

Afghanistan



Service Provision Assessment Survey 2018-19

(Balkh, Herat, Kabul, Kandahar,
Kunduz, Nangarhar, and Paktya)

Afghanistan Service Provision Assessment 2018-19

Final Report

**Ministry of Public Health
Wazir Akbar Khan, Kabul, Afghanistan**

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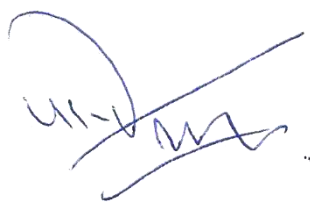
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FOREWORD

The 2018-19 Afghanistan Service Provision Assessment focused on tertiary/specialty and private hospitals. The assessment was conducted between November 2018 and January 2019. The overall goal of the survey was to gather information on the availability, readiness, and quality of health services in national specialty and provincial/regional hospitals, including major private sector hospitals in seven major urban areas (Kabul, Herat, Balkh, Kandahar, Nangarhar, Kunduz, Paktya). The assessment focused on specific service areas within the hospitals, which included family planning, maternal and child health, surgery, pediatrics, emergencies, intensive care, delivery, and newborn care. The findings will serve as a baseline for monitoring these services and progress over time.

The information gathered from this assessment comes from interviews with service providers, observations of consultations between the health care providers and clients seeking their services, and interviews with clients after they received care and left the facility.

The assessment provides both details and highlights of the status of health facilities in seven provinces of the country. I strongly request that the Ministry of Public Health policy and planning programs use this information to identify the gaps available in the targeted service delivery areas and plan for their improvement accordingly.



Dr. Sayed Atallah Saeedzai
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The assessment had oversight by a steering committee led by Director General M&EHIS and with the relevant stakeholders from MoPH programs and partners. I highly commend the steering committee for its contributions from the General Directorate of Curative Medicine, Directorate of RMNCH, Expanded Program of Immunization (EPI), USAID, WHO, UNICEF, and UNFPA for reviewing and overseeing the project from beginning to end and for providing their valuable insights to improve the quality of survey design and implementation.

In addition, special gratitude goes to the AfSPA core team, including the study investigation team, team leader, survey manager, master trainers, data collectors, data processors, and logistics specialists without whom the survey would not have been possible.

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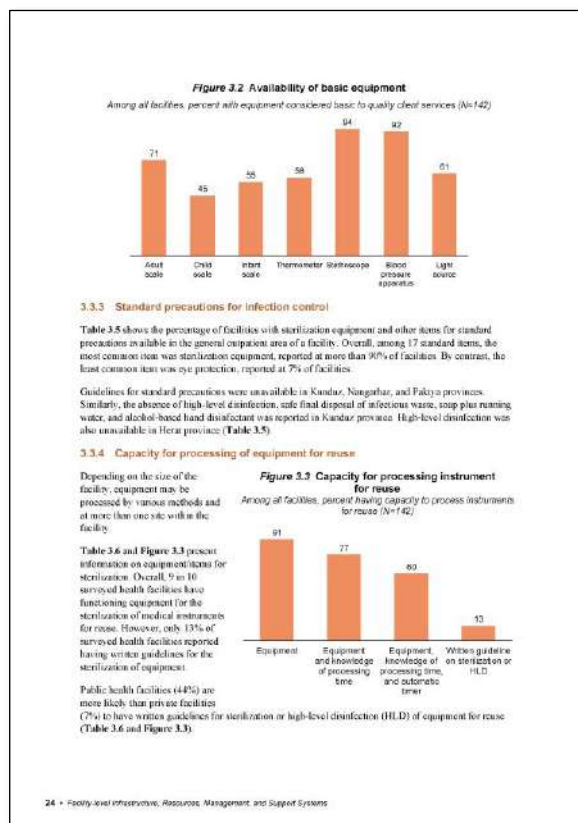
Dr. Ferozuddin Feroz
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READING AND UNDERSTANDING TABLES FROM THE 2018-19 AFGHANISTAN SPA

The new format of the 2018-19 AfSPA final report is based on approximately 110 tables of data. For quick reference, they are located at the end of each chapter and can be accessed through links in the pertinent text (electronic version). Additionally, this more reader-friendly version features 25 figures that clearly highlight subnational patterns and background characteristics. The text has been simplified to highlight key points in bullets and to clearly identify indicator definitions.

While the text and figures featured in each chapter highlight some of the most important findings from the tables, not every finding can be discussed or displayed graphically. For this reason, 2018-19 AfSPA data users should be comfortable reading and interpreting tables.

The following pages provide an introduction to the organization of 2018-19 AfSPA tables, the presentation of background characteristics, and a brief summary of sampling and understanding denominators. In addition, this section provides some exercises for users as they practice their new skills in interpreting 2018-19 AfSPA tables.



Example 1: Availability of Basic Client Services A Question Asked of All Surveyed Health Facilities

Table 3.2 Availability of basic client services 1

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Services for STI	Normal delivery	All basic client services ¹	Number of facilities
Facility type									
Public	50.0	36.1	44.4	41.7	44.4	47.2	41.7	25.0	24
Private	79.4	26.7	30.3	72.3	78.6	65.7	88.5	11.5	118
Province									
Balkh	60.0	40.0	33.3	46.7	60.0	73.3	53.3	20.0	10
Herat	81.6	11.3	18.7	60.2	85.2	15.1	81.9	7.4	19
Kabul	68.7	35.8	43.6	76.5	77.4	64.5	83.4	17.7	77
public	40.0	32.0	32.0	32.0	32.0	40.0	28.0	16.0	17
private	76.6	36.8	46.8	88.9	90.1	71.4	98.8	18.1	60
Kandahar	91.7	6.2	6.2	44.0	44.0	81.8	100.0	6.2	11
Kunduz	62.5	62.5	12.5	75.0	75.0	87.5	100.0	12.5	5
Nangarhar	91.3	13.0	27.3	61.5	65.8	85.7	64.6	8.7	15
Paktya	87.5	12.5	12.5	50.0	62.5	50.0	75.0	0.0	5
Total	74.4	28.3	32.7	67.2	72.8	62.6	80.6	13.8	142

¹ Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and services for sexually transmitted infections (STI) and normal delivery.

Step 1: Read the title and subtitle, highlighted in orange in the table above. They tell you about the topic and provide a brief description of the information contained in the table. In this case, the table is about the provision of basic client services in health facilities in Afghanistan from the 2018-19 Afghanistan Service Provision Assessment (AfSPA).

Step 2: Scan the column headings—highlighted in green in Example 1. They describe how the information is categorized. In this table, there are nine columns. The first seven columns represent one basic client service—child curative care, child growth monitoring, child vaccination, any modern methods of family planning, antenatal care, services for sexually transmitted infections (STIs), and normal delivery. The eighth column shows what percent of facilities have ALL seven basic client services. Note that the very last column, in gray, lists the number of health facilities in each category. These numbers are the denominators, that is, the total number of facilities surveyed for each topic and each background characteristic. In this case, 142 facilities were surveyed. Of these 142 surveyed facilities, 24 are public facilities and 118 are private facilities.

Step 3: Scan the row headings—the first vertical column highlighted in blue in Example 1. These show the different ways the data are divided into categories based on background characteristics. In this case, the table presents availability of basic client services by facility type and province. Most of the tables in the 2018-19 AfSPA will be divided into these same categories.

Step 4: Look at the row at the bottom of the table highlighted in red. These figures represent the total percentages. That is, the percent of facilities that offer each of the seven services, and the percent that offer ALL seven basic services. This table shows that 74.4%* of health facilities offer services for child curative care in the survey target areas. Overall, 13.8% of all facilities provide ALL seven basic client services.

Step 5: To find out what percent of health facilities in Kandahar province offer child vaccination services, draw two imaginary lines, as shown on the table. This shows that 6.2% of health facilities in Kandahar province offer child vaccination services.

* For the purpose of this document, data are presented exactly as they appear in the table including decimal places. However, the text in the remainder of this report rounds data to the nearest whole percentage point.

Practice: Use the table in Example 1 to answer the following questions:

- a) Are services for any modern methods of family planning more likely to be offered by public or private facilities?
- b) In which province are services for STIs least available?
- c) Which facility type is least likely to offer all seven basic client services?

Answers:
a) Private—72.3% of private facilities offer services for any modern methods of family planning, compared to 41.7% of public facilities.
b) Herat province—15.1%.
c) Private facilities—11.5%.

Example 2: Availability of Antenatal Care (ANC) Services A Question Asked of a Subset of Surveyed Health Facilities

Table 6.1 Availability of antenatal care services 1

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentages offering the service on the indicated number of days per week, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹		Tetanus toxoid vaccine every day ANC is offered	Number of facilities offering ANC
			1-2 days/week	5+ days/week		
Facility type						
Public	44.4	24	6.3	93.8	68.8	11
Private	78.6	118	7.2	92.1	29.0	93
Province						
Balkh	60.0	10	0.0	100.0	44.4	6
Herat	85.2	19	0.0	95.8	17.7	16
Kabul	77.4	77	10.0	90.0	41.7	59
public	32.0	17	0.0	100.0	62.5	5
private	90.1	60	11.0	89.0	39.6	54
Kandahar	44.0	11	0.0	100.0	14.2	5
Kunduz	75.0	5	0.0	100.0	33.3	4
Nangarhar	65.8	15	13.2	86.8	13.2	10
Paktya	62.5	5	0.0	100.0	20.0	3
Total	72.8	142	7.1	92.3	33.1	103

¹ Some facilities offer ANC services less often than one day per week, and so the total percentage may be less than 100 percent.

Step 1: Read the title and subtitle. In this case, the table is about two separate groups: a) all health facilities, and b) facilities that offer antenatal care (ANC) services.

Step 2: Identify the two panels. First, identify the columns that refer to all facilities (**a**). Then, isolate the columns that refer to facilities that offer ANC services (**b**).

Step 3: Scan the row headings to identify the background characteristics. In this table, availability of ANC services is presented by facility type and province.

Step 4: Now look at the first panel. What percent of health facilities offer ANC services? It's 73%. Now look at the second panel. How many health facilities offer ANC services? It's 103 health facilities or 73% of the 142 health facilities in the survey sample. The second panel is a subset of the first panel.

When reading and using the 2018-19 AfSPA, be sure to identify which group of facilities is being displayed. For example, look at the first column in panel **b**. It is NOT correct to say that 7.1% of health facilities offer ANC services 1-2 days per week. It is correct to say that 7.1% of facilities *offering ANC services* offer these services 1-2 days per week.

Example 3: Components of Counseling and Discussions during Consultations for All Female Family Planning Clients Observed Consultations in the 2018-19 AfSPA

Table 5.10 Components of counseling and discussions during consultations for all female family planning clients													1		
Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by background characteristics, Afghanistan SPA 2018-19															
3	2				Province								5		
	Facility type		Kabul												
	Public	Private	Balkh	Herat	total	public	private	Kandahar	Kunduz	Nangarhar	Paktya	Total			
Privacy and confidentiality															
Visual privacy assured	72.5	55.6	100.0	67.5	57.7	56.4	76.9	75.9	60.0	88.2	90.9	69.4			
Auditory privacy assured	67.2	55.5	100.0	54.8	57.2	56.4	69.2	83.1	60.0	64.7	0.0	65.0			
Confidentiality assured	58.6	46.3	88.1	23.8	50.4	49.1	69.2	74.4	60.0	52.9	81.8	56.3			
All three counseling conditions on privacy and confidentiality met ¹	56.1	46.3	88.1	23.8	50.4	49.1	69.2	74.4	60.0	52.9	0.0	54.3			
Discussion related to STIs and condoms															
Use of condoms to prevent STIs	8.3	0.0	0.0	3.6	6.8	7.3	0.0	0.0	20.0	38.2	0.0	6.8			
Use of condoms as dual method ²	2.5	0.0	5.9	0.0	3.4	3.6	0.0	0.0	0.0	0.0	0.0	2.1			
Any discussion related to STIs ³	19.0	6.4	8.7	9.2	20.9	21.8	7.7	0.0	20.0	41.2	63.6	16.6			
Concerns, side effects, and individual client cards															
Concerns about methods discussed ⁴	41.2	28.1	34.8	34.8	56.7	56.4	61.5	0.0	40.0	55.9	9.1	38.8			
Side effects discussed ⁵	30.7	20.5	26.1	25.6	47.7	47.3	53.8	0.0	40.0	8.8	0.0	28.9			
Individual client card reviewed during consultation	41.6	2.6	65.2	25.3	45.2	47.3	15.4	0.0	40.0	55.9	0.0	34.4			
Individual client card written on after consultation	52.8	10.2	65.2	36.4	53.6	56.4	15.4	7.2	40.0	70.6	100.0	45.0			
Visual aid and return visit															
Visual aids were used during consultation	19.3	6.3	11.9	38.1	20.4	21.8	0.0	0.0	0.0	2.9	54.5	16.9			
Return visit discussed	25.4	15.3	17.8	10.8	27.3	25.5	53.8	0.0	0.0	70.6	100.0	23.6			
Number of observed female FP clients	154	35	15	24	89	83	6	40	2	15	5	189			

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning method

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method

Step 1: In the 2018-19 AfSPA, consultations with family planning (FP) clients were observed by interviewers. We can use the same steps to read and understand tables about observed consultations. Read the title and subtitle. In this case, the table is about the components and discussions that were observed during FP client consultations.

Step 2: Scan the column headings—highlighted in green in Example 3. In this case, each column represents the background characteristics of a) facility types and b) provinces. In this example, background characteristics are presented as columns and not as rows.

Step 3: Scan the row headings—the first vertical column highlighted in blue in Example 3. For this table, the rows represent the components of the consultations: privacy and confidentiality; discussion related to STIs and condoms; concerns, side effects, and individual client cards; and visual aid and return visit. These categories allow you to compare components of the consultations by facility type and province.

Step 4: Note that the very last row, in gray, lists the number of observed female FP clients in each category. These numbers are the denominators, that is, the total number of FP clients observed for each background characteristic. In this case, a total of 189 female FP client consultations were observed. Among the 189 consultations, 154 were performed in public facilities and 35 were performed in private facilities.

Step 5: Look at the last column of the table. It represents the total percent of each component observed during FP consultations. For example, among observed FP consultations, 69% took place in an area where visual privacy was assured and 17% had any discussion related to STIs—the risk of STIs, using condoms to prevent STIs, or using condoms as dual method.

Example 4: Understanding Survey Weights in 2018-19 AfSPA Tables

The 2018-19 AfSPA is a census of public and private hospitals in 7 survey target areas including Balkh, Herat, Kabul, Kandahar, Kunduz, Nangarhar, and Paktya. In Kabul, a probability sample of private hospitals was selected from a comprehensive list of all private hospitals in Kabul.

Most countries want to collect data and report information that represent facilities in the entire country as well as facilities in provinces. In the case of the AfSPA, researchers want to know about health facilities of different types (public versus private), as well as facilities at the provincial level. We want the sample of provincial-level facilities surveyed to resemble the actual provincial-level health facilities in the survey target areas. However, there are many more facilities in Kabul than provincial-level facilities in Herat.

For example, let's say that we have enough money to visit 142 facilities for a survey that should be representative of all facility types (as shown in Table 2.4). In the survey target areas, health facilities are not evenly spread out; there are many more private than public facilities, and there are more facilities in Kabul than Herat.

A sampling statistician can determine how many facilities of each type should be surveyed in order to get reliable statistics for the specific indicators the country is interested in. In the case of Afghanistan, the **blue column (1)** shows the actual number of facilities selected and interviewed in each type and province, ranging from 8 facilities in both Kunduz and Paktya to 52 facilities in Kabul. The sampling statistician assures us that these are enough facilities to get reliable results for each province.

But now there is a new challenge. With this distribution of facilities by province, some provinces are overrepresented and some provinces are underrepresented. For example, the unweighted column tells us that 27 health facilities in Herat were surveyed, which equals 19% of all facilities in the sample (142 health facilities). But in reality, health facilities in Herat only comprise about 13% of all the health facilities in the survey target areas. On the other hand, 52 health facilities in Kabul were surveyed, which equals 37% of the facilities in the sample. In actuality, about 54% of health facilities in the survey target areas are in Kabul. Would our survey show the true state of health facilities in the target areas if we used this sample distribution?

In order to get statistics that are representative of the entire country, the distribution of the facilities in our sample needs to resemble the distribution of the facilities in the survey target areas. Health facilities in Herat, for example, should only contribute a very small amount to the total. Likewise, health facilities in Kabul should contribute more. The numbers of facilities in each province are weighted or adjusted so that province's contribution to the total is proportionate to the actual distribution of health facilities in the survey target areas. The numbers in the **purple column (2)** represent the "weighted" numbers. The total sample size of 142 facilities has not changed, but the distribution of the facilities by province has been adjusted to represent their contribution to the total number of facilities in the survey target areas.

How do statisticians weight each category? They recalculate the categories to reflect the real distribution of facilities in the country. If you were to compare the **green column (3)** to the actual distribution of facilities in the survey target areas, you would see that facilities of each province surveyed are contributing to the

Table 2.4 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Public	16.9 3	24 2	36 1
Private	83.1	118	106
Province			
Balkh	7.0	10	15
Herat	13.1	19	27
Kabul	54.0	77	52
public	11.7	17	25
private	42.3	60	27
Kandahar	7.5	11	11
Kunduz	3.8	5	8
Nangarhar	10.8	15	21
Paktya	3.8	5	8
Total	100.0	142	142

total sample with the same weight that they contribute to the total number of facilities in the survey target areas. The weighted number of facilities in the survey now accurately represents how many facilities are in Kabul—54% of the facilities—and how few facilities are in Herat—only 13% of the facilities.

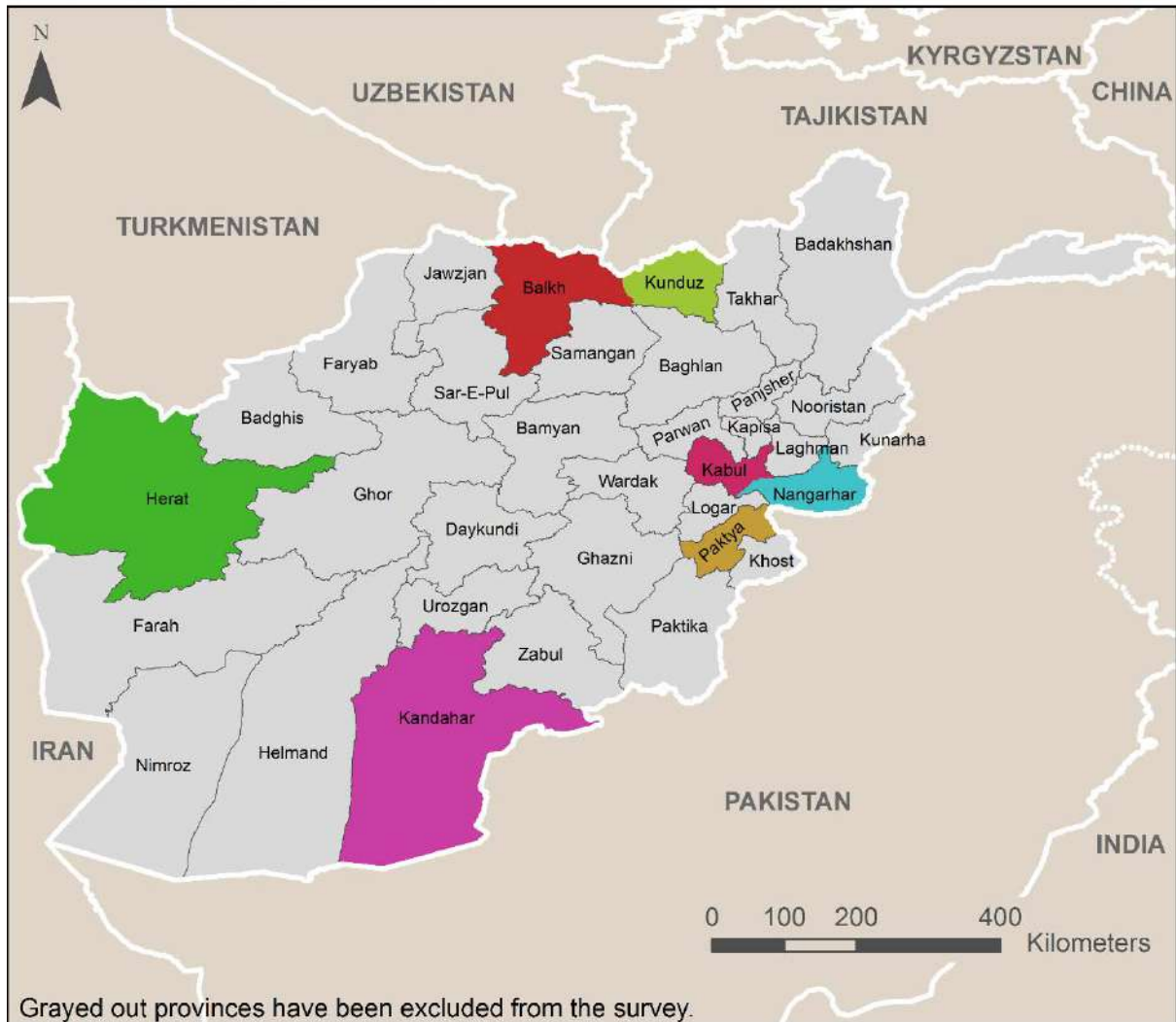
With sampling and weighting, it is possible to survey enough facilities to provide reliable statistics at both the national and provincial level, without distorting the overall distribution of facilities within the country. In general, only the weighted numbers are shown in each of the AfSPA tables, so don't be distressed if these numbers seem low—they may actually represent a larger number of facilities.

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
AfSPA	Afghanistan Service Provision Assessment
AHS	Afghanistan Health Survey
AIDS	human immunodeficiency virus
AMS	Afghanistan Mortality Survey
AMTSL	active management of third stage of labor
ANC	antenatal care
ANPDF	Afghanistan National Peace and Development Framework
ARI	acute respiratory infection
ART	antiretroviral therapy
BCG	bacillus Calmette–Guérin
BEmONC	Basic Emergency Obstetric and Neonatal Care
BP	blood pressure
BPHS	basic package of health services
CAFE	computer-assisted field editing
CAPI	computer-assisted personal interviewing
CDC	Centers for Disease Control and Prevention
CEmOC	Comprehensive Emergency Obstetric Care
CSF	cerebrospinal fluid
CSPRO	Census and Survey Processing System
CT	computed tomography
CVD	cardiovascular disease
DALY	disability-adjusted life year
DBS	dried blood spot
DHS	Demographic and Health Survey
DPT	diphtheria-tetanus-pertussis
ECG	electrocardiograph
EPHS	essential package of hospital services
EPI	Expanded Program of Immunization
EWEC	Every Woman, Every Child
FMIC	French Medical Institute for Children
FP & MCH	family planning and maternal and child health
GAPPD	Global Action Plan for Pneumonia and Diarrhea
GBD	global burden of disease
GDP	gross domestic product
HIV	human immunodeficiency virus
IFSS	internet file streaming system
IHME	Institute for Health Metrics and Evaluation
IMCI	integrated management of childhood illness

IMPAC	integrated management of pregnancy and childbirth
IPTp	intermittent preventive treatment of malaria in pregnancy
IPV	inactivated polio vaccine
ITN	insecticide-treated net
IUCD	intrauterine contraceptive devices
M&E	monitoring & evaluation
MDG	Millennium Development Goal
MDR-TB	multi-drug resistant tuberculosis
MICS	Multiple Indicator Cluster Survey
MoPH	Ministry of Public Health
MVA	manual vacuum aspiration
NCD	non-communicable disease
NCDI	non-communicable disease and injuries
NHA	national health account
NIP	national immunization program
NNS	National Nutrition Survey
NRVA	National Risk and Vulnerability Assessment Survey
NTP	National Tuberculosis Program
OPD	outpatient department
OPV	oral polio vaccine
ORS	oral rehydration salts
PCR	polymerase chain reaction
PCV	pneumococcal conjugate vaccine
PMTCT	prevention of mother-to-child transmission
PNC	postnatal care
RDT	rapid diagnostic test
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health Directorate
SC	sick children
SDG	Sustainable Development Goal
SP	sulfadoxine/pyrimethamine
SPA	Service Provision Assessment
STI	sexually transmitted infection
TB	tuberculosis
TOT	training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

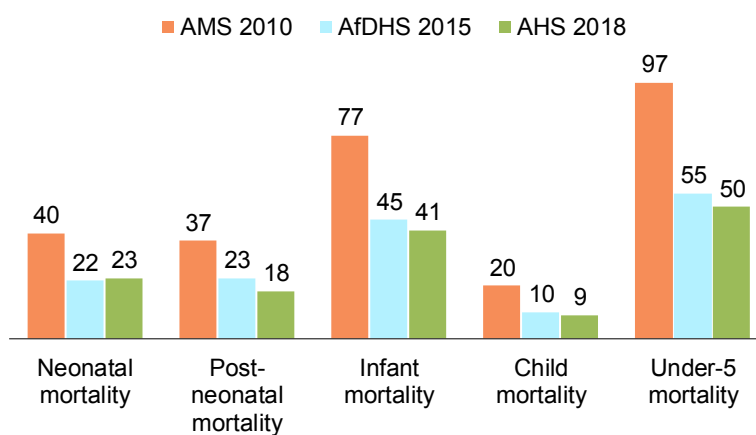
AFGHANISTAN



Afghanistan's health indicators demonstrate improvement in health status for Afghans in recent years. In 2018, 90% of the population had access to basic health services, most within a 2-hour drive, while in 2002 only 9% of the population had such access. Life expectancy has increased, reaching 60 plus years in 2017 (IHME 2019), a growth of more than 10 years since 1990. The infant mortality rate is dropping, from 77 deaths per thousand live births in 2010 to 41 deaths per thousand live births in 2017 (**Figure 1.1**). The under-5 mortality rate also has fallen from 97 to 50 deaths per thousand live births (AMS 2010, AHS 2018). In addition, maternal mortality has declined from 1,100 deaths per 100,000 live births in 2000 to 396 deaths per 100,000 live births in 2015 (UN estimation). The fertility rate has fallen, from 5.3 in the 2015 AfDHS to 5.1 in the 2018 AHS.

As the results of the Afghanistan Household Survey (AHS 2018) show, stunting of children is at a low level of 37%, which shows a 24% decline since 2004 (NNS 2004). In the meantime, delivery at birth by a skilled health provider and delivery in a health facility are an increasing trend. A skilled provider now delivers 59% of newborns compared with 51% previously, and delivery takes place in a health facility in 56% of cases compared with 48% in 2015 (AHS 2018, AfDHS 2015).

Figure 1.1 Trend of childhood mortality in Afghanistan



Despite these achievements in health in Afghanistan, there is still a burden of disease that demands attention. Ischemic heart disease, neonatal disorders, lower respiratory tract infections, strokes, and congenital defects are now the top five causes of death in the country (IHME 2019).

Among the many causes of mortality in children, preterm complications and sepsis/meningitis are among the most common ones among neonates and children under age 5. However, most deaths in children from age 1 month to 59 months are from diarrhea and pneumonia. Therefore, infectious diseases, chronic diseases, and injuries are also a significant part of the disease burden in Afghanistan (IHME 2019). Immunization coverage is another challenge for the country, no significant change has occurred in coverage over the last 5 years (AHS 2018).

1.1 HEALTH FINANCING

Afghanistan's financial resources for health care are provided by the government, international partners, and the public's out-of-pocket expenditures. Afghanistan has a high total health expenditure as a percentage of real GDP (12.75%), and although per capita total health expenditure has increased from US\$42 in 2008-09 to US\$87 in 2017, based on the national health account (NHA), the percentage contributed by each main source of funding has remained fairly constant. The international community has increased its share slightly, from 18% in 2008-09 to 20% in 2017. Overall, private out-of-pocket expenditure is still close to three-quarters of the country's total health expenditure.

Contrary to the prevailing perception of the Afghanistan health system as being highly donor dependent, the highest burden of health care costs is being borne by the public, as is evident in the results of the NHA reports. Out-of-pocket expenditure is 75%, which is a major policy concern for the MoPH.

Public expenditure included government spending on health and funds from international partners distributed to the health sector through government on-budget channels. Public expenditure on health was US\$593,671,258, an amount that included donor spending on health through on-budget and off-budget channels. In 2017, international partners (donors) contributed US\$470,279,774 for health through both on- and off-budget channels (on-budget support allocated through the Ministry of Finance and off-budget support directly transferred to the MoPH or service providers) to support implementation of a basic package of health services (BPHS) and essential package of health services (EPHS) via contracting out and in service delivery mechanisms (NHA 2017).

1.2 ENABLING POLICIES AND STRATEGIES TO IMPROVE HEALTH STATUS

1.2.1 Afghanistan vision

The Afghanistan National Peace and Development Framework (ANPDF) is the country's plan to achieve self-reliance and increase the welfare of the Afghan people. ANPDF will guide the building of a productive and broad-based economy that creates jobs. It will establish the rule of law and put an end to corruption, criminality, and violence. Justice and the rule of law require that we step up the fight against corruption, reform the courts, and make sure that ordinary citizens can exert their constitutional rights with confidence. The country will strategically invest in infrastructure, human capital, quality service delivery, and technology. Investment will be backed by a robust and well-regulated financial sector, which can channel money to where it can best be spent. Achieving these goals requires a collective effort to overcome fragmentation, increase accountability, and introduce proper policies for sustainable growth.

1.2.2 MDGs, SDGs, and other global initiatives

Afghanistan lags in progress towards the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). Clean water remains inaccessible for an estimated 35% of the population. This lack is a major contributor to a range of intestinal diseases and child mortality, and is a proxy indicator for high levels of absolute poverty (ANPDF 2017-2021).

Several international initiatives address health and related issues directly. These include the Millennium Declaration, which articulated the MDGs, and the UN Sustainable Development Summit, which issued a set of SDGs to end poverty, fight inequality and injustice, and tackle climate change by 2030. Afghanistan is a signatory to these international initiatives (National Health Strategy 2016-2020).

The health sector is committed to adopting and implementing SDG3, which aims to improve health based on 13 specific targets. In addition, the MoPH is committed to align, adopt, and comply with other key global initiatives such as the Global Strategy for Women's, Children's, and Adolescents' Health 2016-2030, and Family Planning 2020. Also, as one of the last two countries with endemic polio, Afghanistan has set a target to achieve polio eradication within the first 1 to 2 years of strategy implementation.

1.2.3 National health policy

The objective of the national health policy reform that is taking place from 2015 to 2020 is to change the culture and function of the MoPH and of health facilities at all levels of the health system to have a better, more sustained impact on reducing preventable mortality and morbidity. Work towards achieving this objective will require increasing domestic resource allocation to health; strengthening equity, access, and quality; partnerships and sustainability through the framework of sound governance; institutional development; cost-effective public health; client-friendly health services; effective human resource development; and inter-sectoral work at all levels of the health system. To achieve its objective and policy

priorities, national policy reform requires that the 2016-2020 national health strategy focus on the five national health policy areas.

1.2.4 National health strategy

In February 2016 the National Health Strategy 2016-2020 was designed and formulated within the parameters of the National Health Policy 2015-2020 to effectively implement the policy priorities and statements. The Ministry of Public Health developed the National Health Strategy 2016-2020 in an effort to attain strengthened, expanded, efficient, and sustained performance by the health system. This strategy is intended to ensure enhanced and equitable access to quality health services in an affordable manner, resulting in the improved health and nutrition status of all populations, especially women, children, and vulnerable groups.

The National Health Strategy 2016-2020 focuses on six strategic areas, namely governance, institutional development, public health, health services, and human resources for health and M&E, health information, learning, and knowledge/evidence-based practices with specified objectives, results, and outputs for each strategic area.

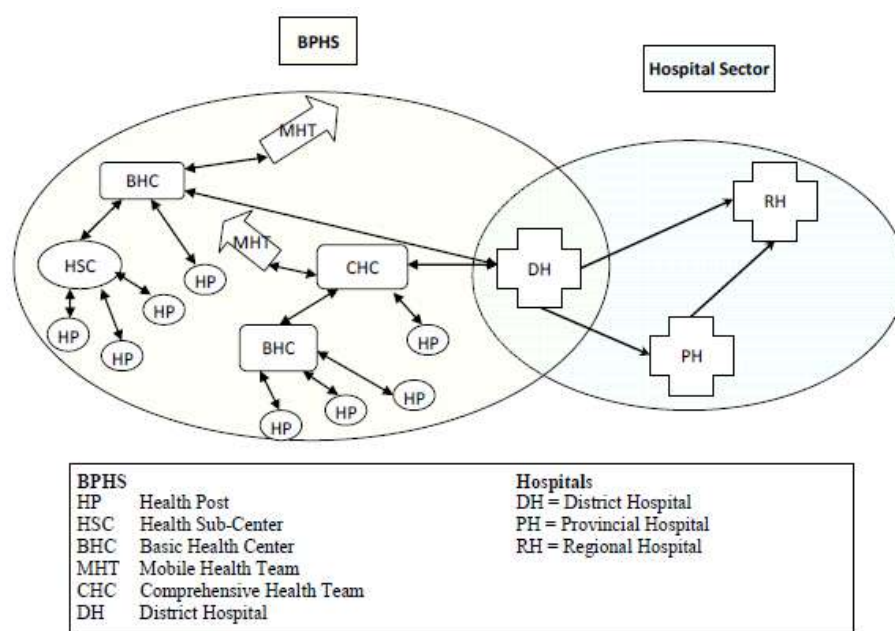
1.3 THE HEALTH CARE SYSTEM

1.3.1 Introduction

The Basic Package of Health Services was designed to ensure rapid expansion of basic health services for the underserved population. The Ministry of Public Health developed two packages of basic services—the Basic Package of Health Services (BPHS 2003) and the Essential Package of Hospital Services (EPHS 2005). In addition, the MoPH commissions nongovernmental organizations to provide the BPHS and EPHS in 31 provinces of the country. This strategic choice allows the MoPH to focus on strengthening the governance of the health sector and institutional development of the Ministry as a state institution. The comprehensive approach was intended to lay the foundation for a health sector that had the health of the people at its core.

The BPHS serves as the foundation of the Afghan health system and remains the key instrument in making sure that the most important and effective health interventions are made accessible to all Afghans. It is complemented by the EPHS, which defines essential elements of hospital services and promotes a referral system in synergy with the BPHS. Together, the BPHS and the EPHS represent key elements of the health system being built by the MoPH in Afghanistan (**Figure 1.2**).

**Figure 1.2 The EPHS and the BPHS in Afghanistan
(type of health facilities in Afghanistan)**



1.3.2 National and specialty hospitals

National and specialty hospitals are supported by Government sources, and their staffs are mostly civil servants. The total number of hospitals is 20, and almost all have a specialty program. The curative medicine general directorate of the MoPH manages the hospitals.

1.3.3 Private health sector

In countries such as Afghanistan, where health insurance and other pre-payment mechanisms are not available, out-of-pocket payments remain the most common way to access health care services. In 2017, the Government estimated that most health expenditures in the country—75%—were out-of-pocket payments made by Afghans (NHA 2017). It suggests that people use the private health sector inside the country and also visit Pakistan, India, and other countries to seek medical care.

1.3.4 Governance structure at the national level

The Ministry of Public Health is the lead state institution responsible for the health of the entire population. A number of other government ministries and agencies implement activities that either directly or indirectly impact the health of the people. Development partners, nongovernmental organizations (NGOs), professional associations, regulatory bodies, and the private sector are also key stakeholders in health.

The MoPH structure at the central level currently has three deputy ministers, six general directorates, and a number of directorates, departments, sections, and units. The Deputy Ministers are:

1. Deputy Minister of Policy and Planning
2. Deputy Minister of Health Service Provision
3. Deputy Minister of Administrative and Finance

The General Directorates are:

1. General Directorate of Policy and Planning
2. General Directorate of Curative Medicine

3. General Directorate of Preventive Medicine
4. General Directorate of Human Resources
5. General Directorate of Afghanistan National Public Health Institute
6. General Directorate of Monitoring & Evaluation and Health Information Systems
7. National Medicine and health regulatory authority

Monitoring and Evaluation Arrangement of MoPH

The Ministry of Public Health has several national systems for monitoring and evaluation of health services. Under the General Directorate of Monitoring & Evaluation and Health Information Systems, namely Health Management Information Systems; Monitoring, Surveillance, Vital Statistics; Health Facility Assessments (Balanced Scorecard), household surveys, and Research and Evaluation. These systems gather health-related data from input to impact level at both health facility and population levels to provide the Ministry of Public Health required evidence. These national health systems are initiated and established to produce the data from input to impact in order to measure the progress of the health sector.

There was a dire need in Afghanistan to have an assessment of national/specialty hospitals and private health facilities. Therefore, the Afghanistan Service Provision Assessment (SPA) survey was designed to assess both.

2.1 OVERVIEW

Afghanistan's Service Provision Assessment (SPA) survey evaluates health care facilities in Afghanistan. It provides information on the availability of essential health care services and the readiness of health facilities to provide quality health services to clients. To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service, the 2018-19 AfSPA collected information from national specialty and provincial/regional hospitals, including major private sector hospitals in seven urban areas of Afghanistan: Kabul, Nangarhar, Paktya, Kunduz, Balkh, Kandahar, and Herat.

The 2018-19 AfSPA provides information about availability, readiness, and quality of services in child health care, maternal and newborn care, family planning, sexually transmitted infections (STIs), HIV/AIDS, tuberculosis, malaria-related conditions, and services for noncommunicable diseases (NCDs) (diabetes, cardiovascular diseases, and chronic respiratory diseases). Moreover, the AfSPA survey collects data about services provided in the emergency and inpatient care units (emergency, general adult, postpartum/delivery, pediatric, and intensive care, surgical and delivery unit, and post-abortion care unit).

Overall, the Afghanistan Service Provision Assessment survey (AfSPA) provides objective information on the preparedness of health facilities to provide the services required by the population in the mentioned fields. The survey collects information from health facilities that is not included in routine reports and provides a holistic picture of how inputs, processes, and systems come together at a service site to influence outputs and outcomes.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE SURVEY

2.2.1 Institutional framework

In 2018, the Ministry of Public Health (MoPH) of the Islamic Republic of Afghanistan became concerned about the availability, readiness, and quality of services in the national, specialty, regional, provincial, and major private hospitals. Therefore, the MoPH decided to conduct a Service Provision Assessment (SPA) survey in seven major urban areas (Kabul, Nangarhar, Paktya, Kunduz, Balkh, Kandahar, and Herat). The purpose was to assess services related to child health, antenatal care (ANC), family planning (FP), institutional delivery, emergency and inpatient care, and surgery in the facilities and post-abortion care unit.

The General Directorate of Monitoring & Evaluation and Health Information Systems (M&EHIS) of MoPH had the responsibility for implementation with support and guidance of a steering committee. Members of the steering committee were from relevant departments of the MoPH and international organizations. MoPH representatives to the committee were drawn from the department of curative and diagnostic care, department of reproductive maternal newborn and child health (RMNCH), and private sector coordination directorate. International committee members represented the Expanded Program of Immunization (EPI), World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), United States Agency for International Development (USAID), and United Nations Population Fund (UNFPA).

2.2.2 Objectives of the Afghanistan Service Provision Assessment survey (AfSPA)

The 2018-19 AfSPA collected information on the availability, readiness, and quality of health services in national specialty and provincial/regional hospitals, including major private sector hospitals in seven urban areas of Afghanistan. The assessment focused on family planning and maternal and child health (FP & MCH) services, as well as surgery, pediatrics, emergency, intensive care, institutional delivery, and newborn care in hospitals. At the same time, the assessment provided baseline key information for monitoring these services in the future. The assessment also intended to support dissemination and utilization of the results for the planning and management of FP & MCH programs. Similarly, the assessment supports health planners and program managers to address prioritized weaknesses and develop intervention for public and private hospital programs in the surveyed areas. A long-term objective is to institutionalize capacity to carry out national level assessments and use data for further analysis and future assessment planning, with diminishing external support.

The specific objectives of the 2018-19 Afghanistan Service Provision Assessment (2018-19 AfSPA) were to:

- Collect data on services in national specialty, regional, and provincial hospitals
- Collect data on services in private hospitals
- Collect data on specific services related to maternal and child health within the Afghanistan hospital system in order to set a baseline for service availability, readiness, and compliance with quality standards

2.3 DATA COLLECTION METHODS

AfSPA used five main types of data collection tools:

- Facility Inventory Questionnaire
- Health Provider Questionnaire
- Observation protocols for antenatal care (ANC), family planning (FP), services for sick children (SC), and institutional delivery
- Exit interview questionnaires for observed consultations during ANC visits and with family planning clients and caretakers of sick children
- Country-specific questionnaires for emergency services and inpatients, surgical and delivery services, and post-abortion care

The AfSPA instruments gathered data on the following key questions:

1. To what extent are health facilities prepared to provide services? What resources and support systems are available?

The Facility Inventory and Health Provider Questionnaires collect information from knowledgeable staff in the facility to determine readiness to provide services at acceptable standards. Readiness is measured in terms of general service readiness and service-specific readiness.

General service readiness is assessed according to the following characteristics of facilities, organized into five domains:

- Availability of **basic amenities** for client services, such as regular electricity, improved water, privacy during client services, a latrine for clients, communication equipment, and transport for emergencies

- Availability of **basic equipment** for provision of client services, including weighing scales for adults and children, a thermometer and stethoscope, a blood pressure apparatus, and a light source for client examination
- Availability of equipment and supplies needed for **standard precautions** for infection prevention, such as sterilization equipment, appropriate storage and disposal of sharps and biological waste, soap and running water or an alcohol-based hand rub, latex gloves, and guidelines for standard precautions
- Capacity to perform certain basic **laboratory** tests, including general microscopy and tests of hemoglobin, blood glucose, urine protein, and urine glucose levels
- Availability of **essential medicines** as defined by MoPH

Service-specific readiness is measured by the availability of essential equipment and supplies for a specific service in a location reasonably accessible when providing that service; the availability of staff with recent training relevant to the service, as well as service guidelines; the availability of medicines and commodities; and laboratory capacity for tests related to the service.

In addition, the Facility Inventory Questionnaire was used to assess staffing levels and support systems for general management and quality assurance. The country-specific questionnaires were used to provide information about the availability and readiness of emergency service and inpatient care units (emergency unit, internal medicine ward, postpartum/delivery ward, pediatric ward, and intensive care unit) and surgical and delivery services as well as post-abortion care.

2. To what extent does the service delivery process meet generally accepted standards of care?

The 2018-19 AfSPA interviewers observed the consultations for sick children, family planning services, ANC services, and institutional delivery. They recorded the information shared between the client and the provider and the processes the provider followed when assessing the client, conducting procedures, and providing treatment. The observation protocols that the interviewers completed were the primary source of the data used to assess whether the processes followed in client-provider consultations met standards for acceptable content and quality during service delivery.

3. What issues affect clients' and service providers' satisfaction with the service delivery environment?

Following each observed consultation, the ANC or family planning client, or the caretaker of an observed sick child, was asked to participate in an exit interview to obtain her or his perception of the information and services received. The information obtained in these interviews provides further insight into the quality of client-provider interactions as well as clients' satisfaction with the services offered. In addition, health care providers were interviewed and asked detailed questions about in-service training and supervision they had received. Such training and supervision influence both the quality of the services they provide to clients and their satisfaction with the service delivery environment.

2.4 IMPLEMENTATION

2.4.1 Survey oversight

To ensure that survey activities were carried out appropriately, a steering committee was established. Relevant departments of the MoPH and various international organizations such as WHO, UNICEF, USAID, and UNFPA were included on the committee. The steering committee provided overall leadership for the survey.

2.4.2 Questionnaire adaptation

All core SPA questionnaires developed by The DHS Program were fitted and adjusted to the country's situation and needs. In addition, the WHO Service Availability and Readiness Assessment for Hospitals (SARAH) tools were modified and adapted to the Afghan situation for country-specific questionnaires (emergency and inpatient services, surgical and institutional delivery, along with post abortion care). During the adaptation of these questionnaires, input was sought from relevant departments of MoPH, international organizations (WHO, USAID, UNICEF, and UNFPA) that had interest and expertise in the covered health topics, and organizations that were expected to use the resulting data.

MoPH organized a questionnaire design and adaptation workshop hosted by USAID on February 24, 2018. The DHS Program provided assistance in making the necessary adaptations. In addition, a series of consultations to the relevant MoPH departments and other international organizations were conducted for almost 1 month. After preparation of definitive questionnaires in English, the questionnaires were translated into Dari/Pashtu. During translation, computer-assisted personal interviewing (CAPI) and computer-assisted field editing (CAFE) programs were developed in English, Pashtu, and Dari.

2.4.3 Pretest

Following adaptation of the questionnaires, they were pretested four times: twice (paper questionnaires, CAPI, and CAFE) in the TOT training in the English language and twice (paper questionnaires, CAPI, and CAFE) during the main training in local languages. The goals of this pretesting were to:

- Assess the questionnaires and detect any possible problems in the flow of the questions, gauge the length of time required for interviews, and identify any problems in the translations.
- Assess the computer programs (CAPI and CAFE) to detect any problems.
- Train master trainers who would facilitate the training of interviewers during the main training.

The training of trainers (TOT) and pretests took place over a 4-week period from July 21 through August 16, 2018, in Kabul. Nine interviewers (eight men and one woman, all medical doctors) received training in the application of the questionnaires and computer programs by facilitator and data processing specialists from The DHS Program. In addition, two information technology (IT) specialists received training so that they could provide IT and data management support during the pretest, main training, and fieldwork. After TOT training, the questionnaires and computer programs were tested over a 4-day period in August 2018 in the different sectors of Kabul City. Four health facilities (two public and two private hospitals) were successfully surveyed during this period.

Following the pretest, revised and translated drafts of all the survey tools and computer programs were prepared. The study investigation team along with the master trainers reviewed the translated versions of the questionnaires and made necessary changes. Finally, the steering committee approved final versions of the AfSPA tools for use in the main survey.

2.4.4 Main training

Main training was conducted from September 25 through October 28, 2018, in Kabul City. The purpose was to provide information about the goals and objectives of the AfSPA survey to the enumerators from the six different provinces. In addition, the enumerators learned how to fill out the questionnaires related to the survey and how to use CAPI and CAFE for data collection in local languages. This training included classroom lectures and discussions, practical demonstrations, mock interviews, role playing, and field practices. The DHS Program provided remote technical support.

Thirty-four interviewer candidates (15 women and 19 men) participated in the main training. All male and female trainees were medical doctors (had graduated from medical faculties). The first 2 weeks of training

focused exclusively on training interviewers in the use of paper questionnaires and on practice for 2 days in the field, conducted in the six public and private non-sampled facilities. The aim of the field practice was to ensure that the participants understood the content of the paper questionnaires as well as how to organize themselves in a health facility.

During the third and fourth weeks of training, interviewer trainees were introduced to tablet computers and how to use them for data collection (CAPI) and for data entry and editing (CAFE). For the CAPI training, 2 days of fieldwork were also allocated, and six public and private facilities were surveyed to practice CAPI and CAFE approaches in the field.

At the end of training, based on test scores and their performance during the training period, 30 of the 34 interviewer candidates were selected for AfSPA work. They were organized into six teams, each consisting of a supervisor and four interviewers. One master trainer was recruited for each team as a survey coordinator, to be present with the team during data collection.

2.4.5 Data collection

Data collection was carried out from November 1, 2018, through January 20, 2019, in the seven provinces of Afghanistan, namely Kabul, Nangarhar, Paktya, Kunduz, Balkh, Kandahar, and Herat.

The Facility Inventory, Health Provider, and country-specific questionnaires (emergency services and inpatient care units, surgical and delivery services), and the exit questionnaires, were loaded onto tablet computers, which were used during interviews to ask questions and record responses (via CAPI). The client observation questionnaires (ANC, family planning, sick child, and institutional delivery) were first administered as paper-based questionnaires and later entered in the tablets (via CAFE).

Each AfSPA team was provided four tablet computers. One tablet was dedicated to CAPI for the Facility Inventory Questionnaire, the second tablet was dedicated to Inpatient Hospital Service questionnaires, the third was used to record the responses from CAPI exit interviews and CAFE client observation questionnaires (i.e., for entering and editing data from the paper-based observation protocols), and the fourth one was used for the Health Provider Questionnaire. The fourth tablet was also used for supervisor activities such as receiving completed data from other tablets, reviewing raw data, notes, and other responses, merging data and checking duplicates, checking ID structure, running field editing, and closing the facility and final backup.

Each team was given a list of facilities to visit, names and types of facilities, and the permission letter from the MoPH. At the beginning of fieldwork in a province, the teams were asked to coordinate with the provincial health office and prepare a schedule for visiting the targeted facilities. Data collection required 1 to 4, even 5 days, per facility depending on the type of facility. Interviewers ensured that respondents to the various sections of the Facility Inventory Questionnaire were the most knowledgeable persons with respect to the particular service or system components being assessed.

Every effort was made to ensure that teams visited facilities on days and at the time of the day when ANC, family planning, or sick child services would be offered, since the assessment involved observation of these consultations. Whenever a service of interest was not being offered on the day of the visit, the teams returned on a day when the service was offered to observe consultations and interview clients. If the service was offered on the day of the visit, but no clients came in for the service, the team did not revisit the facility.

One master trainer was assigned for each team to continuously coordinate the team member and supervise the fieldwork. Close contact between the AfSPA central office and the teams was also maintained through master trainers using Internet-based communication group.

2.4.6 Data management and report writing

Data and questionnaire management in the field

After completing data collection in each facility, the interviewers reviewed the data from the paper questionnaires (observation protocols for ANC, family planning, sick child, and delivery) and then entered them in the tablets (CAFE). The interviewers also reviewed the Facility Inventory, Health Provider, and country-specific questionnaires. The questionnaires and data files were then transferred to the supervisor, who was responsible for supervisory activities (reviewing raw data, review notes, and other responses, joining data and checking duplicates, checking ID structure, running field editing, and closing the facility).

Once supervisor activities were completed in a facility, and supervisors noted inconsistency, missing information, or errors in some specific questionnaires, they sent the data back to the responsible interviewer for revision and confirmation of the problem in the facility with the interviewee, as the supervisor can't make any edits or changes to the data. When the supervisor and the team were satisfied that the data collection and entry had been completed successfully, the supervisor sent the data to the AfSPA central office in Kabul via the Internet, using The DHS Program's Internet File Streaming System (IFSS).

In addition, six master trainers were each assigned as field coordinator for one team. The coordinators' responsibilities were overall organization of the team and assessment of data quality. For collecting quality data, a refined supervisor checklist was used. The checklist including questions related to team organization, effective communication, data collection and questionnaire validation, and overall data collection. The trainer sent the completed checklist for each health facility to the central office for analysis and feedback.

In the central office, to monitor the quality of data, data processors conducted identity checking and secondary editing programs to detect inconsistencies. If the data were inconsistent or had other errors, the data processors gave feedback quickly to the team in the facility to resolve the problems by consulting with the health facility's staff; they then waited until they received the clean data once again. For tracking of systematic errors arising from each interviewer during data collection, field check tables were run frequently. If an interviewer committed errors systematically, the central office communicated the situation to the coordinators so they could follow the interviewer.

Data sorting, editing, and entry at headquarters

Each team carried the paper used to record information from the observation protocols to the AfSPA central office in Kabul when the mission was completed for the province. Once the paper questionnaires arrived at the central office, they were sorted to ensure that they were in the correct order and that none were missing for record keeping purposes. When the data were received by the central office electronically, a data processor specialist stored it, after conducting identity checking and secondary editing.

Data processing and tabulation

The tables in this report are based on the model MEASURE DHS SPA tabulation plan. The tabulation plan was revised, rephrased, and modified in the country context based on consultations with concerned departments of the MoPH and stakeholders.

Data cleaning was performed, and then analysis was done between February and April 2019. Data was analyzed using the Census and Survey Processing System (CSPRO) software program. Tables of descriptive statistics were generated for availability, readiness and quality of services. Health facilities were disaggregated by the facility type (public or private) and by provinces.

All facilities were included in the denominator for calculation of availability. However, we could not find a good reference for an indicator-specific denominator. We request that readers be cautious in interpreting the results, and make conclusions and take actions based on the background of the health facility. The public facilities are usually the largest ones, and simple service availability wouldn't be a major issue for primary services, so the readiness and quality indicators are very important considerations.

Two hospitals—the French Medical Institute for Mother and Children (FMIC) and CURE International hospital-- fall under the category of private, not for profit. As the number of private, not for profit, facilities were very few, they could not be analyzed separately. So these two hospitals were included in the category of public health facilities for analysis.

Development of the final report

The steering committee identified a list of authors based on their knowledge and experience of each of the relevant chapters. A 10-day report writing workshop was organized in Dubai (United Arab Emirates) from April 21, 2019, through May 2, 2019. The tabulation plan was shared by DHS program representatives and, based on the shared tabulation plan, the authors wrote the chapters with necessary modifications where required. Country reviewers from MoPH and partners reviewed final draft chapters. The DHS Program provided technical oversight and finalized the report. The final report was endorsed by the steering committee.

2.5 SAMPLING

2.5.1 Sampling Methodology

The study targeted urban areas of seven major provinces (Kabul, Nangarhar, Paktya, Kunduz, Balkh, Kandahar, and Herat) that together contained all major public and private hospitals in Afghanistan. In six provinces, with the exception for Kabul, all 12 public hospitals, 37 private hospitals, and 52 private clinics were included in the sample so universal sampling was applied. In Kabul province, all public and private hospitals (26 public and 20 private hospitals) were also included; however, 13 of 84 private clinics were randomly selected. In total, 160 facilities (38 public hospitals, 57 private hospitals, and 65 private clinics) were included in the study from all seven provinces. The frame was obtained from the Health Management Information Systems (HMIS) department of MoPH and verified with the private health coordination office, but it is possible that private facilities will exceed those listed in the frame.

Table 2.1 presents the health facilities sampling frame by province and facility type (public hospitals, private hospitals, and private clinics), provided by HMIS department of MoPH.

Table 2.2 presents the allocation of the 160 health facilities by province and by facility types.

Study location: The 2018-19 Afghanistan SPA was carried out concurrently in the seven urban areas (Kabul, Nangarhar, Paktya, Kunduz, Balkh, Kandahar, and Herat). In each urban area, the selected facilities were visited to conduct interviews with facility administrators and health providers, observe consultations, and conduct interviews with some clients.

Table 2.3 shows that 89% of sampled facilities were successfully surveyed. Approximately 11% of sampled facilities (public and private) could not be surveyed because the facility was closed, was not yet functional, or had other reasons for refusal.

Table 2.4 presents the weighted¹ percent distribution of the facilities that were successfully surveyed, by background characteristics.

Table 2.5 shows unweighted number of health providers successfully surveyed by facility type. As can be seen in these tables 340 medical specialist, 217 general practitioners, 291 nurse/midwives, 189 medical and pharmaceutical technicians and other health providers participated in the seven province.

2.5.2 Sample of health service providers

For the purposes of the AfSPA, a health service provider was defined as someone who provided consultation services, counseling, health education, or laboratory services to clients. Thus, health workers were not eligible for observations or interviews if they took measurements or completed registers only and never provided professional client services.

The health providers for the SPA health services were selected for interview. Up to eight health providers were interviewed in major health facilities, and all health providers were interviewed if numbers were fewer than eight. If the number of health providers for SPA-specific services increased from eight, then efforts were made to interview up to 15. If there were more than 8 providers for SPA-targeted services in a facility, the following criteria were applied to select up to 15 providers:

- The provider must have provided support during the Inventory Questionnaire.
- The provider must have a consultation that was observed.

Table 2.6 provides information on the total weighted and unweighted number of health providers present in sampled facilities on the day of the survey, and the number selected for interviews, by type of facility and provider. The table also shows the proportion of providers present at the time of the assessment who were interviewed, according to provider type.

2.5.3 Sample for observations and exit interviews

The observation was done for ANC, delivery, family planning, and sick child assessment. Five observations were done per provider, and up to 15 observations were done for one service in a facility. Five clients per provider were systematically selected. The exit interview was done with the same clients who were observed.

Table 2.7 gives the unweighted distribution of observed and interviewed clients, by service and facility type. **Table 2.8** shows the weighted percent distribution of observed consultations as well as the weighted and unweighted numbers of observed clients, by type of service and selected background characteristics. Additional information on these clients is presented in the relevant chapters of this report.

¹ To account for the selection probabilities of the selected private clinics in Kabul and to adjust for nonresponse, sampling weights were calculated. Sampling weights are required for the analysis to ensure the actual representation of the survey results at the national and domain levels, as well as at the health facility type and management authority levels. Sampling weights were calculated separately based on sampling probabilities for each sampling stratum. The health facility design weight was adjusted for nonresponse at the sampling stratum level to obtain the health facility sampling weight. The sampling weight was then normalized at the national level to calculate the health facility standard weight. The normalization of the sampling weight is intended to ensure that the total number of unweighted cases equals the total number of weighted cases at the national level.

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- **Table 2.6** Distribution of interviewed providers
- **Table 2.7** Distribution of observed and interviewed clients (unweighted)
- **Table 2.8** Distribution of observed consultations

Table 2.1 Distribution of facilities in sample frame

Number of facilities in the sample frame, by facility type and province, Afghanistan SPA 2018-19

Province	Public hospitals	Private hospitals	Private clinics	Total
Balkh	3	3	11	17
Herat	1	14	13	28
Kabul	26	20	84	130
Kandahar	1	4	11	16
Kunduz	2	1	6	9
Nangarhar	4	10	9	23
Paktya	1	5	2	8
Total	38	57	136	231

Table 2.2 Distribution of facilities in final sample selection

Number of facilities selected for the survey sample, by facility type and province, Afghanistan SPA 2018-19

Province	Public hospitals	Private hospitals	Private clinics	Total
Balkh	3	3	11	17
Herat	1	14	13	28
Kabul	26	20	13	59
Kandahar	1	4	11	16
Kunduz	2	1	6	9
Nangarhar	4	10	9	23
Paktya	1	5	2	8
Total	38	57	65	160

Table 2.3 Result of facility contact, by background characteristics

Percent distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Result of last visit				Total percent	Number of facilities in sample
	Facility completed	Facility refused	Facility closed/ not yet functional	Other ¹		
Facility type						
Public	94.7	0.0	0.0	5.3	100.0	38
Private	86.9	0.8	8.2	4.1	100.0	122
Province						
Balkh	88.2	0.0	0.0	11.8	100.0	17
Herat	96.4	0.0	3.6	0.0	100.0	28
Kabul	88.1	1.7	3.4	6.8	100.0	59
Public	96.2	0.0	0.0	3.8	100.0	26
Private	81.8	3.0	6.1	9.1	100.0	33
Kandahar	68.8	0.0	31.3	0.0	100.0	16
Kunduz	88.9	0.0	0.0	11.1	100.0	9
Nangarhar	91.3	0.0	8.7	0.0	100.0	23
Paktya	100.0	0.0	0.0	0.0	100.0	8
Total	88.8	0.6	6.3	4.4	100.0	160

Note: The percentages in some rows may not add up to 100% due to rounding.

¹ In result of facility contact, other refers to the following:

- One facility provides just dermatology services.
- One facility is a military hospital that requires national-level approval and is not accessible to the fieldworkers.
- Five facilities don't exist or were not found during data collection.

Table 2.4 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Public	16.9	24	36
Private	83.1	118	106
Province			
Balkh	7.0	10	15
Herat	13.1	19	27
Kabul	54.0	77	52
Public	11.7	17	25
Private	42.3	60	27
Kandahar	7.5	11	11
Kunduz	3.8	5	8
Nangarhar	10.8	15	21
Paktya	3.8	5	8
Total	100.0	142	142

Table 2.5 Distribution of providers in facility provider sample frame and final provider sample selection

Number of providers of each type that were present on the day of the survey (provider sample frame), number of each type selected for the health worker interview (SPA sample), and percentage of eligible providers of each type that were selected for the health worker interview, by type of facility and provider qualification, Afghanistan SPA 2018-19

Qualifications of providers	Facility type				Total		Percentage of total for provider type included in Afghanistan SPA sample
	Public		Private		Sample frame	Number selected	
	Sample frame	Number selected	Sample frame	Number selected			
Provider type							
Specialist ¹	618	103	337	237	955	340	35.6
General practitioner ²	507	97	173	120	680	217	31.9
Nurse/midwife ³	529	80	478	211	1,007	291	28.9
Medical and pharmaceutical technicians ⁴	340	44	425	145	765	189	24.7
Other health providers ⁵	49	1	84	0	133	1	0.8
Total	2,043	325	1,497	713	3,540	1,038	29.3

¹ Specialist medical doctor

² General medical doctor

³ Diploma nurse, registered nurse, community nurse, registered midwife, and community midwife

⁴ Laboratory technician, radiology technician, anesthesia technician, dental technician, blood bank technician, vaccinator technician, pharmacy technician, and pharmacist

⁵ Nontechnical staff/no technical qualification and other clinical qualification not listed above

Table 2.6 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Afghanistan SPA 2018-19

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Public	44.9	467	325
Private	55.1	571	713
Province			
Balkh	5.3	55	121
Herat	5.5	57	120
Kabul	57.3	594	408
Public	28.0	291	202
Private	29.2	304	206
Kandahar	10.6	110	127
Kunduz	2.8	29	48
Nangarhar	15.7	163	174
Paktya	2.9	30	40
Provider type			
Specialist ¹	28.2	293	340
General practitioner ²	17.4	180	217
Nurse/midwife ³	30.1	313	291
Medical and pharmaceutical technicians ⁴	24.3	252	189
Other health providers ⁵	0.0	0	1
Total	100.0	1,038	1,038

¹ Specialist medical doctor

² General medical doctor

³ Diploma nurse, registered nurse, community nurse, registered midwife and community midwife

⁴ Laboratory technician, radiology technician, anesthesia technician, dental technician, blood bank technician, vaccinator technician, pharmacy technician and pharmacist

⁵ Nontechnical staff/no technical qualification and other clinical qualification not listed above

Table 2.7 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the survey eligible for observation, number whose consultations were observed and who were interviewed, and the percentages of eligible clients who were observed and interviewed, by type of service and type of facility, Afghanistan SPA 2018-19

Background characteristic	Total number of clients present on the day of the survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Public	692	241	34.8
Private	464	333	71.8
Province			
Balkh	108	50	46.3
Herat	130	89	68.5
Kabul	585	240	41.0
Public	396	121	30.6
Private	189	119	63.0
Kandahar	66	33	50.0
Kunduz	38	22	57.9
Nangarhar	143	114	79.7
Paktya	86	26	30.2
Total	1,156	574	49.7
FAMILY PLANNING			
Facility type			
Public	360	139	38.6
Private	68	50	73.5
Province			
Balkh	36	19	52.8
Herat	55	40	72.7
Kabul	206	68	33.0
Public	193	55	28.5
Private	13	13	100.0
Kandahar	81	12	14.8
Kunduz	5	5	100.0
Nangarhar	34	34	100.0
Paktya	11	11	100.0
Total	428	189	44.2
ANTENATAL CARE			
Facility type			
Public	522	191	36.6
Private	340	300	88.2
Province			
Balkh	66	42	63.6
Herat	128	85	66.4
Kabul	451	196	43.5
Public	322	92	28.6
Private	129	104	80.6
Kandahar	61	26	42.6
Kunduz	8	8	100.0
Nangarhar	126	113	89.7
Paktya	22	21	95.5
Total	862	491	57.0
NORMAL DELIVERY			
Facility type			
Public	111	16	14.4
Private	31	25	80.6
Province			
Balkh	4	4	100.0
Herat	8	8	100.0
Kabul	63	15	23.8
Public	55	8	14.5
Private	8	7	87.5
Kandahar	21	2	9.5
Kunduz	1	1	100.0
Nangarhar	15	10	66.7
Paktya	30	1	3.3
Total	142	41	28.9

Table 2.8 Distribution of observed consultations

Percent distribution and weighted and unweighted numbers of observed consultations for outpatient curative care for sick children, family planning, and antenatal care, and percent distribution and weighted and unweighted numbers of exit interviews with postpartum mothers, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Public	48.9	281	241
Private	51.1	293	333
Province			
Balkh	7.6	44	50
Herat	9.4	54	89
Kabul	57.6	331	240
Public	28.0	161	121
Private	29.6	170	119
Kandahar	6.0	35	33
Kunduz	2.7	15	22
Nangarhar	10.5	60	114
Paktya	6.1	35	26
Total	100.0	574	574
FAMILY PLANNING			
Facility type			
Public	81.7	154	139
Private	18.3	35	50
Province			
Balkh	8.2	15	19
Herat	12.5	24	40
Kabul	46.9	89	68
Public	43.8	83	55
Private	3.1	6	13
Kandahar	21.0	40	12
Kunduz	1.1	2	5
Nangarhar	7.7	15	34
Paktya	2.5	5	11
Total	100.0	189	189
ANTENATAL CARE			
Facility type			
Public	53.4	262	191
Private	46.6	229	300
Province			
Balkh	6.7	33	42
Herat	13.4	66	85
Kabul	56.6	278	196
Public	32.9	162	92
Private	23.7	116	104
Kandahar	6.9	34	26
Kunduz	0.8	4	8
Nangarhar	13.3	65	113
Paktya	2.2	11	21
Total	100.0	491	491
NORMAL DELIVERY			
Facility type			
Public	77.1	32	16
Private	22.9	9	25
Province			
Balkh	2.8	1	4
Herat	5.8	2	8
Kabul	44.1	18	15
Public	38.2	16	8
Private	5.9	2	7
Kandahar	15.0	6	2
Kunduz	0.7	0	1
Nangarhar	10.8	4	10
Paktya	20.8	9	1
Total	100.0	41	41

Key Findings

- More than 80% of facilities offer delivery and newborn care, laboratory services, and 24-hour emergency services.
- Antenatal, postnatal, and postpartum delivery services are offered by more than 70% of facilities.
- Eighty-five of health facilities offered services for non-communicable diseases.
- More than 9 in 10 health facilities have electricity and an improved water source.
- Almost all (97%) have a client latrine, 91% provide communication equipment, and 90% offer visual and auditory privacy.
- Ninety percent of health facilities have equipment to sterilize medical tools for reuse, but only 15% have written guidelines for standard precautions.
- Sixty-one percent of health facilities have safe disposal of sharps waste, 52% have soap and running water, 52% have medical masks, and 7% have eye protection.
- Nearly 9 in 10 public health facilities hold routine management meetings, but only about 4 in 10 private health facilities hold such meetings.
- More than 60% of public health facilities report documented quality assurance activities, but only 18% of private health facilities report such activities.

3.1 BACKGROUND

Improving the health status of the population is an essential aim of health care services. To achieve this goal, services must deliver safe, good quality care that takes into account user needs and makes essential services available and accessible to all (World Health Organization [WHO] 2007). Comprehensive information on the supply and quality of health services is essential for health systems management, monitoring, and evaluation. Given the increased demand for health system monitoring and evaluation, information is needed to track how health systems work at the country level. This may help to reveal how the program inputs and processes link to each other to improve health outcomes and the status of the country's population (World Health Organization [WHO] 2013). Besides, some common program elements are crucial under all conditions to ensure the quality, acceptability, and utilization of services. These essential elements include human resources, equipment and infrastructure, and pharmaceutical and medical supplies.

This chapter presents the availability of basic health services and essential resources, such as health management and support systems, at the health facility level. It consists of the following topics:

- **Availability of services.** Section 3.2, including Tables 3.1 and 3.2, portrays the availability of client services in surveyed health facilities in seven provinces.
- **Service readiness.** Section 3.3, including Tables 3.3 through 3.8 and Figures 3.1 through 3.3, reports on a range of indicators designed to assess the readiness of facilities to provide good-quality client services. These indicators include availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.
- **Basic management and support.** Section 3.4, including Tables 3.9 and 3.10, considers the extent to which essential management and administrative systems are in place to support the provision of quality services. Examples of such systems are quality assurance monitoring and supportive management practices.
- **Staffing/Human resources.** Section 3.5, including Table 3.11, provides information on staffing patterns at both public and private targeted health facilities in survey target areas.

3.2 AVAILABILITY OF SERVICES

3.2.1 Availability of specific services

Table 3.1 provides information on the availability of specific services offered in targeted health facilities.

Curative care for sick children, antenatal care, and postnatal care are available in more than 70% of surveyed health facilities. Delivery and newborn care, laboratory services, and 24-hour emergency services are available in more than 80% of surveyed health facilities. However, HIV treatment services (ART) are available in only 2% of surveyed health facilities, and HIV care and support services are available in only 5% of surveyed health facilities (see **Table 3.1**).

A large proportion of surveyed health facilities (85%) reported the availability of services for noncommunicable diseases. However, child growth monitoring and child vaccination services were available in only 28% and 33% of surveyed health facilities, respectively (see **Table 3.1**).

3.2.2 Availability of basic client services

In this assessment, the category of basic client services includes outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, provision of any method of family planning, antenatal care (ANC), normal delivery, and STI services.

Table 3.2 portrays the percentages of health facilities offering basic client services. Normal delivery is offered by 81% of health facilities followed by child curative care (74%) and antenatal care services (73%). Public facilities were more likely to offer all basic client services than private facilities (25% and 12%, respectively).

Overall, the proportion of health facilities offering all basic client services is low (14%) in the seven surveyed provinces. At the provincial level, normal delivery is offered by all targeted health facilities of Kandahar and Kunduz provinces. In contrast, these same provinces offer vaccination services in 6% and 13% of facilities, respectively (refer to **Table 3.2**).

