SEHATMANDI THIRD PARTY MONITORING

Ministry of Public Health of the Islamic Republic of Afghanistan

The Balanced Scorecard Report

Essential Package of Health Services (EPHS)

BSC 2020 – Round 2

Data collection period: August 2020

participp
Lead Company

KIT Royal Tropical Institute

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List of abbreviations and acronyms

AfSPA	Afghanistan Service Provision AssessmentH
AHS	Afghanistan Health Survey
BHCs	Basic Health Centres
BPHS	Basic Package of Health Services
BSC	Balanced Scorecard
CHCs	Comprehensive Health Center
DH	District Hospital
ENT	Ear, Nose and Throat Medicine
EPHS	Essential Package of Hospital Services
HCB	Hospital Community Board
HCV	Hepatitis C
HCWM	Health Care Waste Management
HIAR	Hospital Integrated Activity Report
HMIR	Hazardous Materials Information Resource System
HMIS	Health Management Information System
HW	Health Worker
IMCI	Integrated Management of Childhood Illness
KIT	Royal Tropical Institute
LBM	Lower Benchmark
MD	Medical Doctor
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
NH	National Hospital
ODK	Open Data Kit
OPD	Outpatient Department
PH	Provincial Hospital
PLWHA	People Living with HIV/AIDS
RBC	Red Blood Cell Count
RH	Regional Hospital
SEHAT	Sehat project
ToR	Terms of Reference
TPM	Third Party Monitoring
UBM	Upper Benchmark
WBC	White Blood Cell Count

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 performance in that domain.

The EPHS BSC summarizes the health services using the following domains:

- Clients and Community (Domain A);
- Human Resources (Domain B);
- Physical Capacity (Domain C);
- Quality of Service Provision (Domain D);
- Management Systems (Domain E);
- Functionality Indicators (Domain F) and
- Ethics and Values (Domain G).

The information is collected through nine survey instruments and comprises 34 indices, each of which is composed of individual indicators.

Different from previous EPHS BSC (up to 2019/2020), only provincial and regional hospitals are included, District Hospitals are included in the BPHS as a request of MoPH. In 2020, all regional hospitals (8) and all provincial hospitals (30) were surveyed, adding up to 38 hospitals from 34 provinces.

The methodology remained the same with the previous EPHS BSC. For the 2019/2020 edition, the tools have been expanded to cater for information needs expressed by MoPH. At the time, the tools have also been checked against data collected in the AfSPA tool currently used in Afghanistan. This comparison did not change the utility of the indices. 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. This round, as with the previous edition, the benchmarks have been adapted in order to reflect changes over time, in addition to the provincial distribution of the scores. The upper benchmark (UBM) and lower benchmark (LBM) for each index are determined from the previous three rounds of the EPHS BSC (2017, 2018 and 2019/2020).

For each hospital, we calculated a score for each indicator and considered whether it fell above the upper benchmark (UBM), below the lower benchmark (LBM) or in between. The hospital scores were combined into median provincial scores as well as into median scores

for the different types of hospitals. These median scores were also classified according to the benchmarks. We compared the scores with the previous year(s) showing improvement or deterioration as compared to the 2019/2020 assessment.

In the results section, a chapter has been added to report on Availability, Readiness and Quality, dimensions used in the AfSPA, similar to the 2019/2020 report.

The scores within each domain are displayed graphically, and again similar to the 2019/2020 report:

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

These three types of visualizations together are meant to provide a concise analysis of the results, taking into account 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 measures the client satisfaction and perception of quality, involvement of community in hospital planning, and user fee. On clients satisfaction the results 2020 showed a slight drop for RH from 78.2 to 68.6, where PH remained stable (2019/2020: 70.3, 2020: 67.7) (for further details indicator A-1 in section 0).
- Most hospitals remained stable for their involvement of community in planning activities. It is noteworthy that for this indicator RH's scored lower as compared to PH's. Only 4 provinces (Jawzjan, Nangarhar, Kunar and Zabul) did not meet the LBM for this indicator (A-2).
- Public hospitals have not started charging fee as policy for charging fee have been lately developed by the MoPH and just applied in few big hospitals in the central capital of Kabul and some other provinces such as Zabul, Ghor and Herat (A-3). Even though, 18.5 % of the PH reported are asking for user fees (see also chapter 4.2).

Domain B

This domain has 8 indices related to human resource.

- Hospitals made some improvement in staff index, with 14 provinces scoring above the UBM. Kabul and Daykundi remained under the LBM (B-1). Looking at sub-data for this indicator, some disparities between different staffs can be found on average Regional Hospitals have 78.8% of required nursing staff employed, as compared to 80.1% of Provincial Hospitals. Regional and Provincial Hospitals have the same number of required numbers of operation theatre and sterilization nurses. PHs had

the lowest number of skin specialist (11.1%) and psychiatric nurse (14.8%) while having the highest number of emergency nurse, midwives and ward nurse at 96.3, 92.6 and 88.6%. Regional hospital had the lowest number of ward nurse (50%), but the highest number of midwife and Orthopaedist at 83.3% (see chapter 4.1 for more data).

- The staff management index remained stable (B-2).
- Staff satisfaction remained unchanged with staff satisfaction highest in Badghis, Khost, Saripul, Herat, Kunar and Ghazni provinces with score ranging from 67.4 to 79.5 and lowest with scores below 57.7 found in Kabul, Kandahar, Badakshan, Parwan, Paktya, Baghlan and Logar (B-3).
- Staffs motivation level is slightly higher in the RHs than PHs for all categories of health worker except management staffs and nurses. The biggest difference between two types of hospitals regarding the level of motivation has been observed in the management staffs where it is higher in PHs with a score of 74.4% than RHs scoring 65.2% (B-4).
- Generally, half of the staff received training in the EPHS facilities. Doctors were most likely to receive training in both RHs as well as PHs. Regional Hospitals are more likely to have a training plan than a training budget. 83.3% of RHs and 81.5% of PHs had training plan, while 50.0% of RHs and 55.6% of PH had a training budget (B-5).
- Hospital staff's knowledge remains insufficient, scoring below 69.1 in RHs and below 59.4 in PHs. Generally, there is no significant difference in the provider knowledge by either passing of the time or between the two types of Hospital (B-6).

Domain C

This domain consists of 10 indicators assessing the availability of services and infrastructure, as well as the readiness to perform these services.

- As with the previous round, almost all hospitals have sufficient communication and transport (indicator C-1), and most infrastructure is well kept with PH's doing a bit better then RH's (indicator C-2).
- Generally, hospitals have sufficient functioning equipment, although there is room for improvement for RH's Pharmacy equipment (similar 2019/2020), and ward equipment (C-3), in PH hospitals overall all equipment is functioning, with a low score on Orthopedic Department.
- A considerable decrease in the availability of pharmaceuticals (C-4) was observed particularly in RH Similar categories of pharmaceuticals were least likely to be available are medication for: Malaria and Leishmaniasis, Family Planning, OPD medication, ward medication and medication for the inpatient pharmacy. One third (33,3%) of RH have minimal one family planning method available, the rest (66.6%) do not have any.

- Improvement can be found here in PH and RH: important lab test and X-ray services were generally available at the hospitals (80% of facilities), accept stool test for occult blood in RH. Grams stain were available in less than 80% of the facilities (C-5).
- Good increase in PH's can be observed for the C-6 subindicator (availability of guidelines), in RH however it has decreased. Particularly, guidelines on Family Planning are missing in RH (note this relates to the lack of FP methods in RH). Nutrition, IMCI and in less than 70% of the RH's (C-6).
- Overall, hospitals have sufficient record keeping systems. PH have seen an increase, RH a slight decrease (C-7)
- A nice improvement can be seen for Hotel services in PH, a light decrease in RH. Wards and RC are less clean in RH as compared to PH (C-8).
- Although some improvements have been observed in PHs, (RHs also improved but less than PHs), there remains room for improvement on early warning system and clear marking of emergency exits in OPD (C-9).
- Finally, hospitals are generally perceived as female friendly, with slight improvement when compared to 2019/2020 (C-10).

Domain D

This domain assesses the quality of the services that are provided, by assessing whether the systems to ensure quality care are in place.

- RH and PH score well. Some room for improvement Purchasing Committee in PH and Infection Prevention Committee in RH (D-1).
- PH and RH saw an improvement on drug storage in a secured location (D-2), although PH can improve on this sub-indicator.
- Although there is an improvement observed in PH and RH's on Client history and physical exam index (D-3), but there is room for improvement in the counselling of clients: previous treatment for the same condition in both PH and RH's (D-3).
- Good improvement in PH and RH's. Room for improvement asking care takers if they have additional questions and explaining of adverse reaction on medication and when to return with certain symptoms (D-4).
- On Hospital Training Activities a slight increase in PH can be seen, with a slight decrease in RH. Overall, a positive trend over time (D-5).

Domain E

This domain assesses components of the hospital management team, its structure, purpose, procedures, activity in governing the hospital and the certification of management training in key administrative positions.

- Hospitals score stable and a high level on hospital management (E-1), HMIS systems (E-2), equipment management (E-3) and security.

- Financial and administrative autonomy scored higher as compared to 2018 and before.
- Local financial management also scored better as compared to 2019/2020 (E-5).

Domain G

This domain assesses the difference in satisfaction of female and male clients and whether hospitals comply with MoPH policies and local laws.

- There is very little difference in the satisfaction of male patients compared to female patients and most hospitals comply with MoPH policy and laws and remains stable at a high level

Domain F

Functionality Indicators consists of a group of quantitative measures presented as averages, percentages, ratios or rates and are not benchmarked. This domain provides hospital managers and policy makers with information that highlights hospital efficiency and effectiveness based on outputs against the level of resources available.

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 is given in Annex 1, 2 and 3.

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.
Domain	Domain is a specified area of knowledge or activity. In case of the BSC, it is a specified set of related indicators.
Index	An index can be a scaled composite variable or a summary measure designed to capture some properties 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 with scores for various subjects. The scores range from zero to one hundred. Like a student, if a province or facility 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 and facilities to see how the provinces or facilities are performing relative to other provinces and facilities. There is also an overall mean score, which is similar to the total score of a student. It is the average of scores achieved by a province or facility, and it shows the overall performance.

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

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

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

The new rolling benchmark approach helps to observe the real trends in performance of the provinces or facilities.

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), on 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 and 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.

The hospital sector is critical to the continuum of care for key referral services to reduce maternal and child mortality. Hospitals utilize a vast amount of resources, including most skilled health providers, and therefore, must be managed more efficiently and effectively. The EPHS consists of two provincial hospitals (PH), and regional hospitals (RH). The EPHS provides guidelines for all necessary elements of services, including specific programs such as programs on Malaria, Tuberculosis and Family planning, staff, facilities, equipment, and drugs for each type of hospital in the country (2).

Since 2007, the hospital sector has undergone annual to bi-annual monitoring through the BSC on specific domains related to the main elements of the EPHS guidelines. The hospital BSC rounds were conducted in 2007/08, 2009/10, 2010/11, 2012/13, 2015, 2016, 2017, 2018 and 2019-20. The EPHS BSC indicators were revised in 2010/11, but to the extent possible remained comparable to previous years.

The development of the BSC as used in Afghanistan has not stopped since its start in 2007. Based on experience, the methodology has been refined. Compared to the BSC EPHS in 2018 the most important changes are the exclusion of District hospitals, the further refinement of the tools to include topics related to specific programs, the use of ODK in data collection and the presentation of the results in the report to facilitate easy use.

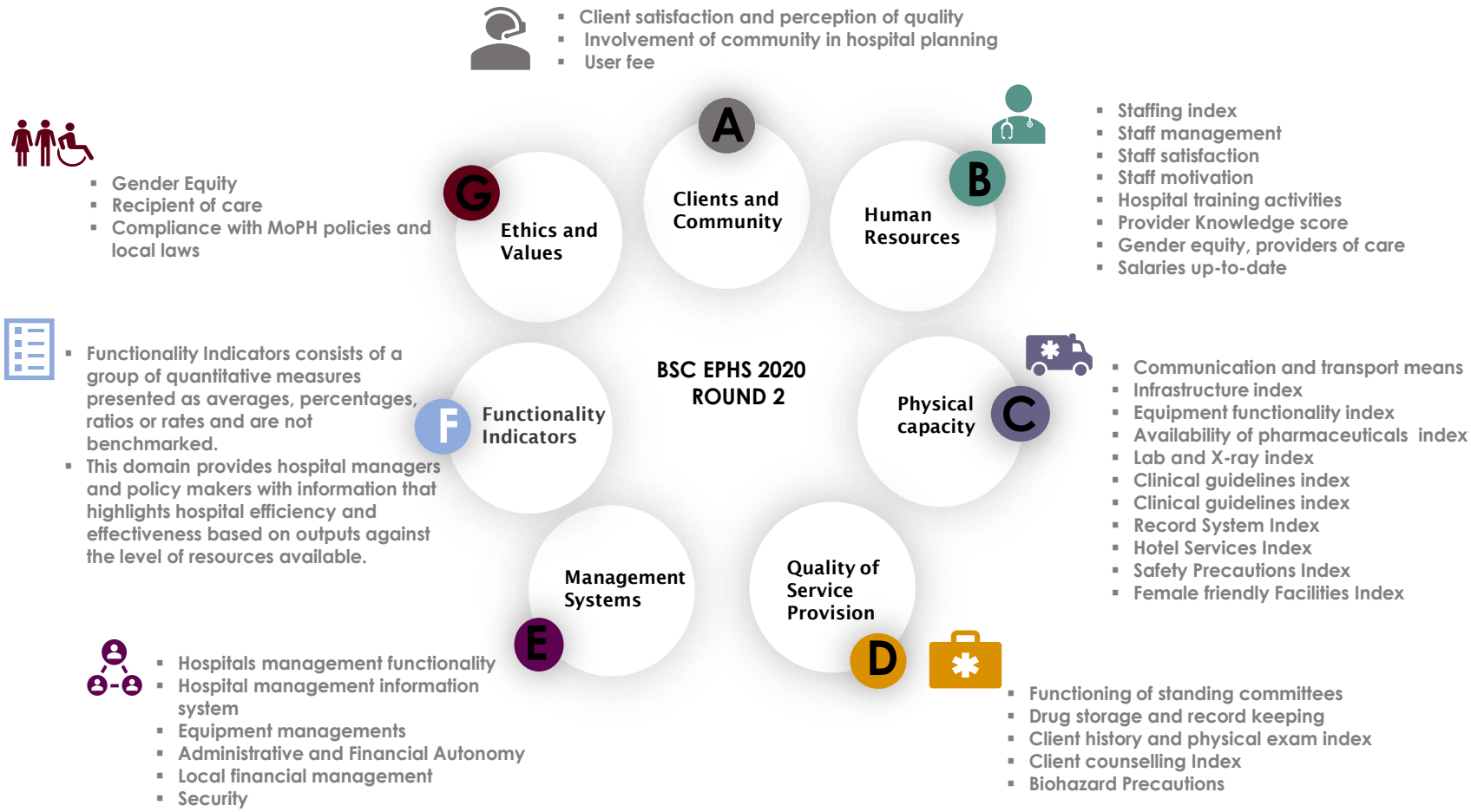
The EPHS BSC domains summarize the health services from the following six perspectives:

- 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: Functionality indicators
- Doman G: Ethics and Values

Error! Reference source not found. outlines the domains and indicators framework of the E PHS BSC 2020.

This report presents the results of the Balanced Scorecard (BSC) for Afghanistan Hospitals (EPHS) in 2020.

Figure 1 Domains and indexes of 2020 EPHS BSC



2 Methods

Description of domains, instruments and scoring

The hospital assessment evaluates the adequacy of resources and infrastructure necessary to deliver the services expected of specific hospital types, as specified in the EPHS policy. Assessment indicators measure the inputs, processes, and outcomes of various hospital activities. The instrument is designed to provide information which will guide strategic planning and management at the level of hospitals as well as at provincial and central levels of the health system. The information from the nine survey instruments is organized into seven domains in the BSC and comprises 34 indices, each of which is composed of individual indicators. The nine survey instruments include questionnaires for (H1) management, (H2) clinical services, (H3) health worker interview, (H4) employees and utilization, (H5) inpatient interview, (H6-H8) under five outpatient interviews, (H7-H9) over five outpatient interviews. Together they form the BSC instrument. The domains are as follows:

- Domain A: Clients and Community
- Domain B: Human Resources
- Domain C: Physical Capacity
- Domain D: Quality of Service Provision
- Domain E: Management Systems
- Domain F: Functionality Indicators
- Domain G: Ethics and Values

Each index is comprised of questions or indicators that measure similar areas. An index score is calculated from all questions measuring a single index. The upper benchmark (UBM) and lower benchmark (LBM) for each index are determined by the previous three years of the EPHS BSC results (2017, 2018 and 2019/20). The upper benchmark is calculated by taking the cut-off score for the lowest one-fifth (20%) of hospitals for each year. The average of these cut-off scores is used as the lower benchmark. Similarly, for the upper benchmark, the cut-off score for the highest scoring one-fifth (20%) is calculated for the three previous rounds. The average of these three cut-offs is used as the upper benchmark for the 2020 results. 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 previous rounds the supplemental indicators calculated and added to the EPHS BSC annexes in 2020 include nutritional status assessment and counselling, knowledge regarding nutrition, knowledge and attitude regarding people living with HIV/AIDS, and

health care waste management. The scorecard is color coded: red denotes scores below the lower benchmark, yellow denotes scores between the lower benchmark and the upper benchmark, and green denotes scores above the upper benchmark for an index.

Sample

Data for the BSC EPHS are collected under the National Health Services Performance Assessment (NHSPA), which is conducted annually. All Provincial and Regional Hospitals are surveyed along with random samples of patients and health workers that are interviewed each hospital. This year, 2020, all the 34 provinces of Afghanistan are included in the survey. Below **Error! Reference source not found.** and Table presents a summary of the a chieved sample of EPHS facility types and **Error! Reference source not found.** present the total numbers of interviews conducted in each province for the 2020 annual round.

Table 1 Achieved sample of EPHS facility types for NHSPA 2020

Province	PH	RH	Total
Badakshan	2		2
Badghis	1		1
Baghlan	1		1
Balkh	1	1	2
Bamyan	1		1
Daykundi	1		1
Farah	1		1
Faryab	1		1
Ghazni	2		2
Ghor	1		1
Helmand	1		1
Herat		1	1
Jawzjan	1		1
Kabul		1	1
Kandahar		1	1
Kapisa	1		1
Khost	1		1
Kunar	1		1
Kunduz		1	1
Laghman	1		1
Logar	1		1
Nangrahar	1	3	4
Nimroz	1		1
Nuristan			0
Paktika	1		1
Paktya	1		1
Panjsher			0
Parwan	1		1
Samangan	1		1
Saripul	1		1
Takhar	1		1
Uruzgan	1		1
Wardak	1		1
Zabul	1		1
Total	**30**	**8**	**38**

Table 2 Total numbers of interviews conducted in each province for the 2020 annual round.

Province	2020		
	Exit interviews	Patient - provider interaction	Health worker interviews
Badakshan	24	24	40
Badghis	24	24	20
Baghlan	24	24	20
Balkh	44	44	34
Bamyan	24	24	20
Daykundi	25	25	19
Farah	24	24	20
Faryab	24	24	20
Ghazni	48	48	39
Ghor	24	24	20
Helmand	24	24	20
Herat	24	24	20
Jawzjan	24	24	20
Kabul	24	24	20
Kandahar	24	24	20
Kapisa	24	24	20
Khost	24	24	20
Kunar	24	24	20
Kunduz	24	24	20
Laghman	24	24	20
Logar	20	20	20
Nangarhar	84	84	80
Nimroz	24	24	20
Nuristan			
Paktika	24	24	20
Paktya	24	24	21
Panjsher			
Parwan	24	24	20
Samangan	25	25	20
Saripul	24	24	20
Takhar	24	24	21
Uruzgan	24	24	20
Wardak	24	24	20
Zabul	24	24	20
TOTAL	**870**	**870**	**754**

Data collection and Quality Assurance

In 2020, a total of 38 hospitals from all 34 provinces have been surveyed, including 30 PHs and 8 RHs. Data collection for the hospital assessment has been done by independent survey teams consisting of supervisors, and surveyors.

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 BSC survey, including survey protocols and all survey instruments.
12% (n=12) more enumerators were trained than it was required for the field work, and at the end of the training only the best enumerators were selected for the data collection.

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. In course of training of the surveyors, role-plays, mock interviews, and field visits were organized to ensure thorough preparedness of the team members.

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 served as a learning and experience sharing platform among all teams.

Data collection took two to five days per hospital. Nationwide data collection was completed in August-31-2020. Field monitors followed up with data collection teams in the provinces daily, as well as through random field visits, Spot-Checks and active post-monitoring was also conducted.

About 20% of the sampled EPHS facilities selected, cross-checked by the monitor in each province, above 80% of the consistency was achieved.

Similar like the previous (2019-2020) round of BSC survey, just RHs and PHs were included in the EPHS and DHs excluded from the EPHS and included in BPHS by the request of MoPH. As compared to district hospitals, provincial and RH provide more sophisticated services for diagnosis and treatment, research as well as training. Therefore, the exclusion of DH from the EPHS had positive effects on the overall EPHS scores.

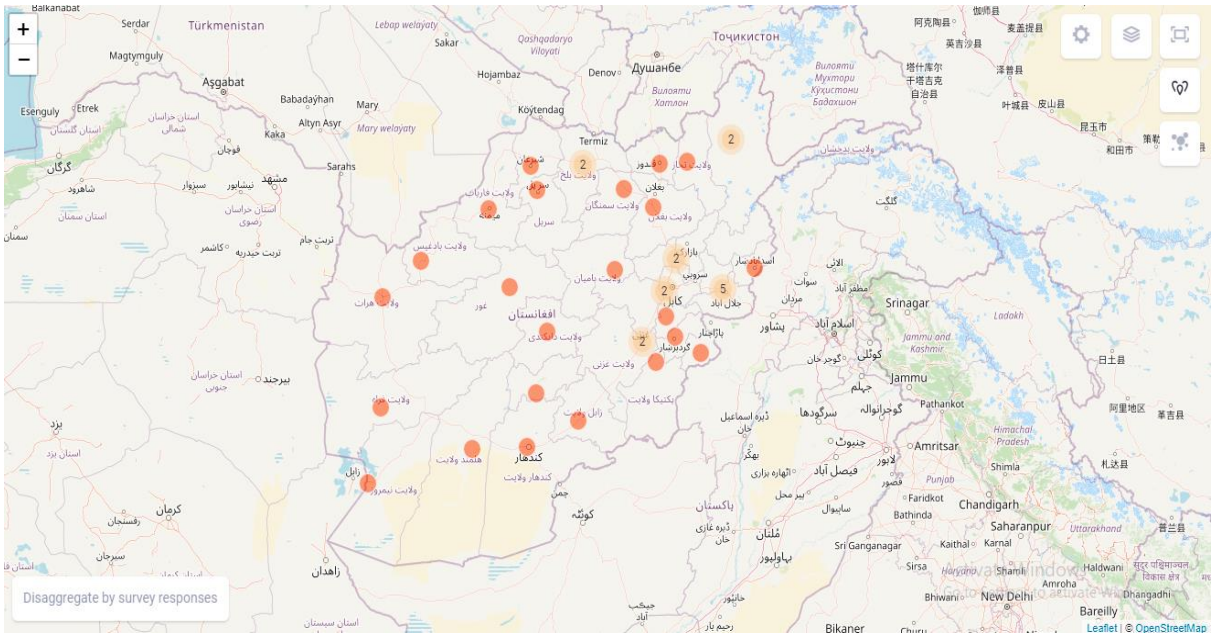
On the other hand, DHs are hospitals that provide increasingly sophisticated clinical, diagnostic, and administrative services compared to BHCs and CHCs, therefore the inclusion of the DHs could also have positive effects on all study domains in the BPHS.

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 of RH and PHs surveyed in the EPHS BSC 2020



Data Management and Data analysis

All BSC-EPHS questionnaires have been developed in ODK in the local languages. An ODK Aggregate server was installed and an EPHS ODK programme was uploaded for electronic data collection. ODK collect was configured on tablets and TPM 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. As explained above, regular online data quality checking was done by the Deputy Data Manager and timely feedback was provided to field team.

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 hospital 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 were meant to provide a concise analysis of the results, taking into account 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 went well, and what did not.

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 EPHS National results

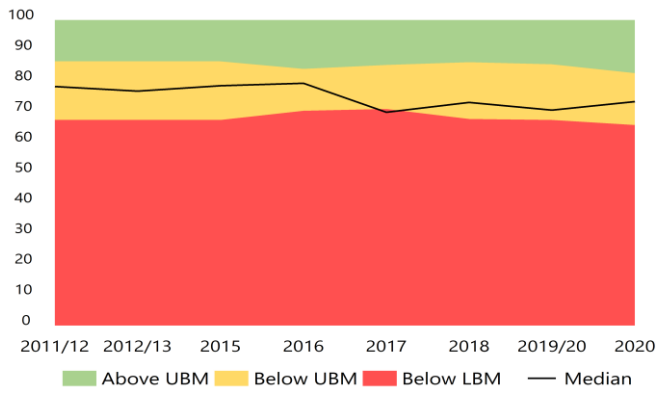
Domain A - Clients and Community

A-1: Client satisfaction and perception of quality index

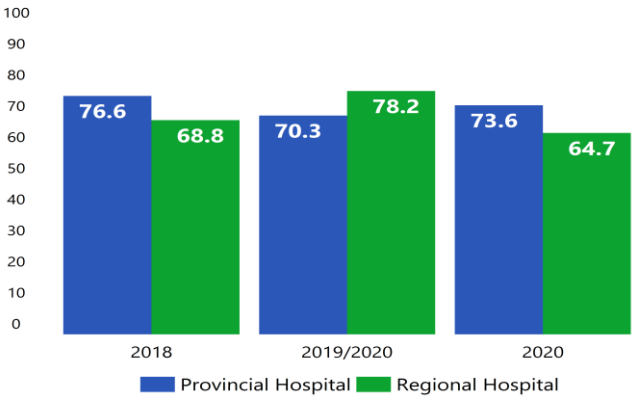
The client satisfaction and perception of quality index assesses the satisfaction of the client regarding the services provided, health providers' behavior, hospitals' cleanliness, convenience or comfort, cost and safety. The client satisfaction index takes under consideration client satisfaction across 25 hospital characteristics for quality care: waiting time, hospital and toilet cleanliness, explanation of the causes and treatment of the illness, simplicity of getting medicine, privacy level, time the doctor spent during the checkup, respect of the health provider, cost of the treatment, working hours of the hospital, temperature of the space, food served, time allowed attendant, time the doctor took to explain the problem, frequency of medical checkup, nurse's availability, skills and abilities of the health personnel, medicine brought on time, type of services, security in the hospital, overall stay, buying medicine from outside and willing to return to this hospital again or send their family member when they become sick. Overall, the client satisfaction increased by 3.1% from an average of 71.1 in the past three years, to 73.3 in 2020.

National median	3-year average	% Change
73.3	71.1	3.1%

National trend over time



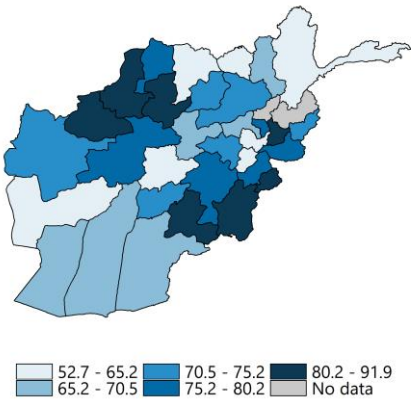
Client satisfaction in RH and PH from 2018 to 2020



- Client satisfaction remained stable until 2016 and decreased from 79.3 to 69.8 between 2016 and 2017. Since then it has fluctuated and finally increased from 70.5 in 2019/20 to 73.3 in 2020.
- The client satisfaction has decreased in PHs, from 76.6 in 2019/2020 to 73.6 in 2020; however, it is worth noticing that the lowest score was recorded in 2018 at 70.3. RHs has scored 64.7 in 2020 which is also a drop from previous round at 78.2. In this round the score is higher in PH than in RH.

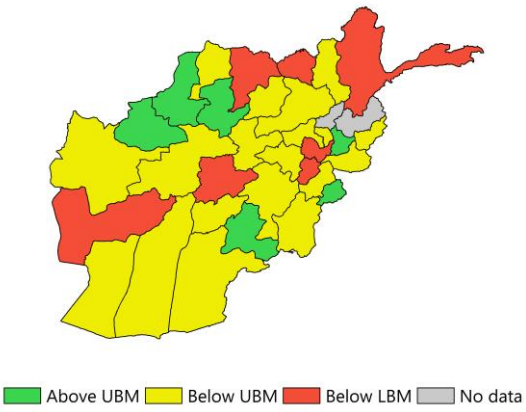
Geographical trends

1. Provincial results



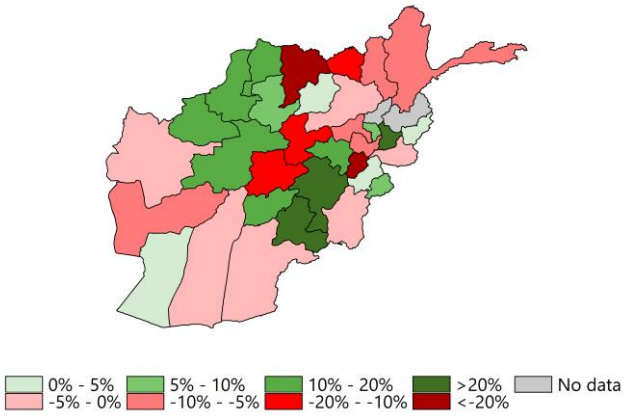
- The scores for client's satisfaction ranges between 52.7 and 91.9 across the provinces.
- The lowest client satisfaction scores were observed in Balkh, Kunduz, Daykundi, Kabul, Lagar, Farah and Badakshan with scores below 65.2.
- In Laghman, Faryab, Khost, Zabul, Badghis, Saripul and Paktika provinces, clients were most satisfied by services and scored 80.2 - 91.9.

2. Provinces meeting LBM and UBM



- Six provinces, (Laghman, Faryab, Khost, Zabul, Badghis and Saripul), with the highest score for client satisfaction, reached the upper benchmarck (UBM). Seven provinces that scored the lowest for client satisfaction, (Balkh, Kunduz, Daykundi, Kabul, Logar, Farah and Badakshan) also scored below the LBMs.
- The remaining 19 provinces scored between the upper (UBM_ and the lower benchmarks (LBM).

3. Provincial achievement over time



- Overall, client satisfaction improved in 16 out of 32 provinces. The greatest improvement has been observed in Zabul (28.4%), Laghman (21.3%) and Ghazni (21.2%).
- The lowest improvement has been observed in Nimroz, Paktya, Kunar and Samangan.
- The biggest drop in client satisfaction was observed in Balkh and Logar provinces, with a decrease by 25.1% and 25.6% respectively, compared to the past three-years average.

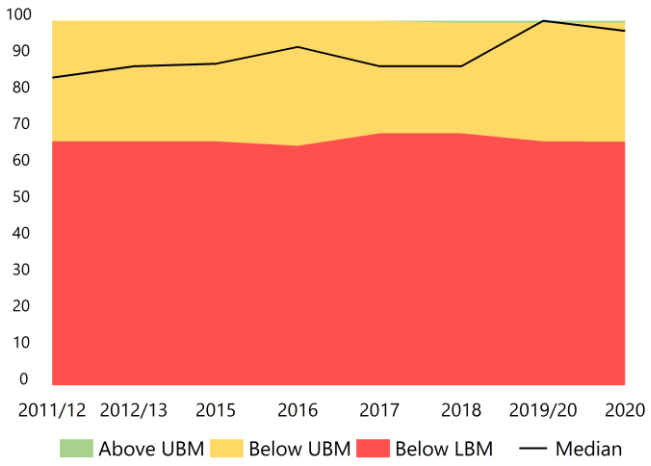
A-2: Community involvement and participation

The community involvement and participation index is used to assesses the systems in place for the presence of community members to participate in hospital planning and presence of Hospital Community Board (HCB), its activities and annual action plan. The index is composed of 15 indicators including: presence of Hospital Staff, Central MOPH, NGOs, Community, Local Government in developing strategic plan for the hospital, presence of HCB, presence of TOR for HCB, presence of the meeting minutes, availability of contact of the HCB members, proves for HCB, and activity by HCB, 3 representatives from the community in the HCB, at least 1 representative from a local NGO, at least 1 representative from local government, and presence of an annual hospital-community action plan.

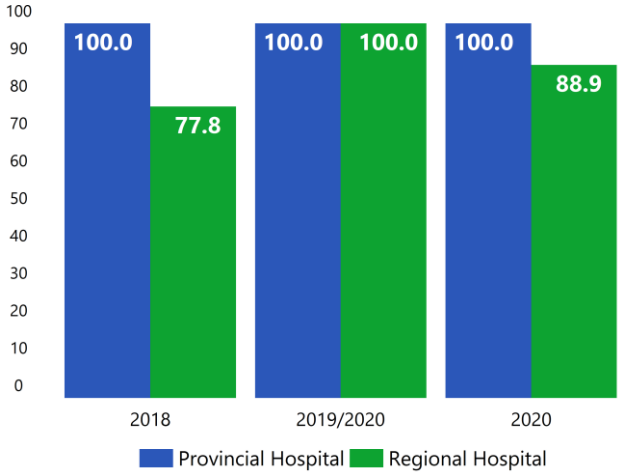
Community involvement and participation scored 97.2 in this round of facility assessment. It is 6.1% higher when compared to the past **3-years** average (91.7).

National median	3-year average	% Change
97.2	91.7	6.1%

National trend over time



Community involvement in RH and PH, 2018 to 2020

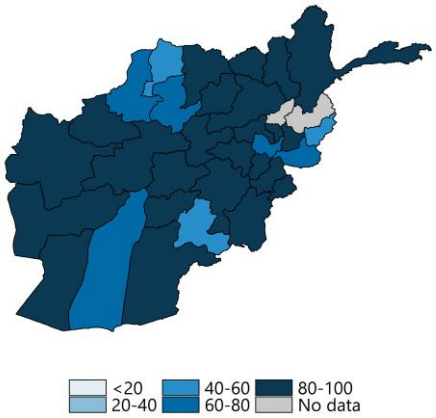


Community participation index remained relatively constant with minor fluctuations from 2011/12 to 2018. It increased sharply to reach UBM and scored 100.0 in 2019/2020. Since 2019/2020 the score slightly dropped to 97.2 in 2020.

Community participation score remained constant at highest level of 100.0 for the past three rounds in PHs. In RH the score fluctuated, increasing from 77.8 in 2018 to the highest level (100.0) in 2019/2020 to decrease again in this round down to 88.9 in 2020.

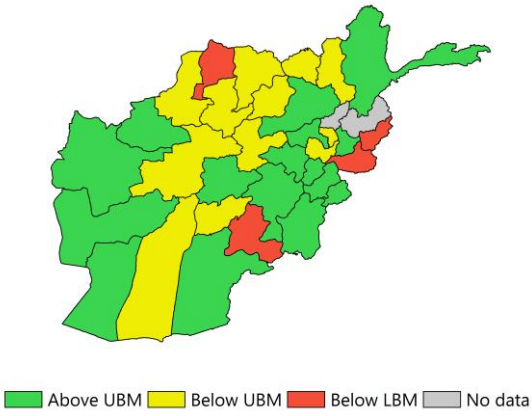
Geographical trends

1. Provincial results



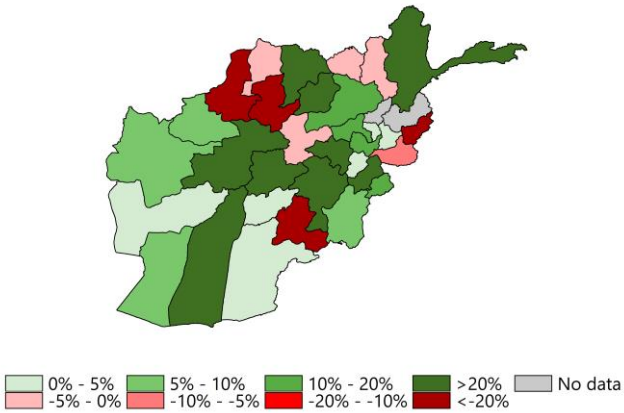
- Overall, 24 out of 32 provinces clustered in northern, north-eastern, western, and southern regions scored the highest between 80.0-100.0
- 3 provinces, (Jawzjan, Kunar and Zabul) scored between 40.0 and 60, the lowest.

2. Provinces meeting LBM and UBM



- Jawzjan, Nangarhar, Kunar and Zabul scored below LBM for community involvement and participation index.
- Half of the provinces (16 out of 32), clustered in the Western, Southern and Central regions scored above the UBM.
- The remaining 12 province stayed between UBM and LBM.

3. Provincial achievement over time



- The community involvement and participation index dropped by more than 20% in 4 provinces (Zabul, Kunar, Faryab and Saripul), compared to the past 3-years average.
- In four provinces (Takhar, Kunduz, Jowzjan and Bamayan) the score dropped the least (between 0-5% less).
- In nine provinces, (Badakhshan, Balkh, Samangan, Ghor, Daykundi, Helmand, Ghazni, Logar and Paktya) the score increased the most (with 20% higher).
- Six provinces (Laghman, Kapisa, Logar, Uruzgan, Farah and Kandahar) achieved the least increase in the score (between 0-5%, compared to the past three years average.

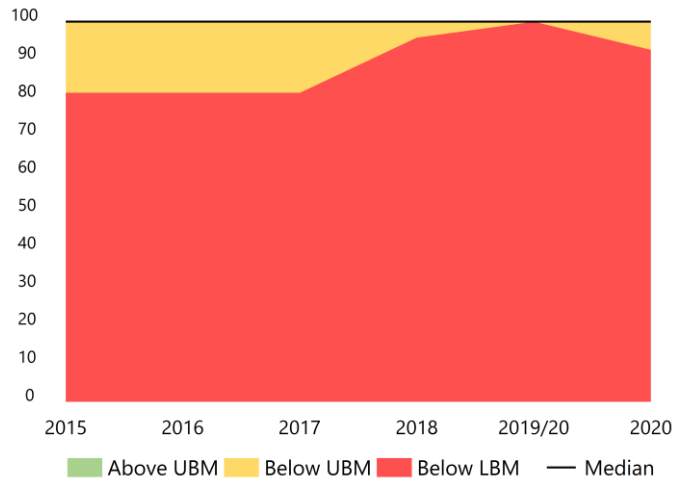
A-3: User Fees; Transparency and exemptions

This index measures the charge of user fees, presence of policies related to user fee, user fee exemptions, and user fee exemption guidelines.

The national median for the user fees is found to be a score of 100.0 which is equal to the average of the past 3-years for the said index.

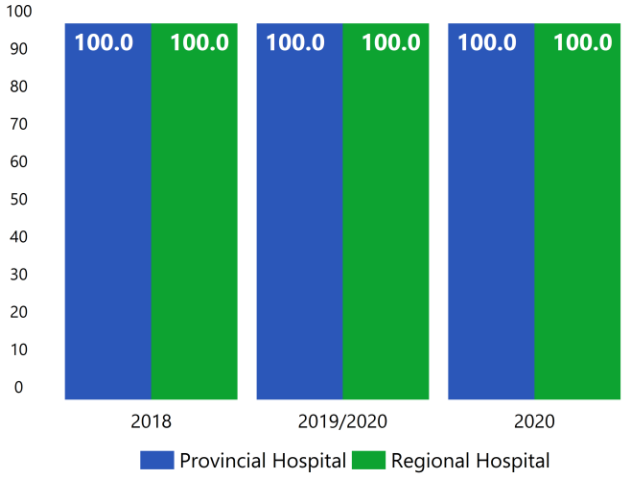
National median	3-year average	% Change
100.0	100.0	0.0%

National trend over time



- The national median for the user fees met the upper benchmark from 2015 to 2020.

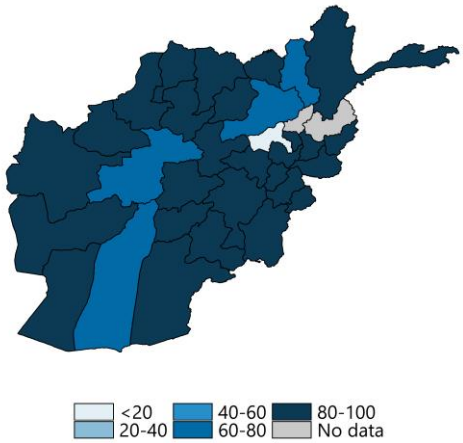
User fees in RH and PH from 2017 to 2020



- The user fees index is consistently the same for the RH and PH across the last three years from 2018 to 2020.

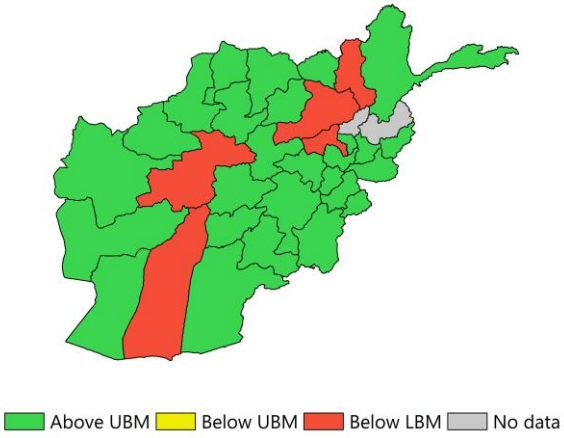
Geographical trends

1. Provincial results



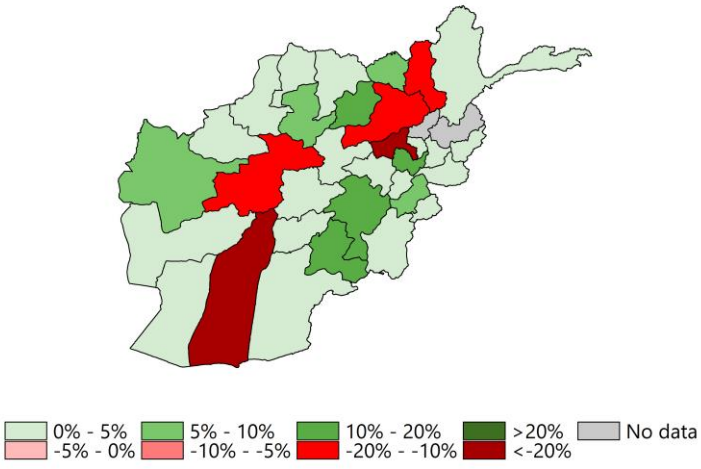
- Majority of the provinces, 25 out of 32, scored above 80, the highest score.
- Parwan scored the least, less than 20.
- Four provinces, (Takhar, Baghlan, Ghor and Helmand) scored between 60-80.

2. Provinces meeting LBM and UBM



- Most provinces (n=27) scored above the UBM.
- Only five provinces (Helmand, Ghor, Baghlan, Parwan and Takhar) have not reached the LBM.

3. Provincial achievement over time



- Most of the provinces increased their scores, about 0-5% more, compared to the past three-years average.
- Four provinces (Ghazni, Kabul, Samangan and Zabul) increased the most (10-20% more) while five provinces (Takhar, Baghlan, Ghor, Helmand and Parwan) considerably dropped their score.
- Helmand and Parwan provinces reduced their score by more than 20%, compared to the past three-years average.

Domain B – Human Resources

B-1: Staffing index

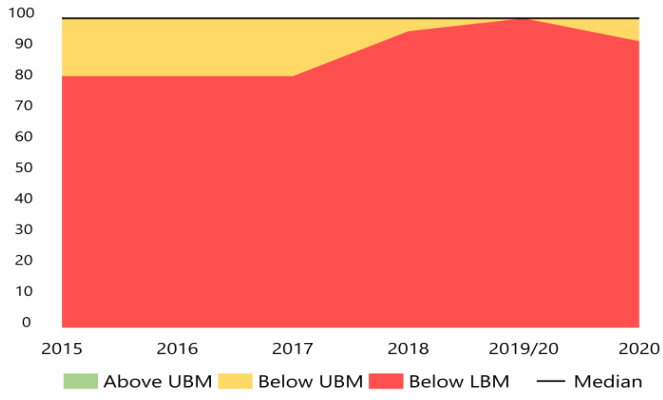
The staffing index compares the level of staffing present in a hospital against the staffing requirements as outlined in the EPHS guidelines for four types of hospital staff: administrative staff, physicians, nurses, and technical staff.

This index look for the presence of the staff in the hospital such as hospital director, medical director, nursing director, administrator, surgeon, ophthalmologist, ENT, anesthetist, obstetricians and gynecologist, pediatrician, internal medicine specialist, general practitioners, radiologist, dentist, operation theatre and sterilization nurse, nurse (anesthetic), psychiatric nurse, orthopedist, skin specialist (PH), midwife, nurse for wards, nurses for emergency room and OPD, pharmacist, X-Ray technician, lab technologist/ technician and vaccinator.

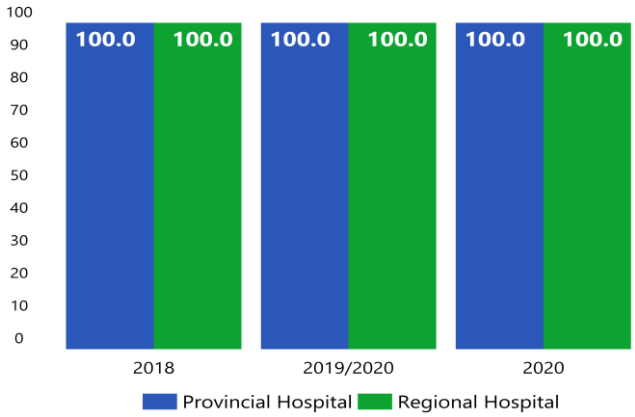
This index has slightly improved (6.2%) in 2020 when compared to the average of the past 3-years. It scored 74.1 in 2020 while the average score for the past 3-years is 69.8.

National median	3-year average	% Change
74.1	69.8	6.2%

National trend over time



Staffing index in RH and PH from 2018 to 2020

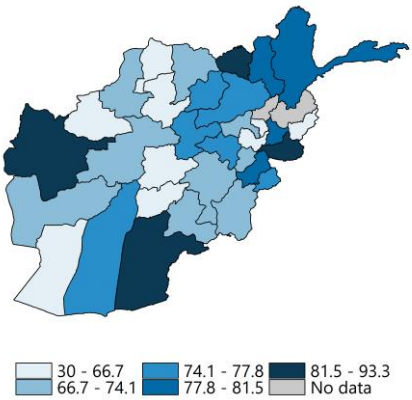


- Generally, the staff index gradually increased to reach UBM with passing time but remained between LBM and UBM. In this round, scored the highest at 74.1 compared to the previous rounds.

Generally, both types of the hospitals follow similar decreasing and increasing pattern by the passing time. In this round, both PH (74.1) and RH (83.3) scored slightly higher than the previous (2019/2020) round. If we compare both types of the hospitals, RH scored slightly higher than PH for this round.

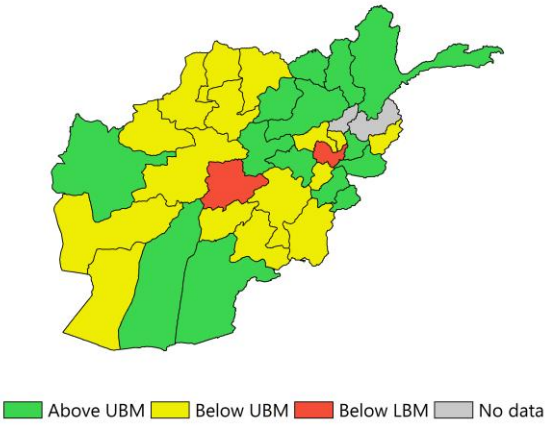
Geographical trends

1. Provincial results



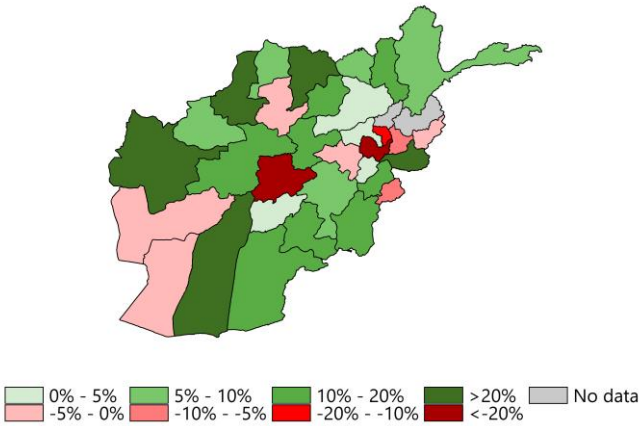
- In four provinces (Kunduz, Herat, Kandahar and Nangarhar), the staff index scored the highest from 81.5 to 93.3.
- The lowest scores were found in Badghis, Jawzjan, Kunar, Nimroz, Kapisa, Saripul, Uruzgan, Daykundi and Kabul provinces with scores below 66.7.

2. Provinces meeting LBM and UBM



- Only two provinces, Kabul and Daykundi, scored below the LBM while 16 provinces scored above the LBM but did not reach the UBM
- A total of 14 provinces reached the UBM including: Badakhshan, Takhar, Kunduz, Baghlan, Samangan, Bamayan, Wardak, Laghman, Nangarhar, Khost, Paktya, Herat, Helmand, and Kandahar.

3. Provincial achievement over time



- In Kabul and Daykundi provinces, the staff index score dropped by more than 20%, compared to the average of the past 3-years.
- The score for other eight provinces also dropped by 0-20%.
- The largest increases were in Balkh, Faryab, Herat, Helmand and Nangarhar provinces where the scores raised by more than 20%.
- The remaining 17 provinces also increased their score between 0-20%.

B-2: Staff management

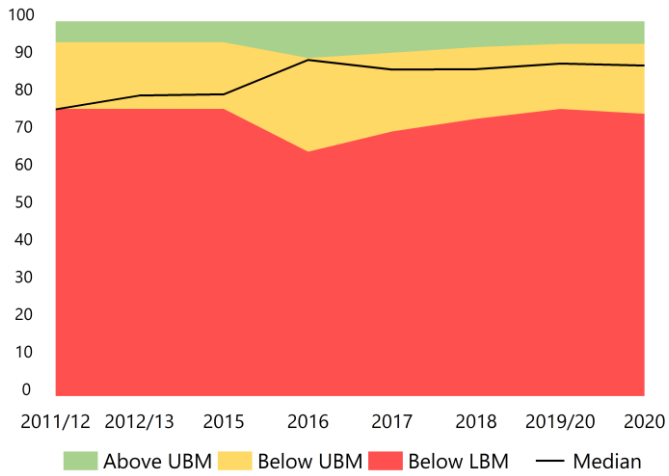
This index records the management of staff in hospitals and includes communication and responsiveness of management to staff perspectives and maintenance of employee records.

This index included 8 items such as MoPH visit HW work, hospital supervisor speaking with HW, formal employee performance assessment, receiving any feedback from assessment, presence of personnel record system, presence of the job description, contract and performance appraisal in the personnel record.

There is very low (0.3%) reduction seen in the staff management index when the national median in 2020 (87.4) is compared to the average past 3-years (87.7).

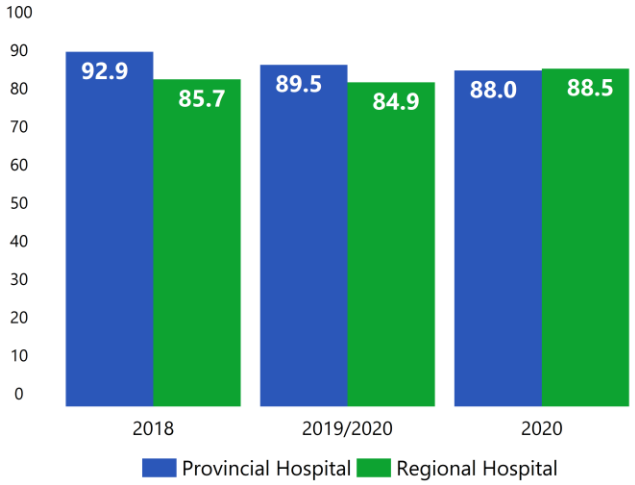
National median	3-year average	% Change
87.4	87.7	-0.3%

National trend over time



- The staff management index gradually increased since 2012/13 from 76.5 to 89.8 in 2016 but did not cross the UBM. Since 2016 the index started to decrease and in 2020 reached 87.4, slightly lower than in 2019/2020 (87.7).
- During its fluctuation it always stayed in between Upper and Lower Benchmarks.

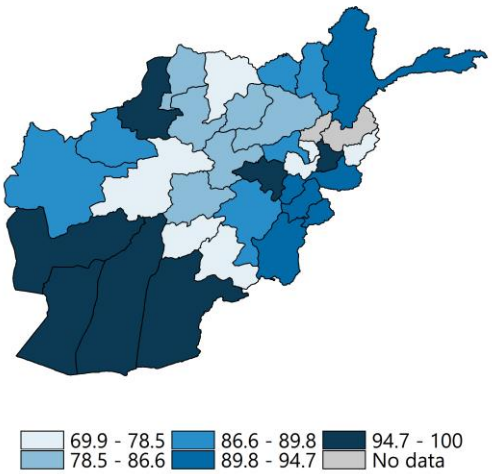
Staff management in RH and PH from 2018 to 2020



- The score for staff management index for PH and RHs was following opposite patterns.
- Staff management index was decreasing in PHs, while it was increasing in RHs.
- RHs scored slightly lower than PHs in 2018 and 2019/2020, however in 2020 RHs scored higher than PHs.

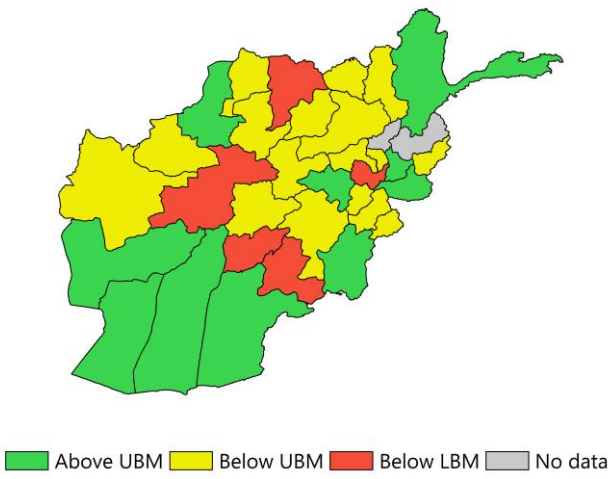
Geographical trends

1. Provincial results



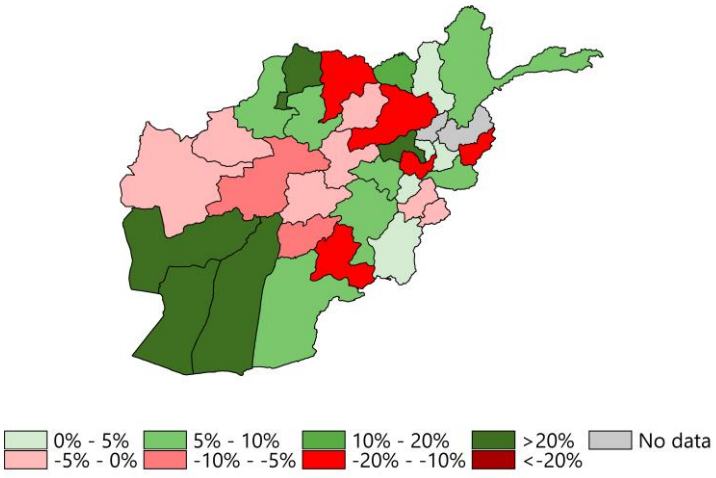
- Overall, 7 provinces, including Faryab, Farah, Laghman, Helmand, Nimroz, Wardak and Kandahar scored the highest, ranging from 94.7 to 100.
- The lowest scores were found in seven provinces, including Kapisa, Kunar, Ghor, Kabul, Uruzgan, Balkh and Zabul with scores below 78.5.

2. Provinces meeting LBM and UBM



- Badakhshan, Faryab, Wardak, Laghman, Paktika, Kandahar, Helmand, Nimroz and Farah provinces scored above the UBM.
- Balkh, Ghor, Uruzgan, Kabul and Zabul dropped down below the LBM.
- The remaining 19 provinces scored between UBM and LBM.

3. Provincial achievement over time



- More than half of the provinces improved their score regarding the staff management index.
- More than 20% improvement was observed in five provinces (Jowzjan, Farah, Nimroz, Helmand and Parwan).
- The least improvement (0-5%) has been in Paktika, Laghman, Kapisa, Logar and Takhar provinces.
- In five provinces (Baghlan, Balkh, Zabul, Kabul and Kunar) the scored was reduced by 10-20%, compared to the past three-years average.

