

# Afghanistan

**Service Provision Assessment (AfSPA) 2018-19**

**Key Findings**

This report presents key findings of the 2018-19 Afghanistan Service Provision Assessment (2018-19 AfSPA), which was implemented by the Afghanistan Ministry of Public Health. The survey received funding from the U.S. Agency for International Development (USAID). ICF provided technical assistance through the worldwide DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs.

Additional information about the 2018-19 AfSPA may be obtained from the Afghanistan Ministry of Public Health, Great Masoud Road, Wazir Akbar Khan Area, Kabul, Afghanistan. Telephone: +93 (20) 231 36 88; Internet: [www.moph.gov.af](http://www.moph.gov.af).

Information about The DHS Program can be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA. Telephone: 301.407.6500; Fax: 301.407.6501; E-mail: [reports@DHSprogram.com](mailto:reports@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com).

**Recommended Citation:**

Ministry of Public Health, Afghanistan and ICF. 2019. Afghanistan Service Provision Assessment 2018-19: Key Findings. Rockville, Maryland, USA: Ministry of Public Health, Afghanistan and ICF.

*Icons courtesy of The Noun Project: Baby, Baby Care by Saeed Farrahi; Childbirth by Luis Prado; Mosquito by Monika Ciapala; Health by Christopher Holm-Hansen; Lungs by Brennan Novak; Stethoscope by Olivier Guin; Gloves by TNS; and Microscope by Stuart McCoy*

*Cover photographs: © 2019 Abdul Hakim Sabri and Baheer Latifi*



# INTRODUCTION

The 2018-19 Afghanistan Service Provision Assessment (AfSPA) is an assessment of health care facilities in seven urban areas in Afghanistan. The assessment was designed to collect information from health facilities on the availability of health care services and to examine the readiness of facilities to provide quality health services in child health, family planning, maternal and newborn care, HIV/AIDS, sexually transmitted infections (STIs), malaria, non-communicable diseases, and tuberculosis. Additionally, the AfSPA includes information on emergency and inpatient care, surgical and delivery units, and post abortion care services.

The 2018-19 AfSPA used five types of questionnaires:

- Facility inventory questionnaire
- Health provider questionnaire
- Observation protocol of consultations and examinations of sick children, family planning, antenatal care, and normal deliveries
- Client exit interview questionnaires for women attending antenatal care, family planning clients, and caretakers of sick children whose consultations were observed by interviewers
- Country-specific questionnaire for emergency and inpatient care, surgical and delivery units, and post abortion care services

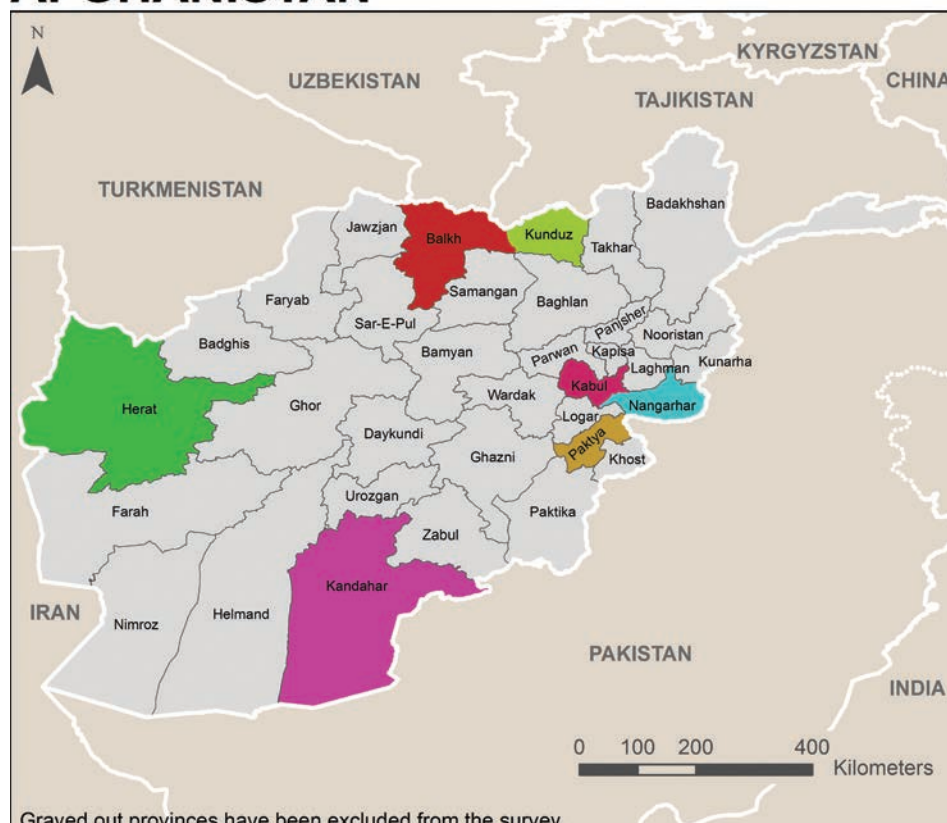
Number of Health Facilities Surveyed		
Facility Type	Weighted	Unweighted
Public	24	36
Private	118	106
Province		
Balkh	10	15
Herat	19	27
Kabul	77	52
Public	17	25
Private	60	27
Kandahar	11	11
Kunduz	5	8
Nangarhar	15	21
Paktya	5	8
Total	142	142

The 2018-19 AfSPA is a survey of health facilities in seven urban provinces in Afghanistan. In six provinces excluding Kabul, all public and private hospitals plus private clinics were included in the sample. In Kabul province, all public and private hospitals plus 13 of 84 private clinics were randomly selected for the survey. Of the 160 health facilities in Afghanistan that were

visited during the assessment, 18 facilities were permanently closed, unreachable, duplicates of other facilities, or refused to participate. Data were successfully collected from a total of 142 facilities. The results of the assessment are presented by facility type (public versus private) and by province.

This report presents the key findings of the 2018-19 AfSPA. To put these results in context, it also presents the results of the 2015 Afghanistan Demographic and Health Survey (AfDHS) which interviewed more than 29,000 ever-married women and 10,000 ever-married men age 15-49. The results of the 2015 AfDHS are presented in grey boxes.



## AFGHANISTAN





Grayed out provinces have been excluded from the survey.

# Understanding the 2018-19 Afghanistan SPA



This legend provides iconic description of the health service areas, if observations or client exit interviews were conducted, and number of facilities offering the type of service.

-  Observations of Consultations
-  Client Exit Interview
- N = Number of Facilities Offering Service

## Child Health



 Curative care  N = 106	Child growth monitoring N = 40	Child vaccination N = 46
--	-----------------------------------	-----------------------------

## Family Planning


 Family planning  
 N = 96

## Maternal Health

### Antenatal Care

 Antenatal care  N = 103	Prevention of mother-to-child-transmission N = 56
---	--

### Delivery & Newborn Care

 Delivery & newborn care  
N = 114

**All Health Facilities**  
N=142

## HIV/AIDS & Sexually Transmitted Infections (STIs)

HIV testing & counselling N = 106	HIV care & support N = 7	Antiretroviral therapy N = 3	STI diagnosis or treatment N = 94
--------------------------------------	-----------------------------	---------------------------------	--------------------------------------

## Malaria

Malaria diagnosis or treatment  
N = 117

## Non-communicable Diseases

Diabetes N = 120	Cardiovascular disease N = 121	Chronic respiratory disease N = 120
---------------------	-----------------------------------	--

## Tuberculosis

Tuberculosis diagnosis or treatment  
N = 82

This report is organized by service area, but the same basic topics are covered in each section. Use the icons below to identify the main results within each section.

 **Availability of services, medication, supplies**

 **Guidelines and equipment for services**

 **Infection control**

 **Laboratory diagnostic capacity**

 **Training and supportive management**

# HEALTH FACILITIES IN AFGHANISTAN

## Availability of Services

The availability of a basic package of health services and frequency of these services contribute to client utilization of services at a health facility. However, if a facility does not offer all services, it should not be assumed that the facility is substandard. Only 14% of health care facilities offer all basic client services including curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning (FP), antenatal care (ANC), services for sexually-transmitted infections (STIs), and normal delivery. Service availability varies by type of service. Eighty-one percent of facilities offer normal delivery, 74% offer child curative care, and 73% offer ANC services. About two-thirds of facilities offer any modern method of family planning (67%) and services for STIs (63%). The least available services include child vaccination (33%) and child growth monitoring services (28%).

The availability of all basic services is higher in public facilities (25%) than in private facilities (12%). Availability of all basic client services is highest in Balkh province (20%).

## Basic Amenities

Many health facilities in Afghanistan have basic client amenities. Nearly all facilities have regular electricity, client latrine, and an improved water source. About 9 in 10 facilities have communication equipment, visual and auditory privacy, and emergency transport. Only one-quarter of facilities have a computer with internet.

Public facilities are more likely to have communication equipment, computer with internet, and emergency transport, while private facilities are more likely to have visual and auditory privacy and client latrine.

## Infection Control



Nine in ten facilities have sterilization equipment. However, only 3 in 4 facilities have sterilization equipment and knowledge of processing time.

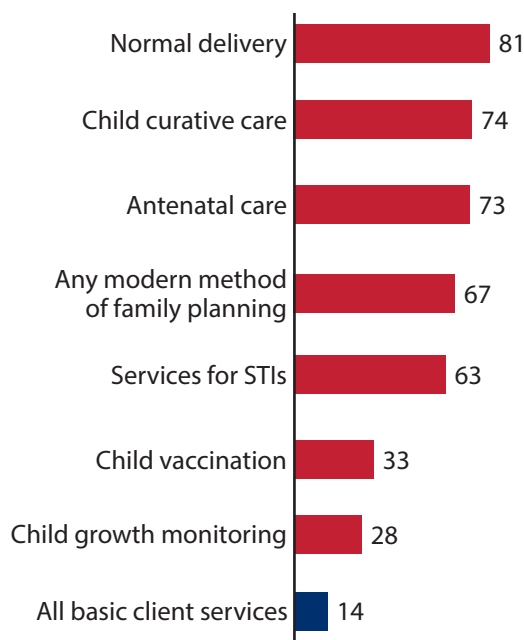
Equipment and knowledge of processing time is higher among public facilities and facilities in Paktya (100%) and Balkh (93%) provinces.

### AfSPA Definition:

*Available:* Only observed items are classified as available. Items that are reported as being available but are not observed or seen by the interviewers are not considered available.

