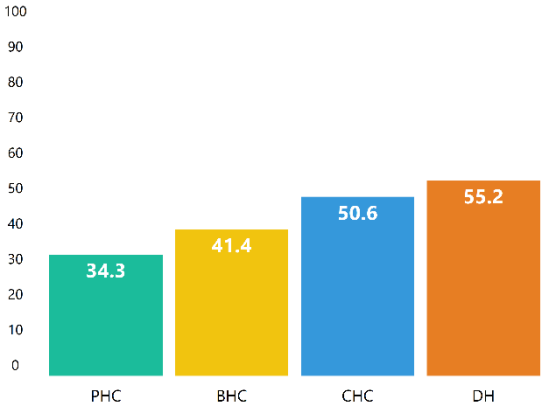
National median	three-years average	% Change
9.7	6.8	42.6%

National trend over time



- The score for financial system index follows the gradual and continues increase pattern.
- The score was 3.8 in 2011/12, then the score increased gradually to 9.7 in 2020.

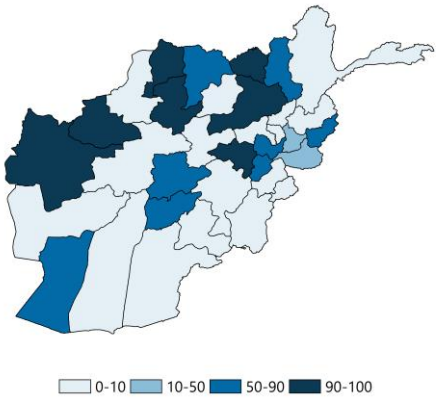
Results by facility type



- The financial system index scores increase with increasing level of Health facility type.
- The lowest scores are in PHCs at 34.3 and the highest has been found in DHs at 55.2.

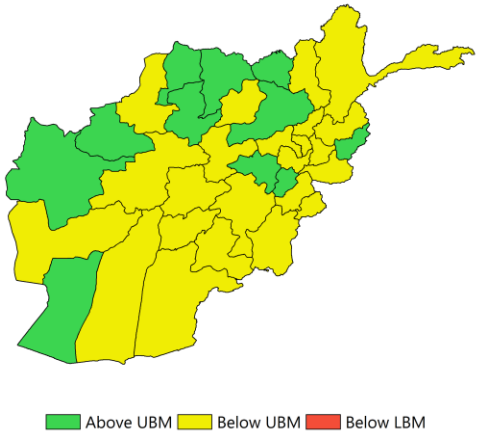
Geographical trends

1. Provincial results



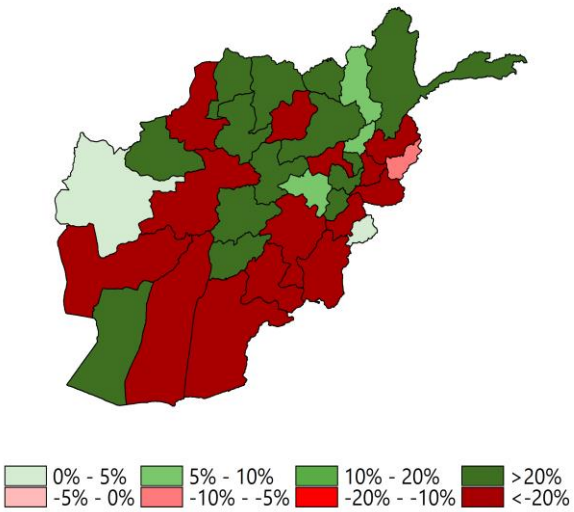
- The highest scores (90-100) has been found in Badghis, Baghlan, Saripul, Wardak, Herat, Kunduz and Jawzjan.
- The lowest scores has been observed in 17 provinces, all of them with score below 10%.

2. Provinces meeting LBM and UBM



- All the provinces have achieved the lower benchmark.
- A total of 11 provinces, Kunar, Logar, Wardak, Baghlan, Kunduz Balkh, Saripul, Jowzjan, Badghis, Herat and Nimroz, even crossed the upper benchmark.

3. Provincial achievement over time



- Slightly less than half of the provinces (15) have decreased their scores compared to the past three-years average.
- The highest decrease has been observed in Laghman, Ghor, Paktika, Helmand, Nangrahar, Paktya, Farah, Faryab, Ghazni, Kandahar, Nuristan, Parwan, Samangan and Zabul where the scores dropped by more than 20% compared to the past three-years average.
- In Kunar, the score dropped by 5-10% compared to three-years average.

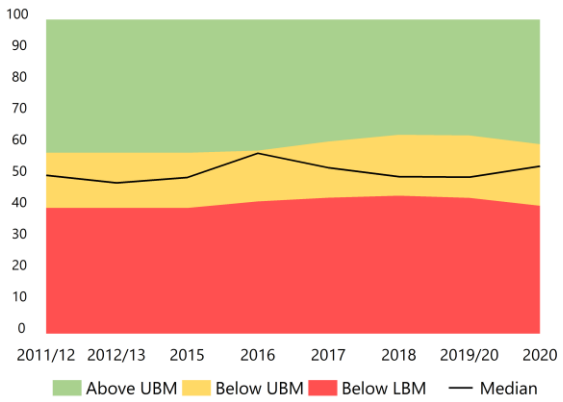
E-21: Health Facility Management Functionality Index

This indicator assesses various administrative and managerial functions and mechanisms present in health facilities. It includes nine items mainly related to staff meetings, supervisory visits, up to date inventory of drugs, furniture and equipment, and the use of the national monitoring checklist to improve the functioning of health facilities.

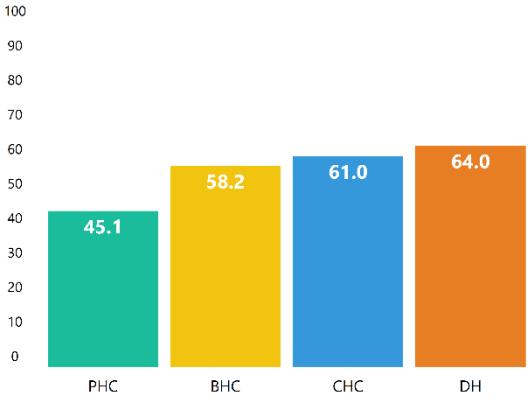
The national median score for this index is 53.4, 4.9% higher than the three-years average at 50.9.

National median	three-years average	% Change
53.4	50.9	4.9%

National trend over time



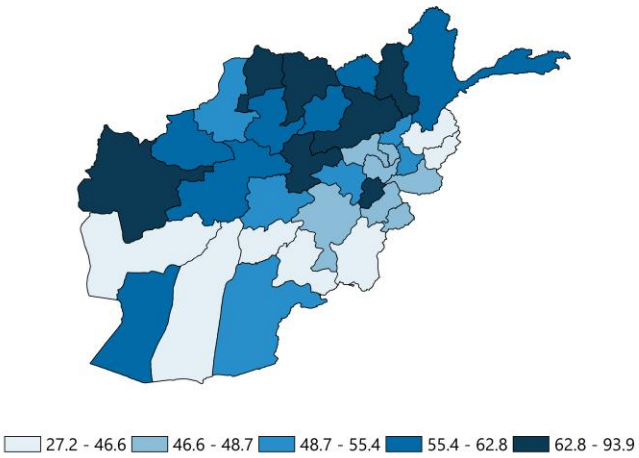
Results by facility type



- The national median score for this index was quite stable, with minor fluctuations, between 2011/12 and 2015.
- In 2016 it rose to the peak at 57.4 from 49.7 in 2015 and then dropped to 52.8 gradually in 2017.
- Since 2017 it shows a decreasing trend, however in this round it started to increase again.
- The score for Health Facility Management Functionality varies across health facility types and seems increase with increasing level of Health facilities.
- PHCs scored the lowest at 45.1 while the DHs scored the highest at 64.0.

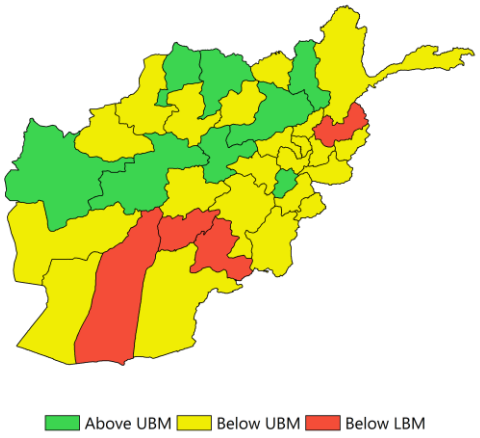
Geographical trends

1. Provincial results



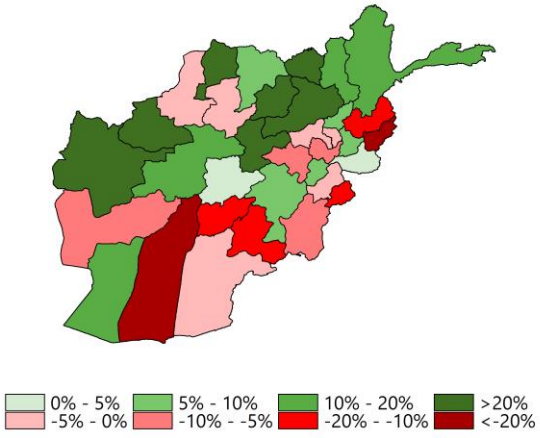
- The score for health facility management functionality index ranges from 93.9 in Baghlan to 27.2 in Helmand.
- Baghlan, Bamyan, Herat, Jawzjan, Logar, Takhar and Balkh are the provinces that scored the highest between 62.8 and 93.9.
- Seven provinces (Paktika, Farah, Kunar, Zabul, Uruzgan, Nuristan and Helmand) scored the lowest, between 27.2 and 46.6.

2. Provinces meeting LBM and UBM



- Out of the seven provinces with lowest scores, four provinces (Nuristan, Zabul, Uruzgan and Helmand) remained below the LBM.
- Takhar, Baghlan, Logar, Balkh, Jowzjan, Bamyan, Ghor and Herat crossed the upper benchmark.
- Other provinces scored between the upper and lower benchmarks.

3. Provincial achievement over time



- Almost more than half (18) of the provinces improved their health facility management.
- Seven provinces (Badghis, Bamyan, Jawzjan, Baghlan, Herat, Kunduz and Samangan) scored more than 20% higher compared to the past three-years average.
- In contrast, two provinces, Kunar and Helmand, scored 20% lower than the past three-years average.

Domain F – Overall Mission

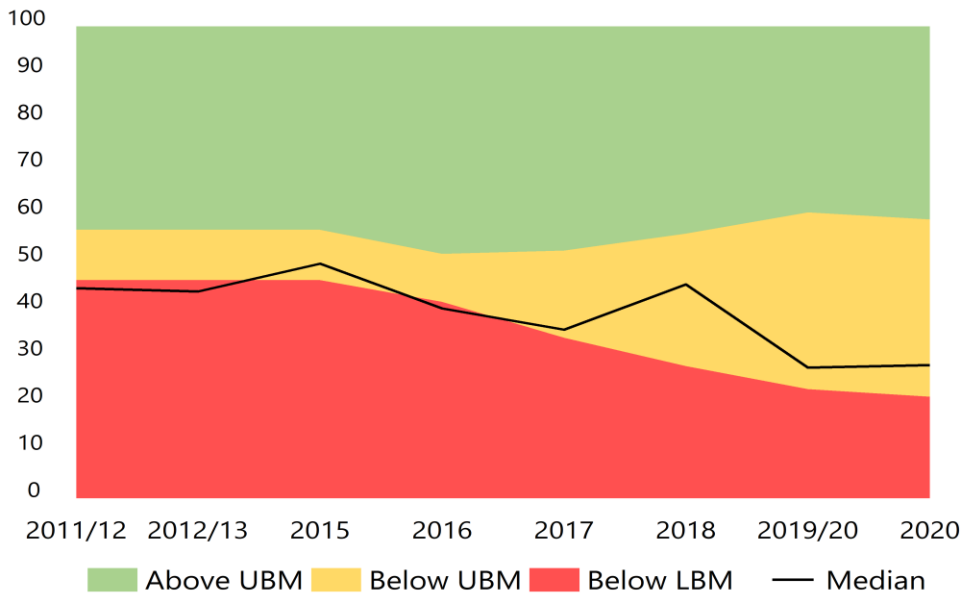
F-22: New Outpatient Visit Concentration Index

This indicator assesses equity in access to outpatient services through measuring the wealth status of clients in health facilities. Data on the wealth status of clients were collected during exit interviews through asking a series of questions about household assets, sources of income, access to water, electricity, and other necessities. A considerable drop of 22.3% in the national median can be observed for this index. The national median is currently at 28.2, which is 22.3% lower than the past 3-years average at 36.3.

Note: For this index, the national results by facility type are not provided due to the nature of the analysis, which looks at the province as a whole and not at individual facilities.

National median	three-years average	% Change
28.2	36.3	-22.3%

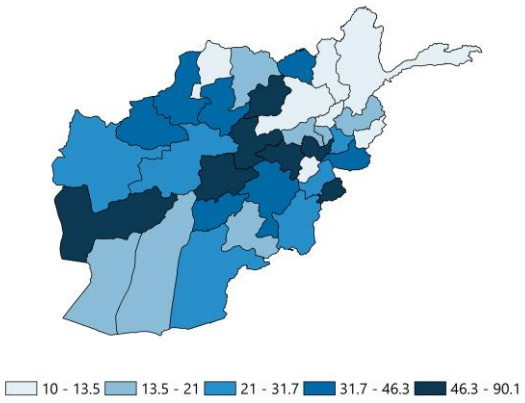
National trend over time



- Overall, the median score for this index follows a decreasing trend. From 44.5 in 2011/12, the score peaked twice, first in 2015 at 49.7 and second in 2018 at 45.4. In 2019/20 the median score dropped to 27.7 to slight increase in 2020 with a score of 28.2.
- This suggests, that over time, the health services have become more pro-rich, and may be indicative of less access to health care for households from lower wealth quintiles.

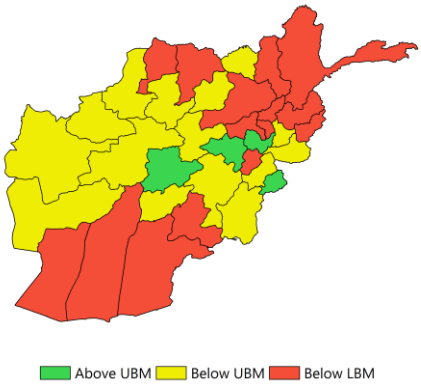
Geographical trends

1. Provincial results



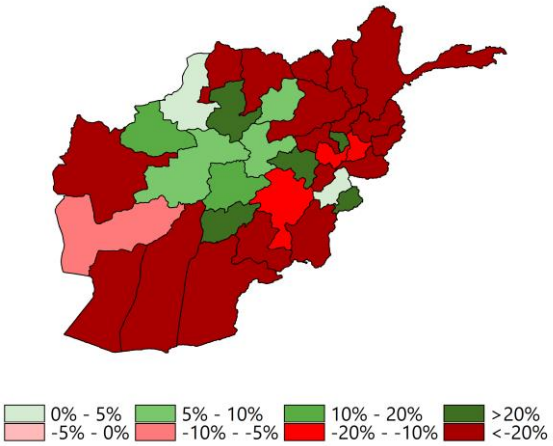
- The score for outpatient visits concentration index vary widely across provinces.
- The highest scores were achieved in Wardak, Kabul, Daykundi, Khost, Farah, Bamyan and Samangan, ranging from 46.3 to 90.1.
- Seven provinces scored the lowest (less than 13.5) in Takhar, Jawzjan, Kunar, Baghlan, Badakshan, Panjsher and Logar.

2. Provinces meeting LBM and UBM



- Four provinces, Daykundi, Khost, Wardak and Kabul crossed the upper benchmark.
- A total of 15 provinces clustered in north-eastern, eastern, central and south-western regions scored below the lower benchmark.
- The remaining provinces clustered in the western, north-western and sourthern regions scored between benchmarks.

3. Provincial achievement over time



- Most provinces (n=22) decreased the score for outpatients visit concentration index compared to the past three-years average.
- In 18 out of 22 provinces the score dropped by more than 20%. These provinces clustered at the north-eastern, eastern, central and south-western regions.
- In 12 provinces, the score improved compared to past three-years average. Uruzgan, Wardak, Khost, Saripul and Kapisa provinces improved by more than 20%.

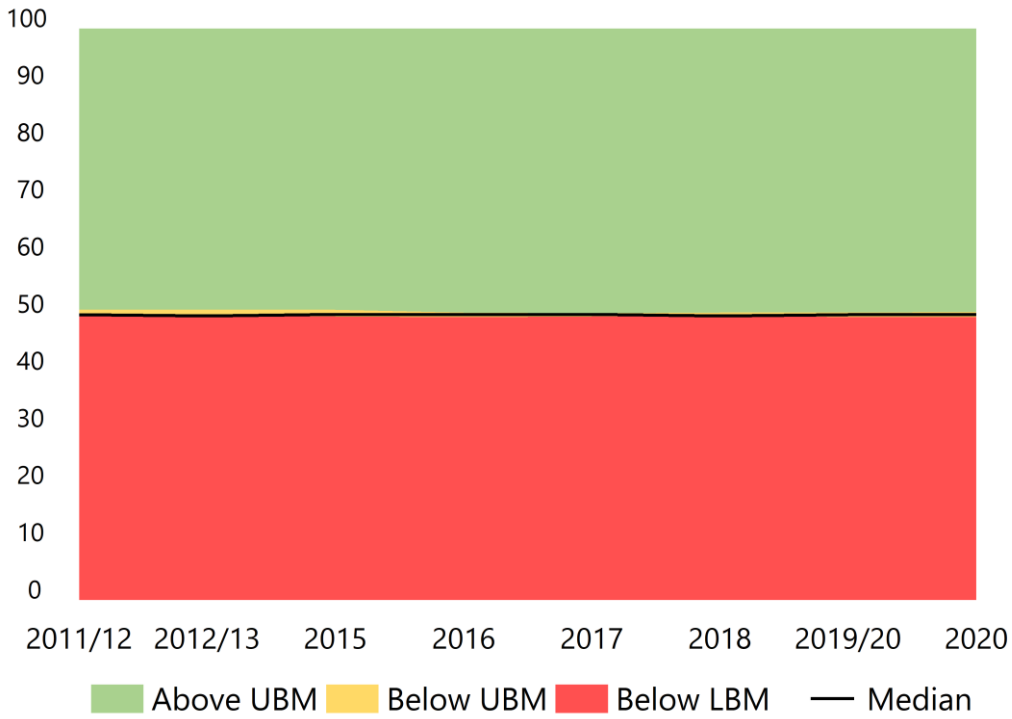
F-23: Client Satisfaction Concentration Index

This indicator intends to measure equity through measuring the wealth status of clients, with a focus on the satisfaction among those who have used the services. It measures whether the poor are more satisfied than the non-poor groups of service users and is expressed in the overall satisfaction measure. The national median of this score is the same as the three-year average: 49.9.

Note: For this index, national results by facility type are not provided due to the nature of the analysis, which looks at the province as a whole and not at individual facilities.

National median	three-years average	% Change
49.9	49.9	0.0%

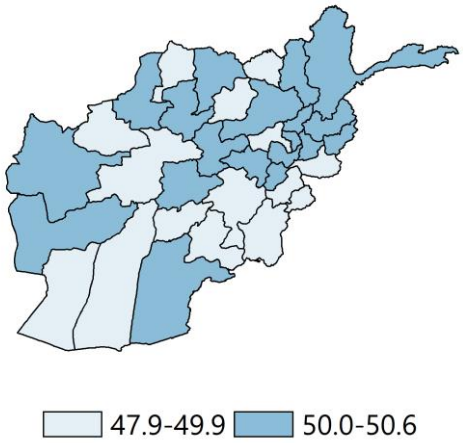
National trend over time



- This score is very stable over time and hardly fluctuated. The lower and upper limit of this benchmark is very narrow, which indicates that there is very little variation between the provinces. The score, around 50, indicates that the rich and the poor are equally satisfied with the services they receive.

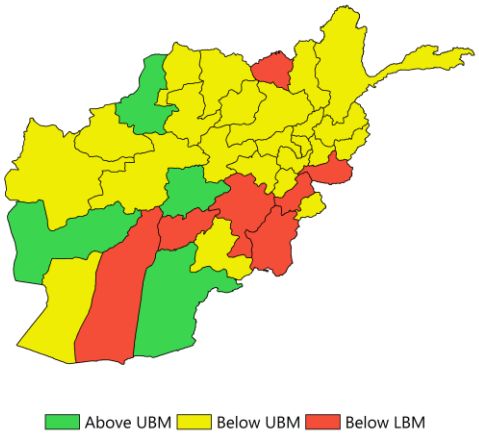
Geographical trends

1. Provincial results



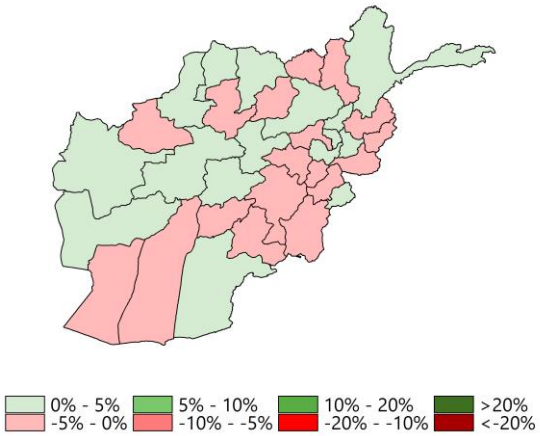
- Geographical variation regarding the client satisfaction concentration index is very low from 51.8 in Faryab to 47.1 in Ghazni.
- The lowest scores were in 15 provinces ranging from 47.9 to 49.9.
- The highest scores were in 19 provinces, ranging from 50.0 to 50.6; the provinces are sporadically distributed all over the regions.

