

Balanced Scorecard Report
for
Provincial and Kabul Hospitals
2008

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Executive Summary

In 2008, 39 hospitals have been assessed: 32 outside Kabul and seven in Kabul. Of the hospitals outside of Kabul, four were classified as “Regional Hospitals”, 15 as “Provincial Hospitals” and 13 as “District Hospitals”. In order to facilitate comparisons with last year’s results, the same classification as last year was kept, which was based on the number of beds available in the hospitals last year. Benchmarks for each index were established last year, based on the distribution of the scores.

For each index, we assessed the number of hospitals getting scores above the upper benchmark and below the lower benchmark; we also considered the number of hospitals getting higher or lower scores compared to last year. In the same way, for each hospital we counted the number of indices above the upper and below the lower benchmark and the number of indices showing improvement or deterioration as compared to the 2007 assessment. In 2008 two more hospitals were assessed, one was a district hospital and the other was a provincial hospitals. When we compare the differences in the levels of performances between 2007 and 2007, we give two different figures for 2008, one refers to all the hospitals surveyed in 2008, the other refers only to hospitals surveyed in 2007 and in 2007.

The general score of the hospitals outside Kabul increased substantially. In 2007 the average number of indices scoring above the upper benchmark was 18; 13.7 indices scored below the lower benchmark. In 2008, 22.5 indices score above the upper benchmark and 11.7 below the lower benchmark. The initial values and changes are not the same in the different categories of hospitals. Levels of scores were higher in Provincial hospitals in 2007 and this is still the case in 2008.

In District Hospitals, the number of indices scoring above the upper benchmark was 15.1 in 2007 and was 19.6 in 2008. If we consider the District Hospitals surveyed in 2007 and 2008, the average number of indices above the upper benchmark is 20.4. The average number of indices scoring below the lower benchmark decreased from 14.8 in 2007 to 11.9 in 2008. The 2008 figure for the district hospitals assessed in 2007 and 2008 is 10.4.

In the case of Provincial hospital, the average number of indices scoring above the upper benchmark increased from 22.6 in 2007 to 26.7 in 2008. The figure for 2008 is 26.8 if we consider only the Provincial Hospitals assessed in 2007 and 2008. The average number of indices that scored below the lower benchmark decreased from 12.3 in 2007 to 10.7 in 2008. This last number would be 10.4 if we consider only the Provincial Hospitals assessed in 2007 and in 2008.

The Regional Hospitals had an average of 14.5 indices scoring above the upper benchmark in 2007, and 19.8 in 2008. In the same time the average number of indices scoring below the lower benchmarks went down from 15.5 to 14.3.

In Kabul hospitals, the average number of indices scoring above the upper benchmark has marginally progressed, from 11.9 in 2007 to 12 in 2008, but the average number of indices scoring below the lower benchmark has increased from 18.6 in 2007 to 20.3 in 2008.

At the country level, for hospitals outside Kabul, most of the indices received better scores in 2008 than in 2007.

Among indices related to management, which are grouped in domains A, B and C, and assess “Organizational Management”, “Financial Management”, and “Human Resource Management”; “”, the largest increases were seen in “Staff Performance Assessment (from 25.8 to 54.7); “Financial Audit (from 32.1 to 60); “Planning and Organization (from 58.7 to

71.8); “Hospital Training Activities” (from 51.7 to 62.2); and “Descriptions (from 83.1 to 93.4). Among indices related to management, the only index which had a large drop was “Supervision and Support” (from 82.6 to 74.5)

In Domain D (Capacity and Infrastructure), “Conditions of building” and “Support Services” were the indices with the largest increase between 2007 and 2008, increasing from 71.9 to 87.2 and from 67.4 to 77.9, respectively. In the same domain “Hospital Treatment Facilities” and “Isolation of Patients” dropped from 62.3 to 55.6 and from 38.3 to 32.6 respectively.

In Domain E: “Quality and safety”, larger increases of scores were seen in “Infection Prevention Committee” and in “Death Committee,” which rose from 73.4 to 80 and from 30 to 45.3, respectively. “Written Clinical Guidelines” and “Posted Decontamination Procedures” scores decreased from 39.7 to 34.5 and from 43.8 to 34.1, respectively.

In domains G and H: “Relations with Communities” and “Ethics and Values”, progress was seen in “Community Involvement in the hospital,” with an increase from 58.4 to 72.9, and in “Compliance with Ministry of Public Health (MOPH) Policies and Local Laws,” the score for which increased from 89.7 to 98.4.

In 2008, as in 2007, efficiency criteria in hospitals outside Kabul were slightly better than last year. The median number of personnel per bed decreased from 0.28 to 0.25 for physicians and from 0.42 to 0.38 for nurses. Median number of admissions per physician per month increased from 18.9 to 20.8, and median number of OPD consultations per physician per month also increased from 230 to 240.3. Staffing levels and activity levels per staff did not change in the same way in the different types of hospitals; in regional hospitals, the number of physician per beds increased (from 0.36 to 0.50) and the number of monthly inpatient admissions per physician decreased from 151.2 to 80.1.

In Kabul hospitals, median staffing levels per bed increased slightly, from 0.49 to 0.52 for physicians and from 0.53 to 0.55 for nurses. Inpatient admissions per physician increased from 9.2 to 12.2.

Capacity to provide quality services has increased in hospitals outside Kabul. Technical efficiency was low in hospitals in the provinces, as well as in Kabul, though it did improve marginally.

Introduction

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, a Hospital Policy for Afghanistan's health system was drafted in 2004, which outlined its rationale, background, and guidelines. 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 hospital sector, specifically for the district, provincial and regional hospitals. The EPHS is currently in the process of implementation, with the goal of its establishment in 50% of provincial hospitals by 2010.

Provincial hospitals serve an important role; they function as a referral center for lower level facilities, a supplement to the BPHS, and place of training.

The MOPH recognized the gap in information due to the lack of a system to obtain timely and applicable information about the hospital sector. Thus, in 2007, after 18 months of development in a participatory manner, with workshops, focus groups, input by managers in the hospital sector, and in partnership with the MOPH the balanced scorecard for assessment of provincial hospitals was developed. Its aim was to assess EPHS in provincial hospitals across the country. Round 1 was performed the same year.

Data is collected using an instrument consisting of seven forms, based upon the standards for equipment, resources, staffing and infrastructure outlined in the EPHS. After development of this instrument, seven Kabul hospitals were included in the assessment. The information from these instruments was organized using the balanced scorecard approach outlined below.

Round one provided a baseline assessment and established the current benchmarks derived from the 30 provincial hospitals. Results were disseminated through meetings with MOPH, HMIS officers, NGOs, and hospital management. There was a feedback workshop with hospital management in the Eastern region, with guidance in the use and application of results, and formulation of plans to assess and address weaknesses in individual facilities provided by hospital managers.

With round two, we now have the ability to compare results between rounds on a national level and assess trends, strengths and opportunities for improvement at the hospital level. Two additional facilities from Panjsher and Daykundi provinces were also added this year.

Methods

1. Structure of the Hospital Assessment

The hospital assessment evaluates the adequacy of resources and infrastructure necessary to deliver the services expected of the facility, as outlined in the EPHS. Thus areas of interest are inputs, processes and outcomes. The information from the seven survey instruments was organized into eight domains:

- A. Management and Administration
- B. Financial Systems
- C. Human Resources
- D. Capacity for Service Provision
- E. Quality and Safety
- F. Functionality
- G. Patients and Community
- H. Ethics and Values

2. Implementation of the Survey

The survey was carried out by teams of up to six persons. Each team was comprised of a supervisor, data editor and four surveyors. The majority of teams had a female staff member, and at least two members on each team were physicians. Teams were smaller in insecure areas; many had prior experience with round one. Training took place in March 2008, with data collection by teams in April and May, usually over three to four days.

In some provinces, a specified provincial hospital was not present. Thus, the main hospital in the capital was assessed in its place, which might have been either a district hospital or regional hospital. These differences were accounted for in the analysis.

Monitoring of the process was accomplished through daily telephone contact and discussion of progress, as well as post-monitoring of selected hospitals by the central staff with a comparison of the results. Selected data was recollected at one site because of concerns regarding survey conduct so that the integrity of the survey could be maintained.

3. Data management

Data was checked upon receipt of the surveys, followed by editing and coding of the results. Data was double entered using CS-Pro in April and May of 2008. Clarification and missing data was obtained via telephone to hospital management. Analysis was performed separately by two analysts, and results were accepted when both were in agreement.

4. Description of Domains, Instruments and Scoring

The Balanced Scorecard is an instrument, which displays key domains and indicators for the success of an organization to guide strategy and management. The eight domains considered in the hospital scorecard are comprised of 64 indices. Each domain has four to 19 indices. Some domains have many indices. For example, *Capacity for Service Provision* (Domain D) has 17 indices, which reflect the complexity of the facility, whereas *Patients and Community* (Domain G) has four.

The index score is a proportion of the points achieved from given total number of possible points. The number of possible points may vary from hospital to hospital, based on the hospital's classification and ward activity type. Thus, hospitals are not penalized for the absence of non-applicable services, staff or equipment.

In round one, hospitals were classified by bed count: district hospitals had up to 68 beds; provincial, up to 150 beds; and regional hospitals, over 150 beds. Classification has remained the same in second round for the sake of comparison. All hospitals in Kabul were designated national hospitals, but EPHS standards were applied based on bed count.

The domain score is an average of the index scores, except for domains D, E, and F. Domains D and E have sub-domains, which are an average of three to eight indices; the domain scores are an average of the sub-domains. Domain F (functionality) is comprised of rates and ratios. The composite score for each province is an average of scores from scored indices.

Benchmarks for each index were established based on the upper and lower quintiles of scores observed after round one in 2007.

Survey instruments were modified for round two. One major area of modification was data organization from hospital wards. In round one, instrument H2, the wards were reviewed by type of clinical activity: pediatrics, medicine, surgical and obstetrics wards. In practice, it was found that most hospitals did not have four wards and that most wards had mixed activity. To reflect the reality of hospital situations, information was organized by the number of wards, with information obtained about clinical activities, patient gender, and so on. Thus, calculation of the indices that assess wards, resources, and equipment is different in round two from these calculations in round one.

5. Organization of Results

As noted above, in round one, hospitals were organized into four groups: district, provincial, regional, and national. For the purposes of comparison, analysis was based on round one classification by bed count. Thus, Daykundi was classified as a district hospital, and Panjsher as a provincial hospital.

In round one, calculations for the above indices for national hospitals were also based on bed count. However in an effort to accommodate these hospitals as a standard has not been established for these hospitals: for example C-1, *Human Resources*, was based solely on administrative staff; and D-8, *Equipment*, was based on ward activity, with appropriate exclusions made. No other changes were made specifically for the national hospitals.

6. Application and Feedback

The results of round one, were disseminated through meetings with the MOPH, HMIS officers, implementing NGOs, and hospital management. There was also a feedback workshop for the Eastern region hospital management. Results of round two in 2008 will be shared with the MOPH and hospital facilities through this published report and through workshops. This report will be used as a management tool by hospital management, and by the MOPH to assess the EPHS implementation sector-wide.

7. Ethical Approval

This study was approved by the Ethical Review Board of the Ministry of Public Health in Afghanistan and by the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health.

Chapter I Adjustments to Balanced Scorecard Round 1, 07

Modifications to the BSC in round -one included reclassification of Zabul as a district hospital, rather than a provincial hospital. The median and benchmarks for indices based on EPHS standards for hospital type remain unchanged compared to those reported in the previous scorecard; these indices include C-1, D-8, D-9 and D-12. In Domain F, medians for the provincial and district hospitals have changed. (See Annex 1 for benchmarks and medians.)

This reclassification caused the score for Zabul province to significantly change in domain C-1, moving it from the lower benchmark to just above the median. As a result, the lower benchmark was shifted up from 59 to 60.6 and Farah, with a score of 59, is now in the lower quintile for this index. In D-12, the score for Zabul increased from 63.3 to 65.5, but as a result, the lower quintile was shifted up from 64.3 to 65.3. Consequently Ghazni, with a score 64.5, is now in the bottom quintile. In the other two indices, D-8 and D-9, scores were similar and no changes were observed.

In general, the medians for monthly activity totals in Domain F, such as admissions and surgeries per month, increased for provincial hospitals when Zabul province was removed. The median nurse to bed staffing ratio was the same, while the number of doctors per bed was lower at 0.34. Inpatient admissions per physician, deliveries per midwife and surgeries per surgeon all increased; outpatient consultations per physician decreased slightly from 139 to 137; and the bed occupancy rate remained the same at 64%. The caesarean section rate was just 1 point lower at 7%.

Among district hospitals, with the inclusion of Zabul, the median total OPD consultations and IPD admissions decreased, with an increase in surgeries per month. Staffing levels for physicians and nurses per bed were about the same. There was no change in the median bed occupancy rate. The median inpatient admissions per physician decreased from 23.7 to 20.5, while the number of outpatient consultations per physician and surgeries per surgeon remained about the same. However, the median number of deliveries per midwife increased.

In Domain F, when classified as a provincial hospital, all monthly activity totals were below the median. When reclassified as a district hospital, Zabul's monthly activity continue be below the median among district hospitals, except in total surgical procedures. Staffing levels are now above the median for physicians and nurses per bed, with inpatient and outpatient activity per physician and surgeries per surgeon now below the median. Zabul now has a higher than median number of deliveries per midwife, with a new median value of 15.4. Zabul's caesarean section rate is still below the median at 4%.

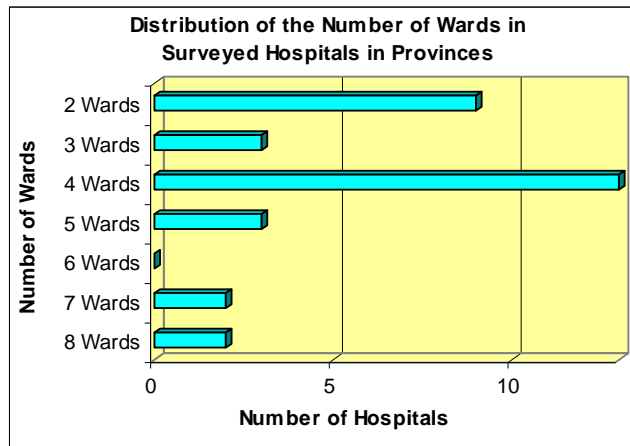
Chapter II Provincial Hospital Results

1. Description of Hospitals and Wards

Thirty-two hospitals were included in round two: five regional hospitals, 21 provincial hospitals, and seven district hospitals.

The number of wards per hospital ranged from two to eight; nine had two wards, three had three wards, 13 had four wards; three had five wards; two had seven wards, and two had eight wards.

Six of the 32 hospitals indicated that they had specialty wards: four were the regional



hospitals, and two were provincial hospitals. Among these hospitals, there were between one and six specialty wards. The types of specialty wards included: urology, orthopedics, heart disease, neonatology, infectious disease, TB, mental health, neuropsychiatry, ENT, dermatology. and neonatology.

Thirteen of 32 hospitals had more than one activity per ward; with a total of 23 wards with mixed activity (14 wards had a combination of

medicine and pediatrics).

2. Scores by Domain

Scores for the 32 hospitals are organized by domain with scores for the each of the indices. Benchmarks were set based upon modified results from round one. An upper benchmark value was set, above which were 20% of hospital scores. A lower benchmark value was set, below which were 20% of hospital scores. The median was set with half the hospitals with scores above and below it, excluding national hospitals.

For each index, the national maximum, national minimum, upper benchmark, lower benchmark and median are shown at the beginning of each domain. A summary table in Annex 1 includes the index scores for each province. Areas shaded red are below the lower benchmark, yellow between the upper and lower benchmarks, and green above the upper benchmark.

The instruments for round two were modified from round one. This will affect the organization and calculations of indices related to wards and their resources, personnel records, and review of active and archived inpatient charts. This will be noted in the discussion for these indices.

In addition, ten of the original 30 provincial hospitals' category changed in the past year. However, for the sake of comparison, the original hospital category from 2007 (round one) was used for scoring.

When scores in the different indices are compared with the results of 2007, improvement means that the score for a given index has increased by at least five points. Conversely, a poorer score means that the score of a given index has decreased by at least five points.

• Domain A: Management and Administration

The ability of a facility to manage resources in an effective and efficient manner is an important aspect of hospital performance. This domain assesses the management of the hospital as a discrete unit. It assesses the systems in place and the quality of the components necessary for running a hospital. The standards for administrative and management practices are detailed in the EPHS guidelines.

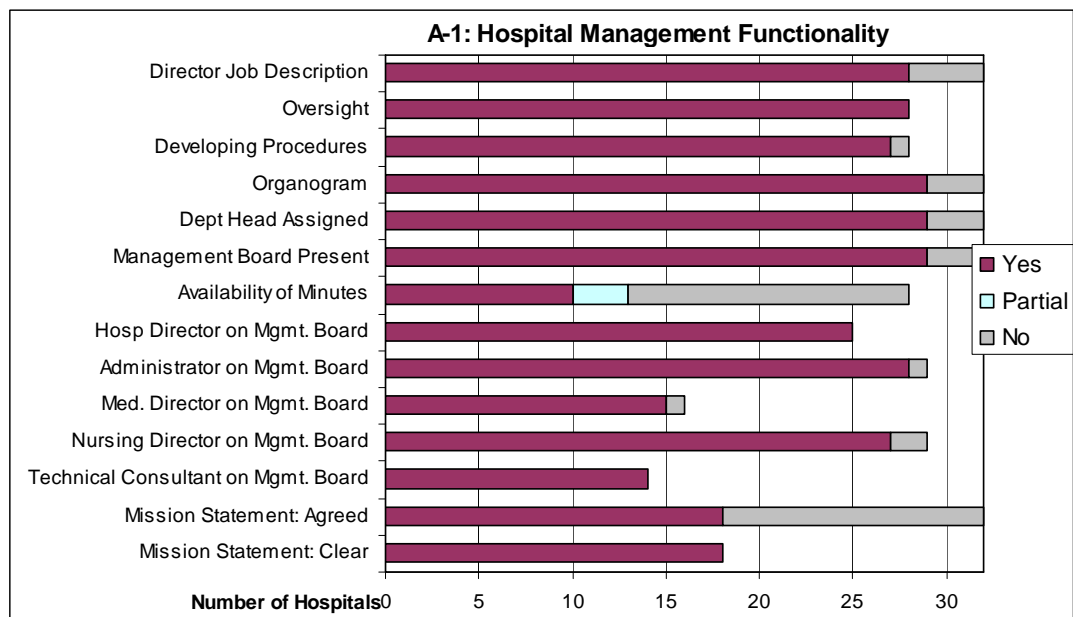
The six indices included are:

1. Hospital Management Functionality Index
2. Management Training
3. HMIS
4. Planning and Organization Index
5. Integration of the Hospital in the Health System
6. Management Autonomy of the Hospital Director

Domain A: Management and Administration	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
A-1: Hospital Management Functionality	20	71.1	80.0	90.0	100
A-2: Management Training	0	31.7	58.3	75.0	100
A-3: HMIS	22.2	77.8	88.9	100.0	100
A-4: Planning and Organization	27.3	44.7	56.9	73.2	100
A-5: Integration of Hospital Into Health System	0	24.0	50.0	78.0	100
A-6: Management Autonomy	16.7	33.3	66.7	100	100

1 Hospital Management Functionality Index

This index assesses components of the hospital management team, including its purpose and mission, functionality, structure, procedures and appointment of leadership. There was a wide range in performance, with a spread of 80 points. Fourteen hospitals achieved the upper benchmark, with Badakhshan, Baghlan, Takhar, Kunduz, Samangan, Helmand, Saripul, Ghor,



and Kandahar all receiving full marks. In contrast, five hospitals were below the lower benchmark, with a minimum score of 40 in 2008.

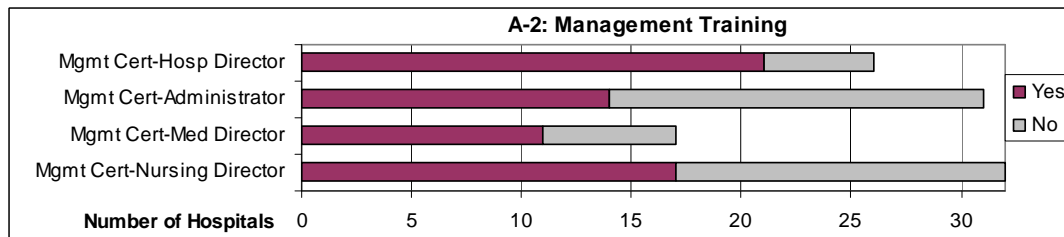
Fourteen hospitals improved their scores from last year, excluding Kunduz and Takhar, which achieved full marks both years. Eight hospitals had poorer scores this year.

The majority of the hospitals did well in this index, receiving points for indicators related to the hospital director (job description, oversight, and developing procedures), and appointment and organization of leadership positions (organogram, department heads and management board). Less than half of the hospitals received points for availability of minutes for the management board, medical director as a member of the management board, and technical consultant as a member of the management board.

2 *Management Training*

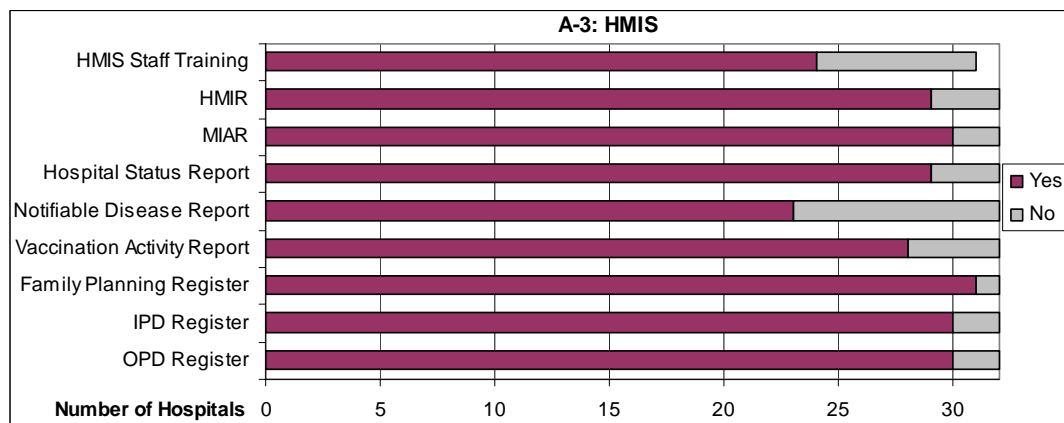
This index assesses components of the hospital management team, including its purpose and mission, functionality, structure, procedures and appointment of leadership.

Twelve hospitals achieved the upper benchmark of 75 and eight were below the lower, at 31.7, respectively. Ten provinces received full points, with a minimum score of zero in seven provinces. Seventeen provinces improved since last year, and two provinces received full marks both years. Eight provinces had lower scores, with two additional provinces that received a score of zero in both rounds.



Over 2/3 of the facilities surveyed had management certification for the hospital director and medical director if those positions were filled. Of Fifty percent or less of hospitals had management certification for the administrator and nursing director, if these personnel were present. In addition, of these four leadership positions, just less than half of hospitals lacked a medical director.

3 *HMIS*



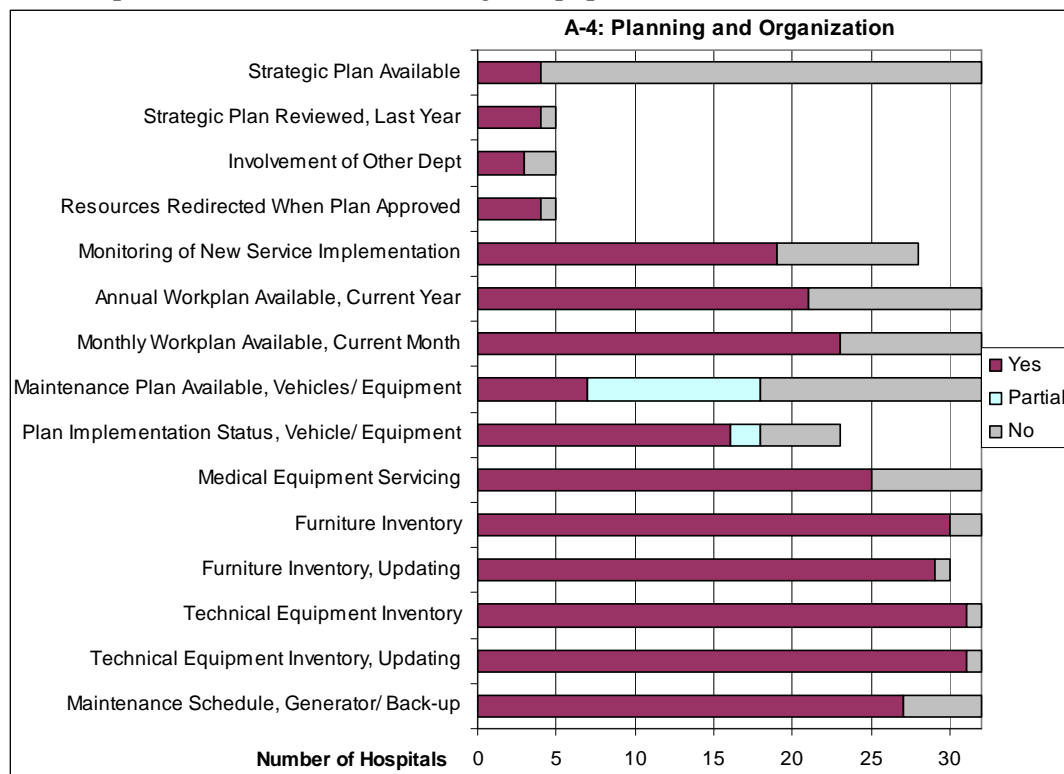
Data is important for management of hospital activities. Thus, this index assesses the systems in place for HMIS: monthly internal hospital reports, and registers for tracking clinical activities. These activities include vaccinations, IPD, OPD, family planning, and notifiable diseases.

Seventeen provinces achieved the upper benchmark of 100; three provinces were below the lower benchmark. Although there was a spread of nearly 80 points between the maximum and minimum scores, provinces generally did well, with 29 scoring above 75. The two lowest scores were 22.2 and 33.3; multiple deficits were noted in a limited number of hospitals, leading to scores that were quite low. Eight had improved scores over last year, while seven experienced a decline.

One third of facilities failed to receive points for a notifiable disease report. Of note, points were awarded even if not fully completed.

4 *Planning and Organization*

An important aspect of hospital management is the planning and organization of resources. This index assesses the systems in place to ensure the formulation and allocation of resources, and monitoring of the strategic plan. It also assesses the plans for day-to-day activities such as maintenance plans, inventories and servicing of equipment and resources.



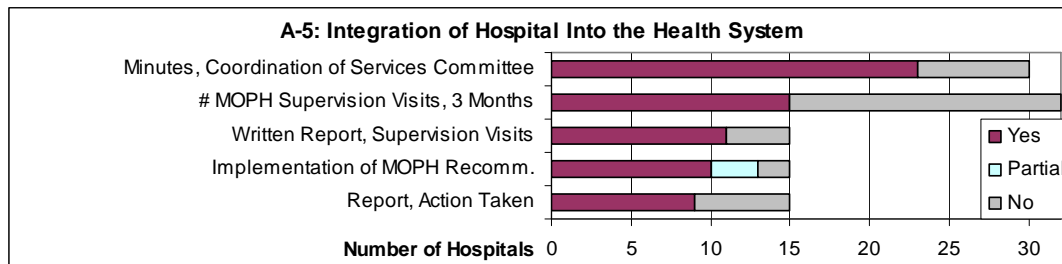
Eighteen provinces achieved the upper benchmark, with only Kunduz achieving full marks. Only two were below the lower benchmark of 44.7: Uruzgan and Herat. The minimum score was 27.3. Twenty hospitals had increased marks over the previous year, and six had lower marks.

Most provinces failed to have a strategic plan available. Of the four who did, most had reviewed the plan within the past year, involvement of other departments, and were able to redirect resources according to the plan. Most provinces had systems in place for inventories which were recently updated. Only six provinces had an available maintenance plan for vehicles and equipment for review, although a higher proportion indicated that it had been implemented in the last three months. It was found that a maintenance plan for equipment existed, but was not shown to the survey team, often it is not written, and that it was, however, implemented.

5 *Integration of the Hospital in the Health System*

The hospital is a component of the health care sector. Thus, oversight, documentation, and implementation of recommendations of the MOPH are assessed in this index, as well as systems for coordination with other health facilities. Performance across the hospital sector was quite variable. Ten hospitals achieved the upper benchmark, with seven achieving full marks. Six were below the lower benchmark, with five receiving no points. Twelve had scores higher than last year, and 11 had lower scores.

Only 15 of 32 provinces reported a visit from the MOPH in the past three months. Of those, 80% had a written report of the visit and had at least partially implemented their recommendations. Just over half had documentation of implementation.

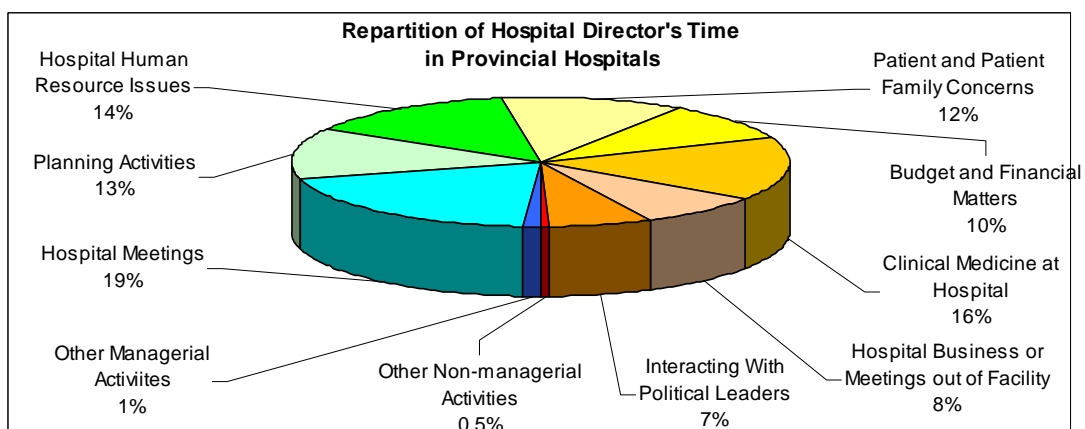


Thirty of 32 provinces had meetings to coordinate service delivery with other health care organizations, such as district hospitals. Of these, about three quarters had minutes of these meetings.

6 *Management Autonomy of the Hospital Director*

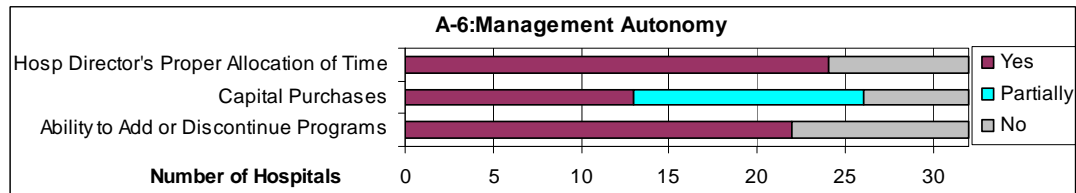
This index evaluates the ability of the hospital director to make day-to-day decisions for the hospital; this is reflected in the allocation of time for the hospital director, as well as his/her authority to make decisions regarding capital purchases and programs.

Six hospitals received full marks and achieved the upper benchmark of 100. One was below the lower benchmark with a score of 16.7. Performance was variable in this index. Eleven hospitals had improved scores compared to last year; 12 had lower scores.



Twenty-four of 32 hospitals indicated that less than 40% of their hospital director's time was allocated outside of the hospital, and received full marks. The activities that most often diverted hospital directors from their responsibilities were: practicing clinical medicine, meetings out of the facility and interacting with political leaders.

Thirteen hospitals indicated that capital equipment purchases could be made by the hospital director with approval of the purchasing committee, or by the purchasing committee alone, and therefore received full points. Another 13 indicated that the hospital director had authority on his own for purchases, receiving partial points. There was no formal policy in the remaining six facilities. Twenty-two of 32 hospitals indicated that the hospital director had the authority to add or discontinue clinical services.



• Domain B: Financial Systems

The indices in this domain evaluate the systems and oversight of financial management of the hospital, which includes ensuring transparency and accountability in financial transactions. It is important to ensure that finances are allocated appropriately and responsibly, so that facilities can continue to provide consistent services.

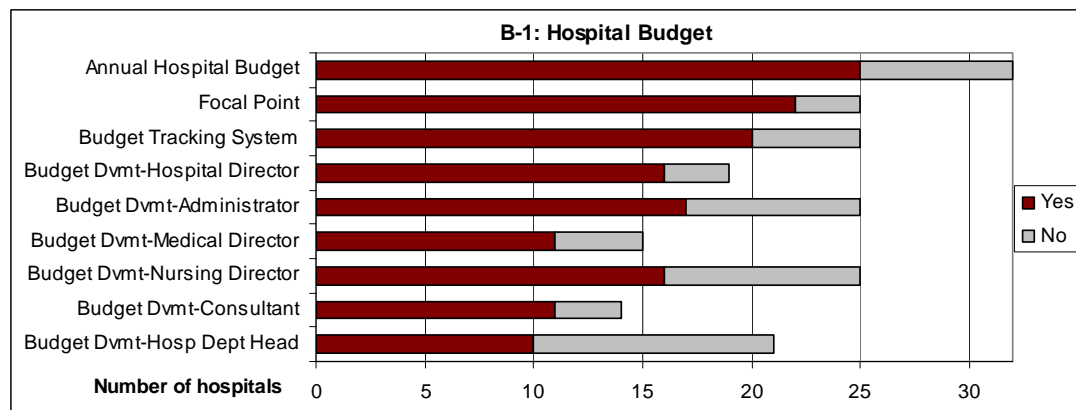
The five indices in this domain are:

1. Hospital Budget
2. Budget Sheets
3. Purchasing and Inspection Committee
4. Cash Management
5. Audit

Domain B: Financial Systems	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
B-1: Hospital Budget	0	0	75.0	100	100
B-2: Budget Sheets	0	20.0	70.0	100	100
B-3: Purchasing and Inspection Committee	0	70.0	81.8	90.9	100
B-4: Cash Management	0	0	66.7	66.7	100
B-5: Audit	0	0	0	100	100

1 Hospital Budget

This index assesses the aspects of budget development and in particular, systems and members who contribute to this process. These members may include the hospital director, administrator, medical director, nursing director or consultant.

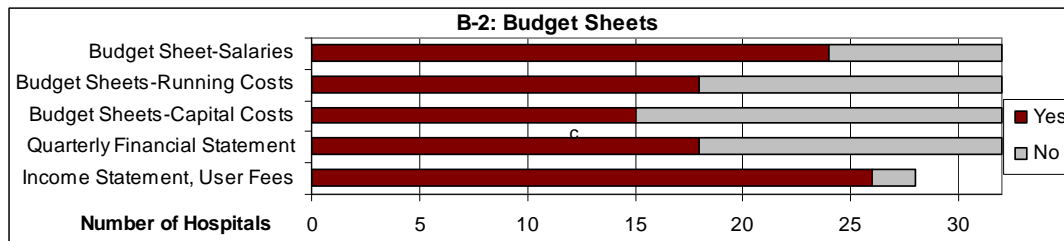


Eight provinces reached the upper benchmark of 100, and seven were at the lower benchmark of zero. Thirteen facilities had improvement, and six achieved scores of 100 in both rounds. Six facilities had lower scores compared to the previous year.

Twenty-five of 32 facilities reported having an annual budget. Of those facilities, 22 had a focal point in their preparation and 20 had a tracking system. Points were awarded for input in budget development from hospital leadership. Most commonly, when available, the medical director, consultant, and hospital director were involved in budget development. Hospital department heads were involved less than half the time.

2 *Budget Sheets*

Budget sheets track expenditures, and allow for transparency and accountability. Those for salaries, running costs and capital costs, as well as a quarterly financial statement, are assessed. An income statement for user fees was also included.



Fourteen hospitals achieved full marks and the upper benchmark of 100; three were below the lower benchmark of 20. Nine facilities' scores improved from last year, but 10 had lower scores. Nine hospitals had full marks in both rounds.

Of the 28 facilities that charged user fees, the majority had available income statements. Seventeen of 32 hospitals lacked a budget sheet for capital costs. Just over half had budget sheets for running costs, and a quarterly financial statement.

3 *Purchasing and Inspection Committee*

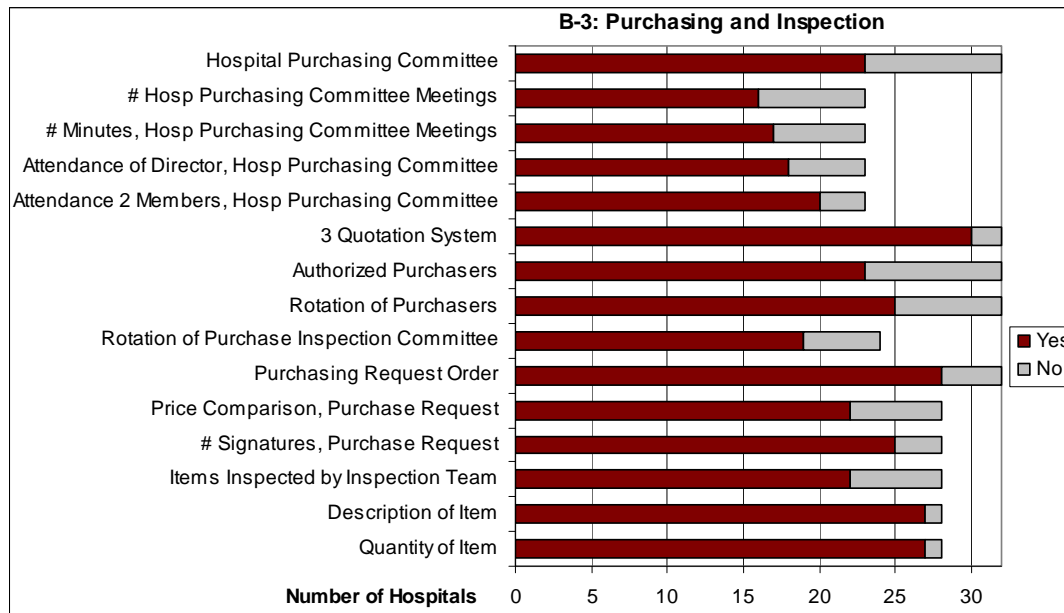
Committees are established to ensure fairness and transparency in hospital purchases, and to certify receipt of these purchases, so as to ensure accountability. This index assesses documentation of these committees.

Fourteen hospitals achieved the upper benchmark of 90.9, with 12 scoring 100. Nine were below the lower benchmark, with a minimum score of zero in Badghis. Thirteen hospitals had improved scores over round one, while nine had lower scores. Three hospitals received a maximum score for this index in both rounds.

Twenty-three hospitals indicated that they had a purchasing committee. Of those who had a purchasing committee, only 16 had at least two meetings in the past three months, and 17 had minutes of their meetings available. Eighteen facilities indicated that the director and two other members were in attendance at the last meeting.

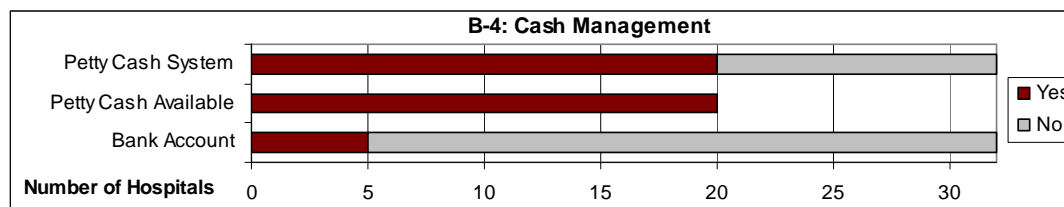
Activities of the purchasing committee: in 23 facilities, three or more persons were authorized to make purchases; 25 indicated that there was rotation of the purchasing committee, and 19 had rotation of the inspection committee on a quarterly basis.

Almost all had a three quotation system in place for making purchases. Twenty of the 28 hospitals with purchasing files achieved full points for all its indicators: the presence of a request, price comparison, signatures, inspection and confirming the accuracy of the order.



4 Cash Management

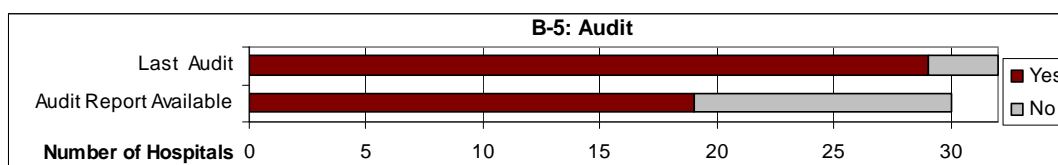
Management of cash requires systems to ensure accountability and transparency. The presence of a petty cash system and bank account for deposits was assessed. Marks were generally low, with a median score of 66.7 in 2007 as well as in 2008. Twenty hospitals achieved the upper benchmark, with Samangan, Faryab, Bamyan and Panjsher achieving full marks. The 11 hospitals at the lower benchmark all received scores of zero. Eight hospitals improved their scores from last year, while six had lower scores.



Only five hospitals reported that hospital cash was stored in a bank account. Twenty hospitals reported that they had a petty cash system, and all 20 had cash at hand at the time of the survey.

5 Audit

This index checks for documentation of an external audit of finances by the MOPH or implementing NGO, for accountability. Scores in this index were either zero or 100. Eighteen hospitals were at the upper benchmark of 100, with 12 at the lower benchmark of zero. Twelve hospitals showed improvement in their scores, and two had a decline, since last year. Points were given if the last audit was within the last two years and the report was available



for review. Twenty-nine of 32 hospitals had an audit within the last two years, but only 19 had a report available for review.

• Domain C: Human Resources

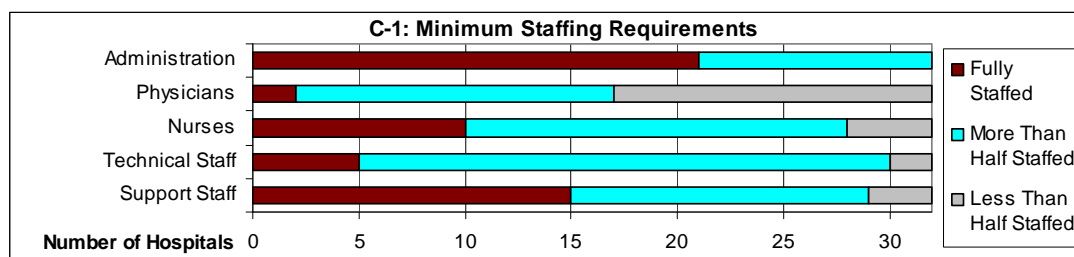
Human resources are critical to the delivery of services. This domain assesses not only the adequacy of staffing but also factors important in maintaining skills and staff. These factors are important for staff retention and the provision of quality care.

Domain C includes the following eight indices:

1. Minimum Staffing Requirements
2. Staff Management
3. Staff Satisfaction
4. Supervision and Support
5. Hospital Training Activities
6. Performance Assessment
7. Personnel Record Functionality Index
8. Presence of Job Descriptions

Domain C: Human Resources	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
C-1: Minimum Staffing Requirements	47.6	60.6	69.9	85.4	97.1
C-2: Staff Management	46.0	53.5	70.8	82.7	96.7
C-3: Staff Satisfaction	47.2	54.1	56.5	63.2	76.7
C-4: Supervision and Support	45.8	71.0	89.2	94.3	98.3
C-5: Hospital Training Activities	0	33.3	45.0	85.7	100
C-6: Staff Performance Assessment	0	0	0	80.0	100
C-7: Personnel Record Functionality	0	33.3	70.4	80.0	100
C-8: Job Descriptions	57.7	77.8	94.5	100	100

1 Minimum Staffing Requirements



Staffing requirements are based on the minimum standards outlined in the EPHS guidelines (see Annex 4), and adjusted based on hospital type, whether district, provincial or regional hospitals. This categorization was based on information from the Ministry of Public Health. Information for this index was obtained from the hospital's administration. (See Annex 6 for details by province.)

This year, seven hospitals achieved the upper benchmark of 85.4, with Baghlan scoring the highest at 97.1. Five were below the lower benchmark of 60.6, with a low score of 47.6 in Nimroz. Nine hospitals had increased scores compared to last year, with 10 showing a decline in scores.

This index was categorized by staff type: administration, physician, nurse, technical staff and support staff. The administrative staff was found to be the best staffed, with 21 of 32 hospitals being fully staffed and the remaining eleven to with a staffing level of 50% or greater. Most

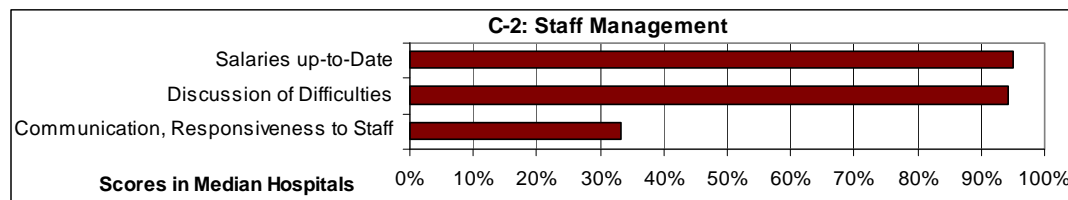
hospitals lacked appropriate physician staffing, with only two hospitals that were fully staffed, and 15 having levels of 50% or greater.

Five hospitals had an appropriate complement of technical staff, 10 had appropriate nursing staff, and 15 had appropriate support staff. This pattern in staffing is similar to that seen in the previous year.

2 *Staff Management*

This index evaluates management issues of staff, which includes up-to-date salaries, discussion of job difficulties, and communication and responsiveness of management to the staff. The scores of this index are based on the perspectives of the staff. Scores for individual indicators are the percentages of staff responses at a site. Twenty employees in a variety of job types completed self-administered questionnaires.

Nine hospitals achieved the upper benchmark of 82.7, while two fell below the lower benchmark of 53.5, with a low score of 46 in Ghazni. Paktya had the highest score, of 96.7. Sixteen showed improvement in scores, while nine had lower scores this year compared to the last.



Median Scores for *Up-to-date Salaries* and *Discussion of Difficulties with a Supervisor* were high, at 95% and 94%, respectively. However, in half of the hospitals only 33% of respondents noted changes after this discussion.

3 *Staff Satisfaction*

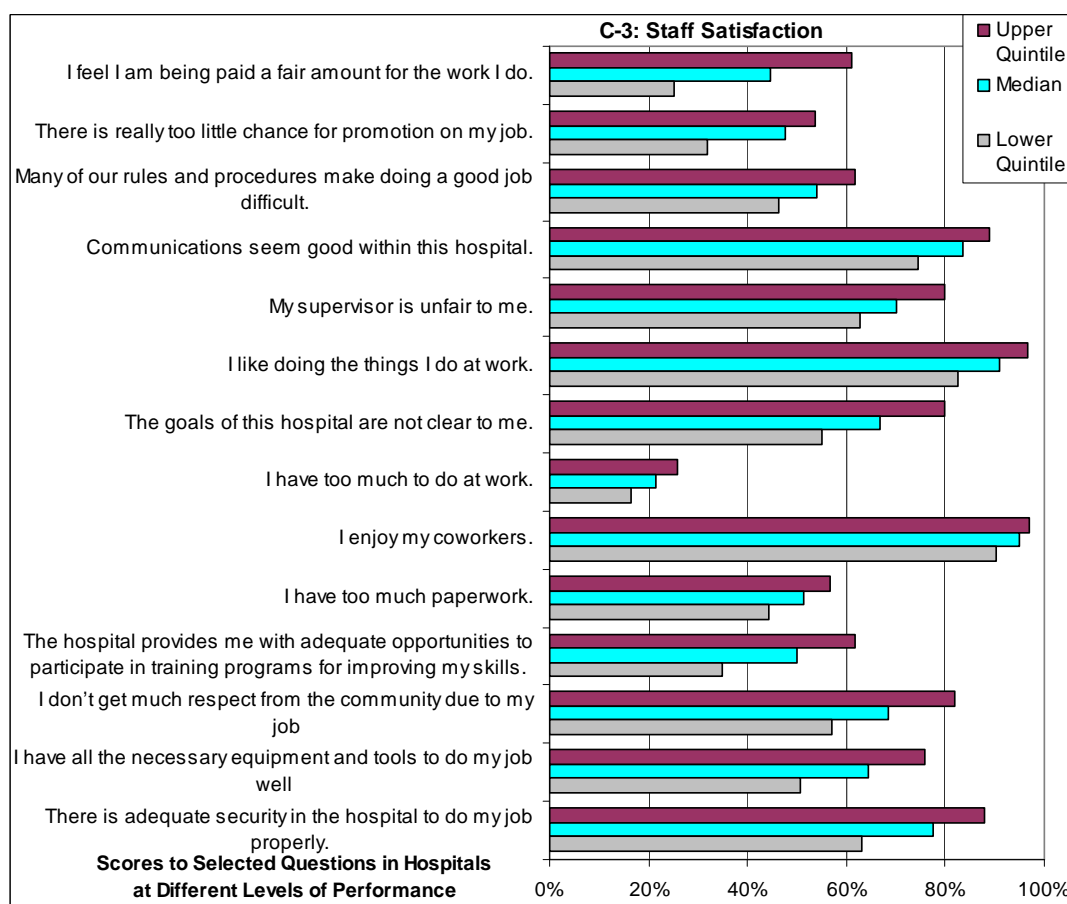
Feedback was obtained by 20 staff members across a variety of job categories from a self-administered questionnaire. Forty statements related to satisfaction were included in areas that included: job recognition, compensation, co-worker relations, communication, supervisory relations, organizational procedures, security, and resources. Staff scored each on a scale of one to four, depending on their strength of agreement with the statement. (See Annex 7)

Some statements proposed were:

- The goals of this hospital are not clear to me
- I feel unappreciated by the hospital when I think of what they pay me
- I feel a sense of pride in my work
- I like my supervisor
- Those who do well on the job stand a fair chance of promotion
- I am not satisfied with the benefits I receive
- I like the people I work with
- I don't get respect from the community because of my job

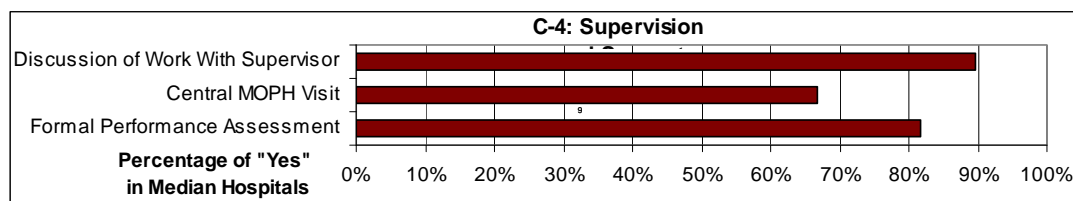
Eight hospitals achieved the upper benchmark of 63.2, with Samangan scoring the highest at 76.7. Eight were below the lower benchmark of 54.1, with a minimum score of 47.2, in Farah. Nine had improved satisfaction scores over the past year, and seven had lower scores. Questions that generally had high scores for hospitals were in co-worker relations and enjoyment of work. Low scores were seen for questions related to benefits, job promotion, and paperwork.

Of the hospitals in the upper quintile, all had scores at least above the median in supervisory competence, job appreciation, enjoyment of work activities, co-worker relations, and a sense of pride in work. Of the lower quintile hospitals, all had lower than average scores in benefits, lack of salary raises, and job appreciation in the workplace.



4 Supervision and Support

This index assesses activities related to the supervision of employees by their supervisors and by the MOPH. The information used to calculate the index includes: feedback from the supervisors, a performance assessment, and oversight by MOPH from the perspective of the employee.

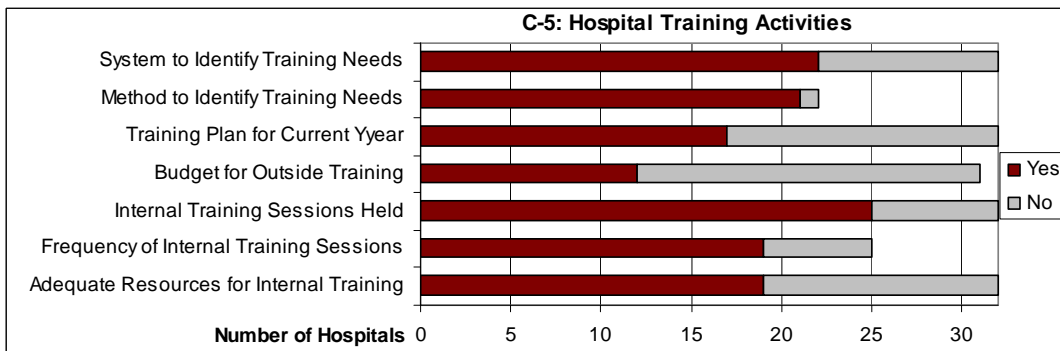


Only four hospitals achieved scores above the upper benchmark of 94.3, with the highest score of 98.3 in Paktya, Takhar and Baghlan. Thirteen hospitals' scores were below the lower benchmark of 71, with a minimum score of 46.7 in Jawzjan. Only four hospitals' scores increased from 2007, while 16 had a decline in scores.

The median score for discussion of work with a supervisor within the last three months was 90%. In half of the hospitals, more than 81% stated that they had a performance assessment in the past year, and less than 66% could recall an MOPH visit within the last six months.

5 *Hospital Training Activities*

Training and continuing education are important aspects for maintaining staff and their skills. This index assesses systems to evaluate training needs, frequency of training sessions and the availability of resources for training. Twelve hospitals achieved the upper benchmark of 85.7, with a high score of 100 in Zabul, Takhar, Baghlan, Kunduz, Samangan, Saripul, and Ghor. Five hospitals were below the lower benchmark of 33.3, with Badghis, Helmand and Paktika receiving scores of zero. Seventeen had improved scores compared to 2007, and nine had a decline in scores.

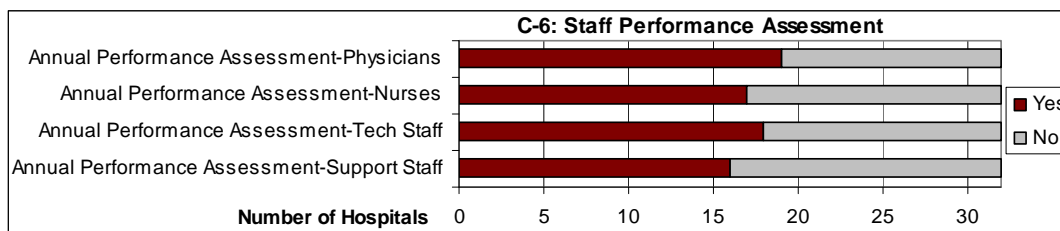


Twenty-two hospitals indicated that a system was in place to identify the training needs of the staff. Of these, all except one indicated that these needs were identified by the supervisor or by the department.

Only seventeen hospitals had a training plan for the current year. Twenty-five did report that they held internal training sessions, and in 19 these were held more than once a month. Twelve hospitals had budgeted for outside training for their employees; 19 felt they had adequate resources and materials for internal training.

6 *Performance Assessment*

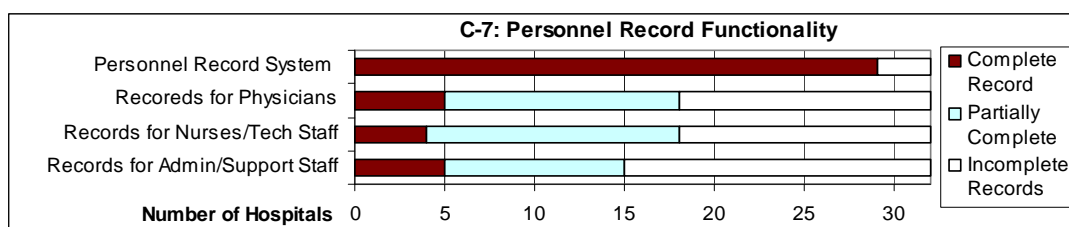
A performance assessment is to be performed yearly for all staff. This index asks if this is done, categorized by employee type: physicians, nurses, technical staff and support staff. Index C-4 asks employees if they received an annual performance assessment; this index asks if a system is in place for all staff.



Fifteen hospitals scored above the upper benchmark of 80, and all 15 were awarded full points in the index. Twelve were at the lower benchmark of zero. Eleven hospitals' scores improved since 2007, but three had decreased scores. Nineteen hospitals reported that they had annual performance assessments for all physicians, followed by 18 for technical staff, 17 for nursing staff, and 16 for support staff.

7 Personnel Record Functionality Index

Accurate and updated personnel records are necessary for documentation of promotion, pay, assessments, and grievances. Records per employee type are assessed for completeness for all components. The health workers assessed are physicians, nurses or technical staff, and administration or support staff. In the 2007 calculation, partial credit was given if over half the components were present in all charts assessed. For 2008, each chart is assessed individually; the proportion of components present is then averaged into the overall index score. Components of a complete record include: copies of certificates and diplomas, a current job description, record of additional training, initial appointment or recruitment letter, dates of promotion, hospital work record, appraisal form, warning or appreciation letters, and evaluation scores.



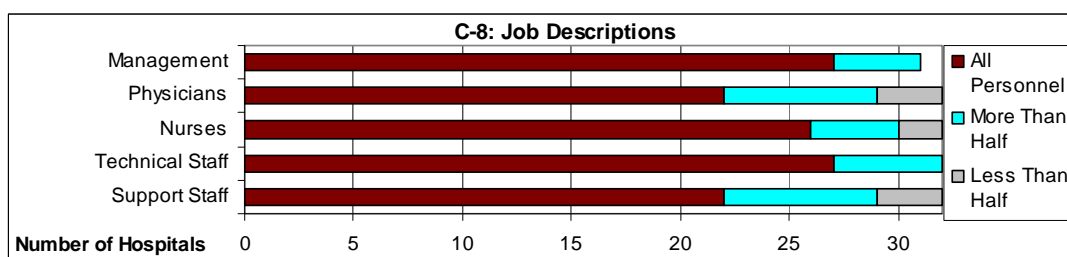
Nine provinces achieved a score above 80, placing them in the upper quintile; Takhar, Baghlan and Khost achieved scores of 100. Five were given scores below 33.3, placing them in the lower quintile. Nimroz, Ghazni and Daykundi were all given scores of zero. Fourteen had improved scores since last year, and 13 had lower scores.

Twenty-nine of the 32 hospitals reported that a personnel record system was in place. Of these, only five had a complete record for physicians, five for administrative and support staff, and four for nursing and technical staff. A larger proportion of hospitals had partially complete records, but even then only up to half the hospitals surveyed achieved this.

Components that were commonly missing were promotion dates, warning or appreciation letters, and evaluation scores. The components most commonly included were current job descriptions and the initial appointment or recruitment letter.

8 Job Descriptions

Job descriptions are one of the important areas for job performance assessments. The employees are categorized into five categories which are: management, medical staff, nursing staff, technical staff and support staff. Each category is scored as the percentage of staff with job descriptions. Overall, provinces scored high in this index. Thirteen hospitals achieved the upper benchmark of 100, and three were below the lower benchmark of 77.8, with a lowest score of 57.7. Excluding the bottom three hospitals, the rest scored between 82 and 100. Ten had improved scores from 2007; three had a decline.



Management and technical staff were more likely to have job descriptions. In 27 hospitals, all management and technical staff had a job description. Twenty-six hospitals reported this for all nursing staff, 22 for all support staff, and 22 for all physicians.

• **Domain D: Capacity and Infrastructure**

This domain assesses the physical resources necessary to deliver expected quality services. This includes not only the equipment and drugs, but also the buildings, grounds, and clinical activities. In addition, to fulfill its function as a referral hospital, communication and transport ability must also be present. Lastly, to continue to deliver quality care, ongoing training is necessary to update the skills of its staff.

The 17 indices in this domain are subdivided into six groups:

D1: Utilities, Communication and Transportation

1. Utilities
2. Communications
3. Transport of Patients

D2: Infrastructure-Building

4. Condition of buildings
5. Cleanliness and Ward Repair
6. Hospital Facilities
7. Facilities

D3: Supplies: Drugs and Equipment

8. Equipment Index
9. Drugs and Supplies

D4: Services

10. Provision of Outpatient Services
11. Support Services
12. Tests and Special Services

D5: Activities

13. Organization of Clinical Activities
14. Isolation of Patients

D6: Staff

15. Pre-service Training
16. In-service Training, Skills specific
17. In-service Training, General

• **D1: Utilities, Communication and Transportation**

D1: Utilities, Communication and Transportation	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-1: Utilities	40	79.0	93.8	100	100
D-2: Communications	0	33.3	58.3	75.0	100
D-3: Transportation	50	50.0	75.0	100	100

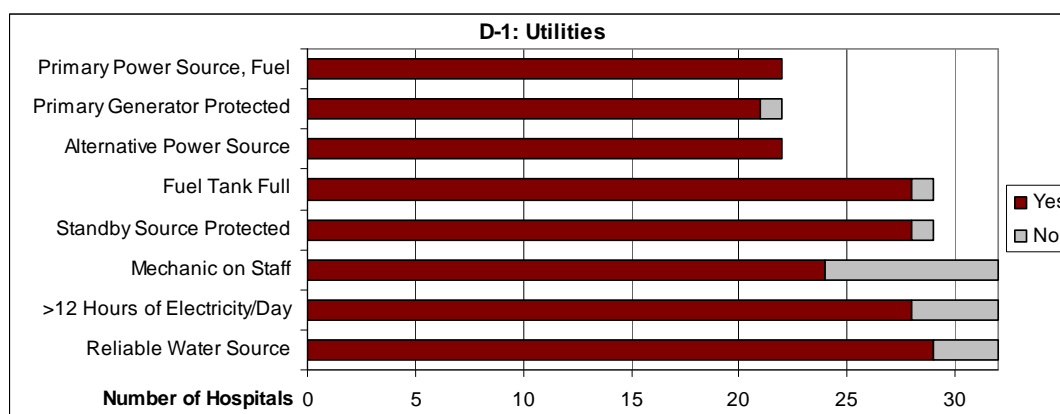
This sub-domain assesses the basic physical resources necessary to carry out hospital functions. It encompasses sources of power, electricity availability, and reliability of the water source. It also assesses communications and transport, which are especially necessary for its function as a referral hospital.

1 Utilities

This index assesses the presence and adequacy of power, a backup power source, and water reliability at the facility. Measures related to reliability include a full fuel tank, protection of the power source, and presence of a mechanic on staff. Full points are given for at least 12 hours of electricity per day.

Overall, provinces did well in this area. More than half of all hospitals had full marks, with eighteen hospitals achieving the upper benchmark of 100 points. Three hospitals were below the lower benchmark of 79. Excluding the lowest score of 40, all scores were between 75 and 100. Eleven hospitals showed improvement in their score over the last year, and 11 had a score of 100 for the both years. Six hospitals had lower score compared to 2007.

Twenty-two hospitals indicated that their main source of electricity was a generator. Of those, all had enough fuel available for 12 hours of use and all had a functional alternative power source. Twenty-one hospitals indicated that their main generator was protected from the elements (rain, sun, and rising waters). Twenty-eight of 29 hospitals with an alternative generator had enough fuel available for 12 hours of use and also indicated that it was protected from the elements.

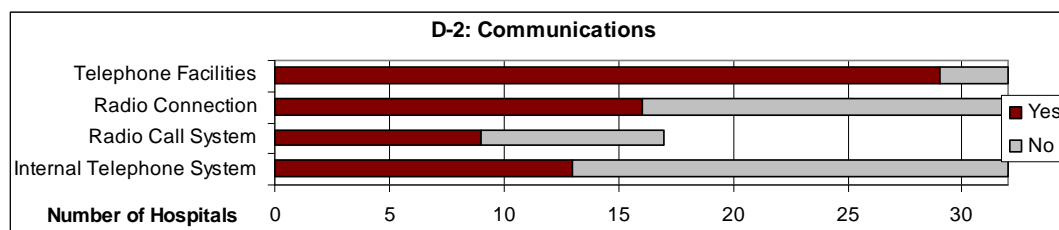


In 24 hospitals, a mechanic was on staff to maintain these energy sources. Twenty-eight hospitals indicated that they had at least 12 hours of electricity per day, and 29 had water available throughout the day.

2 Communications

The ability to communicate internally and with other health facilities allows the hospital to fulfill its function as a referral center and facilitate internal operations. The types of communication systems evaluated are telephone, radio, radio call system and internal telephone system.

Scores in this index were widely spread. Twelve achieved the upper benchmark of 75, while six hospitals achieved full marks. Two were below the lower benchmark of 33.3, with Nimroz receiving no points. Compared to last year, 15 hospitals had an improvement in their score while 8 had lower scores.

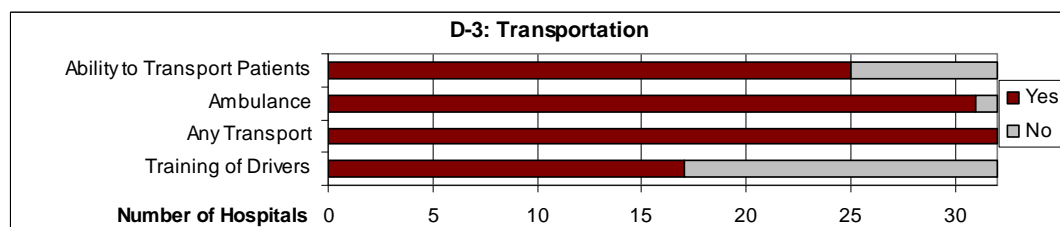


Twenty-nine hospitals had a functioning telephone available for contact with central MOPH, but only 13 of the 32 had a functional internal telephone system for communication. Only half of the hospitals had a functional radio connection, and one had a non-functional connection. Of these, eight had a call system to communicate with lower level health facilities.

3 *Transport of Patients*

The ability and resources to transport patients allow hospitals to function as referral hospitals for lower level facilities. This index assesses the type of transport available and the training of its drivers. Many hospitals did well in this index, with fourteen achieving scores equal to the upper benchmark of 100. Only one hospital fell below the lower benchmark of 50; the lowest score was 25 in Zabul. Twelve hospitals had improved their scores, with six achieving full marks in both rounds. Lower scores were noted in seven hospitals.

All hospitals had some means of transport available; an ambulance was available in 31 hospitals. Twenty-five indicated that the available transport could transport patients to other health facilities, and just over half had drivers trained in the driving and transport of ill patients. Except for Badakhshan, Kunduz, and Helmand provinces, all hospitals with trained



drivers had and ambulance and the ability to transport patients to another health facility.

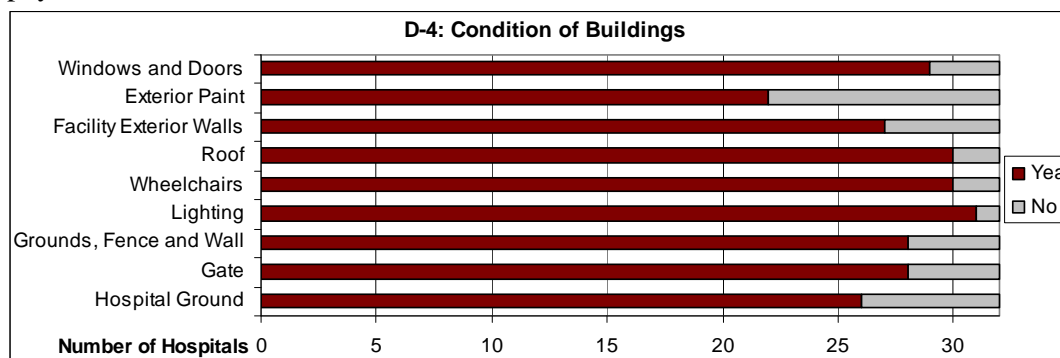
• **D2: Infrastructure-Building**

D2: Infrastructure-Building	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-4: Condition of Buildings	33.3	44.4	77.8	100	100
D-5: Cleanliness and Ward Repair	14.1	15.4	43.5	74.7	90.2
D-6: Hospital Treatment Facilities	28.6	50.0	62.5	75.0	100
D-7: Other Hospital Facilities	0	33.3	66.7	100	100

This sub-domain evaluates the adequacy of the physical plant. This not only includes the structure and presence of separate areas of function but also cleanliness and adequacy as a functional unit in order to provide patient care. These areas were physically inspected by the survey team.

4 Condition of buildings

The functional integrity of the physical plant was assessed, by inspection of the exterior of the building and the grounds of the hospital. Specific areas included windows and doors, paint, walls, roof, lighting and electrical system, and the grounds, including the fence, wall and gate. The physical condition of wheelchairs was also assessed.



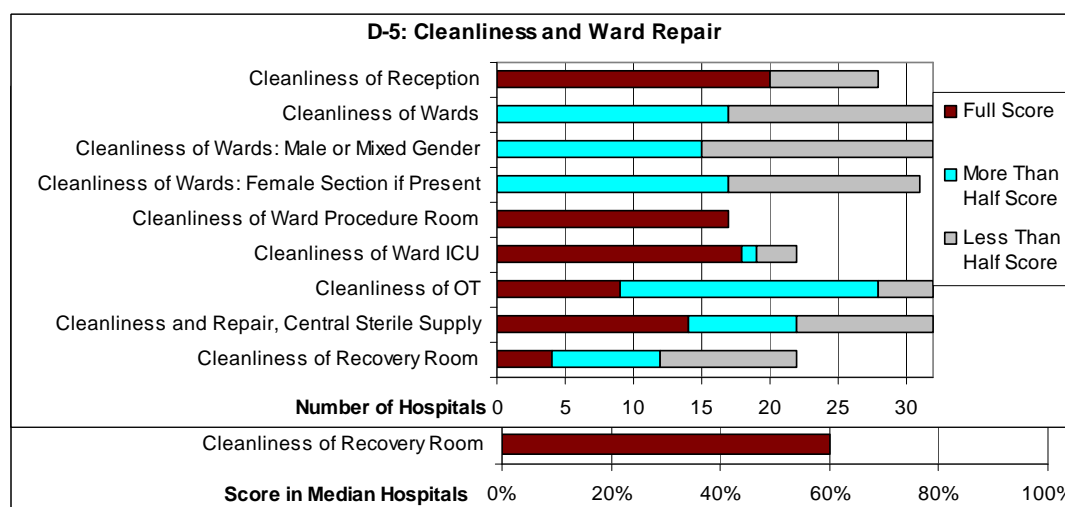
Seventeen provinces achieved the upper benchmark of 100 in this index. Two provinces, Ghazni and Zabul, fell below the lower benchmark of 44.4 by achieving a score of 33.3, which is also the lowest score in this index. In 2008, 24 hospitals were above 2007's median of 77.8. Seventeen had higher scores this year, five had lower scores, and seven achieved scores of 100 both years.

Only one hospital, Daykundi, had inadequate lighting. With regard to the integrity of the hospital building, 29 had windows and doors in good condition, thirty had few or no repairs required for the roof, and 27 had sound walls. In 22 hospitals, the exterior paint was in good condition; in 27 hospitals, the fence, wall and gate were considered to be in good condition; and in 26 sites, the hospital grounds were considered to be satisfactorily clean.

5 Cleanliness and Ward Repair

Patient care areas were also assessed for functionality, integrity and cleanliness. Specific aspects included the beds, floors, walls, toilets, windows and doors, paint, electrical systems, and the nurse's duty room. Specific areas of the hospital included the wards, reception, dressing room, intensive care unit (ICU), operating theatre (OT), central sterile supply and the recovery room. As a change from 2007, each ward, its dressing room, separate female section and ICU areas were assessed individually if present; each area contributed equally to the overall score.

The spread of scores in this index was wide. Seven provinces achieved the upper benchmark of 74.7, with a highest score of 90.2 in Helmand. The hospital in Parwan province was the only one that fell below the lower benchmark of 15.4, with a score of 14.1. Fourteen had higher scores and 15 had lower scores, compared to round one.



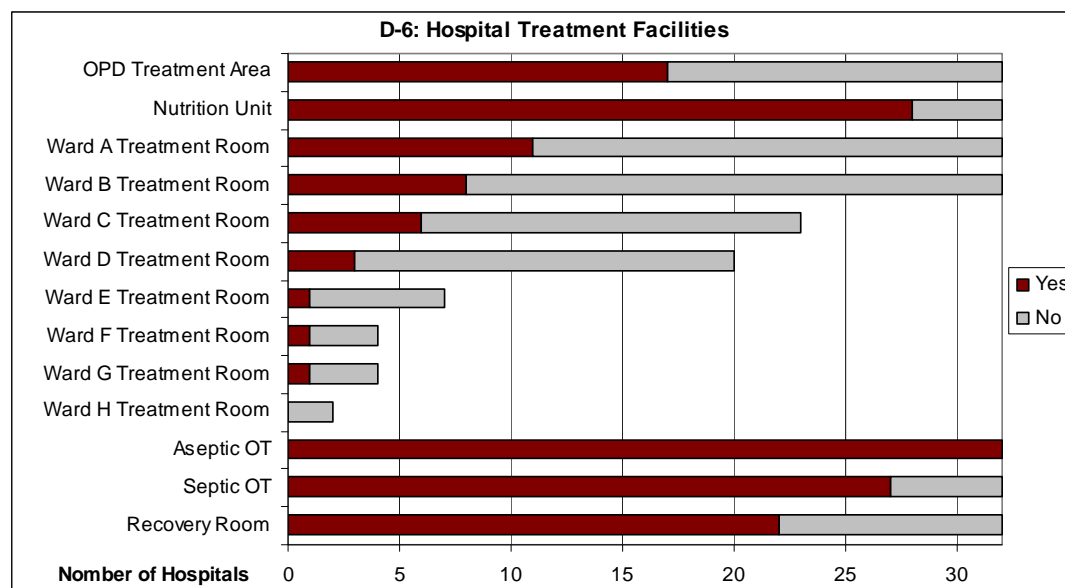
The area most likely to be clean was the reception area, noted in 20 of 28 hospitals. No hospital received full scores for ward cleanliness. In just over half of the hospitals, the wards received partial scores (>50%) for cleanliness. More hospitals with a separate female section were cleaner than male or combined male and female wards.

Of the 17 hospitals with wards with a procedure room, all were deemed to be satisfactorily clean. Of the 22 with an ICU, 18 received full marks and one had partial marks. Only nine hospitals had a satisfactorily clean operating theater, with an additional nineteen receiving partial points. Twenty-two hospitals had a recovery room. Of these, only four received full marks for cleanliness, and eight had partial marks. Fourteen hospitals received full points for cleanliness in central sterile supply, with an additional eight receiving partial points.

For hospitals that performed above the 2007 median of 43.5, all received full marks in the reception area, procedure room and ICU, indicating that of all areas, hospitals tended to ensure that these areas were clean. These hospitals received marks of at least 60% in the OT, recovery room and central sterile supply areas, while marks were below 60% in the wards. Of all areas, the male wards scored the lowest.

6 Hospital treatment Facilities

This index evaluated the presence of separate functional patient care areas. These were OPD treatment rooms, nutrition unit, ward treatment rooms, septic and aseptic OT rooms, and a recovery room. Separate treatment rooms afford a centralized area for performance of procedures or giving treatment, allowing for a centralized area for equipment access and for patient privacy. In a change from 2007, points were given for treatment rooms on each ward.



Overall, improvement was not seen in this index. Only four hospitals received scores above the upper benchmark of 75, with Uruzgan alone receiving full marks. Twelve hospitals scored below the lower benchmark of 50. Kapisa received the lowest score of 28.6. Only nine hospitals scored above last year's median of 62.5. Nineteen received lower marks in 2008, while seven had improvement.

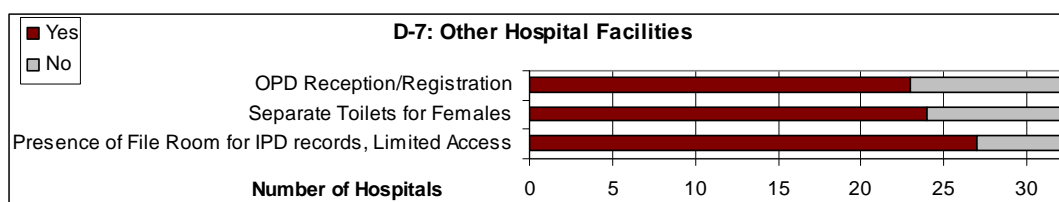
All hospitals had an aseptic operating theatre room, but only 27 had a separate septic OT room. Twenty-two hospitals had a separate recovery room for patients after surgery. Twenty-eight hospitals reported that there was at least one separate nutrition unit within their facility. Just over half had a separate treatment room in the outpatient department.

Fifteen of 32 facilities had no separate treatment rooms on any wards; Uruzgan was the only hospital with a treatment area on all its wards. Nine hospitals had a treatment area in half or more of the wards.

7 Other Hospital Facilities

The presence of separate functional areas for facilitation of patient care was also assessed. These areas were OPD reception and registration, separate female toilets and a secure records room. Though they do not contribute directly to patient care activities, these areas support the care delivered. Fifteen hospitals achieved the upper benchmark of 100; all others were between the upper and the lower benchmark. Ten had improved in scores, two had decreased scores, and nine scored 100 both years.

Twenty-seven hospitals had an inpatient file room that could be locked. Twenty-three had a separate outpatient reception or registration area, and twenty-four had separate toilets for women.



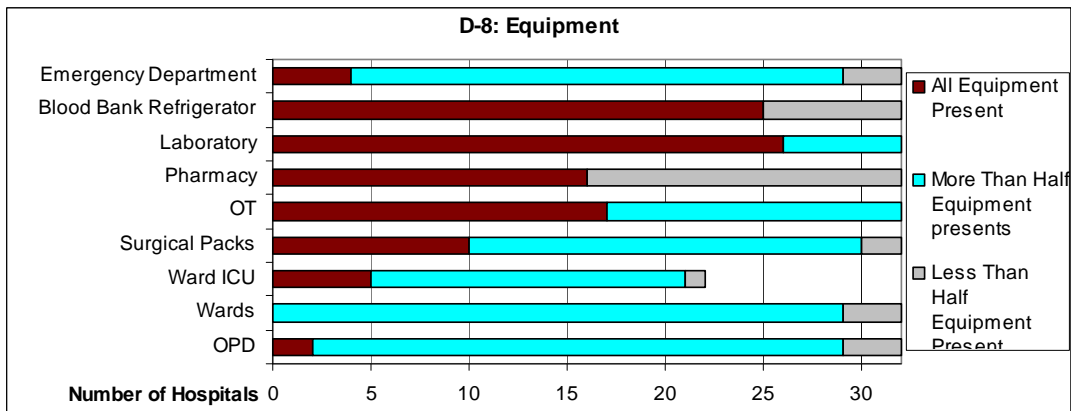
• D3: Supplies-Drugs and Equipment

This sub-domain assesses the presence, adequacy and functionality of drugs and equipment necessary for provision of services as outlined in the EPHS. Scores were obtained by direct inspection of equipment and drugs by the survey team in these areas.

D3: Supplies-Drugs and Equipment	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-8: Equipment	44.1	60.4	68.4	83.1	94.3
D-9: Drugs and Supplies	56.2	65.2	74.3	91.8	100

8 Equipment Index

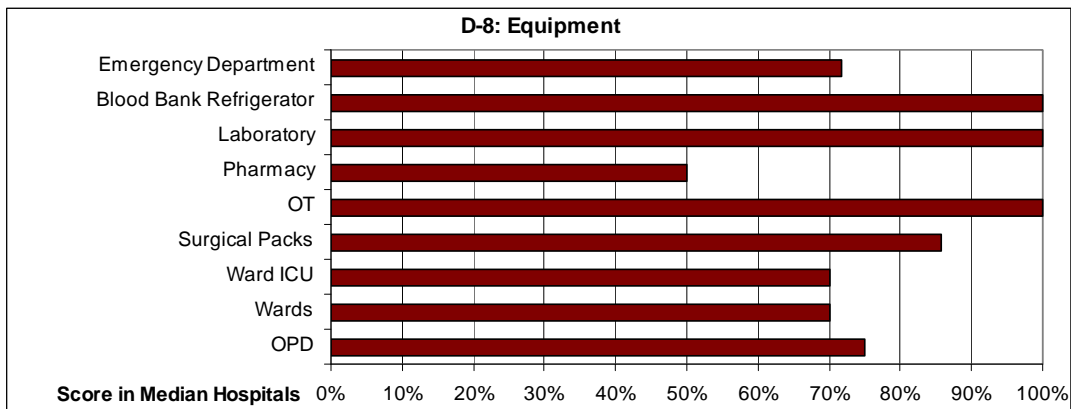
Equipment should be available, accessible and functional in patient care areas. Thus, this index provides an assessment of the adequacy and availability of equipment in patient areas, such as the wards, OPD, ICU, ER, and OT. This index was modified from last year. This year, for some ward equipment, such as a defibrillator, pulse-ox and EKG machine, points were awarded if they were present either on the general ward or its corresponding ward ICU. Essential equipment was also assessed in the pharmacy, laboratory and blood bank. EPHS standards were applied based on hospital type. (See Annex 2 for a listing of EPHS requirements by hospital type for equipment.) In addition, equipment was adjusted for ward activity type, to avoid unduly penalizing facilities. (See Annex 9 for details for provincial hospitals.)



Eight hospitals were given marks above the upper benchmark of 83.1, with a high score of 94.3 in Kunduz. Six were below the lower benchmark of 60.4, with Farah receiving the lowest score of 44.1. Twenty-two hospitals scored above last year's median of 68.4. Eleven had improved scores this year, while six had a decline.

Fully equipped direct patient care areas were generally low in number. Only four hospitals had a fully equipped emergency department at the time of the survey, however an additional 24 did receive partial points (at least 50% of possible the points). None of the hospitals had their wards fully equipped, though in 29 of 32 they were partially equipped. In the OPD, only two hospitals, Samangan and Kandahar, had fully equipped areas, but 27 additional hospitals were partially equipped. Surprisingly, a higher number of ward ICUs were equipped—at five hospitals—with the remaining 16 hospitals with an ICU partially equipped.

All hospitals had operating theaters that were at least partially equipped, with just over half fully equipped. Ten had the required surgical packs sterilized and ready for use, while an additional 20 had over half of the requirement ready.



Of the 25 hospitals with a blood bank, all had a functional separate refrigerator. All labs had at least partial equipment present, with the majority (26) had the full complement: a microscope, centrifuge, hemoglobinometer, and refrigerator. In the pharmacy, half had a functional refrigerator with a thermometer.

Of the hospitals performing above the median, all had full marks for the blood bank, laboratory, and operating theatre equipment. This was followed at 85% by surgical packs, then OPD, ER, and ICU and wards. The least equipped area was the pharmacy, at 50%.

9 *Drugs and Supplies*

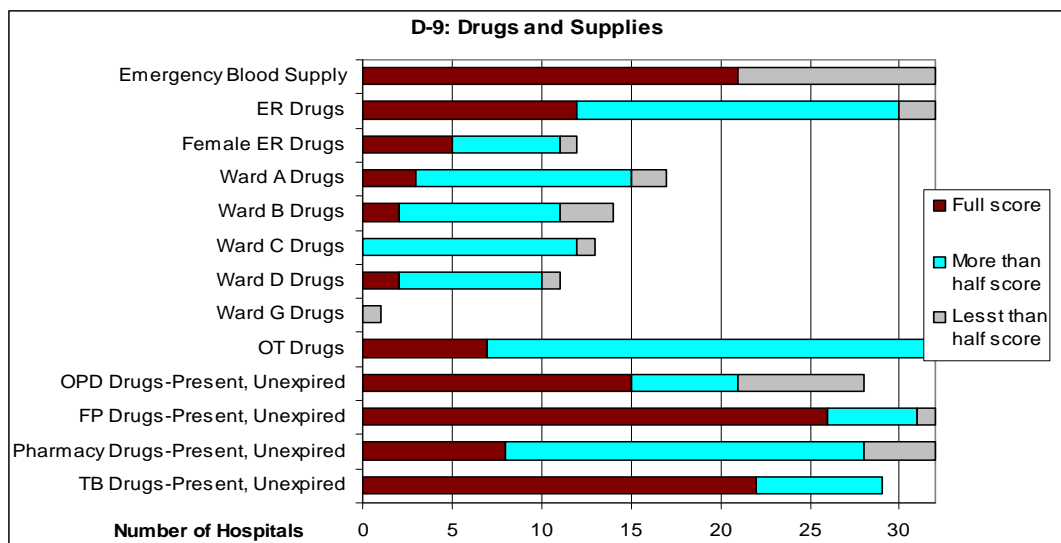
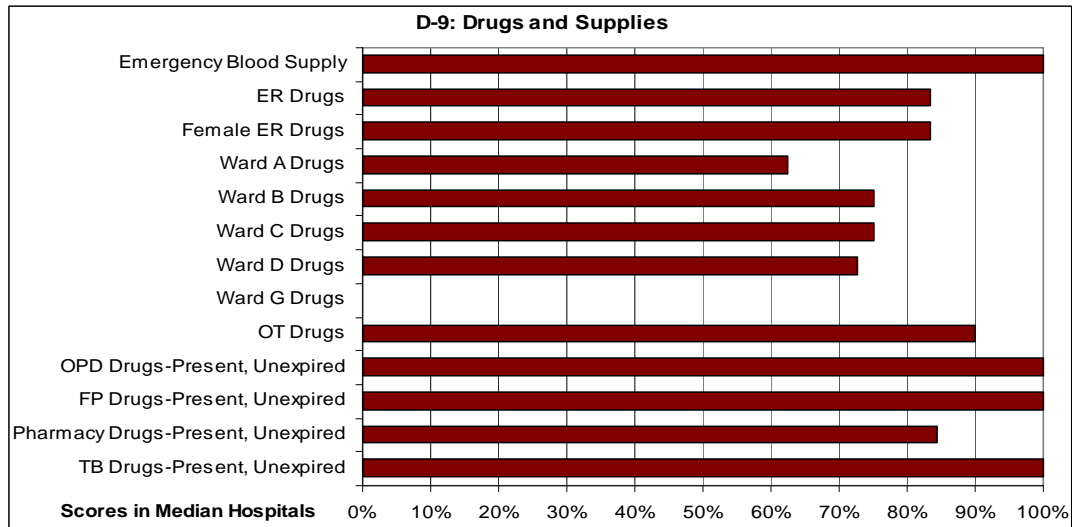
Drugs and supplies should also be available and accessible in patient care areas, with assessment in patient care areas. This included not only the presence of essential drugs and supplies but also confirmation that they were not expired. No points were awarded for medications that were expired. Unlike in 2007, each ward was assessed for the adequacy of drugs and supplies. (See Annex 3 for the EPHS standards by hospital type for medications. See Annex 10 for details for provincial hospitals.)

Seven hospitals had scores above the upper benchmark of 91.8, with four below the lower of 65.2. Kunduz had the high score of 99.6, with a low of 56.2 in Farah. Twenty-three hospitals scored above last year's median of 74.3; 16 had improved scores, and eight had lower scores compared to last year.

Twenty-one hospitals had at least one unit of blood available for transfusion in the blood bank refrigerator. Twelve hospitals had all equipment and drugs available in their ER, with only five of 12 female ERs fully equipped.

Of the 56 ward ICUs surveyed; seven were fully stocked with the requisite unexpired medications. Another 41 had more than half of the stock available.

Seven hospitals had OTs that were fully stocked with required medications and anesthesia gases; all other hospitals were more than half stocked. Fifteen outpatient pharmacies had the full complement of unexpired medications present, with an additional six hospitals partially stocked. Only eight inpatient pharmacies were fully stocked with required medications, with 20 partly stocked.



Twenty-six hospitals had unexpired family planning supplies present, which included condoms, oral contraceptive tablets, injectable contraception, and intrauterine devices. Another five had more than half of the required supplies.

Twenty-three of 29 hospitals that provided TB treatment were fully stocked with unexpired drugs: Rifampicin, streptomycin, Isoniazid, Pyrazinamide and Ethambutol. The remaining six hospitals were more than 50% stocked.