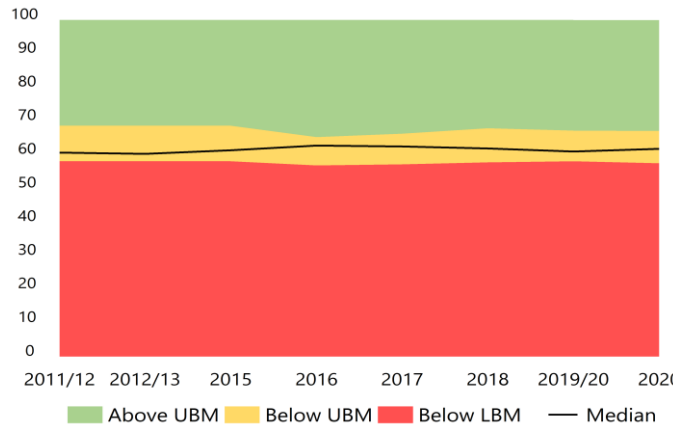
B-3: Staff satisfaction

The staff satisfaction index is calculated from 36 indicators collected via a self-reported questionnaire given to various types of health workers. At each hospital up to 20 health workers (physicians, nurses, midwives, and vaccinators) complete the questionnaire. Indicators related to the staff satisfaction index include the understanding of what is expected from her/him, using his/her skills, understanding daily duties, management interference in work, using of personnel judgment, unnecessary procedures, business other than duties, extra hours' work, opportunities for learning, participation in training programs, knowing the amount of payment, salary sufficiency, benefits other than salary, understanding the types of benefits, rewards, , speed of promotion, chances of promotion for well performing staff, explanation of assignment, assistance of supervisors when needed, feedback of supervisions, recognition of supervisors for doing good job, relationship with colleagues, incompetence of colleagues, sufficient equipment and tools, medicine and quality of care, physical condition of the building, security in the community, security in the hospital, discomfort about getting fired, working long hours, staff participating in the developing of the budget, opportunity for expressing opinions, fairness of the rule of the payment, relationship with supervisor, feeling about the work done and overall satisfaction.

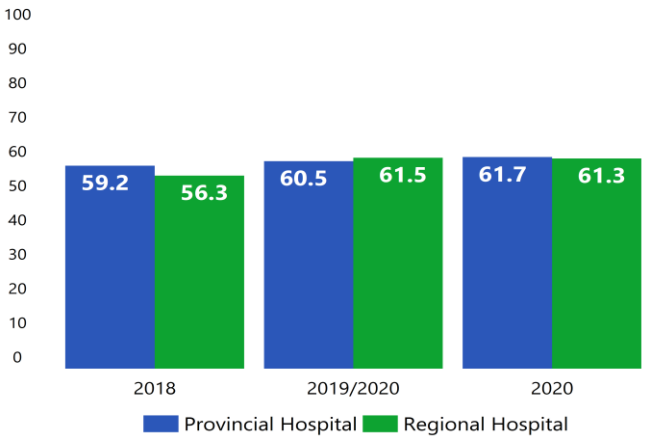
The staff satisfaction level for this round is 61.7, which is equal to the past three years average (61.7), no changes has been found.

National median	3-year average	% Change
61.7	61.7	0.0%

National trend over time



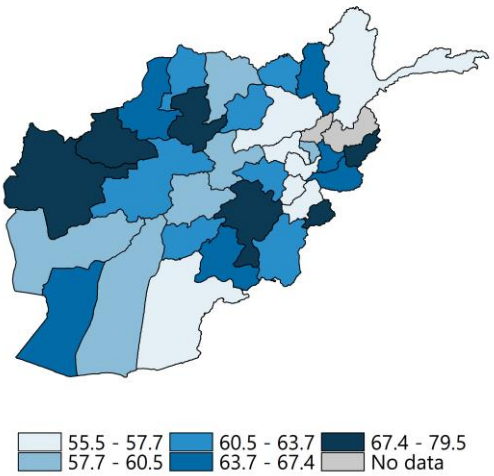
Staff satisfaction in RH and PH from 2018 to 2020



- Overall, the level of the staff satisfaction did not vary. The index score laid between LBM and UBM with a very small variation from 2011/12 to 2020.
- Generally, no difference was found between RH and PH in 2020 (61.3 and 61.5) in terms of the level of staff satisfaction.

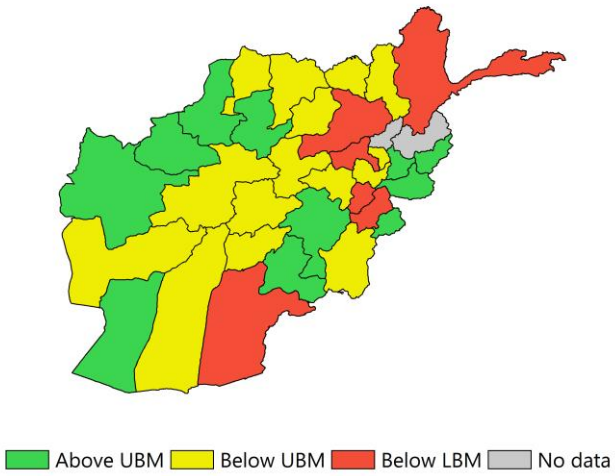
Geographical trends

1. Provincial results



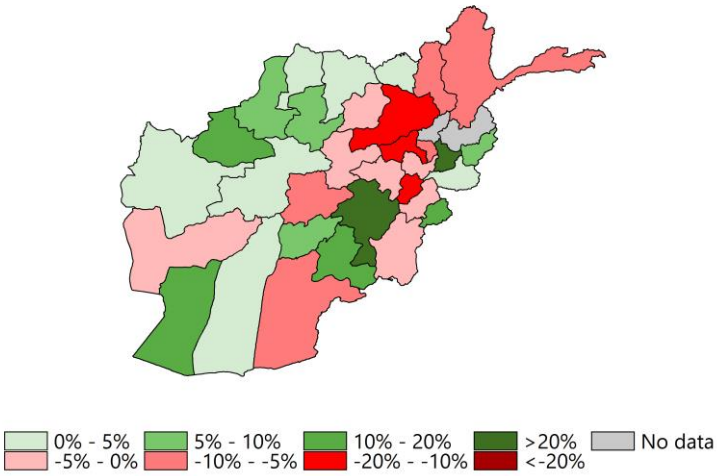
- Staff satisfaction was found to be the highest in Badghis, Khost, Saripul, Herat, Kunar and Ghazni provinces with the score ranging from 67.4 to 79.5.
- The lowest staff satisfaction, with scores below 57.7, were found in Kabul,Kandahar, Badakshan, Parwan, Paktya, Baghlan and Logar.

2. Provinces meeting LBM and UBM



- Six out of the seven provinces with the lowest score (less than 57.7), including Kandahar, Badakshan, Parwan, Paktya, Baghlan and Logar) did not achieve the LBM for staff satisfaction.
- A total of 11 provinces (Kunar, Laghman, Khost, Ghazni, Zabul, Nimroz, Herat, Badghis, Faryab, Nangarhar and Saripul) reached the UBM level.
- The score for the rest (n=15) of the provinces laid between UBM and LBM.

3. Provincial achievement over time



- Staff satisfaction increased by more than 20% in Laghman and Ghazni compared to the past 3-years average.
- Khost, Badghis, Nimroz and Zabul provinces also achieve a 10-20% increase.
- In Parwan, Logar and Baghlan the staff index scored decreased the most (10-20% less) compared the past three-years average.

B-4: Staff motivation

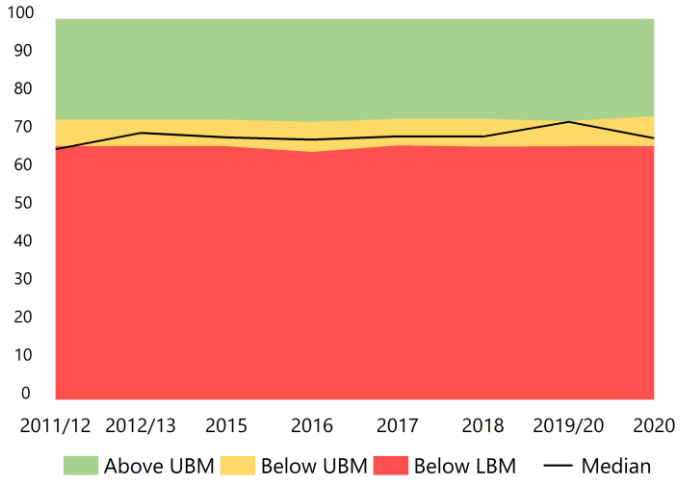
The staff motivation index consists of 25 indicators based on a self-reported questionnaire in the areas of benefits, opportunities, external regulation, and respect.

Staff motivation index composed of the 25 items and these are as follows: having a chance of helping others, the facility plays an important role in the community, it makes me feel important, for payment, thinking of quitting this job, taking the credit or blame for the result of the work, working for my family's satisfaction, promotion opportunity, working is here meaningless, can organize my work, availability of sufficient resources, use of my skills, gives me respect in the community, safe area, benefits, not caring about the quality of work, accomplishing something worthwhile, long-term security, no other choices, high degree of responsibility, gaining God's grace and feeling motivated.

In this round of health facility assessment, the staff motivation index have declined by 2.5% as compared to the past 3-year average. The national median score for the staff motivation index was found to be 68.7 while the past 3-year average is 70.4.

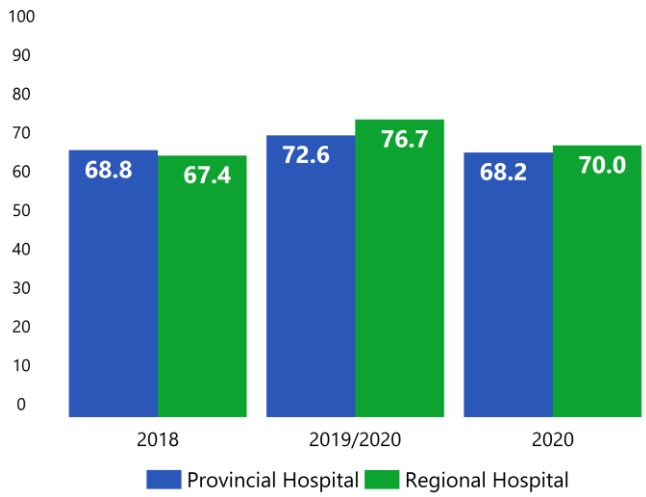
National median	3-year average	% Change
68.7	70.4	-2.5%

National trend over time



- In 2011/12 the index scored 65.8, later on slightly increased to 70.1 in 2013. Until 2018 no considerable changes have been seen in the trend of the staff motivation index. In 2019 the score increased to 73.0 slightly lower than UBM, however the score decreased to 68.7 in this round.

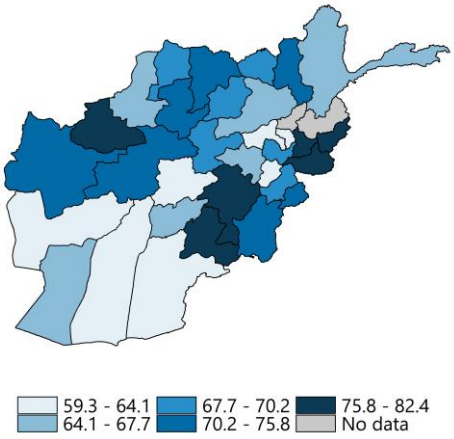
Staff motivation in RH and PH from 2018 to 2020



- Both RHs and PHs follow the same trend of increasing and decreasing for the staff motivation index. PHs and RHs scored the highest in 2019/2020 which were 72.6 and 76.7 respectively, while PHs obtained the lowest score in 2020 at 68.2. The staff motivation is higher in RHs than PHs in two last rounds.

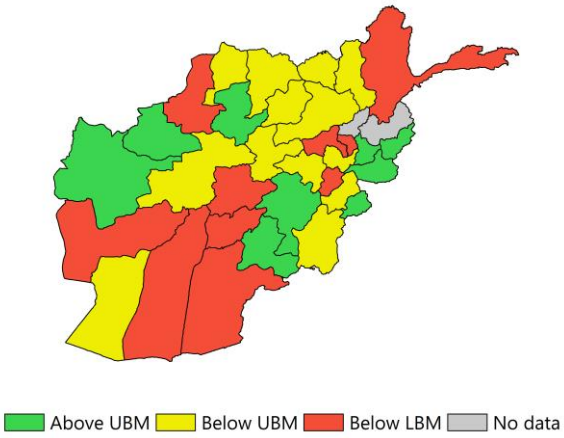
Geographical trends

1. Provincial results



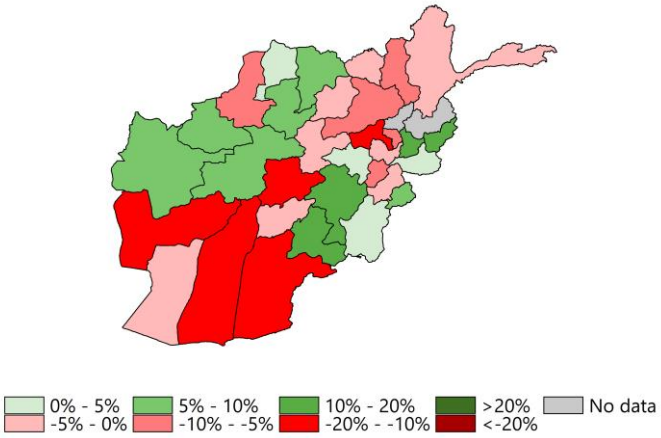
- Staff motivation was found to be varying from 82.4 in Badghis to 59.3 in Farah provinces.
- The highest scores have been observed in Badghis, Kunar, Nangarhar, Laghman, Ghazni and Zabul (from 75.8 to 82.4).
- The lowest score (less than 64.1) was observed in Farah, Helmand, Kandahar, Daykundi, Kapisa, Parwan and Logar.
- Other 19 provinces scored in between.

2. Provinces meeting LBM and UBM



- All the provinces which obtained the highest score (Badghis, Kunar, Nangarhar, Laghman, Ghazni and Zabul) and Saripul, Herat, Khost reached to the UBM level.
- Provinces which obtained the lowest score (Farah, Helmand, Kandahar, Daykundi, Kapisa, Parwan and Logar) and Badakhshan, Faryab, Uruzgan remained below the LBM level.
- Other 13 provinces laid between benchmarks.

3. Provincial achievement over time



- Compared to the past 3-year average, the staff motivation index increased by 10-20% in Laghman, Ghazni, Zabul and Kunar.
- The least achievement (0-5%) has been observed in Jowzjan, Paktika, Wardak and Nangarhar.
- Kandahar, Parwan, Farah, Helmand and Daykundi experienced 10-20% decline.

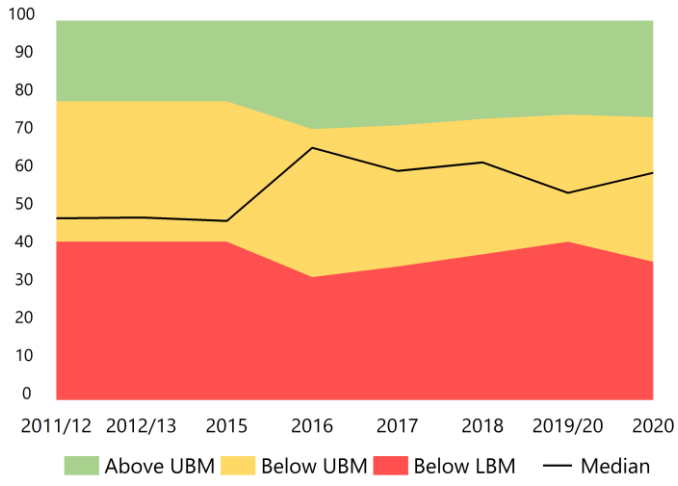
B-5: Hospital Training activities

This index assesses the proportion of medical staff in three categories (physicians, nurses, and technical staff) who received continuous professional education in the past year, as well as whether the hospital had a training plan and budget allocated for trainings.This index consists of the 25 items including the number of staff that received training (director of the hospital, medical director, nursing director, administrator, surgeon, ophthalmologist, ENT, anesthetist, obstetricians and gynecologist, pediatrician, internal medicine specialist, general practitioners, radiologist, dentist, operation theater and sterilization nurse, anesthetic nurse, midwife, nurse for wards, nurses for emergency room and OPD, pharmacist, X-Ray technologist, vaccinator, clinical psychologist, health social counsellor, psychiatric social worker), availability of a training plan and availability of the training budget.

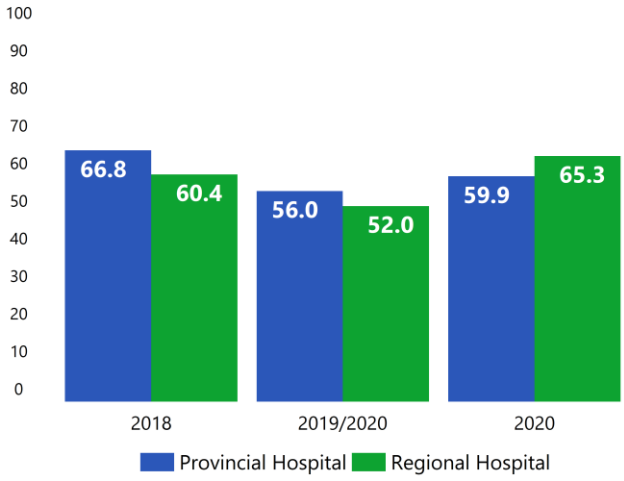
In 2020 the national median score reached 59.9 which is 1.2% higher than the past 3-years average (59.2).

National median	3-year average	% Change
59.9	59.2	1.2%

National trend over time



Training in RH and PH from 2018 to 2020

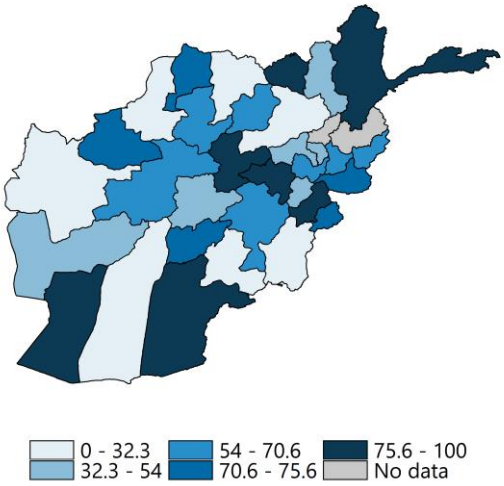


- The score for the hospital training activity index remained constant around 48 from 2011/12 to 2015 and then sharply rose to 66.6 in 2016. It has decreased to 54.6 in 2019/2020. In this round, it scored 59.9 which is higher than the last round.

- The hospital training activity was slightly higher in PHs than RHs for the past two rounds (2018 and 2019/2020).
- In 2020, the training activities increased to 65.3 in RHs, which is slightly higher than PHs (59.9).
- Both types of hospitals in 2020, when compared to 2019/2020 have improved their score.

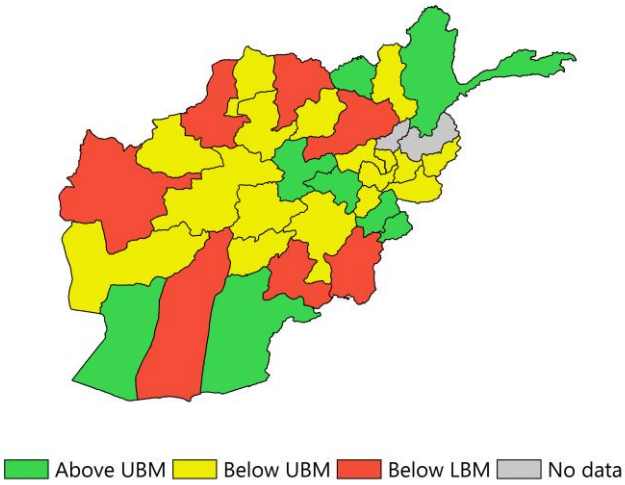
Geographical trends

1. Provincial results



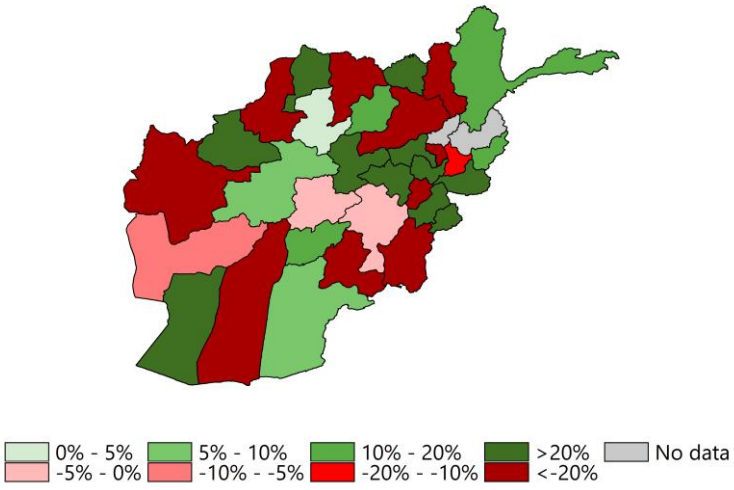
- Hospital training activities scores vary from 0.0 in Faryab to 100 in Wardak.
- Seven provinces, (Wardak, Nimroz, Badakhshan, Paktya, Bamyan, Kandahar and Kunduz) scored the highest between 75.6 and 100. Also, seven provinces (Herat, Paktika, Helmand, Baghlan, Zabul, Balkh and Faryab) scored the lowest (less than 32.3).
- The remaining 18 provinces scored between 32.3 and 75.6.

2. Provinces meeting LBM and UBM



- All the provinces with the highest scores (Wardak, Nimroz, Badakhshan, Paktya, Bamyan, and Kandahar), along with the Kunduz and Khost, reached the UBM.
- The provinces with the lowest score for training activities, (Herat, Paktika, Helmand, Baghlan, Zabul, Balkh and Faryab) remained below the LBM.
- Other 16 provinces scored between the UBM and LBM.

3. Provincial achievement over time



- A total of 11 provinces (Jawzjan, Kabul, Nimroz, Khost, Kunduz, Paktya, Wardak, Bamyan, Badghis, Parwan and Nangarhar) achieved more than 20% compared to the past three years average.
- Takhar, Kapisa, Logar, Herat, Helmand, Paktika, Baghlan, Zabul, Balkh and Faryab decreased the most, (by 20% or more) when compared to the past 3-year average.

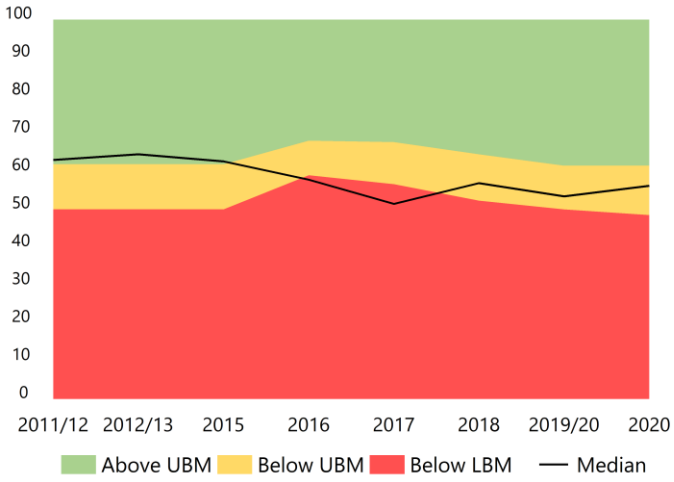
B-6: Provider knowledge score

The score for the provider knowledge index, composed by 36 indicators, was calculated based on health worker knowledge in IMCI, immunizations, nutrition, tuberculosis, malaria, maternal health, infection control, sterile technique, infections, and HIV/AIDS.

In this round of the health facility assessment, knowledge score of the provider increased by 4.4% when compared with the average of the past 3 rounds. It was calculated as 56.2 while the average for the past 3 rounds reached 53.9. It is in line with the increase of the training in hospital.

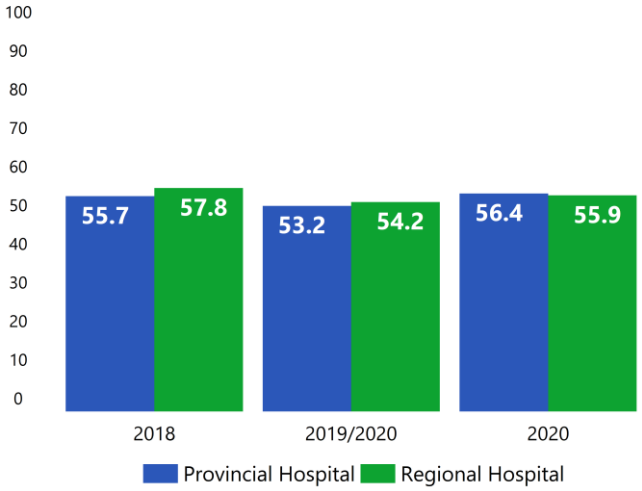
National median	3-year average	% Change
56.2	53.9	4.4%

National trend over time



- In 2011/12, the provider knowledge index scored 63.0 which is the highest, laying in the UBM. The index gradually dropped below the LBM in 2017 with 51.4 score. Finally, it gradually increased to 56.2 in 2020, however not reaching the UBM.

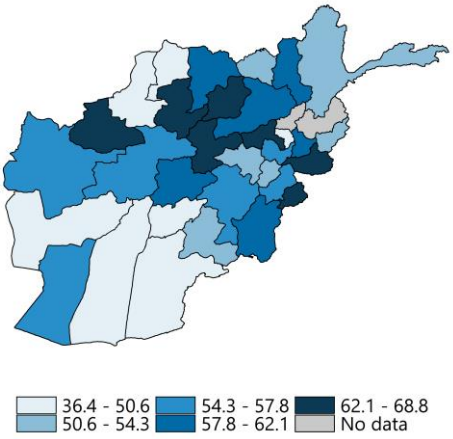
Provider Knowledge in RH and PH from 2018 to 2020



- Generally, there is no substantial difference in the provider knowledge across years and types of Hospital.
- In 2020, PHs scored 56.4, slightly higher than RHs at 55.9.

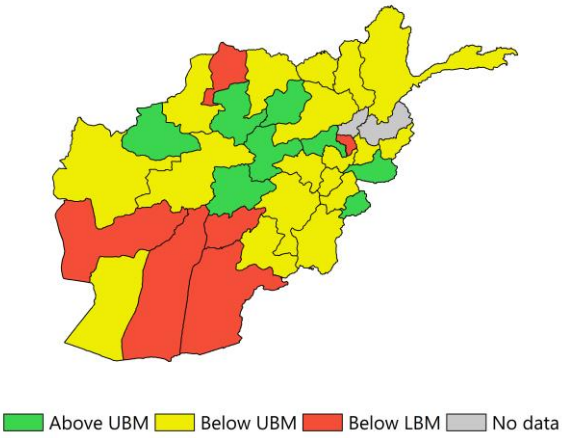
Geographical trends

1. Provincial results



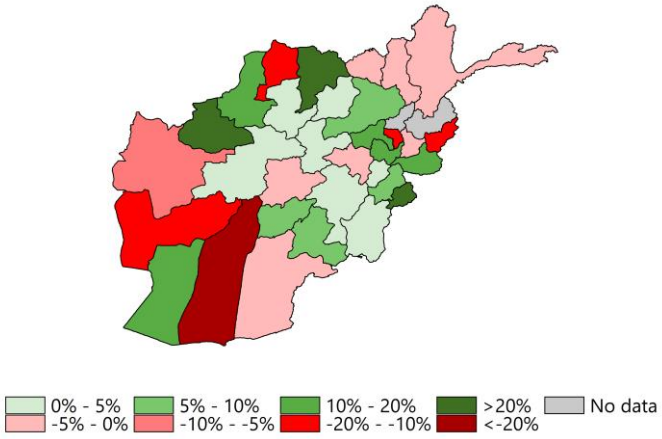
- The score for the knowledge of the health providers fluctuated between 68.8 in Khost and 36.4 in Helmand provinces.
- Seven provinces (Khost, Nangarhar, Saripul, Badghis, Samangan, Parwan and Bamyan) scored 62.1 and above and also seven (Helmand, Kapisa, Jowzjan, Uruzgan, Farah, Kandahar and Faryab) scored below 46.9.
- The remaining 18 provinces scored between 50.6 and 62.1.

2. Provinces meeting LBM and UBM



- All the seven provinces with the highest scores (Khost, Nangarhar, Saripul, Badghis, Samangan, Parwan and Bamyan), along with Daykundi Province reached above the UBM
- Six provinces (Helmand, Kapisa, Jowzjan, Uruzgan, Farah, and Kandahar) obtained the lowest score (50.6-36.4) scored falling below the LBM.
- The remaining 19 provinces scored between the Upper and Lower Benchmarks.

3. Provincial achievement over time



- In three provinces (Khost, Balkh ad Badghis) the scored for provider knowledge increased by more than 20% compared to the past 3-years average.
- Saripul, Samangan, Logar, Ghazni, Ghor, Bamyan and Paktika also increased their socres by 0-5%, compared to the average of the last three years.
- The highest reduction in the score was observed in Helmand province, scoring >20% less, compared to the past 3-years average.

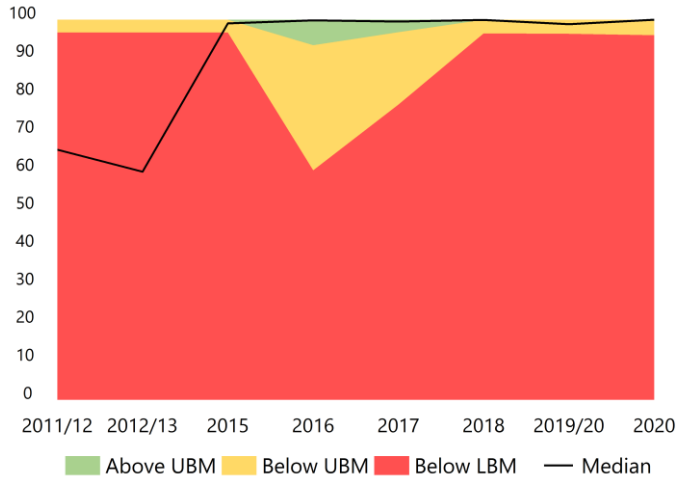
B-7: Gender equity, providers of care

Health worker satisfaction among female health workers is compared with that among male health workers and converted to a gender equity scale of zero to one hundred. This index was made up of 36 items which were also used for staff satisfaction index.

In 2020 the score for gender equity reached score100 which is 0.6% higher than the past three years average (99.4).

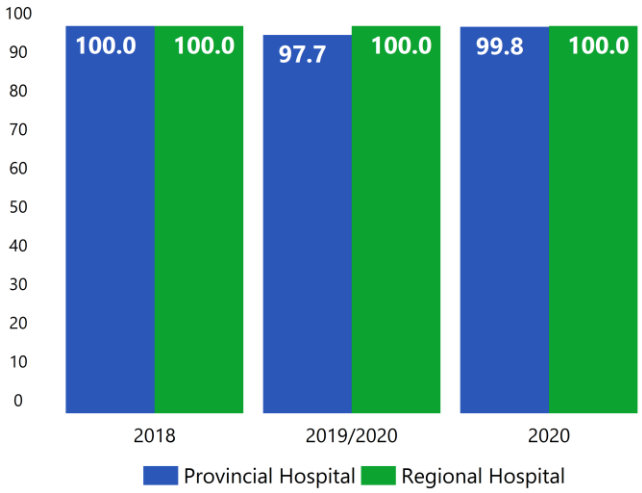
National median	3-year average	% Change
100.0	99.4	0.6%

National trend over time



- A sharp increase was observed from 20.12/13 to 2015, followed by a steady trend until 2020.
- Since 2012/13 the score has remained almost the same, above the LBM, until 2019/2020.
- In this round, the score for gender equity reached the UBM.

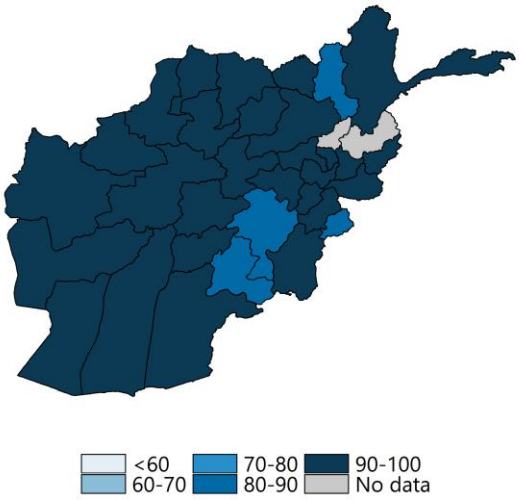
Gender equity in RH and PH from 2018 to 2020



- Overall, the gender equity scored high and constant over time for both type of hospitals.
- For RHs, the score for gender equity is the highest (100.0) and remained stable from 2018 to 2020.
- For PHs the score slightly decreased in 2019/2020 from 100.0 to 97.7, however in 2020 the score increased to 99.6.

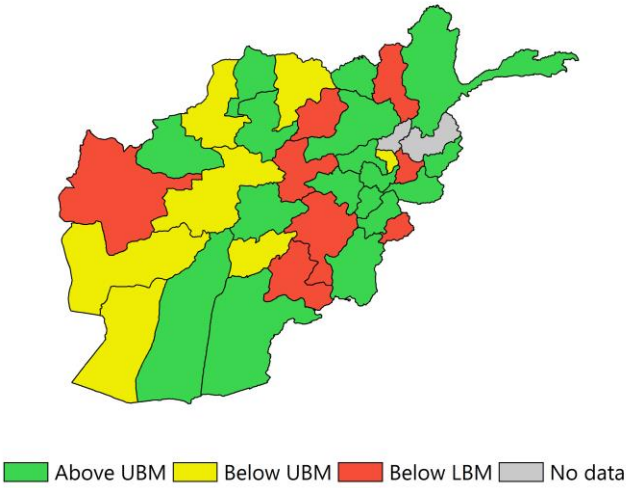
Geographical trends

1. Provincial results



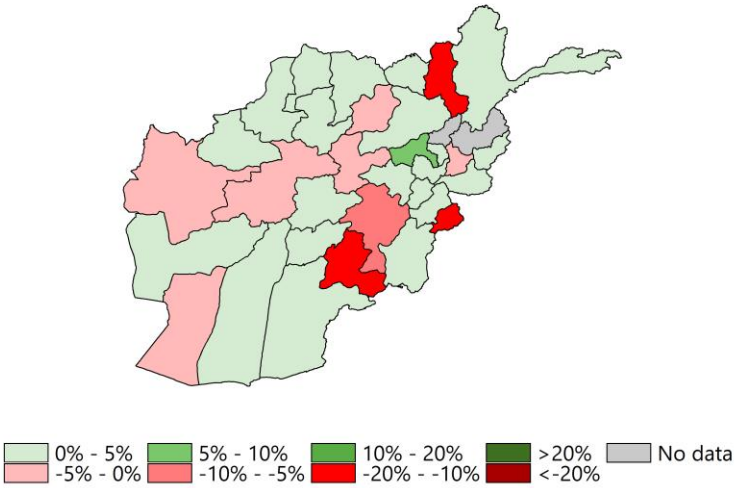
- Overall, there is no geographical variation regarding the gender equity index.
- The majority of the provinces (n=28) scored more than 90.0.
- Takhar, Zabul, Ghazni and Khost scored between 80.0 and 90.0.

2. Provinces meeting LBM and UBM



- The provinces with the lowest score for gender equity (Takhar, Zabul, Ghazni and Khost) along with Laghman, Samangan, Bamyan and Herat lied below the LBM.
- Seven provinces (Balkh, Faryab, Ghor, Farah, Nimroz, Uruzgan and Kapisa) scored between the benchmarks.
- The remaining 17 provinces scored above the UBM.

3. Provincial achievement over time



- Only Parwan province scored 5-10% higher than three years average for gender equity and 21 provinces scored between 0-5% higher.
- Three provinces, Zabul, Takhar and Khost scored 10-20% lower than the past three-years average.
- Ghazni scored 5-10% lower than three years average.

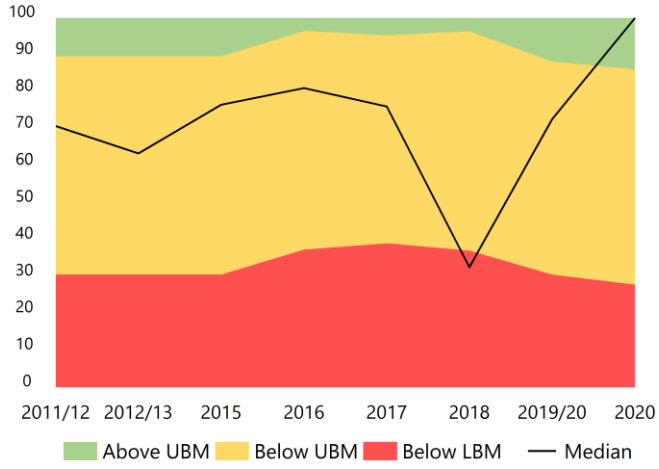
B-8: Salaries up-to-date

This index contains one question; all health workers are asked whether they received salary on time.

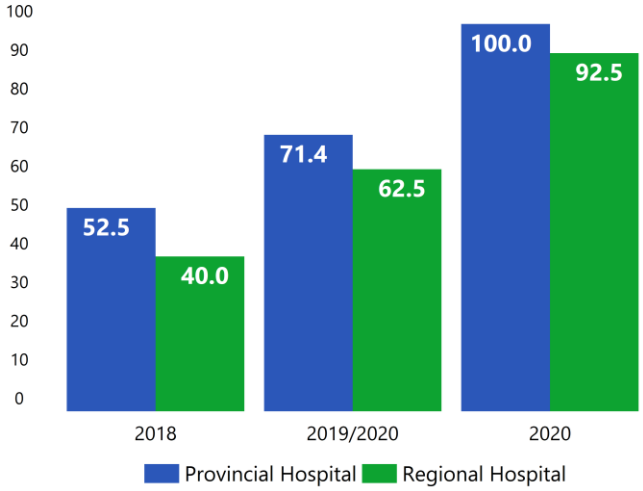
With a current national median score of 100%, above 65 % improvement has occurred in the salary index score as compared with the past 3-years average which was 60.4.

National median	3-year average	% Change
100.0	60.4	65.7%

National trend over time



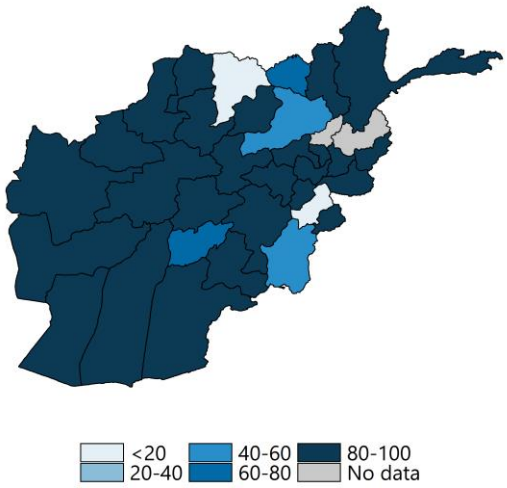
Salary index in RH and PH from 2018 to 2020



- The salary index score slightly decreased from 70.7 in 2011/12 to 63.3 in 2012/13. Since then the score increased to 81.0 in 2016. From 2017 the score dropped sharply to 32.5. The lowest point, below the LBM, was observed in 2018. In 2029/2020 it has rapidly increased to 72.6 and reached the UBM.
- In 2020 it has remainrf above the UBM reaching a 100.0 score.
- The score for salary up to date was increasing steady over the last three years in both PHs and RHs. In all three last rounds, PHs scored higher than the RHs.
- Comparing to 2019/2020 PHs scored the higher in 2020 with 97.5.
- RHs scored the highest 92.5 in 2020 with clear improvement comparing to round 2019/2020.

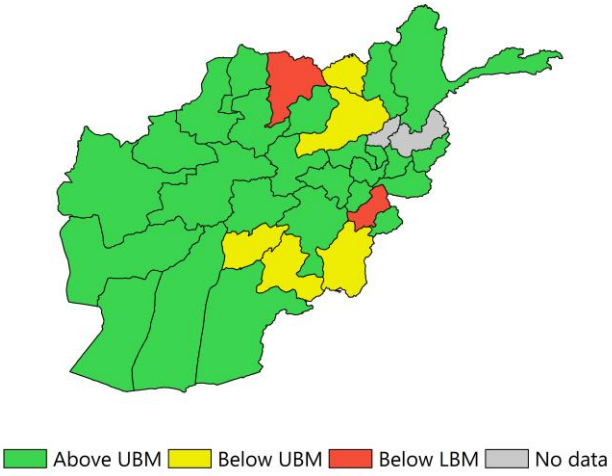
Geographical trends

1. Provincial results



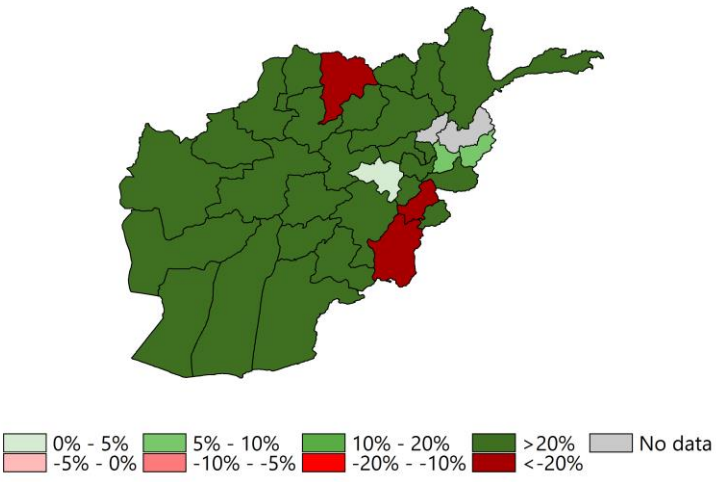
- Geographical distribution of the score varies widely. The highest score (100) was in Badakshan, Badghis, Bamyan, Farah, Faryab, Helmand, Herat, Kandahar, Kapisa, Khost, Laghman, Nimroz, Parwan, Samangan, Saripul, Takhar and Wardak.
- The lowest score (less than 20) has been observed in Paktya and Balkh.
- A total of 26 provinces have scored between 80-100. Kunduz, Uruzgan, Baghlan and Paktika scored between 60-80.

2. Provinces meeting LBM and UBM



- The majority of the provinces (n=25) reached the UBM.
- Paktya and Balkh provinces did not reached the LBM.
- Five provinces (Kunduz, Paktika, Baghlan, Uruzgan and Zabul) scored between the Upper and Lower Benchmarks.

3. Provincial achievement over time



- In most of the provinces (n=28) the salary up-to-date index score improved by more than 20% compared to the past three years average.
- The score in Paktya, Balkh and Paktika declined the most (by more than 20%).
- In Kunar and Laghman provinces, the score has improved by 5-10% and in Wardak the score has improved by 0-5%.

Domain C – Physical Capacity

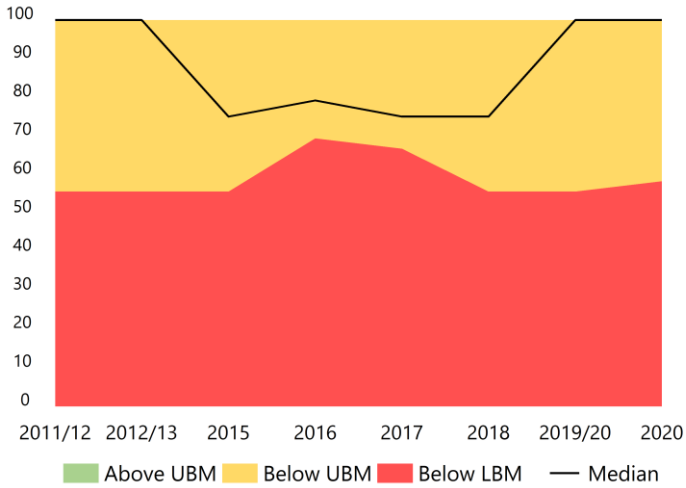
C-1: Communications and Transport

This index measures the availability of functional communication and transportation facilities in hospitals based on the availability of functioning ambulance and functioning phones or radios.

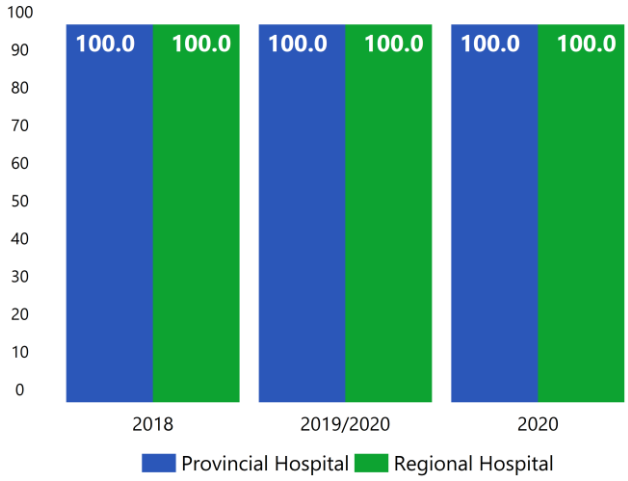
The 3-year average for communication and transportation index is 83.3. In this round, national median reached 100.0 score, which is 20% higher than 3-year average.

National median	3-year average	% Change
100.0	83.3	20.0%

National trend over time



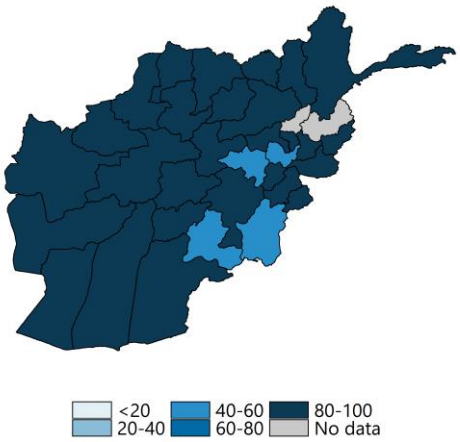
Communication/transport in RH and PH, 2018 to 2020



- The functional communication and transportation index remained steady above the LBM from 2015 until 2018.
- In the round 2019/2020 the score sharply increased to the maximum level of 100 and has remained the same in round 2020 (100).
- No changes have been observed in the communication and transportation index across PHs and RHs by year.
- Both types of hospital have scored the maximum for the past three rounds.

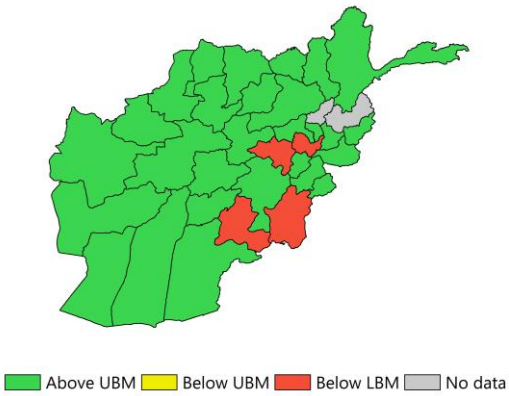
Geographical trends

1. Provincial results



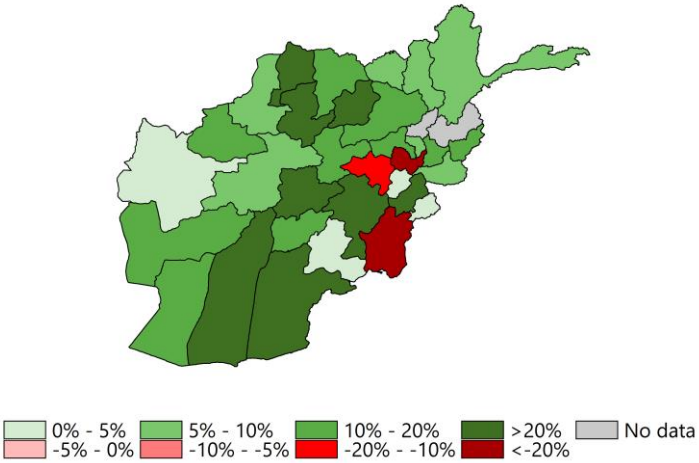
- The communication and transportation scores ranged from 100.0 to 50.0.
- Most provinces (n=28) scored the highest (100.0).
- Only four provinces (Kabul, Paktika, Wardak and Zabul) scored below 50.0.

2. Provinces meeting LBM and UBM



- Most provinces (n=28) scored above the UBM.
- The four provinces with lower scores (Kabul, Paktika, Wardak and Zabul) remained below the LBM.

3. Provincial achievement over time



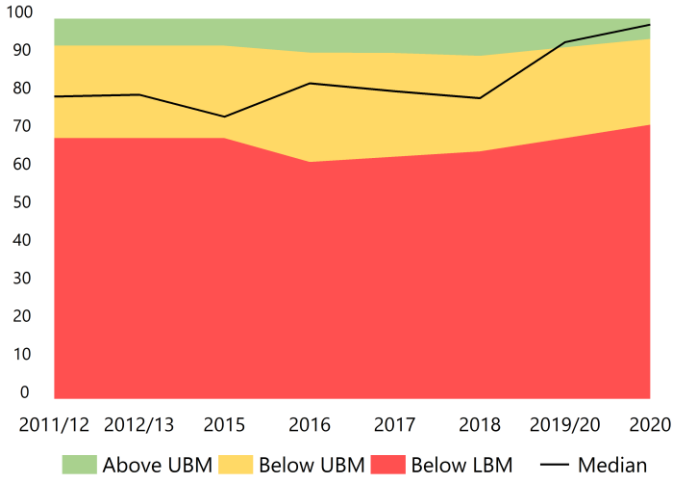
- In 28 provinces the score for the communication and transportation has improved compared with the three-years average.
- Most important improvements (increase by 20% or higher) were observed in eight provinces including Helmand, Jawzjan, Ghazni, Kandahar, Daykundi, Paktya, Samangan and Saripul.
- The three provinces with highest drop in scores were Paktika and Kabul which scored >20% less than the three-years average.
- Wardak scored 10-20% less than three-year average.

C-2: Infrastructure Index

This index consists of 16 indicators that measure the reliability of hospital infrastructure including the gate, surrounding wall, lighting, roof conditions, toilet functionality, windows, reliability of sources of power (main and alternative), and water source. Nationally, performance increased by 16.3% as compared to the average score of the past three years.

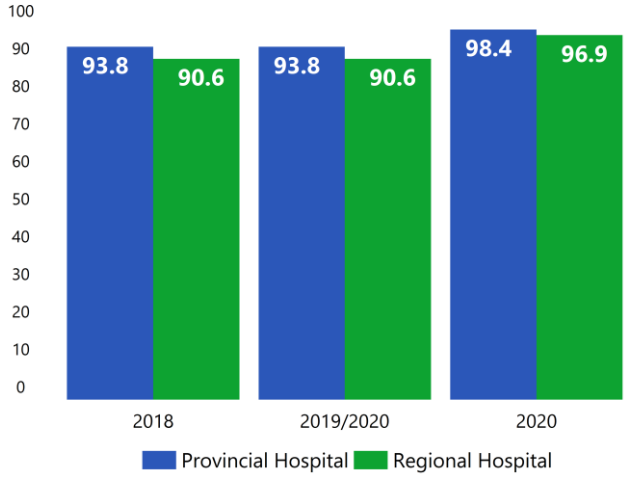
National median	3-year average	% Change
98.4	84.6	16.3%

National trend over time



- Since 2012/13, a gradual increasing trend can be observed in the infrastructure index.
- The score has remained above the LBM since 2011/12.
- In 2019/2020 this score reached the UBM for the first time.
- In 2020 the score has reached the highest: pointy at 98.4, falling well above the UBM.

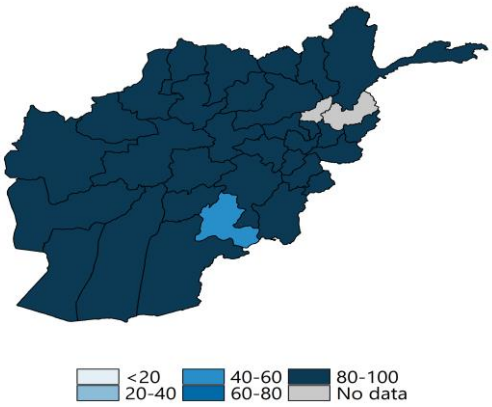
Infrastructure in RH and PH from 2018 to 2020



- Overall, the score for infrastructure index has been high for the last three years.
- In all rounds, infrastructure index scored higher in the PHs than RHs.
- In 2020, PHs and RHs scored the highest, 98.4 and 96.9 respectively showing improvement when compared with 2019/2020.

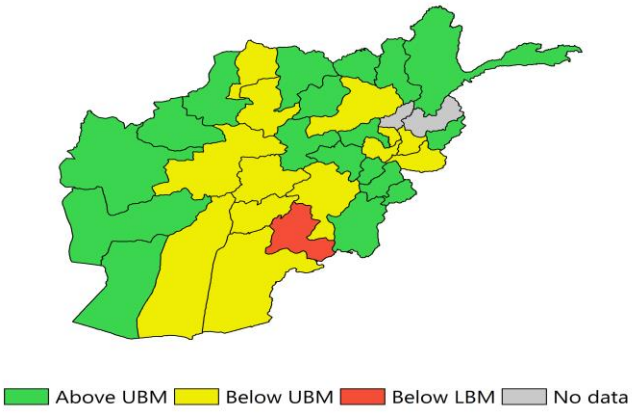
Geographical trends

1. Provincial results



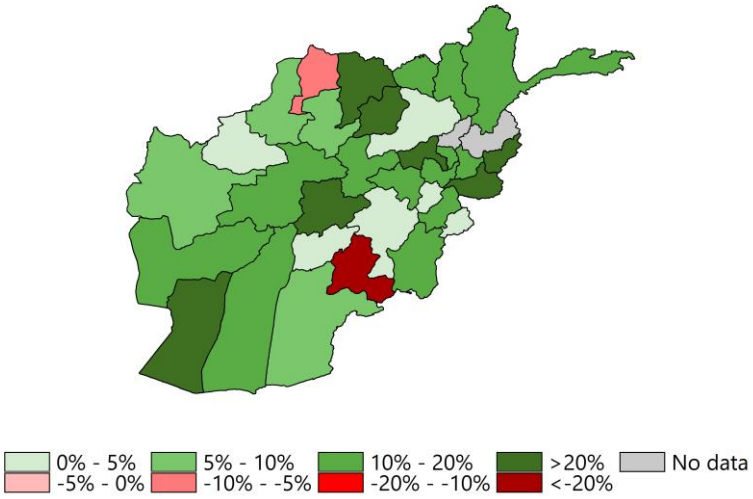
- Generally, no geographical variation has been observed in the score for infrastructure index.
- All the provinces scored between 80 and 100 except Zabul.
- Zabul scored 43.8 for the infrastructure index.

2. Provinces meeting LBM and UBM



- Generally, 31 provinces reached above the LBM for infrastructure index in this round.
- The majority (n=18) of the provinces (Nimroz, Balkh, Kunar, Farah, Paktika, Takhar, Paktya, Wardak, Bamyan, Kunduz, Badakshan, Herat, Faryab, Badghis, Logar, Khost, Samangan and Parwan) have scored above the UBM.
- Zabul province remained below the LBM.

3. Provincial achievement over time



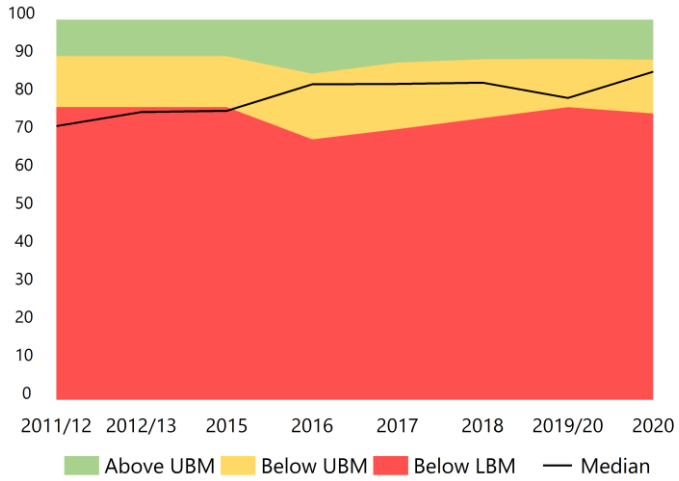
- Generally, some improvement has been observed in all provinces except Zabul and Jowzjan, when compared to the past three-years average.
- Samangan, Daykundi, Nimroz, Balkh, Parwan, Kunar and Nangarhar provinces scored over 20% higher than the past three-year average.
- Zabul experienced over 20% reduction when compared to the past three-year average
- Jowzjan observed 5-10% reduction in score.

C-3: Equipment Functionality Index

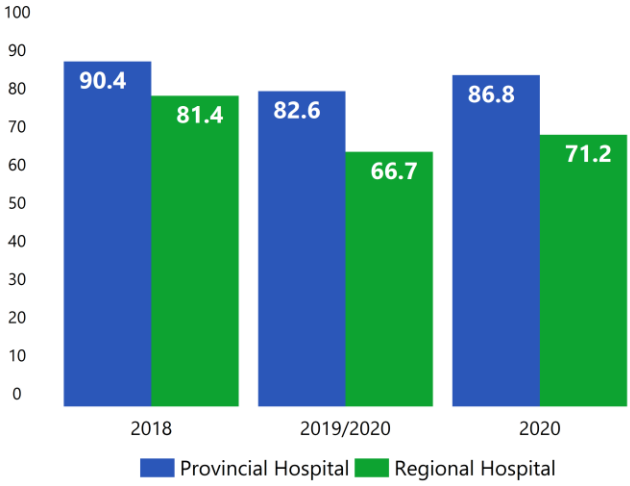
The adequacy and availability of equipment in 11 patient areas are included in this index. Each area was assessed for the presence of all equipment necessary for proper ward function and delivery of patient care. The equipment functionality index nationally scored 84.7 which is 3.1% higher than 3-year average which was 82.1.