2. Provinces meeting LBM and UBM



- Four provinces, Faryab, Farah, Daykundi and Kandahar scored above the upper benchmarks.
- A total of seven provinces, Kunduz, Nangarhar, Paktya, Paktika, Ghazni, Uruzgan and Helmand, scored below the lower benchmark.

3. Provincial achievement over time



- Generally, compared to the past three-years average, the client satisfaction concentration index score experienced less change.
- In more than half (n=18) of the provinces, the scored dropped by 0%-5% compared to the past three-years average.
- A total of 14 provinces scored 0%-5% higher than the past three-years average.

4 Availability, readiness and quality of the BPHS services

4.1 Background

This chapter provides further details on the results reported in each domain of the BSC BPHS. As per request of MoPH, these findings are presented to inform the three dimensions reported in the AfSPA survey: Availability, Readiness and Quality.

In reading this chapter, it is important to keep in mind that the BSC BPHS is designed to assess the performance of Afghanistan's provinces in the delivery of the Basic Package of Health services (BPHS) and to provide policymakers, health managers and other decision makers with evidence on areas of strength and weakness.

The NHSPA survey (BSC BPHS) survey does not collect data on the availability of specific health interventions, as AfSPA, but assesses the general availability and readiness of essential resources, such as human resources, infrastructure, health management, and support systems at the health facility level as well as the overall quality of services provision.

This chapter is divided into the following parts:

- **Availability of services** portrays the availability of essential human resources, in terms of enough adequately qualified staff, to support and maintain the provision of quality services in surveyed health facilities in all provinces of Afghanistan. Information on the level of satisfaction and motivation of the BPHS staff was added.
- **Service readiness:** reports on a range of indicators that can inform on the readiness of the facilities to provide good quality client-oriented services. This includes functionality level of the health posts, status of salary payment to health facilities' staff, availability and reliability of basic equipment, essential medicines, laboratory capacities, infrastructure and safety precautions. In addition, it further provides information on the extent that essential health information management, administrative and financial systems are in place and used to support the provision of BPHS services.
- **Quality of service provision** reports on the availability of clinical guidelines at BPHS facility level, the adequacy of the observed client/provider interactions and the extent of community involvement in the provision of the BPHS services. It also provides additional information on the level of client's satisfaction with the services received in the BPHS facilities.

4.2 Availability

In this section, TPM presents some of the BSC findings that can inform on the level of available services.

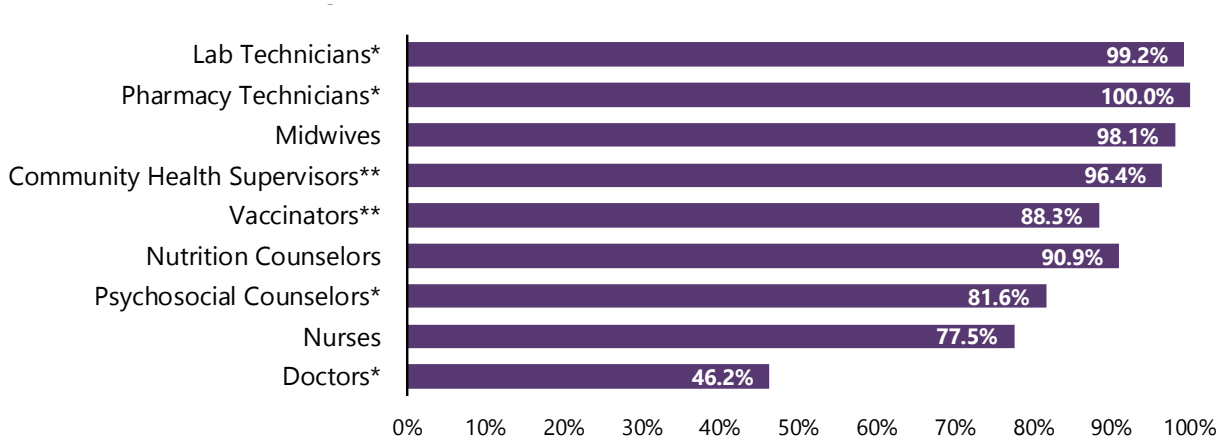
4.2.1 Availability of human resources in BPHS-services (Domain B)

Facilities with the required number of staff

Generally, most of the health facilities have enough health workers except doctors. More than 95% of the health facilities have the required number of lab technicians, pharmacy technicians, midwives and community health supervisors. In addition, enough vaccinators, nutrition counsellors, psychosocial counsellors and nurses are available in around 85% of the health facilities. However, only 46.2% of the health facilities have enough doctors.

Figure 5. Percentage of BPHS facilities (n=885) with required number of HW, per HW type

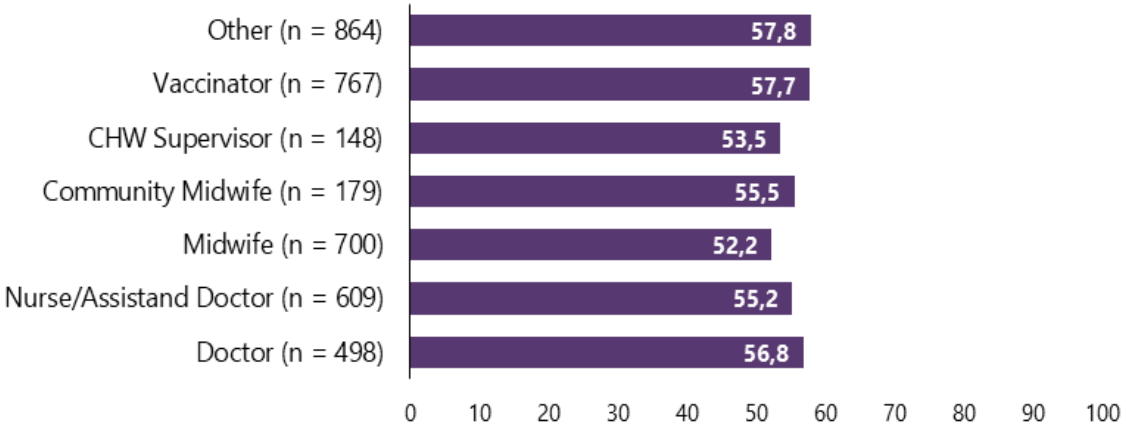
* CHC and DH only (n=215), ** BHC, CHC and DH only (n=678)



Provider Knowledge

The knowledge score was not so different between different types of the health providers and overall, not satisfactory. This aligned with the little variation observed between the different facility types (see indicator B-8). The vaccinators scored the highest at 57.8 whereas the doctors scored the lowest at 52.2.

Figure 6. Knowledge score by HW type



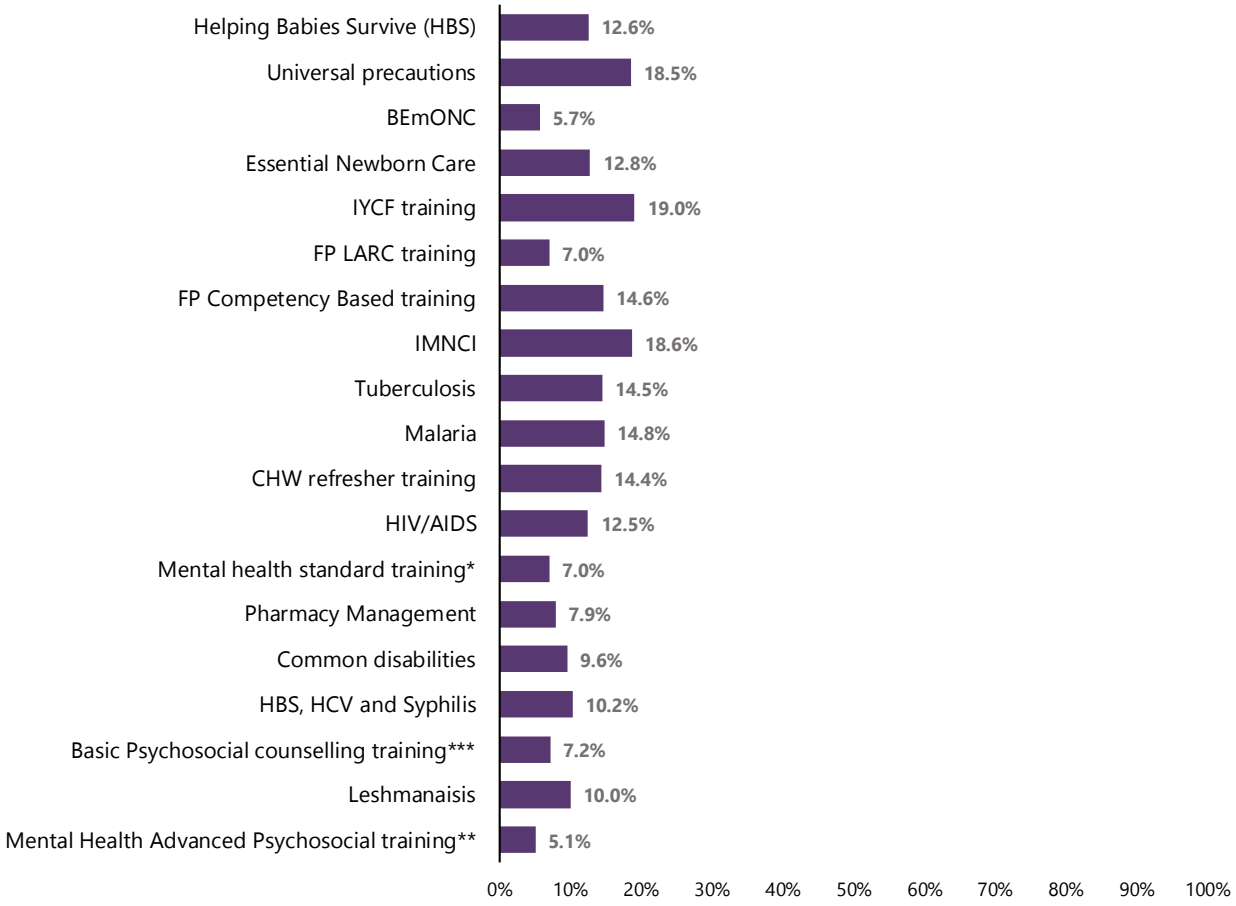
Training received by the HW in BPHS facilities

Generally, the percentage of the trained health workers is very low. Less than 1/5 of the HW got training. The lowest score was for the Mental Health Advanced Psychosocial Training (5.1%) whereas the highest was for IYCF training at 19.0%.

BEmONC training, FP LARC training, Mental Health Standard Training, Pharmacy Management training, Common Disability training, Basic Psychosocial counselling and Leishmaniosis training was received by 10% or less of the service providers.

Other trainings mentioned in Figure 7 were received by more than 10% of the HWs.

Figure 7. Percentage of HF Staff (n=3779) who received training in the past year in BPHS facilities



* Only for doctors in CHC (n=151), ** Only for psychosocial counselors (n=26), *** Only for midwives in BHC and PHC (n=632)

4.2.2 Level of satisfaction and motivation of the BPHS health staff

Figure 8 and Figure 9 show that health workers are overall well motivated; however, they are not adequately satisfied. Doctors and midwifes are slightly higher motivated and satisfied than the rest of HW categories but the difference does not seem to be significant. Further details on the reasons for motivation and satisfaction among BPHS health workers are displayed in Figure 11 and Figure 12.

Figure 8. HW motivation in BPHS facilities

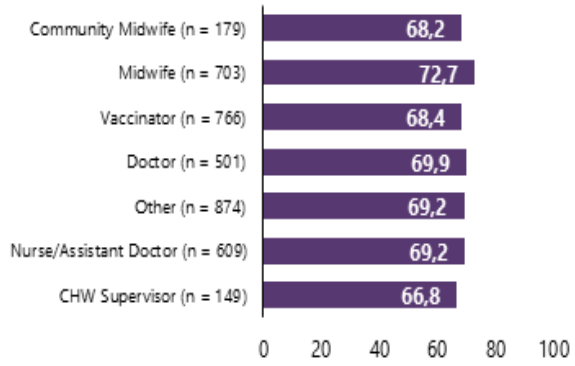
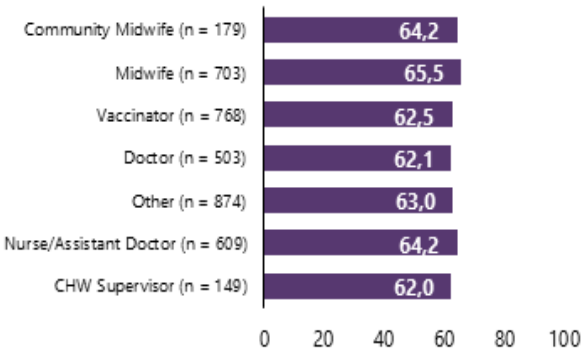
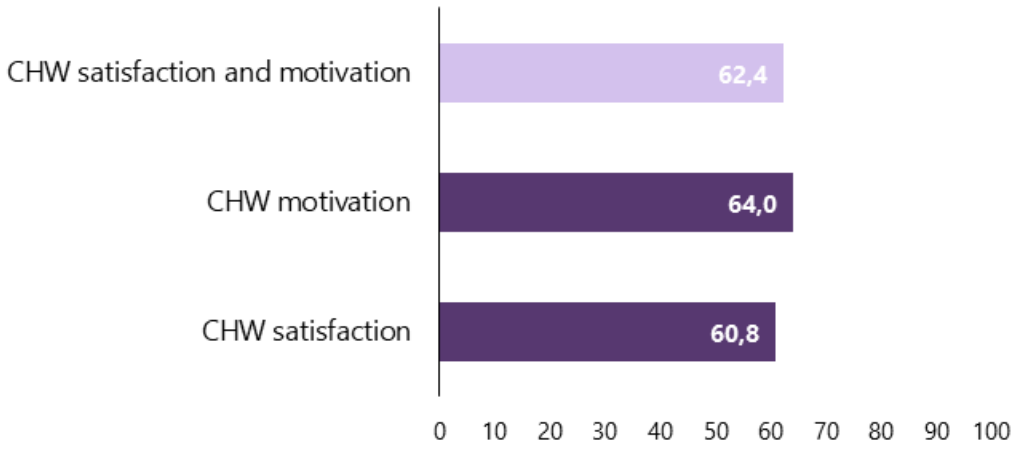


Figure 9. HW satisfaction in BPHS facilities



On average, facilities scored 62 out of 100 on CHW satisfaction and motivation; CHWs seem to be slightly more motivated than satisfied.

Figure 10 CHW (n=1283) level of motivation and satisfaction (%)



Reasons of motivation among BPHS health workers

- Figure 11 shows that health workers are most likely motivated (≥95.0%) by the opportunity of helping other people, playing an important role in the community, feeling of high personal responsibility, ability to use her/his skills and feeling of completing something worthwhile.

- Moreover, independence in organizing his/her work, promotion opportunity, respected in the community and provision of long-term security, are other factors motivated health worker by different level from 85.0% to 95.0%.

- On the other hand, health workers are least likely to be motivated (10-50%) by not caring much about the quality, meaningless of working, frequently thinking of quitting job, working because of no other choices, working for salary being paid and good benefits being received.

Reasons of satisfaction among BPHS health workers

- Figure 12 shows that approximately more than 90% of the health worker in all types of health facilities were satisfied (either strongly agree or just agree) with understanding their daily duties, having good working relationship, understanding the requirement of her/his duties, ability to fully use their skills, ability to get help from supervisors, opportunity to learn new skills, understanding the amount of salary he/she will receive at the end of the month and having the opportunity to express his/her opinion.

- On the other hand, almost 75% of health workers in all types of health facilities were not satisfied by the extra hours of working, more than 75% because of the interference of management in their duties, almost 63% because of incompetent colleague, around 63.0% because of the worrying about getting fired, , almost 51.0% because of not participation in developing health facility's budget, and approximately 51% because of the worrying about security issue living in the community.

Figure 11. Reasons for level of motivation among BPHS health workers (n=3785)

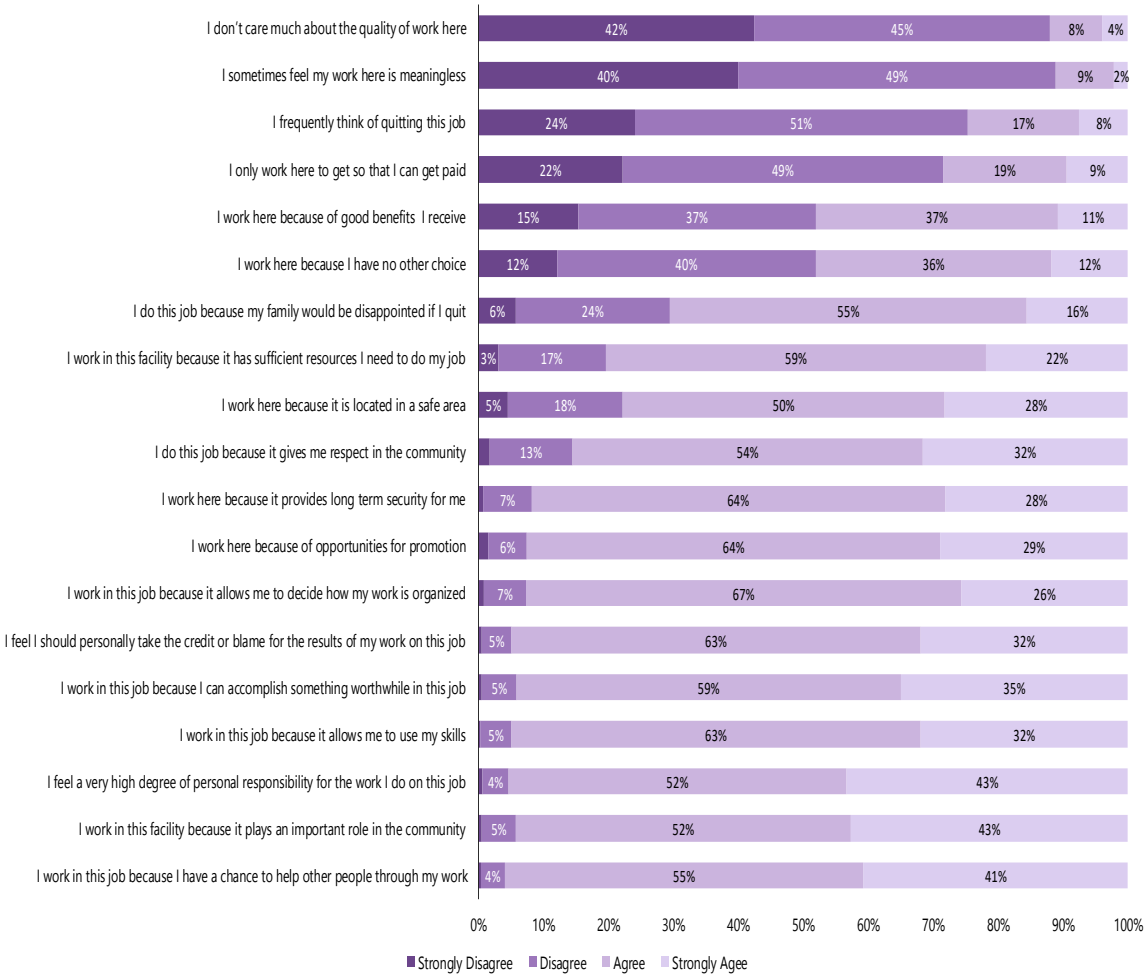
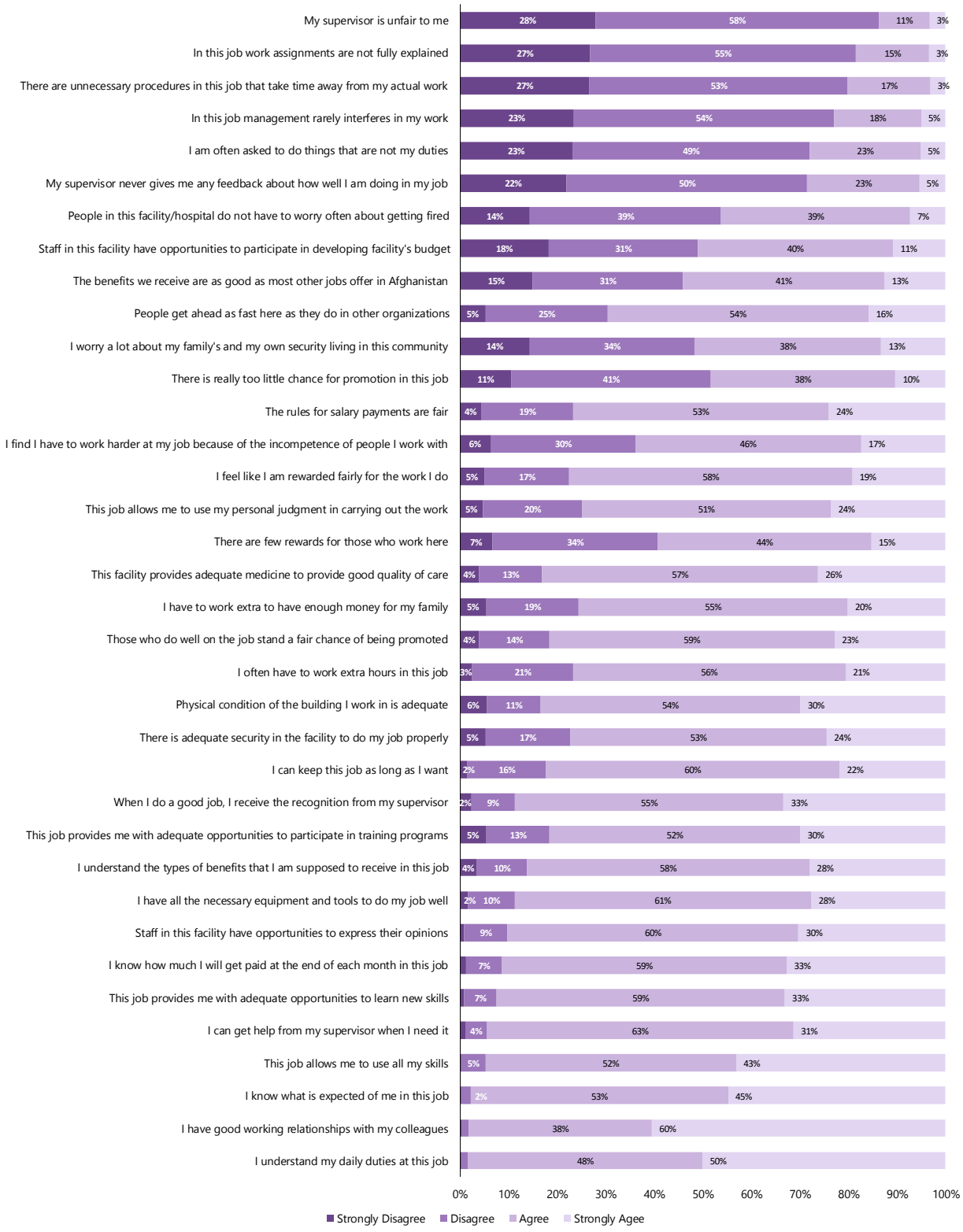