3.3 SERVICE READINESS: BASIC FACILITY INFRASTRUCTURE TO SUPPORT QUALITY SERVICE PROVISION AND CLIENT UTILIZATION

3.3.1 Basic amenities for client services

The availability of basic amenities such as visual and auditory privacy, regular electricity, communication equipment, an improved water source, a client latrine, a computer with internet access, and emergency

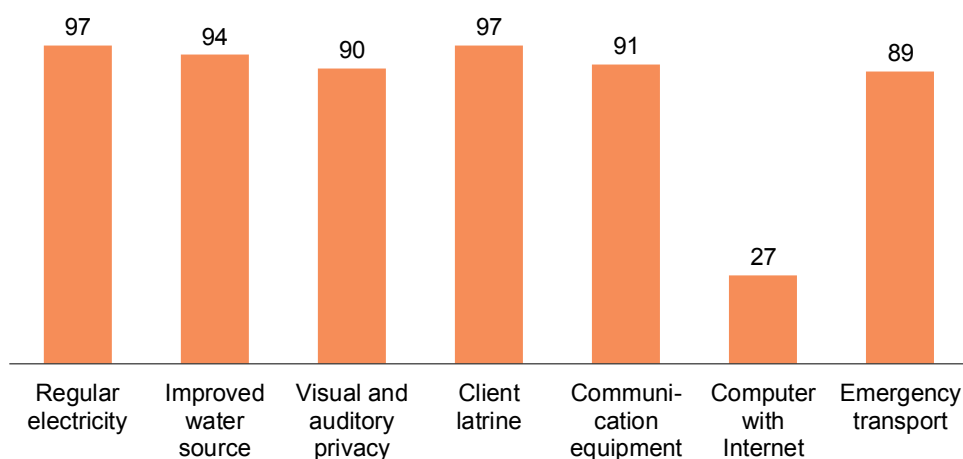
transport is important to clients' satisfaction with the health services offered at a facility. **Table 3.3** and **Figure 3.1** present information on the availability of these basic amenities for client services.

Both public and private health facilities are likely to have the basic amenities available. For example, 97% of public and private facilities reported having regular electricity and 94% reported an improved water source. Visual and auditory privacy was reported by 91% of private and 81% of public health facilities. Both public (94%) and private (88%) health facilities reported having emergency transport services.

A computer with internet services was not available in Herat, Paktya, and Kunduz provinces. Whereas, facilities in Kandahar and Nangarhar provinces (82% and 57%) are more likely to have a computer with internet services. Access to an improved source of water varies at the provincial level. For example, Balk, Nangarhar, and Paktya provinces all reported that 100% of facilities had an improved water source. In the targeted health facilities of Kunduz, this access dropped to 50% (**Table 3.3**).

Figure 3.1 Availability of basic amenities for client services

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



3.3.2 Availability of basic equipment

Basic equipment in these facilities includes adult, child, and infant weighing scales, a thermometer, a stethoscope, a blood pressure apparatus, and a light source.

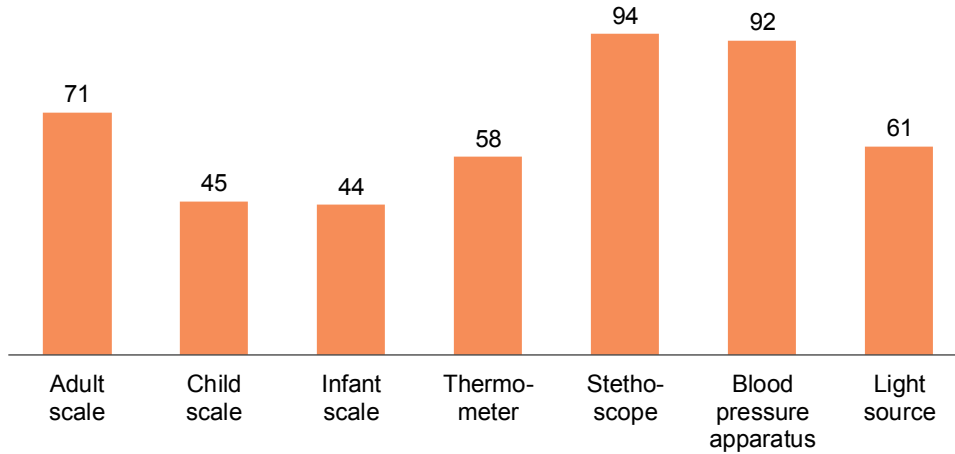
Table 3.4 and **Figure 3.2** reveal the availability of basic equipment considered essential for quality service in the general outpatient service area. Most basic equipment (i.e., adult, child, and infant scales, and a light source) is available in private facilities more often than in public facilities, while the availability of a blood pressure apparatus, stethoscope, and thermometer is nearly the same for both private and public facilities.

Among almost all health facilities, a stethoscope and blood pressure apparatus are reported (94% and 92%, respectively), whereas infant and child scales are reported in 44% and 45% of targeted health facilities. The availability of basic equipment can play an important role in service provision. For example, infant and child scales are in low supply in targeted health facilities, while at the same time child growth monitoring (**Table 3.1**) was at a low level (28%) in targeted health facilities during the day of the AfSPA visit.

Among surveyed provinces, the availability of a blood pressure apparatus was reported at 75% of facilities in Paktya, while an infant scale was reported in only 7% of facilities in Herat, and a child scale was not reported anywhere in Kunduz (**Table 3.4**).

Figure 3.2 Availability of basic equipment

Among all facilities, percent with equipment considered basic to quality client services (N=142)



3.3.3 Standard precautions for infection control

Table 3.5 shows the percentage of facilities with sterilization equipment and other items for standard precautions available in the general outpatient area of a facility. Overall, among 17 standard items, the most common item was sterilization equipment, reported at more than 90% of facilities. By contrast, the least common item was eye protection, reported at 7% of facilities.

Guidelines for standard precautions were unavailable in Kunduz, Nangarhar, and Paktya provinces. Similarly, the absence of high-level disinfection, safe final disposal of infectious waste, soap plus running water, and alcohol-based hand disinfectant was reported in Kunduz province. High-level disinfection was also unavailable in Herat province (Table 3.5).

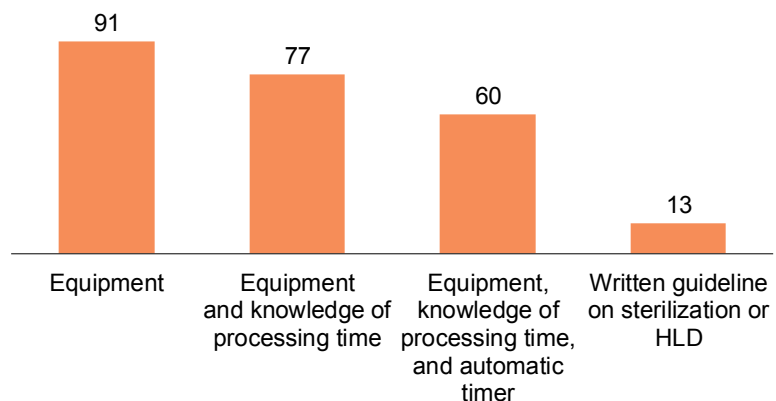
3.3.4 Capacity for processing of equipment for reuse

Depending on the size of the facility, equipment may be processed by various methods and at more than one site within the facility.

Table 3.6 and Figure 3.3 present information on equipment/items for sterilization. Overall, 9 in 10 surveyed health facilities have functioning equipment for the sterilization of medical instruments for reuse. However, only 13% of surveyed health facilities reported having written guidelines for the sterilization of equipment.

Figure 3.3 Capacity for processing instruments for reuse

Among all facilities, percent having capacity to process instruments for reuse (N=142)



Public health facilities (44%) are more likely than private facilities (7%) to have written guidelines for sterilization or high-level disinfection (HLD) of equipment for reuse (Table 3.6 and Figure 3.3).

In general, public facilities more commonly process equipment for reuse than private facilities. At the province level, the availability of written guidelines for sterilization or HLD is 16% or less for all

provinces, public facilities located in Kabul province report having guidelines at 48%. The combination of equipment, knowledge of process time, and automatic timer was not available in Kunduz and Paktya provinces.

3.3.5 Laboratory diagnostic capacity

Table 3.7 portrays information on the capacity of health facilities to conduct both basic and advanced diagnostic tests. Overall, basic testing for hemoglobin was provided in most health facilities (93%), while dried blood spot (DBS) collection was provided in a small number of health facilities (5%) (**Table 3.7**).

Overall, among advanced level diagnostic tests, a CD4 count and TB culture were provided by (1%) and (6%) of targeted health facilities. Serum electrolytes, and a full blood count with differentials test, were provided by the 88% of health facilities. However, six of the provinces (Paktya, Nangarhar, Kunduz, Kandahar, Herat, and Balkh) did not provide CD4 count tests for patients (**Table 3.7**).

Overall, among imaging diagnostic tests, only ultrasound was offered by more than 80% of health facilities, while X-rays and CT scans were provided by 35% and 18% of targeted health facilities, respectively (**Table 3.7**).

3.3.6 Availability of essential medicine

Table 3.8 describes information on the availability of fourteen essential medicines in the health facility.

Among all 14 essential medicines, Ceftriaxone injectable and Amoxicillin tablets/capsules (92% and 90%, respectively) are reported to be in greatest supply among targeted health facilities. Glibenclamide (41%) is reported as most scarce. In targeted health facilities, the availability of Paracetamol is reported to be 86% followed by Atenolol (80%) and Captopril (78%) (**Table 3.8**).

Among all facilities in Paktya province, the antihypertensive drug Captopril was available in 38% of its health facilities, while the same medicine was available in all facilities in Kunduz province. Similarly, in Paktya, bronchodilators such as Salbutamol were available in half of the facilities. In contrast, the same medicine was available in all health facilities in Kandahar province (**Table 3.8**).

3.4 MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES AND APPROPRIATE CLIENT UTILIZATION

In this assessment emphasis has been given to basic management meetings and management meetings with community participation, regular quality assurance of health services, and having a system for determining/or reviewing client opinion.

3.4.1 Management, quality assurance system

Table 3.9 describes management and administrative meetings, including regular quality assurance activities and documentation of the proceedings of these meetings. Approximately 9 in 10 public health facilities report holding routine management meetings at least once every 6 months, while about 4 in 10 private health facilities hold these meetings.

More than 60% of public health facilities reported having regular quality assurance activities with observed documentation of these activities; however, only 18% percent of private health facilities reported quality assurance activities and documentation (**Table 3.9**).

Overall, the percentages of facilities with regular management meetings and documentation of a recent meeting, and the percentages with quality assurance activities and documentation of an activity, were higher among public facilities than private facilities. Likewise, the percentages of facilities with a system for eliciting client opinion were reported higher among public facilities than private facilities.

In Paktya province, regular quality assurance activities have not been conducted at all; the same is true in Herat province for management meetings with community participation (**Table 3.9**).

In Nangarhar province, more than 71% of health facilities conducted a management meeting at least once every 6 months, while in Paktya province a management meeting was reported by 25% (**Table 3.9**).

In Kandahar province, 30% of health facilities conducted the management meetings with community participation. However, the same management meetings with community participation were reported by only 4% of facilities in Nangarhar province (**Table 3.9**).

3.4.2 Supportive management practices at the facility level

Table 3.10 reveals the percentage of the facilities that had an external supervisory visit during the 6 months prior to this assessment.

The vast majority (82%) of health facilities reported receiving at least one external supervisory visit from the district, regional, or national office during the 6 months before the survey. However, only 23% reported receiving supportive management practices (in addition to an external supervisory visit during the 6 months) (**Table 3.10**).

In Paktya, 63% of the staff received in-service training; however, this percentage is much less for Kandahar province (27%). In Kandahar, training and personnel supervision, and supportive management practices were conducted in a small percentage of the targeted health facilities (both at 18%) compared with other provinces (**Table 3.10**).

3.5 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

Table 3.11 shows the staffing pattern in surveyed health facilities by type of health provider. Generally, the median number of health providers is likely to be higher in public than in private health facilities. For example, in public health facilities, the median number of midwives is highest, at 64, while the median number of midwives is lowest, only 7, in private health facilities. Also in public health facilities, a median of 46 general practitioners were reported compared with a median of 2 reported at targeted private facilities (**Table 3.11**).

LIST OF TABLES

- **Table 3.1** Availability of specific services
- **Table 3.2** Availability of basic client services
- **Table 3.3** Availability of basic amenities for client services
- **Table 3.4** Availability of basic equipment
- **Table 3.5** Standard precautions for infection control
- **Table 3.6** Capacity for processing of equipment for reuse
- **Table 3.7** Laboratory diagnostic capacity
- **Table 3.8** Availability of essential medicines
- **Table 3.9** Management, quality assurance, and health management information systems
- **Table 3.10** Supportive management practices at the facility level
- **Table 3.11** Staffing pattern in surveyed facilities

Table 3.1 Availability of specific services

Among all facilities, the percentages and numbers that offer specific services, Afghanistan SPA 2018-19

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Curative care for sick children	74.4	106	102
Child growth monitoring	28.3	40	39
Child vaccination (EPI) ¹	32.7	46	41
Any family planning ²	67.6	96	84
Antenatal care	72.8	103	95
Postnatal care	75.3	107	99
PMTCT ³	40.5	57	43
Delivery and newborn care	80.6	114	102
Caesarean delivery ⁴	72.0	102	91
HIV testing ⁵	74.5	106	103
HIV care and support services ⁶	4.8	7	9
HIV treatment services (ART) ⁷	2.4	3	5
STI diagnosis or treatment	66.3	94	86
TB diagnosis or treatment ⁸	57.9	82	82
Malaria diagnosis or treatment ⁹	82.3	117	105
Non-communicable disease	85.4	121	118
Laboratory services	100.0	142	142
Blood transfusion services	72.1	102	98
Blood grouping and typing	93.0	132	134
Post-abortion care	70.7	100	84
24-hour emergency services	85.0	121	124
Adult inpatient ward services	82.7	117	121
Postpartum/delivery ward services	77.7	110	97
Pediatric ward services	29.6	42	54
Intensive care services	37.2	53	67
Any surgical services ¹⁰	97.1	138	136
Total ¹	-	142	142

¹ Routine series of DPT/pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services

² Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for the Standard Days Method, female sterilization (tubal ligation) male sterilization (vasectomy), or periodic abstinence method.

³ Facility reports that it provides any of the following services for the prevention of mother-to-child transmission (PMTCT) of HIV: HIV testing and counseling for pregnant women or children born to HI-V-positive women, provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women, provision of infant and young child feeding for PMTCT, provision of nutritional counseling for HIV-positive pregnant women and their infants, or provision of family planning counseling to HIV-positive pregnant women.

⁴ Facility reports that it provides caesarean delivery services in facility.

⁵ Facility reports that it has the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit is available in the facility on the day of the survey, or other test capability is available.

⁶ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education, provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for pediatric HIV/AIDS patients;
- Preventive treatment for TB, i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment;
- General family planning counseling and/or services for HIV-positive clients;
- Condoms;
- Depo-Provera as integrated into family planning services

⁷ Facility reports that providers in the facility prescribe antiretroviral (ARV) treatment and/or provide clinical follow-up for clients on ARV treatment. Outreach ART facilities are included in this definition.

⁸ Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB, or provide TB treatment follow-up services for clients put on treatment elsewhere.

⁹ Facility reports that it offers malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria RDT or that were found on the day of the survey visit to be conducting malaria rapid diagnostic tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services.

¹⁰ Facility reports that it offers any of the following: minor surgery, general surgery, comprehensive surgery, obstetrics and gynecology surgery, specialty surgery

Table 3.2 Availability of basic client services

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Services for STIs	Normal delivery	All basic client services ¹	Number of facilities
Facility type									
Public	50.0	36.1	44.4	41.7	44.4	47.2	41.7	25.0	24
Private	79.4	26.7	30.3	72.3	78.6	65.7	88.5	11.5	118
Province									
Balkh	60.0	40.0	33.3	46.7	60.0	73.3	53.3	20.0	10
Herat	81.6	11.3	18.7	60.2	85.2	15.1	81.9	7.4	19
Kabul	68.7	35.8	43.6	76.5	77.4	64.5	83.4	17.7	77
Public	40.0	32.0	32.0	32.0	32.0	40.0	28.0	16.0	17
Private	76.6	36.8	46.8	88.9	90.1	71.4	98.8	18.1	60
Kandahar	91.7	6.2	6.2	44.0	44.0	81.8	100.0	6.2	11
Kunduz	62.5	62.5	12.5	75.0	75.0	87.5	100.0	12.5	5
Nangarhar	91.3	13.0	27.3	61.5	65.8	85.7	64.6	8.7	15
Paktya	87.5	12.5	12.5	50.0	62.5	50.0	75.0	0.0	5
Total	74.4	28.3	32.7	67.2	72.8	62.6	80.6	13.8	142

¹ Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, services for sexually transmitted infections (STIs), and normal delivery.

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Amenities							Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communication equipment ⁵	Computer with internet ⁶	Emergency transport ⁷	
Facility type								
Public	97.2	94.4	80.6	94.4	94.4	44.4	94.4	24
Private	97.2	93.8	91.4	97.1	90.5	22.9	88.3	118
Province								
Balkh	100.0	100.0	100.0	100.0	93.3	33.3	100.0	10
Herat	100.0	84.6	96.4	96.4	67.3	0.0	96.4	19
Kabul	99.1	97.3	83.3	99.1	98.2	21.9	91.4	77
Public	100.0	92.0	76.0	96.0	96.0	44.0	96.0	17
Private	98.8	98.8	85.4	100.0	98.8	15.8	90.1	60
Kandahar	81.8	90.2	100.0	81.8	90.2	81.8	81.8	11
Kunduz	87.5	50.0	100.0	100.0	87.5	0.0	100.0	5
Nangarhar	95.7	100.0	91.3	94.4	87.0	57.1	65.8	15
Paktya	100.0	100.0	100.0	87.5	87.5	0.0	87.5	5
Total	97.2	93.9	89.6	96.6	91.2	26.5	89.3	142

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Facility was connected to a central power grid and there has not been an interruption in power supply lasting more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power.

² Water was piped into the facility or piped onto facility grounds, or else water came from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water, and the outlet from this source was within 500 meters of the facility.

³ A private room or screened-off space was available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation can be held without the client being seen or heard by others.

⁴ The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or a composting toilet.

⁵ The facility had a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning short wave radio available in the facility.

⁶ The facility had a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or the facility had access to the internet via a cellular phone inside the facility.

⁷ The facility had a functioning ambulance or other vehicle for emergency transport that was stationed at the facility and had fuel available on the day of the survey, or the facility had access to an ambulance or other vehicle for emergency transport that was stationed at another facility or that operated from another facility.

Table 3.4 Availability of basic equipment

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Equipment							Number of facilities
	Adult scale	Child scale ¹	Infant scale ²	Thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	
Facility type								
Public	61.1	36.1	38.9	55.6	94.4	91.7	41.7	24
Private	72.8	46.4	45.2	58.7	93.7	92.6	65.5	118
Province								
Balkh	80.0	33.3	46.7	53.3	100.0	100.0	93.3	10
Herat	44.8	18.4	7.4	29.7	96.4	96.4	55.2	19
Kabul	81.7	54.1	51.4	59.3	91.4	91.4	51.3	77
Public	60.0	36.0	32.0	56.0	92.0	92.0	36.0	17
Private	87.7	59.1	56.7	60.2	91.2	91.2	55.6	60
Kandahar	73.5	62.2	72.0	100.0	100.0	100.0	90.2	11
Kunduz	62.5	0.0	62.5	50.0	100.0	87.5	100.0	5
Nangarhar	50.3	42.9	36.0	75.8	94.4	90.1	69.6	15
Paktya	50.0	37.5	12.5	25.0	87.5	75.0	50.0	5
Total	70.8	44.7	44.1	58.2	93.8	92.4	61.4	142

Note: The indicators presented in this table comprise the basic equipment domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ A scale with gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed, available somewhere in the general outpatient area

² A scale with gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

³ A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

⁴ A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area

Table 3.5 Standard precautions for infection control

Percentages of facilities with sterilization equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Items	Province											
	Facility type		Province									
	Public	Private	Balkh	Herat	Total	Public	Private	Kandahar	Kunduz	Nangarhar	Paktya	Total
Sterilization equipment ¹	91.7	89.5	93.3	81.3	96.5	88.0	98.8	73.5	37.5	91.3	100.0	89.9
Equipment for high-level disinfection ²	41.7	34.5	13.3	0.0	51.1	52.0	50.9	45.5	0.0	30.4	12.5	35.7
Safe final disposal of sharps waste ³	61.1	61.1	60.0	92.9	58.3	68.0	55.6	62.2	37.5	48.4	50.0	61.1
Safe final disposal of infectious waste ⁴	75.0	66.3	46.7	92.9	75.4	88.0	71.9	72.0	0.0	39.8	50.0	67.8
Appropriate storage of sharps waste ⁵	63.9	51.7	46.7	10.7	64.6	76.0	61.4	81.8	50.0	44.1	37.5	53.8
Appropriate storage of infectious waste ⁵	69.4	66.3	93.3	70.1	62.8	68.0	61.4	57.4	87.5	62.1	75.0	66.8
Disinfectant ⁷	66.7	63.5	93.3	22.0	73.8	72.0	74.3	72.0	100.0	34.2	50.0	64.0
Syringes and needles ⁸	75.0	65.8	80.0	10.7	89.6	88.0	90.1	67.3	75.0	15.5	62.5	67.3
Soap	63.9	56.0	66.7	40.9	65.2	64.0	65.5	73.5	0.0	47.2	37.5	57.3
Running water ⁹	83.3	66.0	80.0	40.9	70.4	84.0	66.7	91.7	75.0	72.7	62.5	68.9
Soap and running water	58.3	50.3	66.7	40.9	55.7	56.0	55.6	73.5	0.0	42.9	37.5	51.7
Alcohol-based hand disinfectant	55.6	47.6	80.0	62.9	53.3	60.0	51.5	44.0	0.0	23.0	12.5	49.0
Soap and running water or else alcohol-based hand disinfectant	72.2	66.4	86.7	70.6	72.4	76.0	71.4	73.5	0.0	51.6	50.0	67.4
Latex gloves ¹⁰	69.4	66.7	66.7	44.5	70.6	68.0	71.4	100.0	50.0	58.4	75.0	67.2
Medical masks	66.7	48.6	46.7	7.1	62.0	64.0	61.4	62.2	87.5	47.2	25.0	51.7
Gowns	63.9	43.4	93.3	70.1	22.3	52.0	14.1	81.8	100.0	62.7	62.5	46.8
Eye protection	13.9	5.0	20.0	0.0	3.5	12.0	1.2	28.0	0.0	9.9	0.0	6.5
Guidelines for standard precautions ¹¹	19.4	14.4	6.7	11.0	23.5	28.0	22.2	8.3	0.0	0.0	0.0	15.2
Number of facilities	24	118	10	19	77	17	60	11	5	15	5	142

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Facility reports that some instruments are processed in the facility, and the facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility.

² Facility reports that some instruments are processed in the facility, and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.

³ The process of sharps waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

⁴ The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

⁵ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁶ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁷ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁸ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁹ Piped water, water in bucket with specially fitted tap, or water in a pour pitcher available in the general outpatient area

¹⁰ Non-latex equivalent gloves are acceptable.

¹¹ Any guideline for infection control in health facilities available in the general outpatient area

Table 3.6 Capacity for processing of equipment for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Percentage of facilities having:				Number of facilities
	Equipment ¹	Equipment and knowledge of process time ²	Equipment, knowledge of process time, and automatic timer ³	Written guidelines for sterilization or HLD ⁴	
Facility type					
Public	94.4	80.6	72.2	44.4	24
Private	90.1	76.2	57.1	6.7	118
Province					
Balkh	93.3	93.3	73.3	13.3	10
Herat	81.3	81.3	73.6	11.0	19
Kabul	97.3	77.4	70.6	14.1	77
Public	92.0	72.0	72.0	48.0	17
Private	98.8	78.9	70.2	4.7	60
Kandahar	73.5	44.0	44.0	16.1	11
Kunduz	37.5	37.5	0.0	0.0	5
Nangarhar	95.7	87.0	31.7	13.0	15
Paktya	100.0	100.0	0.0	12.5	5
Total	90.8	76.9	59.7	13.1	142

¹ Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility, or a high-level disinfectant used for sterilization or high-level disinfection of equipment for reuse.

² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were a functioning equipment and the following processing conditions:

- Dry heat sterilization: Temperature at 160°C - 169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes.
- Autoclave: Wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes
- Boiling or steaming: Items processed for at least 20 minutes.
- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or CIDEX or formaldehyde solution and soaked for at least 20 minutes

³ An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilization process or the HLD equipment.

⁴ Hand-written instructions that are pasted on walls and that clearly outline the procedures to follow for processing of equipment are acceptable.

Table 3.7 Laboratory diagnostic capacity

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Afghanistan SPA 2018-19

Laboratory tests	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						
Basic tests												
Hemoglobin	91.7	93.7	66.7	74.5	99.1	96.0	100.0	100.0	87.5	100.0	100.0	93.4
Blood glucose	47.2	30.4	0.0	33.8	41.9	56.0	38.0	37.8	25.0	17.4	12.5	33.2
Malaria diagnostic test	69.4	73.4	66.7	19.0	76.6	64.0	80.1	90.2	75.0	100.0	100.0	72.7
Urine protein	55.6	89.3	80.0	78.0	81.8	52.0	90.1	81.8	100.0	91.3	100.0	83.6
Urine glucose	55.6	90.5	80.0	81.9	82.7	52.0	91.2	81.8	100.0	91.3	100.0	84.6
HIV diagnostic test	77.8	73.9	86.7	15.1	80.1	76.0	81.3	91.7	100.0	85.7	87.5	74.5
DBS collection	11.1	3.3	13.3	0.0	3.5	12.0	1.2	9.8	12.5	5.6	0.0	4.7
TB microscopy	27.8	22.2	13.3	19.2	11.2	20.0	8.8	72.0	25.0	41.0	75.0	23.1
Syphilis rapid diagnostic test	36.1	45.0	46.7	15.1	41.8	24.0	46.8	81.8	62.5	52.8	37.5	43.5
General microscopy	58.3	59.4	60.0	92.6	33.3	52.0	28.1	100.0	87.5	95.7	100.0	59.2
Urine pregnancy test	44.4	89.3	80.0	92.6	78.3	36.0	90.1	81.8	87.5	78.3	100.0	81.7
Liver or renal function test (ALT or Creatinine)	69.4	89.6	80.0	77.7	86.1	72.0	90.1	100.0	100.0	81.4	100.0	86.2
Advanced-level diagnostic tests												
Serum electrolytes	72.2	90.7	60.0	70.9	94.8	76.0	100.0	100.0	62.5	90.1	87.5	87.6
Full blood count with differentials	72.2	90.7	60.0	70.9	94.8	76.0	100.0	100.0	62.5	90.1	87.5	87.6
Blood typing and cross matching	30.6	17.8	6.7	11.3	21.6	28.0	19.9	72.0	0.0	8.7	0.0	20.0
CD4 count	5.6	0.6	0.0	0.0	2.7	8.0	1.2	0.0	0.0	0.0	0.0	1.4
Syphilis serology	8.3	14.3	6.7	7.4	18.3	4.0	22.2	19.6	0.0	4.3	0.0	13.3
Gram stain	44.4	41.6	40.0	45.1	41.6	44.0	40.9	44.0	37.5	48.4	25.0	42.1
Stool microscopy	52.8	51.8	53.3	59.9	30.6	44.0	26.9	100.0	75.0	90.1	100.0	52.0
CSF/body fluid counts	69.4	77.1	80.0	40.4	87.1	72.0	91.2	53.9	75.0	75.8	75.0	75.8
TB culture	19.4	3.1	13.3	15.1	4.3	20.0	0.0	8.3	0.0	0.0	0.0	5.9
TB rapid diagnostic test	19.4	32.3	20.0	11.0	31.1	4.0	38.6	6.2	25.0	75.8	25.0	30.2
Equipment for diagnostic imaging												
X-ray machine	33.3	35.3	53.3	26.4	23.4	32.0	21.1	75.6	62.5	48.4	50.0	35.0
Ultrasonogram	77.8	80.0	73.3	70.9	80.2	72.0	82.5	90.2	100.0	78.9	75.0	79.6
CT scan	22.2	16.6	26.7	11.5	17.5	28.0	14.6	28.0	12.5	15.5	12.5	17.6
Number of facilities	24	118	10	19	77	17	60	11	5	15	5	142

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

DBS = dried blood spot

CSF = cerebrospinal fluid

CT = computed tomography

Table 3.8 Availability of essential medicines

Percentages of facilities having the 14 essential medicines available, by background characteristics, Afghanistan SPA 2018-19

Essential medicines	Facility type		Province										
	Public	Private	Balkh	Herat	Kabul							Total	
					Public	Private	Kandahar	Kunduz	Nangarhar	Paktya			
Essential medicines													
Amitriptyline tablets/ capsules ¹	58.3	68.7	86.7	81.6	58.5	52.0	60.2	81.8	75.0	62.7	75.0	66.9	
Amoxicillin tablets/ capsules ²	66.7	94.4	93.3	96.4	82.7	56.0	90.1	100.0	100.0	100.0	100.0	89.7	
Atenolol tablets/ capsules ³	41.7	88.2	86.7	85.4	71.5	36.0	81.3	100.0	100.0	87.0	100.0	80.3	
Captopril tablets/ capsules ⁴	33.3	87.5	53.3	89.0	75.7	28.0	88.9	93.8	100.0	91.3	37.5	78.4	
Ceftriaxone injectable ⁵	77.8	94.4	93.3	92.9	87.9	76.0	91.2	100.0	100.0	100.0	87.5	91.6	
Ciprofloxacin tablets/ capsules ⁶	63.9	93.8	86.7	92.9	84.4	60.0	91.2	100.0	100.0	91.3	100.0	88.8	
Cotrimoxazole oral suspension ⁷	44.4	72.5	60.0	74.5	66.9	36.0	75.4	90.2	50.0	65.8	50.0	67.8	
Diazepam tablets/ capsules ⁸	77.8	86.6	86.7	92.9	80.1	76.0	81.3	90.2	100.0	85.7	100.0	85.1	
Diclofenac tablets/ capsules ⁹	61.1	92.0	93.3	77.7	83.6	56.0	91.2	100.0	100.0	91.3	100.0	86.8	
Glibenclamide tablets/ capsules ¹⁰	22.2	44.9	26.7	44.8	37.3	16.0	43.3	75.6	25.0	51.6	25.0	41.1	
Omeprazole/Cimetidine tablets/capsules ¹¹	55.6	92.7	86.7	85.4	81.8	48.0	91.2	100.0	100.0	95.7	87.5	86.4	
Paracetamol oral suspension ¹²	47.2	93.8	86.7	89.3	79.2	36.0	91.2	100.0	100.0	95.7	100.0	86.0	
Salbutamol inhaler ¹³	52.8	75.9	60.0	78.6	67.8	36.0	76.6	100.0	87.5	75.8	50.0	72.0	
Simvastatin/Atorvastatin tablet/capsule ¹⁴	27.8	76.6	53.3	70.1	66.9	32.0	76.6	75.6	75.0	82.6	50.0	68.4	
Number of facilities	24	118	10	19	77	17	60	11	5	15	5	142	

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ For the management of depression in adults

² First-line antibiotics for adults

³ Beta-blocker for management of angina/hypertension

⁴ Vaso-dilator, for management of hypertension

⁵ Second-line injectable antibiotic

⁶ Second-line oral antibiotic

⁷ Oral antibiotic for children

⁸ Muscle relaxant for management of anxiety, seizures

⁹ Oral analgesic

¹⁰ For management of type 2 diabetes

¹¹ Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia, and gastro-esophageal reflux disease

¹² Fever reduction and analgesic for children

¹³ For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease

¹⁴ For the control of elevated cholesterol

Table 3.9 Management, quality assurance, and health management information systems

Among all facilities, the percentages with regular management meetings and having documentation of a recent meeting, the percentages of facilities with quality assurance activities and having documentation of quality assurance activities, and the percentages of facilities with a system for eliciting client opinion, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Percentage of facilities with				Number of facilities
	Management meeting at least once every 6 months, with observed documentation of a recent meeting	Management meeting with community participation at least once every 6 months, with documentation of a recent meeting	Regular quality assurance activities with observed documentation of quality assurance activity ¹	System for determining client opinion, procedure for reviewing client opinion, and report of recent review of client opinion ²	
Facility type					
Public	88.9	55.6	61.1	58.3	24
Private	38.7	7.7	18.0	13.4	118
Province					
Balkh	60.0	6.7	40.0	26.7	10
Herat	44.8	0.0	22.3	18.4	19
Kabul	42.0	21.7	21.8	14.0	77
Public	92.0	64.0	56.0	56.0	17
Private	28.1	9.9	12.3	2.3	60
Kandahar	45.5	29.5	45.5	55.4	11
Kunduz	62.5	12.5	12.5	25.0	5
Nangarhar	71.4	4.3	36.0	28.6	15
Paktya	25.0	12.5	0.0	25.0	5
Total	47.2	15.8	25.3	21.0	142

¹ Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review, or an audit of records or registers.

² Systems asked about in the survey to determine client opinion are a suggestion box, client survey form, client interview form, official meeting with community leaders, informal discussion with clients or the community, email, facility website, letters from clients/community, and ombudsman.

Table 3.10 Supportive management practices at the facility level

Among all facilities, the percentages that had an external supervisory visit during the six months before the survey, and the percentages of facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Percentage of facilities with supervisory visit during the 6 months before the survey ¹	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire ⁵
			Staff training ²	Personal supervision ³	Training and personal supervision	Percentage with supportive management practices ⁴	
Facility type							
Public	88.9	36	56.3	78.1	43.8	43.8	32
Private	80.2	106	38.8	80.6	18.4	16.5	103
Province							
Balkh	86.7	15	28.6	92.9	21.4	21.4	14
Herat	85.2	27	50.0	62.5	20.8	16.7	24
Kabul	78.8	52	42.9	79.6	22.4	22.4	49
Public	88.0	25	54.5	77.3	45.5	45.5	22
Private	70.4	27	33.3	81.5	3.7	3.7	27
Kandahar	72.7	11	27.3	100.0	18.2	18.2	11
Kunduz	87.5	8	37.5	100.0	37.5	37.5	8
Nangarhar	85.7	21	47.6	76.2	33.3	28.6	21
Paktya	87.5	8	62.5	75.0	25.0	25.0	8
Total	82.4	142	43.0	80.0	24.4	23.0	135

¹ Facility reports that it received at least one external supervisory visit from the district, regional or national office during the six months period before the survey.

² At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision.

³ At least half of all interviewed providers reported that they had been personally supervised at least once during the 6 months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

⁴ Facility had an external supervisory visit during the 6 months before the survey, and staff has received routine training and supervision.

⁵ Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Table 3.11 Staffing pattern in surveyed facilities

Median number of providers, assigned to, employed by, or seconded to facility, by type of provider and type of facility, Afghanistan SPA 2018-19

Facility type	Median number of providers assigned to/employed by/seconed to facility						Number of facilities
	Manager/administrators	Specialist	General practitioner	Nurse/midwife	Medical and pharmaceutical technicians	Others	
Facility type							
Public	8.0	23.5	46.0	64.0	26.5	24.0	24
Private	4.5	5.4	1.9	6.7	8.5	2.8	118
Province							
Balkh	4.8	4.8	3.2	10.2	8.5	-	10
Herat	6.9	5.5	2.6	6.9	9.7	-	19
Kabul	4.6	7.3	1.7	8.3	11.4	6.8	77
Public	24.3	23.5	37.5	62.8	25.5	66.5	17
Private	4.5	6.4	1.0	6.3	8.9	5.7	60
Kandahar	3.2	5.1	3.7	9.2	8.1	-	11
Kunduz	4.3	3.0	4.5	6.0	7.0	-	5
Nangarhar	4.4	4.7	3.4	7.2	8.3	-	15
Paktya	3.3	3.0	2.0	3.7	4.7	-	5

¹ Numbers provided by facility in-charge

Key Findings

- Outpatient curative care for sick children was available in four out of five health facilities at least 5 days a week among facilities offering child curative care services.
- Nineteen percent of facilities offer all three basic child health services: outpatient curative care for sick children, routine growth monitoring, and routine childhood vaccination. Fifty-seven percent of facilities provide routine vitamin A supplements for children.
- Oral rehydration salts, albendazole/mebendazole, vitamin A capsules, and paracetamol syrup/suspension were available in at least 85% of facilities offering child curative care. Similarly, amoxicillin and cotrimoxazole were available at least 80% facilities, and gentamycin was found in at least 90% facilities offering child curative care services.
- A stethoscope and timer were available in 9 of 10 facilities.
- Sixty-four percent of health facilities providing child curative care had soap and running water or else alcohol-based hand disinfectant for hand cleansing.
- Only 9% of facilities that offer child curative care have at least one provider who had received training on integrated management of child illness (IMCI) and only 12% have at least one provider who had received training on growth monitoring during 24 months preceding the survey.
- Only 8% of facilities that offer child curative care have IMCI guidelines and only 5% had growth monitoring guidelines.
- Providers assessed three main symptoms (fever, cough/difficult breathing, and diarrhea) in 17% of observed consultations but only checked for major signs of danger (inability to eat or drink anything, vomiting, and convulsion) in 2% of consultations.

4.1 BACKGROUND

An estimated 5.9 million children under age 5 die each year worldwide, mainly from preventable causes (UNICEF 2016). In Afghanistan, one of every 20 children dies before reaching a fifth birthday, and of the babies who survive, 37% become stunted (AHS 2018).

With the aim of reducing mortality and morbidity among children less than age 5, the Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) Directorate of the Ministry of Public Health designs and implements programs to deliver preventive, promotive, and curative services. Vaccinations against preventable diseases are a key component of an Expanded Program on Immunization (EPI) strategy. Eleven antigens against vaccine-preventable diseases are provided by the National

Immunization Program (NIP) through outreach and health facilities. To intensify the effort to eradicate polio as well as measles, supplementary immunization activities take place periodically.

Most sick children present with signs and symptoms that relate to more than one condition. It is also recognized that a single treatment or program will not reduce mortality as first hoped. Therefore, a more integrated approach to managing sick children is indicated. Child health programs need to go beyond a single disease and address the overall health of the child, adding integrated management of childhood illness (IMCI) at different levels (IMCI, WHO 2017). Furthermore, the key strategy to end preventable childhood deaths due to pneumonia and diarrhea is vaccination, which substantially reduces the disease burden and deaths caused by these infectious agents (GAPPD, WHO, and UNICEF 2013).

This chapter explores information from the 2018-19 AfSPA on the following key issues, which relate to provision of quality child health care services at health facilities:

- **Availability of services.** Section 4.2, including Tables 4.1 through 4.3 and Figure 4.1, examines the availability of child health services and the frequency of available curative care, growth monitoring, and vaccination services.
- **Service readiness.** Section 4.3, including Tables 4.4 through 4.9, and 4.14 and Figures 4.2 through 4.5, addresses indicators related to the readiness of facilities to provide good-quality child health services, including the availability of trained staff, equipment, guidelines, medicines, vaccines, infection prevention processes, and laboratory diagnostic capacity.
- **Sick child care practices.** Section 4.4, including Tables 4.10 and 4.11, considers elements of the care received during sick child consultations.
- **Client opinion.** Section 4.5, including Table 4.12, addresses clients' opinions on health service delivery.
- **Basic management and administrative systems.** Section 4.6, including Tables 4.13 and 4.14, provides information on several aspects of management and administrative systems that support the delivery of quality services, including personal supervision and in-service training for providers of child health services.

4.1.1 Health situation of children in Afghanistan

Vaccination coverage

Immunization is a top priority of Afghanistan's public health program. Immunization against vaccine-preventable diseases is key in reducing child morbidity, mortality, and associated disabilities. The National Immunization Program seeks to ensure that all children are fully vaccinated. According to NIP guidelines, children should receive one dose of the bacillus Calmette-Guérin (BCG) vaccine against tuberculosis; three doses of the pentavalent vaccine against diphtheria, pertussis, tetanus, hepatitis B, and *Haemophilus influenzae* type b; five doses of the oral polio vaccine (OPV); one dose of the inactivated polio vaccine (IPV); three doses of the pneumococcal conjugate vaccine (PCV); and two doses of the measles vaccine.

According to the Afghanistan Health Survey 2018 (AHS), 50% of children age 12-23 months are fully immunized against six vaccine-preventable diseases—tuberculosis (73%); diphtheria, whooping cough, and tetanus (57%); polio (72%); and measles (65%) (AHS 2018).

Nutritional status

Malnutrition is an underlying factor in a large proportion of the illnesses that cause death among children less than age 5. Yet, at the time of the AHS 2018, 37% of children less than age 5 were stunted (short

height for their age), 19% were underweight (low weight for age), and 5% were wasted (low weight for height) (AHS 2018).

4.2 AVAILABILITY OF CHILD HEALTH SERVICES

4.2.1 Outpatient curative care, child growth monitoring, and child vaccination

The AfSPA 2018-19 assessed the availability of three basic child health services: outpatient curative care for sick children, routine growth monitoring, and childhood vaccination services. The results show that child health services are widely available in the surveyed health facilities (**Table 4.1** and **Figure 4.1**).

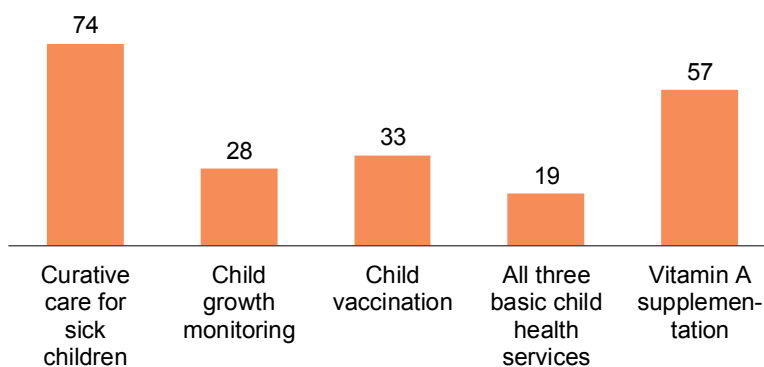
A majority (74%) of surveyed health facilities provided outpatient curative care for sick children. Growth monitoring is offered by 28% of health facilities, and 33% offer routine DPT/pentavalent, polio, and measles vaccination. All three basic child health services are provided by 19% of health facilities.

Curative care for sick children is mainly available across all the surveyed health facilities. Growth monitoring and child vaccination

are available in less than half of public health facilities (36% and 44%), with no much difference in private health facilities (27% and 30%). Less than one-fifth of private health facilities provide all three services (16%), as compared with public health facilities (33%).

Figure 4.1 Availability of child health services

Among all facilities, percent offering specific child health services (N=142)



4.2.2 Vitamin A supplementation

The AfSPA 2018-19 also assessed the availability of routine vitamin A supplementation (**Table 4.1** and **Figure 4.1**). Overall, 57% of health facilities provide vitamin A supplementation to children. This service is less available in public health facilities (39%) than in private facilities (60%).

4.2.3 Frequency of available service

The availability of a service depends not only whether a facility offers it but also how often it is offered. Curative care for children is available at least 5 days per week in 84% of facilities (**Table 4.2**). Similarly, growth monitoring is available 5 days or more per week in 79% of health facilities that offer this service.

Comprehensive child vaccination services (BCG, pentavalent, polio, hepatitis B, measles, PCV, and rota vaccinations) were available 5 or more days per week in 86% or more of health facilities. However, routine polio and DPT/pentavalent vaccinations were not available 5 or more days per week in Kandahar. Kabul public facilities were less likely to offer rota vaccine 5 or more days per week (50%) than Kabul private facilities (95%) (**Tables 4.3**).

4.3 SERVICE READINESS

4.3.1 Guidelines, trained staff, and equipment for sick child care

To support the quality of curative care for sick children, facilities need guidelines, trained staff, and equipment.

Guidelines and training

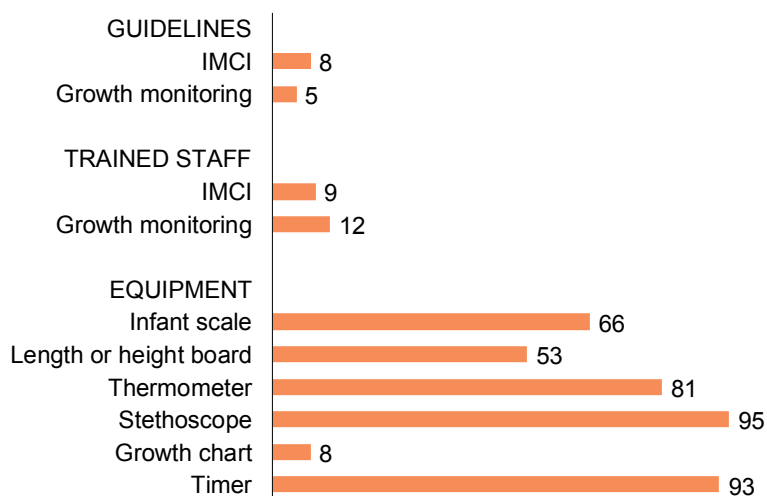
As **Table 4.4** and **Figure 4.2** show, 8% of health facilities providing child curative care services had IMCI guidelines available on the day of the assessment visit. Only 5% of health facilities had growth monitoring guidelines available. The IMCI guidelines were less available in private health facilities (5%) than public health facilities (33%). Nine percent of health facilities offering child curative care services had at least one provider who received IMCI in-service training during the 24 months prior to interview, and 12% had provider trained in growth monitoring. Public facilities (33%) were more likely to have providers who received training recently in IMCI than private facilities (6%). Similarly, public health facilities were more likely to have providers who received training in growth monitoring than private health facilities (39% versus 9%).

Equipment

The majority of health facilities that offer curative care for sick children had a thermometer (81%), a stethoscope (95%), and a timer (93%) on the day of the AfSPA visit (**Table 4.4** and **Figure 4.2**). Sixty-six percent of health facilities had an infant weighing scale, but only 8% had a growth chart. Slightly more than half of the health facilities (53%) had equipment for measuring height or length. Public health facilities were much more likely to have a growth chart (44%) than private health facilities (3%).

Figure 4.2 Guidelines, trained staff and basic equipment for sick child care

Among facilities that offer outpatient care for sick children (N=106), percent that have:



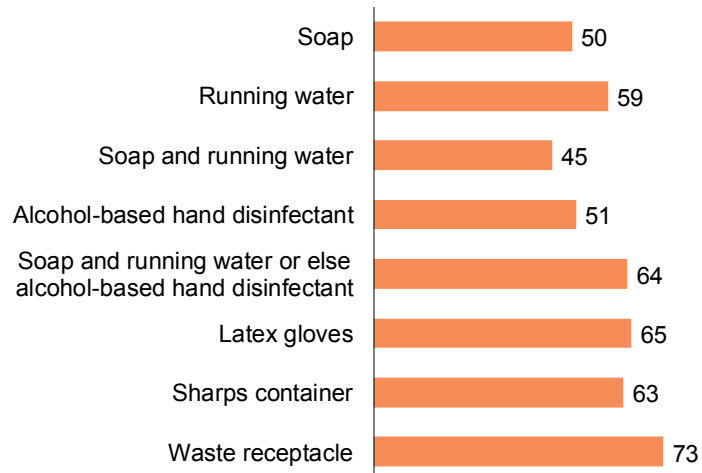
4.3.2 Infection control in sick child services

Infection control is an important concern in child health services. Required items are supplies for hand cleaning, gloves, and a means for disposing of sharps waste and infectious waste.

Two-thirds of surveyed health facilities (64%) that provide outpatient curative care services for sick children had some means for hand cleaning—soap and running water or alcohol-based hand disinfectant—on the day of the assessment visit (Table 4.5 and Figure 4.3). However, these three items were not available in Kunduz facilities. Public health facilities were more likely to have soap and running water than private health facilities (67% versus 42%). Sixty-five percent of health facilities had gloves, and 63% had a sharps container, while 73% had a waste receptacle.

Figure 4.3 Infection control in child curative care service area

Among facilities that offer outpatient care for sick children (N=106), percent with indicated items for infection control



4.3.3 Laboratory diagnostic capacity

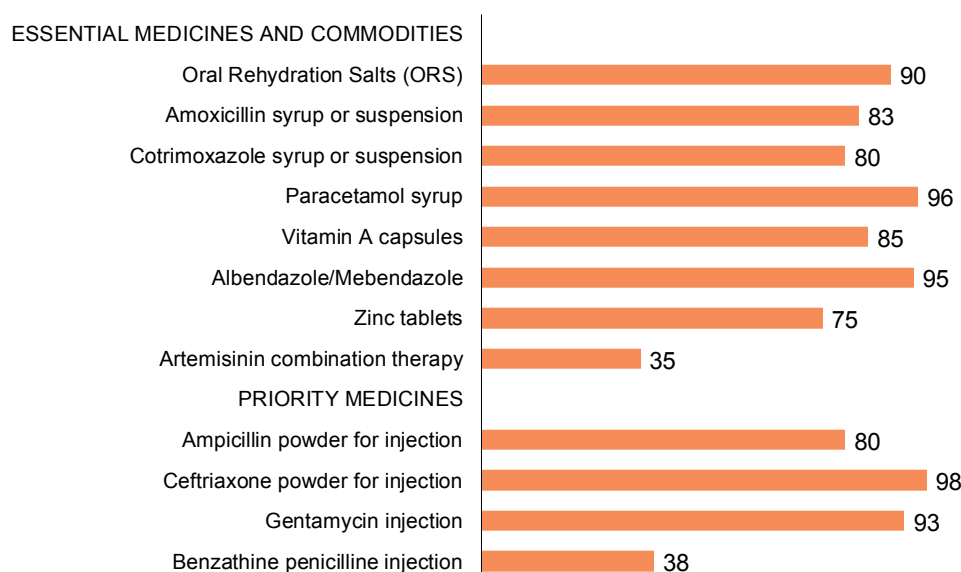
Certain laboratory tests can be important in diagnosing conditions among children. In target facilities, the laboratory diagnostic services for children are almost widely available (Table 4.5). Hemoglobin testing, malaria testing, and stool microscopy were available in 97%, 82%, and 54%, respectively. Public health facilities (83%) were more likely to have stool microscopy available on the day of the visit than private health facilities (51%).

4.3.4 Medicines and commodities for sick child care

A range of medicines and commodities provide care for sick children. Most of these medicines are in good supply in health facilities that offer curative care for sick children (Table 4.6 and Figure 4.4).

Figure 4.4 Availability of essential and priority medicines and commodities

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



In terms of essential medicines for sick child care, a majority of health facilities offering child curative care had albendazole/mebendazole (95%), ORS (90%), and paracetamol syrup/suspension (96%) on the day of the visit, while 85% had vitamin A capsules, and 83% had amoxicillin syrup/suspension available. Other essential medicines were less available; just 35% of health facilities had artemisinin combination therapy tablets, and 75% had zinc tablets. Among priority medicines, 80% of health facilities had ampicillin powder for injection, more than 90% had ceftriaxone powder and gentamycin, but only 38% had benzathine penicillin for injection.

4.3.5 Guidelines, trained staff, and equipment for vaccination services

Similar to services for sick children, health facilities need guidelines, trained staff, and appropriate equipment to deliver good-quality vaccination services. **Table 4.7** shows that half of the health facilities offering vaccination services had national immunization guidelines available at the time of the assessment visit. Public health facilities (88%) were more likely to have the guidelines than private health facilities (39%). However, only 16% of facilities offering vaccination services had at least one staff member with recent in-service training on the child vaccination services. Private health facilities (19%) were more likely than public facilities (6%) to have recently trained staff.

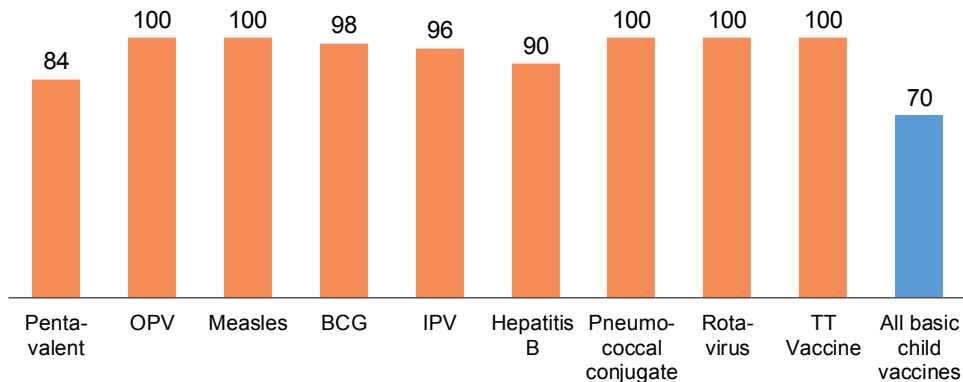
In terms of the equipment needed for vaccination services, all surveyed facilities that offer child vaccination services had a vaccine carrier with an ice pack, and 96% had a sharp container. Ninety percent of the health facilities had syringes and needles available.

4.3.6 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, 7 in 10 were observed to have stored all basic child vaccines on the day of assessment (**Table 4.8** and **Figure 4.5**). However, only 81% of public health facilities stored hepatitis B vaccine on a routine basis compared with 94% of private health facilities. Public health facilities (81%) were more likely to store basic vaccines routinely than private health facilities (65%).

Figure 4.5 Availability of vaccines

Among facilities offering child vaccination services and routinely store vaccine at the facility (N=34), percent where indicated vaccines were observed to be available in the facility on the day of the survey



4.3.7 Infection prevention in vaccination services

To avoid transmission of infections and to retain the public’s trust in immunization and vaccination services, health facilities must consistently follow infection prevention procedures. **Table 4.9** shows the availability of items for infection control at facilities offering vaccination services. The health facilities had a sharps container (96%), a waste receptacle (80%), running water (79%), soap (76%) for infection prevention in vaccination services. However, alcohol-based hand disinfectant was available in only half of the health facilities. Public health facilities were more likely to have soap and running water or else alcohol-based hand disinfectant for hand cleaning than private health facilities (94% versus 65%).

4.4 SICK CHILD CARE PRACTICES

To assess whether providers are offering good-quality services, AfSPA observers attended sick child consultations. Using checklists based on IMCI guidelines, the observers noted what information the providers gave and whether they performed recommended procedures during the consultations. Observers did not assess whether the information was correct or whether examination findings were interpreted appropriately.

In total, the observers reported on 574 sick child consultations. The sick children were examined by specialists (64%), and 36% were examined by general practitioners. Private health facilities (90%) were more likely to have consultation by specialist than public health facilities (37%) (**Table 4.10**).

4.4.1 Full assessment

IMCI/General danger signs

According to IMCI standards, providers should check every sick child for four danger signs: inability to eat or drink anything, vomiting everything eaten, convulsions, and lethargy or unconsciousness. In the AfSPA, the observers recorded whether the provider inquired about three of these danger signs: inability to eat or drink, vomiting, and convulsions.

For the most part, providers in the observed sick child consultations did not assess whether the child had any of these signs (**Tables 4.10 and 4.11**). Providers asked about vomiting in 31% of the consultations and inability to eat in 13%, while convulsions were discussed in a few consultations (5%). Overall, only 2% of providers talked about all three danger signs during the observed consultations.

IMCI/Main signs and symptoms

IMCI guidelines call for each child to be evaluated for the following three symptoms regardless of the reason for the consultation: cough or difficulty breathing, diarrhea, and fever. The most widely assessed symptom was fever (73%), followed by cough or difficulty breathing (63%) and diarrhea (35%). Health providers assessed sick children for all three symptoms in 17% of the consultations observed in the AfSPA. They assessed all three symptoms more often in private health facilities (22%) than in public health facilities (11%).

Physical examination

In the majority of consultations observed in the AfSPA, the child was weighed (45%), and the child's body temperature was taken (50%). Counting the respiratory rate and checking for pallor by looking at the conjunctiva were observed in 13% and 14% of consultations, respectively. Only 5% of providers checked for enlarged lymph nodes.

Essential advice

IMCI guidelines call on providers caring for sick children to always advise a sick child's caregivers about the importance of giving the child extra fluids and continuing to feed the child and about what symptoms, if they appear, would require an immediate return to the facility. Providers gave this advice in relatively few consultations. About 2 in 10 providers advised on giving extra fluid to the child and on continued feeding; however, only 7% advised on symptoms requiring an immediate return to the facility.

4.4.2 Diagnosis-specific assessments and treatment

At the end of each sick child consultation, providers were asked about the child's diagnosis or the major symptoms for which the child was seen and also about the treatment provided or prescribed, if any.

Table 4.11 presents the components of sick child consultations according to the illness diagnosed or the symptoms for which the child was seen.

Again, the results show that, regardless of the diagnosis, only a minority of providers were observed to assess the child or offer advice to caretakers according to IMCI guidelines. For example, providers were most likely (58%) to have asked about all three IMCI main symptoms (cough/difficulty breathing, diarrhea, and fever) for children diagnosed as having fever and least likely (18%) to have asked about these symptoms for diagnoses of pneumonia/broncho pneumonia. However, among all observed children, only 17% of providers assessed whether or not the child had all three IMCI symptoms.

About 8 in 10 children received antibiotics to treat illness or major symptoms. Among those children diagnosed with diarrhea with dehydration, 57% received oral rehydration salts (ORS), 61% were treated with zinc, 16% were given intravenous fluid, and about 5% had a follow-up visit discussed.

4.5 CLIENT OPINIONS

Before leaving the facility, interviewers asked the caretakers of sick children about their opinions of the consultation process and the quality of services. Specifically, the interviewer read a list of issues that are common reasons for clients' dissatisfaction and asked caretakers whether each issue had posed a major problem, a minor problem, or no problem at all in their child's consultation. **Table 4.12** shows the percentages of caretakers considering various service issues as major problems.

The two issues most commonly cited as major problems for clients were expensive services and lack of medicines, each mentioned by 18% of caretakers. Lack of availability of medicines was a major problem by 33% of caregivers receiving services in public health facilities compared with 4% of caregivers in private health facilities.

4.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

4.6.1 Supervision

Personal supervision can be an important source of support and direction for health facility staff members. Overall, more than 8 of every 10 interviewed child health care providers reported receiving personal supervision in the 6 months before the AfSPA visit (**Table 4.13**). The level of personal supervision during the 6 months preceding the survey was higher in public health facilities than in private health facilities (90% and 76%, respectively).

4.6.2 Training

Training, too, is an important management function to support health care providers. Periodic in-service training in particular can keep providers up to date and help them refresh their knowledge and skills.

In target health facilities, 15% of the interviewed child health service providers said they had received in-service training related to child health in the 24 months before the assessment (**Table 4.13**). Providers in public health facilities were more likely to have received recent training (22%) than providers in private health facilities (10%).

Overall, 11% of interviewed child health service providers had recently received both personal supervision and in-service training. Around 20% of providers at public health facilities but only 4% of providers at private health facilities had been supervised recently and had received in-service training in the 24 months before the survey.

Table 4.14 shows the proportions of all providers of child health services who reported receiving in-service training on specified topics within the 24 months before the survey or at any time. Malaria diagnosis (22%) and IMCI (19%) were the most common topics of reported training at any time.

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Table 4.1 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that offer:						Number of facilities
	Outpatient curative care for sick children	Growth monitoring	Child vaccination ¹	All three basic child health services	Child Vacc+ ²	Routine vitamin A supplementation	
Facility type							
Public	50.0	36.1	44.4	33.3	38.9	38.9	24
Private	79.4	26.7	30.3	16.0	28.5	60.1	118
Province							
Balkh	60.0	40.0	33.3	20.0	33.3	33.3	10
Herat	81.6	11.3	18.7	7.4	14.8	55.8	19
Kabul	68.7	35.8	43.6	27.1	40.0	59.1	77
Public	40.0	32.0	32.0	28.0	24.0	32.0	17
Private	76.6	36.8	46.8	26.9	44.4	66.7	60
Kandahar	91.7	6.2	6.2	6.2	6.2	53.9	11
Kunduz	62.5	62.5	12.5	12.5	12.5	37.5	5
Nangarhar	91.3	13.0	27.3	8.7	27.3	70.2	15
Paktya	87.5	12.5	12.5	0.0	12.5	50.0	5
Total	74.4	28.3	32.7	18.9	30.3	56.5	142

¹ Routine provision of DPT/pentavalent, polio, and measles vaccination in the facility to children

² Routine provision of DPT/pentavalent, polio, measles vaccination, inactivated polio vaccine (IPV), pneumococcal vaccine (PCV), birth dose hepB vaccine, rota vaccine, and tetanus toxoid (TT) vaccine in the facility to children

Table 4.2 Frequency of child health services: curative care and growth monitoring

Among all facilities offering outpatient curative care for sick children and growth monitoring, the percentages providing the service at the facility at specific frequencies, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Outpatient curative care for sick children				Growth monitoring			Number of facilities
	1-2 days/week	3-4 days/week	5+ days/week	Number of facilities	1-2 days/week	3-4 days/week	5+ days/week	
Facility type								
Public	33.3	0.0	66.7	12	30.8	0.0	69.2	9
Private	9.3	1.4	86.3	94	16.7	2.1	81.2	32
Province								
Balkh	0.0	0.0	100.0	6	0.0	0.0	100.0	4
Herat	0.0	8.8	91.2	15	0.0	0.0	100.0	2
Kabul	22.9	0.0	77.1	53	28.9	0.0	71.1	27
Public	60.0	0.0	40.0	7	50.0	0.0	50.0	5
Private	17.6	0.0	82.4	46	23.8	0.0	76.2	22
Kandahar	0.0	0.0	78.6	10	0.0	0.0	100.0	1
Kunduz	0.0	0.0	100.0	3	0.0	0.0	100.0	3
Nangarhar	4.8	0.0	95.2	14	0.0	33.3	66.7	2
Paktya	0.0	0.0	85.7	5	0.0	0.0	100.0	1
Total	12.1	1.3	84.1	106	19.7	1.7	78.6	40

Note: Some facilities provide the service less than 1 day per week; therefore, the total percentages may not add to 100 %.

Table 4.3 Frequency of availability of child health services: vaccination services

Among facilities offering routine child vaccination services, the percentages providing the service at the facility at specific frequencies, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Routine polio vaccination		DPT/pentavalent vaccination		Routine measles vaccination		Routine BCG vaccination		Inactivated polio vaccine (IPV)		Pneumococcal vaccine (PCV)		Birth dose hepB vaccine		Rota vaccine		Tetanus toxoid (TT) vaccine						
	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week	1-2 days/ week	5+ days/ week					
Facility type																							
Public	22.2	66.7	26.3	63.2	13	25.0	68.8	11	22.2	72.2	12	23.5	70.6	11	18.8	75.0	11	25.0	68.8	11	27.8	66.7	
Private	3.9	96.1	36	5.8	94.2	36	5.8	94.2	36	4.0	96.0	35	3.9	96.1	36	2.0	98.0	34	3.9	96.1	36	3.9	96.1
Province																							
Balkh	0.0	100.0	3	0.0	100.0	3	0.0	100.0	3	0.0	100.0	3	0.0	100.0	3	0.0	100.0	3	0.0	100.0	3	0.0	100.0
Herat	0.0	80.9	3	0.0	80.9	3	19.1	61.8	3	39.7	41.2	3	0.0	80.9	3	0.0	80.9	3	0.0	80.9	3	0.0	80.9
Kabul	11.7	88.3	35	13.4	86.6	35	12.2	87.8	33	13.7	86.3	34	13.9	86.1	34	8.4	91.6	32	12.2	87.8	33	13.6	86.4
Public	40.0	60.0	7	45.5	54.5	7	50.0	50.0	5	40.0	60.0	6	55.6	44.4	6	37.5	62.5	5	50.0	50.0	5	50.0	50.0
Private	5.0	95.0	28	5.0	95.0	28	5.0	95.0	28	5.0	95.0	28	5.0	95.0	28	2.6	97.4	27	5.0	95.0	28	5.0	95.0
Kandahar	0.0	0.0	1	0.0	0.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0
Kunduz	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0
Nangarhar	0.0	100.0	4	15.9	84.1	4	0.0	100.0	4	0.0	100.0	4	0.0	100.0	4	0.0	100.0	4	0.0	100.0	4	0.0	100.0
Paktya	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0	1	0.0	100.0
Total	8.5	88.7	48	11.2	86.1	48	10.2	88.4	46	12.9	85.7	48	8.8	89.8	46	6.0	92.5	45	8.8	89.8	46	9.9	88.7

Note: Some facilities provide the service less than 1 day per week; therefore, the total percentages may not add to 100%.

Table 4.4 Guidelines, trained staff, and equipment for child curative care services

Among all facilities offering outpatient curative care for sick children, the percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines		Trained staff		Equipment						Number of facilities offering outpatient curative care for sick children	
	IMCI guidelines	Growth monitoring	IMCI ¹	Growth monitoring ²	Infant scale ⁴	Length or height board	Thermo-meter	Stetho-scope	Growth chart	Timer		
Facility type												
Public	33.3	33.3	33.3	38.9	77.8	77.8	72.2	100.0	44.4	94.4	12	
Private	5.2	1.5	6.0	8.6	64.0	49.4	82.5	94.4	2.9	92.9	94	
Province												
Balkh	0.0	11.1	0.0	11.1	77.8	44.4	55.6	100.0	22.2	100.0	6	
Herat	22.9	0.0	13.8	18.5	17.8	26.9	77.4	100.0	4.4	95.3	15	
Kabul	7.7	9.0	6.5	6.5	76.1	76.1	87.5	90.0	10.3	88.7	53	
public	40.0	50.0	30.0	30.0	80.0	80.0	80.0	100.0	60.0	100.0	7	
private	3.1	3.1	3.1	3.1	75.6	75.6	88.6	88.6	3.1	87.0	46	
Kandahar	0.0	0.0	28.2	39.0	78.6	37.3	100.0	100.0	0.0	93.2	10	
Kunduz	0.0	0.0	0.0	0.0	100.0	40.0	40.0	100.0	20.0	100.0	3	
Nangarhar	9.5	0.0	4.8	9.5	72.1	26.5	78.2	100.0	0.0	100.0	14	
Paktya	0.0	0.0	14.3	14.3	14.3	0.0	57.1	100.0	0.0	100.0	5	
Total	8.4	5.1	9.1	12.0	65.5	52.6	81.3	95.0	7.6	93.0	106	

Note: The indicators presented in this table comprise staff, training, and equipment domains for assessing readiness to provide preventive and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ At least one interviewed provider of child health services in the facility reported receiving in-service training in integrated management of childhood illness (IMCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² At least one interviewed provider of child health services in the facility reported receiving in-service training in growth monitoring during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A scale with gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less, where an adult can hold a child to be weighed

⁴ A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams, where an adult can hold an infant to be weighed

Table 4.5 Infection control and laboratory diagnostic capacity

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey and the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Items for infection control							Laboratory diagnostic capacity				Number of facilities offering outpatient curative care for sick children
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	Hemo-globin ⁴	Malaria ⁵	Stool micro-scopy ⁶	
Facility type												
Public	66.7	77.8	66.7	50.0	72.2	55.6	66.7	83.3	100.0	100.0	83.3	12
Private	48.2	56.9	41.9	50.7	63.1	66.2	62.0	71.5	96.4	80.0	50.7	94
Province												
Balkh	66.7	77.8	66.7	88.9	88.9	55.6	55.6	100.0	100.0	100.0	55.6	6
Herat	14.1	18.5	14.1	77.4	77.4	45.5	4.4	86.2	82.2	23.2	68.7	15
Kabul	66.1	67.3	54.7	52.3	68.7	74.9	84.8	67.4	100.0	88.7	28.1	53
public	90.0	100.0	90.0	60.0	90.0	70.0	80.0	90.0	100.0	100.0	80.0	7
private	62.6	62.6	49.6	51.2	65.7	75.6	85.5	64.1	100.0	87.0	20.6	46
Kandahar	80.2	90.9	80.2	58.8	80.2	100.0	90.9	62.7	100.0	89.3	100.0	10
Kunduz	0.0	80.0	0.0	0.0	0.0	60.0	60.0	100.0	80.0	100.0	60.0	3
Nangarhar	21.8	38.8	21.8	17.0	32.7	32.7	37.4	63.3	100.0	100.0	89.1	14
Paktya	28.6	57.1	28.6	14.3	42.9	57.1	28.6	85.7	100.0	100.0	100.0	5
Total	50.3	59.2	44.7	50.6	64.1	65.0	62.6	72.8	96.8	82.3	54.4	106

Note: The laboratory diagnostic capacity indicator measures presented in this table comprise the indicators in the diagnostics domain for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

⁴ Facility had functioning equipment and reagents for colorimeter, hemoglobinometer, or HemoCue.

⁵ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy.

⁶ Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

Table 4.6 Availability of essential and priority medicines and commodities

Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Essential medicines							Priority medicines					Number of facilities offering outpatient curative care for sick children
	ORS ¹	Amoxicillin syrup, suspension or dispersible ¹	Co-trimoxazole suspension or dispersible	Paracetamol syrup or suspension ¹	Vitamin A capsules ¹	Mebendazole/albendazole	Zinc tablets	Artemisinin combination therapy	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin injection	Benazthine penicillin for injection	
Facility type													
Public	83.3	83.3	72.2	72.2	66.7	72.2	55.6	22.2	72.2	88.9	100.0	50.0	12
Private	90.8	82.8	81.1	99.3	87.5	97.7	77.1	36.5	80.4	99.3	91.5	36.9	94
Province													
Balkh	100.0	100.0	88.9	100.0	77.8	100.0	77.8	11.1	100.0	100.0	88.9	44.4	6
Herat	90.9	73.1	82.2	91.2	91.2	95.6	64.0	0.0	91.2	91.2	100.0	55.2	15
Kabul	87.5	77.5	82.2	94.9	83.6	90.9	82.4	33.2	72.2	100.0	88.7	30.4	53
Public	80.0	80.0	70.0	60.0	60.0	60.0	40.0	20.0	70.0	100.0	100.0	40.0	7
Private	88.6	77.1	84.0	100.0	87.0	95.4	88.6	35.1	72.5	100.0	87.0	29.0	46
Kandahar	100.0	100.0	89.3	100.0	100.0	100.0	89.3	50.3	100.0	100.0	100.0	58.8	10
Kunduz	100.0	100.0	60.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	60.0	3
Nangarhar	90.5	89.1	72.1	100.0	78.2	100.0	50.3	89.1	73.5	100.0	100.0	31.3	14
Paktya	71.4	85.7	57.1	100.0	71.4	100.0	42.9	28.6	57.1	85.7	71.4	28.6	5
Total	89.9	82.8	80.1	96.2	85.2	94.8	74.7	34.9	79.5	98.1	92.5	38.4	106

Note: The essential medicines comprise the medicines and commodities indicators for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

ORS = oral rehydration salts

¹ These medicines and commodities are also in the group of priority medicines for children.