Of the hospitals scoring above the median, all received full points for emergency blood supply, outpatient pharmacy, family planning methods, and TB medications. This was followed by lesser scores in supplies of operating theatre drugs, pharmacy, and emergency room medications. In these hospitals, the general emergency room and female emergency room were equally stocked.

• Services

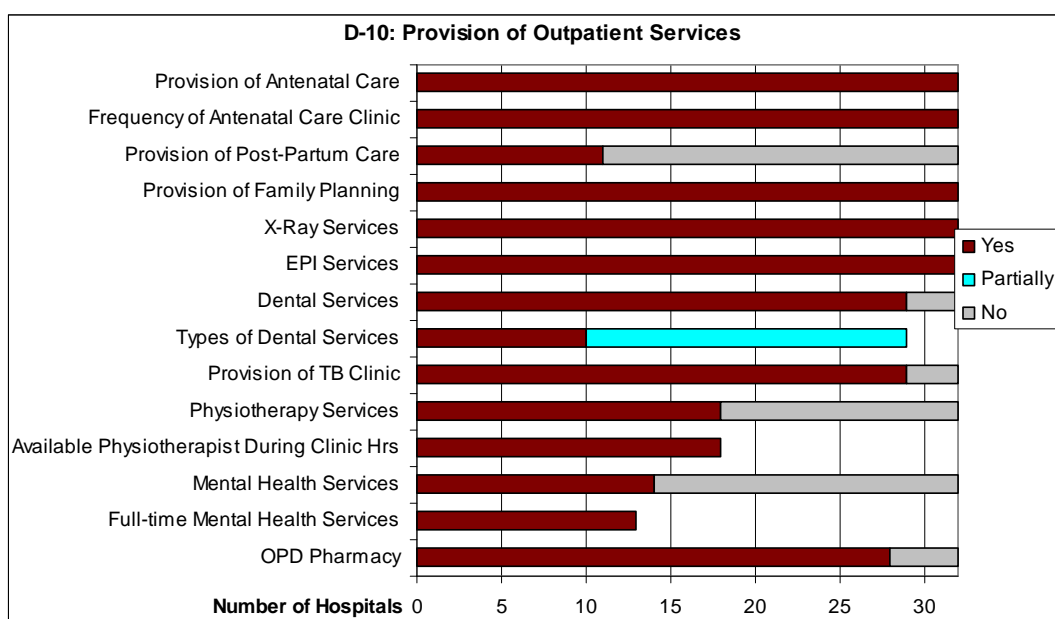
The indices of this sub-domain examine service provision. This includes the breadth of clinical services, support services and tests and special services. The standards are established in the EPHS guidelines.

D4: Services	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-10: Provision of Outpatient Services	54.5	67.7	80.0	85.4	100
D-11: Support Services	26.7	56.6	66.7	80.0	100
D-12: Tests and Special Services	54.8	65.3	73.3	86.8	96.8

10 Provision of Outpatient Services

The breadth of services offered at the facility was assessed, which can include antenatal care, post-partum care, family planning, radiology, vaccinations, dental care, TB care, physiotherapy, mental health services and an outpatient pharmacy.

Scores for this index ranged between 54.5 in Daykundi to 100 in Balkh province. Thirteen hospitals achieved the upper benchmark of 85.4, and three hospitals fell below the lower benchmark of 67.7. Twenty hospitals had scores above 2007's median of 80. Fifteen had improved scores this year, and four had lower scores.



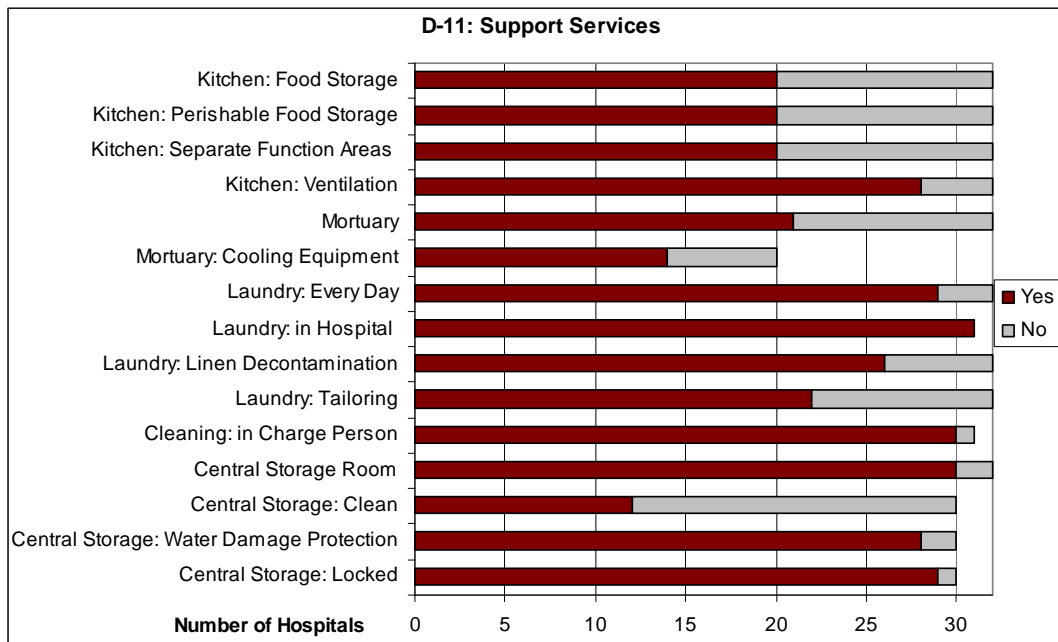
All hospitals provided antenatal care every day, as well as family planning services, but only eleven provided post-partum care. All hospitals provided radiology services and EPI. Twenty-nine provided dental services, and of those, ten provided the full complement, including cleanings, extractions, fillings, and abscess treatment. The remaining hospitals provided at least some of these services.

Twenty-nine hospitals provided TB services; just over half provided physiotherapy; and all of these had service available during clinic hours. Fourteen had mental health services, most available during clinic hours. Twenty-eight hospitals had a functioning outpatient pharmacy.

11 Support Services

Support services, while not involved in direct patient care, support and facilitate good care. These areas should be functional, clean, and complement hospital function, and include the kitchen, mortuary, laundry, cleaning, and storage.

Fifteen hospitals achieved the upper benchmark in 2008, with Takhar, Baghlan, and Kunduz achieving full points. Farah and Daykundi were in the lower quintile. Performance of 24 hospitals was above 2007's median of 66.7. Twenty hospitals had higher scores this year, and one hospital, Kunduz, achieved 100 both years. Four had lower scores.



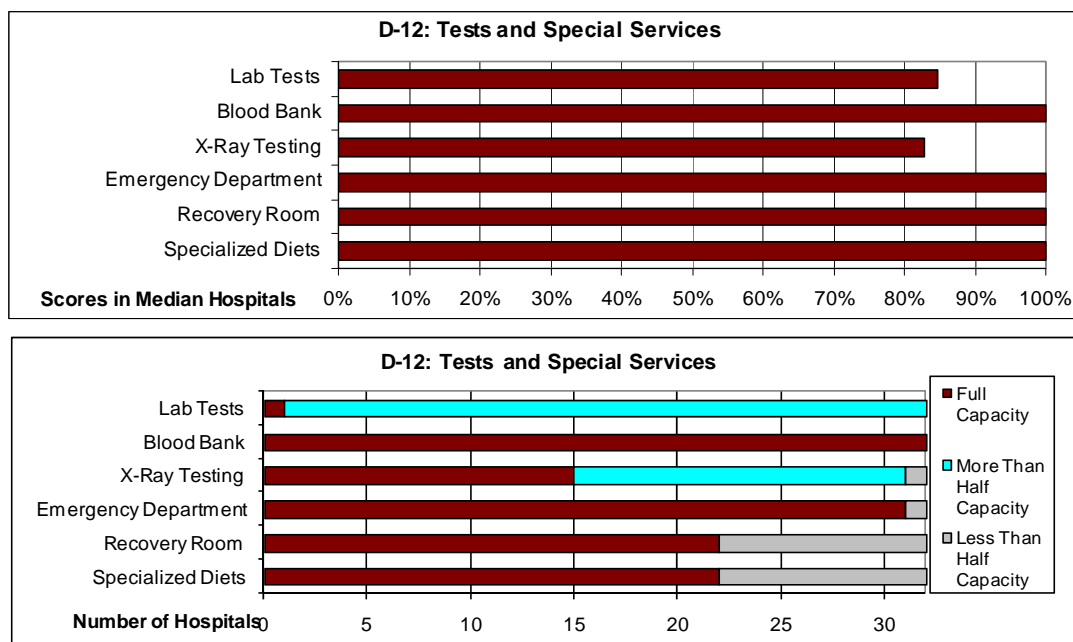
Twenty hospitals reported adequate food storage and separate functional areas within the kitchen. Twenty-one hospitals had a mortuary and of those, 14 had cooling equipment. All hospitals with laundry services had them on site; 29 had laundry every day, 26 had decontamination of linens, and 22 had tailoring. Thirty hospitals had a person who coordinated hospital cleaning services, and thirty had a central storage room, all but one of which could be locked. Twenty-eight facilities were protected from water damage, but only 12 were deemed to be sufficiently clean.

12 Tests and Special Services

This index assesses the diagnostic services available at facilities. They are based on the EPHS standards, provided in Annex 5. Ten hospitals achieved the upper benchmark, with a highest score of 96.8 in Badakhshan, Baghlan and Kunduz. Six hospitals were below the lower benchmark; the low score was seen in Farah at 54.8. Twenty-two were above 2007's median of 73.3. Fourteen hospitals improved compared to 2007; eight had a decline. Details for provincial hospitals are in Annex 11.

Only Bamyan was able to perform all required laboratory tests at the time of the survey; the rest could perform at least half of what was expected. All blood banks could perform a blood group and cross match. Only 14 could perform all the x-ray procedures required in radiology, but all except one could perform more than half of what was expected.

Thirty-one of the emergency rooms had 24 hour coverage with a physician on call and nurse on site. Twenty-two had a recovery room, and 22 could provide specialized meals under the supervision of a dietitian.



Of the hospitals that performed above the median, all could provide required blood bank testing, and had 24 hour emergency room staff coverage, a recovery room, and specialized diets. They provided about 82% of required lab testing, and 83% of recommended radiology exams.

• D5: Activities

This sub-domain has two indices, which refer to the system of coordination and communication among providers regarding patient care, and ability to isolate patients on the wards.

D5: Activities	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-13: Organization of Clinical Activities	33.3	98.9	100	100	100
D-14: Isolation of Patients	0	0	16.7	100	100

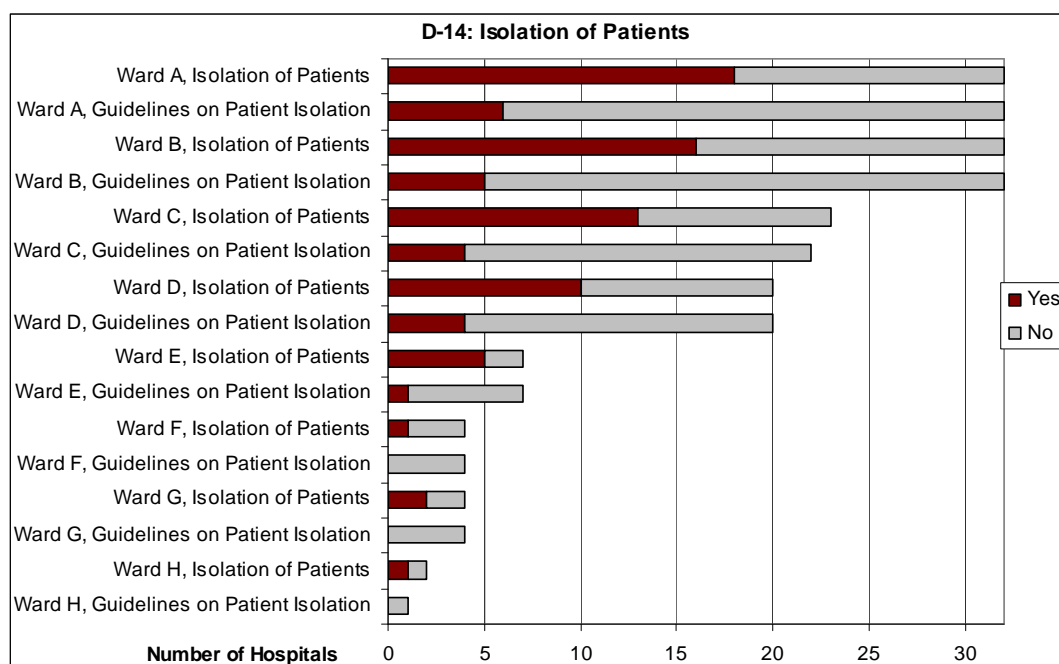
13 Organization of Clinical Activities

Communication among providers is an important aspect of patient care. This index evaluates for morning reports and meetings among physicians and nurses. This domain was skewed, with 29 hospitals scoring 100. Three scored below the lower benchmark of 98.9. The lowest score was 33.3, in Panjsher.

All hospitals, except Panjsher, Farah, and Ghazni, had morning nurses meetings daily. In all hospitals except Farah and Panjsher, all physicians surveyed were aware of a morning meeting. Only two hospitals received higher scores in 2008 than in 2007 for this index, but most had already achieved the highest possible score in 2007. Two hospitals received lower scores.

14 Isolation of Patients

The isolation of patients for infectious disease is an important function on the wards to prevent spread of disease. Guidelines assist with consistent application of recommendations and maintenance of quality care. This index was modified from round one in 2007. Previously, this score was based on three wards that had pediatric, medicine and surgical patients regardless of the actual number of wards present. This year, each ward was assessed for their ability to isolate patients, and each contributed equally to the overall score.



Provinces did poorly in this index. Only Zabul province achieved a score of 100 (its second year with full marks), placing it alone in the upper quintile. In contrast eight provinces scored zero, placing them in the lower quintile. Twenty-one scored above the median of last year, which was quite low at 16.7. Nine hospitals improved since last year, while 11 had lower scores.

Eight hospitals indicated that they could isolate patients on all wards. Sixteen hospitals could isolate patients on at least half of their wards, and at most, one-third of those had isolation guidelines posted on the wards.

• D6: Staff

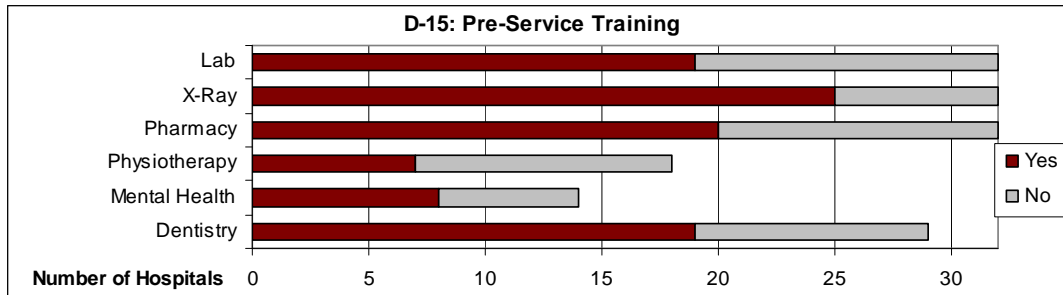
The capacity of health workers to deliver services is related to their qualifications and on-going training, in order to continue to deliver quality patient care. This last sub-domain evaluates training of staff in three areas: type of training for leadership prior to employment, on-going continuing specialty education, and general training of the staff.

D6: Staff	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
D-15: Pre-Service Training	0	40.0	66.7	86.7	100
D-16: In-Service Training	22.2	32.7	49.7	64.4	100
D-17: In-Service Training: General	0	22.3	32.6	66.8	100

15 Pre-service Training

The previous training and qualifications of department heads in lab, radiology, pharmacy, physiotherapy, mental health and dentistry were assessed.

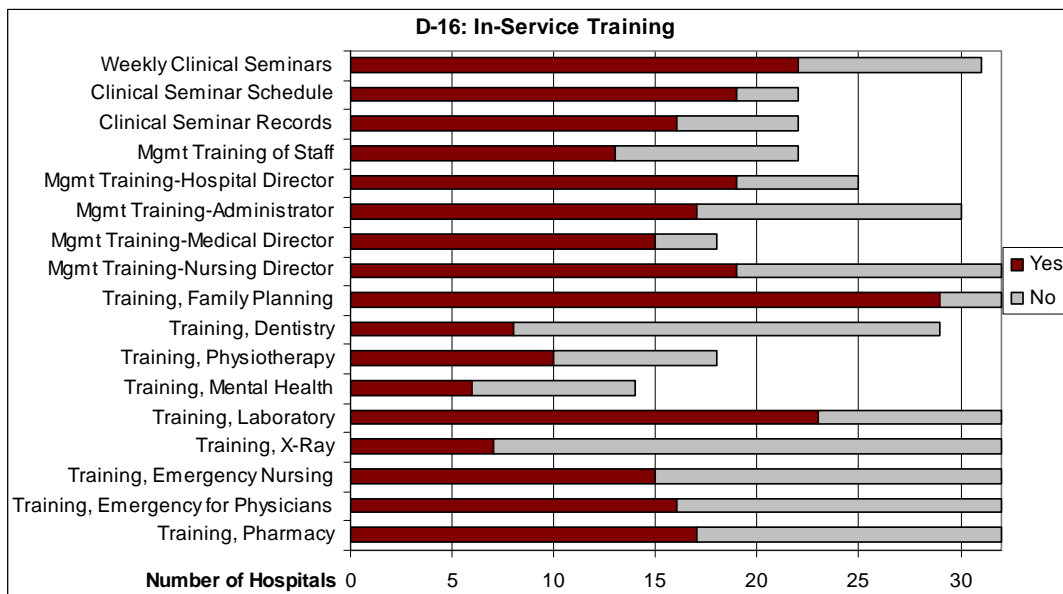
Overall, the performance in this index was lower than in 2007. Only Paktika scored above the upper benchmark of 86.7, with a score of 100. Five scored below the lower benchmark of 40, with a lowest score of zero in Badghis. Only 12 received scores above 2007's median of 66.7. While 10 hospitals had improved scores from the previous round, 13 had lower scores.



Of all the departments evaluated, radiology was the most likely to have a trained person in charge; 25 of 32 provinces had a full-time, qualified technician in the position. Twenty hospitals had a qualified pharmacist in charge of the pharmacy, followed by dentistry and the lab in 19 hospitals. Only seven of 18 hospitals with physiotherapy services had a trained physiotherapist, and only eight of 14 hospitals providing mental health services had a trained psychologist or psychiatrist in charge.

16 Skill-Specific in-service Training

This index evaluates the presence or absence of training of any employees in specific departments. Thirteen hospitals scored above the upper benchmark of 64.4, with Kunduz alone scoring 100. Only three scored below the lower benchmark of 32.7, with a low score of 22.2. Twenty hospitals scored above 2007's median of 49.7; 16 had improved scores for 2008, and nine had lower scores.

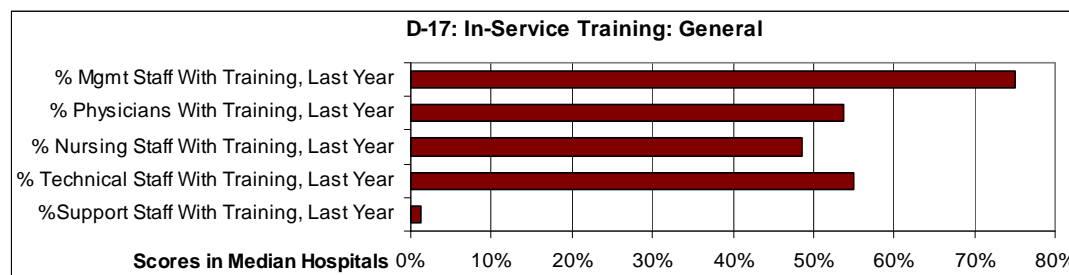


Twenty-two hospitals had a weekly clinical seminar. Of those, 19 had a schedule and 16 had records available for review. Thirteen hospitals indicated they had management training for the filled leadership positions: hospital director, administrator, medical director, and nursing director. The most likely person to have management training was the hospital director, followed by the nursing director, administrator, and lastly the medical director.

When assessing training in specialty areas, staff in 29 of 32 hospitals received training in family planning in the past year. Twenty-three of 32 of hospital labs and 17 of 32 pharmacy departments reported that staff had training. At 10 of the 18 hospitals with a physiotherapy department, staff had received training. In the remaining areas of emergency nursing, emergency training of physicians, mental health, dentistry, and radiology, staff received training in their field of work at half or less of the hospitals surveyed.

17 General in-service Training

This index assesses whether employees had any training in the past year. The proportion of those with training was calculated by job category. These categories included management, physicians, nurses, technical staff and support staff. There was a wide range of scores this year. Seven hospitals achieved the upper benchmark in 2008, with only Takhar receiving full marks. The lowest score was in Panjsher, receiving a score of zero this year. Three hospitals fell below the lower benchmark of 22.3, but 16 hospitals demonstrated improvement in the past year, with only eight receiving lower scores.



The staff group most likely to have received training in the past year was management staff, with fourteen hospitals indicating that all employees in this category received training. For hospitals above the median, about 75% of management staff received training in the past year.

Three hospitals indicated that all their physicians had received training in the past year, with 16 indicating that at least half of the physicians had received training. For hospitals performing above the median, 54% of physicians in hospitals had received training this past year.

At six hospitals, all nursing staff received training; at nine, over half of the nursing staff received training. Above median hospitals indicated that only 49% of their nursing staff had received training in the past year.

Technical staff at five hospitals had training, with 13 hospitals that provided training to over half of the staff. In hospitals scoring above the median, 55% of technical staff were trained in the past year.

Of all categories, support staff had the least training. Only three hospitals had trained all staff, and an additional three had over 50% of support staff who received training in the past year. Of hospitals above the median, less than 1% of support staff had recent training.

• Domain E: Quality and Safety

A hallmark of a well-functioning facility is quality of care and safety. This domain assesses the systems in place for analysis and improvement of care and services, indicators of provider quality, and systems to ensure patient safety. Safety measures include physical safety, as well as chart documentation, and record keeping for drugs. Medical errors can be reduced, and thus patient safety improved, by the use of documentation systems and clinical guidelines.

The 19 indices of Domain E are divided into three sub-domains:

E1: Quality, Enabling Environment

1. Quality Improvement Committee
2. Quality Improvement Organizational Activities
3. Infection Prevention Committee, active
4. Death Committee, active
5. Written Clinical Practice Guidelines present
6. Completeness of archived Inpatient Records
7. Completeness of active Inpatient Records
8. Completeness of the TB Registry
9. Drug and Supply Record Keeping, complete

E2: Patient Interaction

10. Health Worker Skills
11. Health Worker Communication
12. Length of Consultation
13. Dispensing of Antibiotics
14. Routine Antenatal Care Components

E3: Safety

15. Physical Precautions
16. Security
17. Posted Decontamination Procedures
18. Prevention of Hospital Hazards
19. Prevention of Biohazards

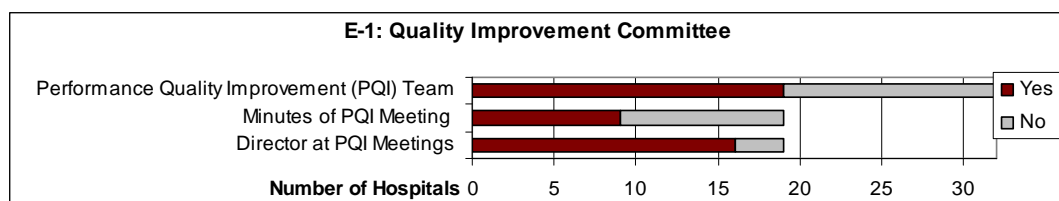
• E1: Quality, Enabling Environment

E1: Quality, Enabling Environment	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
E-1: Quality Improvement Committee	0	0	66.7	100	100
E-2: Quality Improvement Organizational Activities	44.2	57.5	74.2	89.1	98.2
E-3: Infection Prevention Committee	36.9	60.6	75.2	89.8	100
E-4: Death Committee	0	0	0	100	100
E-5: Written Clinical Practice Guidelines	0	13.9	25.0	77.5	100
E-6: Archived Inpatient Records	25.6	54.6	76.4	89.6	100
E-7: Active Inpatient Records, Completeness	27.3	63.3	83.6	92.8	100
E-8: TB Registry	66.7	100	100	100	100
E-9: Drug and Supply Record Keeping	36.1	64.3	78.6	84.8	100

This sub-domain assesses the systems in place that enable quality to be achieved. Self-assessment systems include committees for quality improvement, infection prevention and review of hospital deaths. Quality of care with standardization of care is improved with the use of written clinical practice guidelines, complete standardized patient charts, and systems for tracking and maintaining medications. Adequate follow-up is assisted by up-to-date TB registers and antenatal records.

1 Quality Improvement Committee

Eight hospitals achieved the upper benchmark of 100, indicating that they had a functional performance quality improvement (PQI) team in place. These Hospitals were Ghor,

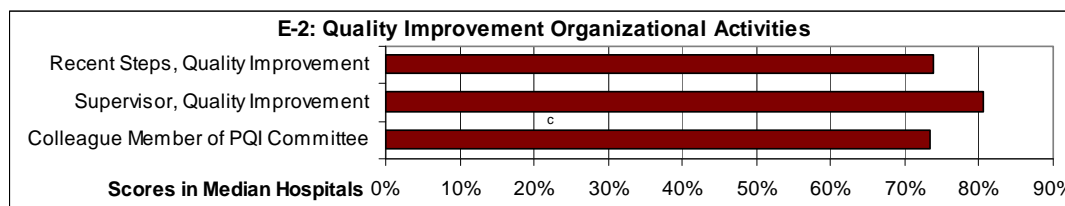


Kandahar, Saripul, Khost, Samangan, Kunduz, Takhar and Parwan. Thirteen were below or at

the lower benchmark, achieving scores of zero. Eight hospitals had higher scores compared to 2007, and seven had lower scores. Only 19 hospitals had a PQI team, and of those, nine had minutes available from the last six months. At the majority of hospitals (16 of 19) the director attended these meetings.

2 *Quality Improvement (QI) Organizational Activities*

This index assesses the staff engagement in QI activities. The information for the index was obtained from staff interviews. Eight hospitals scored above the upper benchmark of 89.1, with a highest score of 98.2 in Paktya. Six hospitals were below the lower benchmark of 57.5, with the lowest score of 44.2 in Farah. Twelve hospitals had increased scores compared to 2007, and eight had lower scores.



In one hospital, all staff interviewed indicated that their departments had taken steps in quality improvement in the last six months. At five, all staff had supervisors that had talked about improving quality services, and in two, all had colleagues who were involved in the quality improvement committee. At hospitals above the median, 74% of employees saw quality improvement activity in the department in the past six months. 81% had supervisors speak about quality improvement, and 73% had a colleague on the PQI committee.

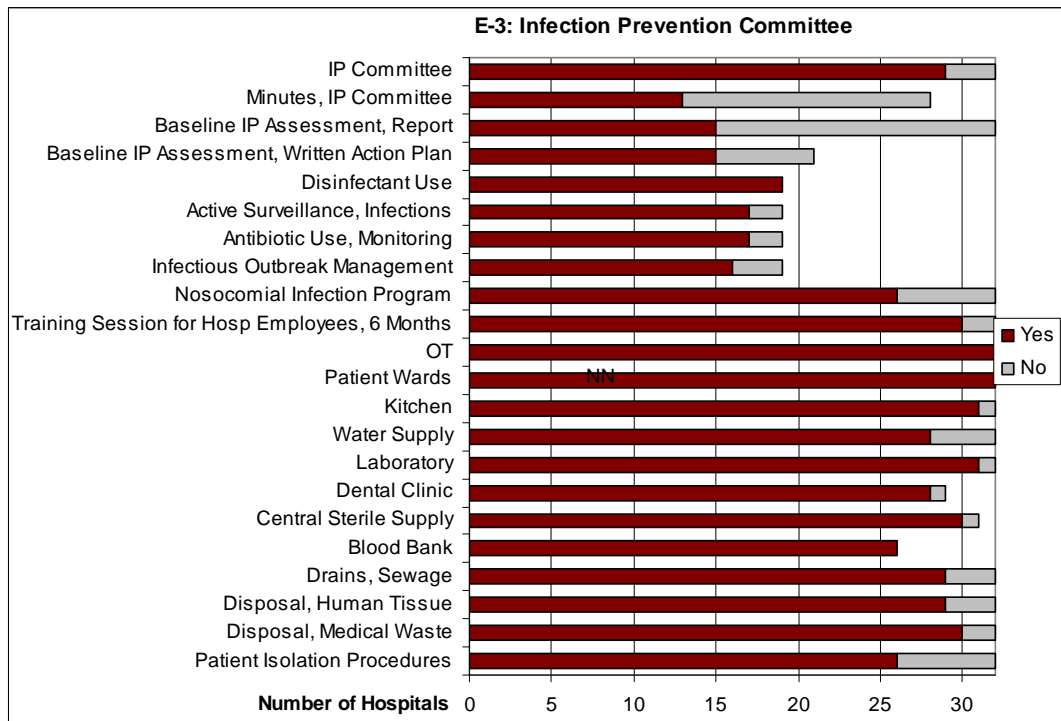
3 *Infection Prevention (IP) Committee*

This index assesses infection prevention systems and activities in place at the hospitals. There are a number of indicators in this index, reflecting the variety of IP activities for effective infection control. Fourteen hospitals performed above the upper benchmark of 89.8, with full points awarded only to Samangan. Only four hospitals fell below the lower benchmark of 60.6; the lowest score was 36.9 in Uruzgan. Twenty hospitals improved compared to 2007; five showed a decline. Twenty-five hospitals received scores above 2007's median of 75.2.

Infection prevention systems include the presence of an IP committee with minutes, assessment, and an action plan. The majority of hospitals (29 of 32) had an IP committee. Of these, 13 had minutes for meetings in the past six months. In just under half, a baseline infection prevention assessment report was available, as well as a written action plan based on this report.

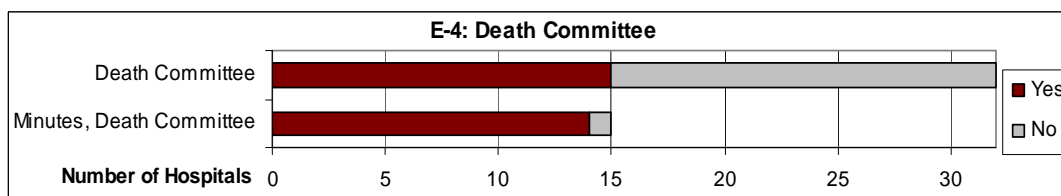
Of the hospitals with an action plan, inclusion of IP activities in the following areas is required: disinfectant use; surveillance of infections and antibiotic use; and outbreak management. All hospitals included disinfectants; 17 of 19 had surveillance of infections and monitoring of antibiotics use; and 16 had outbreak management. Twenty-six hospitals had a plan to control nosocomial infections, and 30 of 32 hospitals had at least one training session in infection prevention for employees.

IP activities should cover a number of departments simultaneously for effective prevention. The majority of hospitals had programs in place for most areas. All hospitals had programs in place in the operating theatre and patient wards, and the blood bank, if available. The area least likely to be addressed was related to patient isolation procedures, not surprising, considering the limited ability in many hospitals to isolate patients on wards, as seen in Index D-14.



4 *Death Committee*

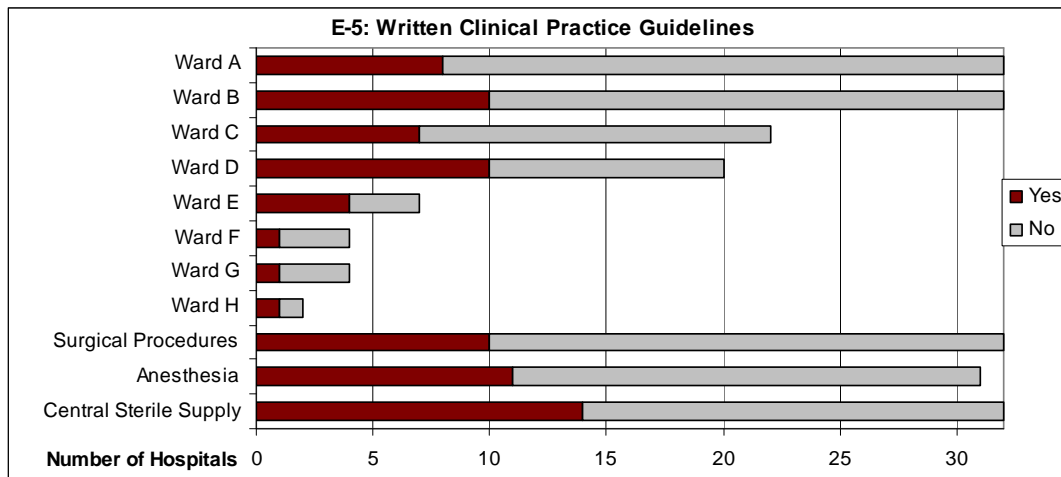
Death committees review deaths at hospitals; they are another important component of quality improvement. Review of cases allows for identification of trends, medical errors, or system-related issues contributing to patient care issues. Fourteen hospitals received scores of 100, indicating that they had a functional death committee, and that minutes of meetings were available. However this indicates that less than half of hospitals had a system in place for regular review of deaths. Seventeen hospitals received no marks, and only one hospital received partial marks. Nine hospitals showed improvement, with implementation of the above, while two had lower scores.



5 *Written Clinical Practice Guidelines*

The regular use of written clinical practice guidelines decreases variability in the execution of medical and surgical procedures and improves quality of patient care. This index assesses for the presence or absence of these guidelines on the wards, operating theater and central sterile supply. Points were given for each ward, thus some hospitals could be awarded up to eight points if they had eight wards. Last year, points were given for patient care type—pediatrics, medicine, surgery and maternity. If it was unclear whether clinical practice guidelines were available, hospitals were given the benefit of the doubt; they were not penalized, and the indicator was not included in the final score.

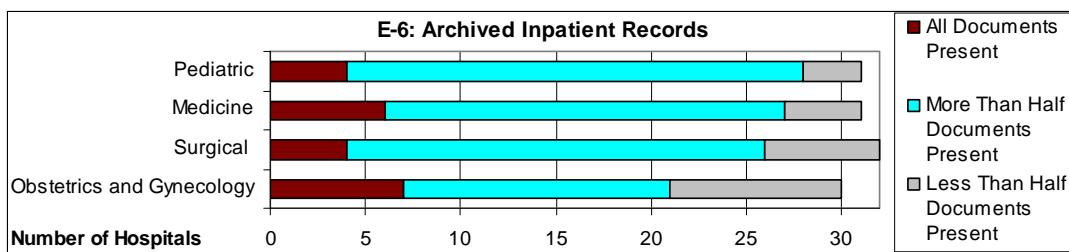
Only four hospitals achieved scores above the upper benchmark of 77.5, with a high score of 100 in Zabul, Badakhshan and Takhar. Twelve hospitals received scores below the lower benchmark of 13.9, with 11 receiving scores of zero. Ten had improved scores in comparison to 2007, while 13 had lower scores.



Five hospitals had clinical guidelines available on all wards; these were Zabul, Badakhshan, Takhar, Baghlan, and Samangan. Eighteen hospitals had none on any wards. Ten of 32 hospitals had guidelines for common surgical procedures; 14 of 32 central sterile supply areas had posted protocols of receiving used materials, and 11 had guidelines for anesthesia of common surgical procedures.

6 Archived Inpatient Records

A complete patient record is an aspect of quality care. This index assesses the completeness of archived records by type: pediatrics, medicine, surgery and obstetrics/gynecology. Two records of each type were randomly selected for review. Components of a complete medical record are: the admission form, history and physical, daily doctor's progress note, vital signs, daily nurse's note, medication record, lab and other reports, and a discharge note with patient instructions.



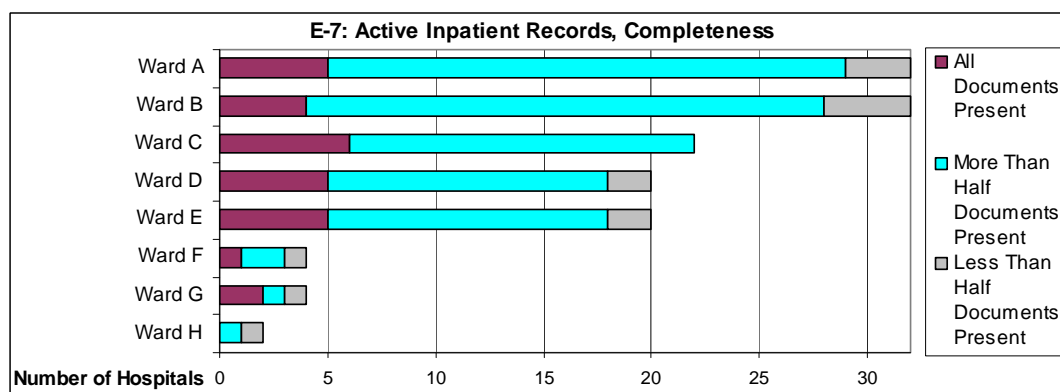
Nine hospitals scored above the upper benchmark of 89.6, with Baghlan and Kunduz scoring 100. Eight had scores below the lower benchmark of 54.6, with a lowest score of 25.6 in Farah. Nineteen scored above 2007's median of 76.4; 14 improved their scores compared to 2007; and nine had lower scores.

Only four of 31 hospitals with a pediatric ward had complete records for pediatric charts, with an additional 24 hospitals having charts that were more than 50% complete. The median score for pediatric charts was 86%. Six of 31 hospitals keeping medical records had medical charts that were complete, with 21 additional hospitals with incomplete charts. Four of 32 had

complete surgical charts, and seven of 30 hospitals with obstetrical records had complete obstetrics and gynecology charts. Median scores were 89% and 75%, respectively.

7 *Active Inpatient Records*

Active inpatient charts were also assessed for completeness. The components checked were: the admission form, history and physical examination, doctor's progress note, nurse's progress note, medication record, and lab results. In addition, the use of activity-specific notes was also assessed for surgical, post-operative and maternity patients. Two charts per ward were assessed, rather than by patient type (pediatrics, medicine, surgical or obstetrics), as was done last year. It is worth noting that assessment of the outpatient record is not included as a part of the scorecard.

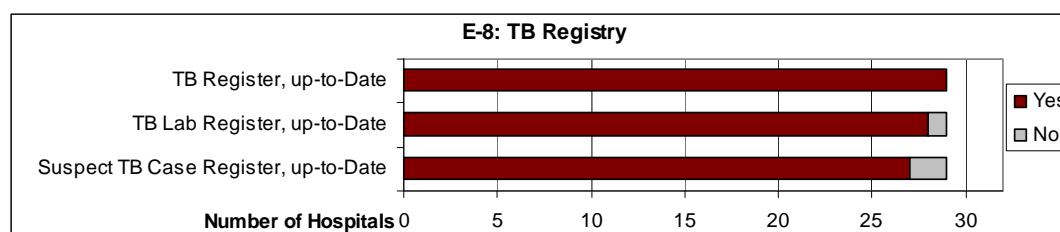


Six hospitals achieved the upper benchmark of 92.8, with Badakhshan, Baghlan, and Kunduz each scoring 100, indicating that all charts were deemed complete at the time of the survey. Seven scored below last year's median of 83.6. Eight hospitals had improved scores over last year, and eight had scores below the lower benchmark of 63.3, with a low score of 27.3 in Nimroz. Sixteen hospitals' scores were above those of last year, and eight had lower scores.

Median scores for wards ranged from 47% to 93% chart completion. The components most commonly present were the physician's daily notes and lab results, at 97% and 88%, respectively, of all charts examined. The components most commonly lacking were nursing notes, seen in only 46% of all charts.

8 *TB Registry*

The distribution was skewed in this index, with 26 hospitals achieving the upper benchmark and full marks. Three hospitals scored in the bottom quintile; these were Jawzjan, Paktika, and Panjsher, all scoring 66.7. The 29 hospitals that had TB services all had an up-to-date TB register. Of these, 28 had an updated TB lab register, and 27 had an updated suspect TB case register.

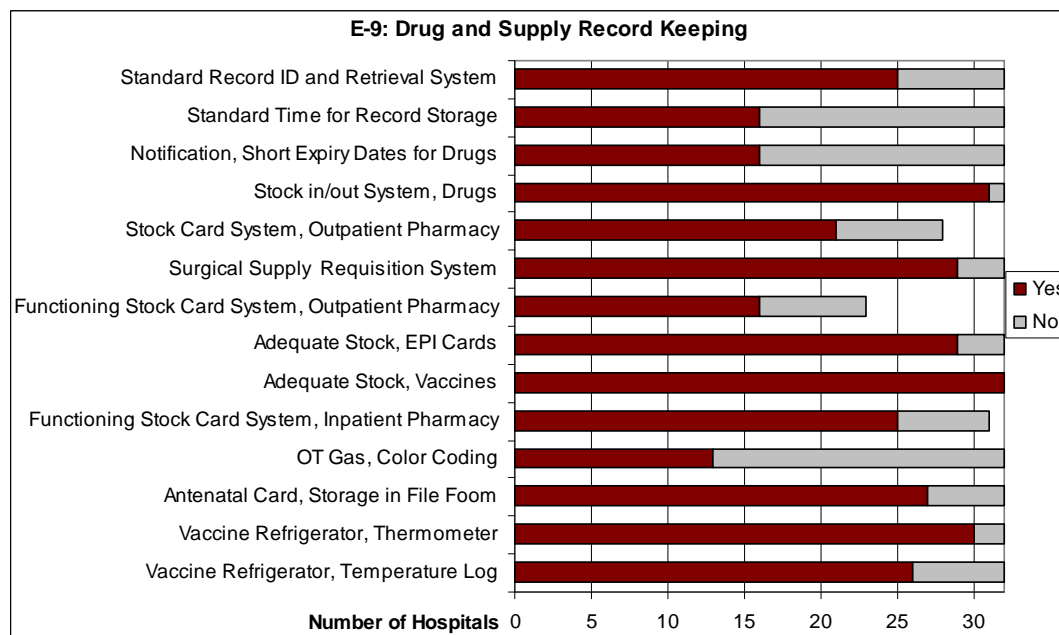


9 Drug and Supply Record Keeping

Available and adequate amounts of supplies are necessary for continued provision of services. This index covers the systems in place for tracking medication quantities and expiration dates, supplies, and record keeping in the pharmacy, EPI and OT. Thirteen hospitals scored above the upper benchmark, with six achieving full points. Seven were below the lower benchmark, with a lowest score of 36.1 in Daykundi. Sixteen facilities had improved scores compared to 2007, and 11 had lower scores.

Indicators related to medical records include identification, retrieval, and length of storage. Twenty-five hospitals had a standard system for uniquely identifying and retrieving each chart. Sixteen had a standard length of time for storage.

Out of 28 outpatient pharmacies, 21 had a stock card system. Of those with a functioning stock card system, sixteen accurately reflected the amounts of medication present in the pharmacy on the day of visit. Thirty-one of 32 hospitals indicated that they had a stock in/out system for daily dispensing of medications. Twenty-five of 31 hospitals with an inpatient pharmacy had accurate stock card systems, determined from the review of three cards at the time of the survey.



• E2: Patient Interaction

E2: Patient Interaction	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
E-10: Health Worker Skills	39.7	54.7	60.3	68.3	73.5
E-11: Health Worker Communication	22.3	36.0	49.3	57.2	75.2
E-12: Time of Consultation	0	0	8.3	16.7	70.8
E-13: Dispensing of Antibiotics	0	0	0	100	100
E-14: Routine Antenatal Care	66.7	93.3	100	100	100

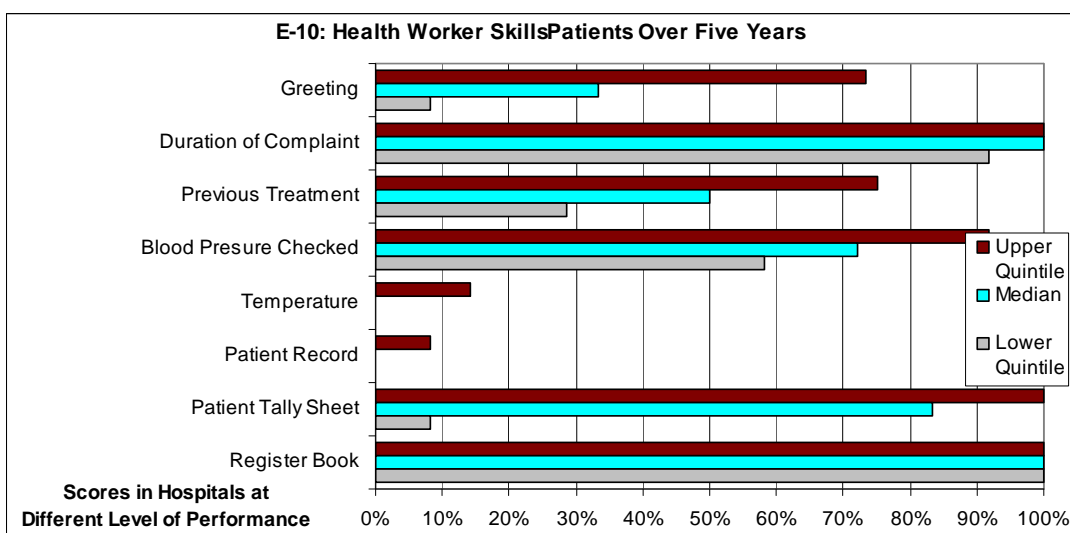
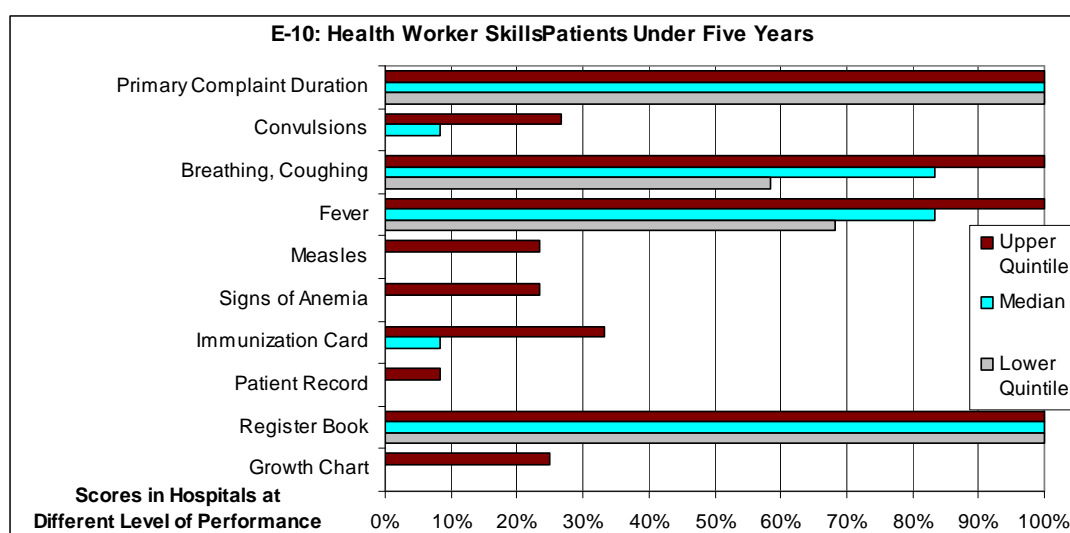
Quality is also related to the components of a provider's interaction with patients. This next sub-domain is based mainly on direct observation of provider-patient interactions by the survey team. Twenty-four observations and interviews were performed; 12 of patients under five years of age and 12 of patients over five years of age. Indicators of provider quality are related to adequacy of skills, communication, and the length of consultation. Indicators of

facility quality include the percentage of total prescriptions that were made for antibiotics the day of the survey, and components of routine antenatal care.

10 Health Worker Skills

Quality in health worker skills includes: interpersonal skills, thoroughness of history taking, completion of paperwork, assessment for other medical problems, and a physical exam. Thirty-seven questions contributed to this index. These skills are assessed by observation of interactions and interviews of up to 12 outpatients under-five and up to 12 outpatients over-five. (See Annex 13a and 13b for details).

Most scores were clustered in the mid-range, with the majority between 45 and 70. Only three hospitals achieved the upper benchmark of 68.3, with a high score of 73.5 in Baghlan. In contrast, eight hospitals were below the lower benchmark of 54.7. The lowest score was 39.7 in Farah. Fourteen were above the 2007 median of 60.3. Eleven hospitals had higher scores in 2008 as compared to 2007, and 11 had lower scores.



Questions most commonly asked by the provider were the nature of the chief complaint, the age of the patient, duration of the chief complaint, and some component of a physical exam.

These measures were high for all ages. In addition, health workers consistently documented patient encounters in the OPD registers.

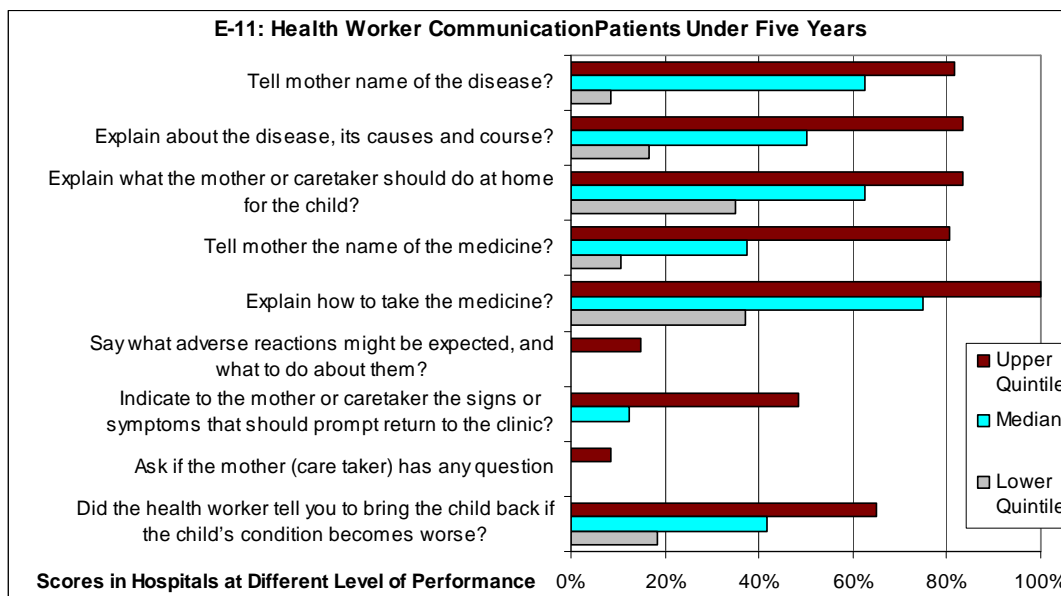
In addition, among upper quintile hospitals, questions consistently asked by providers were in regards to fever and coughing among under five patients. Among over five patients, the majority had their blood pressures checked. In both age categories, health workers were consistent in marking tally sheets for patients.

The areas or questions overlooked globally were: checking for convulsions, measles, and anemia for under fives; checking immunization cards for children; assessing the growth of children; checking the temperature if fever is a complaint; and completion of the patient record regardless of age.

Areas more likely to be addressed in upper quintile hospitals in comparison to lower quintile hospitals were: greeting the patient or caretaker, asking about breastfeeding in infants, inquiring about diarrhea, and checking the blood pressure in adults.

11 Health Worker Communication

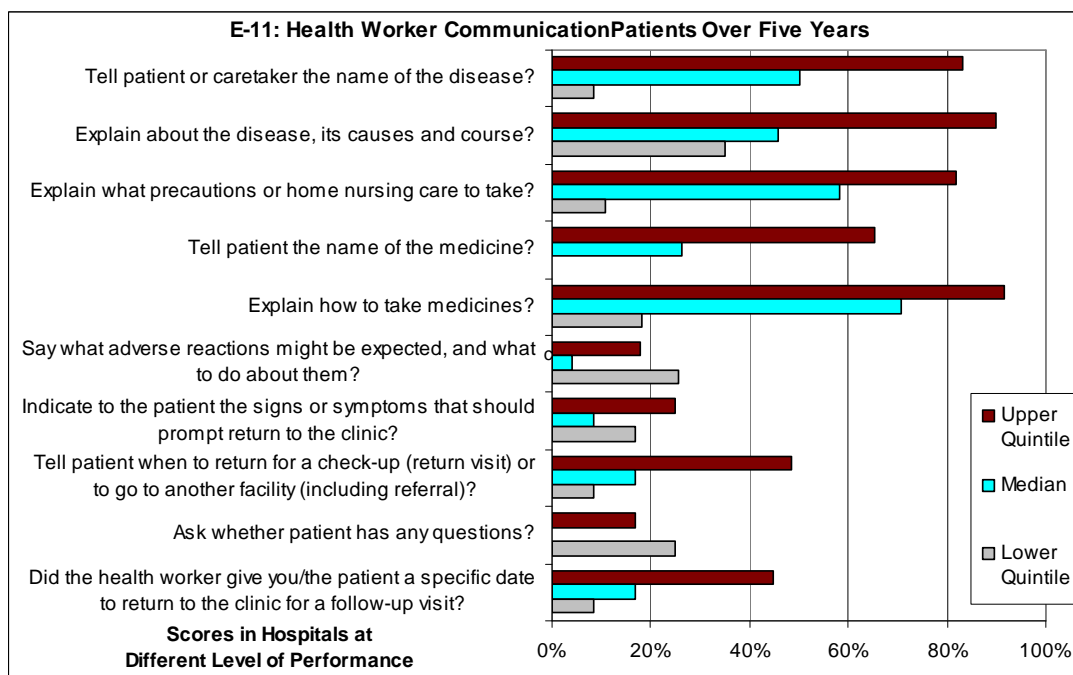
Components of communication include: explanation of the diagnosis, treatment, follow-up, and medication directions and side-effects. (See Annexes 13c and 13d for details.) This index had generally low scores, with over half of provinces scoring below 50%. Six hospitals reached the upper benchmark, scoring above 57.2, and 8 scored below the lower benchmark of 36. Twelve scored above last year's median of 49.3. Six hospitals had improvement in scores over last year, with a decline at 10 hospitals.



Activities consistently performed by the health worker included giving a prescription to the patient. Of those activities, most knew when to give the medication and how much to give. Explanation for how to take medication by the health worker was observed at higher performing hospitals, and rarely at lower performing hospitals.

Health workers at hospitals in the upper quintile hospitals tended to address the following additional areas, regardless of age: information about the diagnosis; what patients or caretakers could do at home; medication name, and instructions. For these areas, there was consistency between what was observed and what the patient or caretaker could recall about the visit.

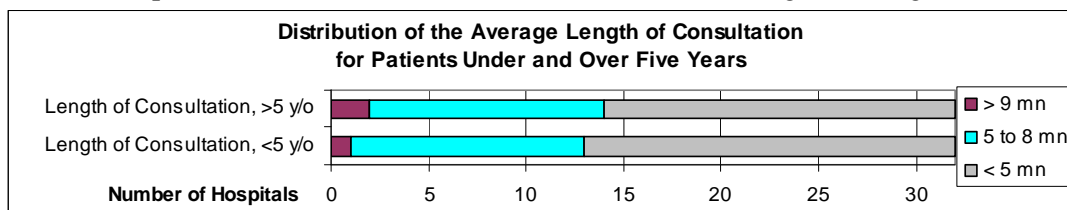
Areas overlooked by health workers in most hospitals included asking if the patient had additional questions; review of medication side effects; and symptoms to prompt return for re-evaluation, especially for over-5 patients.



12 Length of Consultation

The standard used for consultation length is nine minutes. This standard was the same as that used for the health sector Balanced Scorecard in the National Health Services Performance Assessment. Each of the patient encounters was timed; the score is the proportion of encounters that were at or above the standard.

Scores for this index were generally low. Seven were above the upper benchmark, which was set at 16.7. Sixteen were at the lower benchmark of zero, indicating that no observed patient encounters were greater than or equal to nine minutes long. The highest score was 70.8, in Khost. Only ten hospitals scored above the 2007 median of 8.3. Five hospitals had improvement; 10 had a drop in scores. After excluding the top two provinces of Khost and Zabul, all other provinces score between zero and 30, with 22 scoring below eight.

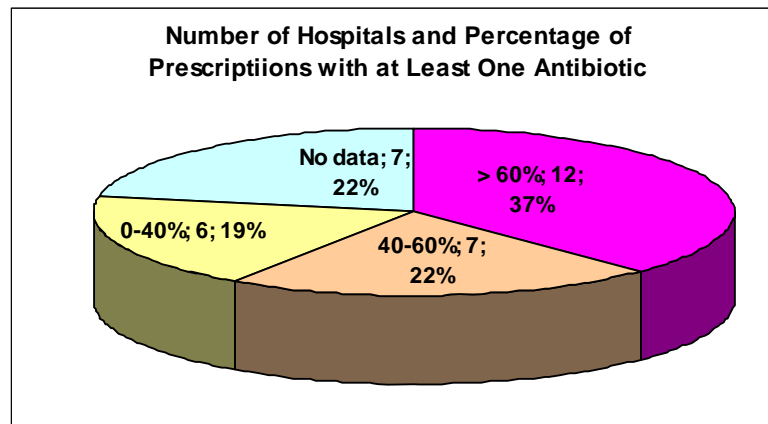


The average length of consultation for patients less than five years of age ranged from a low of 2.92 in Farah to a high of 11.83 in Khost. Most were between four and six minutes long, with a median of 4.79 minutes.

Among patients aged 5 and older, the shortest average consultation time was 2.42 minutes in Badakhshan, and the longest was 12.5 in Khost. 75% of visits observed at Khost were longer than 9 minutes in length. The median length of consultation was slightly longer at 4.92 minutes.

13 Dispensing of Antibiotics

From early Health Management Information System (HMIS) data it was determined that approximately 30% of patient encounters were related to infectious diseases. Thus, the



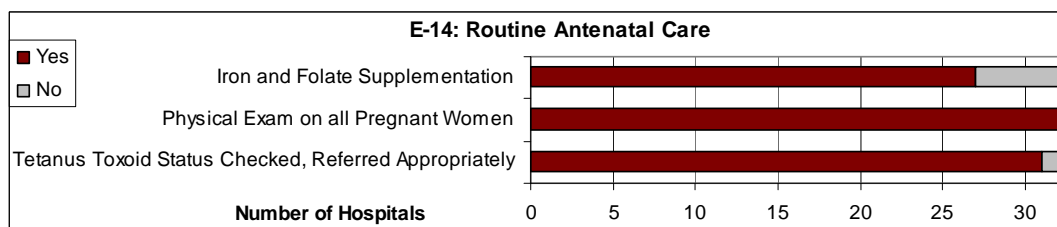
standard used in this index is that less than 40% of all prescriptions should include one or more antibiotics. Full marks were given if the proportion of prescriptions containing one or more antibiotics was less than 40%; partial marks were given if it was between 40 and 45%. No points were awarded if greater than 45% of prescriptions included an antibiotic.

The spread of scores was quite wide, with most hospitals either receiving full marks or none at all. Six hospitals met the upper benchmark of 100%, with seventeen hospitals at the lower benchmark of zero. Seven hospitals had insufficient information and were not scored for this index. The remaining two hospitals had scores of 50. Four hospitals improved their scores since 2007; three had lower scores.

Just over half of the hospitals had less than 60% of all prescriptions containing antibiotics. Paktya prescribed the most antibiotics, which were present in 88% of all prescriptions, while the lowest was seen in Samangan, at 4%.

14 Routine Antenatal Care Components

The components of routine antenatal care include: prescription of iron and folate, a physical exam, and screening for tetanus toxoid immunization. Scores were generally good, indicating compliance with standards for antenatal care. Scores were either 66.7 or 100. Twenty-six hospitals achieved full marks and the upper benchmark for this index. Six were below the lower benchmark.



A physical exam was performed on all women who received antenatal care. Of these, thirty-one hospitals routinely checked the tetanus toxoid status and referred them if needed. Twenty-seven routinely prescribed iron and folate in the past six months.

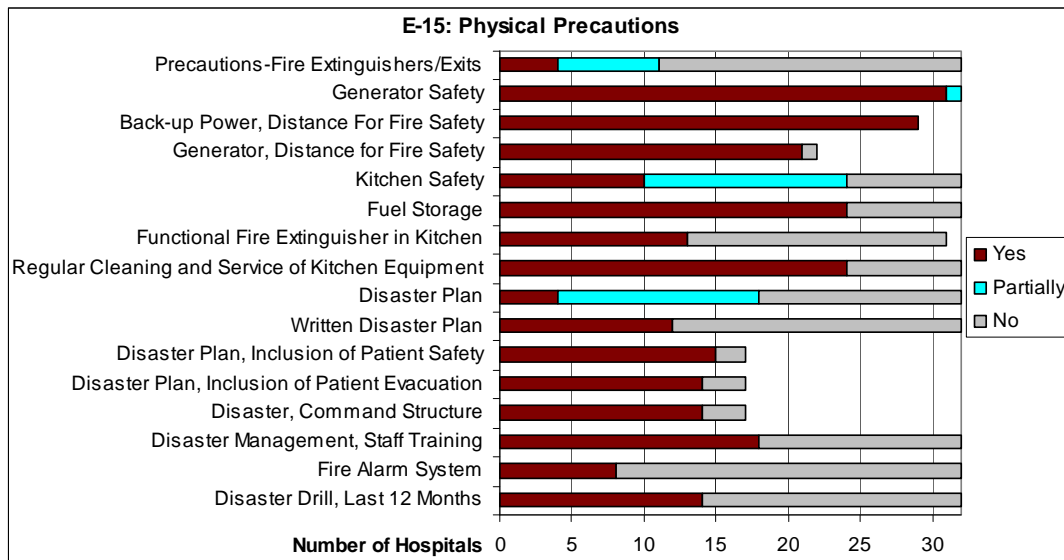
• **Safety**

E3: Safety	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
E-15: Physical Precautions	11.1	20.5	44.2	55.6	100
E-16: Security	20.7	50.9	65.6	76.4	97.3
E-17: Posted Decontamination procedures	0	0	29.2	100	100
E-18: Prevention, Hospital Hazards	21.7	45.0	58.8	80.9	100
E-19: Prevention, Biohazards	52.4	54.1	73.0	90.6	100

Another aspect of safety is physical safety for patients and staff. This sub-domain assesses safety measures in place in the kitchen, in wards, and in other patient care areas, as well as plans in case of disasters. An aspect of safety particular to hospitals is the prevention of hospital and biohazards with the use of procedures, preventive measures, and proper disposal methods. Lastly, security measures are assessed, which include policies, staffing, communication, and perceptions by the staff and patients.

15 *Physical Precautions*

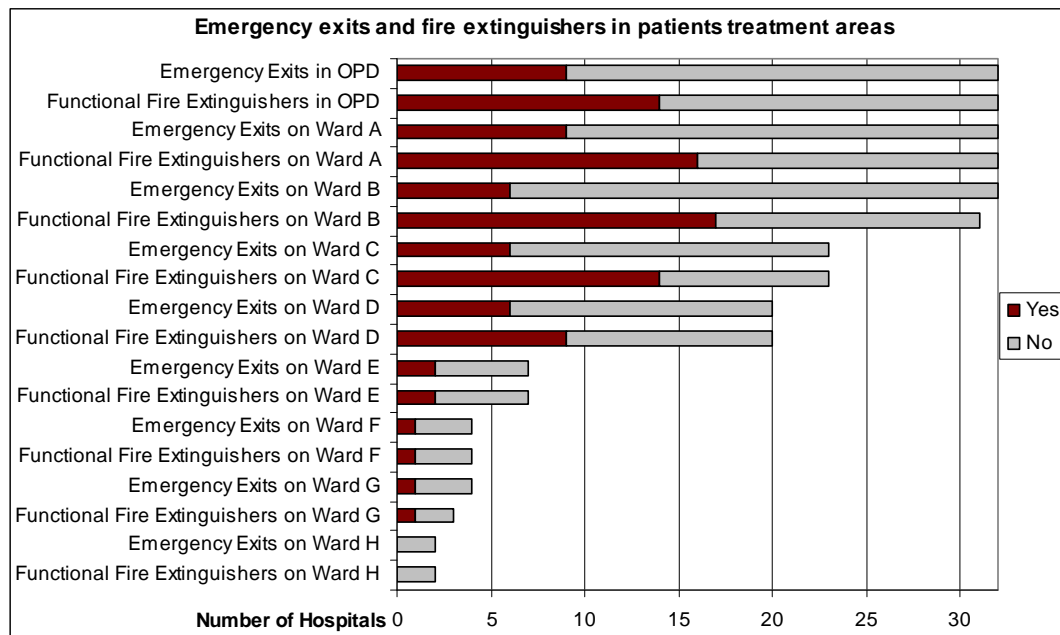
This index addresses plans and structures in place for emergencies related to fires, natural disasters, and other threats to physical safety. Emergency preparedness is an important aspect of safety for both staff and patients. Physical precautions assessed include emergency exits in patient care areas, fire extinguishers and fire safety, disaster plans, and adequate placement of generators from the hospital. In a change from round one in 2007, safety was assessed for each ward present; these measures included emergency exits and fire extinguishers.



Twelve hospitals exceeded the upper benchmark of 55.6, with a highest score of 100 in Takhar and Kunduz. Two hospitals scored below the lower benchmark of 20.5, with the lowest score of 11.1 in Ghazni. Seventeen hospitals score above last year's median of 44.2. Seventeen hospitals had improved scores compared to 2007, while eight had lower scores.

At all hospitals but one, the generator and the backup generator, if present, were at a safe distance from the main building for fire protection. Only 10 hospitals fulfilled the three indicators for kitchen safety; an additional 14 received partial points. Most commonly, kitchens had fuel stored in a safe manner, and 24 had regular maintenance and cleaning of the equipment. Less than half of the facilities surveyed had a functional fire extinguisher at the time of the survey.

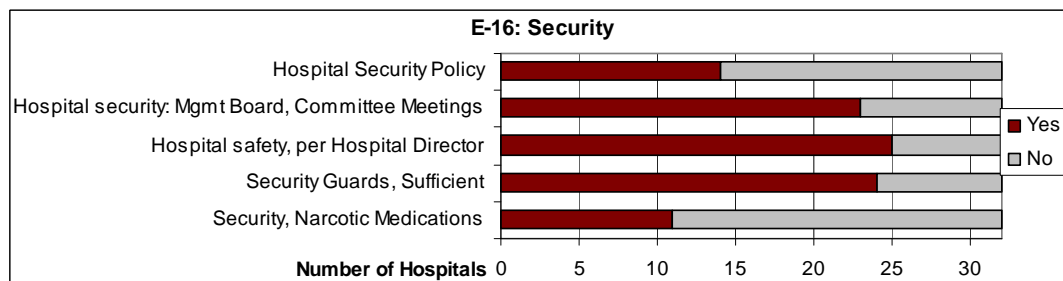
Only four hospitals had functional fire extinguishers and fire exits on all the wards and the OPD. An additional seven hospitals received partial points. Hospitals were more likely to have functional fire extinguishers rather than fire exits. Only eight hospitals had a fire alarm system.



Seventeen hospitals indicated that they had a written disaster plan, but only at 12 was it available for review at the time of the survey. Of the seventeen, 15 included patient safety, 14 addressed patient evacuation procedures, and 14 gave details of a command structure in the event of an emergency. Eighteen hospitals indicated that they had staff trained in disaster management, and fourteen had a drill in the last year.

16 Security

Security is a concern on the part of administration, general staff and patients. This can affect access, working conditions, and quality of care. Security protocols, staffing, and perceptions of safety by staff and patients were evaluated in this index. Twelve provinces were above the upper benchmark of 76.4, while six scored below 50.9, the lower benchmark for this index. The highest scoring province was Badakhshan with 97.3; the lowest was seen in Nimroz, at 20.7. Thirteen hospitals had improvement in scores since 2007; nine had lower scores.



At 25 of 32 sites, the hospital director stated that their hospital was safe from external violence. At 24 hospitals, the administration felt that there were a sufficient number of security guards to protect the hospital. Twenty-three hospitals indicated that security was regularly discussed by the management board. However only 14 of 32 hospitals indicated that they had a formal hospital security policy, seen at the time of the survey.

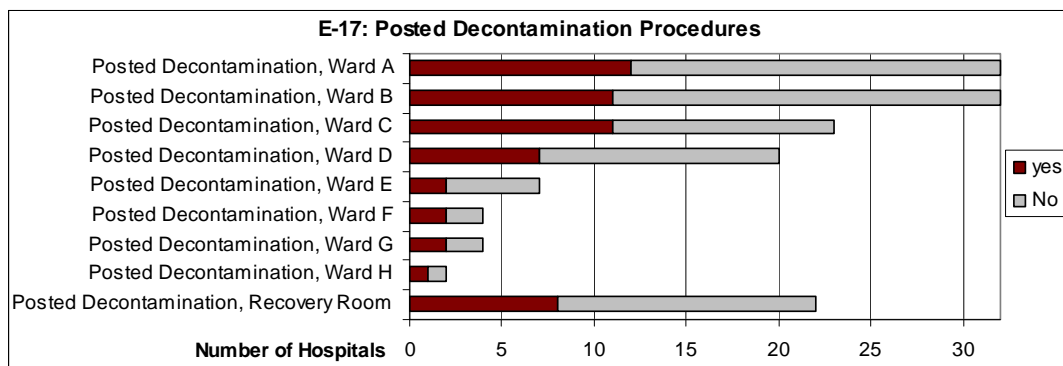
The spread of scores for staff perception of safety was wide, ranging from 31% in Helmand to 100% in Samangan. The median score was 78%. Only in Samangan did all staff surveyed unanimously feel that their facility was safe, allowing them to do their jobs properly. In contrast 68% of their patients surveyed felt safe, well below the median of 79%.

Between 61% and 94% of inpatients perceived the hospital to be safe, with the majority scoring between 74% and 86%. This question was not asked of outpatients.

Surveyors determined that the security of narcotic medications was adequate at 11 of 32 hospitals. Security included restricted access to and locking of narcotic medications.

17 *Posted Decontamination Procedures*

Decontamination procedures allow for consistency in how biological spills are cleaned, for the protection of patients, their caretakers and staff. Points were given for the posting of decontamination procedures in each ward and in the recovery room. Scores were generally low. Although six hospitals achieved the upper benchmark of 100, 14 had scores of zero. Nineteen hospitals scored below the 2007 median of 29.2; eight had improved scores; and ten had a decline.



Seven hospitals had decontamination procedures posted on every ward: Logar, Badakhshan, Takhar, Baghlan, Kunduz, Paktika and Bamyān. Thirteen lacked procedures on all wards. Eight of 22 hospitals with a recovery room had posted decontamination procedures in them

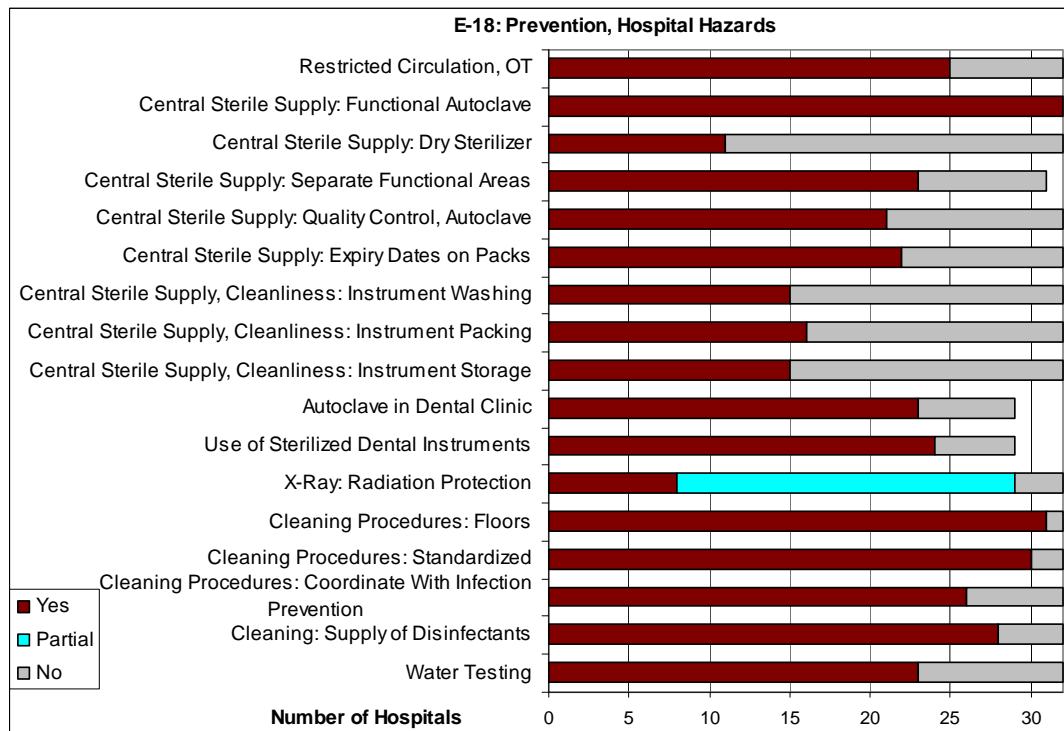
18 *Prevention of Hospital Hazards*

The activities of a hospital predispose it to biologic and other hazards. A coordinated and consistent system for decreasing hazards and maintaining sterility and safety can minimize this. Aspects assessed are related to cleaning, water safety, sterilization, operating theatre access, and x-ray protection. Fourteen hospitals scored above the upper benchmark of 80.9, with full marks awarded to Logar, Baghlan, Kunduz, and Kandahar. Four were below the lower benchmark of 45, with the lowest score in Daykundi at 21.7. Eighteen had higher marks in 2008, while six had lower marks.

All hospitals had a central sterile supply with a functional autoclave, and 11 had a dry sterilizer. Twenty-three hospitals had separate sites for receiving, washing, sterilizing and storing equipment, and 21 hospitals' quality control was measured in the past six months. Twenty-two had clearly labeled expiration dates on sterilized backs. Cleanliness of different sections of the Central Sterile Supply was determined to be adequate by the survey team in 15 to 16 of the hospitals.

Eight hospitals had adequate radiology protection, which included an insulated room, protected x-ray operating area, and personal protection for staff and patients. Another 22 hospitals received partial points.

Cleaning procedures were standardized at 30 of 32 hospitals, and in 26 facilities were coordinated with the infection prevention committee. At 31 hospitals, floors were cleaned daily with a disinfectant, and in 27, there was a six month supply of disinfectants in storage.



Restricted circulation in the operating theatre maintains the cleanliness and integrity of the surgical area. Twenty-five of 32 hospitals had restricted circulation to their operating rooms. Only 23 facilities had tested their water for contamination in the past six months.

19 *Prevention of Biohazards*

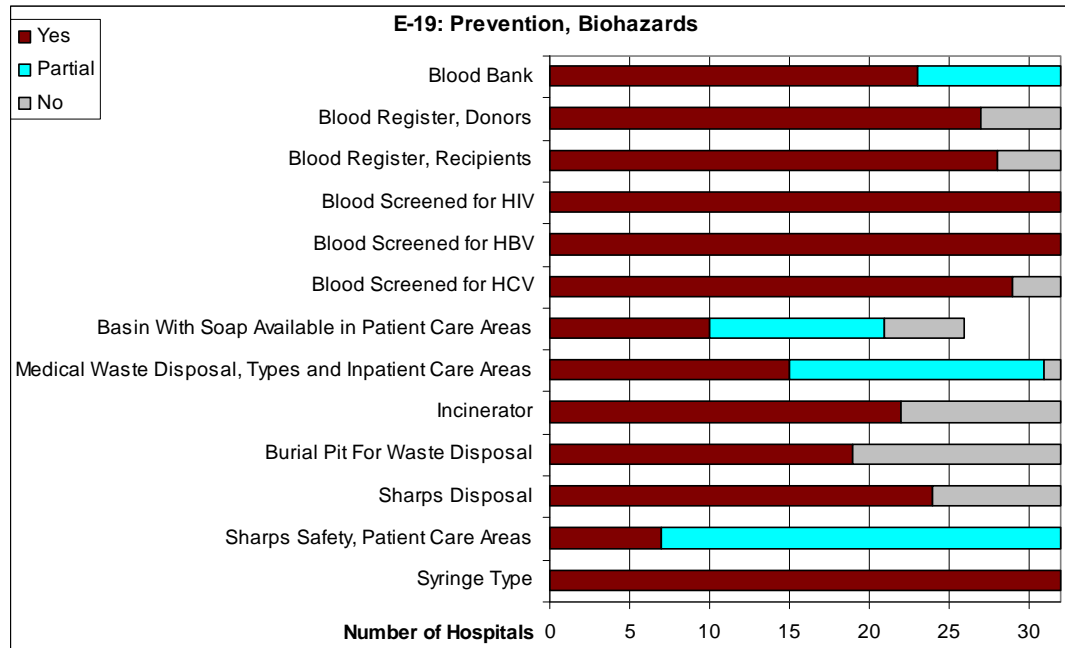
Factors are assessed related to ability to practice universal precautions and protect patients and staff. These include screening of blood, disposal of waste, use of syringes, and availability of a basin and soap. In a change from 2007, this index assesses the adequacy of each ward; its treatment room and corresponding ICU in waste disposal; syringe disposal and use; and basin and soap. Each area is given equal weight in the overall score. Scores in this index ranged from 52.4 to 100. Nine scored above the upper benchmark of 90.6. Kunduz alone achieved full marks in this index; Badghis was the sole province below the lower benchmark. Fifteen hospitals had improved marks in this area; six had a decline.

Twenty-three hospitals received full points related to blood bank activities, and the remaining received at least 50%. Twenty-seven had a register for blood donors, and 28 had a corresponding register for recipients. All hospitals screened blood for HIV and hepatitis B, and 29 screened for hepatitis C.

Only 10 hospitals had a basin with soap available in all ward procedure rooms and ICU areas, with another 11 hospitals fulfilling this in at least 50% of designated areas.

Fifteen hospitals received all points for indicators related to medical waste management and disposal. For almost all sites that had a procedure room or ICU, there was an available separate container for medical waste. Twenty-two hospitals had a functional incinerator.

Nineteen used a burial pit for waste disposal, and 24 had sharps disposal that was deemed to be adequate.



All hospitals were using disposable syringes. The presence of an appropriate sharps container and a chlorine solution to soak syringes was present in all patient care areas of seven hospitals. These areas included all wards, ward procedure rooms, ICU, EPI, and the recovery room. The remaining hospitals had over 50% of the requirements in designated areas; the median score for this indicator was 71%. The more prevalent deficiency was the omission of chlorine solution in patient care areas.

• Domain F: Functionality

This domain evaluates the hospital activity related to providers. This allows for a measure of comparison between facilities and within facilities over time. It is important to note that these calculations are based on hospital records of activity over a six month period, when available, and an actual bed count at the time of the survey. This information was obtained from the hospital director and hospital records. The bed count was obtained from an actual count by the surveyor at the time of the survey.

Measurements in Domain F are:

- | | |
|--|-------------------------------|
| 1. Doctor to Bed Ratio | 6. Delivery per Midwife Ratio |
| 2. Nurse to Bed Ratio | 7. Surgery per Surgeon Ratio |
| 3. Bed Occupancy Rate | 8. Caesarean Section Rate |
| 4. Inpatient Admission to Doctor Ratio | |
| 5. Outpatient Consultation to Doctor Ratio | |

1 Doctor to Bed Ratio

This measures the number of physicians per number of counted beds in the hospital. The number of physicians was provided by the hospital director. The standards are presented by hospital type in the MOPH document on “Essential Hospital Services.” Sections of this document that are related to the recommended staffing levels are presented in Annex 3.

The range is quite wide, from 0.08 to 0.69 overall, but is narrower than in 2007. The median was 0.25 this year, down slightly from 2007's median of 0.28. The medians between rounds for provincial and district hospitals were lower than the previous year, but had increased among the regional hospitals. The median increased in regional hospitals; it was 0.5 this year, compared to 0.39 in 2007. In comparison to last year, seven hospitals had ratios that were 10% higher, while 15 had ratios that had decreased by 20%, and two decreased by 10%.

Domain F: Functionality	National Minimum	Median	National Maximum
Total Inpatients/Month	99	479	3826
Total Outpatients/Month	1141	4471	11650
Total Deliveries/Month	27	149	1180
CS rate	0%	7%	15%
Total Surgeries/Month	16	78	1025
Physicians per Bed	0.08	0.25	0.69
Nurses per Bed	0.20	0.38	0.91
Inpatient Admissions/MD	8.8	20.8	62.2
IP Admissions/Bed	25.1	66.7	192.6
Bed Occupancy Rate	26%	59%	97%
OPD Consultations/MD	15.4	240.3	1053.1
Surgeries/Surgeon	8.1	53.7	581.0
Deliveries/Midwife	3.0	29.4	68.6

2 Nurse to Bed Ratio

This measures the number of nurses per number of counted beds in the hospital. The number of nurses was provided by the hospital director. The standards are presented by hospital type in the MOPH document on “Essential Hospital Services.” Sections of this document that are related to the recommended staffing levels are presented in Annex 3.

The range of 0.20 to 0.91 nurses per bed, with a median of 0.38 is quite wide. The median scores decreased among all hospital types. Seven hospitals had ratios at least 10% higher than last year; nine had a decreased nurse to bed ratio by 20%; and seven had a 10% decrease. As with physicians, higher nursing ratios were seen in the regional hospitals.

3 Bed Occupancy Rate (BOR)

The percentage of beds occupied is an indicator of hospital function. This calculation is derived from an actual count at the time of the survey; the number of beds and number of occupied beds were counted by the surveyor. It is important to note that this rate will vary for many reasons, and that this measurement is taken at only one point in time. All hospitals require some excess capacity to allow for sudden increases in patient admissions from disasters or disease outbreaks.

The range for the bed occupancy rate was 26 to 97%, seen in Logar and Ghor, respectively. The overall median was 59%, down from the 2007 median of 66%. The median rate at regional hospitals was 71%—higher than that seen at provincial and district hospitals, with rates of 60% and 51%, respectively. Sixteen hospitals had lower rates by at least 10% compared to 2007, while two had increased their rates by 10%, and four had increased them by 20%. Compared to 2007, median BOR decreased across all hospital types, with the greatest drop seen among district hospitals.

4 Inpatient Admission to Doctor Ratio

This index assesses the inpatient workload of physicians per month. The numbers for this calculation were taken from hospital records and from the hospital director. Inpatient

admissions over six months were used preferentially in the calculation. This ratio will vary depending on the time of year and other local circumstances.

The admissions per doctor per month ranged from 8.8 in Balkh, to 62.2 in Farah, with a median of 20.8. The median ratio was highest in district hospitals, followed by provincial and regional hospitals. Compared to 2007, the median increased from 20.5 to 24.6 in district hospitals, while it decreased from 35.7 to 15.4 in regional hospitals. Among provincial hospitals, it remained about the same. While median number of admissions increased among district and provincial hospitals, it actually decreased by almost half among regional hospitals, from 4638 last year to 2425 this year. This may account for the large drop seen in this ratio among regional hospitals.

5 *Outpatient Consultation to Doctor Ratio*

This index assesses the outpatient workload of physicians per month. The numbers for this calculation were also taken from hospital records and from the hospital director. Outpatient consultations over six months were preferentially used in calculation for improved accuracy of data. This ratio will vary depending on the time of year and other local circumstances.

The range was 15.4 consultations per physician per month in Herat to 1053.1 in Wardak. The median was 240.3 across all hospitals, slightly up from last year's median of 230.0. The number of consultations per physician was highest among district hospitals, followed by provincial hospitals, and then regional hospitals, with medians of 448.9, 152.9 and 57.6, respectively. Eleven hospitals had ratios that were at least 10% lower compared to round one; 14 increased by more than 20%; and one increased by 10 to 20%. In the last year, ratios increased for all three hospital types, with the greatest increase seen in district hospitals, with an additional 80 outpatient consultations each month.

6 *Delivery per Midwife Ratio*

This indicator shows the number of deliveries per midwife over a one-month period. The calculation is derived from hospital records and the hospital director. The number of deliveries over six months was used preferentially for this calculation.

The median ratio was 29.4 for 2008, with a range from 3.0 in Daykundi to 68.6 in Khost. Among the hospital types, regional hospitals had greater numbers of deliveries per midwife, followed by provincial and district hospitals. At all hospital types, the median number of deliveries per month increased, as well as the number of deliveries per midwife. In 18 of 30 hospitals, this ratio increased over last year by at least 20%.

7 *Surgery per Surgeon Ratio*

This indicator shows the number of surgeries per surgeon over a one-month period. The ratio is derived from all surgeries per number of surgeons at the hospital. This information was obtained from hospital records and the hospital director, using six month records when available. This was not calculated if surgeries were not performed or surgeons were not employed at the facility. At five hospitals this ratio was not calculated.

The median was 53.71 surgeries per surgeon per month, with a range from 8.1 in Daykundi to 581.0 in Ghazni. The overall median slightly increased compared to 2007, with twelve hospitals reporting a greater than 20% increase in surgeries per surgeon. However a great drop was seen in regional hospitals, with a median of 66.5 this year, compared to 275.9 last year, with a slightly higher number of surgeries performed per month. This may be due to increase in documented surgical staff at regional hospitals.

8 *Caesarean Section Rate*

This rate was derived from information from the hospital records and hospital director. This is the rate of caesarean sections among all deliveries at the facility over a six month period, if available.

The rate ranged from 0% to 15% at Kapisa and Balkh, respectively. Paktika was not scored. The median across the provinces was 7%, the same as last year. However the upper and lower quintiles were narrower than previously seen, at 9% and 3%, respectively. The median was highest among regional hospitals, at 10%, with lower rates seen in provincial and district hospitals, at 7% and 5%, respectively. Median rates were lower at regional and district hospitals, but were unchanged at provincial hospitals compared to round 1. Fourteen had lower rates, while ten had higher rates than last year.

• Domain G: Patients and Community

Domain G assesses the links between the community and the hospital, reflecting the hospital's role in improving the health of the population through community outreach, health education, immunization campaigns, and responsiveness to the changing needs of the community and province.