Figure 12. Reasons for satisfaction among BPHS health workers (n=3781)*



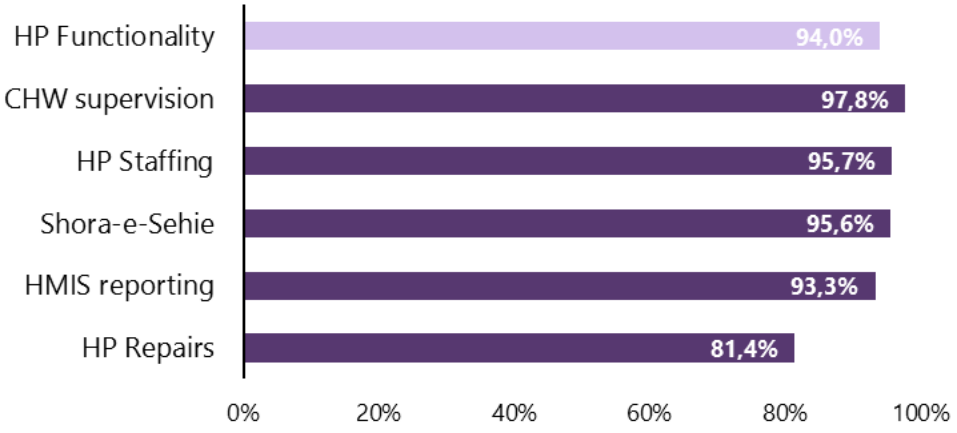
**Denominator slightly differs from previous indicator (HW motivation) due to missing data*

4.3 Service Readiness (Domain C, E)

4.3.1 Health Post Functionality

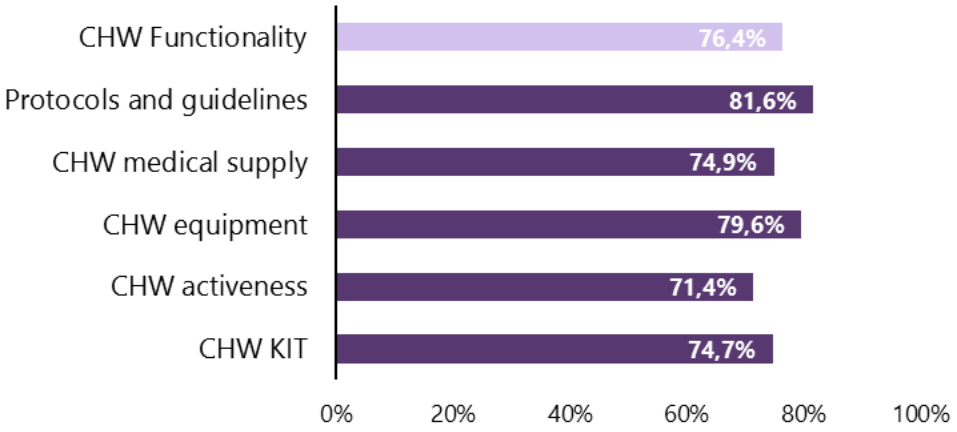
In average 94.0% of health facilities have adequate HP functionality. Most health posts are adequately staffed 95.7%, Shora-e-Sehie 95.6%, HMIS reporting 93.3% and CHW supervision is available 97.8%. However, there is room for improvement in repairs needed to the HP (81.4%).

Figure 13. HP (n=1283) functionality (%)



In average 76.4% health facilities have functional CHWs. About 81.6% are equipped with protocols and guidelines, approximately 74.9% of the CHWs have adequate medical supply, 79.6% of CHWs are adequately equipped, 71.4% are active and 74.7% have received the CHW kits.

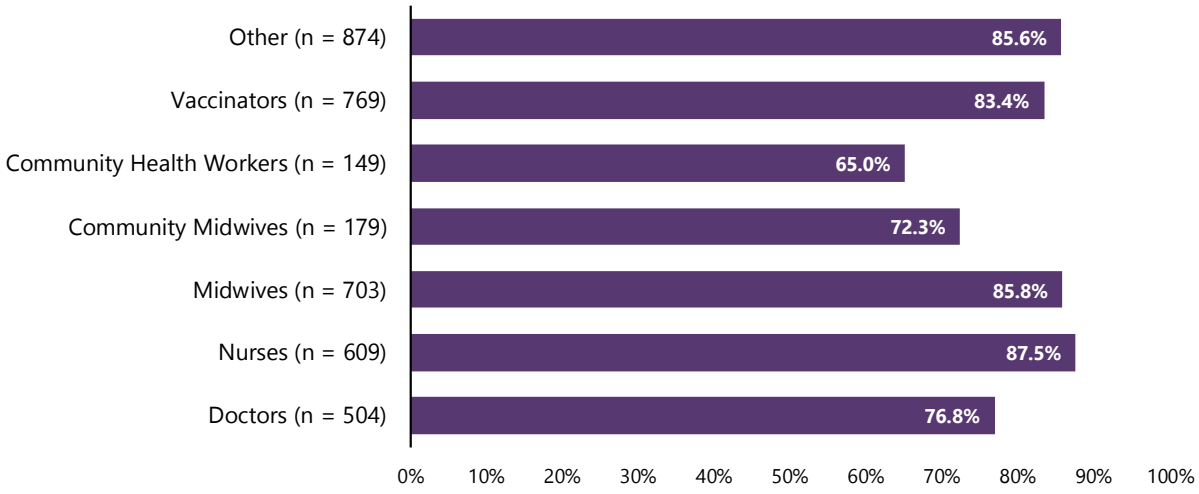
Figure 14. CHW (n=1283) functionality (%)



4.3.2 Salary payment

Overall, more than 85% of majority of the health workers such as vaccinators, doctors and community midwives received their salary up to date. Nurses, midwives and community health worker reported receipt of their salary up to date by 65.0% and 72.3% and 76.8% respectively. It is worth noting that this is a self-reported indicator and comparison across categories need to be done with caution. It points at a potential issue that would require further follow up by MoPH.

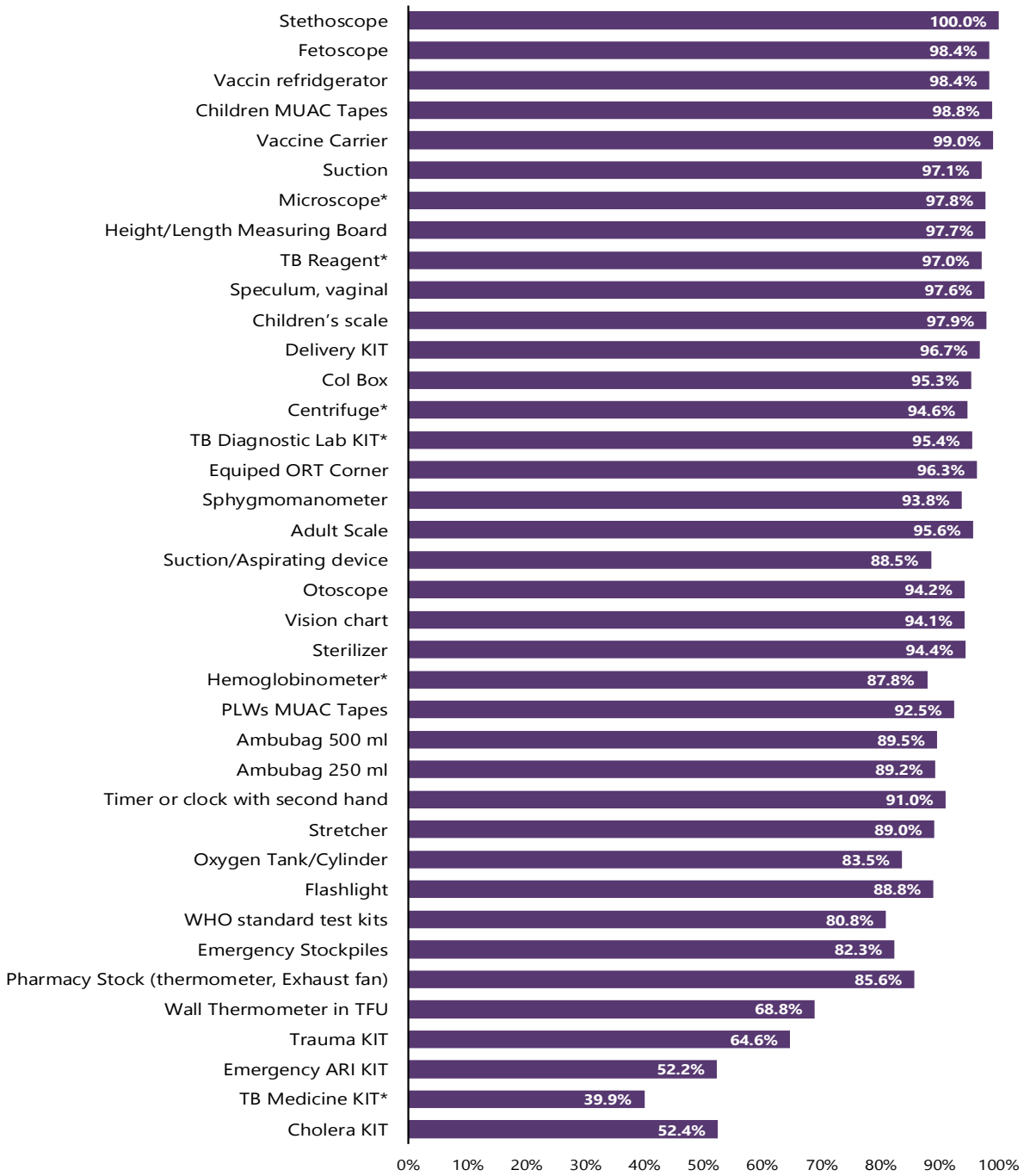
Figure 15. Percentage of HW with up to date salary payment, by HW type (%)



4.3.4 Equipment Availability

The graph below shows the percentage of facilities which had functional equipment on the day of the survey. It is presented from highest availability to lowest availability. Equipment that were least available were Emergency ARI kit (52.2%), Cholera Kit (52.4%) and TB medicine KIT at 39.9%.

Figure 16. Percentage of BPHS facilities (n=885) with available equipment (%)

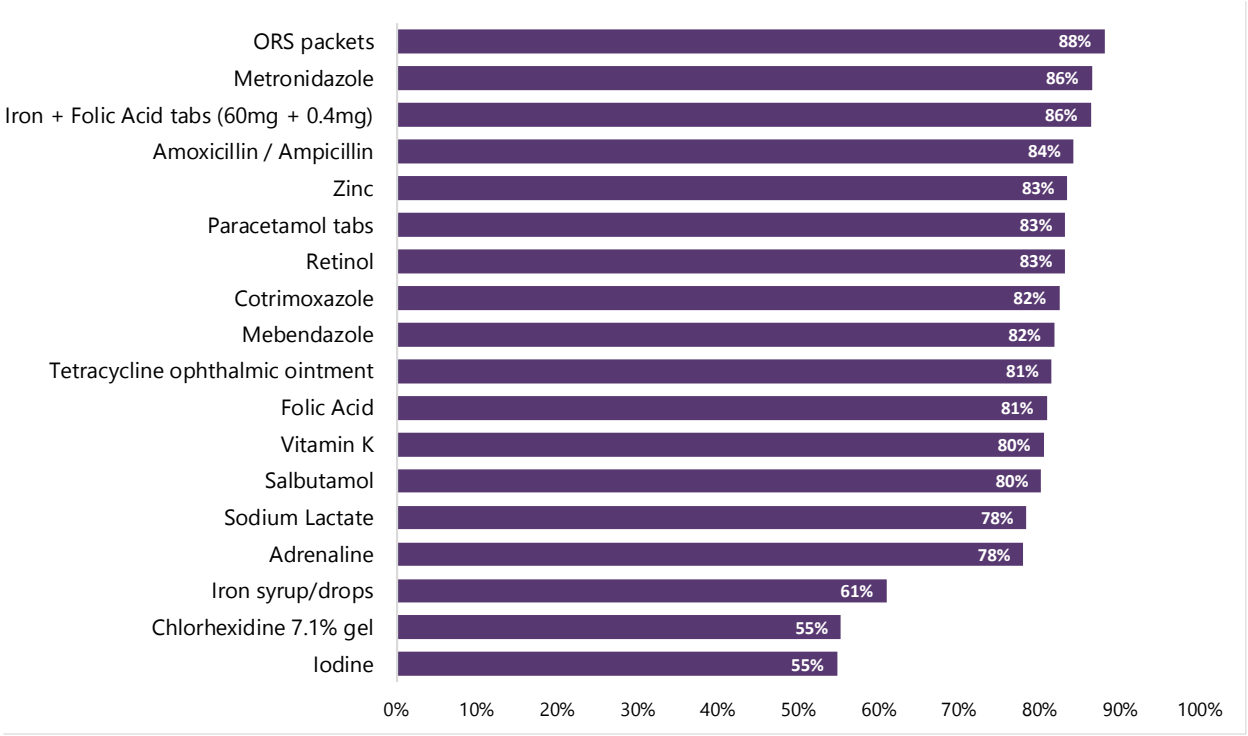


* CHC and DH only (n=215)

4.3.5 Essential medicines

Most of the essential drugs were available in more than 80% of the facilities. The pharmaceuticals that were least likely to be available were: iron syrup/drops (61%), Chlorohexidine (55.0%) and iodine (55%).

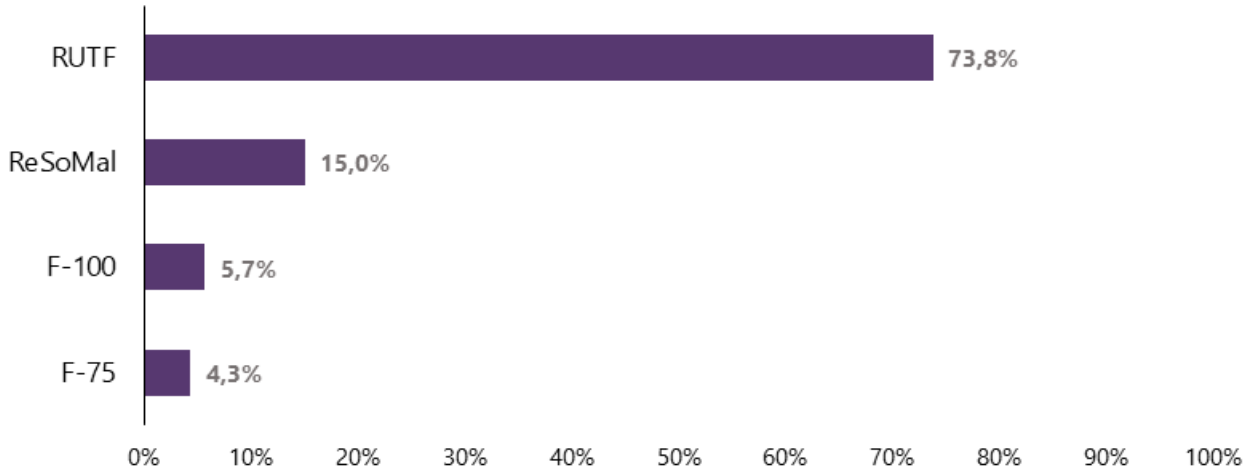
Figure 17. Percentage of BPHS facilities (n=885) with available essential medicines (%)



Availability of Therapeutic foods

The availability of several types of Therapeutic foods was generally low. Only Ready-to-use Therapeutic Foods (RUTF) was available mostly in 73.8% of the facilities. Whereas ReSoMal was only available in 15.0% of the facilities, F-100 in 5.7% and F-75 in 4.3% of facilities.

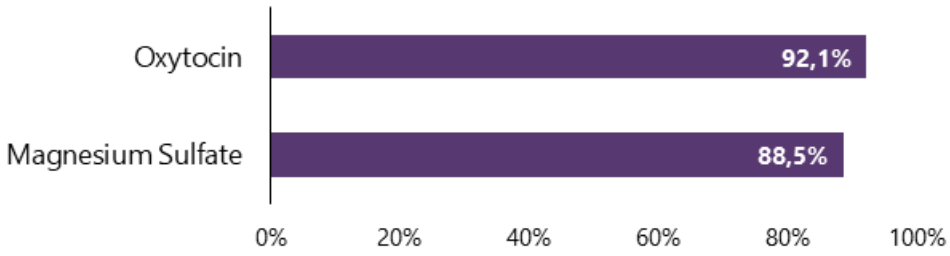
Figure 18. Percentage of BPHS facilities (n=885) with available therapeutic foods (%)



Availability of Emergency and Obstetric care drugs

Emergency obstetric care drugs were satisfactory available in most facilities. Oxytocin was available in 92.1% of the facilities and Magnesium Sulphate in 88.5% of health facilities.

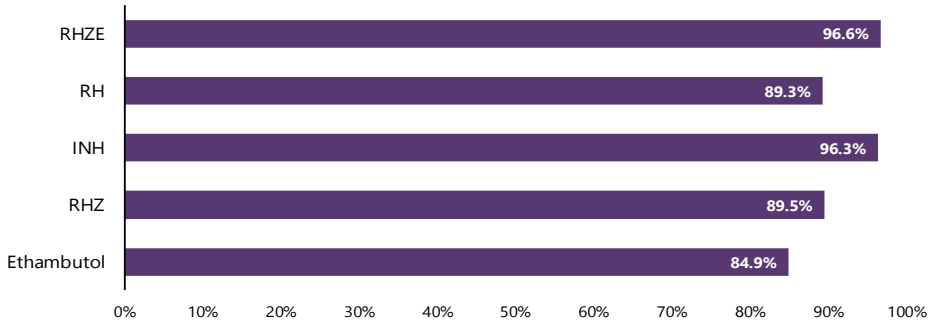
Figure 19. Percentage of BPHS facilities (n=885) with available Emergency, Obstetrics Care Drugs (%)



Availability of TB drugs

In general, the availability of the TB drugs in CHC and DH facilities was satisfactory. RHZE was most often available (in 96.6 % of HFs) whereas Ethambutol was least likely available (in 84.9% of HFs).

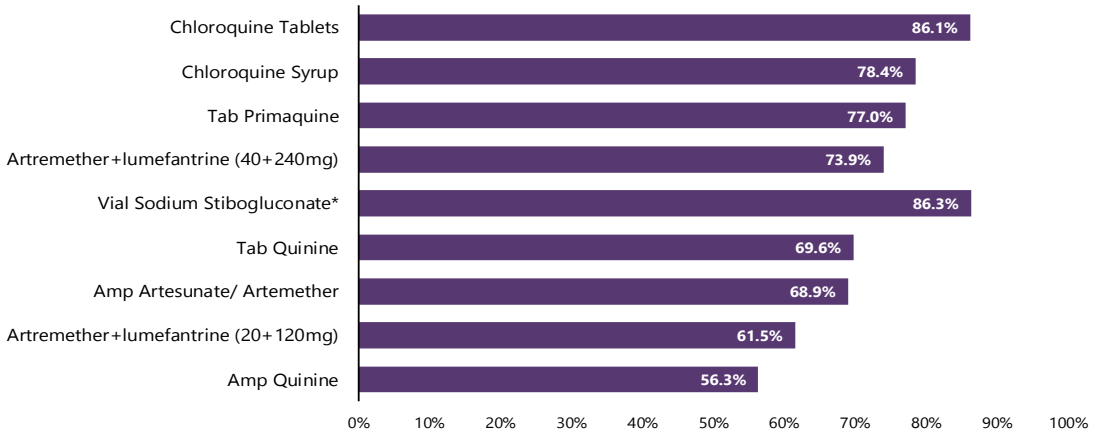
Figure 20. Percentage of CHC and DH facilities (n=215) with available TB drugs (%)



Availability of Malaria drugs

Generally, more than half of the health facility have adequate medicine for the treatment of the malaria and leishmaniosis. Chloroquine tablets (86.1%), Chloroquine syrup (78.4%) and Tab Primaquine (77.0%) were most often available at health facilities at the time of the survey. Vial Sodium Stibogluconate was found to be available mostly in 86.3% of HFs and Artemether+lumefantrine (40+240mg) was found to be available in 73.9% of health facilities. The remaining malaria and leishmaniasis drugs were available in less than 70% of the facilities. Artremether + Lumefantrine (20 +120mg) and Amp Quinine were least available.