Table 4.7 Guidelines, trained staff, and equipment for vaccination services

Among facilities offering child vaccination services, the percentages having EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Guidelines ¹	Trained staff ²	Equipment				Number of facilities offering child vaccination services
			Vaccine refrigerator	Vaccine carrier with ice pack ³	Sharps container	Syringes and needles ⁴	
Facility type							
Public	87.5	6.3	100.0	100.0	93.8	75.0	11
Private	38.8	18.7	62.6	100.0	96.2	93.9	36
Province							
Balkh	40.0	0.0	80.0	100.0	60.0	80.0	3
Herat	80.9	0.0	80.9	100.0	100.0	100.0	3
Kabul	44.4	22.0	68.5	100.0	97.9	100.0	33
Public	87.5	12.5	100.0	100.0	100.0	100.0	5
Private	36.3	23.7	62.5	100.0	97.5	100.0	28
Kandahar	100.0	0.0	100.0	100.0	100.0	0.0	1
Kunduz	100.0	0.0	100.0	100.0	100.0	100.0	1
Nangarhar	52.3	0.0	63.6	100.0	100.0	15.9	4
Paktya	100.0	0.0	100.0	100.0	100.0	100.0	1
Total	50.0	15.8	71.2	100.0	95.6	89.5	46

Note: The indicators presented in this table comprise the indicators included as part of the staff and training and equipment domains for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ National guidelines for the Expanded Program on Immunization (EPI) or other guidelines for immunizations

² At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs.

⁴ Single-use standard disposable syringes with needles or auto-disable syringes with needles

Table 4.8 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentages having unexpired indicated vaccines observed on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:											Number of facilities offering child vaccination services and storing vaccines
	Penta-valent ¹	Oral polio vaccine	Measles vaccine and diluent	All three vaccines: Penta + Polio + Measles ²	BCG vaccine and diluent	Inactivated polio vaccine (IPV)	Pneumo-coccal conjugate vaccine (PCV)	Birth dose hepatitis B vaccine	Rotavirus vaccine	Tetanus toxoid Vaccine	All basic child vaccines ³	
Facility type												
Public	100.0	100.0	100.0	100.0	100.0	100.0	100.0	81.3	100.0	100.0	81.3	11
Private	77.2	100.0	100.0	77.2	96.9	93.8	100.0	93.9	100.0	100.0	64.9	23
Province												
Balkh	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	3
Herat	100.0	100.0	100.0	100.0	100.0	79.4	100.0	100.0	100.0	100.0	79.4	3
Kabul	77.0	100.0	100.0	77.0	96.9	96.9	100.0	88.0	100.0	100.0	62.0	23
Public	100.0	100.0	100.0	100.0	100.0	100.0	100.0	75.0	100.0	100.0	75.0	5
Private	70.0	100.0	100.0	70.0	96.0	96.0	100.0	92.0	100.0	100.0	58.0	18
Kandahar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
Kunduz	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
Nangarhar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	75.0	100.0	100.0	75.0	3
Paktya	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	1
Total	84.4	100.0	100.0	84.4	97.9	95.8	100.0	89.9	100.0	100.0	70.1	34

Note: The measures presented in this table comprise the indicators included as part of the medicines and commodities domain for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Pentavalent = DPT + hepatitis B + *haemophilus influenzae* B

² At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, and measles vaccine with relevant diluents available

³ At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, measles vaccine, BCG vaccine, inactivated polio vaccine (IPV), pneumococcal vaccine (PCV), birth dose hepatitis B vaccine, rota vaccine, and tetanus vaccine with relevant diluents available

Table 4.9 Infection control for vaccination services

Among facilities offering child vaccination services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering child vaccination services that have indicated items for infection control								Number of facilities offering child vaccination services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	87.5	87.5	87.5	62.5	93.8	50.0	93.8	75.0	11
Private	71.9	75.8	55.2	45.8	64.9	77.1	96.2	80.9	36
Province									
Balkh	80.0	80.0	80.0	100.0	100.0	60.0	60.0	100.0	3
Herat	80.9	80.9	80.9	80.9	100.0	80.9	100.0	100.0	3
Kabul	77.9	80.0	60.1	44.6	66.4	74.1	97.9	80.2	33
Public	100.0	100.0	100.0	75.0	100.0	62.5	100.0	87.5	5
Private	73.7	76.3	52.5	38.8	60.0	76.3	97.5	78.8	28
Kandahar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	1
Kunduz	0.0	0.0	0.0	0.0	0.0	100.0	100.0	100.0	1
Nangarhar	68.2	84.1	68.2	15.9	68.2	31.8	100.0	63.6	4
Paktya	0.0	0.0	0.0	100.0	100.0	100.0	100.0	0.0	1
Total	75.5	78.5	62.7	49.6	71.5	70.9	95.6	79.6	46

Table 4.10 Assessments, examinations, and treatments for sick children

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						
Qualification of provider												
Consultation conducted by specialist medical doctor	36.6	89.6	51.7	58.4	73.4	47.9	97.4	47.3	13.2	76.9	10.5	63.7
Consultation conducted by general practitioner	63.4	10.4	48.3	41.6	26.6	52.1	2.6	52.7	86.8	23.1	89.5	36.3
History: assessment of general danger signs												
Inability to eat or drink anything	10.0	16.2	1.4	28.7	9.1	9.1	9.1	19.9	0.0	33.2	7.0	13.2
Vomiting everything	28.0	32.8	27.9	54.1	18.4	19.0	17.8	34.0	10.7	81.9	27.9	30.5
Convulsions	2.1	7.2	0.0	4.8	1.4	2.5	0.4	17.6	0.0	22.1	1.2	4.7
All general danger signs	0.0	3.5	0.0	0.8	0.0	0.0	0.0	0.0	0.0	15.7	1.2	1.8
History: assessment of main symptom												
Cough or difficulty breathing	62.8	63.5	55.3	66.0	62.1	62.8	61.4	15.8	65.1	83.5	89.5	63.2
Diarrhea	33.6	36.5	14.4	50.0	28.4	33.1	23.9	45.4	10.7	70.4	40.7	35.1
Fever	66.0	80.6	64.3	66.6	72.6	66.1	78.8	59.6	70.2	88.0	93.0	73.4
All three main symptoms ¹	11.2	22.3	2.3	28.3	10.7	9.9	11.4	2.3	0.0	53.9	33.7	16.9
Ear pain or discharge from ear	8.1	11.6	0.0	12.1	9.4	8.3	10.6	8.8	5.3	18.3	11.6	9.9
All three main symptoms plus ear pain/discharge	1.0	4.4	0.0	4.6	1.2	0.0	2.3	0.0	0.0	15.3	0.0	2.7
History: other assessment												
Asked about TB disease in any parent in last 5 years	1.8	1.5	0.0	2.8	0.8	1.7	0.0	0.0	0.0	8.7	0.0	1.6
Asked about two or more episodes of diarrhea in child	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3	1.2	0.5
Physical examination												
Took child's temperature with thermometer ²	41.0	57.7	7.4	44.7	64.4	60.3	68.2	69.0	0.0	29.5	7.0	49.6
Felt the child for fever or body hotness	58.6	58.2	75.4	34.2	62.7	55.4	69.6	15.0	67.4	52.1	83.7	58.4
Any assessment of temperature	78.0	83.3	78.2	69.1	85.7	81.0	90.2	74.9	67.4	68.2	87.2	80.7
Counted respiration (breaths) for 60 seconds	12.3	13.4	16.3	13.8	14.2	16.5	11.9	4.4	10.7	12.1	5.8	12.9
Listened to chest with stethoscope or counted pulse	69.7	75.0	80.1	65.3	74.9	66.1	83.3	16.6	100.0	82.4	75.6	72.4
Checked skin turgor for dehydration	12.6	18.7	37.3	8.2	16.0	14.0	17.8	6.7	29.5	15.0	2.3	15.8
Checked for pallor by looking at palms	9.7	15.3	19.5	12.1	12.9	6.6	18.9	11.1	27.0	6.7	5.8	12.5
Checked for pallor by looking at conjunctiva	9.6	19.0	12.1	12.6	12.0	5.0	18.7	28.8	8.1	13.8	32.6	14.4
Looked into child's mouth	31.7	62.6	88.8	29.9	51.3	28.1	73.3	40.9	51.2	31.1	19.8	47.5
Checked for neck stiffness	11.6	9.4	6.0	8.0	13.4	18.2	8.9	6.7	5.4	8.2	1.2	10.4
Looked in child's ear	13.4	27.9	31.7	33.9	22.6	13.2	31.6	21.5	5.3	5.9	1.2	20.8
Felt behind child's ears for tenderness	10.4	12.6	21.5	23.1	10.2	11.6	8.9	4.7	8.1	12.9	0.0	11.6
Undressed child for examination	20.8	42.1	25.6	65.9	27.9	16.5	38.7	26.6	75.6	30.7	9.3	31.7
Pressed both feet to check for edema	5.8	3.9	5.1	14.6	2.6	2.5	2.7	1.6	29.6	2.4	7.0	4.8
Checked for enlarged lymph nodes in two or more sites	4.8	4.6	17.2	3.6	3.8	5.0	2.7	0.0	10.7	5.4	0.0	4.7
Weighed the child	26.7	62.0	74.8	34.3	45.4	23.1	66.6	16.3	37.7	64.3	14.0	44.7
Essential advice to caretaker												
Give extra fluids to child	17.7	22.4	54.9	16.2	13.3	12.4	14.2	30.7	56.8	28.6	5.8	20.1
Continue feeding child	15.1	27.2	39.5	4.7	16.8	8.3	24.9	44.2	56.8	30.7	11.6	21.3
Symptoms require immediate return	4.9	9.4	9.4	6.5	6.7	5.8	7.6	0.0	10.9	15.5	1.2	7.2
Number of sick child observations	281	293	44	54	331	161	170	35	15	60	35	574

¹ Cough or difficulty breathing, diarrhea, and fever

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen.

Table 4.11 Assessments, examinations, and treatments for sick children, by diagnosis or major symptoms

Among sick children whose consultations with a provider were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI assessment, physical examination, and/or treatment was provided, Afghanistan SPA 2018-19

Components of consultation	Respiratory illness			Febrile illness			Gastro-intestinal illness		Ear infection	All observed children
	Pneumonia/bronchopneumonia	Bronchial spasm/asthma	Cough or other upper respiratory illness	Fever	Measles	Malaria ⁴	Any diarrhea without dehydration	Any diarrhea with dehydration		
IMCI assessment										
3 main symptoms ¹	18.0	40.9	18.9	58.0	0.0	0.0	25.7	33.7	18.7	16.9
3 general danger signs ²	0.8	0.0	0.0	9.9	0.0	0.0	0.0	3.2	0.0	1.8
Current eating or drinking habits	22.4	6.8	10.0	0.0	28.9	0.0	14.3	11.5	4.4	12.7
Caretaker advised to continue feeding and to increase fluid intake	14.3	0.0	7.9	0.0	28.9	0.0	20.8	5.2	15.9	10.4
Physical exam										
Temperature	81.1	93.2	82.7	93.8	28.9	100.0	76.3	76.2	83.2	80.7
Respiratory rate	11.8	29.2	8.3	0.0	28.9	0.0	7.5	8.6	4.3	12.9
Dehydration	16.8	11.0	14.9	9.9	28.9	0.0	18.5	31.0	1.2	15.8
Anemia	26.0	44.3	21.6	35.8	71.1	100.0	19.6	19.1	27.2	22.9
Ear (looked in ear/felt behind ear)	20.7	52.2	35.0	32.1	28.9	66.7	18.7	22.1	70.2	25.6
Edema	7.5	0.0	2.4	6.8	0.0	33.3	5.1	2.0	0.0	4.8
Referred for any laboratory test	2.3	11.0	2.5	6.2	0.0	33.3	12.6	10.5	8.0	6.2
Treatment										
Referred outside or admitted	3.6	0.0	0.0	0.0	0.0	0.0	3.5	0.0	1.2	2.9
Any antibiotic	94.2	100.0	88.9	64.8	100.0	0.0	55.8	66.5	93.5	76.0
Injectable antibiotic	36.5	24.6	17.4	0.0	0.0	0.0	6.8	21.7	14.7	18.1
Oral antibiotic	64.3	89.0	81.8	64.8	100.0	0.0	51.0	44.7	93.5	65.0
Any antimalarial	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	1.2
Oral non-ACT	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	1.2
Oral bronchodilator	10.5	67.8	5.8	9.9	0.0	0.0	0.0	3.2	1.2	4.9
Oral medication for symptomatic treatment	78.9	58.6	84.6	48.8	100.0	100.0	52.5	45.3	94.4	67.6
Oral rehydration (ORS)	3.7	0.0	1.7	6.8	0.0	0.0	16.6	56.6	0.0	7.5
Intravenous fluid	1.0	0.0	0.2	16.7	0.0	0.0	3.1	15.9	0.0	2.4
Zinc	11.9	7.5	11.2	12.3	0.0	66.7	35.6	60.8	2.5	15.2
Described signs or symptoms requiring immediate return	4.5	18.5	9.9	0.0	0.0	0.0	6.3	9.5	1.3	7.2
Discussed follow-up visit	3.0	11.0	5.9	19.8	0.0	0.0	11.0	5.4	0.0	5.1
Number of children ³	121	6	167	7	2	1	104	20	34	574

Note: ACT = artemisinin combination therapy

¹ The three IMCI main symptoms are cough/difficulty breathing, diarrhea, and fever.

² The three IMCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion.

³ A child may be classified under more than one diagnosis; therefore, the numbers in the individual columns may add to more than the total number of observed children.

⁴ Malaria reflects the provider-reported diagnosis, which may have been based on rapid diagnostic test (RDT) or microscopy. The interviewing team does not verify this information.

Table 4.12 Feedback on service problems from caretakers of observed sick children

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Afghanistan SPA 2018-19

Client service issue	Facility type		Province										Total
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya		
					Total	Public	Private						
Poor behavior/attitude of provider	12.2	2.1	0.0	0.0	2.0	1.7	2.3	0.0	5.4	4.6	87.2	7.1	
Insufficient explanation about child's illness	1.9	2.9	0.0	6.0	1.2	2.5	0.0	17.6	0.0	1.1	0.0	2.4	
Long wait to see provider	23.5	3.0	7.4	6.7	9.7	18.2	1.7	13.5	0.0	1.1	87.2	13.0	
Not able to discuss problems	1.4	1.9	2.3	1.6	1.2	2.5	0.0	8.8	0.0	1.1	0.0	1.7	
Medicines not available in facility	32.5	3.6	18.5	7.3	16.9	33.9	0.9	19.9	0.0	1.1	75.6	17.8	
Facility open limited days	9.3	0.2	0.0	0.0	0.4	0.8	0.0	0.0	0.0	1.7	69.8	4.7	
Facility open limited hours	9.3	0.9	0.0	0.0	0.4	0.8	0.0	4.4	0.0	2.6	69.8	5.0	
Facility not clean	6.3	0.4	0.0	0.0	0.8	1.7	0.0	0.0	0.0	3.3	40.7	3.3	
Services costly	10.9	24.2	0.0	8.9	24.2	19.0	29.0	17.6	0.0	17.0	1.2	17.7	
Insufficient visual privacy	6.5	2.3	0.0	0.0	1.4	0.0	2.7	4.4	0.0	1.1	52.3	4.4	
Insufficient auditory privacy	7.9	2.0	0.0	0.0	1.4	0.0	2.7	0.0	0.0	1.1	65.1	4.9	
Number of interviewed caretakers of sick children	281	293	44	54	331	161	170	35	15	60	35	574	

Table 4.13 Supportive management for providers of child health services

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers
	Training related to child health during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Public	21.7	90.1	19.7	142
Private	10.0	75.5	4.2	166
Province				
Balkh	2.2	88.1	2.2	23
Herat	21.3	81.2	21.3	21
Kabul	19.9	74.4	12.0	147
public	26.3	89.1	22.6	74
private	13.3	59.3	1.2	73
Kandahar	8.1	99.0	7.1	71
Kunduz	0.0	56.8	0.0	7
Nangarhar	18.2	85.9	18.2	34
Paktya	26.1	61.7	26.1	5
Total	15.4	82.2	11.4	308

¹ Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 4.14 Training for child health service providers

Among interviewed child health service providers, the percentages who report receiving in-service training on topics related to child health during the specified period before the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of providers of child health services who reported that they received in-service training on:												Number of interviewed providers
	EPI/cold chain		IMCI		Malaria diagnosis		Malaria treatment		ARI		Diarrhea diagnosis or treatment		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Public	6.2	15.2	6.9	20.2	11.0	20.5	8.5	18.6	5.1	15.6	4.8	14.9	142
Private	4.8	15.7	1.9	17.2	2.4	23.8	1.4	18.9	2.0	17.2	3.2	19.0	166
Province													
Balkh	1.1	9.9	0.0	14.0	1.1	18.7	1.1	9.9	1.1	12.0	1.1	13.1	23
Herat	1.4	27.6	4.7	41.0	4.7	54.0	2.7	46.5	4.7	41.0	3.3	41.0	21
Kabul	7.4	22.1	3.4	22.6	6.6	24.8	6.6	22.4	3.9	19.3	4.5	22.1	147
public	5.5	20.3	5.5	23.5	13.2	20.5	13.0	22.2	7.6	18.5	7.1	21.7	74
private	9.3	23.9	1.1	21.6	0.0	29.3	0.0	22.6	0.0	20.1	1.9	22.5	73
Kandahar	5.8	6.7	6.7	6.7	6.7	6.7	1.0	1.0	3.2	8.1	3.2	3.2	71
Kunduz	0.0	0.0	0.0	17.1	0.0	0.0	0.0	0.0	0.0	17.1	0.0	17.1	7
Nangarhar	0.0	3.0	3.3	13.0	7.4	30.8	5.7	32.4	0.0	6.5	2.7	9.2	34
Paktya	26.1	26.1	26.1	39.1	26.1	26.1	26.1	26.1	26.1	39.1	26.1	39.1	5
Total	5.4	15.5	4.2	18.6	6.3	22.3	4.6	18.8	3.4	16.4	3.9	17.1	308

Note: EPI = Expanded Program on Immunization
 IMCI = Integrated Management of Childhood Illness
 ARI = Acute Respiratory Infection

Key Findings

- Among facilities surveyed, 67% offer a modern method of family planning (FP).
- More than 90% of both public and private facilities offer family planning services more than 5 days a week.
- The most common modern methods offered are combined oral contraceptive pills (98%), combined injectables (97%), and male condoms (88%). Eighty-nine facilities that offer family planning services offer long-acting reversible contraceptive methods (IUCDs), while only 41% offer implants.
- Twenty-three percent of facilities that offer modern methods had FP guidelines, while 42% had at least one staff member present who had received training in some aspect of family planning service delivery during the 24 months preceding the survey.
- More than 9 of every 10 facilities that offer modern family planning methods had an examination bed or couch and blood pressure apparatus available at the service site on the day of the visit. More than two-thirds of the facilities had an examination light, but only 6% of the facilities had a pelvic model for an IUCD and 2% had a model to show condom use.
- In more than 7 of every 10 facilities surveyed, the sharps container, waste receptacle, and latex gloves were in FP service areas. In two-third of facilities, soap and running water or else alcohol-based hand disinfectant were observed.
- Only one-third of the clients offered monthly injectables and the IUCD, had knowledge about them when interviewed after the consultation.

5.1 BACKGROUND

Family planning (FP) is profoundly important for maternal and child health and a key element in upholding reproductive rights. Therefore, wherever maternal health, reproductive health, or child health services are provided, facilities should strive to increase the appropriate use of family planning and contraceptive services and to provide client education.

This chapter provides detailed information about how family planning services are delivered—information that programs can use to improve the availability and quality of these services. It explores five key areas relating to the provision of quality services at health facilities in Afghanistan:

- **Availability of services.** Section 5.3, including Tables 5.1 through 5.5. and Figure 5.2, examines the availability of family planning services and how frequently these services are provided.

- **Service readiness.** Section 5.4, including Tables 5.6 and 5.7 and Figure 5.3, addresses the extent to which facilities offering family planning services have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, infection control items, and commodities.
- **Adherence to standards.** Section 5.5, including Tables 5.8 through 5.10, uses information from observations of consultations to examine issues relating to providers' adherence to accepted standards for service provision and the quality of services.
- **Client opinion.** Section 5.6, including Tables 5.11 and 5.12, examines feedback from interviewed clients about problems they experienced while obtaining services and their knowledge of the methods they received.
- **Basic management and administrative systems.** Section 5.7, including Tables 5.13 and 5.14, looks at aspects of management, supervision, and training that are important to support the delivery of high-quality services.

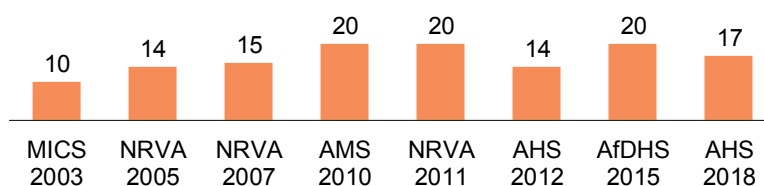
5.2 FAMILY PLANNING SERVICES IN AFGHANISTAN

High fertility in Afghanistan is limiting the country's economic potential. Expanding access to modern contraception is a key strategy for supporting fertility decline that helps deliver a host of benefits for maternal and child health outcomes. Family planning is included in the Basic Package of Health Services and Essential Package of Hospital Services. Afghanistan is a member state that contributes to Every Woman, Every Child (EWEC), the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health. Achieving the FP2020 goal is a critical milestone to meet in ensuring universal access to sexual and reproductive health and rights by 2030, as laid out in the Sustainable Development Goals (SDGs).

The Ministry of Public Health is committed to achieving reductions in unmet need for family planning. The ministry has made remarkable improvements on a number of maternal indicators that include but are not limited to antenatal care (ANC) by a skilled provider, institutional delivery and postnatal care. The contraceptive prevalence rate and total fertility rate have remained stagnant over the last decade (**Figure 5.1**).

Figure 5.1 Trends in use of modern contraceptive methods among currently married women age 15-49

Percentage of women currently using a modern method



MICS: Multi-Indicator Cluster Survey
 NRVA: National Risk and Vulnerability Assessment Survey
 AMS: Afghanistan Mortality Survey
 AHS: Afghanistan Health Survey
 AfDHS: Afghanistan Demographic and Health Survey

5.3 AVAILABILITY OF FAMILY PLANNING SERVICES

This section of the report uses the following definitions in assessing the availability of FP services:

- A facility *offers* a family planning method if the facility reports that it provides or prescribes the method, refers clients to obtain the method elsewhere, or counsels clients on the method without actually making the method available at the facility.
- A facility *provides* a family planning method if the facility reports that it stocks the method and makes it available to clients when they visit the facility. That is, these clients can obtain the method without leaving the facility.

5.3.1 Contraceptive method mix and method availability

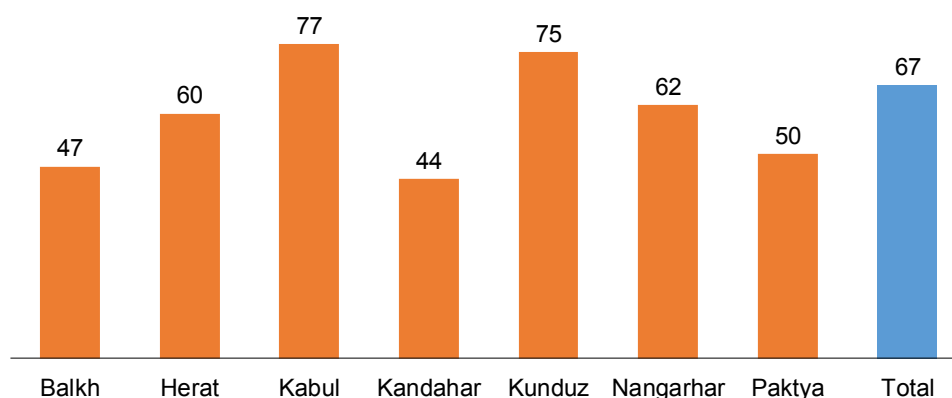
Family planning methods differ in how they function and in their effectiveness, side effects, and mode of use. Thus, their acceptability and desirability also differ among users. To address varying needs and demands for contraception, a variety of methods that meet common needs should be easily accessible.

However, some variation is expected in the methods offered because of differences in provider qualifications and training as well as the infrastructure required to provide certain methods safely. Methods that can be provided safely with minimal training are pills, injectables, and condoms. Safely providing implants, intrauterine contraceptive devices (IUCDs), and female and male sterilization requires a higher level of skill and a more developed infrastructure.

Almost two-thirds (67%) of all AfSPA targeted facilities offer some type of modern family planning method (**Table 5.1**), while there is wide variance in the availability of specific types of these methods. At least four temporary methods are offered in 94% of public and 91% of private facilities (**Table 5.3**). The percentages of facilities in provinces that offer modern FP services are shown in **Figure 5.2**.

Figure 5.2 Availability of family planning services

Among all facilities, percent offering any modern FP services (N=142)



5.3.2 Frequency of availability of family planning services

To meet family planning needs, family planning services should be regularly available. Overall, a large majority of health facilities (91%) offer family planning services 5 or more days per week (**Table 5.2**). This frequency is available in 94% of public facilities and 90% of private facilities.

5.3.3 Specific methods offered

Table 5.3 presents information on the methods offered by facilities where family planning services are available. As noted previously, facilities were considered to be offering a method if they prescribed or provided it in the facility, counseled the client about it, or referred the client elsewhere for the method. The temporary modern methods of family planning offered most often in health facilities in Afghanistan are the combined oral contraceptive pill (98%), combined injectable (97%), and male condom (88%). Almost 9 in 10 facilities where family planning services are available offer a long-acting reversible contraceptive method (IUCD), while only 41% of facilities offer an implant. Less than half (43%) of the facilities offer emergency contraceptive pills, whereas 6 in 10 facilities counsel clients about periodic abstinence or rhythm.

Table 5.4 presents information on the proportion of facilities that actually provide clients with specific methods at the facility rather than counseling them on methods or referring them elsewhere. A comparison of the results in these tables with the information in **Table 5.3** indicates that virtually most facilities that offer clients the pill, male condom, and injectables have the methods available in the facility.

5.3.4 Availability of family planning methods on the day of the assessment

Stock-outs of family planning methods can put a woman at risk of unintended pregnancy. The 2018-19 AfSPA assessed the availability of contraceptive methods on the day of the assessment. The majority of facilities providing short-term temporary methods had them in stock on the day of the assessment. Among all facilities surveyed, 80% of health facilities that reported providing family planning methods actually had every method they provided available on the day of the visit (**Table 5.5**).

Virtually all of the health facilities providing four temporary methods (combined oral contraceptive pill, progestin-only pill, combined injectable, and male condom) had the methods on hand on the day of the visit. However, 1 in 10 facilities providing implants and IUCDs did not have these methods in stock on the day of the assessment.

In Kabul province, the availability of every method provided by the facility is above the overall average (86%). Private facilities (86%) in Kabul are slightly more likely to have every method compared with public facilities (83%).

5.4 SERVICE READINESS

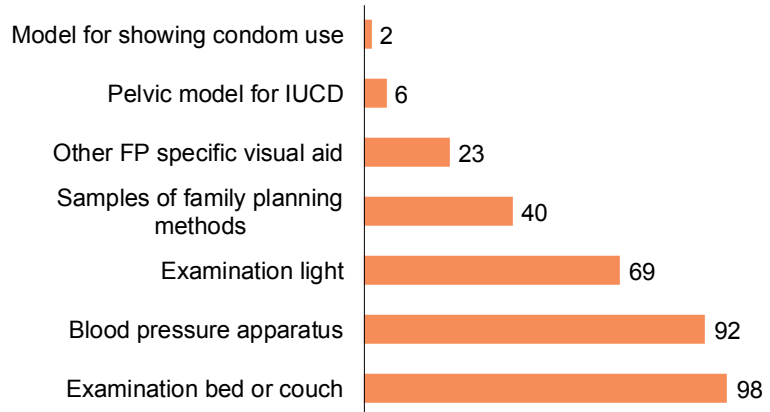
5.4.1 Service guidelines, trained staff, and equipment

To provide quality family planning services to clients, facilities should have family planning guidelines, appropriately trained providers, and certain supplies and equipment. **Table 5.6** and **Figure 5.3** provide information on the availability of guidelines and basic equipment for family planning services. On the day of the AfSPA visit, information was collected on the availability of the national guidelines on family planning in the family planning service delivery area or an immediately adjacent area. Overall, few facilities offering modern family planning methods had the guidelines available (23%). Public facilities were more likely to have the guidelines than private facilities (73% and 17%). Half of the facilities in Herat had the guidelines available, while 17% of facilities in Kabul and none of the facilities in Paktya had guidelines available.

In addition to service guidelines and adequately trained staff, some basic equipment and items are necessary to provide quality family planning services. They include a blood pressure apparatus, an examination bed or couch, examination light, and samples of family planning methods and other visual aids, which are important elements in good family planning physical examination and counseling (**Figure 5.3**). Unique among temporary family planning methods, IUCDs require a pelvic examination before insertion. In addition, a physical examination may occasionally be helpful to evaluate problems with a method or simply to serve as a routine check-up unrelated to the use of family planning methods.

Figure 5.3 Basic equipment to support quality provision of family planning

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



Forty-two percent of facilities offering modern family planning methods had at least one staff member present who had received training in some aspect of family planning service delivery in the 24 months before the visit. Public hospitals were more likely to have staff trained than private facilities (93% versus 36%).

Overall, 98% of the facilities offering modern family planning methods had an examination bed or couch, while 92% of the facilities had a blood pressure apparatus available at the service site on the day of the visit. More than two-thirds had an examination light, but only 6% had a pelvic model for the IUCD and 2% had a model to show condom use. (**Figure 5.3**).

The availability of equipment varied widely between public and private facilities. A blood pressure apparatus was commonly available, but in contrast, a model to show condom use was the least available item in both public and private facilities.

5.4.2 Infection control

The AfSPA assessed the presence of items for infection control in areas where family planning procedures—such as pelvic examinations for IUCD insertions and provision of implants and injectables—most often take place. The items assessed were hand washing supplies (running water and soap or else hand disinfectant), latex gloves, a sharps container, and a waste receptacle (**Table 5.7**).

A sharps container, waste receptacle, and latex gloves were seen in the family planning service areas in the majority of facilities offering modern family planning methods (79%, 74%, and 72%, respectively). In contrast, just over half of facilities had soap and running water and alcohol-based hand disinfectant available (52% and 54%, respectively).

5.5 ADHERENCE TO STANDARDS FOR QUALITY SERVICE PROVISION

To assess whether family planning providers adhere to service standards, AfSPA staff observed client-provider interactions using checklists based on commonly accepted guidelines for screening, counseling, and conducting procedures for family planning clients. The observers collected information to answer the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed, and, where necessary, did they conduct the physical examination needed to screen clients for method eligibility?
- Did the conditions and procedures followed for provision of specific methods meet national standard criteria for quality service provision?

The AfSPA observers noted what information the provider shared with a client and whether an examination, where appropriate, was conducted prior to dispensing a method. They did not assess whether the information given was correct or whether the findings of the examination were appropriately interpreted.

Overall, a total of 189 family planning consultations were observed during the AfSPA. Over half of the female family planning clients observed were making their first family planning-related visit. **Tables 5.8** and **5.9** provide details on first-visit consultations. **Table 5.10** provides similar information for all female family planning clients.

5.5.1 Counseling and client assessment at first family planning visits

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about clients' personal and health history to help them make an informed choice about contraceptive use and the methods they might adopt. Therefore, during observations of first family planning visits, AfSPA staff noted what information providers obtained about clients' reproductive and medical history and what examinations were conducted. The observers also recorded information relating to the counseling that occurred during the visit.

Tables 5.8 and **5.9** present information for first-visit clients on whether providers discussed specific elements of the client's reproductive and medical history and conducted the two relevant examinations (blood pressure and weight), by background characteristics. With regard to the elements of the client's reproductive history, the majority of providers asked about the client's age (87%), history of pregnancy (84%), current pregnancy status (38%), and regularity of her menstrual cycle (28%). Providers discussed the woman's childbearing desires in 20% and breastfeeding status (if she had ever been pregnant) in 24% of the first visits of family planning clients, both of which may be important in deciding on an appropriate contraceptive method.

Overall, providers asked about all six items of the client's reproductive history in only 5% of consultations.

With regard to the client's medical history, the most commonly discussed item was chronic illness (20%), followed by symptoms of sexually transmitted diseases (13%). Providers rarely asked whether the woman smoked (3%) or used alcohol (<1%). The vast majority of providers took the client's blood pressure (94%), and 91% weighed the client.

Table 5.9 shows information that the AfSPA observers recorded about other components that are important in a quality family planning consultation, including whether the provider asked for information about the woman's partner, talked about STIs and condoms, asked about concerns or problems the woman may have had with methods she had used, and discussed a return visit. The observers also noted whether privacy and confidentiality were observed and whether the provider made use of client cards or visual aids during the consultation.

First-time consultations only rarely involved any discussion related to the client's partner or to STIs or condom use. Seven percent of providers discussed the partner's attitude toward family planning, and 2% asked questions relating to use of condoms to prevent sexual transmitted infections.

Privacy during a family planning consultation is very important since some of the issues discussed may be sensitive. To encourage free exchange of information, clients should be assured that what is discussed during a consultation will be kept confidential. Visual privacy was provided in 73% of first-time FP consultations, and auditory privacy was provided in 66% of consultations. The provider assured the client of confidentiality in 63% of consultations. Overall, 6 in 10 first-time clients were provided with visual and auditory privacy and assured of confidentiality.

Client cards play an important role in making information recorded earlier (e.g., blood pressure and weight) available to providers during consultations. Client cards are also crucial for monitoring clients over time. One-fifth of providers reviewed the client's card, and 39% entered information on the card about the consultation. Visual aids, which can improve a client's understanding of family planning methods, were used in only 18% of first-time consultations. A return visit was discussed in 27% of consultations with first-time family planning clients.

5.5.2 Counseling at all family planning visits

Table 5.10 presents information on all of the family planning consultations observed during the AfSPA, whether the client was making a first or return visit. In general, the results for all family visits are similar to those presented for first visits in **Table 5.9**. There was no major difference between all female family planning clients' indicators and first-visit family planning indicators. For example, STIs were discussed in 17% of consultations with all female FP clients, as in 16% of consultations with female first-visit clients.

Not surprisingly, there was less use of visual aids in consultations overall (17%) as well as in first-visit consultations (18%). The percentage of providers who discussed return visits was also slightly lower in consultations overall than in first-visit consultations (24% and 27%, respectively).

5.6 CLIENT OPINION AND KNOWLEDGE

5.6.1 Major problems

After their consultations were observed, all family planning clients were interviewed about issues commonly related to client satisfaction. The exit interviews also probed clients' opinions of the services they had received that day. Clients were asked to rate whether specific issues posed a major problem, a minor problem, or no problem at all for them during the visit.

Few clients complained about the family planning services they received on the day of the visit (**Table 5.11**). The most common complaints—waiting time, limited number of days and hours the facility is open, poor behavior and attitude of provider, and cleanliness of the facility—were cited by only 3% to 7% of clients.

5.6.2 Clients' knowledge about methods

During the exit interview, clients who were provided or prescribed a family planning method were asked questions to ascertain their understanding of the method. For example, those receiving pills were asked "How often do you take the pill?" When two methods were prescribed or received, the client was asked about both methods.

As can be seen in **Table 5.12** a majority of clients gave correct answers to questions about implants, progestin-only injectables, any pills, and male condoms. Clients who were provided or referred for an IUCD or monthly injectable were least likely to give a correct answer (35% and 36%, respectively).

5.7 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

5.7.1 Supervision

Supervision of individual staff members helps in promoting adherence to standards and identifying problems that contribute to poor service. Supervision of family planning providers is common, with 75% of interviewed providers receiving personal supervision in the 6 months before the assessment (**Table 5.13**). Providers at public facilities (85%) were more likely to have been supervised than providers in the private facilities (67%).

5.7.2 Training

Continual training for providers aims to improve and sustain quality of counseling, management of complications or side effects, and providers' judgment and skills in assessing which contraceptive methods are most suitable for individual clients.

Overall, 29% of the interviewed family planning service providers reported that they had received in-service training related to family planning in the 24 months before the assessment (**Table 5.13**). Providers at public facilities were twice as likely to have been trained recently as providers at private facilities (42% and 19%).

As for the topics of training, a quarter of providers had received recent in-service training on family planning counseling, while more than half had received counseling training at some point (**Table 5.14**). With regard to the other topics, providers were most likely to report recently having received IUCD and implant training (25% and 21%, respectively). Sixteen percent of service providers had received training on postpartum family planning during the past 24 months.

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- **Table 5.1** Availability of family planning services
- **Table 5.2** Frequency of family planning services
- **Table 5.3** Methods of family planning offered
- **Table 5.4** Methods of family planning provided
- **Table 5.5** Availability of family planning commodities
- **Table 5.6** Guidelines, trained staff, and basic equipment for family planning services
- **Table 5.7** Items for infection control during provision of family planning
- **Table 5.8** Client history and physical examinations for first-visit female family planning clients
- **Table 5.9** Components of counseling and discussions during consultations for female first-visit family planning clients
- **Table 5.10** Components of counseling and discussions during consultations for all female family planning clients
- **Table 5.11** Feedback from family planning clients on service problems
- **Table 5.12** Client knowledge about contraceptive method
- **Table 5.13** Supportive management for providers of family planning services
- **Table 5.14** Training for family planning service providers

Table 5.1 Availability of family planning services

Among all facilities, the percentages offering temporary methods of family planning, male or female sterilization, and the percentage offering any family planning, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Temporary methods of family planning (FP)						Number of facilities
	Percentage offering any modern method of FP ¹	Percentage offering counseling on periodic abstinence/rhythm	Percentage offering any temporary method of FP ²	Percentage offering male or female sterilization ³	Percentage offering any modern FP ⁴	Percentage offering any FP ⁵	
Facility type							
Public	41.7	36.1	44.4	36.1	41.7	44.4	24
Private	72.3	40.7	72.3	60.5	72.3	72.3	118
Province							
Balkh	46.7	46.7	46.7	40.0	46.7	46.7	10
Herat	60.2	15.1	60.2	48.9	60.2	60.2	19
Kabul	76.5	53.3	76.5	68.8	76.5	76.5	77
Public	32.0	24.0	32.0	28.0	32.0	32.0	17
Private	88.9	61.4	88.9	80.1	88.9	88.9	60
Kandahar	44.0	9.8	44.0	44.0	44.0	44.0	11
Kunduz	75.0	50.0	75.0	75.0	75.0	75.0	5
Nangarhar	61.5	26.1	65.8	23.0	61.5	65.8	15
Paktya	50.0	12.5	50.0	37.5	50.0	50.0	5
Total	67.2	39.9	67.6	56.4	67.2	67.6	142

¹ Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condom, female condom, CycleBeads for Standard Days Method, or other modern methods such as the diaphragm or spermicides.

² Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, or periodic abstinence.

³ Providers in the facility perform male or female sterilization or counsel clients on male or female sterilization.

⁴ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilization (tubal ligation) or male sterilization (vasectomy).

⁵ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilization (tubal ligation) or male sterilization (vasectomy), or periodic abstinence.

Table 5.2 Frequency of family planning services

Among facilities offering any family planning services, the percentages offering any method on the indicated number of days per week, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities where family planning services are offered ¹ :			Number of facilities offering any family planning services
	1-2 days/week	3-4 days/week	5+ days/week	
Facility type				
Public	6.3	0.0	93.8	11
Private	7.8	0.8	90.2	85
Province				
Balkh	0.0	0.0	100.0	5
Herat	0.0	5.9	94.1	11
Kabul	10.2	0.0	89.8	59
Public	0.0	0.0	100.0	5
Private	11.2	0.0	88.8	53
Kandahar	0.0	0.0	77.7	5
Kunduz	0.0	0.0	100.0	4
Nangarhar	13.2	0.0	86.8	10
Paktya	0.0	0.0	100.0	3
Total	7.6	0.7	90.6	96

¹ Includes services for contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female condoms, CycleBeads for Standard Days Method, periodic abstinence, tubal ligation, vasectomy, diaphragm, or spermicides.

Table 5.3 Methods of family planning offered

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by background characteristics, Afghanistan SPA 2018-19

Methods provided, prescribed, or counseled	Facility type				Province							
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
Combined oral contraceptive pills	93.8	98.4	100.0	93.6	100.0	100.0	100.0	100.0	100.0	86.8	100.0	97.9
Progestin-only oral pill	87.5	79.4	57.1	74.9	89.8	100.0	88.8	44.6	83.3	65.1	50.0	80.3
Progestin-only injectable (2- or 3- monthly)	87.5	85.3	100.0	74.9	87.5	87.5	87.5	81.1	83.3	84.9	75.0	85.5
Combined injectable	87.5	97.6	100.0	94.1	98.8	100.0	98.7	85.8	83.3	93.4	100.0	96.5
Male condom	93.8	86.8	100.0	100.0	80.9	100.0	79.0	100.0	100.0	93.4	100.0	87.6
Female condom	6.3	12.5	14.3	12.8	11.3	12.5	11.2	22.3	0.0	15.1	0.0	11.8
Intrauterine contraceptive device	93.8	88.6	85.7	93.6	89.8	100.0	88.8	100.0	100.0	76.4	75.0	89.2
Implant	68.8	37.7	71.4	31.1	44.4	87.5	40.1	41.2	50.0	19.8	25.0	41.1
Cycle beads (for Standard Days Method)	81.3	25.2	85.7	31.1	30.0	100.0	23.0	22.3	50.0	19.8	0.0	31.4
Tubal ligation	81.3	83.7	85.7	81.3	89.9	87.5	90.1	100.0	100.0	34.9	75.0	83.4
Vasectomy	18.8	13.0	71.4	18.7	10.2	0.0	11.2	22.3	16.7	0.0	0.0	13.7
At least 2 temporary modern methods ¹	93.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	93.4	100.0	99.3
At least 4 temporary modern methods ¹	93.8	91.2	100.0	87.7	91.0	100.0	90.1	100.0	100.0	84.9	100.0	91.5
Emergency contraception	81.3	37.7	71.4	37.4	45.6	100.0	40.1	22.3	50.0	34.9	0.0	42.5
Periodic abstinence/ rhythm	81.3	56.3	100.0	25.1	69.6	75.0	69.1	22.3	66.7	39.6	25.0	59.1
Number of facilities offering any family planning services	11	85	5	11	59	5	53	5	4	10	3	96

¹ Any methods other than male or female sterilization

Table 5.4 Methods of family planning provided

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, by background characteristics, Afghanistan SPA 2018-19

Methods provided	Facility type				Province							
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
Combined oral contraceptive pill	81.3	95.2	85.7	93.6	96.5	75.0	98.7	100.0	100.0	73.6	100.0	93.7
Progestin-only oral pill	68.8	50.8	42.9	55.7	64.8	75.0	63.8	22.3	33.3	13.2	25.0	52.8
Progestin-only injectable (2- or 3- monthly)	56.3	79.8	85.7	74.9	84.0	62.5	86.2	66.9	33.3	65.1	50.0	77.2
Combined injectable	68.8	70.6	85.7	74.9	73.9	62.5	75.0	44.6	16.7	63.2	100.0	70.4
Male condom	81.3	79.0	71.4	100.0	77.4	75.0	77.6	100.0	66.7	67.0	75.0	79.2
Female condom	0.0	1.6	14.3	0.0	1.2	0.0	1.3	0.0	0.0	0.0	0.0	1.4
Intrauterine contraceptive device	81.3	76.3	57.1	87.7	84.0	75.0	84.9	100.0	50.0	33.0	75.0	76.9
Implant	56.3	25.1	42.9	24.7	30.8	62.5	27.6	41.2	33.3	6.6	25.0	28.6
Cycle beads (for Standard Days Method)	37.5	6.4	57.1	11.9	7.0	37.5	4.0	0.0	33.3	0.0	0.0	9.8
Tubal ligation	62.5	70.5	85.7	74.9	75.1	50.0	77.6	77.7	83.3	13.2	75.0	69.6
Vasectomy	18.8	4.8	71.4	12.3	1.2	0.0	1.3	0.0	16.7	0.0	0.0	6.3
At least 2 temporary modern methods ²	81.3	95.3	85.7	100.0	96.5	75.0	98.7	100.0	66.7	80.2	100.0	93.7
At least 4 temporary modern methods ²	75.0	80.5	71.4	81.3	87.6	75.0	88.8	85.8	50.0	48.1	75.0	79.9
Emergency contraception	62.5	27.5	42.9	25.1	40.9	75.0	37.5	0.0	16.7	6.6	0.0	31.4
Number of facilities offering any family planning services	11	85	5	11	59	5	53	5	4	10	3	96

Note: The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures.

¹ Any methods other than male or female sterilization

Table 5.5 Availability of family planning commodities

Among facilities that provide¹ the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Method	Facility type				Province							
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
Combined oral contraceptive pill	100.0	98.3	100.0	100.0	98.8	100.0	98.7	100.0	83.3	100.0	100.0	98.5
Progestin-only oral pill	90.9	96.8	100.0	100.0	98.2	100.0	97.9	100.0	100.0	50.0	0.0	96.0
Progestin-only injectable (2- or 3- monthly)	88.9	89.8	100.0	100.0	88.0	80.0	88.6	66.7	100.0	100.0	50.0	89.7
Combined injectable	100.0	95.7	100.0	100.0	98.4	100.0	98.2	50.0	100.0	86.6	100.0	96.1
Male condom	100.0	97.7	80.0	100.0	100.0	100.0	100.0	100.0	100.0	87.3	100.0	98.0
Female condom	-	51.4	0.0	-	100.0	-	100.0	-	-	-	-	51.4
Intrauterine contraceptive device	100.0	85.4	100.0	70.8	87.9	100.0	86.8	100.0	100.0	80.0	100.0	87.1
Implant	100.0	90.3	100.0	100.0	92.2	100.0	90.5	100.0	100.0	100.0	0.0	92.4
Cycle beads (Standard Days Method)	100.0	87.8	75.0	100.0	100.0	100.0	100.0	-	100.0	-	-	92.9
Every method provided by facility was available on day of survey	84.6	79.0	50.0	74.4	86.0	83.3	86.2	77.7	83.3	72.9	25.0	79.6

Note: The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below in a working table for reference purposes.

Note: The combined oral contraceptive pill, injectable contraceptive, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, i.e., within expiration date.

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 5.6 Guidelines, trained staff, and basic equipment for family planning services

Among facilities offering any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering any modern family planning methods and having:				Equipment					Number of facilities offering any modern family planning methods
	Guidelines on family planning ¹	Staff trained in family planning ²	Blood pressure apparatus ³	Examination light	Examination bed or couch	Samples of family planning methods	Pelvic model for IUCD ⁴	Model for showing condom use	Other family planning-specific visual aid ⁵	
Facility type										
Public	73.3	93.3	86.7	80.0	93.3	66.7	33.3	13.3	66.7	10
Private	17.4	36.2	92.1	68.0	98.4	36.3	3.2	0.8	17.4	85
Province										
Balkh	28.6	71.4	100.0	100.0	100.0	42.9	28.6	28.6	28.6	5
Herat	50.2	75.3	100.0	37.4	94.1	24.7	18.7	5.9	24.7	11
Kabul	17.0	30.7	89.9	79.2	100.0	46.3	3.4	0.0	23.6	59
Public	75.0	87.5	87.5	75.0	100.0	75.0	37.5	0.0	62.5	5
Private	11.2	25.0	90.1	79.6	100.0	43.4	0.0	0.0	19.7	53
Kandahar	22.3	58.8	85.8	100.0	85.8	22.3	0.0	0.0	0.0	5
Kunduz	33.3	33.3	100.0	100.0	100.0	33.3	0.0	0.0	0.0	4
Nangarhar	30.3	60.6	90.9	7.1	100.0	28.3	7.1	0.0	30.3	9
Paktya	0.0	25.0	75.0	50.0	75.0	25.0	0.0	0.0	25.0	3
Total	23.2	42.2	91.5	69.2	97.9	39.5	6.4	2.1	22.5	95

Note: The measures presented in the table concerning guidelines for family planning and staff trained in FP comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ National guidelines or any other guidelines on family planning

² The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning during the 24 months preceding the survey. The training must involve structured sessions; it does not include individual instruction that a provider might receive during routine supervision.

³ A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope

⁴ IUCD = intrauterine contraceptive device

⁵ Flip charts or leaflets

Table 5.7 Items for infection control during provision of family planning

Among facilities offering any modern family planning methods, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering any modern family planning methods and having items for infection control								Number of facilities offering any modern family planning methods
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	73.3	93.3	73.3	46.7	73.3	73.3	86.7	80.0	10
Private	57.6	65.0	49.8	54.7	67.3	71.6	77.5	72.8	85
Province									
Balkh	71.4	85.7	71.4	85.7	85.7	57.1	71.4	100.0	5
Herat	37.4	50.2	37.4	80.8	80.8	68.5	43.4	100.0	11
Kabul	67.2	69.5	57.0	56.0	70.8	77.4	87.5	69.6	59
Public	87.5	100.0	87.5	50.0	87.5	75.0	87.5	75.0	5
Private	65.1	66.5	54.0	56.6	69.1	77.6	87.5	69.1	53
Kandahar	81.1	100.0	81.1	58.8	81.1	100.0	100.0	44.6	5
Kunduz	0.0	66.7	0.0	0.0	0.0	50.0	66.7	100.0	4
Nangarhar	46.5	60.6	46.5	21.2	53.5	35.4	69.7	49.5	9
Paktya	50.0	50.0	25.0	25.0	50.0	100.0	50.0	100.0	3
Total	59.2	68.0	52.3	53.9	67.9	71.8	78.5	73.6	95

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 5.8 Client history and physical examinations for first-visit female family planning clients

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						Private
Client history												
Age	83.2	97.8	100.0	82.4	77.8	76.2	100.0	90.7	100.0	89.5	100.0	86.8
Any history of pregnancy	79.4	96.6	100.0	97.1	76.4	76.2	80.0	76.8	75.0	94.7	100.0	83.6
Current pregnancy status	38.0	38.7	78.9	79.5	40.9	38.1	80.0	1.5	100.0	47.4	63.6	38.2
Breastfeeding status (if ever pregnant) ¹	24.3	25.0	47.2	18.4	16.2	14.3	50.0	16.1	0.0	27.8	90.9	24.4
Desired timing for next child or desire for another child	22.3	13.2	31.7	26.4	14.7	14.3	20.0	0.0	75.0	52.6	100.0	20.1
Regularity of menstrual cycle	30.3	21.6	31.7	14.6	36.5	33.3	80.0	15.5	50.0	42.1	72.7	28.2
All elements of reproductive history ²	5.3	3.4	10.6	0.0	1.3	0.0	20.0	0.0	0.0	21.1	45.5	4.8
Client medical history												
Asked about smoking	4.4	0.0	0.0	11.7	4.4	4.8	0.0	0.0	0.0	5.3	0.0	3.4
Asked about symptoms of sexually transmitted infections (STIs)	14.9	6.6	5.0	5.9	23.6	23.8	20.0	0.0	25.0	15.8	63.6	12.9
Asked about any chronic illnesses	23.2	11.7	5.0	14.9	42.7	42.9	40.0	0.0	25.0	26.3	54.5	20.4
Asked about alcohol use	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	0.4
Client examination												
Measure blood pressure ³	91.4	100.0	100.0	100.0	86.7	85.7	100.0	100.0	100.0	84.2	72.7	93.5
Measure weight ⁴	91.9	89.3	100.0	93.9	84.0	85.7	60.0	98.5	100.0	78.9	81.8	91.3
Number of observed first-visit FP clients	82	26	9	15	34	32	2	37	2	8	5	109
Number of observed first-visit FP clients with prior pregnancy ⁵	70	12	8	9	33	32	2	18	2	8	5	83

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 5.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁴ Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁵ Applies only to the indicator "breastfeeding status"

Table 5.9 Components of counseling and discussions during consultations for female first-visit family planning clients

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						
Discussion related to partner												
Partner's attitude toward family planning	3.7	16.5	0.0	29.5	8.9	9.5	0.0	0.0	0.0	0.0	0.0	6.7
Privacy and confidentiality												
Visual privacy assured	81.0	49.7	100.0	61.9	58.7	57.1	80.0	81.7	75.0	78.9	90.9	73.4
Auditory privacy assured	70.6	51.3	100.0	56.1	57.3	57.1	60.0	81.7	75.0	47.4	0.0	65.9
Confidentiality assured	68.9	42.4	78.9	29.5	57.3	57.1	60.0	80.2	75.0	31.6	81.8	62.5
All three counseling conditions on privacy and confidentiality met ¹	64.2	42.4	78.9	29.5	57.3	57.1	60.0	80.2	75.0	31.6	0.0	58.9
Discussion related to STIs and condoms												
Use of condoms to prevent STIs	3.1	0.0	0.0	5.9	0.0	0.0	0.0	0.0	25.0	15.8	0.0	2.4
Use of condoms as dual method ²	2.9	0.0	10.6	0.0	4.4	4.8	0.0	0.0	0.0	0.0	0.0	2.2
Any discussion related to STIs ³	18.8	6.6	15.5	11.7	28.0	28.6	20.0	0.0	25.0	15.8	63.6	15.9
Individual client cards												
Individual client card reviewed during consultation	27.6	1.7	84.5	23.4	28.0	28.6	20.0	0.0	25.0	31.6	0.0	21.4
Individual client card written on after consultation	48.5	10.0	84.5	44.1	54.7	57.1	20.0	0.0	50.0	57.9	100.0	39.2
Visual aid and return visit												
Visual aids were used during consultation	20.5	8.3	21.1	38.3	26.7	28.6	0.0	0.0	0.0	0.0	54.5	17.5
Return visit discussed	32.5	10.0	31.7	11.7	47.1	47.6	40.0	0.0	0.0	52.6	100.0	27.1
Number of observed first-visit FP clients	82	26	9	15	34	32	2	37	2	8	5	109

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method; or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table 5.10 Components of counseling and discussions during consultations for all female family planning clients

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
Privacy and confidentiality												
Visual privacy assured	72.5	55.6	100.0	67.5	57.7	56.4	76.9	75.9	60.0	88.2	90.9	69.4
Auditory privacy assured	67.2	55.5	100.0	54.8	57.2	56.4	69.2	83.1	60.0	64.7	0.0	65.0
Confidentiality assured	58.6	46.3	88.1	23.8	50.4	49.1	69.2	74.4	60.0	52.9	81.8	56.3
All three counseling conditions on privacy and confidentiality met ¹	56.1	46.3	88.1	23.8	50.4	49.1	69.2	74.4	60.0	52.9	0.0	54.3
Discussion related to STIs and condoms												
Use of condoms to prevent STIs	8.3	0.0	0.0	3.6	6.8	7.3	0.0	0.0	20.0	38.2	0.0	6.8
Use of condoms as dual method ²	2.5	0.0	5.9	0.0	3.4	3.6	0.0	0.0	0.0	0.0	0.0	2.1
Any discussion related to STIs ³	19.0	6.4	8.7	9.2	20.9	21.8	7.7	0.0	20.0	41.2	63.6	16.6
Concerns, side effects, and individual client cards												
Concerns about methods discussed ⁴	41.2	28.1	34.8	34.8	56.7	56.4	61.5	0.0	40.0	55.9	9.1	38.8
Side effects discussed ⁵	30.7	20.5	26.1	25.6	47.7	47.3	53.8	0.0	40.0	8.8	0.0	28.9
Individual client card reviewed during consultation	41.6	2.6	65.2	25.3	45.2	47.3	15.4	0.0	40.0	55.9	0.0	34.4
Individual client card written on after consultation	52.8	10.2	65.2	36.4	53.6	56.4	15.4	7.2	40.0	70.6	100.0	45.0
Visual aid and return visit												
Visual aids were used during consultation	19.3	6.3	11.9	38.1	20.4	21.8	0.0	0.0	0.0	2.9	54.5	16.9
Return visit discussed	25.4	15.3	17.8	10.8	27.3	25.5	53.8	0.0	0.0	70.6	100.0	23.6
Number of observed female FP clients	154	35	15	24	89	83	6	40	2	15	5	189

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method

⁴ Provider asked client about concerns with family planning method

⁵ Method-specific side effect discussed with client, if client was provided or prescribed a method

Table 5.11 Feedback from family planning clients on service problems

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Afghanistan SPA 2018-19

Client service issues	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						Private
Poor behavior/attitude of provider	4.3	1.2	0.0	16.3	1.7	1.8	0.0	0.0	0.0	0.0	36.4	3.7
Insufficient explanation about method	2.4	1.7	0.0	3.6	0.0	0.0	0.0	8.6	0.0	0.0	0.0	2.3
Long wait to see provider	8.8	0.0	0.0	3.6	6.8	7.3	0.0	7.2	0.0	5.9	63.6	7.2
Not able to discuss problems	2.4	0.0	0.0	3.6	0.0	0.0	0.0	7.2	0.0	0.0	0.0	2.0
FP commodities not available in facility	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	63.6	1.6
Facility open limited days	4.8	1.2	0.0	1.8	1.7	1.8	0.0	7.2	0.0	0.0	63.6	4.1
Facility open limited hours	3.5	1.2	0.0	5.4	1.7	1.8	0.0	0.0	0.0	0.0	63.6	3.1
Facility not clean	4.2	1.2	0.0	1.8	3.4	3.6	0.0	0.0	0.0	5.9	54.5	3.6
Services costly	2.4	3.9	0.0	7.4	0.5	0.0	7.7	7.2	0.0	0.0	0.0	2.7
Insufficient visual privacy	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54.5	1.4
Insufficient auditory privacy	1.9	1.2	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	63.6	1.8
Number of interviewed family planning clients	154	35	15	24	89	83	6	40	2	15	5	189

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, the percentages who knew the correct response to a question pertaining to the method, by background characteristics, Afghanistan SPA 2018-19

Background characteristics	Percentage who knew the correct response to the question pertaining to the method							
	Any pill ¹	Male condom ²	Female condom ³	Progestin injectable ⁴	Monthly injectable ⁴	Intrauterine contraceptive device (IUCD) ⁵	Implant ⁶	Tubal ligation ⁷
Facility type								
Public	94.7	97.5	71.4	97.3	25.0	33.3	94.4	-
Private	94.8	97.6	-	79.7	66.7	51.9	-	100.0
Province								
Balkh	100.0	100.0	-	100.0	-	0.0	100.0	-
Herat	84.3	93.7	71.4	100.0	100.0	100.0	-	-
Kabul	100.0	96.4	-	93.2	-	33.3	100.0	100.0
Public	100.0	96.3	-	100.0	-	33.3	100.0	-
Private	100.0	100.0	-	66.7	-	-	-	100.0
Kandahar	100.0	100.0	-	100.0	-	-	-	-
Kunduz	100.0	100.0	-	-	100.0	-	-	-
Nangarhar	66.7	92.3	-	75.0	12.5	-	0.0	-
Paktya	100.0	100.0	-	100.0	-	-	-	-
Total	94.7	97.5	71.4	93.5	36.4	35.0	94.4	100.0

Note: The denominator for each method is different and not shown in this table.

The questions asked for each of the methods are as follows:

¹ Any pill: How often do you take the pill?

² Male condom: How many times can you use one condom?

³ Female condom: What type of lubricant can you use with the female condom?

⁴ Progestin or monthly injectable: For how long does the injection provide protection from pregnancy?

⁵ IUCD: What can you do to make sure that your IUCD is in place?

⁶ Implant: For how long will your implant provide protection from pregnancy?

⁷ Tubal ligation: After you have been sterilized, could you ever become pregnant again?

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Public	42.4	84.5	38.0	144
Private	18.7	66.8	15.9	181
Province				
Balkh	34.3	84.6	32.6	15
Herat	47.0	66.7	34.4	25
Kabul	29.7	68.0	26.3	173
Public	47.0	86.9	41.0	79
Private	15.0	52.0	13.8	94
Kandahar	11.3	100.0	11.3	44
Kunduz	43.7	82.9	43.7	9
Nangarhar	34.8	85.7	33.9	45
Paktya	12.5	34.8	0.0	13
Total	29.2	74.6	25.7	324

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 5.14 Training for family planning service providers

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of providers of FP services who report receiving in-service training on:											Number of interviewed providers of family planning services	
	Counseling on FP		FP-related clinical issues ¹		Insertion/removal of IUCD ²		Insertion/removal of implant		FP for HIV+ clients		Postpartum FP		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months		At any time
Facility type													
Public	36.9	63.3	26.3	53.0	37.5	57.6	33.1	49.8	5.2	15.2	24.4	46.9	144
Private	15.1	41.5	12.2	35.6	14.4	36.0	11.4	26.3	5.8	11.0	9.6	27.3	181
Province													
Balkh	34.3	46.6	28.8	48.4	21.2	29.7	25.2	35.3	3.8	5.4	13.7	24.3	15
Herat	32.1	57.9	22.9	44.7	36.4	56.6	32.4	42.4	9.6	18.1	33.1	46.3	25
Kabul	25.7	62.3	18.4	54.9	25.1	56.6	18.5	44.4	3.1	11.3	14.3	42.8	173
Public	43.1	71.9	31.4	65.8	43.1	69.8	33.2	60.1	5.9	15.9	29.4	57.9	79
Private	10.9	54.1	7.4	45.6	9.7	45.3	6.0	31.1	0.7	7.4	1.5	29.9	94
Kandahar	11.3	18.5	11.3	11.3	11.3	11.3	11.3	11.3	2.9	10.0	4.2	11.3	44
Kunduz	35.8	46.3	2.9	13.4	35.8	46.3	43.7	43.7	0.0	7.9	2.9	10.8	9
Nangarhar	31.6	50.2	24.5	38.6	34.8	45.2	33.6	38.1	18.3	25.6	33.2	40.4	45
Paktya	0.0	12.5	12.5	25.1	0.0	12.5	0.0	0.0	0.0	0.0	0.0	25.1	13
Total	24.7	51.2	18.5	43.3	24.6	45.6	21.0	36.7	5.5	12.8	16.1	36.0	324

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

¹ Any training on the clinical management of family planning methods, including managing side effects

² IUCD = intrauterine contraceptive device

ANTENATAL CARE SERVICES

Key Findings

- Overall, 73% of health facilities offered antenatal care (ANC) services in survey target areas.
- Public facilities are less likely to offer ANC services compare to private facilities (44% versus 79%).
- Soap, running water or else alcohol-based hand disinfectant, used to prevent infection, were not available in Kunduz province.
- A stethoscope, used to provide ANC services, was observed in 75% of public facilities in Kabul.
- Most health facilities offering ANC services had the capacity to test hemoglobin (97%).
- Among medicines for routine ANC services, the lowest in supply was tetanus toxoid vaccine, found in 58% of facilities.
- When clients made their first ANC visit, 84% of clients had their blood pressure measured.
- More than half of facilities offering ANC services also provide prevention of mother-to-child transmission (PMTCT) of HIV. Public facilities are more likely to provide these services than private facilities (75% and 52%, respectively).
- Six out of ten ANC clients were advised of any of the risk symptoms of pregnancy.
- Sixteen percent of ANC providers received ANC-related training during the 24 months preceding the survey.
- Seventeen percent of ANC clients reported waiting a long time to see providers, 27% in public and 5% in private health facilities.

6.1 BACKGROUND

Antenatal care (ANC) reduces maternal and perinatal morbidity and mortality both directly, through detection and treatment of pregnancy-related complications, and indirectly, through identification of women and girls at increased risk of complications during labor and delivery, thus ensuring their referral to an appropriate level of care (WHO 2016).

Afghanistan Household survey 2018 shows increment in at least one ANC coverage 64% compared to 59% in Afghanistan DHS 2015. This survey indicated that only 21% had the four ANC visits. WHO guideline for ANC also recommends four visits of ANC in order to protect and save the lives of mothers and children. In addition, more than half of the women (53%) attended ANC in the first trimester. As well as the results of this survey shows women with higher education (whose education is more than secondary) are mostly visiting health facilities for four visits of ANC (39%) compared to women with no education (17%).

This chapter addresses the following key topics regarding ANC provision at public and private health facilities within the seven provinces of Afghanistan:

- **Availability of ANC services.** Section 6.2, including Table 6.1, examines the availability of ANC services and how frequently these services are offered at health facilities.
- **Facility readiness to provide ANC services.** Section 6.3, including Tables 6.2 through 6.5 and Figures 6.1 and 6.2, addresses the readiness of facilities to provide good-quality ANC services, including the availability of basic equipment, infection control processes, diagnostic facilities and essential medicine.
- **Adherence to standards.** Section 6.4, including Tables 6.6 through 6.14 and Figure 6.3, examines findings from ANC consultations observed during the survey, this section also addresses client opinion, provider training and supervision to support quality service.
- **Prevention of mother-to-child transmission (PMTCT) of HIV.** Section 6.5, including Table 6.15 and 6.16, looks at the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy.** Section 6.6, including Tables 6.17 through 6.19, provides information on malaria services in facilities offering ANC services.

6.2 AVAILABILITY OF ANC SERVICES

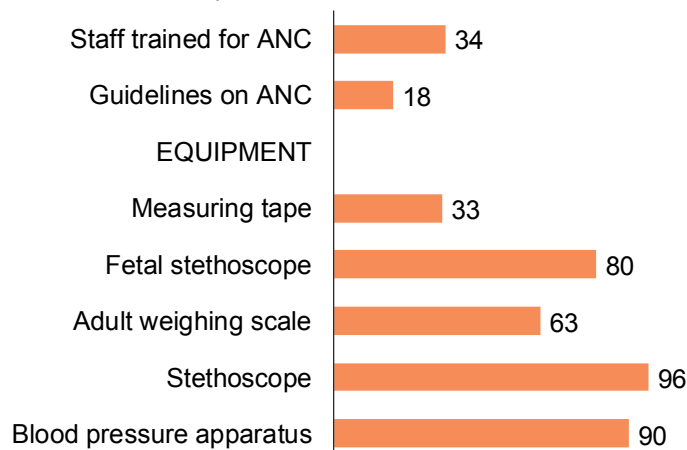
Table 6.1 provides information on the availability of ANC services in facilities offering them. Overall, 73% of health facilities offer ANC services, of which 44% are public facilities and 79% are private facilities. Among provinces, Kabul has health facilities that are more likely (77%) to provide ANC services than Kandahar (44%). Among health facilities that provide ANC services, most (92%) do so 5 days a week. Among all facilities offering ANC services in selected provinces, only 33% are able to provide tetanus toxoid vaccine every day.

6.3 SERVICE READINESS: GUIDELINES, TRAINED STAFF, AND BASIC EQUIPMENT FOR ANC

Table 6.2 presents the availability of ANC guidelines, trained staff, and basic equipment. The overall availability of guidelines in facilities offering ANC was 18%, and 44% in public facilities compared with 15% in private facilities. There were no available ANC guidelines in Paktya province, while most available guidelines were found in half of the public facilities of Kabul province. Moreover, 34% of facilities with ANC had trained staff available, and in 69% of public facilities and 30% of private facilities. One-third of facilities had trained staff in Kabul province, while only 17% of facilities had trained staff in Kunduz. A blood pressure apparatus was found in 90% of facilities offering ANC, and in 81% of public and 90% of private facilities. Almost all surveyed provincial health facilities (96%) offering ANC services were equipped with a stethoscope on the day of the survey (96%), while only 33% had a measuring tape (**Figure 6.1**).

Figure 6.1 Guidelines, trained staff, and basic equipment for antenatal care services

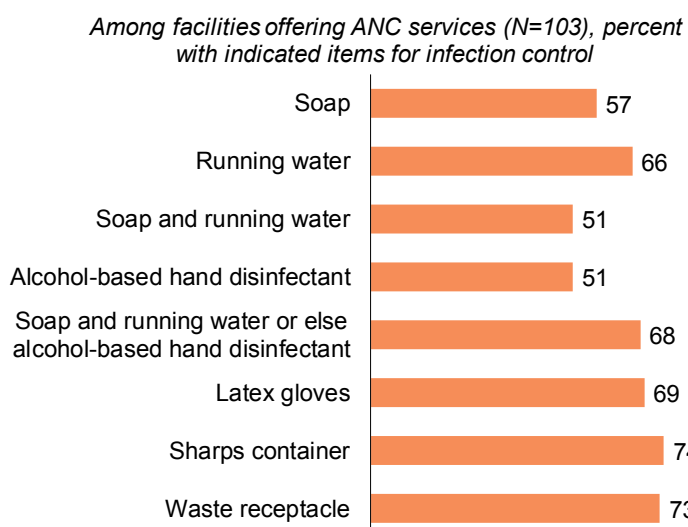
Among facilities offering ANC services (N=103), percent that have:



6.3.1 Items for infection control during provision of ANC

Table 6.3 presents the availability of basic items for infection control. Among items listed in **Table 6.3**, a sharps container was most commonly available (74%) compared with soap (57%) in facilities offering ANC services. More than half (51%) of the facilities had soap and running water available on the day of the visit. Yet, among four facilities surveyed in Kunduz, soap and running water or lase alcohol-based hand disinfectant were not observed. More than two-thirds of facilities had latex gloves available; they were found in 75% of public facilities and 68% of private facilities (**Figure 6.2**).

Figure 6.2 Infection control in ANC service area



6.3.2 Diagnostic capacity

Table 6.4 shows that almost all facilities offering ANC services in survey areas had the capacity to test hemoglobin, urine protein, and urine glucose. Testing for syphilis was available at 53% of facilities, and testing for HIV was available at 78% of facilities. The capacity for testing blood grouping and Rhesus factor was found infrequently, at only 14% of facilities. In Balkh, Kunduz, and Paktya provinces, this testing capacity was unavailable.