National median	3-year average	% Change
84.7	82.1	3.1%

National trend over time



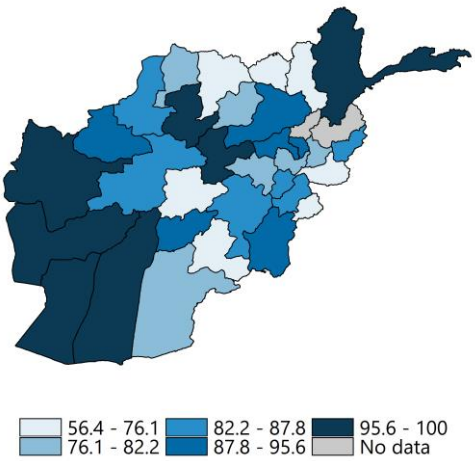
Equipment in RH and PH from 2017 to 2020



- A gradual increasing trend can be observed between 2011/12 and 2020.
- Since 2016, the trend flattened and slightly decreased towards the lower benchmark.
- In 2020 round, the score moderately increased from 79.8 in 2019/2020 to 84.7 toward the UBM.
- During all 3 rounds PHs scored higher than RHs for the equipment functionality index.
- In 2020 the index scored 86.8 in PHs higher than in 2019/2020.,
- The same pattern is observed in RHs with score of 71.2 compared to the 66.7 in the previous round.

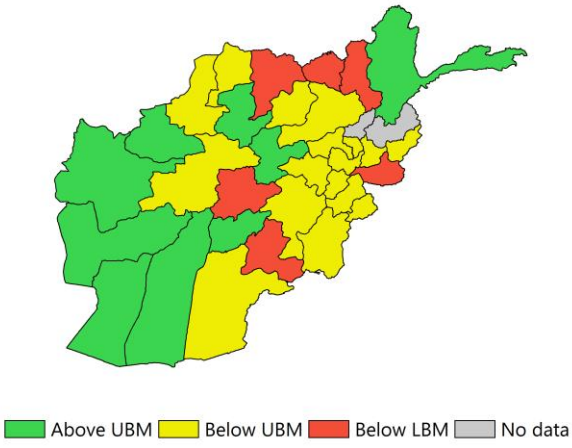
Geographical trends

1. Provincial results



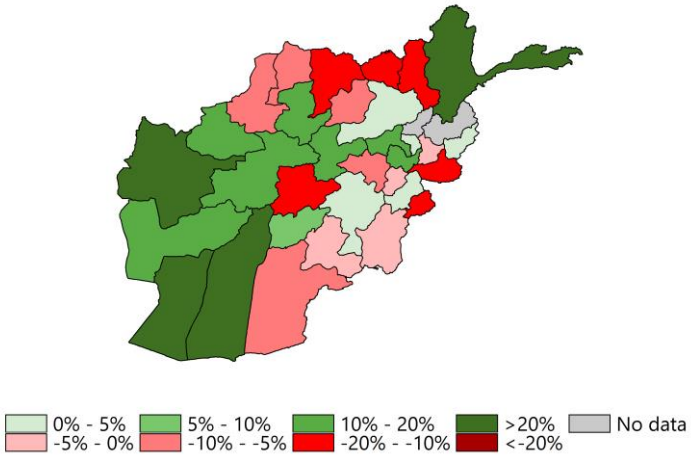
- The score for equipment functionality index ranged from 100.0 in Helmand to 55.8 in Balkh.
- Helmand, Badakshan, Herat, Saripul, Farah, Bamyan and Nimroz scored the highest, ranging from 95.5 to 100.
- Kandahar, Zabul, Takhar, Kunduz, Nangrahar, Daykundi and Balkh scored the lowest, ranging from 55.8 to 76.9.

2. Provinces meeting LBM and UBM



- Out of the six provinces that scored the lowest (Kandahar, Zabul, Takhar, Kunduz, Nangrahar, Daykundi and Balkh), between 55.8 and 76.9, only Kandahar reached the LBM. All other remained below the LBM.
- A total of 9 provinces have reached the UBM, including Helmand, Badakshan, Herat, Saripul, Farah, Bamyan, Nimroz, Uruzgan and Badghis.
- The remaining 17 provinces scored between the Lower and Upper Benchmarks.

3. Provincial achievement over time



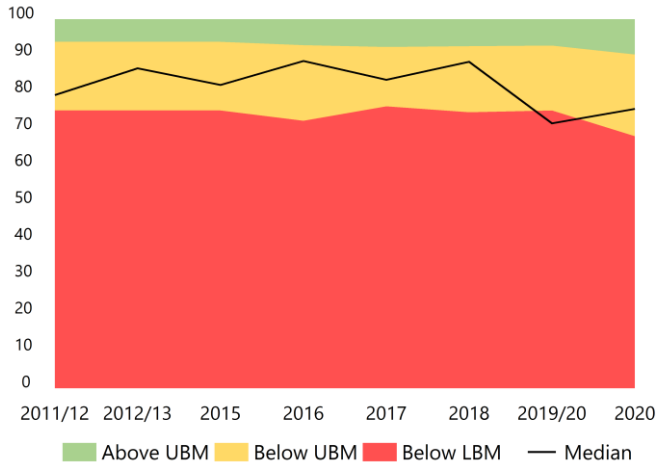
- Generally, more than half of the provinces improved their score related to equipment functionality index.
- The most important improvements, more than 20%, when compared to the three-years average has been observed in Helmand, Nimroz, Badakhshan, and Herat.
- The highest drop in score, between 10-20% less, has been observed in Nangrahar, Khost, Kunduz, Balkh, Daykundi and Takhar provinces.

C-4: Pharmaceutical Availability Index

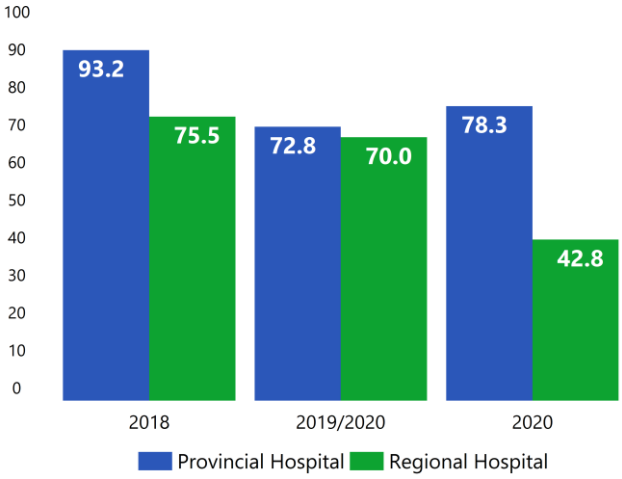
This index assesses the presence and availability of essential medicines and vaccines as well as blood supply. Hospitals were not awarded any points for expired medicines. The national median for this score is 75.6, which dropped considerably (7.0%) as compared to the 3-year average of 81.3.

National median	3-year average	% Change
75.6	81.3	-7.0%

National trend over time



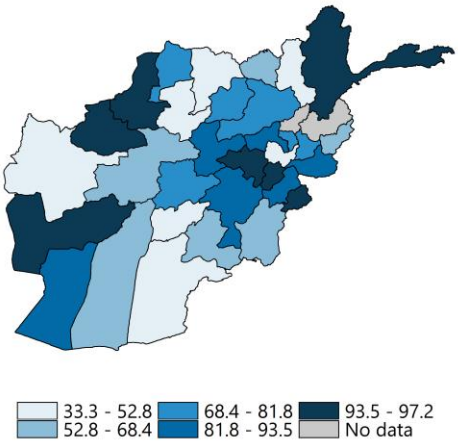
Medicines in RH and PH from 2018 to 2020



- Overall, the score for the pharmaceutical availability index is slowly decreasing.
- Since 2011/12, the score stayed constant between UBM and LBM.
- The score dropped considerably to 71.8 in 2019/2020 from 88.5 in 2018.
- In 2020 the score has increased again to 75.1 but remaining below the UBM.
- PHs scored higher than RH in all three rounds; but this difference became more pronounced in 2020 with PHs scoring 78.3 and RHs 42.8.

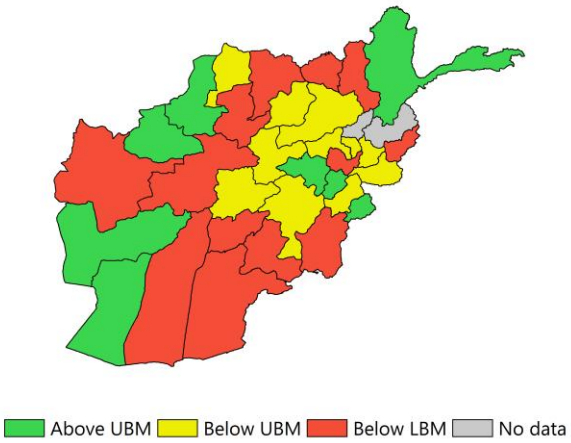
Geographical trends

1. Provincial results



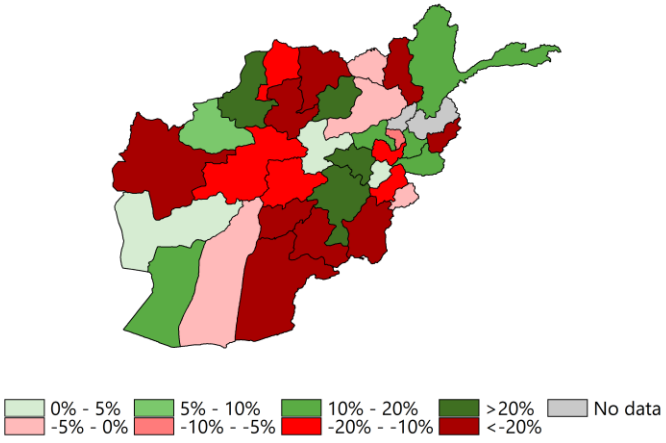
- Wide variation has been observed for the the pharmaceutical availability index, with the scores ranging from 97.3 in Logar to 33.3 in Balkh.
- Logar, Faryab, Farah, Badakshan, Badghis, Khost and Wardak scored the highest, ranging from 93.5 to 97.2.
- Kabul, Takhar, Saripul, Uruzgan, Herat, Kandahar and Balkh scored the lowest, ranging from 33.3 to 52.8.

2. Provinces meeting LBM and UBM



- All the eight provinces with highest scores (Logar, Faryab, Farah, Badakshan, Badghis, Khost and Wardak), along with Nimroz, have reached UBM.
- A total of 11 provinces remained between the upper and lower Benchmarks and 13 provinces scored below the LBM.

3. Provincial achievement over time



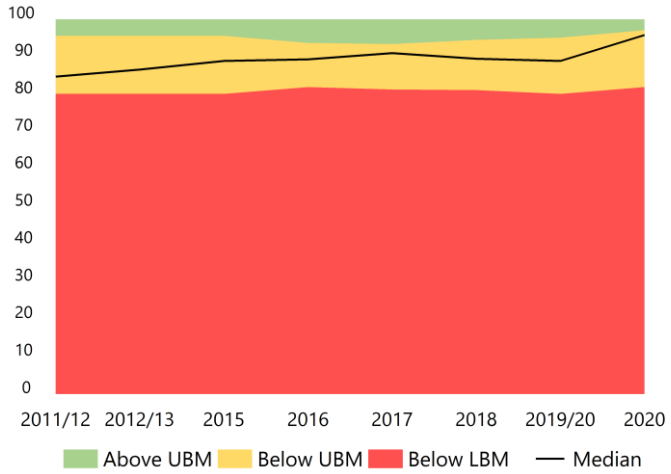
- In general, more than half, (n=20) of the provinces experienced reduction of the score for the pharmaceutical availability index.
- Nine provinces (Kunar, Zabul, Paktika, Balkh, Takhar, Saripul, Herat, Uruzgan and Kandahar) scored less than >20%, when compared to the past 3 years average.
- Four provinces (Ghazni, Wardak, Faryab and Samangan) has scored over 20% higher when compared with the past 3 years average.

C-5: Lab and X-Ray Index

Hospitals were scored against the availability and ability to perform 23 tests, including WBC and RBC, HIV testing, Hepatitis B, urine dipstick test and hemoglobin. Overall, the national median was 95.8, which is 6.7% higher than the past three years average at 89.8.

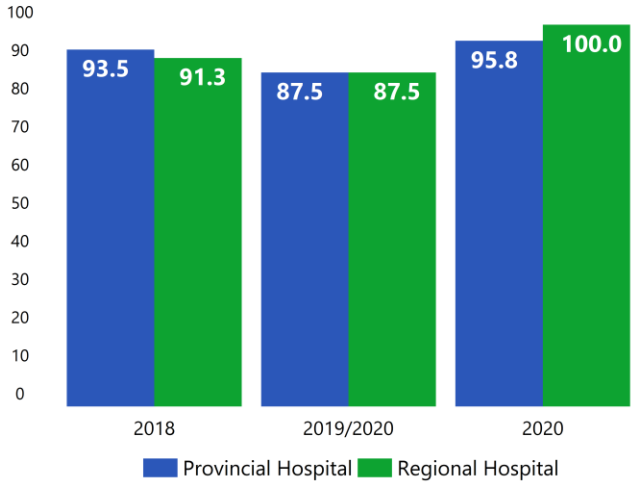
National median	3-year average	% Change
95.8	89.8	6.7%

National trend over time



- The improving trend of the score for lab and X-ray index from 2011/12 to 2020 can be observed
- The index score moderately increased to 95.8 in 2020 which is higher when compared to 88.9 in 2019/2020.

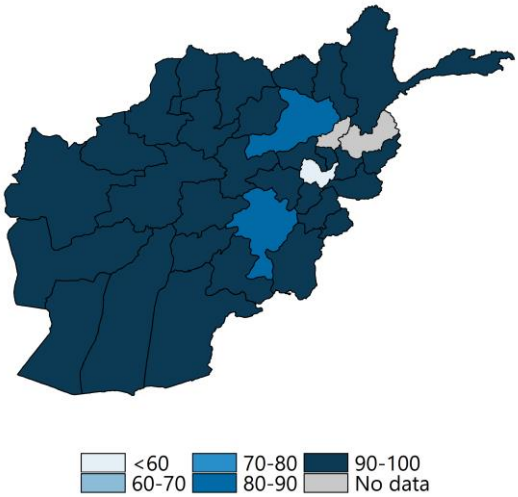
Lab and X-Ray in RH and PH from 2018 to 2020



- In general, the score for lab and x-ray has remained high over time for both PHs and RHs.
- In 2018 the index scored higher in PHs than RHs, 2019/2020 it become equal, in 2020 RH scored higher comparing to PHs.
- There seems to be an improvement in both PHs (95.8) and RHs (100.0) compared to the previous round (PH 87.5 and RH 87.5).

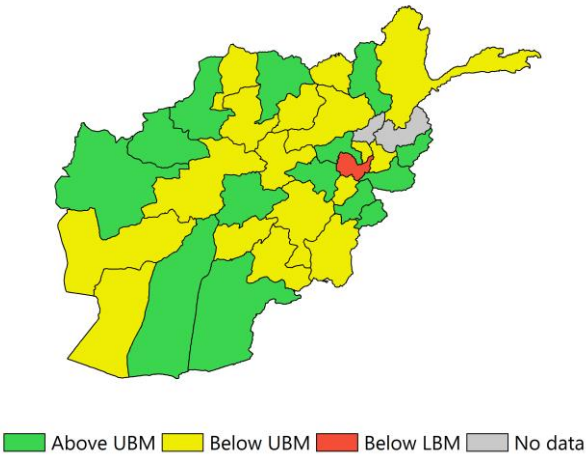
Geographical trends

1. Provincial results



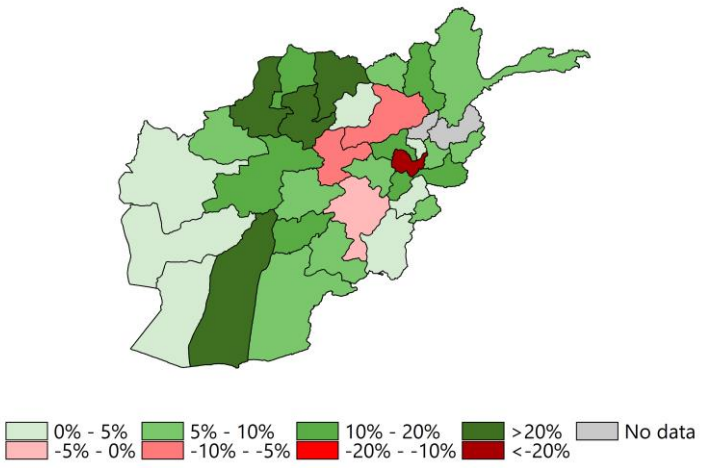
- Vast majority of the provinces, 29 out of 32, scored at the highest level, ranging from 90 to 100.
- Two provinces (Ghazni and Baghlan) have scored between 80 and 90.
- Kabul scored the least, for the lab and X-ray index, with 45.8.

2. Provinces meeting LBM and UBM



- Overall, 18 provinces have reached the LBM.
- A total of 13 provinces, including Badghis, Balkh, Daykundi, Faryab, Helmand, Herat, Kandahar, Khost, Kunar, Paktya, Parwan, Takhar and Wardak reached the UBM.
- Kabul, with the lowest score, also remained below the LBM.

3. Provincial achievement over time



- Improvement has been observed in 28 provinces compared to the last three year average.
- Balkh, Faryab, Saripul and Helmand are the province where the scores improved the most (more than 20%) compared to the past three-years average.
- Kabul is the province that has dropped the most (more than 20% less score) compared to the past three-years average.

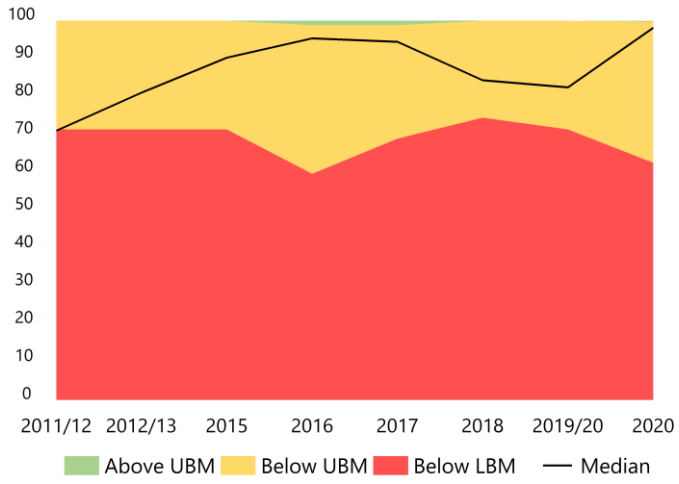
C-6: Clinical Guidelines Index

This index assesses the availability of clinical guidelines in the following relevant areas for hospitals: IMCI, universal precautions, malaria, nutrition, HIV counseling and testing, family planning, maternal and neonatal care, immunizations, and Tuberculosis.

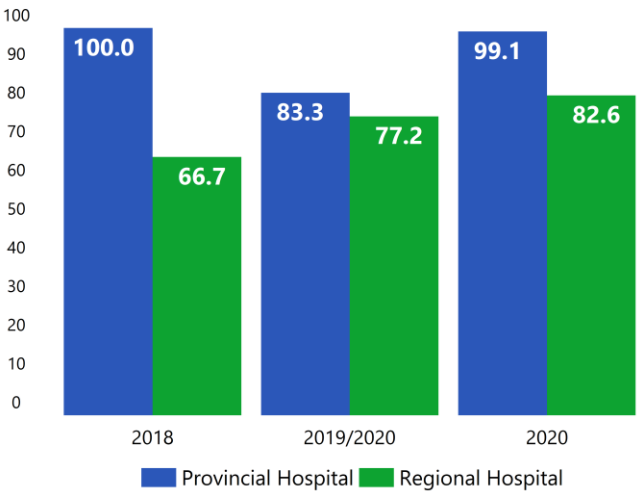
The national median for 2020 is 98.1 which is 12.8% higher than the past 3-year average at 87.0.

National median	3-year average	% Change
98.1	87.0	12.8%

National trend over time



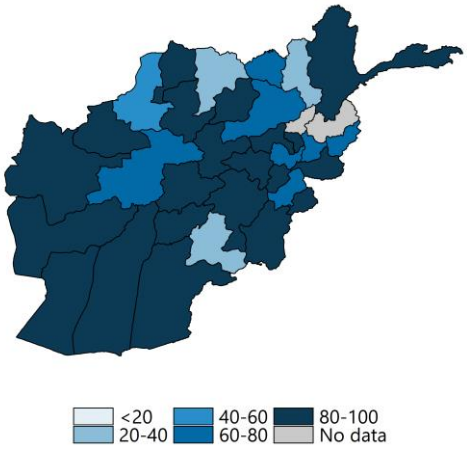
Clinical Guidelines in RH and PH from 2018 to 2020



- The national median for the Clinical Guidelines Index has been steady increasing to the peak at 94.5 in 2016.
- From 2016 the score for the index started to decrease and reached its lowest point at 82.4 in 2019/20.
- During 2020 round, an increase in score was observed and reached 98.1.
- During the last three rounds the PHs scored higher than the RHs for the clinical guideline index.
- For PH, the score dropped between 2018 and 2019/2020 but it has raised again to 99.1 in 2020.

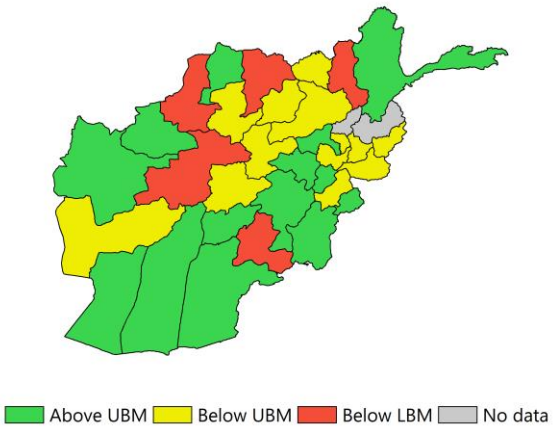
Geographical trends

1. Provincial results



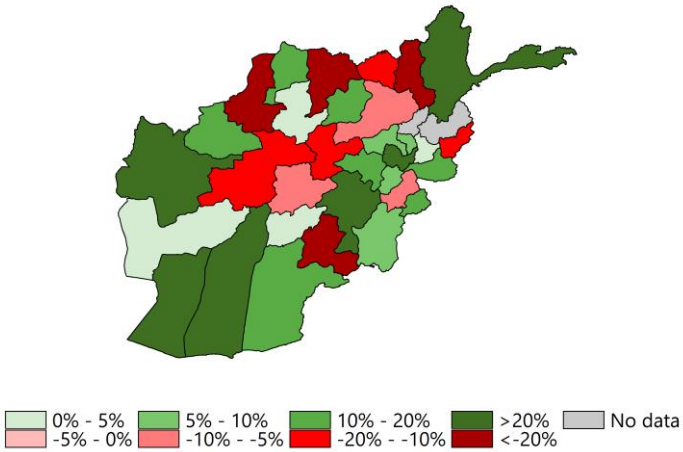
- The score for clinical guideline index varied from 100 in 14 provinces to 27.8 in Balkh province.
- The highest scores were in 21 provinces ranging from 80 to 100.
- The lowest score was in three provinces (Zabul, Takhar and Balk) ranging between 20-40.

2. Provinces meeting LBM and UBM



- The five provinces (Ghor, Faryab, Zabul, Takhar and Balkh), with lower scores also remained below the LBM.
- A total of 13 provinces reached the LBM and 14 provinces (Badakshan, Badghis, Ghazni, Helmand, Herat, Jawzjan, Kandahar, Khost, Logar, Nimroz, Paktika, Parwan, Uruzgan and Wardak) fell above the UBM.

3. Provincial achievement over time



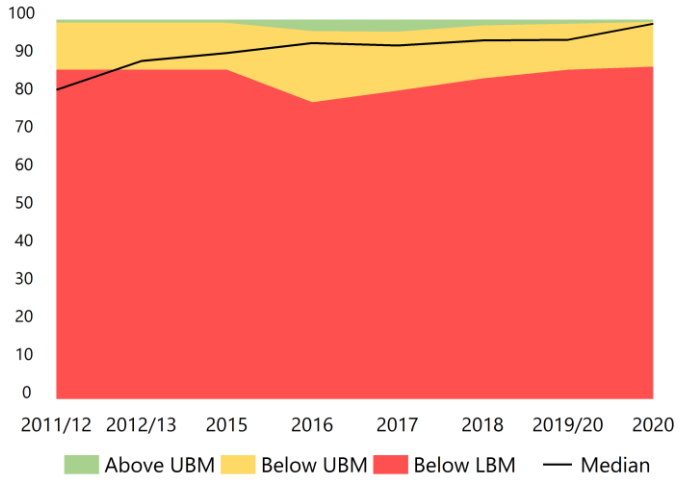
- Overall, the score for clinical guideline index has improved in 20 provinces.
- The most important improvement (more than 20%) has been observed in Nimroz, Badakshan, Helmand, Kabul, Herat and Ghazni provinces.
- The biggest drop in score (20% less or more) has been observed in Zabul, Faryab, Balkh and Takhar provinces.

C-7: Record System Index

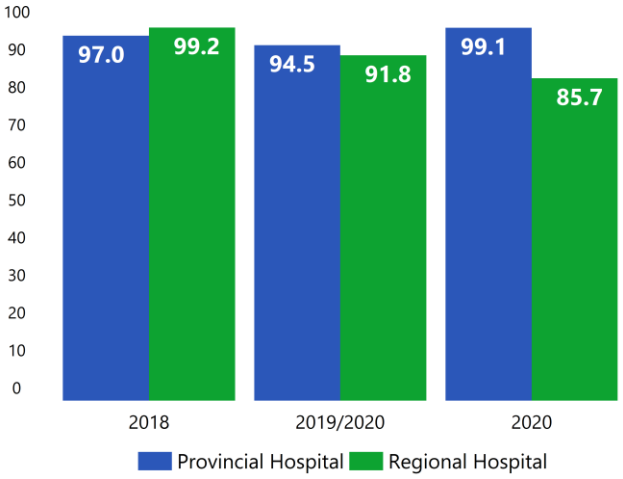
The record system index assesses the completeness of in-patient records for current in-patients, including: the admission form, history and physical examination, doctor's progress note, nurse's progress note, medication record, and lab results. The use of activity-specific notes was also assessed for surgical, post-operative, and maternity patients. Two charts per ward were assessed. The national median is 98.9, which is 5% higher than the 3-year average of 94.1.

National median	3-year average	% Change
98.9	94.1	5.0%

National trend over time



Record system in RH and PH from 2018 to 2020

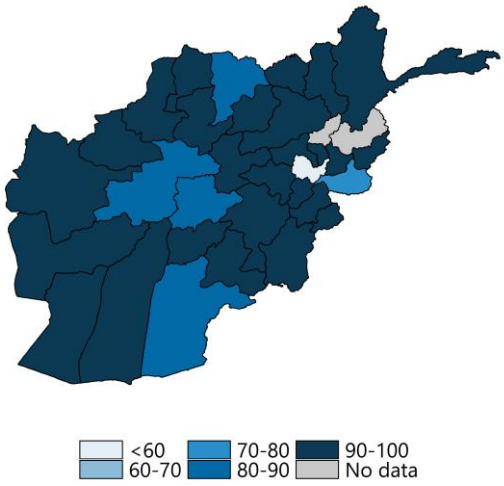


- The score for the record system index gradually increased from 81.5 in 2011/12 to 98.9, slightly lower than the UBM in 2020.

- Overall, the scores over the last three years were high in both PHs and RHs, with PHs following a slightly increasing pattern while RHs a decreasing trend.
- In 2020, the higher score has been obtained in the PHs, like the previous round.
- When compared to 2019/2020 round PHs performance during round 2020 have improved (from 94.5 to 99.1) but RHs performance has decreased (from 91.8 to 85.7) accordingly.

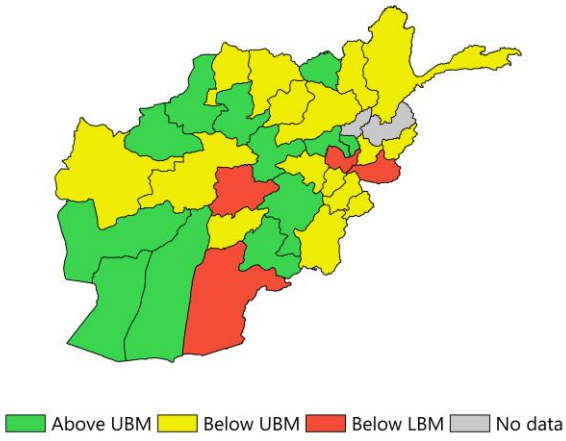
Geographical trends

1. Provincial results



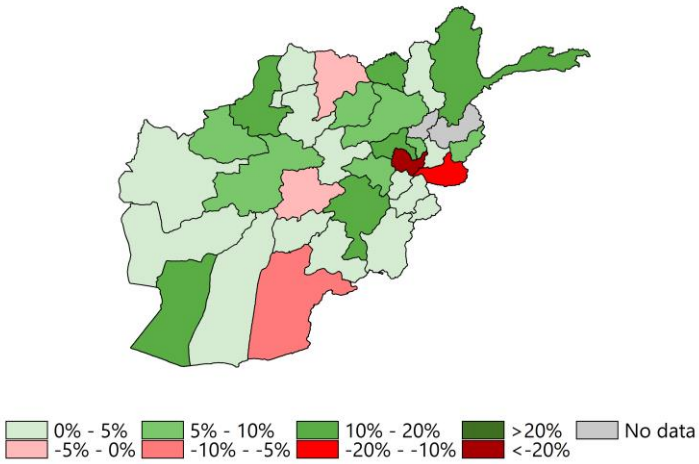
- The record system index score ranged from 100 in 11 provinces to 52.3 in Kabul.
- In six provinces (Balkh, Ghor, Daykundi, Kandahar, Nangrahar and Kabul) the score
- was lower than 90.0.
- In other 15 provinces the score was above 90.0.

2. Provinces meeting LBM and UBM



- The four provinces that sored less than 90.0 (Daykundi, Kandahar, Nangarhar and Kabul) also remained below the LBM.
- Other 28 provinces scored above the LBM.
- In total, 12 provinces reached UBM, including Badghis, Bamyan, Faryab, Ghazni, Helmand, Kapisa, Kunduz, Nimroz, Parwan, Saripul, Zabul and Farah.

3. Provincial achievement over time



- Five provinces (Kabul, Nangarh, Kandahar, Daykundi and Balkh) have experienced a decrease in their score, compared to the past three-years average.
- Kabul dropped the most (by >20% less) compared to the three-years average.
- The remaining 28 provinces have improved the score for the record system index.

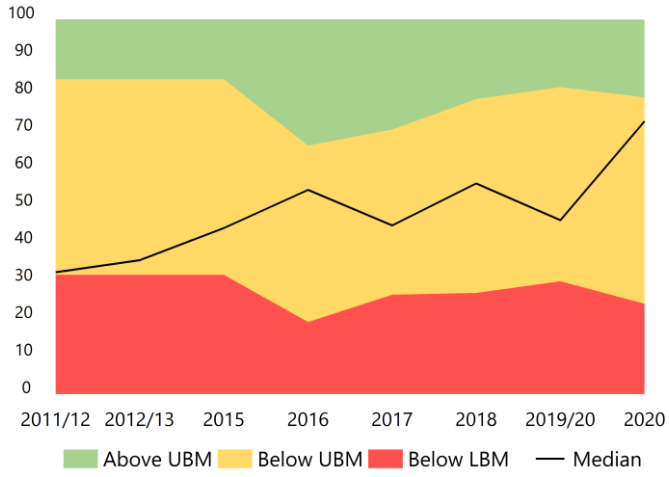
C-8: Hotel Services Index

This index assessed the cleanliness of wards, the need for repairs in each ward, and the suitability of patient areas.

The national median for the Hotel Service Index is 69.8 which 40.9% higher than the 3-year average at 49.6.

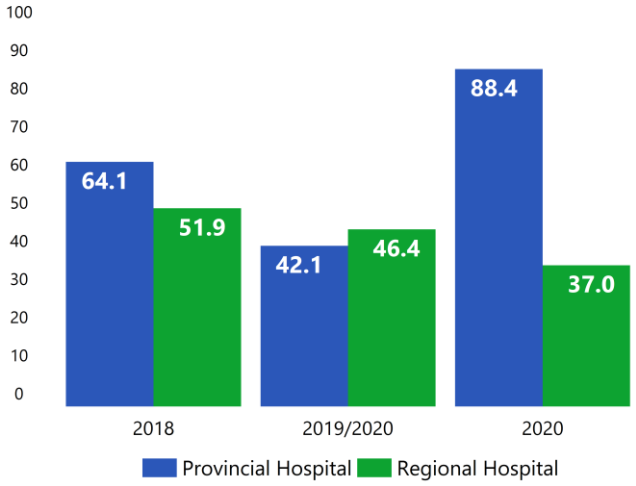
National median	3-year average	% Change
69.8	49.6	40.9%

National trend over time



- The score increased substantially and crossed the LBM during 2011/12 and 2016.
- Since 2016 the score fluctuated to finally drop from 56.2 in 2018 to 47.5 in 2019/20.
- In 2020, the score has sharply increased to 69.8 but did not reach the UBM.

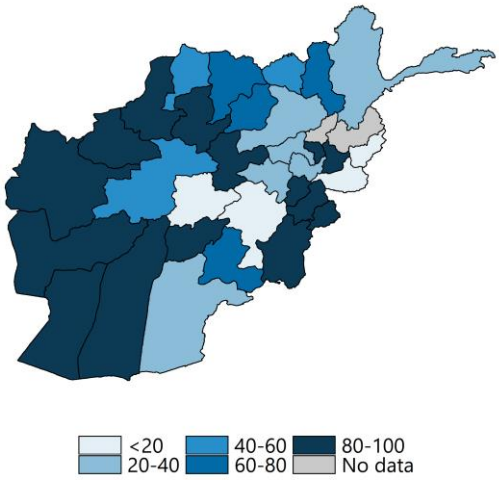
Hotel Services in RH and PH from 2018 to 2020



- In general, the hotel service index scores has a tendency to drop over the past three years with the exception of RH for this round.
- In 2020 the PHs score has dramatically increased to 88.4 from 42.1 in 2019/2020.
- In RHs the score has decreased in 2020 from 46.4 in 2019/2020 to 37.0.

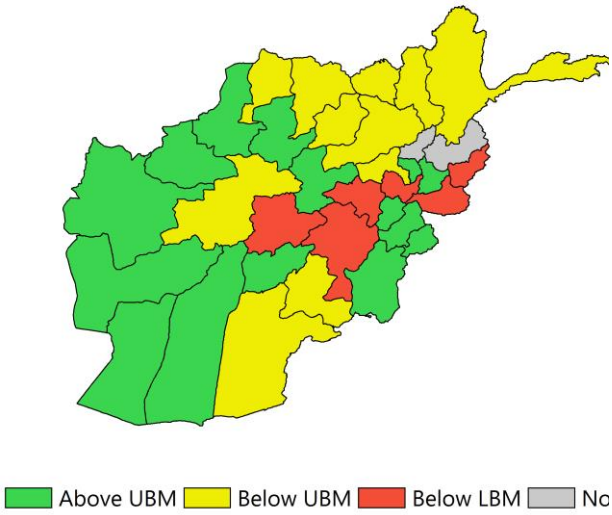
Geographical trends

1. Provincial results



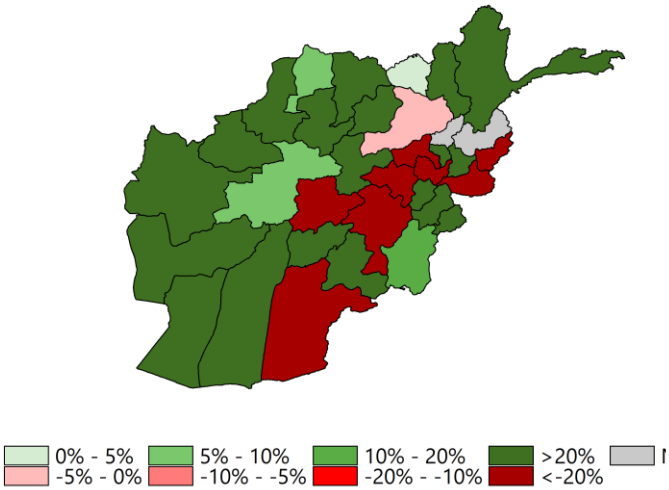
- The score widely ranged from 100 in eight provinces to 4.4 in Ghazni.
- The highest scores, over 80 per cent, has been achieved in 15 provinces.
- The lowest scores, below 20, were obtained in four provinces (Kunar, Nangarhar, Daykundi and Ghazni).

2. Provinces meeting LBM and UBM



- Provinces with less than 20 score for the hotel service (Kunar, Nangarhar, Daykundi and Ghazni) along with the Kabul and Wardak have also scored below the LBM.
- The remaining 26 provinces scored between Lower and Upper Benchmarks.
- A total of 13 provinces, clustered in the South-Eastern, Western and South and North-Western regions, have scored above the UBMs.

3. Provincial achievement over time



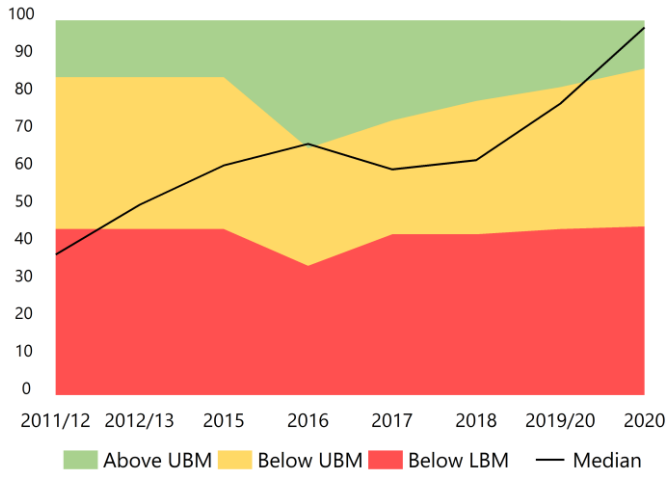
- The score for hotel service has improved in 22 out of 32 provinces.
- In 10 provinces the hotel service score has decreased. The biggest reduction (>20% less) have been observed in Wardak, Parwan, Kandahar, Kabul, Kunar, Nangrahar, Daykundi and Ghazni when compared to the past 3-years average.

C-9: Safety Precautions Index

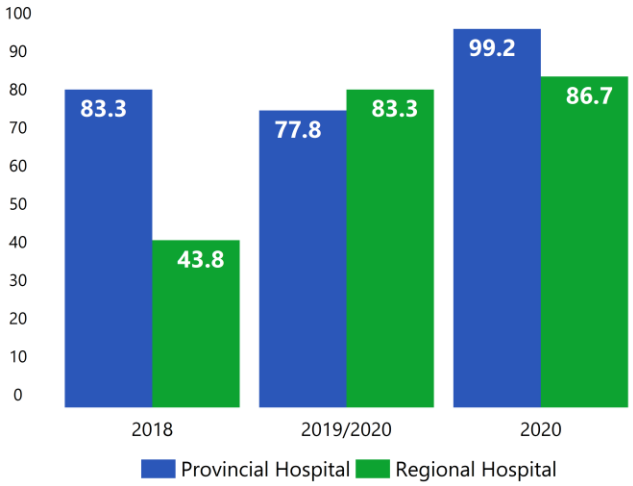
This indicator assesses the safety precautions that are taken by hospitals, including the availability of fire extinguishers, safety precautions in the hospital's kitchen and around the wards. The current national median is at 98.1, much higher than the average of the past three years (66.9). A remarkable 46.6% increase has been achieved.

National median	3-year average	% Change
98.1	66.9	46.6%

National trend over time



Safety precautions in RH and PH from 2018 to 2020

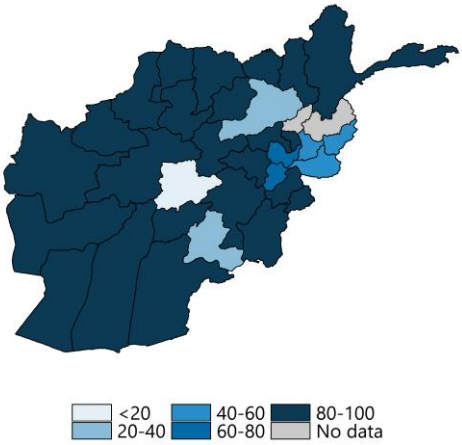


There is a clear increasing trend in the availability of safety precautions among the hospitals over the years. The national median started below the Lower Benchmark in 2011/12 and currently has crossed above the Upper Benchmark

- The score for the index was higher in the PH when compared with RHs over last three rounds
- When compared to 2019/2020, both PH and RH have improved their score in 2020.
- RH scores increased from 83.3 to 86.7 and PH from 77.8 to 99.2, respectively.

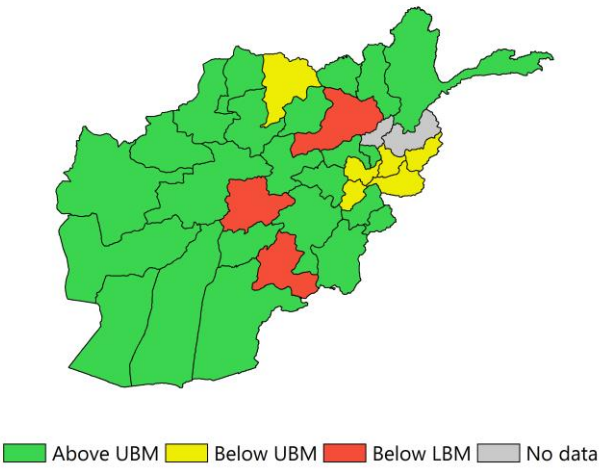
Geographical trends

1. Provincial results



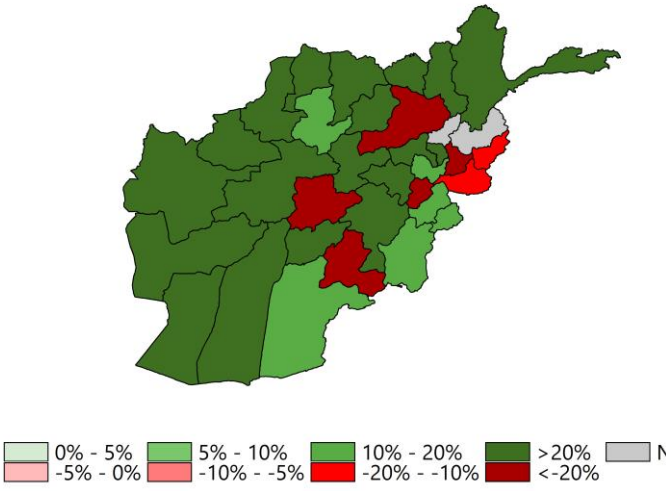
- The score for safety precautions ranged from 100 to 17.4.
- The majority of provinces (n=24) scored the highest, between 80 and 100.
- Logar and Kabul scored between 60 and 80.
- Six provinces scored less than 60.

2. Provinces meeting LBM and UBM



- Three provinces (Baghlan, Zabul and Daykundi) scored below the LBM.
- Seven provinces including Ghazni, Logar, Kabul, Nangarhar, Laghman, Kunar and Balkh scored between the Lower and the Upper Benchmarks.
- A total of 22 provinces have scored above the UBM.

3. Provincial achievement over time



- Overall, 25 provinces have improved the score for the safety precaution index.
- In total, 19 provinces have scored over 20% higher, when compared to the past three-years average.
- A total of 7 provinces have decreased their scores, comparted to the past three-years average, out of which, five provinces (Baghlan, Daykundi, Zabul, Laghman and Kunar) have decreased 20% or more.

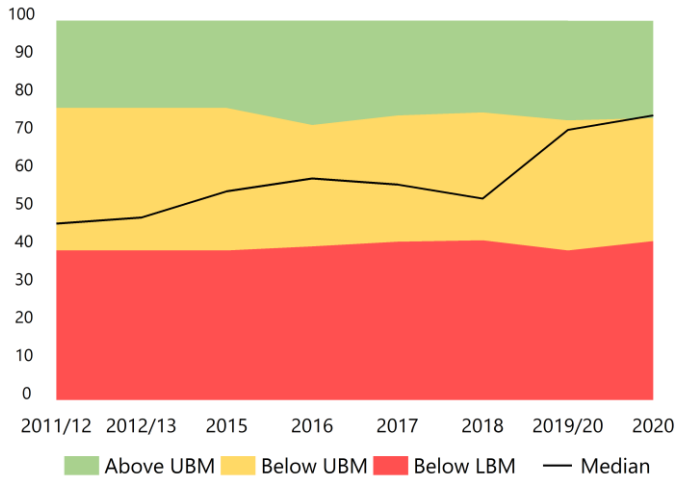
C-10: Female Friendly Facilities Index

The female friendly facilities index assesses the delivery of services unique to female clients, such as: separate waiting rooms and toilets for female patients, and the level of privacy experienced by male and female patients.

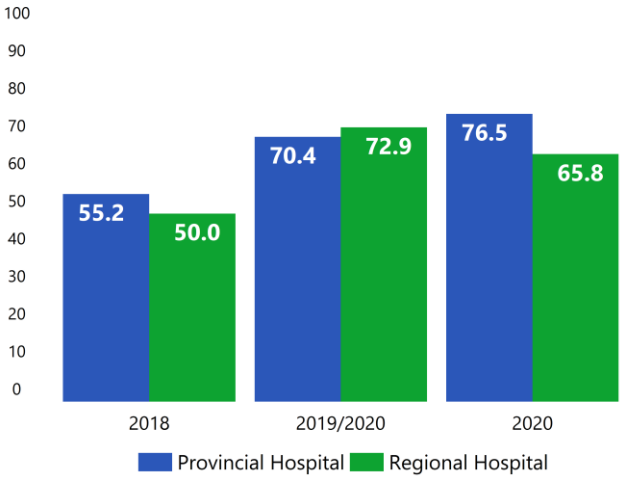
The national median for this index was found to be 75.0, which is 24.2% higher than 3-year average.

National median	3-year average	% Change
75.0	60.4	24.2%

National trend over time



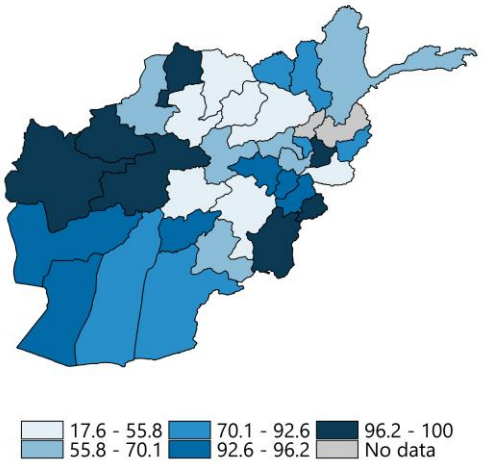
Female friendliness in RH and PH from 2018 to 2020



- Overall, the score for the female friendly facility index followed an increasing pattern.
- The score gradually increased from 37.5 in 2011/12 to 62.7 in 2018. In 2019/20 It the scored increased again to 77.8 approaching to the UBM.
- In 2020 it has crossed the UBM by scoring 98.1.
- In round 2020 the PHs scores have increased from 70.4 in 2019/20 to 76.5.
- However RH score has dropped from 72.9 in the previous round to 65.8.
- Overall PHs seems to be more female friendly when compared to the RHs.

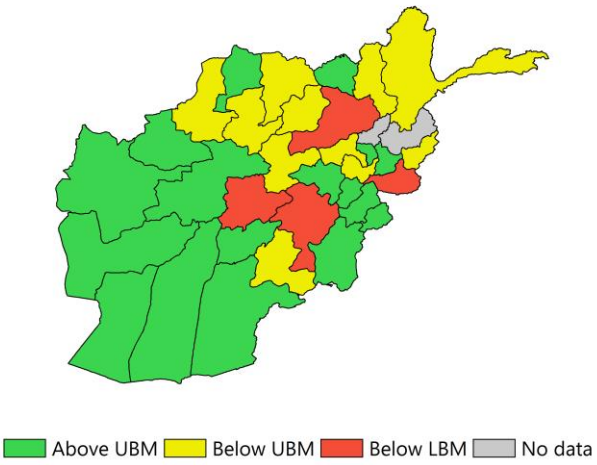
Geographical trends

1. Provincial results



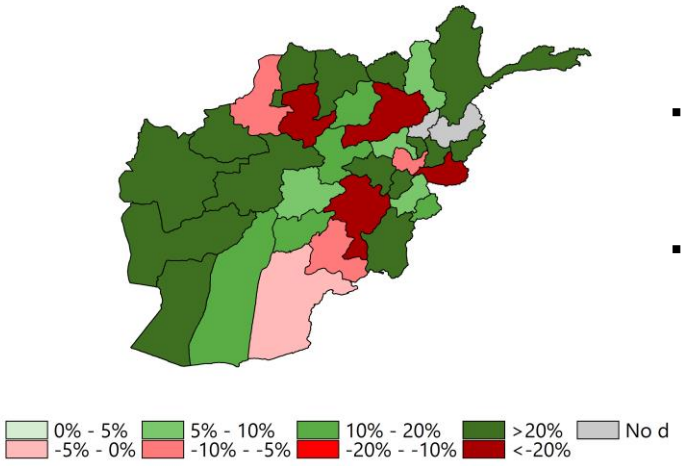
- The score has widely varied, ranging from 100 to 17.6.
- Seven provinces (Herat, Laghman, Khost, Paktika, Badghis, Ghor and Jowzjan), have scored the highest, over 96.2.
- The lowest score, ranging between 17.6 and 55.8 has been observed in seven provinces (Samangan, Balkh, Saripul, Daykundi, Nangrahar, Baghlan and Ghazni).

2. Provinces meeting LBM and UBM



- In general, more than 2/3rd of the provinces scored above the LBM.
- A total of 17 provinces, clustered in the Western, South-Western and South-Eastern regions, scored above the UBM.
- Four provinces (Daykundi, Nangarhar, Baghlan and Ghazni) scored below the LBM.

3. Provincial achievement over time



- In 24 provinces, an improvement has been observed in the female friendly facility index, compared to the past three-years average.
- The score decreased in eight provinces (Kandahar, Faryab, Kabul, Zabul, Saripul, Nangrahar, Baghlan and Ghazni).
- Four provinces dropped the most (20% less score), when compared to the past 3-year average, including Saripul, Nangarhar, Baghlan and Ghazni.

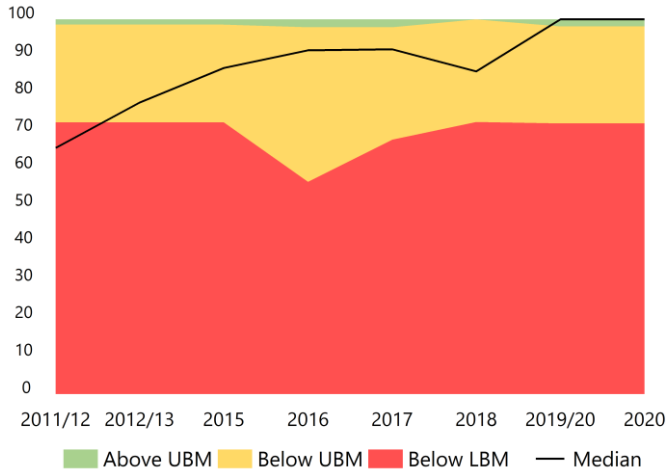
Domain D – Quality of Service Provision

D-1: Functioning of standing committees

This index assesses the functioning of the following standing committees in hospitals: quality improvement committee, infection prevention committee, death review/audit committee, and purchasing and inspection committee. The 3-year average for this score was high 92.7, but this year the national median has exceeded this with 7.9% improvement to a 100.

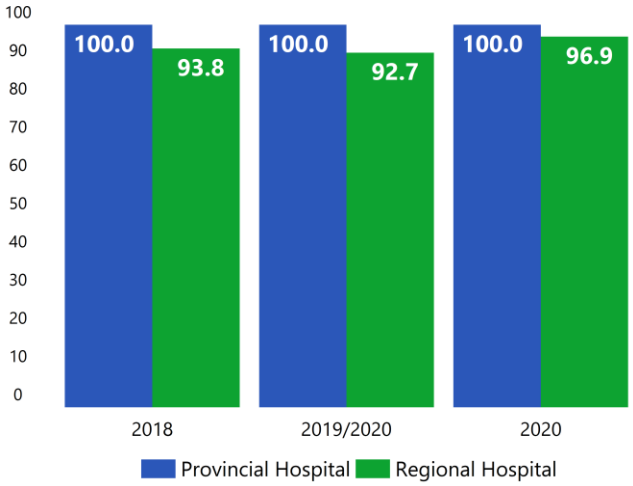
National median	3-year average	% Change
100.0	92.7	+7.9%

National trend over time



- The national median has steadily risen since 2011/12 and reached the maximum score of 100 in 2019/20. In 2020 it has increased again.
- With the maximum score of 100, the national medium has surpassed the upper benchmark for this indicator.

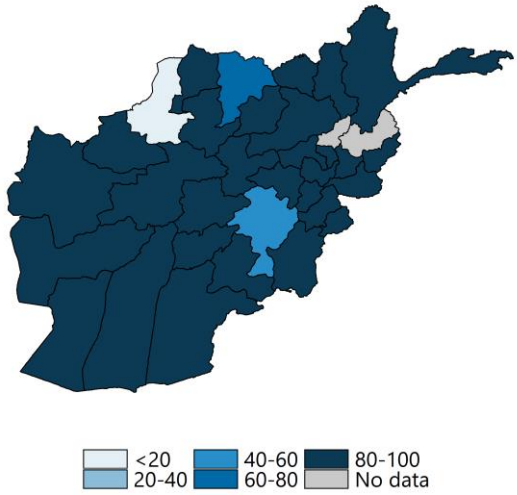
Standing Committees in RH and PH from 2018 to 2020



- The national median for PHs remain stable at 100 since 2018.
- An increase can be observed for RH over the three years period.
- When compared to 2019/2020 during round 2020 PH kept the same level of performance (100) and RH has improved from 92.7 to 96.9, respectively.

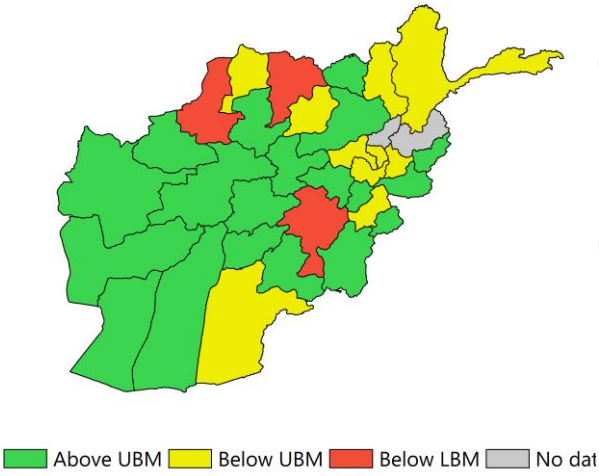
Geographical trends

1. Provincial results



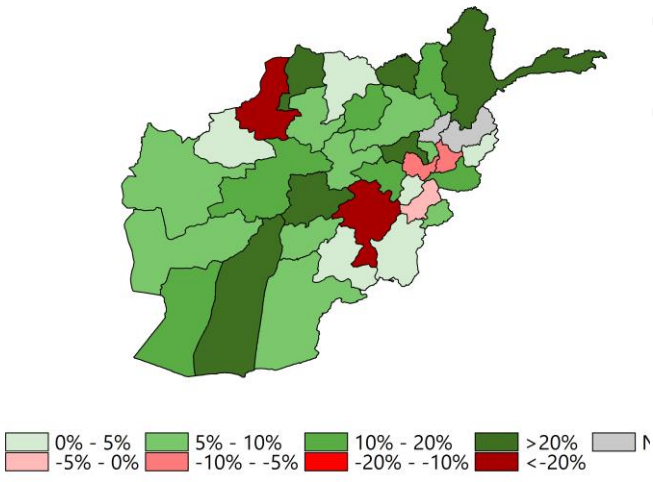
- Three provinces (Balkh, Faryab and Ghazni) did not achieve a score above 80 and did not meet the LBM.
- The remaining 29 provinces achieved a score above 80.
- Despite not reaching the LBM Balkh province slightly increased the score (less than 5%) when compared to the previous three years.

2. Provinces meeting LBM and UBM



- The tree provinces (Faryab, Ghazni and Balkh) that scored less than 20% also fell below the lower benchmark.
- 10 provinces (Badakshan, Jawzjan, Kabul, Kandahar, Kapisa, Laghman, Paktya, Parwan, Samangan and Takhar) have scored between Lower and Upper benchmark.
- The rest of the province have achieved the upper benchmark.

3. Provincial achievement over time



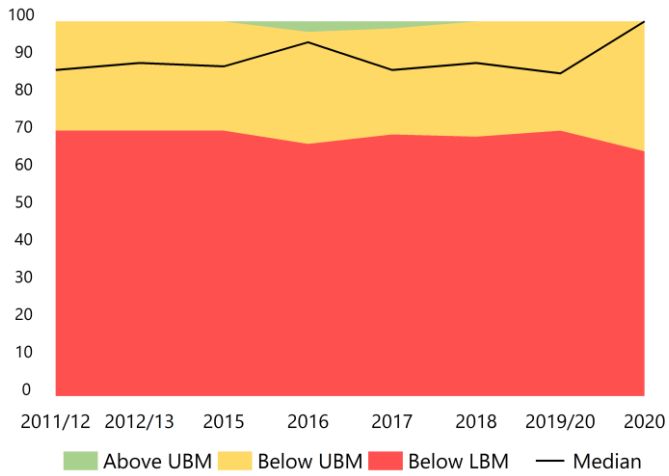
- Most provinces achieved higher scores when compared to the past 3 years.
- Three provinces (Paktya, Kabul and Laghman) have observed a drop in score.
- The remaining 19 provinces, which achieved the UBM, have also observed an increase in their scores when compared to the previous three-years average.