Figure 21. Percentage of BPHS facilities (n=885) with available Malaria and Leishmaniasis drugs (%)

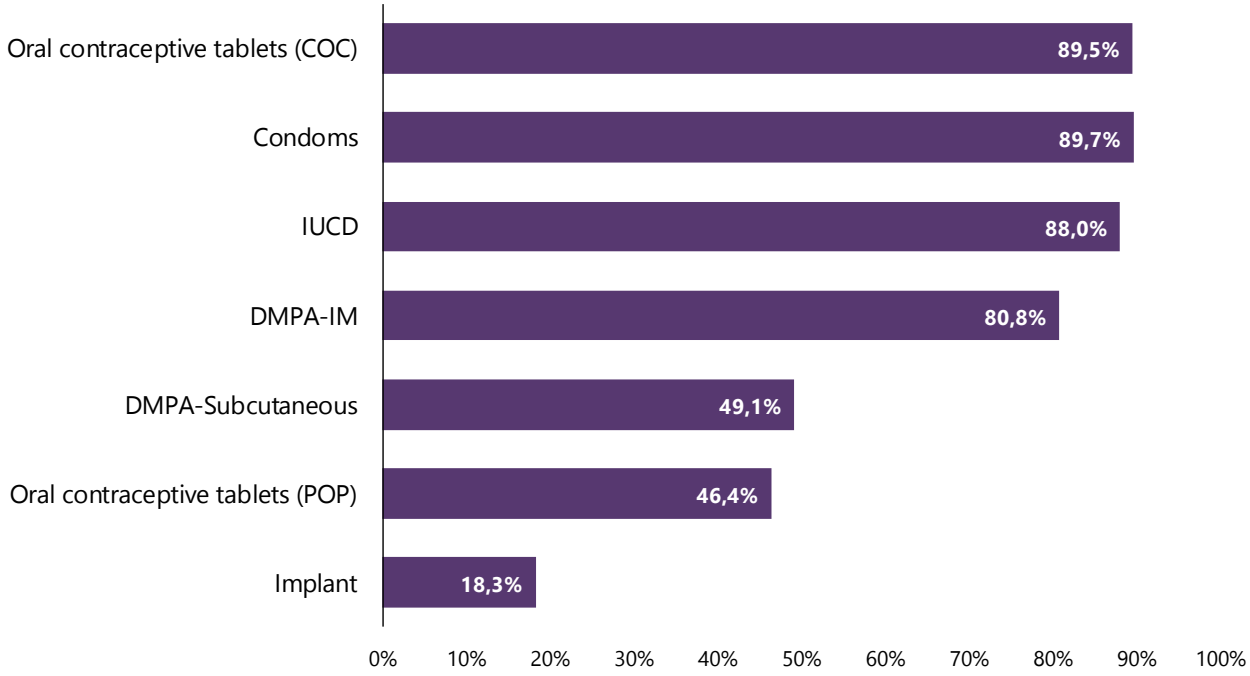


**CHC and DH only (n=215)*

Availability of Oral contraceptives

Combined Oral Contraceptive (COC) tablets, condoms, IUCD and DMPA-IM were among the contraceptives that were most available in health facilities ranging from 80.0% to 90.0%. Only 49.1% of health facilities had DMPA-Subcutaneous, 46.4% of health facilities had oral contraceptive tablets (POP) available, and only 18.3% had implants available on the day of the survey.

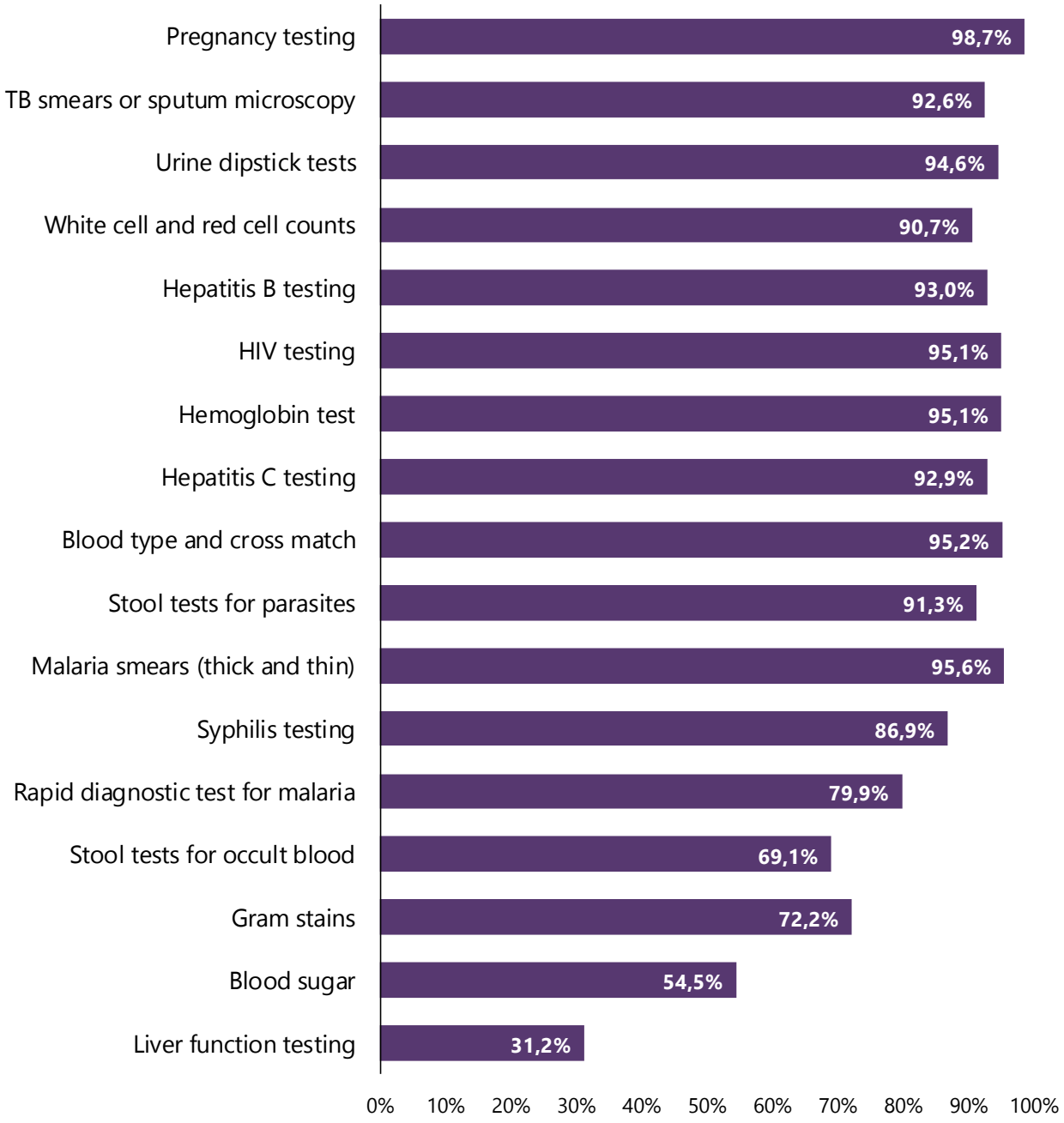
Figure 22. Percentage of BPHS facilities (n=885) with available Family Planning methods (%)



4.3.6 Laboratory tests

Most of the required laboratory tests were available in over 90% of the CHCs and DHs. Pregnancy testing (98.7%), malaria smear both thick and thin film (95.6%), blood types and cross match (95.2%), HIV testing (95.1%) and Hemoglobin (95.1%) were most likely available. The laboratory test that was least often available was the liver function testing (31.2%).

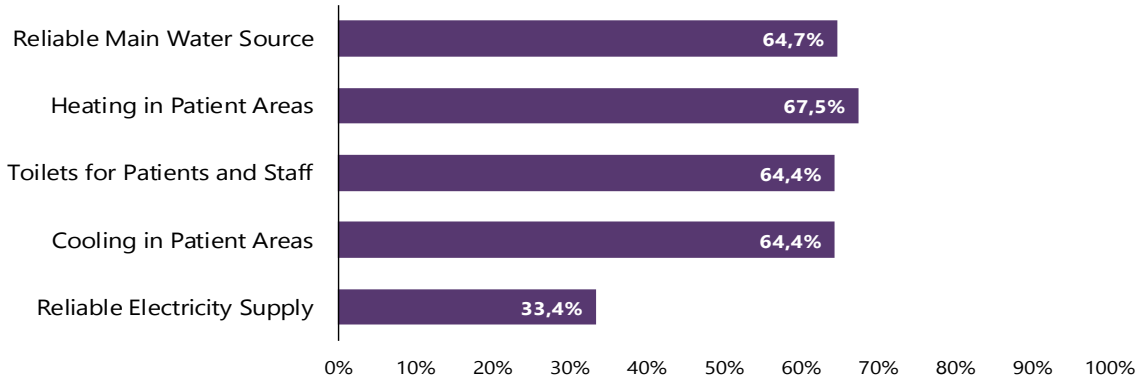
Figure 23. Percentage of CHC and DH facilities (n=215) with available Lab Tests (%)



4.3.7 Infrastructure

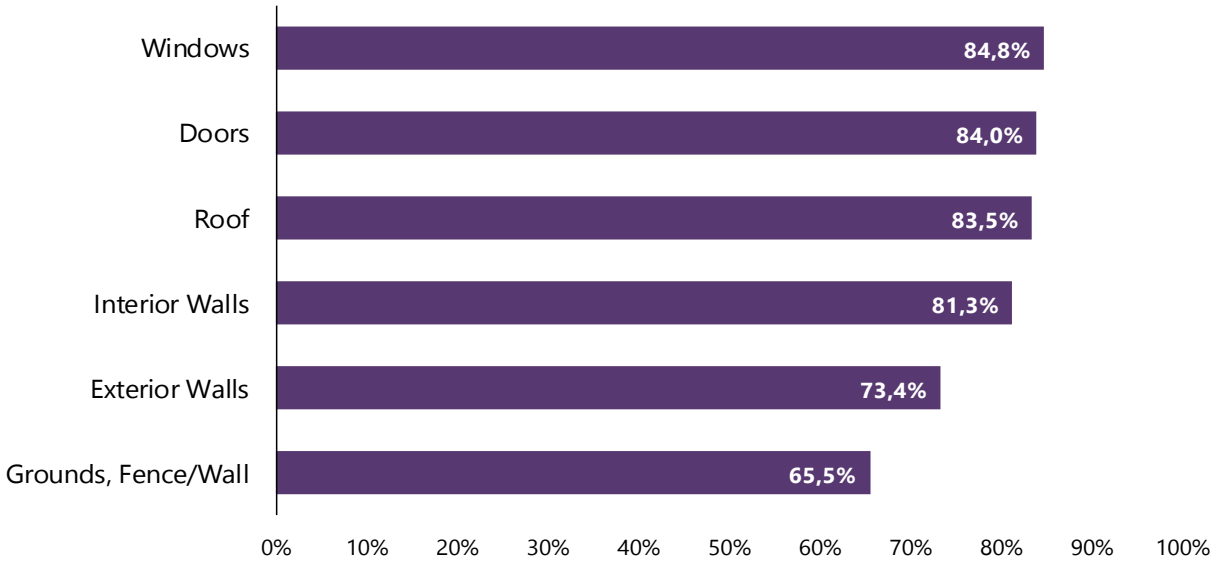
Around 64.7% of the health facilities had a reliable main water source and only 33.4% had a reliable electricity supply on the day of the data collection. Furthermore, the heating and cooling systems for the waiting areas were available in 67.5% and 64.4% of health facilities respectively and 64.4% of facilities had toilets for both patients and staff.

Figure 24. Percentage of BPHS facilities (n=885) with Infrastructure (%)



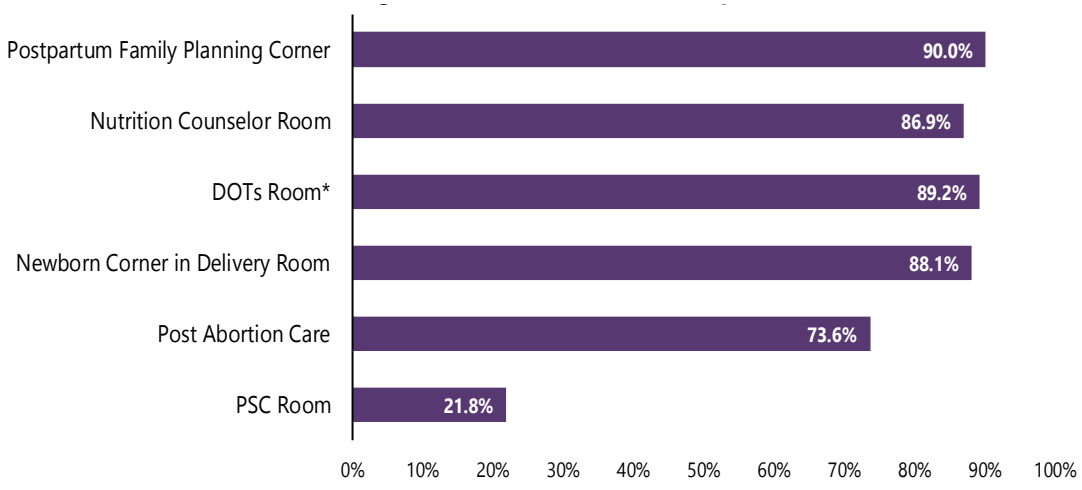
In the majority of health facilities few or no repairs were needed for windows, doors, roof, and interior walls. However exterior walls and grounds, fence/wall needs few or no repair in 73.4% and 65.5% of the health facilities respectively.

Figure 25. Percentage of BPHS Facilities (n=885) with few or no repairs needed for (%):



Most of the required, designated rooms and corners were available in more than 85.0% of the health facilities (postpartum family planning corner, nutrition counsellor room, DOTs room, newborn corner in delivery room). Post-abortion care area and PSC Room were least likely available in 73.6% and 21.8% respectively.

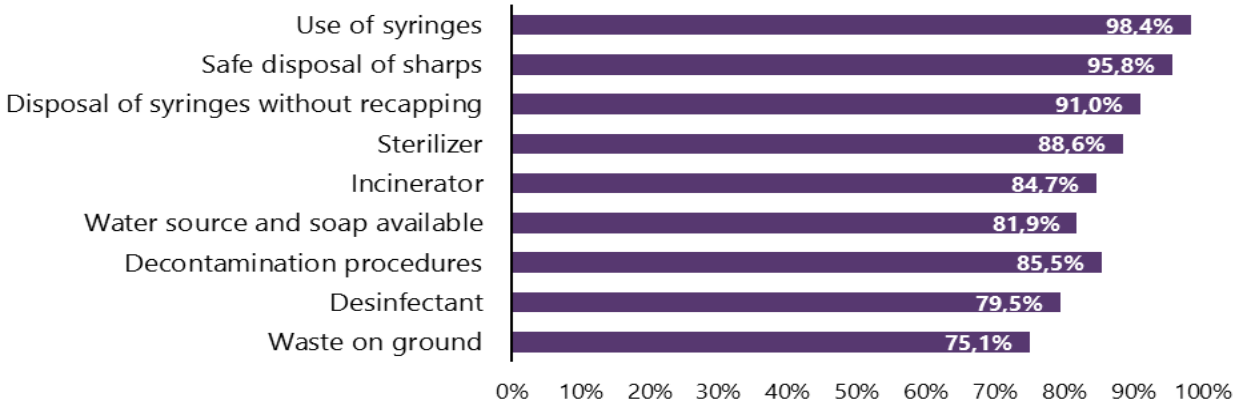
Figure 26. Percentage of BPHS facilities (n=885) with space for (%):



4.3.8 Safety precautions

Most health facilities adhere to general safety precautions such as disposing syringes without recapping (95.8), safe disposal of sharp items (95.8%) and using new syringes (98.4%). There is room for improvements on keeping the health facilities' floor clean (75.1%) and using regularly disinfectant (79.5%).

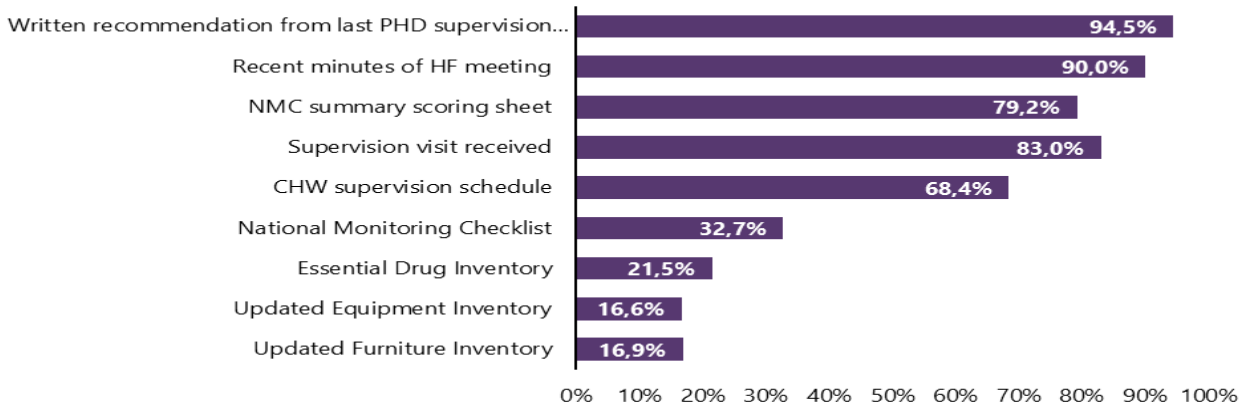
Figure 27. Percentage of BPHS facilities (n=885) taking safety precautions (%)



4.3.9 Management Systems to support Quality Services (Domain E)

Different functions and mechanism related to management index were not equally available in all health facilities. About 83% of the facilities had received a supervision visit, written recommendation of the last supervision visit were available in the majority of these facilities (94.5%). Most facilities (90.0%) had meeting minutes available from the last meeting. However, only 32.7% of facilities had a national monitoring checklist available. In addition, the essential drug inventory (21.5%), equipment inventory (16.6%) and furniture inventory (16.9%) were either not available or not up-to-date in the majority of facilities.

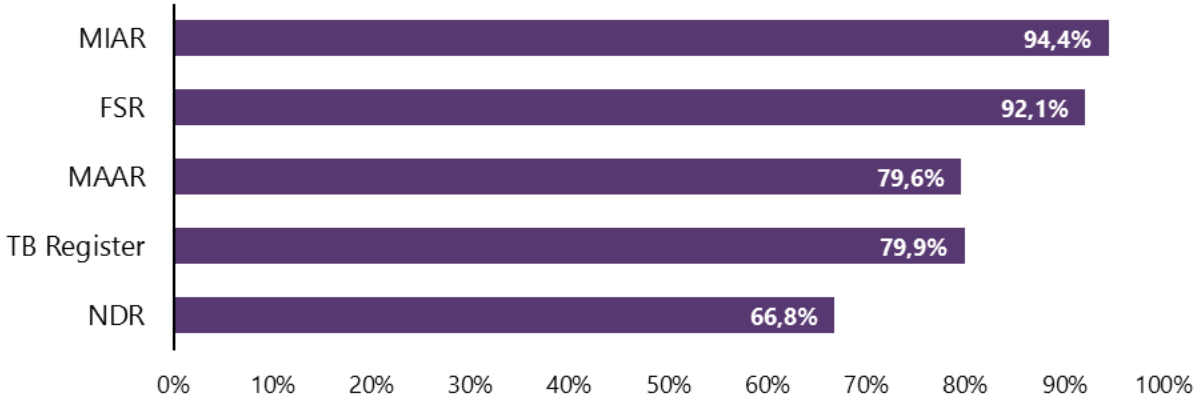
Figure 28. Percentage of BPHS facilities (n=885) with managerial functions



4.3.10 Availability of HMIS reports

Overall, the percentages of health facilities considering HMIS reports are high. The Monthly Integrated Activity Reports (MIAR, 94.4% of HFs) and Facility Status Reports (FSR, 92.1% of HFs) are most available. The Notifiable Disease Report was least available (66.8% of HFs). Other reports such as TB register, Monthly Aggregated Activity Reports (MAAR) were also adequately available in 79.9% and 79.6% of the health facilities, respectively.

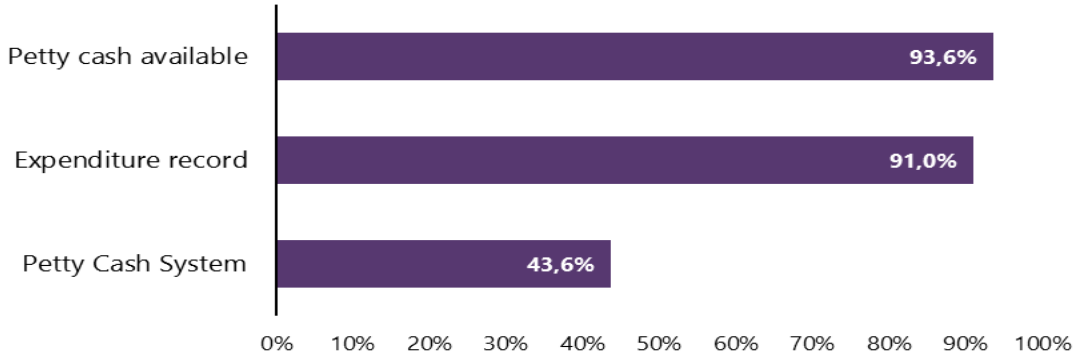
Figure 29. Percentage of BPHS facilities (n=885) with available HMIS reports (%)



4.3.11 Financial Systems

Petty cash system was found to be available in only 43.6% of the HFs, out of these facilities 93.6% had petty cash available on the day of the survey. Expenditure records are usually available (91.0%).