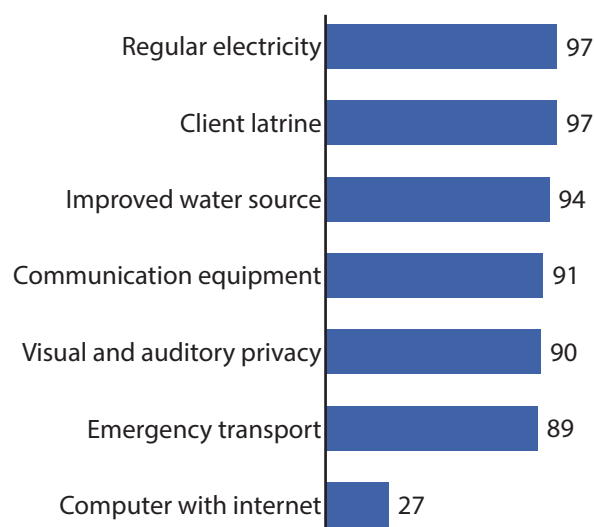
### Availability of Basic Client Services

Among all facilities (N=142), percent offering indicated basic client services



### Availability of Basic Amenities for Client Services

Among all facilities, percent with indicated amenities considered basic for quality services (N=142)





## Availability of Child Health Services

Overall, 19% of facilities offer all three basic child health services – outpatient curative care for sick children, growth monitoring, and child vaccination services. Three-quarters of health facilities offer outpatient curative care for sick children, 33% offer child vaccination services, and 28% provide child growth monitoring services. The availability of all three basic child health services is higher in public facilities (33%) than in private facilities (16%). Availability of all three basic child health services is highest in Balkh province (20%).

## Guidelines and Equipment for Child Curative Care Services

Among health facilities offering outpatient curative care for sick children (N=106), 84% provide these services five or more days a week. Guidelines were not available in most facilities.

More than 90% of facilities did not have visible Integrated Management of Childhood Illness (IMCI) guidelines nor growth monitoring guidelines.

## Management Practices and Training

Of 308 interviewed providers of child health services, merely 15% received any in-service training in child health in the two years before the survey. Nearly 80% of child health providers were supervised in the six months before the survey.

Among child health providers who received in-service training within the last two years, less than 10% were trained in expanded program on immunization (EPI)/ cold chain, IMCI, malaria diagnosis, malaria treatment, acute respiratory infections, or diarrhea diagnosis or treatment.

## Infection Control

Availability of infection control items varies in facilities offering outpatient curative care services for sick children (N=106). Child health facilities are most likely to have a waste receptacle (73%), latex gloves (65%), soap and running water or alcohol-based hand disinfectant (64%), and a sharps container (63%). Seventy-two percent of public facilities have soap and running water or else alcohol-based disinfectant, compared to 63% of private facilities.

## Laboratory Diagnostic Capacity



Among facilities offering outpatient curative care for sick children (N=106), 97% have the ability to measure hemoglobin to assess anemia, 82% can diagnose malaria, and 54% have the capacity to do a stool microscopy. Public facilities have higher diagnostic capacity in hemoglobin (>99%), malaria (>99%), and stool microscopy (83%), compared to private facilities.

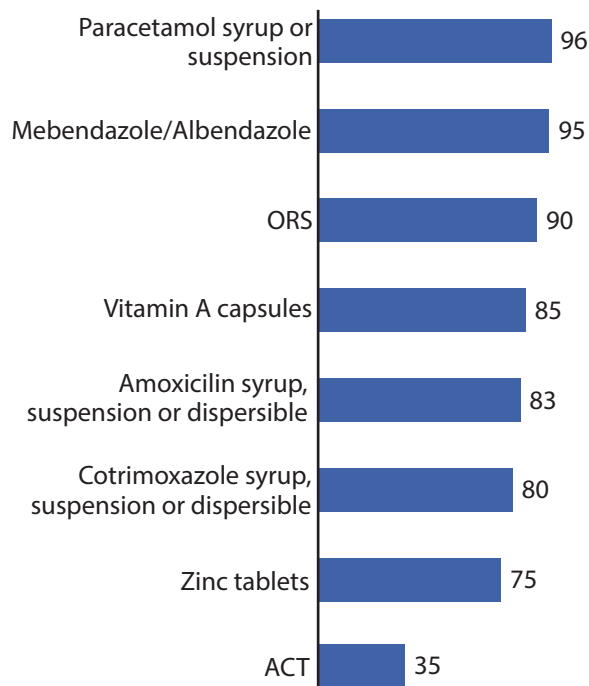
## Availability of Essential Medicines




About 9 in 10 health facilities offering outpatient curative care services for sick children have paracetamol (96%), Mebendazole/Albendazole (95%) for worm infestation, and oral rehydration salts (ORS) (90%) for dehydration. More than 80% of facilities have vitamin A capsules (85%), amoxicillin (83%), and cotrimoxazole (80%). Three-quarters of facilities have Zinc tablets. Facilities are least likely to have artemisin combination therapy (ACT) (35%) to treat malaria. Private facilities are more likely to have each of the essential medicines for curative care services for sick children.

### Availability of Essential Medicines and Commodities

Among facilities offering outpatient curative care services for sick children (N=106), percent where essential medicines were observed to be available in the facility on the day of the survey



## Assessment and Examination of Sick Children

 A total of 574 sick child consultations were observed. Providers checked for all three major danger signs in only 2% of consultations: vomiting (31%), inability to eat or drink anything (13%), and convulsions (5%). Providers assessed all three main symptoms in 17% of observed consultations: fever (73%), cough/difficulty breathing (63%), and diarrhea (35%). Various aspects of the physical examinations were also missing. While 81% of consultations included temperature assessment and nearly half weighed the child, only 16% of sick children were assessed for dehydration and 13% had their respiratory rate assessed.

Caretakers of sick children must be informed how to take care of their children once they return home. Few providers are advising caretakers why to continue feeding the child (21%), how to increase fluids (20%), and what symptoms require a return visit (7%).

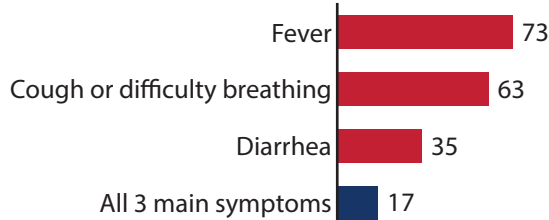
### Observed Assessments and Examinations

Among observed consultations with sick children (N=574), percent that include:

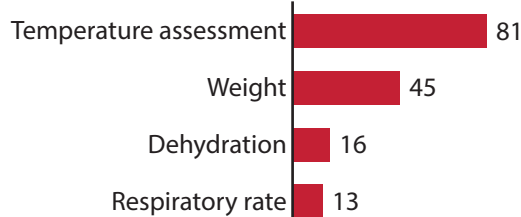
#### ASSESSMENT OF GENERAL DANGER SIGNS



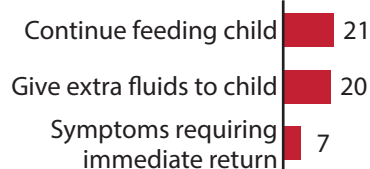
#### ASSESSMENT OF MAIN SYMPTOMS



#### PHYSICAL EXAM



#### ESSENTIAL ADVICE TO CARETAKER



## Treatment by Diagnosis

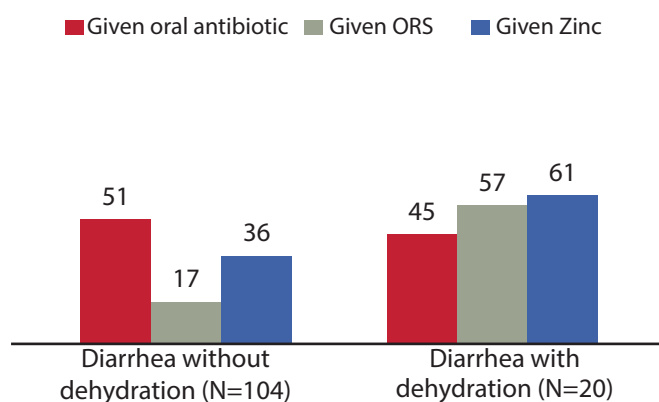
Providers should follow IMCI guidelines for diagnosis and treatment of specific illnesses. Nearly half of children with fever are given a medication for symptomatic treatment, such as a fever reducer. Yet, 65% of children with fever were given an oral antibiotic.

Slightly more than half of children with diarrhea and no dehydration were given an oral antibiotic, compared to 45% of children with diarrhea and dehydration. Among children with diarrhea, those with dehydration were more likely to receive oral rehydration salts (ORS) (57%) or Zinc (61%) than children without dehydration (17% and 36%, respectively).

Almost all children with pneumonia or severe respiratory illnesses were given antibiotics (94%), as were 89% of children with cough or other upper respiratory problems. These findings may indicate overuse of antibiotics, which can result in antibiotic resistance.

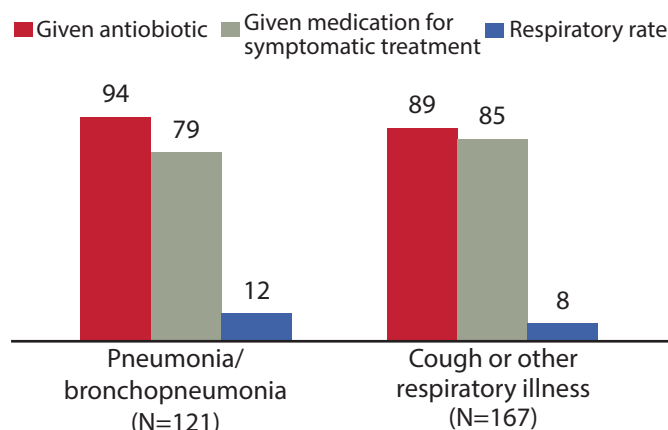
### Treatment of Children with Diarrhea

Among observed children, percent diagnosed with diarrhea who received assessment, examination, and/or treatment



### Treatment of Children with Respiratory Illness

Among observed children, percent diagnosed with illness who received assessment, examination, and/or treatment



## Availability of Child Vaccination Services

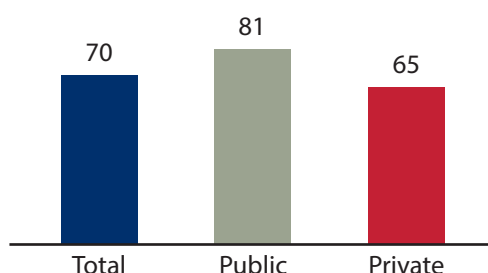
The 2018-19 AfSPA observed the availability of unexpired vaccines among facilities that offer child vaccination services and routinely store vaccines at the facility (N=34). Overall, 84% of facilities had pentavalent vaccine available the day of the survey, >99% had oral polio vaccine, >99% had measles vaccine, and 98% had BCG. Among facilities offering child vaccination services and storing vaccines, 70% of facilities had all basic child vaccines (pentavalent, polio, measles, BCG, pneumococcal conjugate, Hepatitis B, rotavirus, and tetanus) available the day of the survey. Eighty-one percent of public facilities had all basic vaccines in stock, compared to 65% of private facilities. By province, availability of all basic child vaccines ranges from a low of 62% in Kabul to a high of >99% in Balkh, Kandahar, Kunduz, and Paktya provinces. .



© 2014 Abdul Hakim Sabri & Mr. Baheer Latifi

### Availability of Vaccines by Facility Type

Among facilities offering child vaccination services and routinely store vaccines at facility (N=34), percent that have all basic\* child unexpired vaccines on the day of the survey



\*All basic child vaccines include at least one unexpired vial or ampoule each of DPT/pentavalent, oral polio, measles, BCG, inactivated polio, pneumococcal, birth dose of Hepatitis B, rotavirus, and tetanus vaccines with relevant diluents available.