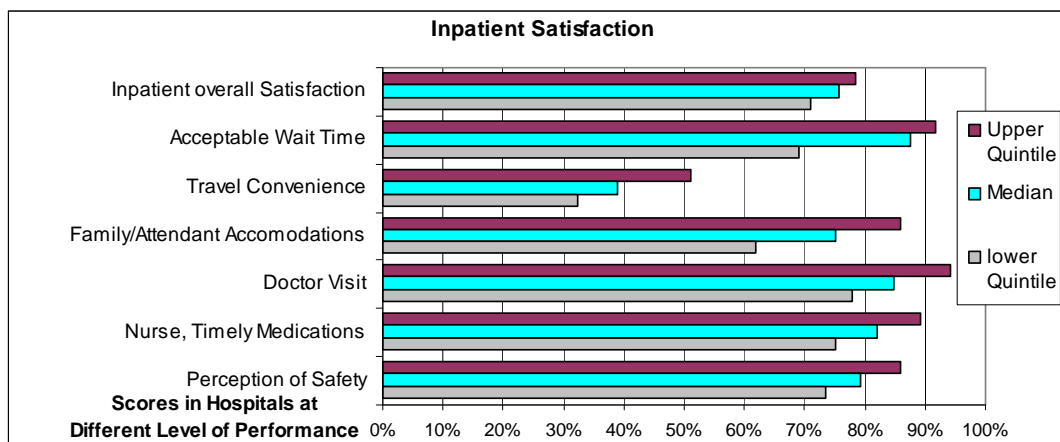
The four indices composing this domain are:

1. Patient Satisfaction
2. Community Involvement in Hospital Planning
3. Hospital Involvement in Community
4. User Fees: Transparency and Exemptions

Domain G: Patients and Community	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
G-1: Patient Satisfaction	57.2	65.2	70.4	76.9	81.0
G-2: Community Involvement in Hospital Planning	0	22.9	65.5	86.1	100
G-3: Hospital Involvement in Community	0	64.8	69.0	88.9	100
G-4: User Fees: Transparency and Exemptions	28.6	42.9	57.1	85.7	100

1 *Patient Satisfaction*

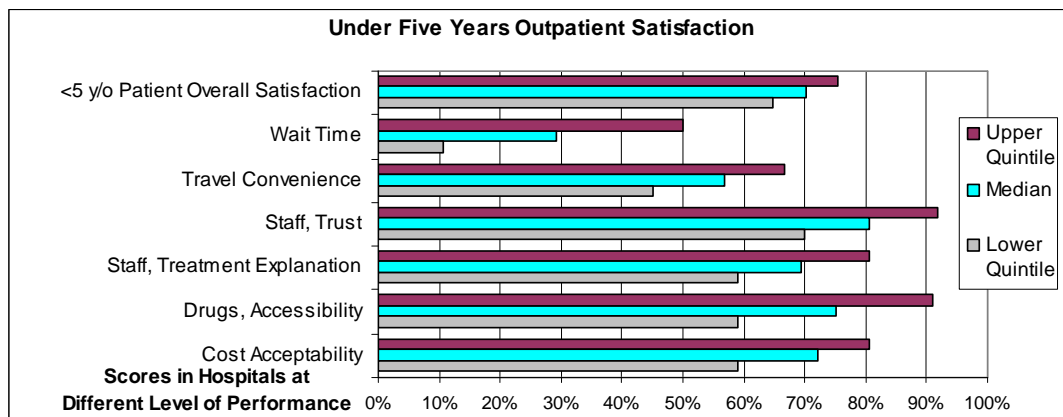
Patient satisfaction addresses elements of the provider encounter that enhance and improve care delivery. These aspects include privacy, patient education, cleanliness, accessibility of the facility, and medication delivery. Assessing satisfaction communicates to patients that their views and concerns are important to the care providers and hospital management. Up to 48 patient interviews were performed at each facility; 24 were inpatients, 12 were outpatients



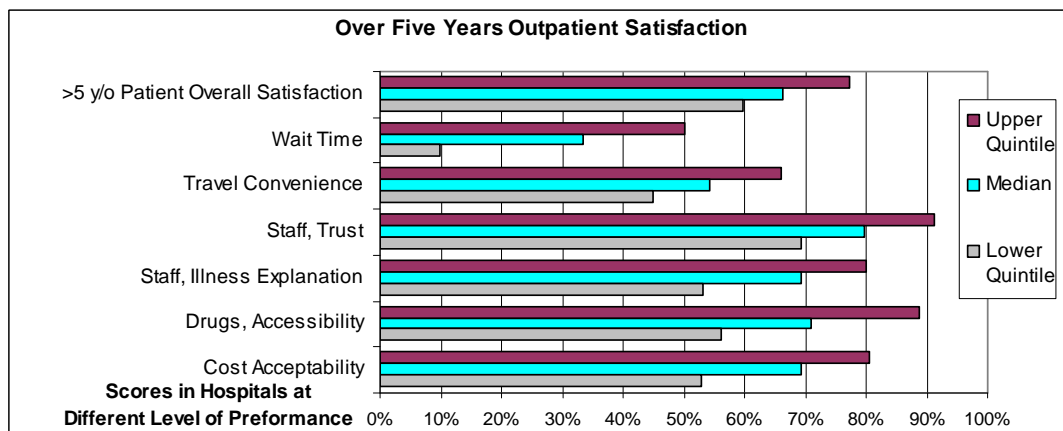
under five years of age, and 12 were outpatients over five years of age. This index assesses satisfaction with various aspects of care, as well as waiting times. (See Annex 8 for more details on the questions asked and points observed).

Six hospitals achieved the upper benchmark, with scores above 76.9; the highest score was 81, in Logar. Seven hospitals were below the lower benchmark of 65.2, with the lowest score of 57.2 in Faryab. Nineteen hospitals scored above 2007's median of 70.4. Eight had improved scores compared with last year, and seven had lower scores.

Overall inpatient satisfaction was between 64% and 86%. Areas that had high overall scores were an acceptable wait time, privacy in the wards, trust in physicians, and availability of nursing staff. Areas of higher satisfaction among upper quintile hospitals were acceptable wait times, ease of getting prescriptions, and accommodations for family and caretakers.



Among outpatients under five years of age, overall satisfaction ranged from 49% to 82%, with a median score of 70%. This was slightly lower than that for inpatient satisfaction. Two areas where most hospitals scored well were trust in the staff and perceived respect by the staff. Patients were most dissatisfied with waiting times and inconvenient travel to the facility. Areas of higher satisfaction among upper quintile hospitals were accessibility of medications, privacy, cost, and explanation of the diagnosis and treatment.

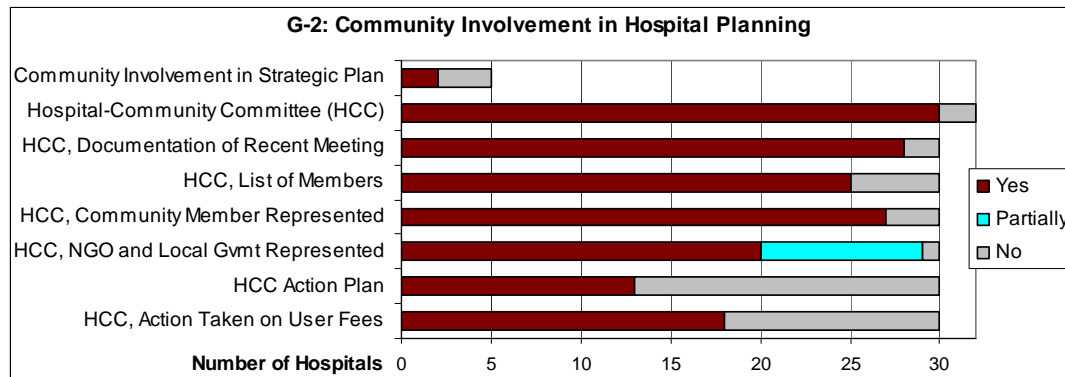


Over-five outpatient satisfaction was similar to that of caretakers of the under five group, but with a narrower range, from 55% to 83%; the median was slightly lower at 66%. Two areas of high performance overall were trust of the staff and perceived respect by the staff. Overall, lower scores were seen for wait times and convenience of travel to the facility. Areas with

higher satisfaction for upper quintile hospitals were: cost acceptability, accessibility of medication, explanation of the diagnosis and treatment, cleanliness and privacy.

2 *Community Involvement in Hospital Planning*

This index assesses the systems in place for involvement of the community members in the planning of the hospital. It assesses the presence of a committee with documentation, its members, representation from various stakeholders, and evidence of plans and implementation. Information was obtained from the hospital director.



There was a wide range of scores for this index. Ten provincial hospitals scored above the upper benchmark of 86.1, and only two scored below the lower benchmark of 22.9. Six received full marks; these were Kunar, Badakhshan, Takhar, Baghlan, Samangan, and Badghis. Panjsher and Nangarhar received zero points. Nine hospitals scored below last year's median of 65.5; 18 hospitals improved their scores; and seven had a decline.

Thirty of 32 hospitals had a hospital-community committee (HCC). Of these 30, 28 had documentation of meetings in the last three months, indicating recent activity. Twenty-five had documentation of its members and their contact information. Twenty-seven of 30 committees included representation from a community organization, and 20 had representation from both the government and a local NGO. An additional nine had representation from the government or a local NGO.

Less than half of hospitals with an HCC had a yearly action plan set forth by the HCC available for review at the time of the survey; 18 had either made recommendations or taken action in regard to hospital fees in the past year.

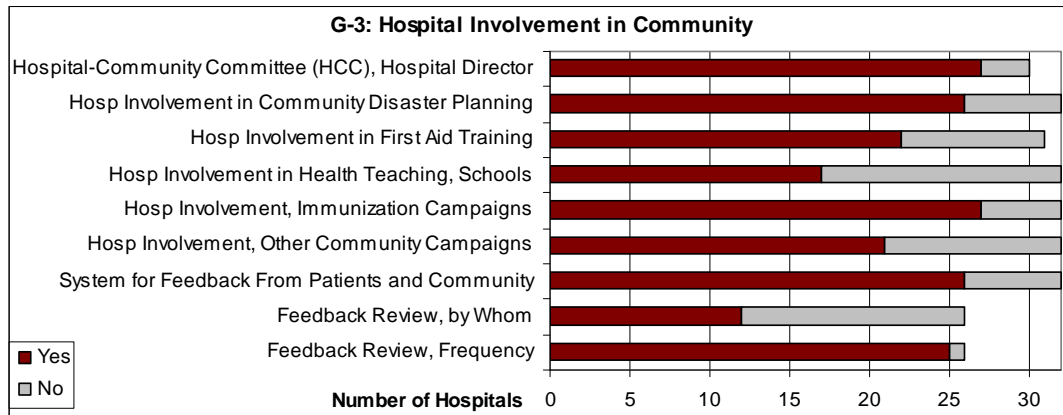
As noted in Index A-4, only five hospitals had a strategic plan. Of these, only two hospitals indicated that they had any input from the community in creating the strategic plan.

3 *Hospital Involvement in Community*

This index assesses evidence of the hospital's involvement in the community. This includes activities, presence on committees, and responsiveness to complaints. This information was obtained from the hospital director. Twelve provincial hospitals scored above the upper benchmark of 88.9, with full marks in Kunar, Takhar, Baghlan, Kunduz, Samangan, Herat, Khost, and Helmand. Six hospitals scored below the lower benchmark of 64.8. The lowest score was seen in Nimroz, at zero. Seventeen hospitals scored above last year's median of 69.

Of the 30 hospitals noted in the previous index with a hospital-community committee, 27 included the hospital director. The majority of hospitals had some type of community engagement. Two hospitals, Uruzgan and Nimroz, indicated that they had no activities with the community. Of the potential community-related activities in the past year, 27 were

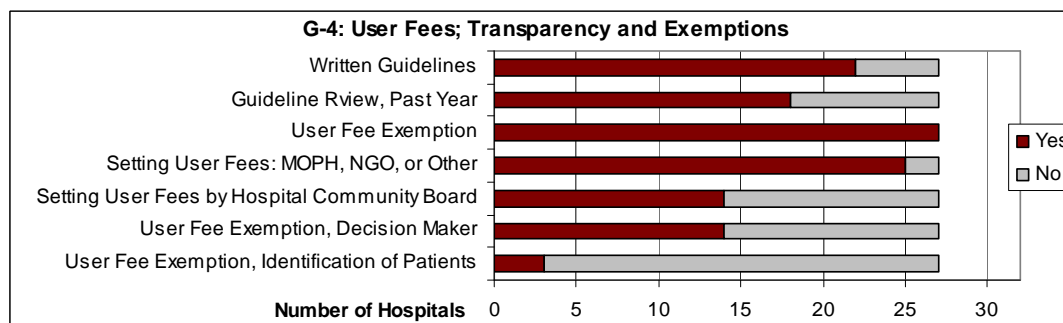
involved in immunization campaigns; 26 indicated that they had engaged in community disaster planning; 22 had engaged in first aid training; 17 in health teaching in schools; and 21 in other unspecified community activities.



A system for feedback from the community and patients not only improves communication, but also conveys to the community that their concerns are important. Twenty-six hospitals had a system in place for this, with 25 hospitals reviewing comments at least monthly. Only 11 hospitals had feedback reviewed by a committee, rather than by a single person.

4 *User Fees: Transparency and Exemptions*

This last index involves user fees, exemptions, guidelines, and the involvement of the community in setting or managing fees. These processes promote transparency in application and promote access to health care for the poor. Six hospitals scored above the upper benchmark of 85.7 this year, with Takhar and Kunduz achieving full points. Five hospitals did not charge user fees and thus were not scored. One hospital scored below the lower benchmark of 42.9: Daykundi, with the lowest score of 28.6. Fourteen facilities scored above the 2007 median of 57. In eleven hospitals, scores had improved in the past year; in nine, they had declined.



All hospitals that had user fees also had exemptions. In 22 hospitals, guidelines were written and available for review at the time of the survey. Eighteen hospitals were reviewed in the last year. In 25 hospitals, a combination of institutional and community representatives were involved in setting user fees. In only three hospitals, patients who fulfilled exemption requirements were identified with cards.

• Domain H: Ethics and Values

This last domain addresses compliance with national policies and laws as well as assesses the use of proper consent to ensure that patients are treated with dignity. In addition, this domain deals with the quality of health care available to women, a particular concern to the MOPH.

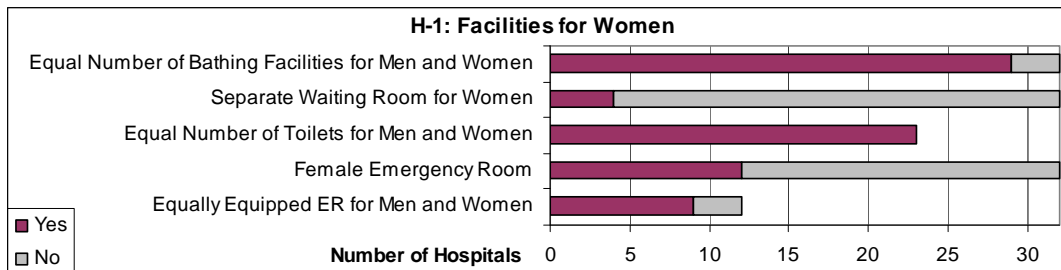
The five indices in Domain H are:

1. Facilities for Women
2. Amenities for Patients and Families
3. Gender Equality for Recipients of Care
4. Gender Equality for Providers of Care
5. Compliance With MOPH Policy and Laws

Domain H: Ethics and Values	National Minimum	Lower Benchmark	Median	Upper Benchmark	National Maximum
H-1: Facilities for Women	0	25.0	50.0	61.3	100
H-2: Amenities for Patients and Families	0	16.0	33.3	52.0	100
H-3: Gender Equality, Recipients of Care	25	37.5	62.5	85.0	100
H-4: Gender Equality, Providers of Care	10.6	36.7	56.5	68.7	94.4
H-5: Compliance With MOPH Policy/Laws	50	100	100	100	100

1 Facilities for Women

Available facilities for women are an important factor in accessibility. Facilities for women were directly observed by surveyors at the time of the hospital visit. Points were given for the presence and equal allocation of resources for female facilities. These included bathing facilities, a female emergency room, the number of toilets, and a separate waiting room.



Scores have generally been low in this index. In 2008, ten hospitals scored above the upper benchmark of 61.3, and two below the lower benchmark of 25. Full marks were awarded to Kandahar, Kunduz and Takhar. The lowest scores were in Daykundi and Farah, each receiving no points. Fifteen hospitals improved in their scores, while three experienced a decline.

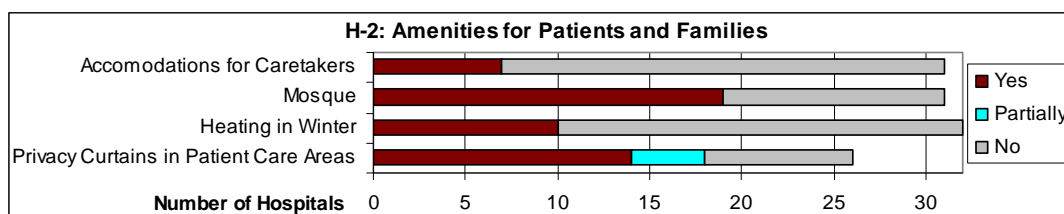
Twenty-nine hospitals had an equal number of bathing facilities for men and women. Among those with separate toilets for each sex, all had equal numbers for both. Only four hospitals had a separate waiting room for women.

Twelve hospitals had a separate emergency room for women. Of these, nine had equipment equivalent to what was observed in the general or male emergency room.

2 Amenities for Patients and Families

Amenities provided at hospital facilities are a measure of quality. They also communicate to patients and their families that their concerns and needs are important. This index assesses the amenities available for patients and their caretakers during hospitalization. This includes a place for caretakers to stay, a mosque, heating in the winter, and privacy curtains in patient

care areas. Assessment of patient care areas included an assessment of each ward present in the hospital.

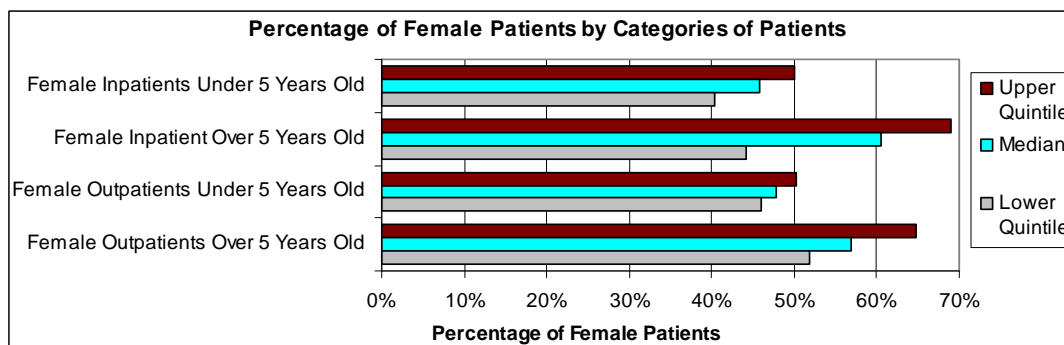


Scores in this index were also generally low. The scores in 13 hospitals were above the upper benchmark of 52, with the highest score (100) in Takhar. Five hospitals scored below the lower benchmark of 16, all receiving a score of zero. These provinces were Parwan, Balkh, Uruzgan, Ghor and Daykundi. Fourteen hospitals had improved scores compared to 2007; nine had lower scores.

Eight hospitals indicated that accommodations at the hospital were available for caretakers of patients. Nineteen had a mosque on site, and ten had heating in the winter. Fourteen had privacy curtains in all patient care areas, which included the ward procedure rooms and ICU. Another four hospitals indicated that privacy curtains were available in over 50% of patient care areas. Eight hospitals had privacy curtains in less than half of the patient care areas.

3 Gender Equality for Recipients of Care

Of Afghanistan's population, 48.8% are female. The proportion of women utilizing facilities can be an indicator of access. The data for this index were obtained from hospital records. Partial points were awarded if the proportion of female patients seen in the OPD and inpatient department was over 45%, with full points being awarded if it was over 50%. These scores are assessed by inpatients less than five years of age, inpatients over five years of age, outpatients under five years of age, and outpatients over five years of age.



Six hospitals achieved the upper benchmark of 85, with Kunduz, Herat, and Nimroz achieving scores of 100. Only Ghor scored below the lower benchmark of 37.5. Seventeen hospitals had improvement in this area, while nine had a decline in their scores.

Of the four categories, outpatients aged five years and older had a higher proportion of females. The category to have the lowest proportion of females was inpatients less than five years old, although outpatients under-five was quite similar. The range of female to total inpatient admissions under five years of age was 35-61%, with a median of 46%. Among outpatients less than five years old, this range was between 42% and 76%, with a similar median of 48%.

The number of females over five as a proportion of the total patients seen was higher among both inpatients and outpatients. The range was quite wide among inpatients, from 31% to 83%, with a median of 61%. Among outpatients, the range was 46-75%, with a median of 57%.

4 Gender Equality for Providers of Care

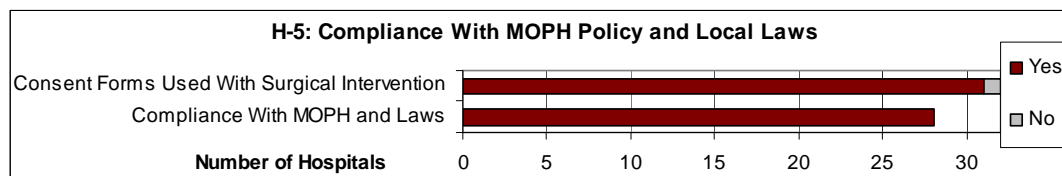
Access for female patients is also related to availability of qualified female staff. This index examines the proportion of female providers per job type at the facility. The categories are physicians and nurses. Four hospitals had scores above the upper benchmark of 68.7, with the highest score at 94.4 in Wardak province. Seven hospitals fell below the lower benchmark of 36.7, with the lowest score at 10.6 in Paktika. Ten scored above last year's median of 56.5; 16 hospitals had lower scores than in 2007; and eight hospitals had an increase in points.

The proportion of females among all nursing staff ranged from 4% in Zabul to 73% in Daykundi. The median score was 28%. Hospitals in the upper quintile scored above 42%; the lower quintile was below 21%.

The range for females among physicians was from zero to 40%. Five hospitals had no female physicians, which were Badghis, Nimroz, Paktika, Daykundi, and Ghor. In Wardak 40% of physicians were female. The median score was 15%. Hospitals in the upper quintile scored above 27%; those in the lower quintile scored below 6%.

5 Compliance with MOPH Policy and Local Laws

The hospital is part of the larger health care sector. Compliance with central policies ensures uniformity of practices and quality of care. This index also assesses the use of surgical consent with procedures, reflecting an aspect of ethics, patient dignity and informed consent. This last index contains two indicators. The scores for this index were high, indicating good compliance. Thirty-one of 32 provinces received full marks. The remaining province,



Badakhshan, received a score of 50.

Twenty-eight hospitals indicated that they had a job description for the hospital director. For these hospitals, all indicated that one of his/her responsibilities was to ensure that the hospital complies with MOPH policy and local laws and regulations. Thirty-one of 32 hospitals indicated that consent forms were used for every surgical procedure.

Chapter III National Hospital Results

1. Description of Hospitals and Wards

The national hospitals are specialty hospitals located in Kabul. The hospitals surveyed were Kheir Khana Hospital, Ibn Sina Emergency Hospital, Wazir Akbar Khan Hospital, Malalai Maternity Hospital, Indira Gandhi Children's Hospital, Antaani Infectious Diseases Hospital, and Esteqlal Hospital. A description of services for each hospital can be found in Chapter V: *review of scores for National Hospitals*.

All seven national hospitals surveyed 2007 were included in 2008. The national hospitals had between one and six wards: one hospital had six wards; one had five wards; one had four wards; three had three wards; and one hospital had only one ward.

Four of seven hospitals had specialty wards. Among these four hospitals, there were two orthopedic wards, two neurosurgery wards, two ENT wards, and two dermatology wards. Of the facilities that did not have specialty wards, one of the three was a maternity hospital, Malalai Hospital. The number of specialty wards per hospital ranged from zero to three.

The benchmarks were derived from the upper and lower quintiles of provincial hospitals from round one in 2007.

2. Scores by Domain

Scores for the seven national hospitals were compared between round one and round two. Some indices have not been scored because they are not applicable due to their role as specialty hospitals, the type of services provided, and the absence of available standards. The analysis was adjusted for these issues.

Scores for each domain and index were compared to benchmarks established in round one. These benchmarks correspond to the upper and lower quintile of the 30 provincial hospitals assessed at that time. For each index, the maximum and minimum scores, upper and lower benchmarks, and median scores are shown. (See Annex 1c for a summary scorecard for national hospitals and benchmarks.)

• Domain A: Management and Administration

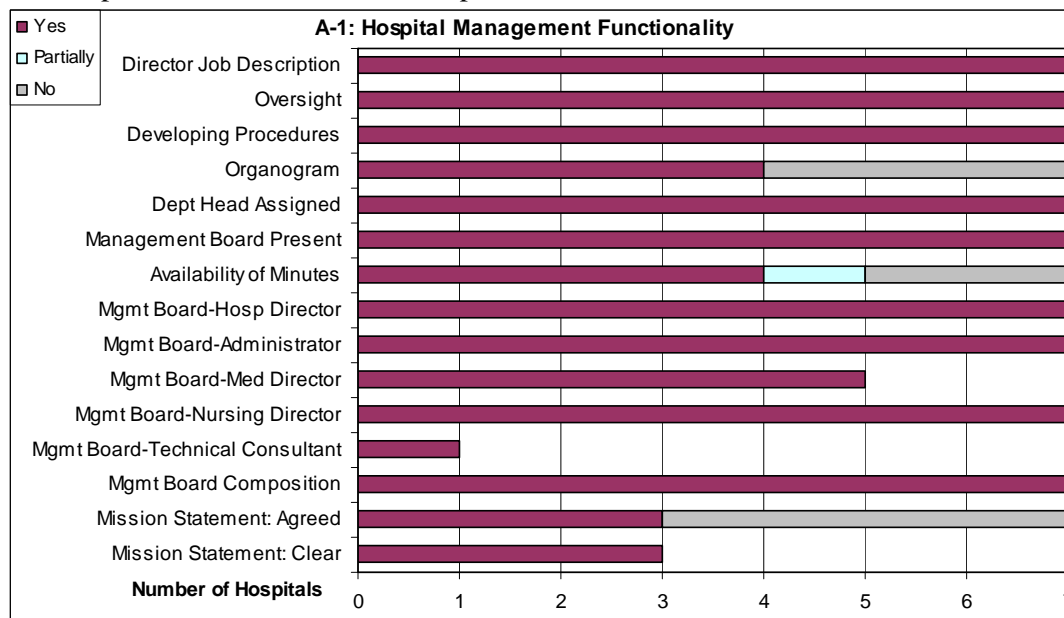
Management systems are essential to the function of a hospital and its ability to continuously deliver services. This domain assesses management systems, administrative quality and qualifications, and MOPH oversight.

Domain A: Management and Administration	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
A-1: Hospital Management Functionality	100	88.9	90.0	100	66.7	72.2	77.8
A-2: Management Training	75.0	50.0	75.0	100	0	50.0	25.0
A-3: HMIS	0	22.2	66.7	44.4	0	75.0	75.0
A-4: Planning and Organization	41.7	50.0	85.7	72.7	50.0	63.6	63.6
A-5: Integration of Hospital Into Health System	75.0	75.0	60.0	60.0	75.0	50.0	60.0
A-6: Management Autonomy	100	33.3	33.3	33.3	66.7	0	33.3

1 Hospital Management and Functionality

This index assesses components of the hospital management team, including its mission, functionality, structure, procedures, and appointment of leadership. Three hospitals scored

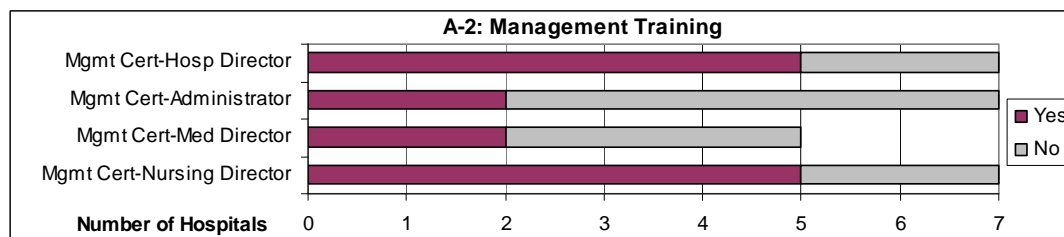
above the upper benchmark, and one, Wazir Akbar Khan, scored below it. Ibn Sina and Malalai Hospitals were both awarded full points.



All hospitals had a job description for their hospital directors. At all hospitals, responsibilities in the job description included oversight of day-to-day operations, and developing procedures. Leadership was in place for all hospitals, with assignment of department heads and the presence of a hospital management board. Four hospitals had all minutes from the management board meetings available for review, and one additional hospital had at least four minutes out of six meetings. For all hospitals, the management board included the hospital director, administrator, medical director, nursing director, and technical consultant if those positions were filled. Three of seven hospitals had a clear, agreed upon mission statement. Scores for this index improved from last year in all the hospitals surveyed in Kabul.

2 Management Training

This index assesses the training of the hospital management team, which is imperative in the leadership of the hospital. Three hospitals were above the upper benchmark of 75, with a high score of 100 in Malalai Hospital. Wazir Akbar Khan and Indira Gandhi Hospitals scored below the lower benchmark, the former with a low score of zero. All hospitals except Wazir Akbar Khan Hospital improved their scores compared to 2007.

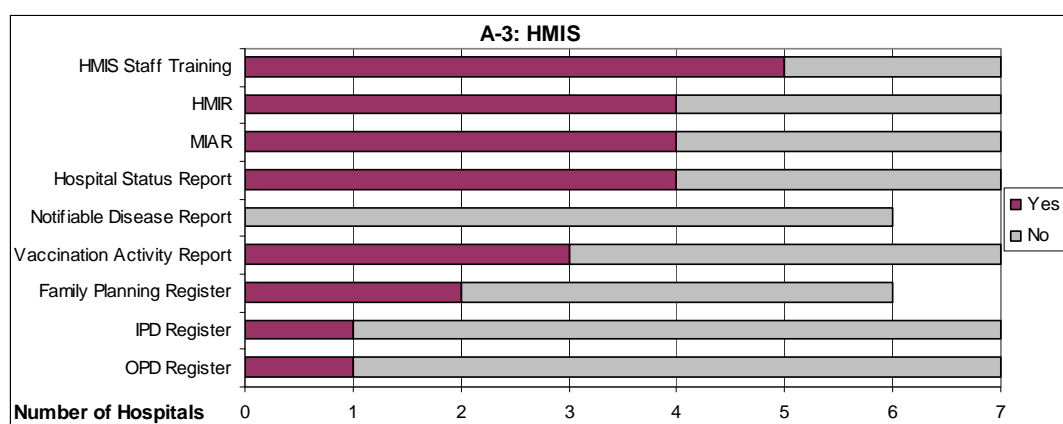


The two positions most likely to have management training were the hospital director and the nursing director. These were followed by the medical director and the administrator.

3 HMIS

This index evaluates data systems in place for hospital management. This includes monthly internal hospital reports and registers for tracking clinical activities (vaccinations, IPD, OPD,

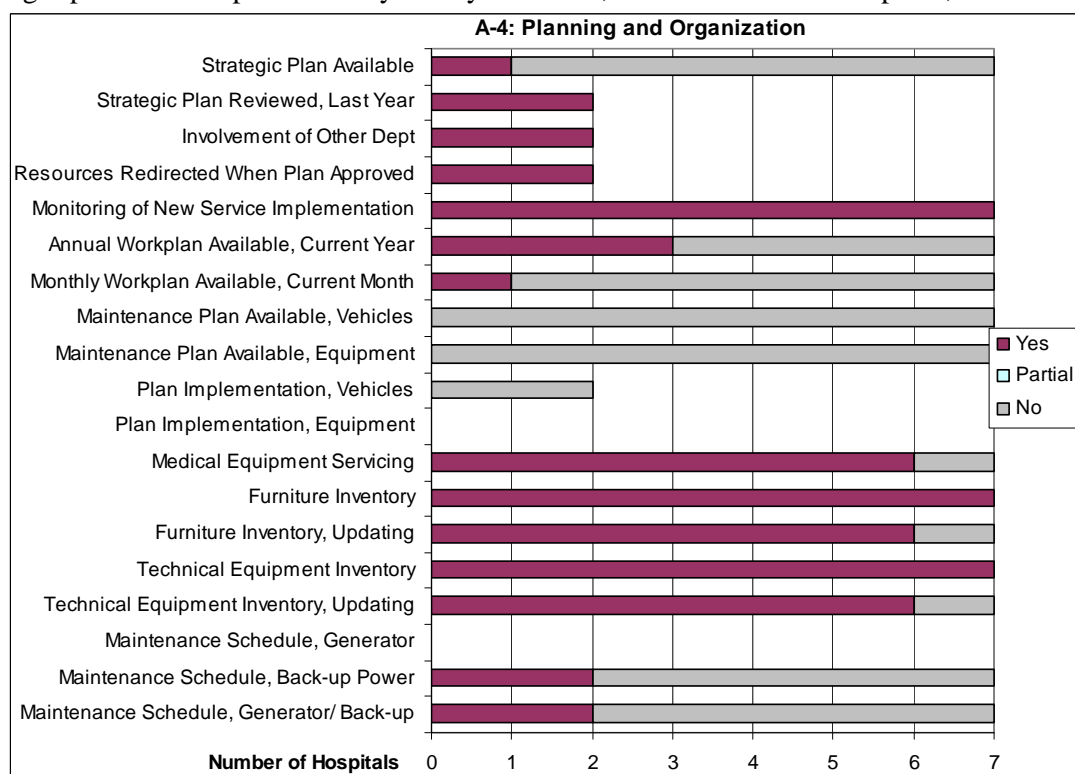
family planning, and notifiable diseases). All hospitals were below the lower benchmark of 77.8, with a range of scores from zero to 75. The median score among provincial hospitals in 2007 was 88.9. Five hospitals had lower scores compared to 2007, with two achieving higher scores.



Five of seven hospitals had HMIS training for their staff in the past year. All hospitals had a deficiency in at least one type of report. The most common omission was the notifiable disease report. Kheir Khana Hospital had all reports available and completed except for the notifiable disease report. Ibn Sina and Wazir Akbar Khan had no reports available at the time of the survey. Two hospitals had a family planning register, and only one hospital, Indira Gandhi Hospital, had an IPD and OPD register.

4 Planning and Organization

This index assesses the systems for planning and organization of resources. This includes the strategic plan and the plans for day-to-day activities, such as maintenance plans, inventories



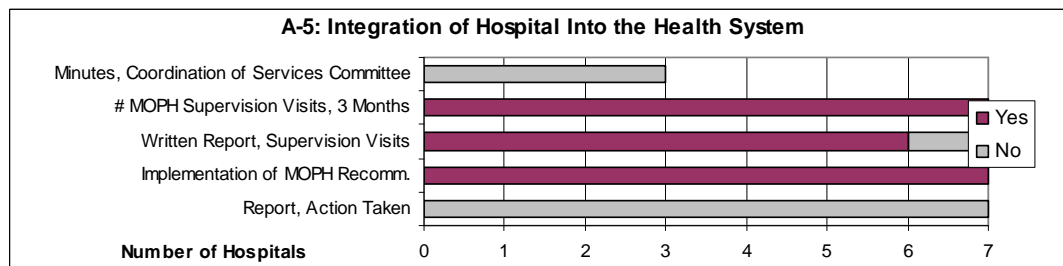
and servicing of equipment. Esteqlal was the single hospital in the upper benchmark with a score of 85.7; Ibn Sina scored below the lower benchmark of 44.7. Four hospitals' scores improved from 2007, and one had a decline.

Only Esteqlal Hospital had a strategic plan available for review at the time of the survey. Of the two hospitals who indicated that they had a strategic plan, both had reviewed it in the last year, had involved other departments in planning, and had reallocated resources if necessary when the plan was approved. At all hospitals, regular monitoring of new services was performed after implementation.

At three hospitals, an annual work plan was available for review, and at one, the current monthly work plan was available. No maintenance plan was available for review for vehicles and equipment. Two hospitals did indicate that they had a maintenance plan, but it was not available for review; however, neither had implemented this plan in the past three months. All hospitals had an inventory of technical equipment, which had been updated within the last year. Only two hospitals had a maintenance schedule for their generators.

5 *Integration of the Hospital into the Health System*

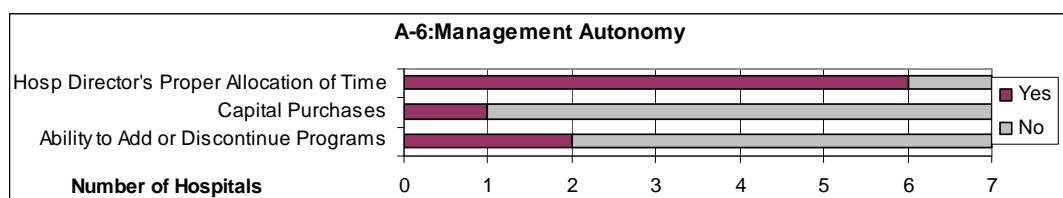
The hospital is a component of the health care sector. This index assesses communication and oversight of MOPH and the coordination systems with other health facilities. None of the hospitals were in the upper or lower quintile; scores ranged between 50 and 75 in 2008. Five hospitals had higher scores, while two had lower scores than in 2007.



Three of seven hospitals had a committee for coordination of care with other facilities. Of these, none had minutes available for review at the time of the survey. All hospitals had an MOPH supervisory visit within the last three months; all but one had a written report of this visit; and all had implemented the recommendations. In none, however, was there a report of the action taken.

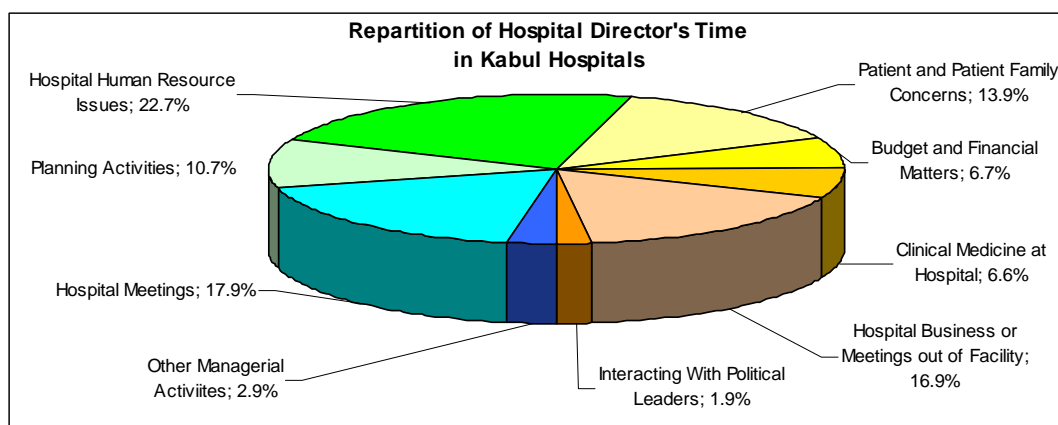
6 *Management Autonomy*

This index evaluates the ability of the hospital director to make day-to-day decisions. This ability is reflected in the allocation of time and authority to make decisions regarding capital purchases and programs. One hospital, Ibn Sina, scored above the upper benchmark and one, Kheir Khana, scored below the lower benchmark, with scores of 100 and zero, respectively. Five of seven hospitals had lower scores in 2008, while one had a higher score.



The most common reasons for time away from routine duties at the hospital were hospital business or meetings out of the facility; practicing clinical medicine; and interaction with

political leaders. In six of seven hospitals, this constituted less than 40% of the hospital director's time.



At six hospitals, capital purchases were decided upon with involvement of the purchasing committee. At Ibn Sina and Wazir Akbar Khan, the hospital director alone had the authority to add or discontinue services or programs.

• Domain B: Financial Systems

Financial systems and their oversight are assessed in Domain B. These are in place to ensure transparency and accountability of financial transactions of each hospital, and thus ensure proper and responsible allocation of funds.

Domain B: Financial Systems	Ibn Sina Emergency	Antaani Infectious Disease	Esteqal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
B-1: Hospital Budget	0	0	0	0	0	0	0
B-2: Budget Sheets	40.0	25.0	25.0	40.0	40.0	25.0	25.0
B-3: Purchasing and Inspection Committee	60.0	60.0	0	60.0	0	0	40.0
B-4: Cash Management	0	0	0	0	0	0	0
B-5: Audit	0	0	100	100	0	100	100

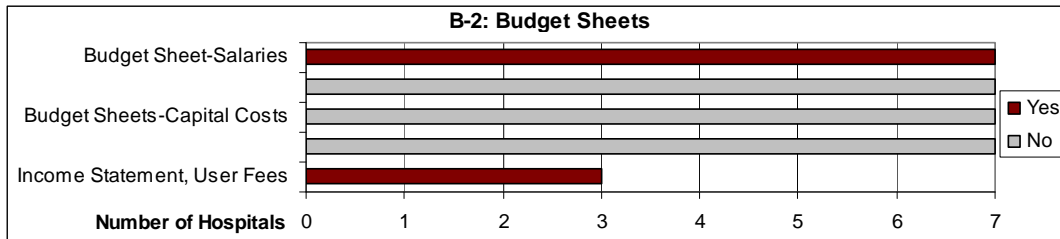
1 Hospital Budget

This index assesses the budget development, in particular systems and members who contribute to this process. This year, like in 2007, no hospitals received points for this index. None of the hospitals had an annual budget, and thus no points were given for a tracking system or development team.

2 Budget Sheets

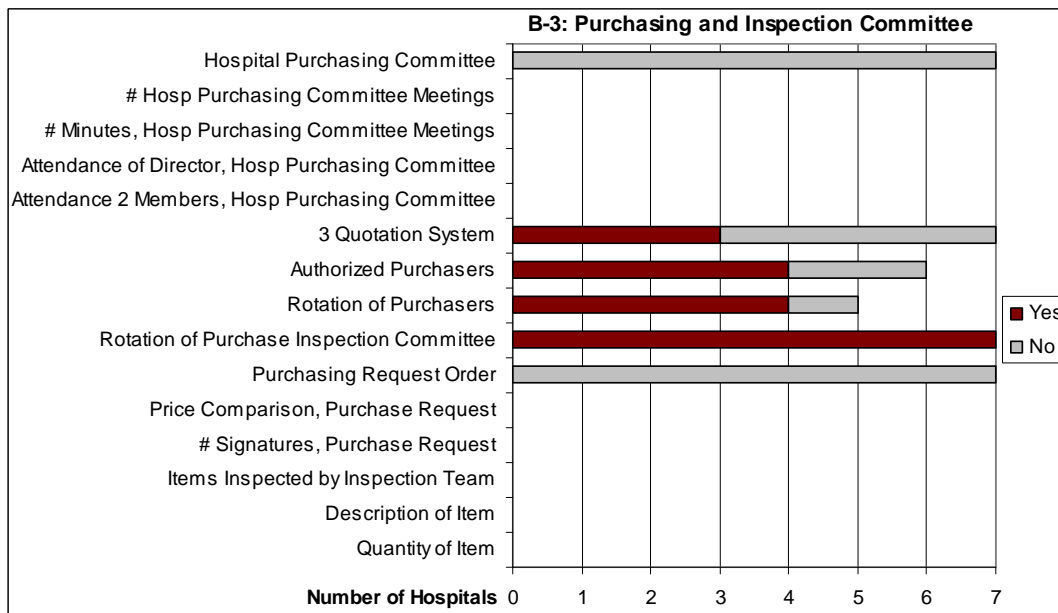
Budget sheets track expenditures, and allow for transparency and accountability. These expenditures include salaries, running costs and capital costs. A quarterly financial statement and income statement for user fees was also assessed. All hospitals were between the upper and lower quintiles; scores ranged between 25 and 40. The median score among provincial hospitals in 2007 was 70. Two hospitals had improvement over 2007, and one had lower scores.

All hospitals had budget sheets for the previous quarter's salaries available for review at the time of the survey. None had budget sheets for running costs, capital costs, or a quarterly financial statement. The three hospitals who charged user fees had an income statement for tracking them.



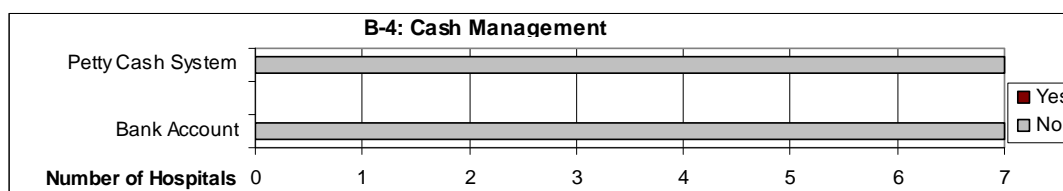
3 *Purchasing and Inspection Committee*

This index assesses documentation of committees which ensure fairness and transparency in hospital purchases and certify receipt of these purchases. All hospitals scored below the lower benchmark, scoring between zero and 60. The lower benchmark was set at 70; the median for provincial hospitals in 2007 was 81.8. Five of seven hospitals had lower scores compared to the previous year, and one had improvement.



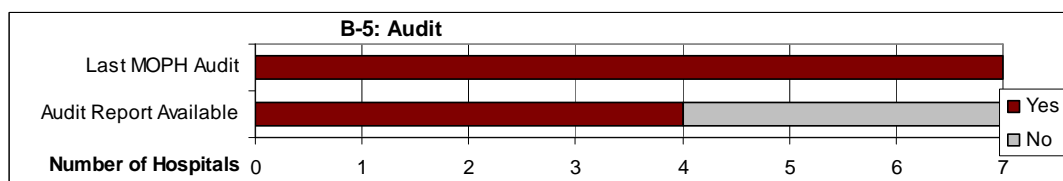
None of the hospitals had a purchasing committee. Three hospitals had a three-quotation system for purchases. At four hospitals, three or more persons were authorized to make purchases, and there was rotation of these people on a quarterly basis. At all hospitals there was rotation of the members of the purchase inspection committee. Also at all hospitals, a purchasing order system was not in place at the time of the survey. As such, checking for completeness and presence of such things as signatures, inspection, description and quantity on the order was not done.

4 Cash Management



To ensure accountability and transparency, cash management was assessed, and in particular the petty cash system and bank account for deposits. All hospitals received a score of zero, and thus all were at the lower benchmark. None had a petty cash system and none had a bank account.

5 Audit



This index checks for documentation of an external financial audit by the MOPH or implementing NGO. Four hospitals received scores of 100, and three received a score of zero. All hospitals had been audited in the past two years. At four hospitals, an audit report was available for review at the time of the survey.

• Domain C: Human Resources

Domain C: Human Resources	Ibn Sina Emergency	Antaani Infectious Disease	Esteqal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
C-1: Minimum Staff Requirements	100	100	100	75.0	75.0	100	100
C-2: Staff Management	70.8	70.0	80.8	78.0	71.1	71.7	65.1
C-3: Staff Satisfaction	54.5	57.7	61.1	54.6	60.6	54.8	52.6
C-4: Supervision and Support	60.8	59.2	65.8	81.8	84.2	63.3	52.4
C-5: Hospital Training Activities	71.4	33.3	100	71.4	71.4	0	85.7
C-6: Performance Assessment	0	0	0	0	75.0	0	0
C-7: Personnel Record Functionality	0	0	0	0	0	0	25.0
C-8: Job Descriptions	93.2	98.5	98.9	100	78.4	95.0	100

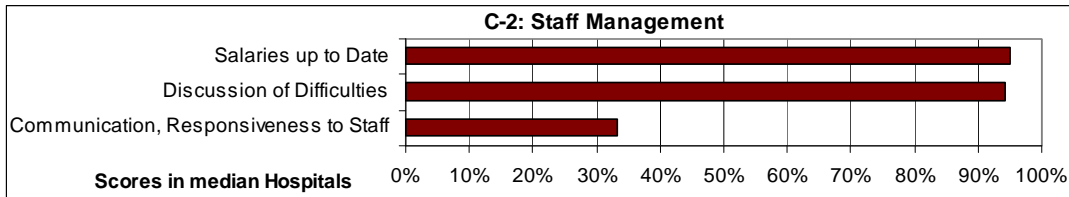
This domain assesses the human resources necessary to provide services at the hospital, with the necessary components to maintain quality and up-to-date staff. *Minimum staffing requirements*, Index C1, was adjusted based on the bed count and service type of the hospital, as a standard for the National Hospitals had not yet been established.

1 Minimum Staffing Requirements

This index was calculated only for administrative staff. (See Annex 4 for EPHS requirements by hospital type for staffing.) Staff requirements for other staff, such as nurses and physicians, have not been established for national hospitals. (See Annex 6b for details.) Five hospitals received scores of 100, indicating that their administration was fully staffed. These were Ibn Sina, Antaani, Esteqal, Kheir Khana, and Indira Gandhi Hospitals. The remaining two hospitals were 75% staffed.

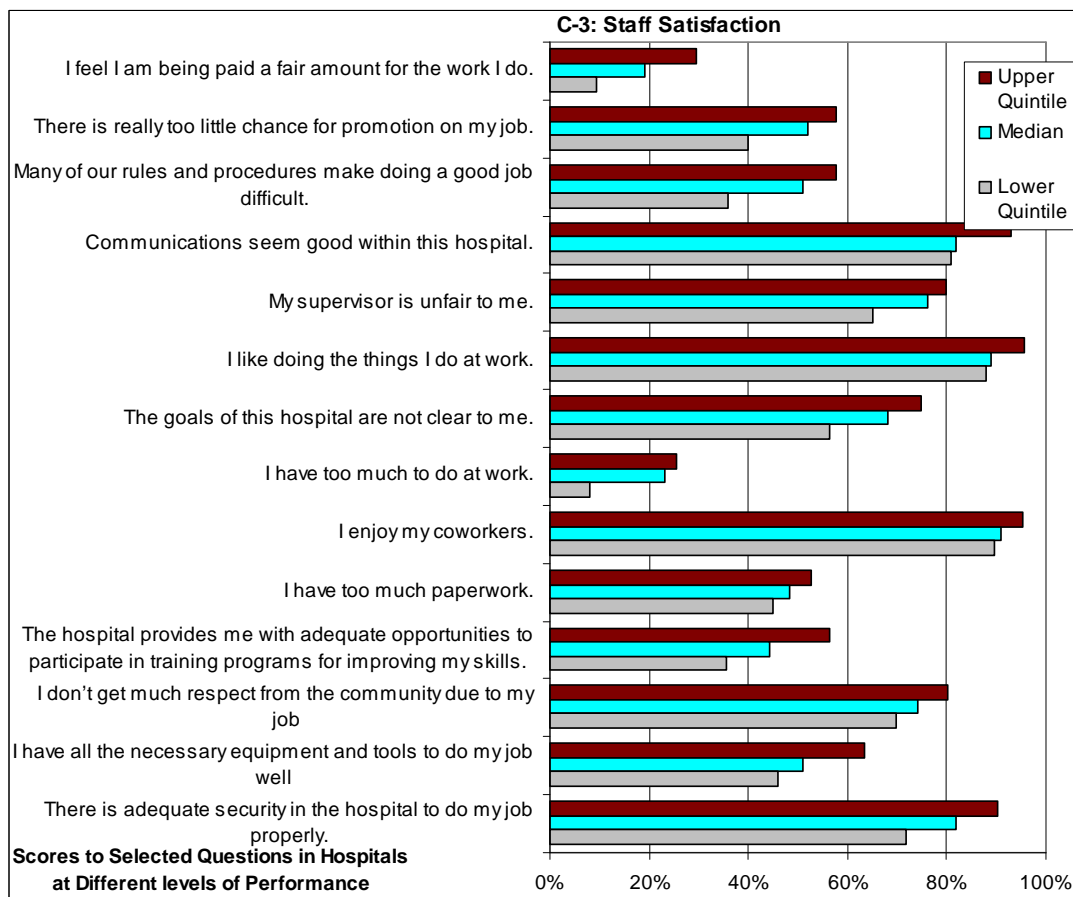
2 *Staff Management*

Staff management issues include up-to-date salaries, discussion of job difficulties, and communication and responsiveness of management to the staff. This index is based on perspectives of twenty employees in a variety of job types who completed self-administered questionnaires. Scores for individual indicators are the percentages of staff responses at a site. All hospitals scored between the upper and lower quintile; the range was from 65.1 to 80.8. Six of seven hospitals had lower scores in 2008 than they did in 2007.



At the median scoring hospital, all salaries were up-to-date. Close to 90% of the staff had discussion of difficulties with their supervisors, if present, but only 25% felt that there was adequate communication and responsiveness to staff concerns.

3 *Staff Satisfaction*



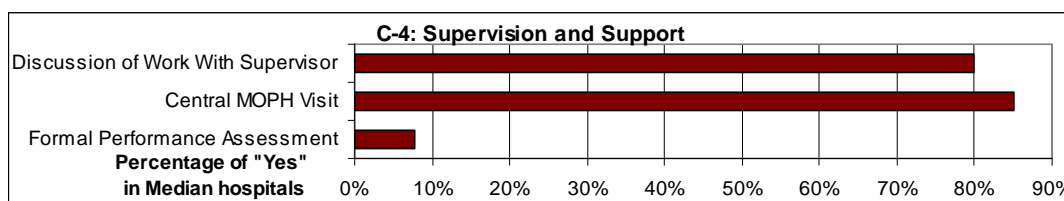
Twenty staff members across a variety of job categories provided feedback through a self-administered questionnaire. Respondents graded agreement with a variety of statements on a scale of one to four. (See Annex 7c for details.) No hospitals achieved scores higher than the upper benchmark, and only Indira Gandhi, with a score of 52.6, was below the lower

benchmark. The range of scores was clustered between 52.6 and 61.1. One hospital had an increase in score this year: Kheir Khana; the remainder had similar scores to those achieved in round one.

Facilities overall performed well for questions related to communication within the hospital, enjoyment of work, coworkers, pride in one's work, and one's supervisor. Poor marks in general were related to workload, salaries, and benefits.

4 *Supervision and Support*

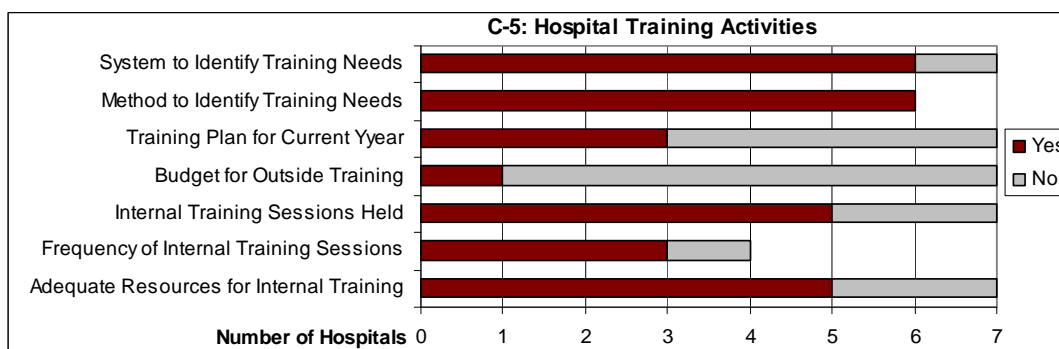
Activities related to the supervision of employees and by the MOPH were assessed from the perspective of the staff. Aspects of supervision and support included: feedback from supervisors, performance assessment, and oversight by the MOPH. Scores ranged between 52.4 and 84.2. Five hospitals scored below the lower benchmark, and none scored above the upper benchmark of 94.3. Six had lower scores compared to 2007.



Fifty to 91% of employees at hospitals had discussed their work with a supervisor in the past three months; the median score for this question was 80%. The majority (80% to 95%) recalled a visit from the MOPH in the past six months, with a median at 85%. Eight percent of employees at the median scoring hospital had a performance assessment in the past year. However, there was a wide range of performance. At Wazir Akbar Khan, 81% of employees had an assessment, while at Indira Gandhi, none reported such an assessment in the past year.

5 *Hospital Training Activities*

Staffs maintain and improve skills through training and continuing education. This index assesses systems to evaluate training needs, frequency of training sessions, and the resources for training. Esteqlal and Indira Gandhi Hospitals had scores above the upper benchmark; Esteqlal received a score of 100. Kheir Khana Hospital was the sole hospital below the lower benchmark with a score of zero. Two hospitals had scores higher than 2007; none had lower marks.



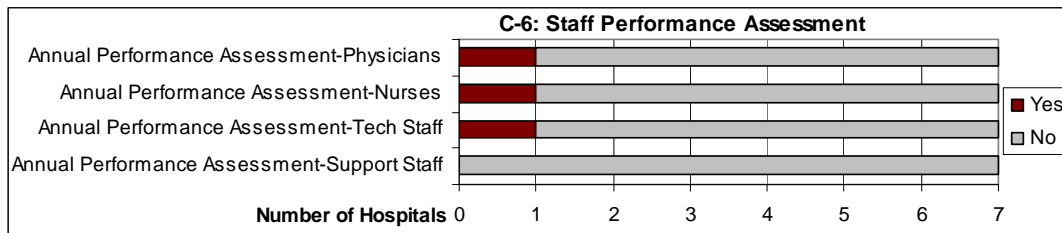
Six hospitals had a system in place to identify training needs. Of those, all hospitals identified these needs through the department and/or medical and nursing directors.

Three hospitals had a training plan available for review at the time of the survey. Only one hospital had a budget to obtain training outside of the hospital. Five had internal training

sessions, and at three hospitals, these were held at least once a month. Five hospitals felt that they had adequate resources (such as audiovisual equipment and a screen) available for internal training.

6 Performance Assessment

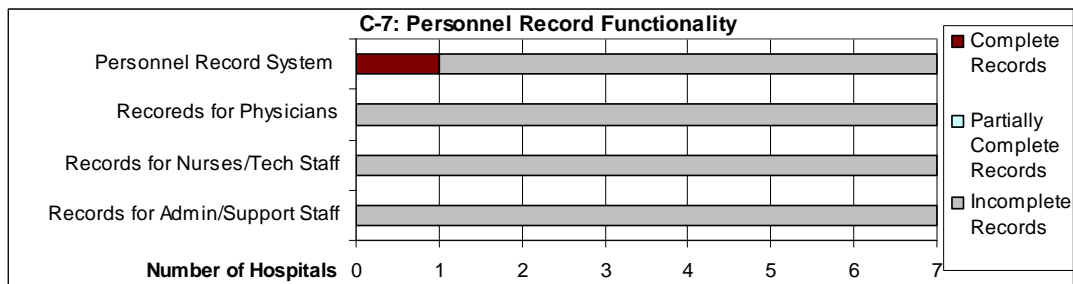
A performance assessment is important feedback for staff, and should be performed annually. Scores are categorized by employee type: physicians, nurses, technical staff and support staff. Index C-4 asks employees if they received an annual performance assessment, while this index assesses the system in place for all staff. Scores were generally low for national hospitals; six received scores of zero. The remaining hospital, Wazir Akbar Khan, received a score of 75. Two hospitals had a decline in scores, while one had an improvement.



At Wazir Akbar Khan, all physicians, nurses and technical staff reportedly had an annual performance assessment. This was not performed at the other national hospitals surveyed.

7 Personnel Record Functionality

Accurate and updated personnel records are important documentation of qualifications, training, promotion, evaluation, and work history. Records per employee type were assessed for completeness of all components. The employee types assessed were physicians, nurses or technical staff, and administration or support staff. Each chart was assessed individually for completeness; the proportion of components present was then averaged into the overall index score. All seven hospitals were below the lower benchmark, with six given scores of zero; Indira Gandhi Hospital received a score of 25. Four hospitals had lower scores than in 2007, while one had a higher score.

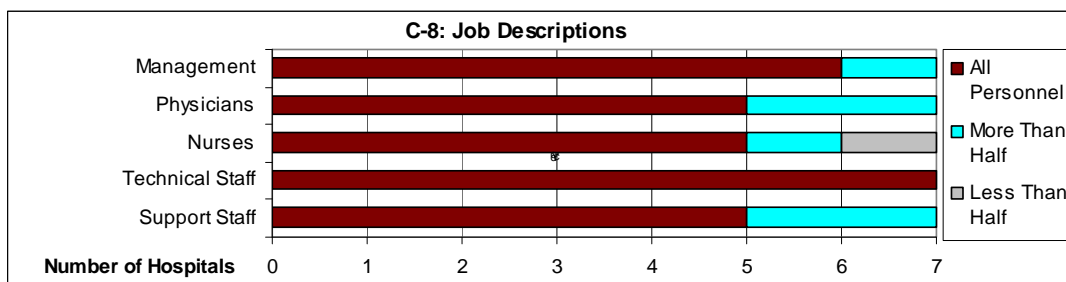


Indira Gandhi Hospital alone indicated that it had a personnel record system in place. For each of the charts reviewed, however, more than half of the required components were missing.

8 Job Descriptions

Job descriptions aid in the assessment of job performance by setting clear expectations for both staff and supervisors. Staff categories are management, medical staff, nursing staff, technical staff and support staff. Each of these categories was scored as a percentage of staff with job descriptions. The national hospitals did well in this index; none of them had scores

below the lower benchmark. Malalai and Indira Gandhi Hospitals scored 100 in this index. Two hospitals had improved scores in 2008, while one had a lower score.



At all hospitals, technical staff had job descriptions. At six of seven, all management staff had job descriptions, and the remaining hospital had this for at least half of this staff type. Five hospitals had job descriptions for all physicians, nursing staff and support staff.

• Domain D: Capacity and Infrastructure

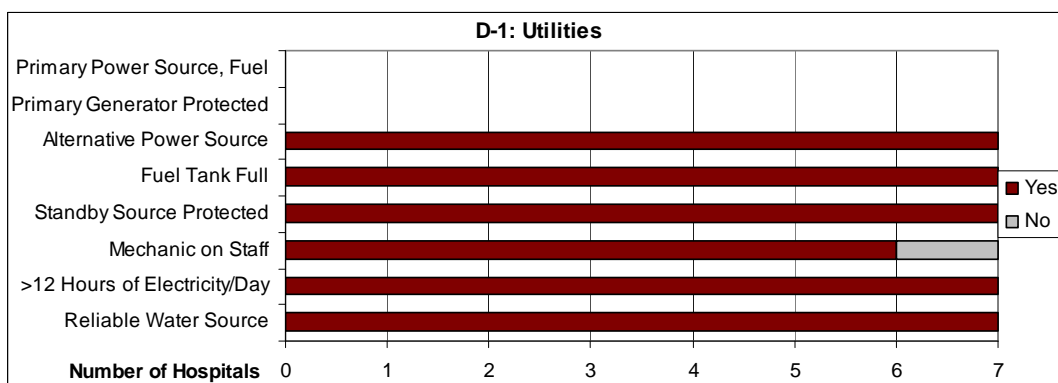
Domain D assesses the physical resources for provision of services to patients. Scores for equipment, ward assessment and tests and special services were adjusted based on the types of services available and number of wards.

• D1: Utilities, Communications, and Transportation

D1: Utilities, Communications, and Transportation	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-1: Utilities	100	100	100	100	83.3	100	100
D-2: Communications	33.3	33.3	50.0	66.7	66.7	66.7	66.7
D-3: Transport	75.0	75.0	75.0	75.0	75.0	75.0	75.0

1 Utilities

The presence and adequacy of power, a back-up power source, and water reliability at the facility is evaluated in this index. This includes the presence of full fuel tank, protection of the power source, and a mechanic on staff. Full points were given for at least 12 hours of electricity per day. Hospitals did well in this index; six had scores of 100, while Wazir Akbar Khan received 83.3 points. Four hospitals had higher scores in 2008 than in the previous year.

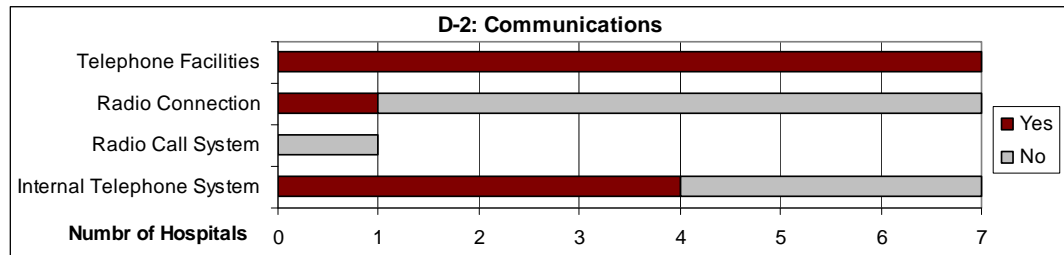


For all hospitals, their primary source of power was from the city. All indicated that their backup power was available on demand, had enough fuel to operate for 12 hours, and was

protected from the elements. They all had 24 hours of electricity per day, and had a reliable water source. Only Wazir Akbar Khan did not have a mechanic on staff for maintenance of their power source.

2 Communications

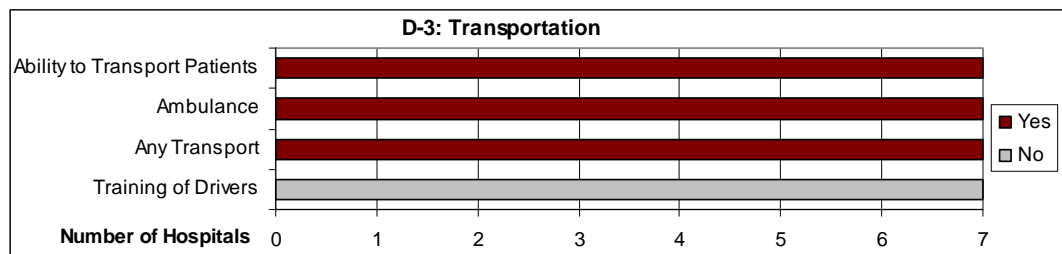
Communication systems, such as a telephone, radio, radio call system and internal telephone system, allow the hospital to coordinate care and function as a referral center. This index evaluates the presence and function of these communication systems. All of the national hospitals were between the upper and the lower benchmarks. Their scores ranged from 33.3 to 66.7. Two hospitals of seven had improved scores compared to 2007.



All hospitals had a telephone for communication to other facilities and the MOPH. Only one, Esteqlal, had a functional radio connection, but did not have a radio call system in place for communication with lower level facilities. Four hospitals had a functioning telephone system for internal communication.

3 Transportation

This index evaluates the ability and resources to transport patients, in particular the type of transport available and the training of its drivers. None of the hospitals were above the upper or below the lower benchmarks; all had a score of 75. The provincial median for 2007 was also 75. Two had improved scores and one had a lower score than in 2007.



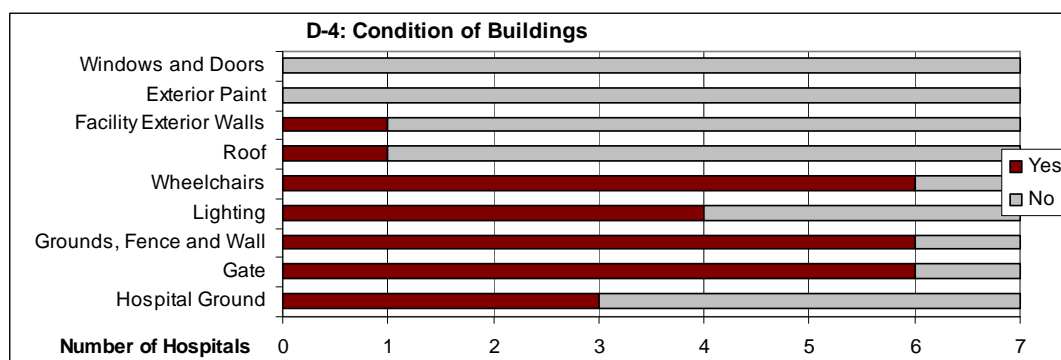
All hospitals had the ability to transport patients. All had at least one vehicle for this purpose, at least one of which was an ambulance. None of the hospitals had training for their drivers in the transport of ill patients.

• D2: Infrastructure—Buildings

D2: Infrastructure –Buildings	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-4: Condition of Buildings	22.2	22.2	44.4	44.4	66.7	33.3	66.7
D-5: Cleanliness and Ward Repair	46.0	17.6	55.1	33.3	46.3	42.9	43.8
D-6: Hospital Treatment Facilities	70.0	0	62.5	37.5	37.5	33.3	72.7
D-7: Other Hospital Facilities	0	33.3	66.7	66.7	33.3	33.3	100

4 Condition of buildings

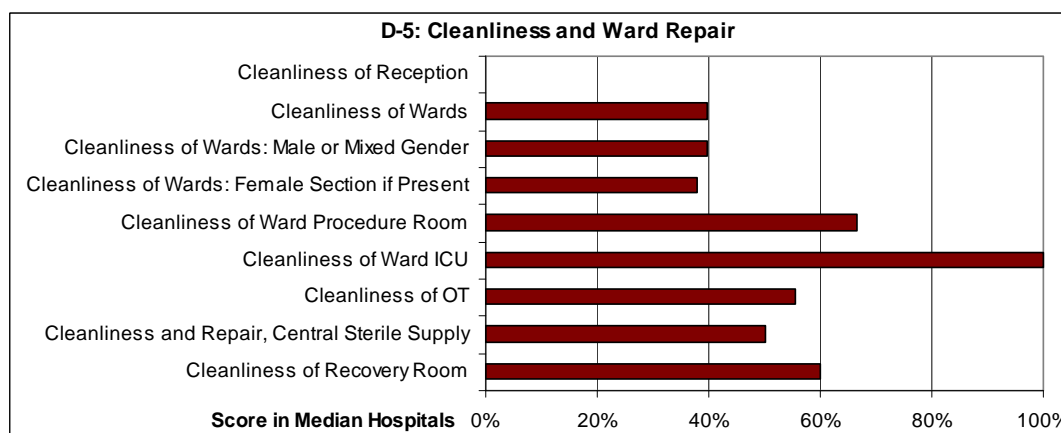
The survey team inspected the exterior of buildings and the grounds during their visit. Specific areas included: windows and doors, paint, walls, roof, lighting and electrical system, and the grounds, including the fence, wall and gate. Wheelchairs were also assessed. Three hospitals scored below the lower benchmark of 44.4. These were Ibn Sina, Antaani, and Kheir Khana Hospitals. None of the national hospitals scored above the upper benchmark. Six of seven hospitals had lower scores compared to 2007.



The areas felt to be in good repair generally were the grounds, fence, walls and the gate; one hospital had deficiencies in all these areas. At just one hospital, the exterior walls were felt to be sound, as well as the roof. At all hospitals it was felt that the windows, doors and exterior paint required many repairs. Six of seven hospitals had working wheelchairs.

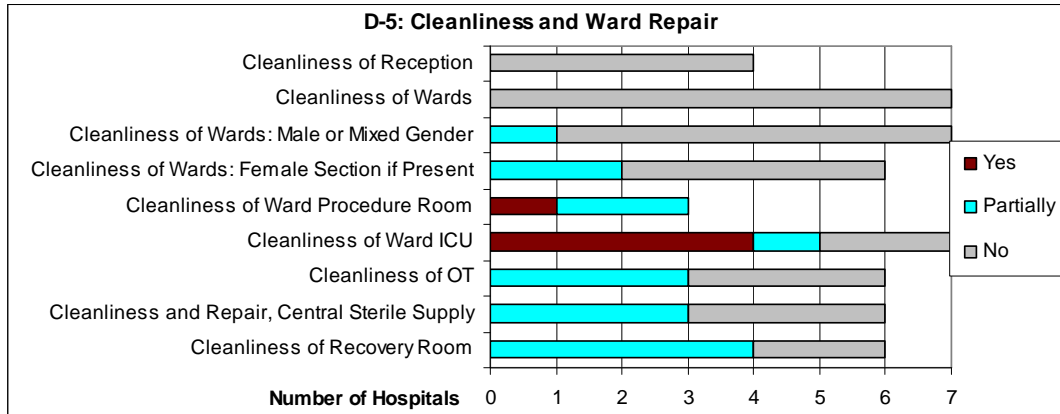
5 Cleanliness and ward repair

Patient care areas were assessed for functional integrity and cleanliness. These areas included the beds, floors, walls, toilets, windows and doors, paint, electrical systems, and the nurse's duty room. This year each ward, its dressing room, and separate female and ICU areas were assessed individually if present. All hospitals scored in the mid range between the upper and lower benchmarks. The range of scores was 17.6 to 55.1. Four hospitals had worse scores compared to the previous year and one, Malalai, had a higher score.



Few areas were deemed to be clean in all aspects. Of the four hospitals with a reception area, none were deemed satisfactorily clean, as was the case for the wards overall at all hospitals. Of the wards that had just males or both genders, only Esteqal was satisfactorily clean in 50% of areas inspected. Of the six hospitals with female sections, two were partially clean. Of the three hospitals with a ward procedure room, only Esteqal was deemed satisfactorily clean, as

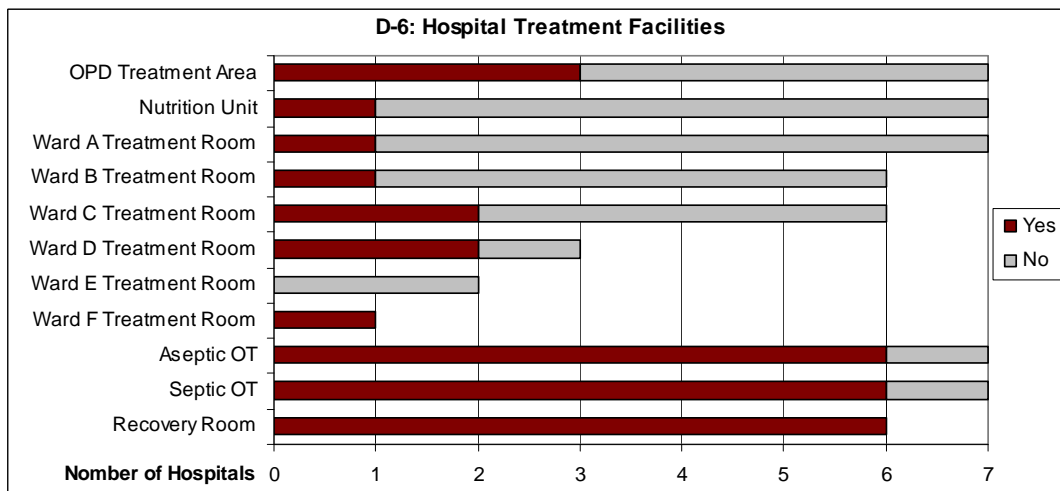
were four of seven hospitals with a ward ICU. Three of six operating theaters, three central sterile supply areas, and four recovery rooms were considered partially clean.



Of the median scoring hospitals, the areas most likely to be the cleanest were the ward ICU and ward procedure rooms.

6 Hospital Treatment Facilities

This index evaluated the presence of separate functional patient care areas: OPD treatment rooms, nutrition unit, ward treatment rooms, septic and aseptic operating theatre rooms, and a recovery room. Separate treatment rooms allow for a centralized area for equipment access and for patient privacy. In this round, points were given for treatment rooms on each ward. Four hospitals scored below the lower benchmark of 50; the range of scores was between zero and 72.7. Five hospitals had lower scores this than in 2007.

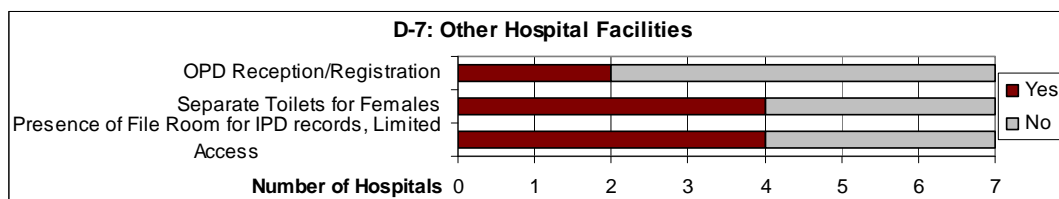


Six of seven hospitals had both aseptic and septic operating theatre rooms, as well as a recovery room. The hospital that was deficient in all of these areas was Antaani Hospital. Three of seven hospitals had an OPD treatment area, and only Indira Gandhi Hospital had a nutrition unit.

Four of seven hospitals had no treatment rooms on any wards. Of the remaining three, Ibn Sina had treatment rooms on three of five wards; Esteqlal on one of three wards; and Indira Gandhi on three of six wards.

7 Other Hospital Facilities

This index assessed the presence of separate functional areas that facilitate patient care: OPD reception and registration, female toilets, and a secure records room. One hospital was above the upper benchmark and another was below the lower benchmark, with scores of 100 and zero respectively. Two hospitals had improved scores compared to 2007, with four that received lower scores this year.



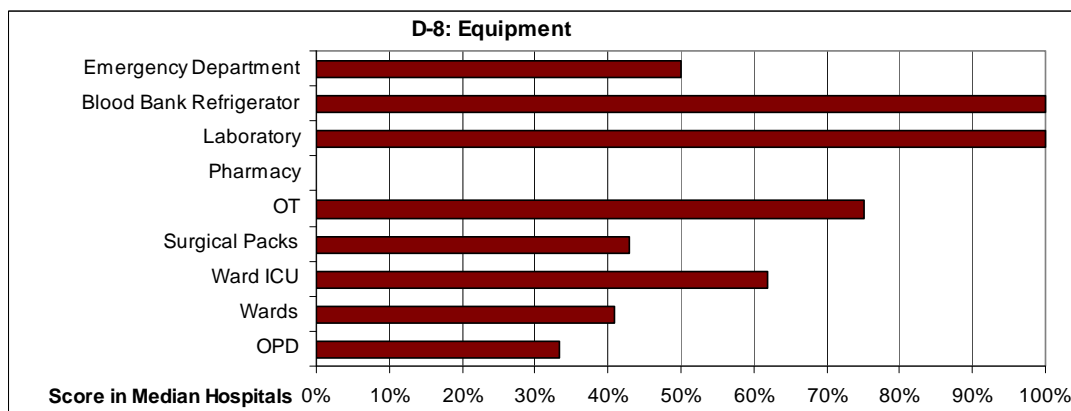
Only two hospitals, Esteqlal and Indira Gandhi, had a separate OPD reception and registration area. Four hospitals had separate toilets for females, and four had a file room that could be locked, ensuring confidentiality and security of inpatient records.

• D3: Supplies-Drugs and Equipment

D3: Supplies-Drugs and Equipment	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-8: Equipment Index	48.1	26.3	61.5	56.6	67.7	35.8	44.0
D-9: Drugs and Supplies	40.1	29.1	62.2	38.2	51.9	42.0	31.4

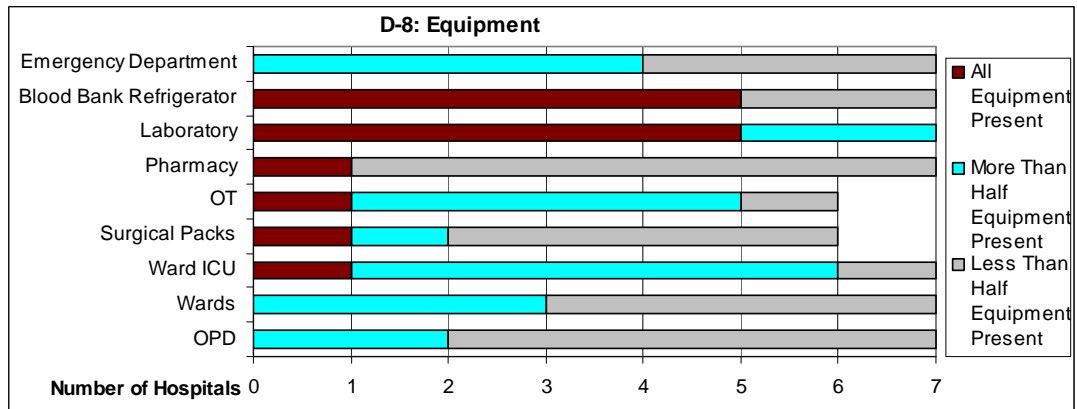
8 Equipment

This index assessed the adequacy and availability of equipment in patient areas, such as the wards, OPD, ICU, ER, and OT. This index was modified from last year, as noted above. Essential equipment was also assessed in the pharmacy, laboratory and blood bank. In addition, equipment was adjusted for ward activity type, to avoid unduly penalizing facilities without relevant clinical services. (See Annex 2 for EPHS requirements by hospital type for equipment, and Annex 12 for details for national hospitals.) Five hospitals scored below the lower benchmark of 60.4. All hospitals had lower scores compared to the previous year.



The lab and blood bank were most likely to have the required equipment present at five of seven hospitals. These were present at all hospitals performing above the median. Only one of six hospitals had a fully equipped OT, with an additional four with more than half the

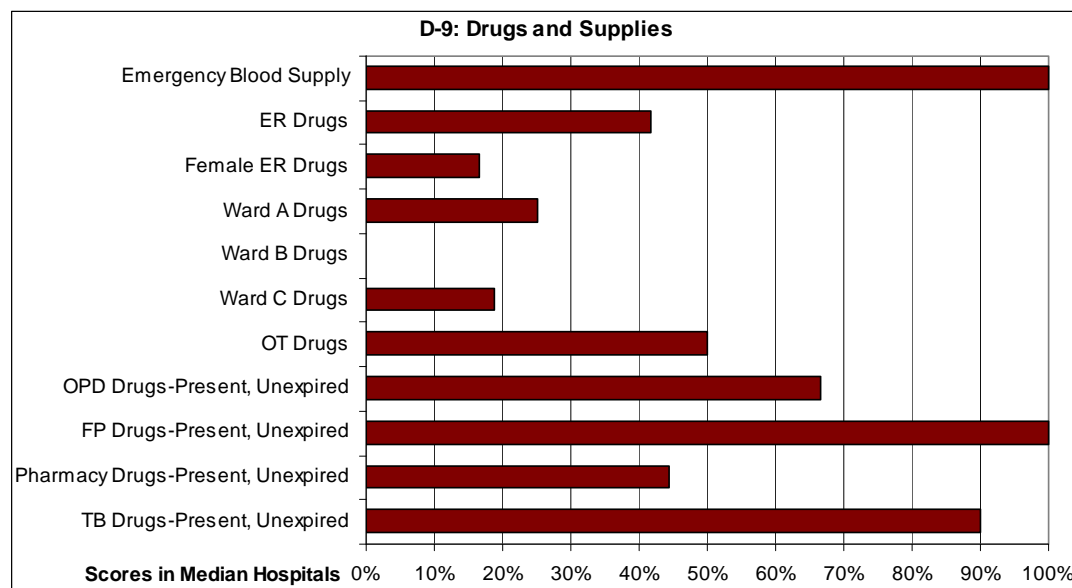
equipment present. Median scoring hospitals had about 75% of operating theatre equipment present. One of six had the necessary number of surgical packs present. Equipment scores for the OPD ranged from 17% to 58%, with a median of 33%. Most hospitals (five of seven) had less than half the required equipment present in their OPD at the time of the survey.



None of the hospitals had any fully equipped wards; three had wards that were more than 50% equipped. At median scoring hospitals, this score was just over 40%. Scores for the ward ICU were better; only Wazir Akbar Khan had fully equipped ICU areas, and an additional five hospitals were partially equipped. The score was above 60% in median-scoring hospitals.

9 Drugs and Supplies

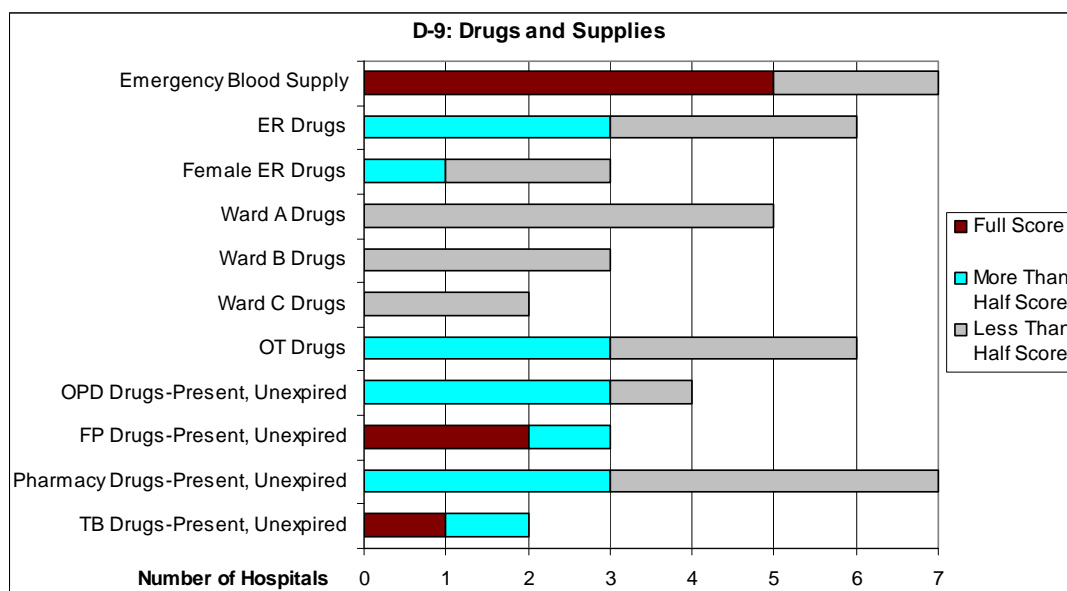
Availability and accessibility of up-to-date drugs and supplies was assessed in patient care areas. No points were awarded for medications that were expired. Unlike 2007, each ward was assessed for the adequacy of drugs and supplies. (See Annex 3 for EPHS requirements by hospital type for medication, and Annex 12 for details for national hospitals.) All seven hospitals scored below the lower benchmark of 65.2. The range of scores was between 31.4 and 62.2, and five had lower scores compared to last year. Malalai and Kheir Khana Hospitals had improved scores compared to 2007.



Five of seven hospitals had at least one unit of blood available for transfusion in the blood bank. Three of six had more than half of the medications and supplies required for the

emergency room present. Of those with a female ER, only one had more than half of the resources present.

Of those hospitals with ward ICUs, all had less than half of the required equipment and medications present. Scores never reached higher than 25% among median scoring hospitals.



Three of six hospitals had more than half of the drugs and anesthesia gases present in the OT; the median score was 50%. Two of the three hospitals offering family planning services had all required methods present. Three of seven of the inpatient pharmacies had more than 50% of medications present, with a median score of only 44%. One of two hospitals offering TB treatment had all required drugs present and unexpired.

• D4: Services

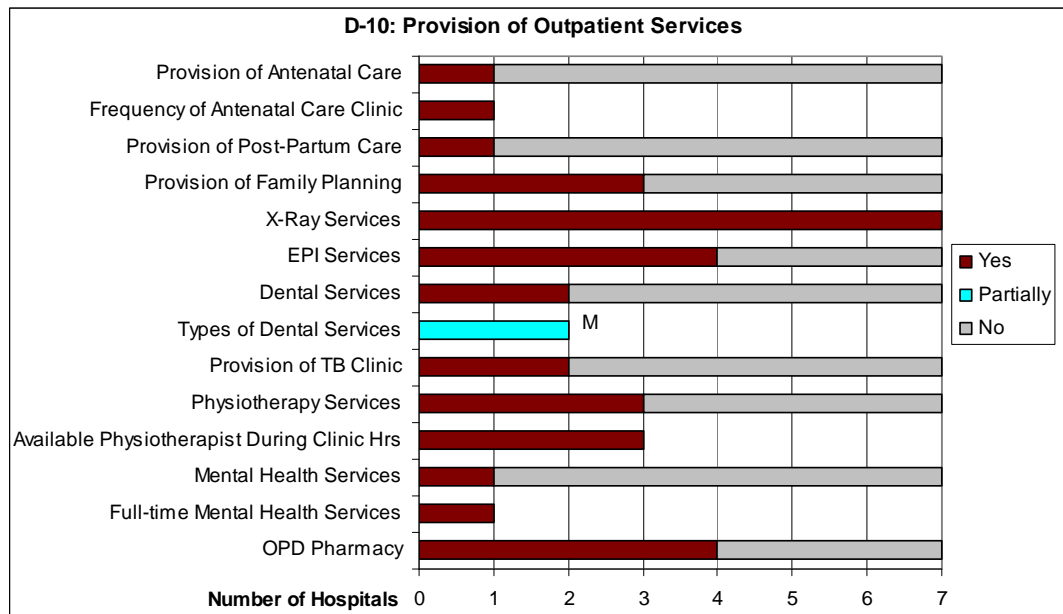
D4: Services	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-10: Provision of Outpatient Services	10.0	30.0	66.7	30.0	45.5	62.5	56.3
D-11: Support Services	61.5	64.3	85.7	76.9	73.3	64.3	61.5
D-12: Tests and Special Services	51.6	50.0	67.7	74.2	87.1	32.1	73.5

10 Provision of Outpatient Services

The breadth of services offered at the facility was assessed, which included antenatal care, post-partum care, family planning, radiology, vaccinations, dental care, TB care, physiotherapy, mental health services and an outpatient pharmacy. No exclusions were made for the national hospitals, except for Indira Gandhi Hospital, where indicators for antenatal care, post-partum care and family planning were excluded. This scoring scheme is comparable to previous years, for the sake of comparison. Interpretation of results must be made in light of the services offered at each national hospital.