6.3.3 Availability of medicine for routine ANC

Table 6.5 presents the availability of medicine for routine ANC services in survey areas. In almost all facilities offering ANC services, iron tablets, folic acid tablets, and combined iron and folic acid tablets were available on the day of the visit. Tetanus toxoid vaccine was found only in 58% of facilities and was more common in public facilities (81%) than private (55%).

6.4 ADHERENCE TO STANDARDS

Table 6.6 presents the characteristics of ANC clients whose consultations were observed on the day of the survey. Almost two-thirds of the women (65%) were making their first ANC visit, while 35% were making a follow-up visit. Only 19% of the women visited in their first trimester, followed by 30% in the second and 52% in the third trimester.

Table 6.7 presents the components of consultation for first-visit ANC clients, whose consultations were observed. Providers asked clients for their age, date of last menstrual period, history of any prior pregnancy, and medicines they were taking in 77%, 46%, 69% and 29% respectively (**Figure 6.3**). Among provinces, in Paktya and Kunduz all of the clients were asked for age and any prior pregnancy. Hemoglobin and urine protein were tested in slightly over half of the clients whose consultations were observed. For almost two-thirds of the clients with prior pregnancy, information was requested on any aspect of complications during a prior pregnancy. Most often, clients reported a stillbirth (33%) and, least often, pregnancy-related convulsions (6%).

Figure 6.3 Observed elements of client history for first-visit antenatal care clients

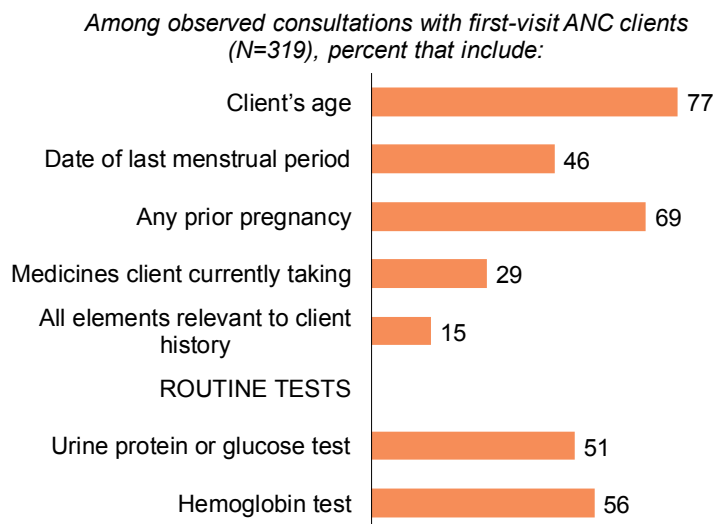


Table 6.8 presents information on physical examinations and preventive interventions undertaken during first and follow-up ANC consultations. Among all components of physical examinations listed in **Table 6.8**, blood pressure was the measurement most often taken by providers, both at first and follow-up ANC visits (84% and 87%, respectively). Also, listening to the fetal heart conducted by providers for clients at their first and follow-up ANC visit (61% and 77%, respectively). About half of first-visit ANC clients weighed, while 60% weighed at a follow-up visit. Checking the fetal position was infrequently done by providers, either in first or follow-up visits (17% and 34%, respectively). More than half of first-visit ANC clients received or were prescribed iron or folic acid tablets, while 62% of the follow-up visit clients received or were prescribed tablets. An explanation of how to take the tablets was given to 28% and 38% of clients at first and follow-up visits, respectively.

An explanation of the purpose of tetanus toxoid vaccination was conveyed to only 2% and 5% of clients at their first and follow visits. Generally, private facilities were more likely than public facilities to conduct the physical examination and preventive intervention.

Table 6.9 shows that more than half of the clients at their first ANC visit were asked about any risk symptoms during pregnancy (vaginal bleeding; fever; headache or blurred vision; swollen hands or face; excessive tiredness; shortness of breath; loss of, excessive, or normal fetal movement; and cough or difficulty in breathing for more than 3 weeks), while nearly two-thirds of clients at their follow-up ANC visits were consulted on any risk symptoms. Among the mentioned risks, most consultations were provided on vaginal bleeding for clients at their first and follow-up visits (35% and 39%, respectively) while relatively little consultation regarding cough or difficulty in breathing was given to clients at their first and follow-up ANC visits (3% and 2%, respectively). Overall, the consultation on risk symptoms of pregnancy was more often provided by private than public facilities.

Table 6.10 describes the counseling that ANC clients received on nutrition, breastfeeding, and family planning. Overall, first-visit ANC clients received nutrition consultations at 47%, while this declined to 43% for follow-up visit ANC clients. The importance of having at least four ANC visits was explained to only 18% of first and follow-up ANC clients.

Having a delivery at a health facility is one of the key elements that can save a mother's and a child's life. Yet only 23% of first ANC clients and 17% of follow-up ANC clients were counseled about a delivery

plan. In Paktya province, none of the providers counseled first-visit ANC clients on a delivery plan, while for the follow-up ANC clients, 21% did. Taking care of a newborn was discussed with only a few clients at first and follow-up visits (3% and 4% respectively). None of the providers explained newborn care to any of the first-visit ANC clients in Balkh, Kabul (public facilities), Kandahar, and Paktya province facilities. Among first-visit ANC clients whose consultations were observed in Kabul province facilities, none of the providers discussed the importance of exclusive breastfeeding, neither did any providers in Balkh, Kandahar, and Paktya provinces discuss exclusive breastfeeding. However, for the follow-up visit, 3% of the providers in Kabul and 11% of providers in Paktya did consult their clients on exclusive breastfeeding; there was still no discussion in Balkh, Herat, Kandahar, and Kunduz. Regarding family planning postpartum, only 7% of ANC first-visit clients were counseled, and this declined to 4% for follow-up visit ANC clients. Among provinces, in Kandahar, almost all of the listed counseling topics for ANC first and follow-up visits were ignored. Moreover, in Kabul public facilities, consultations regarding care of the newborn, exclusive breastfeeding, early initiation and prolonged breastfeeding, and the importance of vaccination for the newborn was not provided to any of observed first-visit ANC clients, while very few consultations were provided for follow-up ANC visit clients.

Client opinion/perspectives

In addition to being observed, ANC clients were interviewed when they left the facility about their experiences on the day of seeking care. **Table 6.11** presents the perception of ANC clients on pregnancy-related warning signs discussed by providers. One-fourth of clients said the providers counseled or discussed any warning signs of pregnancy with them; percentages were 19% for public and 34% for private facilities, respectively. Among clients who said they had been consulted, one-third of the client's consultation concerned vaginal bleeding, 14% on fever, 13% for swollen face or hands, 11% for fatigue or breathlessness, 13% for headache or blurred vision, 1% for seizures/convulsions. and 3% for reduction or absence of fetal movement.

Among interviewed ANC clients, 45% said that the provider told them to seek care at the facility if any warning signs occurred. For two-thirds of clients, no advice was given if any warning sign occurred. Less than half of ANC clients said that the provider consulted with them on delivery place, while 27% received instruction on supplies to be prepared for delivery. In the meantime, only 8% of the ANC client's consultations were made on the importance of exclusive breastfeeding followed by 18% on use of family planning after childbirth. In Kunduz and Paktya provinces, none of the ANC clients were consulted on the importance of exclusive breastfeeding.

Feedback from antenatal care clients

ANC clients were asked about their perceptions on the quality of the services that they received on the day of the survey. Seventeen percent of ANC clients in survey targeted provinces, reported that they waited long time to see providers; the percentage was 27% in public and 5% in private health facilities. Also, 14% of the clients were complaining about the high price or costly services at the facility, while 4% were complaining that the service provider was not able to consult or discuss the problem properly. Among ANC interviewed clients 7% of them reported poor behavior or attitude of the providers of which it was 11% and 1% for public and private facilities respectively. The great point was found that among four clients interviewed in Kunduz none of them were reported the listed issues in **Table 6.12**.

Basic management and administrative system

Table 6.13 presents information on recent in-service training and personal supervision of ANC providers. Only 16% of providers in targeted areas indicated they received ANC-related training during the 24 months preceding the survey; it occurred for 20% of public facility providers and for 13% of private facilities providers. According to the results of the survey, 73% of ANC providers have received personal supervision during the 6 months preceding the survey; however, public facilities providers are more likely (81%) to have received this personal supervision compared to private facilities (66%). Moreover, training

related to ANC during the past 24 months and personal supervision during the 6 months preceding the survey was found to be 10%, and only 15% for public and 6% for private facilities. Among provinces, all of ANC providers in survey areas of Kandahar province have received personal supervision during the 6 months before the survey, while only 9% of Kandahar ANC providers received training related to ANC before the survey.

Training for antenatal providers

Table 6.14 describes the specific trainings that interviewed providers received 24 months before the survey or at any time before survey. Almost half (45%) of interviewed providers responded that they received training on family planning before the survey, followed by ANC screening (28%), ANC counseling (25%), complications of pregnancy (24%), sexually transmitted infections (9%), and intermittent preventive treatment of malaria in pregnancy (7%).

6.5 AVAILABILITY OF SERVICES FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV IN FACILITIES OFFERING ANTENATAL CARE SERVICES

Table 6.15 provides summary information on availability of prevention of mother-to-child transmission of HIV (PMTCT) services in facilities offering ANC services. Out of 103 facilities offering ANC services, more than half of them provide PMTCT services. Comparing public to private facilities, this service is more often provided in public facilities than private facilities (75% and 52%, respectively). Among facilities offering ANC services that also provide PMTCT services, almost two-thirds offered HIV testing for pregnant women. Private facilities were more likely to provide HIV testing services for pregnant women than public facilities (68% and 58%, respectively). Moreover, ARV prophylaxis for HIV+ pregnant women and ARV prophylaxis for infants born to HIV+ women were the least common services at facilities offering ANC services. Except for Balkh province (14%), the services weren't available in other provincial facilities.

Table 6.16 presents the availability of the necessary elements for the provision of quality prevention of mother-to-child transmission of HIV (PMTCT) services. Availability of PTMCT and infant and young child feeding guidelines were found in the fewest facilities (4% and 1%, respectively). Comparing the type of facilities, it was found that 17% of public facilities and 2% of private facilities had PMTCT guidelines. Overall, only 5% of facilities that offer ANC services and any PMTCT services has staff trained and available to provide PTMCT services; however, in Balkh, Kunduz, Paktya, and private facilities of Kabul provinces, trained staff were not available for PTMCT services. Also, for infant and young child feeding, except in Kabul public facilities (14%) and Kandahar (39%), no trained staff were available in the other five provinces on the day of the visit. Visual and auditory privacy were maintained in 62% of the facilities offering ANC and any PMTCT services, while it is 50% and 65% respectively for public and private facilities. Almost 90% of facilities offering ANC services had the capacity to test for HIV for adults.

6.6 MALARIA SERVICES IN FACILITIES OFFERING ANTENATAL CARE SERVICES

Malaria is still a public health problem in Afghanistan, particularly in eastern provinces of Nangarhar, Kunar, and Laghman. These provinces reported more than 80% of the total cases in the country, as well as several outbreaks of malaria in 2014-2016. There is a national strategic plan for malaria control and elimination in 2018-2020. **Table 6.17** presents a brief summary of the availability of malaria services at facilities offering ANC services. According to the results of this survey, only 3% of facilities offering ANC services followed intermittent preventive treatment of malaria during pregnancy (IPTp) guidelines; 9% had trained staff, and 13% had insecticide-treated nets (ITNs). Nangarhar province is one place where malaria is endemic, so there are more malaria services here than in other provinces, while the availability of IPTp guidelines, trained staff, and ITNs is rare (7%, 15%, and 7%, respectively) in this province. In almost all facilities, iron or folic acid were available, followed by 28% artemisinin combination therapy (ACT), 23% sulfadoxine/pyrimethamine (SP), and only 13% quinine. Nearly all of facilities offering ANC

services in survey targeted areas had the capacity for conducting hemoglobin testing except Herat (83%). All of the facilities offering ANC services at Paktya and Kandahar had the capacity for conducting Malaria rapid diagnostic test (RDT); 87% of facilities of Nangarhar province had this testing capacity.

Table 6.18 provides a description of how often listed aspects of malaria prevention took place in observed ANC consultations. In almost none (< 1%) were first-visit ANC clients provided consultation on the importance of using ITNs, while for only 1% of all clients observed, were providers given the ITNs or directed to obtain one from elsewhere in facility. More importantly, in surveyed provinces, except Nangarhar, either no advice or no ITNs is provided to the clients whose consultation is observed.

Table 6.19 presents the summary of malaria-related training obtained by ANC providers during the 24 months before or at any time before the survey. Only a few (2%) providers received training on malaria diagnosis in the last 24 months before the survey, whereas 7% did in Nangarhar province. Only 1% of the ANC providers received training on how to perform malaria rapid diagnostic testing 24 months before the survey whereas 5% did in Nangarhar province. And finally, only 2% of providers received training on case management/treatment of malaria in the 24 months preceding the survey, whereas 7% did in Nangarhar province.

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- **Table 6.19** Malaria training for antenatal care service providers

Table 6.1 Availability of antenatal care services

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentage offering services on the indicated number of days per week, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹		Tetanus toxoid vaccine every day ANC is offered	Number of facilities offering ANC
			1-2 days/week	5+ days/week		
Facility type						
Public	44.4	24	6.3	93.8	68.8	11
Private	78.6	118	7.2	92.1	29.0	93
Province						
Balkh	60.0	10	0.0	100.0	44.4	6
Herat	85.2	19	0.0	95.8	17.7	16
Kabul	77.4	77	10.0	90.0	41.7	59
Public	32.0	17	0.0	100.0	62.5	5
Private	90.1	60	11.0	89.0	39.6	54
Kandahar	44.0	11	0.0	100.0	14.2	5
Kunduz	75.0	5	0.0	100.0	33.3	4
Nangarhar	65.8	15	13.2	86.8	13.2	10
Paktya	62.5	5	0.0	100.0	20.0	3
Total	72.8	142	7.1	92.3	33.1	103

¹ Some facilities offer ANC services less than 1 day per week, so the total percentage may be less than 100%.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ANC that have:		Equipment				Number of facilities offering ANC	
	Guidelines on ANC ¹	Staff trained for ANC ²	Blood pressure apparatus ³	Stethoscope	Adult weighing scale	Fetal stethoscope		Measuring tape ⁴
Facility type								
Public	43.8	68.8	81.3	81.3	68.8	62.5	56.3	11
Private	14.6	29.6	90.4	97.6	62.7	81.8	30.2	93
Province								
Balkh	22.2	44.4	100.0	100.0	100.0	66.7	77.8	6
Herat	31.3	31.0	95.8	95.8	61.6	69.7	39.7	16
Kabul	14.5	32.2	86.5	96.6	60.6	92.0	25.1	59
Public	50.0	62.5	75.0	75.0	50.0	37.5	62.5	5
Private	11.0	29.2	87.7	98.7	61.7	97.4	21.4	54
Kandahar	22.3	36.5	100.0	100.0	77.7	58.8	58.8	5
Kunduz	16.7	16.7	100.0	100.0	100.0	100.0	33.3	4
Nangarhar	15.1	43.4	84.9	84.9	52.8	39.6	33.0	10
Paktya	0.0	40.0	80.0	100.0	20.0	60.0	20.0	3
Total	17.6	33.7	89.5	95.9	63.3	79.8	32.9	103

Note: The guidelines for ANC and staff trained in ANC comprise the training domain, and the blood pressure apparatus indicator comprises the equipment domain, for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ National ANC guidelines or other guidelines relevant to antenatal care

² Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope

⁴ For measuring fundal height

Table 6.3 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ANC that have items for infection control								Number of facilities offering ANC
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	68.8	93.8	68.8	50.0	68.8	75.0	93.8	75.0	11
Private	55.9	62.7	48.8	50.9	67.7	68.1	71.2	72.7	93
Province									
Balkh	66.7	77.8	66.7	88.9	88.9	55.6	55.6	100.0	6
Herat	35.2	48.4	35.2	73.9	73.9	52.6	30.0	82.6	16
Kabul	66.4	67.5	56.3	48.8	71.1	76.5	86.4	70.0	59
Public	87.5	100.0	87.5	62.5	87.5	75.0	100.0	75.0	5
Private	64.3	64.3	53.3	47.4	69.5	76.6	85.1	69.5	54
Kandahar	81.1	100.0	81.1	81.1	81.1	100.0	100.0	44.6	5
Kunduz	0.0	66.7	0.0	0.0	0.0	50.0	66.7	100.0	4
Nangarhar	43.4	63.2	43.4	19.8	50.0	39.6	71.7	52.8	10
Paktya	60.0	60.0	40.0	20.0	60.0	100.0	60.0	100.0	3
Total	57.2	65.9	50.8	50.8	67.9	68.8	73.5	73.0	103

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 6.4 Diagnostic capacity

Among facilities offering antenatal care (ANC) services, the percentages having the capacity to conduct the indicated tests in the facility, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ANC that have the indicated tests						Number of facilities offering ANC
	Hemoglobin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	
Facility type							
Public	100.0	100.0	100.0	37.5	75.0	87.5	11
Private	97.1	96.4	96.4	10.8	50.7	77.1	93
Province							
Balkh	100.0	100.0	100.0	0.0	77.8	100.0	6
Herat	82.9	82.9	82.9	13.2	13.2	13.2	16
Kabul	100.0	100.0	100.0	13.4	52.9	88.8	59
Public	100.0	100.0	100.0	37.5	62.5	87.5	5
Private	100.0	100.0	100.0	11.0	52.0	89.0	54
Kandahar	100.0	100.0	100.0	55.4	100.0	100.0	5
Kunduz	100.0	100.0	100.0	0.0	83.3	100.0	4
Nangarhar	100.0	93.4	93.4	13.2	73.6	78.3	10
Paktya	100.0	100.0	100.0	0.0	40.0	100.0	3
Total	97.4	96.7	96.7	13.5	53.2	78.1	103

Note: The hemoglobin and urine protein measures presented in the table comprise the diagnostics domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Capacity to conduct any hemoglobin test in the facility

² Dip sticks for urine protein

³ Dip sticks for urine

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides all present

⁵ Rapid test for syphilis or Venereal Disease Research Laboratory (VDRL) test or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)

⁶ Facility reported that it had the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit was observed to be available in the facility on the day of the survey, or other test capability was observed to be available in the facility on the day of the visit.

Table 6.5 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, percentages with essential medicines and tetanus toxoid vaccine for ANC observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ANC that have indicated medicines					Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets	Tetanus toxoid vaccine	
Facility type						
Public	93.8	87.5	81.3	93.8	81.3	11
Private	98.6	100.0	97.8	100.0	54.9	93
Province						
Balkh	100.0	100.0	100.0	100.0	66.7	6
Herat	91.6	95.8	91.6	95.8	61.0	16
Kabul	100.0	100.0	97.7	100.0	55.2	59
Public	100.0	100.0	87.5	100.0	75.0	5
Private	100.0	100.0	98.7	100.0	53.3	54
Kandahar	100.0	100.0	100.0	100.0	100.0	5
Kunduz	100.0	100.0	100.0	100.0	50.0	4
Nangarhar	93.4	93.4	86.8	100.0	56.6	10
Paktya	100.0	100.0	100.0	100.0	20.0	3
Total	98.1	98.7	96.1	99.4	57.6	103

Notes: The medicines and vaccine presented in the table comprise the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (2012).

Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17.

Table 6.6 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages making a first or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age			Total percent	Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy		First trimester (<13 weeks)	Second trimester (13-26 weeks)	Third trimester (27-42 weeks)		
Facility type								
Public	67.7	32.3	22.0	14.9	26.0	59.1	100.0	262
Private	62.0	38.0	20.0	23.3	33.7	43.0	100.0	229
Province								
Balkh	86.2	13.8	23.1	23.1	35.7	41.2	100.0	33
Herat	76.5	23.5	12.6	7.6	31.6	60.8	100.0	66
Kabul	56.9	43.1	20.0	20.5	25.3	54.1	100.0	278
Public	53.3	46.7	20.7	16.3	19.6	64.1	100.0	162
Private	62.0	38.0	19.0	26.4	33.3	40.3	100.0	116
Kandahar	93.0	7.0	46.8	14.3	44.2	41.5	100.0	34
Kunduz	37.5	62.5	0.0	12.5	25.0	62.5	100.0	4
Nangarhar	66.1	33.9	23.3	23.1	33.3	43.7	100.0	65
Paktya	57.3	42.7	9.4	19.1	43.0	37.9	100.0	11
Total	65.0	35.0	21.1	18.8	29.6	51.6	100.0	491

Table 6.7 General assessment and client history for observed first-visit antenatal care clients

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						
Client history												
Client's age	71.3	84.1	95.5	99.0	71.8	71.4	72.3	15.1	100.0	98.6	100.0	77.0
Date of last menstrual period	41.8	50.3	57.6	87.3	45.3	42.9	48.1	5.0	33.3	24.1	16.4	45.6
Any prior pregnancy ¹	62.4	76.7	60.7	88.1	64.9	57.1	74.1	28.3	100.0	89.3	100.0	68.8
Medicines client currently taking	18.6	41.3	39.8	38.3	28.1	24.5	32.3	0.0	33.3	34.8	16.4	28.7
All elements relevant to client history ²	10.5	20.6	24.6	28.3	14.2	12.2	16.6	0.0	33.3	8.0	0.0	15.0
Routine tests												
Urine protein or glucose test	58.8	42.2	92.1	4.8	71.9	75.5	67.6	26.7	100.0	15.3	84.1	51.4
Hemoglobin test	61.7	49.1	90.1	19.2	67.6	65.3	70.4	56.0	66.7	27.6	100.0	56.1
Number of first-visit ANC clients	177	142	29	50	158	86	72	31	2	43	6	319
Prior pregnancy-related complications												
Stillbirth	28.4	38.2	17.8	72.8	11.7	10.5	13.1	15.1	0.0	68.6	82.2	32.8
Death of infant during first week after birth	5.8	14.9	10.6	17.6	2.0	2.6	1.2	0.0	0.0	25.8	55.2	9.9
Heavy bleeding during labor or postpartum	10.8	19.5	13.5	23.8	9.5	10.5	8.3	5.1	33.3	22.4	36.8	14.7
Assisted delivery	17.7	19.6	16.4	8.8	18.9	23.7	13.3	15.8	100.0	29.9	18.4	18.5
Previous abortion	10.5	28.5	15.2	10.3	23.9	15.8	33.4	0.0	33.3	22.3	8.6	18.5
Multiple pregnancies	11.0	7.0	0.0	22.6	4.5	5.3	3.6	10.2	33.3	14.4	0.0	9.2
Prolonged labor	7.3	16.6	0.0	5.3	5.2	2.6	8.3	0.0	33.3	56.4	18.4	11.5
Pregnancy-induced hypertension	21.1	23.5	10.9	30.2	23.0	26.3	19.1	5.1	33.3	18.5	46.0	22.2
Pregnancy-related convulsions	5.4	6.8	2.6	22.9	2.5	2.6	2.4	0.0	0.0	1.9	0.0	6.0
Any aspect of complications during a prior pregnancy	58.0	71.6	31.0	96.5	53.3	50.0	57.2	46.2	100.0	85.9	82.2	64.1
Number of first-visit ANC clients with prior pregnancy	135	109	22	46	123	67	56	16	2	31	6	245

¹ This includes any questions that would indicate whether the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Table 6.8 Basic physical examinations and preventive interventions for antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
FIRST-VISIT ANC CLIENT												
Basic physical examination												
Measured blood pressure	79.2	89.9	100.0	96.4	76.5	71.4	82.6	73.3	100.0	91.0	100.0	84.0
Weighed client	49.0	56.0	90.1	34.7	54.6	59.2	49.1	15.1	33.3	62.5	76.2	52.1
Checked fetal position (at least 8 months pregnant)	3.4	50.7	40.0	4.8	11.3	4.2	31.6	-	100.0	77.1	0.0	16.9
Checked uterine/fundal height ¹	45.5	72.1	54.6	29.1	56.6	44.9	70.5	58.8	100.0	89.9	74.6	57.3
Listened to fetal heart (at least 5 months pregnant) ²	51.8	76.5	70.8	23.7	66.6	62.9	73.3	66.1	100.0	82.4	25.0	60.7
Preventive interventions												
Provider gave or prescribed iron or folic acid tablets	44.7	65.9	63.6	37.9	47.7	38.8	58.3	63.9	100.0	77.7	83.1	54.1
Provider explained purpose of iron or folic acid tablets	11.0	30.4	33.3	14.4	25.2	12.2	40.8	0.0	33.3	11.7	7.9	19.6
Provider explained how to take tablets	16.5	41.4	54.8	11.7	24.6	16.3	34.5	0.0	33.3	52.8	66.7	27.5
Provider gave or prescribed tetanus toxoid vaccine	10.8	1.9	13.4	0.0	8.4	12.2	3.8	0.0	0.0	9.9	8.5	6.8
Provider explained purpose of tetanus toxoid vaccine	1.9	2.6	0.0	1.0	2.4	2.0	2.8	0.0	0.0	6.4	0.0	2.2
Number of ANC clients	177	142	29	50	158	86	72	31	2	43	6	319
Number of ANC clients at least 8 months pregnant	66	26	4	22	57	42	15	0	1	8	1	92
Number of ANC clients at least 5 months pregnant	129	73	19	37	96	61	35	21	1	25	2	202
FOLLOW-UP VISIT ANC CLIENT												
Basic physical examination												
Measured blood pressure	74.4	99.3	100.0	100.0	82.4	72.1	100.0	100.0	100.0	95.0	100.0	87.1
Weighed client	66.4	54.2	87.7	85.5	60.2	65.1	51.7	0.0	0.0	48.6	68.1	60.2
Checked fetal position (at least 8 m pregnant)	32.6	36.6	33.3	18.3	28.2	30.4	21.1	0.0	50.0	100.0	32.6	34.1
Checked uterine/fundal height ¹	71.1	83.7	89.0	65.0	77.6	69.8	90.8	0.0	100.0	91.5	66.0	77.5
Listened to fetal heart (at least 5 months pregnant) ²	71.4	83.2	87.7	56.8	79.7	72.5	92.9	0.0	100.0	84.5	61.6	77.1
Preventive interventions												
Provider gave or prescribed iron or folic acid tablets	47.6	76.0	78.1	71.5	55.2	44.2	74.0	100.0	80.0	76.9	89.4	62.0
Provider explained purpose of iron or folic acid tablets	13.1	30.7	23.3	18.8	25.6	14.0	45.4	0.0	20.0	7.7	21.3	22.0
Provider explained how to take tablets	19.6	55.3	56.2	18.3	33.7	16.3	63.3	0.0	20.0	66.8	78.7	37.7
Provider gave or prescribed tetanus toxoid vaccine	16.6	6.2	0.0	0.0	16.2	18.6	12.2	0.0	0.0	0.0	0.0	11.3
Provider explained purpose of tetanus toxoid vaccine	2.1	7.6	0.0	0.0	6.0	2.3	12.2	0.0	0.0	5.3	0.0	4.9
Number of ANC clients	85	87	5	15	120	76	44	2	3	22	5	172
Number of ANC clients at least 8 months pregnant	43	25	2	3	53	40	13	1	1	6	2	67
Number of ANC clients at least 5 months pregnant	79	74	4	13	108	70	38	2	2	19	4	152

Continued...

Table 6.8—continued

Components of consultation	Facility type		Province										
	Public	Private	Balkh	Herat	Kabul								Total
					Total	Public	Private	Kandahar	Kunduz	Nangarhar	Paktya		
ALL OBSERVED ANC CLIENTS													
Basic physical examination													
Measured blood pressure	77.7	93.5	100.0	97.2	79.1	71.7	89.2	75.1	100.0	92.3	100.0	85.0	
Weighed client	54.6	55.3	89.8	46.6	57.0	62.0	50.1	14.1	12.5	57.8	72.7	55.0	
Checked fetal position (at least 8 months pregnant)	14.9	43.9	38.2	6.5	19.4	17.0	26.7	0.0	66.7	86.9	24.2	24.1	
Checked uterine/fundal height ¹	53.8	76.5	59.4	37.5	65.6	56.5	78.2	54.7	100.0	90.4	70.9	64.4	
Listened to fetal heart (at least 5 months pregnant) ²	59.2	79.9	73.7	32.2	73.5	68.0	83.6	59.5	100.0	83.3	49.2	67.8	
Preventive interventions													
Provider gave or prescribed iron or folic acid tablets	45.7	69.8	65.6	45.8	50.9	41.3	64.3	66.4	87.5	77.5	85.8	56.9	
Provider explained purpose of iron or folic acid tablets	11.7	30.5	31.9	15.4	25.4	13.0	42.5	0.0	25.0	10.4	13.6	20.5	
Provider explained how to take tablets	17.5	46.7	55.0	13.3	28.5	16.3	45.4	0.0	25.0	57.6	71.8	31.1	
Provider gave or prescribed tetanus toxoid vaccine	12.7	3.5	11.5	0.0	11.8	15.2	7.0	0.0	0.0	6.5	4.8	8.4	
Provider explained purpose of tetanus toxoid vaccine	1.9	4.5	0.0	0.8	3.9	2.2	6.4	0.0	0.0	6.0	0.0	3.1	
Number of ANC clients	262	229	33	66	278	162	116	34	4	65	11	491	
Number of ANC clients at least 8 months pregnant	108	51	6	26	110	83	28	1	2	13	2	159	
Number of ANC clients at least 5 months pregnant	208	147	23	50	205	132	73	24	3	43	6	354	

Note: See Table 6.18 for information on insecticide-treated mosquito bed nets (ITNs).

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure the fundal height

² Either with a fetal stethoscope or by using an ultrasound device

Table 6.9 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by background characteristics, Afghanistan SPA 2018-19

Counseling topics	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul			Kandahar	Kunduz	Nangarhar	Paktya	Total
					Total	Public	Private					
FIRST VISIT ANC CLIENT												
Vaginal bleeding	28.5	42.9	29.5	75.5	23.0	20.4	26.0	4.7	33.3	59.4	16.4	34.9
Fever	20.4	26.1	22.8	45.2	19.6	14.3	25.9	0.0	0.0	28.8	8.5	22.9
Headache or blurred vision	21.7	39.0	15.9	67.4	25.1	18.4	33.2	2.5	0.0	30.5	25.4	29.4
Swollen hands or face	7.6	14.2	13.9	13.2	13.4	12.2	14.9	0.0	0.0	1.2	16.9	10.5
Excessive tiredness, shortness of breath	6.0	18.7	4.0	19.4	12.3	4.1	22.1	0.0	33.3	14.6	0.0	11.6
Loss of, excessive, or normal fetal movement	7.9	18.6	15.9	3.3	10.9	12.2	9.4	0.0	0.0	39.1	0.0	12.6
Cough or difficulty breathing for 3 weeks or longer	2.3	3.9	6.4	2.1	2.8	2.0	3.8	0.0	0.0	5.2	0.0	3.0
Any of the above risk symptoms	43.3	71.3	41.2	93.4	51.5	38.8	66.6	7.2	66.7	75.3	33.3	55.8
Number of ANC clients	177	142	29	50	158	86	72	31	2	43	6	319
FOLLOW-UP VISIT ANC CLIENT												
Vaginal bleeding	32.9	44.2	56.2	75.8	28.4	32.6	21.2	0.0	0.0	74.3	32.6	38.6
Fever	21.2	19.6	34.2	47.8	16.0	20.9	7.6	0.0	0.0	28.4	11.3	20.4
Headache or blurred vision	25.8	40.4	45.2	63.5	29.2	23.3	39.3	0.0	40.0	38.5	11.3	33.2
Swollen hands or face	12.3	22.0	45.2	45.7	15.7	11.6	22.7	0.0	20.0	2.4	11.3	17.2
Excessive tiredness, shortness of breath	8.8	11.5	12.3	14.5	10.0	7.0	15.1	0.0	20.0	7.2	11.3	10.1
Loss of, excessive or normal fetal movement	26.8	18.3	11.0	7.5	24.3	27.9	18.1	0.0	0.0	31.0	21.3	22.5
Cough or difficulty breathing for 3 weeks or longer	0.0	3.2	11.0	7.5	0.0	0.0	0.0	0.0	0.0	2.6	10.6	1.6
Any of the above risk symptoms	54.6	69.2	78.1	100.0	53.9	53.5	54.6	0.0	80.0	87.0	32.6	62.0
Number of ANC clients	85	87	5	15	120	76	44	2	3	22	5	172
ALL OBSERVED ANC CLIENTS												
Vaginal bleeding	29.9	43.4	33.2	75.6	25.3	26.1	24.2	4.3	12.5	64.5	23.3	36.2
Fever	20.6	23.6	24.4	45.8	18.0	17.4	18.9	0.0	0.0	28.7	9.7	22.0
Headache or blurred vision	23.0	39.6	19.9	66.5	26.9	20.7	35.5	2.3	25.0	33.2	19.4	30.7
Swollen hands or face	9.1	17.2	18.2	20.8	14.4	12.0	17.9	0.0	12.5	1.6	14.5	12.8
Excessive tiredness, shortness of breath	6.9	15.9	5.1	18.2	11.3	5.4	19.4	0.0	25.0	12.1	4.8	11.1
Loss of, excessive or normal fetal movement	14.0	18.5	15.2	4.3	16.7	19.6	12.7	0.0	0.0	36.4	9.1	16.1
Cough or difficulty breathing for 3 weeks or longer	1.6	3.6	7.1	3.4	1.6	1.1	2.3	0.0	0.0	4.3	4.5	2.5
Any of the above risk symptoms	47.0	70.5	46.3	95.0	52.5	45.7	62.0	6.7	75.0	79.2	33.0	57.9
Number of ANC clients	262	229	33	66	278	162	116	34	4	65	11	491

Table 6.10 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by background characteristics, Afghanistan SPA 2018-19

Counseling topics	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						
FIRST VISIT ANC CLIENT												
Nutrition	44.1	51.6	59.6	65.4	32.2	26.5	38.9	53.5	33.3	67.5	67.2	47.4
Progress of pregnancy	15.2	29.8	33.4	17.2	20.9	14.3	28.7	0.0	33.3	39.6	7.9	21.7
Importance of at least 4 ANC visits	12.3	26.2	39.6	15.7	5.0	6.1	3.8	0.0	33.3	60.3	83.1	18.4
Delivery plans	24.0	22.7	11.9	58.2	8.8	6.1	12.1	29.3	66.7	41.6	0.0	23.4
Care of newborn ¹	1.9	3.9	0.0	4.8	1.3	0.0	2.8	0.0	66.7	8.0	0.0	2.8
Early initiation and prolonged breastfeeding	3.0	2.2	0.0	8.5	1.3	0.0	2.8	0.0	66.7	2.5	0.0	2.6
Exclusive breastfeeding	9.9	0.9	0.0	32.8	0.0	0.0	0.0	0.0	33.3	4.1	0.0	5.9
Importance of vaccination for newborn	2.7	4.5	0.0	8.5	2.6	0.0	5.6	0.0	66.7	4.0	0.0	3.5
Family planning post- partum	8.9	4.2	24.8	3.6	7.7	10.2	4.7	0.0	33.3	0.0	0.0	6.8
Provider used any visual aids	7.0	2.2	0.0	9.9	6.7	12.2	0.0	0.0	0.0	0.0	0.0	4.9
Number of ANC clients	177	142	29	50	158	86	72	31	2	43	6	319
FOLLOW-UP VISIT ANC CLIENT												
Nutrition	26.2	59.1	56.2	75.3	29.4	20.9	43.9	33.3	60.0	84.6	67.4	42.9
Progress of pregnancy	14.3	42.7	67.1	18.3	27.2	14.0	49.8	0.0	60.0	42.2	0.0	28.7
Importance of at least 4 ANC visits	13.3	22.7	56.2	17.7	6.4	9.3	1.5	0.0	40.0	62.9	66.0	18.1
Delivery plans	9.9	24.3	21.9	18.3	8.4	7.0	10.7	0.0	100.0	54.9	21.3	17.2
Care of newborn ¹	2.7	4.6	0.0	3.8	2.0	2.3	1.5	0.0	20.0	10.3	10.6	3.7
Early initiation and prolonged breastfeeding	2.7	2.1	0.0	0.0	2.6	2.3	3.1	0.0	20.0	2.4	0.0	2.4
Exclusive breastfeeding	2.1	2.8	0.0	0.0	2.6	2.3	3.1	0.0	0.0	2.6	10.6	2.4
Importance of vaccination for newborn	2.1	5.5	0.0	0.0	3.2	2.3	4.6	0.0	20.0	7.9	10.6	3.8
Family planning post- partum	4.2	4.5	32.9	3.8	4.1	4.7	3.1	0.0	20.0	0.0	0.0	4.3
Provider used any visual aids	12.5	0.6	0.0	3.2	8.8	14.0	0.0	0.0	0.0	0.0	0.0	6.4
Number of ANC clients	85	87	5	15	120	76	44	2	3	22	5	172
ALL OBSERVED ANC CLIENTS												
Nutrition	38.3	54.4	59.1	67.7	31.0	23.9	40.8	52.1	50.0	73.3	67.3	45.8
Progress of pregnancy	14.9	34.7	38.0	17.5	23.6	14.1	36.7	0.0	50.0	40.4	4.5	24.2
Importance of at least 4 ANC visits	12.6	24.9	41.9	16.2	5.6	7.6	2.9	0.0	37.5	61.1	75.8	18.3
Delivery plans	19.4	23.3	13.3	48.8	8.6	6.5	11.5	27.2	87.5	46.1	9.1	21.2
Care of newborn ¹	2.2	4.2	0.0	4.6	1.6	1.1	2.3	0.0	37.5	8.8	4.5	3.1
Early initiation and prolonged breastfeeding	2.9	2.2	0.0	6.5	1.8	1.1	2.9	0.0	37.5	2.4	0.0	2.5
Exclusive breastfeeding	7.4	1.6	0.0	25.1	1.1	1.1	1.2	0.0	12.5	3.6	4.5	4.7
Importance of vaccination for newborn	2.5	4.9	0.0	6.5	2.8	1.1	5.2	0.0	37.5	5.3	4.5	3.6
Family planning post- partum	7.3	4.3	26.0	3.7	6.1	7.6	4.1	0.0	25.0	0.0	0.0	5.9
Provider used any visual aids	8.7	1.6	0.0	8.4	7.6	13.0	0.0	0.0	0.0	0.0	0.0	5.4
Number of ANC clients	262	229	33	66	278	162	116	34	4	65	11	491

¹ Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 6.11 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counseled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by background characteristics, Afghanistan SPA 2018-19

Issues discussed during current or previous visit	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul							Total
					Public	Private	Kandahar	Kunduz	Nangarhar	Paktya		
Client reported provider discussed or counseled on any warning signs	18.6	33.6	16.0	35.5	26.6	21.7	33.3	9.9	12.5	29.3	0.0	25.6
Warning signs discussed (named by client)												
Vaginal bleeding	25.9	37.2	28.0	65.6	25.3	20.7	31.6	24.2	50.0	29.2	9.7	31.2
Fever	18.0	8.5	1.7	7.7	10.6	12.0	8.7	76.9	0.0	6.9	9.7	13.6
Swollen face or hands	13.9	12.8	3.2	9.3	19.7	20.7	18.4	0.0	12.5	3.3	9.7	13.4
Fatigue or breathlessness	11.8	9.6	9.0	3.5	16.0	16.3	15.5	5.0	0.0	0.8	9.7	10.8
Headache or blurred vision	13.5	13.1	8.5	6.8	18.3	17.4	19.6	9.9	12.5	5.1	0.0	13.3
Seizures/ convulsions	0.7	1.2	0.0	4.0	0.6	1.1	0.0	0.0	0.0	0.0	0.0	0.9
Reduced or absence of fetal movement	0.2	5.4	0.0	0.9	3.4	0.0	8.1	0.0	0.0	4.4	0.0	2.6
Actions client told to take if warning signs occurred												
Seek care at facility	42.4	47.0	55.9	49.2	42.7	45.7	38.5	5.0	75.0	62.7	33.3	44.6
Reduce physical activity	12.9	17.7	0.0	2.5	24.7	20.7	30.4	0.0	0.0	6.3	0.0	15.2
Change diet	2.4	3.6	4.5	5.3	2.7	2.2	3.4	0.0	25.0	1.6	0.0	3.0
No advice given by provider	69.1	56.0	64.4	66.3	63.4	63.0	63.8	100.0	62.5	36.3	76.4	63.0
Client reported provider discussed												
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	11.4	5.1	5.1	3.5	12.1	17.4	4.7	9.7	0.0	0.9	0.0	8.4
Planned place of delivery	49.0	31.9	34.5	55.1	31.9	40.2	20.3	76.9	50.0	54.7	13.9	41.0
Supplies to prepare for delivery	31.6	20.9	27.6	33.6	16.3	18.5	13.3	67.0	62.5	43.6	4.8	26.6
Using family planning after childbirth	19.8	16.1	29.5	10.5	20.9	23.9	16.6	0.0	12.5	20.6	0.0	18.0
Number of interviewed ANC clients	262	229	33	66	278	162	116	34	4	65	11	491

Table 6.12 Feedback from antenatal care clients

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Afghanistan SPA 2018-19

Client service issue	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul							Total
					Public	Private	Kandahar	Kunduz	Nangarhar	Paktya		
Poor behavior/attitude of provider	11.3	1.0	0.0	21.2	4.7	7.6	0.6	5.0	0.0	0.9	24.2	6.5
Insufficient explanation about pregnancy	7.6	3.4	0.0	7.9	5.7	9.8	0.0	18.4	0.0	0.0	4.8	5.6
Long wait to see provider	26.7	4.9	0.0	20.0	21.6	35.9	1.7	4.3	0.0	3.3	38.8	16.5
Not able to discuss problems	3.8	3.5	0.0	1.6	3.2	5.4	0.0	20.7	0.0	1.6	0.0	3.6
Medicines not available in facility	11.9	10.0	7.7	18.5	10.2	9.8	10.9	18.4	0.0	0.9	38.5	11.1
Facility open limited days	4.4	0.6	3.8	0.0	2.8	4.3	0.6	0.0	0.0	0.9	29.1	2.6
Facility open limited hours	3.7	0.3	3.8	0.0	1.9	3.3	0.0	0.0	0.0	0.9	29.1	2.1
Facility not clean	1.5	0.3	0.0	0.0	0.6	1.1	0.0	0.0	0.0	2.5	9.7	0.9
Services costly	8.8	18.8	12.0	12.8	13.4	9.8	18.4	16.1	0.0	17.1	0.0	13.5
Insufficient visual privacy	1.9	0.2	0.0	0.8	0.6	1.1	0.0	0.0	0.0	0.0	29.1	1.1
Insufficient auditory privacy	1.9	0.3	0.0	0.0	0.6	1.1	0.0	0.0	0.0	0.9	29.1	1.1
Number of interviewed ANC clients	262	229	33	66	278	162	116	34	4	65	11	491

Table 6.13 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed ANC service providers
	Training related to ANC during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Public	19.5	81.4	15.0	147
Private	12.5	66.2	5.9	191
Province				
Balkh	7.5	84.1	6.1	18
Herat	20.2	65.3	15.4	27
Kabul	19.0	67.4	11.5	164
Public	23.6	87.5	17.1	72
Private	15.4	51.6	7.0	91
Kandahar	8.5	100.0	8.5	45
Kunduz	3.1	96.7	3.1	8
Nangarhar	14.1	72.4	5.9	63
Paktya	14.1	35.5	12.0	13
Total	15.6	72.8	9.9	338

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 6.14 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers of ANC who reported receiving in-service training on:												Number of interviewed ANC service providers
	ANC counseling		ANC screening		Complications of pregnancy		Family planning ¹		Sexually transmitted infections ²		Intermittent preventive treatment of malaria in pregnancy		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Public	14.8	27.5	14.0	28.6	10.4	26.3	39.0	56.0	6.0	13.0	0.0	3.1	147
Private	8.5	23.3	8.2	27.6	7.7	21.3	14.6	36.9	1.8	6.3	3.7	10.3	191
Province													
Balkh	6.2	19.6	7.5	23.9	1.5	16.0	29.2	46.9	1.5	8.7	1.5	6.1	18
Herat	9.9	21.1	13.2	21.3	9.9	19.3	43.2	57.8	0.0	6.1	3.7	7.9	27
Kabul	15.1	37.9	14.3	42.3	14.0	37.8	27.0	57.0	4.3	13.9	1.6	8.4	164
Public	23.6	40.3	21.7	42.3	21.2	42.3	49.7	69.1	7.9	22.1	0.0	4.2	72
Private	8.3	35.9	8.3	42.4	8.3	34.2	9.0	47.5	1.5	7.4	2.9	11.8	91
Kandahar	8.5	8.5	1.5	10.8	1.5	8.5	11.1	18.0	10.8	10.8	0.0	1.5	45
Kunduz	3.1	3.1	3.1	3.1	3.1	3.1	3.1	6.0	0.0	0.0	0.0	0.0	8
Nangarhar	5.7	9.9	8.7	11.6	4.8	5.7	27.2	37.6	0.0	0.5	5.1	8.1	63
Paktya	14.1	26.1	12.0	24.0	2.2	14.1	14.1	26.1	0.0	0.0	0.0	12.0	13
Total	11.2	25.1	10.7	28.1	8.9	23.5	25.2	45.2	3.6	9.2	2.1	7.2	338

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

¹ Includes training in any of the following: general counseling for family planning, insertion and/or removal of intrauterine contraceptive device (IUCD), insertion and/or removal of implants, performing vasectomy, performing tubal ligation, clinical management of family planning methods including managing side effects, family planning for HIV-positive women, post-partum family planning

² Includes training in any of the following: diagnosing and treating sexually transmitted infections (STIs), the syndromic approach to diagnosing and managing STIs, and treatment of drug-resistant STIs.

Table 6.15 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, the percentages with specific PMTCT program components, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ANC that provide any PMTCT ¹	Number of facilities offering ANC	Percentage of ANC facilities offering PMTCT that provide:							Number of facilities offering ANC and any PMTCT services
			HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ pregnant women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counseling	Nutritional counseling for HIV+ pregnant women and their infants	Family planning counseling for HIV+ pregnant women	
Facility type										
Public	75.0	11	58.3	33.3	8.3	8.3	33.3	25.0	41.7	8
Private	52.2	93	67.5	12.4	0.0	0.0	13.8	1.5	4.4	48
Province										
Balkh	77.8	6	14.3	14.3	14.3	14.3	14.3	14.3	14.3	5
Herat	13.2	16	100.0	34.1	0.0	0.0	68.3	34.1	100.0	2
Kabul	72.9	59	78.3	15.2	0.0	0.0	15.2	3.1	4.7	43
Public	87.5	5	57.1	28.6	0.0	0.0	28.6	28.6	28.6	5
Private	71.4	54	80.9	13.6	0.0	0.0	13.6	0.0	1.8	39
Kandahar	36.5	5	38.9	38.9	0.0	0.0	38.9	0.0	38.9	2
Kunduz	100.0	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4
Nangarhar	0.0	10	-	-	-	-	-	-	-	0
Paktya	20.0	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Total	54.6	103	66.2	15.3	1.2	1.2	16.6	4.8	9.7	56

Note: ARV = antiretroviral

¹ Facility provides any of the following services for the prevention of transmission of HIV from an HIV-positive pregnant woman to her child: HIV testing and counseling for pregnant women, HIV testing for infants born to HIV-positive women, ARV prophylaxis for HIV-positive pregnant women, ARV prophylaxis for infants born to HIV-positive women, infant and young child feeding counseling for prevention of mother-to-child transmission, nutritional counseling for HIV-positive pregnant women and their infants, and family planning counseling for HIV-positive pregnant women.

Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV

Among facilities offering antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages having relevant guidelines, at least one staff member recently trained on PMTCT and infant and young child feeding, visual and auditory privacy for quality PMTCT counseling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage having guidelines		Percentage having staff trained in:		Percentage having HIV testing	Percentage having antiretroviral medicines			Number of facilities offering ANC and any PMTCT services		
	PMTCT ¹	Infant and young child feeding	PMTCT ²	Infant and young child feeding ³		Visual and auditory privacy ⁴	Adult HIV testing capacity ⁵	DBS ⁶		AZT syrup ⁷	NVP syrup ⁸
Facility type											
Public	16.7	8.3	33.3	16.7	50.0	91.7	8.3	33.3	33.3	33.3	8
Private	1.5	0.0	0.0	0.0	64.5	89.1	1.4	1.5	1.5	1.5	48
Province											
Balkh	14.3	14.3	0.0	0.0	28.6	100.0	28.6	14.3	14.3	14.3	5
Herat	34.1	0.0	31.7	0.0	100.0	100.0	0.0	31.7	31.7	31.7	2
Kabul	1.5	0.0	3.1	1.5	71.9	86.3	0.0	4.7	4.7	4.7	43
Public	14.3	0.0	28.6	14.3	42.9	85.7	0.0	28.6	28.6	28.6	5
Private	0.0	0.0	0.0	0.0	75.4	86.4	0.0	1.8	1.8	1.8	39
Kandahar	0.0	0.0	38.9	38.9	38.9	100.0	0.0	0.0	0.0	0.0	2
Kunduz	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	4
Paktya	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	1
Total	3.6	1.2	4.7	2.4	62.4	89.5	2.4	6.0	6.0	6.0	56

Note: The indicators presented in the table comprise the staff and training, equipment, diagnostics, and medicines and commodities domains for assessing readiness to provide PMTCT services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Guideline for PMTCT: Hand-written guidelines pasted on a wall are acceptable.

² Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of PMTCT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of infant and young child feeding during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ A private room or screened-off area is available in the ANC service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.

⁵ HIV rapid testing or other HIV testing capacity available in the facility

⁶ Facility reports that they perform HIV testing for infants and have dried blood spot (DBS) filter paper available for collection of blood samples from infants for HIV testing.

⁷ Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women

⁸ Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women

⁹ Regimen 5A for PMTCT "option B+" (TDF/3TC/EFV) available in facility for ARV prophylaxis for HIV-positive pregnant women

Table 6.17 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages having indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering antenatal care services that have:											Number of facilities offering ANC
	IPTp guidelines			Medicines				Diagnostics				
	Trained staff ¹	ITN ²	ACT ³	SP	Quinine	Iron or folic acid	Malaria RDT ⁴	Malaria microscopy ⁵	RDT or microscopy	Hemoglobin ⁶		
Facility type												
Public	25.0	0.0	31.3	25.0	31.3	56.3	93.8	87.5	68.8	93.8	100.0	11
Private	0.0	9.6	10.6	28.5	21.7	8.4	100.0	70.9	32.0	78.0	97.1	93
Province												
Balkh	11.1	11.1	22.2	11.1	44.4	11.1	100.0	88.9	44.4	100.0	100.0	6
Herat	0.0	9.0	4.5	0.0	0.0	8.7	95.8	22.3	22.3	22.3	82.9	16
Kabul	2.2	8.9	15.8	30.6	20.1	9.4	100.0	78.8	22.8	87.6	100.0	59
Public	25.0	0.0	37.5	25.0	0.0	25.0	100.0	87.5	62.5	87.5	100.0	5
Private	0.0	9.7	13.6	31.2	22.1	7.8	100.0	77.9	18.8	87.7	100.0	54
Kandahar	0.0	0.0	22.3	22.3	66.9	14.2	100.0	100.0	58.8	100.0	100.0	5
Kunduz	0.0	0.0	0.0	0.0	16.7	16.7	100.0	66.7	66.7	66.7	100.0	4
Nangarhar	6.6	15.1	6.6	84.9	43.4	41.5	100.0	86.8	84.9	100.0	100.0	10
Paktya	0.0	0.0	0.0	20.0	20.0	20.0	100.0	100.0	100.0	100.0	100.0	3
Total	2.6	8.6	12.7	28.2	22.7	13.3	99.4	72.6	35.8	79.7	97.4	103

Note: See chapter 6 (Table 6.1) for information on proportion of all facilities offering antenatal care services

Note: IPTp = Intermittent preventive treatment of malaria during pregnancy; SP = sulfadoxine/pyrimethamine (Fansidar)

¹ At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Facility reports that it had ITNs in storage in the facility on the day of the survey.

³ Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria: artemeter-lumefrantrine (LA) or artemeter-amodiaquine (ASAQ)

⁴ Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁶ Facility has capacity to conduct hemoglobin test using any of the following means: hematology analyzer, hemoglobinometer or colorimeter, HemoCue, or litmus paper.

Table 6.18 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated mosquito bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by background characteristics, Afghanistan SPA 2018-19

Components of consultation	Facility type		Province										Total
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya			
					Total	Public	Private						
FIRST VISIT ANC CLIENT													
Importance of using ITN explained	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.2
Client given ITN or directed to obtain elsewhere in facility	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.3	0.0	1.7
Number of ANC clients	177	142	29	50	158	86	72	31	2	43	6	319	
FOLLOW-UP VISIT ANC CLIENT													
Importance of using ITN explained	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Client given ITN or directed to obtain elsewhere in facility	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of ANC clients	85	87	5	15	120	76	44	2	3	22	5	172	
ALL OBSERVED ANC CLIENTS													
Importance of using ITN explained	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.1	
Client given ITN or directed to obtain elsewhere in facility	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.1	0.0	1.1	
Number of ANC clients	262	229	33	66	278	162	116	34	4	65	11	491	

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table 6.19 Malaria training for antenatal care service providers

Among interviewed providers of ANC services, the percentages who report receiving in-service training on topics related to malaria during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed ANC providers who reported receiving in-service training on:						Number of interviewed ANC service providers ¹
	Diagnosing malaria		How to perform malaria rapid diagnostic test		Case management/treatment of malaria		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type							
Public	0.8	2.1	0.0	0.0	0.8	0.8	137
Private	2.2	4.0	2.2	2.5	2.1	3.9	177
Province							
Balkh	0.0	7.5	0.0	2.8	0.0	6.1	18
Herat	0.0	14.0	0.0	0.0	3.3	3.3	15
Kabul	0.5	0.7	0.5	0.5	0.0	0.7	152
Public	0.0	0.0	0.0	0.0	0.0	0.0	62
Private	0.8	1.2	0.8	0.8	0.0	1.2	90
Kandahar	0.0	0.0	0.0	0.0	0.0	0.0	45
Kunduz	0.0	0.0	0.0	0.0	0.0	0.0	8
Nangarhar	6.8	8.6	5.1	5.1	6.8	8.6	63
Paktya	0.0	0.0	0.0	0.0	0.0	0.0	13
Total	1.6	3.2	1.2	1.4	1.5	2.6	314

Note: Training refers to in-service training only. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

¹ Includes only providers of ANC services in facilities that offer both ANC services and malaria diagnosis and/or treatment services.

Key Findings

- More than two-thirds of health facilities offer antenatal care (ANC), normal delivery services, and cesarean section services. Private facilities (70%) are more likely than public facilities (42%) to offer all three services.
- Ninety-three percent of facilities reported providing delivery care services had provider available on-site or on-call 24 hours.
- Five percent of facilities offering normal delivery services had basic emergency obstetric and neonatal care (BEmONC) or comprehensive emergency obstetric care (CEmONC) guidelines, while 8% of facilities had staff received training in CEmONC or integrated management of pregnancy and childbirth (IMPAC). Nine out of 10 facilities had emergency transport available.
- Approximately 63% to 91% of facilities offering normal delivery services had the required equipment/ supplies.
- Overall, 40% to 77% of facilities had required medicines and commodities for delivery care, with percentages comparatively higher in public than private facilities.
- With respect to essential medicines for newborn care, 93% of facilities had ceftriaxone powder, 88% had injectable gentamicin, and 80% had amoxicillin suspension.
- At least 7 in 10 facilities had waste receptacles, sharps containers, and latex gloves. Public facilities were more likely than private facilities to have these items.
- Nearly one-fifth of facilities offered all nine signal functions for emergency obstetric care at least once during the 3 months before the assessment visit, with a much higher percentage in public (80%) than private (13%) facilities.
- Eight out of 10 facilities performed cesarean deliveries, 52% offered blood transfusions, and 71% offered neonatal resuscitation.
- Among interviewed providers of normal delivery or newborn care, 19% reported that they received both training related to their work in the 24 months preceding the survey and personal supervision in the 6 months preceding the survey. Providers in private facilities (9%) were less likely than those in public facilities (34%) to have received training and personal supervision.
- Two out of five interviewed providers reported that they had ever received training in neonatal resuscitation; providers in public facilities (59%) were more likely to have received such training than those in private facilities (25%).

7.1 BACKGROUND

This chapter provides an overview of delivery and newborn health services in survey target areas. It highlights key aspects of maternal and newborn care, including the availability of staff and services for safe delivery, postnatal care (PNC), management of obstetric complications, and newborn care practices.

Specifically, the chapter explores the following key issues relating to provision of quality delivery and newborn care services at health facilities:

- **Availability of maternal health services.** Section 7.2, including Table 7.1 and Figure 7.1, describes the availability of maternal health services, including 24-hour availability of a delivery care provider on-site or on-call.
- **Service readiness.** Section 7.3, including Tables 7.2 through 7.4 and Figures 7.2 through 7.4, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality delivery and newborn care services, including the availability of basic amenities and equipment, infection control processes, transport for emergencies, and essential medicine.
- **Emergency obstetric and newborn care.** Section 7.4, including Table 7.5, examines signal functions for emergency obstetric and newborn care (EmONC).
- **Newborn care practices.** Section 7.5, including Table 7.6, examines information on the prevalence of specific newborn care practices in health facilities.
- **Basic management and administrative systems.** Section 7.6, including Tables 7.7 through 7.9, describes the extent to which essential management and administrative systems are in place to support quality services, including in-service training for providers of delivery and newborn care.

7.1.1 Maternal and newborn health status and health care utilization

Maternal mortality—the death of a woman during pregnancy, childbirth, or during 42 days after delivery due to causes directly or indirectly associated with the pregnancy—remains a major challenge to health systems worldwide. Maternal mortality in Afghanistan has declined overall during the past 15 years but may have increased slightly since 2010 because of increasing insecurity. In Afghanistan, studies have shown that the leading causes of maternal mortality are hemorrhage, obstructed or prolonged labor, and sepsis. Reductions in maternal and neonatal mortality are high priorities in Afghanistan because there are still growing concerns regarding complications of pregnancy and child health. Complications of pregnancy account for about two in five deaths among women age 15-49. According to the 2010 Afghanistan Mortality Survey (AMS), one Afghan woman dies every 2 hours from pregnancy-related causes. There is expert consensus that deliveries by skilled birth attendants at a health facility substantially reduce the risk of maternal death.

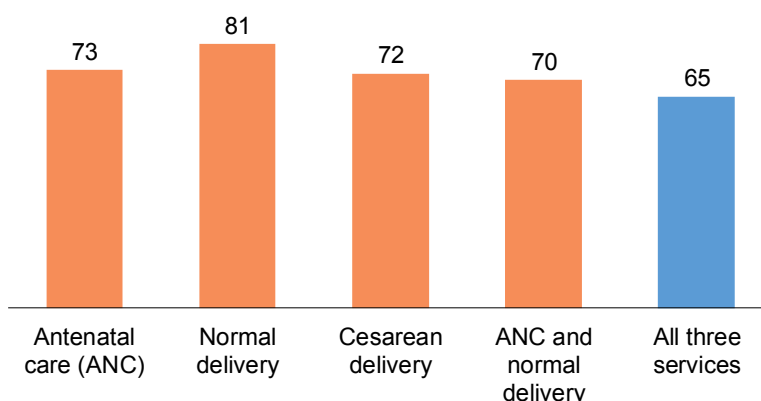
The Ministry of Public Health (MoPH) of Afghanistan is promoting safe motherhood through various activities, including institutional deliveries and deliveries by skilled birth attendants. Increasing the proportion of births assisted by skilled birth attendants (doctors, midwives, and nurses) trained in safe delivery care is a central strategy for improving maternal and child health in Afghanistan.

7.2 AVAILABILITY OF DELIVERY AND OTHER MATERNAL HEALTH SERVICES

As can be seen in **Table 7.1** and **Figure 7.1**, 73% of visited facilities offer antenatal care (ANC), 81% provide normal delivery services, and 72% offer cesarean section (C-section) services. More than three-quarters of private facilities offer these services, as compared with only two-fifths of public facilities. The reason is that there are specific assigned public hospitals in Kabul that are required to provide maternal health care services. Seventy-five percent of facilities in Kunduz offer ANC, normal delivery services, and cesarean services, compared with 46% of facilities in Nangarhar.

Figure 7.1 Availability of maternal health services

Among all facilities (N=142), the percent offering maternal health services



Ninety-three percent of facilities reported having a provider of delivery care available on-site or on-call 24 hours a day, with or without an observed duty schedule. Night duty schedules were observed in more than half of facilities with a provider of delivery care available 24 hours a day.

The gap between the percentage of facilities offering normal delivery services and the percentage offering ANC services differs among provinces. For example, 60% and 53% of facilities in Balkh offer ANC services and normal delivery services, respectively, as compared with 85% and 82%, respectively, in Herat.

7.3 SERVICE READINESS

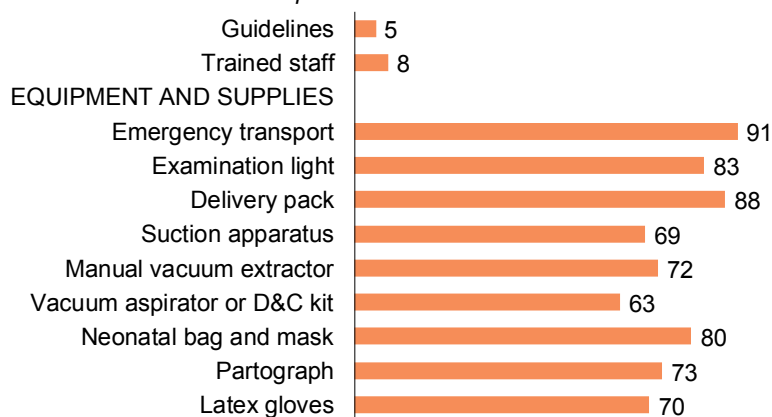
7.3.1 Service guidelines, trained staff, and equipment for delivery services

The quality of delivery services depends partly on the availability of service guidelines, staff with up-to-date training, and certain basic equipment. **Table 7.2** and **Figure 7.2** present information on the extent to which these elements were present in facilities that offer normal delivery care on the day of the assessment visit.

Among facilities offering normal delivery services, 5% had guidelines for basic emergency obstetric and neonatal care (BEmONC) or comprehensive emergency obstetric care (CEmONC) on the day of the assessment visit. With regard to training, 8% of facilities had at least one interviewed staff member who had received in-service training in CEmONC or integrated management of pregnancy and childbirth (IMPAC) during the preceding 24 months.

Figure 7.2 Guidelines, trained staff, and equipment for delivery service

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



7.3.2 Medicines and commodities for delivery and newborn care

Equipment for delivery care

Eighty-three percent of facilities offering normal delivery services have an examination light, 69% have a suction apparatus, 72% have a manual vacuum extractor, 63% have a dilation and curettage (D&C) kit, 80% have a neonatal bag and mask, 73% have a partograph, and 70% have gloves (Table 7.2).

Emergency transport/ambulance

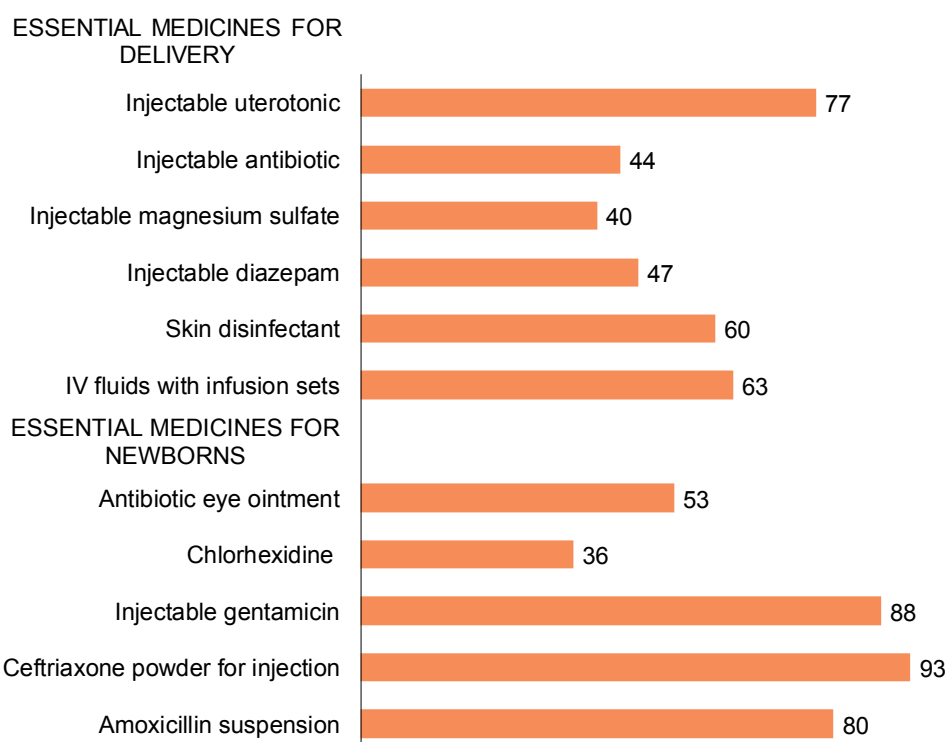
Nine out of 10 facilities that offer normal delivery care have emergency transport available, a crucial factor in responding to unexpected complications of labor and delivery with the necessary speed.

Medicines for delivery care

Seventy-seven percent of facilities that offer normal delivery services have oxytocin, 44% have injectable antibiotics, 40% have magnesium sulfate, 47% have diazepam, 60% have skin disinfectant, and 63% have IV fluids with an infusion set (Table 7.3 and Figure 7.3). Public facilities are more likely than private facilities to have these items available.

Figure 7.3 Essential medicines and commodities for delivery and newborn care

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



Essential medicines for newborns

Fifty-three percent of facilities offering newborn care have antibiotic eye ointment, 36% have chlorhexidine, 88% have injectable gentamicin, and 80% have amoxicillin suspension.

Priority medicines for mothers

A majority of facilities have the necessary priority medicines for mothers, including sodium chloride, calcium gluconate, and injectable and oral antibiotics. However, only one-third have benzathine benzyl penicillin powder, and only half have nifedipine capsules or tablets.

The availability of required medicines and commodities for delivery and newborn care differed among provinces. Overall, facilities in Balkh were more likely than those in other provinces to have the indicated items.

7.3.3 Infection control

Infection control is vital during delivery care and is a substantial area of concern, particularly in the labor and delivery room. Multiple factors can cause infections in the labor room; therefore, it is important to assess various factors related to maternal and neonatal infections. **Table 7.4** and **Figure 7.4** provide information on the availability of infection control items during provision of delivery care.

Overall, approximately 7 out of 10 facilities that offer normal delivery service had waste receptacles (74%), sharps containers (79%), and latex gloves (70%) available on the day of the assessment visit.

Although more than half of facilities had soap and running water available on the day of the assessment visit, only 4 out of 10 had alcohol-based hand disinfectant. None of the facilities in Kunduz had soap and running water or alcohol-based hand disinfectant during the assessment visit, and only 38% had latex gloves.

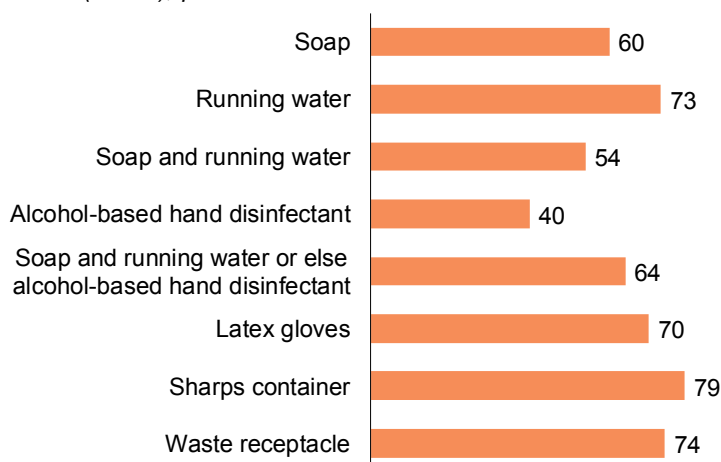
Overall, public facilities were more likely than private facilities to have infection control items available on the day of the assessment visit.

7.4 SIGNAL FUNCTIONS FOR EMERGENCY OBSTETRIC AND NEWBORN CARE (EMONC)

Complications of labor and delivery can be expected to occur in a certain percentage of deliveries. Given that it is not usually possible to predict which women will experience complications, facilities that offer normal delivery care should be prepared to provide the most important interventions—EmONC signal functions—to manage complications whenever they happen. These signal functions reflect the responsiveness of health services to the main obstetric complications at the basic and comprehensive levels, which correspond roughly to the health center level and the level of the first-referral hospital. The availability and density of facilities capable of providing EmONC are proposed as useful health system output indicators for monitoring progress towards full availability of services to reduce maternal mortality (WHO 2009).

Figure 7.4 Infection control in normal delivery service area

Among facilities offering normal delivery services (N=114), percent with indicated items for infection control



Overall, approximately 7 out of 10 facilities that offer normal delivery service had waste receptacles (74%), sharps containers (79%), and latex gloves (70%) available on the day of the assessment visit.

Although more than half of facilities had soap and running water available on the day of the assessment visit, only 4 out of 10 had alcohol-based hand disinfectant. None of the facilities in Kunduz had soap and running water or alcohol-based hand disinfectant during the assessment visit, and only 38% had latex gloves.

Overall, public facilities were more likely than private facilities to have infection control items available on the day of the assessment visit.

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Table 7.5 indicate the performance of signal functions in facilities that offer normal delivery services. Facilities are considered as BEmONC facilities if they provide the first seven signal functions¹ over a designated 3-month period and CEmONC facilities if they provide all nine signal functions over that period.

Almost one-fifth of facilities reported offering all nine signal functions for emergency obstetric care at least once during the 3 months before the assessment visit, while one-third reported offering seven signal functions.

Looking at the signal functions separately, approximately 8 out of 10 facilities reported provision of C-section deliveries, removal of retained products of conception (MVA), and assisted vaginal deliveries during the 3 months before the assessment visit. Moreover, 82% had oxytocin available, and 76% had antibiotics.