## Guidelines and Equipment for Vaccination Services



Among all health facilities offering child vaccination services (N=46), 71% have a vaccine refrigerator. Nine in ten facilities have syringes and needles, while 96% have a sharps container and all have a vaccine carrier with ice pack.

## Infection Control



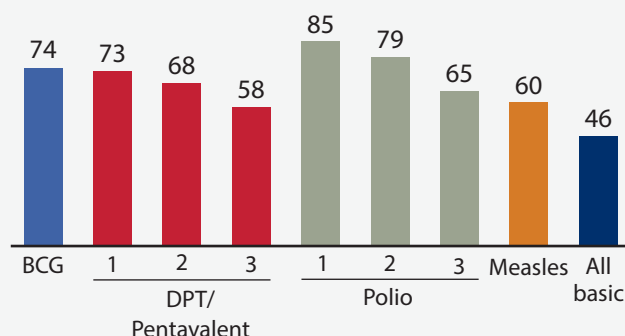
Among facilities offering child vaccination services (N=46), the availability of items for infection control varies. Facilities are more likely to have a sharps container (96%) and waste receptacle (80%). Nearly three-quarters of facilities have soap and running water or else alcohol-based disinfectant and 71% have latex gloves.

## Vaccination Coverage: 2015 AfDHS Results

According to 2015 Afghanistan Demographic and Health Survey (AfDHS), 46% of children age 12-23 months received all basic vaccinations (one dose each of BCG and measles and three doses each of polio and DPT/pentavalent). Basic vaccination coverage varies by province; just 1% of children in Nooristan province received all basic vaccinations, compared with 75% in Paktya. Among provinces covered in the 2018-19 AfSPA, basic vaccination coverage is as follows: Balkh 39%, Herat 56%, Kabul 56%, Kandahar 16%, Kunduz 38%, Nangarhar 65%, and Paktya 16%.

### Basic Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey







## AfSPA Definitions:

*Provided:* Facility reports that it stocks the method and makes it available to clients when they visit the facility. These clients can obtain the method without leaving the facility.

*Offer:* Facility provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without actually making the method available to the client in the facility.

## Availability of Family Planning Services

Two-thirds of all health facilities offer any modern method of family planning such as the pill, injectables, implants, intrauterine contraceptive devices (IUCD), male or female condoms, cycle beads, diaphragm, or spermicides. The availability of any modern method of family planning is higher in private facilities than in public facilities (72% vs. 42%). Of the health facilities offering any family planning service (N=96), 91% offer any family planning service five or more days a week.

## Family Planning Methods Provided

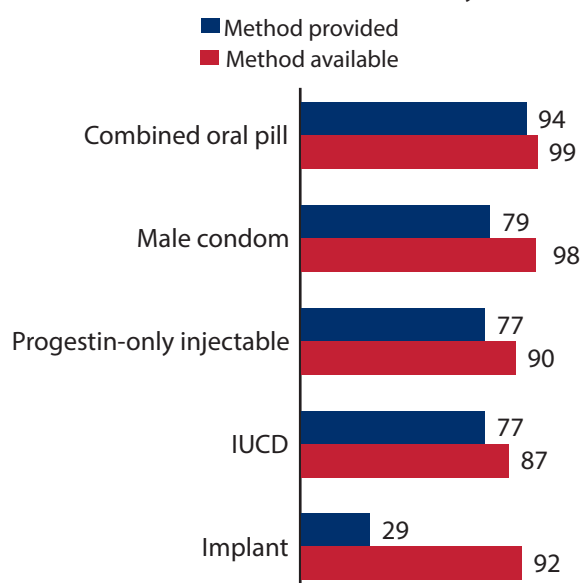
The majority of facilities offering any family planning method (N=96) provide combined oral contraceptive pills (94%), the male condom (79%), IUCDs (77%), Progestin-only injectable (77%), female sterilization (70%), and the combined injectable (70%). Female condoms (1%), male sterilization (6%), cycle beads (10%), and implants (29%) are the least provided methods. Provision of IUCD and implant requires a higher level of skill and more developed infrastructure that may not be available.

## Availability of Family Planning Commodities

While many facilities report providing modern methods, not all had the methods available on the day of the survey. According to the 2015 AfDHS, the pill and injectables are among the most widely used methods. Among facilities that provide modern methods, more than 90% had the following commodities available: combined oral contraceptive pills (99%), male condom (98%), Progestin-only oral pill (96%), combined injectable (96%), cycle beads (93%), and implants (92%). Eight in ten facilities had every method available on the day of the survey. By province, availability of every method on the day of the survey ranges from a low of 25% in Paktya to a high of 86% in Kabul.

### Availability of Provided Family Planning Commodities

Among facilities offering any modern method of family planning, percent of facilities that provide modern methods and had modern methods available on the day of the survey

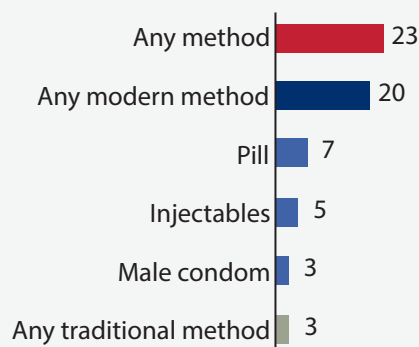


## Family Planning: 2015 AfDHS Results

According to the 2015 AfDHS, 23% of married women age 15-49 use a method of family planning. One in five married women (20%) use a modern method of contraception, while 3% use a traditional method. The most commonly used modern methods are the pill (7%), injectables (5%) and the male condom (3%). The use of modern methods varies by province, from 1% in Nooristan to 58% in Herat. The majority of pill and male condom users obtain these modern methods from private facilities. In contrast, the majority of injectable users go to public hospitals or CHC/polyclinics.


### Family Planning

Percent of married women age 15-49 using family planning




# FAMILY PLANNING

## Infection Control

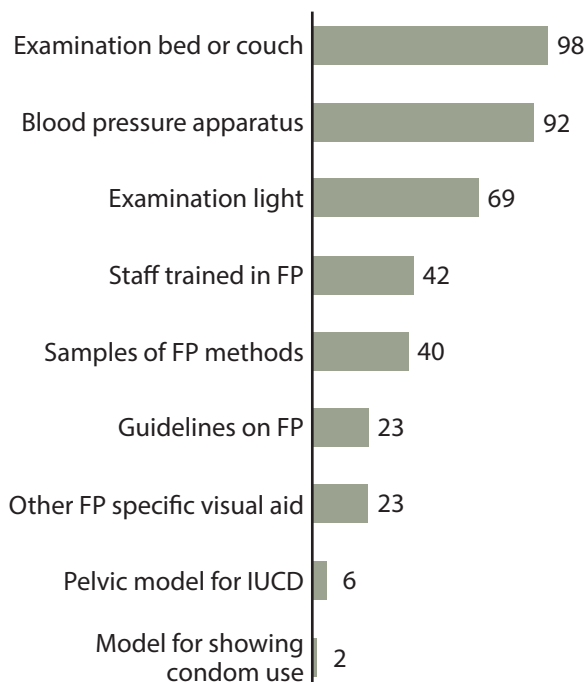
 Facilities are more likely to have a sharps container (79%) than other infection control items. More than two-thirds of facilities have soap and running water or else alcohol-based hand disinfectant. Seventy-two percent of facilities have latex gloves.

## Guidelines and Basic Equipment

 Key items for the provision of quality family planning services are missing from many health facilities in Afghanistan. Only 40% of facilities have method samples, 6% have a pelvic model for the IUCD, and 2% have a model for showing condom use. An examination bed or table (98%) and blood pressure apparatus (92%) are widely available. Sixty-nine percent of facilities have an examination light. Nearly one-quarter of facilities have both guidelines on family planning (23%) and other family planning visual aids (23%). Forty-two percent of facilities have staff trained in family planning.

### Guidelines and Basic Equipment for Family Planning Services

Among facilities offering any modern method of family planning (N=95), percent that have:



© 2005 Emily J. Phillips, Courtesy of Photoshare


## Management Practices and Training



The AfSPA collected data on training and management of 324 family planning service providers. Three in ten family planning providers received in-service training related to family planning in the two years before the survey. Three-quarters of family planning personnel had personal supervision or technical support from a facility-based supervisor or visiting supervisor during the six months before the survey.

Among family planning providers, in-service training within the last two years covered a range of topics including counseling on family planning (25%), insertion/removal of IUCD (25%), insertion/removal of implant (21%), family planning-related clinical issues (19%), postpartum family planning (16%), and family planning for HIV+ clients (6%).


## Observations of Family Planning Consultations

 The AfSPA observed family planning consultations to assess how closely providers adhered to internationally recognized standards for quality service provision. Interviewers observed 189 consultations with female family planning clients; 58% of the consultations were new family planning clients and 42% of observed consultations were continuing family planning clients.

Family planning counseling of new and continuing clients does not include all recommended elements, and providers are missing opportunities to screen for STIs and chronic illnesses. Among consultations with new clients (N=109), only 5% had all elements of reproductive history as part of their consultation (age, pregnancy history, current pregnancy status, the desired timing for the next or desire for another child, breastfeeding status, and regularity of menstrual cycle). Very few of the new family planning clients had their risk history assessed which is of major concern. One in five consultations asked about any chronic illnesses, while only 13% asked about symptoms of STIs. Only 3% of consultations asked about smoking and <1% about alcohol use. Providers were most likely to measure clients' blood pressure and weigh clients (94% and 91%, respectively).

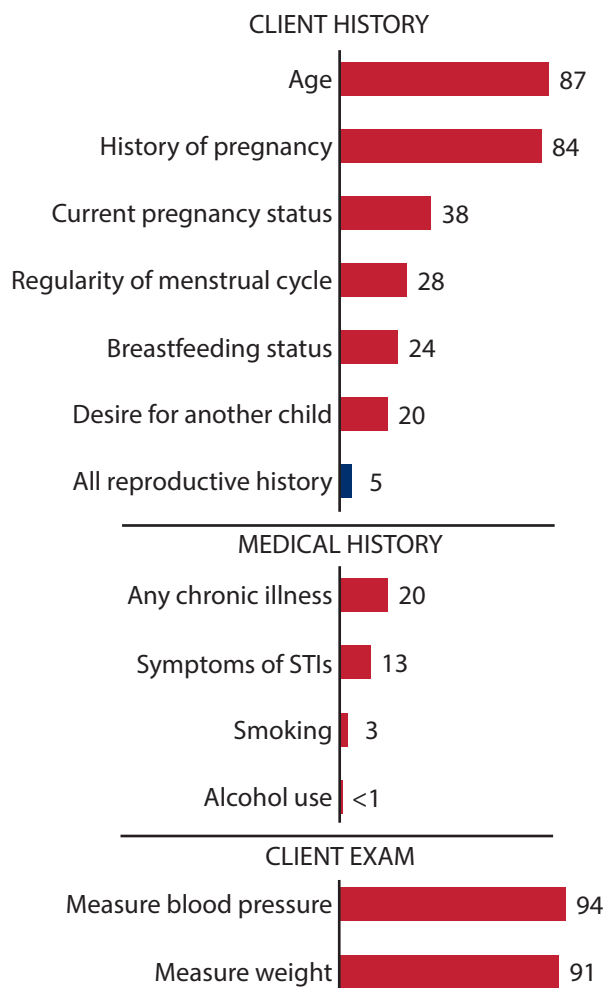
Less than 40% of consultations with all female family planning clients (N=189) included discussions of client concerns about her contraceptive method; fewer included discussions about side effects (29%). Only 17% of consultations had any discussion related to STIs. Lack of privacy may account for this. Only 54% of consultations took place under conditions of privacy and confidentiality.