D-2: Drug Storage and Record Keeping

Hospitals were scored on six indicators that measured the systems that track the quantity of medicines and their storage, including if records are kept, whether the records are up to date and if substances are stored safely. The national median is 100, which is 14.5% higher than the average of the past three years (87.4)

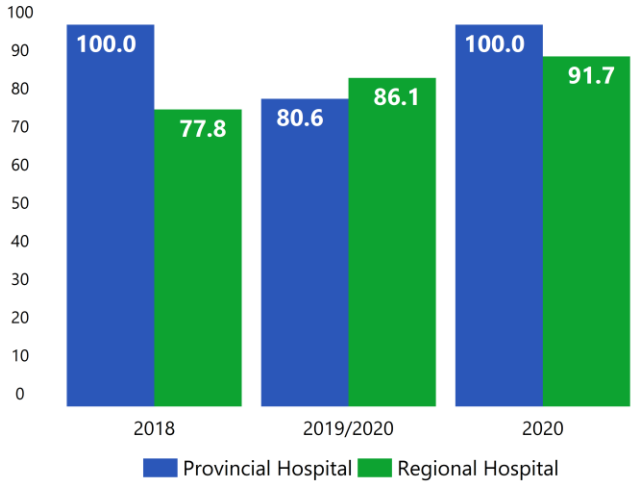
National median	3-year average	% Change
100.0	87.4	14.5%

National trend over time



- Drug storage showed an improving trend over the years.
- In 2020 round the national medium has reached 100 for the first time.

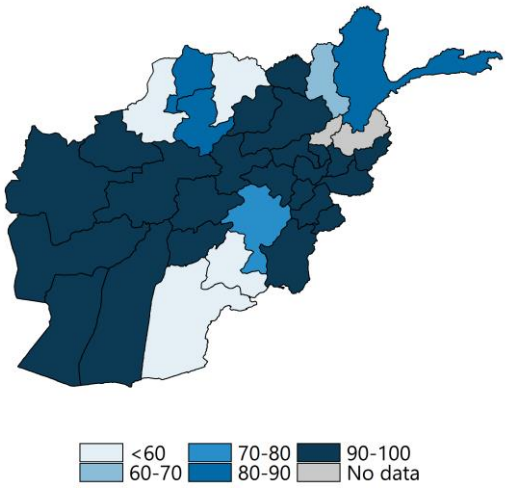
Drug storage in RH and PH from 2018 to 2020



- An increasing trend can be observed for RHs from 77.8 in 2018 to 86.1 in 2019/20 and to 91.7 in 2020.
- The median for the PH is 100, an increase when compared to 2019/20 (80.6).

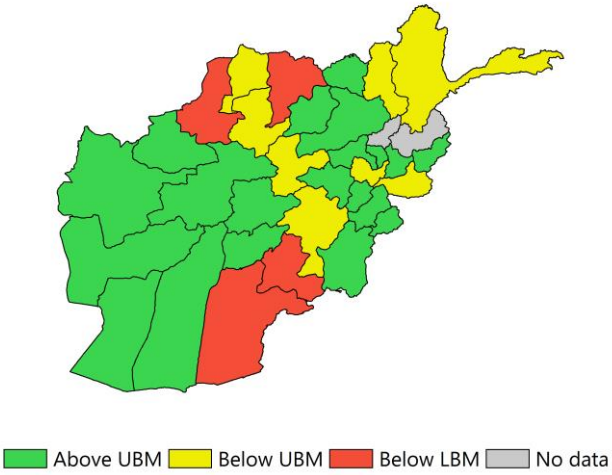
Geographical trends

1. Provincial results



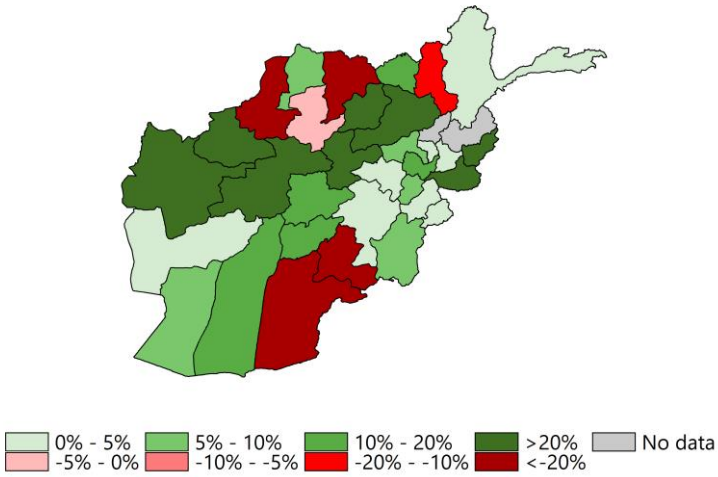
- Most provinces (n=23) achieved scores above 90 for drug storage and record keeping.
- Only four provinces (Balkh, Faryab, Kandahar and Zabul) scored below 60 points, the lowest scores across the country.

2. Provinces meeting LBM and UBM



- The four provinces, with the lowest scores did not meet the LBM either.
- Eight provinces (Badakshan, Bamyan, Ghazni, Jawzjan, Kabul, Nangarhar, Saripul and Takhar) scored between the Lower and the Upper Benchmarks.

3. Provincial achievement over time



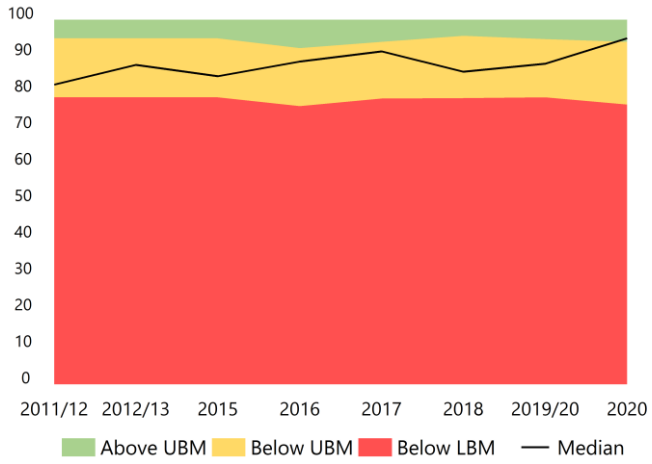
- All provinces that reached the UBM have increased performance as compared to the previous 3 years.
- Six provinces (Badakshan, Daykundi, Helmand, Jawzjan, Kunduz and Parwan) have observed the largest score increase (>20%) compared to the previous 3 years.
- Also six provinces (Daykundi, Takhar, Balkh, Faryab, Kandahar and Zabul) has dropped their score compared to the previous 3 years.

D-3: Client History and Physical Exam Index

This index assesses the interaction of health workers and out-patients with a focus on obtaining out-patient history and performing a physical assessment. The average national median of the past three years is at 88.3. In 2020 the national median increased considerably to 94.9 (+ 7.5%).

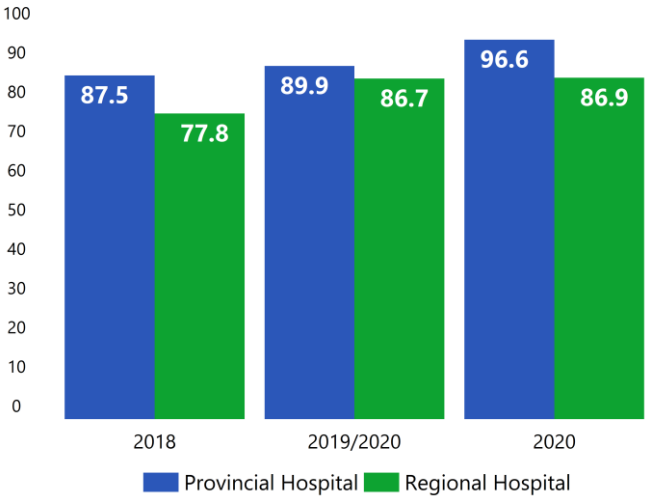
National median	3-year average	% Change
94.9	88.3	7.5%

National trend over time



- Since 2011/12 the national median has been consistently increasing.
- This year the national median surpassed the UPM for the first time.

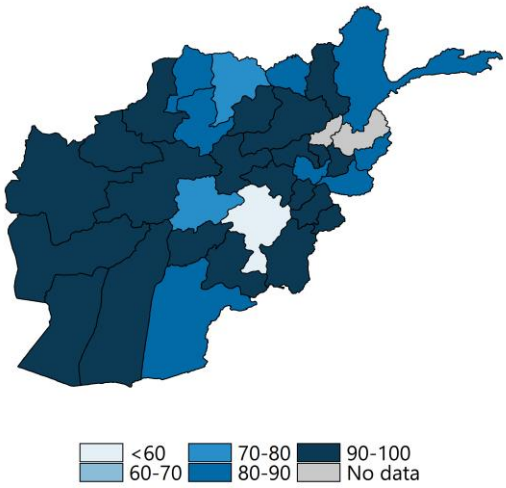
Client History and Physical Exam in RH and PH from 2018 to 2020



- The median for RHs has increased slightly from 86.7 in 2019/20 to 86.9 in 2020.
- The national median for PHs has increased too, from 89.9 in 2019/2020 to 96.6 in 2020.
- A steady increasing trend can be observed for both regional and provincial hospitals since 2018 but PHs are overall performing much better.

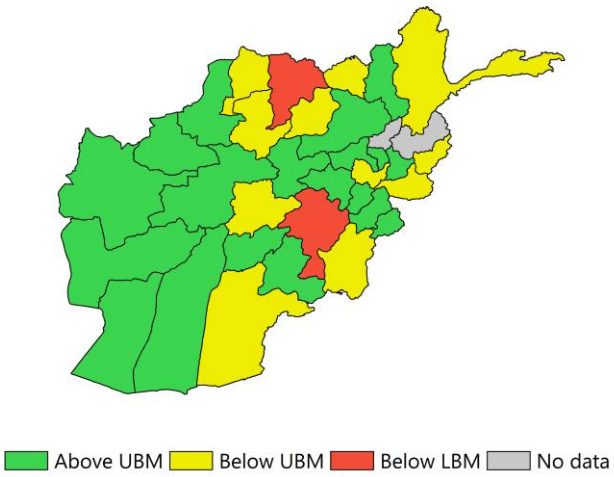
Geographical trends

1. Provincial results



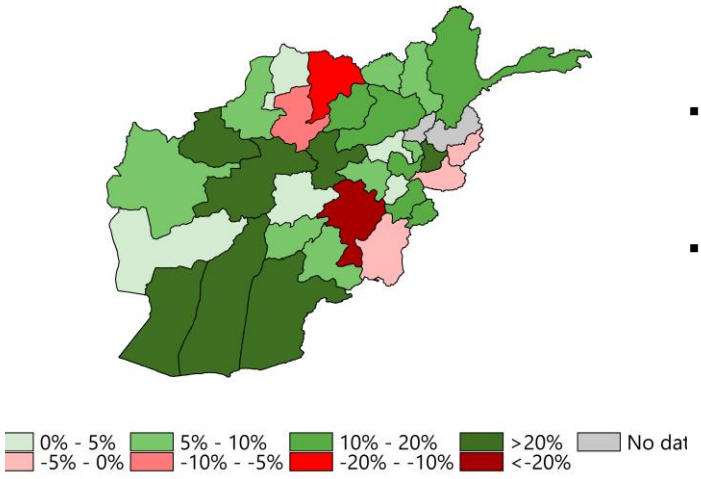
- The vast majority of provinces (n=29) achieved a score above 80. Out of them 21 provinces scored higher than 90.
- Ghazni has the lowest score for the client history and physical exam index (<60), followed by Balkh and Daykundi (<80).

2. Provinces meeting LBM and UBM



- All the provinces with the highest scores, with exception of Samangan, has achieved the UBM.
- Ghazni and Balkh are the only provinces which did not achieve the LBM. Both provinces have performed over 10% below their three year average.
- 11 provinces (Badakshan, Daykundi, Jawzjan, Kabul, Kandahar, Kunar, Kunduz, Nangarhar, Paktika, Samangan and Saripul) have scored between Upper and Lower Benchmark.

3. Provincial achievement over time



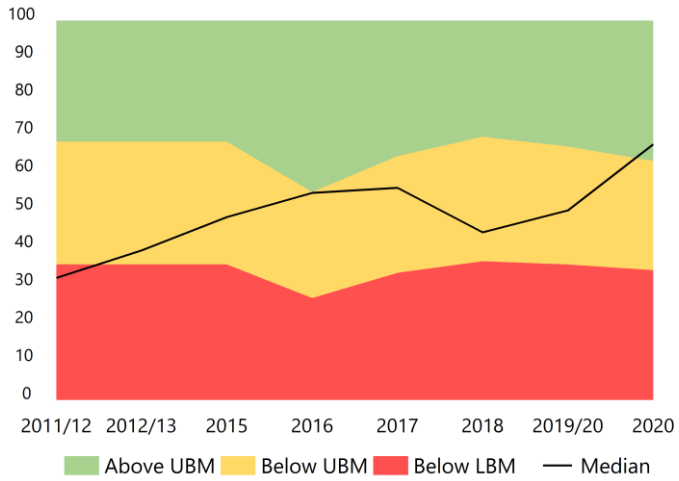
- Four provinces (Saripul, Paktika, Nangarhar and Kunar) have lower scores as compared to the previous three years average.
- Six provinces (Badakshan, Daykundi, Jawzjan, Kabul, Kandahar and Kunduz) improved their scores.
- The remaining 19 provinces which achieved the UBM performed better as compared to the past three years.

D-4: Client Counseling Index

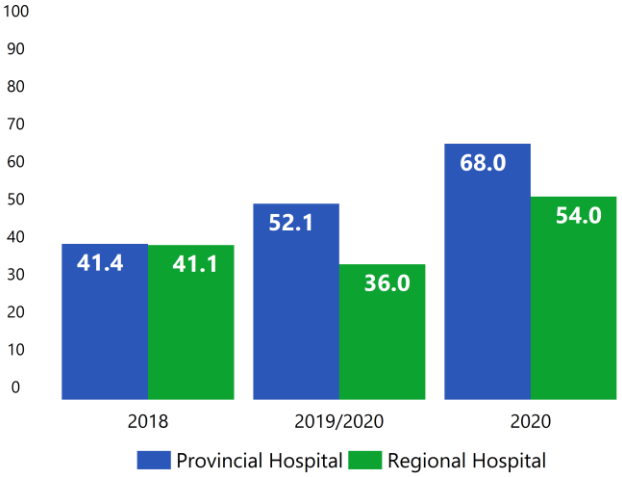
Health workers were observed on how well the patient or the patient's caregiver was counseled concerning their medical condition. Areas assessed included explanation of diagnosis, treatment, follow-up, and use of medication. The national median (67.4) is considerably higher than the 3-year average of 50.0 (+34.7%).

National median	3-year average	% Change
67.4	50.0	34.7%

National trend over time



Client counselling in RH and PH from 2017 to 2020

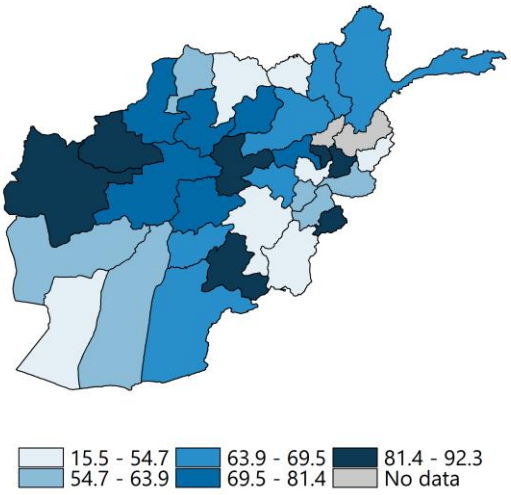


- The national median increased steadily from 2011/12 until 2017 but then dropped considerably in 2018.
- From 2019/20 it showed again an improvement.
- In 2020 the national median achieved the highest score since 2011/12.
- This years' national median has surpassed the UBM.

- A considerable increase can be observed for both provincial and regional hospitals.
- Provincial hospitals increased from 41.4 in 2018 to 52.1 in 2019/20 and to 67.7 in 2020.
- Regional hospitals increased from 36.0 in 2019/20 to 54.0 in 2020.
- PH are performing better then RH over last 3 years.

Geographical trends

1. Provincial results



- The scores for the client counseling index range from 15.5 in Ghazni to 92.3 in Badghis.
- Higher scores (69.5) seem to cluster in the Western provinces.
- The lowest scores (<55) are achieved by Balkh, Ghazni, Kabul, Kunar, Kunduz, Nimroz and Paktika.
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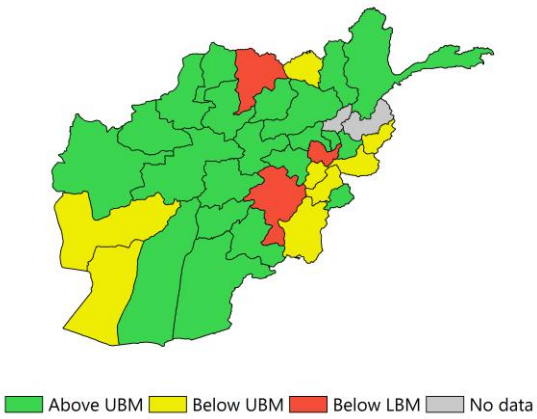
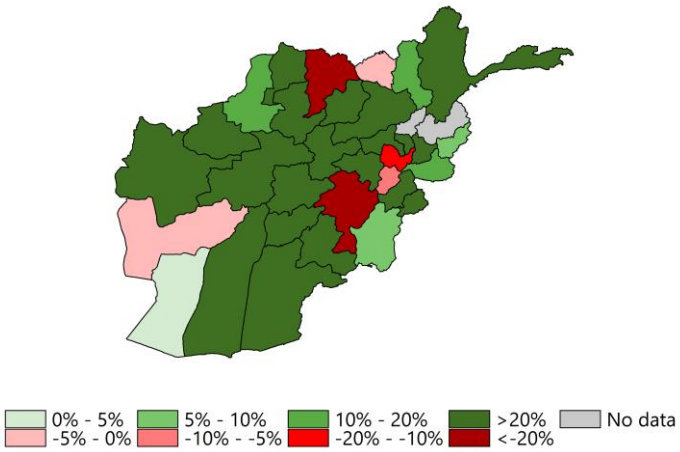
2. Provinces meeting LBM and UBM



- A total of 21 provinces have achieved the UBM.
- Eight provinces (Farah, Kunar, Kunduz, Logar, Nangarhar, Nimroz, Paktika and Paktya) has scored between Upper and Lower Benchmarks
- Three provinces including Balkh, Ghazni and Kabul failed to achieve the LBM. All three has performed at least 10% below their three-year average.

3. Provincial achievement over time



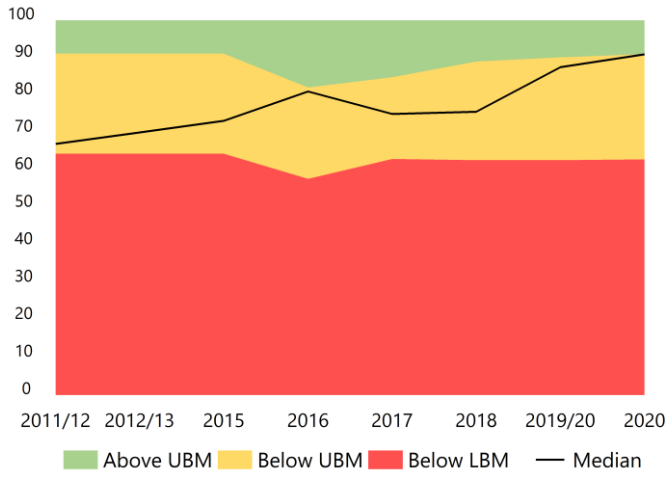
- Three provinces (Farah, Kunduz and Logar) has observed a slight but manageable decrease in scores as compared to the past 3 years (less than 5% decrease).
- A total of 19 provinces have considerably improved as compared to the past three years (>20%).
- Six provinces (Kunduz, Farah, Kabul, Logar, Balkh and Ghazni) have decreased their score.

D-5: Biohazard Precautions

Hospitals were assessed in universal precautions against hospital biohazards and physical hazards, including the screening of blood, disposal of waste, use of disposable syringes, availability of a basin and soap, cleaning procedures, protection against x-ray, and cleanliness of the central sterile supply. The national median of this year is 90.9, which is an increase of 14.6% as compared to the last 3-years average of 79.4.

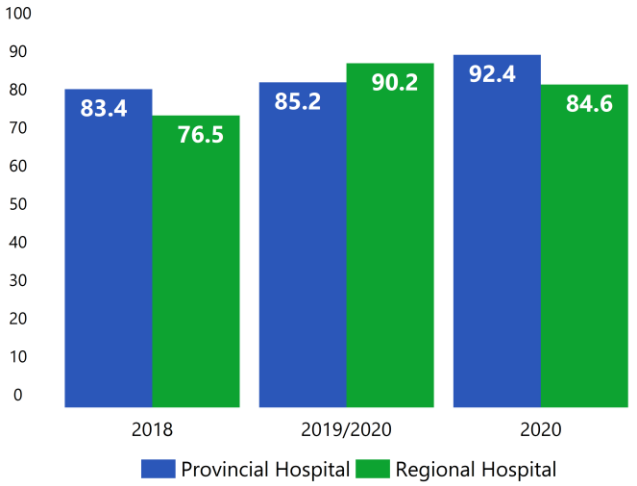
National median	3-year average	% Change
90.9	79.4	14.6%

National trend over time



- The national median score for biohazard precautions started at 67 in 2011/12 and has followed an increasing trend since then.
- In 2020, the national median is at 90.9, just 0.1 short of reaching the upper benchmark.

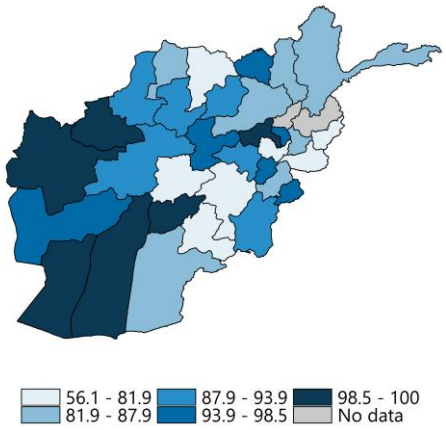
Biohazard precautions in RH and PH from 2018 to 2020



- The median score for PHs has been higher when compared to RH in 2018 and in 2020.
- The median for PH has been steadily increasing from 83.4 in 2018 to 85.2 in 2019/20 and to 92.4 in 2020.
- A slight decrease can be observed for RH from 90.2 in 2019/20 to 84.6 in 2020.

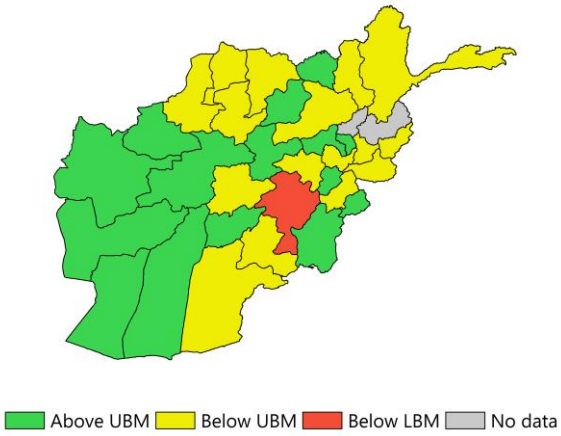
Geographical trends

1. Provincial results



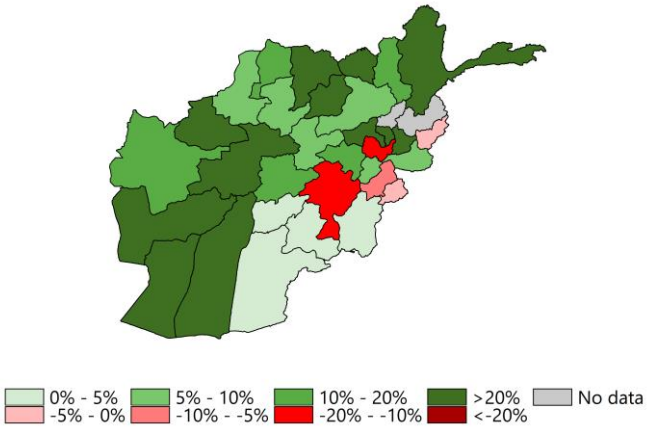
- Provincial scores range from 56.1 in Ghazni to 100 in Herat, Nimroz and Uruzgan.
- Five provinces (Daykundi, Ghazni, Kabul, Kunar and Zabul) achieved a score below 80.
- Six provinces (Herat, Nimroz, Uruzgan, Badghis, Helmand and Parwan have scored above 98.5.

2. Provinces meeting LBM and UBM



- Only one province (Ghazni) has failed to meet the LBM and achieved over 10% below its three-years average.
- A total of 16 provinces (Badakshan, Baghlan, Balkh, Daykundi, Faryab, Jawzjan, Kabul, Kandahar, Kunar, Laghman, Nangarhar, Paktya, Saripul, Takhar, Wardak and Zabul) scored between Lower and Upper Benchmarks for biohazard precautions.
- In total, 15 provinces scored above the UBM.

3. Provincial achievement over time



- Generally, the score for biohazard precautions has improved across the country.
- All the 15 provinces that achieved the UBM, except Khost have also observed an improvement in their scores as compared to the past three-years average.
- Only five provinces (Ghazni, Paktya, Khost, Kabul and Kunar) scored below their three-years average.

Domain E – Management Systems

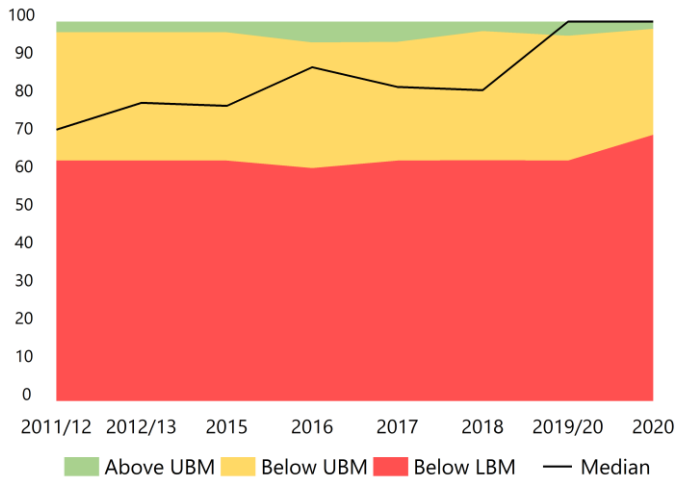
E-1: Hospital Management Functionality

The EPHS guidelines specify both clinical and administrative standards. This index assesses components of the hospital management team, its structure, purpose, procedures, and activity in governing the hospital, and assesses the certification of management training in four key administrative positions – Hospital Director, Administrator, Medical Director, and Nursing Director. This index is comprised of 12 items: Availability of hospital organogram, hospital management board, conducting meetings in last 3 months, presence of a written action plan, members of the management board (hospital director, administrator, medical director, nursing director), having staff with diploma or certificates in management (hospital director, administrator, medical director and nursing director).

In 2020 this score has increased by 13.3% compared to the past 3-year average, which lies at 88.2. In 2020 the national median score reached 100.0.

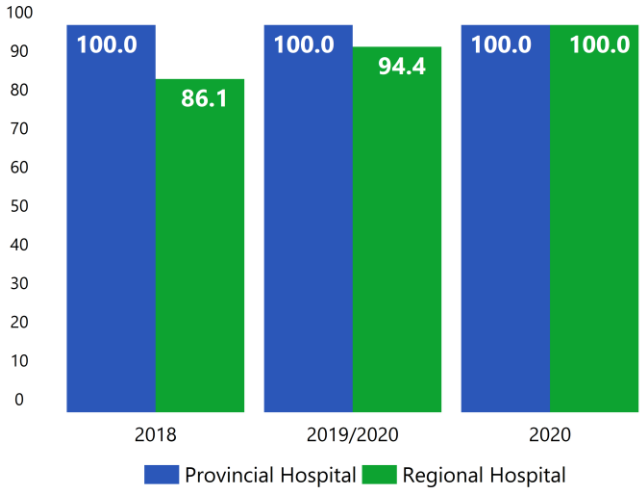
National median	3-year average	% Change
100.0	88.2	13.3%

National trend over time



- The hospital functionality management index has been increasing since 2011/12.
- In 2019/20 the median reached 100 surpassing the upper benchmark and it remained at 100 in the 2020 round.

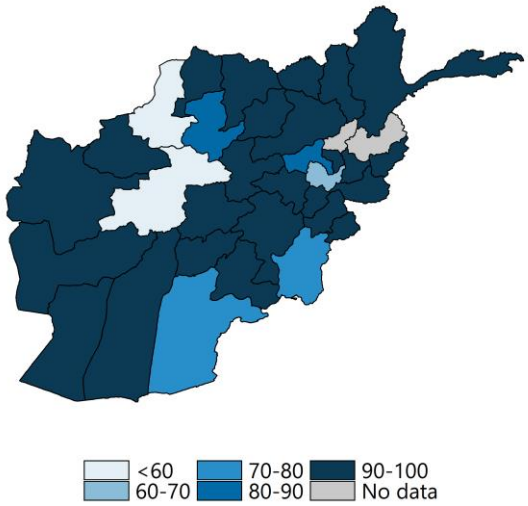
Hospital management in RH and PH from 2018 to 2020



- In 2020 the median for both, provincial and regional hospitals is at 100.
- The median for PH has remained stable at 100 for the last three years.
- The median for Regional hospitals has increased from 86.1 in 2018, 94.4 in 2019/2020 to 100 in 2020.

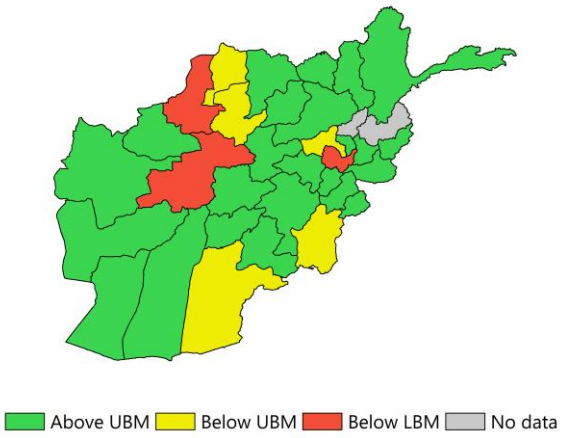
Geographical trends

1. Provincial results



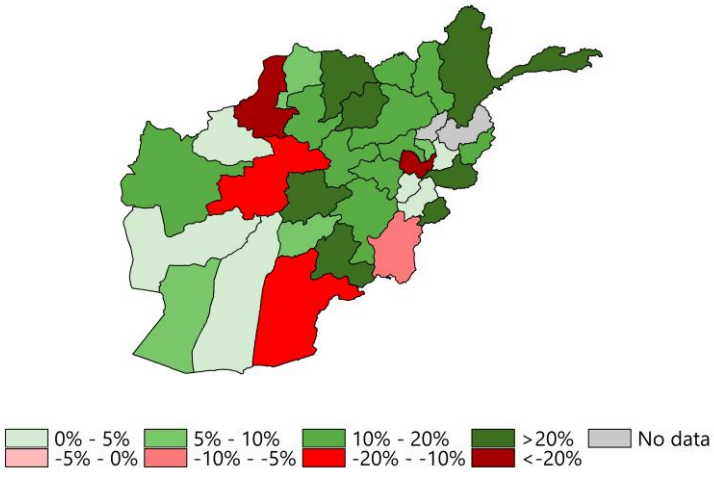
- Provincial scores ranged from 55.6 in Faryab and Ghor to 100 in 24 other provinces.
- Only five provinces (Faryab, Ghor, Kabul, Kandahar, Paktika, Parwan and Saripul) scored below 90.

2. Provinces meeting LBM and UBM



- Five provinces (Jawzjan, Kandahar, Paktika, Parwan and Saripul) have scored between Lower and Upper Benchmarks.
- Only three provinces (Faryab, Ghor and Kabul) did not meet the LBM.
- The rest of 22 provinces have reached and are above the UBM.

3. Provincial achievement over time



- Overall, in 27 provinces, the score for Hospital Mangement Functuality improved compared to the past 3-year average.
- Seven provinces (Badakhshan, Balkh, Samangan, Nangarhar, Khost, Zabul and Daykundi) improved the most (>20%) compared to the past 3-years average.
- Two provinces (Faryab and Kabul) have observed more than 20% reduction.

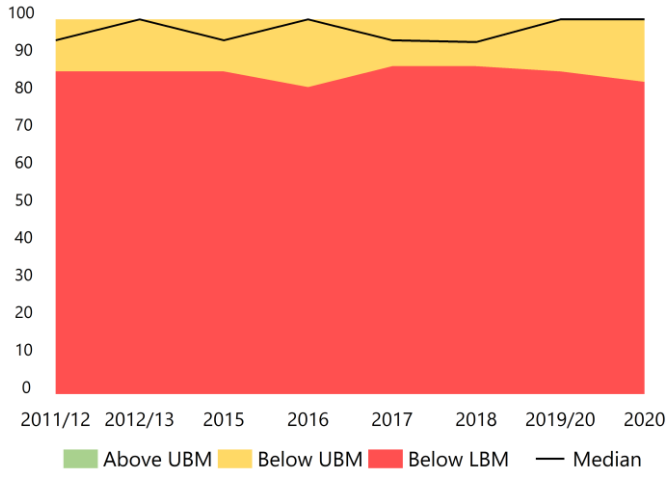
E-2: Health Management Information System (HMIS)

This index assesses the systems in place for collecting and utilizing data and consists of 6 items including training, reviewing last month's report, HMIR, HIAR, hospital status report, notifiable disease report and immunization activity report.

Compare to the past three-year average, the HMIS performance improved by 4.1%. The past 3-year average reached 96.1 and the index scored 100.0 in 2020.

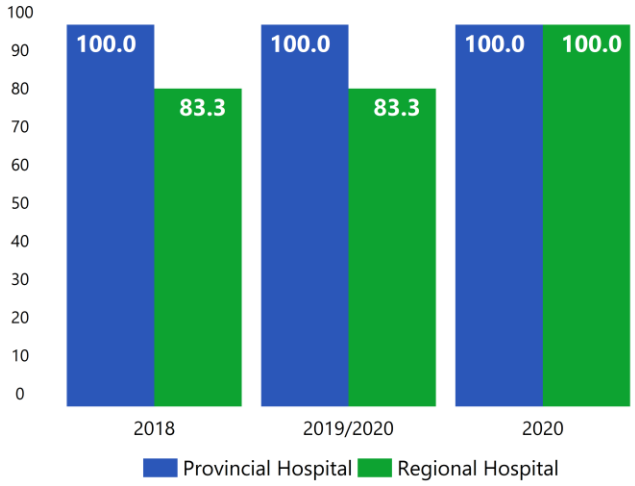
National median	3-year average	% Change
100.0	96.1	4.1%

National trend over time



- The national median for the health management information system has been over 90 since 2011/12, with little variations over the time.
- The national median reached 100 at 2012/13, 2016, 2019/20 and again in 2020.

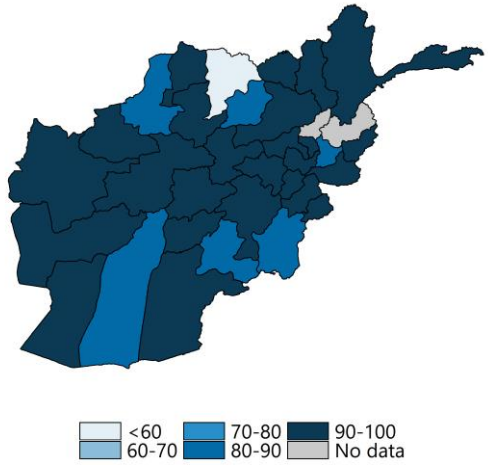
HMIS in RH and PH from 2018 to 2020



- The median for provincial hospitals remains at 100 in 2020 just like 2019/20 and 2018.
- The median for the regional hospitals was 83.3 in both 2018 and 2019/20 but reached 100 in 2020.

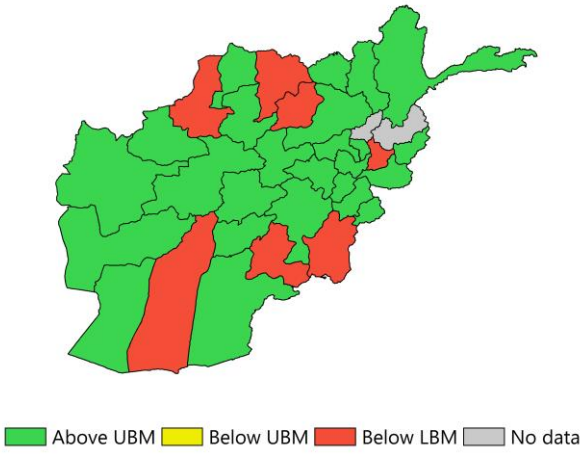
Geographical trends

1. Provincial results



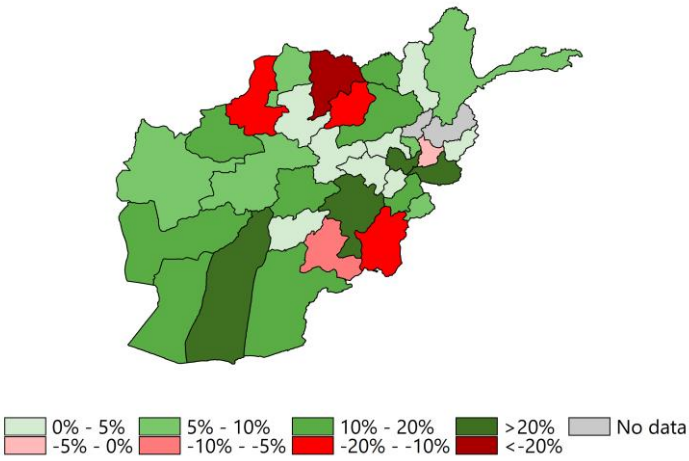
- There is very little variation in scores across provinces, with the vast majority of provinces (n=25) achieving the maximum score of 100.
- Only one province, Balkh score less than 60.

2. Provinces meeting LBM and UBM



- Six provinces (Faryab, Helmand, Laghman, Paktika, Samangan and Zabul) have achieved scores of 83.3, which is not sufficient to meet the LBM.
- Balkh has the lowest score (33.3) and also did not meet the lower benchmark.
- A total of 25 provinces have scored above UBM.

3. Provincial achievement over time



- Four provinces (Helmand, Ghazni, Nangarhar and Kabul) have achieved a considerable improvement as compared to its three years average (>20%).
- Five provinces observed a decrease in their performance. Laghman and Zabul scores decreased by less than 10%. Faryab, Samangan, and Paktika score have decreased between 10 and 20% less.
- Balkh province score has dropped the most, with 20% lower score compared to its 3-years average.

E-3: Equipment Management

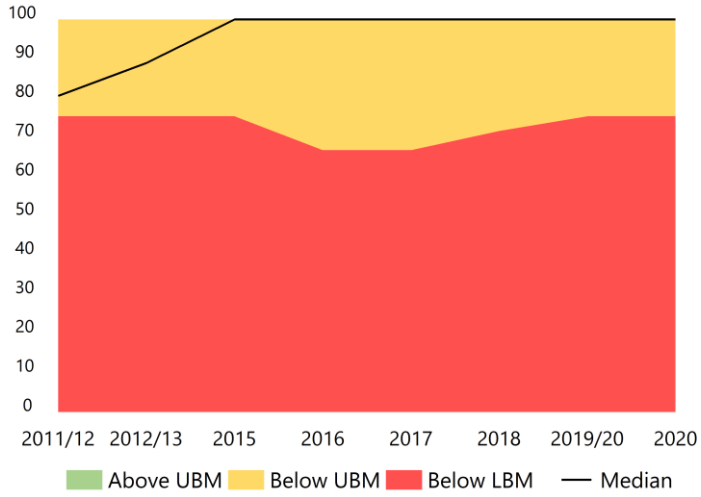
The equipment management index assesses the ability of hospitals to maintain their equipment.

The index is made up of 3 items including a maintenance plan for vehicles and equipment, inventory of furniture and other non-technical items, inventory of all technical equipment.

The index for health facility assessment has again reached 100 in 2020, which is no change compared to the past three years.

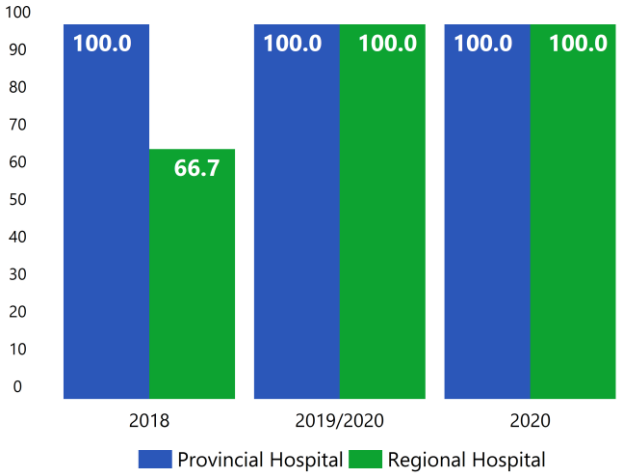
National median	3-year average	% Change
100.0	100.0	0.0%

National trend over time



- The national median for equipment management reached 100 in 2015. It has remained at that level up until 2020.

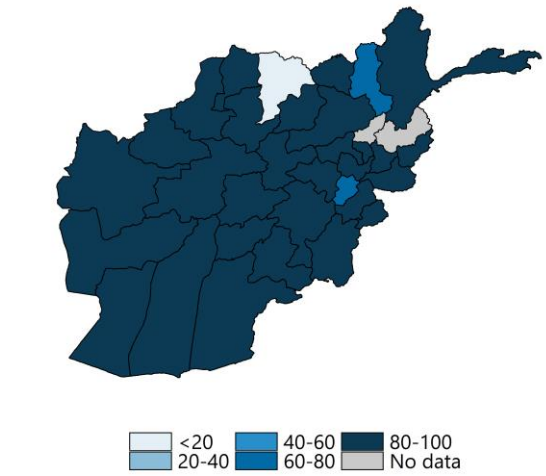
Equipment management in RH and PH, 2018 to 2020



- Like the national median, the median for the Provincial Hospitals remains stable at 100.
- The median for the regional hospitals was low in 2018 (66.7) but reached 100 in 2019/20 and continue this performance in 2020.

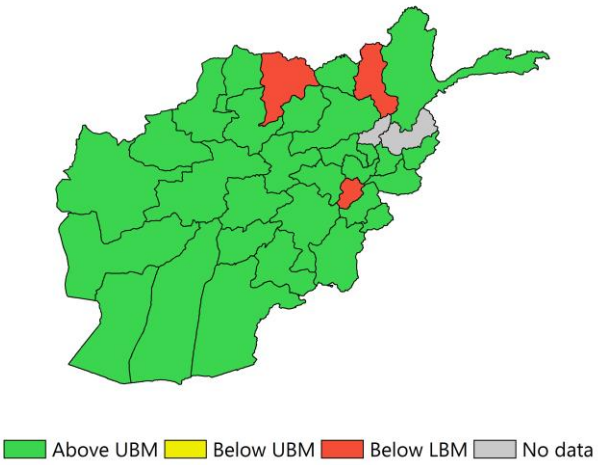
Geographical trends

1. Provincial results



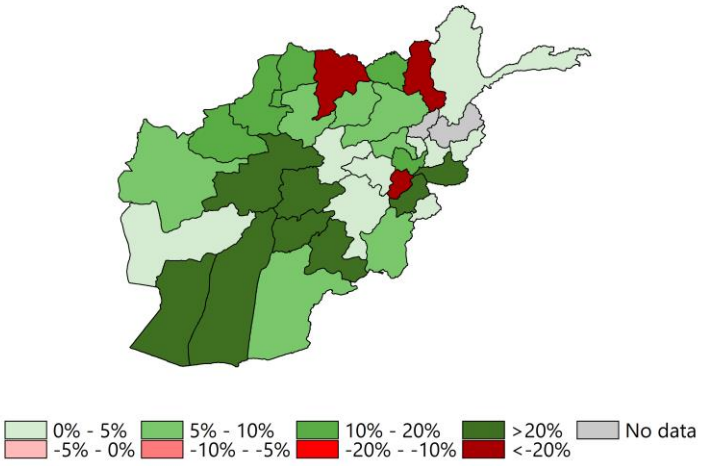
- There is very little variation in provincial scores for equipment management.
- A total of 29 provinces achieved the maximum score of 100, indicating that a fully functioning equipment management system is in place.
- Logar and Takhar are the only 2 provinces which scored below 100. Balkh scored the lowest, even less than 20.

2. Provinces meeting LBM and UBM



- All 29 provinces with a score of 100 have also achieved the UBM.
- Balkh, Logar and Takhar are the only three provinces that did not achieve the LBM.

3. Provincial achievement over time



- Greatest improvement as compared to the past 3 years have been achieved in Daykundi, Ghor, Helmand, Nangarhar, Nimroz, Paktya, Uruzgan and Zabul. These provinces improved their score over 20%.
- Balkh, Logar and Takhar scored at least 20% less than their three years average.

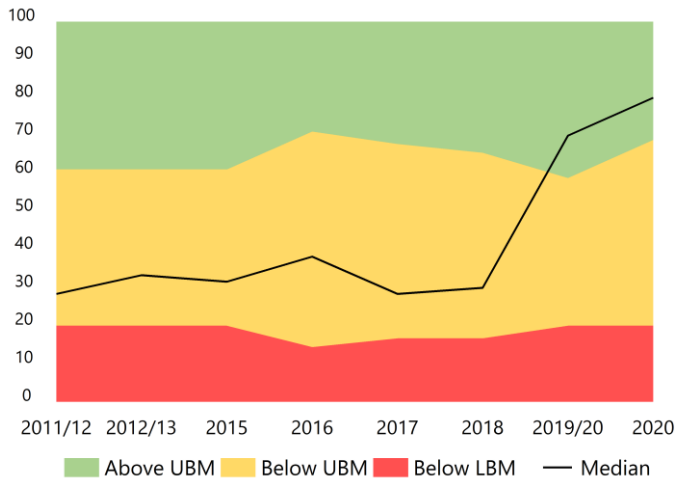
E-4: Administrative and Financial Autonomy

The Administrative and Financial Autonomy index assesses the decision-making ability of the Hospital Director/Hospital Board in areas of program and finance. This index is composed of 5 items: ability to hire and terminate, ability to monitor and adjust hospital budgeting, ability to purchase capital and equipment, ability to add or discontinue services, decide revenue accrual method.

In 2020, improvements occurred in the performance of the administrative and financial autonomy. This index scored 80.0, which is 87.0% higher as compare to the past 3-year average of 42.8.

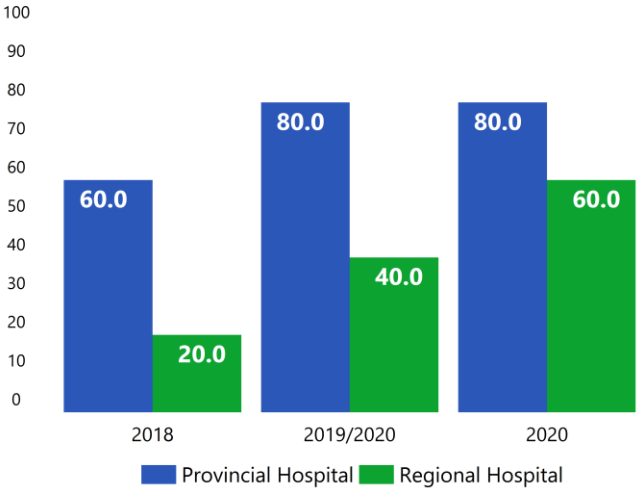
National median	3-year average	% Change
80.0	42.8	87.0%

National trend over time



- The national median for administrative and financial autonomy was consistently low (<40) and below the lower benchmark from 2011/12 to 2018.
- A considerable increase was observed in 2019/20, surpassing the upper benchmark.
- A further improvement has been observed in 2020.

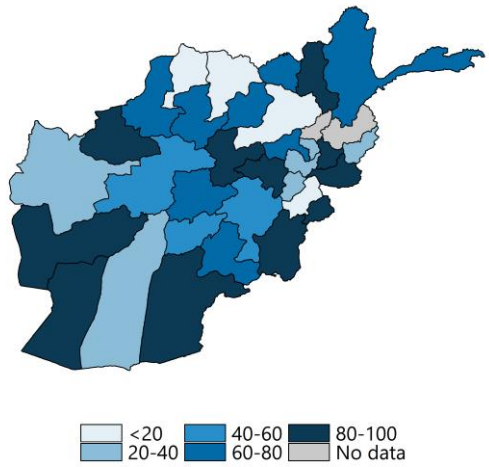
Administrative and financial autonomy in RH and PH from 2018 to 2020



- The median for RHs is much lower as compared to PHS in 2018, 2019/20 and 2020.
- The median for the RH shows a steady increase from 20 in 2018, 40 in 2019/20 and to 60 in 2020.
- The median for PH was 60 in 2018 and increased to 80 in 2019/20 and kept 80 in 2020.

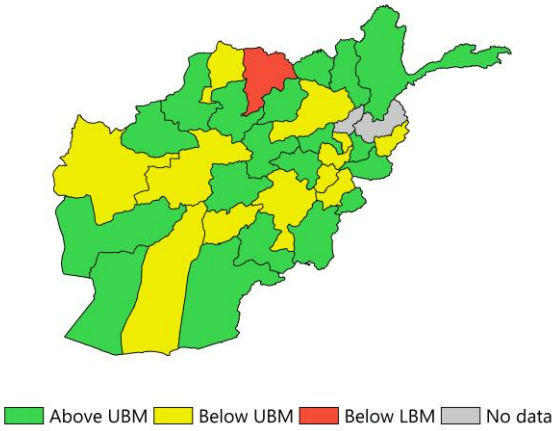
Geographical trends

1. Provincial results



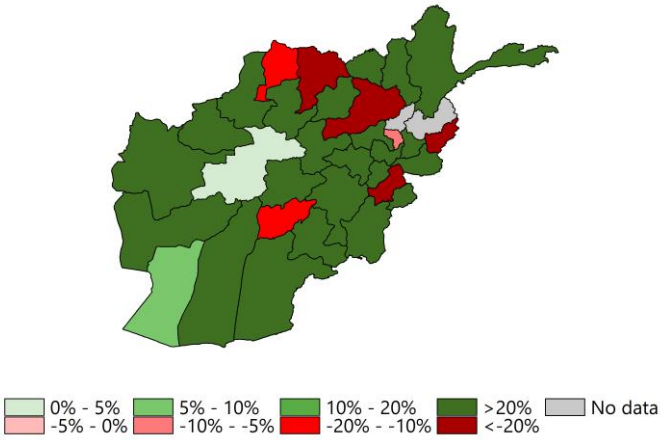
- The provincial results substantially varied across the country.
- Balkh has scored 0,
- A total of 11 provinces (Badghis, Bamyan, Farah, Kandahar, Khost, Laghman, Nangarhar, Nimroz, Paktika, Takhar and Wardak) has scored 100.

2. Provinces meeting LBM and UBM



- Balkh is the only province which did not achieve the LBM.
- In 12 provinces (Baghlan, Ghazni, Ghor, Helmand, Herat, Jawzjan, Kabul, Kapisa, Kunar, Logar, Paktya and Uruzgan) the scores remained between the Upper and Lower Benchmarks.
- A total of 19 provinces have scored above the UBM.

3. Provincial achievement over time



- Generally, great improvements have been achieved across the country.
- A total of 23 provinces have achieved scores 20% or higher as compared to their 3-year average.
- Only four provinces (Baghlan, Balkh, Paktya and Kunar) have scored >20% less than their three-years average
- Jowzjan and Uruzgan decreased by 10-20%, and Kapisa by 0-5% compared to the past 3-years average.

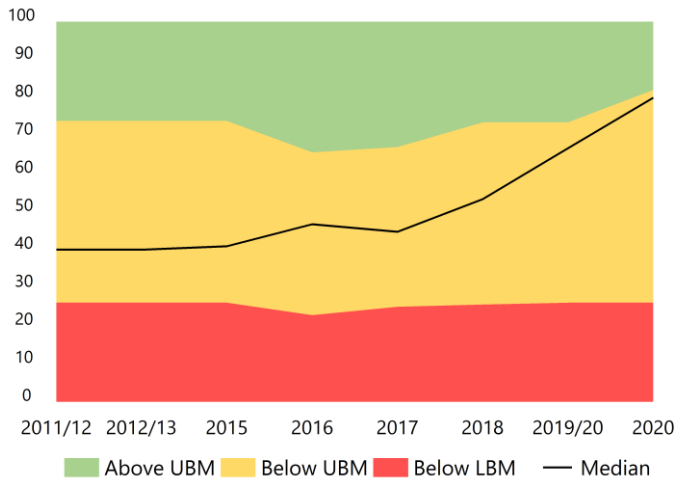
E-5: Local Financial Management

The Local Financial Management Index assesses the financial management systems within the hospital. This index contains 6 items including the presence of a bank account, a safe place for cash, a budget-tracking system, availability of a financial system, availability for income statements and a petty cash system.

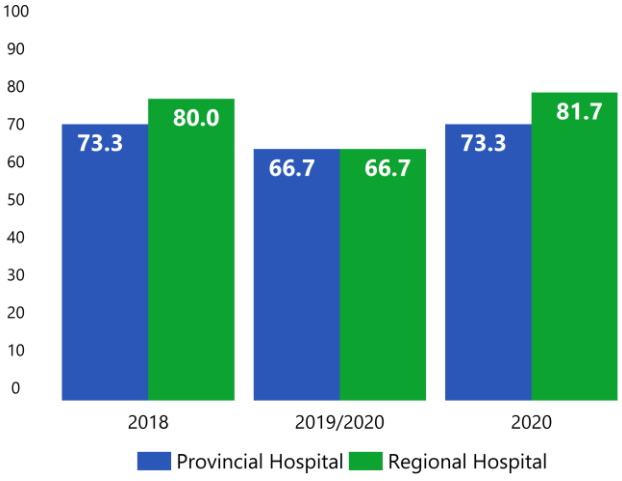
This index showed considerable improvement, a 54.9% increase has been observed in the score of the index. The national median score was observed to be 80.0 and the past 3-year average was at 54.9.

National median	3-year average	% Change
80.0	54.9	54.7%

National trend over time



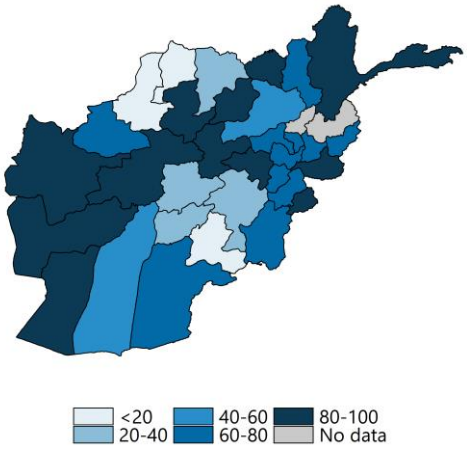
Local financial management in RH and PH from 2018 to 2020



- The national median for this score started at 40 in 2011/12 and remained between benchmarks without obvious changes until 2015.
- After 2015 the national median started to increase.
- The increase accelerated in 2019/20 and in 2020 and is nearing the upper benchmark.
- The 2020 national median for RHs is slightly higher as compared to PHs.
- Both regional hospitals and provincial hospital have improved comparing to 2019/20 from 66.7 to 73.3 and 66.7 to 81.7 accordingly.

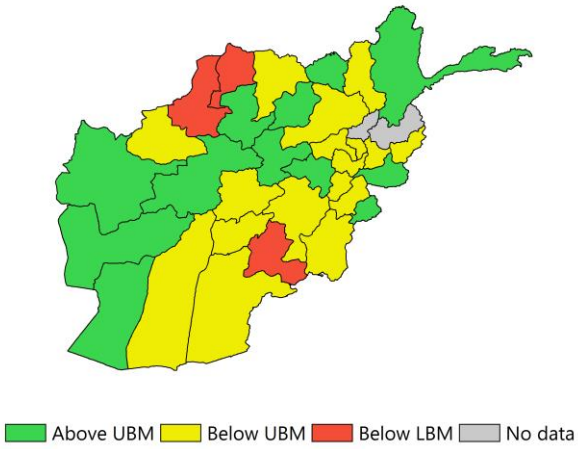
Geographical trends

1. Provincial results



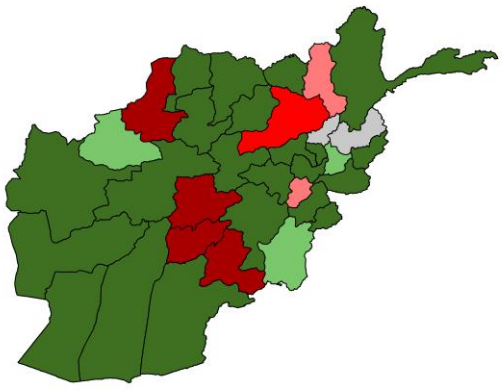
- In total, eight provinces (Badakshan, Farah, Herat, Khost, Nangarhar, Nimroz, Samangan and Wardak) have scored 100.
- The lowest scores were in three provinces (Faryab, Jawzjan, Zabul) which have scored below 20.
- Faryab province has scored 0

2. Provinces meeting LBM and UBM



- Only three provinces (Faryab, Jawzjan, Zabul) did not achieve the LBM.
- In total 12 provinces (Badakshan, Bamyan, Farah, Ghor, Herat, Khost, Kunduz, Nangarhar, Nimroz, Samangan, Saripul and Wardak) have achieved the UBM.
- The remaining 17 provinces have scored between Lower and Upper Benchmarks.