More than 8 in 10 public facilities provided blood transfusions, as compared with less than half of private facilities. In addition, all public facilities reported providing neonatal resuscitation, compared with approximately two-thirds of private facilities. Overall, 80% of public facilities and only 13% of private facilities performed all nine signal functions.

By province, approximately one-third of facilities in Balkh, Paktya, and Nangarhar reported performing all nine signal functions, as compared with about 1 in 10 facilities in Herat, Kunduz and Kandahar.

7.5 NEWBORN CARE PRACTICES

To ensure the survival of newborns, it is crucial to routinely follow appropriate newborn care practices. The newborn mortality rate for the period 2011-2015 was 22 per 1,000 live births. This means that 40% of all under-5 deaths occur in the first month of life. Newborn mortality has continued to decline as access to and use of both skilled birth attendants and child health services have improved, but this decline has been slower than the decreases in postneonatal and child deaths. Most newborn deaths occur at home, and the causes of for more than 85% of these deaths are: perinatal disorders (including asphyxia), hypothermia, prematurity and low birth weight, and infection.

During the assessment, facilities were asked if newborns and mothers underwent several routine practices. The majority of facilities offering normal delivery services engaged in a number of beneficial newborn care practices, including delivery to the mother's abdomen soon after birth (skin-to-skin), drying and wrapping newborns to keep them warm, and performing a routine complete examination (head to toe) of newborns before discharge (**Table 7.6**). Also, almost all facilities reported initiation of breastfeeding within the first hour after delivery.

Almost 8 out of 10 facilities reported that they suctioned newborns with a suction bulb; however, more than half reported that they routinely suction newborns with a catheter, a practice that may cause injury. Forty-six percent of facilities reported that they apply tetracycline eye ointment to both eyes. More than one-third of facilities administer oral polio and Bacille Calmette-Guérin (BCG) vaccines to newborns prior to discharge. In addition, only 13% of facilities reported giving newborns a full bath shortly after birth.

7.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Table 7.7 presents aggregate information on supervision and training among health providers involved in delivery or newborn care who were interviewed in the 2018-19 AfSPA. **Tables 7.8** and **7.9** report on how

¹ Previously, BEmONC was defined as six signal functions. Recently, newborn resuscitation has been added. The signal functions are listed in order, from left to right, in the column headings of Table 7.5.

often providers received in-service training on various specific topics. The total number of interviewed providers was 450.

7.6.1 Supervision

Supportive supervision helps to sustain providers' knowledge and skills, thus contributing to quality delivery and newborn care services. Supervision of providers of delivery care is common, with 76% of interviewed providers receiving personal supervision in the 6 months before the assessment (**Table 7.7**).

7.6.2 Training

In-service training in maternal and newborn health care services not only improves the knowledge of skilled birth attendants but also improves their skills. Approximately one quarter of the health workers providing delivery and/or newborn care on the day of the assessment visit had received training related to delivery and newborn care in the 24 months prior to the survey (**Table 7.7**). Providers in private facilities (12%) were less likely than those in public facilities (43%) to have received training related to delivery and/or newborn care. Overall, 19% of providers reported receiving both training in the 24 months prior to the survey and personal supervision in the 6 months prior to the survey.

Providers of delivery or newborn care services were most likely to have ever received training on neonatal resuscitation, routine care for labor and delivery, and active management of the third stage of labor (AMTSL) (**Table 7.8**). Twenty-one percent of interviewed providers had received training on neonatal resuscitation in the 24 months prior to the assessment visit, while 10% had received training on AMTSL and 7% had received training on routine care for labor and delivery. Providers in public facilities were more likely than those in private facilities to have received training in these areas.

In general, providers at facilities in Paktya were more likely than providers at facilities in other provinces to have received recent training on neonatal resuscitation, routine care for labor and delivery, and active management of the third stage of labor. No providers in Kunduz reported receiving training in any of the areas in the 24 months prior to the assessment visit.

Around one-third of delivery and newborn care providers had ever received training on early and exclusive breastfeeding, thermal care, and sterile cord cutting and care, while 18% each had received training in these areas in the 24 months before the survey (**Table 7.9**). Twenty-nine percent of providers had received training on kangaroo mother care for low birth weight babies, and 21% had received training on newborn infection management. Again, providers in public facilities were more likely than those in private facilities to have received training in the specified topics.

LIST OF TABLES

- **Table 7.1** Availability of maternal health services
- **Table 7.2** Guidelines, trained staff, and equipment for delivery services
- **Table 7.3** Medicines and commodities for delivery and newborn care
- **Table 7.4** Items for infection control during provision of delivery care
- **Table 7.5** Signal functions for emergency obstetric care
- **Table 7.6** Newborn care practices
- **Table 7.7** Supportive management for providers of delivery care
- **Table 7.8** Training for providers of normal delivery services: delivery care
- **Table 7.9** Training for providers of normal delivery services: immediate newborn care

Table 7.1 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services, and among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering:					Number of facilities	Percentage of facilities offering normal delivery services that have:		
	Antenatal care (ANC)	Normal delivery services	Cesarean delivery	ANC and normal delivery services	ANC, normal delivery, and cesarean delivery		Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	Number of facilities offering normal delivery services
Facility type									
Public	44.4	41.7	41.7	41.7	41.7	24	93.3	100.0	10
Private	78.6	88.5	78.1	76.2	70.2	118	47.9	92.5	104
Province									
Balkh	60.0	53.3	60.0	53.3	53.3	10	87.5	87.5	5
Herat	85.2	81.9	56.0	78.0	56.0	19	40.9	73.2	15
Kabul	77.4	83.4	75.7	76.6	75.7	77	50.1	100.0	64
Public	32.0	28.0	28.0	28.0	28.0	17	100.0	100.0	5
Private	90.1	98.8	88.9	90.1	88.9	60	46.2	100.0	59
Kandahar	44.0	100.0	90.2	44.0	44.0	11	70.5	90.2	11
Kunduz	75.0	100.0	87.5	75.0	75.0	5	75.0	75.0	5
Nangarhar	65.8	64.6	61.5	60.2	46.0	15	35.6	93.3	10
Paktya	62.5	75.0	75.0	62.5	62.5	5	33.3	100.0	4
Total	72.8	80.6	72.0	70.3	65.4	142	51.8	93.2	114

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities offering normal delivery services, the percentages having guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering normal delivery service that have:					Equipment						Number of facilities offering normal delivery services
	Guidelines on BEmONC or CEmONC ¹	Staff trained in IMPAC or CEmONC ²	Emergency transport ³	Examination on light ⁴	Delivery pack ⁵	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit ⁶	Neonatal bag and mask	Partograph ⁷	Gloves ⁸	
Facility type												
Public	40.0	46.7	100.0	80.0	100.0	86.7	93.3	86.7	93.3	100.0	73.3	10
Private	2.0	4.5	90.2	83.0	87.0	67.3	69.8	60.6	79.1	70.8	70.1	104
Province												
Balkh	25.0	12.5	100.0	100.0	100.0	100.0	62.5	87.5	100.0	75.0	62.5	5
Herat	4.7	13.8	100.0	68.1	68.5	32.9	72.8	54.7	72.8	82.2	68.5	15
Kabul	4.2	5.3	90.7	97.9	91.8	73.2	73.2	55.6	80.3	73.1	72.1	64
Public	57.1	57.1	100.0	71.4	100.0	85.7	85.7	85.7	85.7	100.0	71.4	5
Private	0.0	1.2	89.9	100.0	91.1	72.2	72.2	53.3	79.9	71.0	72.2	59
Kandahar	0.0	9.8	81.8	63.7	100.0	90.2	80.4	90.2	100.0	90.2	100.0	11
Kunduz	0.0	0.0	100.0	75.0	87.5	62.5	50.0	50.0	62.5	37.5	37.5	5
Nangarhar	13.5	15.4	76.0	42.3	84.6	62.5	71.2	84.6	76.0	77.9	53.8	10
Paktya	0.0	16.7	100.0	33.3	66.7	66.7	66.7	66.7	66.7	33.3	66.7	4
Total	5.3	8.2	91.0	82.7	88.1	69.0	71.8	62.8	80.4	73.4	70.4	114

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ BEmONC (basic emergency obstetric and neonatal care) guidelines or CEmONC (comprehensive emergency obstetric care) guidelines

² Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC (integrated management of pregnancy and childbirth) or CEmONC (comprehensive emergency obstetric care) during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁴ A functioning flashlight is acceptable.

⁵ Either the facility had a sterile delivery pack available at the delivery site or else all of the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder.

⁶ Facility had a functioning vacuum aspirator or else a dilatation and curettage (D&C) kit available.

⁷ A blank partograph at the service site

⁸ Disposable latex gloves or equivalent available at the service site

Table 7.3 Medicines and commodities for delivery and newborn care

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Medicines	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						Private
Essential medicines for delivery¹												
Injectable uterotonic (oxytocin) ²	93.3	75.8	100.0	73.5	83.6	100.0	82.3	90.2	87.5	35.6	16.7	77.3
Injectable antibiotic ³	66.7	41.4	100.0	23.2	48.1	57.1	47.3	34.2	87.5	13.5	16.7	43.6
Injectable magnesium sulfate ²	86.7	35.3	87.5	41.9	35.8	100.0	30.8	52.4	62.5	20.2	16.7	39.8
Injectable diazepam	66.7	45.0	100.0	28.2	48.1	57.1	47.3	62.2	87.5	13.5	16.7	46.9
Skin disinfectant	73.3	58.2	87.5	42.3	67.7	71.4	67.5	72.0	75.0	13.5	16.7	59.5
Intravenous fluids with infusion set ⁴	73.3	62.2	100.0	50.0	69.9	71.4	69.8	62.2	87.5	26.9	16.7	63.2
Essential medicines for newborns												
Antibiotic eye ointment for newborns ¹	66.7	51.7	100.0	46.6	60.7	57.1	61.0	25.9	62.5	20.2	33.3	53.0
4% chlorhexidine ¹	53.3	34.8	62.5	32.6	40.4	42.9	40.2	45.5	25.0	6.7	16.7	36.4
Injectable gentamicin ²	86.7	87.9	100.0	100.0	79.3	71.4	79.9	100.0	100.0	100.0	83.3	87.8
Ceftriaxone powder for injection	80.0	94.3	100.0	91.3	90.7	85.7	91.1	100.0	100.0	100.0	83.3	93.1
Amoxicillin suspension	86.7	79.7	100.0	77.5	73.2	85.7	72.2	100.0	87.5	93.3	83.3	80.3
Priority medicines for mothers⁵												
Sodium chloride injectable solution	93.3	95.0	100.0	100.0	91.8	100.0	91.1	100.0	100.0	93.3	100.0	94.8
Injectable calcium gluconate	93.3	81.6	100.0	77.5	83.6	100.0	82.3	90.2	75.0	77.9	66.7	82.7
Ampicillin powder for injection	80.0	72.7	100.0	82.2	62.8	85.7	61.0	100.0	100.0	79.8	50.0	73.3
Injectable metronidazole	53.3	93.0	100.0	91.3	87.6	57.1	89.9	100.0	75.0	86.5	100.0	89.6
Misoprostol capsules or tablets	73.3	91.6	100.0	86.2	89.6	85.7	89.9	100.0	87.5	86.5	83.3	90.0
Azithromycin capsules or tablets or oral liquid	53.3	93.7	100.0	91.3	89.6	85.7	89.9	93.8	87.5	86.5	83.3	90.1
Cefixime capsules or tablets	33.3	94.3	100.0	91.3	87.6	42.9	91.1	93.8	87.5	86.5	83.3	89.0
Benzathine benzyl penicillin powder for injection	46.7	31.9	37.5	55.4	24.0	28.6	23.7	62.2	37.5	22.1	33.3	33.2
Injectable betamethasone/dexamethasone	86.7	93.7	100.0	95.6	91.8	100.0	91.1	100.0	100.0	86.5	83.3	93.1
Nifedipine capsules or tablets	46.7	50.1	100.0	36.9	41.0	28.6	42.0	77.1	87.5	49.0	50.0	49.8
Number of facilities offering normal delivery services	10	104	5	15	64	5	59	11	5	10	4	114

Note: The essential medicines and antibiotic eye ointment for children indicators presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be available at the service delivery site.

² Injectable uterotonic (e.g., oxytocin), injectable magnesium sulfate, and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable penicillin, injectable gentamicin, injectable ampicillin, or injectable ceftriaxone

⁴ Normal saline solution, lactated Ringer's solution, or 5% dextrose solution

⁵ The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 7.4 Items for infection control during provision of delivery care

Among facilities offering normal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering normal delivery services that have items for infection control								Number of facilities offering normal delivery services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based and disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	60.0	80.0	60.0	53.3	66.7	73.3	93.3	80.0	10
Private	60.2	71.8	53.2	38.2	64.2	70.1	77.4	73.7	104
Province									
Balkh	75.0	75.0	75.0	100.0	100.0	62.5	50.0	100.0	5
Herat	45.6	64.4	41.3	41.6	59.7	68.5	72.8	81.9	15
Kabul	69.9	73.1	60.6	42.0	72.1	72.1	82.5	72.1	64
Public	85.7	100.0	85.7	57.1	85.7	71.4	100.0	71.4	5
Private	68.6	71.0	58.6	40.8	71.0	72.2	81.1	72.2	59
Kandahar	73.5	91.7	73.5	44.0	73.5	100.0	91.7	57.4	11
Kunduz	0.0	62.5	0.0	0.0	0.0	37.5	62.5	87.5	5
Nangarhar	33.7	73.1	26.9	13.5	33.7	53.8	86.5	69.2	10
Paktya	50.0	50.0	50.0	16.7	50.0	66.7	50.0	83.3	4
Total	60.1	72.5	53.8	39.5	64.4	70.4	78.8	74.2	114

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 7.5 Signal functions for emergency obstetric care

Among facilities offering normal delivery services, the percentages reporting that they performed the signal functions for emergency obstetric care at least once during the 3 months before the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that administered parenteral:			Percentage of facilities that carried out:						Percentage of facilities that carried out:		Number of facilities offering normal delivery services
	Antibiotics	Oxytocin	Anticonvulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation	Blood transfusion	Cesarean delivery	Seven signal functions ¹	All nine signal functions ²	
Facility type												
Public	100.0	93.3	100.0	100.0	100.0	100.0	100.0	86.7	100.0	93.3	80.0	10
Private	73.2	81.1	54.9	74.8	67.2	81.2	67.8	48.5	78.3	29.3	12.6	104
Province												
Balkh	87.5	75.0	75.0	75.0	87.5	100.0	75.0	50.0	100.0	62.5	37.5	5
Herat	55.0	73.2	59.1	81.9	72.5	77.2	68.1	9.1	68.5	46.0	9.1	15
Kabul	78.1	89.6	61.6	72.0	61.6	80.3	69.8	57.3	81.4	30.3	17.8	64
Public	100.0	100.0	100.0	100.0	100.0	100.0	100.0	71.4	100.0	100.0	71.4	5
Private	76.3	88.8	58.6	69.8	58.6	78.7	67.5	56.2	79.9	24.9	13.6	59
Kandahar	80.4	74.1	44.0	100.0	100.0	100.0	90.2	60.7	90.2	37.8	8.3	11
Kunduz	87.5	50.0	37.5	75.0	75.0	87.5	37.5	62.5	87.5	12.5	12.5	5
Nangarhar	76.0	84.6	69.2	76.0	77.9	77.9	69.2	76.0	77.9	42.3	35.6	10
Paktya	66.7	66.7	33.3	83.3	66.7	83.3	83.3	33.3	50.0	33.3	33.3	4
Total	75.5	82.2	58.8	77.0	70.0	82.8	70.7	51.9	80.2	34.9	18.5	114

MVA = Manual vacuum aspiration

¹ Antibiotics, oxytocin, anticonvulsant, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, and neonatal resuscitation

² Antibiotics, oxytocin, anticonvulsant, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, neonatal resuscitation, blood transfusion, and cesarean delivery

Table 7.6 Newborn care practices

Among facilities offering normal delivery services, the percentages reporting that the indicated practice is a routine component of newborn care, by background characteristics, Afghanistan SPA 2018-19

Newborn care practices	Facility type		Province									
	Public	Private	Balkh	Herat	Kabul		Kandahar	Kunduz	Nangarhar	Paktya	Total	
					Total	Public						Private
Delivery to the abdomen (skin-to-skin)	100.0	89.7	100.0	81.9	91.8	100.0	91.1	80.4	87.5	100.0	100.0	90.6
Drying and wrapping newborns to keep warm	100.0	90.4	100.0	73.2	91.8	100.0	91.1	100.0	87.5	100.0	100.0	91.2
Kangaroo mother care	80.0	40.2	37.5	50.7	40.8	85.7	37.3	63.7	12.5	47.1	50.0	43.7
Initiation of breastfeeding within the first hour	100.0	96.1	100.0	86.6	98.9	100.0	98.8	100.0	87.5	93.3	100.0	96.4
Routine complete (head-to-toe) examination of newborns before discharge	100.0	84.5	100.0	81.9	90.7	100.0	89.9	73.5	50.0	86.5	83.3	85.8
Suctioning the newborn with catheter	86.7	52.1	87.5	28.2	48.5	85.7	45.6	90.2	50.0	76.0	83.3	55.2
Suctioning the newborn with suction bulb	93.3	77.5	75.0	55.0	86.3	85.7	86.4	81.8	25.0	93.3	83.3	78.9
Weighing the newborn immediately upon delivery	100.0	72.8	87.5	72.8	83.6	100.0	82.3	63.7	50.0	53.8	50.0	75.2
Administration of vitamin K to the newborn	93.3	65.2	75.0	55.0	73.1	100.0	71.0	81.8	50.0	49.0	50.0	67.6
Applying tetracycline eye ointment to both eyes	66.7	44.4	87.5	41.9	52.5	57.1	52.1	16.1	50.0	26.9	33.3	46.3
Giving full bath shortly after birth ¹	20.0	11.9	12.5	4.7	11.5	14.3	11.2	53.9	0.0	0.0	0.0	12.6
Giving the newborn oral polio vaccine prior to discharge	100.0	31.8	87.5	18.1	45.2	100.0	40.8	6.2	25.0	42.3	16.7	37.7
Giving the newborn BCG prior to discharge	100.0	31.8	87.5	18.1	45.2	100.0	40.8	6.2	25.0	42.3	16.7	37.7
Giving the newborn prelacteal liquids	46.7	26.2	12.5	45.3	26.1	57.1	23.7	52.4	0.0	22.1	0.0	28.0
Number of facilities offering normal delivery services	10	104	5	15	64	5	59	11	5	10	4	114

¹ Immersing newborn in water within minutes/hours after birth

Table 7.7 Supportive management for providers of delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Public	42.7	80.7	34.3	180
Private	12.2	72.9	8.5	271
Province				
Balkh	9.1	90.9	9.1	23
Herat	34.2	71.2	28.9	34
Kabul	29.4	67.8	23.1	205
Public	50.5	80.8	41.5	82
Private	15.3	59.1	10.8	123
Kandahar	10.3	99.2	10.3	83
Kunduz	0.0	76.7	0.0	12
Nangarhar	28.8	78.9	18.8	75
Paktya	31.4	40.3	15.7	18
Total	24.4	76.0	18.8	450

¹ Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 7.8 Training for providers of normal delivery services: delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery and newborn care, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	IMPAC		Routine care for labor and delivery		Active management of third stage of labor (AMTSL)		Emergency obstetric care/ lifesaving skills		Post-abortion care		Neonatal resuscitation		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Public	12.0	27.6	10.1	26.2	17.5	30.0	10.9	21.8	8.8	20.4	40.4	58.9	180
Private	2.1	10.6	4.2	14.4	4.4	11.3	2.0	9.3	2.2	8.7	8.4	25.4	271
Province													
Balkh	1.1	5.5	1.1	3.3	2.1	6.6	0.0	2.2	0.0	4.4	8.0	41.2	23
Herat	6.7	16.5	8.5	17.5	14.1	17.3	7.0	17.2	3.0	11.1	30.1	55.6	34
Kabul	7.0	24.8	9.0	31.0	12.7	28.6	7.4	20.8	6.5	19.8	22.9	48.9	205
Public	15.8	36.8	17.1	43.0	25.4	45.1	16.8	31.3	15.4	31.3	45.2	71.1	82
Private	1.1	16.8	3.7	23.0	4.2	17.6	1.1	13.8	0.6	12.2	8.0	34.2	123
Kandahar	1.3	9.6	2.5	6.3	1.3	5.0	0.0	3.8	2.1	5.8	4.4	4.4	83
Kunduz	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	2.0	0.0	7.8	12
Nangarhar	8.2	8.2	3.5	5.0	10.4	10.4	5.7	7.2	3.5	4.2	31.9	38.4	75
Paktya	17.9	35.9	17.9	35.9	17.9	35.9	17.9	35.9	17.9	35.9	48.7	70.0	18
Total	6.1	17.4	6.6	19.1	9.6	18.7	5.6	14.3	4.8	13.3	21.2	38.8	450

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

IMPAC = Integrated management of pregnancy and childbirth

Table 7.9 Training for providers of normal delivery services: immediate newborn care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery and newborn care, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:										Number of interviewed providers of normal delivery or newborn care services
	Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type											
Public	33.9	50.2	16.6	24.8	33.0	48.5	33.2	49.2	29.3	42.1	180
Private	7.1	24.2	6.0	18.2	8.4	25.0	8.0	23.8	8.7	20.1	271
Province											
Balkh	2.3	14.9	1.1	10.4	6.8	17.1	6.8	22.7	1.1	6.7	23
Herat	21.9	43.8	11.1	28.8	26.1	51.2	27.2	52.3	16.4	45.7	34
Kabul	17.5	44.7	13.9	30.6	21.1	45.5	18.4	42.8	17.7	35.0	205
Public	36.2	62.0	24.1	38.0	36.1	59.1	34.0	57.0	28.5	47.4	82
Private	5.1	33.2	7.1	25.7	11.1	36.4	8.0	33.3	10.5	26.7	123
Kandahar	8.2	9.0	0.3	1.1	0.0	4.6	0.8	4.6	5.2	5.2	83
Kunduz	0.0	7.8	0.0	0.0	0.0	7.8	0.0	7.8	0.0	0.0	12
Nangarhar	30.9	39.4	12.4	15.7	28.0	31.9	32.9	35.6	29.3	34.0	75
Paktya	34.6	43.6	22.4	34.8	42.0	63.3	42.0	59.9	42.0	63.3	18
Total	17.8	34.6	10.2	20.8	18.3	34.3	18.1	34.0	16.9	28.9	450

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Key Findings

- Three out of four surveyed facilities have an HIV testing system.
- Seventy-three percent of facilities with HIV testing capacity have adequate hand cleaning supplies—either running water and soap or alcohol-based hand disinfectant—at the HIV testing location.
- Five percent of all health facilities offer HIV care and support services.
- Two percent of facilities offer antiretroviral therapy (ART) services. Among facilities offering these services, 58% had the first-line ART regimen available in the facility on the day of the assessment.
- Sixty-six percent of facilities offer sexually transmitted infection (STI) services. However, only 9% have at least one provider with recent training on diagnosis and treatment of STIs, while 56% have the capacity to screen for syphilis infection.

8.1 BACKGROUND

This chapter provides an overview of HIV/AIDS and sexually transmitted infection (STI) services in surveyed areas. It highlights the key aspects of HIV/AIDS-related services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter is organized as follows:

- **HIV testing services.** Section 8.2, including Tables 8.1 through 8.3 and Figure 8.1, explores HIV/AIDS testing and counseling services in survey target areas and looks at service availability and the readiness of health facilities to provide quality HIV/AIDS testing services. This section also discusses supportive management practices in the provision of HIV testing and counseling services.
- **HIV care and support services.** Section 8.3, including Table 8.4, addresses the availability of HIV care and support services in survey target areas and the readiness of facilities to provide quality services.
- **Antiretroviral therapy services.** Section 8.4, including Table 8.5, examines the availability of antiretroviral therapy (ART) services.
- **Services for sexually transmitted infections.** Section 8.5, including Table 8.6, presents information on the availability of STI services and the readiness of facilities to provide those services.

8.1.1 HIV/AIDS situation in Afghanistan

Afghanistan is experiencing a low-level and concentrated HIV epidemic, and HIV is a public health concern among the key affected and vulnerable populations. The drivers of the epidemic, as verified through a consultation process and research, are generally understood to include injection drug use, multiple and concurrent sexual partnerships, gender inequalities and violence, and stigma and

discrimination. Determinants of vulnerability include high levels of tuberculosis and sexually transmitted infections; drug cultivation, trade, and use; low literacy levels and poverty; poor HIV-related knowledge; and limited access to sexual and reproductive education. The 2012 Integrated Biological Behavioral Survey showed an overall 4.4% HIV prevalence among people who inject drugs. Also, prevalence figures among women engaging in high-risk behaviors, men engaging in high-risk behaviors, and prisoners were 0.3%, 0.4%, and 0.7%, respectively. The prevalence among the general population age 15-49 was estimated at 0.04% (Country progress report—Afghanistan—UNAIDS).

8.1.2 Definitions of HIV/AIDS services

The 2018-19 AfSPA assessed the following HIV/AIDS-related services.

- **HIV testing system:** The AfSPA defines a facility as having an HIV testing system if clients are offered an HIV test conducted within the facility or in an affiliated laboratory, or the facility has a system for referring clients to an external testing site and receives test results back from that external site to follow up with clients after testing.¹ A facility that simply refers clients elsewhere, expecting the other location to offer counseling and follow up on test results, is not defined as having an HIV testing system.
- **HIV care and support services:** Care and support services include any services that are directed towards improving the life of a person living with HIV. These services most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), sexually transmitted infections (STIs), and malaria. Care and support services also may include palliative care and nutritional rehabilitation services.
- **Antiretroviral therapy (ART):** This refers to providing antiretroviral (ARV) medicines to treat HIV-positive persons.

8.1.3 HIV testing and counseling

HIV testing and counseling is one of the essential interventions in HIV prevention and care. It promotes the prevention of HIV infection and is an entry point to care and support, including ART. The government of Afghanistan recognizes the importance of and seeks to promote HIV testing and counseling for those who are living with HIV. The goal is to enable 90% of people living with HIV to know their HIV status and, thus, to have timely access to the care, support, and treatment services. This help to prevent the spread of HIV infection and improve the quality of life of those already infected.

8.2 SERVICE AVAILABILITY

In Afghanistan, HIV testing and counseling services are offered in both public and private health facilities. Three quarters of the surveyed health facilities have an HIV testing system, including 78% of public facilities and 74% of private facilities (**Table 8.1**). Among facilities with an HIV testing system, public facilities are more likely to have HIV testing and counseling guidelines compared to private facilities (25% and 2% respectively).

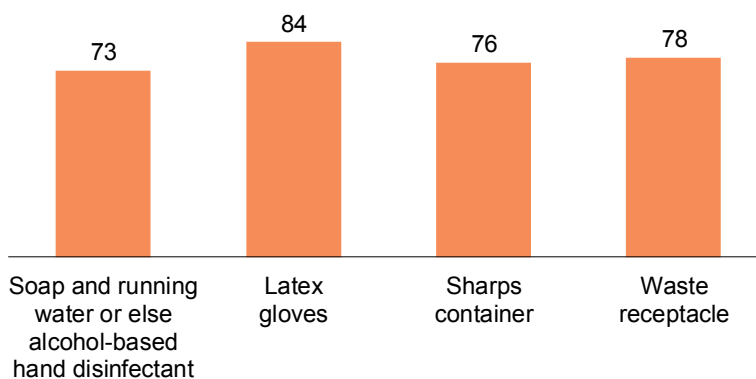
¹ This definition assumes that the facility counsels clients, before and after HIV testing, on prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition.

8.2.1 Infection control

All service providers who perform HIV tests must follow infection control procedures to protect themselves and their clients. The 2018-19 AfSPA assessed the availability of items for infection control among 77 health facilities providing HIV testing services at a site within the facility. Overall, 73% of facilities had adequate hand cleaning supplies—soap and running water or alcohol-based hand disinfectant—available at the service site on the day of the AfSPA assessment (**Table 8.2.1** and **Figure 8.1**). Eighty-four percent of facilities had latex gloves, 78% had waste receptacles, and 76% had sharps containers (safety box).

Figure 8.1 Infection control for HIV testing services

Among facilities having laboratory and service site HIV testing capacity (N=77), percent with indicated items of infection control



Among health facilities offering HIV testing capacity, the 2018-19 AfSPA also assessed the availability of items for infection control in the laboratory. Overall, 7 of every 10 facilities had adequate hand cleaning supplies (soap and running water or alcohol-based hand disinfectant) available in the laboratory where HIV testing was carried out (**Table 8.2.2**). Seventy-three percent of facilities had latex gloves, 71% had waste receptacles, and 69% sharps container (safety box).

8.2.2 Basic management and administrative systems for HIV testing and counseling

Table 8.3 presents information on supportive management for providers of HIV testing services including in-service training and personal supervision.

In this assessment, supervision refers to any form of technical support or supervision from a supervisor. Among the 458 HIV service providers interviewed, only 5% had training related to HIV testing and counseling during the 24 months preceding the survey; 77% of HIV service providers received personal supervision during the 6 months before the AfSPA survey.

8.3 HIV CARE AND SUPPORT SERVICES

A facility is defined as providing HIV/AIDS care and support services if it reports that health workers in the facility prescribe or provide a variety of services ranging from treatment of opportunistic infections and palliative treatment to nutrition rehabilitation and family planning. Overall, 5% of health facilities in survey target areas offer at least one HIV/AIDS care and support service (**Table 8.4**). Public facilities are more likely to offer HIV/AIDS care and support services compared to private facilities (14% and 3% respectively).

On the day of the AfSPA visit, 4 out of 10 facilities offering HIV/AIDS care and support services had guidelines for clinical management of HIV/AIDS. In addition, 45% of facilities had at least one provider who had received recent training in the provision of such services (**Table 8.4**).

Screening and testing of HIV-positive clients for TB is a priority. In this assessment, 45% of facilities offering HIV care and support services reported having system for screening and testing HIV positive clients for TB.

Cotrimoxazole was available in a majority (80%) of the facilities that offer HIV/AIDS care and support services. Male condoms (90%) and first-line treatment for TB (70%) were also widely available. All of the facilities that offer HIV/AIDS care and support services had an intravenous (IV) solution with an infusion set available, and 80% had medications for pain management. Seventy-one percent of facilities had fluconazole tablets or ointment.

8.4 ANTIRETROVIRAL THERAPY

Antiretroviral drugs inhibit the replication of HIV and thus can substantially prolong and improve the quality of life of HIV-positive people. According to the national consolidated guidelines for treating and preventing HIV in Afghanistan, all adolescents and adults (including pregnant women) with HIV infection and CD4 counts of 350 cells/mm³ or less should start ART, regardless of the presence or absence of clinical symptoms. Those with severe or advanced clinical disease (WHO clinical stage 3 or 4) should start ART irrespective of their CD4 cell count.

All patients should have access to CD4 cell count testing to optimize pre-ART care and ART management. HIV RNA (viral load) testing is recommended to confirm any suspected treatment failure (Guideline on antiretroviral treatment, 2011).

Irrespective of CD4 cell counts, patients co-infected with HIV and TB should be started on ART as soon as possible after starting TB treatment.

The following are the elements identified as important for providing good-quality ART services include the following:

- Staff trained in the provision of relevant services
- Protocols and guidelines for relevant care and support services
- A consistent supply of ARV medicines and good storage practices to maintain their quality and security
- A system for routine follow-up services
- An individual client record to assure continuity of care for the client

8.4.1 Service availability

In Afghanistan, ART services are offered only at public and private hospitals. Overall, 2% of surveyed facilities offer ART services (**Table 8.5**). Looking at differences in availability in both sectors (public and private), public hospitals, were more likely to offer ART services (8%) compared to private hospitals (1%) (**Table 8.5**).

8.4.2 Service readiness

Among the surveyed health facilities offering ART services, 58% had the first-line ART regimen available in the facility on the day of the assessment (**Table 8.5**). All facilities in Kabul, Balkh, and Herat had ART guidelines available. Thirty-three percent (33%) of surveyed public health facilities reported having trained staff in some aspects of ART during the 24 months preceding the survey; whereas, these trained staff are not available in surveyed private health facilities.

The AfSPA also assessed the availability of laboratory services for monitoring ART clients. Renal or liver function test was reported available by 100% of surveyed health facilities, whereas CD4 cell count and RNA viral load was reported available only by 19% of surveyed health facilities.

8.5 SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

According to 2015 Afghanistan Demographic and Health Survey, women were more likely than men to report having had an STI or having experienced STI symptoms. In the 12 months before the survey, 2% of

women reported that they had an STI; 13% had a bad-smelling/abnormal genital discharge, and 8% had a genital sore or ulcer. Among men, 2% reported that they had an STI, 6% had a bad-smelling/abnormal discharge, and 4% had a genital sore or ulcer. Overall, 15% of women and 8% of men had either an STI or symptoms of an STI during the 12 months before the survey.

8.5.1 AfSPA approach to collection of information on sexually transmitted infections

Sexually transmitted infections, including HIV infection, cause major health problems worldwide. STIs affect high proportions of the population and lead to infertility, morbidity, and even mortality in some cases. The effects of STIs on reproductive health are sometimes severe and life-threatening, and more so in women than men. Complications include pelvic inflammatory disease, infertility (in both men and women), and ectopic pregnancy. Pregnant women with STIs are more likely to have low birth weight babies, premature babies, and stillborn births. Moreover, certain STIs, such as HIV and syphilis, can be transmitted congenitally.

The presence of certain STIs increases the risk of HIV infection. Hence, preventive measures for STIs are equally relevant to the prevention of HIV. Moreover, treating common STIs may reduce transmission of HIV in a population.

This section uses data from the 2018-19 AfSPA to address the following questions:

- To what extent are STI services available?
- To what extent do facilities offering STI services have the capacity to support quality services?

8.5.2 Service availability

STI services are widely available in survey target areas. Overall, 66% of facilities report offering services for the management of STIs (**Table 8.6**). Less than 5 in 10 public hospitals and 7 in 10 private hospitals report providing STI services.

8.5.3 Service readiness

Only 9% of facilities offering STI services have a provider recently trained in STI management, while 12% have national guidelines available (**Table 8.6**). Fifty-six percent of facilities have syphilis rapid diagnostic test kits available.

To be considered ready to provide STI services, facilities also should have medicines to treat STIs and condoms for prevention. Three quarters of facilities offering STI services had male condoms available on the day of the assessment visit. As for medicines, a majority of facilities had metronidazole (97%), ciprofloxacin tablets (95%), and injectable ceftriaxone (96%) available.

LIST OF TABLES

- **Table 8.1** Availability of HIV testing and counseling services
- **Table 8.2.1** Items for infection control during provision of HIV testing services at the service site and the laboratory
- **Table 8.2.2** Items for infection control during provision of HIV testing services at all service sites and the laboratory
- **Table 8.3** Supportive management for providers of HIV testing services
- **Table 8.4** Guidelines, trained staff, and items for HIV/AIDS care and support services
- **Table 8.5** Guidelines, trained staff, and items for antiretroviral therapy services
- **Table 8.6** Guidelines, trained staff, and items for sexually transmitted infection services

Table 8.1 Availability of HIV testing and counseling services

Among all facilities, the percentages that report having an HIV testing system, and among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counseling services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of all facilities with an HIV testing system ¹	Number of facilities	Percentage of facilities with an HIV testing system that have:					Number of facilities with an HIV testing system
			HIV testing capacity ²	HIV testing and counseling guidelines	Trained provider ³	Visual and auditory privacy ⁴	Condoms ⁵	
Facility type								
Public	77.8	24	100.0	25.0	21.4	78.6	25.0	19
Private	73.9	118	100.0	2.0	10.5	86.7	50.0	87
Province								
Balkh	86.7	10	100.0	7.7	0.0	100.0	30.8	9
Herat	15.1	19	100.0	23.6	25.5	100.0	100.0	3
Kabul	80.1	77	100.0	4.3	10.0	81.4	58.6	61
Public	76.0	17	100.0	21.1	26.3	73.7	21.1	13
Private	81.3	60	100.0	0.0	5.8	83.4	68.3	49
Kandahar	91.7	11	100.0	17.5	21.4	100.0	69.5	10
Kunduz	100.0	5	100.0	12.5	12.5	100.0	0.0	5
Nangarhar	85.7	15	100.0	0.0	21.7	73.2	0.0	13
Paktia	87.5	5	100.0	0.0	14.3	85.7	0.0	5
Total	74.5	142	100.0	6.0	12.4	85.3	45.6	106

Note: The guidelines and trained staff indicators presented in this table correspond to the staff and training domain for assessing readiness to provide HIV testing and testing services within the health facility assessment methodology proposed by WHO and USAID (2012). Similarly, the visual and auditory privacy items comprise the equipment domain, the HIV testing capacity item comprises the diagnostic domain, and the condoms item comprises the medicines and commodities domain for assessing readiness to provide HIV testing and counseling services within the WHO-USAID framework.

¹ Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility.

² Facility reports conducting HIV testing in the facility and had HIV rapid diagnostic test kits or ELISA testing capacity or other HIV testing capacity observed in the facility.

³ Facility had at least one interviewed staff member providing HIV testing services who reported receiving in-service training in some aspect of HIV/AIDS testing and counseling during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Private room or screened-off space available in HIV testing and counseling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard and the client could not be observed by others

⁵ Condoms available at the HIV testing and counseling site on the day of the survey

Table 8.2.1 Items for infection control during provision of HIV testing services at the service site and the laboratory

Among facilities having laboratory and service site HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory and at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities with an HIV testing system that have items for infection control								Number of facilities having HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	72.7	77.3	68.2	63.6	77.3	68.2	77.3	81.8	15
Private	68.4	81.6	66.2	57.2	71.9	87.4	75.7	77.1	62
Province									
Balkh	63.6	90.9	63.6	72.7	72.7	72.7	54.5	100.0	7
Herat	74.5	74.5	74.5	74.5	100.0	50.9	25.5	100.0	3
Kabul	75.0	76.7	71.5	69.9	78.5	93.3	81.9	80.2	40
Public	78.6	78.6	71.4	64.3	78.6	78.6	78.6	78.6	9
Private	73.9	76.1	71.6	71.6	78.4	97.7	83.0	80.7	31
Kandahar	77.8	100.0	77.8	65.8	77.8	100.0	100.0	70.2	9
Kunduz	0.0	62.5	0.0	0.0	0.0	50.0	50.0	87.5	5
Nangarhar	80.0	81.7	73.9	32.2	80.0	66.1	78.3	54.8	11
Paktia	50.0	100.0	50.0	0.0	50.0	100.0	50.0	50.0	1
Total	69.3	80.8	66.6	58.4	72.9	83.8	76.0	78.0	77

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 8.2.2 Items for infection control during provision of HIV testing services at all service sites and the laboratory

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at all service sites and the laboratory on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities with an HIV testing system that have items for infection control								Number of facilities having HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	60.7	71.4	57.1	50.0	67.9	64.3	67.9	75.0	19
Private	59.3	73.5	56.5	53.7	70.8	74.5	69.3	70.5	87
Province									
Balkh	53.8	76.9	53.8	76.9	76.9	69.2	46.2	100.0	9
Herat	50.9	50.9	50.9	50.9	76.4	50.9	0.0	100.0	3
Kabul	62.0	72.8	59.8	67.3	75.1	74.1	76.3	67.7	61
Public	73.7	78.9	68.4	57.9	78.9	68.4	73.7	73.7	13
Private	59.0	71.2	57.6	69.8	74.1	75.5	77.0	66.2	49
Kandahar	80.2	89.3	69.5	48.1	80.2	89.3	89.3	62.7	10
Kunduz	0.0	62.5	0.0	0.0	0.0	50.0	50.0	87.5	5
Nangarhar	63.0	64.5	58.0	10.1	68.1	60.1	66.7	62.3	13
Paktya	57.1	85.7	57.1	14.3	57.1	100.0	42.9	71.4	5
Total	59.5	73.1	56.6	53.1	70.3	72.7	69.0	71.3	106

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 8.3 Supportive management for providers of HIV testing services

Among HIV testing service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers of HIV testing services
	Training related to HIV testing and counseling during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to HIV testing and counseling during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Public	6.1	74.7	5.3	182
Private	3.6	79.1	2.9	276
Province				
Balkh	0.0	79.6	0.0	48
Herat	6.4	85.8	6.4	8
Kabul	5.0	63.9	4.1	233
Public	8.2	64.4	7.0	108
Private	2.2	63.4	1.6	126
Kandahar	2.3	99.3	1.7	102
Kunduz	1.0	85.7	1.0	27
Nangarhar	12.6	90.9	11.5	32
Paktya	27.2	88.2	27.2	8
Total	4.6	77.4	3.9	458

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 8.4 Guidelines, trained staff, and items for HIV/AIDS care and support services

Among all facilities, the percentages offering HIV/AIDS care and support services, and among facilities offering HIV/AIDS care and support services, the percentages having indicated items to support the provision of quality HIV/AIDS care and support services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering HIV/AIDS care and support services ¹	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:									Number of facilities offering HIV/AIDS care and support services
			Guidelines for clinical management of HIV/AIDS			System for screening and testing HIV+ clients for TB ³			Medicines			
			Trained staff ²	IV solution with infusion set	Fluconazole/IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB ⁴	Pain management	Male condoms			
Facility type												
Public	13.9	24	80.0	40.0	60.0	100.0	40.0	60.0	60.0	60.0	100.0	3
Private	2.9	118	0.0	49.3	30.1	100.0	100.0	100.0	79.4	100.0	80.8	3
Province												
Balkh	13.3	10	50.0	50.0	50.0	100.0	100.0	100.0	100.0	100.0	50.0	1
Herat	7.4	19	48.1	0.0	48.1	100.0	51.9	51.9	48.1	51.9	100.0	1
Kabul	1.7	77	50.0	50.0	50.0	100.0	0.0	50.0	0.0	50.0	100.0	1
Public	8.0	17	50.0	50.0	50.0	100.0	0.0	50.0	0.0	50.0	100.0	1
Private	0.0	60	-	-	-	-	-	-	-	-	-	0
Kandahar	25.9	11	24.1	62.1	37.9	100.0	100.0	100.0	100.0	100.0	100.0	3
Kunduz	0.0	5	-	-	-	-	-	-	-	-	-	0
Nangarhar	0.0	15	-	-	-	-	-	-	-	-	-	0
Paktya	0.0	5	-	-	-	-	-	-	-	-	-	0
Total	4.8	142	39.1	44.7	44.7	100.0	70.6	80.4	69.9	80.4	90.2	7

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide HIV care and support services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis
- Treatment for Kaposi's sarcoma
- Palliative care, such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation
- Fortified protein supplementation
- Care for pediatric HIV/AIDS patients
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment
- General family planning counseling and/or services for HIV-positive clients
- Condoms

² Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Record or register indicating HIV-positive clients who have been screened and tested for TB

⁴ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

Table 8.5 Guidelines, trained staff, and items for antiretroviral therapy services

Among all facilities, the percentages offering antiretroviral therapy (ART) services, and among facilities offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:					Number of facilities offering ART services
			ART guidelines	Trained staff ²	Complete blood count ³	CD4 cell count	RNA viral load	Renal or liver function test	First-line adult ART regimen available ⁴	
Facility type										
Public	8.3	24	100.0	33.3	66.7	33.3	33.3	100.0	100.0	2
Private	1.2	118	100.0	0.0	100.0	0.0	0.0	100.0	0.0	1
Province										
Balkh	6.7	10	100.0	0.0	0.0	0.0	100.0	100.0	100.0	1
Herat	11.3	19	100.0	0.0	100.0	0.0	0.0	100.0	31.7	2
Kabul	0.9	77	100.0	100.0	100.0	100.0	0.0	100.0	100.0	1
Public	4.0	17	100.0	100.0	100.0	100.0	0.0	100.0	100.0	1
Private	0.0	60	-	-	-	-	-	-	-	0
Kandahar	0.0	11	-	-	-	-	-	-	-	0
Kunduz	0.0	5	-	-	-	-	-	-	-	0
Nangarhar	0.0	15	-	-	-	-	-	-	-	0
Paktya	0.0	5	-	-	-	-	-	-	-	0
Total	2.4	142	100.0	19.4	80.6	19.4	19.4	100.0	58.2	3

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide ART services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.

² Facility had at least one interviewed provider of ART services who reported receiving in-service training on aspects of ART during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning hematology analyzer or functioning hematological counter with the necessary reagents available in the facility.

⁴ Facility had the three country-specific first-line antiretroviral medicines for adult treatment available in the facility.

Table 8.6 Guidelines, trained staff, and items for sexually transmitted infection services

Among all facilities, the percentages offering services for sexually transmitted infections (STIs), and among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities ⁴				Number of facilities offering STI services
			STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Male condoms	Metro-nidazole	Cipro-floxacin capsules or tablets	Injectable ceftriaxone	
Facility type										
Public	47.2	24	35.3	47.1	70.6	82.4	70.6	70.6	70.6	11
Private	70.1	118	8.7	4.2	53.4	73.9	100.0	98.4	99.2	83
Province										
Balkh	73.3	10	9.1	9.1	54.5	45.5	100.0	81.8	90.9	7
Herat	15.1	19	74.5	0.0	100.0	100.0	76.4	76.4	76.4	3
Kabul	71.4	77	4.9	8.6	45.2	84.2	96.3	96.3	96.3	55
Public	40.0	17	40.0	60.0	50.0	70.0	70.0	70.0	70.0	7
Private	80.1	60	0.0	1.5	44.5	86.1	100.0	100.0	100.0	48
Kandahar	81.8	11	58.2	31.6	100.0	88.0	100.0	100.0	100.0	9
Kunduz	87.5	5	14.3	0.0	57.1	42.9	100.0	100.0	100.0	5
Nangarhar	85.7	15	0.0	5.1	55.1	55.1	94.9	94.9	100.0	13
Paktya	50.0	5	0.0	0.0	75.0	50.0	100.0	100.0	75.0	3
Total	66.3	142	11.9	9.3	55.5	74.9	96.5	95.0	95.8	94

Note: The indicators presented in this table comprise the staff and training, diagnostics, and medicines and commodities domains for assessing readiness to provide STI services within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Providers in the facility diagnose STIs or prescribe treatment for STIs, or both.

² At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had unexpired syphilis rapid test kits available in the facility.

Key Findings

- Although 84% of facilities offering services for diabetes, only 19% of these facilities had guidelines for diagnosis and management of diabetes.
- The vast majority of facilities offering services for diabetes, perform urine glucose tests (88%), but only 38% conduct blood glucose tests.
- Metformin and injectable insulin are the most available diabetes treatment medicines (83% and 86%, respectively); less than half of facilities (46%) had glibenclamide.
- Although 85% of facilities offering services for cardiovascular disease, only 20% of these facilities had guidelines available for diagnosis and management of cardiovascular diseases; 22% of facilities had at least one staff member trained to provide these services.
- Eighty-five percent of facilities offering services for chronic respiratory diseases. Among the essential medicines for treating chronic respiratory diseases, hydrocortisone tablets were most likely to be available (86%), followed by prednisolone (82%) and salbutamol inhalers (75%).

9.1 BACKGROUND

Non-communicable diseases (NCDs) are by far the leading cause of death worldwide. In 2016, NCDs were responsible for 41 million of the world's 57 million deaths (71%). Fifteen millions of these deaths were premature (occurring from age 30 to age 70). The major NCDs responsible for these deaths included cardiovascular diseases (17.9 million deaths, accounting for 44% of all NCD deaths), cancers (9 million deaths, 22% of all NCD deaths), chronic respiratory diseases (3.8 million deaths, 9% of all NCD deaths), and diabetes (1.6 million deaths, 4% of all NCD deaths). The highest burden are within low- and middle-income countries, where 78% of all NCD deaths and 85% of premature deaths occur.

In Afghanistan, NCDs are estimated to account for 44% of all deaths. The top 10 causes of death in Afghanistan in 2016 were ischemic heart disease, cerebrovascular disease, conflict and terror (which ranked third in 2016 after being 31st in 2005), lower respiratory infection, road injuries, tuberculosis, congenital defects, diabetes, neonatal preterm births, and chronic kidney disease (Afghanistan Health Data, 2016). With respect to non-communicable diseases, ischemic heart disease, congenital defects, and cerebrovascular disease all ranked among the leading causes of premature death (Troeger et. al, 2015).

According to 2019 National Poverty Commission report, Afghanistan's NCD and injury (NCDI) burden is both significant and unique. Over the past few decades, the proportion of DALYs due to NCDs has increased greatly, from 29.0% in 1990 to 37.8% in 2016 (Afghanistan NCD & Injury Poverty Commission Report 2019). Global Burden of Disease Study (GBD) estimates show that NCDs accounted for almost two-thirds of the all-cause burden of disease in Afghanistan in 2016. In 2010, according to the Afghanistan Mortality Survey (AMS), over half (52%) of all deaths among women age 15 to age 59 were due to NCDs.

Using the information collected in the 2018-19 Afghanistan SPA, this chapter addresses key questions focusing on three major NCDs: diabetes, cardiovascular diseases, and chronic respiratory diseases. The chapter is organized as follows:

- **Situation in Afghanistan.** Section 9.2 describes the health situation in Afghanistan regarding diabetes, cardiovascular diseases, and chronic respiratory diseases.
- **Diabetes.** Section 9.3, including Tables 9.1 and 9.2 and Figures 9.1 and 9.2, focuses on the availability of services for diabetes and the extent to which facilities are prepared to provide quality services for diabetes.
- **Cardiovascular diseases.** Section 9.4, including Tables 9.3 and 9.4 and Figure 9.3, describes the availability of services for cardiovascular diseases and the preparedness of facilities to provide quality services.
- **Chronic respiratory diseases.** Section 9.5, including Tables 9.5 and 9.6, explores the availability of services for chronic respiratory diseases and the readiness of facilities to provide these services.

9.2 MAJOR NON-COMMUNICABLE DISEASES IN AFGHANISTAN

Global frameworks for NCDs emphasize a model of shared metabolic and behavioral risk factors for cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. Yet in 2017, only 42% of Afghanistan's NCD DALY burden was attributed to these four traditional conditions. The remainder of the NCD disease burden largely comprises other non-communicable diseases (22.8%), mental disorders (7.6%), neurological disorders (5.9%), musculoskeletal disorders (5.2%), and substance use disorders (4.2%).

9.2.1 Diabetes

The Centers for Disease Control and Prevention (CDC 2014) defines diabetes as a group of diseases in which blood sugar levels are higher than normal. The pancreas makes insulin, which helps glucose enter the body's cells. There are two types of diabetes. In type 1 diabetes, the pancreas produces little or no insulin. Type 2 diabetes, most common among adults, accounts for 90% of all diabetic cases (CDC 2017). In this type of diabetes, the body cannot use insulin properly. Estimates of the prevalence of diabetes vary in Afghanistan. According to the Afghanistan Mortality Survey (AMS 2010), 33% of deaths in Afghanistan are caused by NCDs, with diabetes accounting for 1%. It is estimated that 8.4% of the country's population, or around 2.7 million Afghans, suffer from diabetes (WHO 2016). Furthermore, diabetes was the eighth leading cause of death in 2016 after being ranked 10th in 2010, indicating an increasing diabetes trend in Afghanistan (Institute for Health Metrics and Evaluation [IHME] 2016). The prevalence of diabetes among individuals age 20-79 year, was 8.6% in 2010, it is predicted to reach 9.9% by 2030. The 2017 global burden of disease (GBD) estimated that 4.3% of Afghanistan's NCD burden is attributable to diabetes, with 1.4% attributable to type 1 diabetes and 2.9% to type 2. Similarly, a recent national survey revealed an overall diabetes prevalence of 4.3% (5% among men and 3% among women) (2018 Afghanistan STEPS Survey).

9.2.2 Cardiovascular diseases

As in other countries, cardiovascular diseases (including hypertension, heart disease, and stroke) are a major national health problem in Afghanistan. The 2018 STEPS Survey identified the following CVD risk factors: tobacco smoking, alcohol consumption, physical inactivity, unhealthy dietary habits, high dietary salt intake, and being overweight or obese.

The 2018 STEPS Survey also revealed that about one-fourth (26%) of individuals age 15-69 had elevated blood pressure levels (31% of men and 21% of women). In addition, the survey showed that 3.2% of the

population age 40-69 (2.6% of men and 3.7% of women) had a 10-year CVD risk of 30% or above. Nineteen percent of proportional mortality was due to CVD (AMS 2010). The recent STEP Survey (2018) revealed that 23.6% of DALYs are attributable to CVD. Additionally, the 2018 IHME data show that ischemic heart disease and cerebrovascular disease are the leading causes of death in Afghanistan. According to the Global Burden of Disease Study (2015), the age-standardized death rate from CVD is 1,042.5 per 100,000 population, while age-standardized DALYs for CVD are 21,846.30 per 100,000 population (GBD 2015).

9.2.3 Chronic respiratory diseases

A limited number of studies have been conducted on chronic respiratory diseases in Afghanistan. The 2010 AMS showed that chronic respiratory diseases accounted for 3% of proportional mortality in Afghanistan, as compared with 2% in 2002 (WHO 2005).

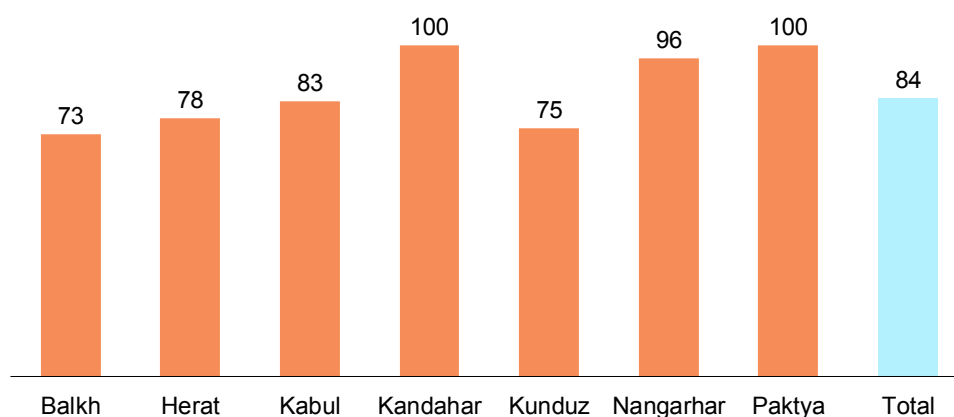
9.3 DIABETES: SERVICE AVAILABILITY AND READINESS

9.3.1 Availability of services for diabetes

Integrating diabetes diagnosis and treatment into relevant health services increases opportunities for case detection and treatment follow-up. The 2018-19 AfSPA assessed diabetes service availability and delivery conditions. Clients seeking health care specifically for symptoms of diabetes are seen for the most part in general outpatient departments (OPDs). **Table 9.1** and **Figure 9.1** provide information on the availability of diabetes services in health facilities in survey target areas.

Figure 9.1 Availability of diabetes services

Among all facilities (N=142), percent offering services for diabetes by province



As shown in **Table 9.1**, 84% of the facilities surveyed provide diabetes services (89% of private facilities and 61% of public facilities).

9.3.2 Service readiness for diabetes

The 2018-19 AfSPA assessed the readiness of facilities to provide quality diabetes services. Readiness was defined in terms of availability of service guidelines, trained staff, equipment, and medicines. Although diabetes services may be provided at multiple sites in large facilities, information on whether facilities have the capacity to provide diabetes services generally was collected in the general OPD or in a separate location, depending on the organization of services in the facility.

Tables 9.1 and **9.2** provide information on whether facilities have the infrastructure and resources necessary to support diabetes diagnosis and treatment services.

Service guidelines

Availability of service guidelines does not necessarily translate into use of such guidelines. However, this at least ensures that, they will be available for easy reference.

Among facilities offering diabetes services, only 19% had guidelines for the diagnosis and management of diabetes (Table 9.1 and Figure 9.2). Only 27% public and 17% private facilities, have the necessary guidelines for the diagnosis and management of diabetes available. It is noteworthy that only 1% of private facilities in Kabul have guidelines available and none of the facilities in Nangarhar and Paktya had guidelines available.

Trained staff

Among facilities reporting that they offer diabetes services, only 18% had a staff member recently trained in provision of such services (Table 9.1). Fourteen percent of public facilities in Kabul had a staff member trained to provide diabetes services during the 24 months preceding the survey, as compared with 26% of private facilities in Kabul. None of the facilities in Kunduz had a staff member trained in diabetes (Table 9.1 and Figure 9.2).

Equipment

Among facilities that offer diabetes services, 92% had a blood pressure apparatus, 71% had an adult weighing scale, and 43% had a height board available in the relevant service areas (Table 9.1).

Diagnostic capacity

Almost 9 in 10 facilities offering diabetes services perform urine glucose tests, but only 38% perform blood glucose tests (Table 9.2). Fifty-nine percent of public facilities and 35% of private facilities conduct blood glucose tests.

Medicines

The vast majority of facilities offering diabetes services had metformin and injectable insulin available on the day of the visit (83% and 86%, respectively), while less than half had glibenclamide (46%) (Table 9.2).

9.4 CARDIOVASCULAR DISEASES: SERVICE AVAILABILITY AND READINESS

9.4.1 Availability of services for cardiovascular diseases

Table 9.3 and Figure 9.3 provide information on the availability of services for cardiovascular diseases. Overall, 85% of health facilities offer services for cardiovascular diseases. About 9 in 10 private and 6 in 10 public hospitals offer these services.

Figure 9.2 Trained staff and guidelines to support quality provision of diabetes services

Among facilities offering services for diabetes (N=120), percent that have trained staff and guidelines by province

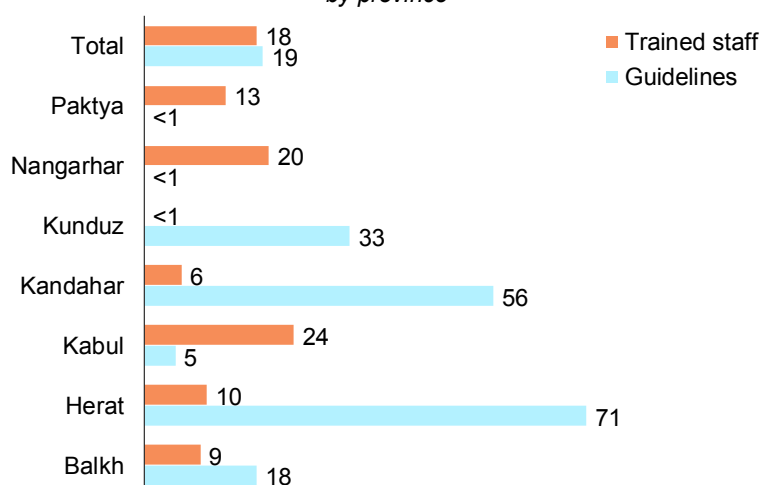
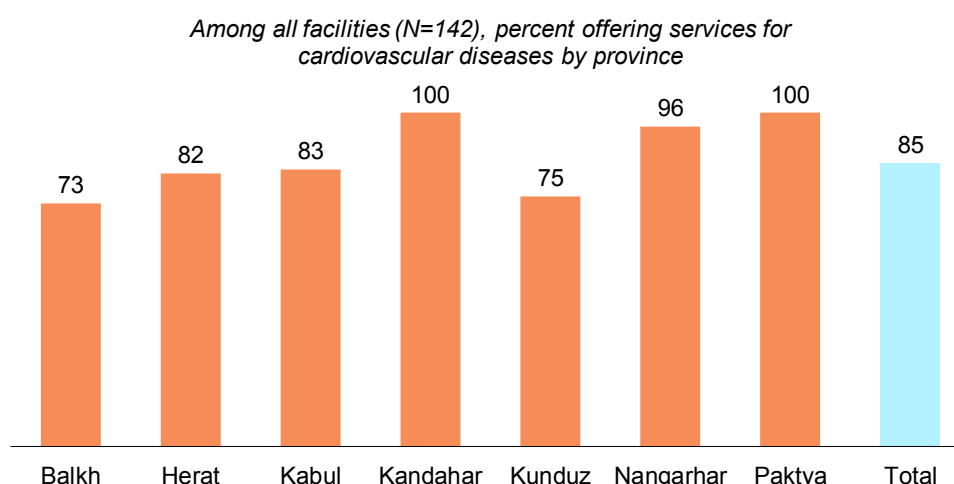


Figure 9.3 Availability of cardiovascular diseases services



9.4.2 Service readiness for cardiovascular diseases

The 2018-19 AfSPA assessed systems and supplies for supporting quality services for cardiovascular diseases. Readiness to provide quality services is defined by availability of service guidelines, trained staff, equipment, and medicines. Again, although cardiovascular disease services may be provided at multiple sites in large facilities, information on whether facilities have the capacity to provide these services comes from the outpatient department (OPD) or another separate location, depending on the organization of services in the facility. **Tables 9.3 and 9.4** provide information on whether facilities have the resources needed to support diagnosis and/or treatment services for cardiovascular diseases.

Service guidelines

Only one out of five facilities have guidelines available for diagnosis and management of cardiovascular diseases. In Kabul, 29% of public facilities have guidelines available, as compared with only 1% of private facilities.

Trained staff

Among facilities offering services for cardiovascular diseases, only 22% had at least one staff member trained to provide these services in the 24 months before the survey (**Table 9.3**).

Equipment

Overall, 94% of facilities that offer services for cardiovascular diseases had a stethoscope, 92% had a blood pressure apparatus, and 71% had an adult weighing scale available at the service site (**Table 9.3**).

Medicines

Among facilities offering services for cardiovascular diseases, calcium channel blockers (89%) were the most widely available medicine for treatment of these diseases, followed by beta blockers (84%), ACE inhibitors (46%), and thiazide diuretic (36%). The majority of facilities (86%) had oxygen on the day of the AfSPA visit, facilities in Herat were least likely to have oxygen (18%) (**Table 9.4**).

9.5 CHRONIC RESPIRATORY DISEASES: SERVICE AVAILABILITY AND READINESS

The 2018-19 AfSPA assessed the availability of services for chronic respiratory diseases and the readiness of facilities to provide these services. **Table 9.5** provides information on the availability of chronic respiratory disease services.

9.5.1 Availability of services for chronic respiratory diseases

Among all facilities, 85% offer services for chronic respiratory diseases. Services are available at 89% of private facilities and 64% of public facilities (**Table 9.5**).

9.5.2 Service readiness for chronic respiratory diseases

The 2018-19 AfSPA assessed systems and supplies for supporting quality services for chronic respiratory diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. **Tables 9.5** and **9.6** provide information on whether facilities have the necessary resources to support diagnosis and/or treatment services for chronic respiratory diseases.

Service guidelines

Nineteen percent of facilities offering services for chronic respiratory diseases had guidelines for diagnosis and management of these diseases (**Table 9.5**). Guidelines were available in 26% of public facilities and 18% of private facilities. The majority of facilities in Herat (73%) had guidelines available, while none of the facilities in Nangarhar and Paktya had guidelines.

Trained staff

Among facilities offering services for chronic respiratory diseases, only 10% had at least one staff member who was trained in provision of these services in the 24-month period prior to the survey (**Table 9.5**).

Equipment

Ninety-four percent of facilities that offer services for chronic respiratory diseases have a stethoscope (**Table 9.5**). In contrast, peak flow meters are available in only 19% of facilities, and 32% have spacers for inhalers.

Medicines

Among the essential medicines for treating chronic respiratory diseases, hydrocortisone tablets were most likely to be available (86%), followed by prednisolone (82%) and salbutamol inhalers (75%). Beclomethasone inhalers were available in less than half of facilities (47%) (**Table 9.6**). Almost 9 in 10 facilities offering services for chronic respiratory diseases had oxygen available. Herat was least likely to have oxygen available (18%).

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- **Table 9.1** Guidelines, trained staff, and equipment for diabetes services
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- **Table 9.3** Guidelines, trained staff, and equipment for cardiovascular disease services
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- **Table 9.6** Availability of essential medicines and commodities for chronic respiratory diseases

Table 9.1 Guidelines, trained staff, and equipment for diabetes services

Among all facilities, the percentages offering services for diabetes, and among facilities offering services for diabetes, the percentages having guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering services for diabetes ¹	Number of facilities	Percentage of facilities offering services for diabetes that have:					Number of facilities offering services for diabetes
			Guidelines for diagnosis and management of diabetes	Trained staff ²	Blood pressure apparatus ³	Equipment		
Facility type								
Public	61.1	24	27.3	18.2	90.9	63.6	45.5	15
Private	89.2	118	17.4	18.1	92.3	71.9	43.1	105
Province								
Balkh	73.3	10	18.2	9.1	100.0	81.8	45.5	7
Herat	77.7	19	71.4	9.9	100.0	52.7	18.7	15
Kabul	82.7	77	5.3	24.3	89.6	84.2	61.1	63
Public	56.0	17	28.6	14.3	85.7	71.4	42.9	9
Private	90.1	60	1.3	26.0	90.3	86.4	64.3	54
Kandahar	100.0	11	56.0	6.2	100.0	63.7	34.2	11
Kunduz	75.0	5	33.3	0.0	83.3	66.7	33.3	4
Nangarhar	95.7	15	0.0	19.5	94.2	44.8	14.9	15
Paktya	100.0	5	0.0	12.5	75.0	37.5	0.0	5
Total	84.4	142	18.6	18.1	92.1	70.9	43.4	120

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes.

² At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Table 9.2 Diagnostic capacity and essential medicines for diabetes

Among facilities offering services for diabetes, the percentages having the indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Diagnostic capacity			Medicines				Number of facilities offering services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ³	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
Facility type								
Public	59.1	68.2	68.2	45.5	22.7	72.7	68.2	15
Private	34.5	89.2	90.6	87.9	49.0	87.2	86.1	105
Province								
Balkh	0.0	90.9	90.9	81.8	27.3	90.9	81.8	7
Herat	33.6	80.9	85.9	81.3	47.7	90.8	85.9	15
Kabul	45.5	84.3	85.4	79.0	44.1	78.1	77.0	63
Public	64.3	57.1	57.1	28.6	21.4	71.4	64.3	9
Private	42.2	89.0	90.3	87.7	48.0	79.2	79.2	54
Kandahar	53.9	81.8	81.8	100.0	75.6	100.0	100.0	11
Kunduz	33.3	100.0	100.0	100.0	33.3	100.0	100.0	4
Nangarhar	24.0	95.5	95.5	90.9	49.4	89.6	95.5	15
Paktya	12.5	100.0	100.0	62.5	25.0	100.0	87.5	5
Total	37.5	86.7	87.8	82.7	45.8	85.5	83.9	120

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Facility had a functioning glucometer and unexpired glucose test strips or blood chemistries in the facility on the day of the survey.

² Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

³ Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the survey.

Table 9.3 Guidelines, trained staff, and equipment for cardiovascular disease services

Among all facilities, the percentages offering services for cardiovascular diseases, and among facilities offering services for cardiovascular diseases, the percentages having guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering services for cardiovascular diseases ¹		Percentage of facilities offering services for cardiovascular diseases that have:		Equipment			Number of facilities offering services for cardiovascular diseases
	Percentage of facilities offering services for cardiovascular diseases ¹	Number of facilities	Guidelines for diagnosis and management of cardiovascular diseases	Trained staff ²	Stethoscope	Blood pressure apparatus ³	Adult scale	
Facility type								
Public	61.1	24	27.3	31.8	95.5	90.9	63.6	15
Private	89.8	118	19.0	20.1	93.6	92.3	71.4	106
Province								
Balkh	73.3	10	18.2	27.3	100.0	100.0	81.8	7
Herat	81.6	19	72.7	4.7	100.0	100.0	50.2	15
Kabul	82.7	77	5.3	33.6	90.6	89.6	84.2	63
Public	56.0	17	28.6	28.6	92.9	85.7	71.4	9
Private	90.1	60	1.3	34.4	90.3	90.3	86.4	54
Kandahar	100.0	11	65.8	6.2	100.0	100.0	63.7	11
Kunduz	75.0	5	33.3	0.0	100.0	83.3	66.7	4
Nangarhar	95.7	15	0.0	9.1	94.2	94.2	44.8	15
Paktya	100.0	5	0.0	0.0	87.5	75.0	37.5	5
Total	84.9	142	20.0	21.5	93.8	92.2	70.5	121

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.

² At least one interviewed provider of cardiovascular disease services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases

Among facilities offering services for cardiovascular diseases, the percentages having indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering services for cardiovascular diseases that have the indicated medicines and commodities					Number of facilities offering services for cardiovascular diseases
	ACE inhibitors (enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (amlodipine/nifedipine)	Oxygen ¹	
Facility type						
Public	45.5	36.4	54.5	68.2	86.4	15
Private	45.5	35.6	88.1	91.9	86.3	106
Province						
Balkh	81.8	54.5	90.9	90.9	72.7	7
Herat	54.5	13.8	91.2	86.9	17.8	15
Kabul	41.1	34.7	74.9	86.4	98.9	63
Public	50.0	28.6	50.0	71.4	92.9	9
Private	39.6	35.7	79.2	89.0	100.0	54
Kandahar	81.8	63.7	100.0	93.8	100.0	11
Kunduz	33.3	66.7	100.0	100.0	100.0	4
Nangarhar	29.9	28.6	90.9	95.5	95.5	15
Paktya	0.0	25.0	100.0	87.5	87.5	5
Total	45.5	35.7	84.1	89.0	86.3	121

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ In cylinders or concentrators or an oxygen distribution system

Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory disease services

Among all facilities, the percentages offering services for chronic respiratory diseases, and among facilities offering services for chronic respiratory diseases, the percentages having guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering services for chronic respiratory diseases ¹	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that have:		Equipment			Number of facilities offering services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff ²	Stethoscope	Peak flow meter	Spacers for inhalers	
Facility type								
Public	63.9	24	26.1	17.4	95.7	21.7	39.1	15
Private	88.9	118	18.2	8.8	93.5	18.1	31.0	105
Province								
Balkh	73.3	10	18.2	9.1	100.0	18.2	45.5	7
Herat	81.6	19	72.7	0.0	100.0	8.8	8.8	15
Kabul	83.5	77	5.3	11.4	90.7	17.9	35.3	64
Public	60.0	17	26.7	13.3	93.3	26.7	33.3	10
Private	90.1	60	1.3	11.0	90.3	16.2	35.7	54
Kandahar	90.2	11	62.0	17.8	100.0	78.2	81.5	10
Kunduz	75.0	5	33.3	0.0	100.0	0.0	33.3	4
Nangarhar	95.7	15	0.0	14.9	94.2	4.5	13.6	15
Paktya	100.0	5	0.0	0.0	87.5	0.0	0.0	5
Total	84.7	142	19.2	9.9	93.8	18.5	32.0	120

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.