## Client Knowledge about Contraceptive Method

 Observed family planning clients participated in exit interviews to assess their knowledge about their method. Nearly all clients who use the pill (95%) were able to correctly answer the question "How often do you take the pill?" Almost all Progestin-only injectable users (94%) but only 36% of monthly injectable users correctly answered the question "How long does the injection provides protection against pregnancy?"

## Observed Elements of Client History for First-visit Family Planning Clients

Among observed consultations with first-visit family planning clients (N=109), percent that include:



# MATERNAL HEALTH: ANTENATAL CARE

## Availability of Antenatal Care Services

Overall, 73% of all health facilities offer antenatal care (ANC) services. Among the institutions that offer ANC services (N=103), 92% provide ANC services five or more days per week and 33% offer tetanus toxoid vaccinations every day ANC services are offered.

## Availability of Medicines



Nearly all facilities that offer ANC services have iron or folic acid tablets (99%), folic acid tablets (99%), iron tablets (98%), and combined iron and folic acid (96%) available on the day of the survey.

Only 58% of facilities have the tetanus toxoid vaccine available on the day of the survey.

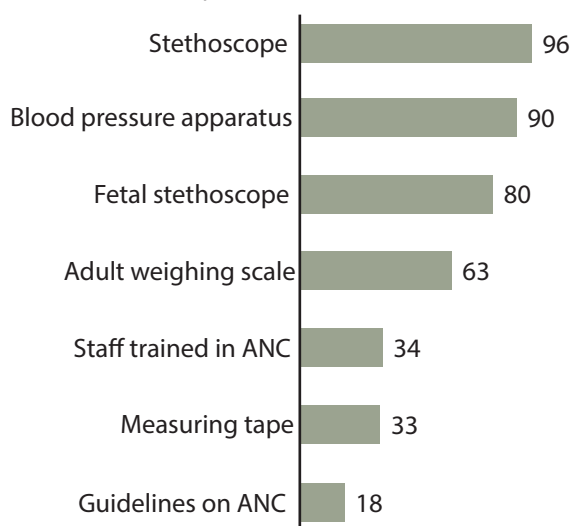
## Guidelines and Basic Equipment



Only 18% of facilities have guidelines on ANC. Nearly all facilities offering ANC services have a stethoscope and 90% have a blood pressure apparatus. Eighty percent of facilities have a fetal stethoscope, and 63% have an adult weight scale. About one-third of facilities have both staff trained in ANC and measuring tape.

### Guidelines and Basic Equipment for Antenatal Care Services

Among facilities offering ANC services (N=103), percent that have:



## Infection Control



Three-quarters of facilities that offer ANC services have both a sharps container (74%) and a waste receptacle (73%). More than two-thirds of facilities have both soap and running water or else alcohol-based hand disinfectant (68%) and latex gloves (69%).

## Diagnostic Capacity



Among facilities offering ANC services, nearly all facilities can test for hemoglobin (97%), urine protein (97%), and urine glucose (97%). More than three-quarters of facilities can test for HIV, and more than half can test for syphilis. Public facilities have higher diagnostic capacity to conduct all tests than private facilities.


## Management Practices and Training



The AfSPA collected information on training and supervision of 338 ANC service providers. Only 16% of ANC providers received training related to ANC in the two years before the survey. Nearly 3 in 4 providers received personal supervision during the six months before the survey.

Among ANC providers, in-service training within the last two years covered a range of topics including family planning (25%), ANC counseling (11%), and ANC screening (11%). Less than 10% of ANC providers received in-service training in the following topics: complications of pregnancy (9%), STIs (4%), and intermittent preventive treatment of malaria in pregnancy or IPTp (2%).

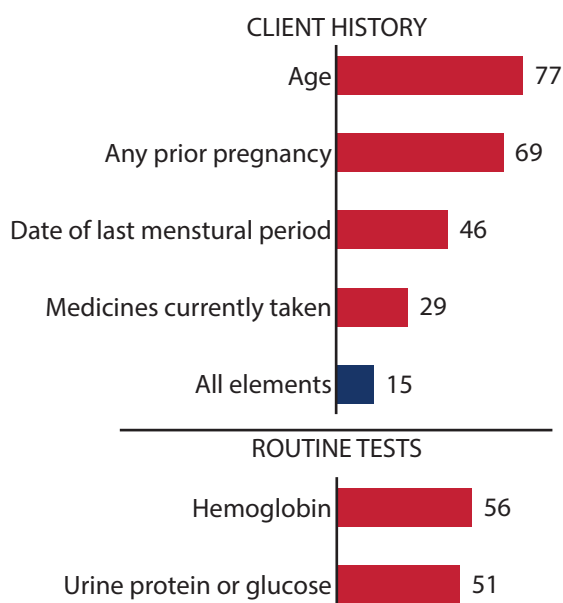
## Observations of ANC Consultations

 AfSPA interviewers observed client-provider interactions of 491 ANC clients. Sixty-five percent of observed clients were visiting for the first time in their pregnancy, while the other 35% were coming for a follow-up visit. For 21% of ANC clients, this was their first pregnancy.

ANC providers were not thorough in taking client history or providing routine tests. Although 77% of first-visit ANC clients were asked their age and 69% were asked about any prior pregnancy, less than half were asked the date of their last menstrual period. Only 29% were asked about medicines currently taken, and 15% had all elements of client history assessed. More than half of first-visit ANC clients had a hemoglobin test (56%) or a urine protein or glucose test (51%).

### Observed Elements of Client History for First-visit Antenatal Care Clients


Among observed consultations with first-visit ANC clients (N=319), percent that include:



The components of the basic physical examination were performed in the majority of observed consultations for all ANC clients (N=491): 85% of pregnant women had their blood pressure measured, fundal height was measured for 64% of pregnant women, and 55% were weighed. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 57% of consultations. In comparison, in only 8% of consultations did the provider administer or prescribe the tetanus toxoid vaccine.

ANC providers did not routinely inform women of symptoms related to pregnancy complications. Vaginal bleeding was discussed in only 36% of consultations. One in three consultations included discussion of headache or blurred vision, while 22% included discussion of fever. Even fewer consultations, less than 20%, included discussion of loss of, excessive or normal fetal movement (16%); swollen hands or face (13%); excessive tiredness, shortness of breath (11%); and cough or difficulty breathing for three weeks or longer (3%). For more than half of the observed consultations (58%) at least one risk symptom was discussed.

## ANC Client Exit Interviews

 Pregnant women attending ANC who were observed were also interviewed when they left the facility about the health education they received. Only 1 in 4 pregnant women reported that the provider discussed or counseled on any pregnancy-related risk signs and symptoms. Nearly one-third of women (31%) reported that the provider discussed vaginal bleeding as dangerous and 13% reported that the provider discussed headaches or blurred vision. More than 6 in 10 pregnant women reported that no advice was given on recommended actions to take if warning signs occurred.

# MATERNAL HEALTH: ANTENATAL CARE



## Prevention of mother-to-child transmission (PMTCT) of HIV in ANC Facilities

The prevention of mother-to-child transmission (PMTCT) program aims to reduce the risk of HIV transmission during pregnancy, delivery, or breastfeeding. PMTCT services include:

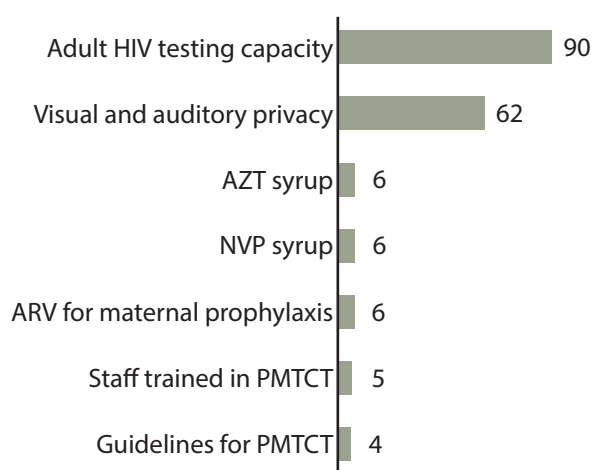
- HIV testing and counseling for pregnant women
- HIV testing for infants born to HIV positive women
- Antiretroviral (ARV) prophylaxis for HIV positive pregnant women
- ARV prophylaxis for infants born to HIV positive women
- Infant and young child feeding (IYCF) counseling
- Nutritional counseling for HIV positive pregnant women and their infants
- Family planning counseling for HIV positive pregnant women

Among facilities offering ANC, 55% offer PMTCT services. Three-quarters of public facilities offer ANC offer PMTCT service, compared to half of private facilities. Among facilities offering ANC and PMTCT services (N=56), HIV testing for pregnant women (66%) is the most offered service, followed by IYCF counseling (17%).

Only 4% of facilities offering ANC and PMTCT services have PMTCT guidelines and very few facilities have staff trained in PMTCT (5%). Nearly all facilities have adult HIV testing capacity, while only 2% prepare dried blood spot (DBS) for HIV testing. Less than 10% of facilities have AZT syrup, nevirapine (NVP) syrup, or ARV for maternal prophylaxis (6% each).

### Guidelines, Equipment, Diagnostics, and Medicines for PMTCT

Among facilities offering ANC services and any PMTCT services (N=56), percent that have:

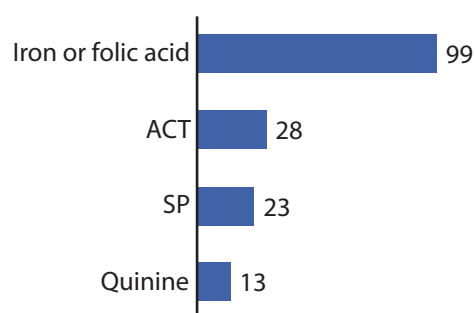


## Malaria Services in ANC Facilities

Among facilities offering ANC services (N=103), 13% of facilities distribute insecticide-treated nets (ITNs) to pregnant women attending ANC. Only 3% have IPTp guidelines. Nearly 1 in 10 facilities offering ANC have staff that received in-service training on malaria in pregnancy within two years of the survey. While all facilities have iron or folic acid, very few facilities have antimalarial medicines available such as ACT (28%), sulfaoxine/pyrimethamine (SP) (23%), and quinine (13%). Nearly three-quarters of facilities have malaria RDT. However, only 36% of facilities can perform malaria microscopy.