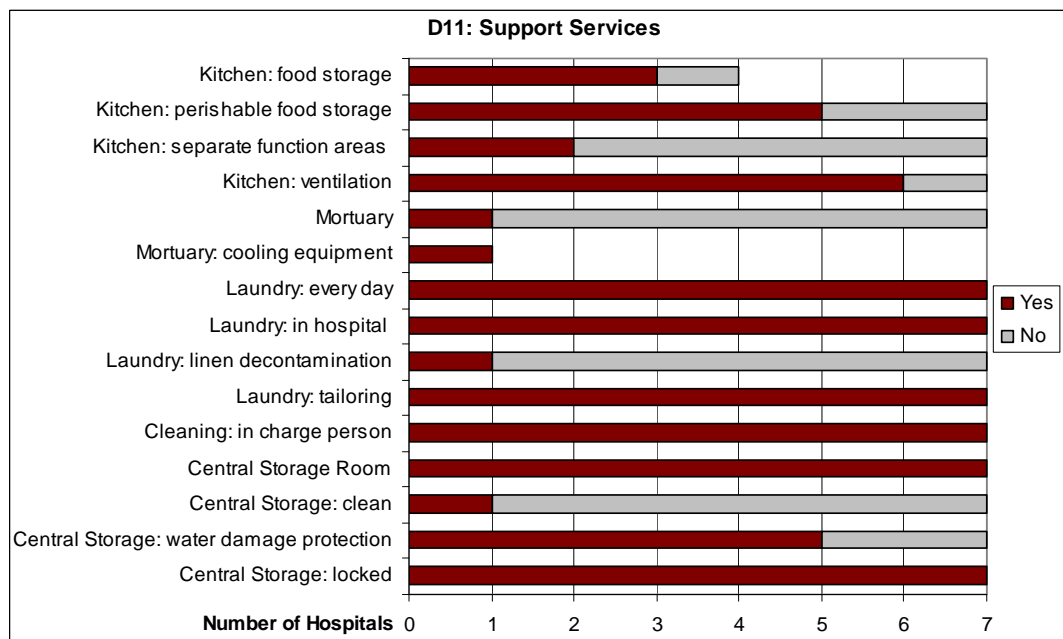
All seven hospitals had scores below the lower benchmark of 67.7; the scores ranged from 10 to 66.7. Three hospitals showed improvement and three sites had decreased scores compared to the previous year.

Only Esteqlal provided antenatal care, which was offered daily, as well as post-partum care. Malalai did not report antenatal services. Three of seven hospitals provided family planning services. All hospitals provided radiology, four provided EPI, and two provided dental services; these two sites provided a portion of services required by the EPHS guidelines.



Two hospitals had a TB clinic; three had physiotherapy services; and all had a physiotherapist available during clinic hours. Only Kheir Khana offered mental health services, and this was full-time. Four of seven hospitals had a separate OPD pharmacy.

11 Support Services



Support service areas support and facilitate patient care. These areas should be functional, clean, and complement hospital function. These include the kitchen, mortuary, laundry, cleaning, and storage. Esteqlal Hospital was the sole hospital above the upper benchmark; no

facilities were below the lower benchmark. The range of scores was between 61.5 and 85.7. Two hospitals had improved scores in 2008, and one had a lower score.

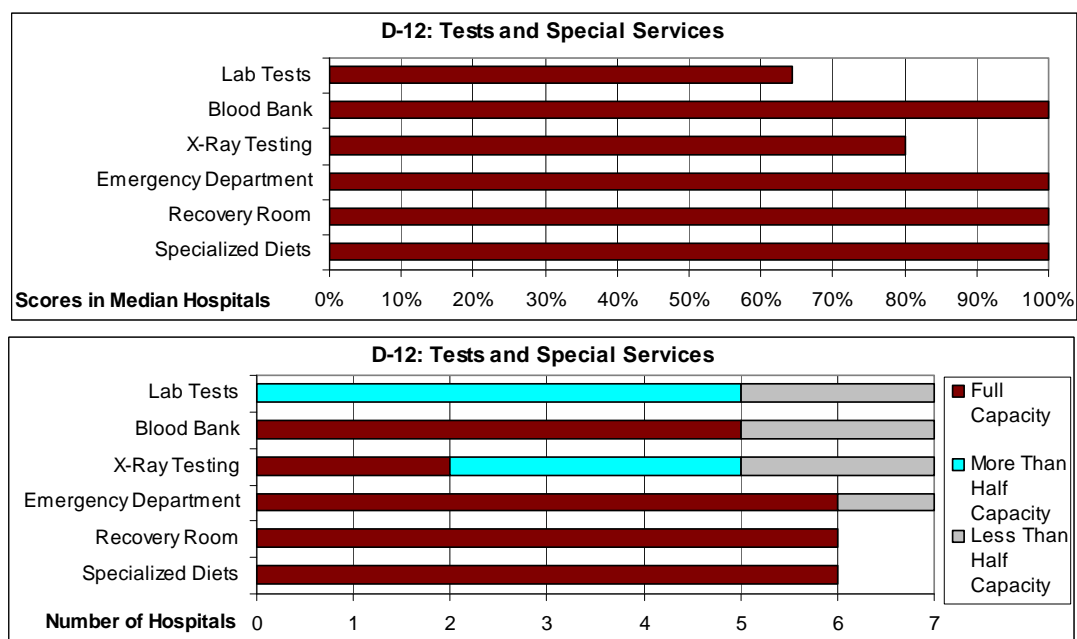
Three of four hospitals where food stocks in the kitchens could be checked did not have food stored on the floor, and five had storage for perishable foods. Two hospitals had separate areas for preparation, cooking and disposal; six had adequate ventilation for cooking.

Only one hospital had a mortuary, which also had cooling equipment. All hospitals had daily laundry services within the hospital and tailoring, but only one had decontamination for soiled linens. At all hospitals, there was a person in charge of all cleaning services for coordination of activities.

At all seven hospitals a central storage room was present and was locked for security, but only one was deemed satisfactorily clean, and five had protection in place to prevent water damage.

12 Diagnostic Tests and Special Services

This index assesses the diagnostic services available at facilities. They are based on EPHS standards (Annex 5), and details for national hospitals are found in Annex 12. Wazir Akbar Khan was the sole hospital that placed above the upper benchmark. Three hospitals were below the lower benchmark. The range of scores was from 32.1 to 87.1. Four hospitals had higher scores in 2008, while one had a lower score.



Five hospitals were able to perform more than half the tests required by the EPHS guidelines at the time of the survey, with a range of 21% to 93% and a median of 64%. All were able to do white and red cell counts and stool testing. Over half were unable to perform TB smears, malaria smears, gram stains, HIV testing, hepatitis C testing, liver function testing, syphilis testing, and pregnancy testing. Five hospitals had the ability to perform a blood group and cross match for the blood bank.

Two hospitals offered the full complement of radiological tests required by the EPHS guidelines, and an additional three had more than half available. Six had a separate functioning emergency room with 24 hour coverage and nursing and physician staff. Six hospitals had a recovery room, and six were able to provide all specialized diets to patients.

Median scoring hospitals were most likely to have blood group testing, a 24 hour staffed ER, recovery room and specialized diets. These hospitals had 80% of radiological tests available and were able to perform over 60% of required lab testing.

• D5: Activities

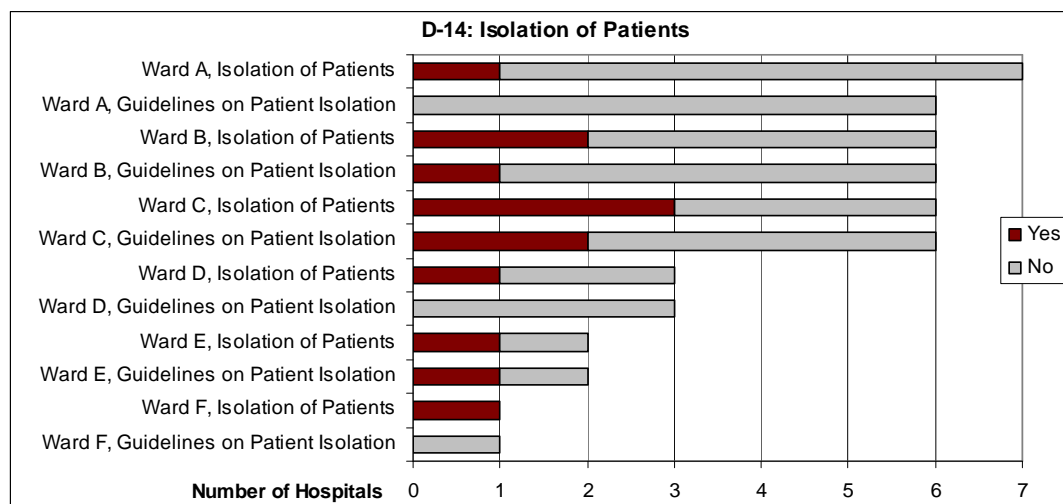
D5: Activities	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-13: Organization of Clinical Activities	83.3	100	100	100	100	100	100
D-14: Isolation of Patients	22.2	50.0	33.3	16.7	33.3	0	41.7

13 Organization of Clinical Activities

Communication among providers is an important aspect of patient care. This index evaluates the morning report and meetings among physicians and nurses. Six hospitals had full scores and were also at the upper benchmark. The remaining hospital had a score of 83.3. All hospitals had a nurses meeting held at least once per week. Six of seven hospitals indicated that all physicians were aware of a daily morning report. At Ibn Sina, two-thirds of physicians knew that this meeting took place.

14 Isolation of Patients

The isolation of patients with the use of guidelines for infectious disease can prevent the spread of disease. This index was modified from the 2007 round. Previously, this score was based on three wards that had pediatric, medicine and surgical activity, regardless of the actual number of wards present. In 2008, each ward was assessed for their ability to isolate patients and for the presence of guidelines. Kheir Khana was at the lower benchmark, with a score of zero; no hospitals achieved the upper benchmark. The range of scores was between zero and 50.



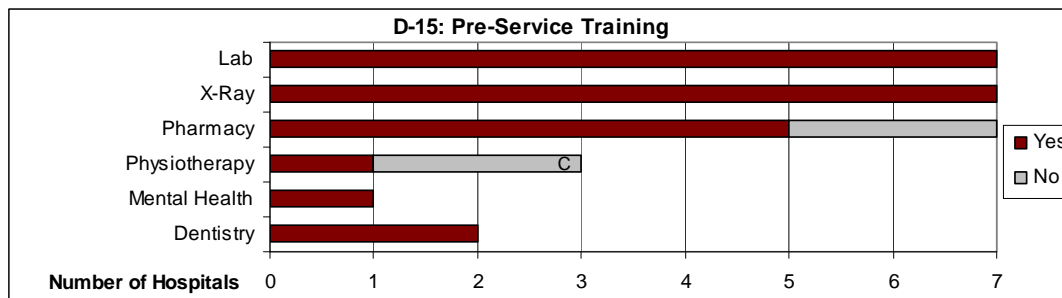
Malalai and Kheir Khana Hospitals lacked the ability to isolate patients on any wards; no hospitals had isolation areas present on all wards; and four wards had guidelines posted. Only one ward of all wards at all hospitals had both the ability to isolate patients and guidelines posted.

• **D6: Staff**

D6: Staff	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
D-15: Pre-Service Training	66.7	100	50.0	100	75.0	100	100
D-16: In-Service Training: Skill Specific	75.0	55.6	68.2	100	50.0	62.5	81.8
D-17: In-Service Training: General	78.6	8.0	7.4	75.2	47.8	22.8	1.6

15 Pre-service Training

The previous training and qualifications of department heads is assessed in lab, radiology, pharmacy, physiotherapy, mental health and dentistry. Four hospitals were above the upper benchmark, and all achieved full marks. These were Antaani, Malalai, Kheir Khana, and Indira Gandhi Hospitals. No hospitals fell below the lower benchmark. Scores ranged from 50



to 100.

All hospitals had qualified persons in charge in the lab and radiology departments. At the one hospital with mental health services, a psychologist or psychiatrist was in charge. At the two hospitals with dentistry services, a full-time dentist was in charge.

Lack of qualified leadership was seen in the pharmacy and physiotherapy departments. Five had a qualified pharmacist in charge, and one of three hospitals with a physiotherapy department had qualified leadership.

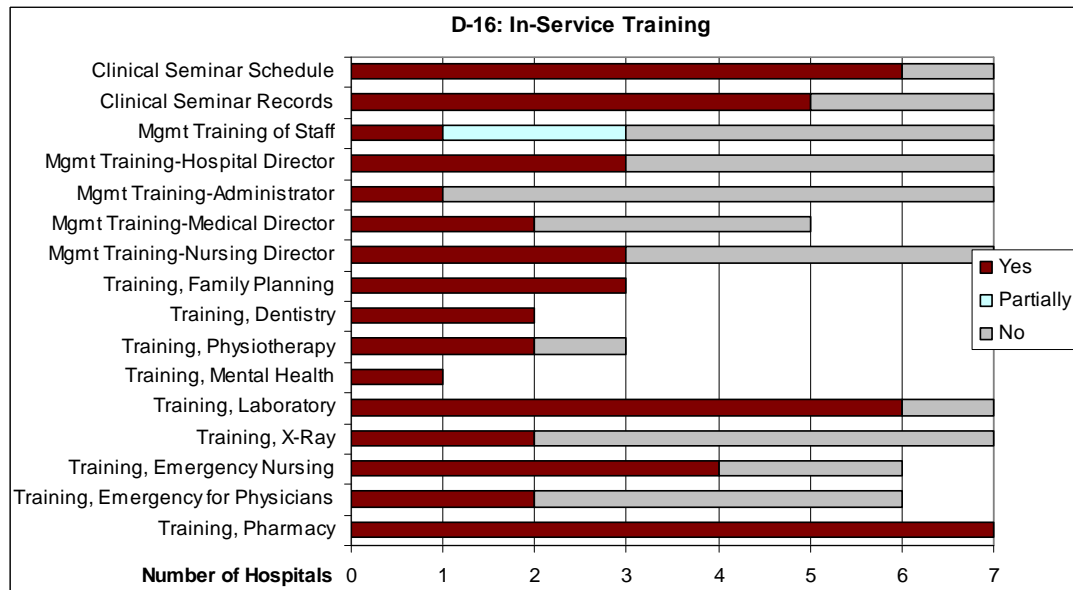
16 Skill-specific in-service Training

This index evaluates the presence or absence of in-service specialty training of employees in specific departments. Four hospitals scored above the upper benchmark of 64.4, and none were below the lower benchmark. The scores ranged between 50 and 100. Three hospitals had improved scores, while two had lower scores this year as compared to last year.

All hospitals had weekly clinical seminars. Of these, six had a schedule available for review and five had records available. At only one hospital, Malalai Hospital, did all leadership categories receive management training; at four hospitals, none of the leadership staff received management training. Of all hospital leaders, the hospital director and nursing director were most likely to have received this training at three of the seven hospitals.

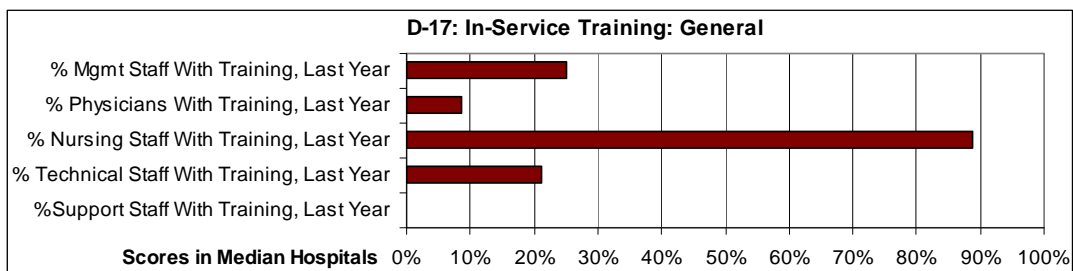
Only Malalai reported that a staff member in each department received specialty training in the past year. All other hospitals had deficiencies in at least one area, most commonly in radiology. In specific departmental areas, all hospitals who offered family planning also had their staff trained in this area in the past year. This was also true for the hospitals with dentistry, mental health, and pharmacy staff. Departments least likely to have had a staff

member receive specialty training were radiology, followed by emergency training for physicians.



17 General in-Service Training

This index assesses whether employees have any in-service training in the past year. The proportion of those with training was calculated by job category. These categories include management, physicians, nurses, technical staff and support staff. Scores were generally low. Two hospitals scored above the upper benchmark of 66.8%, while three scored below the lower of 22.3. The range was also quite wide, between 1.6 and 78.6. The median was 22.8. Four had improved scores this year, while two had lower scores.



The category most likely to have had in-service training in the past year was nursing. The range was wide; three to 100% of nursing staff receiving training at a given hospital, with a median score of 89%. The category least likely to have received in-service training was the support staff. At five hospitals, none had received in-service training in the past year.

• Domain E: Quality and Safety

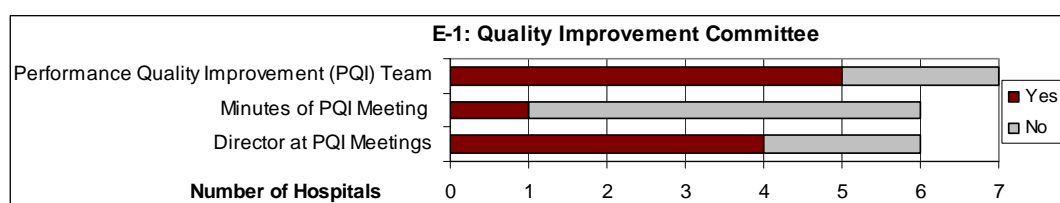
Quality and safety are important aspects of patient care. Systems in place for quality improvement and to ensure the safety of patients are assessed in this domain.

• **E1: Quality-Enabling Environment**

E1: Quality-Enabling Environment	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
E-1: Quality Improvement	66.7	33.3	0	100	66.7	66.7	0
E-2: QI Organizational Activities	64.9	54.2	65.0	69.7	49.1	53.3	41.3
E-3: Infection Prevention	86.4	75.8	79.9	99.1	84.4	39.5	78.8
E-4: Death Committee	100	50.0	50.0	100	50.0	50.0	50.0
E-5: Written Clinical Practice Guidelines	12.5	0	0	0	0	16.7	33.3
E-6: Inpatient Records, Archived	29.6	75.0	41.5	60.4	66.7	45.1	69.4
E-7: Inpatient Records, Active	74.7	60.7	71.9	90.7	73.1	54.2	73.1
E-8: TB Registry	-	100	-	-	100	-	-
E-9: Drug and Supply Record Keeping	28.6	14.3	75.0	40.0	77.8	53.8	92.3

1 Quality Improvement

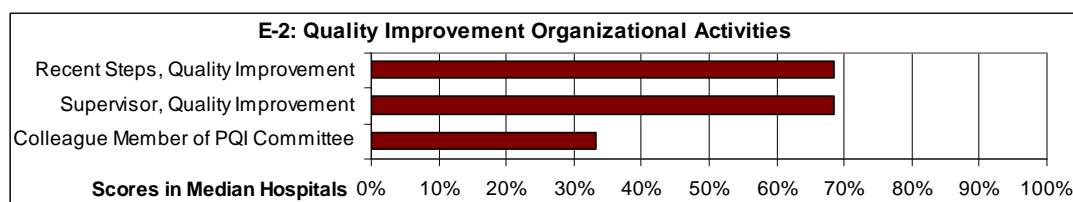
This index assesses whether a system is in place for quality improvement at the facility. There was wide variation in performance. Malalai Hospital scored 100, and achieved the upper benchmark, while two hospitals received scores of zero. Three hospitals improved their scores from 2007, while two had lower scores.



Five hospitals had a quality improvement team. Of these five, the director attended the meetings at four hospitals, and only one hospital had minutes of meetings from the last six months.

2 Quality Improvement Organizational Activities

This index assesses the staff engagement in QI activities. The information used to calculate the index was obtained from staff interviews. Four hospitals scored below 57.5, the lower benchmark. None scored above the upper benchmark. The scores ranged from 41.3 to 69.7. Four hospitals had lower scores compared to 2007, while one had improvement.

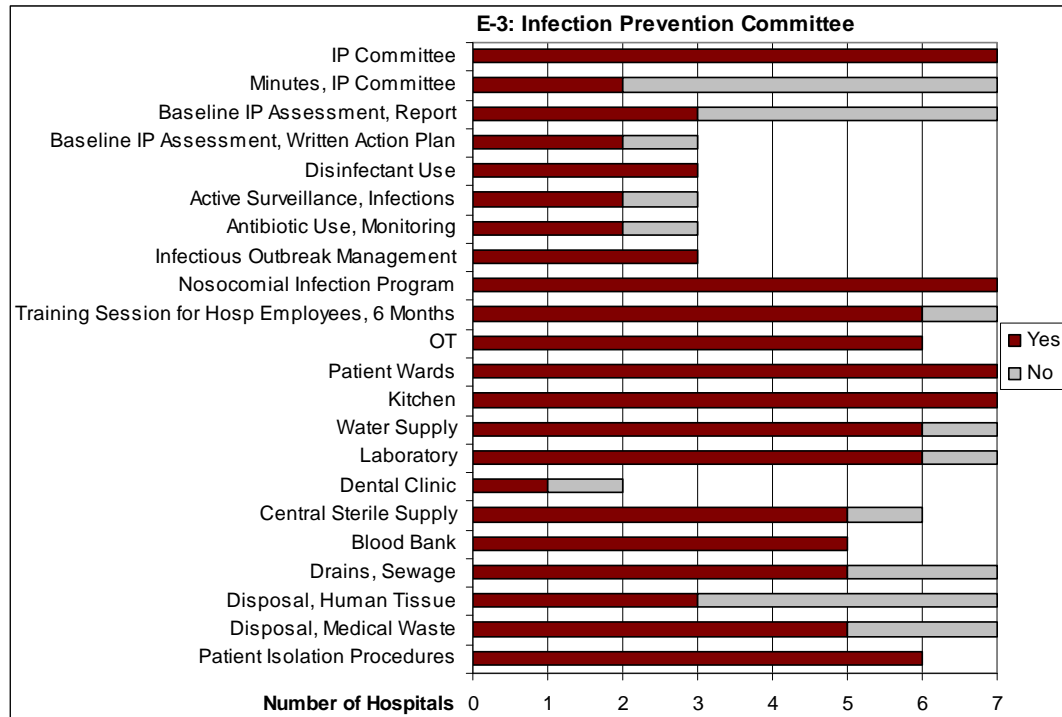


In the past six months, 68% of staff at the median scoring hospital noted that steps had been taken to improve quality. The range among the national hospitals was 47% to 79%. In addition, a supervisor had recently discussed quality improvement with 68% of employees at the median scoring hospital; the range was 47% to 77%.

A low number of interviewed employees noted that a colleague was on the PQI committee—33% at the median scoring hospital. The range for this indicator was 22% to 61%.

3 Infection Prevention

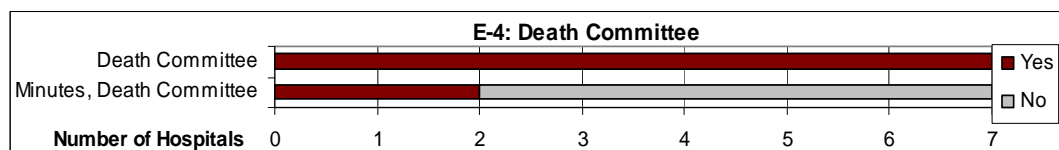
This index includes a number of indicators to assess infection prevention systems and activities at the hospitals. One hospital achieved the upper benchmark and another did not meet the lower benchmarks. The range of scores was from 39.5 to 99.1. Four hospitals had higher scores compared to 2007, while three had lower scores.



All hospitals had a nosocomial infection control program. All hospitals also had an infection prevention committee, but only two had minutes from meetings in the past six months. At three hospitals, a baseline IP assessment had been completed and a report was available for review. Of these, three hospitals had a written action plan, available for review in two hospitals. All addressed disinfectant use and infectious outbreak management. At two hospitals, active surveillance of infections and surveillance of antibiotic use was also addressed. Six hospitals had training on infection prevention for hospital employees in the past six months.

IP activities are also practiced in various hospital areas. At six hospitals, the IP program included the operating theater. At all hospitals, this included the wards and kitchen. Six of seven hospitals included the water supply and laboratory. The area that was addressed least frequently related to disposal of human tissues.

4 Death Committee

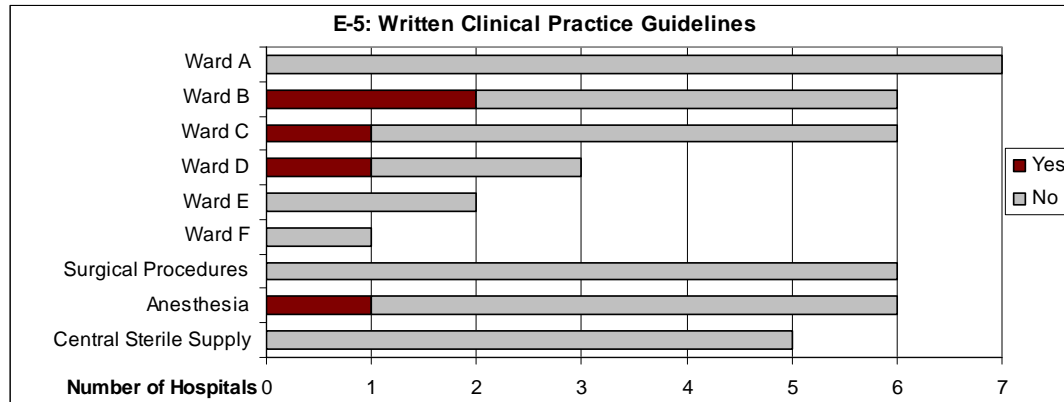


Another component of quality is the death committees, which reviews all deaths, allowing for identification of trends, medical errors, or system-related issues contributing to patient care issues. Two hospitals achieved the upper benchmark, with scores of 100, and the range of scores was from 50 to 100. None were below the lower benchmark. Three hospitals' scores

improved, while one declined. All hospitals had a death committee, but only two had minutes from the last meeting.

5 *Written Clinical Practice Guidelines*

This index assesses for the presence or absence of clinical or procedural guidelines on the wards, operating theater and central sterile supply. Their regular use decreases variability and improves quality of patient care. Points were given for each ward. Thus, some hospitals could be awarded up to eight points. If it was unclear whether clinical practice guidelines were available, hospitals were given the benefit of the doubt: rather than receiving a score of zero, the area in question was left un-scored.

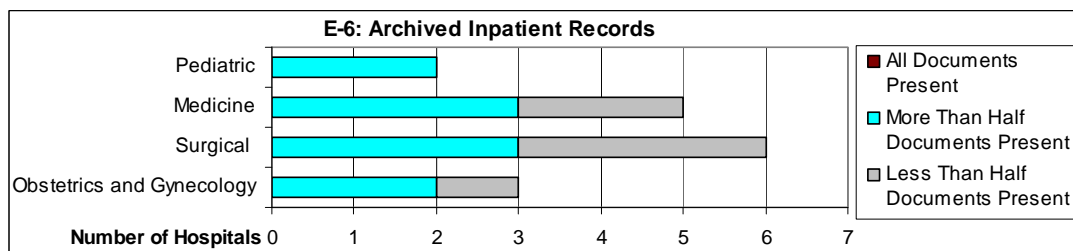


Scores in this area were generally low. Five hospitals scored below the lower benchmark of 13.9, with four hospitals receiving scores of zero. The range was zero to 33.3. Two hospitals also had lower scores than in 2007.

Four hospitals lacked clinical guidelines on all wards. Of the remaining three, clinical guidelines were (at most) present in a third of the wards. None of the hospitals had guidelines for common surgical procedures, and none had posted protocols for the receipt of used instruments in Central Sterile Supply. Only one hospital, Indira Gandhi Hospital, had anesthesia guidelines for common surgical procedures.

6 *Archived Inpatient Records*

One aspect of quality care is a complete patient record. The completeness of two charts, by type, was assessed: pediatrics, medicine, surgery and obstetrics/gynecology. Required components are: the admission form, history and physical, daily doctor's progress note, vital signs, daily nurse's note, medication record, lab and other reports, and a discharge note with patient instructions. Three hospitals scored below the lower benchmark of 54.6; the range was 29.6 to 75; and none achieved the upper benchmark of 89.6. Six of seven hospitals had lower marks than in 2007.

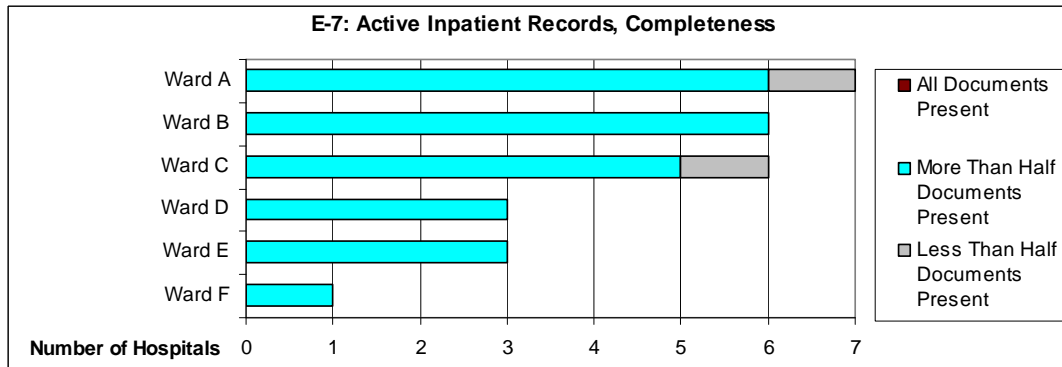


Of all chart types, none were complete. Pediatrics charts were most likely to be complete, with both hospitals that treat children having more than 50% of required documents in the

archived chart. The chart least likely to be complete was the surgical chart, with three hospitals of six having charts that were at least 50% complete.

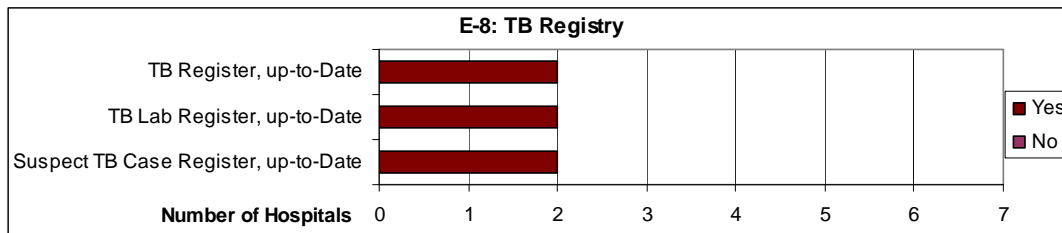
7 *Active Inpatient Records*

Two active inpatient charts per ward were also assessed for completeness. Components checked were the admission form, history and physical, doctor's progress note, nurse's progress note, medication record, and lab results. If applicable, the use of activity-specific notes was assessed for surgical, post-operative and maternity patients.



Two hospitals scored below the lower benchmark of 63.3. The range was 54.2 to 90.7. No hospitals were over the upper benchmark, and three hospitals had lower scores compared to 2007. Only Malalai Hospital had any complete charts—two of six that were examined. Only 35% of charts had a nurse's note, and 62% had labs. The components most commonly present were the medication list and the physician's note for the day.

8 *TB Registry*



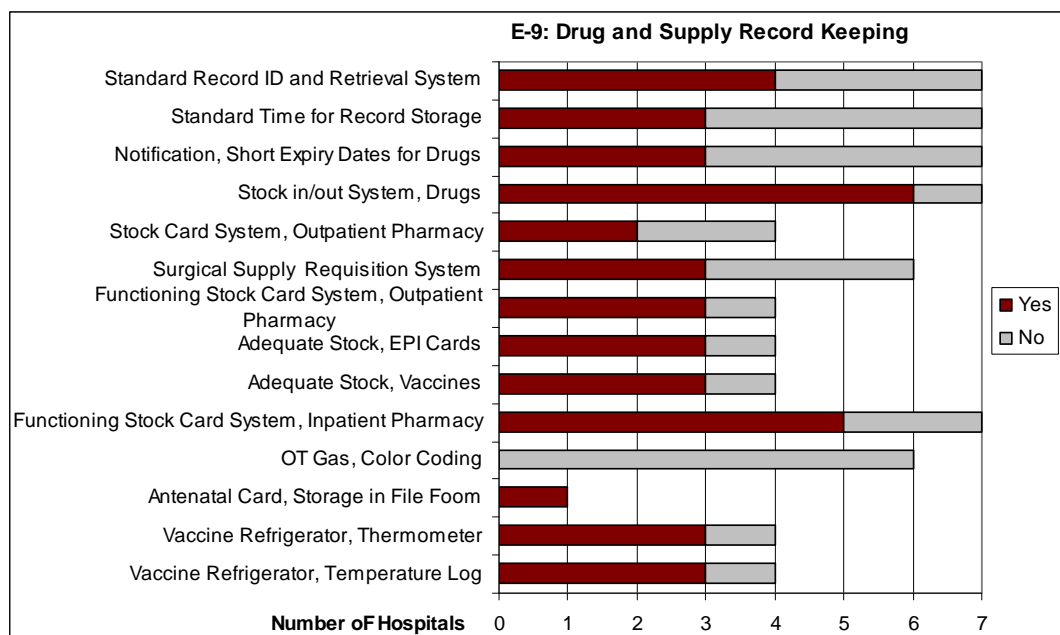
It is a requirement from the MOPH that national hospitals deliver TB services. Last year none of the national hospitals provided TB services. Thus, there is no comparison to the previous year. Antaani and Wazir Akbar Khan Hospitals both achieved the upper benchmark, scoring 100. Both hospitals had up-to-date TB registers, lab registers and suspect TB case registers. The other five hospitals did not have TB services and thus were not scored.

9 *Drug and Supply Record Keeping*

Continued provision of services requires available and adequate supplies. This index evaluates systems that track medication quantities and expiration dates, supplies, and record keeping in the pharmacy, EPI and operating theater. One hospital scored above the upper benchmark of 84.8, with four hospitals below the lowest quintile, with scores lower than 64.3. Five hospitals had a lower score than in 2007, while two had higher scores. The range of scores was wide, from 14.3 to 92.3.

In the medical records department, only four hospitals had a system for identification and retrieval of charts; three had a standard time for record storage. The one hospital that had antenatal services kept its cards in the file room.

In six hospital pharmacies there was a stock in/out system to track daily dispensing of drugs, and less than half had a system of watching for upcoming expiration dates for medications. Two of four outpatient pharmacies had a functioning stock card system, while five of seven inpatient pharmacies had a stock card system.



Seventy-five percent of hospitals providing EPI services had an adequate stock of cards and vaccines. Three out of four also had a functioning vaccine refrigerator with a thermometer and a temperature log. Lastly, none of the hospitals had color coding of the gases for the OT.

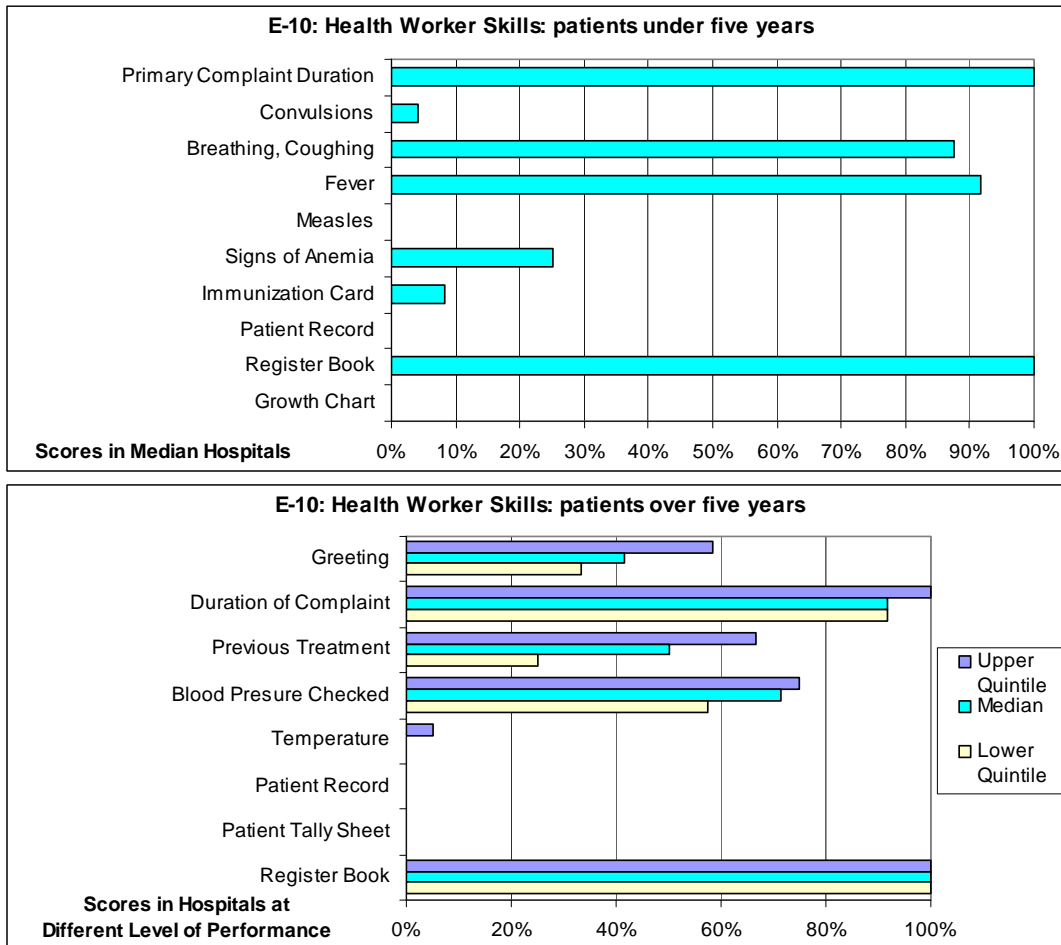
• E2: Patient Interaction

E2: Patient Interaction	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
E-10: Health Worker Skills	-	67.8	57.3	69.5	62.5	54.2	56.8
E-11: Health Worker Communication	-	50.9	31.6	30.9	61.4	41.7	45.5
E-12: Time of Consultation	-	0	0	16.7	8.3	0	12.5
E-13: Dispensing of Antibiotics	-	0	-	-	100	0	0
E-14: Routine ANC	-	-	100	-	-	-	-

10 Health Worker Skills

Quality in health worker skills includes interpersonal skills, thoroughness of history taking, completing paperwork, assessing for other medical problems, and a physical exam. Thirty-seven questions contributed to this index. These skills were assessed by observation of interactions and exit interviews with patients. (See Annex 15e for details). Some hospitals (such as Ibn Sina) did not have an OPD; thus this index was not scored. Ibn Sina, Antaani, Esteqlal, Malalai, and Wazir Akbar Khan did not see individuals under-five. Thus, components for under-five patients were not scored. One hospital was in the upper quintile and another in the lower quintile. The range of scores was 54.2 to 69.5. Two hospitals had improved scores for 2008 as compared to 2007; one had a lower score.

Scores for the care of patients under age five were based on two hospitals: Indira Gandhi and Kheir Khana hospitals. For all patient encounters, components addressed were the primary complaint, documentation in the register book, and inquiring about cough and fever. Low scores were seen in asking about convulsions, measles, checking the immunization card, and documentation in the patient growth record and tally sheet.



Among patients over age five, items consistently addressed were the nature and duration of the primary complaint, documentation in the register book, and a component of a physical exam. Areas more likely to be omitted were checking a temperature, documentation in the patient record and tally sheet, and a greeting to the patient.

11 Health Worker Communication

Components of communication include explanation of the diagnosis, treatment, follow-up, and medication directions and side-effects. (See Annex 15f) One hospital scored above the upper benchmark of 57.2, while two scored below the lower of 36. Scores ranged between 30.9 and 61.4. Three hospitals had improved scores as compared to last year, and three had lower scores.

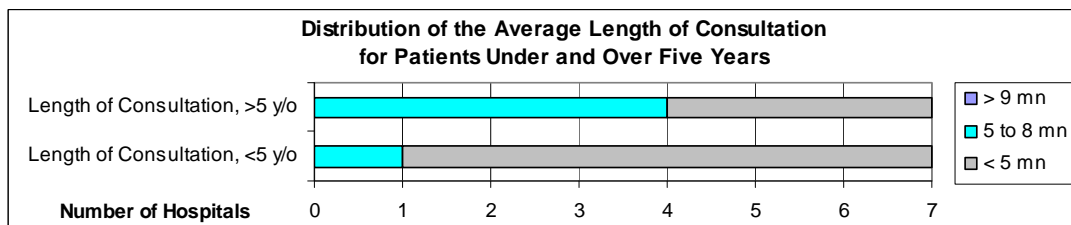
For patients under five years, areas addressed were: informing the caretaker of the diagnosis, guidance for care at home, giving a prescription, and knowing how much medicine to give and when to give it. Areas not covered were side effects of the medicine and participatory guidance, as far as warning signs and circumstances under which to return for re-evaluation. Scores were low for both the observation and interview portion regarding these areas.



For patients over age five, similar trends were seen, both in areas that were addressed and not addressed.

12 Time of Consultation

An accepted standard for the length of an outpatient consultation in Afghanistan is nine minutes. Only Malalai was above the upper benchmark, with a score of 16.7; this indicated that 16.7% of observed patient interviews lasted longer than nine minutes. Three hospitals

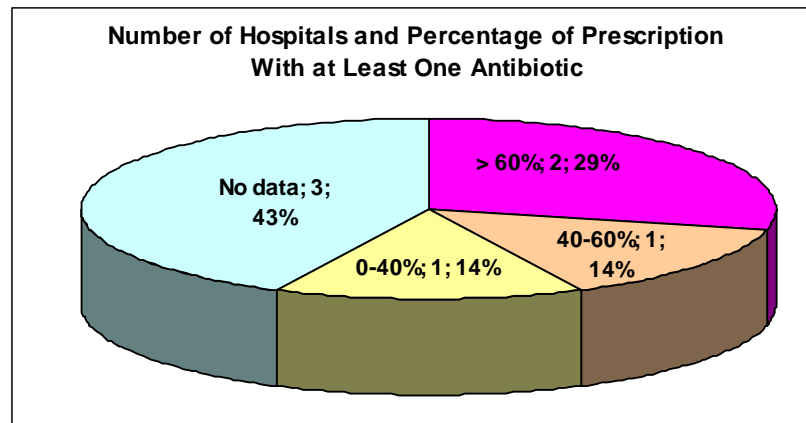


received none, indicating that all interviews were shorter than nine minutes. Two hospitals had improvement in 2008: Malalai and Wazir Akbar Khan hospitals.

The median consultation time for patients under five at scored facilities was 5.04 minutes; for patients over age five it was slightly longer, at 5.54 minutes. The range of average scores by facility was 3.08 to 6.83 minutes for patients under age five; and 3.67 to 6.08 for over patients over age five.

13 Dispensing of Antibiotics

Data drawn from the Health Management Information System (HMIS) indicated that approximately 30% of patient encounters were related to infectious diseases. Thus, the standard used in this index is that less than 40% of all prescriptions dispensed should have one or more antibiotic. Full marks were given if the proportion of antibiotics to all prescriptions was less than 40%; partial marks were given if it was between 40 and 45%; none were given if it was greater than 45%. Three hospitals were not scored due to insufficient information. Of the remaining four, Wazir Akbar Khan achieved full points, while the remainder received scores of zero; the range was 40% to 100%. At Antaani Hospital, which specializes in infectious disease, all outpatient prescriptions contained at least one antibiotic.



14 Routine Antenatal Care

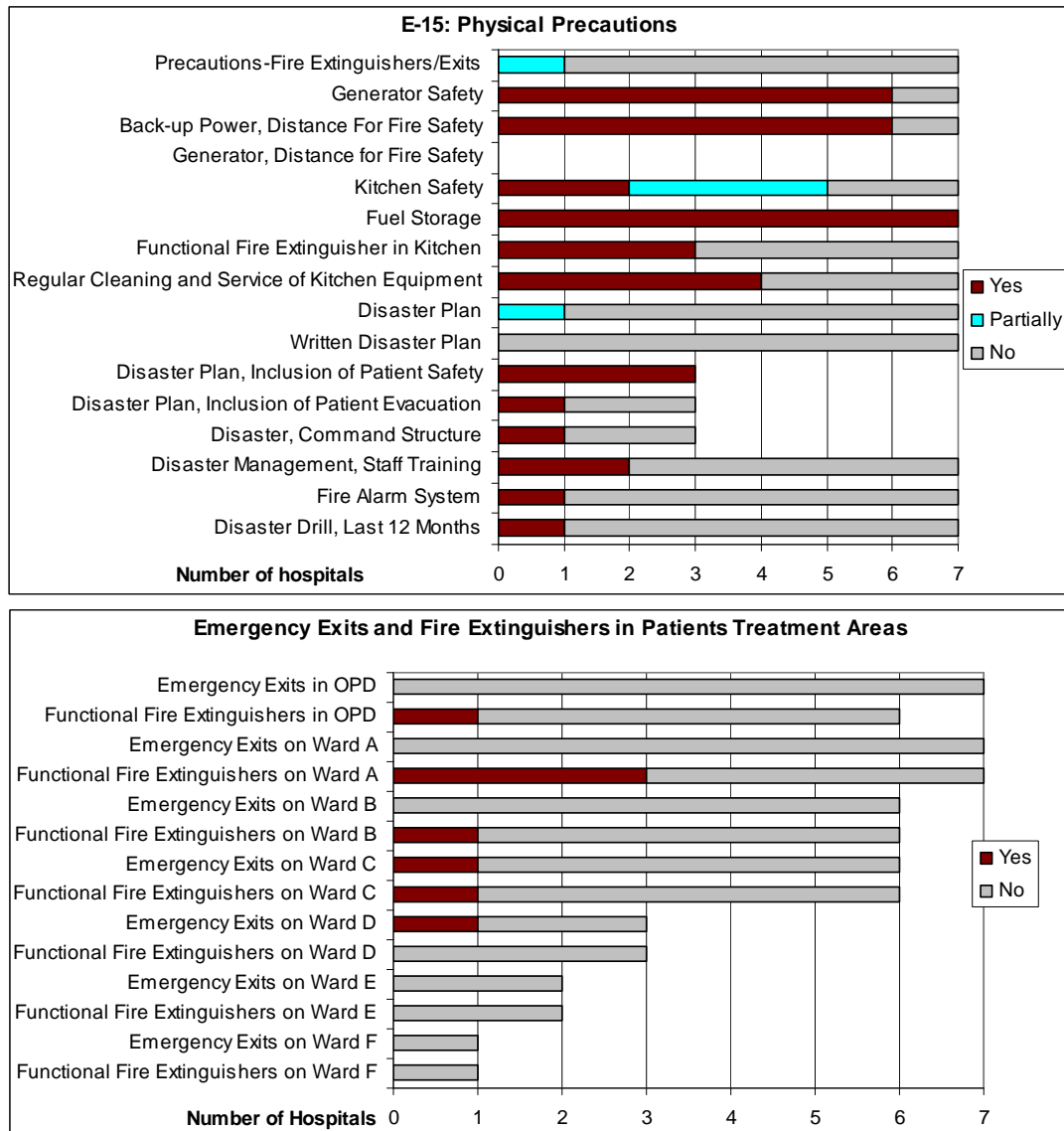
The components of routine antenatal care that were checked include: prescription of iron and folate, physical exam, and screening for tetanus toxoid immunization. One hospital, Esteqlal Hospital, indicated that it provided antenatal care. This one hospital also provided all three components surveyed for routine care.

• E3: Safety

E3: Safety	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
E-15: Physical Precautions	13.0	25.0	26.7	62.5	52.6	14.3	18.2
E-16: Security	67.1	68.4	68.9	69.8	82.5	68.1	64.0
E-17: Posted Decontamination Procedures	100	0	75.0	100	50.0	40.0	100
E-18: Prevention of Hospital Hazards	55.0	33.3	73.3	41.7	61.7	47.1	47.1
E-19: Prevention of Biohazards	70.0	12.5	67.7	80.8	58.3	65.5	33.3

15 Physical Precautions

Emergency preparedness is an important aspect of safety for both staff and patients. Physical precautions for hospitals include plans and structures for emergencies related to fires, natural disasters, and other threats to physical safety. This includes emergency exits in patient care areas; fire extinguishers and fire safety provisions; disaster plans; and adequate placement of generators in the hospital. In a change from 2007, each ward present was assessed for emergency exits and fire extinguishers. One hospital scored above the upper benchmark, while three scored below the lower benchmark of 20.5. Four hospitals had a decline in scores, while two saw an improvement.



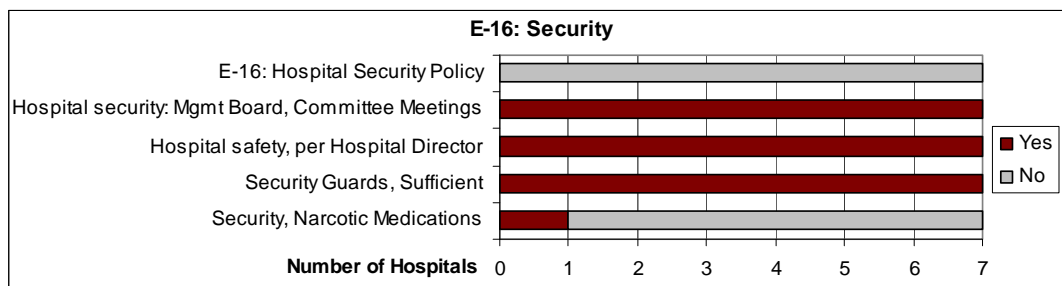
All hospitals, except one, had a back-up generator, in all hospitals it was located a safe distance from the hospital. Three hospitals had no fire extinguishers or fire exists on any wards or in the OPD. Malalai hospital had these in 67% of patient areas, while in the remaining facilities these were present in 7% to 25%.

Two hospitals fulfilled all requirements for kitchen safety: a fire extinguisher, fuel storage, and regular cleaning and service of equipment. All hospitals had appropriate fuel storage; the most common deficiency was the absence of a fire extinguisher.

All hospitals lacked a written disaster plan that was available for review at the time of the survey. The three hospitals that had a disaster plan all included patient safety. Only one included a patient evacuation plan and a command structure of authority. Two hospitals had staff training for disaster management; one hospital had a fire alarm system and a disaster drill in the past year.

16 Security

Security is a concern on the part of administration, general staff, and patients, and affects access, working conditions, and quality of care. One hospital scored above the upper benchmark of 76.4; none were under the lower benchmark. The range was 64 to 82.5, with most scoring in the 60s. Three hospitals had improved scores for 2008; one had a lower score.

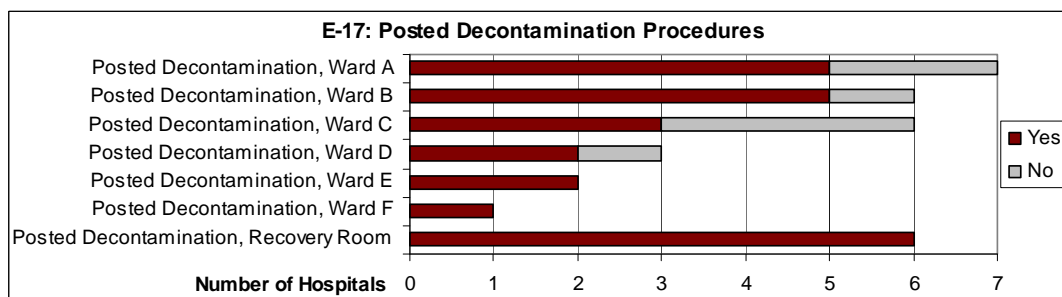


None of the hospitals had a formal security policy. However, security issues were regularly discussed at management board meetings and the hospital directors all felt that their hospital was safe. All felt that there were sufficient guards. Only one hospital had adequate security for its narcotic medications.

At the median scoring hospital, 82% of employees felt safe, and 96% of patients felt safe in the hospital.

17 Posted Decontamination Procedures

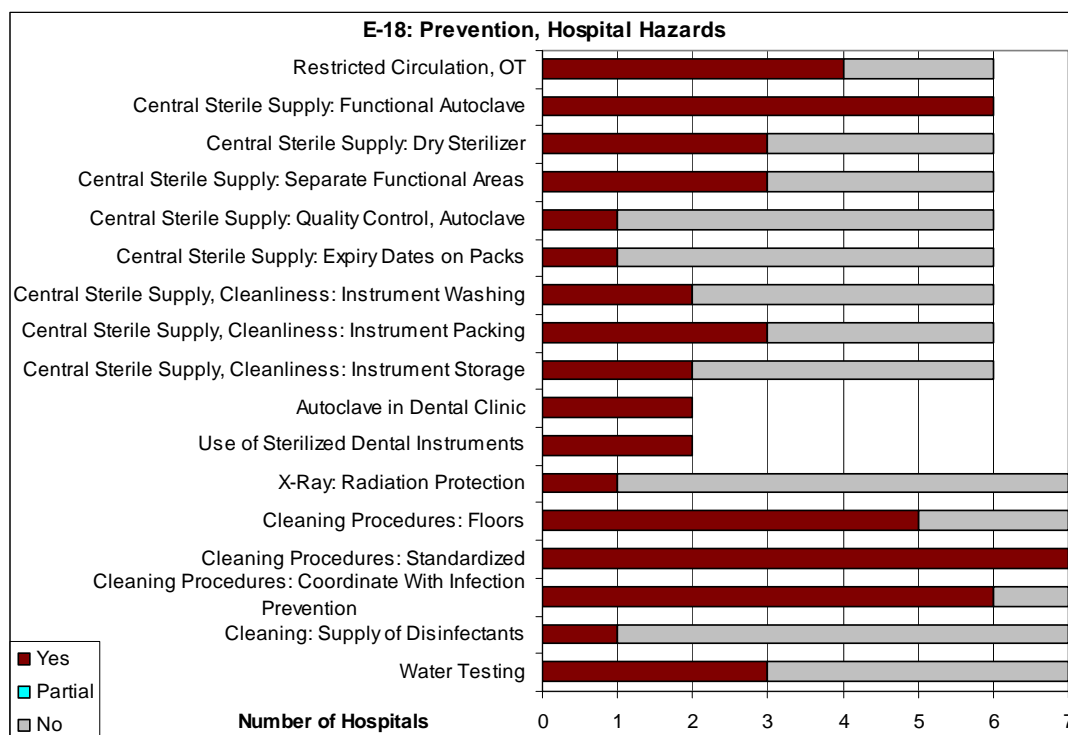
Decontamination procedures are to be posted in each ward and recovery room to enhance consistency in cleaning of biological spills, for the protection of patients, their caretakers and staff. Three hospitals — Ibn Sina, Malalai and Indira Gandhi — each received scores of 100. One hospital, Antaani, received a score of zero for this index. All hospitals except one had improved scores compared to 2007.



The three hospitals receiving full marks had procedures posted on all wards. The proportion among the other hospitals ranged between 0% and 66%. All hospitals that had a recovery room had posted decontamination procedures.

18 Prevention of Hospital Hazards

The activities of a hospital predispose it to biologic and other hazards. Systems can decrease hazards and maintain safety. Aspects assessed in this index are related to cleaning, water safety, sterilization, operating theatre access, and x-ray protection. Two hospitals had scores placing them below the lower benchmark; none were above the upper benchmark. Scores ranged from 33.3 to 73.3. Five hospitals had a decline in scores, and one had higher scores, compared to the scores achieved in 2007.



Six hospitals had a functional autoclave, with three possessing a dry sterilizer. At three hospitals, there were separate functional areas for receiving, cleaning and sterilizing instruments; only one had performed quality controls in the past six months. One hospital had surgical packs labeled with expiration dates. Assessment of cleanliness revealed that at half the hospitals, the instrument packing area was deemed satisfactory, but at only two were the washing and storage areas appropriate.

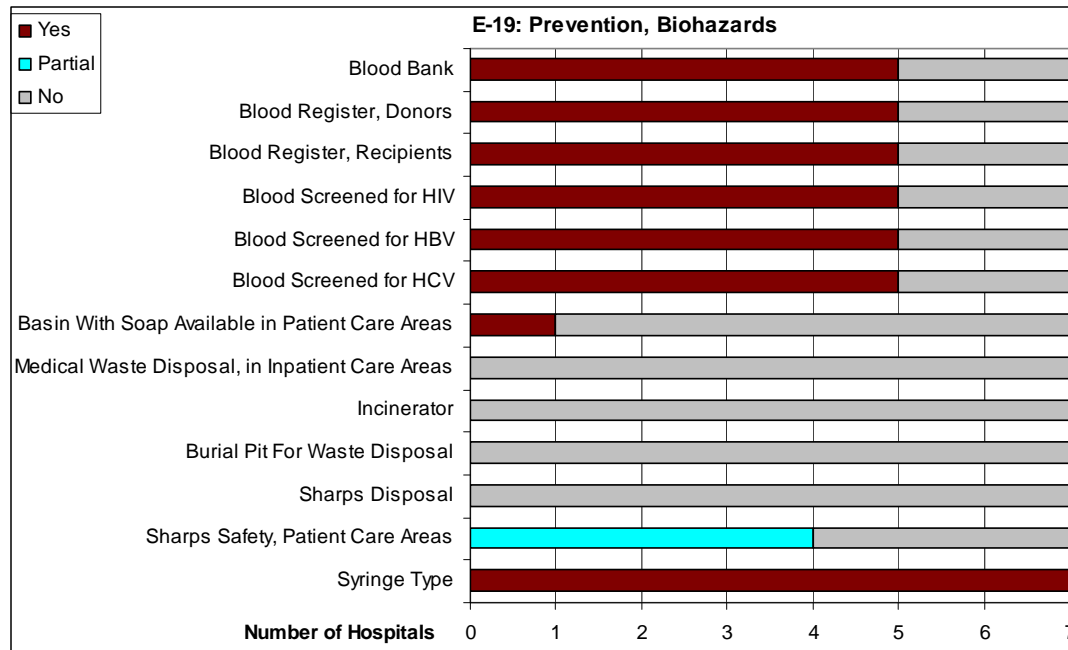
Only one hospital had adequate radiation protection for both staff and patients in the x-ray department. Cleaning procedures were standardized at all hospitals, and the floor was cleaned each day at five. Six hospitals had coordination with infection control, but only one had a six-month supply of disinfectants in storage. Three hospitals had water testing.

19 Prevention of Biohazards

Universal precautions should be practiced by all staff, and resources must be in place to facilitate this. Staff and patient protection of biohazards include screening of blood, disposal of waste, use of syringes, and availability of a basin and soap. The adequacy of each ward, its treatment room and corresponding ICU is assessed in waste disposal, syringe disposal and use, and basin and soap. Two hospitals scored below the lower benchmark of 54.1. None were above the upper benchmark. One hospital had a higher score compared to 2007, but four had lower scores.

Five hospitals received points for all five indicators related to the blood bank. Only one hospital, Wazir Akbar Khan, had a basin and soap available in all patient care areas. Four hospitals indicated that none of the patient care areas had a basin and soap readily available.

Appropriate medical waste disposal was assessed in the ICU and procedure rooms. Four hospitals had appropriate containers in patient care areas. None had an incinerator, burial pit, or appropriate sharps disposal method.



All hospitals used disposable syringes. Sharps disposal boxes and chlorine solution were assessed on wards, procedure rooms, ICU, EPI, and the recovery room. No hospitals had all elements in all places. This most common area of deficiency was in EPI, most commonly related to the absence of chlorine solution for soaking syringes.

• Domain F: Functionality

These indices assess the providers and workload of individual hospitals. Measures are based on an actual bed count at the time of the survey. Indices related to particular services, such as deliveries and caesarean sections, were not calculated if they were not provided at the hospital. Monthly activity of inpatients, outpatients, deliveries and surgeries were an average of six months' data, when available.

1 Doctor to Bed Ratio

The range was quite wide, from 0.25 at Malalai Hospital to 2.98 at Wazir Akbar Khan Hospital. The median was 0.52, similar to the ratio seen in regional hospitals in 2007. The outlier was Wazir Akbar Khan, which reported that it had 81 physicians in 2007, while in 2008 they had 143.

2 Nurse to Bed Ratio

The median was 0.55, with a range from 0.38 (Antaani) to 2.06 (Wazir Akbar Khan). The median is higher than that seen in provincial hospitals, which is 0.38. The outlier was Wazir Akbar Khan, which reported 99 nurses in 2008, the same as in 2007. The bed count at this hospital was 210 in 2007, but was 146 in 2008.

3 *Bed Occupancy Rate (BOR)*

The range is from 15% (Antaani) to 84%, (Ibn Sina) Hospital. The median is 64%, up from 48% in 2007. Three hospitals had an increase in the BOR by at least 20%, and two had a decrease by more than 10% from last year.

Domain F: Functionality	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
Total Inpatients/Month	675	924	1520	2182	677	930	1442
Total Outpatients/Month	5523	2312	148	5024	6729	7725	11510
Total Deliveries/Month		0	764	1866		697	
CS rate			6%	10%		4%	
Total Surgeries/Month	138	0	266	224	987	636	321
Physicians per Bed	0.59	0.35	0.52	0.25	2.98	0.50	0.64
Nurses per Bed	0.46	0.38	0.73	1.06	0.68	0.51	0.55
Inpatient Admissions/MD	6.9	22.5	12.2	75.2	4.7	21.1	10.9
IP Admissions/Bed	49.1	94.7	76.0	221.9	55.6	126.8	84.0
Bed Occupancy Rate	84%	15%	63%	56%	82%	64%	67%
OPD Consultations/MD	56.4	56.4	1.2	173.2	47.1	175.6	87.2
Surgeries/Surgeon	17.3		24.2	223.5	11.9	212.0	20.0
Deliveries/Midwife			13.4	21.2		69.7	

4 *Inpatient Admissions per Doctor Ratio*

The median score among national hospitals was 12.2 inpatient admissions per doctor, with a range of 4.7 seen in Wazir Akbar Khan to 75.2 at Malalai Hospital. The range was quite wide; Malalai was an outlier in the group. It should be noted that no results could be calculated for Malalai Hospital in 2007 because of the way hospital records were kept then. The median ratio of inpatient admissions per physician was quite low compared to provincial hospitals, which was 24.6.

5 *Outpatient Consultations per Doctor Ratio*

The range of consultations per physician per month ranged from 1.2 in Esteqlal Hospital to 175.6 in Kheir Khana Hospital. The median was 56.3, about the same as for 2007. The median for provincial hospitals was 240.3. Three hospitals had increased this ratio by more than 20% since round one; the other four had a decrease by more than 10%.

6 *Delivery per Midwife ratio*

This was based on results from three hospitals: Esteqlal, Malalai and Kheir Khana. The results are similar to 2007. The median was 21.2, with a range from 13.4 to 69.7 at Esteqlal and Kheir Khana hospitals, respectively. Of the three, Kheir Khana had the lowest volume, but also the fewest midwives on staff, accounting for the high ratio. The median among provincial hospitals was 29.43.

7 *Surgery to Surgeon Ratio*

The median for national hospitals was 22.1, with a range of 11.9 to 223.5 among the six hospitals with data (Antaani was not included). The median decreased significantly from 2007, which was at 50 surgeries per surgeon per month. The median number of surgeries performed per month this year was 266, down from 398 in the previous year. Five hospitals' ratios decreased by more than 10%, while at Malalai, a maternity hospital, this ratio increased by more than 20%.

8 Caesarean Section Rate

This was based on three hospitals: Esteqlal, Malalai and Kheir Khana. The median CS rate was 6%, with a range from 4% to 10%. Malalai, the maternity hospital, had the highest CS rate of the three. The median was 3% for 2007. Two hospitals had increased their CS rates by more than 20% in the past year. The median Caesarean Section Rate among provincial hospitals was 7%.

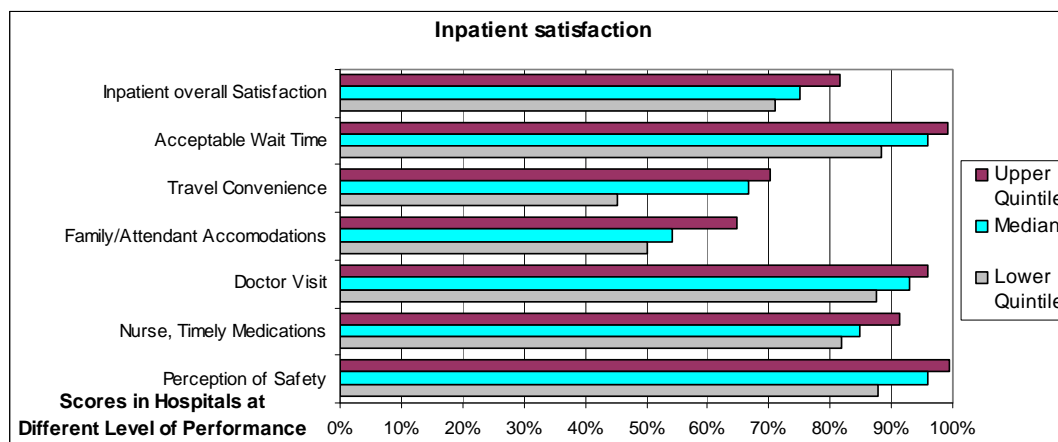
• Domain G: Patients and Community

Hospitals are an important component of improving the health of the community. Consequently, involvement and responsiveness to the community has been outlined in the EPHS guidelines. However, the relationship is not clear due to the place, role and specialization of services at National Hospitals in Kabul. Thus, the indices *Community Involvement in Hospital Planning* and *Hospital Involvement in Community* have not been scored.

Domain G: Patients and Community	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
G-1: Patient Satisfaction	77.7	79.8	69.5	85.3	65.1	66.4	64.5
G-2: Community Involvement in Hospital Planning	-	-	-	-	-	-	-
G-3: Hospital Involvement in Community	-	-	-	-	-	-	-
G-4: User Fees	40.0	-	-	20.0	57.1	20.0	20.0

1 Patient Satisfaction

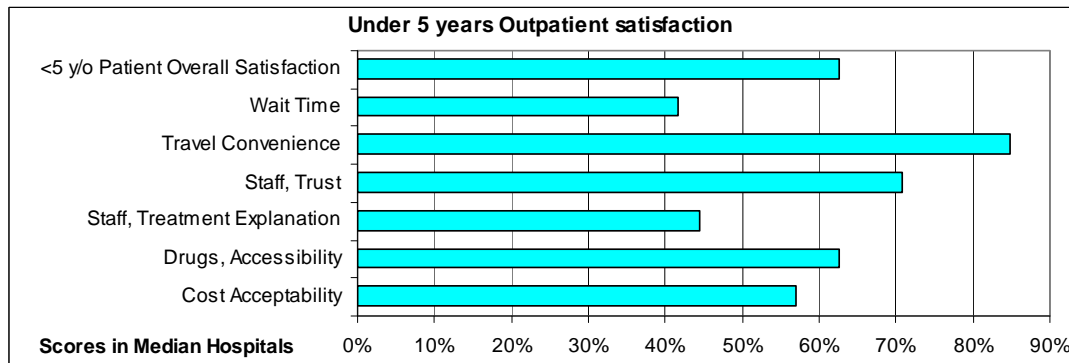
This index assesses indicators of importance to patients, including privacy, patient education, cleanliness, and accessibility of the facility and medications. Assessing satisfaction communicates to patients that their comments and concerns are important to the hospital care providers and management. (See Annex 8c for details for national hospitals.) This was obtained from inpatients, outpatients under five and outpatients over five. For Ibn Sina Hospital, this index was based solely on inpatient interviews, as nonemergency outpatient care is not provided at this hospital. Antaani, Esteqlal, Malalai, and Wazir Akbar Khan hospitals do not provide care for patients under age five, which is reflected in the analysis.



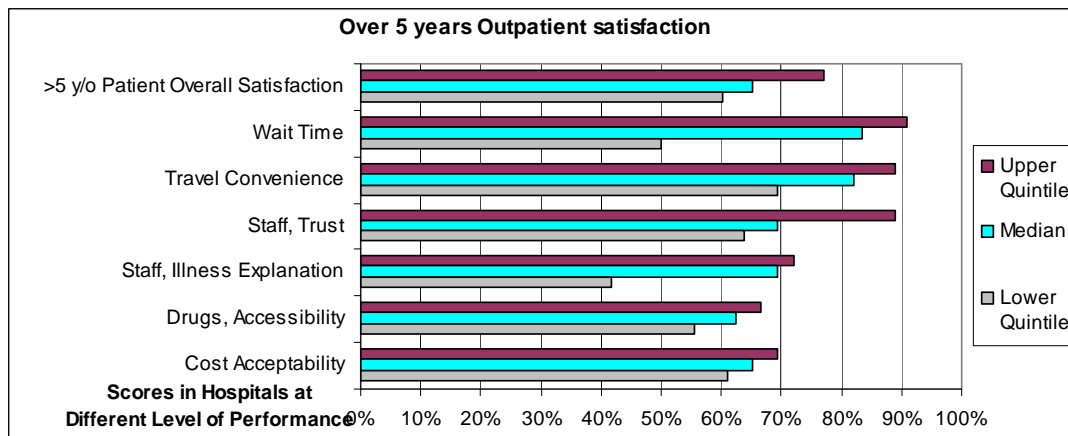
Three hospitals scored above the upper benchmark of 76.9, with a highest score of 85.3 at Malalai Hospital. Two hospitals were below the lower benchmark, with a lowest score of 64.5

at Indira Gandhi Hospital. One hospital had a lower score compared to 2007; two had higher scores.

Overall satisfaction among inpatients ranged between 68% and 86%, with a median of 75%. Areas that were globally high were: acceptable wait time, perception of safety, and frequency of physician visits (daily or more). Areas that received lower scores globally were related to accommodations for family and caretakers, cleanliness of toilets, and whether the temperature within the hospital was comfortable. Scores for ease of getting medications and privacy were more likely to be higher in upper quintile hospitals compared to the lower performing hospitals.



Satisfaction of caretakers of patients under five years of age was based on response from two hospitals: Indira Gandhi and Kheir Khana. The range in scores was 60% to 65% for overall satisfaction. Areas of higher performance were related to travel convenience, satisfaction with the OPD visit, and trust in the staff. Low performance was seen in wait times, and explanation of the illness and its treatment.



Satisfaction among patients over age five was based on six hospitals. The range of scores was between 60% and 85%, with a median of 65%. Higher performing hospitals tended to have higher scores in wait time, travel convenience, trust in the staff, and overall patient satisfaction. Indicators with lower scores were related to accessibility of medications, cost acceptability, and explanation of the treatment.

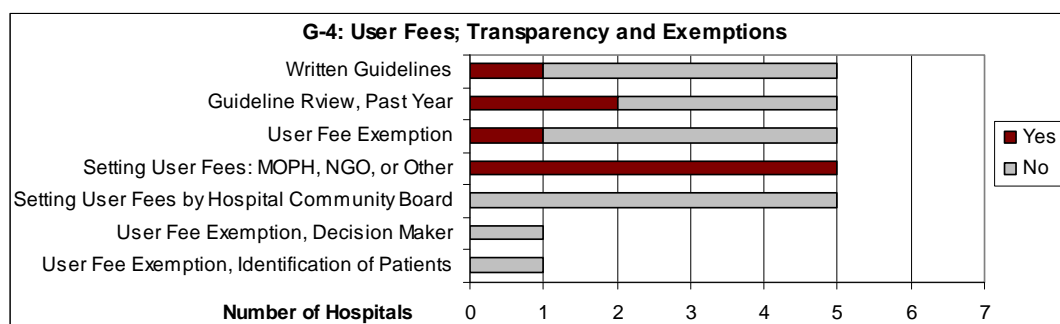
2 *Community Involvement in Hospital Planning*

This index assesses the systems in place for involvement of the community and members in the planning at the hospital. This index was not scored for national hospitals, as they function as referral hospitals.

3 *Hospital Involvement in the Community*

This index assesses evidence of the hospital's involvement in the community. This index was not scored for national hospitals, as they function primarily as referral hospitals.

4 *User Fees: Transparency and Exemptions*



This last index involves the processes related to user fees, exemptions, guidelines, and involvement of the community. This promotes transparency in application and promotes access to health care for the poor. Five hospitals had user fees; four scored below the lower benchmark. The range of scores was 20 to 57.1. Two hospitals had lower scores than in 2007.

Only one hospital, Wazir Akbar Khan, had written guidelines for user fees available for review, with the inclusion of exemptions. All five hospitals had input from the MOPH or an NGO in setting fees. None, however, had input from community representatives. At the one hospital with a user fee exemption, identification of qualified individuals was not made with a card, and the decision maker for exemption qualification was not from the community, provincial leadership or the supporting NGO.

• **Domain H: Ethics and Values**

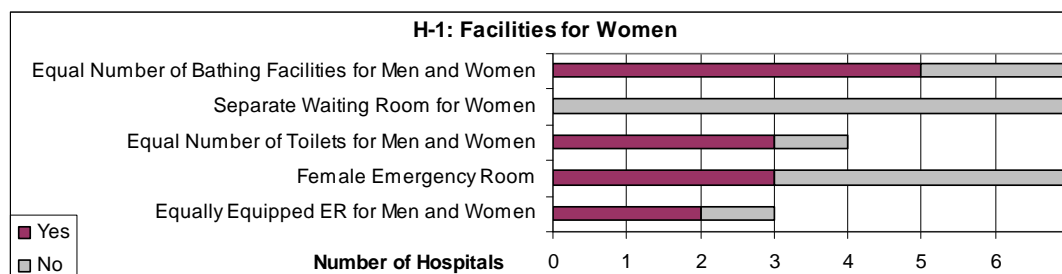
Priorities in the National Hospital Policy include the lack of equitable access to hospital services and hospital standards. This domain assesses services for women, amenities for patients and compliance with MOPH policy.

Domain H: Ethics and Values	Ibn Sina Emergency	Antaani Infectious Disease	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
H-1: Facilities for Women	33.3	80.0	0	40.0	50.0	50.0	50.0
H-2: Amenities for Patients and Family	87.5	25.0	60.0	50.0	75.0	0	66.7
H-3: Gender Equality, Recipients	100	25.0	100	100	25.0	62.5	37.5
H-4: Gender Equality, Providers	18.0	31.0	74.9	100	26.4	98.0	51.8
H-5: Compliance with MOPH Policy/Laws	100	100	100	100	100	100	100

1 *Facilities for Women*

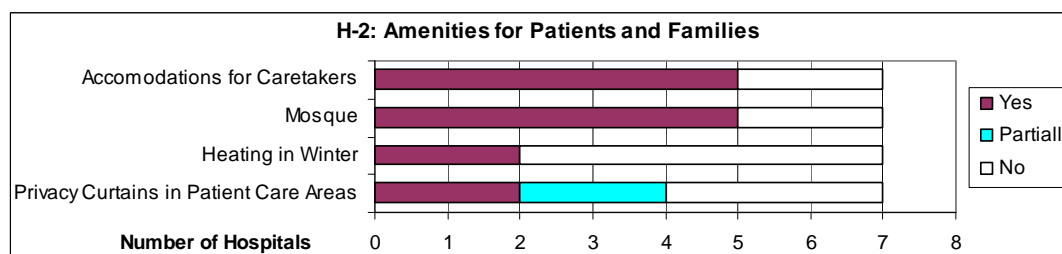
Facilities for women were evaluated by inspection at the time of the hospital visit. Points were given for the presence and equal allocation of resources for female facilities: bathing facilities, female ER, number of toilets, and separate waiting room. Scores must be interpreted carefully for the maternity hospitals, which, for example, may not require a separate female waiting room since all patients are female. One hospital scored above the upper benchmark, and one below the lower benchmark. The scores ranged from zero to 80. Three hospitals had improved scores this year from 2007; two had lower scores.

Five of seven hospitals had an equal number of bathing facilities for each sex. Four hospitals had an equal number of toilets for each sex in the outpatient area. None had a separate waiting room for women in the OPD. Three hospitals had a female emergency room. Of those, two were equally equipped as compared to the male emergency room.



2 Amenities for Patients and Families

Amenities provided at hospital facilities are a measure of quality. It also communicates to patients and their families that their concerns and needs are of importance. This index assesses the amenities available for patients and their caretakers during hospitalization. Four hospitals scored above the upper benchmark of 52; Kheir Khana Hospital was the sole hospital below the lower benchmark of 16, with a score of zero. The highest score awarded was 87.5 for Ibn Sina Hospital. Three hospitals scored higher in 2008 than in 2007, while two scored lower.



Five of seven hospitals had accommodations for family and caretakers, and a mosque on site. Only two hospitals had heating in the winter. Two hospitals had privacy curtains in all patient areas, while three had none. All hospitals with procedure rooms had privacy curtains. 30% of ICU areas across all hospitals had privacy curtains.

3 Sex Equality, Recipients of Care

Of Afghanistan's population, 49.8% are female, and the proportion of women utilizing facilities can be an indicator of access. The information for this index is obtained from hospital records. These scores were assessed for inpatients under five years of age, inpatients over five years of age, outpatients under five years of age, and outpatients over five years of age. Three hospitals received scores of 100, and were above the upper benchmark of 80. Two scored below the lower benchmark of 37.5. Three hospitals had improvement and two had a decline in scores compared to 2007.

Of all four categories, females under age five constituted a lower proportion of patients seen, with outpatients having the lowest proportion of female patients. Female patients over age five were a greater proportion of patients seen, with means well over the goal of 50%. In low performing hospitals, the proportion of females seen was less than 50% in all categories.

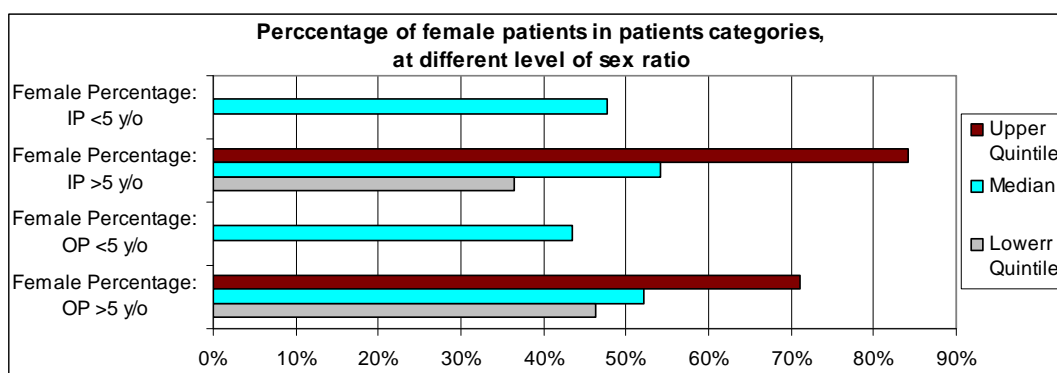
Measures for inpatients and outpatients under five were based on information from two hospitals: Indira Gandhi and Kheir Khana Hospital. For both hospitals, the percentage of female inpatients under age five was just under half, at 48%. For outpatients under age five the scores ranged from 40 to 47%.

Scores for inpatient females over age five were drawn from all seven national hospitals. The proportion of females of all patients in this age group ranged from 34% to 100%. This should be interpreted cautiously, as it was a maternity hospital (treating only female patients) that received the score of 100. The median scoring hospital was 54%, over the goal of 50%.

In general, hospitals did well for numbers of outpatient females over age five. Marks were drawn from all seven hospitals. Scores for Ibn Sina, while it did not have an OPD, were drawn from information about emergency room visits. Percentages ranged between 50 and 100, and again, the maternity hospital scored 100%. The other two that received full marks were Ibn Sina and Esteqlal Hospitals.

4 *Sex Equality, Providers of Care*

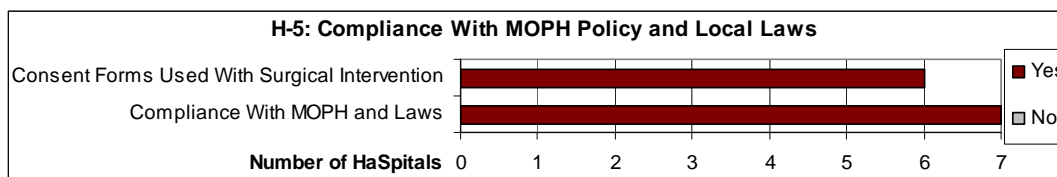
Access for female patients is also related to availability of qualified sex-specific staff. This index examines the proportion of female physicians and nurses at the facility. Three hospitals each were in the upper and lower quintiles, indicating a spread of scores. The highest score was 100, and the lowest was 18. Two hospitals had improvement in scores in 2008, while two had lower scores.



Among the nursing staff, the proportion of female staff ranged from 13% to 98%, with a median of 40%. The highest scoring hospital was the maternity hospital. Excluding this hospital, the next highest score was 58%.

In general, scores were low for physician staff. Females constituted 3% to 90% of physicians at national hospitals. Again, the highest scoring hospital was the maternity hospital. The next highest hospital's score was 43%, with half of the hospitals scoring 10% or lower.

5 *Compliance with MOPH Policy and Local Laws*



All hospitals scored 100. All stated that it was the hospital director's job to ensure that the hospital complied with MOPH and local laws. All six hospitals with an aseptic OT indicated that consent forms were used with surgical interventions.

Chapter IV Review of Scores for Provincial Hospitals

This section reviews each province in alphabetical order, with the results of the domains and indicators. Hospital activity, staffing levels, strengths, areas of improvement, areas for improvement and areas of concern are highlighted for each hospital.

The balanced scorecard is a tool designed to assist administration with hospital management. This highlights the performance of each hospital in comparison to country-wide results, to assist in identifying possible areas for further investigation and assessment internally, and to target further efforts in quality improvement.

A table for each province contains the 2008 results, with coding indicating performance against the benchmarks established in the 2007 round. Red indicates a score below the lower benchmark, yellow a score between the upper and lower benchmarks, and green a score above the upper benchmark.

Badakhshan

qDomain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	0
A-3: HMIS	77.8
A-4: Planning and Organization	87.5
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	50.0
Domain B: Financial Systems	
B-1: Hospital Budget	87.5
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	62.5
C-2: Staff Management	64.2
C-3: Staff Satisfaction	61.3
C-4: Supervision and Support	68.3
C-5: Hospital Training Activities	85.7
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	69.4
C-8: Job Descriptions	99.0
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	100
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	62.5
D-6: Hospital Treatment Facilities	55.6
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	77.5
D-9: Drugs and Supplies	83.5
D4: Services	
D-10: Provision of Outpatient Services	66.7
D-11: Support Services	64.3
D-12: Tests and Special Services	96.8
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	50.0
D-16: In-Service Training	72.7
D-17: In-Service Training: General	23.5

General: Badakhshan had high-level performance, with 29 indices above the upper benchmark and six below the lower benchmark. It had only one index that was non-scored: E-13, *Dispensing of Antibiotics*. The ratio for *Surgeries per Surgeon per month* could not be calculated because no surgeons were on staff. This province *demonstrated* improvement overall, as it attained a significantly higher number of high performing benchmarks this year as compared to last. Thirty-seven indices had improved scores over round one.

Activity: Like last year, Badakhshan had the highest bed occupancy rate at 91%, though down from 105% last year. Among other provincial hospitals, numbers of inpatients, deliveries and surgeries per month were below the median; it had the minimum number of outpatients seen per month of the provincial hospitals, and this was 20% lower than the previous year. The caesarean section rate was high at 11%, and well above the median of 7%, but lower than last year's rate of 16%. Inpatient admissions per physician and bed were in the mid-range and above the median. OPD consultation per physician was quite low compared to the median, at nearly half, as well as was deliveries per midwife.

Staffing levels: The ratio for physicians per bed was just below the provincial hospital median of 0.29, and the number of nurses per bed was at the median.

Strengths: Badakhshan achieved the upper benchmarks in most indices in Domain B, *Financial Systems*, and Domain E, in particular *Enabling Environment* and *Safety*. There was significant improvement made in marks for Domain A, an area of weakness last year, with the achievement of the upper benchmark in the *Hospital Management* and *Planning and Organization* indicators.

Areas of improvement: A number areas have improved in the past year. Striking improvements were in management functionality, communications, hospital facilities, specialized in-service training, infection prevention, facilities for women, and amenities for patients. Areas of concern in the past year have improved. These areas include equipment and drug and supply record keeping.

Areas for improvement: Many indices within Domain C, *Human Resources*, were below the median, in particular *Staffing Requirements*, *HMIS* and *Supervision and Support*. A related area of low performance was D-10, *Provision of Outpatient Services*, due to the lack of post-partum care, physiotherapy, outpatient pharmacy, and mental health services. Lastly, low scores were seen in H-5, *Compliance with MOPH Policy*, with loss of points due to the lack of surgical consents.

Areas of particular concern: None of the staff in the four designated leadership positions had management training, and none of the staff had an annual performance assessment. Average consultation times for patients were less than the standard of 9 minutes, at 4.5 minutes for patients below 5 years, and 2.42 for above 5 years of age. Consequently, no points were given for this index.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	78.1
E-3: Infection Prevention Committee	99.5
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	100
E-6: Archived Inpatient Records	96.8
E-7: Active Inpatient Records, Completeness	100
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	55.3
E-11: Health Worker Communication	41.9
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	40.9
E-16: Security	97.3
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	88.2
E-19: Prevention, Biohazards	93.2
Domain F: Functionality	
Total Inpatients/Month	524
Total Outpatients/Month	1692
Total Deliveries/Month	101
CS rate	11%
Total Surgeries/Month	70
Physicians per Bed	0.24
Nurses per Bed	0.39
Inpatient Admissions/MD	25.0
IP Admissions/Bed	71.5
Bed Occupancy Rate	91%
OPD Consultations/MD	80.6
Surgeries/Surgeon	
Deliveries/Midwife	20.1
Domain G: Patients and Community	
G-1: Patient Satisfaction	68.1
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	88.9
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	60.0
H-2: Amenities for Patients and Families	85.7
H-3: Gender Equality, Recipients of Care	62.5
H-4: Gender Equality, Providers of Care	67.7
H-5: Compliance with MOPH Policy/Laws	50.0

Badghis

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	66.7
A-3: HMIS	88.9
A-4: Planning and Organization	45.8
A-5: Integration of Hospital Into Health System	0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	60.0
B-3: Purchasing and Inspection Committee	0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	63.7
C-2: Staff Management	77.5
C-3: Staff Satisfaction	53.4
C-4: Supervision and Support	63.3
C-5: Hospital Training Activities	0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	80.6
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	66.7
D-3: Transportation	50.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	42.4
D-6: Hospital Treatment Facilities	37.5
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	60.0
D-9: Drugs and Supplies	79.9
D4: Services	
D-10: Provision of Outpatient Services	63.6
D-11: Support Services	64.3
D-12: Tests and Special Services	70.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	0
D-16: In-Service Training	36.7
D-17: In-Service Training: General	35.6

General: Badghis had below average performance like last year. It achieved the upper quintile in only twelve indices, but had scores below the lower benchmark for 25 indices. One indicator in Domain F, surgeries per surgeon, was not scored because no surgeons were reportedly on staff. Twenty indices had improved scores, but 21 had lower scores compared to the previous year.

Activity: As a district hospital, Badghis had higher than median monthly activity for inpatient admissions per month. The numbers of outpatients, deliveries and surgeries per month were all below the median. Inpatients to physician and to bed were above the median, as was the bed occupancy rate. As expected due to lower numbers of outpatient consultations and deliveries, ratios to providers were also below the median, though improved over the previous years.

Staffing levels: Physicians and nurses per bed were below the median for district hospitals, and were 20% lower than the previous year.

Strengths: High marks were seen in patient satisfaction in the aspects of cleanliness, trust in nurses and physicians, respect from staff, and accessibility of medications. The hospital also received high marks for hospital community involvement. This hospital had a hospital-community committee with wide representation, as well as was involved in teaching at schools, immunization campaigns and other activities. Badghis also had job descriptions for all staff, and had complete personnel charts for 80% of its staff. Areas related to utilities, the condition of buildings, and amenities for patients and families also performed better this year.

Areas of improvement: Several areas improved in the last year, which included management training, where two of the three filled leadership positions had persons with management training. An MOPH audit had also been performed in the past two years. Amenities now available for patients and families included a mosque and accommodations for caretakers.

Areas for improvement: Twelve of 19 indices in Domain E were below the lower benchmark, and six had scores of zero. This highlights the need for examination of the resources and systems in place for safety and evaluation, as well as improving health worker interaction. A decline in scores was seen in four indices of Domain C, *Human Resources*. Four scores were in the lower benchmark this year, compared to just one last year. Most notably, a significant drop in scores was seen in *Staff Satisfaction* and *Supervision and Support*.