3. Provincial achievement over time



- Overall, most provinces (n=25) saw an increase in their performance as compared to the past three years.
- The three provinces that did not achieve the LBW (Faryab, Jawzjan, Zabul) have also decreased their scores the most (20% less) compared to their three year average.

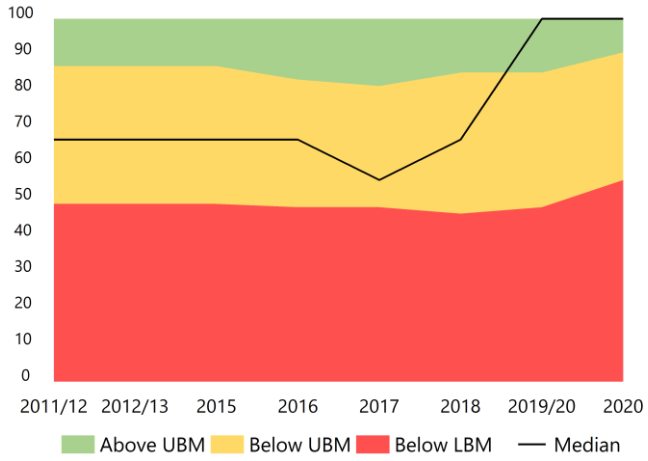
E-6: Security

The Security index assesses the security measures at the hospital and consists of 3 items including the availability of written security policy, presence of guards in the entrance, keeping the main gate closed.

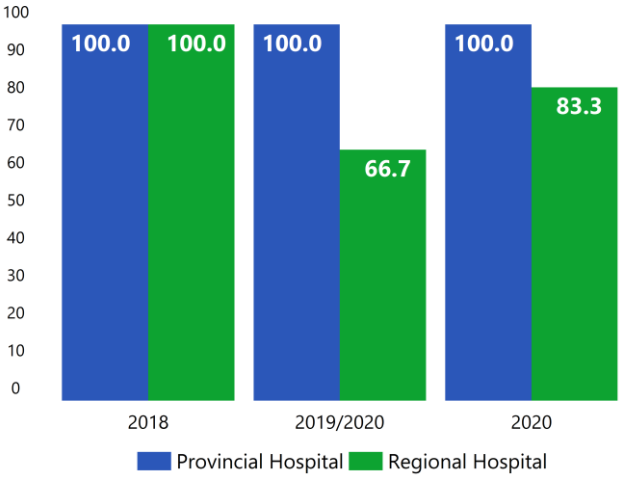
The security situation was improved by 35.0% when compared to the 3-year average. The score reached 100.0 while the average reached 74.1.

National median	3-year average	% Change
100.0	74.1	35.0%

National trend over time



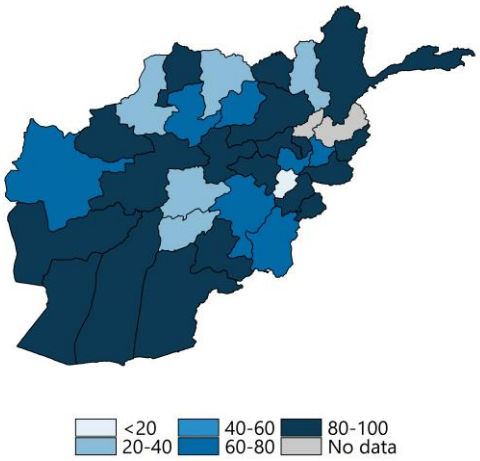
Security in RH and PH from 2018 to 2020



- The national median for security was well within the benchmarks from 2011/12 to 2016.
- After a decrease in 2017 it started an upward trend reaching 100 in 2019/20 and 2020, above the upper benchmark.
- The median score for security remains high at 100 since 2018 for provincial hospitals.
- The median score for regional hospitals was 100 in 2018 but decreased to 66.7 in 2019/20, and has increased again to 83.3 2020 round.

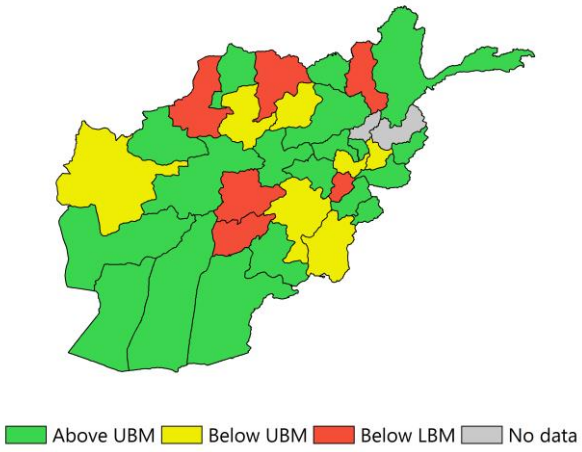
Geographical trends

1. Provincial results



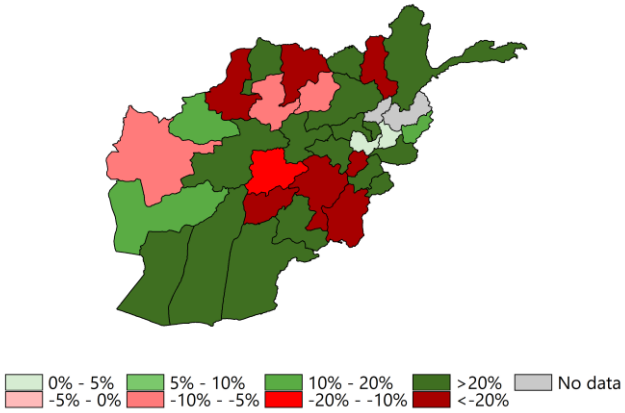
- The lowest score was achieved by Logar (0) followed by Balkh, Daykundi, Faryab, Takhar and Uruzgan (33.3).
- In total 19 provinces have achieved the maximum score of 100 for this index.
- These are mainly clustered in Southern and Central regions.

2. Provinces meeting LBM and UBM



- The six provinces (Logar, Balkh, Daykundi, Faryab, Takhar and Uruzgan) with the lowest scores did not reach the LBM.
- Seven provinces (Ghazni, Herat, Kabul, Laghman, Paktika, Samangan and Saripul) have scored between the Upper and Lower Benchmarks.

3. Provincial achievement over time



- The six provinces (Logar, Balkh, Daykundi, Faryab, Takhar and Uruzgan) with did not reach the LBM have observed a decrease of over 10% of their scores when compared to their three-years average. The biggest drop was in 2 provinces (Ghazni and Paktika) with a score 20% lower as compared the past three years.
- Out of the 19 provinces that achieved the UBM, 16 provinces increased their scores by more than 20% compared to the past three years average.

Domain F: Functionality indicators

Domain F reports various hospital outputs and presents human resource ratios as measures of hospital efficiency. These calculations are not benchmarked as there are no established reference standards. Information used for these calculations are based on hospital records of activity for the last completed six months (or month) at the time of the survey. This data is presented as means for each category of hospital type. The numbers reported should be used cautiously as their accuracy depends on availability of data and accuracy of calculations in facilities.

Domain F: Functionality Indicators for 2020	PH	RH
Total in-patients/month	775.7	1933.5
Total out-patients/month	8148.3	6144.3
Total deliveries/month	510.3	1123.5
C-section rate	8.8	17.8
Total surgeries/month	265.1	679.3
Physicians per bed	0.3	0.2
Nurses per bed	0.4	0.2
In-patient admissions/MD	28.9	34.2
Average length of stay (days)	2.8	2.3
Bed turnover rate	9.2	3.2
Bed occupancy rate	77.3	79.0
OPD consults/MD	271.6	115.8
Surgeries/MD	66.9	54.8
Deliveries/midwife	46.9	76.2
Average consultation time per OPD patient (min)	6.8	4.1
In-patient utilization male: female	0.6	0.6
In-patient utilization U5: O5	0.4	0.4
Out-patient utilization male: female	0.7	0.9
Out-patient utilization U5: O5	0.4	0.6
Proportion of new out-patients prescribed antibiotics	46.7	66.4
Average number of drugs per new out-patients	1.5	2.1

Caesarean section rate is the percentage of deliveries conducted by caesarean section. In PH, 8.8% of all deliveries were conducted via a caesarean section, and 17.8% of all deliveries in RH.

Physicians per bed is the ratio of physicians at a hospital to the official number of hospital beds. With 0.3 score it is slightly higher in PH as compared to RH (0.2).

Nurses per bed is the ratio of nurses at a hospital to the official number of hospital beds. This is slightly higher for PH (0.4) than for RH (0.2).

Deliveries per midwife is the total number of deliveries per midwife. This is higher in RH (76.2) than in PH (46.9).

Out-patient utilization male to female is the ratio between male and female patients visiting the hospital. In both PH and RH women visit the hospital more frequently than men, but the ratio is more skewed to women in PH (0.7) as compared to RH (0.9).

Proportion of new out-patients **prescribed antibiotics** is much higher in RH (66.4%) than in PH (46.7%).

In-patient admissions per physician: The inpatient workload of physicians per month is assessed in this ratio. This ratio is subject to seasonal fluctuations as well as other local circumstances and shows considerable variation throughout the year. Local factors that impact this ratio include referral patterns, staffing levels, and complexity of procedures that different hospitals provide. The results show that physicians in RH have a higher number of in-patients (34.2) as compared to PH (28.9)

Out-patient department consults per physician: The outpatient workload of physicians per months is assessed in this ratio. The mean ratios for different hospital types are: 271.6 (PH) and 115.8 (RH).

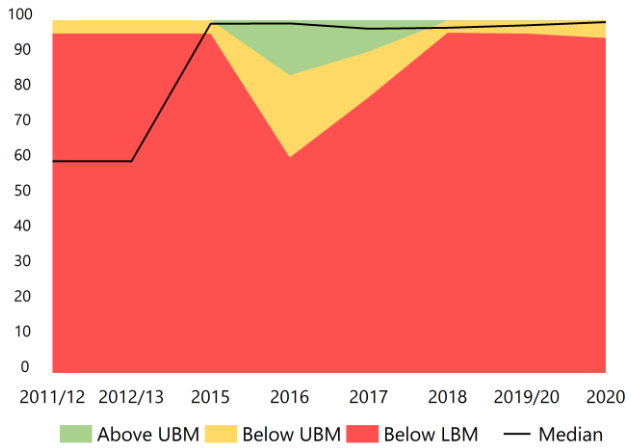
Domain G: Ethics and Values

G-1: Gender Equity, Recipients of Care

This indicator describes the ratio of satisfaction of female clients to male clients. There has been a slight increase of 1.5% as compared to the 3-year average. The score remains high.

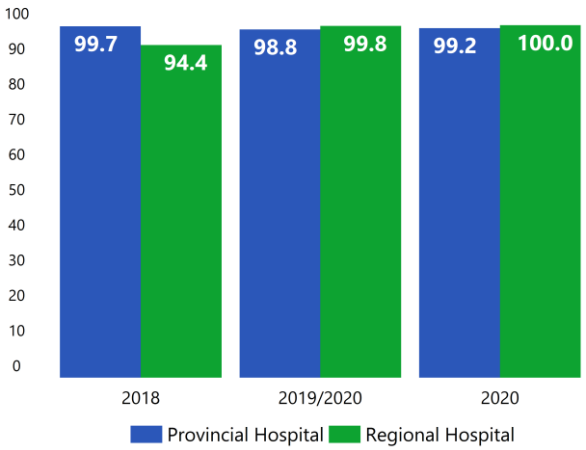
National median	3-year average	% Change
99.5	98.0	1.5%

National trend over time



- There is very little variation in the national median for gender equity over the time.
- There is a little difference in satisfaction of male and female clients with services received.
- While it was below 60 in 2011/12 and 2012/13, it has been close to 100 since 2015 and remained at that level in 2020.

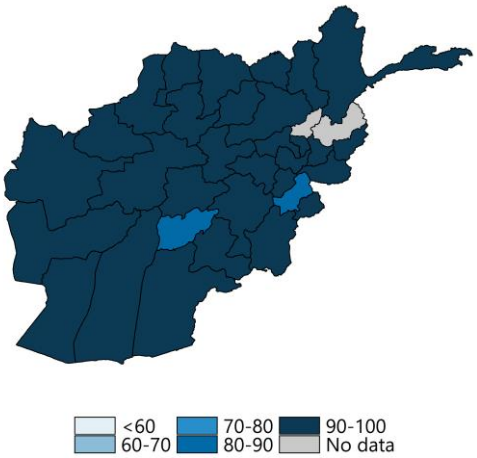
Gender Equity and Recipients of Care in RH and PH from 2018 to 2020



- Like the national median, there is little variation over time and between RH and PH.
- Both hospital types consistently achieve high scores for this indicator.
- When compared with 2019/20 results there is a slight increase in score in 2020 (98.8 vs 99.2 for PH and 99.8 vs 100.0 for RH accordingly)

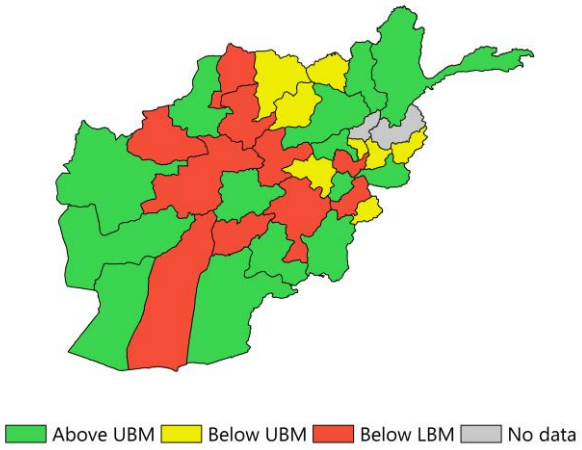
Geographical trends

1. Provincial results



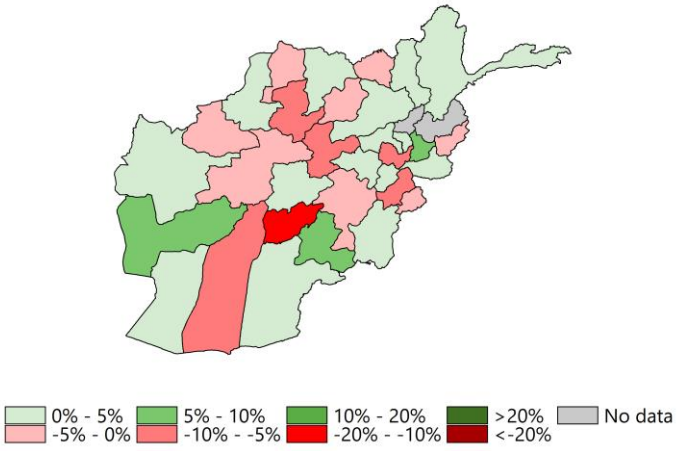
- There is very little variation across provinces. Overall scores remain very stable across the country with most of the changes between +5% and -5%.
- In total 30 provinces have achieved scores higher than 90.
- Only two provinces (Paktya and Uruzgan) achieved scores slightly below 90.

2. Provinces meeting LBM and UBM



- A total of 10 provinces (Badghis, Bamyan, Ghazni, Ghor, Helmand, Jawzjan, Kabul, Paktya, Saripul and Uruzgan) have not achieved the lower benchmark, despite the fact that 8 of these provinces have scores higher than 90.
- In seven provinces (Balkh, Kapisa, Khost, Kunduz, Laghman, Samangan and Wardak) the scores fell between the Upper and Lower Benchmarks.

3. Provincial achievement over time



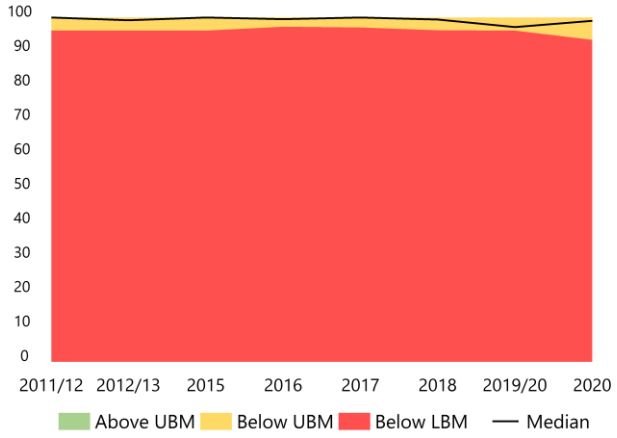
- Five provinces (Badghis, Ghor, Ghazni, Jawzjan and Samangan) have decreased their scores as compared to their three years average (between 0 and 5% decrease).
- In four provinces (Saripul, Bamyan, Kabul and Paktya) the score decreased a bit more (5% to 10%).
- Only Uruzgan has considerable reduced the score (by 10%) compared to its three years average.

G-2: Compliance with MoPH Policies and Local Laws

This indicator describes whether hospitals comply with MoPH policies and local laws. The national average is comparable to the three-years average of 98.9 in the past three years to 99.0 (0.1%).

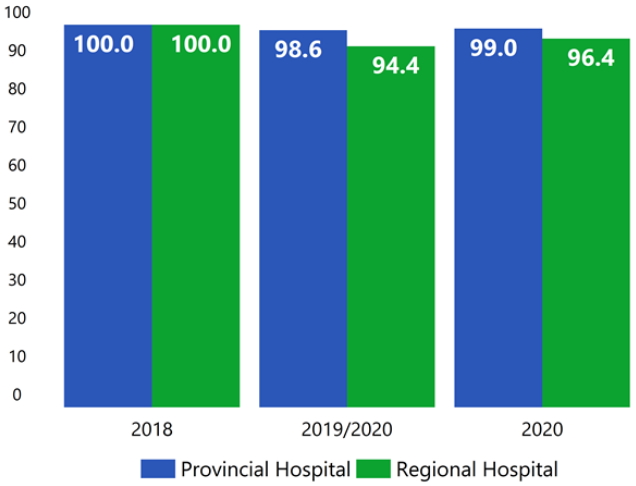
National median	3-year average	% Change
99.0	98.9	0.1%

National trend over time



- There is very little variation in the national median over the time.
- Hospitals consistently comply with MoPH policies and local laws since 2011/12.

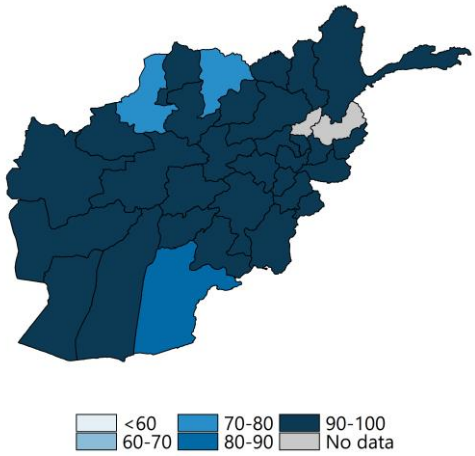
Compliance with MoPH policies and local law in RH and PH from 2018 to 2020



- Like the national median there is very little variation between hospital types over the time.
- Scores for PH and RH are consistently high.
- There is a slight increase in score when comparing to 2029/20 in both RH and PH (94.4 vs 96.4 and 98.6 and 99.0 respectively).

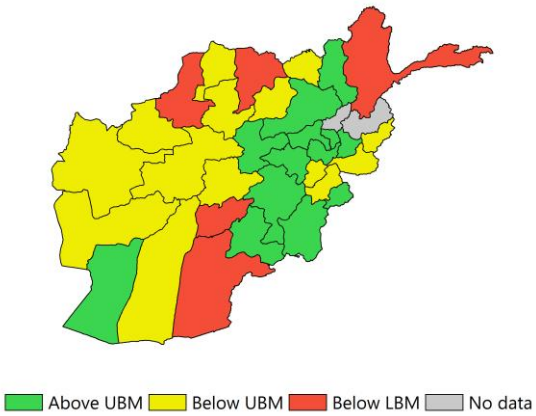
Geographical trends

1. Provincial results



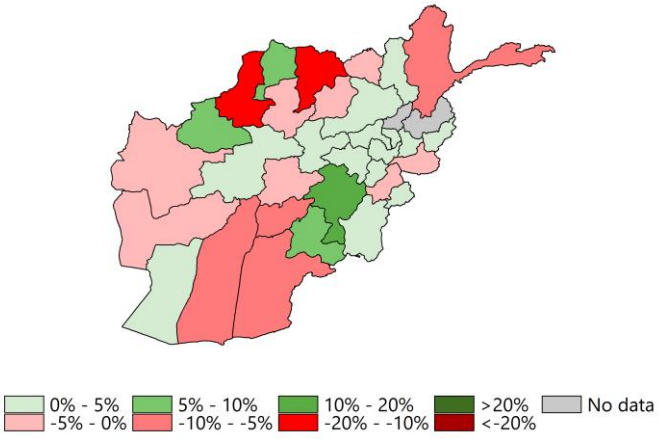
- There is very little variation between provinces scores.
- In total 29 provinces have achieved scores higher than 90.
- Two provinces (Balkh and Faryab) scored 75
- And one province (Kandahar) has scored 80.2.

2. Provinces meeting LBM and UBM



- Five provinces (Balkh, Faryab, Kandahar, Uruzgan and Badakshan) did not reach the LBM.
- In total 14 provinces (Badghis, Daykundi, Farah, Ghor, Helmand, Herat, Jawzjan, Kunar, Kunduz, Logar, Nangarhar, Paktya, Samangan and Saripul) have scored between the Upper and Lower Benchmarks.
- The remaining 13 provinces have achieved the UBM. These provinces are mainly clustered in the Southeast and Central regions.

3. Provincial achievement over time



- Most provinces achieved slightly higher scores (0-5%) as compared to their three-years average.
- Two provinces (Ghazni and Zabul) have progressed the most with more than 10% and 5% score increase, respectively.
- Two provinces (Balkh and Faryab) had a reduction in score (10% less), compared to their past three-years average.

4 Availability, readiness and quality of the EPHS services

Background

This chapter provides further details of the results reported in each domain of the BSC EPHS. 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 EPHS is designed to assess the performance of Afghanistan's provinces in the delivery of 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 NHSPA survey (BSC EPHS) do 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 affordability of services from the client perspective and the availability of essential human resources, in terms of sufficient number of adequately qualified staff, to support and maintain the provision of quality services in surveyed health facilities in all provinces of Afghanistan. We have also added information on the level of satisfaction and motivation of the EPHS staff.

Service readiness: reports on a range of indicators that can inform readiness of facilities to provide good-quality client-oriented services. These include availability and reliability of basic equipment, essential medicines, laboratory capacities and safety precautions. In addition, it further provides information on the extent that essential health information management and administrative systems are in place to support the provision of EPHS services.

Quality of service provision: reports on availability of clinical guidelines at hospital level, the extent of existing functional committees and the level of autonomy of the Hospital Boards. It also provides additional information on the level of client's satisfaction with the services received in the Hospitals.

Availability (Domain A, B)

4.1.1 Availability of affordable EPHS Services

The NHSPA survey does not collect data on the availability of services for specific health interventions, as the AfSPA does, 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 that are needed to support the provision and maintenance of quality health services.

Nevertheless, in this section, we present some of the BSC findings that can inform on the level of available services from the perspective of the client.

Client satisfaction with services available in RH and PH

Over 90% of the clients were satisfied with the services available at regional and provincial hospitals, 31.0% were very satisfied and 62% were just satisfied. Slightly less than than half (47.0%) of the EPHS clients surveyed reported that they had to buy most or all prescribed medicines for their treatment outside the hospitals.

Figure 3 Level satisfaction of IPD clients (n=638) with hospital services available

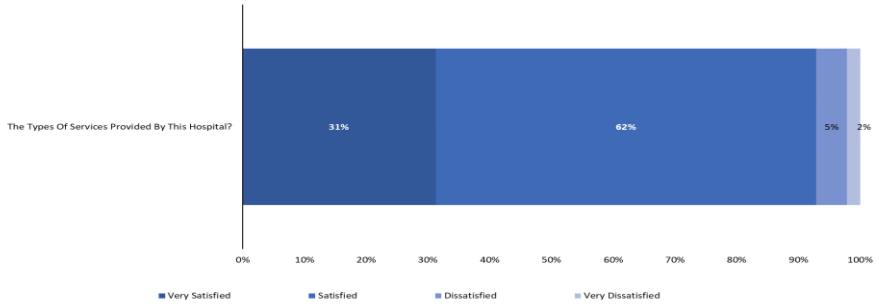
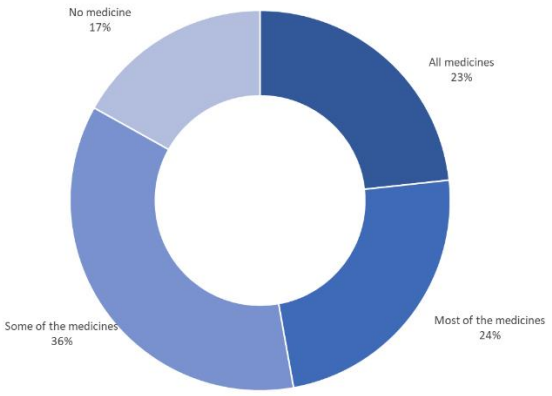


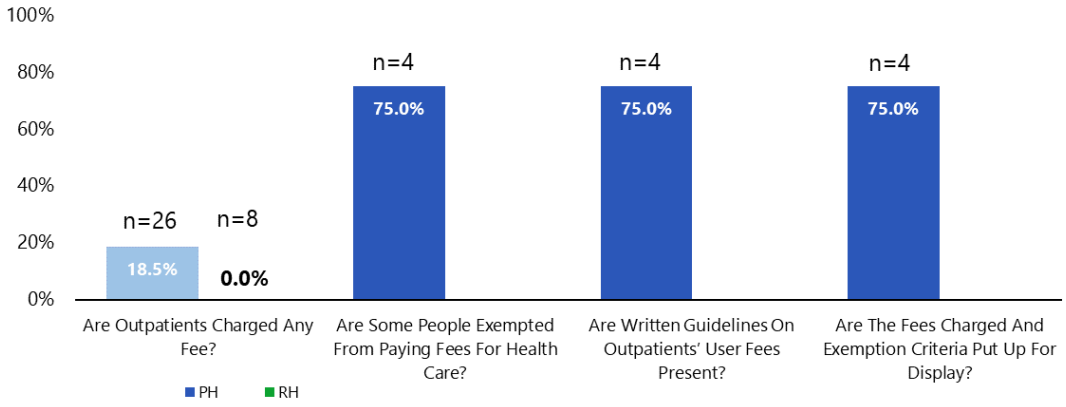
Figure 4 EPHS IPD clients (n=638) reporting having to buy medicines outside the



User fees in RHs and PHs.

Public hospitals have not started charging fee for their entire services as this policy have been lately developed by the MoPH and just applied in few big hospitals in the central capital of Kabul and some other provinces such as Zabul, Ghor and Herat (see A3 Indicator in Section 0 for further details). However, 18% of PHs reported having asked user fees for some services they have been received.

Figure 5 PHs and RHs requesting user fees

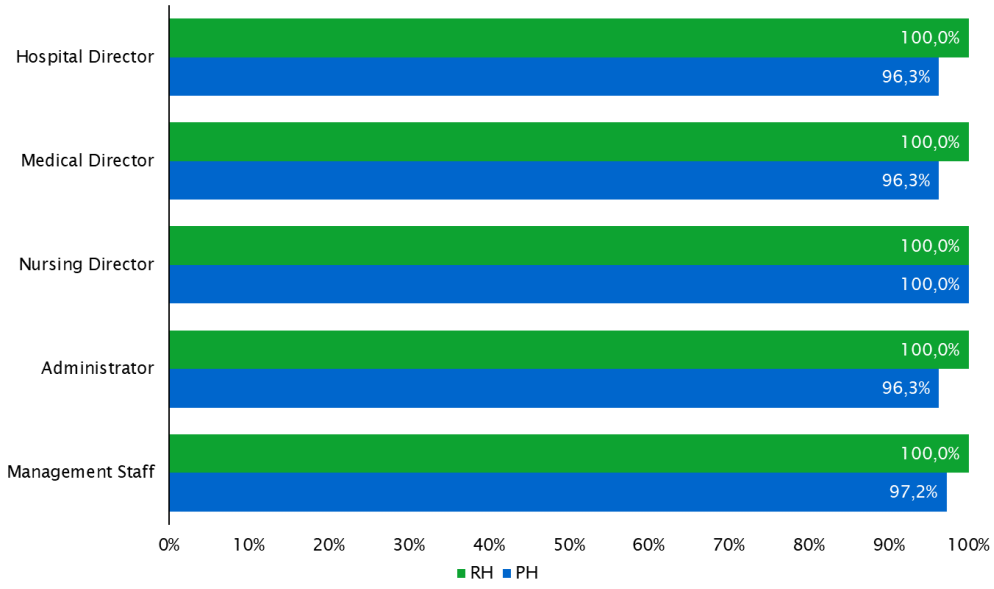


4.1.2 Availability of human resources for EPHS-services (Domain B)

4.1.3 Facilities with sufficient number of management staff

On average, PHs has 97.2% of required management positions filled, as compared to 100.0% of RHs. About 78.8% of required medical staff was employed at RHs and 80.1% at PHs. PHs were least likely to meet the required number of psychiatrists (33.3%) and obstetricians/gynaecologists (66.7%). Only 50% of RHs employed the required number of general practitioners, 66.7% paediatrician and radiologist.

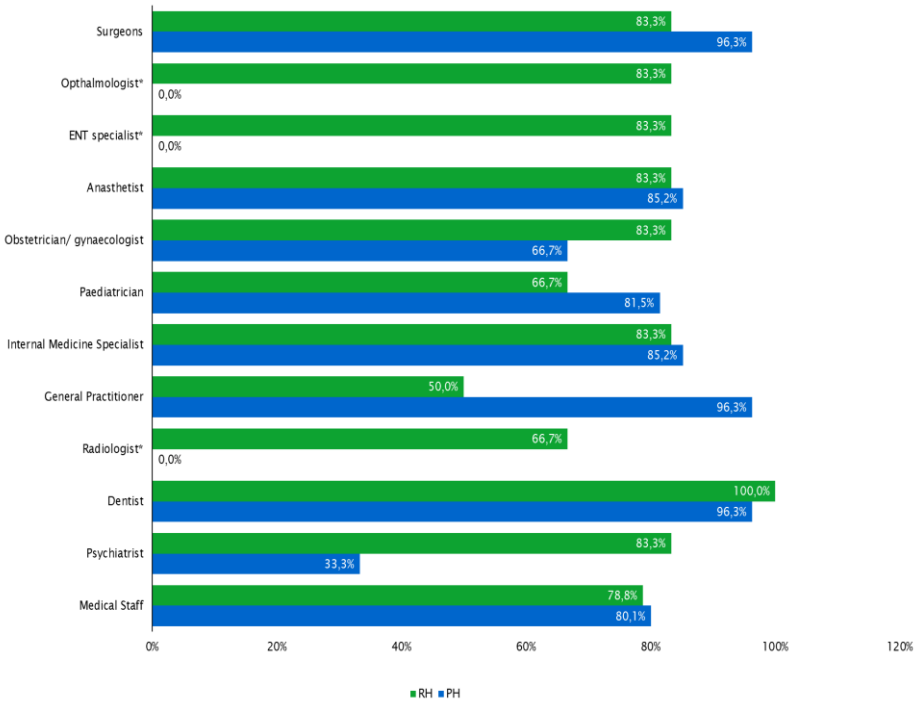
Figure 6 Percentage of PH (n=26) and RH (n=6) with sufficient number of management staff



Facilities with the required number of medical staff

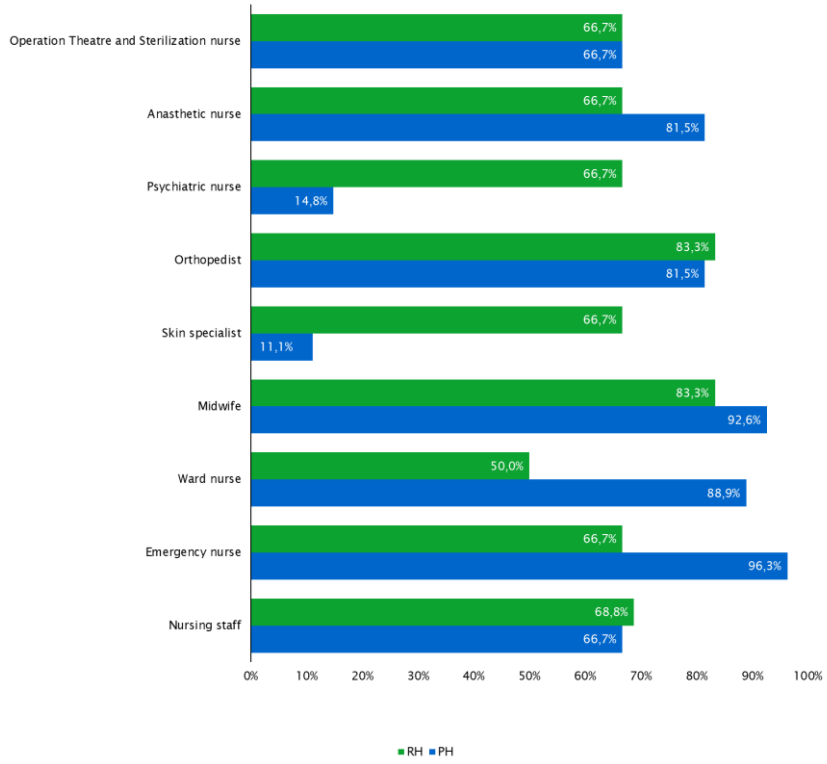
On average Regional Hospitals have 78.8% of required nursing staff employed, as compared to 80.1% of Provincial Hospitals. Regional and Provincial Hospitals have the same number of required numbers of operation theatre and sterilization nurses. PHs had the lowest number of skin specialist 11.1% and psychiatric nurse 14.8% while having the highest number of emergency nurse, midwives and ward nurse at 96.3, 92.6 and 88.6%. Regional hospital had the lowest number of ward nurse (50%), but the highest number of midwife and Orthopaedist at 83.3%.

Figure 7 Percentage of PH (n=26) and RH (n=6) with sufficient number of medical staff



** Ophthalmologists, ENT specialists and radiologists were not required for PHs*

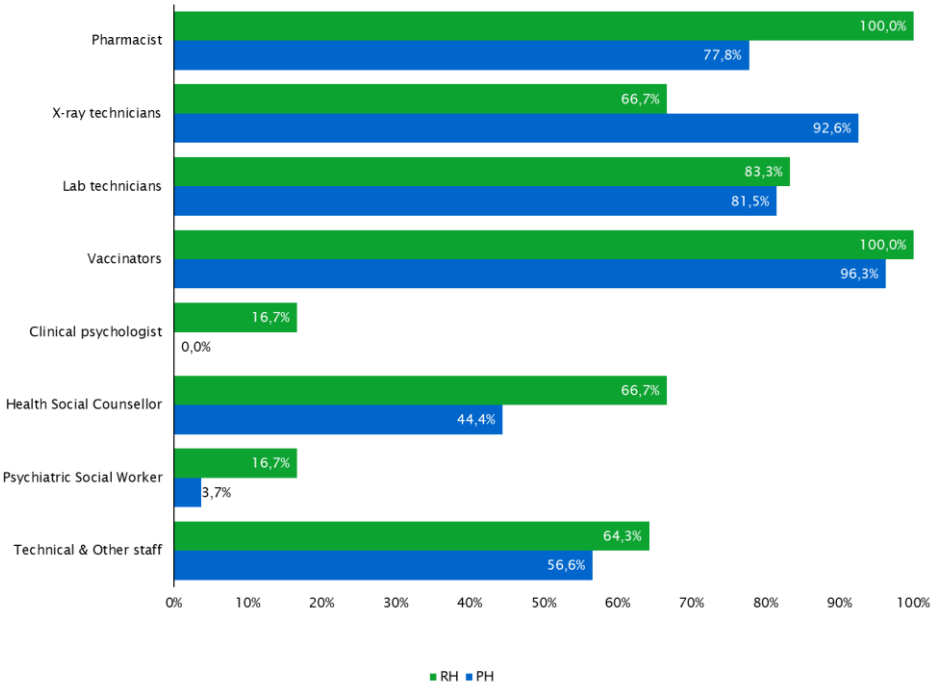
Figure 8 Percentage of PH (n=26) and RH (n=6) with the required number of nurses



Facilities with the required number of technical and other staff

On average 64.3% of the required technical and other staff are available at Regional Hospitals and 56.6% at Provincial Hospitals. In all RH, pharmacist and vaccinator were available. percentage of hospital with psychiatric social worker is very low, 3.7% of PHs and 16.7% of the RHs have psychiatric social worker. In addition, 16.7% of the RHs had clinical psychologist while the percentage of PHs with psychologist has been found to be zero.

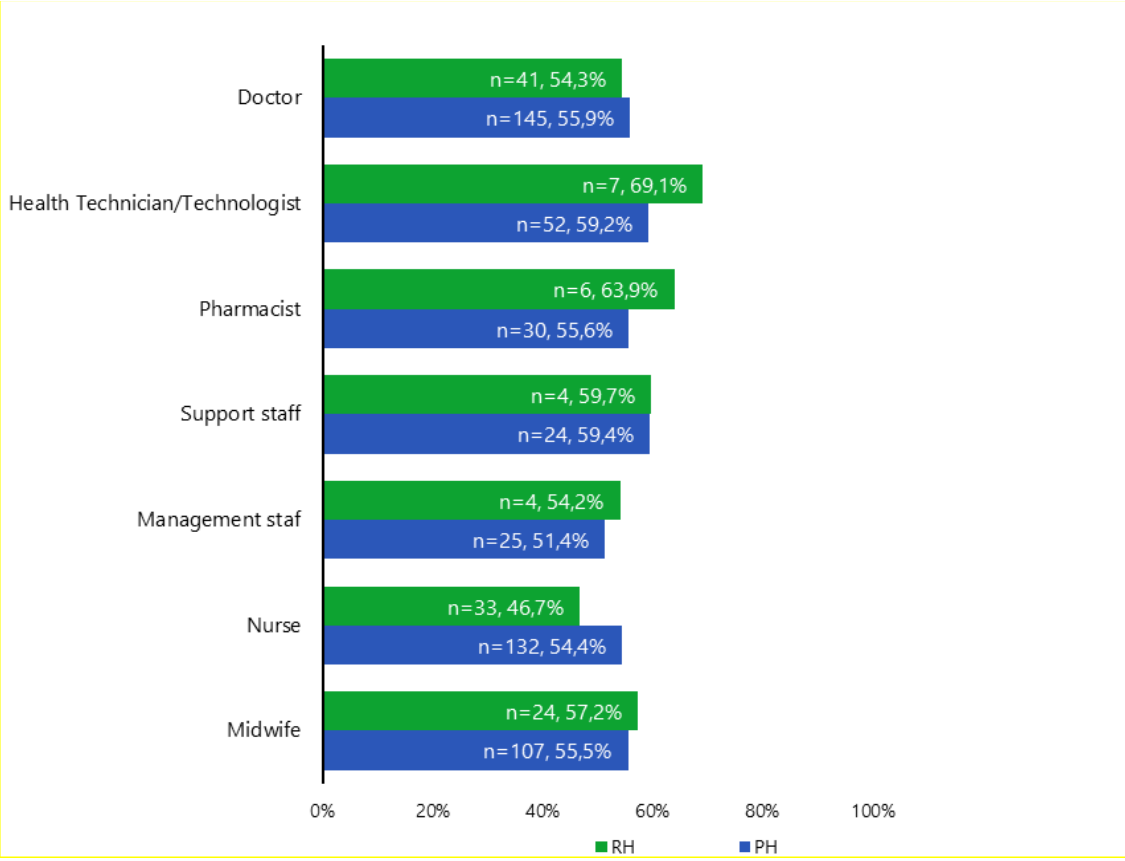
Figure 9 Percentage of PH (n=26) and RH (n=6) with sufficient number of technical and other staff



Provider Knowledge

Overall, all type of health providers scored 46.7% and above. In RHs, Health Technician/Technologist scored the highest 69.1%, while in PHs support staff scored the highest 59.4%. In RHs, the lowest knowledge score has been obtained by nurse, while in PHs, management staff scored the lowest 51.4. Approximately, knowledge scores of all staffs were higher in RHs than PHs, except nurses.

Figure 10 Provider Knowledge Score by Staff Category and Hospital Type



Training received by the HW in EPHS facilities

Generally, half of the staff received training in the EPHS facilities. Doctors were most likely to receive training in both RHs as well as PHs. Hospitals are more likely to have a training plan than a training budget. 83.3% of RHs and 81.5% of PHs had training plan, while 50.0% of RHs and 55.6% of PH had a training budget.

Figure 11 Percentage of Staff Who Received Training in the Past Year, in PH (n=26) and RH (n=6)

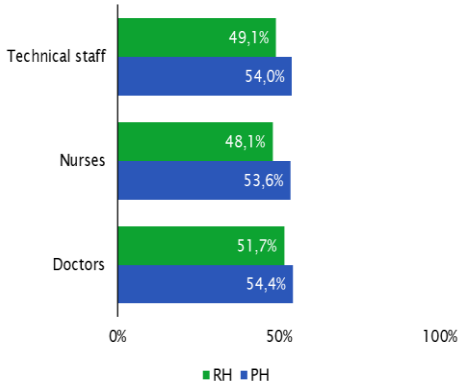
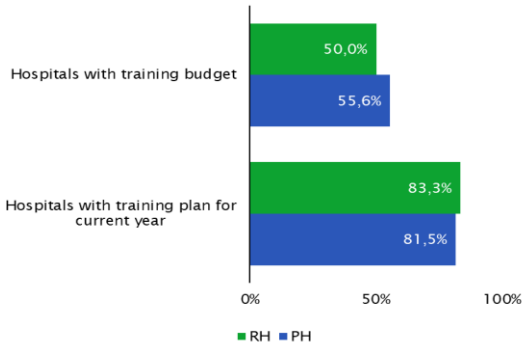


Figure 12 Percentage of hospitals with training budget and training plan in the Past Year, in PH (n=26) and RH (n=6)

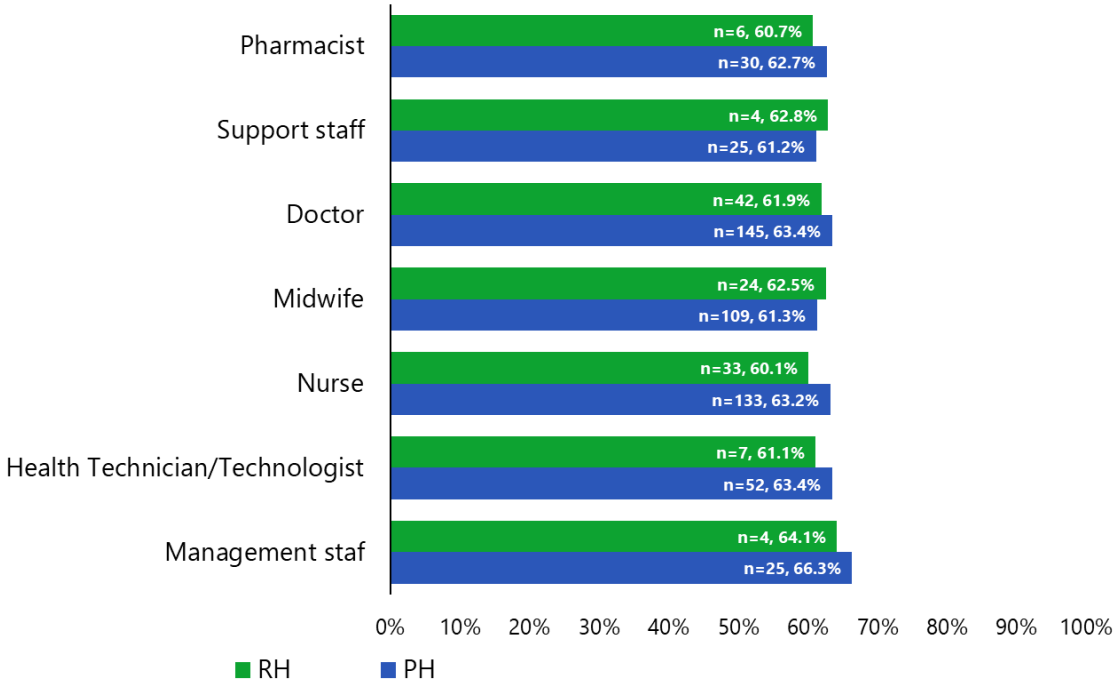


4.1.3 Level of satisfaction and motivation of the EPHS-health staff

Staff satisfaction

Overall, satisfaction level in all staff categories is around 60% in both RHs and PHs with very little difference. Management staffs are most likely to be satisfied in both RHs (64.1%) and PHs (66.3%). On the other hand, nurses are least likely to be satisfied in RHs and supporting staff in the PHs. Figure 15 displays more details on the reasons for their level of satisfaction.

Figure 13 Staff Satisfaction by Staff Category



Staff motivation

Overall, staffs motivation level is slightly higher in the RHs than PHs for all categories of health worker except management staffs and nurses. The biggest difference between two types of hospitals regarding the level of motivation has been observed in the management staffs, it is higher 74.4% in PHs than RHs 65.2%. Doctors seem to be approximately equally satisfied in either RHs or PHs.

Figure *16* displays more details on the reasons for their level of motivation.

Figure 14 Staff motivation by Staff category

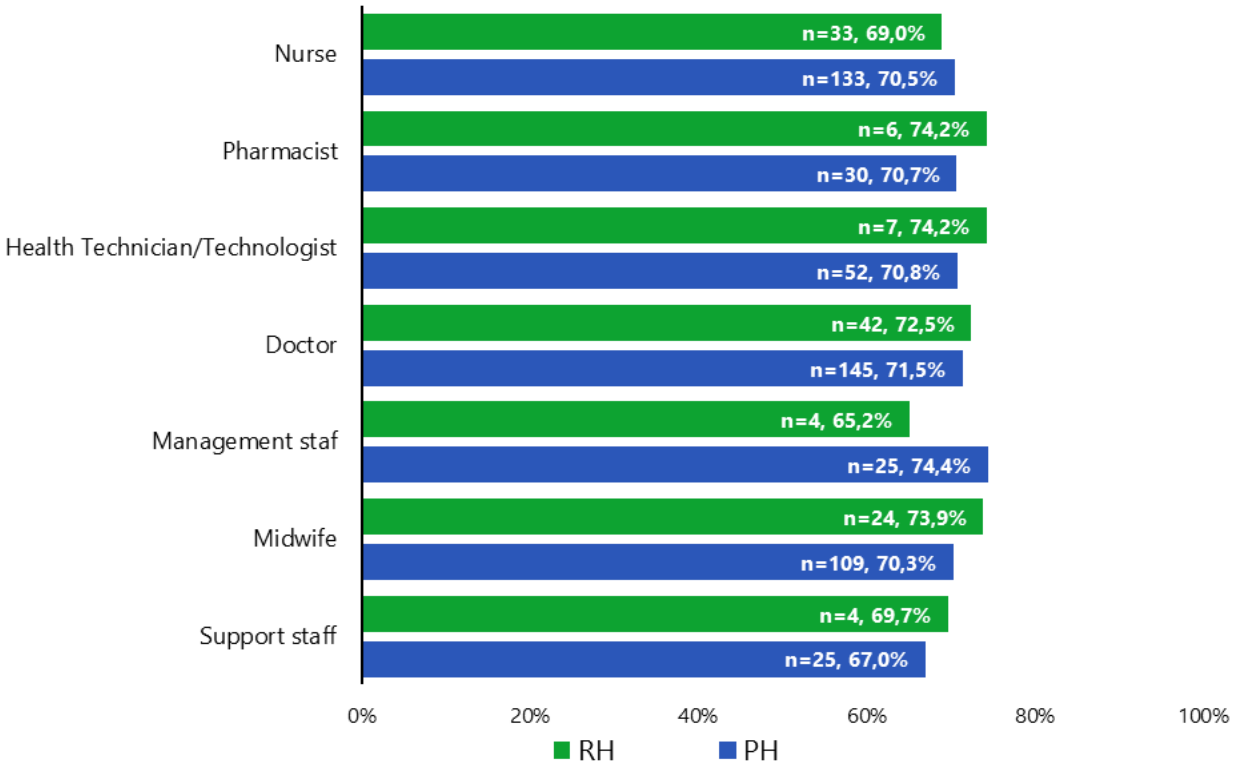


Figure 15 Reasons for level of satisfaction among EPHS health staff (n=639)

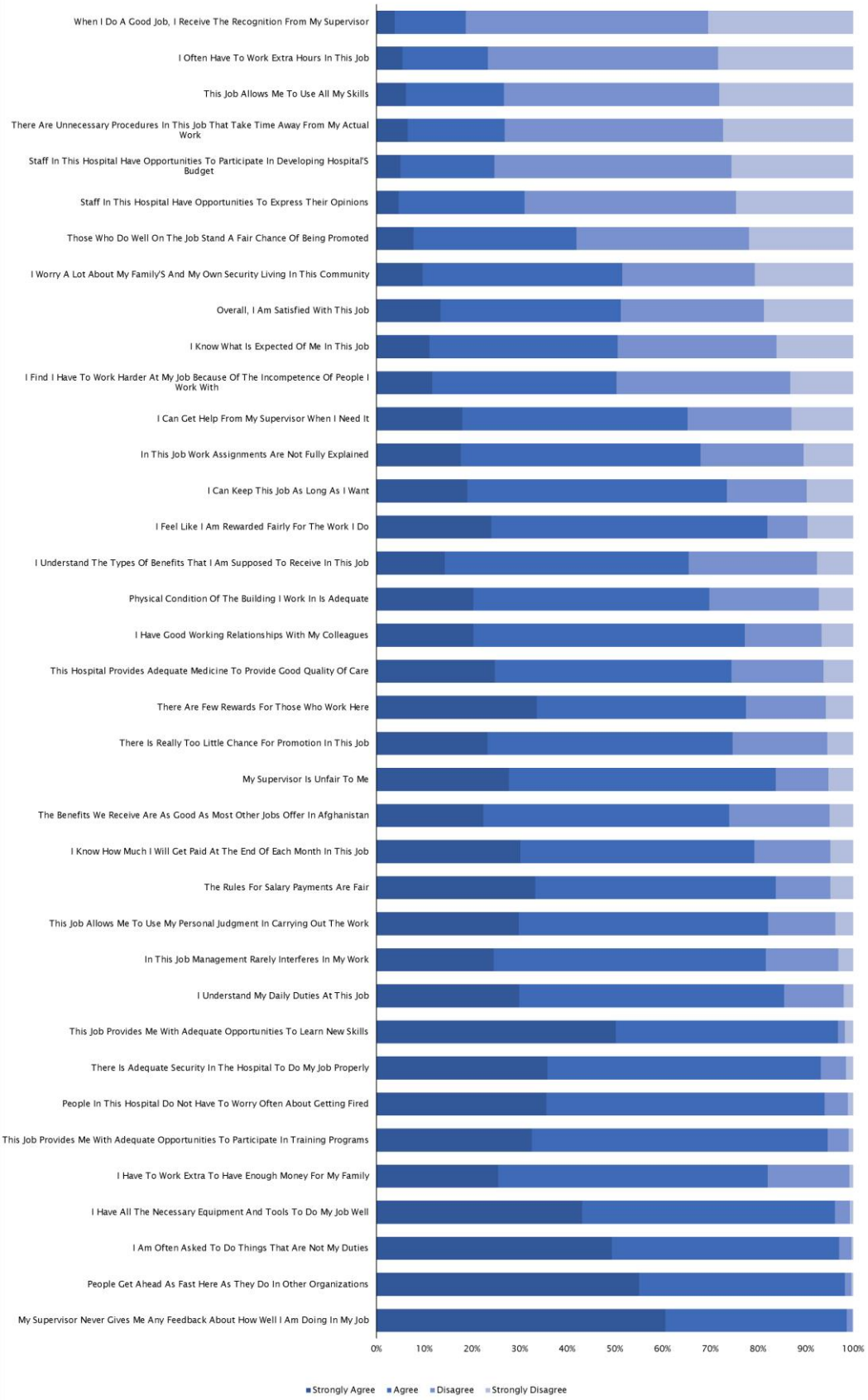
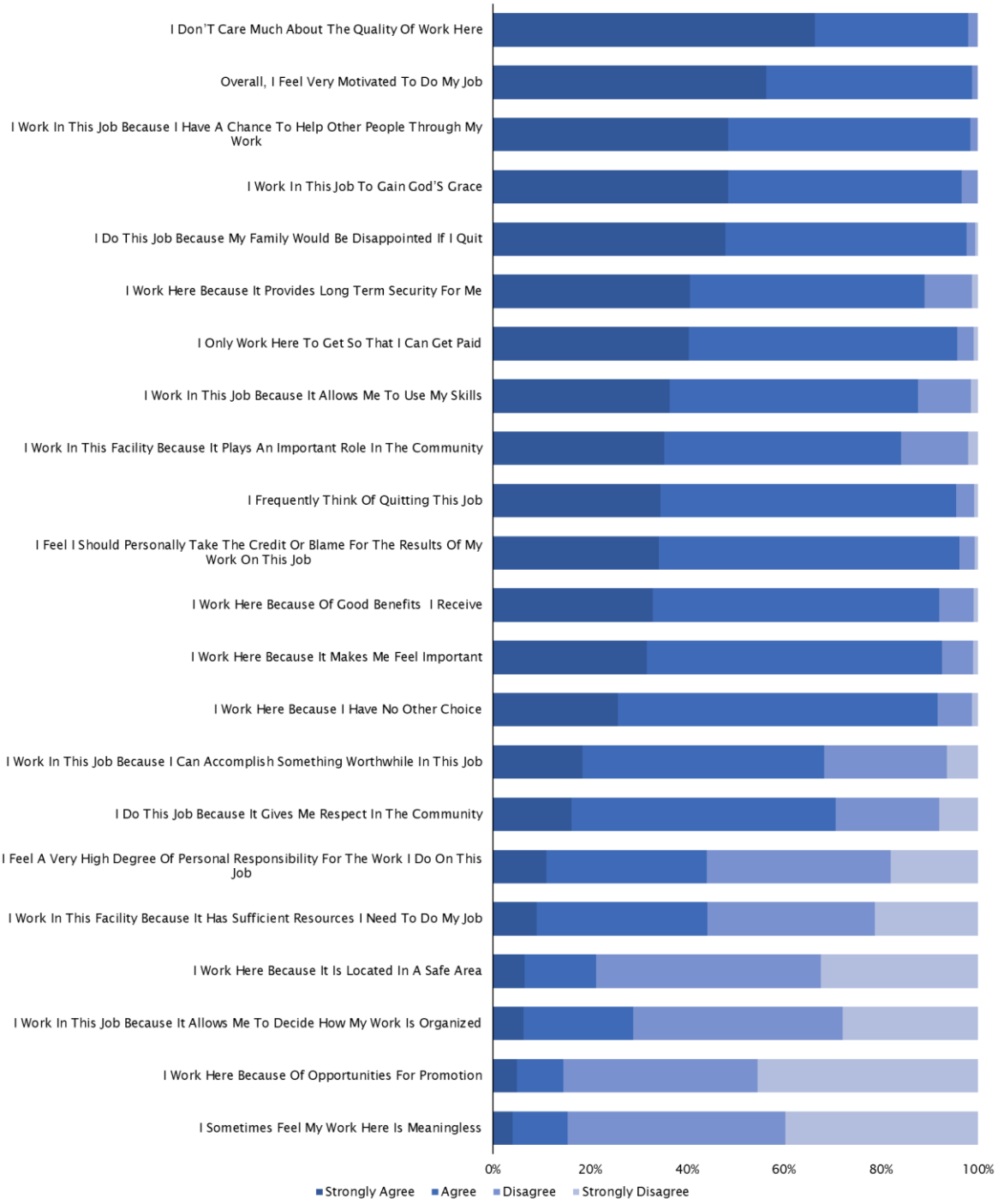


Figure 16 Reasons for level of motivation among EPHS staff (n=639)



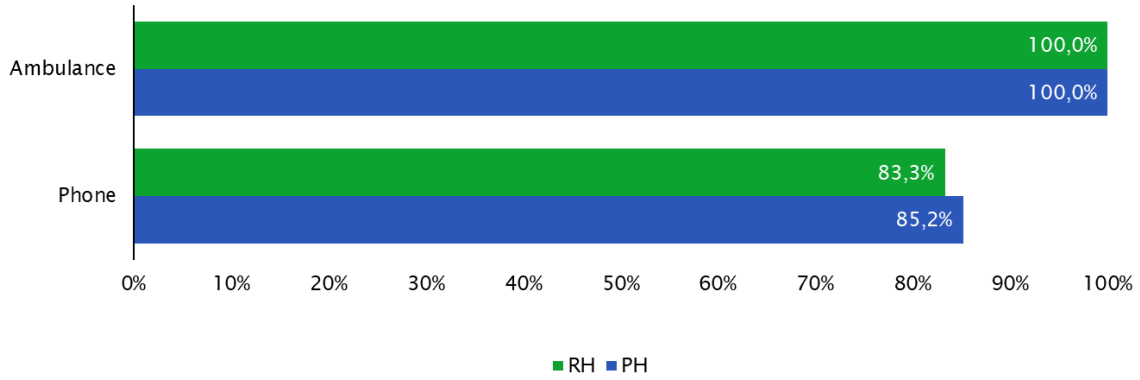
Service Readiness (Domain C, E, F)

4.1.4 Facility Equipment and infrastructure

Functioning ambulance and Phone

All the RHs as well as PHs had a functioning ambulance on the day of the survey. Availability of a functioning phone was lower at 83.3% for RHs having on the day of the survey as compared to 85.2% of PHs.