### Malaria Medicines in ANC Facilities

Among facilities offering ANC services (N=103), percent that have indicated medicines for malaria services:





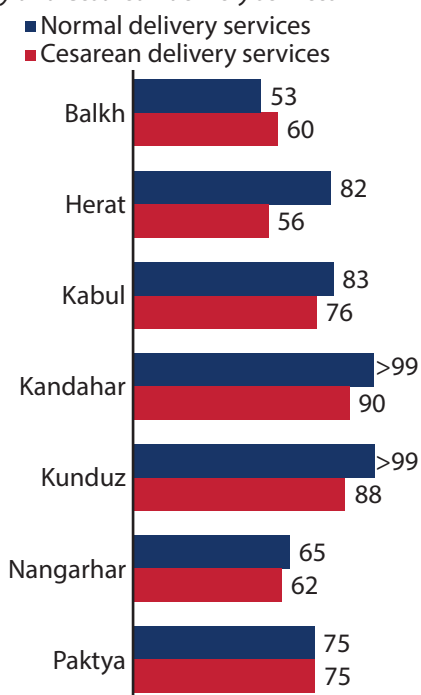
## Availability of Delivery Services

Among all facilities, 81% offer normal delivery services and 72% offer Cesarean delivery. Private facilities are more likely to offer both services than public facilities. All facilities in Kandahar and Kunduz offer normal delivery services, compared to 65% of facilities in Nangarhar.

Among facilities offering normal delivery services (N=114), more than half have a provider of delivery care available on-site or on-call 24 hours per day with an observed duty schedule. Nearly all public facilities have a provider available on-duty or on-call, compared to less than half of private facilities. Health facilities in Balkh province (88%) are more likely to have an on-duty or on-call provider than facilities in Paktya province (33%).

### Availability of Delivery Services by Province

Among facilities (N=142), percent that offer normal delivery and Cesarean delivery services

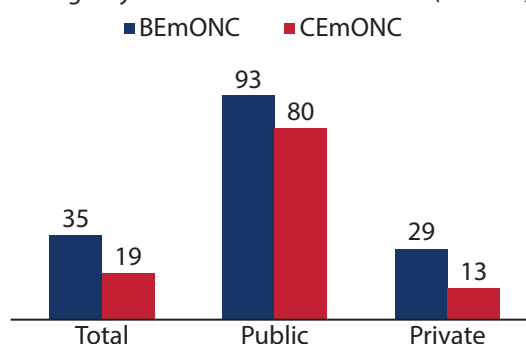


## Signal Functions for Emergency Obstetric Care

Facilities that offer normal delivery services (N=114) should be prepared to provide the most important interventions—emergency obstetric and neonatal care (EmONC) signal functions—to manage delivery complications when they occur. Among signal functions, the most commonly practiced are the removal of retained products of conception (MVA) (83%) and administration of parenteral oxytocic (82%) at least once in the past 3 months. Overall, 35% of facilities offering normal delivery services performed all 7 basic EmONC signal functions—administration of parenteral antibiotics, oxytocic, and anticonvulsant; assisted vaginal delivery; manual removal of placenta; MVA; and neonatal resuscitation. Nearly all public facilities performed BEmONC signal function, compared to 29% of private facilities. More than half of facilities offering normal delivery services performed a blood transfusion at least once in the 3 months before the survey, and 8 in 10 facilities conducted a Cesarean section. Nineteen percent of facilities performed all comprehensive EmONC signal functions—all basic plus blood transfusion and Cesarean delivery. Eighty percent of public facilities performed CEmONC, compared to 13% of private facilities.

### Signal Functions for Emergency Obstetric and Neonatal Care by Facility Type

Among facilities offering normal delivery services (N=114), percent that performed basic or comprehensive emergency obstetric and neonatal care (EmONC)

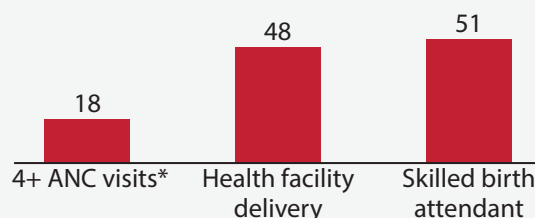


## Maternal Health: 2015 AfDHS Results

According to the 2015 AfDHS, nearly 6 in 10 ever-married women received antenatal care from a skilled provider such as a doctor, nurse, midwife, or auxiliary nurse/midwife. Just 18% of women had four or more ANC visits. Nearly half of births (48%) are delivered in a health facility, while 51% are delivered at home. Among provinces included in the AfSPA, health facility births are lowest in Kandahar (36%) and Herat (39%) and highest in Kabul (82%). Half of births are assisted by a skilled provider.

### Maternal Health Care

Percent of live births in the five years before the survey



\*Percent of ever-married women age 15-49 for most recent birth



## Newborn Care Practices

Among facilities offering normal delivery services (N=114), nearly all report the following routine components of newborn care: initiation of breastfeeding within the first hour, drying and wrapping newborns to keep warm, delivery to the abdomen (skin-to-skin), and routine complete examination of newborns before discharge. Seventy-nine percent of facilities have suctioned newborn with suction bulb, while three-quarters routinely weigh the newborn immediately upon delivery. More than two-thirds have administered vitamin K to newborn. Fifty-five percent report suctioning the newborn with catheter as routine care, although this practice is not recommended. Less than half report applying tetracycline eye ointment to both eyes as a newborn care practice, and 44% practice kangaroo mother care. More than one-third of facilities report giving the newborn the BCG vaccine (38%) or the oral polio vaccine (38%) prior to discharge as routine newborn care. A small percentage of facilities consider three unrecommended practices as routine components of newborn care: suctioning newborn with catheter (55%), giving newborn prelacteal liquids (28%), and giving full bath shortly after birth (13%).

## Availability of Medicine for Deliveries and Newborns

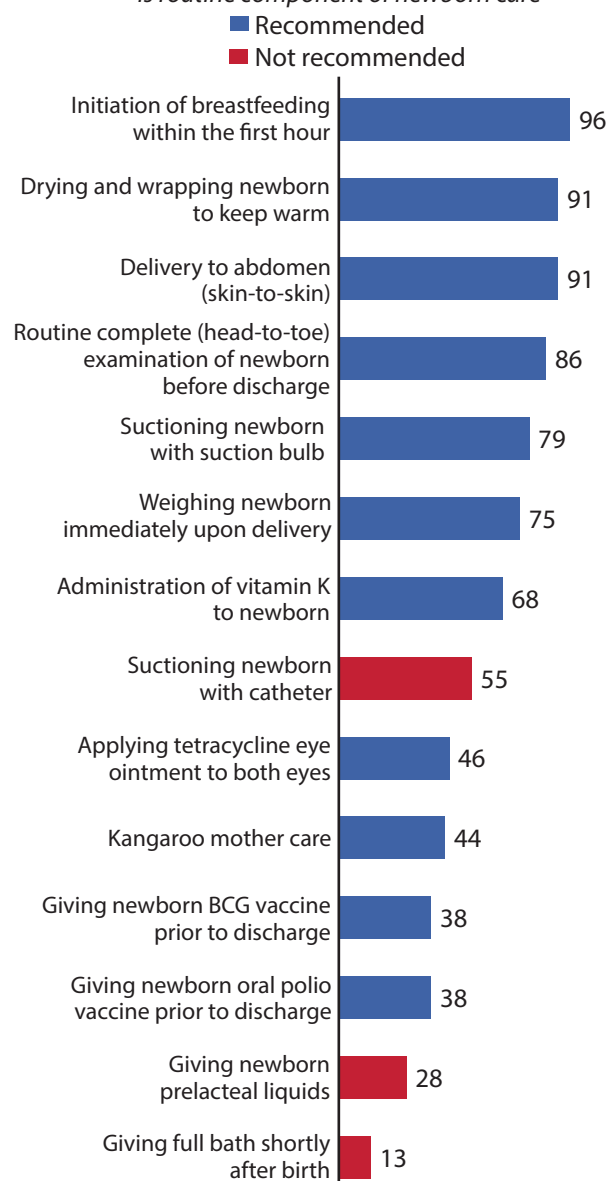
Among facilities offering normal delivery services (N=114), the most commonly available essential medicine for delivery is injectable uterotonic (77%), followed by intravenous fluids with infusion set (63%) and skin disinfectant (60%). Less than half of facilities have the other essential medicines for delivery – injectable diazepam (47%), injectable antibiotic (44%), and injectable magnesium sulphate (40%).

Among essential medicines for newborns, health facilities are most likely to have ceftriaxone powder for injection (93%), injectable gentamicin (88%), and amoxicillin suspension (80%). Facilities are least likely to have antibiotic eye ointment for newborn (53%) and chlorhexidine (36%).

The most commonly available essential medicines for mothers include sodium chloride injectable solution (95%), injectable betamethasone/dexamethasone (93%), injectable metronidazole (90%), misoprostol (90%), and azithromycin (90%). Half of facilities have nifedipine, while one-third of facilities have benzathine benzyl penicillin powder for injection.

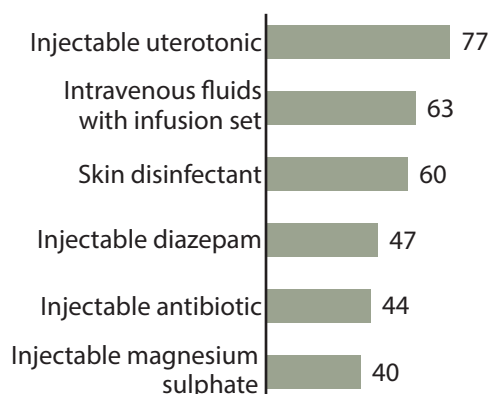
## Newborn Care Practices

Among facilities offering normal delivery services (N=114), percent reporting the indicated practice is routine component of newborn care



## Essential Medicines and Commodities for Delivery

Among facilities offering normal delivery services (N=114), percent with essential medicines & commodities for delivery





## Guidelines and Equipment for Delivery Services

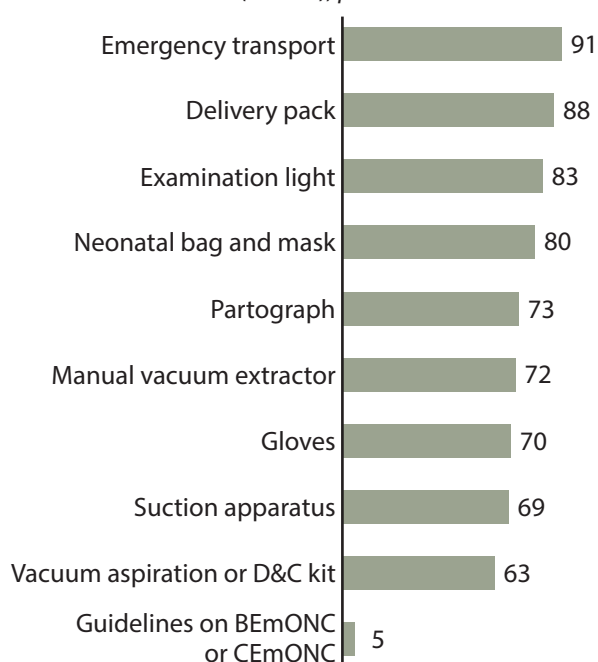
Among facilities offering normal delivery services, 91% have emergency transport. Eighty-eight percent have a delivery pack containing cord clamp, episiotomy scissors, scissors or blade to cut cord, suture material with needle, and needle holder, while 83% have an examination light. Eighty percent have a neonatal bag and mask. More than 70% of facilities have a partograph (73%), manual vacuum extractor (72%), gloves (70%), and suction apparatus (69%). Fewer facilities have a vacuum aspirator or a dilatation and curettage (D&C) kit (63%) or guidelines on BEmONC or CEmONC (5%). Public facilities are more likely to have each item than private facilities, with the exception of examination lights.