Areas of particular concern: Many gaps were seen in Domain B related to the hospital budget, cash management and purchasing and inspection committees. The scores in this domain, while also causing concern last year, are lower this year. Systems for tracking and transparency in finances require attention.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	64.2
E-3: Infection Prevention Committee	76.1
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	34.4
E-7: Active Inpatient Records, Completeness	51.3
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	50.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	64.2
E-11: Health Worker Communication	35.7
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	30.0
E-16: Security	37.0
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	45.0
E-19: Prevention, Biohazards	52.4
Domain F: Functionality	
Total Inpatients/Month	379
Total Outpatients/Month	2685
Total Deliveries/Month	37
CS rate	7%
Total Surgeries/Month	53
Physicians per Bed	0.11
Nurses per Bed	0.31
Inpatient Admissions/MD	54.1
IP Admissions/Bed	74.6
Bed Occupancy Rate	77%
OPD Consultations/MD	383.5
Surgeries/Surgeon	
Deliveries/Midwife	6.2
Domain G: Patients and Community	
G-1: Patient Satisfaction	78.1
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	85.7
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	66.7
H-3: Gender Equality, Recipients of Care	50.0
H-4: Gender Equality, Providers of Care	40.9
H-5: Compliance with MOPH Policy/Laws	100

Baghlan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	87.5
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	97.1
C-2: Staff Management	81.7
C-3: Staff Satisfaction	72.6
C-4: Supervision and Support	98.3
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	100
C-8: Job Descriptions	99.3
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	79.5
D-6: Hospital Treatment Facilities	88.9
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	88.6
D-9: Drugs and Supplies	80.2
D4: Services	
D-10: Provision of Outpatient Services	92.9
D-11: Support Services	100
D-12: Tests and Special Services	96.8
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	62.5
D6: Staffing	
D-15: Pre-Service Training	66.7
D-16: In-Service Training	84.6
D-17: In-Service Training: General	99.3

General: Baghlan's Pul-i-Khumri Civil Hospital has been classified as a provincial hospital. It was in general high performing, with 50 of the 64 indicators achieving the upper benchmark, and over half with full marks; only two indicators were below the lower benchmark. No indicators were un-scored. Overall, performance was improved over last year, with seven additional indicators achieving the upper benchmark. Twenty-five indices had higher scores this year, while 10 had lower scores.

Activity: As a provincial hospital, total deliveries per month were just below the median, while outpatient consultations were above the median of 4447, and monthly inpatient admissions were just at the median. The bed occupancy was below the median, at 50%, and similar to last year. The number of surgeries per surgeon was quite low at 18.8 per month; the number of surgeries per month was also below the median.

Staffing levels: Physicians and nurses per bed were at the median for provincial hospitals, the same as last year.

Strengths: Most indicators in Domains D and E were in the upper benchmark, indicating the systems in place to support and monitor clinical services, particularly in *Drugs and Equipment, Services, Staff training, and Safety*. Baghlan continues to show strong performance in Domain B, *Financial Systems*, particularly in hospital budget, budget sheets and the presence of functioning purchasing and inspection committees.

Areas of improvement: Gender equality of patients was below the lower quintile in round 1, and now has achieved the upper benchmark. Over 50% of in- and outpatients over five years old were women, though this was not seen among outpatients under five years of age. Another striking area of improvement was in performance assessment, which was also in the lower benchmark last year. This year, Baghlan was awarded a score of 100, indicating that all employees had received a performance assessment in the past year. The score for staff satisfaction is now in the upper benchmark, particularly related to relationships with co-workers and supervisors, and enjoyment of work. Lastly, record-keeping systems have also improved, having previously scored below the lower benchmark.

Areas for improvement: Gender equality among providers of care was lower than the previous year, with only two female nurses of 38, and 11 female physicians of 29, on staff.

Areas of particular concern: Patient satisfaction is now in the lower benchmark, with low marks in travel time, wait times and explanation of the diagnosis to patients over five years old. Another area of concern is in antenatal care, particularly related to routine prescriptions for folate and iron.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	90.4
E-3: Infection Prevention Committee	99.2
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	71.4
E-6: Archived Inpatient Records	100
E-7: Active Inpatient Records, Completeness	100
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	73.5
E-11: Health Worker Communication	49.1
E-12: Time of Consultation	16.7
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	90.5
E-16: Security	81.2
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	100
E-19: Prevention, Biohazards	93.2
Domain F: Functionality	
Total Inpatients/Month	534
Total Outpatients/Month	4948
Total Deliveries/Month	239
CS rate	7%
Total Surgeries/Month	56
Physicians per Bed	0.29
Nurses per Bed	0.38
Inpatient Admissions/MD	18.4
IP Admissions/Bed	64.0
Bed Occupancy Rate	50%
OPD Consultations/MD	170.6
Surgeries/Surgeon	18.8
Deliveries/Midwife	29.8
Domain G: Patients and Community	
G-1: Patient Satisfaction	65.2
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	80.0
H-2: Amenities for Patients and Families	80.0
H-3: Gender Equality, Recipients of Care	66.7
H-4: Gender Equality, Providers of Care	48.0
H-5: Compliance with MOPH Policy/Laws	100

Balkh

Domain A: Management and Administration	
A-1: Hospital Management Functionality	90.0
A-2: Management Training	33.3
A-3: HMIS	100
A-4: Planning and Organization	79.2
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	81.8
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	79.0
C-2: Staff Management	85.8
C-3: Staff Satisfaction	68.2
C-4: Supervision and Support	94.2
C-5: Hospital Training Activities	57.1
C-6: Staff Performance Assessment	50.0
C-7: Personnel Record Functionality	27.8
C-8: Job Descriptions	99.2
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	53.4
D-6: Hospital Treatment Facilities	30.0
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	69.0
D-9: Drugs and Supplies	60.7
D4: Services	
D-10: Provision of Outpatient Services	100
D-11: Support Services	93.3
D-12: Tests and Special Services	55.9
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	40.0
D6: Staffing	
D-15: Pre-Service Training	66.7
D-16: In-Service Training	41.0
D-17: In-Service Training: General	23.2

General: Balkh, a regional hospital, had mid-level performance this year, with 22 indicators above the upper benchmark and 12 below the lower; there were no un-scored indices. This is improved from last year's marks, with 34 indices achieving higher scores and only 11 with lower scores.

Activity: Balkh is a regional hospital, and monthly inpatients, outpatients, surgeries and deliveries were all below the median reported in this hospital category. However the caesarean section rate was the maximum seen, at 15%. Due to low volumes, ratios for provider activity were all well below the median. The bed occupancy was 61%, also below the median for regional hospitals.

Staffing levels: This hospital had the highest staffing ratios for physicians to bed among regional hospitals, though this was lower by more than 20% compared to last year. The nurse to bed ratio was just above the median of 0.42, down 20% from last year.

Strengths: Like last year, there was strong performance in Domain B, with four of 5 indices achieving the upper benchmark. Other consistent areas of high performance were in Domain D, *Capacity and Infrastructure*, which included: utilities, condition of building and grounds, provision of outpatient services, and support services.

Areas of improvement: Areas that showed improvement over last year were in management functionality, HMIS, planning and organization, and the presence of a death committee. All were either low scoring or in the lower quintile in the previous year and are now above the upper benchmark.

Areas for improvement: Areas of continued lower range scores were physical precautions and patient satisfaction. Lacking were emergency exits in the OPD and all wards, and the lack of a functional fire extinguisher in almost all sites, excluding the OPD and one ward. Concerning is that personnel record functionality dropped from above median performance last year to the lower quintile in this round; records were incomplete for physicians and administrative staff.

Areas of particular concern: Persistently low areas of performance were found primarily in Domain E. The lack of guidelines, procedures, and adherence to standards may affect quality and safety. 63% of all prescriptions contained an antibiotic, higher than the standard of 40%. The average length of consultation was less than 5 minutes, with a standard set at 9 minutes. Only one ward had posted decontamination procedures, a quality improvement committee was missing, and written clinical guidelines were available for only one department, anesthesia.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	78.9
E-3: Infection Prevention Committee	90.6
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	12.5
E-6: Archived Inpatient Records	48.5
E-7: Active Inpatient Records, Completeness	71.8
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	69.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	46.6
E-11: Health Worker Communication	43.2
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	25.0
E-16: Security	79.7
E-17: Posted Decontamination Procedures	20.0
E-18: Prevention, Hospital Hazards	47.1
E-19: Prevention, Biohazards	85.3
Domain F: Functionality	
Total Inpatients/Month	1621
Total Outpatients/Month	2862
Total Deliveries/Month	485
CS rate	15%
Total Surgeries/Month	336
Physicians per Bed	0.7
Nurses per Bed	0.4
Inpatient Admissions/MD	8.8
IP Admissions/Bed	73.1
Bed Occupancy Rate	0.6
OPD Consultations/MD	15.6
Surgeries/Surgeon	37.3
Deliveries/Midwife	10.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	63.1
G-2: Community Involvement in Hospital Planning	71.4
G-3: Hospital Involvement in Community	71.4
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	60.0
H-2: Amenities for Patients and Families	0
H-3: Gender Equality, Recipients of Care	83.3
H-4: Gender Equality, Providers of Care	85.6
H-5: Compliance with MOPH Policy/Laws	100

Bamyan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	87.5
A-2: Management Training	75.0
A-3: HMIS	88.9
A-4: Planning and Organization	83.3
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	80.0
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	86.4
B-4: Cash Management	100
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	84.3
C-2: Staff Management	67.5
C-3: Staff Satisfaction	55.8
C-4: Supervision and Support	71.7
C-5: Hospital Training Activities	85.7
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	69.4
C-8: Job Descriptions	98.2
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	56.1
D-6: Hospital Treatment Facilities	33.3
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	85.1
D-9: Drugs and Supplies	90.5
D4: Services	
D-10: Provision of Outpatient Services	92.3
D-11: Support Services	93.3
D-12: Tests and Special Services	96.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	28.6
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	57.5
D-17: In-Service Training: General	65.9

General: Bamyan's Central Hospital, a district hospital, had above average performance, with 28 indices above the upper benchmark and 3 in the lower quintile. No indices were un-scored. Fewer indices were below the lower benchmark this year, down from 8 in 2007. Twenty indices had higher scores; 12 had lower scores.

Activity: Bamyan's inpatient and outpatient activity was higher than the median among district hospitals, at 509, while its number of deliveries and surgeries per month were below the median. With its relatively high inpatient volume, inpatients per physician and bed were well above the median, with a bed occupancy rate of 77%. The number of outpatients per physician was just below the median. Surgeries per surgeon and midwives per delivery were around half the median.

Staffing levels: The number of physicians per bed was 0.18, just about the median, while the number of nurses per bed was comparatively high at 0.63, compared to the median of 0.33 for district hospitals. These levels are similar to those observed in round one.

Strengths: Bamyan demonstrated consistently good performance in Domain C related to organization and documentation of hospital training, performance assessment of all its staff, and job descriptions of almost all staff. On the day of the survey, the hospital was able to perform all required lab tests, as well as provide special meals, full required radiology exams, with a functioning blood bank, recovery room and emergency room. Systems for oversight and safety were also in place. These included a functioning infection prevention committee, a death committee, and a drug and record keeping system. Inpatient record completion was also high, with five of nine charts examined deemed complete.

Areas of improvement: Bamyan provided the full range of outpatient services, which improved its marks from below the lower benchmark to over the upper benchmark this year. The one aspect it lacked was physiotherapy, but it had previously also lacked post-partum services, dental services, and mental health. Consultation time was improved, at 5 minutes for patients less than 5 years old, and 7.67 minutes for those more than 5 years old. Bamyan had components for prevention of biohazards, with adequate blood screening and a blood bank, waste disposal and sharps disposal in most patient care sites. Rates of training, both general and department-specific, were improved between rounds one and two.

Areas for improvement: Written clinical guidelines decreased by nearly 50 points from the previous year; guidelines were present only in anesthesia and in central sterile supply, and were lacking on the wards. Lower scores were also seen in hospital treatment facilities, and the ability to isolate patients. The hospital lacked an OPD treatment area, procedure rooms on all wards, and a septic OT. Consistently low scores have been seen for amenities for patients and families, providing just heating in the winter.

Areas of particular concern: For both rounds, no points were awarded for proportion of antibiotics dispensed and an MOPH audit. Fifty-nine percent of all prescriptions were antibiotics at the time of the survey, higher than last year, at 53.9%.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	75.0
E-3: Infection Prevention Committee	98.9
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	28.6
E-6: Archived Inpatient Records	76.8
E-7: Active Inpatient Records, Completeness	94.2
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	92.9
E2: Health Worker Interaction	
E-10: Health Worker Skills	67.4
E-11: Health Worker Communication	59.8
E-12: Time of Consultation	16.7
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	68.2
E-16: Security	69.2
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	75.0
E-19: Prevention, Biohazards	95.8
Domain F: Functionality	
Total Inpatients/Month	509
Total Outpatients/Month	4510
Total Deliveries/Month	89
CS rate	8%
Total Surgeries/Month	52
Physicians per Bed	0.18
Nurses per Bed	0.63
Inpatient Admissions/MD	46.2
IP Admissions/Bed	101.7
Bed Occupancy Rate	77%
OPD Consultations/MD	410.0
Surgeries/Surgeon	25.8
Deliveries/Midwife	12.6
Domain G: Patients and Community	
G-1: Patient Satisfaction	79.8
G-2: Community Involvement in Hospital Planning	75.0
G-3: Hospital Involvement in Community	77.8
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	33.3
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	52.4
H-5: Compliance with MOPH Policy/Laws	100

Daykundi

Domain A: Management and Administration	
A-1: Hospital Management Functionality	44.4
A-2: Management Training	50.0
A-3: HMIS	100
A-4: Planning and Organization	50.0
A-5: Integration of Hospital Into Health System	20.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	0
B-3: Purchasing and Inspection Committee	25.0
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	59.0
C-2: Staff Management	52.5
C-3: Staff Satisfaction	58.1
C-4: Supervision and Support	57.5
C-5: Hospital Training Activities	20.0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	75.0
D-2: Communications	33.3
D-3: Transportation	50.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	66.0
D-6: Hospital Treatment Facilities	57.1
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	53.9
D-9: Drugs and Supplies	68.4
D4: Services	
D-10: Provision of Outpatient Services	54.5
D-11: Support Services	30.8
D-12: Tests and Special Services	70.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	33.3
D-16: In-Service Training	45.0
D-17: In-Service Training: General	72.7

General: Baseline evaluation was conducted this year for Daykundi, as this province was not included in round one. This hospital, a district hospital, had comparatively low performance, with nine indices in the upper quintile and 33 in the lower quintile. One index, *Dispensing of Antibiotics*, was not scored due to insufficient documentation in the pharmacy.

Activity: As a district hospital, Daykundi had a low inpatient monthly volume (121), compared to the median of 285. Its outpatient volume, deliveries, and surgeries per month were also below the median; Daykundi had the least number of deliveries and surgeries in this hospital category. The inpatients per physician and bed were also quite low. The ratio of outpatients per physician was above the median. As expected, ratios for deliveries per midwife and surgeries per surgeon were well below the median; they were the lowest of all district hospitals.

Staffing levels: Staffing ratios for physicians and nurses per bed were below the median among district hospitals.

Strengths: Full marks were awarded in HMIS, job descriptions, organization of clinical activities, routine antenatal care, a complete TB registry and compliance with MOPH laws, indicating that components of systems were in place. The hospital provided general in-service training, seen in 75% of the nursing staff. Health worker skills were also an area of higher performance. Health workers obtained consistent histories that included age and the nature and duration of the chief complaint, and consistently documented visits on tally sheets and in the register book.

Areas for improvement: Marginal or lower- quintile marks were seen in the majority of indicators in Domains A, B, C, and D, indicating the lack of systems in hospital management, and lack of support of human resources and clinical activities. Lastly, the majority of indices in E1 were below the lower benchmark, indicating that systems have not been adequately established for oversight and improvement.

Areas of particular concern: No points were awarded for facilities for women and amenities for patients and families. The average time of consultation was 5.67 minutes for patients under five, and 4.92 minutes for those over five. No observed patient-provider interactions were longer than the requisite 9 minutes.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	47.5
E-3: Infection Prevention Committee	51.8
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	84.7
E-7: Active Inpatient Records, Completeness	54.8
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	36.1
E2: Health Worker Interaction	
E-10: Health Worker Skills	69.7
E-11: Health Worker Communication	51.5
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	20.0
E-16: Security	54.2
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	21.7
E-19: Prevention, Biohazards	62.5
Domain F: Functionality	
Total Inpatients/Month	121
Total Outpatients/Month	3369
Total Deliveries/Month	27
CS rate	2%
Total Surgeries/Month	16
Physicians per Bed	0.10
Nurses per Bed	0.26
Inpatient Admissions/MD	20.2
IP Admissions/Bed	25.1
Bed Occupancy Rate	34%
OPD Consultations/MD	561.6
Surgeries/Surgeon	8.1
Deliveries/Midwife	3.0
Domain G: Patients and Community	
G-1: Patient Satisfaction	74.1
G-2: Community Involvement in Hospital Planning	42.9
G-3: Hospital Involvement in Community	44.4
G-4: User Fees: Transparency and Exemptions	28.6
Domain H: Ethics and Values	
H-1: Facilities for Women	0
H-2: Amenities for Patients and Families	0
H-3: Gender Equality, Recipients of Care	83.3
H-4: Gender Equality, Providers of Care	50.0
H-5: Compliance with MOPH Policy/Laws	100

Farah

Domain A: Management and Administration	
A-1: Hospital Management Functionality	40.0
A-2: Management Training	0
A-3: HMIS	77.8
A-4: Planning and Organization	50.0
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	50.0
B-2: Budget Sheets	20.0
B-3: Purchasing and Inspection Committee	50.0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	57.1
C-2: Staff Management	60.0
C-3: Staff Satisfaction	47.2
C-4: Supervision and Support	51.7
C-5: Hospital Training Activities	57.1
C-6: Staff Performance Assessment	75.0
C-7: Personnel Record Functionality	50.0
C-8: Job Descriptions	84.1
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	50.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	66.7
D-5: Cleanliness and Ward Repair	33.3
D-6: Hospital Treatment Facilities	40.0
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment	44.1
D-9: Drugs and Supplies	56.2
D4: Services	
D-10: Provision of Outpatient Services	70.8
D-11: Support Services	26.7
D-12: Tests and Special Services	54.8
D5: Activities	
D-13: Organization of Clinical Activities	40.0
D-14: Isolation of Patients	10.0
D6: Staffing	
D-15: Pre-Service Training	25.0
D-16: In-Service Training	33.3
D-17: In-Service Training: General	42.6

General: Farah had low performance among the provincial hospitals, with only five indices reaching the upper quintile, and 32 below the lower quintile. There were no un-scored indices. Performance was lower than the previous year. Only eight indices saw improvement over round one, while 33 had lower scores this year. The number of surgeries per surgeon was not calculated because no surgeons were reported to be on staff.

Activity: Inpatients and deliveries per month were above the median seen among other provincial hospitals, and they increased over 20% from the previous year. Total outpatients and surgeries per month were below this year's median, but increased by over 20% from round one. The caesarean section rate was below the median of 7%. Activity levels were all increased by over 20%. The bed occupancy rate was below the median of 56%, and lower than last year's rate of 65%. Farah has the highest number of inpatient admissions per physician among the provincial hospitals.

Staffing levels: The number of physicians per bed was 0.11, which is quite low, and lower than that seen last year (at 0.18). The nurse to bed ratio was at about the median of 0.41, and significantly higher than last year (0.24).

Strengths: Farah maintained consistent performance in discrete areas. The hospital received full points for adequacy and functionality of its utilities; a present and updated TB registry; routine antenatal care, including vitamin supplementation, physical exams and tetanus updates; and the administrator ensuring compliance with MOPH regulations.

Areas of improvement: Scores for HMIS increased by over 60 points, lacking only a notifiable disease report and hospital monthly inpatient report. While assessments of staff performance were not performed in the past year, this year, physicians, nurses and technical staff received assessments, but not support staff

The score for cleanliness and ward repair continues to be low, but has improved over last year's score of 7.7; procedure rooms were deemed adequate, while the OT, wards, and central sterile supply were adequate in about one-third of components. Lastly, a documented MOPH audit occurred within the last two years.

Areas for improvement: Adequacy of drugs and supplies was lacking, with a score for this index that was comparatively lower this year. The blood bank lacked adequate equipment, and the emergency room lacked all necessary up-to-date medications. Only TB medications had all components up-to-date. Support services also had lower scores this year, with a drop of 30 points from last year. Deficits were related to storage and functional areas of the kitchen and central sterile supply. Training among nursing and support staff was particularly lacking. The hospital had little involvement in the community, with a notable lack of a hospital-community committee and a system of feedback. Physical precautions that were lacking were related to kitchen safety, disaster planning, and fire extinguishers and fire exits in most patient care areas.

Areas of particular concern: There was much lower performance in the indices of Domain A, especially in management functionality and management qualification—previously in the upper quintile. Significantly lower scores were also seen in the other four indices. There was persistently low performance seen in the Equipment index, with no points given for the blood bank, pharmacy and surgical packs. Facilities for women were completely lacking for both years. Staff satisfaction continues to be low, now coupled with low scores in supervision and support and insufficient staffing, which indicates that human resources should be an area of greater attention.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	44.2
E-3: Infection Prevention Committee	57.0
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	25.6
E-7: Active Inpatient Records Completeness	32.1
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	50.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	39.7
E-11: Health Worker Communication	22.3
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	28.6
E-16: Security	49.0
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	36.8
E-19: Prevention, Biohazards	62.9
Domain F: Functionality	
Total Inpatients/Month	995
Total Outpatients/Month	3466
Total Deliveries/Month	384
CS rate	5%
Total Surgeries/Month	56
Physicians per Bed	0.11
Nurses per Bed	0.41
Inpatient Admissions/MD	62.2
IP Admissions/Bed	84.7
Bed Occupancy Rate	45%
OPD Consultations/MD	216.6
Surgeries/Surgeon	
Deliveries/Midwife	64.0
Domain G: Patients and Community	
G-1: Patient Satisfaction	63.3
G-2: Community Involvement in Hospital Planning	78.6
G-3: Hospital Involvement in Community	28.6
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	0
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	47.2
H-5: Compliance with MOPH Policy/Laws	100

Faryab

Domain A: Management and Administration	
A-1: Hospital Management Functionality	90.0
A-2: Management Training	66.7
A-3: HMIS	55.6
A-4: Planning and Organization	66.7
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	90.9
B-4: Cash Management	100
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	65.6
C-2: Staff Management	70.8
C-3: Staff Satisfaction	55.3
C-4: Supervision and Support	67.5
C-5: Hospital Training Activities	57.1
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	41.7
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	25.0
D-6: Hospital Treatment Facilities	44.4
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	74.3
D-9: Drugs and Supplies	77.5
D4: Services	
D-10: Provision of Outpatient Services	89.3
D-11: Support Services	93.3
D-12: Tests and Special Services	80.6
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	37.5
D6: Staffing	
D-15: Pre-Service Training	66.7
D-16: In-Service Training	66.7
D-17: In-Service Training: General	27.0

General: Faryab, a provincial hospital, again had mid-level performance, with 20 indices achieving the upper benchmark and 12 below the lower. All indices were scored. As compared to last round, 25 indices improved, and 16 scores declined.

Activity: Faryab's bed occupancy rate was 47%, lower than the median among provincial hospitals and lower than its rate of 66% last year. Total inpatients, deliveries, and surgeries per month were below the median, however there was a more than 20% increase in deliveries and surgeries over the past year. Outpatients, however, were well above the median, and also more than 20% higher than the previous year. Inpatients per physician and bed were below the median, as well as deliveries per midwife, while the number of surgeries per surgeon was at the median (41). The number of outpatients per physician, at 153 patients per physician per month, was also at the median. The caesarean section rate was at 8%, just above the median of 7%, and unchanged from last year.

Staffing levels: Faryab had 0.41 physicians per bed, a ratio lower than last year but still above the median. There were 0.40 nurses per bed, which was just about equal to the median, as well as to last year's score.

Strengths: A sound financial system was in place, reflected by the superior scores seen in all indicators of Domain B. Other areas of consistently high scores are in aspects of human resources, such as performance assessment and job descriptions. High scores were also seen in infrastructure, and in particular utilities, transportation, and the condition of buildings.

Areas of improvement: The indices related to services (sub-domain D4) were improved. Provision of outpatient services now included antenatal care, dentistry, physiotherapy, EPI, mental health and an OPD pharmacy, though lacked post-partum care and certain dental procedures. Support services included kitchen services, a mortuary, adequate central sterile supply and laundry. And the hospital was now able to perform all required tests and special services, except in radiology. Safety has also improved, with an adequate generator and kitchen safety, and a disaster plan in place. Hospital hazards were minimized by adequate cleaning procedures, central sterile supply procedures and equipment, and regular water testing. Lacking was adequate protection in radiology. Community involvement in hospital planning now included a hospital-community committee with adequate representation. Faryab now has an equal number of bathing facilities for women, and the proportion of women among nurses and physicians has increased, now at 29% and 34%, respectively.

Areas for improvement: In round one, Faryab had received superior scores for health worker skills and communications. However in round two, these scores dropped to just above the lower benchmark. Time of consultation and proportion of antibiotics dispensed are other indicators related to provider quality, and both were below the lower benchmark.

Areas of particular concern: Few departments had any members receive general in-service training in the past year, and even fewer had specialty specific training. There was an absence of quality improvement committee documentation, a death committee, and clinical guidelines—areas important for enabling improvement and quality care. A significant drop in scores was seen in communications and patient satisfaction.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	82.4
E-3: Infection Prevention Committee	88.4
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	66.0
E-7: Active Inpatient Records, Completeness	59.4
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	76.2
E2: Health Worker Interaction	
E-10: Health Worker Skills	55.2
E-11: Health Worker Communication	38.7
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	44.4
E-16: Security	52.1
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	89.7
E-19: Prevention, Biohazards	54.2
Domain F: Functionality	
Total Inpatients/month	438
Total Outpatients/month	5353
Total Deliveries/month	132
CS rate	8%
Total Surgeries/month	82
Physicians per Bed	0.41
Nurses per Bed	0.40
Inpatient Admissions/MD	12.5
IP Admissions/Bed	61.8
Bed Occupancy Rate	47%
OPD Consultations/MD	152.9
Surgeries/Surgeon	40.8
Deliveries/Midwife	16.4
Domain G: Patients and Community	
G-1: Patient Satisfaction	57.2
G-2: Community Involvement in Hospital Planning	78.6
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Families	33.3
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	70.8
H-5: Compliance with MOPH Policy/Laws	100

Ghazni

Domain A: Management and Administration	
A-1: Hospital Management Functionality	66.7
A-2: Management Training	66.7
A-3: HMIS	88.9
A-4: Planning and Organization	54.5
A-5: Integration of Hospital Into Health System	37.5
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	20.0
B-3: Purchasing and Inspection Committee	70.0
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	63.1
C-2: Staff Management	46.0
C-3: Staff Satisfaction	50.1
C-4: Supervision and Support	73.8
C-5: Hospital Training Activities	57.1
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	58.9
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	80.0
D-2: Communications	50.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	33.3
D-5: Cleanliness and Ward Repair	16.1
D-6: Hospital Treatment Facilities	44.4
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	58.8
D-9: Drugs and Supplies	61.2
D4: Services	
D-10: Provision of Outpatient Services	80.8
D-11: Support Services	71.4
D-12: Tests and Special Services	61.3
D5: Activities	
D-13: Organization of Clinical Activities	50.0
D-14: Isolation of Patients	12.5
D6: Staffing	
D-15: Pre-Service Training	80.0
D-16: In-Service Training	70.0
D-17: In-Service Training: General	60.0

General: Ghazni Civil Provincial Hospital is classified as a provincial hospital. It had low level performance this year. Seven indicators were above the upper benchmark, while 20 were below the lower benchmark. No score was given to the index related to TB registry. Overall performance has declined since round one. Sixteen indices achieved higher scores, and 23 received lower scores, compared to round one.

Activity: Among provincial hospitals, Ghazni had the maximum number of surgeries per month, at 581. The number of inpatients per month was higher than that seen last year, at 336 inpatients, but still below the median this year. The number of deliveries per month was also above the median. The outpatient activity though was low, at 3008, compared to the median of 4447. The caesarean section rate was 7% (at the median), but only slightly higher than last year. Ghazni had the lowest admission per bed rate among the provincial hospitals.

Staffing levels: The physician to bed ratio was at the median of 0.29, but the nurse to bed ratio was significantly higher, at 0.48, compared to the median of 0.39.

Strengths: The sub-domain relating to staffing (D6) demonstrated consistently good scores. Appropriate qualifications were seen in the heads of radiology, pharmacy, physiotherapy and dentistry, but lacking in the lab. Training was provided for almost all departments, except for the lab and in dentistry, and leadership had management training. Training was also provided to most staff categories, but particularly lacking for the support staff. Lastly, all required components of antenatal care were provided, and the administrator ensured that the hospital complied with MOPH regulations.

Areas of improvement: Significant improvement was seen in performance assessment, which increased by 100 points over round one, indicating that all staff now had annual review of their work. Management training of leadership was previously lacking, but in this round, the hospital director and nursing director had received this training. The Utilities index score is now up by nearly 60 points, now with an adequate primary generator, electricity, and reliable water source. Facilities for women included equal bathing facilities for women, and a separate and adequately equipped gender-specific emergency room. Ghazni now provides a mosque and privacy curtains in three of its four wards for patients.

Areas for improvement: Most indicators of Domain D were between the upper and lower benchmarks, however several indices have dropped significantly, and some into the lower quintile. These included the condition of buildings, cleanliness and ward repair, ward facilities, equipment, and drug and supplies. This indicates the need to address physical infrastructure and resource adequacy within the hospital.

Areas of particular concern: Indicators of financial systems (Domain B) continue to be persistently low; the majority are below the lower benchmark. Most concerning is the lack of a hospital budget and the absence of an MOPH audit in the past two years. While many indicators of Domain C (an area of particular concern last year) have had some improvement, overall performance related to human resources continues to be low, in particular that related to personnel record functionality and job descriptions. None of the personnel records had the required components, and only 13% of physicians and 67% of technical staff had job descriptions.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	51.8
E-3: Infection Prevention Committee	68.0
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	28.6
E-6: Archived Inpatient Records	70.2
E-7: Active Inpatient Records, Completeness	75.1
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	78.6
E2: Health Worker Interaction	
E-10: Health Worker Skills	60.2
E-11: Health Worker Communication	50.6
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	11.1
E-16: Security	34.8
E-17: Posted Decontamination Procedures	20.0
E-18: Prevention, Hospital Hazards	44.1
E-19: Prevention, Biohazards	59.1
Domain F: Functionality	
Total Inpatients/Month	39
Total Outpatients/Month	3008
Total Deliveries/Month	355
CS rate	7%
Total Surgeries/Month	581
Physicians per Bed	0.29
Nurses per Bed	0.48
Inpatient Admissions/MD	12.2
IP Admissions/Bed	42.3
Bed Occupancy Rate	52%
OPD Consultations/MD	94.0
Surgeries/Surgeon	581.0
Deliveries/Midwife	44.4
Domain G: Patients and Community	
G-1: Patient Satisfaction	71.8
G-2: Community Involvement in Hospital Planning	57.1
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	75.0
H-2: Amenities for Patients and Families	57.1
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	32.1
H-5: Compliance with MOPH Policy/Laws	100

Ghor

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	88.9
A-4: Planning and Organization	90.0
A-5: Integration of Hospital Into Health System	90.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	86.7
C-2: Staff Management	81.7
C-3: Staff Satisfaction	62.3
C-4: Supervision and Support	92.5
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	36.1
C-8: Job Descriptions	99.0
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	33.3
D-3: Transportation	50.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	55.6
D-5: Cleanliness and Ward Repair	17.5
D-6: Hospital treatment Facilities	55.6
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	70.0
D-9: Drugs and Supplies	83.0
D4: Services	
D-10: Provision of Outpatient Services	79.2
D-11: Support Services	73.3
D-12: Tests and Special Services	63.3
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	62.5
D6: Staffing	
D-15: Pre-Service Training	40.0
D-16: In-Service Training	47.9
D-17: In-Service Training: General	41.3

General: Ghor Provincial Hospital in Chaghcharan, a district hospital and a reform hospital for the past two years, had mid level performance this year. It had 23 indices above the upper benchmark, and seven below the lower benchmark. The number of surgeries per surgeon was not calculated because no surgeons were on staff. The level of performance this year was lower than in 2007; twelve indices were improved, while 21 were lower.

Activity: The bed occupancy rate was 97%—higher than last year, and above the median for other district hospitals. Total inpatients per month have increased by over 10%, and are now at just about the median. Total outpatients per month has decreased by over 20%, and is now well below the median of 4488. The total number of deliveries, while increasing by over 20% in the past year, is still well below the median of 99. The caesarean section rate was 5%, and at the median, but lower than last year. Total surgeries per month increased by 10% over last year, but are still below the median of 56. Inpatient admissions per physician have increased by over 20%, and are at the median. Outpatient consultations and inpatients per bed are both about the same as last year. Admissions per bed are at the median, while OPD per physician is the lowest among district hospitals. Deliveries per midwife have increased by over 20%, but remain below the median of 25.4.

Staffing levels: Physicians per bed have decreased from 0.25 last year, and is now close to the median. Nurses per bed have also decreased from 0.50 to 0.47, and remains above the median of 0.33.

Strengths: Ghor continues to have high performance in Domains A and B. HMIS lacked only staff training in the past year, and no audit was performed in the past two years. Full points were again awarded for the presence of other hospital facilities, organization of clinical activities, a death committee TB registry, routine antenatal care, and compliance with MOPH regulations. Consistently high marks were awarded in QI organizational activities and community- hospital involvement indices.

Areas of improvement: Performance assessment was now done for all staff categories; last year, this index received no points. The condition of buildings was satisfactory for the facility walls, roof, lighting, fence and wall, and wheelchairs; the windows and doors, gate, and hospital grounds were considered unsatisfactory. General in-service training was provided in the last year for over 50% of physician and management staff, but was lacking for all support staff. Facilities for women now included an equal number of bathing facilities and toilets for each gender; last year this index received a score of zero.

Areas of particular concern: Eighty-four percent of all prescriptions dispensed contained at least one antibiotic; this has increased from 54.5% seen last year. Amenities for patients and families continue to be absent, receiving no points for the past two years. Fourteen percent of nurses were female, down from 23%, and for the second year in a row, no physicians were female.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	95.0
E-3: Infection Prevention Committee	99.6
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	14.3
E-6: Archived Inpatient Records	68.3
E-7: Active Inpatient Records, Completeness	69.6
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	71.4
E2: Health Worker Interaction	
E-10: Health Worker Skills	56.6
E-11: Health Worker Communication	41.7
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	31.8
E-16: Security	51.3
E-17: Posted Decontamination Procedures	60.0
E-18: Prevention, Hospital Hazards	47.1
E-19: Prevention, Biohazards	84.6
Domain F: Functionality	
Total Inpatients/Month	295
Total Outpatients/Month	1141
Total Deliveries/Month	34
CS rate	5%
Total Surgeries/Month	18
Physicians per Bed	0.19
Nurses per Bed	0.47
Inpatient Admissions/MD	24.6
IP Admissions/Bed	57.2
Bed Occupancy Rate	97%
OPD Consultations/MD	95
Surgeries/Surgeon	
Deliveries/Midwife	8.5
Domain G: Patients and Community	
G-1: Patient Satisfaction	66.0
G-2: Community Involvement in Hospital Planning	87.5
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	42.9
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	0
H-3: Gender Equality, Recipients of Care	25.0
H-4: Gender Equality, Providers of Care	15.3
H-5: Compliance with MOPH Policy/Laws	100

Helmand

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	25.0
A-3: HMIS	100
A-4: Planning and Organization	63.6
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	50.0
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	60.0
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	67.4
C-2: Staff Management	59.2
C-3: Staff Satisfaction	52.3
C-4: Supervision and Support	49.2
C-5: Hospital Training Activities	0
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	77.8
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	100
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	90.2
D-6: Hospital Treatment Facilities	71.4
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	67.7
D-9: Drugs and Supplies	72.5
D4: Services	
D-10: Provision of Outpatient Services	79.2
D-11: Support Services	93.3
D-12: Tests and Special Services	74.2
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	75.0
D-16: In-Service Training	56.8
D-17: In-Service Training: General	21.8

General: Lashkargah General Hospital, a provincial hospital, had mid-level performance, achieving the upper benchmark in 22 indices, and having 15 below the lower benchmark. This is a significant improvement from last year, where 9 indices achieved scores in the upper benchmark. In total, 37 indices had an increase in scores over last year.

Activity: The number of inpatients and outpatients per month were close to the median. The bed occupancy rate, at 51%, was lower than that seen last year, down from 80%. This was also lower than the median of 56%. Total deliveries and surgeries per month were significantly lower than last year, and at the current median. All activity ratios were lower than the median, with outpatients per physician, surgeries per surgeon, and deliveries per midwife less than half of the median. The caesarean section rate was 9%, above the median, but much lower than the 13% seen last year.

Staffing levels: Both physicians per bed and nurses per bed were the maximum seen among the provincial hospitals. However this was lower than levels seen last year, at 0.96 for physicians and 0.8 for nurses.

Strengths: Few indices demonstrated consistent performance between rounds. Helmand continues to have a hospital budget and a system in place for development and tracking. There was also an updated TB registry at the time of the survey. Many of the indices in Domain E related to safety achieved the upper benchmark, indicating the systems for physical safety, security, and prevention of hospital-specific hazards were in place.

Areas of improvement: There were a number of areas of improvement, seen in Domain D, with only one index in the lower benchmark, and 5 in above the upper benchmark. All elements of the OT, ICU, procedure room and central sterile supply were deemed sufficiently clean and with adequate resources. The indices of performance assessment and job descriptions received full points this year, improved over last year's marks of zero. Safety had improved performance in the prevention of hospital hazards and biohazards. Central sterile supply was functional and generally well-equipped; there were adequate cleaning procedures and systems, and the water supply was regularly tested. Biohazard prevention included appropriate waste disposal, sharps disposal, and an adequate blood bank.

Areas for improvement: Quality improvement and its organizational activities were areas of low performance: a quality improvement committee was absent, and engagement in QI hospital activities was low. Written clinical guidelines and decontamination were absent in all areas. This lack of standardization may lead to increased variability, and affect quality and safety. Scores for health worker skills and communication have declined, with deficits in: record documentation; checking weights and growth in patients under five years old; instructions about self-care; medication side effects; and follow-up of additional questions.

Areas of particular concern: Human resources remains of continued concern, particularly with regard to staff satisfaction and supervision. Common areas of dissatisfaction were related to benefits and compensation; none of the nursing or support staff received training in the past year; a death committee was absent; And the proportion of antibiotic prescriptions was 46%, above the standard of 40%. Gender equality was also low among the proportion of females among patients seen, as well as for nursing and physician staff, at 21% and 7%, respectively.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	54.2
E-3: Infection Prevention Committee	97.4
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	94.5
E-7: Active Inpatient Records, Completeness	89.7
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	78.6
E2: Health Worker Interaction	
E-10: Health Worker Skills	45.1
E-11: Health Worker Communication	38.2
E-12: Time of Consultation	8.3
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	58.8
E-16: Security	84.6
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	83.8
E-19: Prevention, Biohazards	92.3
Domain F: Functionality	
Total Inpatients/Month	526
Total Outpatients/Month	4454
Total Deliveries/Month	56
CS rate	9%
Total Surgeries/Month	46
Physicians per Bed	0.48
Nurses per Bed	0.66
Inpatient Admissions/MD	9.6
IP Admissions/Bed	55.4
Bed Occupancy Rate	51%
OPD Consultations/MD	81.0
Surgeries/Surgeon	11.4
Deliveries/Midwife	13.9
Domain G: Patients and Community	
G-1: Patient Satisfaction	66.0
G-2: Community Involvement in Hospital Planning	85.7
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Families	60.0
H-3: Gender Equality, Recipients of Care	37.5
H-4: Gender Equality, Providers of Care	31.8
H-5: Compliance with MOPH Policy/Laws	100

Herat

Domain A: Management and Administration	
A-1: Hospital Management Functionality	90.0
A-2: Management Training	0
A-3: HMIS	33.3
A-4: Planning and Organization	27.3
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	0
B-3: Purchasing and Inspection Committee	40.0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	79.0
C-2: Staff Management	70.8
C-3: Staff Satisfaction	51.2
C-4: Supervision and Support	73.3
C-5: Hospital Training Activities	66.7
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	52.8
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	80.0
D-2: Communications	25.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	55.6
D-5: Cleanliness and Ward Repair	37.5
D-6: Hospital Treatment Facilities	53.8
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	54.4
D-9: Drugs and Supplies	58.1
D4: Services	
D-10: Provision of Outpatient Services	80.8
D-11: Support Services	86.7
D-12: Tests and Special Services	61.8
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	25.0
D6: Staffing	
D-15: Pre-Service Training	80.0
D-16: In-Service Training	50.0
D-17: In-Service Training: General	26.9

General: Herat Regional Hospital had a low level of performance, with 13 indices scoring above the upper benchmark, and 23 below the lower. There were no un-scored indices. Eighteen indices had increased scores over the past year; twenty-two scores were lower.

Activity: Total inpatients, deliveries and surgeries per month were well above the median among regional hospitals. The number of monthly outpatient consultations was lower than the median, at 4559, and more than 40% lower than the previous year. The caesarean section rate was 12%, which was higher than the median of 10%. Inpatient and outpatients per physician were lower than the median, at 10.91 and 15.4, respectively. Inpatient admissions per bed were higher than the median, with a bed occupancy rate below the median at 58%. Surgeries per surgeon was just about at the median, while deliveries per midwife were well above the median, at 49.17.

Staffing levels: The physician to bed ratio was well above the median, at 0.67, and significantly higher than round one, while the nurse to bed ratio was just below the median, at 0.39 for regional hospitals, and lower than last round.

Strengths: Management functionality received consistently high scores, as well as an MOPH audit, job descriptions, support services, number of antibiotic prescriptions dispensed, and the presence of other hospital facilities, such as reception, toilets for females and a secure file room.

Areas of improvement: Amenities for patients and their families now included a mosque and privacy curtains on the wards. Gender equality of patients and providers both increased, with females comprising over 50% of outpatients. Inpatient information was not available. Forty-three percent of nursing staff and 25% of physician staff was female. Other significant areas of improvement were in the condition of buildings, and cleanliness of the patient care areas.

Areas for improvement: Three of the indices of Domain A—management qualification, HMIS, and planning and organization—fell below the lower benchmark this year, and had lower scores than last year. This was due to a lack of: management training of any persons in leadership, HMIS training, tracking reports for HMIS, a strategic plan, and monitoring and maintenance plans for the physical plant and equipment. In addition, three of the five indices of Domain B received no points. These included the hospital budget, budget sheets, and cash management, indicating the lack of systems in place for tracking expenses and ensuring accountability. Other areas for improvement include a quality improvement system and its activities and health worker communication.

Areas of particular concern: Consistently low performance was seen related to staff satisfaction and performance assessment, equipment, drug/supplies, patient records (archived and active), and the length of consultation. The most common area of dissatisfaction was in the area of compensation and benefits. No staff received performance assessments in the past year. Equipment and drugs were deemed insufficient or lacking. This was mostly seen in: the pharmacy, which was lacking a functional refrigerator with a thermometer; the emergency room, which was lacking two thirds of the required medications; and the OPD, which also lacked two-thirds of non- expired medications.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	50.8
E-3: Infection Prevention Committee	85.3
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	37.9
E-7: Active Inpatient Records, Completeness	45.2
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	42.9
E2: Health Worker Interaction	
E-10: Health Worker Skills	61.2
E-11: Health Worker Communication	29.8
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	27.6
E-16: Security	61.0
E-17: Posted Decontamination Procedures	44.4
E-18: Prevention, Hospital Hazards	54.4
E-19: Prevention, Biohazards	73.2
Domain F: Functionality	
Total Inpatients/Month	3229
Total Outpatients/Month	4559
Total Deliveries/Month	1180
CS rate	12%
Total Surgeries/Month	588
Physicians per Bed	0.67
Nurses per Bed	0.39
Inpatient Admissions/MD	10.9
IP Admissions/Bed	87.1
Bed Occupancy Rate	58%
OPD Consultations/MD	15.4
Surgeries/Surgeon	65.3
Deliveries/Midwife	49.2
Domain G: Patients and Community	
G-1: Patient Satisfaction	73.4
G-2: Community Involvement in Hospital Planning	42.9
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	42.9
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	85.7
H-3: Gender Equality, Recipients of Care	100
H-4: Gender Equality, Providers of Care	75.7
H-5: Compliance with MOPH Policy/Laws	100

Jawzjan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	33.3
A-3: HMIS	22.2
A-4: Planning and Organization	70.8
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	75.0
B-3: Purchasing and Inspection Committee	75.0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	64.2
C-2: Staff Management	74.2
C-3: Staff Satisfaction	57.0
C-4: Supervision and Support	46.7
C-5: Hospital Training Activities	50.0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	55.6
C-8: Job Descriptions	74.1
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	66.7
D-5: Cleanliness and Ward Repair	45.0
D-6: Hospital Treatment Facilities	55.6
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment	77.2
D-9: Drugs and Supplies	74.6
D4: Services	
D-10: Provision of Outpatient Services	98.2
D-11: Support Services	80.0
D-12: Tests and Special Services	74.2
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	50.0
D-16: In-Service Training	28.2
D-17: In-Service Training: General	24.9

General: Jawzjan, a provincial hospital, had low performance this year. Thirteen indices were above the upper benchmark and 11 were below. One index (user fees) was not scored. Twenty-one indices scored higher this year than last, while twenty-two were lower. Fewer indices reached the upper benchmark this year.

Activity: The bed occupancy rate was above the median of 56%. Total inpatients and outpatients were well above the provincial medians, and increased by more than 20% and 10%, respectively, since last year. Total surgeries were also well above the median, but had a decrease in volume by over 10% in the past year. Total deliveries were about the same; the caesarean section rate increased to 12% this year from 9% in 2007. With the increase in inpatient volume, inpatients and outpatients per physician, as well as inpatients per bed, each increased by over 20%. However, with the exception of admission per bed, these measures were still below the median. Surgeries per surgeon also increased by over 20%, and was well above the median. Deliveries per midwife, however, while increasing by over 20% in the past year, was below the median this year.

Staffing levels: The physician per bed ratio was 0.41, higher than the median of 0.29, while the nurse to bed ratio was 0.32, and therefore lower than the median of 0.39. Both these ratios were lower than those seen in round one.

Strengths: Jawzjan had appropriate and working utilities, communications and transport; it lacked only training of its drivers in the transport of ill patients, and a radio call system. All outpatient services were provided. The full range of support services was present, with a loss of points for cleanliness of the storage room, lack of linen decontamination, and lack of separate functional areas in the kitchen. The hospital demonstrated involvement in the community, with participation in disaster planning, vaccination campaigns, health teaching, and first aid training.

A process for obtaining feedback was also present. Lastly, over half of all inpatients and outpatients over five years old were women

Areas of improvement: Management autonomy of the hospital director was improved; 35% of his time was devoted to activities outside of the hospital. Job descriptions were present for most of the administration, physicians and support staff, but only 14% of nursing staff. The blood bank had a unit on stand-by, and all family planning medications and supplies were present and unexpired. However, only one-third of required medications were present in the OPD.

Areas for improvement: Deficits were noted in human resources. 50% of surveyed employees had a discussion with their supervisor about their work performance, and 46% had a formal performance assessment. Of all departments, employees had training in only emergency care among physicians, and family planning. Training by job category was quite low: none of the support staff, 7% of nursing staff, and 29% of technical staff received training in the past year.

Areas of particular concern: Sub-domain E1, *Enabling Environment*, continued to exhibit low scores; Jawzjan lacked a death committee and written clinical guidelines. The record keeping system was inadequate for the pharmacy, antenatal card storage, standardized length of chart storage, tracking of short expiry of drugs, and coding of gases in OT. Human resources also requires attention, specifically related to the lack of performance assessment, and staffing requirements, especially for physicians and nurses.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	33.3
E-2: Quality Improvement Organizational Activities	64.9
E-3: Infection Prevention Committee	80.6
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	60.9
E-7: Active Inpatient Records, Completeness	74.0
E-8: TB Registry	66.7
E-9: Drug and Supply Record Keeping	52.4
E2: Health Worker Interaction	
E-10: Health Worker Skills	49.5
E-11: Health Worker Communication	48.3
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	50.0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	57.1
E-16: Security	53.3
E-17: Posted Decontamination Procedures	40.0
E-18: Prevention, Hospital Hazards	51.5
E-19: Prevention, Biohazards	61.4
Domain F: Functionality	
Total Inpatients/Month	1017
Total Outpatients/Month	10607
Total Deliveries/Month	101
CS rate	12%
Total Surgeries/Month	211
Physicians per Bed	0.41
Nurses per Bed	0.32
Inpatient Admissions/MD	14.1
IP Admissions/Bed	69.4
Bed Occupancy Rate	63%
OPD Consultations/MD	147.3
Surgeries/Surgeon	70.3
Deliveries/Midwife	25.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	72.4
G-2: Community Involvement in Hospital Planning	71.4
G-3: Hospital Involvement in Community	88.9
G-4: User Fees: Transparency and Exemptions	-
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Families	28.6
H-3: Gender Equality, Recipients of Care	87.5
H-4: Gender Equality, Providers of Care	56.7
H-5: Compliance with MOPH Policy/Laws	100

Kandahar

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	93.3
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	93.8
B-2: Budget Sheets	50.0
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	50.0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	64.0
C-2: Staff Management	71.7
C-3: Staff Satisfaction	56.2
C-4: Supervision and Support	49.2
C-5: Hospital Training Activities	71.4
C-6: Staff Performance Assessment	25.0
C-7: Personnel Record Functionality	91.7
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	100
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	75.8
D-6: Hospital Treatment Facilities	33.3
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	64.5
D-9: Drugs and Supplies	78.3
D4: Services	
D-10: Provision of Outpatient Services	96.4
D-11: Support Services	86.7
D-12: Tests and Special Services	88.2
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	28.6
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	53.8
D-17: In-Service Training: General	46.6

General: Kandahar again had higher performance among hospitals in provinces, with 30 indices achieving the upper benchmark, and only seven below the lower. This is an improvement over round one, with a greater number of above upper benchmark indices and a much lower number of indices in the bottom quintile. There were higher marks in twenty-two indices, and lower marks in 21. The index related to user fee exemption could not be scored due to lack of data on this topic.

Activity: The bed occupancy rate was 81%, down four percentage points from last year, but still well above the median of 71% seen among regional hospitals. Total outpatients per month were well above the median at 8854, and in fact over 20% higher than last year's average monthly totals. Total inpatients and deliveries per month, while also increased by more than 20% each, were actually below this year's medians. Total surgeries were about the same, and also below the median. The caesarean section rate, at 9%, was at just about the median, and lower than the 12% rate seen last year. Inpatients and outpatients per physician were above the median, while the number of inpatients per bed and deliveries per midwife were below. Number of surgeries per surgeon was at the median.

Staffing levels: The staffing levels were far below that seen at other regional hospitals, with a physician to bed ratio of 0.14—20% lower than round one—and a nurse to bed ratio of 0.33, which was, however, more than 10% higher than last year.

Strengths: Consistently high performance was seen in the management and administration domain, achieving the upper benchmark in three of five indices. Capacity and infrastructure also performed well, with over half of the indices above the upper benchmark, and only one in the lower. Consistent and improved scores were seen in Domain E related to systems for quality improvement, infection prevention, patient records and record keeping, and prevention of hospital specific hazards.

Areas of improvement: Improved performance was seen with regard to an MOPH audit within the last two years, adequate condition of buildings, and higher rates of training in general for staff, especially among the management and physician staff. Lastly, Kandahar was awarded full points for providing facilities for women.

Areas for improvement: Areas to be addressed should include hospital treatment facilities, and in particular a lack of ward treatment rooms, a recovery room and septic OT; an inability to isolate patients; and a lack of specialty training in almost all departments, except for management.

Areas of particular concern: Over 70% of all prescriptions contained at least one antibiotic, well over the set standard of 40%. There was also a lack of gender equality among staff, as only 22% of the nursing staff and 10% of physician staff were female, representing a large drop from last year.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	83.3
E-3: Infection Prevention Committee	99.2
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	70.0
E-6: Archived Inpatient Records	96.0
E-7: Active Inpatient Records, Completeness	73.7
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	85.7
E2: Health Worker Interaction	
E-10: Health Worker Skills	57.6
E-11: Health Worker Communication	63.9
E-12: Time of Consultation	25.0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	35.7
E-16: Security	91.5
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	100
E-19: Prevention, Biohazards	92.9
Domain F: Functionality	
Total Inpatients/Month	1010
Total Outpatients/Month	8853
Total Deliveries/Month	437
CS rate	9%
Total Surgeries/Month	406
Physicians per Bed	0.14
Nurses per Bed	0.33
Inpatient Admissions/MD	19.8
IP Admissions/Bed	32.4
Bed Occupancy Rate	81%
OPD Consultations/MD	173.6
Surgeries/Surgeon	67.7
Deliveries/Midwife	31.2
Domain G: Patients and Community	
G-1: Patient Satisfaction	73.4
G-2: Community Involvement in Hospital Planning	75.0
G-3: Hospital Involvement in Community	77.8
G-4: User Fees: Transparency and Exemptions	-
Domain H: Ethics and Values	
H-1: Facilities for Women	100
H-2: Amenities for Patients and Families	62.5
H-3: Gender Equality, Recipients of Care	50.0
H-4: Gender Equality, Providers of Care	35.5
H-5: Compliance with MOPH Policy/Laws	100

Kapisa

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	66.7
A-3: HMIS	88.9
A-4: Planning and Organization	79.2
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	50.0
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	0
B-5: Audit	-
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	72.5
C-2: Staff Management	69.2
C-3: Staff Satisfaction	58.7
C-4: Supervision and Support	75.0
C-5: Hospital Training Activities	33.3
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	55.6
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	32.7
D-6: Hospital Treatment Facilities	28.6
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	69.2
D-9: Drugs and Supplies	91.5
D4: Services	
D-10: Provision of Outpatient Services	70.8
D-11: Support Services	64.3
D-12: Tests and Special Services	76.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	50.0
D-16: In-Service Training	40.7
D-17: In-Service Training: General	45.5

General: Kapisa, a district hospital, demonstrated low performance, with 17 indices above the upper benchmark, and seven in the lower. Three indices were not scored, leaving the remaining thirty-seven indices in the mid-range. The un-scored indices were: proportion of antibiotic prescriptions, user fees, and an MOPH audit within the last two years. Overall performance was improved this year. Thirty indices had higher scores than in 2007 while 14 had lower scores.

Activity: The bed occupancy rate was 40%, significantly lower than last year's rate of 72%, and now below the median among other district hospitals. Monthly inpatients, outpatients, deliveries and surgeries all increased by over 20% since last year. All except inpatients were just above the median; the caesarean section rate was zero. Inpatient admissions, outpatient consultations per physician, as well as deliveries per midwife each increased by over 20% since last year. Physician activity was above the median, while midwife activity was just at the median. The number of surgeries per surgeon was not calculated because no surgeons were reportedly on staff.

Staffing levels: The physicians per bed ratio was low, and below the median of 0.16. This represented a decrease of over 20% compared to last year. The nurse to bed ratio was essentially unchanged and close to the median.

Strengths: Kapisa had performance assessments and job descriptions for all employees. It also continued to have organization of clinical activities with physicians' and nurses' morning meetings, as well as consistency in obtaining tetanus status, physical exams and prescribing folate and iron in routine antenatal care. Facilities available for women included an equal number of bathing facilities and toilets for women, and a functional and equipped female emergency room.

Areas of improvement: Many areas showed improvement, with many indices of Domains A and B reaching the upper benchmark, reflecting strengthened systems for administration and finances. The provision of general in-service training was improved, with the majority of the nursing and technical staff receiving training in the past year. Security measures included discussion among leadership, adequate guards, and the perception of safety by the hospital director, employees and inpatients. Avenues for communication between the hospital and community were also present, with involvement in community disaster planning and immunization campaigns. Amenities for patients and families now included a mosque and heating.

Areas for improvement: Unfortunately, the indices of Domain C (human resources), which had strong scores last year with four of eight achieving the upper benchmark, have dropped. The decline in scores for staff management and satisfaction, and persistently low scores for the organization of hospital training activities, are concerning. Other areas for improvement include ward cleanliness and repair, with low marks in the wards—a concern since this index achieved the upper benchmark in round one. The lack of a nutrition unit, treatment rooms, a septic operating theater and recovery room represent further areas for improvement in the hospital treatment facilities index.

Areas of particular concern: Low scores have been seen in a number of areas, which include: the inability to isolate patients, the absence of a death committee, incomplete archived patient charts, and a lack of decontamination procedures in the hospital. The proportion of antibiotics dispensed was not scored this year due to insufficient information. Last year, this index received a score of zero. This lack of information is also of concern.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	73.1
E-3: Infection Prevention Committee	87.3
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	51.8
E-7: Active Inpatient Records, Completeness	89.3
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	75.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	65.3
E-11: Health Worker Communication	52.0
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	38.9
E-16: Security	93.7
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	72.1
E-19: Prevention, Biohazards	68.8
Domain F: Functionality	
Total Inpatients/Month	160
Total Outpatients/Month	4617
Total Deliveries/Month	127
CS rate	0
Total Surgeries/Month	63
Physicians per Bed	0.09
Nurses per Bed	0.34
Inpatient Admissions/MD	32.0
IP Admissions/Bed	36.3
Bed Occupancy Rate	40%
OPD Consultations/MD	923.4
Surgeries/Surgeon	
Deliveries/Midwife	25.4
Domain G: Patients and Community	
G-1: Patient Satisfaction	67.4
G-2: Community Involvement in Hospital Planning	92.9
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	-
Domain H: Ethics and Values	
H-1: Facilities for Women	80.0
H-2: Amenities for Patients and Families	66.7
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	53.1
H-5: Compliance with MOPH Policy/Laws	100

Khost

Domain A: Management and Administration	
A-1: Hospital Management Functionality	90.0
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	83.3
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	81.8
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	91.4
C-2: Staff Management	65.1
C-3: Staff Satisfaction	51.8
C-4: Supervision and Support	77.0
C-5: Hospital Training Activities	85.7
C-6: Staff Performance Assessment	75.0
C-7: Personnel Record Functionality	100
C-8: Job Descriptions	98.9
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	100
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	52.1
D-6: Hospital Treatment Facilities	42.9
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	73.2
D-9: Drugs and Supplies	94.5
D4: Services	
D-10: Provision of Outpatient Services	85.7
D-11: Support Services	71.4
D-12: Tests and Special Services	71.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	46.2
D-17: In-Service Training: General	15.7

General: Khost demonstrated higher than median performance among the provincial hospitals, with 27 indices above the upper benchmark and 12 in the lower range. Only one index was un-scored: TB registry. In general, performance was lower than that seen last year. Fewer indices were high performing, but also fewer indices were in the lower quintile. While thirteen indices saw an increase in scores, 29 scores were decreased compared to last year.

Activity: While the total number of inpatients per month was at just about the median for this year, it was at least 20% higher than last year. Total outpatients, deliveries and surgeries per month were well above the provincial median. While volume was increased by at least 10% for outpatients and 20% for deliveries, a 10% decrease in volume was seen in the number of surgeries per month. The caesarean section rate was 4%, up from 3% last year, but still below the median of 7%. With the relatively high volumes and close-to-median staffing levels, activity ratios were all well above the median. Inpatient admissions per physician and bed, and deliveries per midwife, were increased by at least 20% this year, and were the maximum seen in provincial hospitals. Outpatients per physician was increased by 10%. As expected, surgeries per surgeon dropped by more than 10%, reflecting the drop in monthly volume.

Staffing levels: Physicians and nurses per bed were close to the median among other provincial hospitals this year, but higher than the ratios seen last year.

Strengths: Consistent and improving performance was seen in Domain A, with achievement of the upper benchmark in the majority of indices this year over and above last year. Consistent good performance was also seen in the three indices of D1: utilities, communication and transport. Other high-performing indices in both rounds one and two included hospital facilities, drugs and supplies, OPD services, routine antenatal care, physical precautions, security, and facilities for women.

Areas of improvement: The indices of Domain B have improved, with fewer at the lower benchmark. These include budget sheets, and the presence of purchase and inspection committees. All personnel records reviewed were found to be complete. The average length of consultation was 11.83 minutes among patients less than 5 years old, and 12.5 minutes among patients more than five years old. Improvements in the user fee system were also seen, but lacked identification of patients prior to service.

Areas for improvement: Domain D saw declines among its indices, particularly among services, staff supervision, and building infrastructure. Services lacking were post-partum care and TB services. Fifty-two percent of surveyed employees recalled a visit from the MOPH, and 80% had a performance assessment in the past year, a surprising result since administration had reported that all employees had one. Other areas for potential improvement are: health worker skills and communication, prevention of hospital hazards, and patient satisfaction. The most commonly cited areas of dissatisfaction were in wait times and travel convenience.

Areas of particular concern: Indices with consistently low-performing scores included: inability to isolate patients, a lack of training for technical and support staff, the absence of a death committee, a high proportion of antibiotics prescribed (62%), and a lack of posted decontamination procedures. Improvement in many of these areas can improve patient safety and quality of care

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	69.8
E-3: Infection Prevention Committee	98.7
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	60.0
E-6: Archived Inpatient Records	82.0
E-7: Active Inpatient Records, Completeness	85.5
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	85.7
E2: Health Worker Interaction	
E-10: Health Worker Skills	54.3
E-11: Health Worker Communication	35.1
E-12: Time of Consultation	70.8
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	60.0
E-16: Security	80.0
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	69.1
E-19: Prevention, Biohazards	81.0
Domain F: Functionality	
Total Inpatients/Month	555
Total Outpatients/Month	8600
Total Deliveries/Month	549.2
CS rate	4%
Total Surgeries/Month	158
Physicians per Bed	0.26
Nurses per Bed	0.38
Inpatient Admissions/MD	24.1
IP Admissions/Bed	76.6
Bed Occupancy Rate	61%
OPD Consultations/MD	373.9
Surgeries/Surgeon	79.0
Deliveries/Midwife	68.6
Domain G: Patients and Community	
G-1: Patient Satisfaction	63.7
G-2: Community Involvement in Hospital Planning	87.5
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	85.7
Domain H: Ethics and Values	
H-1: Facilities for Women	80.0
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	41.4
H-5: Compliance with MOPH Policy/Laws	100

Kunar

Domain A: Management and Administration	
A-1: Hospital Management Functionality	74.1
A-2: Management Training	66.7
A-3: HMIS	100
A-4: Planning and Organization	75.0
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	93.8
B-2: Budget Sheets	60.0
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	85.0
C-2: Staff Management	84.2
C-3: Staff Satisfaction	57.1
C-4: Supervision and Support	76.7
C-5: Hospital Training Activities	85.7
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	75.0
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	35.0
D-6: Hospital Treatment Facilities	44.4
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	69.1
D-9: Drugs and Supplies	81.8
D4: Services	
D-10: Provision of Outpatient Services	84.6
D-11: Support Services	64.3
D-12: Tests and Special Services	90.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	12.5
D6: Staffing	
D-15: Pre-Service Training	40.0
D-16: In-Service Training	72.2
D-17: In-Service Training: General	89.8

General: Asad Abad Hospital, a district hospital, had high performance this year, and was improved over last year. It achieved the upper benchmark in 22 indices, compared to 12 in the previous year, and scored below the lower benchmark in five. The proportion of antibiotics prescribed was not scored this year due to insufficient information. Scores improved for 27 of the indices, and decreased for the 15 others.

Activity: The bed occupancy rate was 69%, well above the district hospitals' median of 51%, and more than 20% higher than last year. All monthly volumes—inpatients, outpatients, surgeries and deliveries—were above the median, and at least 20% higher than last year. Inpatients and outpatients seen per month were the maximum among all district hospitals. The caesarean section rate was just below the median at 4%. Inpatients and outpatients per physician, while well above the median, were lower by 10% compared to round one, reflecting a change in documented staffing. Inpatients per bed and surgeries per surgeon were also above the median and increased by over 20%; inpatients per bed was the maximum seen in district hospitals. The number of deliveries per midwife was at the median, and decreased by 10% over the past year.

Staffing levels: This district hospital had a physician to bed ratio and nurse to bed ratio well above the medians of 0.28 and 0.42, respectively. These ratios were at least two times higher than those seen last year.

Strengths: Kunar had the requisite reports and registers complete and up-to-date for HMIS reporting. All staff reportedly had job descriptions. Full points were awarded for utilities, transportation, condition of buildings, organization of clinical activities, routine antenatal care, compliance with MOPH policy, and relation with the-community. Kunar also received very high scores for tests and special services, as well as for staff training.

Areas of improvement: Indices that saw improvement in scores were: audit by MOPH, personnel record functionality, and in-service training (general and specific). Most striking were the scores for the indices of E3, regarding safety, and in particular those related to physical precautions and prevention of hospital hazards. Physical precautions in place relate to the generator and disaster planning and system.

Areas for improvement: The hospital lacked treatment areas in the OPD and all wards, as well as a secured file room. The average duration of consultation was about six minutes; only 8% of observed interactions for patients less than five and 17% of those for patients over five were longer than nine minutes. Scores for health worker skills and communications were lower this year. The provider failed to check for signs of anemia and edema in the majority of interactions with children, and checked the immunization card in only 8% of observed interactions. The most commonly omitted components of communication were regarding adverse medication reactions, the follow-up visit, and asking about additional questions.

Areas of particular concern: None of the staff received performance assessments in the past year. Kunar lacked a radio connection and internal communication system. A quality improvement committee, written clinical guidelines, and decontamination procedures continue to absent as well.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	77.2
E-3: Infection Prevention Committee	81.0
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	82.3
E-7: Active Inpatient Records, Completeness	63.9
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	92.9
E2: Health Worker Interaction	
E-10: Health Worker Skills	68.2
E-11: Health Worker Communication	55.0
E-12: Time of Consultation	12.5
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	52.4
E-16: Security	65.0
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	69.1
E-19: Prevention, Biohazards	72.4
Domain F: Functionality	
Total Inpatients/Month	626
Total Outpatients/Month	6059
Total Deliveries/Month	154
CS rate	4%
Total Surgeries/Month	115
Physicians per Bed	0.31
Nurses per Bed	0.51
Inpatient Admissions/MD	52.2
IP Admissions/Bed	192.6
Bed Occupancy Rate	69%
OPD Consultations/MD	504.9
Surgeries/Surgeon	115.0
Deliveries/Midwife	25.6
Domain G: Patients and Community	
G-1: Patient Satisfaction	72.6
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	51.9
H-5: Compliance with MOPH Policy/Laws	100

Kunduz

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	100
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	75.0
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	94.3
C-2: Staff Management	89.2
C-3: Staff Satisfaction	73.8
C-4: Supervision and Support	92.5
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	97.2
C-8: Job Descriptions	99.7
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	57.5
D-6: Hospital Treatment Facilities	91.7
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	94.3
D-9: Drugs and Supplies	99.6
D4: Services	
D-10: Provision of Outpatient Services	91.1
D-11: Support Services	100
D-12: Tests and Special Services	96.8
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	78.6
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	100
D-17: In-Service Training: General	74.8

General: Kunduz Regional Hospital had very high levels of performance in both rounds, with 50 indices scoring above the upper benchmark, and only one below the lower. One index was un-scored: the proportion of antibiotics dispensed. Fourteen indices had higher scores this year, while 10 declined.

Activity: The bed occupancy rate was 61%, significantly lower than that seen last year (78%), but higher than the median of 56% among provincial hospitals. The number of inpatients admissions was the maximum reported in provincial hospitals; deliveries and surgeries per month were above the median; and the number of outpatients seen per month was below the median. The caesarean section rate was 4%, below the median of 7%. Activity ratios were all low compared to provincial medians, and all except for deliveries per midwife declined by over 10% compared to last year.

Staffing levels: The number of physicians per bed was at the median for provincial hospitals, and unchanged from last year, while the nurse to bed ratio was significantly lower than its ratio from last year, and was the lowest seen among provincial hospitals.

Strengths: Kunduz had strong marks in many indices, with consistent performance in Domains A, G, and H. The only index in Domain A that did not achieve the upper benchmark was, again, Management Autonomy. All the indices of Domain G also achieved the upper benchmark, with the exception of Patient Satisfaction, which was about the same as last year. Similarly, the indices of Domain H were in the upper benchmark, except for gender equality of health care providers. The hospital also had consistent marks in E1 and E3, relating to an enabling environment for quality and safety.

Areas of improvement: Cash management was noted as an area requiring attention last year. This year, Kunduz lost points only for the lack of a bank account, but now had a petty cash system in place. Another area with improved scores was in personnel record functionality, with a loss of points only for incomplete records of the administration and support staff. Staff satisfaction and staff management have also improved since 2007.

Areas for improvement: While only one index fell below the lower benchmark, some indices scoring in the mid-range have fallen. The indices of E2, *Health Worker Interaction*, except for antenatal care, all fell below the median, requiring attention to improve the quality of provider-patient interactions. The ward was deficient in cleanliness and ward repair. There was also a lack of isolation guidelines on three of the seven wards, though all had the ability to isolate patients.

Areas of particular concern: Areas with persistently lower scores included gender equality of staff and patient satisfaction; 21% of nurses and 14% of physicians were female. Common areas of dissatisfaction were wait times for those under five years of age, travel convenience for those over five, and adequate explanation of the illness for those less than five year old. There was also a lack of information for tracking antibiotic prescriptions, and thus this index was not scored; this is concerning as this index received full points last year.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	89.5
E-3: Infection Prevention Committee	99.5
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	80.0
E-6: Archived Inpatient Records	100
E-7: Active Inpatient Records, Completeness	100
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	59.0
E-11: Health Worker Communication	46.0
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	100
E-16: Security	96.8
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	100
E-19: Prevention, Biohazards	100
Domain F: Functionality	
Total Inpatients/Month	1073
Total Outpatients/Month	2815
Total Deliveries/Month	378
CS rate	4%
Total Surgeries/Month	180
Physicians per Bed	0.28
Nurses per Bed	0.27
Inpatient Admissions/MD	15.1
IP Admissions/Bed	51.5
Bed Occupancy Rate	61%
OPD Consultations/MD	39.6
Surgeries/Surgeon	16.3
Deliveries/Midwife	37.8
Domain G: Patients and Community	
G-1: Patient Satisfaction	68.9
G-2: Community Involvement in Hospital Planning	87.5
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	100
Domain H: Ethics and Values	
H-1: Facilities for Women	100
H-2: Amenities for Patients and Families	92.3
H-3: Gender Equality, Recipients of Care	100
H-4: Gender Equality, Providers of Care	38.5
H-5: Compliance with MOPH Policy/Laws	100

Laghman

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	75.0
A-5: Integration of Hospital Into Health System	40.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	80.0
B-3: Purchasing and Inspection Committee	71.4
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	65.2
C-2: Staff Management	84.2
C-3: Staff Satisfaction	63.3
C-4: Supervision and Support	75.0
C-5: Hospital Training Activities	33.3
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	61.1
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	77.8
D-5: Cleanliness and Ward Repair	35.0
D-6: Hospital Treatment Facilities	50.0
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	78.5
D-9: Drugs and Supplies	94.0
D4: Services	
D-10: Provision of Outpatient Services	91.1
D-11: Support Services	93.3
D-12: Tests and Special Services	90.3
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	30.0
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	53.8
D-17: In-Service Training: General	54.3

General: Mehterlam Baba Hospital, a provincial hospital, demonstrated below-mid-level performance, but has improved from round one. This hospital had 19 indices scoring above the upper benchmark and six below the lower benchmark. There were no un-scored indices. Eighteen indices had increased scores and 17 had decreased scores.

Activity: The bed occupancy rate was 43%, below the provincial median of 56%, and lower than last year's rate of 52%. Volume in all four areas of concern was well above the medians, and all have increased over the past year by at least 10%. The rate of caesarean section was only 1%, well below the provincial median of 7%, and 1% lower than last year. All activity ratios were also above the medians, with the highest number of admissions per bed reported in provincial hospitals. However inpatients and outpatients per physician and deliveries per midwife were down by over 10% from last year. Inpatient admissions per bed and surgeries per surgeon have increased by over 20%.

Staffing levels: Physician to bed and nurse to bed ratios were both below the provincial medians of 0.29 and 0.39, respectively. These levels represent an increase by at least 10% over last year.

Strengths: Laghman had HMIS documents and systems in place, as well as a record-keeping system for the pharmacy and EPI. Like round one, this hospital received full points for its functional utilities, and up-to-date TB register. This hospital also demonstrated consistent performance in staff management and staff satisfaction. All staff reported up-to date salaries, and almost all staff surveyed discussed any difficulties with their supervisor. Staffs were most satisfied in coworker relations, enjoyment of work and relations with supervisors. Cash management lacked only a bank account. Over 50% of all inpatients and outpatients over five years of age were female.

Areas of improvement: Improvement was seen in a number of areas. Domain A saw improvement, with four of six indices now scoring above the upper benchmark. The greatest increase was seen in management training, indicating that persons in hospital leadership had this type of training. Personnel record functionality improved, now with 40-60% of required documents found in files. The complete spectrum of support services was available, but the kitchen lacked adequate food storage. Last year security was a concern, but was improved this year, with security discussed at hospital board meetings and adequate security staff.

Areas for improvement: Minimum staffing continues to be low, due to lack of physician and nursing staff. Organization and documentation of hospital training activities (C-5) was noticeably lower this year, although in-service training scores did not drop. The hospital lacked a quality improvement committee and thus received a score of zero for this index. Completeness of archived inpatient records was also poor, with only 29% of required components found in obstetrics and gynecology charts, and 50% in medical and surgical charts. Decontamination procedures were posted in one ward, but were otherwise absent. Amenities for patients included a mosque and heating in the winter, but lacked accommodations for caretakers and privacy curtains. The proportion of female staff was lower this year, with 55% of nurses and 13% of physicians being female.

Areas of particular concern: There has been no audit from the MOPH or a supporting NGO, an aspect of central oversight. Also of concern is the lack of performance assessments for the staff globally, and the high proportion of antibiotics dispensed, at 53%.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	83.3
E-3: Infection Prevention Committee	87.6
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	50.0
E-6: Archived Inpatient Records	47.5
E-7: Active Inpatient Records, Completeness	74.4
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	85.7
E2: Health Worker Interaction	
E-10: Health Worker Skills	61.4
E-11: Health Worker Communication	45.7
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	28.6
E-16: Security	63.1
E-17: Posted Decontamination Procedures	16.7
E-18: Prevention, Hospital Hazards	69.1
E-19: Prevention, Biohazards	70.3
Domain F: Functionality	
Total Inpatients/Month	767
Total Outpatients/Month	8448
Total Deliveries/Month	387
CS rate	1%
Total Surgeries/Month	116
Physicians per Bed	0.17
Nurses per Bed	0.35
Inpatient Admissions/MD	51.1
IP Admissions/Bed	104.6
Bed Occupancy Rate	43%
OPD Consultations/MD	563.2
Surgeries/Surgeon	57.9
Deliveries/Midwife	48.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	74.6
G-2: Community Involvement in Hospital Planning	78.6
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	40.0
H-3: Gender Equality, Recipients of Care	87.5
H-4: Gender Equality, Providers of Care	64.8
H-5: Compliance with MOPH Policy/Laws	100

Logar

Domain A: Management and Administration	
A-1: Hospital Management Functionality	88.0
A-2: Management Training	66.7
A-3: HMIS	100
A-4: Planning and Organization	66.7
A-5: Integration of Hospital Into Health System	80.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	50.0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	88.9
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	68.4
C-2: Staff Management	70.8
C-3: Staff Satisfaction	56.2
C-4: Supervision and Support	84.2
C-5: Hospital Training Activities	50.0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	66.7
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	75.0
D-2: Communications	33.3
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	87.0
D-6: Hospital Treatment Facilities	57.1
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	83.1
D-9: Drugs and Supplies	86.4
D4: Services	
D-10: Provision of Outpatient Services	92.3
D-11: Support Services	78.6
D-12: Tests and Special Services	76.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	80.0
D-16: In-Service Training	66.7
D-17: In-Service Training: General	63.1

General: Nayab Aminullah Khan Hospital, a district hospital, had mid-range performance, with 22 indices scoring above the upper benchmark and five below the lower. None were un-scored this year. Performance was improved over last year, when only seven indices were in the upper benchmark. Increased scores were seen in 40 indices and a lower score seen in only six.

Activity: The bed occupancy rate was 26%, well below what was seen last year, at 61%. Monthly inpatients and outpatients were below the median this year. Inpatient numbers dropped by about 30%, while the number of outpatients increased by over 10%. Monthly deliveries and surgeries increased by over 20% this year, and are above the median. The caesarean section rate was low, and similar to that seen last year, around 1%. Inpatient admissions and outpatient consultations per physician increased by over 20%; inpatient admissions per physician were below the median; and outpatient consultations per physician were above the median. The number of inpatient admissions per bed was also above the median, but decreased by over 10% as compared to last year. Surgeries per surgeon showed a 20% increase compared to last year, and were well above the district median, while deliveries per midwife have declined.

Staffing levels: Staffing ratios are well above the medians for district hospitals. However, the doctor to bed ratio is much lower than last year's ratio of 0.70, while the nurse to bed ratio is higher than last year's ratio of 0.78.

Strengths: Logar has had consistent high performance with full points in HMIS, routine antenatal care, posted decontamination procedures, and prevention of hospital hazards. Patient satisfaction scores have been in the upper quintile for the past two years, with patients most satisfied with privacy, respect from the medical staff, and regular inpatient visits from physicians.

Areas of improvement: Scores overall improved in Domains A, B, and C, with far fewer indices below the lower benchmark this year. Highlighted areas include: the hospital budget, cash management, purchasing and inspection committee, integration into the health system and personnel record functionality. Other areas of improvement include transportation, other hospital facilities, isolation of patients, and a TB registry. Areas of concern last year that have improved this year include community involvement in hospital planning, and user fees.

Areas for improvement: Logar has had several indices with persistently lower-range scores, highlighting areas that require further investigation. These include: the consultation time, which were just over six minutes on average; prevention of biohazards, which lacked a register for recipients and donors; and appropriate waste disposal. In addition, gender equality of providers and patients scored lower than last year: 48% of nurses and 14% of physicians were female. Over 50% of outpatients over five years old were female; for those outpatients under five and inpatients over five, this percent was less than 50. Insufficient information was available about inpatients over five years of age.

Areas of particular concern: This hospital continues to lack a death committee, receiving no points for the past two years. In the last two years no audit by the MOPH has been performed—indicating a lack of central oversight—and no reported staff performance assessments were done. Lastly, the proportion of prescriptions with at least one antibiotic was at 75%, exceeding the standard of 40%, and much higher than that seen last year (45.2%).

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	57.9
E-3: Infection Prevention Committee	74.5
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	60.0
E-6: Archived Inpatient Records	90.1
E-7: Active Inpatient Records, Completeness	85.0
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	92.9
E2: Health Worker Interaction	
E-10: Health Worker Skills	65.0
E-11: Health Worker Communication	52.0
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	66.7
E-16: Security	52.5
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	100
E-19: Prevention, Biohazards	85.7
Domain F: Functionality	
Total Inpatients/Month	149
Total Outpatients/Month	3586
Total Deliveries/Month	232
CS rate	1%
Total Surgeries/Month	64
Physicians per Bed	0.30
Nurses per Bed	0.91
Inpatient Admissions/MD	21.3
IP Admissions/Bed	77.9
Bed Occupancy Rate	26%
OPD Consultations/MD	512.3
Surgeries/Surgeon	63.8
Deliveries/Midwife	29.0
Domain G: Patients and Community	
G-1: Patient Satisfaction	81.0
G-2: Community Involvement in Hospital Planning	85.7
G-3: Hospital Involvement in Community	75.0
G-4: User Fees: Transparency and Exemptions	85.7
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	40.0
H-3: Gender Equality, Recipients of Care	50.0
H-4: Gender Equality, Providers of Care	65.9
H-5: Compliance with MOPH Policy/Laws	100

Nangrahar

Domain A: Management and Administration	
A-1: Hospital Management Functionality	83.3
A-2: Management Training	100
A-3: HMIS	88.9
A-4: Planning and Organization	80.0
A-5: Integration of Hospital Into Health System	0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	75.0
B-2: Budget Sheets	20.0
B-3: Purchasing and Inspection Committee	63.6
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	77.5
C-2: Staff Management	64.2
C-3: Staff Satisfaction	57.8
C-4: Supervision and Support	70.0
C-5: Hospital Training Activities	85.7
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	50.0
C-8: Job Descriptions	57.7
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	38.3
D-6: Hospital Treatment Facilities	69.2
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	58.0
D-9: Drugs and Supplies	69.6
D4: Services	
D-10: Provision of Outpatient Services	85.7
D-11: Support Services	75.0
D-12: Tests and Special Services	79.4
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	40.0
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	84.6
D-17: In-Service Training: General	33.7

General: Nangrahar's regional hospital had low performance, with scores below those of last year. Fourteen indices scored above the upper benchmark, and 15 scored below the lower. The proportion of antibiotic prescriptions, like last year, was un-scored due to insufficient information. Twenty-four indices increased this year while 18 had lower scores.

Activity: Volumes of activity were well above the median for regional hospitals; total inpatients, outpatients and surgeries were the maximum seen among all regional hospitals. However total inpatients and outpatients were 10% lower than that seen last year, and the caesarean section rate also decreased by 10%. Total deliveries and surgeries were up by more than 20% over last year. All activity ratios were above the median. The number of inpatients per physician was unchanged, while inpatients per bed was down by at least 10%. Outpatient consultations per physician, surgeries per surgeon and deliveries per midwife, all decreased by at least 10%. The bed occupancy rate was also the maximum, above the median of 71%.

Staffing levels: The number of physicians per bed was below the median of 0.50, and about the same as last year. The number of nurses per bed, however, was above the median of 0.42, but higher than last year's ratio by more than 10%.

Strengths: Index D-1, utilities, again had high performance this year, as well as organization of clinical activities and provision of outpatient services. The other indices in Domain D were mid-ranged. Full marks were given again for completeness of routine antenatal care and the presence and documentation of a death committee. The TB registry index was scored for the first time this year, and received full points for up-to-date registers.

Areas of improvement: Encouragingly, many indices of Domain A, Management and Administration, were improved over last year, and among them two were in the upper quintile. In addition, Nangarhar now has a Quality Improvement committee, with engagement of the staff in its activities. However, documentation of its activities this year is lacking. The hospital had an infection prevention committee but a baseline assessment and action plan was absent. Nangarhar increased its facilities for women, which included bathing facilities and toilets, and a separate waiting room. Lastly, the administrator indicated that the facility complied with MOPH regulations and laws.

Areas for improvement: While Domains A and C had fewer indices below the lower benchmark, areas of persistent concern related to a lack of participation in committees, facilitating integration of the hospital into the health system. Supervision and support is in need of improvement, as low numbers of employees reported a recent visit from the MOPH and a performance assessment. Less than half of the physicians and nurses had a job description. Health worker skills and communication continued to have low scores, which were areas of weakness in the previous year as well. Other areas with declining scores were security, decontamination procedures, and user fees.

Areas of particular concern: The hospital continues to lack a petty cash system and bank account for cash management. It has not had an audit from the MOPH in over two years, and lacks performance assessments for all staff. The time of consultation continues to be low, at below six minutes. Similar to last year, low scores were seen in indices for community-hospital involvement. Gender equality of staff continued to be low: 26% of nurses and 12% of physicians were female.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	33.3
E-2: Quality Improvement Organizational Activities	90.0
E-3: Infection Prevention Committee	87.7
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	45.5
E-6: Archived Inpatient Records	88.9
E-7: Active Inpatient Records, Completeness	80.8
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	75.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	43.1
E-11: Health Worker Communication	31.4
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	35.7
E-16: Security	35.3
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	82.4
E-19: Prevention, Biohazards	75.3
Domain F: Functionality	
Total Inpatients/Month	3826
Total Outpatients/Month	11650
Total Deliveries/Month	824
CS rate	4%
Total Surgeries/Month	1025
Physicians per Bed	0.34
Nurses per Bed	0.50
Inpatient Admissions/MD	32.7
IP Admissions/Bed	133.1
Bed Occupancy Rate	84%
OPD Consultations/MD	99.6
Surgeries/Surgeon	102.5
Deliveries/Midwife	68.6
Domain G: Patients and Community	
G-1: Patient Satisfaction	68.4
G-2: Community Involvement in Hospital Planning	0
G-3: Hospital Involvement in Community	37.5
G-4: User Fees: Transparency and Exemptions	42.9
Domain H: Ethics and Values	
H-1: Facilities for Women	75.0
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	66.7
H-4: Gender Equality, Providers of Care	42.0
H-5: Compliance with MOPH Policy/Laws	100

Nimroz

Domain A: Management and Administration	
A-1: Hospital Management Functionality	20.0
A-2: Management Training	0
A-3: HMIS	77.8
A-4: Planning and Organization	60.0
A-5: Integration of Hospital Into Health System	0
A-6: Management Autonomy	50.0
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	0
B-3: Purchasing and Inspection Committee	50.0
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	47.6
C-2: Staff Management	85.0
C-3: Staff Satisfaction	62.9
C-4: Supervision and Support	85.8
C-5: Hospital Training Activities	40.0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	82.7
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	80.0
D-2: Communications	0
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	77.8
D-5: Cleanliness and Ward Repair	70.0
D-6: Hospital Treatment Facilities	71.4
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	62.5
D-9: Drugs and Supplies	75.1
D4: Services	
D-10: Provision of Outpatient Services	70.8
D-11: Support Services	80.0
D-12: Tests and Special Services	60.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	25.0
D-16: In-Service Training	37.0
D-17: In-Service Training: General	57.6

General: Nimroz Hospital in Zaranj, a district hospital, had low performance, with eight indices above the upper quintile and 29 below the lower this year. The index for the proportion of antibiotics was not scored this year. Fourteen indices had higher scores than in 2007, while 25 received lower scores.

Activity: All monthly activity (inpatients, outpatients, surgeries and deliveries) have increased by over 20% since last year. Total inpatients and surgeries are now at about the median, while outpatient numbers are below the median; deliveries are above. The caesarean section rate, at 3%, is below the median of 5%. All activity ratios have also increased by over 20%, and all are above the median, with the exception of surgeries per surgeon, which was not calculated because no surgeons were on staff.

Staffing levels: The number of physicians and nurses per bed were below the median for district hospitals, and lower than levels seen in the previous year.

Strengths: Nimroz continues to have good systems for support services, such as a mortuary, a kitchen, a laundry and an adequate central supply storeroom. Nimroz received full points for its organization of clinical activities, up-to-date TB registry, completeness of routine antenatal care, and report by the administrator of compliance with MOPH regulations.

Areas of improvement: Nimroz improved its physical precautions, with the placement of fire extinguishers in the OPD and patient wards, but lacked clearly marked emergency exits in these areas. The hospital lacked a disaster plan and management, as well as a fire alarm system. Improvement was seen in the area of user fees. While a system was in place, a process to identify patients prior to service and determine those who qualified was absent. Amenities available for patients and families were a mosque, accommodations for caretakers, and privacy curtains.

In the past year, the proportion of women seen at Nimroz increased to over 50% of outpatients in the under- and over-five categories, as well as of inpatients over five years of age. Unfortunately, information about inpatients under five was lacking.

Areas for improvement: Areas with low performance included: the inability to isolate patients; the lack of a quality improvement committee and documentation of its activities; the lack of an infection prevention committee; and incomplete inpatient records, both archived and active charts. There was low involvement of the hospital in the community: systems for communication between the hospital and the community were lacking, as was documented activities of the hospital in the community.