Figure 30. Percentage of BPHS facilities (n=885) with Financial Systems in place (%)

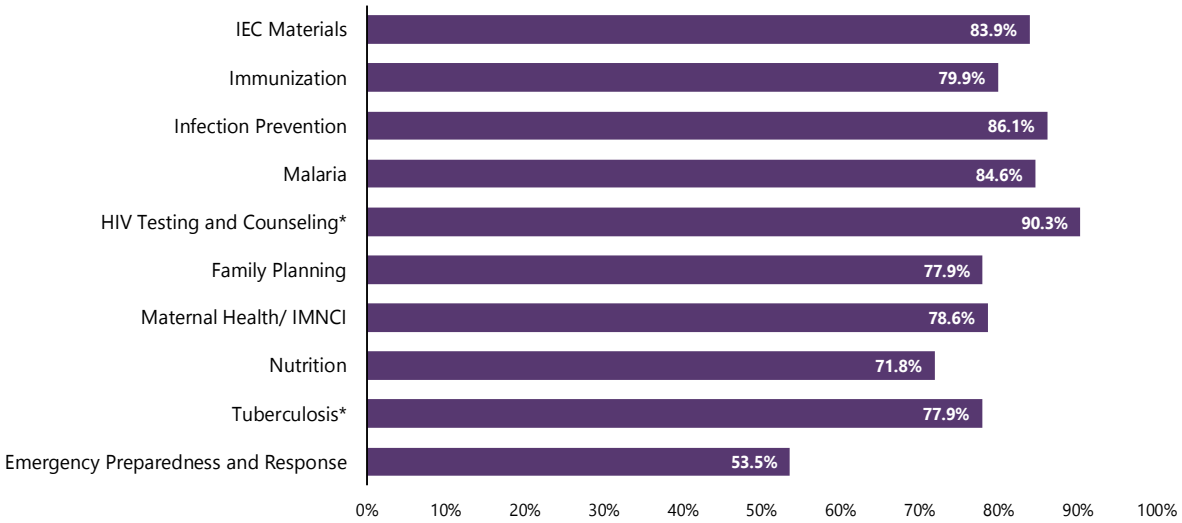


4.4 Quality Services and appropriate client utilization (Domain A, C, G)

4.4.1 Clinical Guidelines

Overall, most of the HFs have adequate clinical guidelines. Clinical guidelines on HIV testing and counselling were the most available (90.3%) followed by infection prevention guidelines (86.1), malaria guidelines (84.6%), IEC materials (83.9), immunization (79.9%), maternal health/IMNCI (78.6%), family planning (77.9%) and TB (77.9%). Nutrition guidelines were less available in HFs at the day of the visit (71.8%) and Emergency Preparedness and Response guidelines were by far, the least available (53.5%).

Figure 31. Percentage of BPHS facilities (n=885) with available Clinical Guidelines (%)

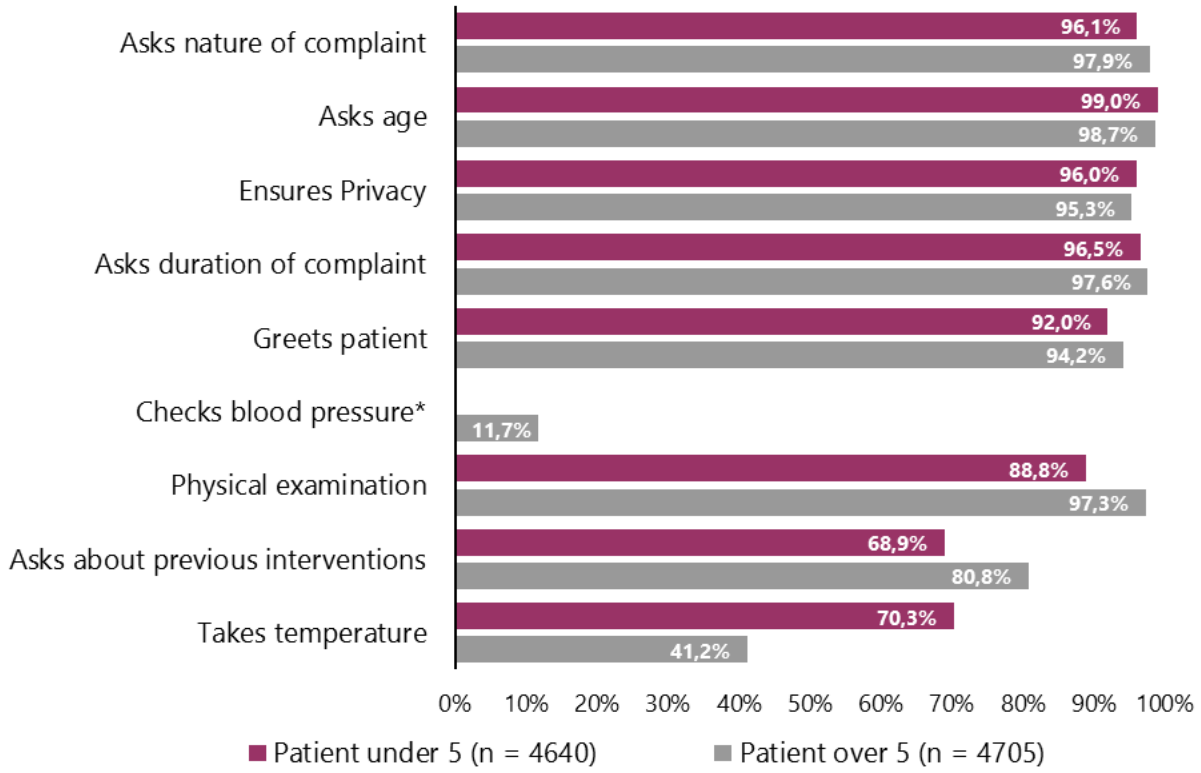


**CHC and DH only (n=215)*

4.4.2 Client – provider interactions

During almost all observations did the health worker greet the patient, asks about the age of the patient, the nature and duration of the complaint, and privacy Is ensured. Most of the health workers performed a kind of physical examination on the client. However, in only 11.7% of the observations among patients over 5 was blood pressure checked. Furthermore, health workers were more likely to check the temperature of patients under five (70.3%) than patients over five (41.2%) in case fever was a complaint. Health workers are more likely to ask about previous interventions for the complaint in consultations with patient over five (80.8%) as compared to patients under five (68.9%).

Figure 32. Client provider observations in over and under five



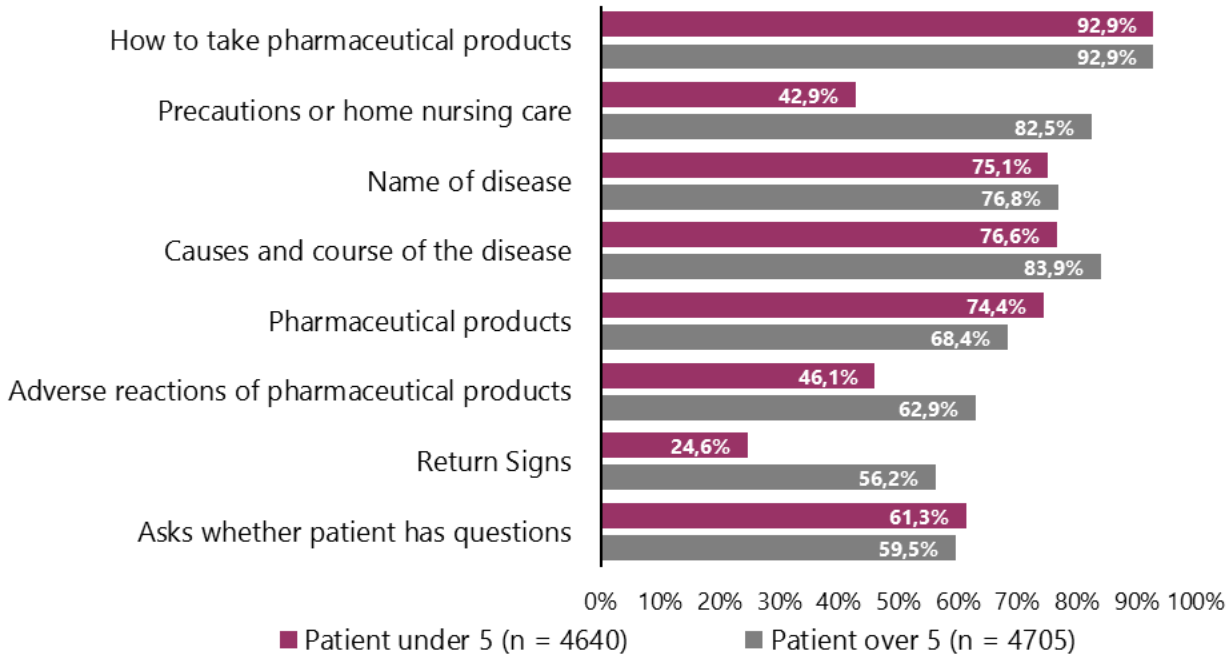
**Blood pressure was not measured in children under-5.*

Components of the client counseling

Health workers adequately explain how to take pharmaceutical products when prescribed (92.9%) in under and over five patients. Generally, the name of the pharmaceutical product is provided, but in many consultations, especially with under-fives (46.1%) are adverse reactions caused by the products not explained. Health workers are much less likely to explain precautions for home care in consultations with patients under five (42.9%) then in consultation with patients over five (82.5%), just like return signs (under-fives: 24.6%, over-

fives: 56.2%). Finally, while the vast majority of health workers explain the name, cause and course of the disease there is not always room for questions.

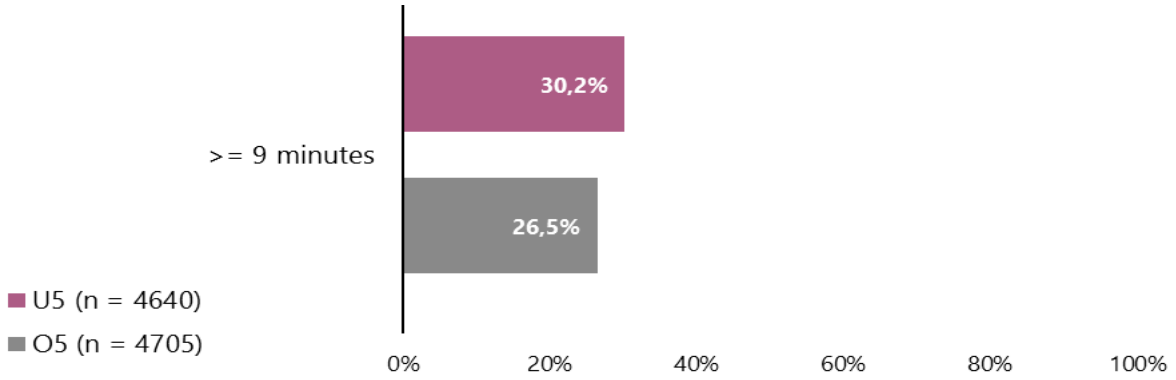
Figure 33. Consultations where the HW explained or asked



Time spent with client

Overall, health workers spent less than nine minutes checking the clients. HW are slightly more likely (30.2%) to spent sufficient time with under-five patients than over-five patients (26.5%), as measured on the day of the survey.

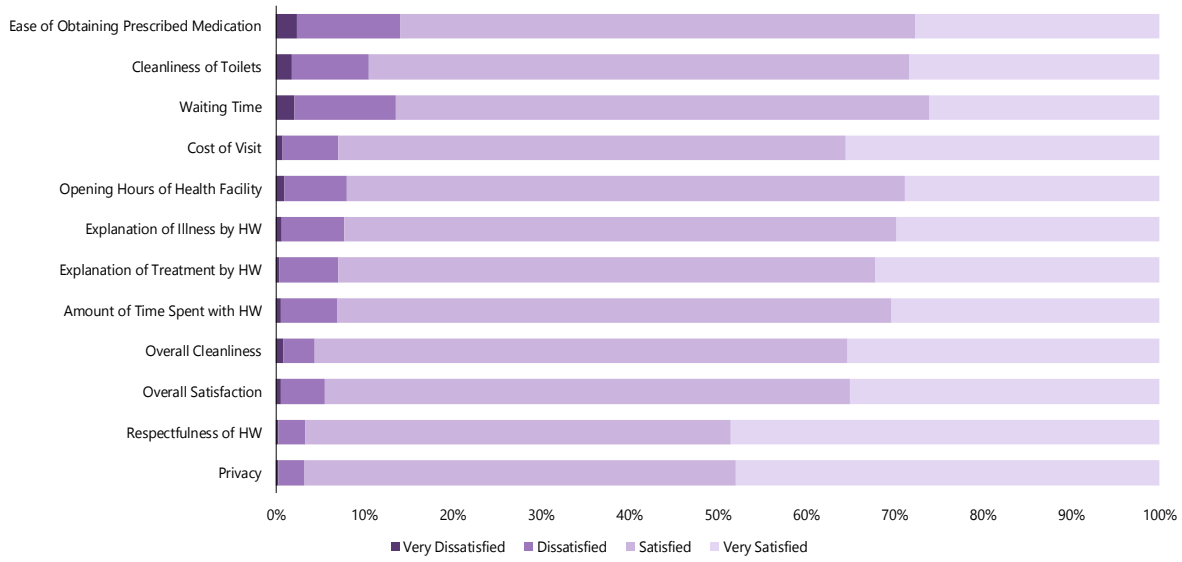
Figure 34. Consultation Time



4.4.3 Client satisfaction

Both patients over 5 and under 5 were least satisfied with the ease of obtaining prescribed medication, the cleanliness of the toilets and the waiting time. They were most satisfied with the level of privacy and the respectfulness of the health workers.

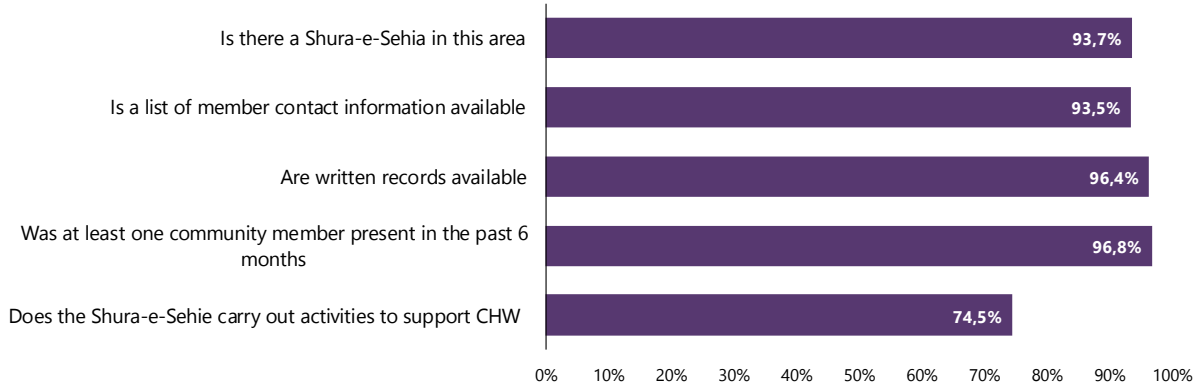
Figure 35. Reasons for client (n=9249) (dis-)satisfaction in BPHS facilities



4.4.4 Community involvement

Almost all facilities had a Shura-e-Sehia in the area (93.7%). And most of these had a list of members with contact information available (93.5%), written records (96.4%) and had at least one community member present in the past 6 months (96.8%). The Shura-e-Sehia carried out activities to support CHW in 74.5% of the facilities.

Figure 36. Percentage of BPHS facilities (n=885) with community involvement (%)



5 Recommendations at the National Level

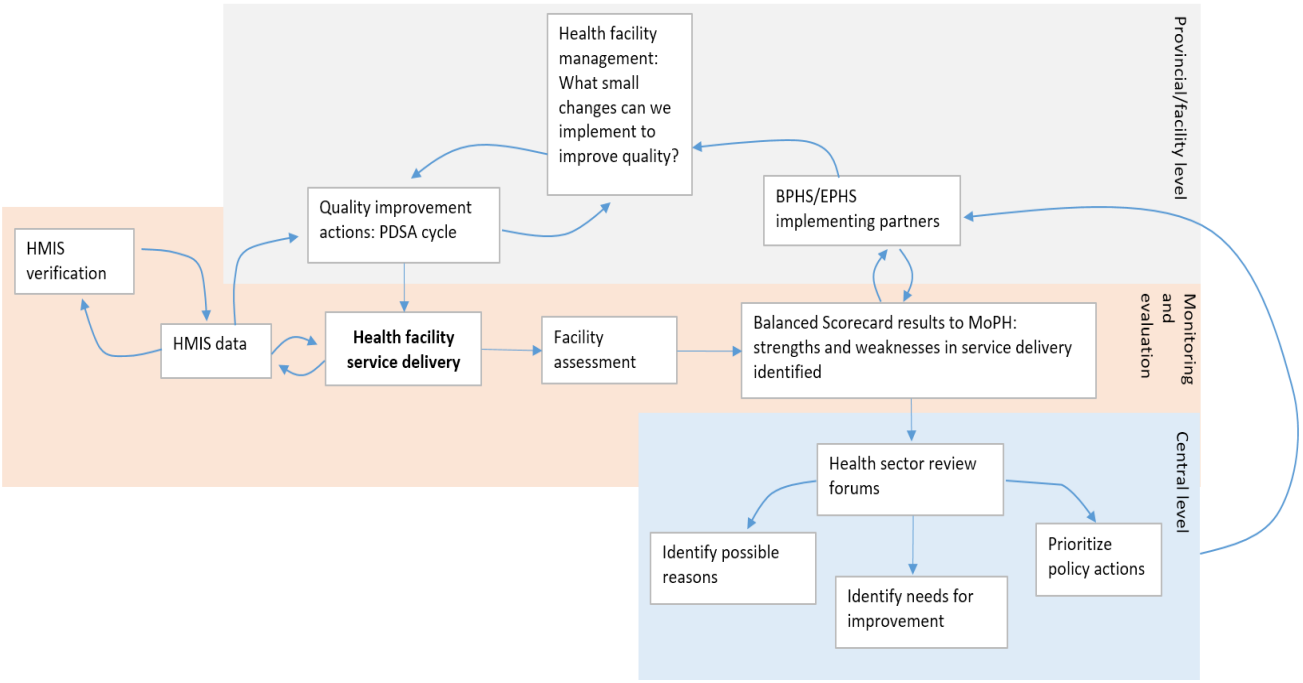
While indicating the level of performance of the health services in a user-friendly manner, the BSC reports generally have not given specific recommendations on how the performance should be improved. Such decisions are left to the MoPH and its stakeholder to make through a consultative process and using other sources of information including knowledge of local conditions best known to local managers. General recommendations solely on the basis of the findings of the BSC would be mechanistic and even misguiding. For example, the table below ranks the level of achievement for each indicator from lowest to highest. While indicators that fall below a certain arbitrary limit, e.g. 50, may need immediate attention, it does not mean that the MoPH and its partners should not strive to achieve a better score for another indicator such as Universal Precautions, an indicator that should have a score of close to 100.

Table 3. BPHS Balanced Scorecard

BPHS Balanced Scorecard		2019/20	2020
9	Staff Received Training (in last year)	29.7	5.8
20	Financial Systems	4.9	9.7
18	Time Spent with Client	7.6	11.4
22	New Outpatient visit concentration index	27.7	28.2
7	Staffing Index -- Meeting minimum staff guidelines	29	34.0
23	New Patient satisfaction concentration index*	49.9	49.9
21	Health Facility Management Functionality Index	49.8	53.4
8	New Provider Knowledge Score	54.8	56.4
4	Health Worker Satisfaction Index	59.8	62.0
16	Client Counselling Index	49.9	67.3
5	Health Worker Motivation Index	66.7	68.7
11	Pharmaceuticals and Vaccines Availability Index	68.8	76.4
14	Infrastructure Index	58.8	73.4
1	Overall Client Satisfaction and Perceived Quality of Care Index	70.7	74.0
13	Clinical Guidelines Index	61.9	75.4
3	Health Post Status Index (New)*	73.2	76.4
12	Laboratory Functionality Index (CHCs only)	78	85.8
19	HMIS Use Index	70	86.4
10	Equipment Functionality Index	81.1	91.3
17	Universal Precautions	66.2	91.8
2	Community Involvement and Decision-Making Index	85.1	93.1
15	Client Background and Physical Assessment Index	89.9	93.5
6	Salary Payment Current	54.4	97.7

Therefore, the BSC should be seen as a tool that can improve the discourse for quality improvement through a quality improvement management process, such as the one displayed on in the **Figure 37** rather than a mere prescription.