© 2015 Bezhn Muradi, Courtesy of Photoshare

### Guidelines and Equipment for Delivery Services

Among facilities offering normal delivery services (N=114), percent that have:



## Infection Control



Facilities that offer normal delivery services are more likely to have a sharps container (79%) and waste receptacle (74%). Seven in ten facilities have latex gloves. Overall, 64% of facilities have soap and running water or else alcohol-based disinfectant.

## Management Practices and Training



The AfSPA collected information on training and supervision of 450 providers of normal delivery or newborn care services. One-quarter of providers received training related to delivery and/or newborn care in the two years before the survey. Three-quarters of providers received personal supervision during the six months before the survey.

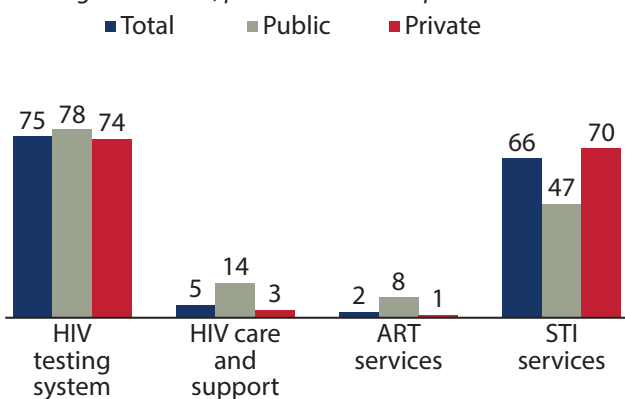
Among delivery care providers, in-service training within the last two years covered a range of topics including neonatal resuscitation (21%), active management of third stage of labor (10%), routine care for labor and delivery (7%), emergency obstetric care/lifesaving skills (6%), Integrated Management of Pregnancy and Childbirth (IMPAC) (6%), and post-abortion care (5%).

Among newborn care providers, in-service training within the last two years covered a range of topics including thermal care (18%), sterile cord cutting and care (18%), early and exclusive breastfeeding (18%), kangaroo mother care for low birth weight babies (17%), and newborn infection management (10%).

## Availability of HIV Services

Three-quarters of health facilities offer HIV testing services; 78% of public facilities offer HIV testing, compared to 74% of private facilities. HIV care and support services are less available; only 5% of facilities offer this service. Fourteen percent of public facilities offer HIV care and support services, compared to 3% of private facilities. Similarly, only 2% of facilities offer antiretroviral therapy (ART) services. Two-thirds of facilities offer STI services. Seven in ten private facilities offer STI services, compared to 47% of public facilities.

**Availability of HIV Services by Facility Types**  
Among all facilities, percent that offer specific HIV services



## HIV Testing Services

Among facilities with an HIV testing system (N=106), all have HIV testing capacity and 85% have visual and auditory privacy. Nearly half of these facilities have condoms available on the day of the survey. About 1 in 10 facilities have a trained provider, while only 6% have HIV testing and counseling guidelines.

Facilities that have laboratory HIV testing available on site (N=77) are more likely to have latex gloves (84%) and a waste receptacle (78%). More than 70% of facilities have soap and running water or else alcohol-based disinfectant (73%) and a sharps container (76%).

The AfSPA interviewed 458 HIV testing and counseling (HTC) service providers about their training and supervision. Only 5% of providers received training related to HTC in the two years before the survey. Seventy-seven percent of providers received personal supervision during the six months before the survey.

## HIV Care & Support Services

Most facilities providing HIV care and support services (N=7) have an IV solution with infusion set (>99%), male condoms (90%), cotrimoxazole (80%), and pain management (80%). Seventy-one percent of facilities have both fluconazole treatment for fungal infections and first-line treatment for tuberculosis (TB). Less than half of facilities have a system for screening and testing HIV positive clients for TB. This is a major cause of concern because people living with HIV/AIDS are at high risk for TB. Forty-five percent of facilities have trained staff, while 39% have guidelines for the clinical management of HIV/AIDS.

## Antiretroviral Therapy Services

Among facilities offering ART services (N=3), all have ART guidelines and have the capacity to conduct a renal or liver function test. About 80% of facilities have the capacity to conduct a complete blood count, while only 19% of facilities can conduct both a CD4 cell count or RNA viral load. Nearly 60% of facilities have the first-line adult ART regimen available on the day of the survey.


## STI Services

Among facilities offering STI services (N=94), nearly all have metronidazole (97%), injectable ceftriazone (96%), and ciprofloxacin (95%) to treat infections. Three in four facilities have male condoms for STI prevention. More than half of facilities have syphilis rapid diagnostic testing (RDT) capacity. Only 12% of facilities have STI guidelines available and 9% have trained staff.


## Availability of Malaria Services

Overall, 82% of health facilities offer malaria diagnosis and/or treatment services. Eighty-four percent of private facilities offer malaria services, compared to 72% of public facilities. Malaria services are offered at all facilities in Kandahar, Nangarhar, and Paktya.

## Guidelines and Diagnostics for Malaria Services

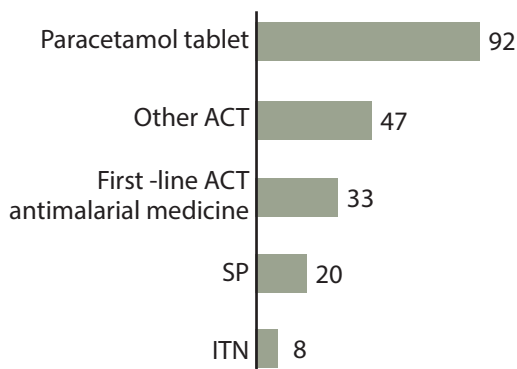
 Among facilities offering malaria diagnosis and/or treatment (N=117), only 13% have guidelines for malaria diagnosis and/or treatment services, and even less have guidelines on intermittent preventive treatment during pregnancy (IPTp) (2%). Eight in ten facilities have malaria RDT kits, while 45% have malaria microscopy. Overall, 12% of facilities do not have any malaria diagnostics.

## Availability of Malaria Medicines and Commodities


 The 2018-19 AfSPA assessed the availability of antimalarials and commodities in the facilities offering the malaria diagnosis and/or treatment services (N=117). One-third of facilities have lumenfantrine-artemether, the first-line antimalarial available, while 47% have other ACTs available. About 1 in 10 facilities have oral quinine (10%) or injectable quinine (6%). The availability of artesunate, either injectable or rectal, is quite low. Twenty percent of facilities have SP/Fansidar available on the day of the survey, while 8% have ITNs available for distribution to clients.

### Availability of Malaria Medicines and Commodities

Among facilities offering malaria diagnosis and/or treatment services (N=117), percent that have:

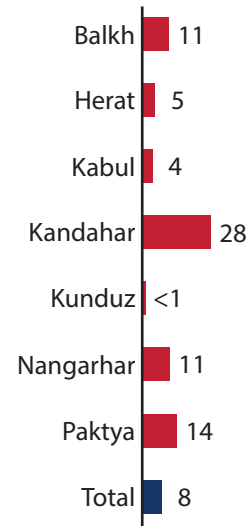


## Malaria Diagnostic Capacity

 Only 8% of facilities offering curative care for sick children (N=106) have the capacity to diagnose malaria by having unexpired malaria RDT kits or a functioning microscope as well as staff member recently trained and malaria RDT protocol available in the facility. Public facilities are more likely to have malaria diagnostic capacity than private facilities (28% versus 5%). By province, malaria diagnostic capacity is highest in Kandahar (28%) and lowest in Kunduz (<1%).

### Malaria Diagnostic Capacity by Province

Among facilities offering curative care for sick children (N=106), percent that have malaria diagnostic capacity on the day of the survey



## Malaria Service Readiness

Among facilities offering curative care for sick children (N=106), 13% have malaria treatment guidelines. More than 1 in 3 facilities have the first-line treatment medicine, available on the day of the survey. Only 11% of facilities have staff trained in malaria diagnosis and/or treatment in the last two years. Public facilities are more likely to have guidelines and trained personnel, while private facilities are more likely to have the first-line treatment.

The malaria service readiness index combines these indicators into one index, resulting in only 1% of facilities that have malaria diagnosis or treatment guidelines, first-line medicine, as well as recently trained personnel. Malaria service readiness is highest in Kandahar province (11%).

# NON-COMMUNICABLE DISEASES



Asian countries are experiencing growing rates of diabetes, cardiovascular disease (CVD), and chronic respiratory disease. It is important that the Afghanistan health care system have the capacity to appropriately diagnose and treat non-communicable diseases (NCDs).

## Diabetes Services

Eighty-four percent of health facilities offer services for diabetes that include diagnosis, prescription of treatment, or management of diabetic patients. Nearly 9 in 10 private facilities and 61% of public facilities offer diabetes services. Among facilities that provide services for diabetes (N=120), diagnostic capacity is high for urine glucose (88%) and urine protein (87%), but low for blood glucose (38%). About 8 in 10 facilities have each of the following diabetes medications: injectable insulin, injectable glucose solution, and metformin. Only 46% of facilities have glibenclamide. Private facilities are more likely to have each diabetes medication than public facilities.

## Cardiovascular Disease Services

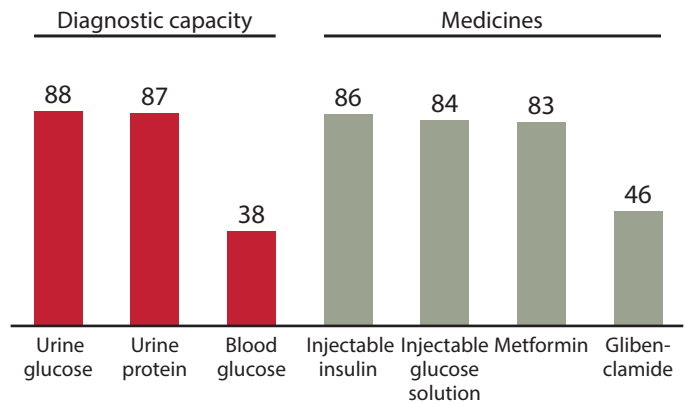
Among all facilities, 85% provide services for cardiovascular diseases, including diagnosis, prescription of treatment, and management of patients with CVD. Among facilities that offer CVD services (N=121), only 36% have thiazide for reducing high blood pressure. Less than 90% of facilities have calcium channel blockers (amlodipine/nifedipine), 86% have oxygen, 84% have Beta blockers (atenolol) for angina or hypertension, and 46% have ACE inhibitors (enalapril). Among facility types, private facilities are more likely to have Beta blockers and calcium channel blockers than public facilities.