Areas of particular concern: Persistently low performance was seen in a number of areas, scattered across indices but also concentrated in E2, concerning health worker interactions with patients. The scores for health worker skills and communication were low, and there was a low average time of consultation, at 3.6 minutes. The index related to the proportion of prescription with antibiotics dispensed was not scored; this lack of information is especially concerning as since this index received a score of zero last year. Other areas of concern related to quality of care are: the lack of a death committee, lack of written clinical guidelines, and lack of posted decontamination procedures. Most of the financial systems were missing, and purchasing and inspection committees scored quite low. Lastly, Nimroz was able to perform only 69% of required laboratory tests, and lacked a recovery room and the ability to provide specialized diets to patients.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	82.5
E-3: Infection Prevention Committee	58.9
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	38.0
E-7: Active Inpatient Records, Completeness	27.3
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	57.1
E2: Health Worker Interaction	
E-10: Health Worker Skills	53.1
E-11: Health Worker Communication	32.8
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	42.9
E-16: Security	20.7
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	42.6
E-19: Prevention, Biohazards	71.4
Domain F: Functionality	
Total Inpatients/Month	299
Total Outpatients/Month	4121
Total Deliveries/Month	169
CS rate	3%
Total Surgeries/Month	56
Physicians per Bed	0.12
Nurses per Bed	0.20
Inpatient Admissions/MD	49.8
IP Admissions/Bed	70.3
Bed Occupancy Rate	86%
OPD Consultations/MD	686.8
Surgeries/Surgeon	
Deliveries/Midwife	42.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	71.7
G-2: Community Involvement in Hospital Planning	50.0
G-3: Hospital Involvement in Community	0
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	75.0
H-3: Gender Equality, Recipients of Care	100
H-4: Gender Equality, Providers of Care	50.0
H-5: Compliance with MOPH Policy/Laws	100

Paktika

Domain A: Management and Administration	
A-1: Hospital Management Functionality	85.0
A-2: Management Training	66.7
A-3: HMIS	88.9
A-4: Planning and Organization	72.7
A-5: Integration of Hospital into Health System	50.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	83.3
B-2: Budget Sheets	20.0
B-3: Purchasing and Inspection Committee	42.9
B-4: Cash Management	66.7
B-5: Audit	-
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	72.0
C-2: Staff Management	75.8
C-3: Staff Satisfaction	54.2
C-4: Supervision and Support	70.0
C-5: Hospital Training Activities	0
C-6: Staff Performance Assessment	25.0
C-7: Personnel Record Functionality	50.0
C-8: Job Descriptions	85.5
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	33.3
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	62.3
D-6: Hospital Treatment Facilities	55.6
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	75.3
D-9: Drugs and Supplies	87.8
D4: Services	
D-10: Provision of Outpatient Services	70.8
D-11: Support Services	75.0
D-12: Tests and Special Services	80.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	100
D-16: In-Service Training	51.9
D-17: In-Service Training: General	43.8

General: Sharan Hospital, a district hospital, had lower performance, with 13 indices scoring above the upper benchmark and nine below the lower. The index regarding an audit by the MOPH was un-scored. In general, performance was slightly lower than that seen in round one. Eighteen indices had higher performance than last year, while 25 had lower performance.

Activity: The bed occupancy rate was at the median, and more than 10% lower than last year. Monthly numbers of inpatients, outpatients and surgeries were above the median. Of these, inpatients and surgeries had increased by over 20% since last year, while the number of outpatients was about the same. Monthly deliveries increased by about 10% and were nearly at the median. Inpatient admissions per physician and bed, surgeries per surgeon, and deliveries per midwife also increased by over 20%, and were over the median. Data was not available about caesarean sections and thus could not be calculated.

Staffing levels: Paktika had a physician to bed ratio at about the median, while the nurse to bed ratio was below the median, and more than 20% lower than last year's level of 0.37.

Strengths: Paktika had consistent performance in management autonomy, organization of clinical activities, routine antenatal care, and compliance with MOPH policies. Prevention of hospital hazards lacked only expiry dates on sterilized packs, a dry sterilizer in the central sterile supply, and shielding for the room and protection of staff in radiology.

Areas of improvement: Several areas improved this year. There were appropriate qualifications of all department heads. The average time of consultation was 4.67 minutes for patients under five years old, and 5.42 minutes for those over five years old. Physical precautions now in place included fire extinguishers and exits in patient care areas and adequate generator safety; deficits are still present in the kitchen and in disaster planning. A security policy is now in place, and there is adequate staffing. In addition, staff perception of safety is higher at 72%, up from 55% last year. User fees were reviewed, unlike last year. Lastly, more than 50% of inpatients and outpatients over five years old were female.

Areas for improvement: Declines in scores for Domain A, most strikingly in Integration of hospital into health system, were related to the lack of an MOPH visit in the past three months. Paktika was unable to isolate patients this year., However last year, it received full points for this index. A low proportion of staff had general in-service training: while 67% of management had training, the support staff received none. The TB registry lacked an up-to-date suspect TB book. The hospital's involvement in community lacked involvement in school health teaching, as well as regular formal review of patient feedback by leadership. Amenities that are lacking include a separate female waiting room and a specific female emergency room. Only 10% of nurses were female, lower than last year, and there were no female physicians on staff.

Areas of particular concern: Like last year, Paktika lacked a death committee. Sixty-one percent of all prescriptions contained at least one antibiotic. While higher than the standard of 40%, this was improved over last year's rate of 90%. Lastly, all budget sheets were lacking except for those related to user fees, just as last year.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	71.6
E-3: Infection Prevention Committee	93.9
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	42.9
E-6: Archived Inpatient Records	84.6
E-7: Active Inpatient Records, Completeness	89.1
E-8: TB Registry	66.7
E-9: Drug and Supply Record Keeping	78.6
E2: Health Worker Interaction	
E-10: Health Worker Skills	58.6
E-11: Health Worker Communication	46.2
E-12: Time of Consultation	4.2
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	72.7
E-16: Security	77.5
E-17: Posted Decontamination Procedures	80.0
E-18: Prevention, Hospital Hazards	86.8
E-19: Prevention, Biohazards	86.2
Domain F: Functionality	
Total Inpatients/Month	470
Total Outpatients/Month	4938
Total Deliveries/Month	99
CS rate	
Total Surgeries/Month	178
Physicians per Bed	15%
Nurses per Bed	0.28
Inpatient Admissions/MD	42.7
IP Admissions/Bed	75.2
Bed Occupancy Rate	51%
OPD Consultations/MD	448.9
Surgeries/Surgeon	178.3
Deliveries/Midwife	49.5
Domain G: Patients and Community	
G-1: Patient Satisfaction	77.5
G-2: Community Involvement in Hospital Planning	50.0
G-3: Hospital Involvement in Community	55.6
G-4: User Fees: Transparency and Exemptions	85.7
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	25.0
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	10.6
H-5: Compliance with MOPH Policy/Laws	100

Paktya

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	75.0
A-3: HMIS	100
A-4: Planning and Organization	54.5
A-5: Integration of Hospital Into Health System	0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	50.0
B-2: Budget Sheets	20.0
B-3: Purchasing and Inspection Committee	70.0
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	89.3
C-2: Staff Management	96.7
C-3: Staff Satisfaction	64.2
C-4: Supervision and Support	98.3
C-5: Hospital Training Activities	50.0
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	77.8
C-8: Job Descriptions	97.5
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	80.0
D-2: Communications	33.3
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	53.3
D-6: Hospital Treatment Facilities	62.5
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	78.8
D-9: Drugs and Supplies	99.5
D4: Services	
D-10: Provision of Outpatient Services	92.3
D-11: Support Services	71.4
D-12: Tests and Special Services	76.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	52.1
D-17: In-Service Training: General	29.9

General: Gardez Civil Hospital, a district hospital, had low-to mid-level performance, with 19 indices scoring above the upper benchmark and seven below the lower. All indices were scored. Twenty-five indices received higher scores compared to round one, while 17 had lower scores.

Activity: The bed occupancy rate was below this year's median, and over 10% lower than last year. The monthly inpatients and deliveries increased by 20%, and are above this year's medians. Monthly outpatients also increased by 20%, but remain below the median. Total surgeries remain unchanged, and are below the median. The caesarean section rate is much decreased from 11% last year. Inpatient admissions per bed, and deliveries per midwife, both increased by 20% in the last year and are above the district hospital medians. While inpatient admissions per physician and outpatient consultations per physician are also up by over 20%, they remain below their respective medians. Surgeries per surgeon remained unchanged, and below the median.

Staffing levels: The physician per bed ratio increased by 10% this year, and is the maximum number seen among all district hospitals. While the nurse to bed ratio remained the same, it is also well over the median.

Strengths: Paktya had strong performance in Domain C, especially in staffing and performance assessments. The hospital also had consistent performance in HMIS and management training of its leadership, receiving full points for compliance with all required documentation. Other areas of excellence include transportation, organization of clinical activities, complete and up-to-date TB registries, inclusion of required elements of antenatal care, and compliance with MOPH policies.

Areas of improvement: Staff management is now above the upper benchmark—it was below the lower last year—with all staff surveyed.

reporting up-to-date salaries and the ability to discuss difficulties with their supervisor. Many scores have also increased across Domains D, E, and H. Hospital training activities now include internal training sessions at least once a month. The general condition of buildings was improved, with points given for the grounds, lighting, exterior paint, walls, and roof. Hospital treatment facilities now include a nutrition unit and ward treatment rooms. One of the wards now has privacy curtains available.

Areas for improvement: Many of the indices of Domain B, which were above the upper benchmark last year, are now below the lower. Although there was a hospital purchasing committee, documentation of its activities and meetings was absent, as was involvement of the hospital director. Furthermore, items received were not reviewed by the inspection committee. No points in cash management were awarded, as a petty cash system was not in place and they did not use a bank account. An MOPH audit had not been performed in the last two years. A security policy was not in place, and the hospital was not considered safe according to the hospital director. User fee guidelines were present, but not reviewed in the past year. In addition, fees were not set by the hospital-community committee, and patients were not identified prior to service. A separate waiting room for women and a female emergency room were absent.

Areas of particular concern: The inability to isolate patients is a concern, and a death committee continues to be absent. The average consultation time was less than five minutes, and all observed provider-patient interactions were less than nine minutes long. Of all prescriptions dispensed, 88% percent contained at least one antibiotic. Budget sheets were again lacking this year, and only the user fees were tracked. No points were given for integration of the hospital into the health system due to the lack of an MOPH visit and the absence of committee minutes for coordination of health services.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	98.2
E-3: Infection Prevention Committee	83.3
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	33.3
E-6: Archived Inpatient Records	85.6
E-7: Active Inpatient Records, Completeness	87.3
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	62.5
E-11: Health Worker Communication	45.5
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	46.7
E-16: Security	66.9
E-17: Posted Decontamination Procedures	25.0
E-18: Prevention, Hospital Hazards	85.3
E-19: Prevention, Biohazards	84.6
Domain F: Functionality	
Total Inpatients/Month	449
Total Outpatients/Month	3785
Total Deliveries/Month	225
CS rate	3%
Total Surgeries/Month	43
Physicians per Bed	0.40
Nurses per Bed	0.49
Inpatient Admissions/MD	19.5
IP Admissions/Bed	94.6
Bed Occupancy Rate	49%
OPD Consultations/MD	164.6
Surgeries/Surgeon	10.8
Deliveries/Midwife	45.0
Domain G: Patients and Community	
G-1: Patient Satisfaction	74.8
G-2: Community Involvement in Hospital Planning	78.6
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	42.9
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	33.3
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	43.1
H-5: Compliance with MOPH Policy/Laws	100

Panjsher

Domain A: Management and Administration	
A-1: Hospital Management Functionality	75.0
A-2: Management Training	0
A-3: HMIS	100
A-4: Planning and Organization	72.7
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	50.0
Domain B: Financial Systems	
B-1: Hospital Budget	87.5
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	66.7
B-4: Cash Management	100
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	67.8
C-2: Staff Management	90.8
C-3: Staff Satisfaction	73.1
C-4: Supervision and Support	63.3
C-5: Hospital Training Activities	57.1
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	27.8
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	75.0
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	89.8
D-6: Hospital Treatment Facilities	62.5
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment	85.8
D-9: Drugs and Supplies	96.8
D4: Services	
D-10: Provision of Outpatient Services	83.3
D-11: Support Services	93.3
D-12: Tests and Special Services	93.5
D5: Activities	
D-13: Organization of Clinical Activities	33.3
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	50.0
D-16: In-Service Training	22.2
D-17: In-Service Training: General	0

General: Panjsher, a provincial hospital, was assessed for the first time this year, and had mid to high level performance. Twenty-six indices were above the upper benchmark and fourteen were below the lower. One index, user fees, was un-scored this year.

Activity: The bed occupancy rate was above the median for provincial hospitals. Total inpatients, outpatients and deliveries per month were below medians, while the number of monthly surgeries was at the median. The caesarean section rate was just above the median of 7%. Inpatient admissions and outpatient consultations per physician were almost twice the median, while inpatient admissions per bed, surgeries per surgeon, and deliveries per midwife were below the median.

Staffing levels: The ratio of physician per bed was quite low, and was the minimum seen among provincial hospitals. The nurse to bed ratio, in contrast, was quite high, and was the maximum seen among provincial hospitals.

Strengths: Panjsher performed well in the sub-domains of D1, D3, and D4, indicating adequacy of the physical plant, equipment, and utilities. High marks were also seen in sub-domain E2, Health Worker Interaction, receiving the highest marks of all hospitals for Health Worker Communication, with providers consistently informing patients about their diagnosis and medications. Panjsher also has infrastructure in place for its human resources, with regular staff performance assessments, job descriptions for all staff, and up-to-date salaries. Staff satisfaction included areas such as co-worker and supervisor relations, enjoyment of work, and adequate security. Patient satisfaction was also high; they reported high trust in physicians and staff, adequate privacy, and adequate explanation of the treatment plan.

Areas for improvement: A purchasing committee was absent, members of the inspection committee did not rotate, and the purchasing request lacked price comparisons. A suspect TB registry was not up-to-date at the time of the survey. Panjsher received low points for gender equality of providers, as only 12% of nurses and 14% of providers were female.

Areas of particular concern: None of the hospital leadership had past management training, and there has not been an MOPH audit in the past two years. Personnel records were absent for all support and technical staff charts examined. None of the surveyed staff reportedly had training in the last year, and in only family planning and the lab did employees have any department-specific training. A quality improvement committee was absent, as was a death committee and hospital-community committee. Decontamination procedures were not posted in the wards, central sterile supply or anesthesia areas.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	85.0
E-3: Infection Prevention Committee	86.2
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	33.3
E-6: Archived Inpatient Records	83.2
E-7: Active Inpatient Records, Completeness	96.3
E-8: TB Registry	66.7
E-9: Drug and Supply Record Keeping	81.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	67.5
E-11: Health Worker Communication	75.2
E-12: Time of Consultation	25.0
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	58.8
E-16: Security	54.3
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	93.3
E-19: Prevention, Biohazards	76.9
Domain F: Functionality	
Total Inpatients/Month	299
Total Outpatients/Month	2031
Total Deliveries/Month	102
CS rate	9%
Total Surgeries/Month	93
Physicians per Bed	0.09
Nurses per Bed	0.75
Inpatient Admissions/MD	42.7
IP Admissions/Bed	47.2
Bed Occupancy Rate	67%
OPD Consultations/MD	290.1
Surgeries/Surgeon	31.0
Deliveries/Midwife	14.6
Domain G: Patients and Community	
G-1: Patient Satisfaction	80.5
G-2: Community Involvement in Hospital Planning	0
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	-
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Families	71.4
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	29.5
H-5: Compliance with MOPH Policy/Laws	100

Parwan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	33.3
A-3: HMIS	100
A-4: Planning and Organization	87.5
A-5: Integration of Hospital Into Health System	80.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	93.8
B-2: Budget Sheets	60.0
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	59.1
C-2: Staff Management	77.5
C-3: Staff Satisfaction	59.9
C-4: Supervision and Support	86.7
C-5: Hospital Training Activities	71.4
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	91.7
C-8: Job Descriptions	83.3
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	50.0
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	14.1
D-6: Hospital Treatment Facilities	33.3
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment	70.8
D-9: Drugs and Supplies	100
D4: Services	
D-10: Provision of Outpatient Services	79.2
D-11: Support Services	66.7
D-12: Tests and Special Services	74.2
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	37.5
D6: Staffing	
D-15: Pre-Service Training	75.0
D-16: In-Service Training	48.5
D-17: In-Service Training: General	82.1

General: Parwan, a provincial hospital, had mid to high level performance this year, with 26 indices above the upper benchmark and only seven below the lower. Performance was improved over last year, with 37 indices scoring higher this year, and 11 scoring lower. All indices were scored this year.

Activity: The bed occupancy rate was just at the median among provincial hospitals, and increased by over 10% compared to last year. The monthly inpatient and outpatient totals were at the median; inpatients were up by over 10%, while outpatients were down by over 10% from last year. Total deliveries have increased by over 20%, and are above the median. Total surgeries per month have declined by 10%, and fell below the median. Inpatient admissions per physician and bed are unchanged, and above the median. Outpatient consultations per physician, while down by over 10%, is still above the median. Surgeries per surgeon and deliveries per midwife are above the median, and have increased by over 20%.

Staffing levels: The ratio of physicians per bed is below the median, but is higher than that seen last year. The nurse to bed ratio is at the median, and has decreased by 10%.

Strengths: Parwan demonstrated consistent scores for a hospital budget and its development. All requisite utilities and requirements were in place for protection and maintenance. The staff surveyed reported that all management, nursing and technical staff had training in the past year, though none of the support staff had. Facilities for women included an equal number of bathing facilities for women, and the presence of an equally equipped female ER. The morning reports for physicians and nurses were present, and the facility was compliant with MOPH policies. All TB registries were up-to-date, and routine ANC included a physical exam, screening for tetanus updates, and prescriptions for folate and iron.

Areas of improvement: Sub-domain E2, Health Worker Interaction, had improvement, especially in health worker skills, communication and time of consultation. Indices of Domain A were also improved, now with four of the six above the upper benchmark, and none below the lower. Full points were given for management autonomy and audit from the MOPH; these indices had received scores of zero last year. Almost 90% of physician, nursing, and support staff had personnel records, which were complete with the requisite paperwork. Communications now included a telephone and a radio, though an internal communication system and a radio call system were still lacking. All surveyed drugs and supplies were present. Two wards had posted guidelines for isolation, and isolation was available in one ward. The hospital had a quality improvement committee and death committee with documentation of their activities.

Areas for improvement: Low performance was seen in staffing requirements, with only 29% of the positions for physicians filled. Despite the presence of a quality improvement committee, its organizational activities scored poorly: only 44% of staff reported recent steps in quality improvement in their departments; 68% had quality improvement addressed by the supervisor; and 62% had a colleague involved in the quality improvement committee. Additionally, 54% of prescriptions contained an antibiotic. No amenities for patients and families were available.

Areas of particular concern: A petty cash system and bank account were lacking for cash management. Cleanliness received low marks, in particular for the condition of the wards and recovery room.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	57.0
E-3: Infection Prevention Committee	86.0
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	28.6
E-6: Archived Inpatient Records	97.2
E-7: Active Inpatient Records, Completeness	87.8
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	70.6
E-11: Health Worker Communication	68.0
E-12: Time of Consultation	29.2
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	47.4
E-16: Security	61.1
E-17: Posted Decontamination Procedures	20.0
E-18: Prevention, Hospital Hazards	83.8
E-19: Prevention, Biohazards	70.8
Domain F: Functionality	
Total Inpatients/Month	543
Total Outpatients/Month	4440
Total Deliveries/Month	329
CS rate	2%
Total Surgeries/Month	86
Physicians per Bed	0.21
Nurses per Bed	0.39
Inpatient Admissions/MD	33.9
IP Admissions/Bed	84.6
Bed Occupancy Rate	60%
OPD Consultations/MD	277.5
Surgeries/Surgeon	85.8
Deliveries/Midwife	41.1
Domain G: Patients and Community	
G-1: Patient Satisfaction	76.8
G-2: Community Involvement in Hospital Planning	64.3
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	75.0
H-2: Amenities for Patients and Families	0
H-3: Gender Equality, Recipients of Care	50.0
H-4: Gender Equality, Providers of Care	57.9
H-5: Compliance with MOPH Policy/Laws	100

Samangan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	91.7
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	75.0
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	100
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	86.7
C-2: Staff Management	91.7
C-3: Staff Satisfaction	76.7
C-4: Supervision and Support	96.7
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	91.7
C-8: Job Descriptions	90.5
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	100
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	56.8
D-6: Hospital Treatment Facilities	66.7
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	88.3
D-9: Drugs and Supplies	86.6
D4: Services	
D-10: Provision of Outpatient Services	82.7
D-11: Support Services	93.3
D-12: Tests and Special Services	96.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	75.0
D-17: In-Service Training: General	90.5

General: Samangan, a district hospital and reform hospital, had high performance this year, with 44 indices above the upper benchmark, and one below the lower. No indices were un-scored. Fifty-two indices had higher scores this year, while only two had lower scores.

Activity: The bed occupancy rate of 51% was similar to last year, and at the median. Monthly numbers of outpatients, deliveries, and surgeries were above the median, while the number of inpatients was just below. The number of inpatients and outpatients has decreased by over 10% since 2007, while surgeries have increased by over 20%. All monthly activity ratios decreased by over 10% this year as compared to last, and all fell below the median for district hospitals. Samangan had the lowest number of admission per physician reported of all district hospitals.

Staffing levels: The ratios for physicians per bed and nurses per bed both scored above the median. This ratio has increased for physicians, and decreased for nursing staff.

Strengths: Sub-domain E2 had consistent marks in general. Only 4% of all prescriptions contained an antibiotic. Health worker skills consistently included the primary complaint and duration; a physical exam; documentation on a tally sheet and register book; and checking for fever, diarrhea, and breathing difficulties in patients under five. Patient satisfaction continues to be high, with high marks for respect from the staff, trust in the staff, privacy, and regular visits by the physician for inpatients.

Areas of improvement: There were a number of areas with improvement this year. All indices of Domain A are now in the upper benchmark; they were in the mid-range for performance last year. Last year in Domain B, the hospital budget and audit received no points. There has now been an audit by MOPH, and the hospital budget lacks only a focal point. In Domain C, almost all indices have improved, and now all but one are above the upper benchmark. Performance assessments and hospital training activities, which had received scores of zero last year, received full points this year. Cleanliness and ward repair have improved, with full points awarded for the procedure room, ICU, and central sterile supply. Improvement was also seen in systems for community relations, now with a committee and system for obtaining community feedback in place.

Areas for improvement: Routine antenatal care lacks consistent prescriptions for folate and iron. This was the only index with a decline in scores in the past year. Facilities lacked a separate waiting area for women and a female ER. The ability to isolate patients continues to be low; only two wards had posted isolation guidelines and areas for patient isolation.

Areas of particular concern: Time of consultation, while in the mid-range among the provincial hospitals, received low scores; the score for Samangan was unchanged from last year. The average consultation duration was 6.75 minutes for patients under five, and seven minutes for those patients over five. Only 8% of observed patient-provider interactions were greater than the standard of nine minutes.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	92.6
E-3: Infection Prevention Committee	100
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	71.4
E-6: Archived Inpatient Records	88.8
E-7: Active Inpatient Records, Completeness	86.9
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	92.9
E2: Health Worker Interaction	
E-10: Health Worker Skills	62.7
E-11: Health Worker Communication	70.5
E-12: Time of Consultation	8.3
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	68.2
E-16: Security	81.2
E-17: Posted Decontamination Procedures	60.0
E-18: Prevention, Hospital Hazards	69.1
E-19: Prevention, Biohazards	95.9
Domain F: Functionality	
Total Inpatients/Month	271
Total Outpatients/Month	5222
Total Deliveries/Month	144
CS rate	5%
Total Surgeries/Month	77
Physicians per Bed	0.28
Nurses per Bed	0.36
Inpatient Admissions/MD	14.2
IP Admissions/Bed	47.0
Bed Occupancy Rate	51%
OPD Consultations/MD	274.8
Surgeries/Surgeon	38.3
Deliveries/Midwife	23.9
Domain G: Patients and Community	
G-1: Patient Satisfaction	77.8
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	75.0
H-3: Gender Equality, Recipients of Care	62.5
H-4: Gender Equality, Providers of Care	54.5
H-5: Compliance with MOPH Policy/Laws	100

Saripul

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	75.0
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	70.0
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	71.0
C-2: Staff Management	71.7
C-3: Staff Satisfaction	51.0
C-4: Supervision and Support	85.8
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	44.4
C-8: Job Descriptions	86.6
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	80.0
D-2: Communications	66.7
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	28.4
D-6: Hospital Treatment Facilities	33.3
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	79.3
D-9: Drugs and Supplies	78.8
D4: Services	
D-10: Provision of Outpatient Services	84.6
D-11: Support Services	78.6
D-12: Tests and Special Services	73.3
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	62.5
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	66.7
D-17: In-Service Training: General	59.3

General: Saripul is a district hospital, which has also been included as a reform hospital this year. It had high performance this year, and improved over last year. Twenty-seven indices were above the upper benchmark and six were below the lower. No indices were un-scored. Thirty-nine had increased scores this year, while ten had decreased scores.

Activity: The bed occupancy rate was above the median of 51% among district hospitals. Monthly totals for inpatients, outpatients, and surgeries were at the median this year. Inpatient numbers increased by over 20% compared to last year, while there was a decline by over 10% for surgeries per. The number of deliveries per month was below the median among district hospitals, but was up by over 10% compared to last year. The caesarean section rate was above the median of 5%. Inpatient admissions per physician and bed were below the median, but increased by over 20% compared to last year. The number of outpatient consultations per physician was below the median this year, and was also lower by 10%. The number of deliveries per midwife increased by over 10% over the past year, but remained below the median. The number of surgeries per surgeon was above the median, and increased by at least 20% in the past year.

Staffing levels: Staffing levels were similar to last year. The physician to bed ratio was above the median of 0.16, while the nurse to bed ratio was at this year's median.

Strengths: Saripul has continued to have consistent performance in the organization of clinical activities. Cash management included a petty cash system with cash available at the time of the survey. An infection prevention committee was present, as well as infection prevention activities in the requisite hospital departments. Security measures included a security policy, sufficient guards, and communication at management board meetings; the hospital was perceived as safe by the hospital director, 77% of employees, and 81% of patients. All TB registries were present and up-to-date at the time of the survey.

Areas of improvement: Performance in Saripul was improved this year, particularly in Domains A, B, and C. Staffing was improved, with administration and support fully staffed, and nursing 80% staffed. However, only 20% of physician positions were filled, as well as only half of the technical staff positions. Staff management, another area of weakness last year, improved this year, with high marks for up-to-date salaries, and discussion of difficulties with supervisor, but reported responsiveness to staff was low. In contrast to last year, it was reported that all staff had a performance assessment in the past year, and a death committee was present.

Areas for improvement: Hospital treatment facilities that were absent included treatment areas in the OPD and wards, and a septic operating theatre. However, there was a nutrition unit, an aseptic operating theatre, and a recovery room. Patient satisfaction declined this year, with low marks in outpatient wait times, convenience of travel, explanation of illness, privacy for patients under five, and cost-acceptability for those over five year of age. Lastly, gender equality among providers declined: 29% of nurses and 30% of physicians were female, down from 46% and 55% respectively, last year.

Areas of particular concern: Of all prescriptions, 61% included at least one antibiotic. The average time of consultation was less than five minutes, and no observed patient-provider interactions were over nine minutes. Staff satisfaction, though low last year, has also declined, due to dissatisfaction with salaries and benefits.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	89.5
E-3: Infection Prevention Committee	99.5
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	33.3
E-6: Archived Inpatient Records	82.6
E-7: Active Inpatient Records, Completeness	79.0
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	73.8
E2: Health Worker Interaction	
E-10: Health Worker Skills	53.9
E-11: Health Worker Communication	57.3
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	81.0
E-16: Security	79.7
E-17: Posted Decontamination Procedures	40.0
E-18: Prevention, Hospital Hazards	59.4
E-19: Prevention, Biohazards	79.4
Domain F: Functionality	
Total Inpatients/Month	285
Total Outpatients/Month	4488
Total Deliveries/Month	80
CS rate	7%
Total Surgeries/Month	59
Physicians per Bed	0.28
Nurses per Bed	0.33
Inpatient Admissions/MD	16.7
IP Admissions/Bed	56.0
Bed Occupancy Rate	84%
OPD Consultations/MD	264.0
Surgeries/Surgeon	59.3
Deliveries/Midwife	13.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	60.0
G-2: Community Involvement in Hospital Planning	85.7
G-3: Hospital Involvement in Community	66.7
G-4: User Fees: Transparency and Exemptions	85.7
Domain H: Ethics and Values	
H-1: Facilities for Women	40.0
H-2: Amenities for Patients and Families	40.0
H-3: Gender Equality, Recipients of Care	83.3
H-4: Gender Equality, Providers of Care	66.0
H-5: Compliance with MOPH Policy/Laws	100

Takhar

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	100
A-4: Planning and Organization	91.7
A-5: Integration of Hospital Into Health System	100
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	100
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	90.3
C-2: Staff Management	85.0
C-3: Staff Satisfaction	74.4
C-4: Supervision and Support	98.3
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	100
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	100
D-2: Communications	100
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	82.7
D-6: Hospital Treatment Facilities	66.7
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	89.1
D-9: Drugs and Supplies	96.9
D4: Services	
D-10: Provision of Outpatient Services	91.1
D-11: Support Services	100
D-12: Tests and Special Services	90.3
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	83.3
D-16: In-Service Training	84.6
D-17: In-Service Training: General	100

General: Takhar's Taloqan Central Hospital is a provincial hospital, classified as a reform hospital. This hospital experienced continued high performance, with 54 indices above the upper benchmark, and one below the lower. No indices were un-scored. Twenty-six indices' scores improved, while five had a decline.

Activities: The bed occupancy rate is lower by over 10% than in 2007, but still above the median. Total inpatients and outpatients are similar to last year, but below the median among other provincial hospitals. Deliveries are up by over 20%, and are at the median. The number of surgeries is about the same as in 2007, and just above the median. Inpatient admissions per physician and bed are below the median, although admissions per physician are up by 10% over last year. Outpatient consultations per physician and surgeries per surgeon are unchanged from the previous year, and are also below provincial medians. Deliveries per midwife have increased by over 20%, and are at the median this year.

Staffing levels: Physicians and nurses per bed decreased by 10% this year, and are at the median among other provincial hospitals.

Strengths: Domains A, B, and C continued to have strong marks, with improvements in planning and organization, as well as in cash management this year. In addition, consistent performance has been seen in Domain D, particularly in sub-domains D1 and D6. Systems and activities for quality improvement and review continued to be in place, including a death committee, clinical guidelines, and decontamination procedures.

Areas of improvement: As noted above, improvement was seen in planning and organization and cash management. Performance assessments were now reportedly done yearly for all employees. Of the personnel records, all had the requisite documents present at the time of the survey. The reception area, ward procedure room, ICU, OT, and central sterile supply were awarded full marks for cleanliness and ward repair. Takhar now has a vaccine refrigerator with thermometer and logbook, a notification system for short expiry dates, and color coding of gases in the OT. Only 35% of all prescriptions contained an antibiotic, down from 51% last year. The hospital is now involved in the community with first aid training, teaching in schools, immunization campaigns, and disaster planning. Facilities for women now included a separate waiting room and an equally equipped female ER. Amenities for patients included accommodations for relatives and heating in the winter.

Areas for improvement: Takhar had the ability to isolate patients in all wards, but lacked isolation guidelines. Health worker skills and communication continued to be below the median. In none of the observed encounters, did the provider check for anemia or edema. The provider did not check the growth chart for those under five, and the temperature for those over five. Documentation in patient charts was also absent. In addition, the provider did not provide information about adverse effects of medication, and failed to ask if patients had additional questions.

Areas of particular concern: The average length of consultation was 5.58 minutes among those under five, and 4.33 for those over five; none were over 9 minutes, as was observed last year. Gender equality of providers continues to be low, with 18% of nurses and 25% of physicians being female. Patient satisfaction was also below the median, with poor marks for wait times for outpatients, and travel to site for outpatients.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	100
E-2: Quality Improvement Organizational Activities	91.7
E-3: Infection Prevention Committee	99.6
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	100
E-6: Archived Inpatient Records	95.0
E-7: Active Inpatient Records, Completeness	98.4
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	100
E2: Health Worker Interaction	
E-10: Health Worker Skills	59.7
E-11: Health Worker Communication	47.8
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	100
E-16: Security	96.7
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	94.1
E-19: Prevention, Biohazards	93.9
Domain F: Functionality	
Total Inpatients/Month	488
Total Outpatients/Month	3099
Total Deliveries/Month	262
CS rate	11%
Total Surgeries/Month	97
Physicians per Bed	0.29
Nurses per Bed	0.40
Inpatient Admissions/MD	17.4
IP Admissions/Bed	61.7
Bed Occupancy Rate	66%
OPD Consultations/MD	110.7
Surgeries/Surgeon	32.4
Deliveries/Midwife	37.5
Domain G: Patients and Community	
G-1: Patient Satisfaction	68.7
G-2: Community Involvement in Hospital Planning	100
G-3: Hospital Involvement in Community	100
G-4: User Fees: Transparency and Exemptions	100
Domain H: Ethics and Values	
H-1: Facilities for Women	100
H-2: Amenities for Patients and Families	100
H-3: Gender Equality, Recipients of Care	87.5
H-4: Gender Equality, Providers of Care	48.2
H-5: Compliance with MOPH Policy/Laws	100

Uruzgan

Domain A: Management and Administration	
A-1: Hospital Management Functionality	42.9
A-2: Management Training	0
A-3: HMIS	77.8
A-4: Planning and Organization	27.3
A-5: Integration of Hospital Into Health System	0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	75.0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	50.0
B-4: Cash Management	66.7
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	59.0
C-2: Staff Management	72.5
C-3: Staff Satisfaction	47.9
C-4: Supervision and Support	60.8
C-5: Hospital Training Activities	20.0
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	47.2
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	40.0
D-2: Communications	33.3
D-3: Transportation	75.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	88.9
D-5: Cleanliness and Ward Repair	58.7
D-6: Hospital Treatment Facilities	100
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment	66.7
D-9: Drugs and Supplies	69.9
D4: Services	
D-10: Provision of Outpatient Services	72.9
D-11: Support Services	71.4
D-12: Tests and Special Services	70.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	25.0
D6: Staffing	
D-15: Pre-Service Training	0
D-16: In-Service Training	22.2
D-17: In-Service Training: General	64.5

General: Uruzgan was classified as a district hospital, and had lower performance among the hospitals surveyed. Seven indices were above the upper benchmark, while 28 were below the lower benchmark. Performance was similar to last year. Compared to that year, 22 indices had higher scores, and 23 had lower scores. This year, the index pertaining to user fees was not scored.

Activity: The bed occupancy rate was dramatically lower this year, compared to last year's rate of 75%. The number of inpatients and deliveries per month, while increased by 20% from last year, was still below the median compared to other district hospitals. The number of outpatients was up by 10%, and at about the median level. The total number of surgeries declined by over 10%, and was below the median. The caesarean section rate was above the median of 5%. Inpatient admissions per physician and inpatient admissions per bed were both up by over 20% this year, but were still below the median. Consultations per physician also increased by more than 20%, and are now above the median. Surgeries per surgeon are at the median and deliveries per midwife are just below the median.

Staffing levels: Physicians per bed was down this year from 0.22 last year, and is below the median. The nurse to bed ratio remained stable, and is also below the median.

Strengths: High marks were seen in the area of cash management, with the presence of a petty cash system and cash available at the time of the survey. All hospital treatment facilities present now also included treatment rooms in the wards. Lastly, full marks were awarded for organization of clinical activities and for the morning reports for physicians and nurses.

Areas of improvement: The ward procedure rooms and central sterile supply were areas determined to be sufficiently clean and in good repair. Low scoring areas were the wards, and especially the female section, when present. A greater proportion of the staff received general in-service training; all management and nursing staff had training; and only 6% of the support staff received this type of training. Of surveyed staff, 89% reported that recent steps had been taken in quality improvement; 80% had supervisors who had talked about quality improvement; and 77% had a colleague on the quality improvement committee. Routine antenatal care included a physical exam, tetanus update if required, and prescription for folate and iron.

Areas for improvement: Uruzgan lacked an internal communication system and radio connection. This may limit its ability to function as a referral center for lower level facilities. Written clinical guidelines were absent in all areas, including the wards, surgery, anesthesia and central sterile supply. The hospital was able to isolate patients on one of its two wards, but had no isolation guidelines available. Scores for both archived and active inpatient records were low, indicating incomplete charts. Archived gynecology charts lacked most of the required elements. Of active inpatient charts, all lacked an admission record and nurses' notes, and half lacked a physicians' note.

Areas of particular concern: Similar to last year, department heads lacked the requisite pre-service training. While all leadership had management training, all other departments lacked specialty-specific training in the past year. A quality improvement, infection prevention and a death committee continue to be absent, indicating a lack of systems in place for clinical oversight and improvement.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	79.2
E-3: Infection Prevention Committee	36.9
E-4: Death Committee	0
E-5: Written Clinical Practice Guidelines	0
E-6: Archived Inpatient Records	51.6
E-7: Active Inpatient Records, Completeness	52.1
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	50.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	55.6
E-11: Health Worker Communication	29.0
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	35.7
E-16: Security	33.4
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	55.9
E-19: Prevention, Biohazards	75.0
Domain F: Functionality	
Total Inpatients/Month	99
Total Outpatients/Month	4493
Total Deliveries/Month	45
CS rate	8%
Total Surgeries/Month	50
Physicians per Bed	0.13
Nurses per Bed	0.28
Inpatient Admissions/MD	16.6
IP Admissions/Bed	25.9
Bed Occupancy Rate	33%
OPD Consultations/MD	748.8
Surgeries/Surgeon	49.5
Deliveries/Midwife	22.5
Domain G: Patients and Community	
G-1: Patient Satisfaction	76.8
G-2: Community Involvement in Hospital Planning	50.0
G-3: Hospital Involvement in Community	14.3
G-4: User Fees: Transparency and Exemptions	-
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	0
H-3: Gender Equality, Recipients of Care	50.0
H-4: Gender Equality, Providers of Care	44.2
H-5: Compliance with MOPH Policy/Laws	100

Wardak

Domain A: Management and Administration	
A-1: Hospital Management Functionality	72.2
A-2: Management Training	0
A-3: HMIS	88.9
A-4: Planning and Organization	75.0
A-5: Integration of Hospital Into Health System	60.0
A-6: Management Autonomy	16.7
Domain B: Financial Systems	
B-1: Hospital Budget	93.8
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	81.8
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	63.9
C-2: Staff Management	80.8
C-3: Staff Satisfaction	59.3
C-4: Supervision and Support	83.3
C-5: Hospital Training Activities	71.4
C-6: Staff Performance Assessment	0
C-7: Personnel Record Functionality	63.9
C-8: Job Descriptions	96.8
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	50.0
D-3: Transportation	100
D2: Infrastructure-Building	
D-4: Condition of Buildings	100
D-5: Cleanliness and Ward Repair	66.7
D-6: Hospital Treatment Facilities	57.1
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment	80.0
D-9: Drugs and Supplies	73.6
D4: Services	
D-10: Provision of Outpatient Services	80.8
D-11: Support Services	64.3
D-12: Tests and Special Services	80.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	66.7
D-17: In-Service Training: General	54.5

General: Wardak is classified as a district hospital. It had mid range performance, with 15 indices scoring above the upper benchmark, and 10 below the lower benchmark. All indices were scored. Twenty-four indices had increased scores while 19 had decreased scores, compared to the previous round.

Activity: The bed occupancy rate is similar compared to last year, and below the median of 51% among district hospitals. Inpatient and outpatient monthly totals are similar to round one; outpatient totals are above the median, while the number of monthly inpatients is at about the median. Total deliveries per month are up by at least 10%, and above the median, while surgeries are up over 20% from last year, but below the median. Inpatient admissions and outpatient consultations per physician are at the maximum seen for the district hospitals, while inpatients per bed was below the median, and was the same as compared to round one. The number of deliveries per midwife was above the median, and increased over last year by 20%. Surgeries per surgeon was also increased by 20%, but was below the median among other district hospitals.

Staffing levels: The physician per bed ratio decreased by over 20% this year, and was the lowest seen of all hospitals. The nurse to bed ratio also decreased by over 20%, and was below the median.

Strengths: The hospital had the requisite budget sheets available for review at the time of the survey, and the cash management included a petty cash system. Full marks were given in the past two years for the condition of buildings and grounds, organization of clinical activities, and complete and up-to-date TB registries.

Areas of improvement: Of the support services, the kitchen now had adequate ventilation, separate functional areas, and adequate food storage; laundry services were available every day at the hospital; and the central storage area was locked and protected from water damage. A mortuary, linen decontamination, and tailoring services were absent.

The hospital was able to perform 77% of required laboratory tests, including all the required tests for the blood bank and radiology. The emergency department was staffed 24 hours-a-day with a physician and nurse. A death committee was present, and minutes were available. Thirty-one percent of all prescriptions contained an antibiotic, down from 45.9% last year. There were now systems in place for hospital-community involvement, with a committee with representation from the community and community involvement activities. Facilities for women included an equal number of bathing facilities and toilets, and an equally-equipped female emergency room. Fifty percent of nurses and 40% of physicians were female, up from 44% and 17%, respectively, last year.

Areas for improvement: Wardak lacks a reception area in the OPD and a secure area for inpatient records. Ward treatment rooms and a recovery room were absent from the hospital treatment facilities. Providers of routine antenatal care did not consistently prescribe iron and folate. Decontamination procedures were not posted in the wards or recovery room as well. Patient satisfaction continued to be low, with poor marks seen for wait times among outpatients, and travel convenience for inpatients.

Areas of particular concern: Staff performance assessments were absent among all staff categories. The hospital lacked isolation guidelines and the ability to isolate patients. Posted decontamination procedures were also absent. The average time of consultation was four minutes for those over five years of age, and five minutes for those under five years; no observed consultations exceeded nine minutes. Health worker communication continued to have low marks. In all observed interactions, the health worker did not inform the patient of the name of the disease, side effects of medications, establish a follow-up, or inform them about symptoms that should prompt their return to the clinic.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	0
E-2: Quality Improvement Organizational Activities	61.7
E-3: Infection Prevention Committee	73.9
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	40.0
E-6: Archived Inpatient Records	73.8
E-7: Active Inpatient Records, Completeness	83.7
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	71.4
E2: Health Worker Interaction	
E-10: Health Worker Skills	59.6
E-11: Health Worker Communication	33.9
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	100
E-14: Routine Antenatal Care	66.7
E3: Safety	
E-15: Physical Precautions	33.3
E-16: Security	66.0
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	70.6
E-19: Prevention, Biohazards	71.4
Domain F: Functionality	
Total Inpatients/Month	279
Total Outpatients/Month	5266
Total Deliveries/Month	137
CS rate	6%
Total Surgeries/Month	49
Physicians per Bed	0.08
Nurses per Bed	0.24
Inpatient Admissions/MD	55.8
IP Admissions/Bed	56.8
Bed Occupancy Rate	46%
OPD Consultations/MD	1053.1
Surgeries/Surgeon	48.5
Deliveries/Midwife	34.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	64.8
G-2: Community Involvement in Hospital Planning	71.4
G-3: Hospital Involvement in Community	88.9
G-4: User Fees: Transparency and Exemptions	71.4
Domain H: Ethics and Values	
H-1: Facilities for Women	80.0
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	62.5
H-4: Gender Equality, Providers of Care	94.4
H-5: Compliance with MOPH Policy/Laws	100

Zabul

Domain A: Management and Functionality	
A-1: Hospital Management Functionality	100
A-2: Management Training	50.0
A-3: HMIS	100
A-4: Planning and Organization	79.2
A-5: Integration of Hospital Into Health System	50.0
A-6: Management Autonomy	83.3
Domain B: Financial Systems	
B-1: Hospital Budget	100
B-2: Budget Sheets	100
B-3: Purchasing and Inspection Committee	90.9
B-4: Cash Management	66.7
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staffing Requirements	78.7
C-2: Staff Management	82.5
C-3: Staff Satisfaction	56.2
C-4: Supervision and Support	45.8
C-5: Hospital Training Activities	100
C-6: Staff Performance Assessment	100
C-7: Personnel Record Functionality	97.2
C-8: Job Descriptions	98.5
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transport	
D-1: Utilities	87.5
D-2: Communications	33.3
D-3: Transportation	25.0
D2: Infrastructure-Building	
D-4: Condition of Buildings	33.3
D-5: Cleanliness and Ward Repair	78.7
D-6: Hospital Treatment Facilities	85.7
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment	92.5
D-9: Drugs and Supplies	87.3
D4: Services	
D-10: Provision of Outpatient Services	75.0
D-11: Support Services	93.3
D-12: Tests and Special Services	80.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	100
D6: Staffing	
D-15: Pre-Service Training	60.0
D-16: In-Service Training	79.2
D-17: In-Service Training: General	35.7

General: Zabul's Qalat Hospital is a district hospital, and is also part of the reform program. It had mid- to high-range performance this year, with 28 indices scoring above the upper benchmark, and four below the lower. The index for the TB registry was un-scored this year. Twenty-eight indices achieved higher scores this year than last, while 16 had lower scores.

Activity: The bed occupancy rate was 44%, down from 68% last year, and below this year's median. Total inpatients and surgeries were similar compared to last year. Compared to district medians, Zabul had monthly inpatients slightly lower than the median of other district hospitals, while total surgeries were higher. The number of monthly outpatients decreased by over 20% from last year, and is now below the median. While deliveries increased by over 10%, it remained below the median. The caesarean section rate was quite high, surpassing this year's median, and was higher than last year's rate of 10%. Inpatient admissions and outpatient consultations per physician were well below the district median this year, as were inpatients per bed. In contrast, surgeries per surgeon and deliveries per midwife increased by over 20% this year, and were above the medians for district hospitals.

Staffing levels: The physician to bed ratio was down by over 20% this year, and was at the median. The nurse to bed ratio was also down by over 20%, and was below the median of 0.33.

Strengths: Domain B had strong marks, and this year all indices were above the upper benchmark. All required documentation for HMIS was available, and personnel had training in the past year. Hospital training activities, organization of clinical activities, and isolation of patients all received full marks this year. Full points were awarded in the OT, recovery room, reception room, procedure rooms, and ICU for cleanliness and ward repair. Hospital treatment facilities lacked only a ward treatment room.

Zabul had all other required hospital facilities. Full marks were given for equipment in the ICU, OT, pharmacy, lab and blood bank, and for required surgical packs. Written clinical guidelines were present on the wards, surgery and central sterile supply. Archived inpatient records were generally complete, and full marks given for the pediatric and medicine charts. The only deficit in biohazard prevention was due to the absence of hepatitis C screening in the blood bank.

Areas of improvement: An MOPH audit was performed within the last two years, and with documentation available. Staffing improved for nursing, now at 60% compared to 40% last year. Staffing remained the same in the other categories. Performance assessments were now performed for all employees, and job descriptions were available for all management, nursing, support and technical staff. A death committee was present. A baseline infection prevention report was performed, and infection prevention activities included disinfectant use, monitoring of antibiotic use, and surveillance and management of infections.

Areas for improvement: In supervision and support, only 10% of surveyed employees recalled a central MOPH visit, and 55% had a formal performance assessment in the past year. Zabul lacked a radio system and internal communication system. Marks for transportation declined this year, due to an inability to transport ill patients and a lack of training for its drivers. Zabul also lacked a separate waiting room and emergency room for women. The hospital had privacy curtains on the wards, but lacked heating, accommodations for relatives, and a mosque.

Areas of particular concern: The user fee guidelines have not been reviewed in the past year; identification of candidates is by the NGO, and they are not identified prior to service. Lastly 4% of nurses and 14% of physicians were female. Last year, 25% of nurses and none of the physicians were female.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement Committee	66.7
E-2: Quality Improvement Organizational Activities	63.3
E-3: Infection Prevention Committee	93.2
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	100
E-6: Archived Inpatient Records	98.3
E-7: Active Inpatient Records, Completeness	88.3
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	83.3
E2: Health Worker Interaction	
E-10: Health Worker Skills	61.5
E-11: Health Worker Communication	53.2
E-12: Time of Consultation	37.5
E-13: Dispensing of Antibiotics	50.0
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	53.3
E-16: Security	73.1
E-17: Posted Decontamination Procedures	66.7
E-18: Prevention, Hospital Hazards	89.7
E-19: Prevention, Biohazards	97.0
Domain F: Hospital Functionality	
Total Inpatients/Month	222
Total Outpatients/Month	2909
Total Deliveries/Month	40
CS rate	13%
Total Surgeries/Month	80
Physicians per Bed	0.16
Nurses per Bed	0.27
Inpatient Admissions/MD	15.9
IP Admissions/Bed	31.4
Bed Occupancy Rate	44%
OPD Consultations/MD	207.8
Surgeries/Surgeon	80.0
Deliveries/Midwife	40.3
Domain G: Patients and Community	
G-1: Patient Satisfaction	70.6
G-2: Community Involvement in Hospital Planning	85.7
G-3: Hospital Involvement in Community	66.7
G-4: User Fees; Transparency and Exemptions	42.9
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Families	50.0
H-3: Gender Equality, Recipients of Care	75.0
H-4: Gender Equality, Providers of Care	20.7
H-5: Compliance with MOPH Policy/Laws	100

Chapter V Review of Scores for National Hospitals

This section reviews each of the national hospitals, with the results of domains and indicators. A brief description of clinical services, hospital activity, staffing levels, facility strengths, areas of improvement, areas for improvement, and areas of concern are highlighted for each hospital.

A table for each national hospital shows the results of the round. Coding indicates performance against benchmarks from round one. Red indicates a score below the lower benchmark, yellow between the upper and lower benchmarks, and green above the upper benchmark. (See Chapter X, “*National Hospital Results*” for details about modifications in coding of indices for the national hospitals.)

Ibn Sina Emergency Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100.
A-2: Management Training	75.0
A-3: HMIS	0
A-4: Planning and Organization	41.7
A-5: Integration of Hospital Into Health System	75.0
A-6: Management Autonomy	100
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	60.0
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staff Requirements	100
C-2: Staff Management	70.8
C-3: Staff Satisfaction	54.5
C-4: Supervision and Support	60.8
C-5: Hospital Training Activities	71.4
C-6: Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	93.2
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	22.2
D-5: Cleanliness and Ward Repair	46.0
D-6: Hospital Treatment Facilities	70.0
D-7: Other Hospital Facilities	0
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	48.1
D-9: Drugs and Supplies	40.1
D4: Services	
D-10: Provision of Outpatient Services	10.0
D-11: Support Services	61.5
D-12: Tests and Special Services	51.6
D5: Activities	
D-13: Organization of Clinical Activities	83.3
D-14: Isolation of Patients	22.2
D6: Staffing	
D-15: Pre-Service Training	66.7
D-16: In-Service Training: Skill Specific	75.0
D-17: In-Service Training: General	78.6

General: Ibn Sina Emergency Hospital is a specialty hospital providing emergency and trauma services. It does not provide traditional outpatient services, pediatric or obstetrical care. It had improved performance this year, with 13 indices above the upper benchmark, and 22 below the lower. Eight indices were un-scored, which included: TB registry; indices of E2, as outpatient services were not provided; and indices related to hospital-community involvement. In addition, due to the absence of obstetric services, monthly deliveries, caesarean section rate, and deliveries per midwife were not applicable. Twenty-one indices had higher scores, while 15 had lower scores this year as compared to last year.

Activity: The bed occupancy rate was well above the median among the national hospitals, and increased slightly over last year. The monthly number of inpatients increased by over 20% compared to round one, but was still below the median. The monthly outpatient number (emergency room patients) decreased by over 10% and was now at the median. Surgeries also decreased by over 10%, and were below the median. The ratio of inpatient admissions per physician increased by over 20%, but was still below the median of 12.2. The outpatient consultations per physician ratio decreased by over 10%, but was just at the median of 56.4 for national hospitals. Inpatient admissions per bed was below the median, and declined by over 10%. Surgeries per surgeon also declined by over 10%, and was below the median.

Staffing levels: The number of physicians per bed decreased by over 20% since last year, and was above the median among national hospitals. The nurse to bed ratio decreased by over 10%, and was below the median

Strengths: Consistent scores were seen in utilities, which now included a mechanic on staff for maintenance. Patient satisfaction was again high this year. Patients reported that they had trust in the physician, felt respected by the physician, were seen each day by the doctor, and that it was easy to get medications. The hospital was in compliance with the MOPH according to the hospital director.

Areas of improvement: Domain A had strong marks this year, with all but one index above the upper benchmark. In contrast, four of the six indices were below the lower benchmark last year. The hospital was fully staffed for all requisite positions. Training activities were also improved. All management and most physician and nursing staff had training in the past year; departmental training now included the pharmacy, lab, management, and emergency nursing; and hospital training activities occurred at least monthly. Job descriptions were available for all management, nursing and technical staff. A quality improvement and death committee were now present, and decontamination procedures now posted in the requisite areas. Amenities now present included accommodations for caretakers, a mosque, and privacy curtains.

Areas for improvement: No points were awarded for HMIS and cash management. The condition of buildings lost points for the poor condition of windows and doors, paint, exterior walls, the roof, gate, and the grounds. Ibn Sina lacked a reception area, separate female toilets, and a secure file room for charts. The OPD, wards, ICU, pharmacy and emergency department had less than half the required functional equipment, and the emergency room lacked all six required drugs. Measures to ensure patient safety were also lacking. Written clinical guidelines were present on only one ward; review of archived patient records revealed that charts included only 30% of the required components; the inpatient pharmacy lacked a stock card system; color coding of operating theatre gases, standards for patient record, and identification of short expiry dates for drugs were absent; and fire extinguishers and fire exits were absent in patient care areas and the kitchen.

Areas of particular concern: A hospital budget and tracking system was absent. Performance assessments were not done for all staff, and personnel records were incomplete. A written user fee policy was not available, and exemptions were not specified. Only 13% of nurses and 3% of physicians were female—about the same as last year.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	66.7
E-2: QI Organizational Activities	64.9
E-3: Infection Prevention	86.4
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	12.5
E-6: Inpatient Records, Archived	29.6
E-7: Inpatient Records, Active	74.7
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	28.6
E2: Health Worker Interaction	
E-10: Health Worker Skills	-
E-11: Health Worker Communication	-
E-12: Time of Consultation	-
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	-
E3: Safety	
E-15: Physical Precautions	13.0
E-16: Security	67.1
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	55.0
E-19: Prevention, Biohazards	70.0
Domain F: Functionality	
Total Inpatients/Month	675
Total Outpatients/Month	5523
Total Deliveries/Month	
CS rate	
Total Surgeries/Month	138
Physicians per Bed	0.59
Nurses per Bed	0.46
Inpatient Admissions/MD	6.9
IP Admissions/Bed	49.1
Bed Occupancy Rate	84%
OPD Consultations/MD	56.4
Surgeries/Surgeon	17.3
Deliveries/Midwife	
Domain G: Patients and Community	
G-1: Patient Satisfaction	77.7
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	40.0
Domain H: Ethics and Values	
H-1: Facilities for Women	33.3
H-2: Amenities for Patients and Family	87.5
H-3: Gender Equality, Recipients	100
H-4: Gender Equality, Providers	18.0
H-5: Compliance with MOPH Policy/Laws	100

Antaani; Infectious Disease Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	88.9
A-2: Management Training	50.0
A-3: HMIS	22.2
A-4: Planning and Organization	50.0
A-5: Integration of Hospital Into Health System	75.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	25.0
B-3: Purchasing and Inspection Committee	60.0
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staff Requirements	100
C-2: Staff Management	70.0
C-3: Staff Satisfaction	57.7
C-4: Supervision and Support	59.2
C-5: Hospital Training Activities	33.3
C-6: Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	98.5
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	33.3
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	22.2
D-5: Cleanliness and Ward Repair	17.6
D-6: Hospital Treatment Facilities	0
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	26.3
D-9: Drugs and Supplies	29.1
D4: Services	
D-10: Provision of Outpatient Services	30.0
D-11: Support Services	64.3
D-12: Tests and Special Services	50.0
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	50.0
D6: Staffing	
D-15: Pre-Service Training	100
D-16: In-Service Training: Skill Specific	55.6
D-17: In-Service Training: General	8.0

General: Antaani is a hospital specialized in infectious disease, and does not provide general pediatric or obstetrical care. Antaani had low performance, with eight indices above the upper benchmark, and 26 below the lower benchmark. Four indices were not scored: routine antenatal care, user fees and hospital-community involvement indices. Thirteen indices had higher scores this year, while 23 had lower scores. Due to the absence of obstetrical care, the caesarean section rate and deliveries per midwife were not calculated. No surgeries were performed at Antaani; thus, related activity ratios were not calculated.

Activity: The bed occupancy was low and below the median among national hospitals. Monthly inpatients and outpatients increased by over 20% since last year. Monthly admissions were at the median among other national hospitals, while the number of monthly outpatients was below the median. Inpatient admissions and outpatient consultations per physician, and inpatients per bed, all increased by over 20% compared to last year. The ratio of inpatients per physician was above the upper quintile, while outpatients per physician and admissions per bed were at the median.

Staffing levels: The ratio of physician per bed was higher than that seen last year, and below the median. The ratio of nurses per bed was about the same as in 2007, but below this year's median.

Strengths: All management, physician, nursing and technical staff had job descriptions; a regular morning report for nurses and physicians was present; all departments had heads with the appropriate pre-service training; and the archived inpatient records examined had 75% of the required paperwork. Patient satisfaction was above the upper benchmark for both rounds, with high marks for travel convenience, privacy, daily physician visits, timely medications from nursing, and safety. Facilities for women lacked only a separate waiting room.

Areas of improvement: A death committee was now present, though minutes from meetings were unavailable. Health worker communication improved, with all observed workers giving instruction for medications. Two-thirds of the providers told the patient the name of the medication, and 17% explained about medication side effects. Full points were awarded for utilities. Support services included daily laundry services and protection of the storage room from water damage.

Areas for improvement: Despite the report that none of the staff had performance assessments, 13% reported such an assessment in the past year. A personnel record system was not in place, despite excellent marks in round one. The condition of buildings was poor, with points given only for the gate and hospital grounds. The scores for D3 were also low, indicating the lack of functional equipment, drugs and supplies in the pharmacy, blood bank, emergency department, and wards. Radiology was unable to perform any of the required testing the day of the survey; the lab was able to perform only 71% of the required testing; and a blood group and cross-match could not be done. The emergency room was not staffed with a physician and nurse 24 hours per day. All observed patient-provider consultations were less than nine minutes. Less than 50% of outpatients were women.

Areas of particular concern: Antaani lacked all requisite HMIS documents, except for the hospital status report. Marks in Domain B were low, indicating the lack of financial systems in place. None of the management and support staff had training in the past year. Written clinical guidelines and decontamination procedures were also globally absent. All prescriptions contained at least one antibiotic, far above the accepted standard. Surprisingly, appropriate disposal of medical waste and sharps disposal was absent at Antaani. Lastly, only 13% of nurses and 3% of physicians were female.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	33.3
E-2: QI Organizational Activities	54.2
E-3: Infection Prevention	75.8
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	0
E-6: Inpatient Records, Archived	75.0
E-7: Inpatient Records, Active	60.7
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	14.3
E2: Health Worker Interaction	
E-10: Health Worker Skills	67.8
E-11: Health Worker Communication	50.9
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	-
E3: Safety	
E-15: Physical Precautions	25.0
E-16: Security	68.4
E-17: Posted Decontamination Procedures	0
E-18: Prevention, Hospital Hazards	33.3
E-19: Prevention, Biohazards	12.5
Domain F: Functionality	
Total Inpatients/Month	924
Total Outpatients/Month	2312
Total Deliveries/Month	0
CS rate	
Total Surgeries/Month	0
Physicians per Bed	0.35
Nurses per Bed	0.38
Inpatient Admissions/MD	22.5
IP Admissions/Bed	94.7
Bed Occupancy Rate	15%
OPD Consultations/MD	56.4
Surgeries/surgeon	
Deliveries/Midwife	
Domain G: Patients and Community	
G-1: Patient Satisfaction	79.8
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	-
Domain H: Ethics and Values	
H-1: Facilities for Women	80.0
H-2: Amenities for Patients and Family	25.0
H-3: Gender Equality, Recipients	25.0
H-4: Gender Equality, Providers	31.0
H-5: Compliance with MOPH Policy/Laws	100

Esteqlal Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	90.0
A-2: Management Training	75.0
A-3: HMIS	66.7
A-4: Planning and Organization	85.7
A-5: Integration of Hospital Into Health System	60.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	25.0
B-3: Purchasing and Inspection Committee	0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staff Requirements	100
C-2: Staff Management	80.8
C-3: Staff Satisfaction	61.1
C-4: Supervision and Support	65.8
C-5: Hospital Training Activities	100
C-6: Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	98.9
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	50.0
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	44.4
D-5: Cleanliness and Ward Repair	55.1
D-6: Hospital Treatment Facilities	62.5
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	61.5
D-9: Drugs and Supplies	62.2
D4: Services	
D-10: Provision of Outpatient Services	66.7
D-11: Support Services	85.7
D-12: Tests and Special Services	67.7
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	33.3
D6: Staffing	
D-15: Pre-Service Training	50.0
D-16: In-Service Training: Skill Specific	68.2
D-17: In-Service Training: General	7.4

General: Esteqlal, a general hospital, had similar performance compared to last year, with 15 indices above the upper benchmark, and 16 below the lower. Higher scores were seen in 13 indices, while 29 had lower scores. Five indices were not scored, which included: antibiotic dispensing, hospital-community involvement indices, user fees, and TB registry. None of the outpatients interviewed were under five years old, as pediatric services were not offered.

Activity: The bed occupancy rate increased by over 20% in the past year, and was at about the median. The total number of inpatients remained unchanged, and placed in the upper quintile of other national hospitals. In contrast, the monthly number of outpatients was quite low, at 148, and far below the median of 5523. Monthly deliveries were up over 10% from last year, and above the median; the caesarean section rate was also at the median. The monthly number of surgeries declined by over 25%, and was now at about the median. The number of admissions per physician per month was at the median of 12, and has not changed much in the past year. The number of outpatient consultations per physician per month was quite low, at 1.2, and was the lowest among all hospitals. The number of inpatients per bed and deliveries per midwife was unchanged and continued to be below the median. While the number of surgeries per surgeon was half of that seen last year, it continued to be above the median.

Staffing level: The ratio of physicians per bed was at the median and about the same as last year. The ratio of nurses to beds was also about the same, but placed above the median.

Strengths: Strong marks were seen in Domain A this year, with improvement in management functionality and management qualifications, and consistent performance demonstrated in planning and organization. Positions were fully staffed, with almost all having a job description.

Full marks were given for organization of clinical activities, compliance with the MOPH, routine antenatal care, and amenities for patients. Department in-service training was provided for family planning, radiology, laboratory and emergency nursing. This year, 43% of nurses and 24% of physicians were female.

Areas of improvement: Esteghlal was awarded full points for utilities, now reporting that they had over 12 hours of electricity per day and a reliable water source. Isolation of patients was available on two of its three wards, but lacked isolation procedures. The heads of the lab and radiology had adequate qualifications in pre-service training. Decontamination procedures were posted in two wards and recovery room. This year, over half of the patients seen were female.

Areas for improvement: Like many of the other national hospitals, poor marks were seen in Domain B, related to the hospital budget, purchasing and inspection committees, and cash management. Three of the indices of Domain C—supervision and support, performance assessment and personnel record functionality—all declined and were below the lower benchmark. General in-service training was low for all staff categories, and absent for technical and support staff. A quality improvement team was absent, and while there was a death committee present, its meeting minutes were not available. Scores for archived inpatient records, health worker communication, facilities for women, and physical precautions have all declined.

Areas of particular concern: Written clinical guidelines continued to be absent. The average length of consultation was 3 minutes, and none were over the 9-minute standard. No information was available for the proportion of antibiotics dispensed for both rounds, though antibiotic monitoring was reported among its infection prevention activities.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	0
E-2: QI Organizational Activities	65.0
E-3: Infection Prevention	79.9
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	0
E-6: Inpatient Records, Archived	41.5
E-7: Inpatient Records, Active	71.9
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	75.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	57.3
E-11: Health Worker Communication	31.6
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	100
E3: Safety	
E-15: Physical Precautions	26.7
E-16: Security	68.9
E-17: Posted Decontamination Procedures	75.0
E-18: Prevention, Hospital Hazards	73.3
E-19: Prevention, Biohazards	67.7
Domain F: Functionality	
Total Inpatients/Month	1520
Total Outpatients/Month	148
Total Deliveries/Month	764
CS rate	6%
Total Surgeries/Month	266
Physicians per Bed	0.52
Nurses per Bed	0.73
Inpatient Admissions/MD	12.2
IP Admissions/Bed	76.0
Bed Occupancy Rate	63%
OPD Consultations/MD	1.2
Surgeries/Surgeon	24.2
Deliveries/Midwife	13.4
Domain G: Patients and Community	
G-1: Patient Satisfaction	69.5
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	-
Domain H: Ethics and Values	
H-1: Facilities for Women	0
H-2: Amenities for Patients and Family	60.0
H-3: Gender Equality, Recipients	100
H-4: Gender Equality, Providers	74.9
H-5: Compliance with MOPH Policy/Laws	100

Malalai Maternity Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	100
A-2: Management Training	100
A-3: HMIS	44.4
A-4: Planning and Organization	72.7
A-5: Integration of Hospital Into Health System	60.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	60.0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staff Requirements	75.0
C-2: Staff Management	78.0
C-3: Staff Satisfaction	54.6
C-4: Supervision and Support	81.8
C-5: Hospital Training Activities	71.4
C-6: Performance Assessment	0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	66.7
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	44.4
D-5: Cleanliness and Ward Repair	33.3
D-6: Hospital Treatment Facilities	37.5
D-7: Other Hospital Facilities	66.7
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	56.6
D-9: Drugs and Supplies	38.2
D4: Services	
D-10: Provision of Outpatient Services	30.0
D-11: Support Services	76.9
D-12: Tests and Special Services	74.2
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	16.7
D6: Staffing	
D-15: Pre-Service Training	100
D-16: In-Service Training: Skill Specific	100
D-17: In-Service Training: General	75.2

General: Malalai Maternity Hospital had higher performance this year than last year, with 20 indices above the upper benchmark and 15 below the lower benchmark. Five indices were not scored, which included: hospital-community indices, TB registry, antibiotic dispensing, and antenatal care. Improved scores were seen in 21 indices, and lower scores were seen in 15.

Activity: The bed occupancy rate was below the median. The number of monthly inpatients increased by over 20%, and was twice the median among national hospitals. The number of monthly outpatients declined by more than 10%, and now fell below the median. The number of monthly deliveries and caesarean section rate was about the same, and was not surprisingly the maximum seen out of all the national hospitals. The number of total surgeries per month declined by about 50%, and was below the median. Inpatient admissions per physician and bed are well above the median. The ratio of outpatient consultations per physician increased by over 20%, and is three times the median. The ratio of deliveries per midwife declined by over 10%, and was at the median among other national hospitals. The surgeries per surgeon ratio also increased by over 20%, and was well above the median.

Staffing levels: The ratio of physicians per bed was about a third of last year's level, and below the median, while the nurse to bed ratio increased and was again the highest seen among the national hospitals.

Strengths: Not surprisingly Malalai, as a maternity hospital, had excellent marks for the proportion of women among its patients and providers. Although it had low marks in facilities for women, it should be interpreted cautiously since all patients are female.

Patient satisfaction was high in privacy, respect and trust in physicians, setting a return visit, and travel convenience for outpatients. Health workers consistently inquired about the patient's age, chief complaint, performed a physical exam, and documented the visit in a register book. Systems were in place for clinical oversight, including quality improvement, infection prevention and death committees. All leadership had management training this past year. Physical precautions included fire extinguishers in the OPD and wards, and kitchen safety measures.

Areas of improvement: Improvement was seen in sub-domain D6, with all department heads having appropriate qualifications and all departments receiving training in the past year. Most staff in management, physicians, and nurses had training in the past year. All staff had job descriptions. Posted decontamination procedures were on all wards and recovery room. In utilities, there was now a mechanic on staff, and they reported over 12 hours of electricity per day. The average length of consultation was unchanged from last year, at over six minutes, but this round only 17% were over nine minutes. Cleanliness and ward repair also improved, with full marks given for the ICU. However the wards, central sterile supply, and recovery room received no more than 33%.

Areas for improvement: Indices of Domain B have declined. None of the staff had a performance assessment. Significant declines were seen in health worker communication, the record keeping system, and prevention of hospital hazards.

Areas of particular concern: Personnel records were incomplete for all those examined during the survey; written clinical guidelines were absent globally. Concerning was the lack of available drugs, supplies and equipment, the absence of antenatal and post-partum care, as well as a separate outpatient pharmacy.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	100
E-2: QI Organizational Activities	69.7
E-3: Infection Prevention	99.1
E-4: Death Committee	100
E-5: Written Clinical Practice Guidelines	0
E-6: Inpatient Records, Archived	60.4
E-7: Inpatient Records, Active	90.7
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	40.0
E2: Health Worker Interaction	
E-10: Health Worker Skills	69.5
E-11: Health Worker Communication	30.9
E-12: Time of Consultation	16.7
E-13: Dispensing of Antibiotics	-
E-14: Routine Antenatal Care	-
E3: Safety	
E-15: Physical Precautions	62.5
E-16: Security	69.8
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	41.7
E-19: Prevention, Biohazards	80.8
Domain F: Functionality	
Total Inpatients/Month	2182
Total Outpatients/Month	5024
Total Deliveries/Month	1866
CS rate	10%
Total Surgeries/Month	224
Physicians per Bed	0.25
Nurses per Bed	1.06
Inpatient Admissions/MD	75.2
IP Admissions/Bed	221.9
Bed Occupancy Rate	56%
OPD Consultations/MD	173.2
Surgeries/Surgeon	223.5
Deliveries/Midwife	21.2
Domain G: Patients and Community	
G-1: Patient Satisfaction	85.3
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	20.0
Domain H: Ethics and Values	
H-1: Facilities for Women	40.0
H-2: Amenities for Patients and Family	50.0
H-3: Gender Equality, Recipients	100
H-4: Gender Equality, Providers	100
H-5: Compliance with MOPH Policy/Laws	100

Wazir Akbar Khan Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	66.7
A-2: Management Training	0
A-3: HMIS	0
A-4: Planning and Organization	50.0
A-5: Integration of Hospital Into Health System	75.0
A-6: Management Autonomy	66.7
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	40.0
B-3: Purchasing and Inspection Committee	0
B-4: Cash Management	0
B-5: Audit	0
Domain C: Human Resources	
C-1: Minimum Staff Requirements	75.0
C-2: Staff Management	71.1
C-3: Staff Satisfaction	60.6
C-4: Supervision and Support	84.2
C-5: Hospital Training Activities	71.4
C-6: Performance Assessment	75.0
C-7: Personnel Record Functionality	0
C-8: Job Descriptions	78.4
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	83.3
D-2: Communications	66.7
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	66.7
D-5: Cleanliness and Ward Repair	46.3
D-6: Hospital Facilities	37.5
D-7: Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	67.7
D-9: Drugs and Supplies	51.9
D4: Services	
D-10: Provision of Outpatient Services	45.5
D-11: Support Services	73.3
D-12: Tests and Special Services	87.1
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	33.3
D6: Staff	
D-15: Pre-Service Training	75.0
D-16: In-Service Training: Skill Specific	50.0
D-17: In-Service Training: General	47.8

General: Wazir Akbar Khan had lower performance this year as compared to the last, with eight indices above the upper benchmark and 16 below the lower. Three indices—hospital-community indices and routine antenatal care—were not scored. This hospital does not provide obstetrical or pediatric services. Seventeen indices had higher scores than last year, while 25 had lower scores this year.

Activity: The bed occupancy rate decreased, lower than last year's rate of 97%. Monthly inpatients increased by 10%, but fell below the median among other national hospitals. Monthly outpatients and surgeries both increased by over 20%, and were well over the median. Despite increases in volume, the number of inpatients and outpatient consultations per physician and surgeries per surgeon dropped by over 10%, and were below the median. The inpatient admissions per bed ratio increased by more than four times from last year's ratio, and was well over the median.

Staffing levels: The staffing ratios for physicians and nurses per bed were the highest seen of any hospital, and significantly higher than that seen last year.

Strengths: Wazir Akbar Khan continued to have high marks for security, compliance with MOPH regulations and organization of clinical activities. It received full marks for up-to-date TB registries. The hospital was able to perform 93% of all lab tests, and 80% of required radiological exams the day of the survey. Full points were given for blood bank testing, 24-hour staffing of the emergency department, a recovery room, and specialized diets.

Areas of improvement: The health worker interaction sub-domain had improved marks this year, especially in health worker communication and dispensing of antibiotics. Decontamination procedures were posted in one of the three wards and the recovery room. Amenities for patients and families included accommodations for caretakers, a mosque, and privacy curtains. Over half of the outpatients over five years old were female, and performance assessments were obtained for physicians, nurses and technical staff.

Areas for improvement: Financial systems indices of domain B were low, with four receiving scores of zero. The indices related to building infrastructure declined, with a loss of points incurred for the poor condition of the external windows, doors, external paint, and walls. The hospital lacked a treatment room in the OPD and wards, a nutrition unit, OPD reception area, and separate toilets for females. Archived and active inpatient records were awarded full points last year, however archived medicine charts reviewed this year lacked half of the required components. The components most commonly absent in active inpatient charts were labs, vital signs and the physicians note. None of the required HMIS documentation was available at the time of the survey.

Areas of particular concern: The proportion of females continued to be low this year; 18% of nurses and 6% of physicians were female—a decline from last year. Written clinical guidelines were absent globally. Of particular concern was management and administration, with half its indices below the lower benchmark, and declines or lack of improvement in almost all indices.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	66.7
E-2: QI Organizational Activities	49.1
E-3: Infection Prevention	84.4
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	0
E-6: Inpatient Records, Archived	66.7
E-7: Inpatient Records, Active	73.1
E-8: TB Registry	100
E-9: Drug and Supply Record Keeping	77.8
E2: Patient Interaction	
E-10: Health Worker Skills	62.5
E-11: Health Worker Communication	61.4
E-12: Time of Consultation	8.3
E-13: Dispensing of Antibiotics	100
E-14: Routine ANC	-
E3: Safety	
E-15: Physical Precautions	52.6
E-16: Security	82.5
E-17: Posted Decontamination Procedures	50.0
E-18: Prevention of Hospital Hazards	61.7
E-19: Prevention of Biohazards	58.3
Domain F: Functionality	
Total Inpatients/Month	677
Total Outpatients/Month	6729
Total Deliveries/Month	
CS rate	
Total Surgeries/Month	987
Physicians per Bed	2.98
Nurses per Bed	2.06
Inpatient Admissions/MD	4.7
IP Admissions/Bed	169.2
Bed Occupancy Rate	82%
OPD Consultations/MD	47.1
Surgeries/Surgeon	11.9
Deliveries/Midwife	
Domain G: Patients and Community	
G-1: Patient Satisfaction	65.1
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	57.1
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Family	75.0
H-3: Gender Equality, Recipients	25.0
H-4: Gender Equality, Providers	26.4
H-5: Compliance with MOPH Policy/Laws	100

Kheir Khana Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	72.2
A-2: Management Training	50.0
A-3: HMIS	75.0
A-4: Planning and Organization	63.6
A-5: Integration of Hospital Into Health System	0.0
A-6: Management Autonomy	
Domain B: Financial Systems	
B-1: Hospital Budget	
B-2: Budget Sheets	5.0
B-3: Purchasing and Inspection Committee	
B-4: Cash Management	
B-5: Audit	00
Domain C: Human Resources	
C-1: Minimum Staff Requirements	00
C-2: Staff Management	1.7
C-3: Staff Satisfaction	4.8
C-4: Supervision and Support	3.3
C-5: Hospital Training Activities	
C-6: Performance Assessment	
C-7: Personnel Record Functionality	
C-8: Job Descriptions	5.0
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	66.7
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	33.3
D-5: Cleanliness and Ward Repair	42.9
D-6: Hospital Treatment Facilities	33.3
D-7: Other Hospital Facilities	33.3
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	35.8
D-9: Drugs and Supplies	42.0
D4: Services	
D-10: Provision of Outpatient Services	62.5
D-11: Support Services	64.3
D-12: Tests and Special Services	32.1
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	0
D6: Staffing	
D-15: Pre-Service Training	100
D-16: In-Service Training: Skill Specific	62.5
D-17: In-Service Training: General	22.8

General: Kheir Khana is a general hospital in Kabul. It again had low performance this year, with only seven indices above the upper benchmark, and 27 below the lower. Four indices were not scored: TB registry, routine antenatal care, and hospital–community indices. While 20 indices had improvement in scores this year, 15 were lower.

Activity: The bed occupancy rate was 64%, up from 36% last year, and now at the median among national hospitals. The total number of monthly inpatients also increased by over 30%, and was also at the median. Total monthly outpatients, in contrast, declined by 30% over last year, but still remained above the median and in the upper quintile. Total deliveries were at about the same level, and slightly below the median. Surgeries were also about the same, but continued to be significantly above the median of 293 per month. The number of inpatients per physician and bed increased over last year, and were both over the median. While outpatient consultations per physician decreased by close to 20%, it continued to be well over the median, and was the maximum seen among national hospitals. The number of monthly deliveries per midwife was unchanged and was also the maximum seen this year. The surgeries per surgeon ratio was at the upper quintile, despite a decline by over 35% this year.

Staffing levels: The ratio of physicians per bed increased by over 10% this year, while nurses per bed ratio remained about the same. Both are just below the median for national hospitals.

Strengths: Kheir Khana had all requisite staff positions filled. The hospital received full points for utilities, an MOPH audit, compliance with MOPH policy, and appropriate qualifications for the heads of departments. This year, 58% of nurses and 43% of physicians were female.

Areas of improvement: Five of the six indices of Domain A, especially in HMIS and planning and organization, improved. Facilities now included separate toilets for women. Drugs and supplies, while still scoring low, were awarded full points for the emergency blood supply and presence of appropriate family planning supplies. A quality improvement committee was now present, and decontamination procedures were now posted on one of the wards and in the recovery room.

Areas for improvement: Reported management autonomy of the hospital director has declined, now with no points awarded. A purchasing and inspection committee, which was previously an area of strong marks, received no points this year. Personnel records were globally incomplete. The condition of buildings and grounds index received points for wheelchairs, gate, and for the grounds, but otherwise the building condition was not deemed adequate. Except for the blood bank, 40% or more of required equipment was absent or not functional at the time of the survey, with the most deficits seen in the OPD and for surgical packs. Archived and active inpatient records were also incomplete, with half or more of the required components lacking in all charts examined during the survey. Fire extinguishers, fire exits, and a written disaster plan were absent. A user fee guideline was unavailable, and was not reviewed in the past year.

Areas of particular concern: Continued low scores were seen for the hospital budget, cash management, hospital training, performance assessment, isolation of patients, amenities for patient and families, and written clinical guidelines. The indices of E2, Health Worker Interaction, were also low.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	66.7
E-2: QI Organizational Activities	53.3
E-3: Infection Prevention	39.5
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	16.7
E-6: Inpatient Records, Archived	45.1
E-7: Inpatient Records, Active	54.2
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	53.8
E2: Health Worker Interaction	
E-10: Health Worker Skills	54.2
E-11: Health Worker Communication	41.7
E-12: Time of Consultation	0
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	-
E3: Safety	
E-15: Physical Precautions	14.3
E-16: Security	68.1
E-17: Posted Decontamination Procedures	40.0
E-18: Prevention, Hospital Hazards	47.1
E-19: Prevention, Biohazards	65.5
Domain F: Functionality	
Total Inpatients/Month	930
Total Outpatients/Month	7725
Total Deliveries/Month	697
CS rate	4%
Total Surgeries/Month	636
Physicians per Bed	0.50
Nurses per Bed	0.51
Inpatient Admissions/MD	21.1
IP Admissions/Bed	126.8
Bed Occupancy Rate	64%
OPD Consultations/MD	175.6
Surgeries/Surgeon	212.0
Deliveries/Midwife	69.7
Domain G: Patients and Community	
G-1: Patient Satisfaction	66.4
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	20.0
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Family	0
H-3: Gender Equality, Recipients	62.5
H-4: Gender Equality, Providers	98.0
H-5: Compliance with MOPH Policy/Laws	100

Indira Gandhi Children's Hospital

Domain A: Management and Administration	
A-1: Hospital Management Functionality	77.8
A-2: Management Training	25.0
A-3: HMIS	66.7
A-4: Planning and Organization	63.6
A-5: Integration of Hospital Into Health System	60.0
A-6: Management Autonomy	33.3
Domain B: Financial Systems	
B-1: Hospital Budget	0
B-2: Budget Sheets	25.0
B-3: Purchasing and Inspection Committee	40.0
B-4: Cash Management	0
B-5: Audit	100
Domain C: Human Resources	
C-1: Minimum Staff Requirements	100
C-2: Staff Management	65.1
C-3: Staff Satisfaction	52.6
C-4: Supervision and Support	52.4
C-5: Hospital Training Activities	85.7
C-6: Performance Assessment	0
C-7: Personnel Record Functionality	25.0
C-8: Job Descriptions	100
Domain D: Capacity and Infrastructure	
D1: Utilities, Communications and Transportation	
D-1: Utilities	100
D-2: Communications	66.7
D-3: Transport	75.0
D2: Infrastructure, Building	
D-4: Condition of Buildings	66.7
D-5: Cleanliness and Ward Repair	43.8
D-6: Hospital Treatment Facilities	72.7
D-7: Other Hospital Facilities	100
D3: Supplies-Drugs and Equipment	
D-8: Equipment Index	44.0
D-9: Drugs and Supplies	31.4
D4: Services	
D-10: Provision of Outpatient Services	56.3
D-11: Support Services	61.5
D-12: Tests and Special Services	73.5
D5: Activities	
D-13: Organization of Clinical Activities	100
D-14: Isolation of Patients	41.7
D6: Staffing	
D-15: Pre-Service Training	100
D-16: In-Service Training: Skill Specific	81.8
D-17: In-Service Training: General	1.6

General: Indira Gandhi offers only pediatric services. Its performance, while still low, improved since last year. Thirteen indices achieved marks above the upper benchmark, and 20 were below the lower. Four indices were not scored. Seventeen indices improved this year, but 21 had declined since round one. The non-scored indices were hospital-community indices, routine antenatal care, and TB registry.

Activity: The bed occupancy rate was just above the median, and unchanged from the previous year. The number of monthly inpatients was unchanged from last year, but still places Indira Gandhi in the upper quintile of national hospitals. Indira Gandhi sees the maximum number of outpatients among national hospitals; this number was not available last year. Monthly surgeries have declined by over 10%, which places it just above the median. The number of inpatients per physician was unchanged, and below the median of 12. The number of inpatients per bed has increased, but is still below the median. The ratio of outpatient consultations per physician is above the median of 56. The number of surgeries per surgeon has also declined; this places Indira Gandhi below the median.

Staffing levels: Staffing levels for physicians and nurses have increased this year. The number of physicians per bed is above the median, while the number of nurses per bed is just at the median.

Strengths: All staff now have job descriptions. Full points were awarded for utilities, and organization of clinical activities. Indira Gandhi has the ability to transport patients, but did not have special training for its drivers. A separate OPD reception, separate female toilets and a secure file room were all present at the hospital. All department heads had appropriate training and qualifications. Amenities for patients and family included: accommodations, a mosque, heating in the winter, and privacy curtains in the procedure rooms.

Areas of improvement: The hospital has now had an MOPH audit within the last two years. Infection prevention includes a committee, training sessions for staff, monitoring for hospital-acquired infections, and infection prevention activities in all areas, except those related to the drains and sewage. Drug and supply record keeping has improved, lacking only color-coding of gases. Decontamination procedures are posted on the wards and recovery room. Now, 40% of nurses and 7% of physicians are female.

Areas for improvement: Indira Gandhi lacks a petty cash system and bank account for cash management. The condition of buildings has declined, with deficits seen in the windows, doors, exterior paint, and roof. Cleanliness was of concern, with low performance seen in reception, the wards, operating theatre, and the recovery room. Treatment rooms were lacking on three of its six wards. Functioning and available equipment was absent in the pharmacy and blood bank, and only one-third were present on the wards. A quality improvement committee was absent, and less than half of the staff surveyed reported that recent steps had been taken for quality improvement in their departments. Written clinical guidelines were available on two of the six wards, and for anesthesia. Scores for health worker skills and communication have also declined, with none of the observed health workers inquiring about measles, documenting in the patient record or tally sheet, or checking weights and growth charts. Providers also did not communicate about adverse medication effects, warning signs to prompt return to the clinic, and a time of follow-up. Physical precautions also had numerous deficits, related to disaster planning, fire extinguishers and fire exits. User fee guidelines and review were absent, as well as specified exemptions.

Areas of particular concern: Consistently low scores have been seen for the hospital budget, management autonomy, performance assessment, and prevention of biohazards. Fifty-five percent of all prescriptions included an antibiotic.

Domain E: Quality and Safety	
E1: Enabling Environment	
E-1: Quality Improvement	0
E-2: QI Organizational Activities	41.3
E-3: Infection Prevention	78.8
E-4: Death Committee	50.0
E-5: Written Clinical Practice Guidelines	33.3
E-6: Inpatient Records, Archived	69.4
E-7: Inpatient Records, Active	73.1
E-8: TB Registry	-
E-9: Drug and Supply Record Keeping	92.3
E2: Health Worker Interaction	
E-10: Health Worker Skills	56.8
E-11: Health Worker Communication	45.5
E-12: Time of Consultation	12.5
E-13: Dispensing of Antibiotics	0
E-14: Routine Antenatal Care	-
E3: Safety	
E-15: Physical Precautions	18.2
E-16: Security	64.0
E-17: Posted Decontamination Procedures	100
E-18: Prevention, Hospital Hazards	47.1
E-19: Prevention, Biohazards	33.3
Domain F: Functionality	
Total Inpatients/Month	1442
Total Outpatients/Month	11510
Total Deliveries/Month	
CS rate	
Total Surgeries/Month	321
Physicians per Bed	0.64
Nurses per Bed	0.55
Inpatient Admissions/MD	10.9
IP Admissions/Bed	84.0
Bed Occupancy Rate	67%
OPD Consultations/MD	87.2
Surgeries/Surgeon	20.0
Deliveries/Midwife	
Domain G: Patients and Community	
G-1: Patient Satisfaction	64.5
G-2: Community Involvement in Hospital Planning	-
G-3: Hospital Involvement in Community	-
G-4: User Fees	20.0
Domain H: Ethics and Values	
H-1: Facilities for Women	50.0
H-2: Amenities for Patients and Family	66.7
H-3: Gender Equality, Recipients	37.5
H-4: Gender Equality, Providers	51.8
H-5: Compliance with MOPH Policy/Laws	100

Annexes .