Figure 37. Linking the Balanced Scorecard to Quality Improvement of Health Services



6 Annexes

Annex 1: Overall Mean BSC BPHS Scores by Province, by Year

Province	2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
Badakshan	51.8	55.6	57.6	61.8	58.4	57.5	49.4	60.0
Badghis	52.8	54.4	59.5	49.3	63.8	66.8	50.9	78.7
Baghlan	51.8	65.0	70.8	72.8	78.0	72.7	68.8	79.7
Balkh	61.1	53.7	64.1	66.3	78.1	78.1	53.2	76.3
Bamyan	50.4	49.8	65.1	57.6	63.4	57.6	52.6	67.6
Daykundi	50.7	50.8	49.2	59.2	60.0	56.6	53.9	58.2
Farah	57.1	60.3	58.6	65.4	69.3	52.6	59.3	58.4
Faryab	58.6	57.3	61.7	70.4	74.2	57.5	60.9	60.0
Ghazni	52.8	55.8	59.6	60.7	56.8	57.8	64.0	66.9
Ghor	48.8	48.0	57.8	53.3	53.6	52.0	63.2	66.5
Helmand	55.3	53.1	56.6	61.3	59.1	54.2	34.2	47.1
Herat	53.7	62.1	65.6	65.7	76.8	81.0	74.1	76.3
Jawzjan	56.8	54.8	61.8	61.2	66.4	59.8	69.0	74.3
Kabul	48.2	52.1	55.0	57.1	62.8	59.7	54.0	56.4
Kandahar	62.1	60.9	59.9	62.2	65.0	59.5	51.2	64.2
Kapisa	57.8	56.1	62.4	52.7	59.3	57.1	62.9	62.4
Khost	53.2	49.4	59.6	60.2	64.1	65.7	56.8	69.3
Kunar	72.7	67.7	59.7	69.5	69.3	67.7	49.2	56.2
Kunduz	59.2	63.2	63.9	62.0	54.7	57.5	65.3	70.0
Laghman	62.3	65.9	60.7	65.0	63.6	65.7	53.4	67.6
Logar	60.7	62.3	67.9	70.7	72.4	58.6	52.8	72.4
Nangarhar	69.1	67.2	68.6	73.8	76.2	54.3	56.3	57.0
Nimroz	58.8	57.3	62.7	66.7	67.8	68.3	47.7	70.6
Nuristan	-	66.9	54.1	71.4	65.5	52.1	45.6	42.9
Paktika	52.2	56.6	64.1	60.5	62.5	58.2	54.6	62.4
Paktya	54.7	53.3	61.4	60.7	61.2	65.0	54.7	58.8
Panjsher	55.0	57.0	59.8	59.5	62.1	59.1	63.0	62.4
Parwan	55.5	53.5	51.2	58.0	60.1	62.3	56.6	60.1
Samangan	58.9	49.1	55.7	67.2	60.4	54.4	63.5	60.0
Saripul	54.1	54.8	60.3	66.4	62.5	73.1	71.6	73.1
Takhar	50.6	57.0	58.9	67.7	71.2	65.7	48.9	59.3
Uruzgan	52.5	53.4	63.8	54.9	59.6	49.8	61.0	70.3
Wardak	59.2	69.2	62.9	69.4	66.4	73.0	72.2	74.0
Zabul	44.0	56.0	60.5	56.2	52.0	59.6	50.9	54.4

Annex 2: BPHS Scorecards 2020, by Province

See separate PDF attached

Annex 3a: BSC BPHS National Median Scores

AFGHANISTAN HEALTH SECTOR		LB	UB	National Medians					
BPHS Balanced Scorecard				2004	2005	2006	2007	2008	2009/10
Domain A: Client and Community									
1	Overall Patient Satisfaction	66.4	90.9	83.1	86.3	86	77.7	81	76
2	Patient Perception of Quality Index	66.2	83.9	76	76.2	80.3	77.6	77.5	77.2
3	Written Shura-e-Sehie activities in community	18.1	66.5	34.2	54.5	66.4	86	94.3	82.9
Domain B: Human Resources									
4	Health Worker Satisfaction Index	56.1	67.9	63.5	64.1	68.1	69	69.1	68.4
5	Salary Payment Current	52.4	92	76.7	90	81.3	90.7	82.7	70.8
6	Staffing Index -- Meeting minimum staff guidelines	10.1	54	39.3	58	66.9	63.9	72.1	90.2
	Provider Knowledge Score	44.8	62.3	53.5	69	68.7	68.7	-	-
7	Revised Provider Knowledge Score	71.5	86	-	-	-	-	79.3	-
	Revised Revised Provider Knowledge Score	61.9	77.7	-	-	-	-	-	70.6
8	Staff received training in last year	30.1	56.3	39	74.3	68.9	68.5	71.1	47.2
Domain C: Physical Capacity									
10	Equipment Functionality Index	61.3	90	65.7	67	78.7	83.8	88.4	86.6
11	Drug Availability Index	53.3	81.8	71.1	83.7	85.7	81	86.3	90
12	Laboratory Functionality Index (Hospitals & CHCs)	5.6	31.7	18.3	36.3	43.3	58.5	64.5	63
13	Clinical Guidelines Index	22.5	51	34.8	48.9	61.6	78.3	83.9	80.3
14	Infrastructure Index	49.3	63.2	55	44.6	48.7	54.6	54.1	64.1
Domain D: Quality of Service Provision									
15	Patient History and Physical Exam Index	55.1	83.5	70.6	73.5	82.2	83.1	83.9	74.3
16	Patient Counseling Index	23.3	48.9	29.6	35.1	36.6	48.7	48	30
17	Proper sharps disposal	34.1	85	62.2	52	77.5	84.4	75.4	71.3
18	Time Spent with Client	3.5	31.2	18	6.2	7	18.4	19.7	9.6
Domain E: Management Systems									
19	HMIS Use Index	49.6	80.7	67.7	65.8	74.9	91.5	92.4	77.3
Domain F: Overall Mission									
	Outpatient visit concentration index	48	52.7	50.5	50.6	51.2	50	50	-
22	New Outpatient visit concentration index	46.2	56.9	-	-	-	-	-	49.4
	Patient satisfaction concentration index	49	50.9	49.9	49.8	49.8	49.6	49.6	-
23	New Patient satisfaction concentration index*	49.6	50.8	-	-	-	-	-	50
Composite Scores									
Percent of Upper Benchmarks Achieved				16.4	33.5	40.1	49.7	51.7	42.2
Percent of Lower Benchmarks Achieved				78.6	85	87.5	93.9	92.2	88.7
Median for the average composite score				52	59.9	62.4	68.7	71.9	67.5

Annex 3b: BSC BPHS National Median Scores (cont.)

AFGHANISTAN HEALTH SECTOR		LB	UB	National Medians							
BPHS Balanced Scorecard				2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
Domain A: Client and Community											
1	Overall Client Satisfaction and Perceived Quality of Care Index	67.7	79.8	77.2	75.3	81	79.1	79.1	69.9	70.7	74.0
2	Community Involvement and Decision-Making Index	75.9	94.8	80.4	86.3	84.5	91.4	91.4	88.1	85.1	93.1
3	Health Post Status Index (New)*	68.1	80.1	-	-	73.3	75.4	78.8	73.0	73.2	76.4
Domain B: Human Resources											
4	Revised Health Worker Satisfaction Index	60.4	69.5	64.5	63.5	64.8	66.1	65.8	65.8	59.8	62.0
5	Health Worker Motivation Index	66.6	74.2	69.3	72.1	72.4	71.5	71.3	70.6	66.7	68.7
6	Salary Payment Current	33.4	94.1	64.5	71.9	79	90.2	86.7	49.8	54.4	97.7
7	Revised Staffing Index -- Meeting minimum staff guidelines	21.8	47.4	25.4	24.4	31.9	34.8	28.9	34.4	29.0	34.0
8	New Provider Knowledge Score	51.3	62.7	64.4	69.5	62.4	61.9	63.4	53.4	54.8	56.4
9	Revised Staff Received Training (in last year)	9.0	25.5	11.1	8.8	16.6	14.7	17	15.9	29.7	5.8
Domain C: Physical Capacity											
10	Revised Equipment Functionality Index	80.9	93.5	74.5	81.2	85.5	88.8	93.8	91.1	81.1	91.3
11	Pharmaceuticals and Vaccines Availability Index	67.5	86.1	76.6	78.6	82.6	79.9	85.1	82.6	68.8	76.4
12	Laboratory Functionality Index (CHCs only)	66.5	89.5	66.3	71.2	80.3	78.7	81.3	81.8	78.0	85.8
13	Revised Clinical Guidelines Index	72.5	90.1	70.3	78.9	83.7	90.9	93.5	86.1	61.9	75.4
14	Revised Infrastructure Index	51.4	77.7	55.6	62.1	61.7	66.7	63.8	69.1	58.8	73.4
Domain D: Quality of Service Provision											
15	Client Background and Physical Assessment Index	76.8	95.1	73.8	80.2	83.3	89.3	88.8	87.4	89.9	93.5
16	Client Counselling Index	33.9	72.3	30	33.4	52.2	59.8	63	54.0	49.9	67.3
17	Universal Precautions	58.9	86.1	61.6	62.1	72.9	80.2	78	73.5	66.2	91.8
18	Time Spent with Client	2.9	36.9	16.1	11.8	12.1	7	3.3	17.7	7.6	11.4
Domain E: Management Systems											
19	Revised HMIS Use Index	64.9	86.4	75.1	82.9	79.5	84	86.4	78.0	70.0	86.4
20	Financial Systems	0.0	74.7	3.8	2.7	5.2	2.4	7.2	8.2	4.9	9.7
21	Health Facility Management Functionality Index	40.7	60.3	50.4	48	49.7	57.4	52.8	50.0	49.8	53.4
Domain F: Overall Mission											
22	New Outpatient visit concentration index	21.5	59.1	44.5	43.8	49.7	40.1	35.7	45.4	27.7	28.2
23	New Patient satisfaction concentration index*	49.5	50.4	49.9	49.6	50	49.9	50	49.7	49.9	49.9
Composite Scores											
Percent of Upper Benchmarks Achieved				17.9	24.3	34.8	39.1	43.5	30.4	10.9	23.9
Percent of Lower Benchmarks Achieved				77.8	75	91.3	87	87	78.3	58.7	82.6
Median for the average composite score				55	56	60.4	61.9	63.5	59.3	55.5	63.3

Annex 4: BSC BPHS Median Scores - Rank Order

Province	Overall Median Scores		Rank Order		Rank Order Change
	2019/20	2020	2019/20	2020	2019/20 minus 2020
Badakshan	52.4	64.0	30	27	3
Badghis	57.3	84.7	23	3	20
Baghlan	73.4	92.9	6	1	5
Balkh	57.3	85.6	22	2	20
Bamyan	55.9	81.3	26	8	18
Daykundi	56.0	63.5	25	28	-3
Farah	65.0	55.6	12	32	-20
Faryab	62.8	61.6	16	30	-14
Ghazni	74.5	75.5	4	13	-9
Ghor	66.4	75.3	11	14	-3
Helmand	40.3	51.2	34	33	1
Herat	82.7	82.9	1	7	-6
Jawzjan	74.4	83.6	5	5	0
Kabul	61.0	65.2	19	24	-5
Kandahar	57.4	73.7	21	15	6
Kapisa	69.0	68.4	9	19	-10
Khost	64.9	80.5	13	9	4
Kunar	50.1	59.8	32	31	1
Kunduz	70.8	76.6	7	12	-5
Laghman	54.5	78.4	28	11	17
Logar	54.8	83.5	27	6	21
Nangarhar	64.7	66.9	14	23	-9
Nimroz	53.8	80.1	29	10	19
Nuristan	48.7	48.2	33	34	-1
Paktika	61.5	72.7	18	17	1
Paktya	62.6	64.9	17	25	-8
Panjsher	67.3	68.2	10	20	-10
Parwan	60.5	66.9	20	22	-2
Samangan	69.7	67.3	8	21	-13
Saripul	78.0	73.0	3	16	-13
Takhar	51.2	64.4	31	26	5
Uruzgan	63.4	72.6	15	18	-3
Wardak	80.5	83.9	2	4	-2
Zabul	57.1	62.4	24	29	-5

Green Improvement in rank

Red Drop in rank

Annex 5: BSC BPHS Benchmarks

AFGHANISTAN HEALTH SECTOR		2011/12		2012/13		2015		2016		2017		2018		2019/20		2020	
Benchmarks		LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB
Domain A: Client and Community																	
1	Overall Client Satisfaction and Perceived Quality of Care Index	73.3	81.3	73.3	81.3	73.3	81.3	71.8	82.8	71.4	84.6	72.8	86.0	67.7	79.8	67.7	79.8
2	Community Involvement and Decision-Making Index	72.4	90.0	72.4	90.0	72.4	90.0	72.8	92.0	77.1	94.6	79.3	95.4	75.9	94.8	75.9	94.8
3	Health Post Status Index (New)*	-	-	-	-	67.1	77.8	67.1	77.8	67.1	77.8	70.6	80.7	68.1	80.1	68.1	80.1
Domain B: Human Resources																	
4	Revised Health Worker Satisfaction Index	61.7	66.6	61.7	66.6	61.7	66.6	61.4	67.6	62.1	68.5	63.5	70.3	60.4	69.5	60.4	69.5
5	Health Worker Motivation Index	66.7	72.8	66.7	72.8	66.7	72.8	68.5	74.4	69.0	75.2	68.7	75.1	66.6	74.2	66.6	74.2
6	Salary Payment Current	52.4	92.0	52.4	92.0	52.4	92.0	34.8	96.4	34.3	98.0	39.7	99.3	33.4	94.1	33.4	94.1
7	Revised Staffing Index -- Meeting minimum staff guidelines	11.4	33.3	11.4	33.3	11.4	33.3	15.3	34.9	19.5	41.1	22.8	46.0	21.8	47.4	21.8	47.4
8	New Provider Knowledge Score	59.4	67.6	59.4	67.6	59.4	67.6	61.1	69.2	60.0	68.3	57.0	66.1	51.3	62.7	51.3	62.7
9	Revised Staff Received Training (in last year)	7.1	14.9	7.1	14.9	7.1	14.9	8.0	17.7	9.5	19.8	11.6	22.6	9.0	25.5	9.0	25.5
Domain C: Physical Capacity																	
10	Revised Equipment Functionality Index	67.4	85.0	67.4	85.0	67.4	85.0	71.8	88.7	76.2	92.2	80.6	94.7	80.9	93.5	80.9	93.5
11	Pharmaceuticals and Vaccines Availability Index	71.8	88.6	71.8	88.6	71.8	88.6	72.1	88.0	73.3	88.5	74.4	90.9	67.5	86.1	67.5	86.1
12	Laboratory Functionality Index (CHCs only)	53.1	76.3	53.1	76.3	53.1	76.3	62.2	79.6	63.9	82.9	67.0	87.1	66.5	89.5	66.5	89.5
13	Revised Clinical Guidelines Index	64.3	85.9	64.3	85.9	64.3	85.9	68.7	88.9	74.8	92.5	80.9	94.9	72.5	90.1	72.5	90.1
14	Revised Infrastructure Index	48.9	73.4	48.9	73.4	48.9	73.4	47.6	75.1	49.4	75.7	51.7	75.6	51.4	77.7	51.4	77.7
Domain D: Quality of Service Provision																	
15	Client Background and Physical Assessment Index	66.7	81.5	66.7	81.5	66.7	81.5	71.9	87.1	75.6	91.2	78.1	92.8	76.8	95.1	76.8	95.1
16	Client Counselling Index	31.7	58.5	31.7	58.5	31.7	58.5	32.0	55.8	36.2	60.9	41.5	70.0	33.9	72.3	33.9	72.3
17	Universal Precautions	51.8	70.4	51.8	70.4	51.8	70.4	52.4	75.7	57.6	81.2	64.7	85.9	58.9	86.1	58.9	86.1
18	Time Spent with Client	3.5	31.2	3.5	31.2	3.5	31.2	3.8	22.8	1.9	21.8	1.9	26.6	2.9	36.9	2.9	36.9
Domain E: Management Systems																	
19	Revised HMIS Use Index	66.1	86.2	66.1	86.2	66.1	86.2	67.5	88.8	68.9	90.4	68.7	91.1	64.9	86.4	64.9	86.4
20	Financial Systems	2.2	20.3	2.2	20.3	2.2	20.3	0.0	23.7	0.0	31.8	0.0	43.7	0.0	74.7	0.0	74.7
21	Health Facility Management Functionality Index	40.0	57.6	40.0	57.6	40.0	57.6	42.1	58.3	43.3	61.2	43.9	63.3	40.7	60.3	40.7	60.3
Domain F: Overall Mission																	
22	New Outpatient visit concentration index	46.2	56.9	46.2	56.9	46.2	56.9	41.6	51.8	34.0	52.5	28.0	56.1	21.5	59.1	21.5	59.1
23	New Patient satisfaction concentration index*	49.6	50.8	49.6	50.8	49.6	50.8	49.5	50.3	49.6	50.2	49.8	50.3	49.5	50.4	49.5	50.4

Annex 6a: BSC BPHS Sample by year, by province

Province	Number of Facilities													
	2004	2005	2006	2007	2008	2009/10	2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
Badakshan	24	25	24	25	25	25	25	25	24	24	24	25	25	26
Badghis	20	22	24	13	22	24	20	17	21	15	15	24	25	26
Baghlan	24	25	25	28	25	25	25	25	25	25	25	25	26	26
Balkh	27	25	25	27	25	25	23	25	24	25	25	25	26	27
Bamyan	24	25	25	25	25	25	24	25	24	25	25	25	27	27
Daykundi	NA	11	12	11	18	24	18	18	24	23	23	25	27	27
Farah	11	9	7	9	NA	22	25	17	16	13	19	21	26	25
Faryab	21	25	25	25	25	26	23	20	22	16	15	21	27	27
Ghazni	20	25	25	25	25	19	24	24	24	24	25	25	27	27
Ghor	17	19	19	21	25	24	23	18	24	25	23	22	24	25
Helmand	24	NA	NA	NA	NA	17	25	20	24	15	20	25	27	27
Herat	25	25	25	25	25	23	23	20	24	24	25	25	26	27
Jawzjan	21	25	25	22	22	20	25	20	25	22	21	24	27	27
Kabul	25	25	25	28	25	25	21	23	24	25	50	50	27	27
Kandahar	23	NA	NA	NA	NA	24	23	25	23	25	25	23	26	26
Kapisa	21	25	23	22	16	23	24	25	25	24	23	25	26	26
Khost	14	14	12	16	17	24	23	24	24	22	22	18	25	25
Kunar	14	24	24	24	23	15	25	25	25	25	25	25	27	27
Kunduz	16	25	25	25	25	25	25	25	25	24	24	25	27	27
Laghman	23	23	23	23	23	24	25	19	25	24	24	25	21	27
Logar	24	25	25	24	20	19	20	23	25	25	25	25	27	27
Nangarhar	24	25	25	25	25	24	24	25	25	25	25	25	27	26
Nimroz	8	8	7	7	6	11	11	13	12	11	11	12	16	16
Nuristan	13	11	10	10	9	18	NA	12	19	18	18	24	26	26
Paktika	16	15	16	19	18	20	21	14	23	19	25	23	27	27
Paktya	16	21	24	24	21	19	24	24	23	25	25	22	27	27
Panjsher	14	14	11	11	11	20	17	17	19	19	19	16	23	23
Parwan	27	25	25	25	25	25	25	25	26	25	25	23	26	26
Samangan	7	18	20	20	18	21	22	24	23	25	25	23	26	26
Saripul	15	23	25	24	24	25	24	25	24	25	24	20	27	26
Takhar	25	25	25	25	25	25	25	25	24	25	25	25	27	27
Uruzgan	4	NA	NA	NA	NA	8	16	17	21	15	17	21	26	26
Wardak	26	25	25	27	25	20	24	25	25	26	25	25	27	27
Zabul	4	NA	NA	NA	NA	12	16	16	22	16	20	20	26	26
TOTAL	**617**	**629**	**630**	**636**	**618**	**726**	**738**	**725**	**783**	**744**	**787**	**807**	**877**	**885**

Number of Health Workers Interviewed													
2004	2005	2006	2007	2008	2009/10	2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
74	46	69	75	94	71	85	82	91	89	85	93	109	111
50	40	56	39	73	64	74	48	70	45	48	90	106	107
65	66	57	84	97	84	82	93	107	95	95	95	115	118
85	82	81	106	98	87	77	86	78	88	91	98	114	120
72	53	75	72	76	81	80	84	88	92	99	94	119	120
NA	30	34	37	58	72	57	52	76	74	81	99	118	120
37	20	23	34	NA	67	71	55	35	35	59	77	110	99
66	68	67	79	93	93	84	77	75	63	58	78	113	118
23	60	60	72	85	54	74	76	80	84	81	90	115	113
27	34	36	44	82	67	45	54	80	81	79	88	110	113
58	NA	NA	NA	NA	28	78	70	55	52	75	100	137	138
87	65	71	81	98	79	75	74	80	86	87	96	115	120
50	62	64	71	75	71	85	79	81	83	80	87	115	113
67	55	80	98	88	85	73	71	85	82	180	195	115	116
61	NA	NA	NA	NA	87	87	91	92	90	78	89	121	107
31	54	71	62	64	77	79	79	79	83	73	87	106	104
34	28	26	45	60	70	62	74	91	72	70	71	98	101
33	63	65	65	76	51	89	89	87	88	92	88	112	113
41	66	70	68	97	90	85	89	93	84	84	94	120	120
51	60	74	58	79	82	89	71	89	86	93	96	88	118
62	57	61	66	79	65	62	85	90	86	84	96	120	120
55	61	67	84	94	77	87	95	112	91	93	100	118	116
23	13	15	23	24	36	35	40	39	36	37	44	64	64
28	16	29	29	25	51	NA	34	59	54	46	77	103	108
18	21	35	43	70	59	57	43	79	65	85	85	115	116
49	42	67	76	78	53	77	72	91	79	79	78	115	117
34	28	35	37	38	53	50	47	55	55	60	53	84	88
58	52	85	94	89	88	81	81	77	83	88	86	102	106
26	51	48	67	64	62	64	71	70	76	66	88	113	112
34	57	64	69	86	76	82	69	92	81	74	73	120	116
57	55	59	80	97	78	92	83	101	92	91	91	101	106
12	NA	NA	NA	NA	30	53	60	65	44	51	68	99	102
70	57	79	85	96	60	75	82	89	82	87	98	120	132
15	NA	NA	NA	NA	33	46	47	56	44	60	72	110	104
1.553	**1.452**	**1.723**	**1.940**	**2.233**	**2.281**	**2.392**	**2.403**	**2.687**	**2.520**	**2.689**	**3.014**	**3.740**	**3.796**