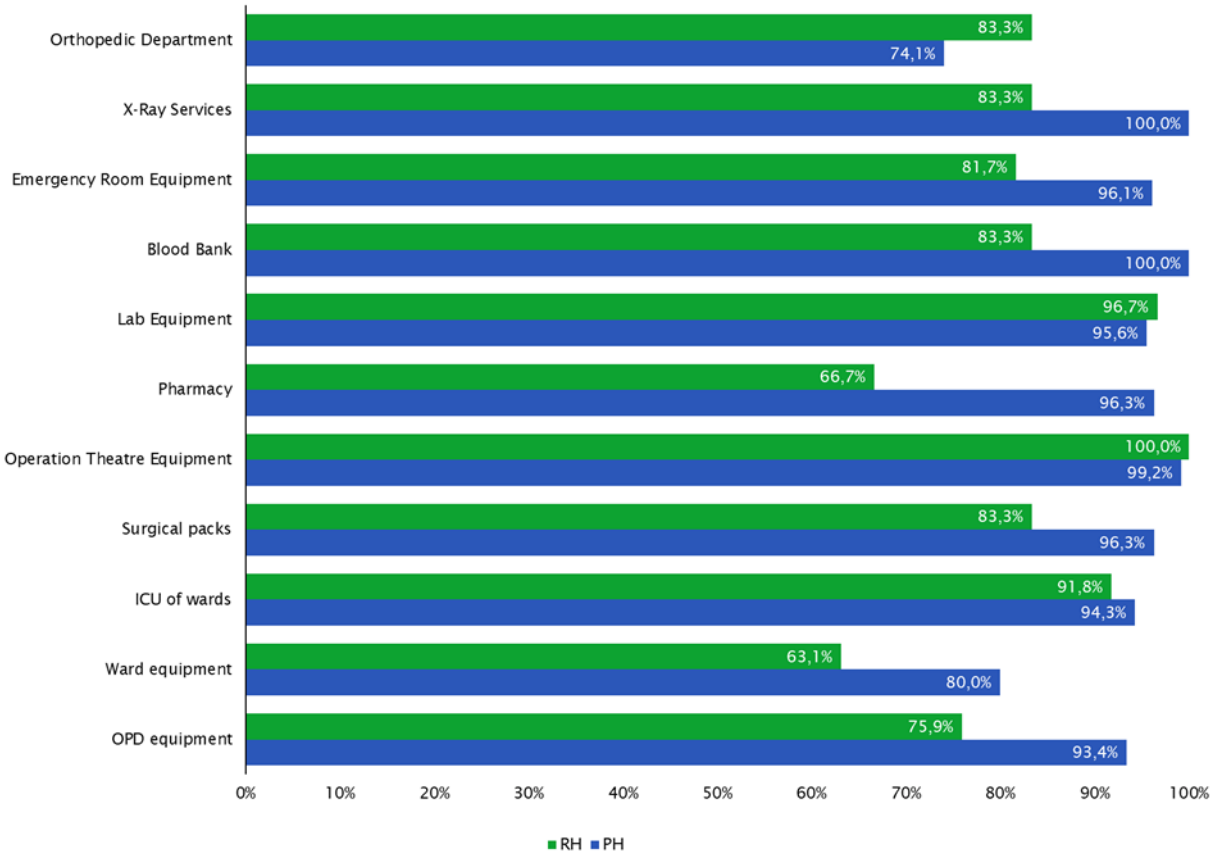
Figure 17 PH (n=26) and RH (n=6) with Functioning ambulance and phone



Functioning equipment

- Most of both types of hospitals, RHs and PHs have functioning equipment to provide X-ray services, surgical operation in Operation theatre, lab tests and examinations, surgical packs, OPD examinations, taking care of orthopedic patients in the ward, provide blood transfusion, provide emergency care and ICU care.
- However, the percentage of the RHs with available pharmacy refrigerator and ward equipment is low at 66.7% and 63.1% respectively.

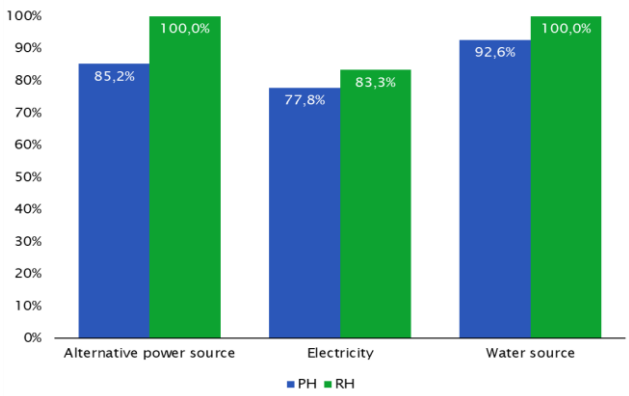
Figure 18 Percentage of functioning equipment in PHs (n=26) and RHs (n=6)



Reliability of Hospitals

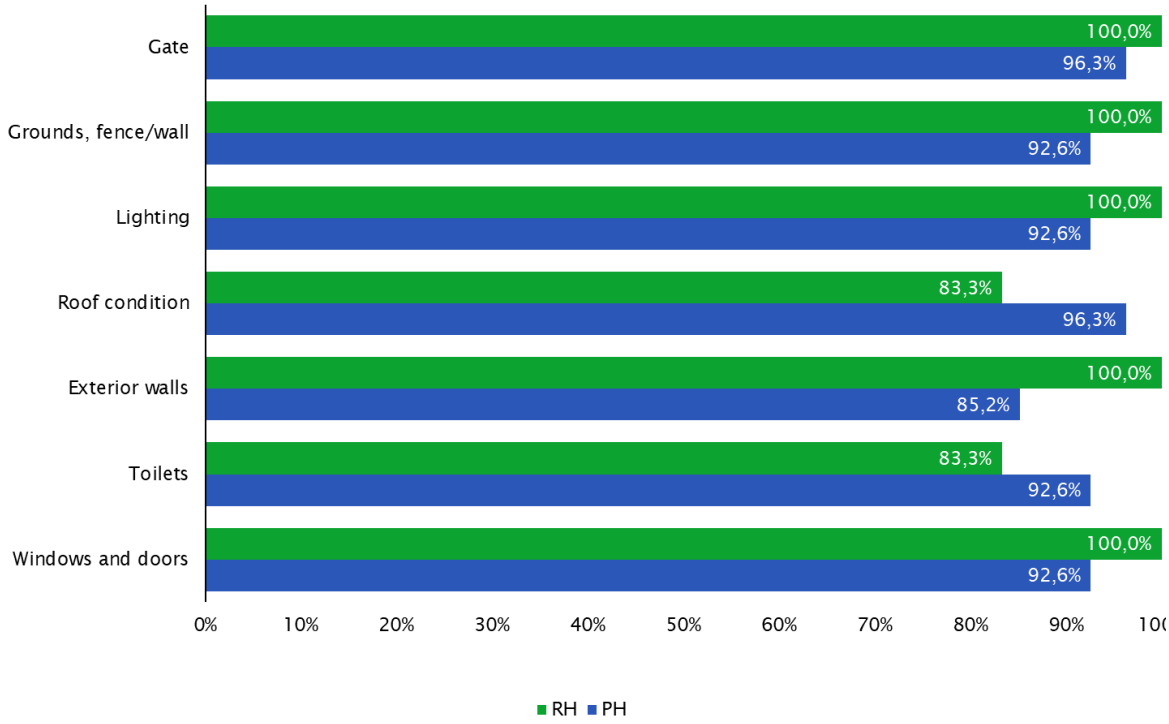
- About 16.7 of RHs and 21.2% of the PHs experience one or more interruptions of their main electricity source per day. However, RH's alternative power source has no interruptions per day. The RHs' water source is reliable 100% without interruption while PHs' water supply is reliable with 92.6% without interruptions.

Figure 19 Reliable power and water source (less than 1 interruption per day) in PHs (n=26) and RHs (n=6)



Most of the infrastructure needs few or no repairs in RH and PH. Infrastructure found least often in need of few or no repairs include toilets and road conditions in RHs, while infrastructure needs few or no repair most often are lightening, gate, ground/fence and walls, windows and doors in both RHs and PHs.

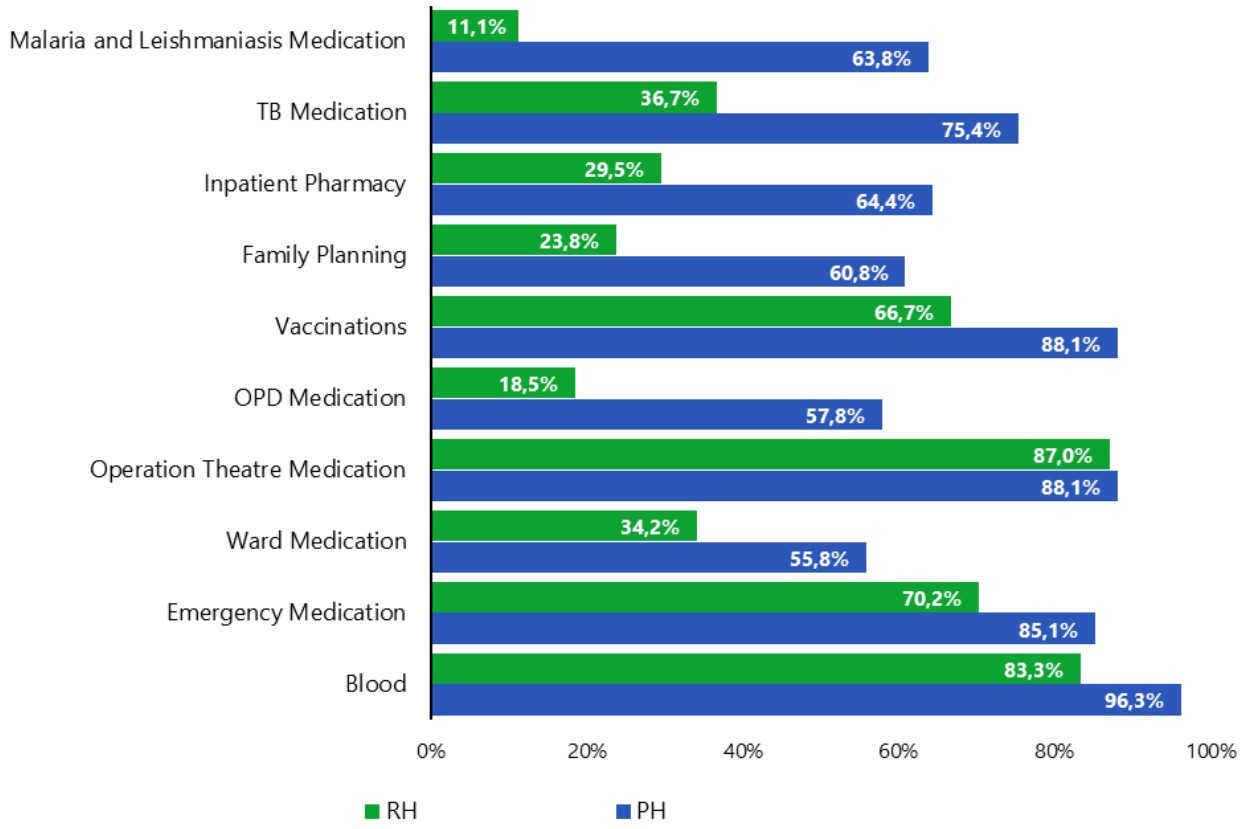
Figure 20 Percentage of PHs (n=26) and RHs (n=6) with few or no repairs needed it



4.1.5 Medicines

Overall, all types of medicines are available in PHs more than RHs. RH offer 11.1% of recommended malaria and leishmaniasis drugs such as Chloroquine, Quinine and Primaquine, as compared to 63.8% among PHs. Furthermore, RH offer on average 18.5% of the recommended OPD medications followed by 23.8% family planning medication, 29.5% in-patient pharmacy drugs and 34.7% ward medication. On the other hand operation theatre medicine were found to be available the most 87.0% in RHs. In PHs, the ward medicine least likely 55.8% available in the PHs and the most likely available drug was operation theatre medicine at 88.1%.

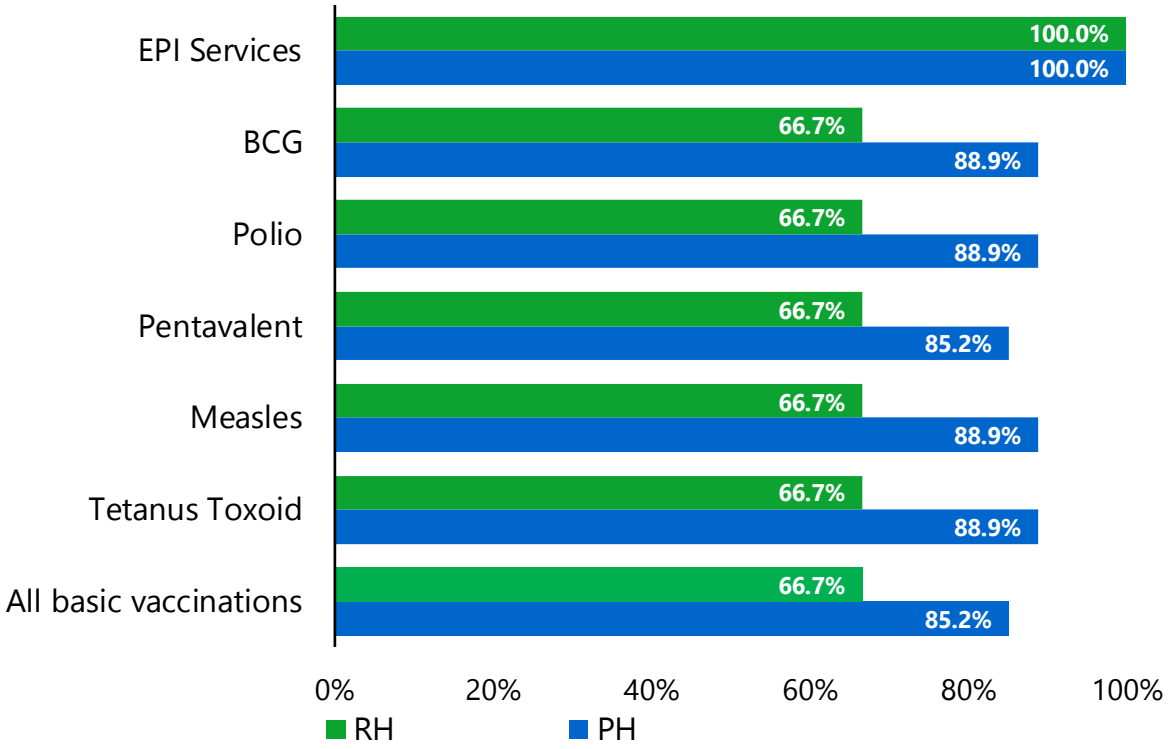
Figure 21 Percentage of (non-expired) Drugs in Stock in PHs (n=26) and RHs (n=6)



4.1.6 Vaccines

All RHs as well as PHs offered EPI services. 85.2% of the PHs had all basic vaccines compared to 66.7% of RHs. PHs are more likely to have all vaccines compare to RHs.

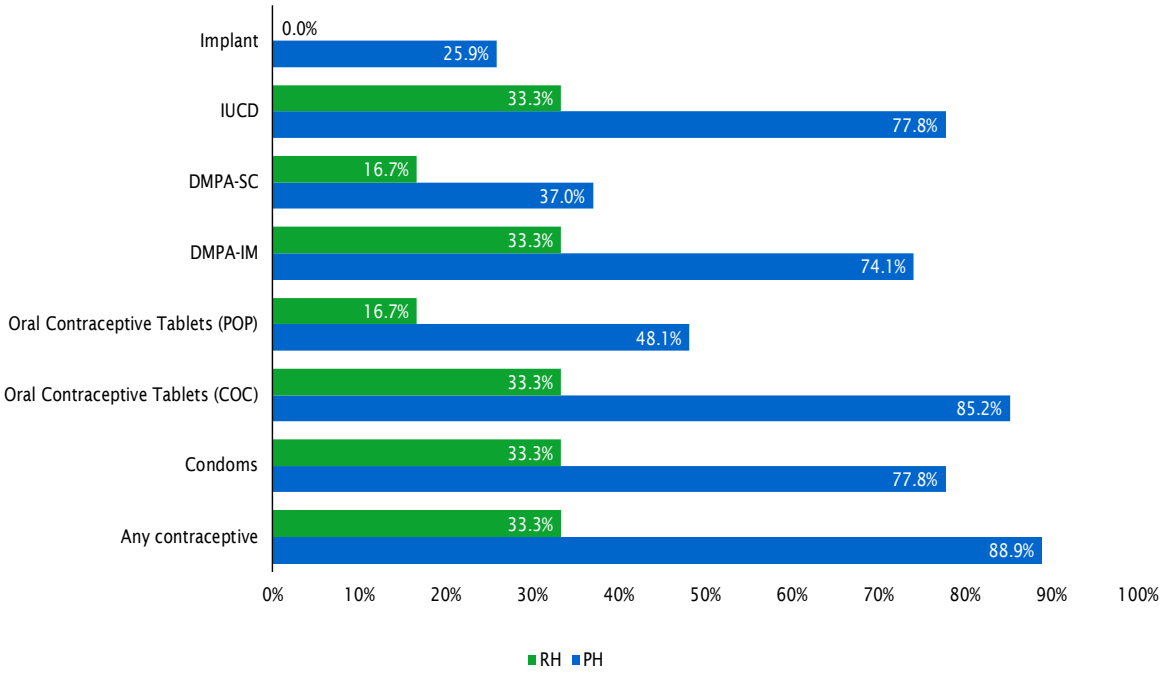
Figure 22 Availability of Vaccines in PHs (n=26) and RHs (n=6)



4.1.7 Contraceptives

Overall, 33.3% of RHs offer any kind of contraceptive as compared to 88.9% of the PHs. Implant method of the contraceptive was offered just in 25.9% of PHs, whereas none of the RHs offered implant method of contraceptive. Furthermore, PHs are more likely to offer contraceptive methods, such as IUCD, DMPA-SC, DMPA IM, POP, COP and Condoms than RHs.

Figure 23 Availability of contraceptives in PHs (n=26) and RHs (n=6)

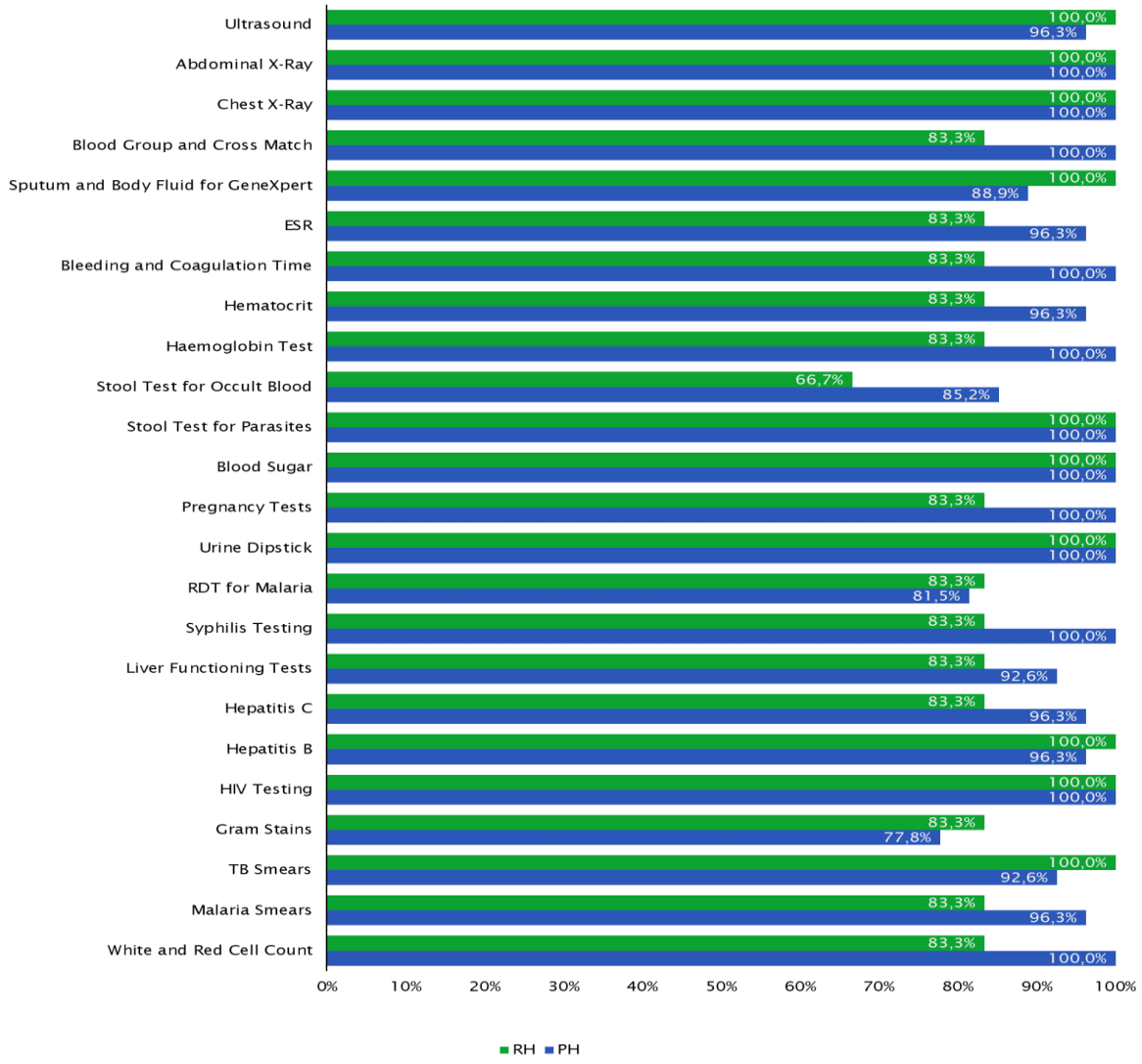


4.1.8 Laboratory

The majority of tests were available on the day of the survey in most of the hospitals. All RH were able to perform ultrasound, abdominal and chest x-ray, sputum and body fluid for GeneXpert, parasite stool tests, blood sugar tests, urine tests, Hepatitis B, HIV tests and TB smear test. In addition small proportion 66.7% of the RHs offered stool exam for occult blood test. Other laboratory tests are offered by 83.3% of the RHs.

All PHs offered chest and abdominal X-ray, blood group and cross match, bleeding an clotting time, HB test, stool test for parasite, blood sugar, pregnancy test, urine test, syphilis tests, HIV and white and red blood cell count. Furthermore, other tests were offered by more than 75% of the PHs.

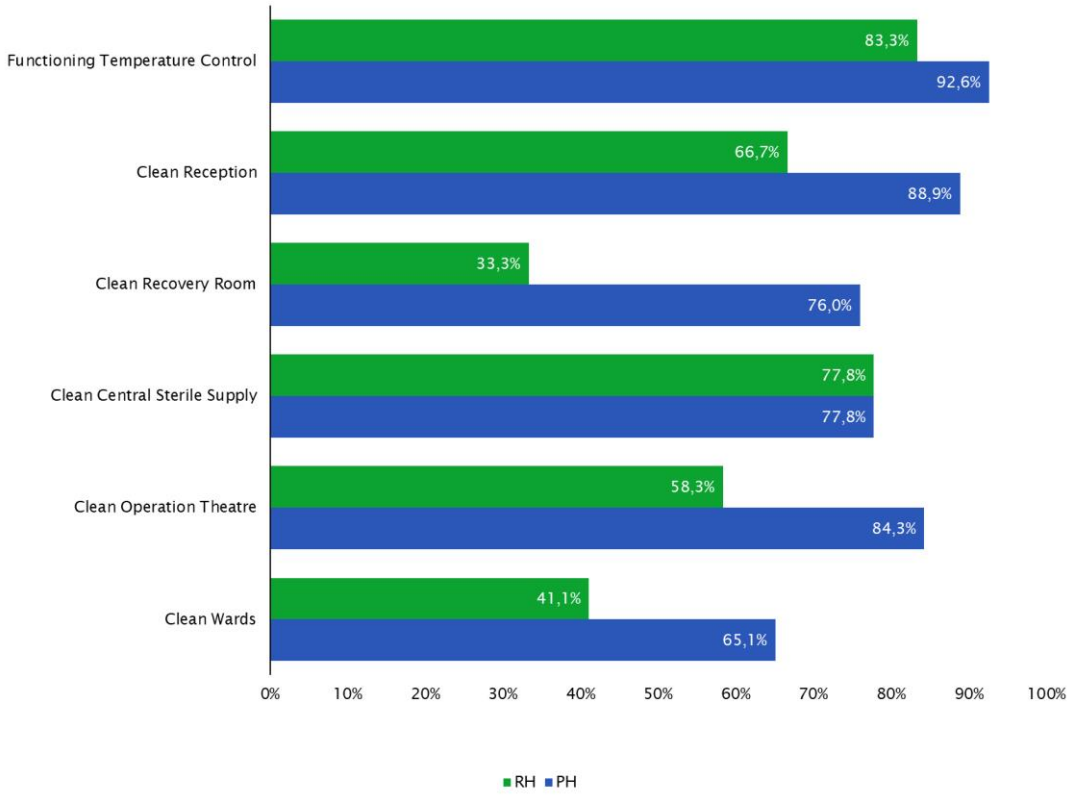
Figure 24 Availability of Lab Tests in PHs (n=26) and RHs (n=6) On Day of Survey



4.1.9 Cleanliness

Overall, PHs were found to be clean more likely compare to the RHs. Recovery rooms were found to be least likely clean in 33.3% RHs, while reception area was found to be most likely clean in the 66.7% of the RHs. Central sterile supply were found to be clean satisfactorily at 77.8% of both RHs and PHs. The operation theatre (RH: 58.3%, PH: 84.3%) and the ward (RH: 41.1%, PH: 65.1%) were found clean enough.

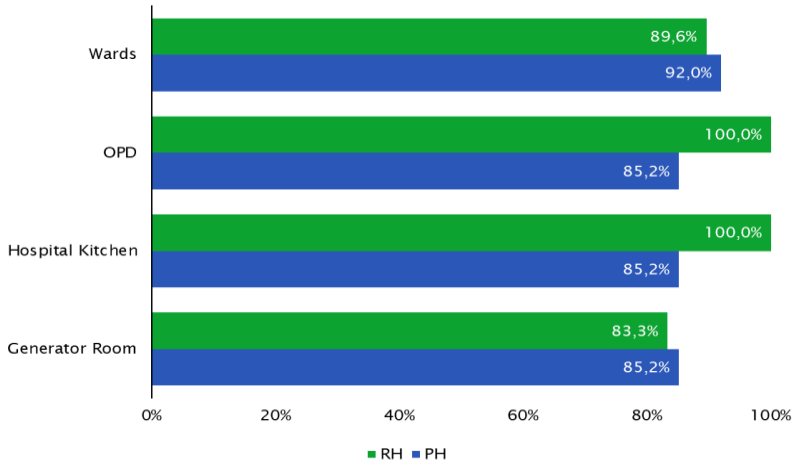
Figure 25 Percentage of PHs (n=26) and RHs (n=6) with:



4.1.10 Safety precautions

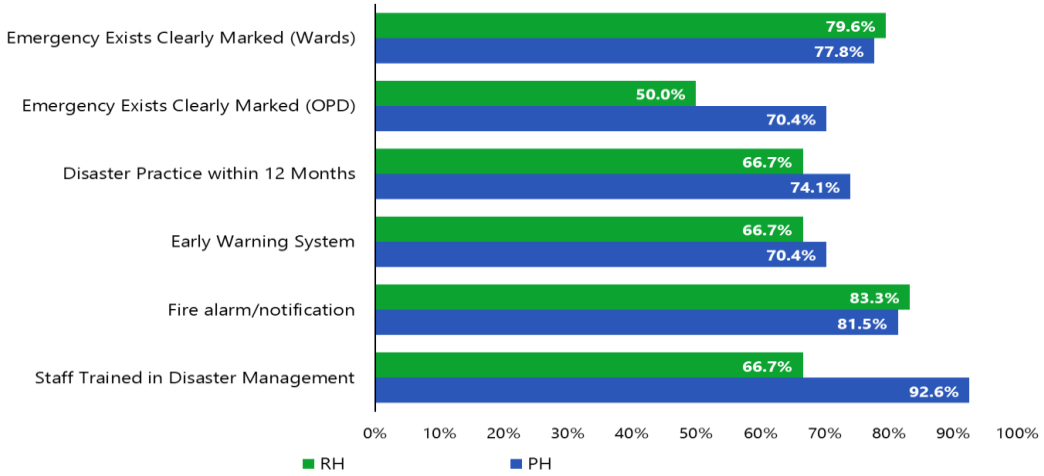
Generally, the majority of hospitals (RHs and PHs) have functioning fire extinguishers in place in the wards, OPD, a hospital kitchen and a generator room. All RHs have fire extinguishers in OPD and hospital kitchen.

Figure 26 Percentage of PHs (n=26) and RHs (n=6) with a Fire Extinguisher



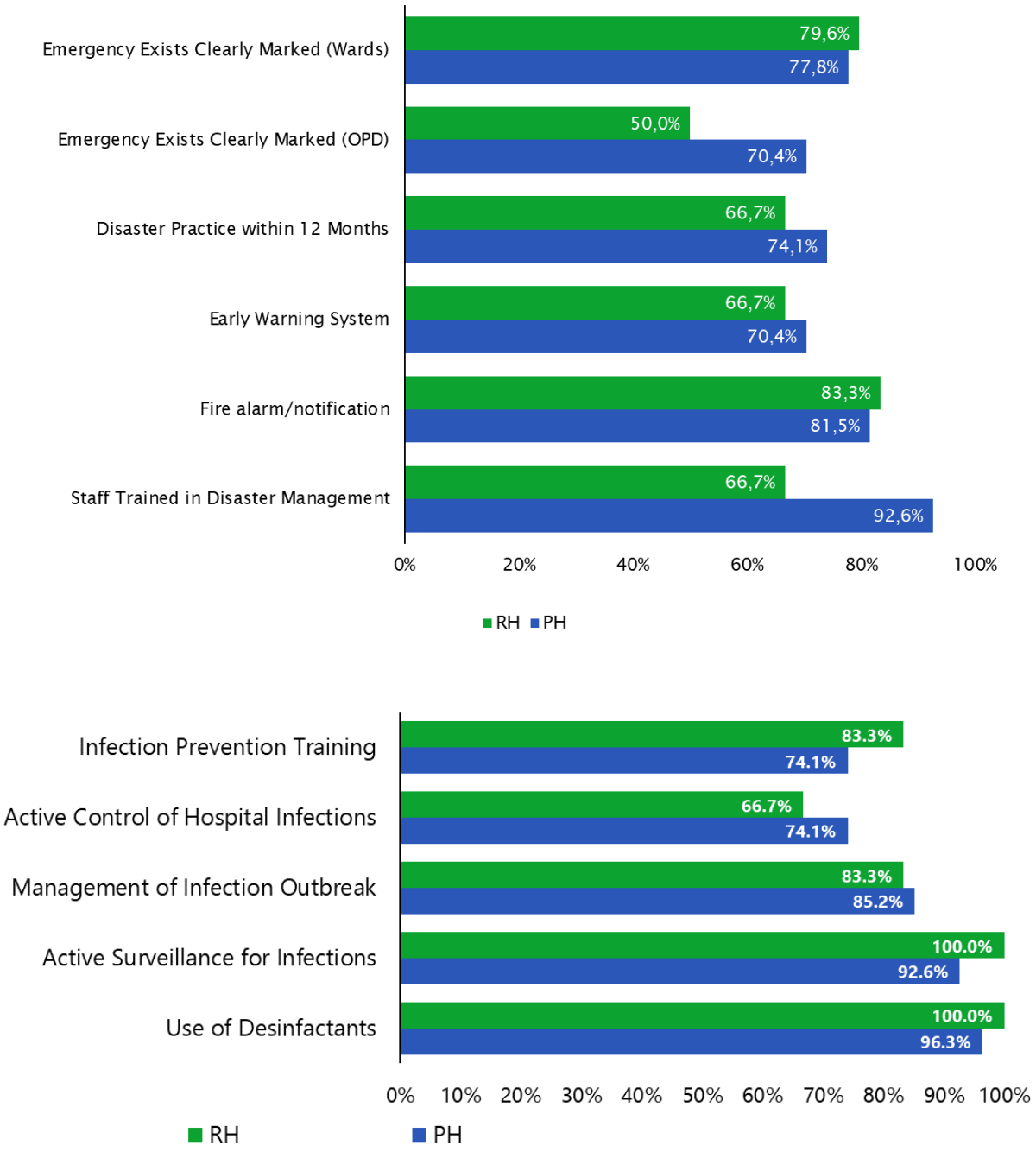
Generally, safety precaution are followed by PHs more likely than RHs. Emergency exits are clearly marked in only 50.0% of OPDs, and 79.6% of wards in PH, while it is 70.4% and 77.8% respectively in RHs. A fire alarm is place in only 83.3% of RHs and 81.5% of PHs. Training of staff and disaster practice is much more common in PH (disaster practice: 74.1%, training of staff in disaster management: 92.6%) than in RH (disaster practice: 66.7%, training of staff in disaster management: 66.7%). Overall there is room for improvement in regards to safety precautions in hospitals.

Figure 27 Percentage of PHs (n=26) and RHs (n=6) with Safety Precautions



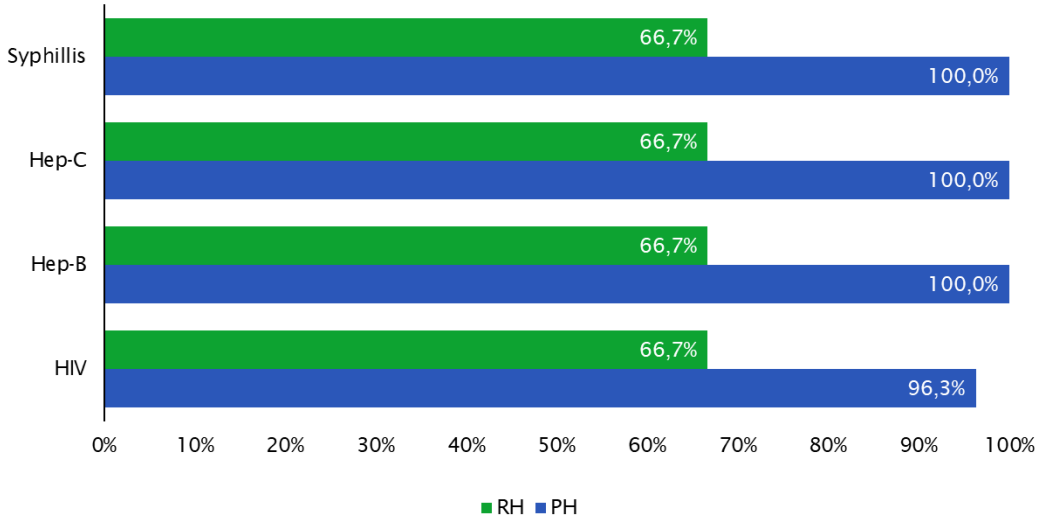
All RHs (100%) use disinfectants and active surveillance for infection, compare to 96.3% and 92.6% respectively in PHs. There is room for improvement for active control of hospital infections (RH: 66.7%, PH: 74.1%) and the infection prevention training (RHs: 83.3, PHs: 74.1).

Figure 28 Infection Control Measures Taken by PHs (n=26) and RHs (n=6)



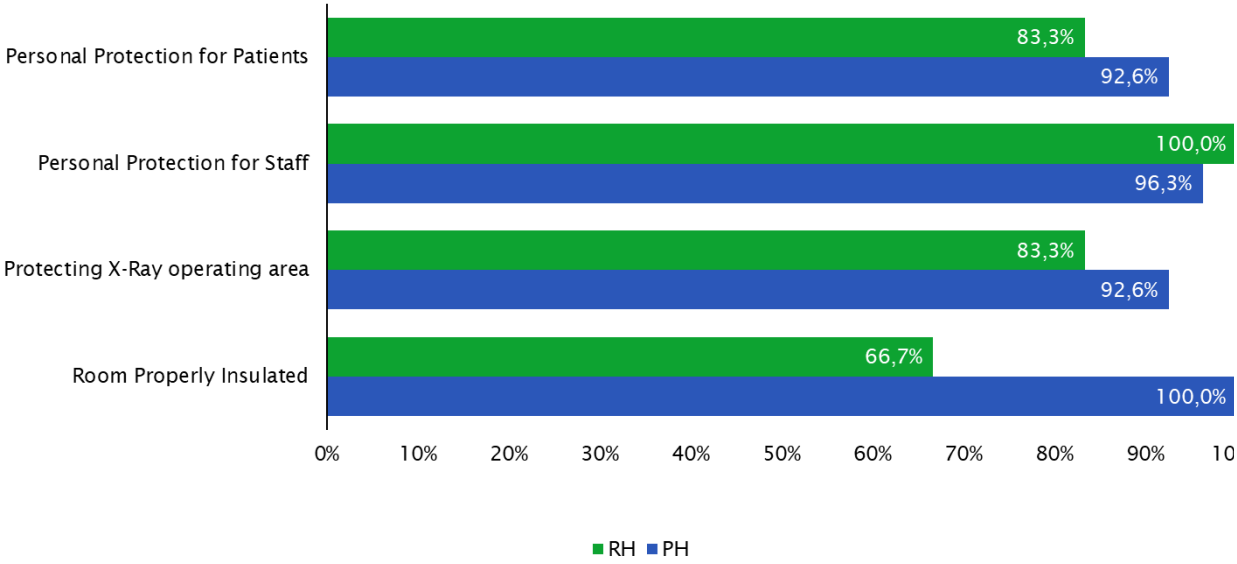
Almost all blood that is used for blood transfusion is tested for Syphilis, Hepatitis B and C and HIV in PHs, however they are tested in 66.7% of the RHs.

Figure 29 Viral Contamination Tests for Blood Transfusions in PHs (n=26) and RHs (n=6)



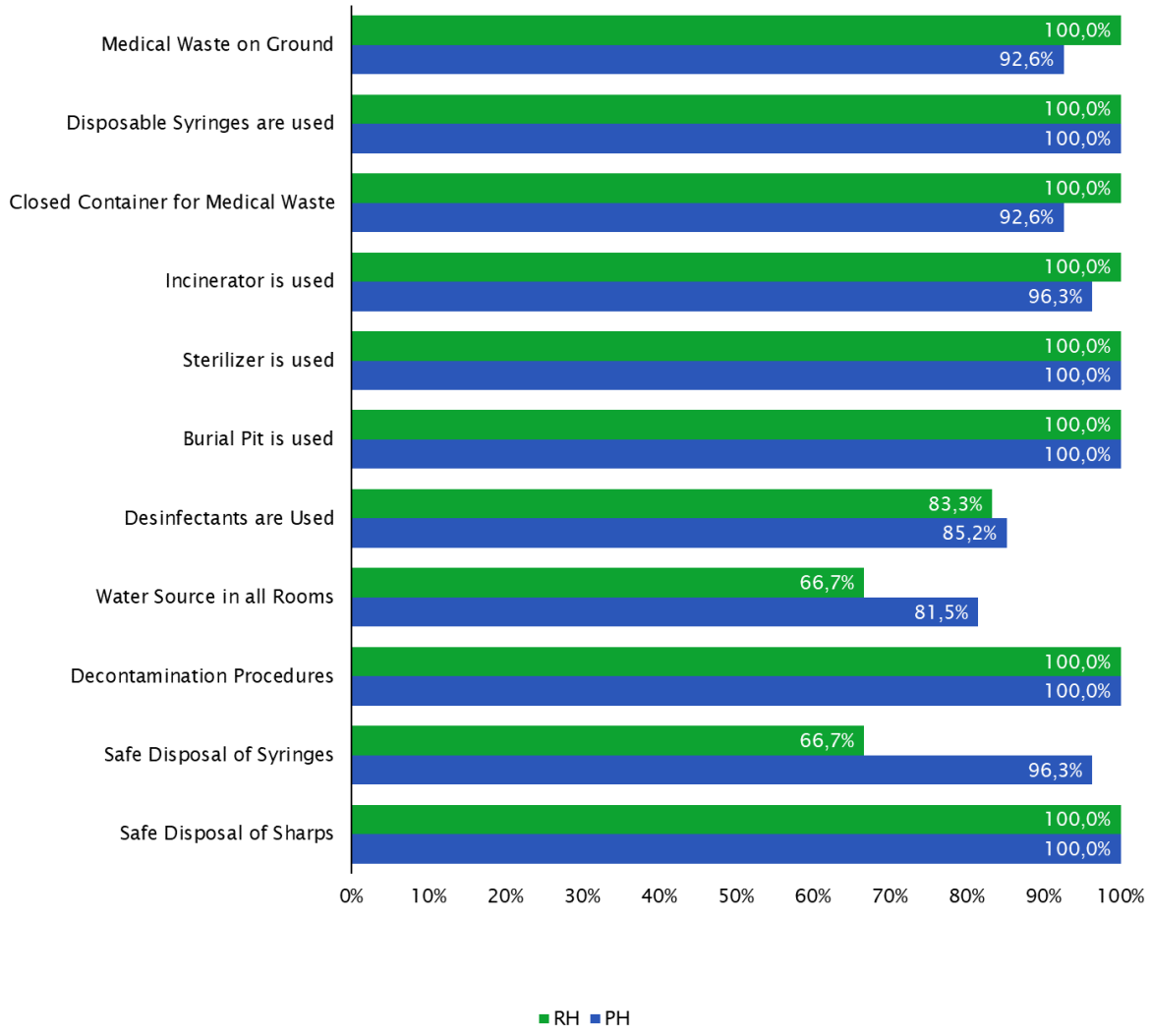
In most hospitals, staff have access to personal protection against x-ray radiation (RH: 100%, PH: 96.3%). In 66.7% of RHs, rooms properly insulated, while whole of the PHs have properly insulated rooms. The x-ray operating area and room are properly protected in 83.3% of the RH, and in 92.6% of PH.

Figure 30 X-Ray Protective Measures Taken by PHs (n=26) and RHs (n=6)



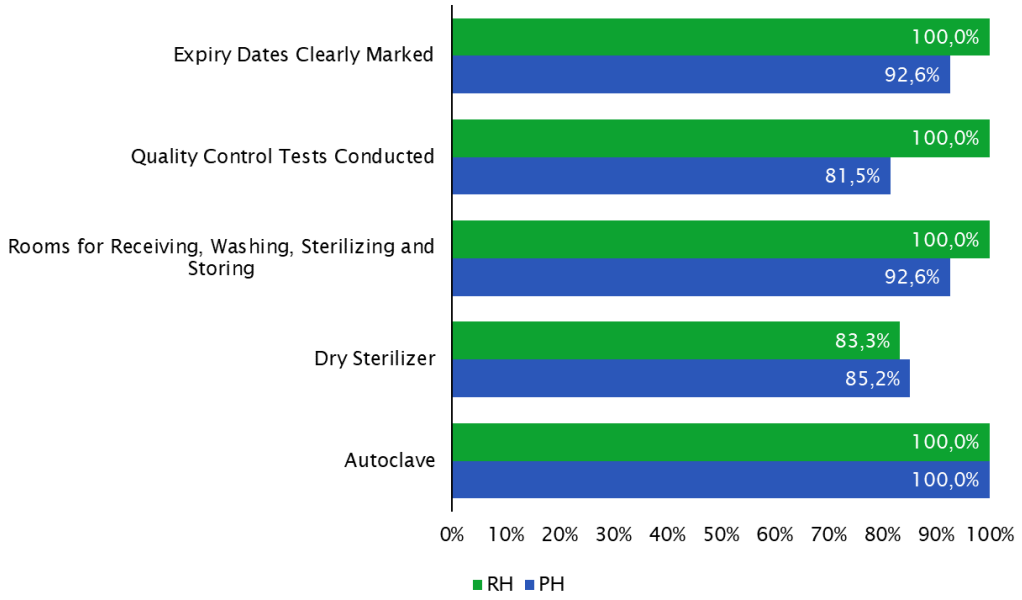
All of the RHs as well as PHs using disposal syringes, sterilizers, burial pit, decontamination procedures and safe disposal of sharp materials. However, there is a room for improvements of disinfectant utilization, water source in all rooms and safe disposal of syringes.

Figure 31 Universal Precautions Taken by PHs (n=26) and RHs (n=6)



Apart from dry sterilizer which is available in 83.3% of RHs, all other items of precautions around centeral supply area were found in all RHs, whereas there is a room for improving performing quality control test, provision of rooms for receiving, washing, sterilizing and storing in PHs.

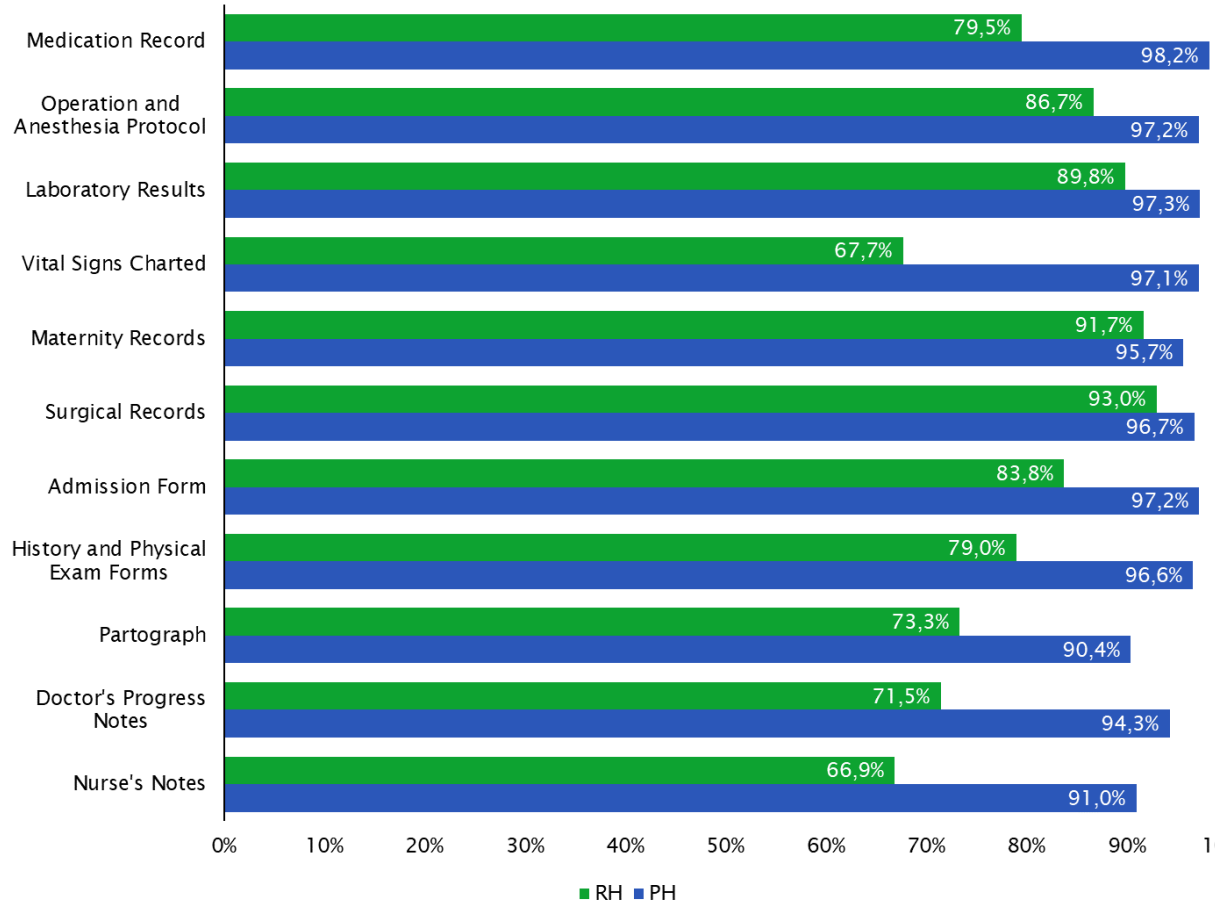
Figure 32 Precautions around Central Supply Area in PHs (n=26) and RHs (n=6)



4.1.11 Record Systems to support Quality Services

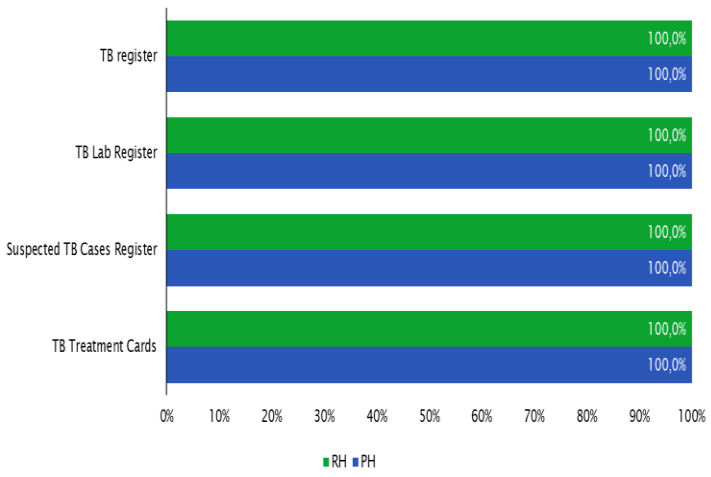
The percentage of hospitals who maintain relevant records of in-patients is generally high. More than 90% of the PHs have all inpatient record keeping system compared to 91.7% and lower of RHs. The records least often found among patient records include partograph (RH: 73.3%, PH: 90.4%), and nurse notes (RH: 66.9%, PH: 91.0%).

Figure 33 Inpatient Record Keeping in PHs (n=26) and RHs (n=6)



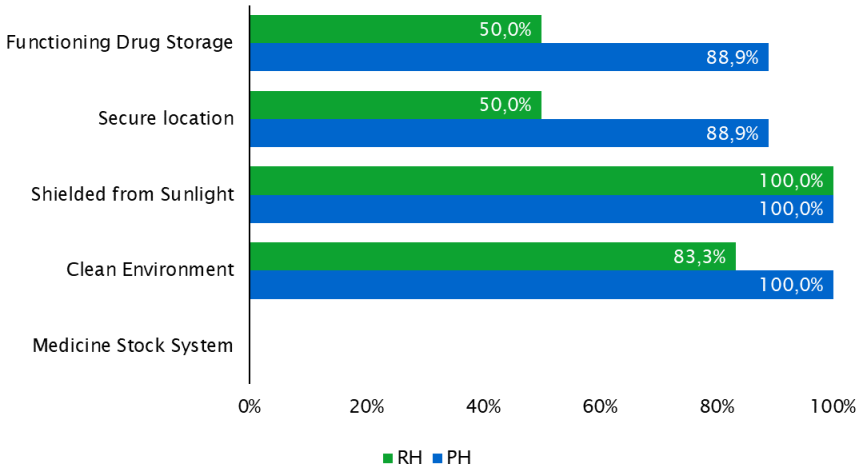
In addition, all hospitals had a TB register, which in almost all cases was complete with a lab register, suspected TB cases register and TB treatment cards.

Figure 34 TB **Registers in PHs (n=26) and RHs (n=6)**



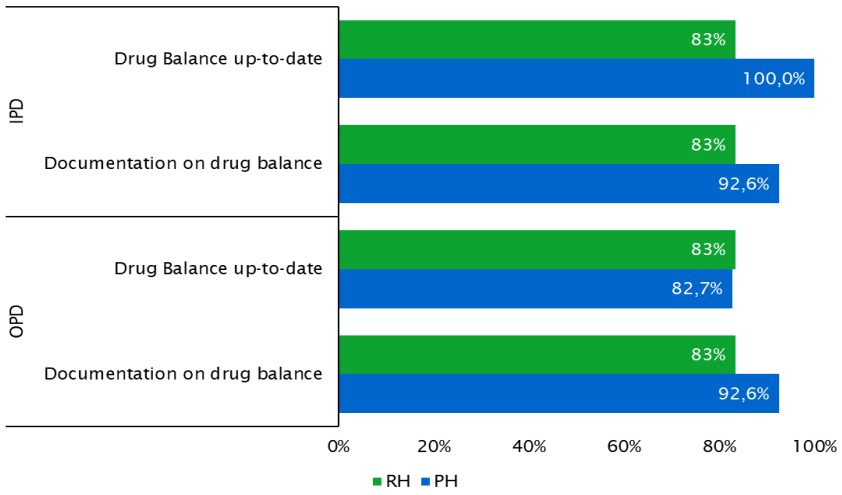
All RHs and PHs have been shielded from sun light; PHs have more clean environment and medicine stock system, compare to 83%, 50% of the RHs respectively. About 50% of RH and 89% of PH store drugs in a secure location.

Figure 35 Drug storage and record keeping in PHs (n=26) and RHs (n=6)



Only 83% of the RHs had documentation on drug balance available on the day of the visit, as compared to almost all PH. In addition, the drug balance was up to date in 83.0% of IPD and OPD for RHs,as compared to 100.0% IPD and 92.6% OPD for PH.

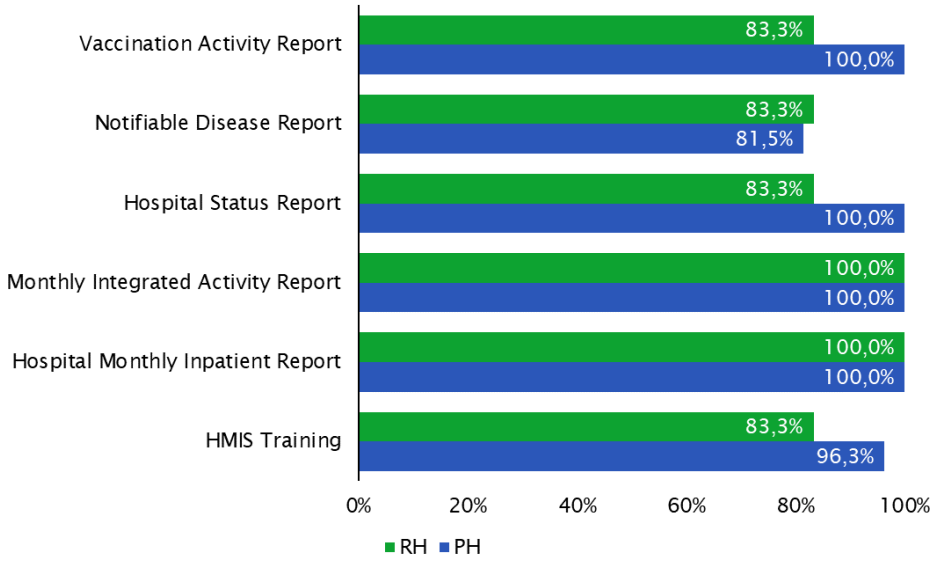
Figure 36 Availability of documentation on drug balance and percentage of drugs of which the drug balance is up to date in PHs (n=26) and RHs (n=6)



4.1.12 HMIS reporting

Overall, PHs provide more HMIS reports and trainings compared to RHs. 83.3% of the RHs report vaccination activities, while all of the PHs report vaccination activities. 96.3% of PH conducted HMIS training compared to 83.3% of RH. All RHs as well as PHs provide Monthly Integrated Activity Report and Hospital Monthly Inpatient report.