Annex 1a: Balanced Scorecard 2008: Provincial Hospitals

Below lower quintile	Between upper and lower quintile	Above upper quintile
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Facility ID			61	356	403	429	466	519	579	596	673	682	691	1100	1110
Province	LBM	HBM	Parwan	Laghman	Badakshan	Takhar	Baghlan	Kunduz	Jawzjan	Faryab	Farah	Khost	Helmand	Ghazni	Panjsher
Domain A: Management and Administration															
A-1: Hospital Management Functionality	71.1	90.0	77.8	77.8	100	100	100	100	77.8	90.0	40.0	90.0	100	66.7	75.0
A-2: Management Training	31.7	75.0	33.3	100	0	100	100	100	33.3	66.7	0	100	25.0	66.7	0
A-3: HMIS	77.8	100	100	100	77.8	100	100	100	22.2	55.6	77.8	100	100	88.9	100
A-4: Planning and Organization	44.7	73.2	87.5	75.0	87.5	91.7	87.5	100	70.8	66.7	50.0	83.3	63.6	54.5	72.7
A-5: Integration of Hospital into Health System	24.0	78.0	80.0	40.0	50.0	100	100	100	50.0	100	50.0	50.0	50.0	37.5	50.0
A-6: Management Autonomy	33.3	100	100	100	50.0	83.3	83.3	66.7	100	83.3	33.3	66.7	50.0	66.7	50.0
Domain B: Financial Systems															
B-1: Hospital Budget	0	100	93.8	0	87.5	100	100	75.0	100	100	50.0	0	100	0	87.5
B-2: Budget Sheets	20.0	100	60.0	80.0	100	100	100	100	75.0	100	20.0	40.0	60.0	20.0	100
B-3: Purchasing and Inspection Committee	70.0	90.9	100	71.4	100	100	100	100	75.0	90.9	50.0	81.8	100	70.0	66.7
B-4: Cash Management	0	66.7	0	66.7	66.7	66.7	66.7	66.7	0	100	0	0	0	66.7	100
B-5: Audit	0	100	100	0	100	100	100	100	100	100	100	100	0	0	0
Domain C: Human Resources															
C-1: Minimum Staffing Requirements	60.6	85.4	59.1	65.2	62.5	90.3	97.1	94.3	64.2	65.6	57.1	91.4	67.4	63.1	67.8
C-2: Staff Management	53.5	82.7	77.5	84.2	64.2	85.0	81.7	89.2	74.2	70.8	60.0	65.1	59.2	46.0	90.8
C-3: Staff Satisfaction	54.1	63.2	59.9	63.3	61.3	74.4	72.6	73.8	57.0	55.3	47.2	51.8	52.3	50.1	73.1
C-4: Supervision and Support	71.0	94.3	86.7	75.0	68.3	98.3	98.3	92.5	46.7	67.5	51.7	77.0	49.2	73.8	63.3
C-5: Hospital Training Activities	33.3	85.7	71.4	33.3	85.7	100	100	100	50.0	57.1	57.1	85.7	0	57.1	57.1
C-6: Staff Performance Assessment	0	80.0	100	0	0	100	100	100	0	100	75.0	75.0	100	100	100
C-7: Personnel Record Functionality	33.3	80.0	91.7	61.1	69.4	100	100	97.2	55.6	41.7	50.0	100	77.8	0	27.8
C-8: Job Descriptions	77.8	100	83.3	100	99.0	100	99.3	99.7	74.1	100	84.1	98.9	100	58.9	100
Domain D: Capacity and Infrastructure															
D1: Utilities, Communications and Transport															
D-1: Utilities	79.0	100	100	100	87.5	100	100	100	100	100	100	100	100	80.0	100
D-2: Communications	33.3	75.0	50.0	33.3	100	100	75.0	75.0	75.0	33.3	50.0	100	100	50.0	75.0
D-3: Transportation	50.0	100	100	75.0	75.0	100	100	75.0	75.0	100	75.0	100	75.0	75.0	100
D2: Infrastructure-Building															
D-4: Condition of Buildings	44.4	100	100	77.8	100	88.9	100	100	66.7	100	66.7	88.9	88.9	33.3	100
D-5: Cleanliness and Ward Repair	15.4	74.7	14.1	35.0	62.5	82.7	79.5	57.5	45.0	25.0	33.3	52.1	90.2	16.1	89.8
D-6: Hospital treatment Facilities	50.0	75.0	33.3	50.0	55.6	66.7	88.9	91.7	55.6	44.4	40.0	42.9	71.4	44.4	62.5
D-7: Other Hospital Facilities	33.3	100	33.3	66.7	100	100	100	100	33.3	66.7	33.3	100	66.7	66.7	33.3
D3: Supplies-Drugs and Equipment															
D-8: Equipment	60.4	83.1	70.8	78.5	77.5	89.1	88.6	94.3	77.2	74.3	44.1	73.2	67.7	58.8	85.8
D-9: Drugs and Supplies	65.2	91.8	100	94.0	83.5	96.9	80.2	99.6	74.6	77.5	56.2	94.5	72.5	61.2	96.8
D4: Services															
D-10: Provision of Outpatient Services	67.7	85.4	79.2	91.1	66.7	91.1	92.9	91.1	98.2	89.3	70.8	85.7	79.2	80.8	83.3
D-11: Support Services	56.6	80.0	66.7	93.3	64.3	100	100	100	80.0	93.3	26.7	71.4	93.3	71.4	93.3
D-12: Tests and Special Services	65.3	86.8	74.2	90.3	96.8	90.3	96.8	96.8	74.2	80.6	54.8	71.0	74.2	61.3	93.5
D5: Activities															
D-13: Organization of Clinical Activities	98.9	100	100	100	100	100	100	100	100	100	40.0	100	100	50.0	33.3
D-14: Isolation of Patients	0	100	37.5	30.0	50.0	50.0	62.5	78.6	50.0	37.5	10.0	0	50.0	12.5	50.0
D6: Staffing															
D-15: Pre-Service Training	40.0	86.7	75.0	83.3	50.0	83.3	66.7	83.3	50.0	66.7	25.0	83.3	75.0	80.0	50.0
D-16: In-Service Training	32.7	64.4	48.5	53.8	72.7	84.6	84.6	100	28.2	66.7	33.3	46.2	56.8	70.0	22.2
D-17: In-Service Training: General	22.3	66.8	82.1	54.3	23.5	100	99.3	74.8	24.9	27.0	42.6	15.7	21.8	60.0	0

Facility ID			61	356	403	429	466	519	579	596	673	682	691	1100	1110
Province	LBM	HBM	Parwan	Laghman	Badakshan	Takhar	Baghlan	Kunduz	Jawzjan	Faryab	Farah	Khost	Helmand	Ghazni	Panjsher
Domain E: Quality and Safety															
E1: Enabling Environment															
E-1: Quality Improvement Committee	0	100	100	0	66.7	100	66.7	100	33.3	0	0	100	0	66.7	0
E-2: Quality Improvement Organizational Activities	57.5	89.1	57.0	83.3	78.1	91.7	90.4	89.5	64.9	82.4	44.2	69.8	54.2	51.8	85.0
E-3: Infection Prevention Committee	60.6	89.8	86.0	87.6	99.5	99.6	99.2	99.5	80.6	88.4	57.0	98.7	97.4	68.0	86.2
E-4: Death Committee	0	100	100	50.0	100	100	100	100	0	0	0	0	0	0	0
E-5: Written Clinical Practice Guidelines	13.9	77.5	28.6	50.0	100	100	71.4	80.0	0	0	0	60.0	0	28.6	33.3
E-6: Archived Inpatient Records	54.6	89.6	97.2	47.5	96.8	95.0	100	100	60.9	66.0	25.6	82.0	94.5	70.2	83.2
E-7: Active Inpatient Records, Completeness	63.3	92.8	87.8	74.4	100	98.4	100	100	74.0	59.4	32.1	85.5	89.7	75.1	96.3
E-8: TB Registry	100	100	100	100	100	100	100	100	66.7	100	100	-	100	-	66.7
E-9: Drug and Supply Record Keeping	64.3	84.8	100	85.7	100	100	100	100	52.4	76.2	50.0	85.7	78.6	78.6	81.0
E2: Health Worker Interaction															
E-10: Health Worker Skills	54.7	68.3	70.6	61.4	55.3	59.7	73.5	59.0	49.5	55.2	39.7	54.3	45.1	60.2	67.5
E-11: Health Worker Communication	36.0	57.2	68.0	45.7	41.9	47.8	49.1	46.0	48.3	38.7	22.3	35.1	38.2	50.6	75.2
E-12: Time of Consultation	0	16.7	29.2	4.2	0	0	16.7	0	4.2	0	0	70.8	8.3	4.2	25.0
E-13: Dispensing of Antibiotics	0	100	0	0	-	100	100	-	50.0	0	0	0	0	0	100
E-14: Routine Antenatal Care	93.3	100	100	100	100	100	66.7	100	100	66.7	100	100	100	100	100
E3: Safety															
E-15: Physical Precautions	20.5	55.6	47.4	28.6	40.9	100	90.5	100	57.1	44.4	28.6	60.0	58.8	11.1	58.8
E-16: Security	50.9	76.4	61.1	63.1	97.3	96.7	81.2	96.8	53.3	52.1	49.0	80.0	84.6	34.8	54.3
E-17: Posted Decontamination procedures	0	100	20.0	16.7	100	100	100	100	40.0	0	0	0	0	20.0	0
E-18: Prevention, Hospital Hazards	45.0	80.9	83.8	69.1	88.2	94.1	100	100	51.5	89.7	36.8	69.1	83.8	44.1	93.3
E-19: Prevention, Biohazards	54.1	90.6	70.8	70.3	93.2	93.9	93.2	100	61.4	54.2	62.9	81.0	92.3	59.1	76.9
Domain F: Functionality	Max	Min													
Total Inpatients/month	3826	99	543	767	524	488	534	1073	1017	438	995	555	526	391	299
Total Outpatients/month	11650	1141	4440	8448	1692	3099	4948	2815	10607	5353	3466	8600	4454	3008	2031
Total deliveries/month	1180	27	329	387	101	262	239	378	101	132	384	549	56	355	102
CS rate	15%	0%	2%	1%	11%	11%	7%	4%	12%	8%	5%	4%	9%	7%	9%
Total Surgeries/month	1025	16	86	116	70	97	56	180	211	82	56	158	46	581	93
Physicians per bed	0.69	0.08	0.21	0.17	0.24	0.29	0.29	0.28	0.41	0.41	0.11	0.26	0.48	0.29	0.09
Nurses per bed	0.91	0.20	0.39	0.35	0.39	0.40	0.38	0.27	0.32	0.40	0.41	0.38	0.66	0.48	0.75
Inpatient admissions/MD	62.2	8.8	33.9	51.1	25.0	17.4	18.4	15.1	14.1	12.5	62.2	24.1	9.6	12.2	42.7
IP admissions/bed	192.6	25.1	84.6	104.6	71.5	61.7	64.0	51.5	69.4	61.8	84.7	76.6	55.4	42.3	47.2
Bed Occupancy Rate	97%	26%	60%	43%	91%	66%	50%	61%	63%	47%	45%	61%	51%	52%	67%
OPD consults/MD	1053.1	15.4	277.5	563.2	80.6	110.7	170.6	39.6	147.3	152.9	216.6	373.9	81.0	94.0	290.1
Surgeries/surgeon	581.0	8.1	85.8	57.9		32.4	18.8	16.3	70.3	40.8		79.0	11.4	581.0	31.0
Deliveries/midwife	68.6	3.0	41.1	48.3	20.1	37.5	29.8	37.8	25.3	16.4	64.0	68.6	13.9	44.4	14.6
Domain G: Patients and Community															
G-1: Patient Satisfaction	65.2	76.9	76.8	74.6	68.1	68.7	65.2	68.9	72.4	57.2	63.3	63.7	66.0	71.8	80.5
G-2: Community Involvement in Hospital Planning	22.9	86.1	64.3	78.6	100	100	100	87.5	71.4	78.6	78.6	87.5	85.7	57.1	0
G-3: Hospital Involvement in Community	64.8	88.9	66.7	66.7	88.9	100	100	100	88.9	66.7	28.6	100	100	66.7	66.7
G-4: User Fees; Transparency and Exemptions	42.9	85.7	71.4	57.1	71.4	100	71.4	100	-	57.1	71.4	85.7	57.1	71.4	-
Domain H: Ethics and Values															
H-1: Facilities for Women	25.0	61.3	75.0	50.0	60.0	100	80.0	100	33.3	33.3	0	80.0	33.3	75.0	33.3
H-2: Amenities for Patients and Families	16.0	52.0	0	40.0	85.7	100	80.0	92.3	28.6	33.3	50.0	50.0	60.0	57.1	71.4
H-3: Gender Equality, Recipients of Care	37.5	85.0	50.0	87.5	62.5	87.5	66.7	100	87.5	75.0	75.0	75.0	37.5	75.0	75.0
H-4: Gender Equality, Providers of Care	36.7	68.7	57.9	64.8	67.7	48.2	48.0	38.5	56.7	70.8	47.2	41.4	31.8	32.1	29.5
H-5: Compliance with MOPH Policy and Local Laws	100	100	100	100	50.0	100	100	100	100	100	100	100	100	100	100

Annex 1b: Balanced Scorecard 2008: District Hospitals

Below lower quintile	Between upper and lower quintile	Above upper quintile
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Facility ID			25	50	91	226	278	380	530	612	686	772	814	853	1171	1837	2116
Province	LBM	HBM	Zabul	Kapisa	Wardak	Logar	Paktya	Kunar	Samangan	Badghis	Nimroz	Uruzgan	Paktika	Saripul	Bamyan	Daykundi	Ghor
Domain A: Management and Administration																	
A-1: Hospital Management Functionality	71.1	90.0	100	77.8	72.2	88.0	77.8	74.1	100	77.8	20.0	42.9	85.0	100	87.5	44.4	100
A-2: Management Training	31.7	75.0	50.0	66.7	0	66.7	75.0	66.7	100	66.7	0	0	66.7	100	75.0	50.0	100
A-3: HMIS	77.8	100	100	88.9	88.9	100	100	100	100	88.9	77.8	77.8	88.9	100	88.9	100	88.9
A-4: Planning and Organization	44.7	73.2	79.2	79.2	75.0	66.7	54.5	75.0	91.7	45.8	60.0	27.3	72.7	75.0	83.3	50.0	90.0
A-5: Integration of Hospital into Health System	24.0	78.0	50.0	100	60.0	80.0	0	50.0	100	0	0	0	50.0	100	50.0	20.0	90.0
A-6: Management Autonomy	33.3	100	83.3	66.7	16.7	33.3	66.7	33.3	100	66.7	50.0	33.3	100	83.3	83.3	33.3	100
Domain B: Financial Systems																	
B-1: Hospital Budget	0	100	100	50.0	93.8	50.0	50.0	93.8	75.0	0	0	75.0	83.3	70.0	80.0	0	100
B-2: Budget Sheets	20.0	100	100	100	100	40.0	20.0	60.0	100	60.0	0	40.0	20.0	100	100	0	100
B-3: Purchasing and Inspection Committee	70.0	90.9	90.9	100	81.8	88.9	70.0	100	100	0	50.0	50.0	42.9	100	86.4	25.0	100
B-4: Cash Management	0	66.7	66.7	0	66.7	66.7	0	66.7	100	0	0	66.7	66.7	66.7	100	66.7	66.7
B-5: Audit	0	100	100	-	100	0	0	100	100	100	0	0	-	100	0	0	0
Domain C: Human Resources																	
C-1: Minimum Staffing Requirements	60.6	85.4	78.7	72.5	63.9	68.4	89.3	85.0	86.7	63.7	47.6	59.0	72.0	71.0	84.3	59.0	86.7
C-2: Staff Management	53.5	82.7	82.5	69.2	80.8	70.8	96.7	84.2	91.7	77.5	85.0	72.5	75.8	71.7	67.5	52.5	81.7
C-3: Staff Satisfaction	54.1	63.2	56.2	58.7	59.3	56.2	64.2	57.1	76.7	53.4	62.9	47.9	54.2	51.0	55.8	58.1	62.3
C-4: Supervision and Support	71.0	94.3	45.8	75.0	83.3	84.2	98.3	76.7	96.7	63.3	85.8	60.8	70.0	85.8	71.7	57.5	92.5
C-5: Hospital Training Activities	33.3	85.7	100	33.3	71.4	50.0	50.0	85.7	100	0	40.0	20.0	0	100	85.7	20.0	100
C-6: Staff Performance Assessment	0	80.0	100	100	0	0	100	0	100	0	0	0	25.0	100	100	0	100
C-7: Personnel Record Functionality	33.3	80.0	97.2	55.6	63.9	66.7	77.8	75.0	91.7	80.6	0	47.2	50.0	44.4	69.4	0	36.1
C-8: Job Descriptions	77.8	100	98.5	100	96.8	100	97.5	100	90.5	100	82.7	100	85.5	86.6	98.2	100	99.0
Domain D: Capacity and Infrastructure																	
D1: Utilities, Communications and Transport																	
D-1: Utilities	79.0	100	87.5	100	87.5	75.0	80.0	100	100	100	80.0	40.0	87.5	80.0	100	75.0	87.5
D-2: Communications	33.3	75.0	33.3	33.3	50.0	33.3	33.3	33.3	100	66.7	0	33.3	33.3	66.7	75.0	33.3	33.3
D-3: Transportation	50.0	100	25.0	100	100	100	100	100	100	50.0	75.0	75.0	75.0	100	75.0	50.0	50.0
D2: Infrastructure-Building																	
D-4: Condition of Buildings	44.4	100	33.3	100	100	100	100	100	100	100	77.8	88.9	88.9	100	100	88.9	55.6
D-5: Cleanliness and Ward Repair	15.4	74.7	78.7	32.7	66.7	87.0	53.3	35.0	56.8	42.4	70.0	58.7	62.3	28.4	56.1	66.0	17.5
D-6: Hospital treatment Facilities	50.0	75.0	85.7	28.6	57.1	57.1	62.5	44.4	66.7	37.5	71.4	100	55.6	33.3	33.3	57.1	55.6
D-7: Other Hospital Facilities	33.3	100	100	66.7	33.3	100	100	66.7	100	66.7	66.7	66.7	100	100	100	66.7	100
D3: Supplies-Drugs and Equipment																	
D-8: Equipment	60.4	83.1	93.0	69.2	80.0	83.1	78.8	69.1	88.3	60.0	62.5	66.7	75.3	79.3	85.1	53.9	70.0
D-9: Drugs and Supplies	65.2	91.8	87.3	91.5	73.6	86.4	99.5	81.8	86.6	79.9	75.1	69.9	87.8	78.8	90.5	68.4	83.0
D4: Services																	
D-10: Provision of Outpatient Services	67.7	85.4	75.0	70.8	80.8	92.3	92.3	84.6	82.7	63.6	70.8	72.9	70.8	84.6	92.3	54.5	79.2
D-11: Support Services	56.6	80.0	93.3	64.3	64.3	78.6	71.4	64.3	93.3	64.3	80.0	71.4	75.0	78.6	93.3	30.8	73.3
D-12: Tests and Special Services	65.3	86.8	80.0	76.7	80.0	76.7	76.7	90.0	96.7	70.0	60.0	70.0	80.0	73.3	96.7	70.0	63.3
D5: Activities																	
D-13: Organization of Clinical Activities	98.9	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
D-14: Isolation of Patients	0	100	100	0	0	50.0	0	12.5	50.0	0	0	25.0	0	62.5	28.6	0	62.5
D6: Staffing																	
D-15: Pre-Service Training	40.0	86.7	60.0	50.0	60.0	80.0	60.0	40.0	60.0	0	25.0	0	100	60.0	60.0	33.3	40.0
D-16: In-Service Training	32.7	64.4	79.2	40.7	66.7	66.7	52.1	72.2	75.0	36.7	37.0	22.2	51.9	66.7	57.5	45.0	47.9
D-17: In-Service Training: General	22.3	66.8	35.7	45.5	54.5	63.1	29.9	89.8	90.5	35.6	57.6	64.5	43.8	59.3	65.9	72.7	41.3

Facility ID			25	50	91	226	278	380	530	612	686	772	814	853	1171	1837	2116
Province	LBM	HBM	Zabul	Kapisa	Wardak	Logar	Paktya	Kunar	Samangan	Badghis	Nimroz	Uruzgan	Paktika	Saripul	Bamyan	Daykundi	Ghor
Domain E: Quality and Safety																	
E1: Enabling Environment																	
E-1: Quality Improvement Committee	0	100	66.7	66.7	0	66.7	66.7	0	100	0	0	0	66.7	100	66.7	0	100
E-2: Quality Improvement Organizational Activities	57.5	89.1	63.3	73.1	61.7	57.9	98.2	77.2	92.6	64.2	82.5	79.2	71.6	89.5	75.0	47.5	95.0
E-3: Infection Prevention Committee	60.6	89.8	93.2	87.3	73.9	74.5	83.3	81.0	100	76.1	58.9	36.9	93.9	99.5	98.9	51.8	99.6
E-4: Death Committee	0	100	100	0	100	0	0	100	100	0	0	0	0	100	100	0	100
E-5: Written Clinical Practice Guidelines	13.9	77.5	100	0	40.0	60.0	33.3	0	71.4	0	0	0	42.9	33.3	28.6	0	14.3
E-6: Archived Inpatient Records	54.6	89.6	98.3	51.8	73.8	90.1	85.6	82.3	88.8	34.4	38.0	51.6	84.6	82.6	76.8	84.7	68.3
E-7: Active Inpatient Records, Completeness	63.3	92.8	88.3	89.3	83.7	85.0	87.3	63.9	86.9	51.3	27.3	52.1	89.1	79.0	94.2	54.8	69.6
E-8: TB Registry	100	100	-	100	100	100	100	100	100	100	100	100	66.7	100	100	100	100
E-9: Drug and Supply Record Keeping	64.3	84.8	83.3	75.0	71.4	92.9	100	92.9	92.9	50.0	57.1	50.0	78.6	73.8	92.9	36.1	71.4
E2: Health Worker Interaction																	
E-10: Health Worker Skills	54.7	68.3	61.5	65.3	59.6	65.0	62.5	68.2	62.7	64.2	53.1	55.6	58.6	53.9	67.4	69.7	56.6
E-11: Health Worker Communication	36.0	57.2	53.2	52.0	33.9	52.0	45.5	55.0	70.5	35.7	32.8	29.0	46.2	57.3	59.8	51.5	41.7
E-12: Time of Consultation	0	16.7	37.5	4.2	0	4.2	0	12.5	8.3	0	0	0	4.2	0	16.7	0	0
E-13: Dispensing of Antibiotics	0	100	50.0	-	100	0	0	-	100	0	-	0	0	0	0	-	0
E-14: Routine Antenatal Care	93.3	100	100	100	66.7	100	100	100	66.7	100	100	100	100	100	100	100	100
E3: Safety																	
E-15: Physical Precautions	20.5	55.6	53.3	38.9	33.3	66.7	46.7	52.4	68.2	30.0	42.9	35.7	72.7	81.0	68.2	20.0	31.8
E-16: Security	50.9	76.4	73.1	93.7	66.0	52.5	66.9	65.0	81.2	37.0	20.7	33.4	77.5	79.7	69.2	54.2	51.3
E-17: Posted Decontamination procedures	0	100	66.7	0	0	100	25.0	0	60.0	0	0	0	80.0	40.0	100	0	60.0
E-18: Prevention, Hospital Hazards	45.0	80.9	89.7	72.1	70.6	100	85.3	69.1	69.1	45.0	42.6	55.9	86.8	59.4	75.0	21.7	47.1
E-19: Prevention, Biohazards	54.1	90.6	97.0	68.8	71.4	85.7	84.6	72.4	95.9	52.4	71.4	75.0	86.2	79.4	95.8	62.5	84.6
Domain F: Functionality	Max	Min															
Total Inpatients/month	3826	99	222	160	279	149	449	626	271	379	299	99	470	285	509	121	295
Total Outpatients/month	11650	1141	2909	4617	5266	3586	3785	6059	5222	2685	4121	4493	4938	4488	4510	3369	1141
Total deliveries/month	1180	27	40	127	137	232	225	154	144	37	169	45	99	80	89	27	34
CS rate	15%	0%	13%	0%	6%	1%	3%	4%	5%	7%	3%	8%		7%	8%	2%	5%
Total Surgeries/month	1025	16	80	63	49	64	43	115	77	53	56	50	178	59	52	16	18
Physicians per bed	0.69	0.08	0.16	0.09	0.08	0.30	0.40	0.31	0.28	0.11	0.12	0.13	0.15	0.28	0.18	0.10	0.19
Nurses per bed	0.91	0.20	0.27	0.34	0.24	0.91	0.49	0.51	0.36	0.31	0.20	0.28	0.28	0.33	0.63	0.26	0.47
Inpatient admissions/MD	62.2	8.8	15.9	32.0	55.8	21.3	19.5	52.2	14.2	54.1	49.8	16.6	42.7	16.7	46.2	20.2	24.6
IP admissions/bed	192.6	25.1	31.4	36.3	56.8	77.9	94.6	192.6	47.0	74.6	70.3	25.9	75.2	56.0	101.7	25.1	57.2
Bed Occupancy Rate	97%	26%	44%	40%	46%	26%	49%	69%	51%	77%	86%	33%	51%	84%	77%	34%	97%
OPD consults/MD	1053.1	15.4	207.8	923.4	1053.1	512.3	164.6	504.9	274.8	383.5	686.8	748.8	448.9	264.0	410.0	561.6	95.0
Surgeries/surgeon	581.0	8.1	80.0		48.5	63.8	10.8	115.0	38.3			49.5	178.3	59.3	25.8	8.1	
Deliveries/midwife	68.6	3.0	40.3	25.4	34.3	29.0	45.0	25.6	23.9	6.2	42.3	22.5	49.5	13.3	12.6	3.0	8.5
Domain G: Patients and Community																	
G-1: Patient Satisfaction	65.2	76.9	70.6	67.4	64.8	81.0	74.8	72.6	77.8	78.1	71.7	76.8	77.5	60.0	79.8	74.1	66.0
G-2: Community Involvement in Hospital Planning	22.9	86.1	85.7	92.9	71.4	85.7	78.6	100	100	100	50.0	50.0	50.0	85.7	75.0	42.9	87.5
G-3: Hospital Involvement in Community	64.8	88.9	66.7	66.7	88.9	75.0	66.7	100	100	85.7	0	14.3	55.6	66.7	77.8	44.4	100
G-4: User Fees; Transparency and Exemptions	42.9	85.7	42.9	-	71.4	85.7	42.9	57.1	57.1	57.1	57.1	-	85.7	85.7	71.4	28.6	42.9
Domain H: Ethics and Values																	
H-1: Facilities for Women	25.0	61.3	50.0	80.0	80.0	50.0	50.0	33.3	50.0	50.0	50.0	50.0	50.0	40.0	50.0	0	50.0
H-2: Amenities for Patients and Families	16.0	52.0	50.0	66.7	50.0	40.0	33.3	50.0	75.0	66.7	75.0	0	25.0	40.0	33.3	0	0
H-3: Gender Equality, Recipients of Care	37.5	85.0	75.0	75.0	62.5	50.0	75.0	75.0	62.5	50.0	100	50.0	75.0	83.3	75.0	83.3	25.0
H-4: Gender Equality, Providers of Care	36.7	68.7	20.7	53.1	94.4	65.9	43.1	51.9	54.5	40.9	50.0	44.2	10.6	66.0	52.4	50.0	15.3
H-5: Compliance with MOPH Policy and Local Laws	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Annex 1c: Balanced Scorecard 2008: Regional and National Hospitals

Below lower quintile	Between upper and lower quintile	Above upper quintile
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Facility ID			546	630	1212	1228	136	137	138	147	161	169	1001
Province	LBM	HBM	Balkh	Herat	Nangrahar	Kandahar	Inb sina	Infectious	Esteqlal	Malalai	Wazir A K	Kheir K	Indira G.
Domain A: Management and Administration													
A-1: Hospital Management Functionality	71.1	90.0	90.0	90.0	83.3	100	100	88.9	90.0	100	66.7	72.2	77.8
A-2: Management Training	31.7	75.0	33.3	0	100	100	75.0	50.0	75.0	100	0	50.0	25.0
A-3: HMIS	77.8	100	100	33.3	88.9	100	0	22.2	66.7	44.4	0	75.0	75.0
A-4: Planning and Organization	44.7	73.2	79.2	27.3	80.0	93.3	41.7	50.0	85.7	72.7	50.0	63.6	63.6
A-5: Integration of Hospital into Health System	24.0	78.0	50.0	50.0	0	50.0	75.0	75.0	60.0	60.0	75.0	50.0	60.0
A-6: Management Autonomy	33.3	100	83.3	66.7	66.7	83.3	100	33.3	33.3	33.3	66.7	0	33.3
Domain B: Financial Systems													
B-1: Hospital Budget	0	100	100	0	75.0	93.8	0	0	0	0	0	0	0
B-2: Budget Sheets	20.0	100	100	0	20.0	50.0	40.0	25.0	25.0	40.0	40.0	25.0	25.0
B-3: Purchasing and Inspection Committee	70.0	90.9	81.8	40.0	63.6	100	60.0	60.0	0	60.0	0	0	40.0
B-4: Cash Management	0	66.7	66.7	0	0	50.0	0	0	0	0	0	0	0
B-5: Audit	0	100	100	100	0	100	0	0	100	100	0	100	100
Domain C: Human Resources													
C-1: Minimum Staffing Requirements	60.6	85.4	79.0	79.0	77.5	64.0	100	100	100	75.0	75.0	100	100
C-2: Staff Management	53.5	82.7	85.8	70.8	64.2	71.7	70.8	70.0	80.8	78.0	71.1	71.7	65.1
C-3: Staff Satisfaction	54.1	63.2	68.2	51.2	57.8	56.2	54.5	57.7	61.1	54.6	60.6	54.8	52.6
C-4: Supervision and Support	71.0	94.3	94.2	73.3	70.0	49.2	60.8	59.2	65.8	81.8	84.2	63.3	52.4
C-5: Hospital Training Activities	33.3	85.7	57.1	66.7	85.7	71.4	71.4	33.3	100	71.4	71.4	0	85.7
C-6: Staff Performance Assessment	0	80.0	50.0	0	0	25.0	0	0	0	0	75.0	0	0
C-7: Personnel Record Functionality	33.3	80.0	27.8	52.8	50.0	91.7	0	0	0	0	0	0	25.0
C-8: Job Descriptions	77.8	100	99.2	100	57.7	100	93.2	98.5	98.9	100	78.4	95.0	100
Domain D: Capacity and Infrastructure													
D1: Utilities, Communications and Transport													
D-1: Utilities	79.0	100	100	80.0	100	87.5	100	100	100	100	83.3	100	100
D-2: Communications	33.3	75.0	75.0	25.0	33.3	100	33.3	33.3	50.0	66.7	66.7	66.7	66.7
D-3: Transportation	50.0	100	75.0	75.0	75.0	100	75.0	75.0	75.0	75.0	75.0	75.0	75.0
D2: Infrastructure-Building													
D-4: Condition of Buildings	44.4	100	100	55.6	88.9	100	22.2	22.2	44.4	44.4	66.7	33.3	66.7
D-5: Cleanliness and Ward Repair	15.4	74.7	53.4	37.5	38.3	75.8	46.0	17.6	55.1	33.3	46.3	42.9	43.8
D-6: Hospital treatment Facilities	50.0	75.0	30.0	53.8	69.2	33.3	70.0	0	62.5	37.5	37.5	33.3	72.7
D-7: Other Hospital Facilities	33.3	100	66.7	100	66.7	100	0	33.3	66.7	66.7	33.3	33.3	100
D3: Supplies-Drugs and Equipment													
D-8: Equipment	60.4	83.1	69.0	54.4	58.0	64.5	48.1	26.3	61.5	56.6	67.7	35.8	44.0
D-9: Drugs and Supplies	65.2	91.8	60.7	58.1	69.6	78.3	40.1	29.1	62.2	38.2	51.9	42.0	31.4
D4: Services													
D-10: Provision of Outpatient Services	67.7	85.4	100	80.8	85.7	96.4	10.0	30.0	66.7	30.0	45.5	62.5	56.3
D-11: Support Services	56.6	80.0	93.3	86.7	75.0	86.7	61.5	64.3	85.7	76.9	73.3	64.3	61.5
D-12: Tests and Special Services	65.3	86.8	55.9	61.8	79.4	88.2	51.6	50.0	67.7	74.2	87.1	32.1	73.5
D5: Activities													
D-13: Organization of Clinical Activities	98.9	100	100	100	100	100	83.3	100	100	100	100	100	100
D-14: Isolation of Patients	0	100	40.0	25.0	40.0	28.6	22.2	50.0	33.3	16.7	33.3	0	41.7
D6: Staffing													
D-15: Pre-Service Training	40.0	86.7	66.7	80.0	83.3	83.3	66.7	100	50.0	100	75.0	100	100
D-16: In-Service Training	32.7	64.4	41.0	50.0	84.6	53.8	75.0	55.6	68.2	100	50.0	62.5	81.8
D-17: In-Service Training: General	22.3	66.8	23.2	26.9	33.7	46.6	78.6	8.0	7.4	75.2	47.8	22.8	1.6

Facility ID			546	630	1212	1228	136	137	138	147	161	169	1001
Province	LBM	HBM	Balkh	Herat	Nangrahar	Kandahar	lnb sina	Infectious	Esteglal	Malalai	Wazir A K	Khair K	Indira G.
Domain E: Quality and Safety													
E1: Enabling Environment													
E-1: Quality Improvement Committee	0	100	0	0	33.3	100	66.7	33.3	0	100	66.7	66.7	0
E-2: Quality Improvement Organizational Activities	57.5	89.1	78.9	50.8	90.0	83.3	64.9	54.2	65.0	69.7	49.1	53.3	41.3
E-3: Infection Prevention Committee	60.6	89.8	90.6	85.3	87.7	99.2	86.4	75.8	79.9	99.1	84.4	39.5	78.8
E-4: Death Committee	0	100	100	0	100	0	100	50.0	50.0	100	50.0	50.0	50.0
E-5: Written Clinical Practice Guidelines	13.9	77.5	12.5	0	45.5	70.0	12.5	0	0	0	0	16.7	33.3
E-6: Archived Inpatient Records	54.6	89.6	48.5	37.9	88.9	96.0	29.6	75.0	41.5	60.4	66.7	45.1	69.4
E-7: Active Inpatient Records, Completeness	63.3	92.8	71.8	45.2	80.8	73.7	74.7	60.7	71.9	90.7	73.1	54.2	73.1
E-8: TB Registry	100	100	100	100	100	100	-	100	-	-	100	-	-
E-9: Drug and Supply Record Keeping	64.3	84.8	69.0	42.9	75.0	85.7	28.6	14.3	75.0	40.0	77.8	53.8	92.3
E2: Health Worker Interaction													
E-10: Health Worker Skills	54.7	68.3	46.6	61.2	43.1	57.6	-	67.8	57.3	69.5	62.5	54.2	56.8
E-11: Health Worker Communication	36.0	57.2	43.2	29.8	31.4	63.9	-	50.9	31.6	30.9	61.4	41.7	45.5
E-12: Time of Consultation	0	16.7	0	0	0	25.0	-	0	0	16.7	8.3	0	12.5
E-13: Dispensing of Antibiotics	0	100	0	100	-	0	-	0	-	-	100	0	0
E-14: Routine Antenatal Care	93.3	100	100	66.7	100	66.7	-	-	100	-	-	-	-
E3: Safety													
E-15: Physical Precautions	20.5	55.6	25.0	27.6	35.7	35.7	13.0	25.0	26.7	62.5	52.6	14.3	18.2
E-16: Security	50.9	76.4	79.7	61.0	35.3	91.5	67.1	68.4	68.9	69.8	82.5	68.1	64.0
E-17: Posted Decontamination procedures	0	100	20.0	44.4	0	0	100	0	75.0	100	50.0	40.0	100
E-18: Prevention, Hospital Hazards	45.0	80.9	47.1	54.4	82.4	100	55.0	33.3	73.3	41.7	61.7	47.1	47.1
E-19: Prevention, Biohazards	54.1	90.6	85.3	73.2	75.3	92.9	70.0	12.5	67.7	80.8	58.3	65.5	33.3
Domain F: Functionality	Max	Min											
Total Inpatients/month	3826	99	1621	3229	3826	1010	675	924	1520	2182	677	930	1442
Total Outpatients/month	11650	1141	2862	4559	11650	8854	5523	2312	148	5024	6729	7725	11510
Total deliveries/month	1180	27	485	1180	824	437		0	764	1866		697	
CS rate	15%	0%	15%	12%	4%	9%			6%	10%		4%	
Total Surgeries/month	1025	16	336	588	1025	406	138	0	266	224	987	636	321
Physicians per bed	0.69	0.08	0.69	0.67	0.34	0.14	0.59	0.35	0.52	0.25	2.98	0.50	0.64
Nurses per bed	0.91	0.20	0.45	0.39	0.50	0.33	0.46	0.38	0.73	1.06	2.06	0.51	0.55
Inpatient admissions/MD	62.2	8.8	8.8	10.9	32.7	19.8	6.9	22.5	12.2	75.2	4.7	21.1	10.9
IP admissions/bed	192.6	25.1	73.1	87.1	133.1	32.4	49.1	94.7	76.0	221.9	169.2	126.8	84.0
Bed Occupancy Rate	97%	26%	61%	58%	84%	81%	84%	15%	63%	56%	82%	64%	67%
OPD consults/MD	1053.1	15.4	15.6	15.4	99.6	173.6	56.4	56.4	1.2	173.2	47.1	175.6	87.2
Surgeries/surgeon	581.0	8.1	37.3	65.3	102.5	67.7	17.3		24.2	223.5	11.9	212.0	20.0
Deliveries/midwife	68.6	3.0	10.3	49.2	68.6	31.2			13.4	21.2		69.7	
Domain G: Patients and Community													
G-1: Patient Satisfaction	65.2	76.9	63.1	73.4	68.4	73.4	77.7	79.8	69.5	85.3	65.1	66.4	64.5
G-2: Community Involvement in Hospital Planning	22.9	86.1	71.4	42.9	0	75.0	-	-	-	-	-	-	-
G-3: Hospital Involvement in Community	64.8	88.9	71.4	100	37.5	77.8	-	-	-	-	-	-	-
G-4: User Fees; Transparency and Exemptions	42.9	85.7	71.4	42.9	42.9	-	40.0	-	-	20.0	57.1	20.0	20.0
Domain H: Ethics and Values													
H-1: Facilities for Women	25.0	61.3	60.0	50.0	75.0	100	33.3	80.0	0	40.0	50.0	50.0	50.0
H-2: Amenities for Patients and Families	16.0	52.0	0	85.7	50.0	62.5	87.5	25.0	60.0	50.0	75.0	0	66.7
H-3: Gender Equality, Recipients of Care	37.5	85.0	83.3	100	66.7	50.0	100	25.0	100	100	25.0	62.5	37.5
H-4: Gender Equality, Providers of Care	36.7	68.7	85.6	75.7	42.0	35.5	18.0	31.0	74.9	100	26.4	98.0	51.8
H-5: Compliance with MOPH Policy and Local Laws	100	100	100	100	100	100	100	100	100	100	100	100	100

Annex 2: EPHS Standard by Hospital Type: Equipment

Equipment and Supplies		DH	PH	RH
1. NON-MEDICAL EQUIPMENT				
1.1	Administration			
	Office furniture	X	X	X
	Office equipment	X	X	X
	Computer	X	X	X
	Stationary	X	X	X
1.2	Communications			
	Radios	X	X	X
	Telephone (type depends on level)	X	X	X
1.3	Medical maintenance and power			
	Generator (including backup for OT, lab/blood bank and maternity)	X	X	X
	Solar energy system	X	X	X
	Emergency lights (back up lighting in key areas)	X	X	X
	Voltage stabilizer for all electronic equipment	X	X	X
	Tools and spare parts	X	X	X
	Fuel and oil	X	X	X
1.4	Water Supply (24/7)			
	Water source for safe drinking water at 100 liters per patient per day	X	X	X
	Water pump	X	X	X
	Storage reservoir, holding tank	X	X	X
	Water purification chemicals/filters	X	X	X
	Utility sinks with taps	X	X	X
	Hand washing sinks with taps	X	X	X
	Surgical scrub sinks in Operating Theatre	X	X	X
1.5	Waste Disposal			
	Incinerator/burial pit	X	X	X
	Septic tanks	X	X	X
	Drainage systems	X	X	X
	Sanitation facilities for patients and families	X	X	X
	Sharps containers (in all locations where sharps are used)	X	X	X
	Rubbish bins (in all rooms)	X	X	X
1.6	Safety and Security			
	Fire extinguishers	X	X	X
	Water hoses and buckets	X	X	X
	Spotlights	X	X	X
1.7	Vehicles			
	Vehicle, 4 wheel-drive	1	1	2
	Ambulance, 4 wheel-drive	1	2	4
	Fuel and oil	X	X	X
1.8	Medical stores			
	Refrigerators	X	X	X
	Cool boxes	X	X	
	Vaccine carriers	X	X	
	Shelves	X	X	X
	Padlocks	X	X	X

Equipment and Supplies		DH	PH	RH
1.9	Kitchen			
	Ovens	X	X	X
	Cooking stove	X	X	X
	Cooking pots and utensils	X	X	X
	Dishes, cups, cutlery	X	X	X
	Dishwashing machine			X
	Refrigerators	X	X	X
1.10	Laundry			
	Washing equipment	X	X	X
	Washing machine		X	X
	Basins	X	X	X
	Irons	X	X	X
	Water heater (electrical/diesel/wood)	X	X	X
	Wash detergent/powder	X	X	X
	Sewing/repair kits	X	X	X
1.11	Housekeeping			
	Mops	X	X	X
	Brushes	X	X	X
	Brooms	X	X	X
	Soap and disinfectant	X	X	X
	Buckets	X	X	X
1.12	Mortuary			
	Mortuary fridge		X	X
2. MEDICAL EQUIPMENT				
2.1	Basic Equipment Sets for Medical and Nursing Examinations			
	Sphygmomanometer	X	X	X
	Stethoscope	X	X	X
	Vision chart	X	X	X
	Thermometer	X	X	X
	Dressing (Lister) scissors	X	X	X
	Torch/flashlight	X	X	X
	Adult scale	X	X	X
	Pediatric scale	X	X	X
	Height measuring scale	X	X	X
	Fetal stethoscope Pinard (specifically for OB/GYN)	X	X	X
	Ophthalmoscope and otoscope set (specifically for ER)	X	X	X
	Reflex hammer (specifically for ER)	X	X	X
	Tourniquet	X	X	X
	Hand washing facilities (container or running water)	X	X	X
	Sharps container (in all rooms)	X	X	X
	Wall clock	X	X	X

Equipment and Supplies		DH	PH	RH
2.2	Emergency equipment			
	Basic examination set (see 2.1) plus ophthalmoscope and otoscope set and reflex hammer	X	X	X
	Defibrillator			X
	Electrocardiography (ECG)		X	X
	Proctoscope	X	X	X
	Examination lamp	X	X	X
	Patient Separators/dividers	X	X	X
	Suction machine (pedal operated)	X	X	X
	Fetal stethoscope (Pinard)	X	X	X
	Oxygen (concentrator)	X	X	X
	Oxygen cylinder (various sizes)	X	X	X
	Ambu bag & masks & guedel (oropharyngeal airway, adult & child)	X	X	X
	Drip (IV) stands	X	X	X
	Kramer splints different sizes	X	X	X
	Suture set	X	X	X
	Wound dressing set	X	X	X
	Bowls and basins	X	X	X
	Examination trolleys, stretchers and wheelchairs	X	X	X
	Dressings trolley	X	X	X
	Bed pan	X	X	X
2.3	Operating Theater/Room			
	Operating table with accessories (lithotomy poles & arm rests)	2	2	4
	Instrument sets for each operating table, consisting of wound set:	5	10	15
	o minor set:	1	2	4
	o laparotomy set:	2	4	6
	o caesarean section set/hysterectomy set:	2	4	6
	o gynecology set:	1	2	4
	o Obstructed labor set:	1	1	1
	o episiotomy set:	1	2	3
	o suture set:	5	7	10
	o amputation set:	1	1	2
	Arm and leg pneumatic tourniquet			X
	Diathermy set (small ones for DH and PH level)		X	X
	Suction machine (pedal operated)	X	X	X
	Bucket for decontamination, 1 for each table	X	X	X
	Heating and cooling equipment	X	X	X

Equipment and Supplies		DH	PH	RH
2.4	Anesthesia			
	Basic examination equipment (see 2.1)	X	X	X
	Oxygen (concentrator) – if oxygen then oxygen saturation monitor	X	X	X
	Ventilator machine		X	X
	Anesthetic machine		X	X
	Laryngoscope set (handle & different size blades & spare bulbs)	X	X	X
	Magill forceps	X	X	X
	Non-toothed artery forceps	X	X	X
	Endotracheal introducer (malleable)	X	X	X
	Ambu bag & masks (0-5) & guedel (oropharyngeal airway), adult & child	X	X	X
	Suction machine (foot operated)	X	X	X
	Refrigerator, lockable	X	X	X
	Pedal waste bin	X	X	X
2.5	Sterilization equipment			
	Autoclave (approximately 60-70 L per OT/OR table), electric or gas heated team / pressure autoclaves	X	X	X
	<i>Each autoclave (high pressure steam sterilizer) with:</i>			
	Autoclave carts	X	X	X
	Metal instruments trays (rigid containers/perforated trays or pans)	X	X	X
	Metal wire baskets	X	X	X
	Cloth/linen for surgical wraps (woven textiles)	X	X	X
	Dry steriliser Poupinel (electric)		X	X
	Metal instrument containers with lid for dry sterilizer		X	X
	Sterilisation drums & boxes	X	X	X
	<i>Indicators for both steam and dry heat (consumables)</i>			
	Indicator tape	X	X	X
	Chemical indicators (time/temperature/pressure and time/temperature)	X	X	X
	Biological indicators	X	X	X
	<i>High level disinfection:</i>			
	Boilers for boiling items (electric) or pots with lids	X	X	X
	Electric/gas/kerosene stoves	X	X	X
	Plastic containers with lids for chemical HLD and rinsing (endoscopes)			X
	Tables for instrument preparation and for wrapping (dedicated)	X	X	X
	Shelves/cabinets for with doors for storage	X	X	X

Equipment and Supplies		DH	PH	RH
2.6	Obstetrics and Gynecology			
	OB/GYN examination table	X	X	X
	Basic examination equipment (see 2.1)	X	X	X
	Doppler (small portable battery operated)	X	X	X
	Fetal heart monitoring machine			X
	Dilatation & curettage set	X	X	X
	Delivery table	X	X	X
	Dressing trolley	X	X	X
	Examination lamp	X	X	X
	Bed pan	X	X	X
	Manual vacuum aspirator (for D&C)	X	X	X
	Vacuum extractor (for child birth)	X	X	X
	Infant mucus aspiration pear	X	X	X
	Infant cot	X	X	X
	Infant warmer	X	X	X
	Incubator, neonatal, Van Hemel	X	X	X
	Nebulizer	X	X	X
	Infant emergency resuscitation equipment	X	X	X
	Speculum (all sizes)-retractor vaginal	X	X	X
	Intravenous (IV) poles	X	X	X
	Scale, infant, with tray	X	X	X
	Apron and boots (and masks and caps)	X	X	X
2.7	Medical			
	Electrocardiogram (ECG) machine		X	X
	Basic examination equipment (see 2.1)	X	X	X
	Examination table	X	X	X
	Examination lamp	X	X	X
	Medicine storage cabinets or cupboards	X	X	X
	Table and chairs	X	X	X
2.8	Pediatrics			
	Infant scale	X	X	X
	Photo therapy equipment			X
	Circumference measurement tape	X	X	X
	Height measurement mat	X	X	X
	Children height measurement board	X	X	X
	Growth monitoring charts	X	X	X

Equipment and Supplies		DH	PH	RH
2.9	Specialist (ENT, Ophthalmology, etc.)			
	Highly specialised equipment			X
	Bronchoscopes and endoscopes			X
	ENT mirror or lamp	X	X	X
	Nasal speculum	X	X	X
	Ear speculum	X	X	X
	Dental specialized equipment		X	X
2.10	Nursing, Wards			
	Ventilators/AC/Bukharies (where appropriate)	X	X	X
	Basic examination equipment (see 2.1)	X	X	X
	Beds with mattresses and pillows & bedside tables	X	X	X
	Stretchers on wheels	X	X	X
	Intravenous (IV) stands	X	X	X
	Medicine storage cabinets or cupboards	X	X	X
	Dressing trolleys	X	X	X
	Bedpans & urinals	X	X	X
	Pedal waste bin	X	X	X
	Patient and bed linen	X	X	X
2.11	Outpatient Department (OPD)			
	Basic examination equipment (see 2.1)	X	X	X
	Examination table	X	X	X
	X-ray viewer	X	X	X
	Examination lamp	X	X	X
	Scales, infant and adult	X	X	X
	Medicine storage cabinets or cupboards	X	X	X
	Pedal waste bin	X	X	X
	Table and chairs	X	X	X
2.12	Orthopedics and Physiotherapy (equipment only if physiotherapist present)			
	Brown frames with pulleys and weights	X	X	X
	Weights for traction	X	X	X
	Thomas splint	X	X	X
	Blocks for elevating beds	X	X	X
	Pillows (various sizes and shapes)	X	X	X
	Bed frames for traction	X	X	X
	Walking frames	X	X	X
	Treatment bench	X	X	X
	Measuring tape and goniometer	X	X	X
	Pulley system	X	X	X
	Floor mattress	X	X	X
	Weights 0.25 -5kg	X	X	X
	Dumb-bells: 1/2-5kg	X	X	X
	Walking bars	X	X	X
	steps	X	X	X
	Crutches	X	X	X
	Wheelchairs	X	X	X

Equipment and Supplies		DH	PH	RH
2.13 X-Ray/Radiology				
X-ray machine (fixed and/or mobile)		X	X	X
X-ray developing machine (manual) and dark room equipment		X	X	X
X-ray protection material e.g. lead aprons and protective walls		X	X	X
X-ray wall viewer		X	X	X
Ultrasound machine (small portable with voltage stabilizer at DH and RH level)		X	X	X
Voltage stabilizer for X-ray machine		X	X	X
2.14 Laboratory				
Microscope (electric where electricity through grid available)		X	X	X
Distiller machine		X	X	X
Hemoglobinometer (Sali method at DH and PH and Haemacue and RH)		X	X	X
Hct centrifuge (electric)		X	X	X
Centrifuge (hand and electric)		X	X	X
Glucometer			X	X
Glycostrips		X		
Urine strips		X	X	X
Pregnancy test		X	X	X
Water bath		X	X	X
Counting chamber		X	X	X
ESR rack, (automated) pipette & tube		X	X	X
Spirit lamp		X	X	X
Timer/stop watch		X	X	X
Slide rack		X	X	X
Measuring jug & cylinders		X	X	X
Fridge (absorption type)		X	X	X
Rotator for syphilis test		X	X	X
Sterilizer (dry heat)		X	X	X
Balance		X	X	X
Spectrophotometer (colorimeter on PH level)				X

Equipment and Supplies		DH	PH	RH
2.15 Blood Bank/Transfusion Service				
Examination table		X	X	X
Blood donor beds			X	X
Fridge (where blood bank)			X	X
Deep fridge				X
Water bath			X	X
Autoclave			X	X
Automated pipette, adjustable, (10-100 micro liter)		X	X	X
Stethoscope			X	X
Sphygmanometer			X	X
Adult scale		X	X	X
Crystallizing dish		X	X	X
Cool box		X	X	X
Lens mirror		X	X	X
Shaking machine (vs 1-2 kg scale for manual stirring of blood bag)		X	X	X
Transfusion bags		X	X	X
Cross match test		X	X	X
HIV tests		X	X	X
Hepatitis B & C tests		X	X	X
VDRL test		X	X	X
2.16 Infection Prevention (NEW)				
Buckets for general waste, one for each treatment area		X	X	X
Buckets for contaminated waste, 1 for each tr area, 1 for each bed in DR		X	X	X
Buckets for decontam instr, 1 for each tr area, OT table and Delivery bed		X	X	X
Sharps containers		X	X	X
Impermeable aprons		X	X	X
Utility gloves (for housekeeping staff)		X	X	X
Eye protection or face shield		X	X	X

Annex 3: EPHS Standard by Hospital Type: Medications

Drug	Dosage	DH	PH	RH
1. Anesthetics and Oxygen				
1.1 General Anesthetics and Oxygen				
Halothane	Cylinder			X
Ketamine	Injection 50mg (as hydrochloride)/ml in 10-ml vial	X	X	X
Sodium thiopental	Powder for Injection, 0.5 g, 1 g (Sodium Salt) in Ampoule			X
Oxygen	inhalation (Medicinal Gas)	X	X	X
1.2 Local Anaesthetics				
Lidocaine	Injection 1%, 2 % (hydrochloride) in vial,	X	X	X
Lidocaine	Topical forms 2 % 4 % (hydrochloride)	X	X	X
Lidocaine + Adrenaline	Injection 1%-2% (hydrochloride) + epinephrine 1:200 000 in vial	X	X	X
Lidocaine	dental Cartridge, 2%(hydrochloride) + Epinephrine 1:80 000	X	X	X
Bupivacain	(not in EDL but critical for hospitals)	X	X	X
2: Analgesics, Antipyretics, Non-Steroidal Anti-Inflammatory Drugs (NSAID) Medicines Used to Treat Gout				
2.1 Non-Opoid Analgesics / Antipyretics / NSAID				
Acetaminophen (Paracetamol)	Tablet 325mg, 500mg, Syrup 120mg/5ml	X	X	X
Acetaminophen (Paracetamol)	Suspension, drop 100 mg/ml	X	X	X
Acetyl Salicylic Acid	500 mg	X	X	X
Ibuprofen	Tablet 200mg, 400mg	X	X	X
2.2 Opioid Analgesics				
Morphine	Injection, 10mg (hydrochloride or sulfate) in 1-ml Ampoule	X	X	X
Pethidine	Injection, 50 mg (hydrochloride) in 1-ml Ampoule,	X	X	X
Pethidine	Tablet 50mg, 100mg		X	X
2.3 Medicines Used to Treat Gout				
Allopurinol	Tablet 100mg			X
Colchicine	Tablet 500 microgram			X
3: Anti Convulsant /Anti epileptics				
Carbamazepin	Tablet 100mg, 200mg			X
Diazepam	Injection 5mg/ml in 2-ml Ampoule	X	X	X
Ethosuxamid	capsule 250mg syrup 250mg/5ml			X
Magnesium Sulphate	Injection 500mg/ml in 2-ml Ampoule	X	X	X
Phenobarbital	Tablet 15mg 100mg ,Injection 200mg/ml Ampoule capsule or	X	X	X
Phenobarbital	(Sodium Salt) Injection 50mg (Sodium salt)/ml in 5-ml vial	X	X	X
(Complementary)				
Valproic acid	enteric coated Tablet, 200mg, 500mg (Sodium Salt)			X

Drug	Dosage	DH	PH	RH
4: Antidotes and Other Substances Used in Poisonings				
4.1 Non-Specific Antidotes				
Activated Charcoal	powder /Tablet 500mg, 1gr	X	X	X
4.2 Specific Antidotes				
Acetyl Cystein	Injection, 200mg/ml in 10-ml Ampoule			X
Atropine Sulphate	Injection, 1mg (Sulfate) in 1ml Ampoule	X	X	X
BAL (Dimercaprol)	Injection in Oil 50mg/ml in 2-ml Amp.			X
Deferoxamine	Powder for Injection, 500 mg (mesilate) in vial			X
Diphenhydramine	Injection [dosage], cap/tab 25mg & 50mg, syrup 5mg/5ml	X	X	X
Methylen Blue (Methylthioninium)	Injection 10 mg/ml in 10-ml Ampoule			X
Naloxone	Injection 400 microgram (Hydrochloride) in 1-ml Ampoule	X	X	X
Calcium gluconate	Injection 1 gram, 10% in 10 ml Ampoule	X	X	X
Protamine Sulphate	Injection 10mg/ml in 5-ml Ampoule		X	X
(Complementary)				
Flumazenil	Injection 100 micrograms/ml Ampoule	X	X	X
5: Anti Histamines				
5.1 H1 Receptor Antagonists				
Chlorpheniramine Maleate	Tablet 4mg, Injection 10mg/1ml	X	X	X
Promethazine Hydrochloride	Tablet 25mg, Injection 25mg/ml			X
Promethazine Hydrochloride	Syrup 5mg/5ml			X
5.2 H2 Receptor Antagonists				
Ranitidine	Tablet 150 mg, 300mg, Injection 50mg/2ml Ampule	X	X	X
6: Anti Infective Medicines				
6.1 Anthelmintics				
6.1.1 Intestinal Anthelminthics				
Mebendazole	chewable Tablet 100mg	X	X	X
(Complementary)				
Albendazol	chewable Tablet, 200mg, 400mg	X	X	X
6.1.2 Antifilarials				
Diethylcarbamazine	Tablet 50mg, 100mg (dihydrogen citrate)	X	X	X

Drug	Dosage	DH	PH	RH
6.2Antibacterials				
6.2.1 Beta Lactam Medicine				
Amoxicilline	Tablet 500mg and 250mg (anhydrous)	X	X	X
Amoxicilline	Powder for Oral suspension, 125mg (anhydrous)/5-ml, & 250 mg/5m	X	X	X
Ampicilline	powder for Injection 1gram and 500mg (as sodium salt) in vial	X	X	X
Benzathine Benzyl Penicillin	Powder for Injection, 1,2 million IU & 2.4 million IU in 5-ml vial	X	X	X
Benzyl Penicillin G (Crystal)	Powder for Injection 1 million IU & 5 million IU (Sodium or Potassium salt) in vial	X	X	X
Cloxacillin	vial 500mg for Injection	X	X	X
Cloxacillin	Capsule / Tablet 500mg, 250mg (as sodium salt)	X	X	X
Phenoxy Methyl Penicillin	Tablet 250mg & 500mg (as potassium salt),	X	X	X
Procaine Penicillin	Powder for Injection, 2 million IU & 4 00.000 IU in vial	X	X	X
(Complementary)				
Amoxicillin + Clavulanic Acid (restricted indication)	Tablet 500mg + 125 mg For oral suspension 125mg & 31.25mg/5ml			X
Amoxicillin + Clavulanic Acid (restricted indication)	31.25mg/5ml			X
Ceftriaxone (restricted indication)	vial 1gram, 500mg	X	X	
6.2.2Other Antibacterial				
Chloramphenicol	capsule 250mg,	X	X	X
Chloramphenicol	Oral Suspension 125mg (as Palmitate)/5ml,	X	X	X
Chloramphenicol	Powder for Injection 1 gram & 500 mg (Sodium succinate) in vial	X	X	X
Doxycycline	capsule / Tablet 100mg (hydrochloride)	X	X	X
Erythromycin	Tablet 400mg/200mg (ethyl Succinate)	X	X	X
Gentamicine	Injection 20mg, 40mg & 80mg (as sulfate)/ml in 2-ml vial	X	X	X
(Complementary)				
Ciprofloxacin (restricted indication)	Tablet 500 mg 250mg (as hydrochloride)			X
Ciprofloxacin (restricted indication)	Injection 2mg/ml, 50ml bottle			X
6.2.3 Antileprosy medicines (in speciality facilities only)				
Clofazimine	Capsule 50mg, 100mg	-	-	-
Dapsone	Tablet 25mg, 50mg, 100mg	-	-	-
Rifampicin	Capsule or Tablet 150mg, 300mg	-	-	-
6.2.4 Anti Tuberculosis medicines				
Ethambutol	Tablet 400mg	X	X	X
INH	Tablet 100mg & 300mg	X	X	X
Pyrazinamid	Tablet 500mg	X	X	X
Rifampicin	Capsule or Tablet 150mg, 300 mg	X	X	X
Rifampicin	Syrup 100mg/5ml			X
Streptomycin	Powder for Injection 1 G (as Sulfate) in vial	X	X	X
(Complementary)				
Thiacetazon +Isoniazid	Tablet 50mg+100mg & 150mg+300mg			X

Drug	Dosage	DH	PH	RH
6.3 Anti Fungal medicines				
Benzoic acid+ Salicylic Acid	Cream or Ointment 6%+3%	X	X	X
Griseofulvin	capsule or Tablet 125mg, 250mg		X	X
Ketoconazol	Tablet 200 mg, topical cream 2%	X	X	X
Nystatin	Tablet 100 000,500 000 IU	X	X	X
Nystatin	Vaginal Tablet 100 000 IU	X	X	X
6.4 Antiviral Medicine				
Aciclovir	Ophthalmic Ointment 3%		X	X
6.5 Antiprotozoal medicines				
6.5.1 Anti Amoebic and Anti Giardiasis medicines				
Metronidazol	Tablet 250mg, 400mg	X	X	X
Metronidazol	Injection 500mg in 100 – ml vial,	X	X	X
Metronidazol	Oral suspension, 200mg (as benzoate)/5 ml			X
6.5.2 Anti-Leishmaniasis				
Meglumine Antimonate	Injection, 30%, equivalent to approx. 8.1% antimony in 5-ml Ampoule	X	X	X
Stibogluconate Sodium	Injection 100mg/ml Ampoule	X	X	X
6.5.3 Anti Malarial				
Chloroquine	Tablet, base 150mg (as phosphate or sulfate),	X	X	X
Chloroquine	Syrup, base 50mg (as phosphate or sulfate) /5ml,	X	X	X
Pyrimethamin + Sulfadoxine (Fansidar)	Tablet 25mg+ 500mg	X	X	X
Quinine	Tablet 300mg (as bisulfate or sulfate),	X	X	X
Quinine	Injection, 300mg (as dihydrochloride)/ml in 2-ml Ampule.	X	X	X
(Complementary)				
Artesunate	Tablet 50 mg	X	X	X
Artemether	80mg/ml 2ml Ampule (for IM only)	X	X	X
6.6 Sulfonamide/Related				
Co-Trimoxazole (Sulfamethoxazole+Trimethoprim)	suspension 200mg+40mg/5ml, Tablet 100mg +20mg & 400mg+80mg	X	X	X
Co-Trimoxazole (Sulfamethoxazole+Trimethoprim)	400mg+80mg	X	X	X
6.7 Urinary & intestinal antiseptics				
Nalidixic Acid	Tablet 250mg 500mg, 250mg/5ml Syrup			X
Nitrofurantoin	Tablet 100mg	X	X	X
Furazolidon	Tablet 100mg, Syrup 125mg/5ml			X
7: Antimigraine Medicines				
Acetyl Salicylic Acid	Tablet, 300mg 500mg	X	X	X
Acetaminophen	Tablet 325mg	X	X	X
Ergotamine	Tablet 1mg (tartrate)			X
Propranolol	Tablet 20mg 40mg (hydrochloride)	X	X	X

Drug	Dosage	DH	PH	RH
8: Antiparkinsonism Medicines				
Biperidin	Tablet 2mg (hydrochloride)			X
Biperidin	Injection, 5mg (lactate) in 1-ml Ampoule			X
Levodopa+Carbidopa	Tablet 100mg+ 10mg			X
Levodopa+Carbidopa	250mg+ 25mg			X
Trihexylphenidyl	Tablet 2 mg			X
9: Medicines Affecting the Autonomic System				
9.1 Parasympathomimetics				
Pilocarpine	Solution (eye drop), 2%, 4% (Hydrochloride or Nitrate)			X
9.2 Parasympatholytics				
Atropine	Solution (eye drop) 0.1%, 0.5%, 1% (sulfate),			X
Atropine	Tablet 1mg (sulfate), Injection 1mg (sulfate) in 1-ml Ampoule	X	X	X
Hyoscine -N-butyl bromide	Tablet 10mg, Injection 20mg/ml	X	X	X
9.3 Sympathomimetics				
Adrenaline	Injection 1mg (as hydrochloride or Hydrogen tartrate) in 1-ml Ampoule	X	X	X
Salbutamol	Tablet 2mg, 4mg (as sulfate)	X	X	X
Salbutamol	Inhalation (aerosol), 100 microgram (as sulfate) per dose		X	X
Salbutamol	Respirator Solution for use in nebulizers 5mg (as sulfate)/ml	X	X	X
Dopamine hydrochloride	Injection, 40 mg/ml, 5 ml ampoule			X
9.4 Sympatholytics				
Methyldopa	Tablet 250mg	X	X	X
Atenolol	Tablet 50mg, 100mg			X
Propranolol	Tablet 10mg, 40mg	X	X	X
Timolol	Solution (eye drop), 0.25%, 0.5% (as maleate)			X
9.5 Muscle Relaxants (Peripherally acting) and Cholinesterase inhibitors				
Alcuronium	Injection, 5 mg/ml in 2 ml ampoule			X
Suxamethonium (Succinyl Choline)	Injection, 50mg (chloride)/ml in 2-ml Ampoule	X	X	X
9.6 Autonomic Agents, Other				
Bromocriptine	Tablet 2.5 mg (as mesilate)			X
10: Medicines Affecting the Blood				
10.1 Drugs Used in Anemia				
Ferrous Sulphate	Tablet, equivalent to 60 mg iron, Oral Solution,	X	X	X
Folic Acid	Tablet, 1mg and 5 mg/tablet	X	X	X
Ferrous Sulphat+Folic Acid (Nutritional Supplement for use during pregnancy)	Tablet, equivalent to 60 mg iron +400 Microgram Folic acid	X	X	X
Hydroxocobalamine	Injection, 1mg in 1-ml Ampoule		X	X
(Complementary)				
Iron Dextran	Injection equivalent to 50mg iron/ml in 2-ml Ampoule			X

Drug	Dosage	DH	PH	RH
10.2 Drugs Affecting Coagulation				
Vit.K (Phytomenadione)	Injection 10mg/ml Ampoule, Tablet, 10mg	X	X	X
Sodium Heparine	Injection 1000 iu/ml, 5 ml and 5000 iu/ml, 1 ml		X	X
Enoxaprin (low molecular weight Heparine)	restricted indication only for DVT			
	sc injection	X	X	X
11: Blood Products and Plasma Substitutes				
Dextran 70	Injectable Solution 6%			X
12: Cardiovascular Medications				
12.1 Anti Anginal Medicines				
Atenolol	Tablet, 50mg, 100mg			X
Glyceryl trinitrate	Tablet, (sublingual) 0.5 mg			X
Isosorbide dinitrate	Tablet, (sublingual) , 5mg , 10 mg	X	X	X
Verapamil	Tablet, 40 mg, 80 mg (hydrochloride)			X
12.2 Anti Arrhythmic Drugs				
Atenolol	Tablet 50mg, 100 mg			X
Digoxin	Tablet 0.25 mg, Injection 0.5 mg / 2ml	X	X	X
Lidocaine	Injection, 20 mg (hydrochloride) /ml in 5-ml Ampoule			X
Procainamide	Injection 1000 mg /10 ml, Cap/tab 250mg			X
Verapamil	tab 40mg, 80 mg, Injection,			X
Verapamil	2.5mg (hydrochloride)/ml in 2-ml Ampoule			X
12.3 Anti Hypertensive Agents				
Atenolol	tab 50mg, 100mg			X
Captopril	Tablet 25mg			X
Hydralazine	Tablet 25mg, 50 mg (hydrochloride), powder			X
Hydralazine	For Injection, 20mg (hydrochloride) in Ampoule	X	X	X
Methyl dopa	Tablet 250 mg	X	X	X
Nifedipine	Capsule / Tablet 10mg	X	X	X
12.4 Cardiotonics				
Digoxin	Tablet 0.25mg, Injection 0.5 mg / 2ml	X	X	X
12.5 Platelet Aggregation Inhibitors				
Acetyl Salicylic Acid	Tablet 100mg	X	X	X
13 : Dermatological Medicines (topical)				
13.1 Anti infective, Topical				
Methyl Rosanilinium Chloride (Gention Violet)	aqueous Solution, 0.5%, 1%	X	X	X
Neomycine+				
Bacitracine	Ointment, 5mg Neomycin Sulfate + 500IU Bacitracin zinc/G	X	X	X
Silver Sulfadiazine	Cream 1%, in 500-gram Container	X	X	X

Drug	Dosage	DH	PH	RH
13. 2 Anti Fungal, Topical				
Benzoic Acid +Salicylic Acid	Ointment or cream 6% + 3%	X	X	X
Nystatine	Ointment 100 000 U/Gram, Vaginal Tablet	X	X	X
Nystatine	100 000 U, Drop 100 000 U/ml, Coated Tablet 500 000 U	X	X	X
Tolnaftate	Topical Cream 1%, Topical Solution 1%			X
13. 3 Anti Inflammatory & Anti Pruritics, Topical				
Calamine-lotion	Lotion	X	X	X
Hydrocortisone	Ointment or Cream, 1% (acetate)			X
13. 4 Anti Infective/Anti-Inflammatory Combination, Topical				
Betamethasone-N	Topical Cream /Ointment Betamethason (as Valerate) 0.1%+ Neomycin Sulfate0, 5%	X	X	X
13. 5 Sun Protectants/Screen				
Zinc Oxide	Topical Ointment 20%, powder	X	X	X
13. 6 Keratolytics/Caustics				
Benzoyl Peroxide	lotion or cream, 5%			X
Coal Tar	Solution, 5%			X
Fluorouracil	Ointment, 5%			X
Resorcinol-S	Topical cream Resorcinol 2%+Sulphur 8%			X
Salicylic Acid	Solution, 5%	X	X	X
13. 7 Scabicides/Pediculocides				
Lindane	Lotion 1%	X	X	X
13. 8 Local Anesthetics, Topical				
Lidocaine	Gel 2 %, 4%	X	X	X
14: Diagnostic Agents				
14.1 Radio contrast Media				
Barium sulfate	aqueous suspension			X
Meglumine Compound 76%	Injection 20 ml, 100ml (Meglumine diatrizoate 66%+ Sodium diatrizoate10%)			X
Meglumine Compound 76%	Oral Solution (Meglumine diatrizoate 66%+ Sodium diatrizoate 10%)			X
15: Disinfectants and Antiseptics				
Methanol	Solution, 70% (denaturated)	X	X	X
Chlorhexidine	Solution 2-4% for dilution	X	X	X
Chlorine releasing comp.	Powder for solution, 1 gram per liter	X	X	X
Hydrogenperoxid	Solution 6 % (= approx.20 volume)	X	X	X
Iodine Polyvidone	Solution, 10%	X	X	X
Gencian violet	aqueous Solution, 10%, 20%	X	X	X
Potassium Permanganate	Aqueous Solution, 1:10 000	X	X	X

Drug	Dosage	DH	PH	RH
16: Diuretics				
Furosemide	Tablet 40 mg,	X	X	X
Furosemide	Injection, 10 mg/ml in 2-ml Ampoule	X	X	X
Hydrochlorothiazid	Tablet 25 mg 50mg	X	X	X
Mannitol	Injectable Solution, 10%, 20%			X
Spironolactone	Tablet 25 mg			X
17: Gastrointestinal Medicines				
17. 1 Antacids				
Aluminum hydroxide + Magnesium Hydroxide	Chewable Tablet Aluminum hydroxide 200mg +Magnesium hydroxide 200mg	X	X	X
17. 2 Laxatives				
Bisacodyl	Tablet 5mg	X	X	X
17. 3 Drugs Used in Peptic Ulcer				
Histamine H2 Receptor Antagonist Ranitidine	Tablet 150 mg, 300mg, Injection 50mg/2ml	X	X	X
(Complementary)				
Omeprazol	capsule 20mg		X	X
17. 4 Anti Emetics				
Metoclopramid	Tablet 10mg (hydrochloride),	X	X	X
Metoclopramid	Injection 5mg (Hydrochloride)/ml in 2-ml Ampoule	X	X	X
17. 5 Anti Muscarinics/Anti Spasmodic				
Atropine	Injection 1 mg (Sulfate) in 1-ml Ampoule	X	X	X
Hyoscine –N- Butyl Bromide	Tablet, 10 mg,	X	X	X
Hyoscine –N- Butyl Bromide	Injection 4 mg/ml in 5-ml Ampoule	X	X	X
17. 6 Anti Hemorrhoid Drugs				
Anti-Inflammatory Astringent/ Local Anesthetic drugs	Ointment or Suppository	X	X	X
17.7 Oral Rehydration Salts (ORS)				
Oral Rehydration Salt (for Glucose Electrolyte Solution)	Powder, 27,9 g/1 Sodium chloride (3.5 G/L), Trisodium citrate dihydrate (2.9 G/L), Potassium chloride (1.5 G/L), Glucose (20 G/L); Trisodium Citrate	X	X	X
18: Hormones, other Endocrine medicines and Contraceptives				
18.1. Adrenal Hormones and Synthetic Substitute				
Hydrocortisone	powder for Injection,	X	X	X
Prednisolone	Tablet 5mg	X	X	X
18.3. Contraceptives				
Hormonal Contraceptives				
Ethinylestradiol + Levonorgestrol	Tablet 30 microgram+150 microgram	X	X	X
Ethinylestradiol + Levonorgestrol	Tablet 50 microgram+250 microgram			X
Ethinylestradiol + Norethisterone	Tablet 35 microgram + 1.0mg			X
Medroxy Progesterone	depot Injection, 150mg/ml in 1-ml vial 50mg/ml in 3ml vial	X	X	X

Drug	Dosage	DH	PH	RH
18.4 Intrauterine Devices				
Copper-containing device		X	X	X
18.5 Barrier Methods				
Condoms with or without spermicide (Nonoxinol)		X	X	X
18.6 Estrogens				
Ethinylestradiol	Tablet 10 microgram, 50 microgram			X
18.7 Progestines				
18.8 Ovulation inducers				
Clomiphene (Clomifen)	Tablet 50 mg (Citrate)			X
18.9 Insulin and Other Antidiabetic Agents				
Glibenclamide	Tablet 5mg	X	X	
Insulin Injection (Soluble)	Injection, 40 IU /ml in 10 – ml vial			X
Insulin Injection (Soluble)	100 IU/ml in 10 – ml vial	X	X	
Intermediate-acting insulin	Injection, 40 IU/ml in 10-ml vial			X
Intermediate-acting insulin	100 IU/ml in 10-ml vial (as compound insulin zinc suspension or Isophane insulin)	X	X	
Metformine	Tablet, 500mg (hydrochloride)	X	X	
18.9.1 Thyroid Hormones and Anti Thyroid Medicines				
Levothyroxine	Tablet, 50 microgram, 100 microgram (Sodium Salt)			X
Potassium Iodide	Tablet, 60mg			X
Carbimazole	Tablet, 5mg			X
19: Immunologicals				
19. 1 Diagnostic agents				
Tuberculin, Purified Protein Derivative (PPD)	Injection	X	X	X
19. 2 Sera and Immunoglobulins				
Anti –D immunoglobulin (Human)	Injection, 250 microgram in single-dose vial	X	X	
Antitetanus immunoglobulin (Human)	Injection, 500 IU, 1500 U, 3000 U Ampoule	X	X	X
Pertussis Antitoxin				X
Diphtheria Antitoxin	Injection, 10 000 IU, 20 000 IU in vial	X	X	
Rabies immunoglobulin	Injection, 150 IU/ml in vial	X	X	
19. 3 Vaccines				
BCG		X	X	X
DPT		X	X	X
Hepatitis –B		X	X	X
Measles		X	X	X
Poliomyelitis		X	X	X
Tetanus		X	X	X

Drug	Dosage	DH	PH	RH
19. 4 for Specific Group of Individuals				
Mumps vaccine		X	X	X
Rabies vaccine (inactivated: prepared in cell culture)		X	X	X
Rubella Vaccine				X
20: Ophthalmological Preparations and Drugs used in ENT				
20. 1 Anti Glaucoma and Miotics				
Acetazolamid	Tablet, 250mg			X
Pilocarpine	Solution (eye drop), 2%, 4% (Hydrochloride or nitrate)			X
Timolol	Solution (eye drop), 0.25%, 0.5% (as maleate)			X
20. 2 Anti Infective, Topical:				
Aciclovir (Acyclovir)	ophthalmic ointment 3%	X	X	X
Chloramphenicol	Solution (eye drop) 0.5%	X	X	X
Gentamicine	Solution (eye drop) 0.3 % (as Sulfate)			X
Sulfacetamide	Solution (eye drop) 10%, 20%			X
Silver Nitrate	Solution (eye drop) 1%			X
Tetracycline	Eye Ointment, 1% (hydrochloride)	X	X	X
20. 3 Anti Inflammatory Topical agents				
Prednisolone	Solution (eye drop), 0.5%			X
20. 4 Local Anaesthetics				
Tetracaine	Solution (eye drop), 0.5 % (hydrochloride)	X	X	X
20. 5. Mydriatics				
Atropine	Solution (eye drop), 0.1%, 0.5%, 1 % (Sulfate)			X
Tropicamide	Solution (eye drop) 0.5%, 1%			X
20. 6 Drugs Used in E.N.T				
20.6.1 Decongestant				
Naphazoline	Solution (Nasal Drop) 0.05%	X	X	X
20.6.2 Removal of Ear Wax				
Glycerin Boric	Solution 5%			X
21: Oxytocics and Antioxytocics				
21. 1 Oxytocics				
Ergometrine	Tablet 200 microgram (hydrogen maleate),	X	X	X
Ergometrine	Injection 200 microgram (hydrogen maleate)	X	X	X
Oxytocin	Injection, 10 IU in 1-ml Ampoule	X	X	X
21. 2 Antioxytocics				
Salbutamol	Tablet 4mg (as Sulfate)	X	X	X
Salbutamol	Injection, 50 microgram (as sulfate)/ml in 5-ml Ampoule	X	X	X

Drug	Dosage	DH	PH	RH
22: Psychotherapeutic Medicines				
22.1 Medicines Used in Psychotic Disorders				
Chlorpromazine	Tablet 100mg (hydrochloride),			X
Chlorpromazine	Syrup 25mg (hydrochloride)/5ml,			X
Chlorpromazine	Injection 25 mg (hydrochloride)/ml in 2-ml Ampoule			X
Haloperidol	Tablet 2mg, 5mg, Injection 5mg /1-ml Ampoule	X	X	X
22.2 Medicines Used in Depressive Disorders				
Amitriptyline	Tablet, 25 mg (hydrochloride)			X
Imipramine	Tablet 10mg/25mg	X	X	X
22.3 Medicines Used in Generalized Anxiety and Sleep disorders				
Diazepam	Tablet 2mg, 5mg, 10mg, Injection 5mg/ml in 2-ml Ampoule	X	X	X
(Complementary)				
Oxazepam	Tablet 10mg, 15mg		X	X
22.4 Medicines Used in vertigo				
Dimenhydrinate	Tablet 50mg			X
23: Medicines acting on the Respiratory Tract				
23.1 Anti Asthmatic Medicines				
Aminophylline	Injection, 25mg/ml in 10-ml Ampoule	X	X	X
Aminophylline	Tablet 100mg	X	X	X
	Inhalation (aerosol), 50 microgram, 250 microgram (dipropionate) per dose			X
Beclometasone				X
Epinephrine (Adrenaline)	Injection 1mg (as hydrochloride or Hydrogen tartrate) in 1-ml Ampoule	X	X	X
Salbutamol	Tablet 2mg, 4mg (as sulfate)	X	X	X
Salbutamol	Inhalation (aerosol), 100 microgram (as sulfate) per dose			X
Salbutamol	Syrup, 2mg (as sulfate)/5ml			X
Salbutamol	Injection, 50 microgram (as sulfate)/ml in 5-ml Ampoule			X
Salbutamol	Respirator Solution for use in nebulizers, 5mg (as sulfate)/ml	X	X	X

Drug	Dosage	DH	PH	RH
24: Solutions Correcting Water, Electrolyte and Acid-base Disturbances				
24.1 Oral				
Oral Rehydration Salts (for Glucose-electrolyte Solution)	for composition see section 18.7	X	X	X
Potassium Chloride	Powder for Solution			X
24.2 Parenteral				
Glucose	Injectable Solution, 5% isotonic, 10%, 50% hypertonic	X	X	X
Glucose with Sodium Chloride	Injectable Solution, 4% glucose, 0.18% Sodium chloride (Equivalent to Na+30mmol/l Cl-30mmol/l)		X	X
	11.2 % Solution in 20-ml Ampoule, (Equivalent to K+1.5mmol/ml, cl-1.5mmol/ml)			X
Potassium Chloride	Injectable Solution, 0.9% isotonic (Equivalent to Na+154 mmol/l, Cl-154 mmol/l)	X	X	X
Sodium Chloride				
Sodium Hydrogen Carbonate	Injectable Solution 1.4% isotonic (Equivalent to Na+167mmol/l, HCO3- 167 mmol/l)			X
Sodium Hydrogen Carbonate	8.4% Solution in 10-ml Ampoule (Equivalent to Na+ 1000 mmol/l, HCO3-1000 mmol/l)			X
Compound Solution of Sodium Lactate (Ringer lactate)	Injectable Solution	X	X	X
24.3 Miscellaneous				
Water for Injection	5-ml, 10-ml Ampoule	X	X	X
25: Vitamins and Minerals				
Iodine	iodized Oil, 1 ml (480mg iodine),			X
Iodine	0.5 ml (240 mg iodine) in Ampoule (Oral or injectable)			X
Iodine	0.57 ml,(308 mg iodine) in dispenser bottle			X
Iodine	Capsule, 200 mg			X
Multimicronutrients	Capsule	X	X	X
Pyridoxine	Tablets 25 and 40 mg, injection [dosage]	X	X	X
Cholecalciferol	Ampoule 600,000 iu/ml	X	X	X
Phytomenadione (Vitamin K)	Injection, 10mg/ml Ampoule,	X	X	X
Phytomenadione (Vitamin K)	Tablet, 10mg			X
Retinol	Sugarcoated Tablet, 10 000 IU (as palmitate)(5.5mg)	X	X	X
Retinol	Capsule 200 000 IU (as palmitate)(110mg)	X	X	X
Retinol	oral oily Solution, 100 000 IU/ml in multidose dispenser (as palmitate),			X
Retinol	Injection, 100 000 IU (as palmitate) (55mg) in 2-ml Ampoule			X

Annex 4: EPHS Standard by Hospital Type: Staffing

Position	District Hospital (25-75 beds)		Provincial Hospital (75-200)		Regional Hospital (300-450)	
	Staffing for 50 Beds		Staffing for 150 Beds		Staffing for 350 Beds	
	Minimum	Advised	Minimum	Advised	Minimum	Advised
1. MANAGEMENT						
Hospital Director	1	1	1	1	1	1
Medical Director (<i>duties performed by the hospital director</i>)	0	0	0	1	1	1
Nursing Director/Chief Nurse	1	1	1	1	1	1
Administrator	1	1	1	1	1	1
Sub-Total	3	3	3	4	4	4
2. PHYSICIANS						
Surgeons (<i>For regional hospital includes all other specialty</i>)	2	2	2	5	4	8
Ophthalmologist	0	0	0	—	1	3
ENT	0	0	0	0	1	3
Anesthesiologist (<i>includes reanimation</i>)	0	1	1	2	2	4
Obstetrician & Gynecologist	1	2	2	4	4	6
Pediatrician	1	1	2	2	4	4
Medical Specialists (internal medicine, psychiatry,	0	1	2	3	4	5
General Practitioner	3	3	7	13	14	28
Radiologist (medical imaging including X-ray and	0	0	0	1	1	2
Dentist	0	0	1	1	1	3
Sub-Total	7	10	17	31	36	66
3. NURSES/MIDWIVES						
Operating Theater and Sterilization	2	3	5	6	10	12
Anesthetic Nurse	2	2	2	3	4	5
Midwife	3	4	8	9	12	15
Ward Nurse	8	8	12	24	28	58
Emergency and OPD Nurse	2	2	4	7	8	12
Sub-Total	17	19	31	49	62	102
4. TECHNICAL STAFF						
Psychologist	0	1	0	2	1	4
Physiotherapist	1	1	1	4	2	6
Pharmacist	1	2	2	2	2	3
X-Ray Technician	1	2	2	2	2	4
Laboratory Technician	2	2	4	3	4	5
Blood Bank Technician		2		2		3
Dental Technician	1	1	1	2	3	4
Vaccinator	2	2	2	2	2	2
Cook/Nutritionist	0	1	0	2	0	3
Technical Assistants (<i>x-ray, lab, pharmacy, physiotherapy</i>)	0	0	2	3	4	5
Sub-Total	8	14	14	24	20	39
5. SUPPORT STAFF						
Administration (<i>procurement, accounting, human resources,</i>	2	2	3	4	6	8
Storekeeper	0	1	1	2	2	3
Maintenance	1	2	2	4	4	6
Cleaners, Waste Management, and Grounds (gardeners)	5	8	16	20	20	34
Laundry Support Staff	2	2	2	4	4	8
Kitchen Support Staff	2	2	4	4	4	5
Driver	1	1	2	2	3	4
Guard	4	5	5	10	8	15
Tailor	0	0	0	2		4
Mullah	0	0	0	1		1
Sub-Total	17	23	35	53	51	88
TOTAL STAFF						
Administration	3	3	3	4	4	4
Physicians	7	10	17	31	36	66
Nursing/Midwives	17	19	31	49	62	102
Technical	8	14	14	24	20	39
Support	17	23	35	53	51	88
TOTAL	52	69	100	161	173	299

Annex 5: EPHS Standard by Hospital Type: Diagnostic Testing

Diagnostic Tests Performed		District Hos 0pital	Provincial Hospital	Regional Hospital
1. LABORATORY SERVICES				
HEMATOLOGY				
1.1	Hemoglobin	X	X	X
1.2	Hematocrite	X	X	X
1.3	Bleeding time	X	X	X
1.4	Coagulation tests (Prothrombine time)		X	X
1.5	White blood count (WBC and differential) manual	X	X	X
1.6	WBC automated			X
1.7	Erythrocyte sedimentation rate (ESR)	X	X	X
1.8	Platelets and reticulocytes		X	X
1.9	Malaria parasite smear (MPS)	X	X	X
1.10	Histopathology (on Kabul level only in one institute)	-	-	-
BIOCHEMISTRY				
1.11	Blood sugar, glycometer	X	X	X
1.12	Blood sugar advanced automated			X
1.13	Electrolytes (Na+, K+, Ca++)			X
1.14	Liver function tests (LFT)		X	X
1.15	Kidney function tests			X
SEROLOGY				
1.16	C reactive protein		X	X
1.17	Toxoplasmosis (Kabul tertiary Hospital level only)			X
1.18	Anti-Streptolysine-O (ASLO)		X	X
1.19	Rubeola AG			X
1.20	Typhus AG (Widal)		X	X
1.21	CD 4 cell count			X
1.22	Brucellosis	X	X	X
CULTURE				
1.22	Culture and sensitivity testing			X
GRAM STAIN				
1.23	Body fluids	X	X	X

Diagnostic Tests Performed		District Hos 0pital	Provincial Hospital	Regional Hospital
URINE TEST				
1.24	Macroscopic	X	X	X
1.25	Chemical	X	X	X
1.26	Microscopic	X	X	X
1.27	Pregnancy test	X	X	X
STOOL TESTS				
1.28	Macroscopic	X	X	X
1.29	Microscopic	X	X	X
SPUTUM TESTS				
1.30	Acid fast bacil (AFB) Ziehl-Nielson	X	X	X
BLOOD TRANSFUSION & BLOOD BANK SERVICES				
1.31	Blood grouping (Beth Vincent/Simonin)	X	X	X
1.32	Cross matching	X	X	X
1.33	HIV antibody (I and II) testing	X	X	X
1.34	Hepatitis B surface antigen	X	X	X
1.35	Hepatitis C virus	X	X	X
1.36	VDRL testing (syphilis)	X	X	X
2. IMAGING SERVICES				
X-Ray				
2.1	Chest	X	X	X
2.2	Abdomen	X	X	X
2.3	Skeletal	X	X	X
2.4	IVP (KUB)			X
2.5	Hystero salpyngography			X
2.6	Barium enema			X
ULTRASOUND				
2.7	Ultrasound (simple portable at DH/PH, doppler at RH)	X	X	X
3. ELECTROCARDIOGRAPHY (ECG)			X	X
4. ELECTROENCEPHALOGRAPHY (EEG)			X	X
5. ELECTROMYOGRAPHY (Kabul tertiary Hospital level only)				X
6. ENDOSCOPY				X

Annex 6a: Staff Adequacy: Provincial Hospitals

Scores obtained by hospitals for the different staff positions

[illegible]

Annex 6b: Staff Adequacy: National Hospitals

Hopital	Inb sina	Infectious	Esteqlal	Malalai	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
C-1: Minimum Staffing Requirements	100	100	100	75	75	100	100
Administration	100	100	100	75	75	100	100
Hospital Director	100	100	100	100	100	100	100
Medical Director	100	100	100	0	0	100	100
Nursing Director	100	100	100	100	100	100	100
Administrator	100	100	100	100	100	100	100
Physicians (Number of employees in each position)							
Surgeon	4	0	11	1	83	2	10
Ophthalmologist	0	0	0	0	0	0	0
ENT	4	0	0	0	0	1	6
Anesthetist	1	0	1	0	1	0	1
Obstetrics and Gynecology	0	0	8	24	0	4	4
Pediatrician	0	0	3	3	0	3	24
Medical Speciality	4	9	6	1	9	3	0
General Practitioners	85	32	96	0	50	27	85
Radiologist	0	0	0	0	0	0	1
Dentist	0	0	0	0	0	4	1
Nurses (Number of employees in each position)							
OT and ER nurses	4	0	10	10	7	5	5
Aneasthetic Nurses	4	0	10	7	6	5	9
Midwives	0	0	57	88	0	10	10
Ward Nurses	68	41	81	5	73	25	85
OPD and ER nurses	0	3	17	15	13	0	4