## Chronic Respiratory Disease Services

More than 80% of facilities provide support services for chronic respiratory diseases, which include diagnosis, prescription of treatment, or management of patients with chronic respiratory diseases. Availability of essential medicines and commodities in facilities that provide chronic respiratory disease services (N=120) varies. More than 80% of facilities have hydrocortisone tablets, oxygen, and prednisolone tablets. Three-quarters of facilities have salbutamol inhalers and two-thirds have injectable epinephrine (67%). Less than half of facilities have beclomethasone inhalers. Private facilities are more likely to have a salbutamol inhaler, beclomethasone inhaler, prednisolone tablets, and hydrocortisone tablets, while public facilities are more likely to have injectable epinephrine and oxygen.

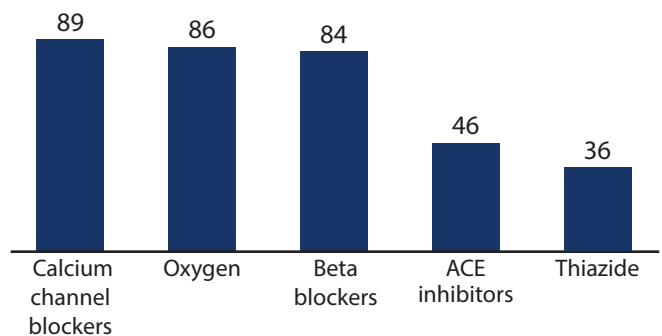
### Diagnostic Capacity and Essential Medicines for Diabetes

Among facilities offering services for diabetes (N=120), percent that have:



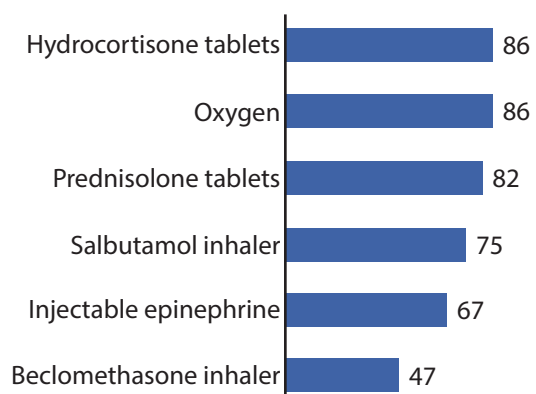
### Availability of Essential Medicines and Commodities for Cardiovascular Diseases

Among facilities offering services for cardiovascular diseases (N=121), percent that have:



### Availability of Essential Medicines and Commodities for Chronic Respiratory Diseases

Among facilities offering services for chronic respiratory diseases (N=120), percent that have:



## Tuberculosis Services

Overall, 58% of health facilities offer TB diagnosis, treatment, and/or follow-up services. By province, TB services ranges from a low of 30% in Herat to a high of 91% in Nangarhar.

Among facilities that offer TB diagnosis, treatment, and/or follow-up services (N=82), 35% have staff who received in-service training within the last two years. Nearly 1 in 5 facilities have guidelines on the diagnosis and treatment of TB, 12% have guidelines on infection control, 10% have guidelines on HIV and TB co-infection, and 9% have guidelines on diagnosis and treatment of multi-drug resistance (MDR-TB).

Few facilities offering TB services have the equipment to diagnose TB. Among facilities that offer any TB diagnosis, treatment, and/or follow-up services (N=82), 40% have TB smear microscopy which includes a functioning microscope, slides, and all stains for the Ziehl-Neelson test. More than 60% of facilities have the capacity to conduct TB x-rays. More than half of facilities have TB RDT test kits and 10% can test culture medium.

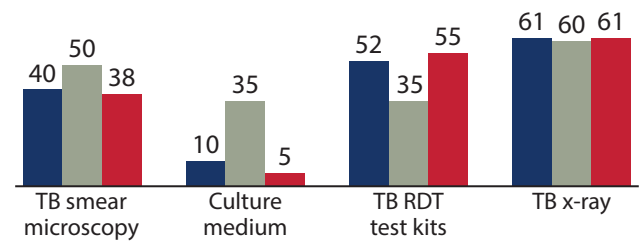
Seventy-eight percent of facilities offering any TB services have HIV diagnostic capacity, but only 9% have a system for diagnosing HIV among TB clients. This system includes a record or register indicating TB clients who have been tested for HIV. Public facilities are more likely to have a system for diagnosing HIV among TB clients than private facilities (25% versus 6%).

Among facilities offering TB treatment and/or treatment follow-up services (N=51), 69% have the first-line treatment for TB. Three in ten facilities have injectable streptomycin. Public facilities are more likely to have medicines for treatment TB than private facilities.

## Tuberculosis Diagnostic Capacity by Facility Type

Among facilities that offer any TB diagnosis, treatment, and/or follow-up services (N=82), percent that have TB diagnostic capacity

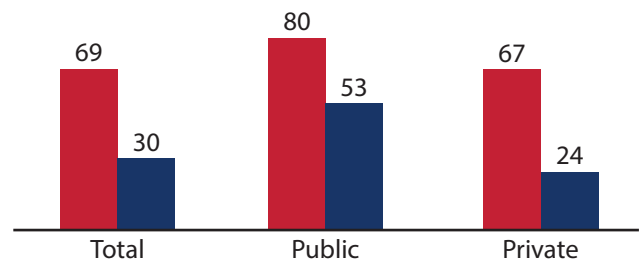
■ Total ■ Public ■ Private



## Availability of Medicines for Tuberculosis by Facility Type

Among facilities offering TB diagnosis and/or treatment services (N=51), percent with:

■ First-line TB treatment ■ Injectable streptomycin



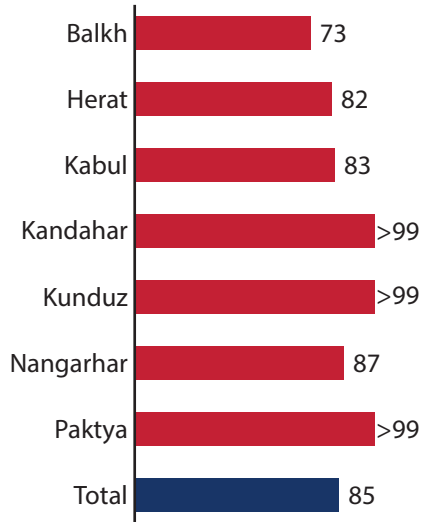
# HOSPITAL INPATIENT CARE SERVICES

## Emergency Services

Emergency services are essential to provide urgent medical care for different illnesses and injuries. Overall, 85% of health facilities offer 24-hour emergency services. Private facilities are more likely to offer emergency services than public facilities (87% versus 78%). All facilities in Kandahar, Kunduz, and Paktya provinces offer 24-hour emergency services, compared to 73% of facilities in Balkh province.

### Availability of Emergency Services by Province

Among all facilities (N=142), percent offering 24-hour emergency services



Among facilities offering 24-hour emergency services (N=121), 99% offer these services five or more days per week. Eighty-nine percent of these facilities have emergency transport. Four in ten facilities have a physician onsite 24 hours per day for surgical services.

Key items for the provision of emergency services are missing from many health facilities in Afghanistan. While 84% of facilities have an electrocardiograph (ECG) and 60% have a cardiac monitor, only 36% have a defibrillator and 20% have a ventilator.

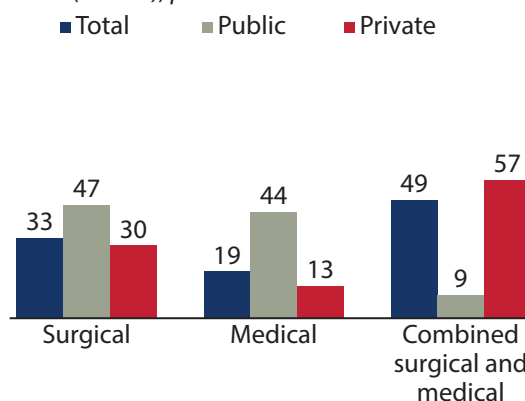
Facilities that offer 24-hour emergency services are more likely to have a sharps container (91%) and latex gloves (82%). Overall, 77% of facilities have soap and running water or else alcohol-based disinfectant.

## General Adult Inpatient Ward Services

More than 80% of facilities offer general adult inpatient ward services. Among these facilities (N=117), 19% have a medical ward and 33% have a surgical ward. Half of facilities have a combined surgical and medical ward. Public facilities are more likely to have separate surgical (47%) and medical (44%) wards, while private facilities are more likely to have combined surgical and medical wards (57%). All facilities have electricity, while 91% have a functioning toilet.

### Availability of General Adult Ward Services by Facility Type

Among facilities offering general adult inpatient ward services (N=117), percent that have the indicated ward



Among facilities that offer general adult inpatient ward services (N=117), 7 in 10 have a stethoscope and blood pressure apparatus. About half have an electrocardiograph and pulse oximeter. More than one-third have a cardiac monitor, less than 20% of facilities have guidelines for caring for general adult ward patients (19%), defibrillator (17%), or functional central oxygen source (3%).

Nearly two-thirds of facilities that offer general adult inpatient ward services have soap and running water or else alcohol-based disinfectant. These facilities are most likely to have a sharps container (82%) for infection control and least likely to have a waste receptacle (36%).

## Delivery Ward Services

Nearly 8 in 10 facilities offer postpartum/delivery ward services. Private facilities are twice as likely to offer postpartum/delivery ward services than public facilities (85% versus 42%). Among facilities offering postpartum/delivery ward services (N=110), 28% have a maternal/postpartum/delivery ward, while 48% have a combined postpartum/gynecology ward. Twenty-four percent of facilities have a general female ward that includes postpartum women. More than 90% of these facilities have electricity and 84% have a functioning toilet.

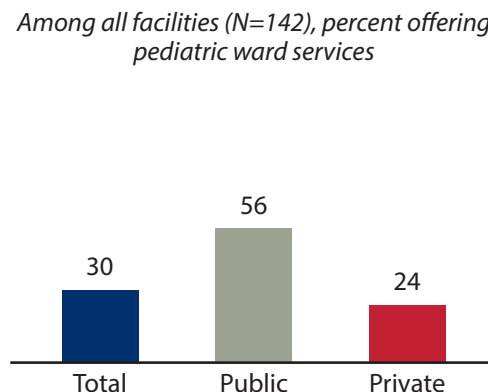
Among facilities offering postpartum/delivery ward services, few have the necessary guidelines, staff, and basic equipment necessary. While 75% have a stethoscope and 61% have a blood pressure apparatus, only one-third have either an electrocardiograph or pulse oximeter. Less than one-third have a cardiac monitor (18%), guidelines for postpartum/delivery patients (18%), defibrillator (3%), or functional central oxygen source (2%).

## Pediatric Ward Services

Among surveyed facilities, 30% offer pediatric ward services. More than half of public facilities (56%) offer pediatric ward services, compared to 24% of private facilities. By province, availability of pediatric ward services is highest in Paktya (50%) and lowest in Kunduz (13%). Among facilities that offering pediatric ward services (N=42), all have electricity and 85% have a functioning toilet. The most common ward type is medical pediatric (46%), followed by pediatric ward including children older than age 5 (26%) and surgical pediatric ward (23%). The least common ward type is mixed adult and pediatric ward (6%).