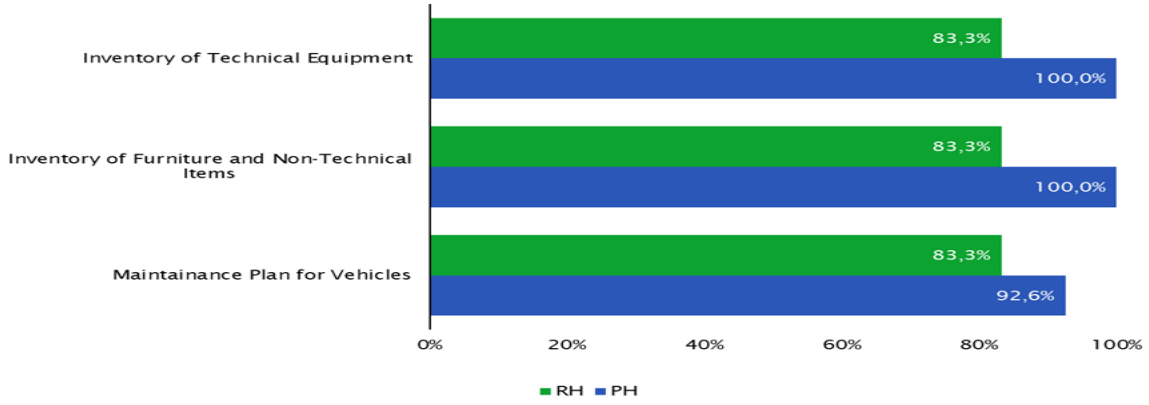
Figure 37 Availability of HMIS reports in PHs (n=26) and RHs (n=6)



4.1.13 Equipment management

On average, the percentages of inventory and maintenance plan is higher in PH compared to RH. In 83.3% of RH inventory of technical equipment and furniture and non-technical items and maintenance plans are avilable. Availability of inventories and maintenace plans in PH reach 100% and 92.6% respectively

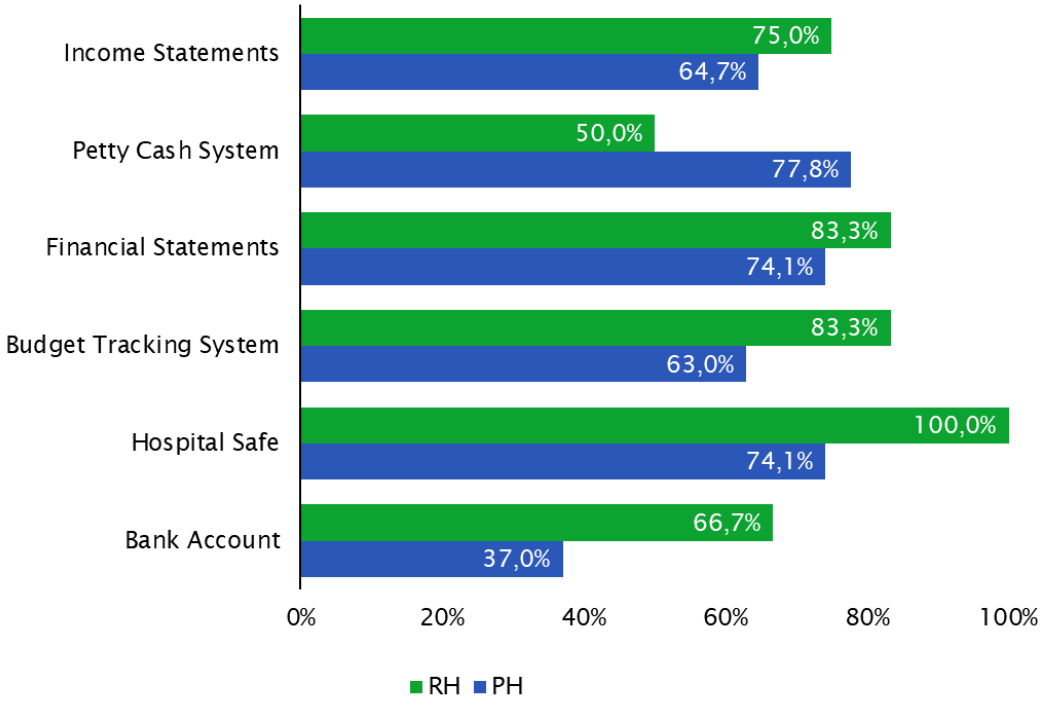
Figure 38 Inventories and maintenance plan in PHs (n=26) and RHs (n=6)



4.1.14 Financial Systems

Generally, RHs are more financially stable than PHs. While only 37% of PHs have a bank account, 66.7% of RH have a bank account. All RHs have safe compared to 74.1% of the PHs. Income statements were available in 75.0% of RH as compared to 64.7%% in PH.

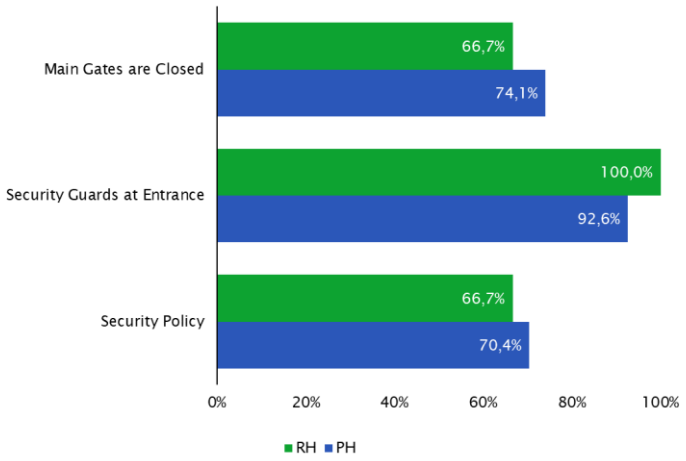
Figure 39 Financial Systems in Place in PHs (n=26) and RHs (n=6)



4.1.15 Security measures

Security measures are being taken by both RH and PH. It seems as though security measures seems to be better in RH, only 66.7%% of the RH had a security policy in place as compared to 70.4% in PH facilities.

Figure 40 Security measures taken by PHs (n=26) and RHs (n=6)

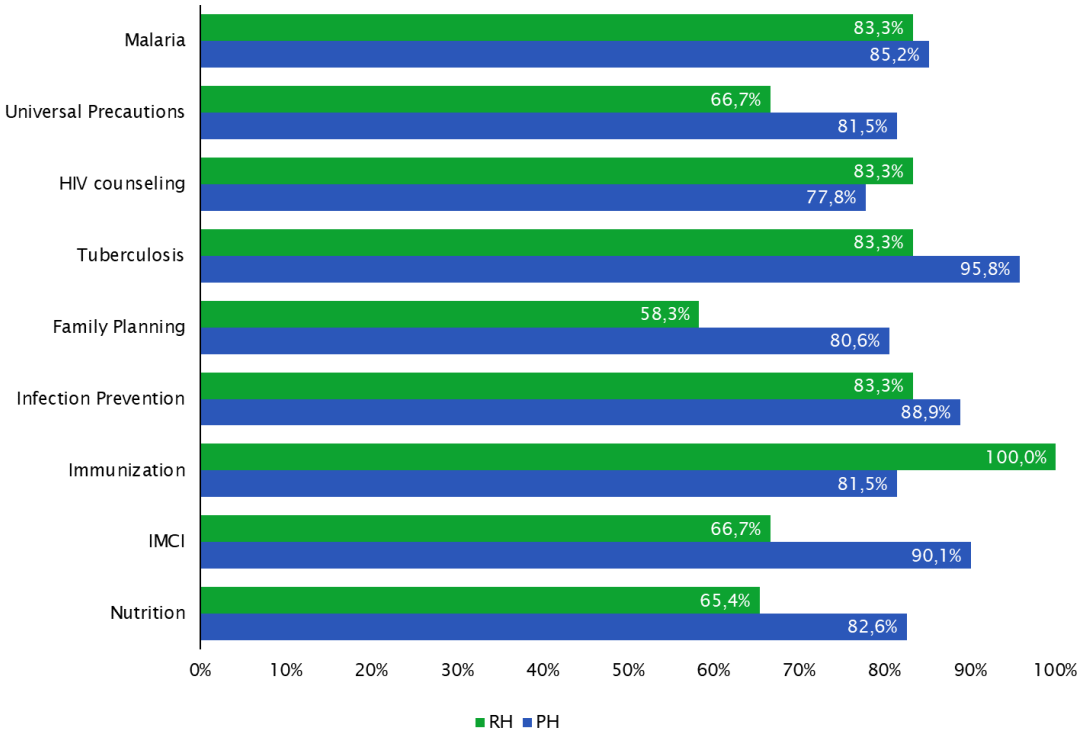


Quality of Services (Domain D, G)

4.1.16 Clinical Guidelines

Overall, more PHs have clinical guidelines compare to RHs. All RHs were found to have Immunization guideline compared to the 81.5% of PHs. Guidelines on nutrition, IMCI, FP, TB and universal precautions were available in most of the PHs. Malaria, HIV counselling and Infection Prevention guidelines are available in the most of the RHs as well as PHs. The least RH were found to have FP, Nutrition, and IMCI guidelines.

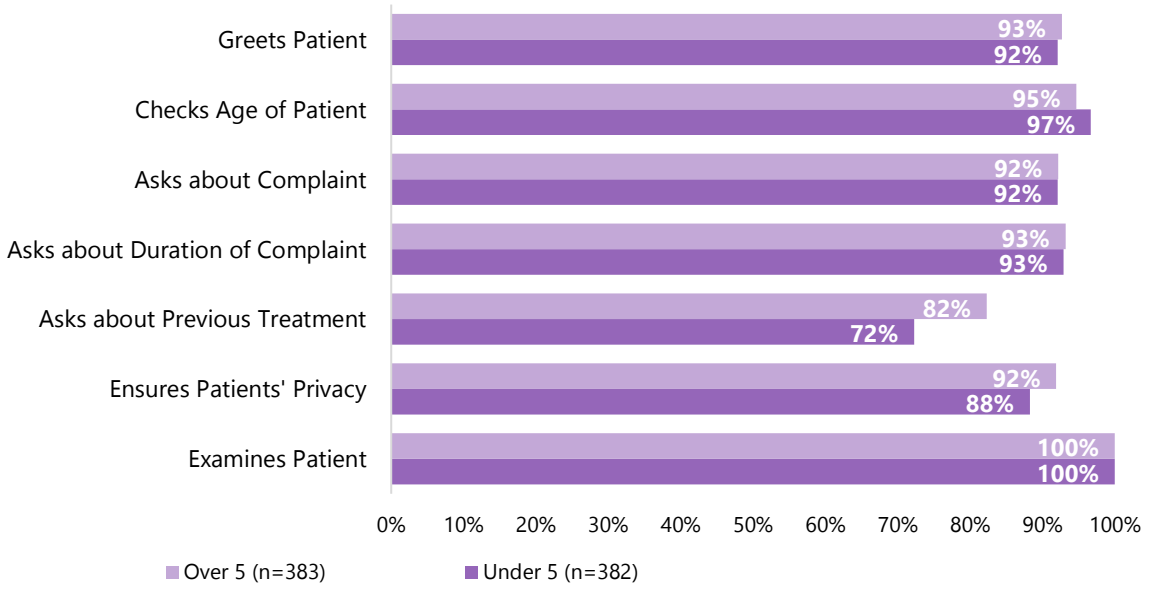
Figure 41 Percentage of PHs (n=26) and RHs (n=6) with Clinical Guidelines



4.1.17 Client – provider interactions

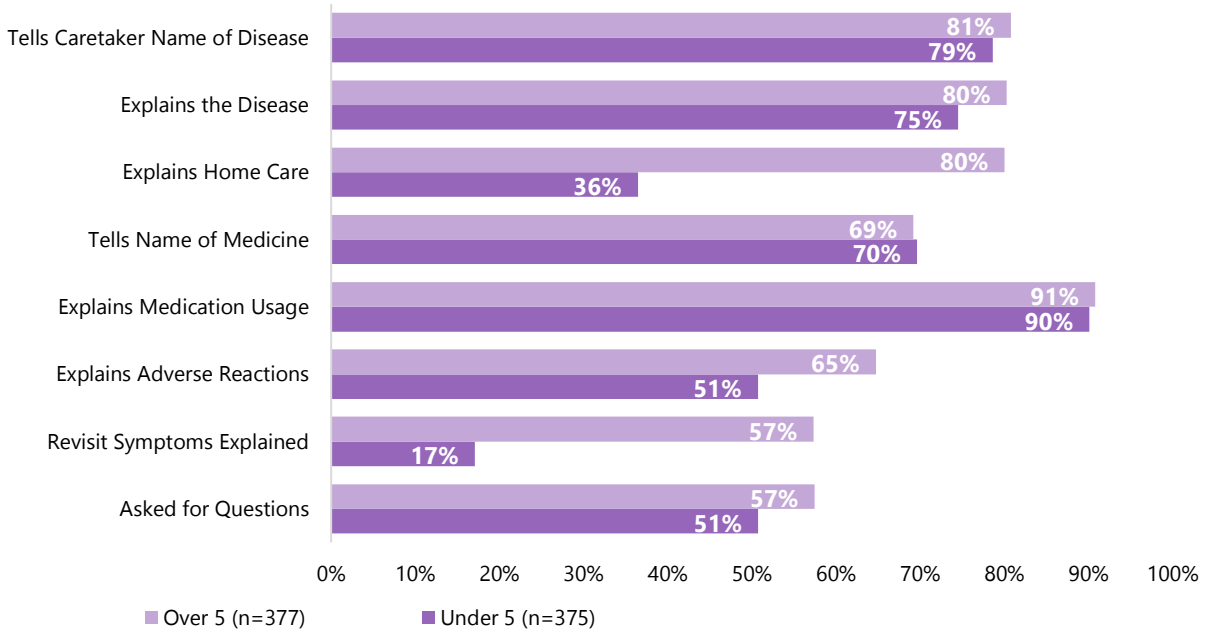
Client-provider observations were done for out-patients under and over 5 years of age. These observations provide insight into the standard of these consultations. Actions that were least observed for both patients under five and over five, included asking about previous treatment (under 5: 72.0%, over 5: 82.0%). All other actions of the HWs were carried out in satisfactory proportion.

Figure 42 Client-provider observations in over and under-five (n=765)



The various components of the client counseling index show great room for improvement. In less than half of the under 5 consultations, caretakers received explanations about what home care their sick child needed (36.0%%), what adverse reaction may be caused by the medication (51.0%), in which cases the caretaker should return to the hospital (17.0%%) or asked whether the caretaker had any questions (51.0%). Similar results were observed in consultations with children over 5. However, patients over 5 more often receive explanations about home care (80.0%) but are less often told the name of the medicine they receive (69.0%), explain adverse reaction (51.0%), in which condition the patient return to the hospital (57.0%) and ask for question (57.0%).

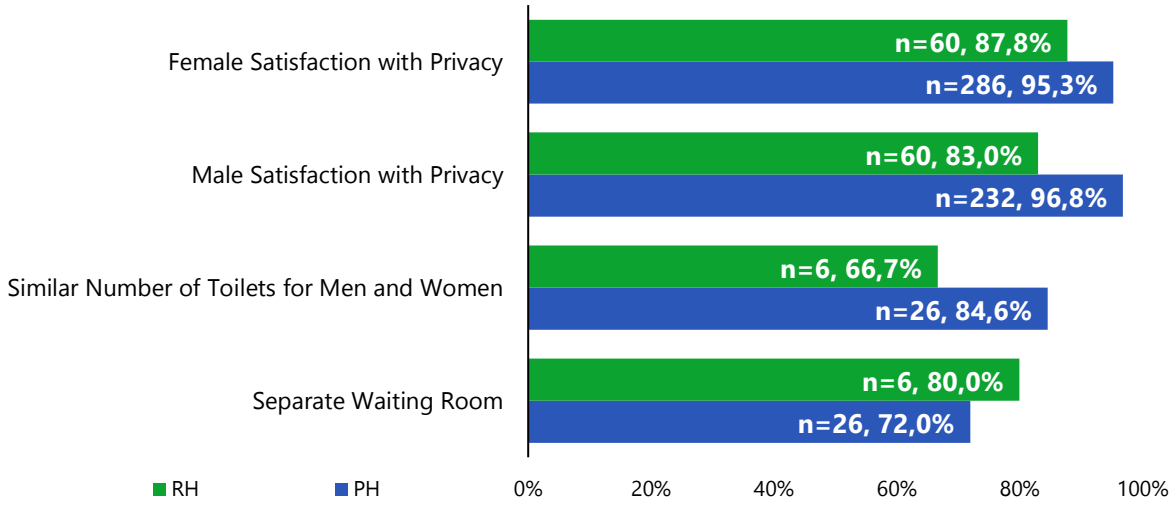
Figure 43 Components of the client counseling index (n=752)



4.1.18 Client satisfaction

There is little difference in the satisfaction with privacy between male and female patients in the hospitals. 66.7% of RHs offer similar number of toilets for men and women and 80.0% have separate waiting room for women, compare to 84.6% and 72.0% respectively in PHs.

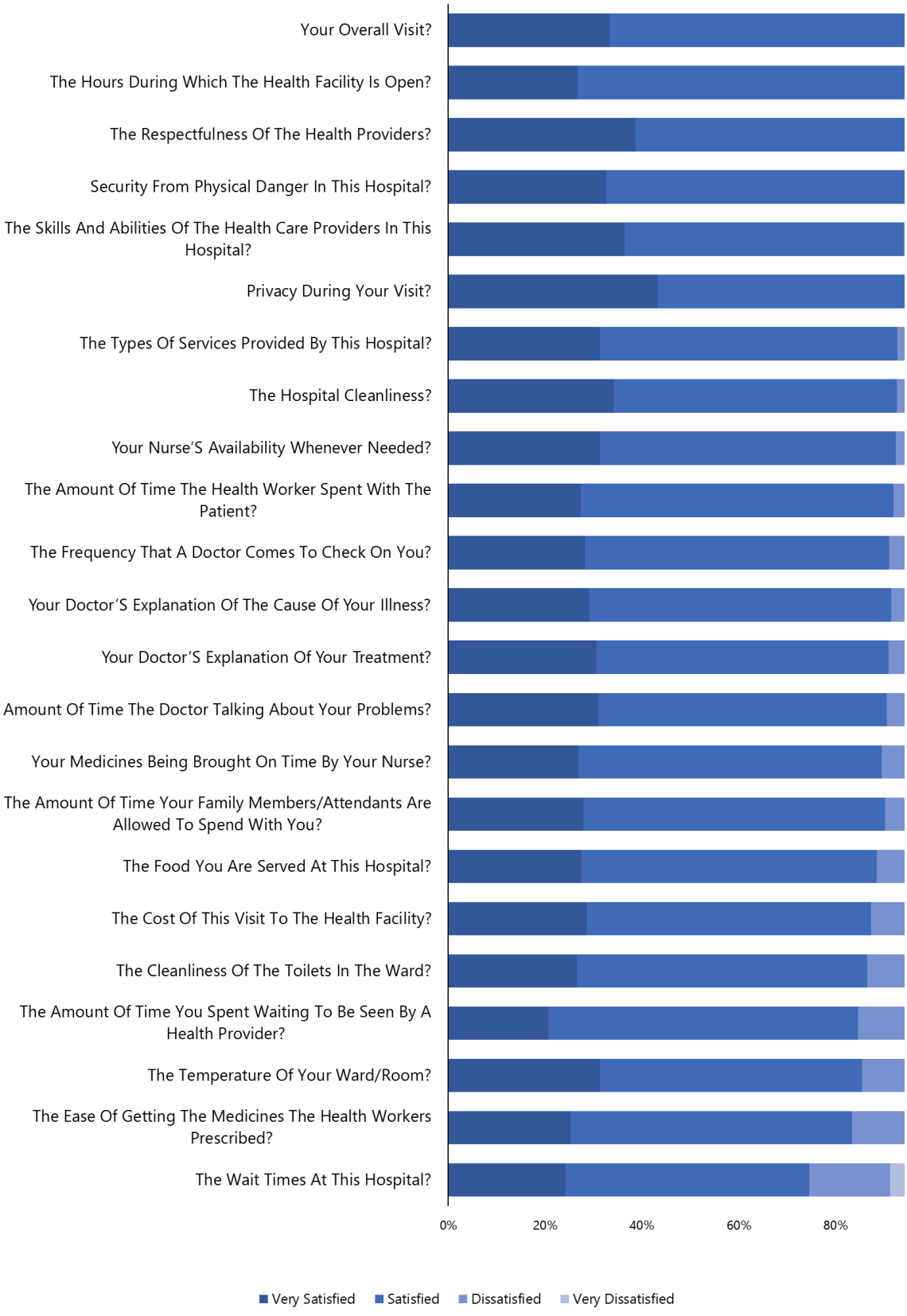
Figure 44 Clients' satisfaction with privacy by hospital Type



Reasons for clients' satisfaction

Clients are satisfied the most (more than 95%) from overall visit from the hospital, the hours during which hospitals are open, respectfulness of the health care providers followed by security from physical danger in the hospitals, the skill and ability of the HPs in this hospitals and privacy level during hospital visit. Figure 45 displays further details on the reasons for the level of satisfaction among the EPH clients.

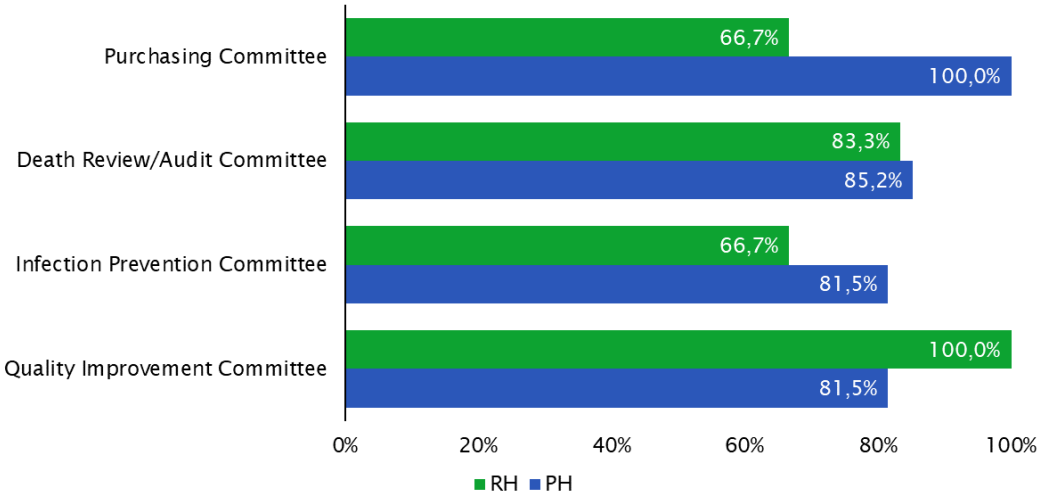
Figure 45 Reasons for level of satisfaction among IPD (n=752) and OPD (n=638) clients of EPHS services



4.1.19 Functioning committee and autonomy

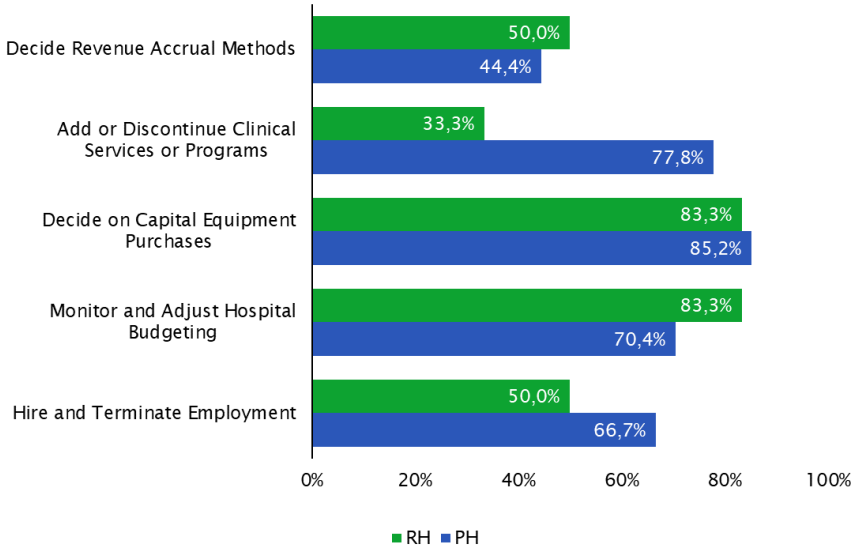
A functioning committee is defined by a committee which carried out an assessment in the past 12 months and has a written an action plan based on that assessment. Apart from quality improvement committee, which is available in whole RHs, PHs outperforms RHs on all other committees reviewed.

Figure 46 Functioning Committee in PHs (n=26) and RHs (n=6)



On average PHs are more independent compared to RHs on adding or discontinuing services or programs, on capital/equipment purchases, and on hiring and termination of staff. Half of the RHs and less than half of (44.4%) the PHs decide on revenue accrual methods. About 70.4% of the PHs could monitor and adjust hospital budgeting as compared to 83.3% for the RHs.

Figure 47 Autonomy of Hospital Boards in PHs (n=26) and RHs (n=6)



5 References

1. MoPH. A Basic Package of Health Services 2010/1389. Kabul; 2010.

2. MoPH. The Essential Package of Hospital Services for Afghanistan 2005/1384. Kabul; 2005.

3. StataCorp. Stata Statistical Software. College Station, TX: StataCorp LP; 2011.

4. O'Donnell O, van Doorslaer E, Wagstaff A, Lindelow M. Analyzing Health Equity Using Household Survey Data. World Bank Publications; 2007 Oct 27; Available from: http://www.worldbank.icebox.ingenta.com/content/wb/2498

5. Third Party M&E SEHAT [Afghanistan]. Afghanistan Health Survey (AHS) 2015, 2016, 2017. Kabul.

6 Annexes

Annex 1 Provincial Mean BSC EPHS Scores by year

Province	2011,12	2012,13	2015	2016	2017	2018	2019,20	2020
Badakhshan	69,6	73,1	74,4	81,2	79,3	82,1	71,5	89,9
Badghis	72,8	72,9	69,7	79,6	91,2	88,8	67,4	94,5
Baghlan	65,5	74,5	85,2	87,2	80,0	79,7	79,9	83,0
Balkh	68,0	64,6	66,8	85,6	79,6	68,0	56,8	63,8
Bamyan	61,0	77,2	72,1	78,7	81,5	82,6	87,2	91,6
Daykundi	59,1	73,3	74,2	75,0	75,1	75,3	76,3	82,7
Farah	74,9	70,9	75,9	91,6	82,2	80,5	89,2	91,7
Faryab	65,5	69,4	78,1	83,8	77,5	83,8	83,0	76,2
Ghazni	65,1	77,5	74,7	75,4	72,0	73,2	80,8	79,6
Ghor	59,3	71,2	80,1	73,6	72,8	70,1	85,3	85,6
Helmand	73,0	73,0	80,5	84,6	76,2	71,3	66,1	83,0
Herat	70,7	76,8	71,2	78,0	83,9	82,0	84,0	89,9
Jawzjan	61,6	68,6	71,9	81,6	65,4	80,0	74,2	81,5
Kabul	62,9	66,6	70,9	70,7	72,0	76,0	78,6	76,3
Kandahar	79,9	78,1	93,9	80,0	75,3	82,5	83,1	84,4
Kapisa	64,1	70,3	82,8	74,9	80,1	77,9	92,6	88,6
Khost	83,2	80,0	87,5	86,0	90,4	88,8	84,8	95,1
Kunar	92,6	75,7	83,1	88,8	85,0	83,3	82,3	84,4
Kunduz	78,9	67,1	79,9	77,9	68,2	80,0	89,2	87,6
Laghman	81,9	78,0	86,3	90,5	89,2	80,1	84,6	91,4
Logar	83,6	71,4	86,0	88,2	93,2	84,1	85,7	84,7
Nangrahar	81,8	75,8	89,6	93,1	90,4	80,7	68,3	88,4
Nimroz	83,3	72,5	84,7	84,5	88,4	72,0	78,9	93,4
Nuristan	-	-	-	78,4	91,8	57,5	-	-
Paktika	62,9	80,7	82,2	83,3	88,4	78,9	91,2	85,5
Paktya	72,1	72,4	76,5	81,6	86,4	82,8	74,9	87,0
Panjsher	-	69,0	71,0	65,9	57,7	70,0	-	-
Parwan	66,8	62,1	66,9	79,4	77,7	71,9	80,3	83,8
Samangan	76,3	70,0	75,7	85,5	72,1	73,7	89,2	88,8
Saripul	71,2	71,6	76,6	81,6	72,8	85,5	92,0	86,8
Takhar	69,2	57,8	73,8	79,0	73,1	82,5	91,0	82,4
Uruzgan	82,0	80,6	85,5	67,9	83,6	81,9	79,5	83,2
Wardak	66,8	71,6	79,0	84,6	80,7	76,2	88,8	90,9
Zabul	57,3	68,0	84,2	82,2	74,8	78,3	67,4	75,5

Annex 2 BSC EPHS National Scorecard 2020

Domain A: Clients and Community	LBM*	UBM*	DH			PH			RH			NH		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
A-1: Client Satisfaction & Perception of Quality	65,6	82,6	73,6	-	-	76,6	70,3	73,6	68,8	78,2	64,7	71,8	-	-
A-2: Community Involvement and Participation	66,8	99,4	87,5	-	-	100	100	100,0	77,8	100	88,9	88,9	-	-
A-3: User Fees not Charged	92,6	100,0	100	-	-	100	100	100,0	100	100	100,0	100	-	-
Domain B: Human Resources	**LBM***	**UBM***	**DH**			**PH**			**RH**			**NH**		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
B-1: Staffing Index	58,8	76,1	56,3	-	-	86,8	70,4	74,1	82,6	70	83,3	100	-	-
B-2: Staff Management	75,3	94,0	86,4	-	-	92,9	89,5	88,0	85,7	84,9	88,5	88,5	-	-
B-3: Staff Satisfaction	57,4	67,1	63,1	-	-	59,2	60,5	61,7	56,3	61,5	61,3	60,7	-	-
B-4: Staff Motivation	66,6	74,4	69	-	-	68,8	72,6	68,2	67,4	76,7	70,0	68,1	-	-
B-5: Hospital Training Activities	36,4	74,5	66,7	-	-	66,8	56	59,9	60,4	52	65,3	45,7	-	-
B-6: Provider Knowledge Score	48,5	61,5	-	-	-	-	53,2	56,4	-	54,2	55,9	-	-	-
B-7: Gender Equity, Providers of Care	95,9	100,0	100	-	-	100	97,7	99,8	100	100	100,0	100	-	-
B-8: Salaries up-to-date	27,8	86,1	15	-	-	52,5	71,4	100,0	40	62,5	92,5	87,2	-	-
Domain C: Physical Capacity	**LBM***	**UBM***	**DH**			**PH**			**RH**			**NH**		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
C1: Communications and Transport														
C-1: Communications and Transport	58,3	100,0	100	-	-	100	100	100,0	100	100	100,0	100	-	-
C2: Infrastructure														
C-2: Infrastructure Index	72,1	94,7	76,7	-	-	93,8	93,8	98,4	90,6	90,6	96,9	86,7	-	-
C3: Supplies-Drugs and Equipment														
C-3: Equipment Functionality Index	75,3	89,5	81,5	-	-	90,4	81,9	85,8	81,4	69,4	71,9	75,2	-	-
C-4: Pharmaceuticals Availability Index	68,3	90,4	87,1	-	-	93,2	72,8	78,3	75,5	69,4	42,8	69,2	-	-
C4: Service Availability														
C-5: Lab and X-ray Index	81,9	97,1	90,5	-	-	93,5	87,5	95,8	91,3	79,2	100,0	80	-	-
C-6: Clinical Guidelines Index	62,5	99,8	88,9	-	-	100	83,3	99,1	66,7	77,2	82,6	25	-	-
C-7: Record System Index	87,6	99,4	91,4	-	-	97	94,5	99,1	99,2	91,8	85,7	95,8	-	-
C-8: Hotel Services	24,1	79,3	45,2	-	-	64,1	42,1	89,4	51,9	53	37,0	65,3	-	-
C-9: Safety precautions	45,0	87,2	53,8	-	-	83,3	77,8	99,2	43,8	83,3	86,7	59,4	-	-
C-10: Female Friendly Facilities	41,9	74,4	43,3	-	-	55,2	70,4	76,5	50	72,9	65,8	63,7	-	-
Domain D: Quality of Service Provision	**LBM***	**UBM***	**DH**			**PH**			**RH**			**NH**		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
D1: Enabling Environment														
D-1: Functioning of standing committees	72,2	98,1	81,3	-	-	100	100	100,0	93,8	92,7	96,9	100	-	-
D-2: Drug Storage and Record Keeping	65,3	100,0	100	-	-	100	80,6	100,0	77,8	73,6	91,7	88,9	-	-
D2: Quality of Care														
D-3: Client History and Physical Exam Index	76,7	93,9	89,2	-	-	87,5	89,9	96,6	77,8	86,7	86,9	77,5	-	-
D-4: Client Counselling Index	34,2	63,0	47,9	-	-	41,4	52,1	68,0	41,1	36	54,0	35,4	-	-
D-5: Biohazard Precautions	62,9	91,0	72,7	-	-	83,4	84,4	92,4	76,5	90,2	84,6	72,3	-	-
Domain E: Management Systems	**LBM***	**UBM***	**DH**			**PH**			**RH**			**NH**		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
E-1: Management Team (Including training)	70,2	98,1	75	-	-	100	100	100,0	86,1	94,4	100,0	100	-	-
E-2: HMIS	83,3	100,0	100	-	-	100	100	100,0	83,3	83,3	100,0	75	-	-
E-3: Equipment Management	75,3	100,0	100	-	-	100	100	100,0	66,7	100	100,0	100	-	-
E-4: Administrative and Financial Autonomy	20,0	68,9	20	-	-	60	80	80,0	20	40	60,0	20	-	-
E-5: Local Financial Management	26,1	82,0	33,3	-	-	73,3	66,7	73,3	80	66,7	81,7	66,7	-	-
E-6: Security	55,6	90,7	66,7	-	-	100	100	100,0	100	66,7	83,3	66,7	-	-
Domain G: Ethics and Values	**LBM**	**UBM**	**DH**			**PH**			**RH**			**NH**		
			2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020	2018	2019/20	2020
G-1: Gender Equity, Recipients of Care	95,0	99,9	100	-	-	99,7	98,8	99,2	94,4	99,8	100,0	98,1	-	-
G-2: Compliance with MOPH Policy	93,5	100,0	100	-	-	100	98,6	99,0	100	94,4	96,4	100	-	-

Annex 3 BSC EPHS Provincial Scorecards 2020

- Please PDF document attached

Annex 4 Hospital Scorecard 2020

Province			Badakhshan	Badakhshan	Badghis	Baghlan	Balkh	Balkh	Bamyan	Daikundi	Farah	Faryab
Facility ID			403	10039	612	466	546	1172	1171	1837	673	596
Hospital Type	**LBM***	**UBM***	PH	PH	PH	PH	RH	PH	PH	PH	PH	PH
Domain A: Clients and Community			88,3	86,3	94,8	83,3	80,5	59,7	86,0	87,5	88,3	89,1
A-1: Client Satisfaction & Perception of Quality Index	67,3	86,5	64,9	58,9	84,4	72,1	52,7	54,2	69,2	62,5	64,8	89,5
A-2: Community Involvement and Participation	66,9	100,0	100,0	100,0	100,0	100,0	88,9	25,0	88,9	100,0	100,0	77,8
A-3: User Fees not Charged	100,0	100,0	100,0	100,0	100,0	77,8	100,0	100,0	100,0	100,0	100,0	100,0
Domain B: Human Resources			79,8	59,3	81,8	64,1	56,7	42,8	79,1	69,9	73,1	69,5
B-1: Staffing Index	58,9	78,6	81,5	37,0	66,7	77,8	70,0	14,8	77,8	48,1	70,4	74,1
B-2: Staff Management	76,6	94,4	94,2	84,8	88,8	83,1	72,0	51,4	86,3	85,3	99,4	100,0
B-3: Staff Satisfaction	58,0	68,6	56,8	54,9	79,5	56,0	59,2	47,9	60,2	58,6	58,0	67,4
B-4: Staff Motivation	66,6	73,6	64,2	63,2	82,4	67,7	70,8	56,9	67,9	63,3	59,3	65,3
B-5: Hospital Training Activities	41,7	78,7	90,1	35,4	72,1	13,0	4,0	0,0	84,0	46,8	51,0	0,0
B-6: Provider Knowledge Score	50,0	61,9	51,3	39,7	65,0	60,2	60,8	52,0	62,1	61,9	47,5	50,6
B-7: Gender Equity, Providers of Care	96,6	100,0	100,0	99,5	100,0	100,0	96,8	98,3	94,5	100,0	99,1	98,8
B-8: Salaries up-to-date	30,5	89,6	100,0	60,0	100,0	55,0	20,0	21,4	100,0	94,7	100,0	100,0
Domain C: Physical Capacity			94,5	53,0	98,5	79,9	78,8	16,6	95,9	78,0	98,1	94,5
C1: Communications and Transport			100,0	0,0	100,0	100,0	100,0	0,0	100,0	100,0	100,0	100,0
C-1: Communications and Transport	55,6	100,0	100,0	0,0	100,0	100,0	100,0	0,0	100,0	100,0	100,0	100,0
C2: Infrastructure			100,0	56,7	100,0	81,3	100,0	40,0	100,0	87,5	100,0	100,0
C-2: Infrastructure Index	68,6	92,9	100,0	56,7	100,0	81,3	100,0	40,0	100,0	87,5	100,0	100,0
C3: Supplies-Drugs and Equipment			97,1	85,8	94,5	81,6	43,7	16,0	92,6	66,9	96,3	92,4
C-3: Equipment Functionality Index	77,0	90,4	99,4	98,1	94,6	86,0	54,0	19,3	96,2	62,6	96,9	88,5
C-4: Pharmaceuticals Availability Index	75,3	93,9	94,9	73,5	94,5	77,1	33,3	12,7	89,1	71,2	95,7	96,2
C4: Service Availability			81,0	69,6	99,5	56,8	71,4	10,4	90,8	57,5	96,0	85,7
C-5: Lab and X-ray Index	80,1	95,6	95,8	76,2	100,0	83,3	100,0	20,8	91,7	100,0	95,8	100,0
C-6: Clinical Guidelines Index	71,3	100,0	100,0	98,1	100,0	72,8	27,8	0,0	86,3	84,4	99,1	54,6
C-7: Record System Index	86,8	99,2	95,6	94,9	100,0	97,2	89,4	0,0	100,0	86,8	99,5	100,0
C-8: Hotel Services	31,8	84,0	27,8	27,5	99,0	28,9	73,2	12,5	100,0	9,1	88,1	93,8
C-9: Safety precautions	44,3	84,8	100,0	81,8	100,0	38,6	85,2	18,2	100,0	24,2	100,0	100,0
C-10: Female Friendly Facilities	39,4	77,0	66,7	39,0	98,2	20,1	52,6	11,1	66,7	40,6	93,3	65,7
Domain D: Quality of Service Provision			84,3	55,2	98,6	92,4	45,9	31,7	94,6	87,9	92,1	58,0
D1: Enabling Environment			91,9	83,3	100,0	100,0	35,4	24,2	95,8	100,0	100,0	26,0
D-1: Functioning of standing committees	72,5	98,6	95,0	100,0	100,0	100,0	62,5	48,3	100,0	100,0	100,0	18,8
D-2: Drug Storage and Record Keeping	70,8	100,0	88,9	66,7	100,0	100,0	8,3	0,0	91,7	100,0	100,0	33,3
D2: Quality of Care			76,7	27,1	97,2	84,8	56,4	39,2	93,4	75,9	84,2	90,0
D-3: Client History and Physical Exam Index	78,7	94,9	82,1	0,0	100,0	100,0	72,5	82,5	100,0	78,1	97,4	99,4
D-4: Client Counseling Index	35,7	68,1	64,0	0,0	92,3	68,1	15,6	5,6	83,3	76,5	56,6	79,7
D-5: Biohazard Precautions	64,4	91,1	84,1	81,3	99,4	86,4	81,1	29,5	97,0	73,0	98,5	90,9
Domain E: Management Systems			96,7	65,4	96,7	78,3	33,3	28,3	97,2	74,4	100,0	58,7
E-1: Management Team (Including training)	63,4	97,2	100,0	62,5	100,0	100,0	100,0	50,0	100,0	100,0	100,0	55,6
E-2: HMIS	86,1	100,0	100,0	50,0	100,0	100,0	33,3	33,3	100,0	100,0	100,0	83,3
E-3: Equipment Management	75,3	100,0	100,0	100,0	100,0	100,0	0,0	33,3	100,0	100,0	100,0	100,0
E-4: Administrative and Financial Autonomy	20,0	61,1	80,0	80,0	100,0	20,0	0,0	20,0	100,0	80,0	100,0	80,0
E-5: Local Financial Management	26,1	73,9	100,0	0,0	80,0	50,0	33,3	0,0	83,3	33,3	100,0	0,0
E-6: Security	49,0	87,0	100,0	100,0	100,0	100,0	33,3	33,3	100,0	33,3	100,0	33,3
Domain F: Functionality Indicators	**MIN**	**MAX**										
Total Inpatients/month	12	14.360	211	513	966	1.521	5.037	12	1.085	708	1.167	7.776
Total Outpatients/month	53	72.163	3.481	0	9.322	7.609	0	53	11.895	6.304	12.119	72.163
Total deliveries/month	0	5.408	282	257	307	770	1.323	0	335	317	538	520
CS rate	3	59	19	8	13	14	25	0	8	57	11	9
Total Surgeries/month	0	2.165	298	22	272	141	777	0	224	147	268	263
Physicians per bed	0	1	0	0	0	0	0	0	0	0	0	0
Nurses per bed	0	1	0	0	0	0	0	0	1	0	0	0
Inpatient admissions/MD	3	624	8	28	57	35	40	6	31	42	45	185
Average Length of Stay (days)	0	15	3	2	2	3	2	3	3	3	3	2
Bed Turn Over Rate	1	23	10	6	9	13	5	1	9	8	10	23
Bed Occupancy Rate	0	13.656	102	24	75	122	38	2	87	73	102	125
OPD consults/MD	27	1.718	129	0	548	177	0	27	340	371	466	1.718
Surgeries/MD	0	456	149	6	136	47	97	0	112	49	67	38
Deliveries/midwife	15	149	20	0	38	70	55	0	22	45	54	65
Average consultation time per OPD Patient (min)	2	19	5	0	8	8	4	7	5	3	8	9
Inpatient Utilisation Male : Female	0	2	1	0	1	0	1	1	0	1	1	1
Inpatient Utilisation U5 : O5	0	1	0	0	1	0	0	1	0	0	1	0
Outpatient Utilisation Male : Female	0	1	1	0	1	1	0	1	1	1	1	0
Outpatient Utilisation U5 : O5	0	2	0	0	0	1	0	1	0	0	0	0
Proportion of new outpatients prescribed antibiotics	0	97	63	0	54	60	0	0	66	32	29	0
Average number of drugs per new outpatients	0	18	3	0	1	2	0	0	3	1	1	1
Domain G: Ethics and Values			95,3	0,0	96,9	100,0	87,5	81,2	96,4	99,0	99,0	87,5
G-1: Gender Equity, Recipients of Care **	96,2	100,0	100,0	0,0	94,8	100,0	99,9	93,6	92,8	100,0	100,0	100,0
G-2: Compliance with MOPH Policy and Local Laws	96,2	100,0	90,6	0,0	99,0	100,0	75,0	68,8	100,0	98,0	97,9	75,0
Composite scores												
Composite Score***			89,8	53,2	94,5	83,0	63,8	43,4	91,5	82,8	91,7	76,2
Percent of Upper Benchmarks Achieved			59%	21%	82%	38%	18%	3%	62%	41%	71%	47%
Percent of Lower Benchmarks Achieved			85%	41%	97%	82%	53%	15%	94%	71%	91%	71%

Province	Ghazni	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kabul	Kandahar	Kapisa	Khost	Kunar	Kundoz	Laghman	Logar
Facility ID	1100	4679	2116	691	630	579	3647	1228	50	682	380	519	356	226
Hospital Type	PH	PH	PH	PH	RH	PH	RH	RH	PH	PH	PH	RH	PH	PH
Domain A: Clients and Community	92,1	92,8	81,2	73,0	91,4	77,2	80,3	88,8	90,4	96,1	76,4	83,0	97,3	87,8
A-1: Client Satisfaction & Perception of Quality Index	76,4	78,3	77,0	66,4	74,1	76,0	63,1	66,3	76,9	88,4	73,7	60,1	91,9	63,4
A-2: Community Involvement and Participation	100,0	100,0	88,9	77,8	100,0	55,6	77,8	100,0	94,4	100,0	55,6	88,9	100,0	100,0
A-3: User Fees not Charged	100,0	100,0	77,8	75,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Domain B: Human Resources	75,5	68,9	74,5	68,7	76,1	74,3	67,1	78,5	69,1	80,7	74,3	76,6	81,9	71,7
B-1: Staffing Index	74,1	63,0	74,1	77,8	93,3	66,7	30,0	83,3	63,0	77,8	66,7	83,3	81,5	74,1
B-2: Staff Management	87,1	77,7	73,8	98,0	87,5	85,4	72,8	94,8	77,4	90,0	76,0	89,6	99,4	89,9
B-3: Staff Satisfaction	67,5	75,3	63,7	59,5	69,5	60,9	57,6	57,1	58,9	71,8	69,2	63,4	67,4	55,5
B-4: Staff Motivation	78,4	82,0	72,0	62,2	75,8	68,5	67,8	63,2	63,7	74,5	82,1	69,3	81,0	64,1
B-5: Hospital Training Activities	59,7	25,0	62,9	15,5	31,2	72,9	58,5	81,5	47,2	74,6	59,8	75,9	70,6	40,7
B-6: Provider Knowledge Score	54,5	59,7	56,8	36,4	56,5	45,0	55,4	48,0	43,1	68,8	50,7	51,4	59,8	54,2
B-7: Gender Equity, Providers of Care	87,4	94,5	97,7	100,0	95,1	100,0	100,0	100,0	99,7	87,9	100,0	100,0	95,3	100,0
B-8: Salaries up-to-date	95,0	73,7	95,0	100,0	100,0	95,0	95,0	100,0	100,0	100,0	90,0	80,0	100,0	95,0
Domain C: Physical Capacity	84,3	49,8	86,8	91,0	90,4	87,4	65,3	80,8	92,1	96,3	85,3	87,5	90,2	96,1
C1: Communications and Transport	100,0	0,0	100,0	100,0	100,0	100,0	50,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
C-1: Communications and Transport	100,0	0,0	100,0	100,0	100,0	100,0	50,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
C2: Infrastructure	84,4	87,5	93,8	87,5	100,0	81,3	93,8	87,5	93,3	100,0	100,0	100,0	93,8	100,0
C-2: Infrastructure Index	84,4	87,5	93,8	87,5	100,0	81,3	93,8	87,5	93,3	100,0	100,0	100,0	93,8	100,0
C3: Supplies-Drugs and Equipment	87,6	56,3	72,1	81,7	65,9	78,0	63,3	55,1	82,1	85,6	73,7	66,4	79,3	90,9
C-3: Equipment Functionality Index	85,5	68,5	85,8	100,0	97,9	80,8	75,0	76,8	88,3	77,5	80,7	68,7	79,2	84,5
C-4: Pharmaceuticals Availability Index	89,8	44,2	58,3	63,3	34,0	75,3	51,7	33,3	76,0	93,7	66,6	64,0	79,4	97,2
C4: Service Availability	65,4	55,3	81,3	94,8	95,8	90,4	54,1	80,7	93,1	99,8	67,7	83,4	87,9	93,5
C-5: Lab and X-ray Index	87,5	79,2	91,7	100,0	100,0	95,8	45,8	100,0	95,8	100,0	100,0	91,7	95,8	95,8
C-6: Clinical Guidelines Index	100,0	50,0	60,2	100,0	100,0	100,0	67,2	100,0	97,2	100,0	72,6	71,7	76,3	100,0
C-7: Record System Index	100,0	95,4	88,4	100,0	96,3	97,2	52,3	82,0	100,0	99,3	98,8	100,0	99,3	98,6
C-8: Hotel Services	6,3	7,9	51,2	100,0	90,0	55,0	20,8	27,3	90,8	100,0	14,7	46,7	100,0	100,0
C-9: Safety precautions	80,7	54,5	98,5	90,9	88,2	97,7	81,8	100,0	100,0	100,0	47,7	98,5	55,7	73,9
C-10: Female Friendly Facilities	17,6	44,8	97,9	78,1	100,0	96,4	56,7	75,0	75,0	99,4	72,6	92,1	100,0	92,9
Domain D: Quality of Service Provision	52,0	59,9	93,2	93,0	98,6	82,5	74,9	77,6	95,8	97,8	85,6	88,2	90,6	92,4
D1: Enabling Environment	63,9	58,3	100,0	100,0	100,0	86,1	88,5	76,0	98,4	100,0	100,0	100,0	90,6	100,0
D-1: Functioning of standing committees	50,0	100,0	100,0	100,0	100,0	91,7	85,4	93,8	96,9	100,0	100,0	100,0	81,3	100,0
D-2: Drug Storage and Record Keeping	77,8	16,7	100,0	100,0	100,0	80,6	91,7	58,3	100,0	100,0	100,0	100,0	100,0	100,0
D2: Quality of Care	40,1	61,4	86,3	86,1	97,2	78,9	61,2	79,2	93,2	95,5	71,1	76,4	90,5	84,7
D-3: Client History and Physical Exam Index	48,8	70,9	94,3	95,2	100,0	85,4	89,2	82,7	99,4	100,0	84,1	84,9	98,8	96,8
D-4: Client Counseling Index	15,5	40,0	70,7	63,8	91,7	63,3	30,7	67,1	81,8	90,1	51,1	49,2	84,9	61,1
D-5: Biohazard Precautions	56,1	73,2	93,9	99,2	100,0	87,9	63,6	87,9	98,5	96,5	78,0	94,9	87,9	96,2
Domain E: Management Systems	77,8	84,4	83,1	78,9	84,4	72,9	75,6	90,7	84,4	100,0	86,7	93,9	88,3	62,2
E-1: Management Team (Including training)	100,0	100,0	55,6	100,0	100,0	97,2	66,7	77,8	100,0	100,0	100,0	100,0	100,0	100,0
E-2: HMIS	100,0	100,0	100,0	83,3	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	83,3	100,0
E-3: Equipment Management	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	66,7
E-4: Administrative and Financial Autonomy	60,0	60,0	60,0	40,0	40,0	20,0	40,0	100,0	40,0	100,0	40,0	80,0	100,0	40,0
E-5: Local Financial Management	40,0	80,0	83,3	50,0	100,0	20,0	80,0	66,7	66,7	100,0	80,0	83,3	80,0	66,7
E-6: Security	66,7	66,7	100,0	100,0	66,7	100,0	66,7	100,0	100,0	100,0	100,0	100,0	66,7	0,0
Domain F: Functionality Indicators														
Total Inpatients/month	361	406	833	190	5.967	180	1.057	222	1.102	309	1.842	2.810	2.568	705
Total Outpatients/month	6.848	19.993	6.997	842	18.184	11.313	6.144	1.783	9.336	1.446	13.268	10.768	14.174	13.385
Total deliveries/month	1.421	0	256	1.157	1.841	500	924	2.085	457	858	601	914	983	632
CS rate	8	0	8	5	18	22	4	11	9	4	6	13	5	14
Total Surgeries/month	2.165	0	502	140	1.078	313	55	1.063	32	309	1.100	582	1.365	578
Physicians per bed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurses per bed	1	0	0	1	0	0	0	0	0	1	0	0	0	0
Inpatient admissions/MD	10	13	32	11	63	3	62	4	50	8	77	30	73	29
Average Length of Stay (days)	3	4	3	15	2	2	1	12	2	2	2	3	2	2
Bed Turn Over Rate	16	4	10	3	11	5	2	1	11	12	14	7	12	11
Bed Occupancy Rate	71	0	79	6.600	76	48	40	90	86	120	82	82	89	77
OPD consults/MD	185	625	269	47	193	157	361	32	424	36	553	116	405	558
Surgeries/MD	361	0	251	47	45	18	14	66	6	44	275	65	273	144
Deliveries/midwife	95	0	20	15	45	83	103	149	35	50	60	76	89	63
Average consultation time per OPD Patient (min)	6	7	6	5	13	6	2	9	8	6	7	4	8	11
Inpatient Utilisation Male : Female	0	2	1	1	1	1	0	1	0	0	0	1	0	0
Inpatient Utilisation U5 : O5	0	0	1	0	1	0	0	1	0	0	0	0	1	1
Outpatient Utilisation Male : Female	1	1	1	1	1	1	0	1	1	1	1	1	1	1
Outpatient Utilisation U5 : O5	2	0	1	1	0	0	1	0	0	0	0	1	0	0
Proportion of new outpatients prescribed antibiotics	34	47	95	0	70	75	0	78	12	34	56	64	34	34
Average number of drugs per new outpatients	1	1	2	0	0	1	0	4	11	2	2	1	2	2
Domain G: Ethics and Values	95,4	90,4	94,8	93,2	98,4	95,3	95,3	90,1	99,5	99,6	97,2	96,8	99,9	98,1
G-1: Gender Equity, Recipients of Care **	90,8	89,2	90,7	91,6	100,0	94,7	90,6	100,0	99,1	99,2	95,5	97,9	99,8	100,0
G-2: Compliance with MOPH Policy and Local Laws	100,0	91,7	99,0	94,8	96,9	95,8	100,0	80,2	100,0	100,0	99,0	95,8	100,0	96,3
Composite scores														
Composite Score***	79,5	74,4	85,6	83,0	89,9	81,6	76,4	84,4	88,6	95,1	84,3	87,7	91,4	84,7
Percent of Upper Benchmarks Achieved	32%	26%	38%	53%	71%	35%	24%	47%	50%	79%	44%	50%	62%	53%
Percent of Lower Benchmarks Achieved	76%	65%	82%	74%	91%	82%	59%	71%	94%	97%	85%	88%	94%	82%