Hopital	Inb sina	Infectious	Esteqlal	Malalai	Wazir Akbar Khan	Kheir Khana	Indira Gandhi
Technical Staff (Number of employees in each position)							
Psychologist	0	0	8	0	0	0	0
Physiotherapist	0	0	4	0	8	0	1
Pharmacist	9	8	8	7	6	6	11
X-Ray Tech	7	4	7	5	8	5	10
Lab Tech	8	7	7	8	7	6	18
Blood Bank Tech	0	0	0	4	0	0	0
Dental Tech	0	0	0	0	0	5	0
Vaccinator	0	0	3	2	0	0	4
Nutritionist	0	0	0	0	0	0	0
Tech Assistant	0	0	0	0	0	0	0
Support Staff (Number of employees in each position)							
Administration	34	22	24	32	19	10	31
Storekeeper	3	1	3	2	1	2	4
Maintenance Personnel	11	8	13	1	78	7	13
Cleaners	63	54	24	51	3	29	110
Laundry Workers	3	7	9	4	3	4	9
Kitchen Employees	4	6	6	4	5	3	6
Drivers	6	3	8	4	4	2	6
Guards	10	4	8	4	6	6	8
Mullah	1	1	1	0	0	0	0

Annex 7a: Staff Satisfaction: Provincial Hospitals (Badakhshan to Khost)

Province	National Median	Badakhshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost
C-3: Staff Satisfaction	57.4	61.3	53.4	72.6	68.2	55.8	58.1	47.2	55.3	50.1	62.3	52.3	51.2	57.0	56.2	58.7	51.8
I feel I am being paid a fair amount for the work I do.	44.5	46.0	52.0	65.0	46.0	43.0	41.0	33.0	48.0	10.5	61.0	25.0	16.0	31.0	51.0	43.0	21.0
There is really too little chance for promotion on my job.	47.5	60.0	31.0	62.0	49.0	41.1	25.0	37.9	26.0	36.2	48.0	53.0	40.0	45.0	49.0	20.0	36.2
My supervisor is quite competent in doing his/her job.	82.5	86.0	62.0	90.0	87.0	63.0	73.0	74.7	83.0	52.4	88.0	82.0	68.4	84.0	73.0	95.0	73.3
I am not satisfied with the benefits I receive.	49.0	49.5	32.0	57.0	55.0	31.0	49.0	23.0	52.6	37.1	57.0	49.0	29.0	39.0	46.0	34.0	19.0
When I do a good job, I receive the recognition for it that I should receive.	59.0	47.0	26.0	60.0	81.0	33.0	55.0	28.0	42.0	18.1	48.0	75.0	40.0	39.0	85.0	55.0	70.5
Many of our rules and procedures make doing a good job difficult.	54.0	52.0	43.0	60.0	48.0	58.0	49.0	46.0	60.0	54.0	47.0	58.0	32.0	45.0	30.0	54.0	52.4
I like the people I work with.	91.0	96.0	86.0	100	100	95.0	98.0	93.0	88.0	84.8	95.0	90.0	88.0	93.0	82.0	94.0	86.7
I sometimes feel my job is meaningless.	83.0	65.0	80.0	85.0	83.2	83.0	58.0	73.0	70.0	82.0	75.0	87.0	85.0	81.0	83.0	96.0	67.6
Communications seem good within this hospital.	83.5	86.0	85.0	87.0	93.0	68.0	89.0	68.0	82.0	72.0	85.0	78.0	80.0	78.0	85.0	91.0	84.8
Salary raises are too few and far between.	28.0	39.0	23.0	63.0	47.0	29.0	27.0	21.0	17.9	21.9	37.0	32.0	25.0	39.0	33.0	19.0	22.9
Those who do well on the job stand a fair chance of being promoted.	57.0	53.0	51.0	71.0	83.0	40.0	63.0	44.0	47.0	13.3	57.0	56.0	63.0	57.9	53.0	62.0	50.5
My supervisor is unfair to me.	70.0	62.0	60.0	61.0	79.0	76.0	79.0	45.0	66.0	68.6	68.0	73.0	75.8	75.0	65.0	79.0	59.0
The benefits we receive are as good as most other organizations offer.	37.0	33.0	27.0	56.0	45.0	37.0	46.0	17.0	45.0	15.2	44.0	14.0	18.0	39.0	25.0	31.0	30.5
I do not feel that the work I do is appreciated.	51.5	63.0	49.0	78.0	64.0	49.0	45.0	28.0	37.9	37.1	53.0	41.0	36.0	38.0	66.0	37.0	49.5
My efforts to do a good job are seldom blocked by red tape.	42.5	32.0	20.0	47.0	25.0	53.0	45.0	43.0	36.0	36.2	42.0	47.0	61.0	46.0	51.0	28.0	52.4
I find I have to work harder at my job because of the incompetence of people I work with.	51.0	46.0	51.0	42.0	55.0	43.0	65.0	32.0	39.0	64.8	42.0	32.0	47.0	52.0	23.0	54.0	37.1
I like doing the things I do at work.	91.0	91.0	97.0	100	89.0	93.0	97.0	91.0	85.0	94.3	95.0	64.0	77.0	91.0	74.0	97.0	84.8
The goals of this hospital are not clear to me.	66.8	60.0	72.0	67.0	72.0	36.0	53.0	55.0	54.0	66.7	86.0	63.0	57.0	55.0	52.0	71.0	76.2
I feel unappreciated by the hospital when I think about what they pay me.	44.5	56.0	37.0	72.0	75.0	45.0	46.0	38.0	22.0	23.8	71.0	55.0	44.0	30.0	37.0	40.0	18.1
People get ahead as fast here as they do in other places.	41.0	35.0	14.0	58.0	72.0	45.0	57.0	38.0	28.0	12.4	24.0	37.0	30.0	36.0	54.0	32.0	37.1
My supervisor shows too little interest in the feelings of subordinates.	63.6	67.0	55.0	69.0	72.0	56.0	53.0	57.0	57.0	65.7	56.0	62.0	63.2	51.0	58.0	72.0	51.4
The benefit we have is equitable.	44.0	43.0	47.0	73.0	83.0	46.0	39.0	24.0	44.0	28.6	64.0	29.0	42.0	34.0	47.0	39.0	28.6
There are few rewards for those who work here.	38.0	51.0	16.0	71.0	46.0	47.4	30.0	20.0	34.0	29.5	56.0	42.0	16.0	35.0	38.0	28.0	34.3
I have too much to do at work.	21.5	28.0	24.0	21.0	20.0	36.0	25.0	23.0	26.0	21.0	24.0	20.0	23.0	20.0	10.0	16.0	13.3
I enjoy my coworkers.	95.0	97.0	97.0	100	95.0	89.0	94.0	95.0	84.0	95.2	97.0	92.0	87.0	97.0	90.0	95.0	91.4
I often feel that I do not know what is going on with the hospital.	65.3	71.0	53.0	84.0	64.0	51.0	57.0	38.0	32.6	54.3	73.0	38.0	42.0	39.0	64.0	73.0	66.7
I feel a sense of pride in doing my job.	95.0	95.0	85.0	100	98.0	89.0	83.0	92.0	99.0	85.7	90.0	93.7	91.0	99.0	97.0	90.0	95.0
I feel satisfied with my chances for salary increases.	52.3	62.0	65.0	79.0	72.0	48.0	48.0	34.0	64.0	47.6	51.0	38.0	57.0	32.0	65.0	56.0	33.3
There are benefits we do not have which we should have.	32.5	53.0	27.0	52.0	49.0	40.0	39.0	12.0	44.0	22.9	55.0	21.0	16.0	37.0	16.0	15.0	17.1
I like my supervisor.	85.0	94.0	79.0	96.0	97.0	65.0	83.0	76.0	85.0	79.0	88.0	81.0	85.3	81.0	85.0	87.0	85.7
I have too much paperwork.	51.5	51.0	41.0	53.0	58.0	46.0	49.0	48.0	59.0	50.5	52.0	54.0	51.0	55.0	36.0	55.0	41.9
I don't feel my efforts are rewarded the way they should be.	37.1	56.0	31.0	70.0	52.0	31.0	32.0	24.0	35.0	37.1	45.0	39.0	14.0	30.0	29.0	55.0	29.5
I am satisfied with my chances for promotion.	53.3	64.0	41.0	86.0	88.0	55.0	60.0	45.0	60.0	34.7	50.0	30.0	55.0	45.0	60.0	42.0	30.5
There is too much bickering and fighting at work.	70.5	73.0	65.0	79.0	70.0	79.0	75.0	46.0	59.0	72.4	57.0	85.0	55.0	68.0	60.0	76.0	68.6
My job is enjoyable.	88.0	82.0	82.0	96.0	89.0	75.0	80.0	76.0	80.0	79.0	78.0	81.0	78.0	92.0	93.0	90.0	88.6
Work assignments are not fully explained.	59.0	50.0	62.0	81.0	53.0	55.0	53.0	36.0	50.0	73.3	48.0	48.0	47.0	59.0	49.0	64.0	43.8
The hospital provides me with adequate opportunities to participate in training programs for improving my skills.	50.0	55.0	57.0	81.0	58.0	35.0	39.0	28.0	41.0	38.1	62.0	30.0	39.0	50.0	50.0	48.0	35.0
I don't get much respect from the community due to my job	68.5	50.0	68.0	70.0	57.0	64.0	83.0	65.0	77.0	84.8	60.0	54.0	81.0	92.0	66.0	70.0	57.1
I have all the necessary equipment and tools to do my job well	64.5	66.0	68.0	86.0	76.0	71.0	47.0	50.0	60.0	46.7	77.0	16.0	44.0	74.0	53.0	63.0	55.2
There is adequate security in the hospital to do my job properly.	77.5	88.0	76.0	78.0	84.0	90.0	95.0	72.0	88.0	56.2	84.0	31.0	55.0	98.0	63.0	82.0	75.2

Annex 7b: Staff Satisfaction: Provincial Hospitals (Kunar to Zabul)

Province	National Median	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Panjsher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
C-3: Staff Satisfaction	57.4	57.1	73.8	63.3	56.2	57.8	62.9	54.2	64.2	73.1	59.9	76.7	51.0	74.4	47.9	59.3	56.2
I feel I am being paid a fair amount for the work I do.	44.5	49.0	67.4	64.0	25.0	38.0	42.0	57.0	14.0	64.2	50.0	83.0	36.0	61.0	11.0	20.0	66.0
There is really too little chance for promotion on my job.	47.5	54.0	80.0	53.0	27.0	47.0	45.0	37.0	75.0	51.0	26.0	81.0	27.4	57.9	50.0	52.0	49.0
My supervisor is quite competent in doing his/her job.	82.5	58.0	87.0	86.0	70.0	77.0	88.0	71.0	90.0	96.0	86.0	96.0	73.0	90.0	72.0	92.0	64.0
I am not satisfied with the benefits I receive.	49.0	51.0	59.0	58.0	33.0	54.0	51.0	35.0	77.0	49.0	49.0	75.0	33.0	66.0	46.0	44.0	37.0
When I do a good job, I receive the recognition for it that I should receive.	59.0	82.0	80.0	86.3	62.0	66.0	57.0	52.0	89.0	78.0	58.0	86.0	32.0	63.0	60.0	44.0	70.0
Many of our rules and procedures make doing a good job difficult.	54.0	26.0	61.0	62.0	55.8	56.0	48.0	47.0	92.0	65.0	65.0	67.0	45.0	75.0	58.0	65.0	48.0
I like the people I work with.	91.0	86.0	86.0	90.0	84.0	89.0	98.0	93.0	90.0	100	92.0	98.9	78.0	97.0	82.0	93.0	80.0
I sometimes feel my job is meaningless.	83.0	79.0	93.0	86.0	90.0	75.0	89.0	68.0	88.0	87.0	92.0	68.0	83.0	98.0	93.0	84.0	79.0
Communications seem good within this hospital.	83.5	57.0	83.0	74.0	81.0	78.0	86.0	80.0	88.0	95.0	84.0	95.0	77.0	93.0	63.0	91.0	64.0
Salary raises are too few and far between.	28.0	41.1	39.0	34.0	21.0	22.1	27.0	20.0	10.0	33.0	13.0	67.0	10.0	36.0	10.0	37.0	38.0
Those who do well on the job stand a fair chance of being promoted.	57.0	51.0	88.0	57.0	47.0	64.0	56.0	60.0	55.0	70.0	64.0	82.0	68.0	70.0	51.0	36.0	59.0
My supervisor is unfair to me.	70.0	67.0	80.0	65.0	70.0	70.0	94.0	58.0	90.0	87.0	95.0	66.0	65.0	89.0	29.0	82.0	71.0
The benefits we receive are as good as most other organizations offer.	37.0	36.0	37.0	59.0	45.0	42.0	17.0	50.0	4.0	50.0	23.0	40.0	47.0	51.0	28.0	31.0	52.0
I do not feel that the work I do is appreciated.	51.5	62.0	64.0	63.0	65.0	57.0	61.0	49.0	62.0	79.0	48.0	59.0	27.0	79.0	37.0	50.0	61.0
My efforts to do a good job are seldom blocked by red tape.	42.5	46.0	30.0	32.0	35.0	45.0	37.0	55.0	0	37.0	49.0	16.0	49.0	19.0	46.0	41.0	52.2
I find I have to work harder at my job because of the incompetence of people I work with.	51.0	53.0	77.0	54.0	58.0	41.0	51.0	33.0	99.0	64.0	60.0	82.0	41.0	70.0	26.0	58.0	19.0
I like doing the things I do at work.	91.0	76.0	96.0	93.0	84.0	85.0	97.0	82.0	99.0	99.0	91.0	90.0	78.0	94.0	85.0	94.0	77.0
The goals of this hospital are not clear to me.	66.8	70.0	79.0	55.0	80.0	67.0	59.0	63.0	95.0	82.0	61.0	81.0	88.0	85.0	40.0	65.0	73.0
I feel unappreciated by the hospital when I think about what they pay me.	44.5	59.0	79.0	58.0	39.0	46.0	49.0	41.0	81.0	66.0	43.0	72.0	22.0	71.0	35.0	39.0	44.0
People get ahead as fast here as they do in other places.	41.0	46.0	66.0	51.0	36.0	51.0	53.0	43.0	19.0	63.0	43.0	60.0	16.0	61.0	39.0	32.0	49.0
My supervisor shows too little interest in the feelings of subordinates.	63.6	52.0	81.0	75.0	67.0	57.0	82.0	44.0	83.0	79.0	78.0	65.0	29.0	75.8	33.0	74.0	64.0
The benefit we have is equitable.	44.0	52.0	44.0	53.0	63.0	43.0	51.0	41.0	13.7	60.0	39.0	94.0	74.0	52.0	14.0	40.0	56.0
There are few rewards for those who work here.	38.0	42.0	56.0	42.0	35.0	38.0	32.0	28.0	51.0	67.0	37.0	73.0	24.0	69.0	51.0	36.0	41.0
I have too much to do at work.	21.5	18.0	40.0	21.0	18.0	20.0	16.0	22.0	38.0	24.0	9.0	32.0	26.0	55.0	7.0	25.0	12.0
I enjoy my coworkers.	95.0	86.0	95.0	100	94.0	95.0	92.0	93.0	98.0	100	97.0	95.0	84.0	96.0	91.0	98.0	82.0
I often feel that I do not know what is going on with the hospital.	65.3	67.0	87.0	72.0	80.0	54.0	89.0	67.0	87.0	82.0	57.0	90.0	49.5	80.0	63.0	67.0	49.0
I feel a sense of pride in doing my job.	95.0	95.0	98.0	97.0	90.0	93.0	99.0	86.0	95.0	95.0	97.0	96.0	84.0	99.0	98.0	99.0	90.0
I feel satisfied with my chances for salary increases.	52.3	50.0	83.0	58.0	20.0	52.6	49.0	52.0	40.0	72.0	55.0	87.0	34.0	67.0	28.0	33.7	70.0
There are benefits we do not have which we should have.	32.5	32.0	52.0	35.0	20.0	35.0	35.0	26.0	24.0	45.0	18.0	70.0	31.0	57.0	23.0	33.0	22.0
I like my supervisor.	85.0	68.0	95.0	90.0	77.0	83.0	95.0	63.0	90.0	92.0	83.0	94.0	63.2	89.0	64.0	97.0	56.0
I have too much paperwork.	51.5	50.0	38.0	55.0	56.0	44.0	59.0	46.0	71.0	52.6	33.0	76.0	56.8	55.0	39.0	59.0	48.0
I don't feel my efforts are rewarded the way they should be.	37.1	40.0	83.0	37.0	14.7	38.0	54.0	39.0	69.0	50.0	31.0	81.0	19.0	72.0	10.0	35.0	20.0
I am satisfied with my chances for promotion.	53.3	44.0	79.0	57.0	41.0	51.6	83.0	50.0	50.0	75.0	72.0	68.0	40.0	74.0	34.0	41.0	61.0
There is too much bickering and fighting at work.	70.5	57.0	89.0	74.0	70.0	58.0	50.0	57.0	85.0	90.0	75.0	78.0	46.0	97.0	76.0	63.0	71.0
My job is enjoyable.	88.0	87.0	92.0	84.0	87.4	71.0	89.0	70.0	93.0	92.0	89.5	89.0	71.0	90.0	96.0	93.0	94.0
Work assignments are not fully explained.	59.0	64.0	93.0	64.0	49.0	57.0	71.0	59.0	90.0	81.0	73.0	82.0	48.0	90.0	23.0	64.0	60.0
The hospital provides me with adequate opportunities to participate in training programs for improving my skills.	50.0	55.0	71.0	61.0	32.6	60.0	69.0	20.0	20.0	72.0	59.0	72.0	51.0	66.0	45.0	33.0	40.0
I don't get much respect from the community due to my job	68.5	59.0	90.0	56.0	69.0	61.0	55.0	82.0	18.0	88.0	82.0	79.0	69.0	89.0	45.0	78.0	57.0
I have all the necessary equipment and tools to do my job well	64.5	39.0	67.0	56.0	67.0	53.0	75.0	60.0	47.0	93.0	69.0	84.0	66.0	86.0	63.0	78.0	57.0
There is adequate security in the hospital to do my job properly.	77.5	78.0	86.0	65.0	84.0	71.0	64.0	70.0	85.0	98.0	50.0	100	77.0	88.0	52.0	76.0	45.0

Annex 7c: Staff Satisfaction: National Hospitals

Hospital	Inb sina	Infectious	Esteqlal	Malalai	Wazir Akbar K.	Kheir KHana	Indira Gandhi
C-3: Staff Satisfaction	54.5	57.7	61.1	54.6	60.6	54.8	52.6
I feel I am being paid a fair amount for the work I do.	10.0	30.0	28.0	9.1	38.9	19.0	1.9
There is really too little chance for promotion on my job.	57.0	39.0	52.0	38.2	61.1	58.0	42.9
My supervisor is quite competent in doing his/her job.	79.0	94.0	90.0	82.7	80.0	70.0	72.0
I am not satisfied with the benefits I receive.	50.0	40.0	50.0	44.5	47.4	31.0	28.6
When I do a good job, I receive the recognition for it that I should receive.	27.0	36.0	52.0	38.2	47.4	47.0	52.4
Many of our rules and procedures make doing a good job difficult.	52.0	20.0	36.0	69.1	58.9	51.0	36.2
I like the people I work with.	86.0	97.0	99.0	95.5	88.4	96.0	93.3
I sometimes feel my job is meaningless.	70.0	66.0	73.0	75.5	82.1	70.0	67.6
Communications seem good within this hospital.	81.0	82.0	94.0	70.9	81.1	96.0	88.6
Salary raises are too few and far between.	32.0	23.2	45.0	9.1	23.2	17.0	25.7
Those who do well on the job stand a fair chance of being promoted.	49.0	63.0	48.0	49.1	49.5	61.0	36.2
My supervisor is unfair to me.	64.0	80.0	62.0	70.0	78.9	85.0	76.2
The benefits we receive are as good as most other organizations offer.	20.0	30.0	28.0	18.2	32.6	32.0	9.5
I do not feel that the work I do is appreciated.	50.0	54.0	54.0	37.3	48.4	26.0	61.0
My efforts to do a good job are seldom blocked by red tape.	35.0	41.0	36.0	43.6	42.1	53.0	35.2
I find I have to work harder at my job because of the incompetence of people I work with.	28.0	60.0	37.0	45.5	64.2	30.0	49.5
I like doing the things I do at work.	89.0	88.0	90.0	88.2	86.3	97.0	98.1
The goals of this hospital are not clear to me.	72.0	54.0	68.0	75.5	53.7	81.0	66.7
I feel unappreciated by the hospital when I think about what they pay me.	39.0	50.0	36.0	17.3	53.7	26.0	46.7
People get ahead as fast here as they do in other places.	47.0	40.0	61.0	54.5	64.2	35.0	37.1
My supervisor shows too little interest in the feelings of subordinates.	75.0	70.0	76.0	55.5	62.1	49.0	54.3
The benefit we have is equitable.	47.0	56.0	59.0	33.6	62.1	40.0	46.7
There are few rewards for those who work here.	29.0	37.0	40.0	20.0	36.7	17.0	21.0
I have too much to do at work.	23.0	26.0	7.0	3.6	32.6	12.0	23.8
I enjoy my coworkers.	91.0	90.0	95.0	95.5	89.5	96.0	89.5
I often feel that I do not know what is going on with the hospital.	61.0	58.0	72.0	80.0	71.6	61.0	54.3
I feel a sense of pride in doing my job.	84.0	86.0	92.0	90.9	85.3	90.0	92.4
I feel satisfied with my chances for salary increases.	36.0	65.0	59.0	39.1	57.9	56.0	38.1
There are benefits we do not have which we should have.	16.0	27.0	35.0	15.5	29.5	19.0	16.2
I like my supervisor.	90.0	89.0	91.0	85.5	77.9	89.0	85.7
I have too much paperwork.	46.0	54.0	43.0	44.5	48.4	53.0	51.4
I don't feel my efforts are rewarded the way they should be.	22.0	39.0	48.0	19.1	34.7	21.0	45.7
I am satisfied with my chances for promotion.	52.0	50.0	60.0	44.5	57.9	51.0	53.3
There is too much bickering and fighting at work.	82.0	83.0	81.0	69.1	70.0	81.0	76.2
My job is enjoyable.	85.0	72.0	86.0	83.6	78.9	82.0	66.7
Work assignments are not fully explained.	46.0	81.0	66.0	88.2	71.6	51.0	54.3
The hospital provides me with adequate opportunities to participate in training programs for improving my skills.	52.0	34.0	60.0	57.3	41.1	44.2	34.3
I don't get much respect from the community due to my job	89.0	74.0	77.0	70.9	81.1	66.0	69.5
I have all the necessary equipment and tools to do my job well	45.0	50.0	71.0	63.6	62.1	51.0	42.9
There is adequate security in the hospital to do my job properly.	70.0	79.0	85.0	92.7	91.6	82.0	61.9

Annex 8a: Patient Satisfaction: Provincial Hospitals (Badakhshan to Khost)

Province	National Median	Badakhshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost
G-1: Patient Satisfaction	71.8	68.1	78.1	65.2	63.1	79.8	74.1	63.3	57.2	71.8	66.0	66.0	73.4	72.4	73.4	67.4	63.7
Inpatient overall Satisfaction	0.76	0.74	0.77	0.69	0.64	0.85	0.78	0.69	0.67	0.80	0.74	0.68	0.77	0.71	0.77	0.73	0.73
Acceptable wait time	0.88	0.83	0.92	0.65	0.54	0.92	0.96	0.92	0.88	0.79	0.83	0.58	0.92	0.67	0.58	0.92	0.92
Travel convenience	0.39	0.15	0.26	0.36	0.25	0.43	0.26	0.39	0.19	0.58	0.42	0.50	0.53	0.38	0.50	0.53	0.36
Cleanliness	0.74	0.57	0.71	0.65	0.68	0.94	0.76	0.61	0.71	0.78	0.64	0.71	0.69	0.86	0.74	0.72	0.67
Cleanliness, toilets	0.69	0.53	0.65	0.51	0.65	0.76	0.74	0.44	0.68	0.75	0.60	0.49	0.69	0.79	0.65	0.71	0.64
Temperature	0.79	0.65	0.82	0.71	0.65	0.90	0.79	0.53	0.68	0.92	0.67	0.81	0.69	0.79	0.89	0.71	0.83
Food	0.69	0.65	0.68	0.58	0.54	0.92	0.74	0.61	0.68	0.63	0.67	0.56	0.67	0.71	0.71	0.67	0.67
Privacy	0.86	0.86	0.83	0.83	0.74	0.88	0.83	0.85	0.83	0.90	0.72	0.85	0.72	0.83	0.86	0.76	0.89
Family/attendant accomodations	0.75	0.56	0.82	0.53	0.57	0.92	0.97	0.72	0.85	0.74	0.92	0.49	0.93	0.75	0.81	0.81	0.67
Doctor visit	0.85	0.88	0.86	0.76	0.78	1	0.82	0.64	0.68	0.97	0.85	0.74	0.90	0.90	0.82	0.92	0.93
Nurse availability	0.82	0.89	0.92	0.76	0.65	0.93	0.99	0.79	0.76	0.90	0.92	0.90	0.97	0.72	0.96	0.76	0.81
Doctor, respect	0.82	0.90	0.85	0.81	0.67	0.92	0.86	0.81	0.74	0.85	0.88	0.82	0.72	0.74	0.79	0.74	0.81
Nurse, respect	0.79	0.75	0.83	0.69	0.63	0.86	0.86	0.79	0.81	0.79	0.86	0.75	0.69	0.71	0.78	0.67	0.67
Doctor, trust	0.89	0.90	0.89	0.81	0.90	0.96	0.99	0.89	0.89	0.89	0.89	0.89	0.97	0.92	0.96	0.83	0.78
Nurse, trust	0.83	0.86	0.99	0.78	0.82	0.88	0.97	0.78	0.83	0.89	0.81	0.79	0.97	0.88	0.85	0.72	0.65
Doctor, illness explanation	0.69	0.69	0.58	0.60	0.57	0.90	0.67	0.29	0.24	0.58	0.68	0.74	0.68	0.50	0.89	0.82	0.58
Doctor, treatment explanation	0.71	0.67	0.60	0.46	0.56	0.86	0.64	0.35	0.25	0.79	0.60	0.71	0.68	0.46	0.90	0.74	0.71
Nurse, timely medications	0.82	0.88	0.92	0.75	0.63	0.93	0.91	0.81	0.70	0.94	0.83	0.61	0.75	0.74	0.85	0.74	0.74
Is it Easy to get prescribed	0.50	0.53	0.42	0.82	0.75	0.13	0.22	0.86	0.32	0.61	0.50	0.76	0.69	0.24	0.35	0.39	0.67
Reasonable cost	0.67	0.79	0.75	0.51	0.42	0.89	0.60	0.68	0.49	0.63	0.65	0.36	0.65	0.49	0.69	0.64	0.51
Satisfacton, hospital services	0.76	0.86	0.75	0.82	0.67	0.89	0.79	0.65	0.72	0.82	0.71	0.67	0.67	0.74	0.79	0.76	0.69
Safety	0.79	0.93	0.83	0.90	0.74	0.94	0.85	0.71	0.76	0.88	0.75	0.61	0.72	0.75	0.78	0.74	0.85
Return visit	0.92	0.92	0.97	0.88	0.75	1	1	0.96	0.96	0.93	0.97	0.61	0.93	0.96	0.85	0.75	0.94
<5 y/o Patient Overall	0.70	0.70	0.78	0.70	0.63	0.72	0.71	0.67	0.49	0.70	0.65	0.69	0.71	0.77	0.76	0.65	0.64
Wait time	0.29	0.25	0.42	0.08	0.25	0.42	0	0.42	0.58	0.50	0.17	0.50	0.33	0.08	0.58	0.33	0.33
Travel convenience	0.57	0.67	0.47	0.64	0.44	0.56	0.39	0.72	0.44	0.50	0.67	0.72	0.53	0.67	0.69	0.69	0.31
Cleanliness	0.72	0.58	0.92	0.67	0.78	0.75	0.89	0.42	0.56	0.58	0.72	0.86	0.72	1	0.67	0.72	0.72
Staff, respect	0.83	0.75	0.81	0.92	0.78	0.81	1	0.89	0.42	0.81	0.86	0.83	0.89	0.92	0.83	0.64	0.78
Staff, trust	0.81	0.72	0.86	0.92	0.78	0.78	1	0.89	0.44	0.78	0.67	0.83	0.94	1	0.78	0.69	0.72
Staff, illness explanation	0.72	0.72	0.72	0.89	0.78	0.78	0.86	0.58	0.44	0.64	0.47	0.61	0.56	1	0.75	0.61	0.67
Staff, treatment explanation	0.69	0.64	0.69	0.89	0.67	0.81	0.86	0.58	0.39	0.69	0.67	0.58	0.47	1	0.86	0.67	0.67
Drugs, accessibility	0.75	0.89	0.97	0.39	0.36	0.83	1	0.75	0.33	0.64	0.72	0.56	0.67	0.58	0.78	0.67	0.61
Cost acceptability	0.72	0.78	0.89	0.61	0.58	0.72	0.56	0.75	0.47	0.86	0.72	0.89	0.81	0.28	0.78	0.64	0.67
Privacy	0.79	0.83	0.86	0.92	0.78	0.72	0.69	0.67	0.53	0.94	0.78	0.56	0.94	1	0.81	0.72	0.83
Satisfaction, OPD visit	0.79	0.86	0.92	0.81	0.75	0.72	0.53	0.67	0.75	0.81	0.67	0.69	0.94	1	0.78	0.75	0.69
>5 y/o Patient Overall	0.66	0.60	0.80	0.56	0.62	0.83	0.73	0.55	0.56	0.65	0.59	0.61	0.73	0.69	0.68	0.65	0.55
Wait time	0.33	0.55	0.42	0.33	0.17	0.08	0.08	0.08	0.50	0.50	0	0.42	0.17	0	0.50	0.33	0.27
Travel convenience	0.54	0.33	0.50	0.39	0.56	0.86	0.39	0.47	0.50	0.14	0.53	0.58	0.67	0.58	0.67	0.53	0.12
Cleanliness	0.76	0.58	0.86	0.58	0.81	0.81	0.94	0.56	0.78	0.61	0.64	0.81	0.81	0.97	0.64	0.61	0.64
Staff, respect	0.79	0.81	0.92	0.58	0.69	0.97	1	0.67	0.61	0.86	0.67	0.78	0.89	0.94	0.75	0.58	0.76
Staff, trust	0.80	0.64	0.89	0.67	0.78	0.97	1	0.78	0.58	0.83	0.69	0.69	0.94	0.86	0.83	0.64	0.79
Staff, illness explanation	0.69	0.61	0.75	0.25	0.69	0.94	0.94	0.47	0.56	0.69	0.56	0.44	0.83	0.89	0.69	0.73	0.55
Staff, treatment explanation	0.67	0.44	0.81	0.56	0.58	0.81	0.89	0.47	0.42	0.69	0.58	0.47	0.78	0.75	0.58	0.69	0.52
Drugs, accessibility	0.71	0.69	0.94	0.89	0.58	0.89	1	0.64	0.56	0.61	0.69	0.53	0.56	0.39	0.72	0.72	0.52
Cost acceptability	0.69	0.50	0.94	0.67	0.28	0.89	0.50	0.69	0.44	0.53	0.81	0.81	0.72	0.28	0.69	0.81	0.61
Privacy	0.72	0.72	0.89	0.69	0.81	0.94	0.72	0.50	0.56	0.83	0.69	0.44	0.86	1	0.61	0.69	0.67
Satisfaction, OPD visit	0.78	0.78	0.92	0.56	0.86	0.92	0.61	0.67	0.69	0.86	0.64	0.69	0.78	0.97	0.75	0.78	0.61

Annex 8b: Patient Satisfaction: Provincial Hospitals (Kunar to Zabul)

Province	National Median	Badakshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost
G-1: Patient Satisfaction	71.8	68.1	78.1	65.2	63.1	79.8	74.1	63.3	57.2	71.8	66.0	66.0	73.4	72.4	73.4	67.4	63.7
Inpatient overall Satisfaction	0.76	0.74	0.77	0.69	0.64	0.85	0.78	0.69	0.67	0.80	0.74	0.68	0.77	0.71	0.77	0.73	0.73
Acceptable wait time	0.88	0.83	0.92	0.65	0.54	0.92	0.96	0.92	0.88	0.79	0.83	0.58	0.92	0.67	0.58	0.92	0.92
Travel convenience	0.39	0.15	0.26	0.36	0.25	0.43	0.26	0.39	0.19	0.58	0.42	0.50	0.53	0.38	0.50	0.53	0.36
Cleanliness	0.74	0.57	0.71	0.65	0.68	0.94	0.76	0.61	0.71	0.78	0.64	0.71	0.69	0.86	0.74	0.72	0.67
Cleanliness, toilets	0.69	0.53	0.65	0.51	0.65	0.76	0.74	0.44	0.68	0.75	0.60	0.49	0.69	0.79	0.65	0.71	0.64
Temperature	0.79	0.65	0.82	0.71	0.65	0.90	0.79	0.53	0.68	0.92	0.67	0.81	0.69	0.79	0.89	0.71	0.83
Food	0.69	0.65	0.68	0.58	0.54	0.92	0.74	0.61	0.68	0.63	0.67	0.56	0.67	0.71	0.71	0.67	0.67
Privacy	0.86	0.86	0.83	0.83	0.74	0.88	0.83	0.85	0.83	0.90	0.72	0.85	0.72	0.83	0.86	0.76	0.89
Family/attendant accomodations	0.75	0.56	0.82	0.53	0.57	0.92	0.97	0.72	0.85	0.74	0.92	0.49	0.93	0.75	0.81	0.81	0.67
Doctor visit	0.85	0.88	0.86	0.76	0.78	1	0.82	0.64	0.68	0.97	0.85	0.74	0.90	0.90	0.82	0.92	0.93
Nurse availability	0.82	0.89	0.92	0.76	0.65	0.93	0.99	0.79	0.76	0.90	0.92	0.90	0.97	0.72	0.96	0.76	0.81
Doctor, respect	0.82	0.90	0.85	0.81	0.67	0.92	0.86	0.81	0.74	0.85	0.88	0.82	0.72	0.74	0.79	0.74	0.81
Nurse, respect	0.79	0.75	0.83	0.69	0.63	0.86	0.86	0.79	0.81	0.79	0.86	0.75	0.69	0.71	0.78	0.67	0.67
Doctor, trust	0.89	0.90	0.89	0.81	0.90	0.96	0.99	0.89	0.89	0.89	0.89	0.89	0.97	0.92	0.96	0.83	0.78
Nurse, trust	0.83	0.86	0.99	0.78	0.82	0.88	0.97	0.78	0.83	0.89	0.81	0.79	0.97	0.88	0.85	0.72	0.65
Doctor, illness explanation	0.69	0.69	0.58	0.60	0.57	0.90	0.67	0.29	0.24	0.58	0.68	0.74	0.68	0.50	0.89	0.82	0.58
Doctor, treatment explanation	0.71	0.67	0.60	0.46	0.56	0.86	0.64	0.35	0.25	0.79	0.60	0.71	0.68	0.46	0.90	0.74	0.71
Nurse, timely medications	0.82	0.88	0.92	0.75	0.63	0.93	0.91	0.81	0.70	0.94	0.83	0.61	0.75	0.74	0.85	0.74	0.74
Is it Easy to get prescribed	0.50	0.53	0.42	0.82	0.75	0.13	0.22	0.86	0.32	0.61	0.50	0.76	0.69	0.24	0.35	0.39	0.67
Reasonable cost	0.67	0.79	0.75	0.51	0.42	0.89	0.60	0.68	0.49	0.63	0.65	0.36	0.65	0.49	0.69	0.64	0.51
Satisfacton, hospital services	0.76	0.86	0.75	0.82	0.67	0.89	0.79	0.65	0.72	0.82	0.71	0.67	0.67	0.74	0.79	0.76	0.69
Safety	0.79	0.93	0.83	0.90	0.74	0.94	0.85	0.71	0.76	0.88	0.75	0.61	0.72	0.75	0.78	0.74	0.85
Return visit	0.92	0.92	0.97	0.88	0.75	1	1	0.96	0.96	0.93	0.97	0.61	0.93	0.96	0.85	0.75	0.94
<5 y/o Patient Overall	0.70	0.70	0.78	0.70	0.63	0.72	0.71	0.67	0.49	0.70	0.65	0.69	0.71	0.77	0.76	0.65	0.64
Wait time	0.29	0.25	0.42	0.08	0.25	0.42	0	0.42	0.58	0.50	0.17	0.50	0.33	0.08	0.58	0.33	0.33
Travel convenience	0.57	0.67	0.47	0.64	0.44	0.56	0.39	0.72	0.44	0.50	0.67	0.72	0.53	0.67	0.69	0.69	0.31
Cleanliness	0.72	0.58	0.92	0.67	0.78	0.75	0.89	0.42	0.56	0.58	0.72	0.86	0.72	1	0.67	0.72	0.72
Staff, respect	0.83	0.75	0.81	0.92	0.78	0.81	1	0.89	0.42	0.81	0.86	0.83	0.89	0.92	0.83	0.64	0.78
Staff, trust	0.81	0.72	0.86	0.92	0.78	0.78	1	0.89	0.44	0.78	0.67	0.83	0.94	1	0.78	0.69	0.72
Staff, illness explanation	0.72	0.72	0.72	0.89	0.78	0.78	0.86	0.58	0.44	0.64	0.47	0.61	0.56	1	0.75	0.61	0.67
Staff, treatment explanation	0.69	0.64	0.69	0.89	0.67	0.81	0.86	0.58	0.39	0.69	0.67	0.58	0.47	1	0.86	0.67	0.67
Drugs, accessibility	0.75	0.89	0.97	0.39	0.36	0.83	1	0.75	0.33	0.64	0.72	0.56	0.67	0.58	0.78	0.67	0.61
Cost acceptability	0.72	0.78	0.89	0.61	0.58	0.72	0.56	0.75	0.47	0.86	0.72	0.89	0.81	0.28	0.78	0.64	0.67
Privacy	0.79	0.83	0.86	0.92	0.78	0.72	0.69	0.67	0.53	0.94	0.78	0.56	0.94	1	0.81	0.72	0.83
Satisfaction, OPD visit	0.79	0.86	0.92	0.81	0.75	0.72	0.53	0.67	0.75	0.81	0.67	0.69	0.94	1	0.78	0.75	0.69
>5 y/o Patient Overall	0.66	0.60	0.80	0.56	0.62	0.83	0.73	0.55	0.56	0.65	0.59	0.61	0.73	0.69	0.68	0.65	0.55
Wait time	0.33	0.55	0.42	0.33	0.17	0.08	0.08	0.08	0.50	0.50	0	0.42	0.17	0	0.50	0.33	0.27
Travel convenience	0.54	0.33	0.50	0.39	0.56	0.86	0.39	0.47	0.50	0.14	0.53	0.58	0.67	0.58	0.67	0.53	0.12
Cleanliness	0.76	0.58	0.86	0.58	0.81	0.81	0.94	0.56	0.78	0.61	0.64	0.81	0.81	0.97	0.64	0.61	0.64
Staff, respect	0.79	0.81	0.92	0.58	0.69	0.97	1	0.67	0.61	0.86	0.67	0.78	0.89	0.94	0.75	0.58	0.76
Staff, trust	0.80	0.64	0.89	0.67	0.78	0.97	1	0.78	0.58	0.83	0.69	0.69	0.94	0.86	0.83	0.64	0.79
Staff, illness explanation	0.69	0.61	0.75	0.25	0.69	0.94	0.94	0.47	0.56	0.69	0.56	0.44	0.83	0.89	0.69	0.73	0.55
Staff, treatment explanation	0.67	0.44	0.81	0.56	0.58	0.81	0.89	0.47	0.42	0.69	0.58	0.47	0.78	0.75	0.58	0.69	0.52
Drugs, accessibility	0.71	0.69	0.94	0.89	0.58	0.89	1	0.64	0.56	0.61	0.69	0.53	0.56	0.39	0.72	0.72	0.52
Cost acceptability	0.69	0.50	0.94	0.67	0.28	0.89	0.50	0.69	0.44	0.53	0.81	0.81	0.72	0.28	0.69	0.81	0.61
Privacy	0.72	0.72	0.89	0.69	0.81	0.94	0.72	0.50	0.56	0.83	0.69	0.44	0.86	1	0.61	0.69	0.67
Satisfaction, OPD visit	0.78	0.78	0.92	0.56	0.86	0.92	0.61	0.67	0.69	0.86	0.64	0.69	0.78	0.97	0.75	0.78	0.61

Annex 8c: Patient Satisfaction: National Hospitals

Province	Inb sina	Infectious Diseases	Esteqlal	Malalai	Wasir AKbar Khan	Kheir Khana	Indira Gandhi.
G-1: Patient Satisfaction	77.7	79.8	69.5	85.3	65.1	66.4	64.5
Inpatient overall Satisfaction	0.78	0.83	0.72	0.86	0.71	0.75	0.68
Acceptable wait time	0.88	1	1	0.92	0.58	0.96	0.96
Travel convenience	0.65	0.79	0.68	0.67	0.40	0.71	0.39
Cleanliness	0.68	0.73	0.57	0.90	0.74	0.83	0.69
Cleanliness, toilets	0.63	0.64	0.56	0.83	0.63	0.68	0.67
Temperature	0.68	0.61	0.60	0.83	0.68	0.65	0.67
Food	0.58	0.70	0.51	0.78	0.72	0.61	0.58
Privacy	0.81	1	0.84	0.99	0.81	0.78	0.74
Family/attendant accomodations	0.50	0.67	0.49	0.67	0.51	0.57	0.54
Doctor visit	0.97	0.88	0.93	0.96	0.88	0.86	0.96
Nurse availability	0.88	0.79	0.81	0.97	0.82	0.79	0.72
Doctor, respect	0.94	0.79	0.79	0.97	0.74	0.85	0.74
Nurse, respect	0.82	0.79	0.83	0.94	0.72	0.79	0.65
Doctor, trust	0.97	1	0.90	0.99	0.83	0.93	0.85
Nurse, trust	0.85	0.94	0.89	0.92	0.79	0.92	0.74
Doctor, illness explanation	0.54	0.97	0.46	0.72	0.58	0.50	0.38
Doctor, treatment explanation	0.83	0.97	0.74	0.82	0.72	0.63	0.44
Nurse, timely medications	0.85	1	0.82	0.93	0.82	0.69	0.85
Is it Easy to get prescribed medicines	0.96	0.67	0.51	0.58	0.61	0.78	0.94
Reasonable cost	0.60	0.64	0.68	0.72	0.68	0.65	0.48
Satisfacton, hospital services	0.67	0.76	0.65	0.86	0.74	0.67	0.58
Safety	1	1	0.97	0.96	0.86	0.94	0.86
Return visit	0.81	0.88	0.74	1	0.65	0.74	0.57
<5 y/o Patient Overall Satisfaction						0.60	0.65
Wait time						0.42	0.42
Travel convenience						0.92	0.78
Cleanliness						0.56	0.83
Staff, respect						0.58	0.75
Staff, trust						0.72	0.69
Staff, illness explanation						0.28	0.53
Staff, treatment explanation						0.39	0.50
Drugs, accessibility						0.58	0.67
Cost acceptability						0.50	0.64
Privacy						0.94	0.61
Satisfaction, OPD visit						0.72	0.72
>5 y/o Patient Overall Satisfaction		0.77	0.66	0.85	0.60	0.64	0.60
Wait time		0.83	1	0.83	0.50	0.91	0.27
Travel convenience		0.86	0.89	0.94	0.53	0.78	0.69
Cleanliness		0.75	0.81	0.92	0.64	0.33	0.81
Staff, respect		0.86	0.75	0.92	0.58	0.69	0.81
Staff, trust		0.89	0.56	0.89	0.64	0.72	0.67
Staff, illness explanation		0.72	0.42	0.86	0.69	0.69	0.36
Staff, treatment explanation		0.69	0.44	0.88	0.69	0.67	0.44
Drugs, accessibility		0.53	0.67	0.73	0.56	0.64	0.61
Cost acceptability		0.69	0.72	0.69	0.56	0.61	0.61
Privacy		0.78	0.47	0.78	0.50	0.33	0.64
Satisfaction, OPD visit		0.86	0.58	0.89	0.67	0.69	0.67

Annex 9: Selected indicators-Equipment: Provincial Hospitals

Province	National median	Badakshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Panjsher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
D-8: Equipment	73.7	77.5	60.0	88.6	69.0	85.1	53.9	44.1	74.3	58.8	70.0	67.7	54.4	77.2	64.5	69.2	73.2	69.1	94.3	78.5	83.1	58.0	62.5	75.3	78.8	85.8	70.8	88.3	79.3	89.1	66.7	80.0	93.0
OPD	0.8	0.75	0.42	0.92	0.58	0.75	0.50	0.50	0.83	0.33	0.75	0.50	0.67	0.75	1	0.67	0.67	0.58	0.92	0.83	0.91	0.17	0.83	0.83	0.75	0.75	0.58	1	0.67	0.92	0.75	0.58	0.83
Wards	0.7	0.74	0.54	0.89	0.68	0.90	0.44	0.45	0.63	0.56	0.64	0.78	0.48	0.81	0.58	0.72	0.58	0.66	0.93	0.80	0.90	0.55	0.50	0.68	0.73	0.84	0.57	0.78	0.84	0.86	0.60	0.78	0.92
Ward ICU	0.7	0.75		0.65	0.67					0.50	0.17	0.80	0.50	0.73	0.54		0.60	1	0.95	0.60	0.67	0.57		0.67		0.80		1	1	0.75		1	1
Surgical Packs	0.9	0.86	0.71	1	1	0.71	0.57	0	1	0.86	1	0.71	0.57	0.29	0.86	0.71	1	0.86	1	0.71	1	0.71	0.57	0.86	1	0.86	1	0.86	0.86	0.86	0.57	0.71	1
OT	1.0	1	1	0.90	1	0.88	0.88	0.70	1	0.70	0.88	0.90	0.90	0.90	0.90	0.75	0.80	1	1	1	1	0.90	1	0.75	1	1	0.90	1	1	1	1	1	1
Pharmacy	0.5	1	0	1	1	1	0	0	0	1	0	0	0	1	1	0	1	0	1	0	1	0	0	1	1	0	1	1	0	1	0	0	1
Laboratory	1.0	1	0.75	1	1	1	1	1	1	0.75	0.75	0.75	1	1	1	1	1	0.75	1	1	1	1	0.75	1	1	1	1	1	1	1	1	1	1
Blood Bank Refrigerator	1.0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0	1	0	0	1	0	1	1	1	1	1	1	1	1	0	1
Emergency Department	0.7	0.71	0.64	1	0.50	0.73	0.55	0.25	0.75	0.67	0.91	0.25	0.62	0.75	0.62	0.59	0.83	0.64	0.96	0.75	0.36	0.77	0.64	0.82	0.64	1	0.83	1	0.59	1	0.55	0.91	0.91

List of equipment considered in the different sections of the hospitals

Inpatients' wards

Timer or clock with second hand
 Thermometers
 Children's scale
 Stethoscope
 Infant stethoscope
 Otoscope/Ophthalmoscope set
 Height measure
 Adult scale
 Baby scale
 Blood pressure cuff
 Children's blood pressure cuff
 Delivery room light
 Obstetrical Doppler
 Partograph
 Fetoscope
 Vacuum Extractor
 Suction machine
 Baby warmer
 Mucus aspirator
 Infant laryngoscope

Delivery forceps

At least 3 unused delivery sets
 Surgical set for tears, episiotomy repair, etc
 D&C pack
 Phototherapy lamp
 At least one incubator
 Sink with elbow taps or a foot pedal
 Electrocardiograph
 Pulse oxymeter
 Defibrillator
 Cardiac monitor
 Respirator
 Oxygen source

Wards' ICU

Cardiac monitor
 Electrocardiograph
 Pulse oxymeter
 Blood pressure cuff
 Oxygen sources
 Suction equipment
 Defibrillator
 Respirator

Outpatient department equipment

Timer or clock with second hand
 Children's scale
 Height measure
 Adult scale
 Blood pressure cuff
 Thermometers
 Stethoscope
 Otoscope/ophthalmoscope
 Vision chart
 Torch/flashlight
 Wash basin and soap in each exam room
 ORT Corner with all supplies

Laboratory

Microscope
 Centrifuge
 Hemoglobinometer
 Refrigerator for storing reagents

Surgical packs

Laparotomy set
 Minor surgical packs
 Gynecology set
 Amputation pack
 Caesarian section set
 Obstructed labor set
 Wound set

Emergency room

Timer or clock with second hand
 Patient scale
 Oxygen source
 Electrocardiograph
 Blood pressure cuff
 Suction machine
 Defibrillator
 Otoscope/ophthalmoscope
 Ambu bag with mask
 Examination light (could be a torch)
 Reflex hammer
 Wash basin and soap in each exam room
 Stretcher

Theatre equipment

Surgical light
 Anaesthesia machine
 Pulse oximeter
 Suction equipment
 Electrocautery
 Cardiac monitor
 Oxygen source
 blood pressure cuff
 Stethoscope
 Laryngoscope
 Ambu Bag with masks
 Heating and cooling equipment

Annex 10: Selected indicators-Medications: Provincial Hospitals

Province	National Median	Badakshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Panisher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
D-9: Drugs and Supplies	81.0	83.5	79.9	80.2	60.7	90.5	68.4	56.2	77.5	61.2	83.0	72.5	58.1	74.6	78.3	91.5	94.5	81.8	99.6	94.0	86.4	69.6	75.1	87.8	99.5	96.8	100	86.6	78.8	96.9	69.9	73.6	87.3
Emergency Blood Supply	1	1	1	0	1	1	0	0	1	1	0	1	1	1	1	0	1	0	1	1	0	1	0	1	1	1	1	1	0	1	0	0	1
ER Drugs	0.83	0.83	0.67	0.83	0.67	0.83	0.50	0	0.67	0.50	0.83	0.83	0.33	0.83	0.67	1	1	0.83	1	1	0.67	0.83	1	1	1	1	1	1	0.83	1	0.67	0.83	1
Female ER Drugs	0.83	0.83		0.83	0.17					0.50					0.67	1	1		1								1		0.83	1		0.83	
Wards	0.73	0.79	N/A	0.71	0.74	N/A	N/A	N/A	N/A	0.48	0.75	0.73	0.63	0.63	0.63	N/A	0.63	0	0.97	0.81	1	0.27	N/A	0.88	N/A	0.83	N/A	0.81	0.75	0.81	N/A	0.73	0.56
OT Drugs	0.90	0.80	0.80	0.90	0.73	0.90	0.80	0.90	0.90	0.70	1	0.60	0.64	0.70	0.91	0.90	0.90	0.90	1	0.90	1	0.73	0.60	0.80	1	1	1	0.90	0.80	1	0.80	0.60	0.90
OPD Drugs-present, unexpired	1		1	0.33	0.33	1		0.67	0.33	0.67	0.33	0.67	0.33	0.33	1		1	1	1	1	1		1	0.67	1	1	1	0	0.67	1	1	1	0.67
FP Drugs-present, unexpired	1	1	1	1	1	1	1	0.25	1	1	1	1	0.75	1	0.75	1	1	1	1	1	1	1	1	1	1	0.75	1	1	1	1	0.75	1	0.75
Pharmacy Drugs-present, unexpired	0.84	0.89	0.78	0.67	0.40	1	0.89	0.89	0.44	0.78	0.67	0.56	0.60	0.89	0.80	1	0.89	1	1	1	1	0.75	0.78	0.78	0.89	1	1	0.33	0.89	0.78	0.33	0.89	0.67
TB Drugs-present, unexpired	1	1	1	1	1	1	0.80	1	0.50		0.60	1	1	0.80	1	0.80		1	1	1	1	1	1	1	1	1	1	1	0.80	1	0.60	1	

List of equipment considered in the different sections of the hospitals

Central Pharmacy

Amoxicillin or ampicillin tablets or capsules
 Penicillin V tablets
 Co-trimoxazole tablets
 Salbutamol tablets
 Iron tabs (with or without folic acid)
 Vitamin A
 Promethazine injection
 Gentamicin injection
 Diazepam injection
 Mebendazole tablets

Emergency Medications

lidocaine injection
 Diazepam injection
 Adrenaline injection
 Chlorpheniramine injection
 Pethidine or morphine injection
 Lasix injection

Patients' Wards

Oxytocin Injection
 Ergometrine Injection
 Salbutamol Injection
 Magnesium sulfate Injection
 Hydralazine Injection
 Chlorpheniramine Injection
 Morphine or Pethidine Injection
 Adrenaline Injection
 Furosemide Injection
 IV Fluid
 Hydrocortisone Injection

Tuberculosis Durgs

Rifampicin
 Streptomycin
 INH
 Pyrazinamide
 Ethambutol

Anesthesia medications (OT)

Ketamine injection
 Lidocaine injection
 Adrenaline injections
 Succinyl Choline injection
 magnesium sulfate injection
 Atropine injection
 Morphine or Pentazocine injection
 Diazepam injection

Family planning Essential Drugs

Condoms
 Oral contraceptive tablets
 DMPA or other injectable contraceptive
 IUD

Outpatient Drugs

Chloroquine
 Cotrimoxazole
 Amoxicillin or Ampicillin

Annex 11: Selected indicators-Diagnostic Tests: Provincial Hospitals

Province	National Median	Badakshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Parlsher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
D-12: Tests and Special Services	76.7	96.8	70.0	96.8	55.9	96.7	70.0	54.8	80.6	61.3	63.3	74.2	61.8	74.2	88.2	76.7	71.0	90.0	96.8	90.3	76.7	79.4	60.0	80.0	76.7	93.5	74.2	96.7	73.3	90.3	70.0	80.0	80.0
Lab tests	0.85	0.93	0.85	0.93	0.67	1	0.92	0.71	0.71	0.57	0.62	0.64	0.67	0.86	0.87	0.85	0.79	0.85	0.93	0.93	0.85	0.80	0.69	0.85	0.85	0.93	0.71	0.92	0.77	0.86	0.85	0.77	0.77
Blood Bank	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
X-Ray testing	0.83	1	0.80	1	0.86	1	0.60	0.40	0.80	0.80	1	0.80	0.71	1	1	0.60	0.80	1	1	1	0.80	1	0.80	1	0.80	1	1	1	0.80	0.80	0.80	1	0.80
Emergency Department	1	1	1	1	0.33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Recovery Room	1	1	1	1	0	1	0	0	1	1	1	0	1	1	0	0	0	1	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1
Specialized Diets	1	1	1	1	0	1	0	0	1	1	1	0	1	1	0	0	0	1	1	1	1	1	0	1	1	0	1	1	1	1	0	1	1

List of tests and special services considered in the hospitals

Laboratory Tests

White cell and red cell counts
Malaria smears (thick and thin)
TB smears
Gram stains
HIV testing
Hepatitis B
Hepatitis C
Liver function testing
Syphilis testing
Rapid diagnostic test for malaria
Urine dipstick tests
Pregnancy testing
Blood Sugar
Bacteriology (culture)
Stool tests for parasites
Stool tests for occult blood

Blood Bank Services

Blood group and cross match

X-ray Services

Chest x-ray
Extremity x-ray
Skull x-ray
Abdominal x-ray
Barium swallow
Upper GI film
Barium enema
Intravenous pyelogram
Ultrasound

Emergency Department / Room

Is there a separate and functioning emergency room?
24 hour coverage with a nurse physically present in the past month
24 hour coverage with a doctor physically present in the past month

Recovery Room

Is there a recovery room present
Specail Diets Provided by the Kitchen
Low Salt Diet
Diabetic Diet
Low Cholesterol Diet
Low Protein Diet

Annex 12: Selected indicators-Equipment, Medications, and Diagnostic Tests: Nat. Hospitals

Hospital	Inb sina Emergency	Infectious Diseases	Esteqlal	Malalai Maternity	Wazir Akbar Khan	Kheir Khana	Indira Gandhi.
D-8: Equipment	48.1	26.3	61.5	56.6	67.7	35.8	44.0
OPD	0.17	0.25	0.33	0.50	0.33	0.17	0.58
Wards	0.41	0.30	0.56	0.59	0.52	0.39	0.33
Ward ICU	0.70	0.20	0.80	0.60	1	0.60	0.62
Surgical Packs	0.43		1	0.14	0.43	0.14	0.57
OT	0.90		0.80	0.70	1	0.40	0.50
Pharmacy	0	0	0	0	1	0	0
Laboratory	1	1	1	0.75	1	0.50	1
Blood Bank refrigerator	1	0	1	1	1	1	0
Emergency Department	0.42	0.17	0.50	0.58	0.83	0.33	0.54
D-9: Drugs and Supplies	40.1	29.1	62.2	38.2	51.9	42.0	31.4
Emergency Blood Supply	1	0	1	1	1	1	0
ER Drugs	0	0.50	0.67		0.33	0.17	0.50
Female ER Drugs		0		0.17	0.50		
Patients' Wards	0.13	0.25	0	0.45	0	0.38	0.08
OT Drugs	0.60		0.60	0.40	0.60	0.40	0.27
OPD Drugs-present, unexpired		0.33			0.67	0.67	0.67
FP Drugs-present, unexpired			1	0.75		1	
Pharmacy Drugs-present, unexpired	0.78	0.56	0.44	0.44	0.33	0.78	0.30
TB Drugs-present, unexpired		0.80			1		
D-12: Tests and Special Services	51.6	50.0	67.7	74.2	87.1	32.1	73.5
Lab tests	0.43	0.71	0.50	0.64	0.93	0.21	0.67
Blood Bank	1	0	1	1	1	1	0
X-Ray testing	0.80	0	1	1	0.80	0	0.86
Emergency Department	1	0.33	1	1	1	1	1
Recovery Room	1		1	1	1	1	1
Specialized Diets	1		1	1	1	1	1

Annex 13a: Health Worker Skills: Provincial Hospitals (Badakhshan to Khost)

Province	National Median	Badakhshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost
E-10: Health Worker Skills	59.7	55.3	64.2	73.5	46.6	67.4	69.7	39.7	55.2	60.2	56.6	45.1	61.2	49.5	57.6	65.3	54.3
Patients Under 5 Years																	
Greeting	0.3	0.17	0.75	0.50	0.08	0.42	0	0	0.25	0	0	0.33	0.17	0.09	0.42	0.50	0.08
Asks age	1.0	0.92	1	1	1	1	1	0.75	1	1	1	1	1	1	1	1	1
Asks nature of complaint	1.0	1	1	1	0.83	1	1	1	1	1	1	1	1	1	1	1	1
Asks primary complaint duration	1.0	1	1	1	0.92	1	1	0.58	1	1	1	1	1	1	1	1	0.92
Asks if able to drink/breastfeed	0.6	0.42	0.58	0.92	0.58	0.92	1	0	0.67	0.67	0.25	0.42	0.17	0.25	0.75	1	0.83
Asks if vomiting	0.5	0.42	0.50	0.92	0.17	0.50	0.92	0	0.08	0.55	0.83	0.33	0.83	0.33	0.33	0.58	0.42
Asks if lethargy, consciousness	0.2	0.50	0	0.42	0.25	0.17	0.83	0	0	0.33	0	0.08	0	0	0.17	0.25	0
Ask for convulsions	0.1	0.17	0	0.42	0.17	0	0.75	0	0	0.42	0	0.08	0	0.17	0.25	0	0
Asks if diarrhea	0.8	0.67	1	1	0.42	0.92	0.92	0.50	0.67	0.92	1	0.58	1	0.08	0.50	0.75	0.92
Asks if breathing difficulties, coughing	0.8	0.50	0.92	1	0.58	1	0.92	0.08	0.83	0.92	1	0.50	1	0.58	0.33	0.83	0.92
Asks if fever	0.8	0.17	1	0.67	0.42	0.92	1	0.67	1	0.92	1	0.75	0.75	0.17	0.75	0.83	1
Looks for measles	0	0	0	0.42	0	0.08	0	0	0.25	0	0	0.17	0	0.25	0.17	0.08	0
Looks for signs of anemia	0	0	0	0	0	0.08	0.25	0	0	0	0	0.08	0	0.58	0.17	0	0
Looks for edema	0	0	0	0.09	0	0	0.92	0	0	0.08	0	0.08	0	0.17	0.08	0.08	0
Give indication on return visit	0.2	0	0.17	0	0.17	0.08	0.25	0.75	0.58	0.08	0	0.17	0	0.64	0.50	0.08	0
Asks if additional questions	0	0	0.08	0	0.08	0	0	0	0	0	0.08	0	0	0	0.08	0.17	0
Checks immunization card	0.1	0	0.08	0.50	0	0.08	0.67	0	0.08	0.42	0	0.17	0	0	0.08	0.25	0.25
Sends for immunization	1.0			1		1				1		1					
Completes patient record	0	0	0	0	0.08	0.75	0	0	0	0	0	0	0	0	0	0.58	0.08
Completes patient tally sheet	1.0	1	1	1	0	1	1	0	1	0	1	0	1	0	0	1	0
Completes register book	1.0	1	1	1	0.25	1	1	1	1	1	1	1	1	1	1	1	1
age	1.0	0.92	1	1	1	1	1	1	1	1	0.92	1	1	1	1	1	1
weight	0.2	0.25	0	0.92	0	0.17	0.92	0	0.33	0	0	0	0	0	0.25	0.67	0.08
growth chart	0	0.25	0	0	0	0	0.75	0	0.08	0	0	0	0	0	0	0.25	0
Performs physical exam	1.0	1	1	1	0.92	1	1	1	0.67	0.83	0.92	0.82	0.92	0.92	1	1	0.92
Patients Over 5 Years																	
Greeting	0.3	0.33	0.67	0.92	0.08	1	0	0	0	0.58	0	0.50	0.83	0.08	0.50	0.67	0.25
Asks age	1.0	1	1	1	1	0.58	1	0.33	1	0.92	1	1	1	1	1	0.83	1
Asks nature of complaint	1.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Asks duration of complaint	1.0	0.83	1	1	1	1	0.92	0.75	1	1	1	0.75	1	1	1	1	1
Asks for previous treatment	0.5	0.58	0.42	0.67	0.33	0.75	0.42	0	0.08	0.33	0.25	0.33	0.42	0.17	0.92	0.75	0.50
Checks blood Pressure	0.7	0.58	0.92	0.92	0.50	0.67	0.50	0.50	0.78	0.64	0.73	0.22	0.92	1	0.11	0.67	0.92
Checks temperature	0	0	0	0.33		0	0	0	0	0	0	0.14	0	0	0.50	0	0
Performs physical exam	0.9	0.67	0.92	1	1	0.92	0.75	1	0.92	1	0.92	0.42	0.92	1	1	0.83	0.83
Completes patient record	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.08	0.08
Completes patient tally sheet	0.8	1	1	1	0	1	1	0	1	0.83	0.67	0.25	1	0	0.08	0.83	0.08
Completes register book	1.0	1	1	1	0.92	1	1	1	1	1	1	1	1	1	1	1	0.92
Physical exam performed (interview)	0.9	0.58	0.92	1	0.75	1	1	0.83	0.33	0.83	0.92	0.33	1	0.75	1	0.50	0.91

Annex 13b: Health Worker Skills: Provincial Hospitals (Kunar to Zabul)

Province	National Median	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Parjsher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
E-10: Health Worker Skills	59.7	68.2	59.0	61.4	65.0	43.1	53.1	58.6	62.5	67.5	70.6	62.7	53.9	59.7	55.6	59.6	61.5
Patients Under 5 Years																	
Greeting	0.3	0.83	0.42	0.83	0.17	0.58	0.25	0.92	0.25	0.50	0.92	0.08	0.08	0.17	0.09	0.08	0.92
Asks age	1.0	0.92	0.92	1	1	0.08	0.92	1	1	1	1	1	1	1	1	1	1
Asks nature of complaint	1.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.40
Asks primary complaint duration	1.0	1	1	1	1	0.92	0.92	1	1	1	1	1	1	1	1	1	1
Asks if able to drink/breastfeed	0.6	0.58	0.42	0.50	0.75	0.08	0.17	0.25	0.83	0.67	1	0.55	0.75	0.33	0.58	0.36	0.33
Asks if vomiting	0.5	0.75	0.42	0.25	0.75	0.17	0.25	0.08	0.92	0.67	0.67	0.58	0.67	0.42	0.50	0.42	0.50
Asks if lethargy, consciousness	0.2	0.67	0.42	0.25	0.42	0.25	0	0	0.36	0.42	0.42	0.08	0	0.33	0.08	0	0.25
Ask for convulsions	0.1	0.67	0	0.17	0.42	0.27	0.08	0	0	0.17	0	0.08	0.50	0.25	0	0	0.17
Asks if diarrhea	0.8	0.83	0.67	0.33	0.58	0.75	0.17	0.33	1	0.92		1	0.83	0.67	0.67	1	0.50
Asks if breathing difficulties, coughing	0.8	0.83	0.50	0.67	0.75	0.67	0.58	0.58	1	1	0.92	1	0.92	0.67	0.50	1	0.75
Asks if fever	0.8	0.83	0.42	0.92	0.83	0.67	0.83	0.75	1	1	0.92	1	1	0.92	0.75	0.92	0.83
Looks for measles	0	0.50	0	0	0.08	0.25	0	0	0	0	0	0	0.42	0.08	0	0.25	0.08
Looks for signs of anemia	0	0.25	0	0.33	0.08	0.25	0	0	0.08	1	0.08	0.08	0	0	0	0	0.33
Looks for edema	0	0.17	0	0.08	0.17	0.17	0	0	0.09	0.67	0.17	0	0	0	0	0	0.17
Give indication on return visit	0.2	0.33	0.25	0.08	0	0.25	0.67	0	0	0.83	0.17	0.75	0.58	0.08	0	0.08	0.67
Asks if additional questions	0	0.08	0.17	0	0.08	0.10	0	0	0	0.17	0.50	0	0.08	0	0	0	0
Checks immunization card	0.1	0.08	0	0.08	0.58	0.08	0.25	0.17	0.83	0	0	0.33	0	0.33	0.17	0.58	0.17
Sends for immunization	1.0				1									1		0	1
Completes patient record	0	1	0.08	0.08	0.08	0.08	0	0	0.09	0	0.25	0	0	0	0	0.33	0
Completes patient tally sheet	1.0	1	0.92	1	0.83	0.75	1	1	0.92	0.08	1	0	0	1	0.25	1	1
Completes register book	1.0	1	1	1	1	1	1	1	1	1	1	1	1	1	0.25	1	1
age	1.0	0.92	0.83	0.92	1	0.67	0.92	1	1	0.92	1	1	1	1	1	1	1
weight	0.2	0.83	0.17	0.50	0.50	0	0.33	0	0.17	0.75	0	1	0.17	0.08	0.25	0.83	0
growth chart	0	0.50	0.08	0.50	0.42	0	0.25	0	0.17	0.75	0.08	0.92	0	0	0.08	0.25	0
Performs physical exam	1.0	1	1	1	0.92	0.58	1	0.75	1	1	1	1	0.91	1	0.92	1	0.91
Patients Over 5 Years																	
Greeting	0.3	0.58	0.58	0.92	0.25	0.08	0.17	0.83	0.17	0.08	0.92	0.42	0.08	0.25	0	0.33	0.75
Asks age	1.0	0.50	0.83	0.75	1	0.25	0.83	1	1	1	0.75	1	1	0.83	0.92	1	1
Asks nature of complaint	1.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Asks duration of complaint	1.0	0.83	1	0.92	1	0.83	0.92	1	1	1	1	1	1	0.83	1	0.92	1
Asks for previous treatment	0.5	0.58	0.67	0.83	0.58	0.17	0.08	0.50	0.27	0.83	1	0.50	0.42	0.58	0.75	0.42	0.83
Checks blood Pressure	0.7	0.60	0.92	0.58	0.88	0.58	0.71	0.73	0.89	1	1	0.88	1	0.89	0.67	0.25	0.70
Checks temperature	0	0.20	0	0.38	0	0	0	0.17	0	0	0	0.33	0	0	0	0	0
Performs physical exam	0.9	0.67	0.92	0.75	1	0.83	0.67	0.67	0.75	1	1	1	1	0.83	1	1	0.75
Completes patient record	0	0.33	0.08	0.08	0	0.08	0	0.08	0	0	0.08	0	0	0	0	0	0
Completes patient tally sheet	0.8	0.83	0.25	0.42	1	0.25	1	1	0.92	0	0.92	0	0.08	0.92	1	0.75	0.67
Completes register book	1.0	1	1	1	1	0.42	1	1	1	1	1	1	1	1	1	1	1
Physical exam performed (interview)	0.9	0.67	1	0.75	0.92	0.75	0.92	0.91	0.91	1	0.92	1	0.33	0.92	1	0.58	0.75

Annex 13c: Health Worker Communication: Provincial Hospitals (Badakhshan to Khost)

Province	National Median	Badakhshan	Badghis	Baghlan	Balkh	Bamyan	Daykundi	Farah	Faryab	Ghazni	Ghor	Helmand	Herat	Jawzjan	Kandahar	Kapisa	Khost
E-11: Health Worker Communication	46.1	41.9	35.7	49.1	43.2	59.8	51.5	22.3	38.7	50.6	41.7	38.2	29.8	48.3	63.9	52.0	35.1
Patients under 5 years																	
Tell mother name of the disease?	0.6	0.75	0	0.67	0.75	1	0	0	0.33	0.83	0.50	0.33	0.08	0.67	0.75	0.83	0.25
Explain about the disease, its causes and course?	0.5	0.83	0.17	0.92	0.08	1	0	0	0.42	0.75	0.92	0.33	0.25	0	0.50	1	0
Explain what the mother or caretaker should do at home for the child?	0.6	0.50	0.25	0.83	0.17	1	0.75	0.17	0.67	0.75	0.92	0.58	0.50	0	0.83	1	0.08
Give mother or caretaker a prescription or a medicine today to give at home?	1.0	1	1	1	0.75	1	1	0.92	1	0.92	1	1	1	0.92	1	1	1
Tell mother the name of the medicine?	0.4	0.42	0.08	0.33	0	0.92	0	0	0.58	0.82	0.83	0.67	0	0.09	0.75	0.67	0.08
Explain how to take the medicine?	0.8	0.58	0.17	0.83	0.56	0.83	1	0	0.75	0.73	1	0.83	0.17	0.55	1	1	0
Say what adverse reactions might be expected, and what to do about them?	0	0	0	0	0	0	0	0	0	0.18	0	0.08	0	0.18	0	0.08	0
Indicate to the mother or caretaker the signs or symptoms that should prompt return to the clinic?	0.1	0.08	0	0.25	0	0.33	0.67	0.08	0.67	0.08	0	0.25	0	0	0.33	0.08	0
Ask if the mother (care taker) has any question	0	0	0.08	0	0.08	0	0	0	0	0	0.08	0	0	0	0.08	0.17	0
At this visit, did the health worker tell you what was wrong with the child?	0.5	0.83	0.33	0.92	0.67	0.33	0.18	0	0.33	0.58	0.17	0.50	0.17	1	0.75	0.50	0.58
Did the health worker tell you things to do at home to help treat the child's illness?	0.5	0.33	0.58	0.67	0.25	0.50	0.67	0.50	0.33	0.50	0.42	0.25	0.58	0.33	0.92	0.58	0.25
Did the health worker tell you to bring the child back if the child's condition becomes worse?	0.4	0.17	0.58	0.25	0.42	0.42	0.83	0.42	0.42	0.42	0.08	0.08	0.17	0.42	0.42	0.08	0.50
For each medicine, do you know how much is to be given at each dose?	1.0	1	1	1	0.67	1	1	0.82	0.42	0.73	1	0.83	0.92	0.83	1	1	0.92
For each medicine, do you know what time during the day the medicine is to be given?	1.0	1	0.92	1	0.67	1	1	0.82	0.42	0.73	0.92	0.91	0.83	0.83	1	1	0.92
For each medicine, do you know for how many days the medicine is to be taken?	0.4	0.17	0	0.17	0.64	0.33	1	0	0	0.27	0	0.55	0.08	0.67	0.75	0.58	0.92
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?	0	0	0.36	0	0.18	0	0	0	0.11	0	0	0	0	0.09	0.14	0	0
Patients under 5 years																	
Tell patient or caretaker the name of the disease?	0.5	0.50	0.08	0.50	0.83	0.83	0.08	0	0.50	0.17	0.92	0.50	0.25	0.92	0.83	0.58	0.25
Explain about the disease, its causes and course?	0.5	0.50	0.08	0.17	0.33	0.92	0.08	0	0.33	0.92	0.92	0.17	0.25	0.33	0.75	0.83	0.33
Explain what precautions or home nursing care to take?	0.6	0.50	0.17	0.83	0.33	0.83	0.83	0.08	0.58	0.75	0.58	0	0.42	0.58	0.75	0.58	0.17
Give patient a prescription or a medicine today to take at home?	1.0	0.92	1	1	0.83	1	1	1	1	1	1	1	1	0.83	1	1	1
Tell patient the name of the medicine?	0.3	0	0	0.17	0.40	0.83	0.08	0	0.58	0.17	0.17	0.42	0.08	0.60	0.83	0.50	0.17
Explain how to take medicines?	0.7	0.18	0.08	0.17	0.80	0.83	0.92	0	0.67	1	0.75	0.50	0.33	0.80	0.83	0.50	0.33
Say what adverse reactions might be expected, and what to do about them?	0.0	0	0	0.17	0	0.25	0	0	0	0.33	0	0	0	0	0.33	0.25	0.25
Indicate to the patient the signs or symptoms that should prompt return to the clinic?	0.1	0.25	0	0	0.42	0.17	0.67	0	0.17	0	0	0.08	0	0.50	0.25	0.08	0.08
Tell patient when to return for a check-up (return visit) or to go to another facility (including referral)?	0.2	0.25	0	0.42	0.08	0.17	0.67	0.67	0.08	0.08	0	0.17	0	0.08	0.50	0.08	0.17
Ask whether patient has any questions?	0	0	0	0	0.33	0	0	0	0	0.42	0.08	0	0	0.17	0.33	0	0
At this visit, did the health worker tell you what is wrong with you/ the patient?	0.9	0.83	0.83	0.92	1	1	1	0.67	0.92	0.75	0.17	0.83	0.58	1	0.83	1	0.82
Did the health worker tell you things to do at home to help treat the illness, or precautions to take while recovering?	0.5	0.42	0.33	0.58	0.17	0.75	0.50	0.08	0.08	0.67	0	0.17	0.50	0.33	0.58	0.50	0.18
Did the health worker say to make return visit if condition worsens?	0.3	0.08	0.58	0.33	0.25	0.67	0.58	0.25	0.42	0.25	0.08	0.17	0.17	0.58	0.33	0.33	0.45
Did the health worker ask questions about other conditions beside those you mentioned when you came to the clinic?	0.4	0.50	0.83	0.58	0.42	0.42	0.08	0	0.08	0.25	0	0.08	0.42	0.58	0.42	0.33	0.27
For each medicine, do you know how much is to be given at each dose?	0.9	0.92	0.92	1	1	1	1	0.67	0.70	0.75	1	1	0.67	1	1	0.92	0.82
For each medicine, do you know what time during the day the medicine is to be given?	0.9	0.92	1	1	0.91	0.92	1	0.58	0.50	0.75	0.92	0.58	0.75	1	0.92	1	0.82
For each medicine, do you know for how many days the medicine is to be taken?	0.5	0.25	0.42	0.50	0.92	0.58	1	0	0.36	0.33	0.17	0.33	0.17	1	0.58	0.33	0.82
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?	0.0	0	0.33	0	0.17	0	0	0	0	0.33	0	0	0.18	0.17	0.17	0	0.10
Did the health worker give you/the patient a specific date to return to the clinic for a follow-up visit?	0.2	0.08	0.42	0.33	0.25	0.25	0.50	0.17	0	0.67	0.17	0.08	0.17	0.17	0.58	0.08	0.09

Annex 13d: Health Worker Communication: Provincial Hospitals (Kunar to Zabul)

Province	National Median	Kunar	Kunduz	Laghman	Logar	Nangrahar	Nimroz	Paktika	Paktya	Panjsher	Parwan	Samangan	Saripul	Takhar	Uruzgan	Wardak	Zabul
E-11: Health Worker Communication	46.1	55.0	46.0	45.7	52.0	31.4	32.8	46.2	45.5	75.2	68.0	70.5	57.3	47.8	29.0	33.9	53.2
Patients under 5 years																	
Tell mother name of the disease?	0.6	0.58	0.67	0.25	0.50	0.08	0	0.08	0.75	0.83	1	0.83	0.67	0.75	0	0	0.92
Explain about the disease, its causes and course?	0.5	0.50	0.75	0.33	0.83	0.25	0.08	0.67	0.67	0.58	1	0.83	0.75	0.92	0.17	0.17	0.42
Explain what the mother or caretaker should do at home for the child?	0.6	0.50	0.58	0.25	0.75	0.33	0.50	1	0.67	0.67	1	0.67	1	0.83	0.58	0.42	0.42
Give mother or caretaker a prescription or a medicine today to give at home?	1.0	1	1	0.92	1	0.83	1	1	0.92	1	1	1	1	1	1	0.92	1
Tell mother the name of the medicine?	0.4	0.33	0.58	0.27	0.50	0.20	0.17	0.25	0.73	1	1	0.92	0.92	0.33	0.17	0.18	0.58
Explain how to take the medicine?	0.8	0.83	0.42	0.36	0.92	0.40	0.25	0.92	0.73	1	1	1	1	0.83	0.17	0.45	0.75
Say what adverse reactions might be expected, and what to do about them?	0	0.58	0	0.18	0.17	0	0	0	0	0.17	0.25	0	0	0.08	0	0	0
Indicate to the mother or caretaker the signs or symptoms that should prompt return to the clinic?	0.1	0.50	0.25	0.08	0.25	0.25	0.58	0.08	0.08	0.42	0.08	1	0.92	0.17	0	0	0.58
Ask if the mother (care taker) has any question	0	0.08	0.17	0	0.08	0.10	0	0	0	0.17	0.50	0	0.08	0	0	0	0
At this visit, did the health worker tell you what was wrong with the child?	0.5	0.58	0.75	0.67	0.67	0.50	0.25	0.42	0.25	0.92	0.67	0.92	0.17	0.92	0	0.33	0.83
Did the health worker tell you things to do at home to help treat the child's illness?	0.5	0.58	0.75	0.50	0.83	0.42	0.25	0.83	0.42	0.75	0.58	0.42	0.25	0.75	0.50	0.42	0.58
Did the health worker tell you to bring the child back if the child's condition becomes worse?	0.4	0.92	0.33	0.25	0.17	0.25	0.67	0.50	0.42	0.83	0.33	1	0.83	0.33	0.25	0	0.73
For each medicine, do you know how much is to be given at each dose?	1.0	1	0.67	1	1	0.92	1	0.92	1	1	0.92	0.92	1	1	0.83	1	0.92
For each medicine, do you know what time during the day the medicine is to be given?	1.0	1	0.67	1	1	0.75	1	1	1	1	0.92	0.92	1	1	0.83	1	0.73
For each medicine, do you know for how many days the medicine is to be taken?	0.4	0.50	0.50	0.33	0.45	0.58	0.08	0.75	0.08	0.92	0.67	0.83	0.17	0.17	0	0	0.42
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?	0	0.17	0.20	0	0.13	0	0	0.22	0	0.10	0.27	0.10	0	0	0	0	0.25
Patients over 5 years																	
Tell patient or caretaker the name of the disease?	0.5	0.75	0.25	0.50	0.42	0.25	0	0	0.33	1	0.92	1	0.92	0.42	0.08	0.33	0.67
Explain about the disease, its causes and course?	0.5	0.67	0.50	0.75	0.83	0.33	0	0.42	0.50	0.92	1	1	0.92	0.27	0.33	0.42	0.58
Explain what precautions or home nursing care to take?	0.6	0.42	0.17	0.83	0.75	0.08	0.42	0.67	0.67	0.75	1	1	0.92	0.42	0.58	0.67	0.42
Give patient a prescription or a medicine today to take at home?	1.0	0.92	1	1	1	0.75	1	1	1	0.83	1	1	1	1	1	1	1
Tell patient the name of the medicine?	0.3	0.73	0.25	0.27	0.50	0.22	0	0.17	0.50	0.90	0.67	0.83	0.92	0.25	0.17	0	0.42
Explain how to take medicines?	0.7	0.55	0.08	0.92	0.92	0.11	0.08	1	0.75	1	0.92	1	1	0.25	0.08	0.17	0.82
Say what adverse reactions might be expected, and what to do about them?	0.0	0.18	0.17	0.08	0	0	0.08	0	0	0.10	0.33	0.08	0.17	0	0.08	0	0.08
Indicate to the patient the signs or symptoms that should prompt return to the clinic?	0.1	0.25	0.25	0.08	0	0.08	0	0	0	0.75	0.25	0.75	0.42	0.08	0.08	0	0.08
Tell patient when to return for a check-up (return visit) or to go to another facility (including referral)?	0.2	0.17	0.42	0.08	0.08	0	0.33	0.08	0	0.67	0.58	0.33	0.50	0.25	0	0.50	0.33
Ask whether patient has any questions?	0	0	0	0.17	0.17	0	0	0	0	0.67	0.33	0.17	0	0	0.08	0.08	0.08
At this visit, did the health worker tell you what is wrong with you/ the patient?	0.9	0.67	0.58	0.92	1	0.67	0.92	0.75	0.83	1	0.83	0.92	1	1	1	0.92	1
Did the health worker tell you things to do at home to help treat the illness, or precautions to take while recovering?	0.5	0.58	0.25	0.42	0.50	0	0.50	0.58	0.50	0.75	0.67	0.25	0.58	0.33	0.33	0.50	0.50
Did the health worker say to make return visit if condition worsens?	0.3	0.42	0.58	0.17	0	0	0.50	0	0.17	0.58	0.67	0.58	0.25	0.17	0.08	0.17	0.25
Did the health worker ask questions about other conditions beside those you mentioned when you came to the clinic?	0.4	0.67	0.58	0.58	0.58	0	0	0.42	0.67	0.83	0.42	0.50	0	0.33	0.17	0.17	0.33
For each medicine, do you know how much is to be given at each dose?	0.9	0.75	0.83	1	0.83	0.92	0.92	1	0.83	1	1	1	0.92	1	0.92	0.92	1
For each medicine, do you know what time during the day the medicine is to be given?	0.9	0.83	0.92	1	1	0.83	0.92	0.92	1	1	1	1	1	1	0.92	0.92	0.92
For each medicine, do you know for how many days the medicine is to be taken?	0.5	0.58	0.50	0.58	0.25	0.67	0	0.42	0.45	1	0.50	1	0.25	0.58	0	0.33	0.58
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?	0.0	0.36	0.11	0	0	0.08	0	0	0.09	0.17	0.18	0.09	0	0.10	0.08	0	0
Did the health worker give you/the patient a specific date to return to the clinic for a follow-up visit?	0.2	0.18	0.50	0.45	0	0	0.08	0.08	0.08	0.75	0.42	0.45	0.08	0.36	0	0.33	0.10

Annex 13e: Health Worker Skills: National Hospitals

Hospital	Inb sina	Infectious	Esteqlal	Malalai	WAK	KKK	Indira G.
E-10: Health Worker Skills		67.8	57.3	69.5	62.5	54.2	56.8
Patients Under 5 Years							
Greeting						0.50	0.42
Asks age						0.83	0.67
Asks nature of complaint						1	1
Asks primary complaint duration						1	1
Asks if able to drink/breastfeed						0.83	0.58
Asks if vomiting						0.67	0.50
Asks if lethargy, consciousness						0	0.58
Ask for convulsions						0	0.08
Asks if diarrhea						0.83	0.83
Asks if breathing difficulties, coughing						0.83	0.92
Asks if fever						0.83	1
Looks for measles						0	0
Looks for signs of anemia						0	0.50
Looks for edema						0.75	0.17
Give indication on return visit						0.08	0.25
Asks if additional questions						0	0.33
Checks immunization card						0.08	0.08
Sends for immunization							
Completes patient record						0	0
Completes patient tally sheet						0	0
Completes register book						1	1
age						0.92	0.83
weight						0	0
growth chart						0	0
Performs physical exam						1	0.92
Patients Over 5 Years							
Greeting		0.58	0.25	0.58	0.50	0.33	0.33
Asks age		0.67	0.83	1	0.50	1	0.83
Asks nature of complaint		1	1	1	1	1	1
Asks duration of complaint		1	0.92	0.92	0.83	0.92	1
Asks for previous treatment		0.67	0.25	0.33	0.75	0.17	0.67
Checks blood Pressure		0.58	0.55	0.73	0.83	0.71	
Checks temperature		0			0	0	0.13
Performs physical exam		1	0.75	1	0.75	1	1
Completes patient record		0	0	0	0	0	0
Completes patient tally sheet		0	0	0.17	0	0	0
Completes register book		1	1	1	1	1	1
Physical exam performed (interview)		1	0.75	0.92	0.75	1	1

Annex 13f: Health Worker Communication: National Hospitals

Hospital	Inb sina	Infectious	Esteqlal	Malalai	WAK	KKK	Indira G.
E-11: Health Worker Communication		50.9	31.6	30.9	61.4	41.7	45.5
Patients under 5 years							
Tell mother name of the disease?						0.17	0.75
Explain about the disease, its causes and course?						0.08	0.42
Explain what the mother or caretaker should do at home for the child?						0.58	0.50
Give mother or caretaker a prescription or a medicine today to give at home?						1	1
Tell mother the name of the medicine?						0.17	0.58
Explain how to take the medicine?						0.92	0.92
Say what adverse reactions might be expected, and what to do about them?						0	0
Indicate to the mother or caretaker the signs or symptoms that should prompt return to the clinic?						0	0
Ask if the mother (care taker) has any question						0	0.33
At this visit, did the health worker tell you what was wrong with the child?						0.17	0.17
Did the health worker tell you things to do at home to help treat the child's illness?						0.25	0.33
Did the health worker tell you to bring the child back if the child's condition becomes worse?						0	0
For each medicine, do you know how much is to be given at each dose?						1	1
For each medicine, do you know what time during the day the medicine is to be given?						1	1
For each medicine, do you know for how many days the medicine is to be taken?						0.92	0.73
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?						0	0
Patients under 5 years							
Tell patient or caretaker the name of the disease?		0.67	0.17	0.25	0.58	0.75	0.33
Explain about the disease, its causes and course?		0.33	0.33	0.25	0.67	0.58	0.50
Explain what precautions or home nursing care to take?		0.75	0.67	0.08	0.50	0.58	0.67
Give patient a prescription or a medicine today to take at home?		1	1	0.25	0.92	0.92	1
Tell patient the name of the medicine?		0.67	0	0.67	0.45	0.36	0.25
Explain how to take medicines?		1	0.67	0.33	0.73	1	1
Say what adverse reactions might be expected, and what to do about them?		0.17	0	0	0.18	0	0
Indicate to the patient the signs or symptoms that should prompt return to the clinic?		0.08	0	0.08	0.58	0	0.08
Tell patient when to return for a check-up (return visit) or to go to another facility (including referral)?		0.08	0	0.50	0.67	0	0.08
Ask whether patient has any questions?		0.08	0.17	0.08	0.33	0.33	0.50
At this visit, did the health worker tell you what is wrong with you/ the patient?		0.75	0.17	1	0.75	0.67	0.33
Did the health worker tell you things to do at home to help treat the illness, or precautions to take while recovering?		0.50	0.67	0.18	0.67	0.33	0.67
Did the health worker say to make return visit if condition worsens?		0.08	0	0.27	0.58	0	0.08
Did the health worker ask questions about other conditions beside those you mentioned when you came to the clinic?		0.50	0.50	0.36	0.75	0.83	0.58
For each medicine, do you know how much is to be given at each dose?		1	0.67	1	1	1	0.92
For each medicine, do you know what time during the day the medicine is to be given?		1	0.67	1	1	1	0.92
For each medicine, do you know for how many days the medicine is to be taken?		0.83	0.33	1	0.90	0.73	0.67
Did the health worker(s) tell you about possible adverse reactions (side effects) that the given/prescribed medicine(s) might have?		0.08	0	0.33	0	0	0
Did the health worker give you/the patient a specific date to return to the clinic for a follow-up visit?		0.08	0	0.27	0.58	0	0