² At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

Among facilities offering services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medicines and commodities						Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler	Beclo-methasone inhaler	Prednisolone tablets	Hydro-cortisone tablets	Injectable epinephrine	Oxygen ¹	
Facility type							
Public	65.2	30.4	52.2	73.9	73.9	87.0	15
Private	76.1	49.5	85.9	87.4	66.3	86.2	105
Province							
Balkh	63.6	18.2	81.8	81.8	72.7	72.7	7
Herat	82.5	41.4	91.2	95.6	67.3	17.8	15
Kabul	70.9	55.1	74.1	78.4	64.7	99.0	64
Public	46.7	33.3	46.7	66.7	66.7	93.3	10
Private	75.3	59.1	79.2	80.5	64.3	100.0	54
Kandahar	100.0	71.3	100.0	100.0	58.1	100.0	10
Kunduz	100.0	33.3	83.3	83.3	66.7	100.0	4
Nangarhar	74.7	24.0	89.6	95.5	74.7	95.5	15
Paktya	50.0	37.5	87.5	100.0	87.5	87.5	5
Total	74.7	47.1	81.6	85.7	67.3	86.3	120

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ In cylinders or concentrators or an oxygen distribution system

Key Findings

- Six out of ten of the surveyed facilities (58%) offer any TB service, while only 15% of facilities screen and refer clients for TB diagnosis.
- Among facilities offering any TB service, one out of three facilities had at least one provider received in-service training relevant to particular TB service during the 24 month preceding the survey.
- The majority of health facilities offering any TB services (82%) did not have guidelines for diagnosis and treatment of TB available on the day of the AfSPA visit.
- Although a large proportion of facilities offering any TB services (78%) have the capacity to test for HIV, only 9% have a system in place for diagnosis of HIV among TB patients.
- More than two-thirds (69%) of facilities that offer TB treatment services have first-line medicines for treating TB, while only 30% of facilities provide streptomycin injections.

This chapter provides an overview of services for tuberculosis (TB) in seven major urban areas of Afghanistan. It highlights key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter is organized as follows:

- **Background.** Section 10.1 provides background information on tuberculosis, both globally and in Afghanistan.
- **Availability of services.** Section 10.2, including Table 10.1 and Figure 10.1, presents information on the availability of TB diagnostic and/or treatment services in survey target areas.
- **Service readiness.** Section 10.3, including Tables 10.1 and 10.2, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality TB services, such as the availability of TB service guidelines, trained staff, diagnostic capacity, and medicines.

10.1 BACKGROUND

Worldwide, TB is one of the top 10 causes of death and the leading cause from a single infectious agent (ranking higher than HIV/AIDS). Millions of people continue to fall sick with TB each year. Globally, the best estimate is that 10 million people (range: 9.0-11.1 million) developed TB in 2017. In that same year, TB caused an estimated 1.3 million deaths (range: 1.2-1.4 million) among HIV-negative people, and there were an additional 300,000 deaths from TB (range: 266,000-335,000) among HIV-positive people.

The disease burden caused by TB is falling globally, in all WHO regions, and in most countries, but not fast enough to reach the first (2020) milestones of the End TB Strategy. Worldwide, the TB incidence rate is falling at about 2% per year. In 2017, the proportion of people with TB who died from the disease was 16%, down from 23% in 2000 (Global TB Report 2018).

The National Tuberculosis Program (NTP) was established in 1954 with technical and financial support from the World Health Organization (WHO). TB control services have been integrated into the Basic Package of Health Services (BPHS) for primary health care and the Essential Package of Health Services (EPHS) for secondary health care, which are the priority health services in the country. TB care services, as covered by the BPHS and EPHS, are delivered free of charge to the population. According to the WHO Global TB Report 2018, the estimated incidence of TB (all forms) in Afghanistan is 189 per 100,000 population, with 67,000 new cases each year. As a result, 10,000 people in Afghanistan die each year due to TB infection. Although Afghanistan maintains a high TB treatment success rate (above 90%), the system is able to notify/detect only about 70% of incident cases.

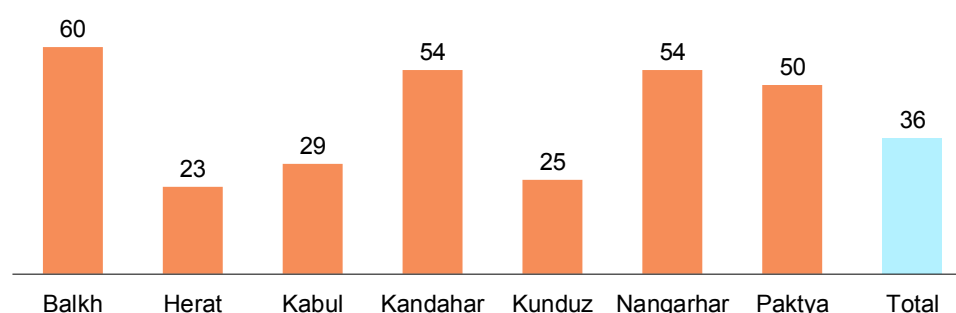
10.2 AVAILABILITY OF TB SERVICES

Achieving effective TB control requires concerted efforts at all levels. As shown in **Table 10.1**, 15% of all health facilities carry out screening and referral of TB cases for diagnosis. The proportions of public and private facilities reporting that they screen and refer clients for TB diagnosis are almost the same (17% and 14%, respectively). Less than half of the facilities in Nangarhar (43%) and 76% in Kandahar offer screening and referral services for TB diagnosis. In contrast, none of the private facilities in Kabul offer these services. Importantly, more than half of facilities (58%) offer any TB diagnostic services: sputum smear, X-ray, diagnosis based on clinical symptoms, or referral for diagnosis outside the facility.

Overall, 36% of facilities offer any treatment and/or treatment follow-up services. The percentage of facilities offering TB treatment and/or treatment follow-up services is highest in Balkh (60%), followed by Kandahar and Nangarhar (54% each). In contrast, the percentage of facilities offering these services is lowest in Herat (23%) (**Figure 10.1**).

Figure 10.1 Availability of TB treatment services

Among all facilities (N=142), percent offering any TB treatment and/or treatment follow-up services by province



10.3 SERVICE READINESS

The 2018-19 AfSPA assessed the readiness of facilities to provide quality TB services. Readiness was defined in terms of availability of service guidelines, trained staff, equipment, and medicines. **Tables 10.1** and **10.2** provide information on whether facilities have the infrastructure and resources necessary to support TB diagnosis and treatment services.

10.3.1 Guidelines and trained staff

Guidelines

TB guidelines are expected to be available at all diagnostic and treatment sites. However, most health facilities offering any TB services did not have guidelines for diagnosis and treatment of TB available on

the day of the AfSPA assessment visit (**Table 10.1**). Public facilities were more likely to have guidelines for diagnosis and treatment of TB than private facilities (55% and 11%, respectively). None of the surveyed private facilities in Kabul had such guidelines available on the day of the assessment.

Trained staff

One-third of the facilities that offer any TB services had at least one staff member trained in these services in the 24 months before the assessment (**Table 10.1**). Public facilities were twice as likely as private facilities to have trained staff (60% versus 31%).

10.3.2 Diagnostic capacity

Early case detection and diagnosis are critical for TB control. The AfSPA assessed TB diagnostic capacity in facilities offering any TB services, including diagnosis, treatment, and/follow-up services.

TB diagnostic capacity

Table 10.2 shows that X-rays are the most common TB diagnostic tool (61%), followed by rapid diagnostic test kits (52%) and smear microscopy (40%). By contrast, culture medium is available in only 1 in 10 facilities.

TB and HIV/AIDS

In Afghanistan, as in most of the developing world, TB and HIV are so intertwined that they are referred to as a twin epidemic, or co-epidemic. With a compromised immune system brought on by HIV infection, TB infection is reactivated in individuals who may have latent infection. At the same time, active TB increases the HIV viral load while decreasing the CD4 count, thus causing faster HIV disease progression.

Table 10.2 shows that a large proportion of facilities offering any TB services have the capacity to test for HIV (78%). Despite the fact that most facilities have HIV diagnostic capacity, only 9% have a system in place for diagnosis of HIV among TB patients.

10.3.3 Treatment and availability of medicines

The NTP continues to address challenges to the maintenance of an uninterrupted supply of anti-TB drugs by working to improve stock status at the facility level, train staff on proper anti-TB drug stock management, and lobby the MoPH to improve and expand storage conditions for anti-TB drugs at all levels.

On the day of the AfSPA visit, more than two-thirds (69%) of facilities offering any TB services had first-line medicines for treating TB (any combination of pyrazinamide, rifampicin, ethambutol, and isoniazid) (**Table 10.2**). Three in 10 facilities that offer TB services had injectable streptomycin. Public facilities were more likely than private facilities to have first-line medicines (80% versus 67%) and injectable streptomycin (53% versus 24%). No facilities in Paktya and no private facilities in Kabul had injectable streptomycin.

LIST OF TABLES

- **Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services**
- **Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment**

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services, and among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of all facilities offering:				Number of facilities	Percentage of facilities offering any TB services that have guidelines for:					Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	Screening and referral for TB diagnosis ¹	Any TB diagnostic services ²	Any TB treatment and/or follow-up services ³	Any TB diagnostic, treatment, and/or follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Management of HIV and TB co-infection	TB infection control	Trained staff ⁴	
Facility type											
Public	16.7	55.6	41.7	55.6	24	55.0	40.0	35.0	40.0	60.0	13
Private	14.2	58.3	34.5	58.3	118	10.9	3.5	5.5	5.9	30.6	69
Province											
Balkh	13.3	73.3	60.0	73.3	10	27.3	18.2	36.4	18.2	63.6	7
Herat	7.7	30.2	22.5	30.2	19	37.3	11.8	24.5	11.8	24.5	6
Kabul	3.5	50.2	29.3	50.2	77	10.4	6.9	6.9	6.9	31.1	38
Public	16.0	52.0	36.0	52.0	17	46.2	30.8	30.8	30.8	69.2	9
Private	0.0	49.7	27.5	49.7	60	0.0	0.0	0.0	0.0	20.0	30
Kandahar	75.6	81.8	53.9	81.8	11	19.6	19.6	19.6	19.6	53.8	9
Kunduz	0.0	75.0	25.0	75.0	5	33.3	33.3	0.0	16.7	0.0	4
Nangarhar	42.9	91.3	54.0	91.3	15	21.8	0.0	0.0	17.0	36.1	14
Paktya	12.5	75.0	50.0	75.0	5	16.7	0.0	0.0	0.0	33.3	4
Total	14.6	57.9	35.7	57.9	142	18.1	9.4	10.3	11.5	35.4	82

Note: The guidelines and trained staff indicators presented in this table comprise the staff and training domain for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID (2012).

MDR-TB = multi-drug-resistant tuberculosis

¹ Facility reports that it refers clients outside the facility for TB diagnosis, and there was documentation on the day of the survey visit to support this contention.

² Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, or diagnosis based on clinical symptoms only, or else facility reports that it refers clients outside the facility for TB diagnosis, and a register was observed indicating clients who had been referred for TB diagnosis.

³ Facility reports that it follows one of the following TB treatment regimens or approaches:

- Directly observe for 2 months and follow-up for 4 months
- Directly observe for 6 months
- Follow up clients only after the first 2 months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients and then discharge elsewhere for follow-up
- Provide clients with full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up

⁴ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the survey: TB diagnosis and treatment, management of HIV and TB co-infection, MDR-TB treatment or identification of need for referral, or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment

Among facilities offering any tuberculosis (TB) diagnostic, treatment, and/or treatment follow-up services, the percentages that had TB and HIV diagnostic capacity and medicines for TB treatment available in the facility on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have:		Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services	Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB treatment and/or treatment follow-up services
	TB smear microscopy ¹	Culture medium ²	TB rapid diagnostic test kits	TB X-ray	HIV diagnostic capacity ³	System for diagnosing HIV among TB clients ⁴		First-line treatment for TB ⁵	Injectable streptomycin	
Facility type										
Public	50.0	35.0	35.0	60.0	85.0	25.0	13	80.0	53.3	10
Private	38.0	5.4	55.4	60.6	76.4	5.7	69	66.7	24.3	41
Province										
Balkh	18.2	18.2	27.3	72.7	100.0	27.3	7	88.9	33.3	6
Herat	63.6	50.0	36.4	87.3	37.3	0.0	6	100.0	65.9	4
Kabul	22.3	8.7	61.9	46.7	67.5	1.7	38	44.3	8.9	22
Public	38.5	38.5	7.7	61.5	76.9	7.7	9	66.7	33.3	6
Private	17.6	0.0	77.6	42.4	64.7	0.0	30	36.2	0.0	16
Kandahar	88.0	10.2	7.6	92.4	100.0	29.8	9	81.8	29.8	6
Kunduz	33.3	0.0	33.3	83.3	100.0	0.0	4	100.0	100.0	1
Nangarhar	44.9	0.0	83.0	53.1	89.1	9.5	14	92.0	65.5	8
Paktya	100.0	0.0	33.3	66.7	83.3	16.7	4	75.0	0.0	3
Total	39.9	10.2	52.1	60.5	77.8	8.8	82	69.3	30.0	51

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for TB within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, sulfuric acid, and methyl blue) were available in the facility on the day of the survey visit.

² Solid or liquid culture medium (e.g., MGIT 960)

³ HIV rapid diagnostic test kits available, or ELISA with reader, incubator, and specific assay

⁴ Record or register indicating TB clients who have been tested for HIV

⁵ Four-drug fixed-dose combination (4FDC) available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment

Key Findings

- Eighty-two percent of surveyed health facilities offer malaria diagnosis and/or treatment services.
- All facilities in Nangarhar, Paktya, and Kandahar offer malaria diagnosis and/or treatment services, while only 19% of facilities in Herat offer these services.
- Only 13% of facilities offering malaria diagnosis and/or treatment services had malaria diagnosis and/or treatment guidelines.
- Among facilities offering malaria diagnosis and/or treatment services, 79% had malaria RDT and 45% had microscopy for diagnosis of malaria. Malaria RDT is more likely to be available in private facilities compared to public facilities (80% and 73%).
- The most common available anti-malarial medicine is ACT (artemisinin combination therapy); available in 47% of the facilities, followed by lumefantrine-artemether (33%), oral quinine (10%), and injectable quinine (6%). ACT and lumefantrine-artemether are more likely to be available in private facilities, while other anti-malarial medicine are more likely to be available in public facilities.
- Among facilities offering curative care for sick children, first line treatment medicine are most likely available (35%) while malaria diagnosis or treatment guidelines and trained staff are available in 13% and 11% respectively.

11.1 BACKGROUND

Malaria was reported as 216 million cases in 2016 by the 91 countries in the world, an increase of 5 million cases over the previous year. Globally; 445,000 deaths occurred in the 2016 which is nearly the same as reported in the year 2015. Although malaria case incidence has fallen globally since 2010, the rate of decline stopped and even in some counties reversed since 2014 (World Malaria Report 2017).

Afghanistan has the world's third-highest malaria burden. The country accounts for 11% of cases in the WHO Eastern Mediterranean region. Over 76% of Afghans live in at-risk areas. There are 123 districts at high risk and 213 districts at low risk of malaria, with eastern Afghanistan having the highest burden. In 2017, 91% of confirmed plasmodium falciparum (Pf) and 89% of plasmodium vivax (Pv) cases were reported from six provinces: Nangarhar, Laghman, Kunar, Nuristan, Khost and Paktika. Ten malaria deaths were reported from Nangarhar (seven cases), Kabul (two cases) and Kunar (one case) (World Health Organization).

Malaria is a complex disease and its distribution in Afghanistan varies largely from place to place, and is dependent upon a variety of factors related to parasites, vectors and human populations under different geographical, ecological and socioeconomic conditions. Using a combination of available malaria and environmental data, all districts in Afghanistan were classified into four main strata with high, medium,

low and very low risk of malaria transmission or its absence in malaria free areas (National strategic plan from malaria control to elimination 2018-2020 in Afghanistan).

This chapter provides an overview of the malaria service in seven regions of Afghanistan. It highlights key aspects of malaria related client's services, including the availability of diagnostic capacity, trained staff, and medicine. This chapter organized as follow:

- **Background:** Section 11.1 provides background information on malaria in Afghanistan.
- **Availability of malaria services:** Section 11.2, including Table 11.1 and 11.2, examines the availability of malaria diagnosis and treatment services.
- **Facility readiness for malaria diagnostics and therapeutic services:** Section 11.3, including Tables 11.3 and 11.4, addresses the readiness of facilities to provide good-quality malaria treatment and diagnosis, including the availability of trained staff, guidelines, medicines, and laboratory diagnostic capacity.

11.2 AVAILABILITY OF MALARIA SERVICES

Table 11.1 presents the availability of malaria services, guideline trained staff and diagnostic capacity in facilities offering malaria services. Overall, 82% of all facilities in surveyed targeted areas offering malaria services, whereas this was found in 72% and 84% of public and private facilities respectively. The guideline for malaria diagnosis/treatment was found to be very few (13%) in facilities offering malaria diagnosis and/or treatment services while no guideline was available in Paktya and Balkh facilities. Moreover, the availability of guideline was found to be very few in Nangarhar and Kabul facilities (4% for each province). Almost one quarter of facilities offering malaria diagnosis and/or treatment services has staff trained on malaria diagnosis or treatment of which it was 50% for Nangarhar and trained staff was not available in Kunduz province. Seventy nine percent of facilities had the capacity for Malaria Rapid Diagnostics Test (RDT) of which all of the Herat, Kunduz and Paktya facilities and only 72% of Kabul private facilities had this capacity available on the day of the visit. In general, 88% of facilities offering malaria services had the capacity for any malaria diagnostics where it was mostly available in public compared to private (96% and 87% respectively).

Table 11.2 presents the availability of malaria medicines and commodities in facilities offering malaria services. In facilities offering these services, antimalarial medicine such as: injectable artesunate, rectal artesunate, oral quinine, injectable quinine and ITN are available at lower than 10% each while the percentages for availability of SP, Lumefantrine-artemether and other ACT was 20, 33 and 47 respectively. However, injectable artesunate was not available in Herat, Paktya, Kandahar and Kunduz provinces and ITN was not available in Paktya, Herat and Nangarhar Provinces.

11.3 FACILITY READINESS FOR MALARIA DIAGNOSTIC AND THERAPEUTIC SERVICES

Table 11.3 describes the availability of malaria diagnostic capacity in facilities offering curative care for sick children. Eighty-two percent of facilities (all public facilities and 80% of private facilities) had the capacity for either malaria rapid diagnostic testing or microscopy. However, only 10% of had staff trained in either rapid diagnostic testing or microscopy in the 24 months preceding the survey. Only 15% of facilities had a malaria RDT protocol, while 8% had diagnostic capacity.

Table 11.4 presents information on the availability of malaria treatment services in facilities offering curative care for sick children. Thirty-five percent of facilities have first-line treatment medicines, while only 13% have malaria diagnosis or treatment guidelines and 11% have trained personnel. Thirty-seven percent of private facilities offer first-line treatment medicines, as compared with 22% of public facilities. By province, 89% of facilities in Nangarhar offer first-line treatment medicines, while no facilities in Herat

or Kunduz offer these medicines. Overall, only 1% of facilities offer all of the components needed to provide quality malaria services (malaria service readiness index).

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- **Table 11.1** Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services
- **Table 11.2** Availability of malaria medicines and commodities in facilities offering malaria services
- **Table 11.3** Malaria diagnostic capacity in facilities offering curative care for sick children
- **Table 11.4** Malaria treatment in facilities offering curative care for sick children

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, the percentages offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality service for malaria, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percent- age of all facilities offering malaria diagnosis and/or treatment services ¹	Number of facilities	Guidelines		Trained staff		Diagnostics			Number of facilities offering malaria diagnosis and/or treatment services
			Guidelines for diagnosis and/or treatment of malaria	Guidelines for IPT ²	Staff trained in malaria diagnosis and/or treatment	Staff trained in IPT ⁴	Malaria RDT ⁵	Malaria microscopy ⁶	Any malaria diagnostics ⁷	
Facility type										
Public	72.2	24	23.1	15.4	42.3	0.0	73.1	65.4	96.2	17
Private	84.3	118	11.1	0.0	22.6	8.2	80.4	41.4	87.0	100
Province										
Balkh	73.3	10	0.0	9.1	9.1	9.1	81.8	45.5	90.9	7
Herat	19.0	19	79.7	0.0	20.3	20.3	100.0	100.0	100.0	4
Kabul	92.1	77	3.9	1.9	22.5	7.4	71.9	23.9	83.2	71
Public	68.0	17	11.8	11.8	35.3	0.0	70.6	58.8	94.1	11
Private	98.8	60	2.4	0.0	20.1	8.9	72.2	17.2	81.1	59
Kandahar	100.0	11	63.7	0.0	25.9	0.0	90.2	72.0	90.2	11
Kunduz	75.0	5	50.0	0.0	0.0	0.0	100.0	83.3	100.0	4
Nangarhar	100.0	15	4.3	4.3	50.3	9.9	87.0	85.7	100.0	15
Paktya	100.0	5	0.0	0.0	37.5	0.0	100.0	87.5	100.0	5
Total	82.3	142	12.9	2.3	25.5	7.0	79.3	45.0	88.4	117

Note: The indicators presented in this table comprise the staff and training and diagnostic domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012).

¹ This is based on facilities self-reporting that they offer malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnosis tests (RDT) or were found on the day of the survey visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services. Also, facilities offering curative care for sick children where providers of sick child services were found on the day of the survey to be making diagnosis of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.

² Guidelines on intermittent preventive treatment (IPT) of malaria

³ Facility has at least one interviewed provider of malaria services who reports receiving in-service training on malaria diagnosis and/or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had at least one interviewed provider of ANC services who reports receiving in-service training on some aspects of IPT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility.

⁶ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁷ Facility had either malaria RDT capacity or malaria microscopy capacity.

Table 11.2 Availability of malaria medicines and commodities in facilities offering malaria services

Among facilities offering malaria diagnosis and/or treatment services, the percentages that have malaria medicines, sulfadoxine/pyrimethamine, Paracetamol, and insecticide-treated bed nets (ITN) available in the facility on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Antimalarial medicines						Other medicines and commodities			Number of facilities offering malaria diagnosis and/or treatment services
	Lume-fantrine-artemether (LA) ¹	Other ACT	Injectable artesunate	Rectal artesunate	Oral quinine	Injectable quinine	SP ²	Paracetamol tablet	ITN ³	
Facility type										
Public	19.2	23.1	11.5	3.8	26.9	23.1	23.1	76.9	19.2	17
Private	35.8	51.2	4.2	2.4	6.5	2.8	18.9	94.7	6.1	100
Province										
Balkh	9.1	36.4	9.1	9.1	9.1	9.1	27.3	100.0	9.1	7
Herat	0.0	20.3	0.0	0.0	20.3	18.8	0.0	100.0	0.0	4
Kabul	26.7	48.0	3.8	1.9	5.9	2.9	10.3	86.9	7.7	71
Public	17.6	23.5	17.6	5.9	5.9	5.9	11.8	64.7	29.4	11
Private	28.4	52.7	1.2	1.2	5.9	2.4	10.1	91.1	3.6	59
Kandahar	46.1	37.8	0.0	9.8	6.2	6.2	57.4	100.0	18.2	11
Kunduz	0.0	50.0	0.0	0.0	16.7	0.0	0.0	100.0	33.3	4
Nangarhar	85.7	62.7	18.6	0.0	23.0	13.0	39.8	100.0	0.0	15
Paktya	25.0	37.5	0.0	0.0	12.5	12.5	25.0	100.0	0.0	5
Total	33.3	47.0	5.3	2.6	9.5	5.8	19.6	92.1	8.0	117

Note: The indicators for first-line anti-malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and ITNs presented in this table correspond to the medicines and commodities domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (2012).

Note: ACT = Artemisinin combination therapy; SP = sulfadoxine/pyrimethamine (Fansidar)

¹ Lumefantrine - artemether is the first-line artemisinin-combination therapy (ACT) antimalarial medicine in Afghanistan

² Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp).

³ Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients.

Table 11.3 Malaria diagnostic capacity in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having malaria diagnostics capacity on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Malaria diagnostics			Personnel trained in:			Percentage of facilities offering curative care for sick children and having:		Number of facilities offering curative care for sick children
	Malaria RDT ¹	Microscopy ²	Either RDT or microscopy	RDT ³	Microscopy ⁴	Either RDT or microscopy	Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
Facility type									
Public	77.8	83.3	100.0	33.3	27.8	33.3	33.3	27.8	12
Private	73.0	40.4	80.0	3.0	6.1	6.8	13.0	5.3	94
Province									
Balkh	88.9	44.4	100.0	0.0	11.1	11.1	33.3	11.1	6
Herat	23.2	23.2	23.2	4.7	9.1	13.8	4.4	4.7	15
Kabul	74.9	28.1	88.7	3.8	3.8	3.8	9.1	3.8	53
Public	70.0	90.0	100.0	30.0	30.0	30.0	40.0	30.0	7
Private	75.6	19.1	87.0	0.0	0.0	0.0	4.6	0.0	46
Kandahar	89.3	78.6	89.3	28.2	21.4	28.2	60.4	28.2	10
Kunduz	100.0	80.0	100.0	0.0	0.0	0.0	20.0	0.0	3
Nangarhar	90.5	89.1	100.0	4.8	15.6	15.6	15.6	10.9	14
Paktya	100.0	85.7	100.0	14.3	14.3	14.3	0.0	14.3	5
Total	73.5	45.2	82.3	6.4	8.5	9.8	15.3	7.9	106

Note: See chapter 4 (Table 4.1) for information on the proportion of all facilities offering curative care for sick children.

¹ Facility had unexpired malaria rapid diagnostic test (RDT) kit available somewhere in the facility.

² Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

³ Facility had at least one interviewed provider of child curative care services who reports receiving in-service training on malaria RDT during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had at least one interviewed provider of child curative care services who reports receiving in-service training on malaria microscopy during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁵ RDT protocol refers to any written instruction on how to perform a malaria RDT.

⁶ Facility had unexpired malaria RDT kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in the facility.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering curative care for sick children that have:				Number of facilities offering curative care for sick children
	Malaria diagnosis or treatment guidelines	First line treatment medicine ¹	Trained personnel ²	Malaria service readiness index ³	
Facility type					
Public	33.3	22.2	38.9	0.0	12
Private	10.1	36.5	6.8	1.1	94
Province					
Balkh	0.0	11.1	11.1	0.0	6
Herat	18.5	0.0	13.8	0.0	15
Kabul	3.9	33.2	5.1	0.0	53
Public	20.0	20.0	40.0	0.0	7
Private	1.5	35.1	0.0	0.0	46
Kandahar	60.4	50.3	28.2	10.7	10
Kunduz	60.0	0.0	0.0	0.0	3
Nangarhar	4.8	89.1	15.6	0.0	14
Paktya	0.0	28.6	14.3	0.0	5
Total	12.7	34.9	10.5	1.0	106

¹ Artemisinin combination therapy or other country-specific first-line treatment medication

² At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis and/or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in facility), malaria treatment guideline, first-line medicine, as well as personnel recently trained in malaria diagnosis and/or treatment available.

Key Findings

- The majority of surveyed facilities offer emergency services (85%) and among facilities offering emergency services, 89% provide emergency transport.
- Five percent of facilities offering emergency services had a functional central oxygen source in the emergency ward.
- Eighty percent of facilities offering delivery services had a sharps container, 68% have running water, and 64% had soap and running water or else alcohol-based hand disinfectant.
- All facilities offering general adult inpatient services had electricity and 91% had functioning toilets.
- Public hospitals were more likely to have guideline for general adult ward patient compared to private hospitals (56% and 11%, respectively).
- Seventy-four percent of facilities with intensive care units had sharps containers, 70% had latex gloves, 63% had running water, and 47% had soap.

This chapter presents an overview of hospital services in seven major provinces of Afghanistan. It highlights the key aspects of hospital services, including availability of services, trained staff, basic equipment, and infection control items. The chapter is organized as follows:

- **Emergency services.** Section 12.1, including Tables 12.1 through 12.3, focuses on the availability of emergency services; guidelines, trained staff, basic equipment, and items for infection control.
- **General adult inpatient ward services.** Section 12.2, including Tables 12.4 through 12.6, examines the availability of general adult inpatient ward services; guidelines, trained staff, basic equipment, and items for infection control.
- **Delivery ward services.** Section 12.3, including Tables 12.7 through 12.9, explores the availability of postpartum/delivery ward services; guidelines, trained staff, basic equipment, and items for infection control.
- **Pediatric ward services.** Section 12.4, including Tables 12.10 through 12.12, focuses on the availability of pediatric ward services; guidelines, trained staff, basic equipment, and items for infection control.
- **Intensive care services.** Section 12.5, including Tables 12.13 through 12.15, explores the availability of intensive care services; guidelines, trained staff, basic equipment, and items for infection control.

12.1 EMERGENCY SERVICES

Hospital emergency departments are essential to provide urgent medical care for different illnesses and injuries. As shown in **Table 12.1**, 24-hour emergency services are offered by 85% of surveyed hospitals, and 89% of these hospitals reported having 24-hour emergency transportation as well. Private hospitals are

more likely to offer emergency services than public hospitals (87% and 78%, respectively). Almost all facilities reported offering emergency services more than 5 days a week. The percentage of physicians available onsite 24 hours a day for surgical services is low (41%).

All surveyed facilities in Kandahar, Kunduz, and Paktya offer emergency services, while only 73% of facilities in Balkh and 81% of private facilities in Kabul offer emergency services.

The percentage of physician available onsite 24 hours per day for surgical services is much higher (77%) in public facilities in Kabul than in facilities in Nangarhar (16%).

All public health facilities and 87% of private facilities had emergency transport available on the day of the survey. By province, all facilities in Balkh, Herat, and Kunduz and all public facilities in Kabul had emergency transport available on the day of the survey, as compared with only 66% of facilities in Nangarhar.

12.1.1 Availability of guidelines and basic equipment

Table 12.2 shows the availability of guidelines for caring for emergency patients, at least one staff member recently trained on emergency services, and basic equipment observed to be available on the day of the AfSPA visit among facilities offering 24-hour emergency services. Overall, about one-third of facilities offering emergency services had guidelines available on the day of the visit; more than half (57%) of public facilities and less than one-third (29%) of private facilities had guidelines. Fifty-nine percent of surveyed facilities in Herat had guidelines available, while none of the facilities in Kunduz and Paktya had guidelines. Less than one-third (29%) of facilities had staff trained on emergency care, with 43% of public facilities and 27% of private facilities having trained staff. No facilities in Paktya had staff trained on emergency care. With respect to equipment, electrocardiographs were most likely to be available in the surveyed facilities (84%), followed by cardiac monitors (60%), defibrillators (36%), and ventilators (20%). A functional central oxygen source (5%) and thoracotomy packs and chest tubes (8%) were least likely to be available. Only 14% of facilities in Herat and none of the facilities in Balkh, Kandahar, or Kunduz had a functional central oxygen source.

12.1.2 Availability of items for infection control

Table 12.3 presents the percentages of items for infection control available at the emergency service site on the day of the visit. A majority of facilities (91%) had sharps containers, while less than half (43% each) had waste receptacles with plastic bin liners or alcohol-based hand disinfectant. Other than sharps containers, the most common infection control item was latex gloves (82%), followed by soap and running water or alcohol-based hand disinfectant (77%).

Soap was available in more than two-thirds (67%) of facilities overall but only 38% of facilities in Paktya. All of the surveyed facilities in Balkh had each of the listed infection control items with the exception of a waste receptacle (55%).

12.2 GENERAL ADULT INPATIENT WARD SERVICES

Table 12.4 shows the percentage of surveyed facilities that have general adult ward services and the specified type of ward. Overall, 83% of facilities have general adult inpatient ward services, including 89% of public facilities and 81% of private facilities. Importantly, all surveyed facilities offering adult inpatient services had electricity on the day of the visit; 91% had functioning toilet. All surveyed facilities in Kunduz had general adult ward services. Nearly half of facilities with adult inpatient services offered combined surgical and medical services (9% of public facilities and 57% of private facilities). It is noteworthy that only 5% of public facilities in Kabul had combined surgical and medical services available, as compared with 58% of private facilities.

12.2.1 Availability of guidelines and basic equipment

Table 12.5 reveals the percentages of facilities having indicated guidelines and basic equipment available on the day of the visit. Overall, 19% of facilities offering general adult inpatient services had guidelines available for caring for adult ward patients on the day of the visit. Guidelines were more likely to be available in public facilities than private facilities (56% and 11%, respectively).

Stethoscopes are one of the essential items for a health facility; the results showed that 71% of facilities offering general adult inpatient services had a stethoscope available on the day of the visit. Public facilities were more likely than private facilities to have a stethoscope available (91% and 66%, respectively). All inpatient ward services should have a functional central oxygen source available; however, only 3% of surveyed facilities overall reported having a functional central oxygen source, and none of the provinces other than Herat and Nangarhar had a functional oxygen source. Seventy percent of facilities had a blood pressure apparatus, while 54% had an electrocardiograph (ECG), 49% had a pulse oximeter, 36% had a cardiac monitor, and 17% had a defibrillator. Generally, public facilities are more likely to have the listed equipment than private facilities.

12.2.2 Availability of items for infection control

Table 12.6 shows that the most common infection control items for inpatient services are sharps containers (82%), running water (78%), soap and running water or alcohol-based hand disinfectant (65%), soap (57%), and latex gloves (56%). Thirty-six percent of facilities have waste receptacles, and 27% have alcohol-based hand disinfectant. At the provincial level, the availability of waste receptacles is highest (61%) in Herat; none of the surveyed hospitals in Paktya reported having a waste receptacle.

12.3 DELIVERY WARD SERVICES

Table 12.7 reveals that 78% of surveyed facilities (85% of private facilities and 42% of public facilities) have postpartum/delivery ward services. Also, a majority of facilities offering delivery ward services had electricity (93%) and functioning toilets (84%) on the day of the survey. However, only 20% of facilities in Paktya had functioning toilet. All facilities in Balkh, Nangarhar, Kunduz and public facilities in Kabul had electricity on the day of the visit, while 80% of facilities in Paktya and 90% of private facilities in Kabul had electricity. Nearly half (48%) of surveyed facilities (51% of private facilities and 27% of public facilities) had a combined postpartum/gynecology ward. Twenty-eight percent of facilities had a maternal/postpartum/delivery ward, and 24% had a general female ward/unit. Private hospitals were more likely than public hospitals to have a general female ward/unit (25% versus 7%). Sixty-three percent of facilities in Kunduz had a general female ward/unit, while no public facilities in Kabul and no facilities in Kandahar had a female ward/unit.

12.3.1 Availability of guidelines and basic equipment

Table 12.8 shows the availability of guidelines, trained staff, and basic equipment at facilities offering postpartum/delivery ward services. Overall, guidelines were available in only 18% of facilities on the day of the survey. No facilities in Nangarhar and Paktya had guidelines available on the day of the survey, while 71% of public facilities in Kabul had guidelines available. A stethoscope was available in 75% of facilities offering postpartum/delivery ward services, with only minimal variation between public and private facilities (73% and 75%, respectively). Sixty-one percent of facilities had a blood pressure apparatus, while only 2% had a functional central oxygen source and 3% had a defibrillator.

12.3.2 Availability of items for infection control

Table 12.9 shows the availability of items for infection control at the service delivery site for postpartum/delivery ward. Overall, 80% of surveyed facilities reported having a sharps container available on the day of the survey, while 68% had running water, 56% had soap and running water, and 64% had

soap and running water or else alcohol-based hand disinfectant. More than half of surveyed facilities reported the availability of soap and latex gloves (57% and 55%, respectively); however, only 23% had a waste receptacle with a plastic bin liner. None of the surveyed facilities in Paktya reported the availability of alcohol-based hand disinfectant, latex gloves, or a waste receptacle.

12.4 PEDIATRIC WARD SERVICES

Table 12.10 shows the percentage of facilities that have pediatric ward services and the indicated type of ward. Overall, 30% of surveyed facilities reported the availability of pediatric ward services; public facilities (56%) were more likely than private facilities (24%) to have these services available. Forty-six percent of facilities had a medical pediatric ward and 23% had a surgical pediatric ward; 26% of facilities had a pediatric ward that included children older than age five. Only 6% of facilities offering pediatric ward services reported the availability of a mixed adult and pediatric ward. Importantly, all surveyed facilities offering pediatric ward services reported the availability of electricity, and 85% had functioning toilets.

12.4.1 Availability of guidelines and basic equipment

Table 12.11 presents the percentage of hospitals offering pediatric ward services that have relevant guidelines and equipment for care of sick children. Thirty-four percent of facilities reported having guidelines for pediatric ward care of sick children on the day of the survey. With respect to basic equipment, facilities were most likely to have a stethoscope (80%) and least likely to have a functional central oxygen source (7%). Nearly half of the surveyed facilities (48%) offering pediatric ward services had a blood pressure apparatus, while 23% had an electrocardiograph and 15% had a defibrillator. No facilities in Nangarhar, Kandahar, Kunduz, or Paktya and no public facilities in Kabul had a functional central oxygen source available on the day of the survey.

12.4.2 Availability of items for infection control

Table 12.12 shows the availability of infection control items at the service delivery site for pediatric ward. Facilities were most likely to have sharps containers (83%) and soap and running water or else alcohol-based hand disinfectant (73%) and least likely to have a waste receptacle (34%). Almost two-thirds of surveyed facilities had latex gloves and soap available (66% and 59%, respectively).

12.5 INTENSIVE CARE SERVICES

Table 12.13 reveals the percentage of surveyed facilities that offer intensive care services and the indicated type of ward, including medical, surgical, pediatric, and neonatal intensive care. More than one-third (37%) of facilities have intensive care services, with public facilities (72%) being more likely than private facilities (30%) to offer these services. Emergency transport is available in all surveyed facilities other than facilities in Nangarhar (55%). Importantly, public facilities are more likely to have emergency transportation than private facilities (100% and 93%, respectively). Approximately a quarter of facilities have medical intensive care and surgical intensive care wards (24% each), while 41% have combined medical and surgical intensive care wards. No public facilities and 2% of private facilities offer neonatal intensive care. It is also noteworthy that no facilities other than those in Kabul provide neonatal intensive care.

12.5.1 Availability of guidelines and basic equipment

Table 12.14 shows the percentages of surveyed facilities having guidelines and basic equipment for intensive care services. The results showed that guidelines for intensive care patients were available in less than half of facilities (45%). Facilities were most likely to have a cardiac monitor (78%) and least likely to have a functional central oxygen source (15%). Sixty-eight percent of facilities had a ventilator, 51% had an ECG, and 33% had a defibrillator.

No facilities in Paktya had a resuscitation trolley, defibrillator, functional central oxygen source, or ECG available on the day of the visit. However, 86% of facilities in Balkh had a resuscitation trolley, 70% of facilities in Kandahar had a defibrillator, 43% of facilities in Balkh had a functional central oxygen source, and 90% of public facilities in Kabul had an ECG (**Table 12.14**).

12.5.2 Availability of items for infection control

Table 12.15 presents the availability of infection control items among facilities offering intensive care services. Sharps containers were the items most likely to be available (74%), followed by latex gloves, running water, and soap (70%, 63%, and 47%, respectively). More than half of surveyed facilities had soap and running water or else alcohol-based hand disinfectant available on the day of the survey. Facilities were least likely to have alcohol-based hand disinfectant or a waste receptacle (38% each).

In general, public facilities were more likely than private facilities to have the listed infection prevention items. For example, running water was available in 85% of public facilities, as compared with 53% of private facilities. Additionally, public facilities (62%) were more than twice as likely as private facilities (27%) to have alcohol-based hand disinfectant. Latex gloves were available in more than two-thirds of both public and private facilities.

Waste receptacles were available in only 13% of surveyed facilities in Nangarhar, while sharps containers and latex gloves were available in more than two-thirds (71% each) of facilities in that province. In Kabul, public facilities were more likely than private facilities to have infection control items other than latex gloves. Seventy-eight percent of private facilities in Kabul had latex gloves available, as compared with 63% of public facilities.

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Table 12.1 Availability of emergency services

Among all facilities, the percentage offering 24-hour emergency services, and among facilities offering 24-hour emergency services, the percentages offering these services on the indicated number of days per week and the percentage having emergency transport and physician available onsite 24 hours for surgical services, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering 24-hour emergency services	Number of facilities	Percentage of facilities offering 24-hour emergency services where emergency services are offered on indicated days		Emergency transport ¹	Physician available onsite 24 hours per day for surgical services	Number of facilities offering 24-hour emergency services
			1-2 days/week	5+ days/week			
Facility type							
Public	77.8	24	0.0	100.0	100.0	75.0	19
Private	86.5	118	1.4	98.6	87.1	35.1	102
Province							
Balkh	73.3	10	0.0	100.0	100.0	36.4	7
Herat	81.9	19	4.7	95.3	100.0	45.3	15
Kabul	82.8	77	0.0	100.0	90.6	45.5	63
Public	88.0	17	0.0	100.0	100.0	77.3	15
Private	81.3	60	0.0	100.0	87.8	36.0	49
Kandahar	100.0	11	0.0	100.0	81.8	35.7	11
Kunduz	100.0	5	0.0	100.0	100.0	62.5	5
Nangarhar	87.0	15	5.0	95.0	65.7	16.4	13
Paktya	100.0	5	0.0	100.0	87.5	37.5	5
Total	85.0	142	1.1	98.9	89.1	41.3	121

¹ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility

Table 12.2 Guidelines, trained staff, and basic equipment for emergency services

Among facilities offering 24-hour emergency services, the percentage having guidelines, at least one staff member recently trained on emergency service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines for caring for emergency patients ¹	Trained staff ²	Ventilator	Electro-cardiograph (ECG)	Functional central oxygen source	Defibrillator	Cardiac monitor	Thora-cotomy pack and chest tubes	Number of facilities offering 24-hour emergency services
Facility type									
Public	57.1	42.9	21.4	71.4	14.3	46.4	60.7	17.9	19
Private	29.1	26.9	19.1	86.4	2.9	33.4	59.3	6.0	102
Province									
Balkh	36.4	36.4	27.3	100.0	0.0	36.4	54.5	18.2	7
Herat	59.4	41.3	68.1	90.9	13.8	22.5	22.8	9.1	15
Kabul	35.2	29.9	6.4	85.4	3.2	45.5	68.5	4.3	63
Public	63.6	45.5	18.2	72.7	9.1	36.4	54.5	9.1	15
Private	26.6	25.2	2.9	89.2	1.4	48.2	72.7	2.9	49
Kandahar	19.6	37.8	9.8	83.9	0.0	28.0	80.4	6.2	11
Kunduz	0.0	12.5	62.5	87.5	0.0	25.0	50.0	25.0	5
Nangarhar	31.4	21.4	20.0	73.6	6.4	21.4	62.9	15.0	13
Paktya	0.0	0.0	0.0	50.0	12.5	12.5	25.0	0.0	5
Total	33.4	29.4	19.5	84.1	4.7	35.5	59.5	7.8	121

¹ National or facility guidelines on caring for emergency patients or guidelines for any activities related to emergency patient assessment or procedures were available in the facility.

² At least one provider of emergency services in the facility received any training in any aspect of emergency services during the 24 months preceding the survey.

Table 12.3 Items for infection control for emergency services

Among facilities offering 24-hour emergency services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering emergency services that have items for infection control								Number of facilities offering 24-hour emergency services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	71.4	89.3	71.4	39.3	85.7	85.7	100.0	46.4	19
Private	65.6	75.7	64.9	43.9	75.0	80.9	89.6	42.9	102
Province									
Balkh	100.0	100.0	100.0	100.0	100.0	100.0	100.0	54.5	7
Herat	68.1	77.5	68.1	63.4	77.2	86.2	86.6	86.9	15
Kabul	67.3	78.0	67.3	36.0	82.0	84.1	95.6	44.2	63
Public	63.6	86.4	63.6	40.9	81.8	86.4	100.0	45.5	15
Private	68.3	75.5	68.3	34.5	82.0	83.4	94.2	43.9	49
Kandahar	63.7	73.5	63.7	28.0	63.7	75.6	100.0	37.8	11
Kunduz	75.0	100.0	75.0	62.5	75.0	87.5	75.0	0.0	5
Nangarhar	52.9	75.7	52.9	39.3	64.3	64.3	87.1	22.9	13
Paktya	37.5	37.5	25.0	12.5	37.5	62.5	50.0	0.0	5
Total	66.5	77.8	65.9	43.2	76.6	81.6	91.2	43.4	121

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 12.4 Availability of general adult inpatient ward services

Among all facilities, the percentage offering general adult inpatient ward services, and among facilities offering general adult inpatient ward services, the percentages offering the services on the indicated type of ward, and the percentages having electricity and functioning toilet, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that have general adult inpatient ward services	Number of facilities	Percentage of facilities offering general adult ward services that have the indicated ward type				Electricity	Functioning toilet	Number of facilities offering general adult inpatient ward services
			Surgical	Medical	Combined surgical and medical				
Facility type									
Public	88.9	24	46.9	43.7	9.4	100.0	81.2	21	
Private	81.4	118	29.6	13.2	57.2	100.0	92.7	96	
Province									
Balkh	80.0	10	33.3	33.3	33.3	100.0	100.0	8	
Herat	85.4	19	21.5	13.5	65.0	100.0	95.5	16	
Kabul	81.9	77	44.5	9.7	45.8	100.0	90.2	63	
Public	84.0	17	61.9	33.3	4.8	100.0	76.2	14	
Private	81.3	60	39.6	2.9	57.6	100.0	94.2	49	
Kandahar	70.5	11	25.7	50.6	23.6	100.0	100.0	8	
Kunduz	100.0	5	12.5	12.5	75.0	100.0	100.0	5	
Nangarhar	85.7	15	13.0	45.7	41.3	100.0	88.4	13	
Paktya	87.5	5	0.0	14.3	85.7	100.0	42.9	5	
Total	82.7	142	32.7	18.8	48.5	100.0	90.6	117	

Table 12.5 Guidelines, trained staff, and basic equipment for adult inpatient ward services

Among facilities offering general adult inpatient ward services, the percentages having guidelines and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines for caring for general adult ward patients	Stethoscope	Electro-cardiograph (ECG)	Functional central oxygen source	Blood pressure apparatus	Cardiac monitor	Pulse oximeter	Defibrillator	Number of facilities offering general adult inpatient ward services
Facility type									
Public	56.2	90.6	53.1	0.0	84.4	53.1	62.5	37.5	21
Private	10.9	66.2	53.7	3.1	67.2	32.4	45.6	12.2	96
Province									
Balkh	25.0	100.0	83.3	0.0	100.0	41.7	91.7	25.0	8
Herat	26.0	61.1	12.9	9.0	65.6	17.0	39.5	8.7	16
Kabul	18.2	76.6	64.8	0.0	76.7	40.9	48.0	17.0	63
Public	71.4	95.2	52.4	0.0	85.7	42.9	52.4	28.6	14
Private	2.9	71.2	68.3	0.0	74.1	40.3	46.8	13.7	49
Kandahar	27.8	53.6	64.6	0.0	53.6	62.4	48.5	13.9	8
Kunduz	0.0	100.0	100.0	0.0	87.5	25.0	50.0	25.0	5
Nangarhar	21.7	53.6	25.4	11.6	50.0	30.4	48.6	20.3	13
Paktya	0.0	14.3	0.0	0.0	14.3	14.3	14.3	14.3	5
Total	19.2	70.6	53.6	2.5	70.3	36.1	48.7	16.8	117

Table 12.6 Items for infection control for adult inpatient ward services

Among facilities offering general adult inpatient ward services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering general adult ward services that have items for infection control								Number of facilities offering general adult inpatient ward services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	37.5	81.2	37.5	37.5	50.0	59.4	90.6	34.4	21
Private	61.1	77.1	60.4	25.2	68.1	55.5	80.0	36.0	96
Province									
Balkh	75.0	100.0	75.0	83.3	83.3	91.7	100.0	50.0	8
Herat	52.4	70.1	48.2	39.2	56.9	52.7	52.4	60.8	16
Kabul	59.4	81.8	59.4	15.9	69.9	54.2	92.3	33.2	63
Public	38.1	76.2	38.1	23.8	42.9	52.4	85.7	33.3	14
Private	65.5	83.4	65.5	13.7	77.7	54.7	94.2	33.1	49
Kandahar	62.4	74.3	62.4	34.6	62.4	62.4	76.4	39.7	8
Kunduz	75.0	100.0	75.0	75.0	87.5	100.0	75.0	12.5	5
Nangarhar	38.4	65.2	38.4	15.2	43.5	42.0	81.9	28.3	13
Paktya	28.6	28.6	28.6	14.3	28.6	14.3	28.6	0.0	5
Total	56.8	77.8	56.3	27.4	64.8	56.2	81.9	35.7	117

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 12.7 Availability of postpartum/delivery ward services

Among all facilities, the percentage offering postpartum/delivery ward services, and among facilities offering postpartum/delivery ward services, the percentages offering the services on the indicated type of ward, and the percentages having electricity and functioning toilet, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that have postpartum/delivery ward services	Number of facilities	Percentage of facilities with postpartum/delivery ward services that have the indicated ward type			Electricity	Functioning toilet	Number of facilities offering postpartum/delivery ward services
			Maternal/postpartum/delivery	Combined postpartum/gynecology	General female ward/unit that includes postpartum women			
Facility type								
Public	41.7	24	66.7	26.7	6.7	100.0	86.7	10
Private	85.1	118	24.2	50.6	25.2	91.8	84.1	100
Province								
Balkh	53.3	10	12.5	75.0	12.5	100.0	100.0	5
Herat	78.3	19	71.6	9.8	18.6	95.1	85.6	15
Kabul	83.4	77	17.8	54.3	28.0	90.7	86.3	64
Public	28.0	17	85.7	14.3	0.0	100.0	100.0	5
Private	98.8	60	12.4	57.4	30.2	89.9	85.2	59
Kandahar	80.4	11	34.8	65.2	0.0	89.6	89.6	9
Kunduz	100.0	5	25.0	12.5	62.5	100.0	100.0	5
Nangarhar	60.2	15	23.7	69.1	7.2	100.0	69.1	9
Paktya	62.5	5	60.0	20.0	20.0	80.0	20.0	3
Total	77.7	142	28.1	48.4	23.5	92.5	84.3	110

Table 12.8 Guidelines, trained staff, and basic equipment for postpartum/delivery ward services

Among facilities offering postpartum/delivery ward services, the percentages having guidelines and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines for postpartum/delivery patients	Stethoscope	Electro-cardiograph (ECG)	Functional central oxygen source	Blood pressure apparatus	Cardiac monitor	Pulse oximeter	Defibrillator	Number of facilities offering postpartum/delivery ward services
Public	46.7	73.3	33.3	0.0	53.3	26.7	40.0	13.3	10
Private	15.3	75.4	33.9	2.3	62.1	17.0	32.3	2.0	100
Province									
Balkh	25.0	100.0	75.0	0.0	100.0	37.5	100.0	12.5	5
Herat	28.8	38.2	0.0	4.9	38.2	0.0	18.9	0.0	15
Kabul	18.9	85.3	42.6	1.1	63.4	24.0	33.3	3.2	64
Public	71.4	71.4	42.9	0.0	57.1	28.6	42.9	28.6	5
Private	14.8	86.4	42.6	1.2	63.9	23.7	32.5	1.2	59
Kandahar	12.2	77.4	32.2	0.0	77.4	20.0	42.6	0.0	9
Kunduz	25.0	100.0	62.5	0.0	100.0	12.5	50.0	12.5	5
Nangarhar	0.0	52.6	0.0	9.3	38.1	0.0	7.2	0.0	9
Paktya	0.0	20.0	0.0	0.0	20.0	0.0	0.0	0.0	3
Total	18.1	75.2	33.8	2.1	61.3	17.9	33.0	3.1	110

Table 12.9 Items for infection control for postpartum/delivery ward services

Among facilities offering postpartum/delivery ward services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering postpartum/delivery ward services that have items for infection control								Number of facilities offering postpartum/delivery ward services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	60.0	73.3	60.0	46.7	66.7	53.3	93.3	20.0	10
Private	56.8	67.7	56.1	26.3	63.5	54.7	78.4	23.6	100
Province									
Balkh	87.5	100.0	87.5	75.0	87.5	87.5	75.0	25.0	5
Herat	47.7	53.0	43.2	33.3	48.1	47.7	47.4	52.3	15
Kabul	60.1	70.5	60.1	23.9	71.6	55.2	87.4	22.9	64
Public	57.1	57.1	57.1	71.4	71.4	57.1	100.0	28.6	5
Private	60.3	71.6	60.3	20.1	71.6	55.0	86.4	22.5	59
Kandahar	54.8	65.2	54.8	24.4	54.8	77.4	77.4	24.4	9
Kunduz	87.5	100.0	87.5	62.5	87.5	100.0	87.5	0.0	5
Nangarhar	30.9	59.8	30.9	16.5	30.9	14.4	92.8	0.0	9
Paktya	20.0	20.0	20.0	0.0	20.0	0.0	40.0	0.0	3
Total	57.1	68.2	56.4	28.2	63.7	54.6	79.7	23.3	110

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 12.10 Availability of pediatric ward services

Among all facilities, the percentage offering pediatric ward services, and among facilities offering pediatric ward services, the percentages offering the services on the indicated type of ward, and the percentages having electricity and functioning toilet, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that have pediatric ward services	Number of facilities	Percentage of facilities offering pediatric ward services that have the indicated ward type					Electricity	Functioning toilet	Number of facilities offering pediatric ward services
			Medical pediatric	Surgical pediatric	Pediatric ward including children older than age 5	Mixed adult and pediatric ward				
Facility type										
Public	55.6	24	50.0	10.0	40.0	0.0	100.0	80.0	13	
Private	24.3	118	43.3	29.0	19.4	8.3	100.0	86.7	29	
Province										
Balkh	33.3	10	40.0	40.0	0.0	20.0	100.0	100.0	3	
Herat	34.1	19	89.5	10.5	0.0	0.0	100.0	88.7	6	
Kabul	24.6	77	25.1	31.4	43.5	0.0	100.0	85.7	19	
Public	48.0	17	41.7	8.3	50.0	0.0	100.0	75.0	8	
Private	18.1	60	12.9	48.3	38.8	0.0	100.0	93.5	11	
Kandahar	25.9	11	24.1	37.9	0.0	37.9	100.0	62.1	3	
Kunduz	12.5	5	100.0	0.0	0.0	0.0	100.0	100.0	1	
Nangarhar	47.8	15	54.5	9.1	27.3	9.1	100.0	90.9	7	
Paktya	50.0	5	75.0	0.0	25.0	0.0	100.0	50.0	3	
Total	29.6	142	45.5	23.0	25.9	5.7	100.0	84.6	42	

Table 12.11 Guidelines, trained staff, and basic equipment for pediatric ward services

Among facilities offering pediatric ward services, the percentages having guidelines and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines for pediatric ward care of sick children	Stethoscope	Electro-cardiograph (ECG)	Functional central oxygen source	Blood pressure apparatus	Cardiac monitor	Pulse oximeter	Defibrillator	Number of facilities offering pediatric ward services
Facility type									
Public	50.0	90.0	25.0	5.0	70.0	55.0	70.0	20.0	13
Private	26.4	76.0	21.4	7.3	38.3	28.7	48.2	12.1	29
Province									
Balkh	40.0	100.0	40.0	20.0	80.0	40.0	100.0	20.0	3
Herat	66.1	66.1	10.5	21.8	10.5	21.8	77.4	21.8	6
Kabul	28.4	89.0	25.5	3.7	47.0	39.8	50.6	14.5	19
Public	58.3	91.7	25.0	0.0	58.3	50.0	66.7	16.7	8
Private	6.5	87.1	25.8	6.5	38.8	32.3	38.8	12.9	11
Kandahar	24.1	100.0	0.0	0.0	100.0	24.1	24.1	0.0	3
Kunduz	0.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	1
Nangarhar	27.3	63.6	36.4	0.0	45.5	45.5	45.5	9.1	7
Paktya	25.0	50.0	0.0	0.0	50.0	25.0	25.0	0.0	3
Total	33.9	80.4	22.6	6.6	48.4	37.1	55.1	14.6	42

Table 12.12 Items for infection control for pediatric ward services

Among facilities offering pediatric ward services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering pediatric care services that have items for infection control								Number of facilities offering pediatric ward services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	55.0	80.0	55.0	55.0	75.0	60.0	90.0	20.0	13
Private	61.5	64.0	61.5	36.0	71.3	68.8	79.8	40.1	29
Province									
Balkh	80.0	100.0	80.0	80.0	80.0	100.0	100.0	40.0	3
Herat	33.9	55.6	33.9	55.6	66.9	45.2	88.7	88.7	6
Kabul	78.4	85.5	78.4	32.3	89.2	75.1	89.2	25.5	19
Public	66.7	83.3	66.7	50.0	83.3	50.0	83.3	25.0	8
Private	87.1	87.1	87.1	19.4	93.5	93.5	93.5	25.8	11
Kandahar	24.1	24.1	24.1	24.1	24.1	24.1	62.1	37.9	3
Kunduz	100.0	100.0	100.0	100.0	100.0	0.0	100.0	0.0	1
Nangarhar	45.5	54.5	45.5	45.5	63.6	72.7	81.8	18.2	7
Paktya	25.0	25.0	25.0	25.0	25.0	50.0	25.0	0.0	3
Total	59.4	69.1	59.4	42.0	72.5	66.0	83.0	33.7	42

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Table 12.13 Availability of intensive care services

Among all facilities, the percentage offering intensive care services, and among facilities offering intensive care services, the percentages offering the services on the indicated type of ward, and the percentages having emergency transport, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities that have intensive care services	Number of facilities	Percentage of facilities offering intensive care services that have the indicated ward type					Emergency transport ¹	Number of facilities offering intensive care services
			Medical intensive care	Surgical intensive care	Combined medical and surgical intensive care	Pediatric intensive care	Neonatal intensive care		
Facility type									
Public	72.2	24	34.6	19.2	34.6	11.5	0.0	100.0	17
Private	30.1	118	18.5	25.8	43.9	9.8	2.0	93.3	36
Province									
Balkh	46.7	10	14.3	14.3	28.6	42.9	0.0	100.0	5
Herat	41.2	19	27.3	36.0	18.0	18.7	0.0	100.0	8
Kabul	33.5	77	29.0	10.5	52.4	5.3	2.7	100.0	26
Public	76.0	17	42.1	15.8	36.8	5.3	0.0	100.0	13
Private	21.7	60	16.2	5.4	67.5	5.4	5.4	100.0	13
Kandahar	65.2	11	24.7	60.3	15.1	0.0	0.0	100.0	7
Kunduz	25.0	5	0.0	0.0	50.0	50.0	0.0	100.0	1
Nangarhar	34.2	15	12.7	29.1	58.2	0.0	0.0	54.5	5
Paktya	25.0	5	0.0	50.0	50.0	0.0	0.0	100.0	1
Total	37.2	142	23.8	23.7	40.8	10.3	1.3	95.5	53

¹ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility

Table 12.14 Guidelines, trained staff, and basic equipment for intensive care services

Among facilities offering intensive care services, the percentages having guidelines and the indicated equipment observed to be available on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Guidelines for intensive care patients ¹	Ventilator	Electro-cardiograph (ECG)	Functional central oxygen source	Defibrillator	Cardiac monitor	Resuscitation trolley with emergency drugs and adult ambu bag	Number of facilities offering intensive care services
Facility type								
Public	76.9	92.3	84.6	11.5	26.9	92.3	73.1	17
Private	28.6	56.3	34.0	16.9	35.4	70.9	52.1	36
Province								
Balkh	28.6	100.0	85.7	42.9	71.4	85.7	85.7	5
Herat	27.3	45.3	27.3	18.7	54.7	36.7	45.3	8
Kabul	49.6	71.4	57.9	5.2	7.8	92.1	58.1	26
Public	89.5	94.7	89.5	10.5	15.8	89.5	78.9	13
Private	10.8	48.7	27.1	0.0	0.0	94.6	37.9	13
Kandahar	45.2	54.8	54.8	15.1	69.9	69.9	75.3	7
Kunduz	50.0	100.0	50.0	0.0	50.0	50.0	50.0	1
Nangarhar	67.3	70.9	25.5	41.8	41.8	87.3	54.5	5
Paktya	0.0	50.0	0.0	0.0	0.0	50.0	0.0	1
Total	44.5	68.1	50.6	15.1	32.6	77.9	58.9	53

¹ Standard patient care guidelines for intensive care patients or other standard care guidelines not specific to intensive care were available in the facility.

Table 12.15 Items for infection control for intensive care services

Among facilities offering intensive care services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Afghanistan SPA 2018-19

Background characteristic	Percentage of facilities offering intensive care services that have items for infection control								Number of facilities offering intensive care services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Public	65.4	84.6	65.4	61.5	73.1	69.2	88.5	42.3	17
Private	38.0	52.9	38.0	27.2	39.9	70.1	66.4	36.1	36
Province									
Balkh	85.7	100.0	85.7	57.1	85.7	100.0	71.4	42.9	5
Herat	46.0	55.3	46.0	36.7	46.0	45.3	64.0	72.0	8
Kabul	39.5	55.3	39.5	36.6	47.5	70.9	74.3	31.7	26
Public	57.9	84.2	57.9	63.2	68.4	63.2	89.5	42.1	13
Private	21.6	27.1	21.6	10.8	27.1	78.4	59.5	21.6	13
Kandahar	54.8	69.9	54.8	39.7	54.8	69.9	84.9	45.2	7
Kunduz	100.0	100.0	100.0	100.0	100.0	100.0	100.0	50.0	1
Nangarhar	25.5	54.5	25.5	25.5	25.5	70.9	70.9	12.7	5
Paktya	50.0	100.0	50.0	0.0	50.0	50.0	50.0	0.0	1
Total	46.9	63.3	46.9	38.4	50.8	69.8	73.6	38.1	53

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

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PERSONS INVOLVED IN THE 2018-19 AfSPA *Appendix* **A**

AfSPA Steering Committee Members

	Institution
Dr. Sayed Ataullah Saeedzai	DG/M&EHIS
Dr. Nezamuddin Jalil	MoPH/GDCM
Dr. Sami Wardak	MoPH
Dr. Bashir Sakayee	MoPH/private sector
Dr. Mohammad Samim Soroush	MoPH/RHD
Dr. Mohammad Nadir Sahak	WHO
Ms. Muzhgan Habibi	MoPH/GDM&EHIS
Ms. Bahara Rasoly	MoPH/GDM&EHIS
Dr. Abdul Naser Ikram	USAID
Dr. Mohammad Taher Ghaznavi	UNFPA
Dr. Sharmina Sultana	UNICEF

AfSPA Investigation Team

	AfSPA Position
Dr. Sayed Ataullah Saeedzai	Principal investigator
Dr. Abdul Naser Ikram	Co-investigator
Dr. Hamdy Moussa	Co-investigator

AfSPA Core Team

	Position
Dr. Ebadullah Hedyat	AfSPA team leader
Dr. Mohammad Haris Abdianwal	AfSPA manager
Dr. Farid Ahmad Safi	AfSPA master trainer
Dr. Iftikhar Gran	AfSPA master trainer
Dr. Mohammad Ishaq Farhad	AfSPA master trainer
Dr. Sayed Amrullah	AfSPA master trainer
Dr. Abdul Qayum Azimi	AfSPA master trainer
Dr. Abdullah Shahid	AfSPA master trainer
Mr. Saifullah Sayedzai	Data processing specialist
Mr. Atiqullah Sahak	Data processing specialist
Mr. Jafar Sahak	Logistic and finance officer

AfSPA Data Collectors

Dr. Ali Mahdavi
Dr. Najibullah Nabil Qazizadah
Dr. Samira Hakimyar
Dr. Nooria Yooldash
Dr. Shabana Hafizi
Dr. Mirwais Gharwal
Dr. Rukhsar Noori
Dr. Yalda Zainebad
Dr. Wazhma Safi-Qafer
Dr. Mohammad Mushfiq Akseer
Dr. Layka Mir
Dr. Fawzia Mohsini
Dr. Mariam Haidary
Dr. Hamidullah Omari
Dr. Yasir Zazai
Dr. Abdul Hai Jalili
Dr. Ahmadullah Azizi
Dr. Mohammad Salim Haider
Dr. Hina Tariq
Dr. Najia Azimi
Dr. Noor Ahmad Masoom
Dr. Abdul Matin Rahmani
Dr. Abdullah Rahimi
Dr. Fatima Nabawi
Dr. Shakila Rezaee
Dr. Tamanna Jalalzai
Dr. Shamsu Rahman Sayeed
Dr. Abdul Mukhtar Hamdard
Dr. Hafizullah Mohmand
Dr. Nazia Nasiri
Dr. Brekhna Hashem

ICF

Hamdy Moussa
Mamadou Diallo
Rajendra Lal Dangol
Trinadh Dontamsetti
Mahmoud Elkasabi
Sally Zweimueller
Nancy Johnson
Greg Edmondson
Chris Gramer
Natalie Shattuck

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001 NAME OF FACILITY _____

002 LOCATION OF FACILITY (TOWN/CITY) _____

004 PROVINCE

--	--

005 FACILITY CODE NUMBER

--	--	--	--	--

006 TYPE OF FACILITY

REGIONAL/NATIONAL HOSPITAL	01
PROVINCIAL HOSPITAL	02
SPECIAL HOSPITAL	03
PRIVATE HOSPITAL	04
PRIVATE CLINIC	05

007 MANAGING AUTHORITY (OWNERSHIP)

GOVERNMENT/PUBLIC	1
PRIVATE NOT-FOR-PROFIT	2
PRIVATE-FOR-PROFIT	3

008 URBAN/RURAL

URBAN	1
RURAL	2

009 INPATIENT ONLY

YES	1
NO	2

INTERVIEWER VISITS

	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
INTERVIEWER NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

RESULT CODES (LAST VISIT):

1 = FACILITY COMPLETED

2 = FACILITY RESPONDENTS NOT AVAILABLE

3 = POSTPONED / PARTIALLY COMPLETED

4 = FACILITY REFUSED

5 = FACILITY CLOSED / NOT YET FUNCTIONAL

6 = OTHER _____

(SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS

TOTAL NUMBER OF PROVIDERS INTERVIEWED	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											TOTAL # CLIENT VISITS	
TOTAL NUMBER OF ANC OBSERVATIONS	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS													
TOTAL NUMBER OF SICK CHILD OBSERVATIONS													
TOTAL NUMBER OF DELIVERY OBSERVATIONS													

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

- 1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"
- 2 WAIT 5 MINUTES
- 3 PRESS "MARK"
- 4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
- 5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER
- 6 HIGHLIGHT "SAVE" AND PRESS "ENTER"
- 7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
- 8 HIGHLIGHT YOUR WAYPOINT
- 9 COPY INFORMATION FROM WAYPOINT LIST PAGE

BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>
012 LATITUDE	N/S a <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> DEGREES/DECIM b <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . c <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table>
013 LONGITUDE	E/W a <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> DEGREES/DECIM b <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> . c <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of the MoPH conducting a survey of health facilities to assist the government in knowing more about health services in Afghanistan

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by the MoPH, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

Data collection will take place (October – November, 2018), data will be released on May 2019.

Datasets from this study will only be available for legitimate research purposes

If you have any question regarding the survey please contact the Principal Investigator:

Dr. Sayed Ataullah Saeedzai,

General Directorate of Evaluation & Health Information System, Ministry of Public Health

Phone Number: 0799338159

At this point, do you have any questions about the study? Do I have your agreement to proceed?