Province	Nanagarhar	Nanagarhar	Nanagarhar	Nanagarhar	Nimroz	Paktika	Paktya	Parwan	Samangan	Saripul	Takhar	Urozgan	Wardak	Zabul
Facility ID	300	1209	1212	3897	686	814	278	61	530	853	429	772	91	2117
Hospital Type	RH	PH	RH	RH	PH	PH	PH	PH	PH	PH	PH	PH	PH	PH
Domain A: Clients and Community	56,3	73,2	81,5	75,6	89,4	93,5	93,2	55,8	89,3	86,9	78,7	87,1	91,0	78,3
A-1: Client Satisfaction & Perception of Quality Index	69,0	69,5	77,9	76,9	68,2	80,4	79,5	67,5	73,5	83,0	69,4	72,3	73,0	85,0
A-2: Community Involvement and Participation	0,0	50,0	66,7	50,0	100,0	100,0	100,0	100,0	94,4	77,8	88,9	88,9	100,0	50,0
A-3: User Fees not Charged	100,0	100,0	100,0	100,0	100,0	100,0	100,0	0,0	100,0	100,0	77,8	100,0	100,0	100,0
Domain B: Human Resources	64,9	79,7	83,1	54,2	81,1	66,5	70,4	74,6	77,8	77,0	73,3	68,2	82,0	64,5
B-1: Staffing Index	56,7	85,2	93,3	36,7	66,7	74,1	81,5	74,1	77,8	59,3	81,5	59,3	77,8	70,4
B-2: Staff Management	36,9	73,1	94,0	94,8	97,1	94,2	90,7	87,3	84,6	83,8	89,7	72,4	95,0	69,9
B-3: Staff Satisfaction	61,0	64,7	67,3	56,9	67,3	63,7	56,1	56,8	62,1	69,6	65,5	61,1	61,3	67,3
B-4: Staff Motivation	80,9	82,8	79,8	78,4	67,2	71,6	68,9	64,0	69,0	75,8	72,5	65,4	67,7	76,8
B-5: Hospital Training Activities	17,8	68,4	72,1	0,0	97,9	25,7	89,5	49,9	70,6	60,0	36,7	73,9	100,0	12,5
B-6: Provider Knowledge Score	66,3	68,6	68,4	61,5	55,9	58,0	57,4	64,5	64,6	67,8	59,4	45,2	54,0	51,3
B-7: Gender Equity, Providers of Care	100,0	100,0	100,0	100,0	97,0	100,0	100,0	100,0	93,5	100,0	81,0	98,7	100,0	82,5
B-8: Salaries up-to-date	100,0	95,0	90,0	5,0	100,0	45,0	19,0	100,0	100,0	100,0	100,0	70,0	100,0	85,0
Domain C: Physical Capacity	37,8	55,0	80,2	55,2	98,4	80,4	94,4	91,8	89,3	87,5	83,1	88,5	81,0	55,6
C1: Communications and Transport	0,0	50,0	100,0	50,0	100,0	50,0	100,0	100,0	100,0	100,0	100,0	100,0	50,0	50,0
C-1: Communications and Transport	0,0	50,0	100,0	50,0	100,0	50,0	100,0	100,0	100,0	100,0	100,0	100,0	50,0	50,0
C2: Infrastructure	60,0	66,7	87,5	86,7	100,0	100,0	100,0	96,9	96,9	93,8	100,0	90,6	100,0	43,8
C-2: Infrastructure Index	60,0	66,7	87,5	86,7	100,0	100,0	100,0	96,9	96,9	93,8	100,0	90,6	100,0	43,8
C3: Supplies-Drugs and Equipment	47,0	56,8	73,7	37,4	95,1	74,1	83,4	89,5	75,8	66,3	54,5	65,6	87,5	64,6
C-3: Equipment Functionality Index	53,7	69,7	61,4	45,8	97,3	85,9	83,3	92,1	76,7	96,3	70,8	95,8	81,3	71,9
C-4: Pharmaceuticals Availability Index	40,2	44,0	86,1	28,9	92,9	62,3	83,4	86,8	74,9	36,4	38,1	35,4	93,7	57,3
C4: Service Availability	44,2	46,4	59,5	46,6	98,4	97,6	94,3	81,0	84,5	89,8	77,9	97,8	86,6	63,9
C-5: Lab and X-ray Index	75,0	83,3	100,0	45,8	95,8	95,8	100,0	100,0	95,8	95,8	100,0	95,8	100,0	91,7
C-6: Clinical Guidelines Index	59,2	43,2	93,6	14,3	100,0	100,0	73,3	100,0	91,8	99,0	32,4	100,0	100,0	36,5
C-7: Record System Index	65,1	59,3	70,4	54,0	100,0	99,0	98,6	100,0	97,0	100,0	95,4	99,0	96,8	100,0
C-8: Hotel Services	2,8	8,3	8,2	52,8	100,0	96,9	100,0	23,3	67,0	95,8	67,7	100,0	27,5	74,7
C-9: Safety precautions	1,1	61,4	56,4	47,7	100,0	95,5	100,0	95,5	100,0	100,0	100,0	97,7	100,0	11,4
C-10: Female Friendly Facilities	61,7	22,6	28,4	65,3	94,7	98,3	93,9	67,4	55,6	47,9	72,0	94,2	95,2	68,9
Domain D: Quality of Service Provision	62,1	58,1	86,1	56,4	91,4	90,0	88,4	91,9	92,5	89,6	82,1	93,8	92,3	74,4
D1: Enabling Environment	66,7	52,1	95,8	41,7	100,0	100,0	95,8	95,8	96,9	94,4	80,8	100,0	100,0	62,5
D-1: Functioning of standing committees	50,0	79,2	100,0	66,7	100,0	100,0	91,7	91,7	93,8	100,0	95,0	100,0	100,0	100,0
D-2: Drug Storage and Record Keeping	83,3	25,0	91,7	16,7	100,0	100,0	100,0	100,0	100,0	88,9	66,7	100,0	100,0	25,0
D2: Quality of Care	57,6	64,1	76,4	71,1	82,9	80,0	81,0	88,0	88,0	84,7	83,3	87,5	84,5	86,4
D-3: Client History and Physical Exam Index	86,1	78,0	88,8	90,5	99,4	92,0	97,5	94,4	90,2	85,7	98,8	94,6	96,4	100,0
D-4: Client Counseling Index	35,2	37,7	58,9	44,8	49,2	54,2	60,7	70,4	80,0	77,5	66,1	67,9	67,7	82,7
D-5: Biohazard Precautions	51,5	76,5	81,4	78,1	100,0	93,9	84,8	99,2	93,9	90,9	84,8	100,0	89,4	76,5
Domain E: Management Systems	39,4	55,6	100,0	50,9	100,0	82,4	83,3	88,8	88,3	86,5	77,8	72,2	100,0	80,0
E-1: Management Team (Including training)	52,8	66,7	100,0	88,9	100,0	77,8	100,0	86,1	100,0	88,9	100,0	100,0	100,0	100,0
E-2: HMIS	50,0	100,0	100,0	50,0	100,0	83,3	100,0	100,0	83,3	100,0	100,0	100,0	100,0	83,3
E-3: Equipment Management	66,7	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	66,7	100,0	100,0	100,0
E-4: Administrative and Financial Autonomy	0,0	0,0	100,0	0,0	100,0	100,0	20,0	80,0	80,0	80,0	100,0	60,0	100,0	80,0
E-5: Local Financial Management	0,0	0,0	100,0	0,0	100,0	66,7	80,0	66,7	100,0	83,3	66,7	40,0	100,0	16,7
E-6: Security	66,7	66,7	100,0	66,7	100,0	66,7	100,0	100,0	66,7	66,7	33,3	33,3	100,0	100,0
Domain F: Functionality Indicators														
Total Inpatients/month	750	517	6.692	92	14.360	109	1.286	360	6.790	1.666	1.583	719	186	833
Total Outpatients/month	2.917	7.470	28.734	2.182	14.360	11.369	19.563	14.784	6.016	7.606	8.148	7.869	2.099	1.160
Total deliveries/month	205	550	5.408	0	763	385	931	699	530	396	632	316	320	365
CS rate	30	3	59	0	7	11	8	6	10	23	11	21	9	6
Total Surgeries/month	107	292	1.931	18	88	681	1.316	1.823	106	169	196	651	262	197
Physicians per bed	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Nurses per bed	0	1	0	1	0	0	0	1	0	0	1	0	0	0
Inpatient admissions/MD	8	11	38	4	624	5	25	4	162	60	26	40	7	26
Average Length of Stay (days)	3	4	3	1	3	4	2	3	15	3	3	3	3	0
Bed Turn Over Rate	2	6	10	2	5	8	9	1	11	9	10	7	9	9
Bed Occupancy Rate	111	58	89	10	46	77	71	69	78	94	13.656	70	91	63
OPD consults/MD	31	156	164	104	624	541	376	164	143	272	136	437	84	36
Surgeries/MD	6	42	107	4	29	170	219	456	53	84	49	326	66	98
Deliveries/midwife	51	39	123	0	85	48	85	64	0	40	39	39	40	46
Average consultation time per OPD Patient (min)	3	4	4	4	9	5	5	5	10	19	3	10	6	7
Inpatient Utilisation Male : Female	0	0	1	1	1	1	0	1	1	1	1	1	1	0
Inpatient Utilisation U5 : O5	1	0	0	0	1	0	0	1	0	0	0	1	0	0
Outpatient Utilisation Male : Female	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Outpatient Utilisation U5 : O5	1	1	1	0	1	0	0	0	0	0	0	0	0	0
Proportion of new outpatients prescribed antibiotics	97	84	66	0	36	73	66	17	33	84	0	28	0	91
Average number of drugs per new outpatients	2	3	3	2	0	1	0	2	1	18	0	1	3	2
Domain G: Ethics and Values	99,2	98,5	99,5	100,0	100,0	100,0	92,3	100,0	95,6	93,4	100,0	89,6	99,5	100,0
G-1: Gender Equity, Recipients of Care **	98,4	96,9	100,0	100,0	100,0	100,0	88,8	100,0	96,2	90,9	100,0	87,6	98,9	100,0
G-2: Compliance with MOPH Policy and Local Laws	100,0	100,0	99,0	100,0	100,0	100,0	95,8	100,0	95,0	95,8	100,0	91,7	100,0	100,0
Composite scores														
Composite Score***	60,0	70,0	88,4	65,4	93,4	85,5	87,0	83,8	88,8	86,8	82,5	83,2	91,0	75,5
Percent of Upper Benchmarks Achieved	18%	26%	47%	21%	76%	47%	53%	59%	41%	56%	35%	41%	62%	35%
Percent of Lower Benchmarks Achieved	38%	59%	85%	53%	100%	88%	88%	88%	82%	91%	74%	79%	94%	62%

Annex 5 BSC EPHS National medians

AFGHANISTAN HEALTH SECTOR				National Medians							
EPHS Balanced Scorecard		LB	UB	2011/12	2012/13	2015	2016	2017	2018	2019/20	2020
Domain A: Client and Community											
A-1	Client Satisfaction & Perception of Quality Ir	67,3	86,5	78,3	76,7	78,5	79,3	69,8	73,0	70,5	73,3
A-2	Community Involvement and Participation	66,9	100,0	84,4	87,5	88,2	92,8	87,5	87,5	100,0	97,2
A-3	User Fees not Charged	100,0	100,0	87,5	50,0	100,0	100,0	100,0	100,0	100,0	100,0
Domain B: Human Resources											
B-1	Staffing Index	58,9	78,6	60,6	62,4	64,1	68,8	67,3	71,8	70,2	74,1
B-2	Staff Management	76,6	94,4	76,5	80,2	80,6	89,7	87,1	87,2	88,7	88,1
B-3	Staff Satisfaction	58,0	68,6	60,7	60,2	61,3	62,7	62,4	61,8	60,9	61,7
B-4	Staff Motivation	66,6	73,6	65,8	70,1	68,9	68,4	69,2	69,1	73,0	68,7
B-5	Hospital Training Activities	41,7	78,7	47,9	48,1	47,3	66,6	60,4	62,6	54,6	59,9
B-6	Provider Knowledge Score	50,0	61,9	63,0	64,5	62,7	57,8	51,4	56,9	53,4	56,2
B-7	Gender Equity, Providers of Care	96,6	100,0	65,9	60,0	99,0	99,8	99,6	99,9	98,8	100,0
B-8	Salaries up-to-date	30,5	89,6	70,7	63,3	76,6	81,0	76,0	32,5	72,6	100,0
Domain C: Physical Capacity											
C-1	Communications and Transport	55,6	100,0	100,0	100,0	75,0	79,2	75,0	75,0	100,0	100,0
C-2	Infrastructure Index	68,6	92,9	79,5	80,0	74,2	83,0	80,9	79,1	93,8	98,4
C-3	Equipment Functionality Index	77,0	90,4	72,1	75,7	76,1	83,0	83,1	83,4	79,8	86,3
C-4	Pharmaceuticals Availability Index	75,3	93,9	79,5	86,7	82,2	88,7	83,6	88,5	71,8	75,6
C-5	Lab and X-ray Index	80,1	95,6	84,7	86,6	88,9	89,3	91,0	89,5	88,9	95,8
C-6	Clinical Guidelines Index	71,3	100,0	71,1	81,0	90,2	95,4	94,4	84,3	82,4	98,1
C-7	Record System Index	86,8	99,2	81,5	89,1	91,3	93,8	93,2	94,5	94,7	98,9
C-8	Hotel Services	31,8	84,0	32,5	35,7	44,3	54,5	45,0	56,2	47,5	72,9
C-9	Safety precautions	44,3	84,8	37,5	50,8	61,3	67,0	60,3	62,7	77,8	98,1
C-10	Female Friendly Facilities	39,4	77,0	46,5	48,1	55,1	58,4	56,8	53,1	71,2	75,0
Domain D: Quality of Service Provision											
D-1	Functioning of standing committees	72,5	98,6	65,7	77,8	87,0	91,7	92,1	86,1	100,0	100,0
D-2	Drug Storage and Record Keeping	70,8	100,0	87,1	88,9	88,0	94,4	87,1	88,9	86,1	100,0
D-3	Client History and Physical Exam Index	78,7	94,9	82,3	87,6	84,5	88,5	91,3	85,7	87,9	94,9
D-4	Client Counseling Index	35,7	68,1	32,2	39,4	48,3	54,7	55,9	44,2	50,0	67,4
D-5	Biohazard Precautions	64,4	91,1	67,0	70,1	73,2	81,1	75,0	75,6	87,5	90,9
Domain E: Management Systems											
E-1	Management Team (Including training)	63,4	97,2	71,5	78,6	77,8	88,0	82,8	81,9	100,0	100,0
E-2	HMIS	86,1	100,0	94,4	100,0	94,4	100,0	94,4	93,9	100,0	100,0
E-3	Equipment Management	75,3	100,0	80,6	88,9	100,0	100,0	100,0	100,0	100,0	100,0
E-4	Administrative and Financial Autonomy	20,0	61,1	28,4	33,3	31,6	38,3	28,4	30,0	70,0	80,0
E-5	Local Financial Management	26,1	73,9	40,0	40,0	40,9	46,7	44,7	53,3	66,7	80,0
E-6	Security	49,0	87,0	66,7	66,7	66,7	66,7	55,6	66,7	100,0	100,0
Domain G: Ethics and Values											
G-1	Gender Equity, Recipients of Care **	96,2	100,0	60,0	60,0	99,1	99,1	97,6	97,9	98,6	99,5
G-2	Compliance with MOPH Policy and Local Laws	96,2	100,0	100,0	99,2	100,0	99,5	100,0	99,4	97,2	99,0
Composite Scores											
	Percent of Upper Benchmarks Achieved			12,1%	18,2%	26,5%	39,7%	33,8%	36,8%	47,1%	47,1%
	Percent of Lower Benchmarks Achieved			83,3%	87,9%	91,2%	92,6%	89,7%	89,7%	85,3%	100,0%
	Median of the composite scores			70,2	72,4	78,1	81,6	79,8	80,0	82,7	96,5

Annex 6 BSC EPHS Rank Order

Province	Overall Median Scores		Rank Order		Rank Order Change
	2019/20	2020	2019/20	2020	2018 minus 2020
Badakshan	71,5	90,0	27	9	18
Badghis	67,4	94,5	29	2	27
Baghlan	79,9	83,2	20	24	-4
Balkh	56,8	64,3	32	32	0
Bamyan	87,2	91,7	9	5	4
Daykundi	76,3	82,5	24	26	-2
Farah	89,2	91,8	5	4	1
Faryab	83,0	76,0	16	30	-14
Ghazni	80,8	79,6	18	28	-10
Ghor	85,3	86,2	11	16	-5
Helmand	66,1	83,7	31	23	8
Herat	84,0	91,2	14	7	7
Jawzjan	74,2	81,6	26	27	-1
Kabul	78,6	76,9	23	29	-6
Kandahar	83,1	85,3	15	18	-3
Kapisa	92,6	88,8	1	11	-10
Khost	84,8	94,7	12	1	11
Kunar	82,3	84,7	17	19	-2
Kunduz	89,2	87,6	5	14	-9
Laghman	84,6	91,4	13	6	7
Logar	85,7	84,5	10	20	-10
Nangrahar	68,3	87,9	28	13	15
Nimroz	78,9	93,4	22	3	19
Nuristan	-	-			
Paktika	91,2	86,0	3	17	-14
Paktya	74,9	87,0	25	15	10
Panjsher	-	-			
Parwan	80,3	83,8	19	22	-3
Samangan	89,2	88,8	5	10	-5
Saripul	92,0	88,1	2	12	-10
Takhar	91,0	83,0	4	25	-21
Uruzgan	79,5	84,5	21	21	0
Wardak	88,8	90,7	8	8	0
Zabul	67,4	75,8	29	31	-2
Green	Improvement in rank				
Red	Drop in rank				

Annex 7 BSC EPHS Benchmarks

AFGHANISTAN HEALTH SECTOR		Benchmarks															
EPHS Balanced Scorecard		2011/12		2012/13		2015		2016		2017		2018		2019/20		2020	
		LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB	LB	UB
Domain A: Client and Community																	
A-1	Client Satisfaction & Perception of Quality Index	70,0	84,0	70,0	84,0	70,0	84,0	70,3	84,7	70,9	85,9	67,6	87,1	67,3	86,5	65,6	82,6
A-2	Community Involvement and Participation	62,5	100,0	62,5	100,0	62,5	100,0	66,7	100,0	70,1	100,0	70,1	100,0	66,9	100,0	66,8	99,4
A-3	User Fees not Charged					81,3	100,0	81,3	100,0	81,3	100,0	95,8	100,0	100,0	100,0	92,6	100,0
Domain B: Human Resources																	
B-1	Staffing Index	49,6	74,6	49,6	74,6	49,6	74,6	54,5	76,2	56,5	78,0	59,1	78,0	58,9	78,6	58,8	76,1
B-2	Staff Management	60,7	90,4	60,7	90,4	60,7	90,4	65,2	90,6	70,6	92,1	74,0	93,6	76,6	94,4	75,3	94,0
B-3	Staff Satisfaction	56,8	63,7	56,8	63,7	56,8	63,7	57,0	65,9	57,1	67,8	57,7	69,5	58,0	68,6	57,4	67,1
B-4	Staff Motivation	61,7	69,3	61,7	69,3	61,7	69,3	65,1	73,3	66,8	74,4	66,5	74,4	66,6	73,6	66,6	74,4
B-5	Hospital Training Activities	31,7	74,3	31,7	74,3	31,7	74,3	32,4	72,3	35,2	74,8	38,4	77,7	41,7	78,7	36,4	74,5
B-6	Provider Knowledge Score	58,5	65,3	58,5	65,3	58,5	65,3	59,2	68,8	56,7	68,3	52,3	65,1	50,0	61,9	48,5	61,5
B-7	Gender Equity, Providers of Care	44,6	90,0	44,6	90,0	44,6	90,0	61,1	97,8	78,0	97,8	96,7	100,0	96,6	100,0	95,9	100,0
B-8	Salaries up-to-date	33,3	100,0	33,3	100,0	33,3	100,0	37,3	96,9	39,0	95,7	37,0	97,0	30,5	89,6	27,8	86,1
Domain C: Physical Capacity																	
C-1	Communications and Transport	75,0	100,0	75,0	100,0	75,0	100,0	69,4	100,0	66,7	100,0	55,6	100,0	55,6	100,0	58,3	100,0
C-2	Infrastructure Index	66,7	93,3	66,7	93,3	66,7	93,3	62,3	91,3	63,7	91,3	65,1	90,5	68,6	92,9	72,1	94,7
C-3	Equipment Functionality Index	66,4	78,3	66,4	78,3	66,4	78,3	68,6	86,3	71,3	89,3	74,2	90,1	77,0	90,4	75,3	89,5
C-4	Pharmaceuticals Availability Index	68,4	91,5	68,4	91,5	68,4	91,5	72,5	94,6	76,4	93,9	74,8	94,0	75,3	93,9	68,3	90,4
C-5	Lab and X-ray Index	79,5	93,3	79,5	93,3	79,5	93,3	81,9	94,5	81,3	94,4	81,1	95,6	80,1	95,6	81,9	97,1
C-6	Clinical Guidelines Index	55,6	94,4	55,6	94,4	55,6	94,4	59,6	98,8	68,9	98,8	74,4	100,0	71,3	100,0	62,5	99,8
C-7	Record System Index	72,9	95,6	72,9	95,6	72,9	95,6	78,2	97,7	81,3	97,3	84,5	99,2	86,8	99,2	87,6	99,4
C-8	Hotel Services	10,5	73,7	10,5	73,7	10,5	73,7	20,2	71,7	26,5	76,2	28,6	83,4	31,8	84,0	24,1	79,3
C-9	Safety precautions	28,2	61,1	28,2	61,1	28,2	61,1	34,5	69,4	43,0	75,3	42,9	80,6	44,3	84,8	45,0	87,2
C-10	Female Friendly Facilities	39,4	66,2	39,4	66,2	39,4	66,2	40,5	73,7	41,7	76,2	42,1	76,7	39,4	77,0	41,9	74,4
Domain D: Quality of Service Provision																	
D-1	Functioning of standing committees	41,0	100,0	41,0	100,0	41,0	100,0	57,0	98,6	68,5	98,6	73,2	100,0	72,5	98,6	72,2	98,1
D-2	Drug Storage and Record Keeping	59,3	96,3	59,3	96,3	59,3	96,3	67,8	100,0	70,3	100,0	69,7	100,0	70,8	100,0	65,3	100,0
D-3	Client History and Physical Exam Index	74,1	91,2	74,1	91,2	74,1	91,2	76,3	92,4	78,4	94,0	78,5	95,6	78,7	94,9	76,7	93,9
D-4	Client Counseling Index	19,1	47,0	19,1	47,0	19,1	47,0	26,9	57,0	33,5	66,2	36,6	71,7	35,7	68,1	34,2	63,0
D-5	Biohazard Precautions	51,6	76,7	51,6	76,7	51,6	76,7	57,7	82,8	63,0	85,5	64,3	90,0	64,4	91,1	62,9	91,0
Domain E: Management Systems																	
E-1	Management Team (Including training)	57,1	93,1	57,1	93,1	57,1	93,1	61,4	98,1	63,4	96,9	63,5	98,8	63,4	97,2	70,2	98,1
E-2	HMIS	75,0	100,0	75,0	100,0	75,0	100,0	81,9	100,0	87,5	100,0	87,5	100,0	86,1	100,0	83,3	100,0
E-3	Equipment Management	66,7	100,0	66,7	100,0	66,7	100,0	66,7	100,0	66,7	100,0	71,6	100,0	75,3	100,0	75,3	100,0
E-4	Administrative and Financial Autonomy	13,3	75,0	13,3	75,0	13,3	75,0	14,4	73,3	16,7	70,0	16,7	70,0	20,0	61,1	20,0	68,9
E-5	Local Financial Management	20,0	65,0	20,0	65,0	20,0	65,0	22,8	67,7	25,0	68,8	25,6	75,4	26,1	73,9	26,1	82,0
E-6	Security	44,4	83,3	44,4	83,3	44,4	83,3	48,1	88,9	49,0	85,2	47,2	88,9	49,0	87,0	55,6	90,7
Domain G: Ethics and Values																	
G-1	Gender Equity, Recipients of Care **	96,6	100,0	96,6	100,0	96,6	100,0	61,2	86,7	78,2	93,3	96,6	100,0	96,2	100,0	95,0	99,9
G-2	Compliance with MOPH Policy and Local Laws	96,7	100,0	96,7	100,0	96,7	100,0	97,3	100,0	97,1	100,0	96,3	100,0	96,2	100,0	93,5	100,0

Annex 8 BSC EPHS Sample by year

Province	2017						2018						2019/20			2020		
	DH	RH	PH	NH	SH	Total	DH	RH	PH	NH	SH	Total	PH	RH	Total	PH	RH	Total
Badakshan	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	2	0	2
Badghis	0	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1
Baghlan	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Balkh	2	0	1	0	0	3	2	1	1	0	0	4	1	1	2	1	1	2
Bamyan	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Daykundi	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Farah	0	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1
Faryab	2	0	0	0	0	2	2	1	0	0	0	3	1	0	1	1	0	1
Ghazni	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	2	0	2
Ghor	1	1	0	0	0	2	1	1	0	0	0	2	1	0	1	1	0	1
Helmand	1	1	0	0	0	2	2	0	0	0	1	3	1	0	1	1	0	1
Herat	2	0	1	0	0	3	2	0	1	0	0	3	0	1	1	0	1	1
Jawzjan	1	1	0	0	0	2	2	1	0	0	0	3	1	0	1	1	0	1
Kabul	3	0	0	8	6	17	0	0	2	11	4	17	0	1	1	0	1	1
Kandahar	1	0	1	0	0	2	1	0	1	0	0	2	0	1	1	0	1	1
Kapisa	1	1	0	0	0	2	1	1	0	0	0	2	1	0	1	1	0	1
Khost	0	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1
Kunar	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Kunduz	1	0	1	0	0	2	1	0	1	0	0	2	0	1	1	0	1	1
Laghman	0	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1
Logar	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Nangrahar	2	0	1	0	0	3	2	0	1	0	0	3	1	2	3	1	3	4
Nimroz	0	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1
Nuristan	1	0	0	0	0	1	2	0	0	0	0	2			0	0	0	0
Paktika	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Paktya	2	1	0	0	0	3	2	1	0	0	0	3	0	1	1	1	0	1
Panjsher	1	0	0	0	0	1	2	0	0	0	0	2			0	0	0	0
Parwan	1	1	0	0	0	2	1	1	0	0	0	2	1	0	1	1	0	1
Samangan	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Saripul	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Takhar	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Uruzgan	0	1	0	0	0	1	1	1	0	0	0	2	1	0	1	1	0	1
Wardak	2	1	0	0	0	3	2	1	0	0	0	3	1	0	1	1	0	1
Zabul	1	1	0	0	0	2	1	1	0	0	0	2	1	0	1	1	0	1
Total	**47**	**25**	**5**	**8**	**6**	**91**	**49**	**26**	**7**	**11**	**5**	**98**	**27**	**8**	**35**	**30**	**8**	**38**

Province	2017			2018			2019/20			2020		
	Exit interviews	Patient - provider interaction	Health worker interviews	Exit interviews	Patient - provider interaction	Health worker interviews	Exit interviews	Patient - provider interaction	Health worker interviews	Exit interviews	Patient - provider interaction	Health worker interviews
Badakshan	132	72	60	132	72	60	44	24	20	24	24	40
Badghis	44	24	20	44	24	20	44	24	20	24	24	20
Baghlan	131	71	60	131	71	60	44	24	20	24	24	20
Balkh	132	72	60	139	80	76	82	48	40	44	44	34
Bamyan	132	72	60	131	71	60	44	24	20	24	24	20
Daykundi	132	72	60	132	72	60	44	24	20	25	25	19
Farah	44	24	20	44	24	20	45	25	20	24	24	20
Faryab	78	47	40	132	72	60	44	24	20	24	24	20
Ghazni	132	72	59	132	72	60	44	24	20	48	48	39
Ghor	77	48	40	88	48	40	46	26	20	24	24	20
Helmand	55	24	37	112	72	56	44	24	20	24	24	20
Herat	131	71	60	127	72	60	44	24	20	24	24	20
Jawzjan	76	36	40	112	60	60	56	36	21	24	24	20
Kabul	642	304	336	567	247	340	44	24	20	24	24	20
Kandahar	85	48	40	78	48	40	44	24	21	24	24	20
Kapisa	72	48	40	87	47	40	44	24	20	24	24	20
Khost	44	24	20	44	24	20	44	24	20	24	24	20
Kunar	129	72	60	132	72	60	48	28	20	24	24	20
Kunduz	88	48	40	87	47	40	46	26	20	24	24	20
Laghman	44	24	20	44	24	20	44	24	20	24	24	20
Logar	131	72	59	132	72	60	45	25	20	20	20	20
Nangarhar	132	72	60	132	72	60	132	72	60	84	84	80
Nimroz	44	24	20	44	24	20	44	24	20	24	24	20
Nuristan	34	24	20	66	48	40						
Paktika	130	70	60	132	72	60	44	24	20	24	24	20
Paktya	132	72	60	132	72	60	45	24	20	24	24	21
Panjsher	44	24	20	87	47	40						
Parwan	83	48	40	88	48	40	45	25	22	24	24	20
Samangan	132	72	60	132	72	60	44	24	20	25	25	20
Saripul	132	72	60	132	72	60	44	24	20	24	24	20
Takhar	132	72	60	122	72	60	44	24	20	24	24	21
Uruzgan	44	24	20	88	48	40	44	24	20	24	24	20
Wardak	132	72	58	132	72	59	44	24	20	24	24	20
Zabul	88	48	40	88	48	40	45	24	20	24	24	20
TOTAL	**3790**	**2039**	**1809**	**4002**	**2158**	**1951**	**1559**	**863**	**704**	**870**	**870**	**754**

Annex 9 BSC EPHS List of indicators

No.	Indicator/Sub-item
A-1	**Client satisfaction and perception of quality index**
1	How satisfied are you with the wait times at this hospital?
2	How satisfied are you with the hospital cleanliness?
3	How satisfied are you with the cleanliness of the toilets in the ward?
4	How satisfied are you with your doctor's explanation of the cause of your illness?
5	How satisfied are you with your doctor's explanation of your treatment?
6	How satisfied are you with the ease of getting the medicines the health workers prescribed?
7	How satisfied are you with the level of privacy at this hospital?
8	How satisfied are you with the amount of time the health worker spent with the patient?
9	How satisfied are you with the amount of time you spent waiting to be seen by a health provider?
10	How satisfied are you with respectfulness of health care providers?
11	How satisfied are you with the cost of your treatment at this hospital?
12	How satisfied are you with the hours during which the hospital is open?
13	How satisfied are you with the temperature of your ward/room?
14	How satisfied are you with the food you are served at this hospital?
15	How satisfied are you with the amount of time your family members/attendants are allowed to spend with you?
16	How satisfied are you with amount of time the doctor talking about your problems?
17	How satisfied are you with the frequency that a doctor comes to check on you?
18	How satisfied are you with your nurse's availability whenever needed?
19	How satisfied are you with the skills and abilities of the health care providers in this hospital?
20	How satisfied are you with your medicines being brought on time by your nurse?
21	How satisfied are you with the types of services provided by this hospital?
22	How satisfied are you with security from physical danger in this hospital?
23	How satisfied are you with your overall hospital stay?
24	Do you have to buy any medicine for your treatment from outside?
25	If you or someone in your family is sick in the future, how likely are you to return to this hospital?
A-2	**Community involvement and participation**
	In reviewing or updating the strategic plan, which of the following were consulted?
1	Hospital staff
2	Central MOPH
3	NGOs
4	Community
5	Local government
6	Others (specify)
7	Not sure/don't know
8	Is there a Hospital-Community Board present?
	Ask for TOR and/or minutes
9	Are all minutes from the meetings held in the last three months available?
10	Is a list of members and contact information of the Hospital-Community Board available?
11	Does the Hospital have written records of the activities carried out by the Hospital Community Board in past 3 months?
12	Were there any activities carried out by the Hospital Community Board in the past 3 months at the community level?
	Are the following people members of the Board?
13	At least 3 people from a community organization
14	At least 1 person from a local NGO
15	At least 1 person from local government
16	An annual hospital-community Action Plan present?
A-3	**User Fees; Transparency and exemptions**
1	Are outpatients charged any fee (e.g. drugs, lab, etc.)?
2	Are inpatients charged any fee (e.g. for consultation, drugs, lab, etc.)?
3	Are written guidelines on inpatients user fees present?
4	Are written guidelines on outpatients' user fees present?

5	Are some people exempted from paying fees for health care at this hospital because of poverty or other reason?
6	Does this hospital have a written exemption policy for patients?
7	Are the fees charged and exemption criteria put up for display?
8	Are there enough counters for collection of user fee?
9	Are the exemption criteria of user fee for RMNCAH (applicable ones) correctly applied?
B-1	**Staffing index**
	Personnel at the facility (Male/female)
1	Hospital director
2	Medical director
3	Nursing director
4	Administrator
5	Surgeon
6	Ophthalmologist
7	ENT
8	Anesthetist
9	Obstetricians and Gynecologist
10	Pediatrician
11	Internal Medicine Specialist
12	General practitioners
13	Radiologist
14	Dentist
15	Psychiatrist
16	Operation Theatre and sterilization nurse
17	Nurse (Anesthetic)
18	Psychiatric Nurse
19	Orthopedist
20	Skin Specialist (PH)
21	Midwife
22	Nurse for wards
23	Nurses for Emergency room and OPD
24	Pharmacist
25	X-Ray technician
26	Lab technologist/ technician
27	Vaccinator
28	Clinical Psychologist
29	Health Social Counsellor
30	Psychiatric Social Worker
B-2	**Staff management**
1	When was the last time that someone from the Ministry of Public Health in Kabul visited your work area?
2	When was the most recent time that a hospital supervisor or administrator talked with you about your work?
3	Have you had a formal employee performance assessment in the past 12 months?
5	Have you received any feedback from this assessment?
4	Is there a personnel record system in place? (files for each staff with appointment, promotion, assessment information)?
	Personnel records (Are the following kept as part of employee records?)
6	current job description (Doctor, Nurse/Tech, Adm/Support)
7	Employee Contract (Doctor, Nurse/Tech, Adm/Support)
8	Performance Appraisals (Doctor, Nurse/Tech, Adm/Support)
B-3	**Staff Satisfaction**
1	I know what is expected of me in this job
2	This job allows me to use all my skills
3	I understand my daily duties at this job
4	In this job management rarely interferes in my work
5	This job allows me to use my personal judgment in carrying out the work

6	There are unnecessary procedures in this job that take time away from my actual work
7	I am often asked to do things that are not my duties
8	I often have to work extra hours in this job
9	This job provides me with adequate opportunities to learn new skills
10	This job provides me with adequate opportunities to participate in training programs
11	I know how much I will get paid at the end of each month in this job
12	I have to work extra to have enough money for my family
13	The benefits we receive (such as housing, transportation allowance and others) are as good as most other jobs offer in Afghanistan
14	I understand the types of benefits that I am supposed to receive in this job
15	There are few rewards for those who work here
16	There is really too little chance for promotion in this job
17	People get ahead as fast here as they do in other organizations
18	Those who do well on the job stand a fair chance of being promoted
19	In this job work assignments are not fully explained
20	I can get help from my supervisor when I need it
21	My supervisor never gives me any feedback about how well I am doing in my job
22	When I do a good job, I receive the recognition from my supervisor
23	I have good working relationships with my colleagues
24	I find I have to work harder at my job because of the incompetence of people I work with
25	I have all the necessary equipment and tools to do my job well
26	This hospital provides adequate medicine to provide good quality of care
27	Physical condition of the building I work in is adequate
28	I worry a lot about my family's and my own security living in this community
29	There is adequate security in the hospital to do my job properly
30	People in this hospital do not have to worry often about getting fired
31	I can keep this job as long as I want
32	Staff in this hospital have opportunities to participate in developing hospital's budget
33	Staff in this hospital have opportunities to express their opinions
34	The rules for salary payments are fair
35	My supervisor is unfair to me
36	I feel like I am rewarded fairly for the work I do
37	Overall, I am satisfied with this job
B-4	**Staff Motivation**
1	I work in this job because I have a chance to help other people through my work
2	I work in this facility because it plays an important role in the community
3	I work here because it makes me feel important
4	I only work here to get so that I can get paid
5	I frequently think of quitting this job
6	I feel I should personally take the credit or blame for the results of my work on this job
7	I do this job because my family would be disappointed if I quit
8	I work here because of opportunities for promotion
9	I sometimes feel my work here is meaningless
10	I work in this job because it allows me to decide how my work is organized
11	I work in this facility because it has sufficient resources I need to do my job (medicine, equipment, infrastructure)
12	I work in this job because it allows me to use my skills
13	I do this job because it gives me respect in the community
14	I work here because it is located in a safe area
15	I work here because of good benefits I receive (Note: all benefits – housing, transportation, anything else you receive – think overall)
16	I don't care much about the quality of work here
17	I work in this job because I can accomplish something worthwhile in this job
18	I work here because it provides long term security for me
19	I work here because I have no other choice

20	I feel a very high degree of personal responsibility for the work I do on this job
21	I work in this job to gain God's grace
22	Overall, I feel very motivated to do my job
B-5	**Hospital Training Activities**
	Number of people received professional training (Male/Female)
1	Hospital director
2	Medical director
3	Nursing director
4	Administrator
5	Surgeon
6	Ophthalmologist
7	ENT
8	Anesthetist
9	Obstetricians and Gynecologist
10	Pediatrician
11	Internal Medicine Specialist
12	General practitioners
13	Radiologist
14	Dentist
15	Psychiatrist
16	Operation Theatre and sterilization nurse
17	Nurse (Anesthetic)
18	Psychiatric Nurse
19	Orthopedist
20	Skin Specialist (PH)
21	Midwife
22	Nurse for wards
23	Nurses for Emergency room and OPD
24	Pharmacist
25	X-Ray technician
26	Lab technologist/ technician
27	Vaccinator
28	Clinical Psychologist
29	Health Social Counsellor
30	Psychiatric Social Worker
31	Does the hospital have a training plan for current year?
32	Is there a training budget for hospital workers to get additional training outside the hospital?
B-6	**Provider's Knowledge Score (Skipped)**
B-7	**Gender Equity, Providers of Care**
	By gender
1	I know what is expected of me in this job
2	This job allows me to use all my skills
3	I understand my daily duties at this job
4	In this job management rarely interferes in my work
5	This job allows me to use my personal judgment in carrying out the work
6	There are unnecessary procedures in this job that take time away from my actual work
7	I am often asked to do things that are not my duties
8	I often have to work extra hours in this job
9	This job provides me with adequate opportunities to learn new skills
10	This job provides me with adequate opportunities to participate in training programs
11	I know how much I will get paid at the end of each month in this job
12	I have to work extra to have enough money for my family
13	The benefits we receive (such as housing, transportation allowance and others) are as good as most other jobs offer in

	Afghanistan
14	I understand the types of benefits that I am supposed to receive in this job
15	There are few rewards for those who work here
16	There is really too little chance for promotion in this job
17	People get ahead as fast here as they do in other organizations
18	Those who do well on the job stand a fair chance of being promoted
19	In this job work assignments are not fully explained
20	I can get help from my supervisor when I need it
21	My supervisor never gives me any feedback about how well I am doing in my job
22	When I do a good job, I receive the recognition from my supervisor
23	I have good working relationships with my colleagues
24	I find I have to work harder at my job because of the incompetence of people I work with
25	I have all the necessary equipment and tools to do my job well
26	This hospital provides adequate medicine to provide good quality of care
27	Physical condition of the building I work in is adequate
28	I worry a lot about my family's and my own security living in this community
29	There is adequate security in the hospital to do my job properly
30	People in this hospital do not have to worry often about getting fired
31	I can keep this job as long as I want
32	Staff in this hospital have opportunities to participate in developing hospital's budget
33	Staff in this hospital have opportunities to express their opinions
34	The rules for salary payments are fair
35	My supervisor is unfair to me
36	I feel like I am rewarded fairly for the work I do
37	Overall, I am satisfied with this job
B-8	**Salaries up-to-date**
1	Is the payment of your salary up to date?
C-1	**Communications and Transport**
1	Is there a functioning phone or radio?
2	Is there a functioning ambulance available?
C-2	**Infrastructure Index**
1	How reliable is the hospital’s main water source?
2	How reliable is the main source of electricity?
3	How reliable is the hospital's alternative power source
	General condition of the building
4	Windows and doors
5	Toilets
6	Facility exterior walls
7	Roof condition
8	Lighting
9	Grounds, fence/wall
10	Gate
11	Cleanliness of Hospital grounds
12	Is there a mortuary in the hospital?
13	Does the mortuary have functioning cooling equipment?
14	Is there a record room for storing inpatient medical records, which can be locked and with limited access?
15	Is there a separate reception/registration room?
16	Are there separate toilets for female patients?
C-3	**Equipment Functionality Index**
1	Timer or clock with second hand
2	Children’s scale
3	Height measure
4	Blood pressure cuff

5	Thermometers
6	Stethoscope
7	Otoscope/ophthalmoscope
8	Baby scale
9	Obstetrical Doppler
10	Partograph
11	Fetoscope
12	Vacuum Extractor
13	Suction machine
14	Baby warmer
15	Mucus aspirator
16	Infant laryngoscope
17	At least 3 unused delivery sets
18	D&C pack
19	Phototherapy lamp
20	At least one incubator
21	Pulseoxymeter
22	Cardiac monitor
23	Respirator
24	IV Stands
25	Delivery Table
26	Infant Emergency Resuscitator
27	Nebuliser
28	Defibrillator
29	Laparotomy set
30	Gynecology set
31	Caesarian section set
32	Obstructed labor set
33	Episiotomy set
34	Surgical light
35	Anaesthesia machine
36	Oxygen source
37	Handwashing basin with elbow tap in the surgical areas
38	Wheelchair
39	Microscope
40	Centrifuge
41	Hemoglobinometer
42	Refrigerator for storing reagents
43	Ambu bag with mask
44	Anaphylaxis tray/Cardiac tray
45	Bed frames for traction
46	Blocks for elevating beds
47	Is there a drug refrigerator in place with a thermometer?
48	Are x-ray services routinely available?
49	Is there a functioning X-ray machine (fixed/mobile) present?
C-4	**Pharmaceuticals Availability Index**
1	Nitrous Oxide (present/not present)
2	Halothane (present/not present)
3	Oxytocin Injection (present? expired?)
4	Ergometrine Injection (present? expired?)
5	lidocaine injection (present? expired?)
6	Diazepam injection (present? expired?)
7	Adrenaline injection (present? expired?)

8	Chlorpheniramine injection (present? expired?)
9	Pethidine or morphine injection (present? expired?)
10	Frusemide Injection (present? expired?)
11	Magnesium sulfate Injection (present? expired?)
12	IV Fluid (present? expired?)
13	Medical oxygen (present/not present)
14	Ketamine injection (present? expired?)
15	Succinyl Choline injection (present? expired?)
16	Atropine injection (present? expired?)
17	Pentazocine injection (present? expired?)
18	Chloroquine (present? expired?)
19	Cotrimoxazole (present? expired?)
20	Tetracycline Eye Ointment (present? expired?)
21	Misoprostol (present? expired?)
22	Mebendazole (present? expired?)
23	Metronidazole (present? expired?)
24	Quinine (present? expired?)
25	Artesunate – ACT (present? expired?)
26	Sodium Lactate (present? expired?)
27	Iodine (present? expired?)
28	Retinol (Vitamin A) (present? expired?)
29	Zinc (present? expired?)
30	Vitamin K (present? expired?)
31	HDPTHib vaccines (pentavalent) (present? expired?)
32	Polio vaccines (present? expired?)
33	BCG vaccines (present? expired?)
34	Tetanus toxoid vaccines (present? expired?)
35	Oral contraceptive tablets (present? expired?)
36	DMPA or other injectable contraceptive (present? expired?)
37	IUD (present? expired?)
38	Amoxicillin or ampicillin tablets or capsules (present? expired?)
39	Salbutamol tablets (present? expired?)
40	Iron tabs (with or without folic acid) (present? expired?)
41	Gentamicin injection (present? expired?)
42	Paracetamol Tablet (present? expired?)
43	ORS sachets (present? expired?)
44	Ciprofloxacin (present? expired?)
C-5	**Lab and X-ray Index**
1	White cell and red cell counts
2	Malaria smears (thick and thin)
3	TB smears
4	Gram stains
5	HIV testing
6	Hepatitis B
7	Hepatitis C
8	Liver function testing
9	Syphilis testing
10	Rapid diagnostic test for malaria
11	Urine dipstick tests
12	Pregnancy testing
13	Blood Sugar
14	Stool tests for parasites
15	Stool tests for occult blood

16	Haemoglobin
17	Hematocrit
18	Bleeding time and Coagulation time
19	ESR
20	Sputum and Body fluid for GeneXpert
21	Blood group and cross match
22	Chest x-ray
23	Abdominal x-ray
24	Ultrasound
C-6	**Clinical Guidelines Index**
1	Are Clinical Guidelines for common IMCI presentations present?
2	Are Clinical Guidelines for Universal Precautions present?
3	Are Clinical Guidelines for Malaria present?
4	Are Clinical Guidelines Nutrition present?
5	Are Clinical Guidelines for HIV Counselling and Testing present?
6	Are Infection Prevention Guideline present?
7	Are Clinical Guidelines for common Family Planning present?
8	Are Clinical Guidelines for Advance/facility Newborn care present?
9	Are Clinical Guidelines for common Maternal and Neonatal Care present?
10	Are Clinical Guidelines for Immunizations present?
11	Are Clinical Guidelines for Tuberculosis present?
C-7	**Record System Index**
	Patient Charts (1,2)
1	Admission form
2	History and Physical Exam forms
3	Vital signs charted for today
4	Doctor's progress note charted for today
5	Nurse's notes charted for today
6	Medication record present and up to date
7	Laboratory results recorded
8	Protocol of operation and anesthesia
9	Are specific surgical records used
10	Are specific maternity records used
11	Partograph record completed and current
C-8	**Hotel Services**
1	Cleanliness of Reception areas
2	Does the hospital have a place for patient caretakers to stay?
3	Are heating and cooling equipment present in patient areas (for temperature control in all seasons)?
	Ward cleanliness
4	Patient Room clean
5	Patient toilet clean
6	Room equipment clean
7	Bed Sheets clean
8	Curtains clean
9	Delivery table clean
10	Delivery room clean
11	Female Patient Room clean
12	Female Patient Toilet clean
13	Female patient toilet in safe space
14	Female Room equipment clean
15	State of cleanliness of dressing room
	Operation theatre cleanliness
16	Floor and walls

17	Anesthesia equipment
18	Operating tables condition
19	Suction equipment
	Central sterile supply cleanliness
20	Instrument washing areas
21	Instrument packing areas
22	Instrument storage areas
	Central sterile supply repair
23	Room equipment Clean
	Recovery room cleanliness
24	Beds
25	Floors
26	Room equipment Clean
27	Are heating and cooling equipment present in patient areas (for temperature control in all seasons)?
C-9	**Safety precautions**
1	It is separated from other hospital buildings for fire protection?
2	Is there a functioning fire extinguisher in the room where generator is present?
	Hospital Kitchen
3	Fuel is stored in a safe manner?
4	Is there a functioning fire extinguisher in the Kitchen?
5	Has the staff involved been trained in disaster management?
6	Is there a fire alarm or notification system in place?
7	Is there an early warning system in place?
8	Are emergency exits clearly marked and free of obstructions?
9	Is there a functioning fire extinguisher in the OPD?
10	Has there been any disaster practice conducted within the past 12 months?
11	Are emergency exits clearly marked & free of obstructions?
12	Is a functional fire extinguisher available in the ward?
C-10	**Female Friendly Facilities**
1	Is there a separate waiting room (for men/for women/for both)?
2	Is there the similar number of toilets present for women patients as for men patients?
3	How satisfied are you with the level of privacy at this hospital?
D-1	**Functioning of standing committees**
1	Does this hospital have a Quality Improvement Committee?
2	Has a Quality Improvement assessment been carried out in the past 12 months?
3	Is there a written action plan based on the assessment?
4	Does this hospital have an infection prevention committee?
5	Has an infection prevention assessment been carried out in the past 12 months?
6	Is there a written action plan based on the assessment?
7	Does this hospital have a Death Review/Audit Committee?
8	Has a Death Review/Audit assessment been carried out in the past 12 months?
9	Is there a written action plan based on the assessment?
10	Have all Maternal Deaths in the past 12 months been reviewed?
11	Is there a purchasing order/request present?
12	Is there a comparative table present in the purchase order?
13	Have the purchased items been inspected by the hospital's inspection team?
14	Does the purchase order specify clear description of the item?
15	Does the purchase order specify quantity of the item?
D-2	**Drug Storage and Record Keeping**
	Compare the balance amount of drugs in the card with what is available in the pharmacy
1	Numbers are the same or the difference is less than 5%
2	Difference is more than 5%
3	Cannot be checked because no documentation available (no stock cards)

4	Is there a drug refrigerator in place with a thermometer?
5	Are controlled substances kept in a secure location? (e.g. behind a locked door)
6	Are the hospital drugs in the central pharmacy shielded from sunlight?
7	Are the hospital drugs stored in a clean environment?
D-3	**Client History and Physical Exam Index**
1	Health worker greets the patient or caretaker?
2	Was patient age asked?
3	Health worker asks about nature of complaint?
4	Is the duration of the primary complaint asked?
5	Does the health worker ask for previous treatment for the same condition, before coming to the health facility/hospital?
6	Door was closed or screen was drawn to ensure patient's privacy?
7	Does the health worker check the palms of the child's hands, or compare these against the mother's? (anemia)
8	Does the health worker look at both feet or both ankles? (edema)
9	Does the health worker examine some part of the patient's body, either by close inspection or actual contact?
10	Checks blood pressure in adults (>15 years)?
11	Is fever a complaint?
12	Checks temperature using thermometer?
13	Health worker examines some part of the patient's body, either by close inspection or actual contact?
D-4	**Client Counseling Index**
	Does the health worker:
1	Tell patient or caretaker the name of the disease?
2	Explain about the disease, its causes and course?
3	Explain what precautions or home nursing care to take?
4	Tell patient/caretaker the name of the pharmaceutical products?
5	Explain to the patient how to take the product?
6	Say what adverse reactions might be expected, and what to do about them?
7	Indicate to the patient the signs or symptoms that should prompt return to the hospital?
8	Ask whether patient or caretaker has any questions?
D-5	**Biohazard Precautions**
1	Use of disinfectants?
2	Active surveillance for infections?
3	Management of an infection outbreak?
4	Is there an active program to control hospital acquired (nosocomial) infections?
5	In the past six months has there been at least one training session for hospital employees in infection prevention?
6	Is there a Register of blood donors?
7	Are all blood transfusions screened for HIV?
8	Are all blood transfusions screened for Hepatitis B?
9	Are all blood transfusions screened for Hepatitis C?
	Which of the following is present to protect employees and patients from X-Ray radiation?
10	Room properly insulated
11	X-ray operating area is protected
12	Personal protection for staff
13	Personal protection for patients
14	None of the above
15	Is the area of "restricted circulation" clearly marked?
	Theatre equipment
16	Handwashing basin with elbow tap in the surgical areas
	Central sterile supply area
17	Autoclave
18	Dry sterilizer
19	Are there separate areas for receiving, washing, sterilization and storage of sterile equipment
20	Have quality control tests been conducted within the past 6 months for autoclaves (measures heat or sterility)?
21	Are expiry dates clearly marked on all sterilized packs?

	Central sterile supply cleanliness
22	Instrument washing areas
23	Instrument packing areas
24	Instrument storage areas
25	Is there evidence that the safety boxes or closed containers are being used properly for disposal of used sharps?
26	Is there evidence that syringes are being disposed of WITHOUT being recapped?
27	Are there posted procedures for decontamination procedure steps?
28	Is a basin with a water source and soap available in all rooms?
29	Is there evidence that disinfectants are being used in the facility?
30	Is there evidence that the burial pit is being used regularly?
31	Is there evidence that the sterilizer is being used regularly?
32	Is there evidence that the incinerator is being used regularly?
33	Is there evidence that a closed container is being used properly for disposal of medical waste?
34	Are Disposable Syringes being used for all injections
35	Are there used needles, sharps, syringes, and other medical waste lying on the ground inside or outside the facility?
36	Can this ward isolate infectious patients?
E-1	**Management Team (Including training)**
1	Is there a formal hospital organogram present?
2	Is there a hospital management board present?
3	Has the Hospital Management Board met in the last three months?
4	Does the board have a written action plan?
	Are the following people members of the hospital management board?
5	Hospital director
6	Administrator
7	Medical director
8	Nursing director
	Have the following persons ever received a diploma or certificate in management?
9	Hospital director
10	Administrator
11	Medical director
12	Nursing director
E-2	**HMIS**
1	Has the person responsible for hospital HMIS ever received HMIS training?
	Review records for the last completed month or last reporting period
2	Hospital Monthly Inpatient Report (HMIR)
3	Monthly Integrated Activity Report (MIAR)
4	Hospital Status Report (Quarterly)
5	Notifiable Disease Report
6	Vaccination Activity report
E-3	**Equipment Management**
1	Maintenance plan for vehicles and equipment available and updated in the past 12 months?
2	Inventory of furniture and other non-technical items updated in the past 12 months?
3	Inventory of all hospital technical equipment (ECGs, anesthesia machines, lab equipment etc) updated in the last 12 months?
E-4	**Administrative and Financial Autonomy**
1	Does the Hospital Director and/or Hospital Board have the ability to hire and terminate employment
2	Does the Hospital Director and/or Hospital Board have the ability to monitor and adjust hospital budgeting
3	Does the Hospital Director and/or Hospital Board have the ability to decide capital equipment purchases
4	Does the Hospital Director and/or Hospital Board have the ability to add or discontinue clinical services or programs
5	Does the Hospital Director and/or Hospital Board have the ability to decide revenue accrual methods
E-5	**Local Financial Management**
1	Does the hospital have a bank account?
2	Is there a hospital safe for storage of cash and important documents?

3	Is there a budget-tracking system in place which can identify significant variances when they occur (internal audit system)?
4	For the last quarter, is/are the financial statement(s) available?
5	For the last quarter, is/are the income statement(s)/report(s) for user fees earned present?
6	Is there a petty cash system currently being used in this hospital?
E-5	**Security**
1	Does this hospital have a written security policy?
2	Are security guards present at the entrance?
3	Are the main gates of the hospital closed?
Domain F	**Functionality Indicators**
1	Do you have data available on outpatients consultations
	Patient age and sex (Outpatients)
2	Age below five years (male/female/total)
3	Age five years or more (male/female/total)
4	Do you have data available on inpatients admissions
	Patient age and sex (Inpatients)
5	Age below five years (male/female/total)
6	Age five years or more (male/female/total)
7	Grand total of inpatients admissions subtracting pregnancy inpatients
8	Total number of vaginal deliveries in last completed 6 months
9	Total number of vaginal deliveries in last completed month
10	Total number of caesarean sections in last completed 6 months
11	Total number of caesarean sections in last completed month
12	Number of surgical procedures conducted in the past 6 months (Major/Minor/Total)
13	In the last full working day how many prescriptions were given out to new outpatients?
14	How many prescriptions contained at least one antibiotic?
15	Total number of drugs prescribed for new outpatients?
16	What is the official hospital bed capacity?
17	What is the bed occupancy rate for the past 6 months?
18	What is the bed occupancy rate for the past month?
19	Average length of stay in past month
20	How much time in total did the health worker spend in consultation with patient?
21	Count the number of occupied beds in the ward today. (including other section of ward like ICU and etc)
22	Actual number of beds present (including other section of ward like ICU and etc)
G-1	**Gender Equity, Recipients of Care**
1	How satisfied are you with the wait times at this hospital?
2	Do you have to buy any medicine for your treatment from outside?
3	If you or someone in your family is sick in the future, how likely are you to return to this hospital?
4	How satisfied are you with the hospital cleanliness?
5	How satisfied are you with the cleanliness of the toilets in the ward?
6	How satisfied are you with your doctor's explanation of the cause of your illness?
7	How satisfied are you with your doctor's explanation of your treatment?
8	How satisfied are you with the amount of time you spent waiting to be seen by a health provider?
9	How satisfied are you with the level of privacy at this hospital?
10	How satisfied are you with respectfulness of health care providers?
11	How satisfied are you with the amount of time you spent waiting to be seen by a health provider?
12	How satisfied are you with the cost of your treatment at this hospital?
13	How satisfied are you with the hours during which the hospital is open?
14	How satisfied are you with your overall hospital stay/visit?
G-2	**Compliance with MOPH Policy and Local Laws**
1	Have you or anyone else you know been ever asked for gifts to receive services in this hospital in the last 6 months?
2	Have you or anyone else you know ever been asked by a health worker at this hospital to visit their private clinic for consultation?

Annex 10 BSC EPHS Domain F Indicators

Domain F: Functionality Indicators	PH	RH
Total Inpatients/month	899,7	3923,7
Total Outpatients/month	8735,3	10768,0
Total deliveries/month	524,8	1581,8
C-section rate	9,0	15,6
Total Surgeries/month	269,5	919,8
Physicians per bed	0,3	0,2
Nurses per bed	0,4	0,2
Inpatient admissions/MD	31,5	39,1
Average Length of Stay (days)	2,7	2,3
Bed Turn Over Rate	9,5	5,8
Bed Occupancy Rate	80,3	79,0
OPD consults/MD	305,8	164,2
Surgeries/MD	91,3	65,5
Deliveries/midwife	48,1	89,4
Average consultation time per OPD Patient (min)	6,7	4,2
Inpatient Utilisation Male : Female	0,6	0,6
Inpatient Utilisation U5 : O5	0,4	0,4
Outpatient Utilisation Male : Female	0,7	0,9
Outpatient Utilisation U5 : O5	0,3	0,6
Proportion of new outpatients prescribed antibiotics	35,6	66,4
Average number of drugs per new outpatients	1,5	0,7

Annex 11 BSC EPHS Supplemental indicators

Hospital Type	Nutrition Assessing and Counseling	Staff Knowledge of Nutrition	Staff Knowledge of HIV	Staff Attitude toward PLWHA	Proportion of health facility in which safety boxes or closed containers are being used properly for disposal of used sharps	Proportion of health facility in which syringes are being disposed of WITHOUT being recapped	Proportion of health facility with posted procedures for decontamination procedure steps	Proportion of health facility with a basin with a water source and soap available in this room	Proportion of health facility in which disinfectants are being used	Proportion of health facility in which evidence that the incinerator is being used regularly	Proportion of health facility that disposable syringes are being used for all injections	Proportion of health facility with evidence that the sterilizer is being used regularly	HCWM Composite Index
Provincial Hospitals	71,8	54,0	70,3	64,7	100,0	92,0	92,0	88,0	88,0	96,0	100,0	92,0	93,5
Regional Hospitals	46,4	53,0	65,3	61,6	100,0	85,7	85,7	85,7	100,0	71,4	100,0	85,7	89,3

Province	Nutrition Assessing and Counseling	Staff Knowledge of Nutrition	Staff Knowledge of HIV	Staff Attitude toward PLWHA	Proportion of health facility in which safety boxes or closed containers are being used properly for disposal of used sharps	Proportion of health facility in which syringes are being disposed of WITHOUT being recapped	Proportion of health facility with posted procedures for decontamination procedure steps	Proportion of health facility with a basin with a water source and soap available in this room	Proportion of health facility in which disinfectants are being used	Proportion of health facility in which evidence that the incinerator is being used regularly	Proportion of health facility that disposable syringes are being used for all injections	Proportion of health facility with evidence that the sterilizer is being used regularly	HCWM Composite Index
Badakhshan	77,1	49,1	67,4	69,5	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Badghis	84,7	66,8	76,1	67,5	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Baghlan	77,1	61,1	62,0	79,7	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Balkh	14,6	49,7	75,6	64,6	100,0	100,0	100,0	100,0	100,0	0,0	100,0	0,0	75,0
Bamyan	90,3	58,7	79,7	66,2	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Daykundi	91,7	56,6	78,6	65,4	100,0	100,0	100,0	0,0	100,0	100,0	100,0	100,0	87,5
Farah	67,4	34,6	70,9	38,9	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Faryab	70,1	56,2	52,8	66,1	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Ghazni	29,2	52,1	67,4	83,3	100,0	100,0	100,0	0,0	0,0	0,0	100,0	0,0	50,0

Ghor	72,9	53,1	72,8	58,6	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Helmand	67,4	37,6	56,6	72,9	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Herat	97,2	50,8	28,4	47,5	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Jawzjan	43,1	35,0	63,1	59,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	0,0	87,5
Kabul	13,9	54,4	72,3	65,0	100,0	100,0	100,0	100,0	100,0	0,0	100,0	100,0	87,5
Kandahar	54,2	47,8	67,7	70,8	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Kapisa	85,4	47,6	59,4	75,1	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Khost	72,2	56,6	79,2	66,7	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Kunar	52,1	58,4	66,8	44,4	100,0	100,0	100,0	100,0	0,0	100,0	100,0	100,0	87,5
Kunduz	44,4	53,9	60,8	64,6	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Laghman	56,2	65,2	77,7	61,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Logar	79,7	48,8	76,1	66,6	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Nangrahar	65,3	57,6	80,2	59,6	100,0	100,0	0,0	0,0	100,0	100,0	100,0	100,0	75,0
Nimroz	64,6	40,0	90,0	69,9	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Paktika	47,2	60,5	67,8	55,9	100,0	0,0	100,0	100,0	100,0	100,0	100,0	100,0	87,5
Paktya	35,4	54,5	71,7	59,3	100,0	0,0	100,0	100,0	100,0	100,0	100,0	100,0	87,5
Parwan	79,9	56,5	79,8	63,1	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Samangan	89,6	50,6	78,1	73,5	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Saripul	88,9	61,1	83,0	76,8	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Takhar	78,5	58,5	69,2	71,2	100,0	0,0	0,0	100,0	100,0	100,0	100,0	100,0	75,0
Uruzgan	82,6	48,4	67,2	65,1	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Wardak	78,5	56,8	63,3	65,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Zabul	70,1	56,5	51,6	42,9	100,0	100,0	0,0	0,0	0,0	100,0	100,0	100,0	62,5