Annex 6b: BSC BPHS Sample CHW by year, by province

Province	Number of CHW Interviews													
	2004	2005	2006	2007	2008	2009/10	2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
Badakshan	NA	NA	NA	NA	NA	18	25	17	23	25	31	39	42	42
Badghis	NA	NA	NA	NA	NA	NA	4	6	21	19	20	36	33	38
Baghlan	NA	NA	NA	NA	NA	32	14	15	36	40	40	41	45	44
Balkh	NA	NA	NA	NA	NA	24	13	18	24	36	40	43	44	44
Bamyan	NA	NA	NA	NA	NA	32	23	20	20	38	42	40	45	44
Daykundi	NA	NA	NA	NA	NA	19	16	11	23	34	34	38	40	44
Farah	NA	NA	NA	NA	NA	7	7	8	3	8	20	20	34	26
Faryab	NA	NA	NA	NA	NA	30	4	9	29	30	27	36	34	44
Ghazni	NA	NA	NA	NA	NA	4	10	23	18	45	40	40	42	42
Ghor	NA	NA	NA	NA	NA	32	3	8	29	41	38	34	40	42
Helmand	NA	NA	NA	NA	NA	4	4	6	7	2	30	27	16	25
Herat	NA	NA	NA	NA	NA	42	7	22	28	38	34	42	44	44
Jawzjan	NA	NA	NA	NA	NA	17	16	16	35	22	28	37	42	42
Kabul	NA	NA	NA	NA	NA	23	8	3	19	16	45	51	43	44
Kandahar	NA	NA	NA	NA	NA	14	18	20	30	44	37	43	39	40
Kapisa	NA	NA	NA	NA	NA	43	19	27	22	24	24	28	28	26
Khost	NA	NA	NA	NA	NA	5	5	12	25	28	30	24	26	26
Kunar	NA	NA	NA	NA	NA	14	49	46	23	35	38	40	42	42
Kunduz	NA	NA	NA	NA	NA	29	33	22	27	30	26	36	44	44
Laghman	NA	NA	NA	NA	NA	44	13	28	20	38	34	40	34	42
Logar	NA	NA	NA	NA	NA	6	5	NA	20	24	23	32	44	44
Nangarhar	NA	NA	NA	NA	NA	46	26	30	25	35	39	46	44	38
Nimroz	NA	NA	NA	NA	NA	6	8	6	6	12	12	14	20	20
Nuristan	NA	NA	NA	NA	NA	NA	NA	NA	9	14	13	22	26	28
Paktika	NA	NA	NA	NA	NA	NA	1	7	15	16	33	37	45	44
Paktya	NA	NA	NA	NA	NA	22	5	6	21	35	30	30	44	45
Panjsher	NA	NA	NA	NA	NA	16	14	14	15	17	12	18	23	23
Parwan	NA	NA	NA	NA	NA	43	21	27	30	36	38	39	35	38
Samangan	NA	NA	NA	NA	NA	14	9	6	20	15	24	33	35	30
Saripul	NA	NA	NA	NA	NA	33	15	14	36	26	26	22	44	42
Takhar	NA	NA	NA	NA	NA	29	23	14	19	39	38	40	35	37
Uruzgan	NA	NA	NA	NA	NA	3	5	4	10	16	18	20	21	28
Wardak	NA	NA	NA	NA	NA	18	12	22	34	27	35	38	40	46
Zabul	NA	NA	NA	NA	NA	1	1	2	7	13	15	24	39	37
TOTAL	**NA**	**NA**	**NA**	**NA**	**NA**	**670**	**436**	**489**	**729**	**918**	**1,014**	**1,150**	**1,252**	1,285

Annex 7: BSC BPHS List of indicators

S. No.	Indicator/Sub-item
Indicator 1	**Overall Client Satisfaction and Perceived Quality of Care Index**
SI # 1	How satisfied are you with cleanliness of the health facility?
SI # 2	How satisfied are you with respectfulness of health providers?
SI # 3	How satisfied are you with the way health workers explained your illness?
SI # 4	How satisfied are you with the way health workers explained your treatment?
SI # 5	How satisfied are you with the cost of this visit to the health facility?
SI # 6	How satisfied are you with privacy during your visit?
SI # 7	How satisfied are you with amount of time a health worker spent with you during your visit?
SI # 8	How satisfied are you with the hours during which the facility is open?
SI # 9	How satisfied are you with the amount of time you spent waiting to be seen by a health provider?
SI # 10	How satisfied are you with your visit to this health facility overall?
SI # 11	How satisfied are you with the cleanliness of the toilets in this HF?
SI # 12	How satisfied are you with the availability of the medicines that the health worker prescribed?
Indicator 2	**Community Involvement and Decision Making Index**
SI # 1	Is there a Shura-e-sehi in this area?
SI # 2	Does the facility have written records of the activities carried out by the Shura-e-Sehie in past 12 months?
SI # 3	Is a list of members and contact information of the Shura-e-Sehie available? (Documentation needs to be produced)
SI # 4	Were there at least one person from the community present in each Shura-e-Sehie meeting held in the past 6 months?
SI # 5	Does Shura-e-Sehie provide any support to CHWs?
Indicator 4	**Health Worker Satisfaction Index**
SI # 1	I know what is expected of me in this job - WORK CONTENT
SI # 2	This job allows me to use all my skills - WORK CONTENT
SI # 3	I understand my daily duties at this job - WORK CONTENT
SI # 4	In this job management rarely interferes in my work - AUTONOMY
SI # 5	This job allows me to use my personal judgment in carrying out the work - AUTONOMY
SI # 6	There are unnecessary procedures in this job that take time away from my actual work - WORK DEMANDS
SI # 7	I am often asked to do things that are not my duties -WORK DEMANDS
SI # 8	I often have to work extra hours in this job -WORK DEMANDS
SI # 9	This job provides me with adequate opportunities to learn new skills - GROWTH & DEVELOPMENT
SI # 10	This job provides me with adequate opportunities to participate in training programs - GROWTH & DEVELOPMENT
SI # 11	I know how much I will get paid at the end of each month in this job - FINANCIAL REWARDS
SI # 12	I have to work extra to have enough money for my family -FINANCIAL REWARDS
SI # 13	The benefits we receive are as good as most other jobs offer in Afghanistan -FINANCIAL REWARDS
SI # 14	I understand the types of benefits that I am supposed to receive in this job - FINANCIAL REWARDS
SI # 15	There are few rewards for those who work here - FINANCIAL REWARDS
SI # 16	There is really too little chance for promotion in this job - PROMOTION
SI # 17	People get ahead as fast here as they do in other organizations - PROMOTION

SI # 18	Those who do well on the job stand a fair chance of being promoted - PROMOTION
SI # 19	In this job work assignments are not fully explained - SUPERVISION & COMMUNICATION
SI # 20	I can get help from my supervisor when I need it - SUPERVISION & COMMUNICATION
SI # 21	My supervisor never gives me any feedback about how well I am doing in my job -SUPERVISION & COMMUNICATION
SI # 22	When I do a good job, I receive the recognition from my supervisor - SUPERVISION & COMMUNICATION
SI # 23	I have good working relationships with my colleagues - CO -WORKERS
SI # 24	I find I have to work harder at my job because of the incompetence of people I work with - CO -WORKERS
SI # 25	I have all the necessary equipment and tools to do my job well - RESOURCE AVAILABILITY & INFRASTRUCTURE
SI # 26	This facility/hospital provides adequate medicine to provide good quality of care - RESOURCE AVAILABILITY & INFRASTRUCTURE
SI # 27	Physical condition of the building I work in is adequate - RESOURCE AVAILABILITY & INFRASTRUCTURE
SI # 28	I worry a lot about my family's and my own security living in this community - PHYSICAL SECURITY
SI # 29	There is adequate security in the hospital/facility to do my job properly - PHYSICAL SECURITY
SI # 30	People in this facility/hospital do not have to worry often about getting fired - JOB SECURITY
SI # 31	I can keep this job as long as I want - JOB SECURITY
SI # 32	Staff in this facility/hospital have opportunities to participate in developing facility/hospital's budget - TRANSPARENCY &
SI # 33	Staff in this facility/hospital have opportunities to express their opinions - TRANSPARENCY & PERCEPTION OF EQUITY
SI # 34	The rules for salary payments are fair - TRANSPARENCY & PERCEPTION OF EQUITY
SI # 35	My supervisor is unfair to me - TRANSPARENCY & PERCEPTION OF EQUITY
SI # 36	I feel like I am rewarded fairly for the work I do - TRANSPARENCY &PERCEPTION OF EQUITY
Indicator 5	**Health Worker Motivation Index**
SI # 1	I work in this job because I have a chance to help other people through my work
SI # 2	I work in this facility because it plays an important role in the community
SI # 3	I work here because it makes me feel important
SI # 4	I only work here to get so that I can get paid
SI # 5	I frequently think of quitting this job
SI # 6	I feel I should personally take the credit or blame for the results of my work on this job
SI # 7	I do this job because my family would be disappointed if I quit
SI # 8	I work here because of opportunities for promotion
SI # 9	I sometimes feel my work here is meaningless
SI # 10	I work in this job because it allows me to decide how my work is organized
SI # 11	I work in this facility because it has sufficient resources I need to do my job (medicine, equipment, infrastructure)
SI # 12	I work in this job because it allows me to use my skills
SI # 13	I do this job because it gives me respect in the community
SI # 14	I work here because it is located in a safe area
SI # 15	I work here because of good benefits I receive (Note: all benefits – housing, transportation, anything else you receive – think overall)
SI # 16	I don’t care much about the quality of work here
SI # 17	I work in this job because I can accomplish something worthwhile in this job
SI # 18	I work here because it provides long term security for me
SI # 19	I work here because I have no other choice
SI # 20	I feel a very high degree of personal responsibility for the work I do on this job
Indicator 6	**Salary Payment Current**

SI # 1	If the payment of your salary is up to date
Indicator 7	**Staffing Index**
Sub-Centers	
SI # 1	Nurse (Male or Female)
SI # 2	(Community) Midwife (Male or Female)
SI # 3	Nutrition counselor (Male or Female)
BHC	
SI # 1	Nurse (Male or Female)
SI # 2	Community Midwife (Male or Female)
SI # 3	Community Health Supervisor (Male or Female)
SI # 4	Vaccinators (Male or Female)
SI # 5	Physician (Male or Female)
SI # 6	Nutrition counselor (Male or Female)
CHC	
SI # 1	Nurse (Male or Female)
SI # 2	Community Midwife (Male or Female)
SI # 3	Community Health Supervisor (Male or Female)
SI # 4	Vaccinators (Male or Female)
SI # 5	Physician (Male or Female)
SI # 6	Laboratory Technician (Male or Female)
SI # 7	Pharmacy Technician (Male or Female)
SI # 8	Nutrition counselor (Male or Female)
SI # 9	Psychosocial counselor (Male or Female)
DH	
SI # 1	Nurse (Male and Female)
SI # 2	Community Midwife (Male or Female)
SI # 3	Community Health Supervisor (Male or Female)
SI # 4	Vaccinators (Male or Female)
SI # 5	Physician (Male or Female)
SI # 6	Laboratory Technician (Male or Female)
SI # 7	Pharmacy Technician (Male or Female)
SI # 8	Nutrition counselor (Male or Female)
SI # 9	Psychosocial counselor (Male or Female)
Indicator 9	**Staff Received Training (in last year)**
SI # 1	IMCI
SI # 2	HIV/AIDS
SI # 3	Tuberculosis
SI # 4	Malaria
SI # 5	FP methods (Competency and LARC)

SI # 6	Maternal and neonatal health (BEmONC, HBS, ENC)
SI # 7	Universal Precautions
SI # 8	Nutrition (IYCF)
SI # 9	CHW Refresher training
SI # 10	Mental Health standard training (CHC/DH)
SI # 11	Mental Health Advances Psychosocial training (CHC/DH)
SI # 12	Basic Psychosocial Counseling (PHC/BHC)
Indicator 10	**Equipment Functionality Index**
SI # 1	Children' Scale
SI # 2	Height Measure
SI # 3	Adult scale
SI # 4	Sphygmomanometer
SI # 5	Thermometer
SI # 6	Wall thermometer in TFU
SI # 7	Stethoscope
SI # 8	Otoscope
SI # 9	Sterilizer
SI # 10	Suction/aspiration device
SI # 11	Vision chart
SI # 12	Minor surgical set - Include sub-items list
SI # 13	Fetoscope
SI # 14	Speculum
SI # 15	Watch (with seconds hand)
SI # 16	Flash light
SI # 17	Stretcher
SI # 18	Pharamcy stock
SI # 19	Cold boxes[Separate from vaccine carrier]
SI # 20	Vaccine carriers - Cold chain equipment [Separate]
SI # 21	Vaccine refrigerator
SI # 22	Ambu bag 500 ml
SI # 23	Ambu bag 250 ml
SI # 24	Delivery Kit
SI # 25	Oxygen Gauge & Cylinder
SI # 26	MUAC / Tape measure
SI # 27	PLWs MUAC tapes
SI # 28	Microscope (Only CHCs & DH)
SI # 29	Centrifuge (Only CHCs & DH)
SI # 30	TB diagnostic lab kit (CHC & DH)
SI # 31	TB sputum cups (CHC & DH)
SI # 32	TB reagent (CHC & DH)
SI # 33	Hemoglobinometer (Only CHCs & DH)
SI # 34	TB patient medicine KIT
SI # 35	Emergency stockpiles

SI # 36	Emergency Cholera KIT
SI # 37	Emergency trauma KIT
SI # 38	Emergency ARI KIT
SI # 39	WHO standard test KIT
Indicator 11	**Pharmaceuticals and Vaccines Availability Index**
SI # 1	Tetracycline ophthalmic ointment
SI # 2	Paracetamol tabs
SI # 3	Amoxicillin / Ampicillin (syrup, tabs or capsule)
SI # 4	ORS packets
SI # 5	Iron tabs (with or without folic acid)
SI # 6	Iron syrup
SI # 7	Cotrimoxazole
SI # 8	Salbutamol
SI # 9	Adrenaline
SI # 10	Folic Acid
SI # 11	Mebendazole
SI # 12	Metronidazole
SI # 13	Sodium Lactate
SI # 14	Iodine
SI # 15	Retinol (Vitamin A)
SI # 16	Zinc
SI # 17	Vitamin K
SI # 18	Chlorohidine
SI # 19	RUTF
SI # 20	F-75
SI # 21	F-100
SI # 22	ReSoMal
SI # 23	Condoms
SI # 24	Oral contraceptive tablets (COC)
SI # 25	Oral contraceptive tablets (POP)
SI # 26	DMPA-IM
SI # 27	DMPA-SC
SI # 28	IUD
SI # 29	Implant
SI # 30	Chloroquine tab
SI # 31	Chloroquine syrup
SI # 32	Artremether+lumefantrine (40+240mg)
SI # 33	Artremether+lumefantrine (20+120mg)
SI # 34	Amp quinine
SI # 35	Tab quinine
SI # 36	Tab primaquine
SI # 37	Amp artesunate/artemether
SI # 38	Vial Sodium Stibogluconate (SSG)/ Amp Meglumine Antimonate (CHC, DH)

SI # 39	RHZE (150mg+75mg+400mg+275mg)
SI # 40	INH (100mg)
SI # 41	RHZ (75mg+50mg+150mg)
SI # 42	RH (75mg+100mg)
SI # 43	Ethambutol 100mg
SI # 44	Magnesium Sulfate
SI # 45	Oxytocin
SI # 46	BCG
SI # 47	OPV
SI # 48	TT vaccine
SI # 49	DPT/HBV/Hib pentavalent
SI # 50	PCV
SI # 51	Rota vaccine
SI # 52	Hepatitis B Monovalent (CHC, DH)
SI # 53	Measles
Indicator 12	**Laboratory Functionality Index (for CHCs and DH only)**
SI # 1	White cell and red cell counts
SI # 2	Malaria smears (thick and thin)
SI # 3	TB smears
SI # 4	Gram stains
SI # 5	Blood type and cross match
SI # 6	HIV testing
SI # 7	Liver function testing
SI # 8	Syphilis testing
SI # 9	Rapid diagnostic test for malaria
SI # 10	Urine dipstick tests
SI # 11	Pregnancy testing
SI # 12	Hepatitis B testing
SI # 13	Hepatitis C testing
SI # 14	Blood sugar
SI # 15	Stool tests for parasites
SI # 16	Stool tests for occult blood
SI # 17	Hemoglobin test
Indicator 13	**Clinical Guidelines Index**
	IMCI /maternal health
SI # 1	IMNCI chart book or wall chart
SI # 2	Essential newborn care
SI # 3	IMPAC (PCPNC, MCPC)
SI # 4	Postpartum Hemorrhage (PPH)
	Tuberculosis
SI # 5	NTP Guideline
SI # 6	NTP SoPs
	Malaria

SI # 7	National Malaria Treatment Guideline (NTG 2017)/Treatment Chart
SI # 8	Malaria Microscopy and RDT usage Guidelines
	Immunization
	Family planning
SI # 9	FPMNH Counselling
SI # 10	Family Planning Decision Making Tool (DMT)
SI # 11	Family Planning MEC Wheel 2015 or newer
SI # 12	***HIV Counseling and Testing guidelines - Only for CHCs and DHs***
SI # 13	***Infection prevention Guideline***
	Nutrition guidelines
SI # 14	Nutrition SOP
SI # 15	Nutrition Counselor guideline
SI # 16	IMAM guideline
SI # 17	Micronutrients guideline
SI # 18	Deworming guideline
SI # 19	OPD-SAM wallcharts
SI # 20	IPD-SAM wallcharts
SI # 21	Micronutrients booklet
SI # 22	Breastmilk substitute (BMS) Code/regulation
SI # 23	Nutrition IEC materials (posters on positioning & attachment)
SI # 24	Nutrition IEC materials (posters on complementary feeding)
SI # 25	Nutrition IEC materials (posters on maternal nutrition)
SI # 26	Nutrition IEC materials (posters on micronutrients (IFA, iodine, Vit-A, Vit-D, zinc)
SI # 27	Food based dietary guideline (FBDG)
SI # 28	***Emergency preparedness and response plan***
Indicator 14	**Functional Infrastructure Index**
SI # 1	Heating in patient areas during winters
SI # 2	Cooling in patient areas during summers
SI # 3	Reliable source of electricity
SI # 4	Functional water source
SI # 5	Windows - Few or no repairs needed
SI # 6	Doors - Few or no repairs needed
SI # 7	Interior Walls - Few or no repairs needed
SI # 8	Exterior Walls - Few or no repairs needed
SI # 9	Roof - Few or no repairs needed
SI # 10	Grounds condition satisfactory
SI # 11	Staff toilets condition satisfactory
SI # 12	Patient toilets condition satisfactory
SI # 13	Newborn corner in delivery room
SI # 14	Postpartum family planning corner in/adjacent to delivery room
SI # 15	Post abortion care (PAC) (MVA and Misoprostol)
SI # 16	Is there a separate DOTs room in the health facility? (CHC)
SI # 17	Is there a separated room/Place available for PSC?

SI # 18	Is there a separated room or at least proper space available for Nutrition Counselor?
Indicator 15	**Client Background and Physical Assessment Index**
SI # 1	Consultations in which health worker greets the client
SI # 2	Consultations in which age was checked by the health worker (HW)
SI # 3	Consultations in which the reason for visit was registered by the HW
SI # 4	Consultations in which the duration of the primary complaint was asked?
SI # 5	Consultations in which HW asked about previous intervention(s)
SI # 6	Consultations in which HW examined the client
SI # 7	Consultations in which privacy was observed
Indicator 16	**Client Counseling Index**
SI # 1	Tell mother/caretaker the name of the disease
SI # 2	Explain about the disease, its causes and/or course
SI # 3	The health worker explains home care or precautions
SI # 4	The health worker says the names of pharmaceutical products to client (if applicable)
SI # 5	The health worker explains how to take medication (if applicable)
SI # 6	The health worker explains the potential adverse reactions (if applicable)
SI # 7	The health worker explains the signs and symptoms that should prompt re -visit
SI # 8	The health worker asks the client if s/he has any queries
Indicator 17	**Universal Precautions**
SI # 1	Is there evidence that the safety boxes or closed containers are being used properly for disposal of used sharps?
SI # 2	Is there evidence that syringes are being disposed of WITHOUT being recapped?
SI # 3	Are there posted procedures for decontamination procedure steps?
SI # 4	Is a basin with a water source and soap available in this room?
SI # 5	Is there evidence that disinfectants are being used in the facility?
SI # 6	Is there evidence that the incinerator is being used regularly?
SI # 7	Is there evidence that the sterilizer is being used regularly?
SI # 8	Are there used needles, sharps, syringes, and other medical waste lying on the ground inside or outside the facility?
SI # 9	Use of Syringes: Disposable syringes are being used for all injections
Indicator 18	**Time Spent with Client**
SI # 1	How much time in total did the health worker spend in consultation with patient? (>=9 min)
Indicator 19	**HMIS Use Index**
SI # 1	MIAR analysis - last month
SI # 2	MAAR analysis - last month
SI # 3	Facility Status Report (FSR)
SI # 4	Notifiable Diseases Report
SI # 5	Is there a TB register?
Indicator 20	**Financial Systems**
SI # 1	Is there a petty cash system in this facility?
SI # 2	Is there any petty cash available for the facility expenses
SI # 3	Are there any records of expenditures for the last month?
Indicator 21	**Health Facility Management Functionality Index**
SI # 1	Are there minutes from the health facility staff meeting in the last 3 months?
SI # 2	Has there been at least one supervision visit received from the higher level (PHD or NGO office or CHS) in

	past 3 months?
SI # 3	Is there a CHW supervision schedule created by health facility staff?
SI # 4	Is there a summary scoring sheet for results from the NMC present in this facility? (Actual sighting needed)
SI # 5	Were recommendations written in a supervision book from last supervision?
SI # 6	Is there an up to date furniture inventory present?
SI # 7	Is there an up to date inventory of equipment?
SI # 8	Is there an up to date inventory record on essential drugs?
SI # 9	Has the national monitoring checklist been administered in this facility in the last 12 months?
Indicator 3	**Health Post Status**
HP Functionality	
	HP staffing (1 male and 1 female at least)
	HP repairs
	Existence of Shora-e Sehi
	CHW supervision
	HMIS reporting
CHW Functionality	
	CHW kit
	CHW equipment
	CHW medical supply
	Protocols and guidelines
	CHW Activeness
CHW Satisfaction	
	I am often asked to do things that are not my duties
	I often have to work extra hours in this job
	This job provides me with adequate opportunities to learn new skills
	This job provides me with adequate opportunities to participate in training programs
	I have to work extra to have enough money for my family
	The benefits we receive (such as transportation allowance and others) are good
	I understand the types of benefits that I am supposed to receive in this job
	There are few rewards for those who work here
	In this job work assignments are not fully explained
	I can get help from my supervisor when I need it
	My supervisor never gives me any feedback about how well I am doing in my job
	When I do a good job, I receive the recognition from my supervisor
	I have good working relationships with my colleagues
	I have all the necessary equipment and tools to do my job well
	My health post provides adequate medicine to provide good quality of care
	Physical condition of the health post I work in is adequate
	I worry a lot about my family's and my own security living in this community
	There is adequate security in the village to do my job properly
	I can keep this job as long as I want
	I have opportunities to express my opinions