					2	0	1
DAY				MONTH		YEAR	

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="font-size: 10px;">:</td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">HOURS</td> <td></td> <td colspan="2" style="text-align: center;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV, either with ANC or delivery services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
08	Diagnosis or treatment of malaria	1	2	<input type="checkbox"/>
09	Diagnosis or treatment of STIs, excluding HIV	1	2	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
11	HIV testing and counseling services	1	2	<input type="checkbox"/>
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	<input type="checkbox"/>
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	<input type="checkbox"/>
14	Diagnosis or management of non-communicable diseases, specifically diabetes cardiovascular diseases, and chronic respiratory conditions in adults.	1	2	<input type="checkbox"/>
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	<input type="checkbox"/>
16	Cesarean delivery (Cesarean section)	1	2	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	<input type="checkbox"/>
18	Blood typing services	1	2	<input type="checkbox"/>
19	Blood transfusion services	1	2	<input type="checkbox"/>
20*	Postnatal care (PNC) services	1	2	<input type="checkbox"/>

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many (overnight or in-patient) beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF INSTRUMENTS

200	<p>I have a few questions about how surgical instruments, such as speculums, forceps, and other metal equipment are processed for re-use in this facility.</p> <p>Are instruments that are used in the facility processed (i.e., sterilized or high-level disinfected) for re-use?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→ 210
201	<p>Is the final processing done in this facility, outside this facility, or both?</p>	<p>ONLY IN THIS FACILITY..... 1</p> <p>BOTH IN THIS FACILITY AND OUTSIDE..... 2</p> <p>ONLY AT AN OUTSIDE FACILITY..... 3</p>	

STORAGE OF MEDICINES

210	<p>Does this facility store any medicines (including ARVs), vaccines or contraceptive commodities?</p> <p>PROBE</p>	<p>YES..... 1</p> <p>FACILITIES STOCKS NO MEDICINES... 2</p>	→ 300
211	<p>CHECK Q102.04</p> <p style="text-align: center;">FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NO FAMILY PLANNING SERVICES <input type="checkbox"/></p>	→ 213
212	<p>Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?</p>	<p>STORED IN FP SERVICE AREA..... 1</p> <p>STORED WITH OTHER MEDICINES... 2</p> <p>FP COMMODITIES NOT STOCKED.... 3</p>	
213	<p>CHECK Q102.10</p> <p style="text-align: center;">TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NO TUBERCULOSIS SERVICES <input type="checkbox"/></p>	→ 215
214	<p>Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?</p>	<p>STORED IN TB SERVICE AREA..... 1</p> <p>STORED WITH OTHER MEDICINES... 2</p> <p>TB MEDICINES NOT STOCKED..... 3</p>	
215	<p>CHECK Q102.06 AND Q102.12</p> <p style="text-align: center;">ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/></p>	<p style="text-align: center;">NEITHER ARV TREATMENT NOR PMTCT SERVICES AVAILABLE <input type="checkbox"/></p>	→ 300
216	<p>Are antiretroviral (ARV) medicines generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?</p>	<p>STORED IN ART SERVICE AREA..... 1</p> <p>STORED WITH OTHER MEDICINES... 2</p> <p>ARV MEDICINES NOT STOCKED..... 3</p> <p>STORED IN PMTCT SERVICE AREA..... 4</p> <p>STORED IN ART AND PMTCT SERVICE AREA 5</p>	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and	YES, 24-HR STAFF.....1 NO 24-HOUR STAFF.....2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES.....1 DUTY SCHEDULE NOT MAINTAINED... 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED NOT SEEN. ... 2	

COMMUNICATION

310	Does this facility have a <u>land line telephone</u> that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES.....1 NO.....2	→ 313
311	May I see the land line telephone?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
313	Does this facility have a <u>cellular telephone or a private cellular phone</u> that is supported by the facility?	YES.....1 NO.....2	→ 316
314	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
316	Does this facility have a <u>short-wave radio</u> for radio calls?	YES.....1 NO.....2	→ 319
317	May I see the short-wave radio?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
318	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
319	Does this facility have a <u>computer?</u>	YES..... 1 NO..... 2	→ 322
320	May I see the computer?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	→ 330
323	Is the email or internet routinely available for <u>at least 2 hours</u> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	

SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility at this time?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PIPED INTO FACILITY.</td><td style="text-align: right;">01</td><td rowspan="13" style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 332</td></tr> <tr><td>PIPED ONTO FACILITY GROUNDS.</td><td style="text-align: right;">02</td></tr> <tr><td>PUBLIC TAP/STANDPIPE.</td><td style="text-align: right;">03</td></tr> <tr><td>TUBEWELL/BOREHOLE.</td><td style="text-align: right;">04</td></tr> <tr><td>PROTECTED DUG WELL.</td><td style="text-align: right;">05</td></tr> <tr><td>UNPROTECTED DUG WELL.</td><td style="text-align: right;">06</td></tr> <tr><td>PROTECTED SPRING.</td><td style="text-align: right;">07</td></tr> <tr><td>UNPROTECTED SPRING.</td><td style="text-align: right;">08</td></tr> <tr><td>RAINWATER.</td><td style="text-align: right;">09</td></tr> <tr><td>BOTTLED WATER.</td><td style="text-align: right;">10</td></tr> <tr><td>CART W/SMALL TANK/DRU.</td><td style="text-align: right;">11</td><td rowspan="2" style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 332</td></tr> <tr><td>TANKER TRUCK.</td><td style="text-align: right;">12</td></tr> <tr><td>SURFACE WATER (RIVER/DAM/LAKE/POND).</td><td style="text-align: right;">13</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td style="text-align: right;">96</td></tr> <tr><td>DON'T KNOW.</td><td style="text-align: right;">98</td><td style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 332</td></tr> <tr><td>NO WATER SOURCE.</td><td style="text-align: right;">00</td><td style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 340</td></tr> </table>	PIPED INTO FACILITY.	01	} 332	PIPED ONTO FACILITY GROUNDS.	02	PUBLIC TAP/STANDPIPE.	03	TUBEWELL/BOREHOLE.	04	PROTECTED DUG WELL.	05	UNPROTECTED DUG WELL.	06	PROTECTED SPRING.	07	UNPROTECTED SPRING.	08	RAINWATER.	09	BOTTLED WATER.	10	CART W/SMALL TANK/DRU.	11	} 332	TANKER TRUCK.	12	SURFACE WATER (RIVER/DAM/LAKE/POND).	13	OTHER (SPECIFY) _____	96	DON'T KNOW.	98	} 332	NO WATER SOURCE.	00	} 340
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NO WATER SOURCE.	00	} 340																																				
331	<p>Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>ONSITE.</td><td style="text-align: right;">1</td></tr> <tr><td>WITHIN 500M OF FACILITY.</td><td style="text-align: right;">2</td></tr> <tr><td>BEYOND 500M OF FACILITY.</td><td style="text-align: right;">3</td></tr> </table>	ONSITE.	1	WITHIN 500M OF FACILITY.	2	BEYOND 500M OF FACILITY.	3																														
ONSITE.	1																																					
WITHIN 500M OF FACILITY.	2																																					
BEYOND 500M OF FACILITY.	3																																					
332	<p>Is there routinely a time of year when the facility has a severe shortage or lack of water?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.</td><td style="text-align: right;">1</td></tr> <tr><td>NO.</td><td style="text-align: right;">2</td></tr> </table>	YES.	1	NO.	2																																
YES.	1																																					
NO.	2																																					

POWER SUPPLY

340	<p>Is this facility connected to the national electricity grid?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.</td><td style="text-align: right;">1</td><td rowspan="3" style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 342</td></tr> <tr><td>NO.</td><td style="text-align: right;">2</td></tr> <tr><td>DON'T KNOW.</td><td style="text-align: right;">8</td></tr> </table>	YES.	1	} 342	NO.	2	DON'T KNOW.	8
YES.	1	} 342							
NO.	2								
DON'T KNOW.	8								
341	<p>During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?</p> <p>CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>ALWAYS AVAILABLE.</td><td style="text-align: right;">1</td></tr> <tr><td>SOMETIMES INTERRUPTED.</td><td style="text-align: right;">2</td></tr> <tr><td>DON'T KNOW.</td><td style="text-align: right;">8</td></tr> </table>	ALWAYS AVAILABLE.	1	SOMETIMES INTERRUPTED.	2	DON'T KNOW.	8	
ALWAYS AVAILABLE.	1								
SOMETIMES INTERRUPTED.	2								
DON'T KNOW.	8								
342	<p>Does this facility have other sources of electricity, such as a generator or solar system?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.</td><td style="text-align: right;">1</td><td rowspan="2" style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 350</td></tr> <tr><td>NO OTHER SOURCE.</td><td style="text-align: right;">2</td></tr> </table>	YES.	1	} 350	NO OTHER SOURCE.	2		
YES.	1	} 350							
NO OTHER SOURCE.	2								
343	<p>What other sources of electricity does this facility have?</p> <p>PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>FUEL-OPERATED GENERATOR.</td><td style="text-align: right;">A</td></tr> <tr><td>BATTERY-OPERATED GENERATOR.</td><td style="text-align: right;">B</td></tr> <tr><td>SOLAR SYSTEM.</td><td style="text-align: right;">C</td></tr> </table>	FUEL-OPERATED GENERATOR.	A	BATTERY-OPERATED GENERATOR.	B	SOLAR SYSTEM.	C	
FUEL-OPERATED GENERATOR.	A								
BATTERY-OPERATED GENERATOR.	B								
SOLAR SYSTEM.	C								
344	<p>CHECK Q343</p> <p style="text-align: center;">GENERATOR USED <input type="checkbox"/> (EITHER "A" OR "B" CIRCLED) GENERATOR NOT USED <input type="checkbox"/> (NEITHER "A" NOR "B" CIRCLED)</p>	} 350							
345	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.</td><td style="text-align: right;">1</td><td rowspan="3" style="border-left: 1px solid black; border-right: 1px solid black; vertical-align: middle; text-align: center;">} 350</td></tr> <tr><td>NO.</td><td style="text-align: right;">2</td></tr> <tr><td>DON'T KNOW.</td><td style="text-align: right;">8</td></tr> </table>	YES.	1	} 350	NO.	2	DON'T KNOW.	8
YES.	1	} 350							
NO.	2								
DON'T KNOW.	8								
346	<p>Is fuel (or a charged battery) available today for the generator?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES.</td><td style="text-align: right;">1</td></tr> <tr><td>NO.</td><td style="text-align: right;">2</td></tr> <tr><td>DON'T KNOW.</td><td style="text-align: right;">8</td></tr> </table>	YES.	1	NO.	2	DON'T KNOW.	8	
YES.	1								
NO.	2								
DON'T KNOW.	8								

EXTERNAL SUPERVISION

350	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES..... 1 NO..... 2	→ 360
351	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO..... 2	→ 360
352	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	

USER FEES

360	Does this facility have any <i>routine user-fees or charges</i> for client services, including charges for health cards/health passports and for client registration?	YES..... 1 NO..... 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES 1 NO, CHARGE FEE FOR SEPARATE ITEMS... 2	→ 363
362	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO	
01	CLIENT HEALTH CARD	1 2	
02	REGISTRATION	1 2	
03	CONSULTATION.....	1 2	
04	MEDICINES (OTHER THAN ARVs)	1 2	
05	VACCINES	1 2	
06	CONTRACEPTIVE COMMODITIES.....	1 2	
07	NORMAL DELIVERIES	1 2	
08	SYRINGES AND NEEDLES.....	1 2	
09	CESAREAN SECTION	1 2	
10	HIV DIAGNOSTIC TEST	1 2	
11	MALARIA RAPID DIAGNOSTIC TEST	1 2	
12	MALARIA MICROSCOPY	1 2	
13	OTHER LABORATORY TESTS	1 2	
14	ARV FOR TREATMENT	1 2	
15	ARV FOR PMTCT.....	1 2	
16	MINOR SURGICAL PROCEDURES.....	1 2	
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 365
364	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q362 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES. 2	
365	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED..... A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER..... B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY.. C ACCEPT PAYMENT IN-KIND..... D OTHER (SPECIFY)..... X	

SOURCES OF REVENUE

370	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the 2017 - 2018 financial year. If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person. CIRCLE ALL THAT APPLY. PROBE FOR EACH.	MINISTRY OF PUBLIC HEALTH..... A OTHER PUBLIC MINISTRIES..... B MEDICAL SCHEMES (INSURANCE).... C SOCIAL SECURITY FUND..... D REIMBURSEMENT BY EMPLOYER..... E GOVT. CONTRIBUTION TO PRIVATE... F DONOR AGENCIES/NGOs..... G FAITH-BASED..... H COMMUNITY PROGRAMS..... I NONE..... Y OTHER (SPECIFY)..... X	
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**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

STAFFING

400	Please tell me how many staff in each of the following occupational categories are currently assigned to, employed by, or seconded to this facility, whether full time or part-time. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.		
		(a) ASSIGNED, EMPLOYED, OR SECONDED	(b) PART TIME
	OCCUPATIONAL CATEGORIES (COUNTRY SPECIFIC)		
01	HOSPITAL DIRECTOR	<input type="text"/> <input type="text"/> <input type="text"/>	
02	MEDICAL DIRECTOR	<input type="text"/> <input type="text"/> <input type="text"/>	
03	NURSING DIRECTOR	<input type="text"/> <input type="text"/> <input type="text"/>	
04	ADMINISTRATOR	<input type="text"/> <input type="text"/> <input type="text"/>	
05	SPECIALIST MEDICAL DOCTOR	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
06	GENERAL MEDICAL DOCTOR	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
07	DIPLOMA NURSE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
08	REGISTERED NURSE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
09	COMMUNITY NURSE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10	REGISTERED MIDWIFE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	COMMUNITY MIDWIFE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	LABORATORY TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
13	RADIOLOGY TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
14	ANESTHESIA TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
15	DENTAL TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
16	BLOOD BANK TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
17	VACCINATOR TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
18	PHARMACIST	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
19	PHARMACY TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
20	OTHER-1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
21	OTHER-2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
22	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

410	Does this facility have routine facility management meetings?	YES. 1 NO 2	→417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY. 1 ONCE EVERY 2-3 MONTHS. 2 ONCE EVERY 4-6 MONTHS. 3 LESS FREQ. THAN EVERY 6 MONTHS. 4 DON'T KNOW. 8] →417
412	Does the facility maintain official records of facility management meetings?	YES. 1 NO, RECORDS NOT MAINTAINED 2	→417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY. A RHIS REPORTING. B TIMELINESS OF RHIS REPORTING. C QUALITY OF SERVICES. D CLIENT UTILIZATION. E DISEASE DATA. F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES). G FINANCES OR BUDGET. H OTHER _____ X NONE OF THE ABOVE. Y	→417
415	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES. 1 NO. 2 DON'T KNOW. 8] →417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES. 1 NO. 2 DON'T KNOW. 8	
417	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES. 1 NO. 2 DON'T KNOW. 8] →430
418	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR LESS FREQUENTLY. 1 EVERY 2-3 MONTHS. 2 EVERY 4-6 MONTHS. 3 LESS FREQ. THAN EVERY 6 MONTHS. 4 DON'T KNOW. 8] →430
419	Is an official record of the meetings with both facility staff and community members maintained?	YES. 1 NO, RECORDS NOT MAINTAINED 2	→430
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES. 1 NO 2	→440
431	Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX. A CLIENT SURVEY FORM. B CLIENT INTERVIEW FORM. C OFFICIAL MEETING WITH COMMUNITY LEADERS. D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY. E EMAIL. F FACILITY'S WEBSITE. G LETTERS FROM CLIENTS/COMMUNITY. H OTHER X DON'T KNOW. Z	→440
432	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES 1 NO PROCEDURE 2 DON'T KNOW. 8	→ 440
433	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED. 1 REPORTED, NOT SEEN. 2 REPORTS NEVER COMPILED 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES. 1 NO 2 DON'T KNOW 8	→450
441	Is there an official record of any quality assurance activities carried out during the past year?	YES. 1 NO, RECORDS NOT MAINTAINED 2	→450
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED 1 REPORTED NOT SEEN. 2	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES. 1 NO 2	→452
451	May I see the ambulance (or other vehicle)?	OBSERVED 1 REPORTED NOT SEEN. 2	→453
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES. 1 NO 2	→460
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES. 1 NO 2 DON'T KNOW. 8	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460	Does this facility have a system in place to regularly collect health services data?	YES. 1 NO. 2	
461	Does this facility regularly compile any reports containing health services information?	YES. 1 NO. 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN. 1 EVERY 2-3 MONTHS. 2 EVERY 4-6 MONTHS. 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
463	May I see a copy of the most recent report?	RECORD OBSERVED. 1 REPORTED, NOT SEEN. 2	
464	Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility?	YES. 1 NO DEDICATED PERSON. 2	→470
465	Who is responsible for health services data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON. 1 FACILITY IN-CHARGE. 2 OTHER SERVICE PROVIDER. 3	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	CHECK Q110	INPATIENT CARE SERVICES AVAILABLE <input type="checkbox"/>	NO INPATIENT CARE SERVICES <input type="checkbox"/>	→ 472
471	How many <u>live</u> discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children?	# OF DISCHARGES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DON'T KNOW. 9998	
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DON'T KNOW. 9998	

SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE SURGICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF SURGICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	CHECK Q201: ARE ANY EQUIPMENT PROCESSED IN THE FACILITY?						
YES (CODES 1 or 2 CIRCLED) <input type="checkbox"/>			NO (CODE 3 CIRCLED) <input type="checkbox"/>				
GO TO NEXT SECTION OR SERVICE SITE ←							
501	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"						
	ITEM	(A) USE AND AVAILABILITY			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT USED	YES	NO	DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 2 ↘	1	2	8
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b	3 3 ↘	1	2	8
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b	3 4 ↘	1	2	8
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b	3 5 ↘	1	2	8
05	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1	2	3			
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → b	2 → b	3 7 ↘	1	2	8
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 8 ↘	1	2	8
08	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE	1	2	3			
09	ANY CHEMICALS FOR CHEMICAL HLD	1	2	3			
502	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.						
		(1) AUTOCLAVE (steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)	
A	Method	USED 1 NOT USED .. 2 → 2	USED 1 NOT USED .. 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED .. 2 → 5	USED 1 NOT USED .. 2 → 503	
B	Temperature (centigrade)	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998				
C	Pressure	PRESS- URE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998 → 1E					
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM 1 ATM PRESSURE .. 2 KILOPASCAL 3 MILLIMETER HG .. 4 DONT KNOW..... 8					
E	What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED..... 995 DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW..... 998	
F	What is the duration in minutes when instrument is wrapped in cloth for autoclave?	MINUTES WRAPPED <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED..... 995 DONT KNOW 998					
G	Chemical disinfectant used						ALCOHOL 01 BETADINE 02 CHLORINE..... 03 CIDEX 04 FORMALDEHYDE . 05 GLUTERALDEHYDE 06 DONT KNOW..... 98
503	Does this facility have any guidelines on final processing or sterilization of surgical instruments?			YES 1 NO 2		→ NEXT SECTION	
504	May I see the guidelines on processing or sterilization of instruments? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE			OBSERVED 1 REPORTED NOT SEEN 2			

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>BURN IN INCINERATOR:</p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C) 02</p> <p>1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION 04</p> <p>PIT OR PROTECTED GROUND 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION 06</p> <p>COVERED PIT OR PIT LATRINE 07</p> <p>OPEN PIT-NO PROTECTION 08</p> <p>PROTECTED GROUND OR PIT 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT 11</p> <p>STORED UNPROTECTED 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE 95</p>	
601	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages</p> <p>How does this facility <i>finally</i> dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>SAME AS FOR SHARP ITEMS 01</p> <p>BURN IN INCINERATOR:</p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C) 02</p> <p>1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION 04</p> <p>PIT OR PROTECTED GROUND 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION 06</p> <p>COVERED PIT OR PIT LATRINE 07</p> <p>OPEN PIT-NO PROTECTION 08</p> <p>PROTECTED GROUND OR PIT 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT 11</p> <p>STORED UNPROTECTED 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE OTHER MEDICAL WASTE 95</p>	
602	<p>CHECK Q600</p> <p style="text-align: center;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) <input type="checkbox"/></p>	<p style="text-align: center;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) <input type="checkbox"/></p>	→ 604
603	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA 2</p> <p>WASTE VISIBLE, NOT PROTECTED 3</p> <p>WASTE SITE NOT INSPECTED 8</p>	
604	<p>CHECK Q601</p> <p style="text-align: center;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) <input type="checkbox"/></p>	<p style="text-align: center;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) <input type="checkbox"/></p>	→ 606
605	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA 2</p> <p>WASTE VISIBLE, NOT PROTECTED 3</p> <p>WASTE SITE NOT INSPECTED 8</p>	

606	CHECK Q600 AND Q601 INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 610
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED. 1 INCINERATOR REPORTED NOT SEEN. 2	
608	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES 1 NO. 2 DON'T KNOW. 8	→ 610
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES 1 NO. 2 DON'T KNOW. 8	
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES. 1 NO GUIDELINE AVAILABLE. 2	→ 620
611	May I see the guidelines on health care waste management?	OBSERVED. 1 REPORTED NOT SEEN. 2	

CLIENT LATRINE

620	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use? IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM. 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE. 13 FLUSH TO SOMEWHERE ELSE. 14 FLUSH, DON'T KNOW WHERE. 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE. 21 PIT LATRINE WITH SLAB. 22 PIT LATRINE WITHOUT SLAB / OPEN PIT. 23 COMPOSTING TOILET 31 BUCKET TOILET. 41 HANGING TOILET / HANGING LATRINE. 51 NO FUNCTIONING FACILITY / BUSH / FIELD. 61	→ 700
620A*	ASK TO SEE THE CLIENT TOILET AND INDICATE THE PRIVACY AND FUNCTION OF THE TOILET THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	PRIVACY UNLOCKED DOOR WHEN NOT IN USE A CAN BE LOCKED FROM INSIDE WHEN USE B TOILET STALL HAVE WALLS WITHOUT MAJOR HOLES. C FUNCTION WATER AVAILABLE D SOAP AVAILABLE E NO CRACK OR LEAK IN THE TOILET STRUCTURE F HOLE OR PIT IS NOT BLOCKED G CLEANLINESS DRY H MINIMAL ODOR I CLEAN APPEARANCE J CLEANING PRODUCTS VISIBLE K	
620B*	Is there a separate sanitary toilet/latrine facility for the use of female clients?	YES, SEPARATE SANITARY/TOILET FACILITY FOR THE USE OF FEMALE CLIENTS 1 NO SEPARATE TOILETS, ONLY COMBINED TOILETS. 2	→ 700
620C*	ASK TO SEE THE FEMALE CLIENT TOILET AND INDICATE THE PRIVACY AND FUNCTION OF THE TOILET THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	PRIVACY UNLOCKED DOOR WHEN NOT IN USE A CAN BE LOCKED FROM INSIDE WHEN USE B TOILET STALL HAVE WALLS WITHOUT MAJOR HOLES. C FUNCTION WATER AVAILABLE D SOAP AVAILABLE E NO CRACK OR LEAK IN THE TOILET STRUCTURE F HOLE OR PIT IS NOT BLOCKED G CLEANLINESS DRY H MINIMAL ODOR I CLEAN APPEARANCE J CLEANING PRODUCTS VISIBLE K	

SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3]	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3]	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3]	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3]	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3]	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3]	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3]	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3]	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3]	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3]	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3]	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3]	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3]	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3]	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3]	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3]	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3]	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.

710	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		

CLIENT WAITING AREA

720	Is there a waiting area for male clients where they <i>are protected from the sun and rain?</i> ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. 1 NO PROTECTED MALE CLIENT WAITING AREA 2	
721*	Is there a waiting area for female clients where they <i>are protected from the sun and rain?</i> ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. 1 NO PROTECTED FEMALE CLIENT WAITING AREA ... 2	
722*	Does this facility have a TV screen in the client waiting area to share health message/action plan?	YES. 1 NO 2	→ 800
723*	May I see the TV screen?	OBSERVED 1 REPOED NOT SEEN 2	
724*	Is it functioning? ACCEPT REPORTED RESPONSE	YES. 1 NO 2	

SECTION 8: DIAGNOSTICS

800	CHECK Q102.17	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.			

HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES 1 NO 2	→ 803						
802	Please tell me if: a) Any of the following hemoglobin test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b 2 ↙ 02 ↙	1 → c 2 → c 3 ↙ 02 ↙	1	2	3	1	2	8
02	HemoCue	1 → b 2 ↙ 04 ↙	1 → c 2 → c 3 ↙ 04 ↙	1	2	3	1	2	8
03	Microcuvette (with valid expiration date)		1	2	3				
04	Colorimeter or hemoglobinometer	1 → b 2 ↙ 07 ↙	1 → c 2 → c 3 ↙ 07 ↙	1	2	3	1	2	8
05	Drabkin's solution (for colorimeter and hemoglobinometer)		1	2	3				
06	Pipette (for measuring blood volume)	1 → b 2 ↙ 07 ↙	1	2	3				
07	Litmus paper for hemoglobin test (with valid expiration date)	1 → b 2 ↙ 803 ↙	1	2	3				
803	Does this facility do CD4 testing?		YES..... 1 NO..... 2				→ 806		
804	Please tell me if: a) Any of the following CD4 test equipment or assay is used in this facility, b) Equipment or items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER OR UNEXPIRED?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Flow cytometer analyzer e.g., FACS count machine	1 → b 2 ↙ 03 ↙	1 → c 2 → c 3 ↙ 03 ↙	1	2	3	1	2	8
02	Reagent kits for flow cytometer analyzer		1	2	3				
03	Fluorescent cartridge / PIMA analyzer	1 → b 2 ↙ 05 ↙	1 → c 2 → c 3 ↙ 05 ↙	1	2	3	1	2	8
04	Cartridges for fluorescent cartridge analyzer		1	2	3				
05	Rapid CD4 test strips	1 → b 2 ↙ 806 ↙	1 → c 2 → c 3 ↙ 806 ↙	1	2	3	1	2	8

HIV TESTING

806	Does this facility conduct any HIV tests, including HIV RDT, either in the facility or through referral?	YES..... 1 NO..... 2	→ 827	
807	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 809	
808	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
809	Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis?	YES..... 1 NO..... 2	→ 811	
810	May I see a sample DBS filter paper card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
811	Please tell me if: a) Any of the following HIV test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order or kit unexpired	(a) EQUIPMENT USED/ TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW
01	HIV testing using ELISA assay	1 2 06		
02	ELISA/EIA scanner or reader	1 → b 2 06	1 → c 2 → c 3 03	1 2 8
03	Plate Washer [ACCEPTABLE IF MANUAL WASHING]		1 → c 2 → c 3 04	1 2 8
04	Specific ELISA assay kit E.G., ENZYGNOST, VIRONOSTICA, MUREX		1 → c 2 → c 3 05	1 2 8
05	INCUBATOR	1 → b 2 06	1 → c 2 → c 3 06	1 2 8
06	Dynabeads with vortex mixer	1 → b 2 07	1 → c 2 → c 3 07	1 2 8
07	Western Blot test (assay)	1 → b 2 08	1 2 3	
08	PCR for viral load	1 → b 2 09	1 → c 2 → c 3 09	1 2 8
09	PCR for DNA-EID	1 → b 2 812	1 → c 2 → c 3 812	1 2 8
812	Do you have any written guidelines on how to conduct HIV test (may be manufacturers instructions, SOP, etc.)	YES..... 1 NO..... 2	→ 814	
813	May I see the guidelines, instructions or SOP?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
814	Do you have written guidelines on confidentiality and disclosure of HIV test results MAY BE PART OF ANOTHER GUIDELINE	YES..... 1 NO..... 2	→ 816	
815	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
816	Do you have other guidelines relevant to HIV/AIDS or related services	YES..... 1 NO..... 2	→ 818	
817	May I see the other HIV/AIDS-related guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES..... 1 NO..... 2	→823
819	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL..... A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE..... B BLOOD SENT OUTSIDE FOR RETESTING... C OTHER..... X	
820	Is there a record of the results from the external quality check?	YES..... 1 NO..... 2	→823
821	May I see the records or results from the external quality check?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→823
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE <input type="text"/> <input type="text"/> NOT AVAILABLE..... 95	
823	Do you send blood outside the facility for HIV diagnostic testing?	YES..... 1 NO..... 2	→827
824	For which HIV test do you send blood outside? PROBE	ELISA/EIA..... A WESTERN BLOT..... B PCR FOR EID..... C RAPID TESTING..... D OTHER..... X	
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES..... 1 NO..... 2	→827
826	May I see records of recent tests conducted outside this facility?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.				
827	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3

CLINICAL CHEMISTRY

829*	Does this facility do any blood cholesterol level testing in the facility?	YES 1	NO 2								
830	Does this facility do any blood glucose testing in the facility?	YES 1	NO 2	→ 832							
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	(a)		(b)			(c)				
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER OR UNEXPIRED?				
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW		
01	Glucometer	1 → b	2 ↘ 832 ↙	1 → c	2 → c	3 ↘ 832 ↙	1	2	8		
02	Glucometer test strips			1 → c	2 → c	3 ↘ 832 ↙	1	2	8		
832	Does this facility do any liver function tests (such as ALT & AST) or renal function tests (such as serum creatinine) on site?	YES 1	NO 2	→ 836							
833	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES 1	NO 2	→ 836							
834	May I see the blood chemistry analyzer?	OBSERVED 1		REPORTED, NOT SEEN 2							
835	Is the blood chemistry analyzer functioning? ACCEPT REPORTED RESPONSE	YES 1		NO 2							
836	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES 1	NO 2	→ 838							
837	Please tell me if any of the following dipstick test is done (or used) in this location. If done or used, I will like to see one. IF DONE/USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	(A) USED		(B) OBSERVED AVAILABLE							
		Yes	No	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY				
		01	Dip sticks for urine protein	1 → b	2 ↘ 02 ↙	1	2	3	4		
		02	Dip sticks for urine glucose	1 → b	2 ↘ 03 ↙	1	2	3	4		
03	Urine pregnancy test	1 → b	2 ↘ 838 ↙	1	2	3	4				
838	Do you ever send blood or urine outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?	YES 1	NO 2	→ 840							
839	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED							
		YES	NO	YES	NO						
		01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1 → b	2 ↘ 02 ↙	1	2				
		02	Liver Function Test (LFT)	1 → b	2 ↘ 03 ↙	1	2				
		03	Urinalysis	1 → b	2 ↘ 04 ↙	1	2				
04	Pregnancy test	1 → b	2 ↘ 840 ↙	1	2						

PARASITOLOGY/BACTERIOLOGY

840	Please tell me if: a) Any of the following EQUIPMENT is used in the facility b) Is available, and c) Equipment is functioning	(a)		(b)			(c)			
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW	
01	LIGHT MICROSCOPE	1 → b	2 ↵ 02 ↵	1 → c	2 → c	3 ↵ 02 ↵	1	2	8	
02	ELECTRON MICROSCOPE	1 → b	2 ↵ 03 ↵	1 → c	2 → c	3 ↵ 03 ↵	1	2	8	
03	REFRIGERATOR IN LAB AREA	1 → b	2 ↵ 04 ↵	1 → c	2 → c	3 ↵ 04 ↵	1	2	8	
04	INCUBATOR	1 → b	2 ↵ 05 ↵	1 → c	2 → c	3 ↵ 05 ↵	1	2	8	
05	TEST TUBES	1 → b	2 ↵ 06 ↵	1	2	3				
06	CENTRIFUGE FOR CSF MICROSCOPY	1 → b	2 ↵ 07 ↵	1 → c	2 → c	3 ↵ 7 ↵	1	2	8	
07	CULTURE MEDIUM	1 → b	2 ↵ 08 ↵	1	2	3				
08	GLASS SLIDES AND COVERS	1 → b	2 ↵ 841 ↵	1	2	3				
841	Does this facility do any MALARIA tests (microscopy or mRDT) on site, i.e., in the facility?				YES. 1	NO. 2	→848			
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?				YES. 1	NO. 2	→847			
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID				OBSERVED, AT LEAST 1 VALID. 1	OBSERVED, NONE VALID. 2	REPORTED AVAILABLE, NOT SEEN. 3	NONE AVAILABLE TODAY. 4		
844	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT				SD BIOLINE. A	FIRST RESPONSE. B	PARACHECK. C	PARAHIT. D	ICT. E	OTHER _____ X
					(SPECIFY)					
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?				YES. 1	NO. 2	→847			
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?				OBSERVED. 1	REPORTED, NOT SEEN. 2				
847	Please tell me if: a) Any of the following malaria tests or equipment is used in the facility b) All items needed for the test are available	(a)		(b)						
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?						
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY				
01	GIEMSA STAIN	1 → b	2 ↵ 02 ↵	1	2	3				
02	FIELD STAIN	1 → b	2 ↵ 03 ↵	1	2	3				
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → b	2 ↵ 848 ↵	1	2	3				

848	Does this facility do any GRAM STAINING?		YES..... 1 NO..... 2			→850	
849	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
	IF USED ASK TO SEE IT	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Crystal violet or Gentian violet	1 → b 02 ↙	2 ↘	1	2	3
	02	Lugol's iodine / Lugol's solution	1 → b 03 ↙	2 ↘	1	2	3
03	Acetone or Acetone alcohol	1 → b 04 ↙	2 ↘	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b 850 ↙	2 ↘	1	2	3	
850	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?		YES..... 1 NO..... 2			→852	
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED		
			YES	NO	YES	NO	
	01	Gram stain	1 → b 02 ↙	2 ↘	1	2	
	02	India ink stain	1 → b 03 ↙	2 ↘	1	2	
	03	Malaria	1 → b 04 ↙	2 ↘	1	2	
04	Specimen for culture	1 → b 852 ↙	2 ↘	1	2		
852	Does this facility do STOOL MICROSCOPY?		YES..... 1 NO..... 2			→ 854	
853	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Formal saline (for concentration method)	1 → b 02 ↙	2 ↘	1	2	3
02	Normal saline (for direct microscopy)	1 → b 03 ↙	2 ↘	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b 854 ↙	2 ↘	1	2	3	

SYPHILIS

854	Does this facility do any syphilis testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 859	
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES..... 1 NO..... 2	→ 857	
856	May I see a sample syphilis rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES..... 1 NO..... 2	→ 859	
858	Please tell me if: a) Any of the following syphilis test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW
01	VDRL	1 → b 2] 02 ←	1 2 3	
02	PCR for STIs (CTN)	1 → b 2] 03 ←	1 2 3	
03	Rotator or shaker		1 → c 2 → c 3] 04 ←	1 2 8
04	Rapid plasma reagin test (RPR)	1 → b 2] 05 ←	1 2 3] 05 ←	
05	Treponema Pallidum Hemagglutination Assay (TPHA)	1 → b 2] 859 ←	1 2 3] 859 ←	

CHLAMYDIA

859	Does this facility do any chlamydia testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 861	
860	Please tell me if: a) Any of the following chlamydia test, test equipment, or stain is used in the facility; b) All items needed for the test are available, and	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	
01	Geimsa stain	1 → b 2] 02 ←	1 2 3	
02	PCR for CHLAMYDIA	1 → b 2] 861 ←	1 2 3	

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES..... 1 NO..... 2	→865	
862	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a) EQUIPMENT/ TEST USED	(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	Ziehl-Neelson test for AFB	1 2 05 ↙		
02	Carbol-Fuchsin	1 → b 2 03 ↙	1 2 3	
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b 2 04 ↙	1 2 3	
04	Methylene Blue	1 → b 2 05 ↙	1 2 3	
05	Fluorescence Microscope (FM) - LED	1 → b 2 06 ↙	1 → c 2 → c 3 06 ↙	1 2 8
06	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1 → b 2 07 ↙	1 2 3	
07	Biosafety hood / cabinet	1 → b 2 08 ↙	1 2 3	
08	Auramine stain for Fluorescence Microscope	1 → b 2 863 ↙	1 2 3	
863	Do you use TB rapid diagnostic test (such as GeneExpert) to diagnose TB at this laboratory / service site?		YES..... 1 NO..... 2	→865
864	May I see a sample TB rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID		OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?		YES..... 1 NO..... 2	→867
866	May I see a sample sputum container?		OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	
867	Does this laboratory send sputum outside the facility for TB testing?		YES..... 1 NO..... 2 DON'T KNOW..... 8	→870
868	Do you maintain records of result of sputum tests conducted elsewhere?		YES..... 1 NO..... 2	→870
869	May I see the record or register?		OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?		YES..... 1 NO..... 2	→880
871	Please tell me which type of Quality Control / Quality Assurance practice is followed by this facility PROBE TO DETERMINE WHICH TYPE OF QUALTY CONTROL IS USED		INTERNAL QC / QA ONLY..... 1 EXTERNAL QC / QA ONLY..... 2 INTERNAL & EXTERNAL QC / QA..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER (SPECIFY)..... 6	
872	Are records maintained of the results from the quality control (internal or external) procedures?		YES..... 1 NO..... 2	→880
873	Are records maintained for the internal QC / QA procedures, the external QC / QA procedures, or for both internal and external QC / QA procedures?		RECORDS FOR IQC / IQA ONLY..... 1 RECORDS FOR EQC / EQA ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC / QA PROCEDURES..... 3	

DIAGNOSTIC IMAGING

880	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2 <p style="text-align: center;">SKIP TO NEXT SECTION</p>		
881	Please tell me if: a) If any of the following imaging equipment is used in the facility b) if it is available today, and c) if it is functioning today	(a) EQUIPMENT USED	(b) EQUIPMENT AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→b 2] 02←	1→c 2→c 3] 02←	1 2 8
02	X-RAY MACHINE	1→b 2] 04←	1→c 2→c 3] 03←	1 2 8
03	UNEXPIRED FILM FOR X-RAY		1 2 3] 04←	
04	ULTRASOUND SYSTEM / MACHINE	1→b 2] 05←	1→c 2→c 3] 05←	1 2 8
05	CT SCAN	1→b 2] NEXT SECTION ←	1→c 2→c 3] SKIP TO NEXT SECTION ←	1] 2] 8] ALL SKIP TO NEXT SECTION
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE				

SECTION 9: MEDICINES AND COMMODITIES

900	CHECK Q210	FACILITY STORES MEDICINES <input type="checkbox"/>	FACILITY STORES NO MEDICINES <input type="checkbox"/> GO TO NEXT SECTION ←
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SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901	Are any of the following antibiotics available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLETS (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION OR DISPERSIBLE PEDIATRIC-DOSED TABLET (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	METRONIDAZOLE TABLETS [antibiotic/amebeicide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
22	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE INJECTION	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	OTHER A.C.E INHIBITOR	1	2	3	4	5
11	EPINEPHRINE INJECTION	1	2	3	4	5
12	FUROSEMIDE (DIURETIC)	1	2	3	4	5
13	THIAZIDE DIURETIC	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE	1	2	3	4	5
18	INSULIN INJECTIONS [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE (Gastro-esophageal reflux)	1	2	3	4	5
23	PREDNISOLONE	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN (High cholesterol)	1	2	3	4	5
26	ASPIRIN CAPSULES/TABLETS	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904	Are any of the following anti-fungal medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE					
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5

ANTIMALARIAL MEDICINES

905	Are any of the following antimalarial medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
		01	ARTEMETHER LUMEFRANTRINE (ALU) 6 TABLETS/PACK	1	2	3
02	ARTEMETHER LUMEFRANTRINE (ALU) 12 TABLETS/PACK	1	2	3	4	5
03	ARTEMETHER LUMEFRANTRINE (ALU)18 TABLETS/PACK	1	2	3	4	5
04	ARTEMETHER LUMEFRANTRINE (ALU) 24 TABLETS/PACK	1	2	3	4	5
05	SULFADOXINE + PYRIMETHAMINE (SP)	1	2	3	4	5
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
09	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
10	OTHER ANTI-MALARIAL MEDICINE [OTHER THAN ARTESUNATE + AMODIAQUINE TABS]	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for maternal health available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
		01	CALCIUM GLUCONATE INJECTION	1	2	3
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SULPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
03	PARACETAMOL SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLETS	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM (SPECIFY) 6	

SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED)	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) PROCEED TO NEXT SECTION (TB MEDS?)										
921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5						
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5						
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5						
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	4	5						
05	MALE CONDOMS	1	2	3	4	5						
06	FEMALE CONDOMS	1	2	3	4	5						
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1	2	3	4	5						
08	IMPLANT	1	2	3	4	5						
09	EMERGENCY CONTRACEPTIVE PILLS (e.g., PROSTINOL 2)	1	2	3	4	5						
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	4	5						

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES. 1 NOT ALL COMMODITIES. 2 NO. 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
925	PRESENTLY INTERVIEWING IN PHARMACY PROCEED TO NEXT SECTION OR SERVICE SITE	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA	THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE

SECTION 9.3: ANTI-TB DRUGS

930	CHECK Q214 ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (ARV MEDS?) ←					
931	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE (B) NOT OBSERVED					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">AT LEAST ONE VALID</th> <th style="width: 15%;">AVAILABLE NONE VALID</th> <th style="width: 15%;">REPORTED AVAILABLE NOT SEEN</th> <th style="width: 15%;">NOT AVAILABLE TODAY/DK</th> <th style="width: 15%;">NEVER AVAILABLE</th> </tr> </table>	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE			
01	ETHAMBUTOL TABS (E)	1 2 3 4 5					
02	ISONIAZID TABS (INH, H)	1 2 3 4 5					
03	PYRAZINAMIDE (Z)	1 2 3 4 5					
04	RIFAMPICIN (R)	1 2 3 4 5					
05	ISONIAZID + RIFAMPICIN	1 2 3 4 5					
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1 2 3 4 5					
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1 2 3 4 5					
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1 2 3 4 5					
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	1 2 3 4 5					
10	STREPTOMYCIN INJECTABLE	1 2 3 4 5					

STORAGE CONDITION: ANTI-TB MEDICINES

932	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES 1 YES, ONLY SOME MEDICINES 2 NO 3	
934	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY 1 LEDGER/STOCK CARD UPDATED DAILY 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED VACCINES 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES 4 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	<p>CHECK Q216</p> <p>ARV MEDICINES STORED WITH OTHER MEDICINES <input type="checkbox"/> IN COMMON LOCATION (RESPONSE 2 CIRCLED)</p>	<p>ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY <input type="checkbox"/> (RESPONSE 1 OR 3 CIRCLED)</p> <p style="text-align: center;">PROCEED TO NEXT SECTION ←</p>				
941	<p>Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs available in the facility/location today?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</p>	<p>(A) OBSERVED AVAILABLE</p>	<p>(B) NOT OBSERVED</p>			
		<p>AT LEAST ONE VALID</p>	<p>AVAILABLE NONE VALID</p>	<p>REPORTED AVAILABLE NOT SEEN</p>	<p>NOT AVAILABLE TODAY/DK</p>	<p>NEVER AVAILABLE</p>
01	ZIDOVIDINE (ZDV, AZT) TABLETS	1	2	3	4	5
02	ZIDOVIDINE (ZDV, AZT) SYRUP OR DISPERSIBLE TABLETS	1	2	3	4	5
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5
04	DIDANOSINE (ddI) TABLETS	1	2	3	4	5
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5
06	LAMIVUDINE (3TC) SYRUP	1	2	3	4	5
07	STAVUDINE 30 (D4T)	1	2	3	4	5
08	STAVUDINE SYRUP	1	2	3	4	5
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5
10	EMTRICITABINE (FTC)	1	2	3	4	5
942	<p>Are any of the following Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs available in the facility/location today?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</p>	<p>(A) OBSERVED AVAILABLE</p>		<p>(B) NOT OBSERVED</p>		
		<p>AT LEAST ONE VALID</p>	<p>AVAILABLE NONE VALID</p>	<p>REPORTED AVAILABLE NOT SEEN</p>	<p>NOT AVAILABLE TODAY/DK</p>	<p>NEVER AVAILABLE</p>
01	NEVIRAPINE (NVP) TABLETS	1	2	3	4	5
02	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	2	3	4	5
04	EFAVIRENZ (EFV) SYRUP	1	2	3	4	5
05	DELAVIDINE (DLV)	1	2	3	4	5

943	Are any of the following Protease Inhibitor ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIER (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
944	Are any of the following Fusion Inhibitor or Combined ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ENFUVIDITE (T-20)	1	2	3	4	5
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	TENOFOVIR + LAMIVUDINE + EFAVIRENZ [TDF + 3TC + EFV]	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

946	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
947	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
948	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/></p> <p>PROCEED TO NEXT SECTION OR SERVICE SITE ←</p> </div> <div style="width: 45%;"> <p style="text-align: center;">PRESENTLY INTERVIEWING IN ART SERVICE AREA <input type="checkbox"/></p> <p>THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←</p> </div> </div>		

MODULE 3: SERVICE-SPECIFIC READINESS

CHILD HEALTH SERVICES

SECTION 10: CHILD VACCINATION

1000	CHECK Q102.01 CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/>	NO CHILD VACCINATION SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1001	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.		
	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
01	Routine DPT+HepB+Hib (i.e., pentavalent)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
02	Routine polio vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
03	Routine measles vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
04	BCG vaccination	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
05*	Inactivated polio vaccine (IPV)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
06*	Pneumococcal vaccine (PCV)	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
07*	Birth dose HepB vaccine	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
08*	Rota vaccine	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
09*	TT vaccine	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>
1002	Do you have the national guidelines for child vaccinations available in this service area today?	YES 1 NO 2	→ 1004
1003	May I see the guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1006
1004	Do you have any other guidelines for child vaccinations available in this service area today?	YES 1 NO 2	→ 1006
1005	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
01	Blank/unused individual child vaccination cards or booklets	1 2 3	
02	Tally sheets	1 2 3	
03*	Monthly report books/forms	1 2 3	
04*	Child register	1 2 3	
05*	Child women register	1 2 3	

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from REMT or PEMT or delivered when services are being provided?	ROUTINELY STORE VACCINES. 1 STORES NO VACCINES. 2	→ 1014				
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED. 1 REFRIGERATOR NOT OBSERVED. 2	→ 1014				
1009	Do you maintain a cold-chain temperature monitoring chart?	YES. 1 NO 2	→ 1011A				
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1011A				
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2					
1011A*	Do you have a fridge-Tag?	YES. 1 NO 2	→ 1012				
1011B*	May I see the fridge-Tag?	OBSERVED. 1 REPORTED NOT SEEN. 2					
1012	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED< NOT FROZEN))	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
	01	DPT+HepB+Hib [PENTAVALENT]	1	2	3	4	5
	02	ORAL POLIO VACCINE (OPV)	1	2	3	4	5
	03	MEASLES VACCINE AND DILUENT	1	2	3	4	5
	04	BCG VACCINE AND DILUENT	1	2	3	4	5
	05*	INACTIVATED POLIO VACCINE (IPV)	1	2	3	4	5
	06*	PNEUMOCOCCAL VACCINE (PCV)	1	2	3	4	5
	07*	BIRTH DOSE HepB VACCINE	1	2	3	4	5
	08*	ROTA VACCINE	1	2	3	4	5
09*	TT VACCINE	1	2	3	4	5	
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES. 1 ABOVE +8 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4					
1014	How many vaccine carriers do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE. 1 TWO OR MORE SETS. 2 NONE. 3	→ 1050				
1015	How many sets of ice packs or cool water packs do you have? ASK TO SEE THE ICE PACKS. REPORTED RESPONSE ACCEPTABLE NOTE: 4-5 ICE PACKS MAKE ONE SET	ONE SET. 1 TWO OR MORE SETS. 2 NO ICE PACKS, USE PURCHASED ICE. 3 NO ICE PACKS. 4					

STANDARD PRECAUTIONS

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1051	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>					
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>				
1102	Do you have any guidelines for growth monitoring available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2	→ 1104				
1103	May I see the guidelines for growth monitoring?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 02 <input type="checkbox"/>	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 03 <input type="checkbox"/>	1	2	8
03	HEIGHT OR LENGTH BOARD	1 b	2 b	3 <input style="width: 20px; height: 15px;" type="text"/> 04 <input type="checkbox"/>	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	CHECK Q102.03	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/> ↓	NO CURATIVE CARE SERVICES <input type="checkbox"/> ↓		
NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES		
01	Consultation or curative care services for sick children	# OF DAYS <input style="width: 30px;" type="text"/>	# OF DAYS <input style="width: 30px;" type="text"/>		
1202	Please tell me if providers of child health services in this facility provide the following services	YES	NO		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2		
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2		
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2		
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2		
05*	PROVIDE ORS IN A SPECIFIC CORNER	1	2		
1203	Do providers of services for sick children in this facility follow the IMCI guidelines in the provision of services to children under 5 years?	YES. 1 NO 2			
1204	Do you have the IMCI guidelines (chart booklet) for the diagnosis and management of childhood illnesses available in this service area today?	YES. 1 NO 2		→ 1206	
1205	May I see the IMCI guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2		→ 1208	
1206	Do you have any (other) guidelines for the diagnosis and management of childhood illnesses available in this service site today?	YES. 1 NO 2		→ 1208	
1207	May I see the other guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2			
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES. 1 NO 2		→ 1210	
1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DONT KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8

1210	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 b	2 b	3 02 ↙	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 b	2 b	3 03 ↙	1	2	8
03	THERMOMETER	1 b	2 b	3 04 ↙	1	2	8
04	STETHOSCOPE	1 b	2 b	3 05 ↙	1	2	8
05	Timer or watch with seconds hand	1 b	2 b	3 06 ↙	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination bed or couch	1	2	3			
12*	ORS AND ZINC CO-PACK	1	2	3			
1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMCI chart booklet	1	2	3			
02	IMCI mother's cards	1	2	3			
03	Other visual aids for teaching caretakers	1	2	3			
04*	ETAT guidelines	1	2	3			
05*	Hospital care for children pocket book	1	2	3			
06*	IMNCI recording form	1	2	3			
1212	Are individual health records (i.e., child welfare card or booklet) for sick children maintained at this service site?				YES..... 1	NO..... 2	→ 1250
1213	May I see an unused copy of the individual records?				OBSERVED..... 1	REPORTED NOT SEEN..... 2	

STANDARD PRECAUTIONS

1250	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1251	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 13: FAMILY PLANNING

1300	CHECK Q102.04	FAMILY PLANNING SERVICES <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS <input style="width: 30px; height: 20px;" type="text"/>		
1302	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DMPA/SCDMPA)	1	2	3
05	MALE CONDOMS	1	2	3
06	FEMALE CONDOMS	1	2	3
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3
08	IMPLANT	1	2	3
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3
12	VASECTOMY (MALE STERILIZATION)	1	2	3
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3
14	OTHER METHODS (E.G., SPERMICIDE OR DIAGPHRAGM)	1	2	3
1303	Do you have the national family planning guidelines available at this service area today?	YES. 1 NO. 2		→ 1305
1304	May I see the national family planning guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2		→ 1307
1305	Do you have any other guidelines on family planning available at this service area today?	YES. 1 NO. 2		→ 1307
1306	May I see the other guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2		
1307	Are individual records or cards maintained at this service site for family planning clients?	YES. 1 NO. 2		→ 1309
1308	May I see a blank copy of the individual records or card?	OBSERVED. 1 REPORTED NOT SEEN. 2		

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES..... 1 NO..... 2	→ 1311		
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
1311	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs..... 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT..... 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT..... 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT... 4 NO DIAGNOSIS / TREATMENT / REFERRAL..... 5			
1312	Do providers of family planning conduct HIV testing from this service site?	YES..... 1 NO..... 2	→ 1314		
1313	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4			

EQUIPMENT AND SUPPLIES

1314	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 b	2 b	3 02 ↙	1	2	8
02	MANUAL BP APPARATUS	1 b	2 b	3 03 ↙	1	2	8
03	STETHOSCOPE	1 b	2 b	3 04 ↙	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 05 ↙	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED					
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	STERILE GLOVES	1	2	3	
02	ANTISEPTIC SOLUTION	1	2	3	
03	SPONGE HOLDING FORCEPS	1	2	3	
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3	
1317	CHECK Q1302.07	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	1319	
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	VAGINAL SPECULUM - SMALL	1	2	3	
02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3	
1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE.	1		→ 1350
		CENTRAL LOCATION IN FACILITY.	2		
		BOTH LOCATIONS.	3		
		NO EQUIPMENT PROCESSED IN FACILITY.	4		→ 1350
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE.	A		
		DRY HEAT STERILIZATION.	B		
		SOAK IN CHLORINE SOLUTION.	C		
		BOIL OR STEAM.	D		
		WASH WITH SOAP AND WATER.	E		
		SOAK IN OTHER CHEMICAL SOLUTION.	F		

STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1353	
1351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1353	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>		→ 921
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 14: ANTENATAL CARE

1400	CHECK Q.102.05	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
1402	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO
01	IRON SUPPLEMENTATION	1	2
02	FOLIC ACID SUPPLEMENTATION	1	2
03	INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1	2
04	TETANUS TOXOID VACCINATION	1	2
1403	CHECK Q1402.04	TT VACCINATION PROVIDED <input type="checkbox"/>	TT VACCINATION NOT PROVIDED <input type="checkbox"/> → 1406
1404	Is tetanus toxoid vaccination available on all days that ANC services are available in this facility?	YES..... 1	→ 1406
		NOT ALL ANC DAYS..... 2	
1405	How many days each week are tetanus toxoid vaccinations available at this facility?	DAYS PER WEEK..... <input style="width: 30px; height: 20px;" type="text"/>	LESS OFTEN THAN ONCE/WEEK..... 0
1406	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED
		AT LEAST ONE VALID	AVAILABL E NONE VALID
		REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY
		NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2
		3	4
		5	6
02	URINE PROTEIN TEST	1	2
		3	4
		5	6
03	URINE GLUCOSE TEST	1	2
		3	4
		5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2
		3	4
		5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2
		3	4
		5	6

		YES	NO
1407	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients		
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05	COUNSELING ABOUT USE OF ITNs TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2
1408	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT. 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATME 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . . . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409	Do you have the national ANC guidelines available in this service area today?	YES. 1 NO. 2	→ 1411
1410	May I see the national ANC guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1413
1411	Do you have any other ANC guidelines available in this service area today?	YES. 1 NO. 2	→ 1413
1412	May I see the other guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1413	Do you have IPT guidelines available in this service area?	YES. 1 NO. 2	→ 1415
1414	May I see the IPT guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1417	Are individual client cards or records for ANC and PNC clients maintained at this service site?	YES. 1 NO. 2	→ 1419
1418	May I see a blank copy of the client records or cards?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia	1	2	3	8
06	Malaria rapid diagnostic testing	1	2	3	8
07	HIV testing and counseling (HTC) for pregnant women	1	2	3	8
08	Measuring client's height	1	2	3	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 b	2 b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 b	2 b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 b	2 b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 } 05 ←	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 b	2 b	3 } 06 ←	1	2	
06	ADULT WEIGHING SCALE	1 b	2 b	3 } 07 ←	1	2	8
07	EXAMINATION BED OR COUCH	1	2	3			
08	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
1422	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
04	SP FOR IPTp	1	2	3	4	5	
05	TETANUS TOXOID VACCINE	1	2	3	4	5	
06	INSECTICIDE TREATED BEDNETS (ITNs, LLINs)	1	2	3	4	5	

STANDARD PRECAUTIONS

1450	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1451	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1452	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		

POSTNATAL CARE SERVICES

1453*	CHECK Q102.20	PNC SERVICE PROVIDED <input type="checkbox"/>	PNC SERVICE NOT PROVIDED <input type="checkbox"/>	1500
1454*	Is there a dedicated room/area for postnatal care (PNC) examination?	YES. 1 NO. 2		→ 1456
1455*	DESCRIBE THE SETTING OF THE PNC SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1456*	How many days each week are PNC service available at this facility?	DAYS PER WEEK. <input style="width: 40px; height: 20px;" type="text"/> LESS OFTEN THAN ONCE/WEEK. 0		
1457*	Do you have the PNC guidelines available in this service area today?	YES. 1 NO. 2		→ 1459
1458*	May I see the PNC guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2		→ 1500
1459*	Do you have any other PNC guidelines available in this service area today?	YES. 1 NO. 2		→ 1461

1460*	May I see the other guideline/protocol/manual ?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1461*	Do you have the postpartum family planning guidelines available in this service area today?	YES..... 1 NO..... 2	→ 1463
1462*	May I see the postpartum family planning guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1463*	Does this facility provide postpartum IUCD 10 minutes to 48 hours after normal delivery?	YES..... 1 NO..... 2	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 15: PMTCT OF HIV INFECTION

1500	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
CAUTION!!! THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO
01	PROVIDE HIV COUNSELING AND TESTING SERVICES TO PREGNANT WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE	1	2
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2
03	PROVIDE ARV PROPHYLAXIS TO HIV POSITIVE PREGNANT WOMEN	1	2
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT	1	2
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2
1502	CHECK Q1501.01 HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	1506
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. 1 NO, DIFFERENT LOCATION. 2	→ 1506
1504	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2	→ 1506
1505	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	
1506	CHECK Q1501.02 INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	NO INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	1509
1507	Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site?	YES. 1 NO. 2	→ 1509
1508	May I see sample DBS filter paper cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	

1509	Do you have the national guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1511					
1510	May I see the national PMTCT guidelines? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1513					
1511	Do you have any other guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1513					
1512	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1513	Do you have guidelines for infant and young child feeding counseling available in this service area?	YES..... 1 NO..... 2	→ 1515					
1514	May I see the guidelines for infant and young child feeding and counseling? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1515	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1550					
1516	Please tell me if any of the following antiretroviral medicines/drugs are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED					
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE		
		01	ZIDOVDINE (AZT) TABS	1	2	3	4	5
		02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
		03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
		04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
		05	ABACAVIR (ABC) TABS	1	2	3	4	5
		06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
		07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
		08	EMTRICITABINE (FTC)	1	2	3	4	5
		09	ZIDOVDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
		10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
		11	ZIDOVDINE (AZT) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5		

STANDARD PRECAUTIONS

1550	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>DELIVERY [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI SERVICES [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE </div>
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01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
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09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
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1552	<p>ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED</p> <p>DESCRIBE THE SETTING OF THE ROOM OR AREA.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																	
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NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 16: DELIVERY AND NEWBORN CARE

1600	CHECK Q102.07	NORMAL DELIVERY AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/>	
		NEXT SECTION OR SERVICE SITE ←		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1601	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care? Specifically, I am referring to medical specialists, medical officers, assistant medical officers, clinical officers, assistant clinical officers, registered nurses and enrolled nurses.	YES 1 NO.....2	→ 1604	
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES 1 NO.....2	→ 1604	
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED 1 REPORTED, NOT SEEN..... 2		

SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 b	2 02 ↙	8 02 ↙	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 b	2 03 ↙	8 03 ↙	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 b	2 04 ↙	8 04 ↙	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 b	2 05 ↙	8 05 ↙	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 b	2 06 ↙	8 06 ↙	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTAION	1 b	2 07 ↙	8 07 ↙	1	2	8
07	NEONATAL RESUSCITATION	1 b	2 08 ↙	8 08 ↙	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR NOTE: THIS IS NOT A SIGNAL FUNCTION	1 b	2 1605 ↙	8 1605 ↙	1	2	8
1605	Do you have the national guidelines for BEmONC available in this service site?				YES..... 1 NO..... 2	→ 1607	
1606	May I see the guidelines for BEmONC ?				OBSERVED..... 1 REPORTED NOT SEEN..... 2		
1607	Do you have the national guidelines for CEmOC? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES..... 1 NO..... 2	→ 1609	
1608	May I see the national guidelines for CEmOC?				OBSERVED..... 1 REPORTED NOT SEEN..... 2		

1609	Do you have guidelines or protocols on management of pre-term labor? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES..... 1 NO..... 2	→ 1611
1610	May I see the guidelines or protocols on management of pre-term labor?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES..... 1 NO..... 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM..... 1 YES, INTEGRATED..... 2	
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES..... 1 NO USE OF PARTOGRAPH..... 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY..... 1 SELECTIVELY..... 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS.... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS.... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or "near-misses"?	YES..... 1 NO, DOES NOT PARTICIPATE..... 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY..... 1 FOR NEWBORNS ONLY..... 2 FOR BOTH MOTHERS AND NEWBORNS.... 3	→ 1621
1619	How often are reviews of <u>maternal deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS..... 53 DON'T KNOW..... 98	
1620	CHECK Q1618: RESPONSE "3" <input type="checkbox"/> CIRCLED	RESPONSE "3" <input type="checkbox"/> NOT CIRCLED	→ 1622
1621	How often are reviews of <u>newborn deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS..... 53 ALWAYS WITH MATERNAL REVIEWS.... 95 DON'T KNOW..... 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 b	2 b	3 02 ↘	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 b	2 b	3 03 ↘	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 04 ↘	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 b	2 b	3 05 ↘	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1 b	2 b	3 06 ↘	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 b	2 b	3 07 ↘	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 b	2 b	3 08 ↘	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1 b	2 b	3 09 ↘	1	2	8
09	THERMOMETER	1 b	2 b	3 10 ↘	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1 b	2 b	3 11 ↘	1	2	8
11	INFANT SCALE	1 b	2 b	3 12 ↘	1	2	8
12	FETAL STETHOSCOPE	1 b	2 b	3 13 ↘	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 b	2 b	3 14 ↘	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1 b	2 b	3 15 ↘	1	2	8
15	STETHOSCOPE	1 b	2 b	3 1623 ↘	1	2	8
1623	Do you have any of the following items? If yes, I would like to see them				OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	DELIVERY BED				1	2	3
02	DELIVERY PACK				1	2	3
03	CORD CLAMP				1	2	3
04	SPECULUM				1	2	3
05	EPISIOTOMY SCISSORS				1	2	3
06	SCISSORS OR BLADE TO CUT CORD				1	2	3
07	SUTURE MATERIAL WITH NEEDLE				1	2	3
08	NEEDLE HOLDER				1	2	3
09	FORCEPS (LARGE)				1	2	3
10	FORCEPS (MEDIUM)				1	2	3
11	SPONGE HOLDER				1	2	3
12	BLANK PARTOGRAPH				1	2	3

1624	Does this facility <i>routinely</i> observe any of the following postpartum or newborns related practices?	YES	NO	DON'T KNOW			
01	Delivery to the abdomen (Skin to Skin)	1	2	8			
02	Drying and wrapping newborns to keep them warm	1	2	8			
03	Initiation of breastfeeding within the first hour	1	2	8			
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8			
05	Suction of the newborn by means of catheter	1	2	8			
06	Suction of the newborn by means of suction bulb or penguin sucker	1	2	8			
07	Weigh the newborn immediately	1	2	8			
08	Administer Vitamin K to newborn	1	2	8			
09	Apply Tetracycline eye ointment to both eyes	1	2	8			
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8			
11	Give the newborn prelacteal liquids	1	2	8			
12	Give the newborn OPV (oral polio vaccine/ polio zero vaccine) prior to discharge	1	2	8			
13	Give the newborn BCG prior to discharge	1	2	8			
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
	01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
	02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAZONE)	1	2	3	4	5
	03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
	04	MAGNESIUM SULPHATE	1	2	3	4	5
	05	INJECTABLE DIAZEPAM	1	2	3	4	5
	06	IV SOLUTION (RINGER LACTATE) WITH INFUSION SET	1	2	3	4	5
	07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
	08	4% CHORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)	1	2	3	4	5
09	HYDRALAZINE INJECTION	1	2	3	4	5	

PMTCT DURING LABOR AND DELIVERY

1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES..... 1 NO..... 2		
1627	Do providers of delivery services conduct HIV testing from this service site?	YES..... 1 NO..... 2	→ 1629	
1628	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4		
1629	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1650	
1630	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED	
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN
				NOT AVAILABLE TODAY/DK
				NO, OR NEVER AVAILABLE
01		ZIDOVUDINE (AZT) TABS	1	2
02		NEVIRAPINE (NVP) TABS	1	2
03		LAMIVUDINE (3TC) TABS	1	2
04		LOPINAVIR (LPV/r) TABS	1	2
05		ABACAVIR (ABC) TABS	1	2
06		EFAVIRENZ (EFV) TABS	1	2
07		TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2
08		EMTRICITABINE (FTC)	1	2
09		ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2
10	NEVIRAPINE (NVP) SYRUP	1	2	
11	ZIDOVUDINE (AZT) SYRUP	1	2	
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	

STANDARD PRECAUTIONS

1650	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1651	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 17: MALARIA

1700	CHECK Q102.08: MALARIA SERVICES AVAILABLE <input type="checkbox"/>	NO MALARIA SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1701	How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
1702	Do providers in this facility diagnose malaria?	YES 1 NO 2	→ 1710
1703	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES 1 NO 2	→ 1710
1704	Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?	ALWAYS 1 ONLY SOMETIMES 2	
1705	Do providers use malaria rapid diagnostic test (mRDT) to diagnose malaria at this service site?	YES 1 NO 2	→ 1710
1706	May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY 4	
1707	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC	SD BIOLINE A FIRST RESPONSE B PARACHECK C PARAHIT D ICT E OTHER (SPECIFY) X	
1708	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES 1 NO 2	→ 1710
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED 1 REPORTED, NOT SEEN 2	
1710	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES 1 NO 2	
1711	Do you have the national guidelines for the diagnosis and treatment of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 1713
1712	May I see the national guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	<input style="width: 20px; height: 20px;" type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
1713	Do you have any other guidelines for the diagnosis and treatment of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	<input style="width: 20px; height: 20px;" type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
1714	May I see the other guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	CHECK Q102.09	STI SERVICE OFFERED <input type="checkbox"/>		STI SERVICE NOT OFFERED <input type="checkbox"/>	
NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES. 1 NO. 2	→	1804	
1803	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY. 1 ETIOLOGIC (LAB) ONLY. 2 BOTH SYNDROMIC AND ETIOLOGIC. 3			
1804	Do providers in this facility prescribe treatment for STIs?	YES. 1 NO. 2			
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH <input type="checkbox"/>		RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←		
1806	Are STI clients seen by this service ever referred for HIV counseling and testing, or offered the service from this service site?	YES. 1 NO. 2	→	1810	
1807	Are STI clients seen by this service routinely referred for, or offered HIV counseling and testing, or they are referred / offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE. 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED. . . 2			
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES. 1 NO. 2	→	1810	
1809	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4			
1810	Do you have the national guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2	→	1812	
1811	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2	→	1814	
1812	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2	→	1814	
1813	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2			
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES. 1 NO PARTNER NOTIFICATION. 2	→	1816	
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE. 1 SOMETIMES ACTIVE. 2 ONLY PASSIVE. 3			
1816	Are individual client health records or booklets used?	YES. 1 NO. 2	→	1818	
1817	May I see a copy of the client health card? It could either be a used or and unused copy.	OBSERVED. 1 REPORTED NOT SEEN. 2			

1818	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.				
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	About STIs	1	2	3	8
02	About HIV/AIDS	1	2	3	8
03	About cervical cancer	1	2	3	8
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
05	Posters on HIV/AIDS	1	2	3	8
06	Model to demonstrate use of male condom	1	2	3	8
07	Model to demonstrate use of female condom	1	2	3	8
	INFORMATION FOR CLIENT TO TAKE HOME				
08	About STIs	1	2	3	8
09	About HIV/AIDS	1	2	3	8
10	About cervical cancer	1	2	3	8
11	IEC materials on male condoms	1	2	3	8
12	IEC materials on female condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8
14	Female condoms that can be given to the client	1	2	3	8

STANDARD PRECAUTIONS

1850	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GENERAL INFORMATION [Q710].</td> <td style="width: 50%; text-align: right;">11</td> </tr> <tr> <td>CHILD VACCINATION [Q1051].</td> <td style="text-align: right;">12</td> </tr> <tr> <td>CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right;">13</td> </tr> <tr> <td>FAMILY PLANNING [Q1351].</td> <td style="text-align: right;">14</td> </tr> <tr> <td>ANTENATAL CARE [Q1451].</td> <td style="text-align: right;">15</td> </tr> <tr> <td>PMTCT [Q1551].</td> <td style="text-align: right;">16</td> </tr> <tr> <td>DELIVERY SERVICES [Q1651].</td> <td style="text-align: right;">17</td> </tr> <tr> <td>TUBERCULOSIS [Q1951].</td> <td style="text-align: right;">19</td> </tr> <tr> <td>HIV TESTING [Q2051].</td> <td style="text-align: right;">21</td> </tr> <tr> <td>NCD [Q2351].</td> <td style="text-align: right;">22</td> </tr> <tr> <td>MINOR SURGERY [Q2451].</td> <td style="text-align: right;">23</td> </tr> <tr> <td>NOT PREVIOUSLY SEEN.</td> <td style="text-align: right;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	NEXT SECTION / SERVICE SITE																																
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SECTION 19: TUBERCULOSIS

1900	CHECK Q102.10	TB SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO TB SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES. 1 NO 2	→ 1904
1903	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY. 1 X-RAY ONLY. 2 EITHER SPUTUM OR X-RAY. 3 BOTH SPUTUM AND X-RAY. 4 CLINICAL SYMPTOMS ONLY. 5 GENEXPERT 6	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES. 1 NO 2	→ 1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES. 1 NO 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES 1 REGISTER NOT KEPT. 2	→ 1908
1907	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER) 1 REGISTER SEEN (ELECTRONIC). 2 REGISTER REPORTED, NOT SEEN. 3	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES. 1 NO. 2	→ 1910
1909	What treatment regimen or approach is followed by providers in this facility for <u>newly diagnosed TB</u> ? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE. ... 1 6M INTENSIVE PHASE. 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE. 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP. 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE. 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP. 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE. 7	
1910	CHECK Q1902 AND Q1908	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/> TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
1911	Does this facility have a system for testing TB patients for HIV infection?	YES. 1 NO SYSTEM. 2	→ 1913
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED. 1 SYSTEM OR REGISTER REPORTED, NOT SEEN. 2	

1913	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 1915
1914	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4	
1915	Do you have the <i>national guidelines</i> for the diagnosis and treatment of TB available in this service area?	YES..... 1 NO..... 2	→ 1917
1916	May I see the national guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1917	Do you have any guidelines for the management of HIV and TB co-infection available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2	→ 1919
1918	May I see the guidelines for the management of HIV and TB co-infection?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1919	Do you have any guidelines related to MDR-TB treatment available in this service area? THIS MAY BE PART OF OTHER GUIDELINE	YES..... 1 NO..... 2	→ 1921
1920	May I see the guidelines on treatment of MDR-TB?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
1921	CHECK Q1903	RESPONSES 1, 3 OR 4 <input type="checkbox"/> CIRCLED ↓	RESPONSES 1, 3 OR 4 NOT CIRCLED <input type="checkbox"/> → 1924
1922	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→ 1924
1923	May I see a sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 NOT AVAILABLE TODAY..... 4	
1924	Do you have any guidelines for TB infection control at this service area? NOTE: THIS MAY BE PART OF ANOTHER GUIDELINE	YES..... 1 NO..... 2	→ 1950
1925	May I see the guidelines for TB infection control?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

1950	ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY SERVICES [Q1651]. 17 STI [Q1851]. 18 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1953																																										
1951	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">OBSERVED</th> <th style="width: 33%;">REPORTED, NOT SEEN</th> <th style="width: 33%;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
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01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)																																												
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)																																												
03	ALCOHOL-BASED HAND RUB																																												
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 06	3																																										
05	OTHER WASTE RECEPTACLE	1	3																																										
06	SHARPS CONTAINER ("SAFETY BOX")	1	3																																										
07	DISPOSABLE LATEX GLOVES	1	3																																										
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	3																																										
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	3																																										
10	MEDICAL MASKS	1	3																																										
11	GOWNS	1	3																																										
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	3																																										
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	3																																										
1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4																																											
1953	CHECK Q214 TB MEDS STORED IN OTHER LOCATION <input type="checkbox"/> OR NOT STOCKED (RESPONSE 1 NOT CIRCLED)	TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>	→ 931																																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																													