### Availability of Pediatric Ward Services by Facility Type

Among all facilities (N=142), percent offering pediatric ward services



© 2015 Bezhn Muradi, Courtesy of Photoshare

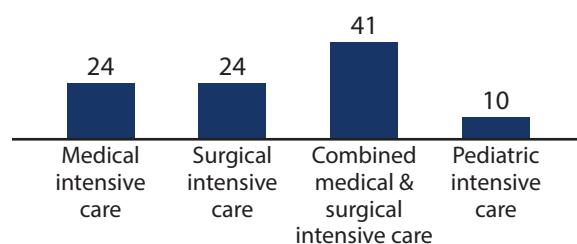
## Intensive Care Services

Thirty-seven percent of facilities offer intensive care services. More than 70% of public facilities offer intensive care services, compared to 30% of private facilities. By province, availability of intensive care services ranges from a low of 25% in Kunduz and Paktya provinces to a high of 65% in Kandahar province.

Among facilities offering intensive care services (N=53), the most common ward type is the combined medical and surgical intensive care ward (41%). About one-quarter of facilities have a medical intensive care ward as well as a surgical intensive care unite. Ten percent of facilities have a pediatric intensive care ward.

### Availability of Intensive Care Services

Among facilities offering intensive care services (N=53), percent that have the indicated ward type



# GENERAL SERVICE READINESS INDICATORS

Availability of Basic Amenities for Client Services	Facility Type		
	Total	Public	Private
Regular electricity <sup>1</sup> (%)	97	97	97
Improved water source <sup>2</sup> (%)	94	94	94
Visual and auditory privacy <sup>3</sup> (%)	90	81	91
Client latrine <sup>4</sup> (%)	97	94	97
Communication equipment <sup>5</sup> (%)	91	94	91
Computer with internet <sup>6</sup> (%)	27	44	23
Emergency transport <sup>7</sup> (%)	89	94	88
<b>Availability of Basic Equipment</b>			
Adult scale (%)	71	61	73
Child scale <sup>8</sup> (%)	45	36	46
Infant scale <sup>9</sup> (%)	44	39	45
Thermometer(%)	58	56	59
Stethoscope (%)	94	94	94
Blood pressure apparatus <sup>10</sup> (%)	92	92	93
Light source <sup>11</sup> (%)	61	42	66
<b>Standard Precautions for Infection Control</b>			
Sterilization equipment <sup>12</sup> (%)	90	92	90
Equipment for high level disinfection <sup>13</sup>	36	42	35
Safe final disposal of sharps waste <sup>14</sup> (%)	61	61	61
Safe final disposal of infectious waste <sup>14</sup> (%)	68	75	66
Appropriate storage of sharps waste <sup>15</sup> (%)	54	64	52
Appropriate storage of infectious waste <sup>15</sup> (%)	67	69	66
Disinfectant <sup>16</sup> (%)	64	67	64
Syringes and needles <sup>17</sup> (%)	67	75	66
Soap (%)	57	64	56
Running water <sup>18</sup> (%)	69	83	66
Soap and running water (%)	52	58	50
Alcohol-based hand disinfectant (%)	49	56	48
Soap and running water or alcohol-based hand disinfectant (%)	67	72	66
Latex gloves <sup>19</sup> (%)	67	69	67
Medical masks	52	67	49
Gowns	47	64	43
Eye protection	7	14	5
Guidelines for standard precautions <sup>20</sup> (%)	15	19	14

<sup>1</sup>Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey. <sup>2</sup>Water is piped into facility or piped onto facility grounds, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 metres of the facility. <sup>3</sup>A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others. <sup>4</sup>The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet. <sup>5</sup>The facility had a functioning landline telephone, functioning facility-owned cellular phone, a private cellular phone that is supported by the facility or a functioning short wave radio available at the facility. <sup>6</sup>The facility had a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility. <sup>7</sup>The facility had a functioning ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility. <sup>8</sup>A scale with gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed. <sup>9</sup>A scale with gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed. <sup>10</sup>A digital blood pressure machine or a manual sphygmomanometer



Provinces

Balkh	Herat	Kabul	Kabul Public	Kabul Private	Kandahar	Kunduz	Nangarhar	Paktya
>99	>99	99	>99	99	82	88	96	>99
>99	85	97	92	99	90	50	>99	>99
>99	96	83	76	85	>99	>99	91	>99
>99	96	99	96	>99	82	>99	94	88
93	67	98	96	99	90	88	87	88
33	<1	22	44	16	82	<1	57	<1
>99	96	91	96	90	82	>99	66	88

80	45	82	60	88	74	63	50	50
33	18	54	36	59	62	<1	43	38
47	7	51	32	57	72	63	36	13
53	30	59	56	60	>99	50	76	25
>99	96	91	92	91	>99	>99	94	88
>99	96	91	92	91	>99	88	90	75
93	55	51	36	56	90	>99	70	50

93	81	97	88	99	74	38	91	>99
13	<1	51	52	51	46	<1	30	13
60	93	58	68	56	62	38	48	50
47	93	75	88	72	72	<1	40	50
47	11	65	76	61	82	50	44	38
93	70	63	68	61	57	88	62	75
93	22	74	72	74	72	>99	34	50
80	11	90	88	90	67	75	16	63
67	41	65	64	66	74	<1	47	38
80	41	70	84	67	92	75	73	63
67	41	56	56	56	74	<1	43	38
80	63	53	60	52	44	<1	23	13
87	71	72	76	71	74	<1	52	50
67	45	71	68	71	>99	50	58	75
47	7	62	64	61	62	88	47	25
93	70	22	52	14	82	>99	63	63
20	<1	4	12	1	28	<1	10	<1
7	11	24	28	22	8	<1	<1	<1

with a stethoscope. <sup>11</sup>A spotlight source that can be used for client exam or a functioning flashlight. <sup>12</sup>Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available. <sup>13</sup>Facility reports that some instruments are processed in the facility and facility has an electric pot or other pot with heat source for high-level disinfection by boiling or steaming or else facility has chlorine, formaldehyde, CIDEK, or glutaraldehyde for chemical high-level disinfection available in facility. <sup>14</sup>The process of sharps waste or infectious waste disposal is incineration and facility has functioning incinerator with fuel on day of survey, or else facility disposes of sharps or infectious waste by means of open burning in protected area, dumping without burning in protected area, or removal offsite with storage in protected area prior to removal. <sup>15</sup>Sharps container and/or waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries. <sup>16</sup>Chlorine-based or other country-specific disinfectant. <sup>17</sup>Single-use standard disposable syringes with needles or else auto-disable syringes with needles. <sup>18</sup>Piped water, water in bucket with specially fitted tap, or water in pour pitcher. <sup>19</sup>Non-latex equivalent gloves acceptable. <sup>20</sup>Any guideline for infection control in health facilities available.

# GENERAL SERVICE READINESS INDICATORS

Laboratory Diagnostic Capacity	Facility Type		
	Total	Public	Private
Hemoglobin (%)	93	92	94
Blood glucose (%)	33	47	30
Malaria diagnostic test (%)	73	69	73
Urine protein (%)	84	56	89
Urine glucose (%)	85	56	91
HIV diagnostic test (%)	75	78	74
DBS collection (%)	5	11	3
TB microscopy (%)	23	28	22
Syphilis rapid diagnostic test (%)	44	36	45
General microscopy (%)	59	58	59
Urine pregnancy test (%)	82	44	89
Liver or renal function test (ALT or Creatinine) (%)	86	69	90
Serum electrolytes (%)	88	72	91
Full blood count with differentials (%)	88	72	91
Blood typing and cross matching (%)	20	31	18
CD4 count (%)	1	6	1
Syphilis serology (%)	13	8	14
Gram stain (%)	42	44	42
Stool microscopy (%)	52	53	52
CSF/body fluid counts (%)	76	69	77
TB culture (%)	6	19	3
TB rapid diagnostic test (%)	30	19	32
X-ray machine (%)	35	33	35
Ultrasonogram (%)	80	78	80
CT scan (%)	18	22	17
<b>Availability of Essential Medicines</b>			
Amitriptyline tablets/capsules (depression in adults) (%)	67	58	69
Amoxicillin tablets/capsules (1st line antibiotic for adults) (%)	90	67	94
Atenolol tablets/capsules (beta-blocker of angina/hypertension) (%)	80	42	88
Captopril tablets/capsules (vasodilator for hypertension) (%)	78	33	88
Ceftriaxone injectable (2nd line antibiotic) (%)	92	78	94
Ciprofloxacin tablets/capsules (2nd line oral antibiotic) (%)	89	64	94
Cotrimoxazole oral suspension (oral antibiotic for children) (%)	68	44	73
Diazepam tablets/capsules (muscle relaxant for anxiety, seizures) (%)	85	78	87
Diclofenac tables/capsules (oral analgesic) (%)	87	61	92
Glibenclamide tables/capsules (type 2 diabetes) (%)	41	22	45
Omeprazole/Cimetidine tablets/capsules (proton pump inhibitor for peptic ulcer disease, dyspepsia, and gastro-esophageal reflux disease) (%)	86	56	93
Paracetamol oral suspension (fever-reduction and analgesic for children) (%)	86	47	94
Salbutamol inhaler (for bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease) (%)	72	53	76
Simvastatin/Atorvastatin tablets/capsules (elevated cholesterol) (%)	68	28	77

## Provinces

	Balkh	Herat	Kabul	Kabul Public	Kabul Private	Kandahar	Kunduz	Nangarhar	Paktya
	67	75	99	96	>99	>99	88	>99	>99
	<1	34	42	56	38	38	25	17	13
	67	19	77	64	80	90	75	>99	>99
	80	78	82	52	90	82	>99	91	>99
	80	82	83	52	91	82	>99	91	>99
	87	15	80	76	81	92	>99	86	88
	13	<1	4	12	1	10	13	6	<1
	13	19	11	20	9	72	25	41	75
	47	15	42	24	47	82	63	53	38
	60	93	33	52	28	>99	88	96	>99
	80	93	78	36	90	82	88	78	>99
	80	78	86	72	90	>99	>99	81	>99
	60	71	95	76	>99	>99	63	90	88
	60	71	95	76	>99	>99	63	90	88
	7	11	22	28	20	72	<1	9	<1
	<1	3	8	1	<1	<1	<1	<1	<1
	7	7	18	4	22	20	<1	4	<1
	40	45	42	44	41	44	38	48	25
	53	60	31	44	27	>99	75	90	>99
	80	40	87	72	91	54	75	76	75
	13	15	4	20	<1	8	<1	<1	<1
	20	11	31	4	39	6	25	76	25
	53	26	23	32	21	76	63	48	50
	73	71	80	72	83	90	>99	79	75
	27	12	18	28	15	28	13	16	13
	87	82	59	52	60	82	75	63	75
	93	96	83	56	90	>99	>99	>99	>99
	87	85	72	36	81	>99	>99	87	>99
	53	89	76	28	89	94	>99	91	38
	93	93	88	76	91	>99	>99	>99	88
	87	93	84	60	91	>99	>99	91	>99
	60	75	67	36	75	90	50	66	50
	87	93	80	76	81	90	>99	86	>99
	93	78	84	56	91	>99	>99	91	>99
	27	45	37	16	43	76	25	52	25
	87	85	82	48	91	>99	>99	96	88
	87	89	79	36	91	>99	>99	96	>99
	60	79	68	36	77	>99	88	76	50
	53	70	67	32	77	76	75	83	50