	The rules for incentive payments are fair
	My supervisor is unfair to me
	I feel like I am rewarded fairly for the work I do
CHW Motivation	
	I work in this job because it is part of the way in which I have chosen to live my life
	I work here because it makes me feel important
	I only work here so that I get incentives
	I frequently think of quitting this work
	I feel I should personally take the credit or blame for the results of my work
	I do this work because my family would be disappointed if I stop
	I work here because of opportunities for promotion
	I sometimes feel my work here is meaningless
	I work as a CHW because it allows me to decide how my work is organized
	I work in this health post because it has sufficient resources I need to do my work (medicine, equipment, infrastructure)
	I work as a CHW because it allows me to use my skills
	I do this work because it gives me respect in the community
	I work here because it is located in a safe area
	I work here because of good benefits I receive (Note: all benefits – transportation, anything else you receive – think overall)
	It is hard for me to care very much about whether or not the work gets done right
	I work as a CHW because I can accomplish something worthwhile in this role
	I work here because it provides long term security for me
	Since I've heard about opportunities to receive performance-based payments I've been working harder than before
	I feel a very high degree of personal responsibility for the work I do on this role

Annex 8: BSC BPHS Supplemental indicators

Province	Nutrition Assessment and Counseling	Staff Knowledge of Nutrition	Staff Knowledge of HIV	Staff Attitude Toward PLWHA	Proportion of health facilities where safety boxes or closed containers are being used properly for disposal of used sharps	Proportion of health facilities where syringes are being disposed of WITHOUT being recapped	Proportion of health facilities with posted procedures for decontamination procedure steps	Proportion of health facilities with a basin with a water source and soap available in this room	Proportion of health facilities where disinfectants are being used	Proportion of health facilities where evidence that the incinerator is being used regularly	Proportion of health facilities that disposable syringes are being used for all injections	Proportion of health facilities with evidence that the sterilizer is being used regularly	HCWM Composite Index
Badakshan	63.8	49.5	67.1	75.9	87.5	8.6	91.4	91.4	81.2	88.4	92.0	92.0	79.1
Badghis	90.9	68.7	80.5	66.7	100	0.0	57.5	95.5	100	100	100	95.5	81.1
Baghlan	99.9	64.2	70.5	45.5	100	0.0	100	100	100	100	100	100	87.5
Balkh	89.1	60.1	71.8	61.4	100	19.1	100	100	77.1	90.9	100	90.9	84.8
Bamyan	86.2	52.3	73.7	63.1	100	0.0	100	81.4	98.3	96.2	100	82.6	82.3
Daykundi	69.7	48.8	69.6	62.8	86.7	17.9	34.6	21.1	24.1	69.6	100	47.1	50.1
Farah	44.5	41.0	77.9	39.0	100	6.3	100	78.8	93.2	64.4	100	100	80.3
Faryab	73.3	50.3	59.8	68.2	93.3	0.0	100	89.1	87.2	95.1	100	95.1	82.5
Ghazni	70.5	64.3	62.8	78.1	94.7	12.2	81.3	73.2	69.9	83.0	100	84.7	74.9
Ghor	81.2	50.5	78.2	66.7	100	0.0	100	100	100	100	100	100	87.5
Helmand	58.7	28.4	39.0	70.1	75.3	15.6	77.5	57.0	52.3	52.0	89.0	64.8	60.4
Herat	98.8	52.3	54.3	48.1	100	0.0	100	100	100	100	100	100	87.5
Jawzjan	69.8	41.7	68.1	61.8	100	0.0	100	93.7	88.7	100	91.8	93.7	83.5
Kabul	45.7	59.6	65.2	67.6	84.4	5.9	86.3	54.8	60.2	82.4	100	87.3	70.2
Kandahar	83.2	61.2	79.4	66.6	93.5	16.0	88.8	88.8	86.8	86.8	100	71.0	79.0
Kapisa	81.0	50.7	50.2	46.6	100	0.0	93.0	89.9	100	95.4	100	100	84.8
Khost	69.3	61.7	87.1	66.1	100	3.0	100	72.1	100	77.1	100	100	81.5
Kunar	43.2	65.4	68.2	42.7	100	0.0	100	100	31.6	29.4	88.9	85.6	66.9
Kunduz	66.1	47.2	51.1	53.0	100	12.9	100	100	100	100	100	100	89.1
Laghman	75.6	67.8	79.8	63.1	100	4.0	100	100	100	93.5	100	96.2	86.7
Logar	79.9	44.3	81.8	65.5	100	0.0	100	100	100	100	100	100	87.5
Nangarhar	82.4	57.6	82.3	64.6	100	0.0	48.7	69.2	52.2	77.1	100	82.2	66.2
Nimroz	70.0	57.4	75.6	60.6	100	0.0	100	100	100	100	100	100	87.5
Nuristan	53.3	43.6	56.8	56.8	100	36.4	100	63.6	22.6	7.7	100	44.9	59.4
Paktika	49.8	47.5	65.5	58.6	100	0.0	100	68.0	96.2	87.8	100	96.2	81.0
Paktya	45.1	47.3	59.0	60.1	95.6	8.8	100	86.8	78.0	94.6	100	91.7	81.9
Panjsher	52.9	51.7	73.2	70.2	100	0.0	0.0	54.6	100	57.8	100	100	64.1
Parwan	68.5	58.3	67.3	63.4	100	0.0	85.3	68.8	78.3	95.6	100	86.9	76.9
Samangan	83.8	53.0	63.8	58.9	100	0.0	94.8	88.7	79.7	93.9	100	95.1	81.5
Saripul	78.3	50.3	80.2	42.4	100	0.0	93.2	100	93.8	95.9	95.9	100	84.9
Takhar	84.2	57.1	66.7	66.6	89.1	84.9	57.0	72.4	72.9	75.5	100	70.8	77.8
Uruzgan	52.6	50.4	66.7	60.5	100	15.3	98.2	100	91.4	100	93.3	98.2	87.0
Wardak	74.4	60.3	74.2	66.8	100	9.8	94.1	95.8	95.8	100	94.1	100	86.2
Zabul	44.9	53.7	49.8	64.6	100	0.0	100	100	72.2	75.8	100	92.5	80.1
National	**70.2**	**54.0**	**67.3**	**62.1**	**95.8**	**9.0**	**85.5**	**81.9**	**79.5**	**84.7**	**98.4**	**88.6**	**77.9**

Annex 9: BSC BPHS 2020 Recalculation of scores as per 2018 approach

province	Revised indices as per request																					Effect on composite measures														
	Indicator 7: Staffing Index					Indicator 10: Equipment Functionality Index					Indicator 11: Pharmaceuticals and Vaccines Availability					Indicator 13: Clinical Guidelines Index					Indicator 14: Infrastructure Index					Upper benchmarks achieved					Lower benchmarks achieved					Provincial average				
	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20 excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items	2018	2019/20	2019/20excl new items	2020	2020 excl new items
Badakhshan	34.8	32.9	33.3	48.9	37.5	84.2	79.7	86.3	86.9	94.7	82.5	75.3	92.9	72.9	88.9	85.0	56.6	53.8	73.6	75.3	50.6	46.1	61.1	67.7	74.8	13.0	4.3	8.7	13.0	17.4	73.9	43.5	52.2	73.9	73.9	57.5	49.4	51.0	60.0	61.0
Badghis	19.4	14.9	15.0	14.8	14.6	92.4	78.6	87.4	95.6	94.9	94.8	71.1	90.4	78.5	97.4	84.2	70.4	73.5	88.4	96.3	62.4	59.8	76.5	77.8	82.6	43.5	4.3	4.3	69.6	78.3	78.3	34.8	43.5	95.7	95.7	66.8	50.9	53.0	78.7	80.0
Baghlan	42.2	32.1	32.4	47.0	37.5	97.2	95.5	98.0	98.7	100	85.5	80.2	96.4	88.6	96.3	100	84.9	88.5	98.9	100	79.9	74.1	57.8	92.9	99.1	65.2	34.8	43.5	82.6	82.6	95.7	91.3	91.3	95.7	95.7	72.7	68.8	69.1	79.7	80.0
Balkh	54.8	24.7	25.0	25.7	31.5	99.4	76.6	84.8	95.7	99.1	88.5	27.2	38.1	87.2	91.7	100	53.9	74.5	85.6	94.9	74.7	57.9	84.7	62.5	55.9	78.3	8.7	13.0	73.9	78.3	100	47.8	52.2	95.7	95.7	78.1	53.2	56.1	76.3	77.0
Bamyan	25.3	26.3	26.5	41.0	33.7	89.8	83.2	92.2	93.8	99.7	87.2	55.9	62.3	83.8	95.5	90.4	62.0	66.2	95.3	95.3	72.4	53.2	71.8	81.3	90.4	17.4	4.3	4.3	47.8	52.2	73.9	47.8	56.5	78.3	78.3	57.6	52.6	54.3	67.6	68.5
Daykundi	22.7	31.6	31.9	35.5	31.3	84.6	76.7	85.6	72.8	82.9	63.4	63.0	86.7	68.2	86.9	80.0	59.8	63.1	42.3	55.6	74.4	41.3	79.9	29.5	15.8	17.4	8.7	13.0	13.0	17.4	78.3	52.2	65.2	69.6	73.9	56.6	53.9	57.2	58.2	59.3
Farah	53.9	53.6	53.8	55.6	41.9	83.6	86.6	93.2	93.0	98.2	64.1	70.2	89.2	74.6	90.1	68.2	77.0	76.6	68.0	79.2	48.7	69.6	60.1	55.2	63.0	21.7	17.4	17.4	21.7	26.1	65.2	60.9	65.2	73.9	78.3	52.6	59.3	60.0	58.4	59.6
Faryab	27.1	23.4	23.6	19.5	19.9	79.6	82.8	90.9	83.2	94.7	84.0	64.7	86.2	79.5	94.5	92.4	72.4	66.3	61.6	68.5	71.6	54.0	45.3	52.1	54.3	17.4	17.4	17.4	13.0	21.7	69.6	69.6	73.9	78.3	78.3	57.5	60.9	61.6	60.0	61.6
Ghazni	26.7	20.5	20.7	22.2	25.0	86.2	96.7	98.9	92.5	95.5	82.8	74.5	92.5	71.9	90.8	83.6	89.3	93.0	75.5	86.3	40.5	70.4	56.6	57.4	59.4	21.7	26.1	30.4	26.1	34.8	65.2	82.6	87.0	95.7	95.7	57.8	64.0	64.4	66.9	68.6
Ghor	26.9	29.5	29.8	39.5	36.2	83.2	86.5	96.4	97.1	99.2	69.0	70.9	92.8	80.1	96.5	74.0	74.2	76.8	97.4	96.7	56.9	76.5	47.9	76.8	85.8	0.0	13.0	21.7	34.8	43.5	60.9	69.6	69.6	91.3	91.3	52.0	63.2	63.4	66.5	67.6
Helmand	36.6	21.0	22.9	6.4	17.1	91.3	59.4	65.0	79.3	87.1	71.3	44.1	57.2	66.0	81.1	74.2	40.9	38.9	55.5	49.9	38.9	40.3	50.6	60.3	59.8	26.1	0.0	0.0	0.0	0.0	47.8	8.7	13.0	30.4	39.1	54.2	34.2	35.5	47.1	48.3
Herat	28.9	32.1	32.4	42.6	39.4	99.8	97.0	96.0	98.2	98.3	98.0	84.0	96.7	82.9	97.0	95.4	97.1	99.3	84.3	93.5	94.8	82.9	56.0	80.6	84.8	78.3	52.2	47.8	56.5	65.2	100	91.3	91.3	100	100	81.0	74.1	73.6	76.3	77.3
Jawzjan	24.3	35.8	36.1	34.8	29.1	86.9	97.7	99.8	97.5	99.3	85.2	88.1	92.2	83.6	93.4	86.7	90.6	89.9	91.5	89.4	66.8	74.4	77.8	90.3	93.8	30.4	30.4	34.8	56.5	56.5	78.3	91.3	91.3	95.7	95.7	59.8	69.0	69.4	74.3	74.6
Kabul	20.2	25.0	25.2	14.2	18.7	87.2	75.8	87.3	83.5	91.4	81.4	68.7	91.3	77.0	86.9	86.4	61.0	72.2	60.2	70.4	76.3	52.6	89.0	60.7	58.5	26.1	8.7	17.4	13.0	17.4	73.9	39.1	52.2	56.5	56.5	59.7	54.0	57.5	56.4	57.7
Kandahar	14.6	9.3	9.4	21.9	16.5	94.8	80.6	93.5	85.7	92.7	87.1	52.0	67.7	74.1	89.8	94.8	58.7	74.6	73.6	79.4	64.3	38.7	76.2	73.7	79.9	34.8	4.3	4.3	34.8	43.5	82.6	30.4	39.1	95.7	91.3	59.5	51.2	54.8	64.2	65.5
Kapisa	61.3	61.1	61.3	46.2	50.0	83.1	78.5	90.8	78.7	92.0	52.4	54.5	70.6	54.9	68.4	74.2	71.5	85.0	75.4	93.1	75.1	74.4	61.9	81.0	85.5	26.1	21.7	21.7	21.7	30.4	60.9	82.6	91.3	78.3	87.0	57.1	62.9	64.2	62.4	64.7
Khost	35.6	23.2	23.2	37.3	30.6	97.3	82.0	94.5	93.1	100	95.6	72.4	94.1	82.6	96.2	95.4	65.8	76.6	96.6	95.6	68.7	55.6	78.4	85.8	90.4	47.8	8.7	17.4	47.8	56.5	87.0	60.9	69.6	100	100	65.7	56.8	59.7	69.3	70.1
Kunar	51.3	42.5	42.9	43.1	40.7	91.3	59.6	70.6	72.6	83.8	90.6	44.5	51.4	68.8	81.3	87.2	35.3	48.4	61.9	72.1	69.8	48.0	50.7	46.5	47.6	52.2	4.3	4.3	13.0	13.0	91.3	39.1	39.1	65.2	69.6	67.7	49.2	50.7	56.2	57.6
Kunduz	26.0	28.5	28.7	27.1	29.2	91.5	90.7	98.7	95.6	98.8	76.1	63.3	78.4	81.8	92.2	83.7	77.9	68.7	89.6	83.0	69.7	64.0	67.8	90.2	95.4	17.4	13.0	17.4	26.1	30.4	78.3	87.0	91.3	87.0	87.0	57.5	65.3	66.0	70.0	70.6
Laghman	33.6	35.7	35.9	30.6	28.0	93.5	72.9	85.3	89.5	96.8	88.7	57.5	72.0	78.4	93.8	93.7	53.4	57.0	82.1	86.3	55.4	50.4	86.8	77.2	81.5	39.1	4.3	8.7	39.1	52.2	91.3	56.5	65.2	95.7	95.7	65.7	53.4	56.3	67.6	68.9
Logar	12.8	24.9	25.1	21.6	33.7	94.0	81.5	89.3	98.8	100	91.2	68.8	91.1	91.1	98.0	81.4	50.3	60.6	98.8	99.3	62.8	64.7	75.1	90.6	96.7	34.8	8.7	8.7	65.2	65.2	82.6	47.8	56.5	78.3	82.6	58.6	52.8	55.0	72.4	73.6
Nangarhar	45.6	26.5	25.9	14.1	13.2	90.9	68.8	82.7	78.5	87.1	79.0	69.5	86.0	49.4	56.7	91.7	47.2	60.4	68.2	88.3	49.4	52.2	65.2	64.4	67.6	26.1	21.7	21.7	8.7	8.7	69.6	65.2	73.9	69.6	78.3	54.3	56.3	58.7	57.0	58.6
Nimroz	48.3	30.0	30.0	38.3	45.0	95.7	72.6	80.1	95.6	99.4	89.2	58.4	73.4	86.1	98.4	85.8	63.4	66.0	98.6	96.4	81.2	63.6	32.4	90.4	93.2	52.2	8.7	8.7	43.5	43.5	95.7	30.4	26.1	91.3	91.3	68.3	47.7	47.5	70.6	71.7
Nuristan	61.5	54.3	58.9	53.1	59.0	80.9	70.3	83.1	63.7	76.2	79.5	51.0	65.0	64.4	80.8	78.3	47.9	71.4	42.9	55.9	35.2	33.3	44.2	29.9	40.8	4.3	17.4	17.4	4.3	4.3	47.8	43.5	43.5	30.4	34.8	52.1	45.6	48.5	42.9	45.4
Paktika	25.9	38.2	55.6	34.3	36.4	85.3	87.4	94.0	95.5	98.9	78.5	75.7	90.5	80.9	93.2	85.7	61.5	69.0	77.6	83.7	52.4	64.0	59.0	71.6	80.2	26.1	0.0	4.3	21.7	30.4	65.2	56.5	56.5	87.0	87.0	58.2	54.6	56.4	62.4	63.9
Paktya	36.3	6.4	6.5	20.5	19.2	95.3	81.7	89.6	85.3	92.1	85.8	67.6	89.6	69.8	83.8	91.0	61.7	79.0	70.8	94.4	67.4	55.6	91.0	57.6	60.2	47.8	8.7	13.0	21.7	26.1	87.0	60.9	69.6	65.2	69.6	65.0	54.7	58.3	58.8	60.8
Panjsher	59.0	86.5	86.9	86.2	84.0	88.5	84.8	96.0	85.7	96.0	61.8	68.9	89.9	65.7	79.5	81.0	72.1	80.7	73.4	83.4	89.6	87.4	82.4	83.7	85.6	30.4	17.4	17.4	17.4	21.7	69.6	65.2	69.6	82.6	87.0	59.1	63.0	64.6	62.4	63.9
Parwan	58.0	52.6	59.3	59.9	60.0	82.6	73.2	84.1	81.6	90.8	71.7	65.6	83.1	53.1	59.3	87.1	58.1	61.1	77.6	82.8	74.3	50.4	57.5	63.6	68.8	39.1	13.0	13.0	17.4	17.4	82.6	43.5	56.5	82.6	82.6	62.3	56.6	58.6	60.1	61.2
Samangan	34.1	24.5	26.9	33.7	29.7	85.2	85.0	93.2	94.0	96.8	75.1	75.1	91.5	75.8	91.1	73.5	71.5	77.9	67.3	85.0	50.4	69.7	66.5	76.1	81.5	17.4	26.1	30.4	21.7	30.4	73.9	73.9	73.9	78.3	82.6	54.4	63.5	64.8	60.0	61.6
Saripul	65.2	26.3	26.5	26.1	24.1	99.4	93.8	99.0	90.2	95.4	87.0	78.6	92.3	72.5	84.8	88.2	82.9	92.7	71.5	72.4	87.9	72.3	34.6	73.0	80.0	73.9	39.1	47.8	34.8	43.5	91.3	100	95.7	91.3	91.3	73.1	71.6	71.2	73.1	74.1
Takhar	35.2	17.0	17.1	16.7	19.9	94.5	62.0	75.3	77.8	86.6	80.1	0.6	0.6	38.2	49.6	97.0	52.1	60.1	64.0	79.8	78.4	55.1	68.1	70.8	74.8	52.2	4.3	4.3	17.4	17.4	78.3	47.8	47.8	65.2	73.9	65.7	48.9	50.4	59.3	61.1
Uruzgan	31.8	58.7	58.9	83.3	65.1	90.4	78.8	92.7	96.5	98.3	80.3	72.6	93.1	82.3	96.5	61.6	59.0	54.5	95.5	98.1	60.7	82.5	57.2	85.3	88.9	4.3	21.7	21.7	34.8	39.1	60.9	60.9	69.6	82.6	82.6	49.8	61.0	61.2	70.3	70.5
Wardak	22.1	39.8	40.2	24.8	22.1	99.2	87.0	94.5	94.7	95.8	89.8	80.5	97.5	83.9	96.5	97.4	95.1	99.3	98.4	98.3	91.1	77.8	89.9	76.6	82.4	73.9	26.1	39.1	56.5	65.2	95.7	95.7	95.7	91.3	91.3	73.0	72.2	74.0	74.0	74.7
Zabul	40.2	0.0	2.2	0.2	0.0	94.7	77.3	91.4	82.5	92.5	73.2	60.2	84.8	65.9	83.9	80.5	38.0	52.9	62.4	65.4	69.5	46.9	33.1	64.3	76.9	43.5	8.7	8.7	8.7	8.7	82.6	34.8	43.5	69.6	73.9	59.6	50.9	52.7	54.4	56.3
NATIONAL MEDIAN	**34.4**	**29.0**	**29.3**	**34.0**	**30.9**	**91.1**	**81.1**	**91.1**	**91.3**	**95.7**	**82.6**	**68.8**	**89.4**	**76.4**	**91.0**	**86.1**	**61.9**	**71.8**	**75.4**	**85.7**	**69.1**	**58.8**	**63.5**	**73.4**	**80.1**	**30.4**	**10.9**	**17.4**	**24**	**30**	**78**	**59**	**65**	**83**	**85**	**59.3**	**55.5**	**58.5**	**63.3**	**65.1**