SECTION 20: HIV TESTING

2000	CHECK Q102.11 HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING & TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2001	How many days in a month are HIV testing services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2002	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	HIV RAPID TEST THIS SERVICE SITE. A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY. . . . B CLIENT SENT TO OTHER SITE IN FACILITY. C CLIENT SENT TO LAB IN FACILITY. D CLIENT SENT TO EXTERNAL SITE. E BLOOD DRAWN HERE SENT TO EXTERNAL SITE. . . . F
2003	CHECK Q2002 HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) <input type="checkbox"/>	NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) <input type="checkbox"/> → 2005
2004	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4
2005	Is an individual client chart/record/card/ maintained for clients who receive services through this service site? (e.g., health booklet) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?	YES. 1 NO INDIVIDUAL CLIENT CHART/RECORD. 2 → 2007
2006	May I see a copy of the individual client chart or record	OBSERVED. 1 REPORTED, NOT SEEN. 2
2007	Do you have the national HIV counseling and testing guidelines available in this service area?	YES. 1 NO. 2 → 2009
2008	May I see the national HIV testing and counseling guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2 → 2011
2009	Do you have any other guidelines on HIV testing available in this service area?	YES. 1 NO. 2 → 2011
2010	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2
2011	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES. 1 NO. 2
2012	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? MAY BE PART OF ANOTHER DOCUMENT	YES. 1 NO. 2 → 2014
2013	May I see the protocols or guidelines on PEP?	OBSERVED. 1 REPORTED, NOT SEEN. 2
2014	CHECK Q2002 BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) <input type="checkbox"/>	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/> → 2052

STANDARD PRECAUTIONS

2050	<p>ASSESS THE HIV COUNSELING AND TESTING ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	→ 2053																																
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2053	<p>Do you have condoms available in this service site to give to clients receiving HIV counseling and testing services?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	YES.	1	NO	2	→ 2055																																																				
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NO	2																																																										
2054	<p>May I see some of the condoms?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED, AT LEAST ONE VALID.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OBSERVED, NONE VALID.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">REPORTED AVAILABLE, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NOT AVAILABLE TODAY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	OBSERVED, AT LEAST ONE VALID.	1	OBSERVED, NONE VALID.	2	REPORTED AVAILABLE, NOT SEEN.	3	NOT AVAILABLE TODAY.	4																																																	
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2055	<p>CHECK Q2002</p> <p style="text-align: center;">EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) <input type="checkbox"/></p> <p style="text-align: center;">NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) <input type="checkbox"/></p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>																																																										
2056	<p>Does this facility have an agreement with the referral site for HIV tests that test results will be returned to the facility, usually directly or through the client?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO AGREEMENT</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	YES.	1	NO AGREEMENT	2																																																					
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2057	<p>May I see some evidence of the agreement?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VERBAL AGREEMENT ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> </table>	OBSERVED.	1	REPORTED, NOT SEEN.	2	VERBAL AGREEMENT ONLY.	3																																																			
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SECTION 21: HIV TREATMENT

2100	CHECK Q102.12 HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2101	Do providers in this facility prescribe ART?	YES. 1 NO. 2	
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES. 1 NO. 2	
2103	CHECK Q2101 AND Q2102 RESPONSE "1" CIRCLED IN EITHER Q2101 OR Q2102 OR IN BOTH <input type="checkbox"/>	RESPONSE "1" CIRCLED IN NEITHER Q2101 NOR Q2102 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
2104	Do you have the <i>National guideline for the management of HIV/AIDS</i> available in this service area?	YES. 1 NO. 2	→ 2106
2105	May I see the <i>National guideline for the management of HIV/AIDS</i> ?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2108
2106	Do you have <i>any other ART guidelines</i> available in this service area?	YES. 1 NO. 2	→ 2108
2107	May I see the other ART guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

PRE-ART BASELINE TESTS

2108	For each of the following tests, please tell me if it is conducted as baseline routinely, selectively, or never, before starting a client on ART.				
		BASELINE TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109	For each of the following tests, please tell me if a <u>follow-up test</u> is conducted routinely, selectively, or never <u>while the client is on</u> ART (i.e., for monitoring).				
		FOLLOW-UP TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8
2110	CHECK Q216 ARV MEDICINES STORED IN OTHER LOCATION <input type="checkbox"/> OR NOT STOCKED (RESPONSE 1 OR 5 NOT CIRCLED)				ARV MEDICINES STORED IN ART <input type="checkbox"/> SERVICE AREA (RESPONSE 1 OR 5 CIRCLED)
941					
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 22: HIV CARE AND SUPPORT

2200	CHECK Q102.13 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> NEXT SECTION OR SERVICE SITE ← </div>																																																	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS																																																		
2201	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">DON'T KNOW</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	NO	DON'T KNOW	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
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01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.																																																	
02	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis																																																	
03	Provide treatment for Kaposi's sarcoma																																																	
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients																																																	
05	Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements																																																	
06	Prescribe or provide fortified protein supplementation (FPS)																																																	
07	Care for pediatric HIV/AIDS patients																																																	
08	Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis)																																																	
09	Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)																																																	
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron																																																	
11	Family planning counseling and/or services																																																	
12	Provide condoms for preventing further transmission of HIV																																																	
2202	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES..... 1 NO SYSTEM..... 2 → 2204																																																
2203	May I see the system, or evidence of such a system?	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2																																																
2204	Do you have the national guidelines for the clinical management of HIV/AIDS available in this service area?	YES..... 1 NO..... 2 → 2206																																																
2205	May I see the national guidelines for the clinical management of HIV/AIDS?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 → 2208																																																
2206	Do you have any guidelines for palliative care available in this service area?	YES..... 1 NO..... 2 → 2208																																																
2207	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2																																																
2208	Do you have condoms available in this service site to give to clients receiving services?	YES..... 1 NO..... 2 NEXT SECTION ←																																																
2209	May I see some condoms?	OBSERVED, AT LEAST ONE VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4																																																
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																		

SECTION 23: NON-COMMUNICABLE DISEASES

2300	CHECK Q102.14	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE ←	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

DIABETES

2301	Do providers in this facility diagnose and/or manage diabetes .	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2310
2302	Do you have the national guidelines for the diagnosis and management of diabetes available in this service area?	YES. 1 NO. 2	→ 2304
2303	May I see the national guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2310
2304	Do you have any other guidelines for the diagnosis and management of diabetes available in this service area?	YES. 1 NO. 2	→ 2310
2305	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2320
2311	Do you have the national guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES. 1 NO. 2	→ 2313
2312	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2320
2313	Do you have any other guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES. 1 NO. 2	→ 2320
2314	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES, DIAGNOSE ONLY. 1 YES, TREAT ONLY. 2 YES, DIAGNOSE AND TREAT. 3 NO 4	→ 2330
2321	Do you have the national guidelines for the diagnosis and management of chronic respiratory diseases available in this service area?	YES. 1 NO 2	→ 2323
2322	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 2330
2323	Do you have any other guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES. 1 NO 2	→ 2330
2324	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700). 1 NOT PREVIOUSLY SEEN. 2	→ 2350				
2331	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE	(B) FUNCTIONING				
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 02 ↙	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 03 ↙	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 04 ↙	1	2	8
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 05 ↙	1	2	8
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 07 ↙	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 08 ↙	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 09 ↙	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 10 ↙	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCTABLE)	1 → b	2 → b	3 11 ↙	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 12 ↙	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 13 ↙	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3 14 ↙	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3 16 ↙	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 17 ↙	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 18 ↙	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 19 ↙	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 20 ↙	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE </div>
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2351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
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SECTION 24: MINOR SURGICAL SERVICES

2400	CHECK Q102.15	MINOR SURGERY AVAILABLE <input type="checkbox"/>	MINOR SURGERY NOT AVAILABLE <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW							
2401	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01		1 → b	2 → b	3 ↘ 02 ↙	1	2	8
02		1 → b	2 → b	3 ↘ 03 ↙	1	2	8
03		1 → b	2 → b	3 ↘ 04 ↙	1	2	8
04		1 → b	2 → b	3 ↘ 05 ↙	1	2	8
05		1 → b	2 → b	3 ↘ 06 ↙	1	2	8
06		1 → b	2 → b	3 ↘ 2402 ↙	1	2	8
2402	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
			AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ABSORBABLE SUTURE MATERIAL		1	2	3	4	5
02	NON-ABSORBABLE SUTURE MATERIAL		1	2	3	4	5
03	SKIN DISINFECTANT		1	2	3	4	5
04	LIDOCAINE / LIGNOCAINE INJECTION		1	2	3	4	5
05	KETAMINE INJECTION		1	2	3	4	5
2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?		YES 1 NO 2		→ 2450		
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?		OBSERVED 1 REPORTED NOT SEEN 2				

STANDARD PRECAUTIONS

2450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY SERVICES [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEXT SECTION / SERVICE SITE</p> </div>
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SECTION 25: CESAREAN DELIVERY

2500	CHECK Q102.16	CESAREAN SECTION DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/>				
		↓ NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
2501	Does the facility have a health worker who can perform Cesarean delivery (section) present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES. 1 NO. 2	→ 2504				
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2504				
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2					
2504	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES. 1 NO. 2	→ 2507				
2505	Is there a duty schedule or call list?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2	→ 2507				
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2					
2507	Have Cesarean deliveries been performed in this facility during the past 3 months?	YES. 1 NO. 2					
ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW							
2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 → b	2 → b	3 } 02 ←	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3 } 03 ←	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3 } 04 ←	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 → b	2 → b	3 } 05 ←	1	2	8
05	MAGILLS FORCEPS - ADULT	1 → b	2 → b	3 } 06 ←	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 → b	2 → b	3 } 07 ←	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 → b	2 → b	3 } 08 ←	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 → b	2 → b	3 } 09 ←	1	2	8
09	INTUBATING STYLET	1 → b	2 → b	3 } 10 ←	1	2	8
10	SPINAL NEEDLE	1 → b	2 → b	3 } NEXT SECTION/SERVICE SITE ←	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	CHECK Q102.18 BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent	1	2	3	4	5
02	Anti-B Reagent	1	2	3	4	5
03	Anti-D Reagent	1	2	3	4	5
04	COOMB'S REAGENT	1	2	3	4	5
05	Anti-A,B Reagent	1	2	3	4	5

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	CHECK Q102.19 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> NEXT SECTION OR SERVICE SITE <input type="checkbox"/> </div>									
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.										
2701	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK. A REGIONAL BLOOD BANK. B RELATIVES DONATING DIRECTLY. C OTHER _____ X (SPECIFY)								
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES. 1 NO. 2								
SCREENING FOR INFECTIOUS DISEASES										
2710	Is blood that is transfused in this facility screened, <i>either in this facility or externally</i> , for any infectious diseases prior to transfusion?	YES. 1 NO. 2	→ 2720							
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY. 1 ONLY AT AN EXTERNAL FACILITY. 2 BOTH INTERNALLY AND EXTERNALLY. 3								
2712	Is the blood that is transfused in the facility screened, <i>either in this facility or externally</i> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">ALWAYS</td> <td style="width: 25%;">SOMETIMES</td> <td style="width: 25%;">RARELY</td> <td style="width: 25%;">NO</td> </tr> </table>	ALWAYS	SOMETIMES	RARELY	NO				
ALWAYS	SOMETIMES	RARELY	NO							
01	HIV	1 2 3 4								
02	SYPHILIS	1 2 3 4								
03	HEPATITIS B	1 2 3 4								
04	HEPATITIS C	1 2 3 4								
05	MALARIA	1 2 3 4								
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES 1 NO 2	→ 2720							
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">(A) SEND SPECIMEN OUT</th> <th colspan="2">(B) RECORD OF OUTSIDE TEST</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </table>	(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST		YES	NO	YES	NO
(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST								
YES	NO	YES	NO							
01	HIV	1 b 2 02 ↙	1 2							
02	SYPHILIS	1 b 2 03 ↙	1 2							
03	HEPATITIS B	1 b 2 04 ↙	1 2							
04	HEPATITIS C	1 b 2 05 ↙	1 2							
05	MALARIA	1 b 2 2720 ↙	1 2							

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES..... 1 NO..... 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... 1 NO..... 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 2724
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... 1 ABOVE +6 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4	
2724	Do you have any guidelines on the appropriate use of blood and safe transfusion practices?	YES..... 1 NO..... 2	←
		NEXT SECTION OR SERVICE SITE	
2725	May I see the guidelines on appropriate use of blood and safe blood transfusion?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO
3000			
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WALLS: SIGNIFICANT DAMAGE	1	2
07	DOORS: SIGNIFICANT DAMAGE	1	2
08	CEILING: WATER STAINS OR DAMAGE	1	2
	INTERVIEW END TIME	<div style="display: flex; align-items: center; justify-content: flex-end;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> : <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

STAFF LISTING FORM

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILER THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE"**, AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER"**. PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)											(6)	(7)				
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	HIV AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW	
01																			01	01
02																			02	02
03																			03	03
04																			04	04
05																			05	05
06																			06	06
07																			07	07
08																			08	08
09																			09	09
10																			10	10
11																			11	11
12																			12	12
13																			13	13
14																			14	14
15																			15	15
16																			16	16
17																			17	17
18																			18	18
19																			19	19
20																			20	20

PROVIDER QUALIFICATION CATEGORY:

- SPECIALIST MEDICAL DOCTOR..... 01
- GENERAL MEDICAL DOCTOR..... 02
- DIPLOMA NURSE..... 03
- REGISTERED NURSE..... 04
- COMMUNITY NURSE..... 05
- REGISTERED MIDWIFE..... 06
- COMMUNITY MIDWIFE..... 07
- LABORATORY TECHNICIAN..... 08
- RADIOLOGY TECHNICIAN..... 09
- ANESTHESIA TECHNICIAN..... 10
- DENTAL TECHNICIAN..... 11
- BLOOD BANK TECHNICIAN..... 12
- VACCINATOR TECHNICIAN..... 13
- PHARMACIST..... 14
- PHARMACY TECHNICIAN..... 15
- NON CLINICAL STAFF/NO TECHNICAL QUALIFICATIC 95
- OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96

Provider Sex: (1=MALE; 2=FEMALE)

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

--	--	--	--

FACILITY NUMBER

--	--	--

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILER THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE"**, AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER"**. PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)												(6)	(7)			
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				ANC	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW	
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
21																			21	21
22																			22	22
23																			23	23
24																			24	24
25																			25	25
26																			26	26
27																			27	27
28																			28	28
29																			29	29
30																			30	30
31																			31	31
32																			32	32
33																			33	33
34																			34	34
35																			35	35
36																			36	36
37																			37	37
38																			38	38
39																			39	39
40																			40	40

PROVIDER QUALIFICATION CATEGORY:

- SPECIALIST MEDICAL DOCTOR..... 01
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- COMMUNITY NURSE..... 05
- REGISTERED MIDWIFE..... 06
- COMMUNITY MIDWIFE..... 07
- LABORATORY TECHNICIAN..... 08
- RADIOLOGY TECHNICIAN..... 09
- ANESTHESIA TECHNICIAN..... 10
- DENTAL TECHNICIAN..... 11
- BLOOD BANK TECHNICIAN..... 12
- VACCINATOR TECHNICIAN..... 13
- PHARMACIST..... 14
- PHARMACY TECHNICIAN..... 15
- NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95
- OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96

Provider Sex: (1=MALE; 2=FEMALE)

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

--	--	--	--

FACILITY NUMBER

--	--	--

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILER THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE"**, AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER"**. PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)												(6)	(7)			
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW	
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
41																			41	41
42																			42	42
43																			43	43
44																			44	44
45																			45	45
46																			46	46
47																			47	47
48																			48	48
49																			49	49
50																			50	50
51																			51	51
52																			52	52
53																			53	53
54																			54	54
55																			55	55
56																			56	56
57																			57	57
58																			58	58
59																			59	59
60																			60	60

PROVIDER QUALIFICATION CATEGORY:

SPECIALIST MEDICAL DOCTOR.....	01
GENERAL MEDICAL DOCTOR.....	02
DIPLOMA NURSE.....	03
REGISTERED NURSE.....	04
COMMUNITY NURSE.....	05
REGISTERED MIDWIFE.....	06
COMMUNITY MIDWIFE.....	07
LABORATORY TECHNICIAN.....	08
RADIOLOGY TECHNICIAN.....	09
ANESTHESIA TECHNICIAN.....	10
DENTAL TECHNICIAN.....	11
BLOOD BANK TECHNICIAN.....	12
VACCINATOR TECHNICIAN.....	13
PHARMACIST.....	14
PHARMACY TECHNICIAN.....	15
NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION	95
OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE	96

Provider Sex: (1=MALE; 2=FEMALE)

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

--	--	--	--

FACILITY NUMBER

--	--	--

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILER THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN **COLUMN 3 "PROVIDER QUALIFICATION CODE"**, AND THE PROVIDER'S GENDER UNDER COLUMN 4 **"GENDER"**. PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER **COLUMN 5 "SERVICES PROVIDED IN FACILITY"** TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN **COLUMN 6 "INTERVIEWED FOR INVENTORY"**, CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN **COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW"** CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)											(6)	(7)						
				SERVICES PROVIDED IN FACILITY																		
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANC	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW		
61																				61	61	
62																					62	62
63																					63	63
64																					64	64
65																					65	65
66																					66	66
67																					67	67
68																					68	68
69																					69	69
70																					70	70
71																					71	71
72																					72	72
73																					73	73
74																					74	74
75																					75	75
76																					76	76
77																					77	77
78																					78	78
79																					79	79
80																					80	80

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- DENTAL TECHNICIAN..... 11
- BLOOD BANK TECHNICIAN..... 12
- VACCINATOR TECHNICIAN..... 13
- PHARMACIST..... 14
- PHARMACY TECHNICIAN..... 15
- NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95
- OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96

Provider Sex: (1=MALE; 2=FEMALE)

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

--	--	--	--

FACILITY NUMBER

--	--	--

INTERVIEWER CODE

USE THIS FORM TO COMPILER THE NAMES OF HEALTH WORKERS WHO WORK IN THE FACILITY BUT WHO ARE NOT PRESENT IN THE FACILITY ON THE DAY OF YOUR VISIT. OBTAIN THIS INFORMATION FROM THE FACILITY INCHARGE OR ANOTHER KNOWLEDGEABLE PERSON. THEY MAY BE OUT SICK, NOT ON DUTY THAT DAY, OR ABSENT FOR SOME OTHER REASON. IF THERE IS NOT ENOUGH SPACE TO LIST ALL SUCH PROVIDERS, STOP THE LIST AT 99. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE GENDER IN COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS IN COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. ASK THE INCHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THEIR WORK IN THE FACILITY.

(1)	(2)	(3)	(4)	(5)												(6)	(7)					
				SERVICES PROVIDED IN FACILITY																		
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW		
81																				81	81	
82																					82	82
83																					83	83
84																					84	84
85																					85	85
86																					86	86
87																					87	87
88																					88	88
89																					89	89
90																					90	90
91																					91	91
92																					92	92
93																					93	93
94																					94	94
95																					95	95
96																					96	96
97																					97	97
98																					98	98
99																					99	99

PROVIDER QUALIFICATION CATEGORY:

SPECIALIST MEDICAL DOCTOR.....	01
GENERAL MEDICAL DOCTOR.....	02
DIPLOMA NURSE.....	03
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REGISTERED MIDWIFE.....	06
COMMUNITY MIDWIFE.....	07
LABORATORY TECHNICIAN.....	08
RADIOLOGY TECHNICIAN.....	09
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OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE	96

Provider Sex: (1=MALE; 2=FEMALE)

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

HEALTH WORKER INTERVIEW

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

HEALTH WORKER INTERVIEW

Facility Number:

Provider SERIAL Number: [FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

Provider Status: (1=Assigned; 2=Seconded)

Interviewer Code:

Number of ANC Observations Associated with Provider

Number of FP Observations Associated with Provider

Number of Sick Child Observations Associated with Provider

Number of Deliveries Associated with Provider

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED 1

NAME & NUMBER OF FACILITY → END

NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of the MoPH conducting a survey of health facilities to assist the government in knowing more about health services in Afghanistan.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by the MoPH, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Data collection will take place (October – November, 2018), data will be released on May 2019.

Datasets from this study will only be available for legitimate research purposes

If you have any question regarding the survey please contact the Principal Investigator:

Dr. Sayed Atallah Saeedzai,

General Directorate of Evaluation & Health Information System, Ministry of Public Health

Phone Number: 0799338159

Do you have any questions about the study? Do I have your agreement to proceed?

		2	0	1
DAY	MONTH	YEAR		

Interviewer's signature

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101

May I begin the interview now?

YES..... 1

NO..... 2

→ END

1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	<p>What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?</p>	SPECIALIST MEDICAL DOCTOR..... 01 GENERAL MEDICAL DOCTOR..... 02 DIPLOMA NURSE..... 03 REGISTERED NURSE..... 04 COMMUNITY NURSE..... 05 REGISTERED MIDWIFE..... 06 COMMUNITY MIDWIFE..... 07 LABORATORY TECHNICIAN..... 08 RADIOLOGY TECHNICIAN..... 09 ANESTHESIA TECHNICIAN..... 10 DENTAL TECHNICIAN..... 11 BLOOD BANK TECHNICIAN..... 12 VACCINATOR TECHNICIAN..... 13 PHARMACIST..... 14 PHARMACY TECHNICIAN..... 15 NON-CLINICAL STAFF/NO TECHNICAL QUALIFICATION 195 OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96	
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (103=95), ASK: What year did you complete any basic training for your current occupational category?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	<p>In what year did you start working in this facility?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
106	<p>Have you received any dose of Hepatitis B vaccine?</p> <p>IF YES, ASK: How many doses have you received so far?</p>	YES, 1 DOSE..... 1 YES, 2 DOSES..... 2 YES, 3 OR MORE DOSES..... 3 NO..... 4	→ 108
107	<p>Did you receive any of the vaccination as part of your services in this facility?</p>	YES..... 1 NO..... 2	
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES..... 1 NO..... 2	

2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

200	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
05	TB infection control	1	2	3
06	Integrated Management for Emergency and Essential Surgical Care (IMEESC)	1	2	3

201	CHECK [Q103] FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION CODE [08] (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700 CODE [08] NOT CIRCLED <input type="checkbox"/>	
I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.		
202	In your current position, and as a part of your work for this facility, do you personally provide any services that are designed to be youth or adolescent friendly? i.e., designed with the specific aim to encourage youth or adolescent utilization?	YES. 1 NO. 2
203	Have you received any in-service training, training updates or refresher training on topics specific to youth or adolescent friendly services? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3

MALARIA

204	In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?	YES. 1 NO. 2																																
205	Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?	YES. 1 NO. 2 → 207																																
206	Have you received any in-service training, training updates or refresher trainings in any of the following topics [READ TOPIC]: IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>YES, WITHIN PAST 24 MONTHS</th> <th>YES, OVER 24 MONTHS AGO</th> <th>NO IN-SERVICE TRAINING OR UPDATES</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>05</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>06</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>07</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	01	1	2	3	02	1	2	3	03	1	2	3	04	1	2	3	05	1	2	3	06	1	2	3	07	1	2	3
	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES																															
01	1	2	3																															
02	1	2	3																															
03	1	2	3																															
04	1	2	3																															
05	1	2	3																															
06	1	2	3																															
07	1	2	3																															

DIABETES

207	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes ?	YES. 1 NO. 2	
208	Have you received any in-service training, training updates or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CARDIO-VASCULAR DISEASES

209	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES. 1 NO. 2	
210	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CHRONIC RESPIRATORY DISEASES

211	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES. 1 NO. 2	
212	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES..... 1 NO..... 2		
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES..... 1 NO..... 2		
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services?	YES..... 1 NO..... 2		
303	Have you received any in-service training, training updates or refresher training on topics related to child health or childhood illnesses?	YES 1 NO 2	→ 400	
304	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	EPI OR COLD CHAIN MONITORING	1	2	3
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2	3
03	DIAGNOSIS OF MALARIA IN CHILDREN	1	2	3
04	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2	3
05	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2	3
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2	3
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2	3
09	BREASTFEEDING	1	2	3
10	COMPLIMENTARY FEEDING IN INFANTS	1	2	3
11	PEDIATRIC HIV/AIDS	1	2	3
12	PEDIATRIC ART	1	2	3
13	OTHER TRAINING ON CHILD HEALTH (SPECIFY) _____	1	2	3
14*	SAM AND MAM TRAINING	1	2	3
15*	INFECTION PREVENTION TRAINING	1	2	3
16*	HEALTH CARE WASTE MANAGEMENT TRAINING	1	2	3

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES..... 1 NO..... 2		
401	Have you received any in-service training, training updates or refresher training on topics related to family planning?	YES..... 1 NO..... 2	→ 500	
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2	3
02	IUCD INSERTION AND/OR REMOVAL	1	2	3
03	IMPLANT INSERTION AND/OR REMOVAL	1	2	3
04	PERFORMING VASECTOMY	1	2	3
05	PERFORMING TUBAL LIGATION	1	2	3
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2	3
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2	3
08	POST-PARTUM FAMILY PLANNING			3
09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____	1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services? IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL..... 1 YES, POSTNATAL..... 2 YES, BOTH..... 3 NO, NEITHER..... 4		
501	Have you received any in-service training, training updates or refresher training on topics related to antenatal care or postnatal care?	YES..... 1 NO..... 2	→ 503	
502	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)?	1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)?	1	2	3
03	Complications of pregnancy and their management?	1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2	3
05	Intermittent preventive treatment of malaria during pregnancy	1	2	3
503	Do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV? IF YES, ASK: Which specific services do you provide? INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING..... A HIV TEST COUNSELING..... B CONDUCT HIV TEST..... C PROVIDE ARV TO MOTHER..... D PROVIDE ARV TO INFANT..... E NO PMTCT SERVICES..... Y		
504	Have you received any in-service training, training updates or refresher training on topics related to maternal and/or newborn health and HIV/AIDS?	YES..... 1 NO..... 2	→ 506	
505	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV?	1	2	3
02	Newborn nutrition counseling of mother with HIV?	1	2	3
03	Infant and young child feeding	1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?	1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV?	1	2	3

DELIVERY SERVICES

506	In your current position, and as a part of your work for this facility, do you personally provide delivery services ? By that I mean conducting the actual delivery of newborns?	YES..... 1 NO..... 2	→ 509				
507	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility) ?	TOTAL DELIVERIES	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
508	When was the last time you used a partograph?	NEVER..... 0 WITHIN PAST WEEK..... 1 WITHIN PAST MONTH..... 2 WITHIN PAST 6 MONTHS..... 3 OVER 6 MONTHS AGO..... 4					
509	Have you received any in-service training, training updates or refresher training on topics related to delivery care?	YES..... 1 NO..... 2	→ 511				
510	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES			
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3			
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2	3			
03	Routine care for labor and normal vaginal delivery?	1	2	3			
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3			
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3			
06	Post abortion care?	1	2	3			
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3			

NEWBORN CARE SERVICES

511	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES..... 1 NO..... 2		
512	Have you received any in-service training, training updates or refresher training on topics related to newborn care?	YES..... 1 NO..... 2	→ 600	
513	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02	<i>Early and exclusive</i> breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3
07*	Basic newborn training	1	2	3
08*	Advanced newborn training	1	2	3
09*	ETAT training	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1 NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1 NO..... 2	→603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2
02	The syndromic management for STIs	1	2
03	Drug resistance to STI treatment medications	1	2

TUBERCULOSIS

603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3

HIV/AIDS SERVICES

604	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related in-service training, training updates or refresher training. READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]? (a)		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800	
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO	
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2	
02	HIV rapid testing	1	2	
03	Any other HIV test, such as PCR, ELISA, or Western Blot	1	2	
04	Hematology testing, such as anemia testing	1	2	
05	CD4 testing	1	2	
06	Malaria microscopy	1	2	
07	Malaria rapid diagnostic test (mRDT)	1	2	
08*	Bacteriology testing	1	2	
09*	Serology (ELISA) testing	1	2	
10*	Molecular Biology (PCR) testing	1	2	
11*	GeneXpert	1	2	
702	Have you received any in-service training, training updates or refresher training on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800	
703	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
03	CD4 testing	1	2	3
04	Blood screening for HIV prior to transfusion?	1	2	3
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (mRDT)	1	2	3
09*	Bacteriology testing	1	2	3
10*	Serology (ELISA) testing	1	2	3
11*	Molecular Biology (PCR) testing	1	2	3
12*	GeneXpert	1	2	3

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="display: flex; align-items: center; justify-content: flex-end; margin-right: 50px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div>																												
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS. 1 YES, IN THE PAST 4-6 MONTHS. 2 YES, IN THE PAST 7-12 MONTHS. 3 YES, MORE THAN 12 MONTHS AGO. 4 NO. 5</p> <p style="text-align: right; margin-right: 50px;">} → 804</p>																												
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES.</p> <div style="display: flex; align-items: center; justify-content: flex-end; margin-right: 50px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <p>EVERY DAY. '96</p>																												
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse; margin-left: auto;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td colspan="3">CHECKED RECORD</td> </tr> <tr> <td style="text-align: center;">02</td> <td colspan="3">OBSERVED WORK</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">04</td> <td colspan="3">VERBAL PRAISE</td> </tr> <tr> <td style="text-align: center;">05</td> <td colspan="3">PROVIDED UPDATES</td> </tr> <tr> <td style="text-align: center;">06</td> <td colspan="3">DISCUSSED PROBLEMS</td> </tr> </tbody> </table>		YES	NO	DK	01	CHECKED RECORD			02	OBSERVED WORK			03	1	2	8	04	VERBAL PRAISE			05	PROVIDED UPDATES			06	DISCUSSED PROBLEMS		
	YES	NO	DK																											
01	CHECKED RECORD																													
02	OBSERVED WORK																													
03	1	2	8																											
04	VERBAL PRAISE																													
05	PROVIDED UPDATES																													
06	DISCUSSED PROBLEMS																													
804	<p>Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3</p>																												
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES. 1 NO. 2 UNCERTAIN/DON'T KNOW. 8</p>																												
806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p style="text-align: center; margin-top: 20px;">PROBE: Anything else?</p>	<p>MONTHLY OR DAILY SALARY SUPPLEMENT. A PERDIEM WHEN ATTENDING TRAINING. B DUTY ALLOWANCE. C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED). D OTHER _____ X (SPECIFY) NONE. Y</p>																												
807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p style="text-align: center; margin-top: 20px;">PROBE: Anything else?</p>	<p>TIME OFF / VACATIONS A UNIFORMS, BACKPACKS, CAPS, etc. B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. C TRAINING. D FOOD RATION / MEALS. E SUBSIDIZED HOUSING F NONE Y</p>																												

808	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOXES. DO NOT LEAVE ANY BOX EMPTY. THERE MUST BE 3 ENTRY.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p>	<p>MORE SUPPORT FROM SUPERVISOR. A</p> <p>MORE KNOWLEDGE / UPDATES TRAINING. B</p> <p>MORE SUPPLIES/STOCK. C</p> <p>BETTER QUALITY EQUIPMENT/ SUPPLIES. D</p> <p>LESS WORKLOAD (i.e. MORE STAFF). E</p> <p>BETTER WORKING HOURS / FLEXIBLE TIMES. F</p> <p>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). G</p> <p>TRANSPORTATION FOR REFERRAL PATIENTS. H</p> <p>PROVIDING ART. I</p> <p>PROVIDING PEP. J</p> <p>INCREASED SECURITY. K</p> <p>BETTER FACILITY INFRASTRUCTURE. L</p> <p>MORE AUTONOMY / INDEPENDENCE. M</p> <p>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). N</p> <p>OTHER (SPECIFY)X</p> <p>NO PROBLEM. Y</p>						
<table border="1" style="margin: auto;"> <tr> <td colspan="3" style="text-align: center;">RANKING</td> </tr> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>			RANKING					
RANKING								
THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT								

ANC OBSERVATION

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

	QTYPE	O	A	N
FACILITY NUMBER				
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]				
CLIENT CODE [FROM CLIENT LISTING FORM]				

2. Provider Information

<p><u>Provider Qualification Category:</u></p> <p>SPECIALIST MEDICAL DOCTOR. 01</p> <p>GENERAL MEDICAL DOCTOR. 02</p> <p>DIPLOMA NURSE 03</p> <p>REGISTERED NURSE 04</p> <p>COMMUNITY NURSE 05</p> <p>REGISTERED MIDWIFE. 06</p> <p>COMMUNITY MIDWIFE. 07</p> <p>LABORATORY TECHNICIAN 08</p> <p>RADIOLOGY TECHNICIAN. 09</p> <p>ANESTHESIA TECHNICIAN. 10</p> <p>DENTAL TECHNICIAN. 11</p> <p>BLOOD BANK TECHNICIAN. 12</p> <p>VACCINATOR TECHNICIAN. 13</p> <p>PHARMACIST. 14</p> <p>PHARMACY TECHNICIAN. 15</p> <p>NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95</p> <p>OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96</p>	<p>PROVIDER CATEGORY</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 100px;"></div>
<p>SEX OF PROVIDER: (1=Male; 2=Female)</p>	<p>SEX OF PROVIDER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p>

3. Information About Observation

<p>Date:</p> <p>Name of the observer: _____</p>	<p>DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>YEAR <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>OBSERVER CODE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p>
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4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the MoPH We are conducting a study of health facilities in Afghanistan with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MoPH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation. Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataulah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159 Do I have your permission to be present at this consultation?</p>														
	Interviewer's signature (Indicates respondent's willingness to participate)	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> </tr> </table>			2	0	1		DAY	MONTH	YEAR				
		2	0	1											
DAY	MONTH	YEAR													
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END												

	<p>READ TO CLIENT: Hello, I am _____. I am representing the MoPH We are conducting a study of health services in Afghanistan. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me. Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataulah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159 After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>								
	Interviewer's signature (Indicates respondent's willingness to participate)								
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END						
102	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2							

NO.	QUESTION / OBSERVATIONS	CODES
<p>FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.</p>		

CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02	Infant(s) who died in the first week of life	B
03	Heavy bleeding, during or after delivery	C
04	Previous assisted delivery (caesarean section, ventouse/vacuum, or forceps)	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08	Previous pregnancy-induced hypertension	H
09	Previous pregnancy related convulsions	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	None of the above	Y

DANGER SIGNS OF CURRENT PREGNANCY

106	IN COLUMN A , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN COLUMN B , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands or extremities	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09	None of the above	Y	Y

NO.	QUESTION / OBSERVATIONS	CODES
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PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
13	None of the above	Y

ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Hemoglobin test	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test	A	B	C	Y

HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

IRON/ FOLATE SUPPLEMENTATION

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid or both	A
02	Explained the purpose of iron or folic acid	B
03	Explained how to take iron or folic-acid pills	C
04	Explained side effects of iron or folic-acid pills	D
05	None of the above	Y

TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	None of the above	Y

DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole	A
02	Explained the purpose of Mebendazole	B
03	None of the above	Y

MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN to client as part of consultation or instructed client where to obtain ITN	F
07	Explicitly explained importance of using ITN to client	G
	DIRECT OBSERVATION:	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Advise the client what items to have in hands in case of emergency and it's importance (e.g., blade)	D
05	None of the above	Y

NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06	None of the above	Y

OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S ANC CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. 1 NO, DID NOT LOOK AT CARD. 2 NO HEALTH CARD USED. 3	→ 121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTION / OBSERVATIONS	CODES
121	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. 1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY..... 2 CLIENT ADMITTED TO SAME FACILITY..... 3 CLIENT REFERRED TO OTHER FACILITY..... 4

QUESTIONS TO ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD		
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY <input type="text"/> <input type="text"/>
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care at this facility for this pregnancy ?	FIRST VISIT..... 1 SECOND VISIT..... 2 THIRD VISIT..... 3 FOURTH VISIT..... 4 FIFTH OR MORE VISIT..... 5 DON'T KNOW..... 8
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY..... 1 NOT FIRST PREGNANCY..... 2 DON'T KNOW..... 8
125	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Observer's comments:		

FP OBSERVATION

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">F</td> <td style="width: 20px; height: 20px; text-align: center;">P</td> </tr> </table>	O	F	P		
O	F	P				
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

2. Provider Information

<p><u>Provider Qualification Category:</u></p> <p>SPECIALIST MEDICAL DOCTOR. 01</p> <p>GENERAL MEDICAL DOCTOR. 02</p> <p>DIPLOMA NURSE 03</p> <p>REGISTERED NURSE 04</p> <p>COMMUNITY NURSE. 05</p> <p>REGISTERED MIDWIFE. 06</p> <p>COMMUNITY MIDWIFE. 07</p> <p>LABORATORY TECHNICIAN 08</p> <p>RADIOLOGY TECHNICIAN. 09</p> <p>ANESTHESIA TECHNICIAN. 10</p> <p>DENTAL TECHNICIAN. 11</p> <p>BLOOD BANK TECHNICIAN. 12</p> <p>VACCINATOR TECHNICIAN. 13</p> <p>PHARMACIST. 14</p> <p>PHARMACY TECHNICIAN. 15</p> <p>NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95</p> <p>OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96</p>	<p style="text-align: right;">PROVIDER CATEGORY</p> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
<p>SEX OF PROVIDER: (1=Male; 2=Female)</p>	<p style="text-align: right;">SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>		

3. Information About Observation

<p>Date:</p> <p>Name of the observer: _____</p>	<p>DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p>					2	0	1			
2	0	1									

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO										
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>													
<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the MoPH We are conducting a study of health facilities in Afghanistan with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MoPH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; font-weight: bold;">2</td> <td style="width: 20px; height: 20px; font-weight: bold;">0</td> <td style="width: 20px; height: 20px; font-weight: bold;">1</td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="3" style="font-size: 8px;">YEAR</td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>						2	0	1	DAY	MONTH	YEAR		
		2	0	1									
DAY	MONTH	YEAR											
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END										
<p>READ TO CLIENT: Hello, I am _____. I am representing the MoPH We are conducting a study of health services in Afghanistan. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility.</p> <p>We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>													
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END										
102	RECORD THE TIME THE OBSERVATION STARTED.	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2											
104	RECORD THE SEX OF CLIENT.	MALE 1 FEMALE 2											

NO.	QUESTIONS / OBSERVATIONS	CODES
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CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
06	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client if he/she had questions or concerns regarding current method	A
02	Client expressed concerns about method, or asked questions about method, including possible side effects of method.	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client orally of confidentiality	C
04	None of the above	Y

METHODS PROVIDED OR PRESCRIBED

111	<p>VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.</p> <p>IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.</p> <p>CAUTION!</p> <p>AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A" AND COLUMN "B"</p>		
		(A)	(B)
	METHOD	PRESCRIBED TO BE FILLED LATER/DIFFERENT LOCATION	PROVIDED TO CLIENT IN FACILITY
01	COMBINED ORAL PILL	A	A
02	PROGESTIN-ONLY ORAL PILL	B	B
03	ORAL PILL (TYPE UNSPECIFIED)	C	C
04	COMBINED INJECTABLE (MONTHLY)	D	D
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY) IM/SC DMPA	E	E
06	MALE CONDOM	F	F
07	FEMALE CONDOM	G	G
08	IUCD	H	H
09	IMPLANT	I	I
10	EMERGENCY CONTRACEPTION	J	J
11	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K
12	COUNSELING ON PERIODIC ABSTINENCE	L	L
13	VASECTOMY (MALE STERILIZATION)	M	M
14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N
15	LACTATIONAL AMENORRHEA	O	O
16	OTHER (E.G., SPERMICIDE, DIAPHRAGM)	X	X
17	NO METHOD	Y	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.		
112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	114
113	PILLS OR INJECTIONS	
01	When to take (pill daily; injection either every month or every 2 or 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07	None of the above	Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	116
115	CONDOMS	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06	None of the above	Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	118
117	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	
01	Good for up to 5 years or 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	120
119	IMPLANTS	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	122
121	EMERGENCY CONTRACEPTION	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	124
123	PERIODIC ABSTINENCE OR STANDARD DAYS METHOD	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	126
125	VASECTOMY	
01	Partner is protected from pregnancy after 3 months or after 30 ejaculations	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	128

127	FEMALE STERILIZATION	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	130
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129	LACTATIONAL AMENORRHEA (LAM)	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
05	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
02	Has this client ever been pregnant?	YES..... 1 NO..... 2 MALE CLIENT..... 3 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS		CODES														
5. CLINICAL OBSERVATION																	
201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT																
01	PELVIC EXAMINATION	A															
02	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B															
03	INJECTABLE GIVEN	C															
04	IMPLANT INSERTION AND/OR REMOVAL	D															
05	NONE OF THE ABOVE	Y															
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES 1 NO 2	→ 206														
<p>READ TO PROVIDER: Hello, I am representing the [IMPLEMENTING ORG]. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ___] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ___] will help us to better understand how health services are provided.</p> <p>Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataulah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do you have any questions for me? Do I have your permission to be present during this procedure?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div data-bbox="331 992 847 1048"> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div data-bbox="943 936 1278 1021" style="border: 1px solid black; padding: 5px;"> <table style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> </tr> <tr> <td colspan="3">DAY</td> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> </table> </div> </div>								2	0	1	DAY			MONTH		YEAR	
				2	0	1											
DAY			MONTH		YEAR												
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ 301														
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	SPECIALIST MEDICAL DOCTOR 01 GENERAL MEDICAL DOCTOR 02 DIPLOMA NURSE 03 REGISTERED NURSE 04 COMMUNITY NURSE 05 REGISTERED MIDWIFE 06 COMMUNITY MIDWIFE 07 LABORATORY TECHNICIAN 08 RADIOLOGY TECHNICIAN 09 ANESTHESIA TECHNICIAN 10 DENTAL TECHNICIAN 11 BLOOD BANK TECHNICIAN 12 VACCINATOR TECHNICIAN 13 PHARMACIST 14 PHARMACY TECHNICIAN 15 NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95 OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96															
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE 1 FEMALE 2															

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES..... 1 NO..... 2	→ 210
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BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE		
01	Ensured that client had visual privacy		A
02	Ensured that client had auditory privacy		B
03	Explained procedure to client before starting		C
04	Prepared all instruments before starting procedure		D
05	Washed hands with soap and water or disinfected hands before starting procedure		E
06	Put on latex gloves before starting procedure		F
07	NONE OF THE ABOVE		Y

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	Used sterilized or high level disinfected (HLD) instruments		A
02	Asked the client to take slow deep breaths and to relax muscles		B
03	Inspected the external genitalia		C
04	Explained speculum procedure to client (if speculum used)		D
05	Inspected the cervix and vaginal mucosa (using speculum and light)		E
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)		F
07	NONE OF THE ABOVE		Y

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Removed gloves		A
02	Washed or disinfected hands after removing gloves		B
03	Wiped contaminated surfaces with disinfectant		C
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure		D
05	None of the above		Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION A IUCD REMOVAL B IUCD CHECKUP C NONE OF THE ABOVE..... Y	→ 215
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BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	Ensured that client had visual privacy	A	
02	Ensured that client had auditory privacy	B	
03	Explained procedure to client before starting	C	
04	(FOR NEW CLIENT) Reconfirmed client choice of method	D	
05	(FOR NEW CLIENT) Confirmed client is not pregnant	E	
06	Prepared all instruments before starting procedure	F	
07	Washed or disinfected hands before starting procedure	G	
08	Put on latex gloves before starting procedure	H	
09	Clean cervix and vagina with antiseptic	I	
10	None of the above	Y	

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A	
02	Conducted a speculum examination before performing bimanual examination	B	
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C	
04	Used a tenaculum	D	
05	Sounded the uterus before inserting IUCD	E	
06	Explained any of the above procedures	F	
07	Used the no-touch technique for IUCD insertion	G	
08	Used sterilized or high level disinfected (HLD) instruments	H	
09	None of the above	Y	

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Removed gloves	A	
02	Washed or disinfected hands after removing gloves	B	
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C	
04	Wiped contaminated surfaces with disinfectant	D	
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E	
06	NONE OF THE ABOVE	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	(IF IUCD REMOVED): Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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8. INJECTABLE CONTRACEPTIVES

215	CHECK Q201: WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES 1 NO 2	→ 220
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BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method		A
02	(With a new client) Verified that client was not pregnant		B
03	(Continuing client) Checked the client's card to ensure giving injection at correct time		C
04	Ensured visual privacy		D
05	Ensured auditory privacy		E
06	Washed/disinfected hands before giving the injection		F
07	Prepared injection in area with clean table or tray to set items on		G
08	None of the above		Y

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	(If using disposables) Used new syringe and needle from a sterile sealed pack		A
02	Opened new packet of syringe and needle		B
03	Removed needle from multiple dose vial each time		C
04	Stirred or mixed the bottle <i>before</i> drawing dose (Depo)		D
05	Cleaned and air-dried the injection site <i>before injection</i>		E
06	Drew back plunger <i>before</i> giving injection		F
07	Allowed dose to self-disperse instead of massaging the site		G
08	None of the above		Y

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)		A
02	Tell client not to massage injection site		B
03	Tell the client when to come back for her next injection		C
04	None of the above		Y
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
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9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION..... A IMPLANT REMOVAL..... B NONE OF THE ABOVE..... Y	→ 301
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BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method	A	
02	(With a new client) Verified that client was not pregnant	B	
03	Ensured visual privacy	C	
04	Ensured auditory privacy	D	
05	Explained the procedure to client before starting	E	
06	Prepared all instruments before the procedure	F	
07	Used sterilized or high-level disinfected instruments	G	
08	Washed/disinfected hands <i>before</i> the procedure	H	
09	Put on sterile gloves and maintain sterility during insertion	I	
10	None of the above	Y	

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Cleaned skin where incision was made with antiseptic	A	
02	Used sterile towel to protect area	B	
03	Used new or sterilized needle and syringe for local anesthetic	C	
04	Allowed time for local anesthetic to take effect prior to making incision	D	
05	None of the above	Y	

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Disposed of sharps in puncture-resistant containers	A	
02	Wiped contaminated surfaces with disinfectant	B	
03	Placed instruments in a chlorine solution immediately after completing the procedure	C	
04	Removed gloves	D	
05	Washed/disinfected hands <i>after</i> removing gloves	E	
06	Explained care of incision area and removal of the bandage	F	
07	Discussed return visit to remove plaster	G	
09	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	(IN THE CASE OF REMOVAL): Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	
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NO.	QUESTIONS / OBSERVATIONS	CODES
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**10. CLIENT'S FAMILY PLANNING STATUS
TO BE ASKED OF PROVIDER AFTER CONSULTATION**

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS		
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NONUSER, USED IN PAST ... 2 → 304 NONUSER, NO PAST USE ... 3 → 304 NOT DETERMINED 8 → 304
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD..... 2 DESIRE TO CHANGE METHOD (NO PROBLEM)..... 3 DESIRE TO DISCONTINUE FP (NO PROBLEM)..... 4 DISCUSS OTHER PROBLEM.... 5
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 → 305 SWITCHED METHOD 2 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD 3 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD 4 → 305 DECIDED TO STOP USING FAMILY PLANNING 5 → 306
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2 → 306
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD ... 1 NO, METHOD NOT IN STOCK .. 2 NO, REQUIRES APPOINTMENT 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM ... 4 NO, PREGNANCY STATUS UNCERTAIN 5 OTHER..... 6
306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES 1 NO 2 NO INDIVIDUAL CARD USED ... 3 DON'T KNOW 8
307	RECORD THE TIME THE OBSERVATION ENDED..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
308	Observer's comments:	

SICK CHILD OBSERVATION

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE	S	C	O
FACILITY NUMBER				
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]				
CLIENT CODE [FROM CLIENT LISTING FORM]				

2. Provider Information

<u>Provider Qualification Category:</u> SPECIALIST MEDICAL DOCTOR. 01 GENERAL MEDICAL DOCTOR. 02 DIPLOMA NURSE 03 REGISTERED NURSE 04 COMMUNITY NURSE..... 05 REGISTERED MIDWIFE..... 06 COMMUNITY MIDWIFE..... 07 LABORATORY TECHNICIAN 08 RADIOLOGY TECHNICIAN..... 09 ANESTHESIA TECHNICIAN..... 10 DENTAL TECHNICIAN..... 11 BLOOD BANK TECHNICIAN..... 12 VACCINATOR TECHNICIAN..... 13 PHARMACIST..... 14 PHARMACY TECHNICIAN..... 15 NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95 OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96	PROVIDER CATEGORY
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER

3. Information About Observation

Date:	DAY MONTH YEAR 2 0 1
Name of the observer: _____	OBSERVER CODE

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO												
BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.															
	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the MoPH We are conducting a study of health facilities in Afghanistan with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div style="width: 35%; text-align: center;"> <table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="3" style="font-size: 8px;">YEAR</td> <td></td> </tr> </table> </div> </div>					2	0	1		DAY	MONTH	YEAR			
		2	0	1											
DAY	MONTH	YEAR													
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END												
	<p>READ TO CLIENT: Hello, I am _____. I am representing the MoPH We are conducting a study of health services in Afghanistan. I would like to be present while your child is receiving services today in order to understand how sick child services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>Data collection will take place(October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>														
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES 1 NO 2	→ END												
102	RECORD THE TIME THE OBSERVATION STARTED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2													
104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE 1 FEMALE 2													

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	
01	Mother's HIV status	A
02	TB disease in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y

PHYSICAL EXAMS

108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child's ear	J
11	Felt behind child's ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
	01 Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
	02 Asked about normal feeding habits or practices when the child is not ill	B
	03 Asked about normal breastfeeding habits or practices when the child is not ill	C
	04 Asked about feeding or breastfeeding habits or practices for child during this illness	D
	05 Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
	06 Looked at the child's immunization card or asked caretaker about child vaccination history	F
	07 Asked if child received Vitamin A within past 6 months	G
	08 Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
	09 Wrote on the child's health card	I
	10 Asked if child received any de-worming medication in last 6 months	J
11 None of the above	Y	

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
	01 Provided general information about feeding or breastfeeding the child even when not sick	A
	02 Told the caretaker to give extra fluids to the child during this illness	B
	03 Told the caretaker to continue feeding the child during this illness	C
	04 Told the caretaker what illness(es) the child has	D
	05 Described signs and/or symptoms in the child for which to immediately bring child back	E
	06 Used a visual aid to educate caretaker	F
	07 None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
	01 Prescribed or provided oral medications during or after consultation	A
	02 Explained how to administer oral treatment(s)	B
	03 Asked the caretaker to repeat the instructions for giving medications at home	C
	04 Gave the first dose of the oral treatment	D
	05 Discuss follow-up visit for the sick child	E
	06 None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B	
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C	
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D	
05	GAVE REFERRAL SLIP TO CARETAKER	E	
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F	
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G	
08	NONE OF THE ABOVE	Y	
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME..... 1 CHILD REFERRED TO PROVIDER, SAME FACILITY.... 2 CHILD ADMITTED, SAME FACILITY..... 3 CHILD SENT TO LAB..... 4 CHILD REFERRED TO OTHER FACILITY..... 5	

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. DIAGNOSIS

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.

DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201	DEHYDRATION SEVERE DEHYDRATION. 1 MODERATE DEHYDRATION. 2 MILD DEHYDRATION. 3 NONE OF THE ABOVE / NO DEHYDRATION. 4	
202	RESPIRATORY SYSTEM PNEUMONIA / BRONCHOPNEUMONIA A BRONCHIAL SPASM / ASTHMA. B UPPER RESPIRATORY INFECTION (URI) / ACUTE RESPIRATORY ILLNESS (ARI). C RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN. D COUGH, DIAGNOSIS UNCERTAIN. E NONE OF THE ABOVE. Y	
203	DIGESTIVE SYSTEM / INTESTINAL ACCUTE WATERY DIARRHEA. A DYSENTERY. B AMEBIASIS. C PERSISTENT DIARRHEA. D OTHER DIGESTIVE / INTESTINAL (SPECIFY) X NONE OF THE ABOVE. Y	
204	MALARIA MALARIA (CLINICAL DIAGNOSIS). 1 MALARIA (BLOOD SMEAR) 2 MALARIA (RAPID DIAGNOSTIC TEST) 3 NONE OF THE ABOVE. 4	
205	FEVER/MEASLES FEVER OF UNKNOWN ORIGIN. 1 MEASLES WITH NO COMPLICATIONS. 2 MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE). 3 TYPHOID FEVER. 4 URINARY TRACK INFECTION. 5 SEPTICEMIA. 6 MENINGITIS. 7 NONE OF THE ABOVE. 8	
206	EAR MASTOIDITIS. A ACUTE EAR INFECTION. B CHRONIC EAR INFECTION. C OTHER EAR INFECTION. X NONE OF THE ABOVE. Y	
207	THROAT SORE THROAT/PHARYNGITIS. 1 OTHER THROAT DIAGNOSIS (SPECIFY) 2 NONE OF THE ABOVE. 3	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABCESS.	A
	BACTERIAL CONJUNCTIVITIS.	B
	SKIN CONDITION.	C
	OTHER DIAGNOSIS (SPECIFY) _____	X
	NO OTHER DIAGNOSIS.	Y

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.		
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES..... 1 NO..... 2 → 214A
210	GENERAL TREATMENT	
01	BENZYL PENICILLIN INJECTION	A
02	OTHER ANTIBIOTIC INJECTION	B
03	OTHER INJECTION	C
04	CO-TRIMOXAZOLE TABLETS	D
05	CO-TRIMOXAZOLE SYRUP	E
06	AMOXICILLIN CAPSULES	F
07	AMOXICILLIN SYRUP	G
08	OTHER ANTIBIOTIC TABLET/SYRUP	H
09	PARACETAMOL	I
10	OTHER FEVER REDUCING MEDICINE	J
11	ZINC	K
12	VITAMINS (OTHER THAN VITAMIN A)	L
13	COUGH SYRUPS/OTHER MEDICATION	M
14	NONE OF THE ABOVE	Y
211	RESPIRATORY	
01	NEBULISER OR INHALER	A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)	B
03	ORAL BRONCHODILATOR	C
04	DRY EAR BY WICKING	D
05	NONE OF THE ABOVE	Y
212	MALARIA	
01	INJECTABLE QUININE	A
02	INJECTABLE ARTEMETHER / ARTESUNATE	B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)	C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE	D
05	ORAL ACT/AL (E.G., COARTEM)	E
06	ORAL ARTEMETER / ARTESUNATE	F
07	ORAL AMODIAQUINE	G
08	ORAL FANSIDAR (SP)	H
09	ORAL QUININE	I
10	OTHER ORAL ANTIMALARIAL	J
11	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
213	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	NONE OF THE ABOVE	Y
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

214A*	How old is [NAME]? IF "1 YEAR", PROBE: How many months old is he/she? RECORD DAYS IF LESS THAN 1 MONTH OLD RECORD MONTHS IF LESS THAN 2 YEARS OR RECORD YEARS IF OLDER THAN 2 YEARS	DAYS 1 MONTHS..... 2 YEARS..... 3	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW..... 8								
216	Did you vaccinate the child during this visit or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD....01 YES, REFERRED02 NOT DUE FOR VACCINATION.....03 VACCINE NOT AVAILABLE....04 CHILD TOO SICK.....05 NOT DAY FOR VACCINATION.....06 DID NOT CHECK FOR VACCINATION.....07 VACCINATION COMPLETED...08								
217	RECORD THE TIME THE OBSERVATION ENDED.....	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr></table>			:					
		:								
Observer's comments:										

LABOR AND DELIVERY

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

OBSERVATION OF LABOR & DELIVERY AND NEWBORN RESUSCITATION

1. Facility Identification

QTYPE

L	D	O
---	---	---

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER:

--	--	--	--	--

2. Provider Information

Provider Qualification Category:

- SPECIALIST MEDICAL DOCTOR. 01
- GENERAL MEDICAL DOCTOR. 02
- DIPLOMA NURSE 03
- REGISTERED NURSE 04
- COMMUNITY NURSE. 05
- REGISTERED MIDWIFE. 06
- COMMUNITY MIDWIFE. 07
- LABORATORY TECHNICIAN 08
- RADIOLOGY TECHNICIAN. 09
- ANESTHESIA TECHNICIAN. 10
- DENTAL TECHNICIAN. 11
- BLOOD BANK TECHNICIAN. 12
- VACCINATOR TECHNICIAN. 13
- PHARMACIST. 14
- PHARMACY TECHNICIAN. 15
- NON CLINICAL STAFF/NO TECHNICAL QUALIFICATION 95
- OTHER CLINICAL QUALIFICATION NOT LISTED ABOVE 96

PROVIDER CATEGORY

--	--

SEX OF PROVIDER: (1=Male; 2=Female)

SEX OF PROVIDER

--

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

PROVIDER SL NUMBER

--	--

3. Information About Observation

Date:

DAY

--	--

 MONTH

--	--

 YEAR

2	0	1	
---	---	---	--

Name of the observer: _____

OBSERVER CODE

--	--

Client code:

CLIENT CODE

--	--	--

4. Observation of Normal Delivery and Newborn Resuscitation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the MoPH
 We are conducting a study of health facilities in Afghanistan with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how normal delivery services are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MoPH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Data collection will take place (October – November, 2018), data will be released on May 2019.
 Datasets from this study will only be available for legitimate research purposes
 If you have any question regarding the survey please contact the Principal Investigator:
 Dr. Sayed Ataullah Saeedzai,
 General Directorate of Evaluation & Health Information System, Ministry of Public Health
 Phone Number: 0799338159

Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

		2	0	1	
DAY	MONTH	YEAR			

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END
-----	---	---------------------------	--------------

READ TO CLIENT: Hello, I am _____. I am representing the MoPH
 We are conducting a study of health services in Afghanistan. I would like to be present while you are receiving services today in order to understand how normal delivery services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

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 General Directorate of Evaluation & Health Information System, Ministry of Public Health
 Phone Number: 0799338159

Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

Interviewer's signature
(Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END
-----	---	---------------------------	--------------

102	RECORD THE TIME THE OBSERVATION STARTED	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:			
		:						

103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2	
-----	---	---------------------------	--

SECTION 1: INITIAL CLIENT ASSESSMENT

Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT ANY OF THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
INTRODUCTION AND HISTORY TAKING				
Q104:				
01) Respectfully greets the pregnant woman	1	2	8	
02) Encourages the woman to have a support person present during labor and birth	1	2	8	
03) Asks women (and support person) if she has any questions	1	2	8	
04) Checks client card OR asks client her age, length of pregnancy, and parity	1	2	8	
Q105: Asks whether she has experienced any of the following for current pregnancy:				
01) Vaginal bleeding	1	2	8	
02) Fever	1	2	8	
03) Severe headaches and/or blurred vision	1	2	8	
04) Swollen face or hands	1	2	8	
05) Convulsions or loss of consciousness	1	2	8	
06) Severe difficulty breathing	1	2	8	
07) Persistent cough for 2 weeks or longer	1	2	8	
08) Severe abdominal pain	1	2	8	
09) Foul smelling vaginal discharge	1	2	8	
10) Frequent or painful urination	1	2	8	
11) Whether the client has felt a decrease or stop in fetal movement	1	2	8	
12) If there are any other problems the client is concerned about	1	2	8	
Q106: Checks woman's HIV status (checks card or asks woman)	1	2	8	
Q107: Offers woman HIV test	1	2	8	
Q108: Is woman HIV positive? <i>(OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE DON'T KNOW IF STATUS IS UNKNOWN OR NOT DISCUSSED)</i>	1	2	8	No/DK → Q110
Q109: Asks about or counsels on the following topics for HIV positive mothers:				
01) Asks if client is currently taking ARVs	1	2	8	No/DK → Q109_02
01a) Asks client when she took last dose ARVs	1	2	8	
02) Explains why the mother should take ARVs	1	2	8	
03) Explains when and how the mother should take ARVs	1	2	8	
04) Administers ARVs to mother	1	2	8	
05) Explains why the newborn should take ARVs	1	2	8	
06) Explains when and how newborn should take ARVs	1	2	8	
Q110: Client has any previous pregnancies? <i>(OBSERVER: LISTEN AND RECORD ANSWER)</i>	1	2	8	No/DK → Q112
Q111: Asks about complications during previous pregnancies:				
01) Heavy bleeding during or after delivery	1	2	8	
02) Anemia	1	2	8	
03) High blood pressure	1	2	8	
04) Convulsions	1	2	8	
05) Multiple pregnancies (twins or above)	1	2	8	
06) Prolonged labor	1	2	8	
07) C-section	1	2	8	
08) Assisted delivery (forceps, ventouse)	1	2	8	
09) Prior neonatal death (death of baby less than 1 month old)	1	2	8	
10) Prior stillbirth (baby born dead that does not breathe or cry)	1	2	8	
11) Prior abortion/miscarriage (loss of pregnancy)	1	2	8	
EXAMINATION				
Q112: Washes his/her hands with soap and water or uses hand disinfectant before any initial examination	1	2	8	
Q113: Explains procedures to woman (support person) before proceeding	1	2	8	
Q114: Takes temperature	1	2	8	
Q115: Takes pulse	1	2	8	

Q116: Takes blood pressure	1	2	8	No/DK → Q117
01) Take client's blood pressure in sitting or lateral position	1	2	8	
02) Take blood pressure with arm at heart level	1	2	8	
Q117: Asks/notes amount of urine output	1	2	8	
Q118: Tests urine for presence of protein	1	2	8	
Q119: Performs general examination (e.g. for anemia, edema)	1	2	8	
Q120: Performs the following steps for abdominal examination:				
01) Checks fundal height with measuring tape	1	2	8	
02) Checks fetal presentation by palpation of abdomen	1	2	8	
03) Checks fetal heart rate with fetoscope/Doppler/ultrasound	1	2	8	
Q121: Performs vaginal examination	1	2	8	
Q122: Wears high-level disinfected or sterile gloves for vaginal examination	1	2	8	
Q123: Informs pregnant woman of findings	1	2	8	
END OF SECTION 1				

SECTION 2: INTERMITTENT OBSERVATION OF FIRST STAGE OF LABOR

Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
PROGRESS OF LABOR				
Q201: At least once, explains what will happen in labor to woman (support person)	1	2	8	
Q202: At least once, encourages woman to consume fluids/food during labor	1	2	8	
Q203: At least once, encourages/assists woman to ambulate and assume different positions during labor	1	2	8	
Q204: OBSERVER: IS THE SUPPORT PERSON PRESENT AT SOME POINT DURING LABOR?	1	2	8	
Q205: Drapes woman (one drape under buttocks, one over abdomen)	1	2	8	
Q206: Partograph used to monitor labor	1	2		No→Q212
Q207: Action line on partograph reached	1	2	8	No/DK→Q212
Q208: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q209: If action line reached on partograph, was any <u>definitive</u> action taken?	1	2	8	No/DK→Q212
Q210: RECORD TIME ACTION WAS TAKEN (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q211: WHAT DEFINITIVE ACTION WAS TAKEN? (CIRCLE ALL THAT APPLY):	Code			
Consult with specialist	A			
Refer to other facility for specialist	B			
Prepare for assisted delivery	C			
Prepare for C-section	D			
Other (specify _____)	X			
EXAMINATION & PROCEDURES				
Question	Yes	No	DK	Go to
Q212: Washes his/her hands with soap and water or uses antiseptic prior to any examination of woman	1	2	8	
Q213: Wears high-level disinfected or sterile surgical gloves	1	2	8	
Q214: Puts on clean protective clothing in preparation for birth (goggles, gown or apron)	1	2	8	
Q215: Explains procedures to woman (support person) before proceeding	1	2	8	
Q216: Number of vaginal examinations <i>(TO THE BEST OF YOUR ABILITY, UPDATE THE ANSWER TO THIS QUESTION DURING INTERMITTENT OBSERVATION OF THE FIRST STAGE OF LABOR)</i>	<input type="text"/>	<input type="text"/>		
Q217: Augments labor with oxytocin	1	2	8	No/DK → Q219
Q218: Oxytocin administered intravenously (IV)	1	2	8	
Q219: Performs artificial rupture of membrane	1	2	8	
Q220: Administers antibiotics	1	2	8	No/DK → Q223
Q221: Why were antibiotics administered (CIRCLE ALL THAT APPLY)?	Code			
Treatment for chorioamnionitis	A			
Management of pre-labor rupture of membranes	B			
Preparation for C-section	C			
Routine/prophylactic	D			
Don't know	Z			
Q222: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)				
Penicillin	A			
Ampicillin	B			
Gentamicin	C			
Metronidazole	D			
Cephalosporin	E			
Other (Specify) _____	X			
Don't know	Z			
PREPARATION FOR DELIVERY				

CHECK TO SEE IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE LAID OUT IN PREPARATION FOR DELIVERY. IF SOME SUPPLIES ARE IN A BIRTH KIT, LOOK/ASK TO DETERMINE WHICH ITEMS ARE INCLUDED.

Question	Yes	No	DK	Go to
Q223: Prepares uterotonic drug to use for AMTSL	1	2	8	No/DK → Q225
Q224: Which drug	Code			
Oxytocin	1			
Ergometrine	2			
Syntometrine	3			
Misoprostol	4			
Question	Yes	No	DK	Go to
Q225: Timer (clock or watch with seconds hand)	1	2	8	
Q226: Self-inflating ventilation bag (250 or 500 mL)	1	2	8	
Q227: Newborn face mask size 0	1	2	8	
Q228: Newborn face mask size 1	1	2	8	
Q229: Suction bulb	1	2	8	
Q230: Catheter	1	2	8	
Q231: Suction machine	1	2	8	
Q232: At least two cloths/blankets (one to dry; one to cover)	1	2	8	
Q233: Cap/hat for the newborn	1	2	8	
Q234: Disposable cord ties or clamps	1	2	8	
Q235: Sterile scissors or blade	1	2	8	
Q236: Has the woman completed the first stage of labor?	1	2		Yes → Q300
Q237: Was the woman referred to another facility for care before she went into active labor/second stage of labor?	1	2		Yes → Q547

IF FIRST STAGE OF LABOR IS NOT COMPLETE, CHECK ANSWERS IN THIS SECTION AGAIN 15-30 MINUTES LATER

END OF SECTION 2

SECTION 3: CONTINUOUS OBSERVATION OF SECOND & THIRD STAGE OF LABOR

Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER).</i>				
PREPARATION FOR DELIVERY				
Q301: Washes his/her hands with soap and water or uses antiseptic before any examination of woman <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8	
Q302: Wears high-level disinfected or sterile surgical gloves <i>(OBSERVER: CIRCLE "YES" IF NO CONTAMINATION)</i>	1	2	8	
Q303: Puts on clean protective clothing (goggles, gown or apron) in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF NO CONTAMINATION)</i>	1	2	8	
Q304: Performs episiotomy	1	2		
Q305: Presentation of baby is cephalic (head first)	1	2	8	
DELIVERY AND UTEROTONIC				
Q306: As baby's head is delivered, supports perineum	1	2	8	
Q307: Record time of the delivery of the baby (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q308: Checks for another baby prior to administering the uterotonic	1	2	8	
Q309: Second baby present? <i>(CIRCLE "1" IF MULTIPLE BABIES)</i>	1	2		
Q310: Administers uterotonic?	1	2		No → Q317
Q311: Record time uterotonic given (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q312: Timing of administration of uterotonic	Code			
At delivery of anterior shoulder	1			
Within 1 min of delivery of baby	2			
Within 3 min of delivery of baby	3			
More than 3 min after delivery of baby AND before delivery of the placenta	4			
More than 3 min of delivery of baby and after delivery of placenta	5			
Q313: Which uterotonic given				
Oxytocin	1			
Ergometrine	2			
Syntometrine	3			
Misoprostol	4			
Q314: Record dose of uterotonic given (OBSERVER: IF NOT SURE, ASK)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q315: Units of medication (OBSERVER: IF NOT SURE, ASK)				
IU	1			
mg	2			
mL	3			
mcg	4			
Q316: Route uterotonic given:				
IM	1			
IV	2			
Oral	3			
Other (specify _____)	6			
Q317: Record time the cord was clamped (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Question	Yes	No	DK	
Q318: Applies traction to the cord while applying supra-pubic counter traction	1	2	8	
Q319: Performs uterine massage immediately following delivery of placenta	1	2	8	
Q320: Administers uterotonic only after placenta is delivered <i>(OBSERVER: CIRCLE "DON'T KNOW" IF NO UTEROTONIC WAS GIVEN)</i>	1	2	8	
Q321: Assesses completeness of the placenta and membranes	1	2	8	
Q322: Assesses for perineal and vaginal lacerations	1	2	8	
Q323: OBSERVER: DID MORE THAN ONE HEALTH WORKER ASSIST WITH THE BIRTH?	1	2		
Q324: OBSERVER DID MOTHER GIVE BIRTH IN LITHOTOMY POSITION?	1	2		
Q325: OBSERVER: WAS A SUPPORT PERSON FOR MOTHER PRESENT AT BIRTH?	1	2		

END OF SECTION 3

SECTION 4: IMMEDIATE NEWBORN AND POSTPARTUM CARE

Question	Yes	No	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
IMMEDIATE CARE			
Q401: Immediately dries baby with towel	1	2	8
Q402: Discards the wet towel	1	2	8
Q403: IS THE BABY BREATHING OR CRYING? <i>IF BABY IS NOT BREATHING OR CRYING, GO TO RESUSCITATION CHECKLIST STARTING Q501</i>	1	2	No → Q500
Q404: Places baby on mother's abdomen "skin-to-skin"	1	2	8
Q405: Covers baby with dry towel	1	2	8
Q406: If not placed skin to skin, wraps baby in dry towel	1	2	8
Q407: Ties or clamps cord when pulsations stop, or by 2-3 minutes after birth (not immediately after birth)	1	2	8
Q408: Cuts cord with clean blade or clean scissors	1	2	8
Q409: OBSERVER: IS A SUPPORT PERSON FOR MOTHER PRESENT?	1	2	
HEALTH CHECK			
Q410: Checks baby's temperature 15 minutes after birth	1	2	8
Q411: Checks baby's skin color 15 minutes after birth	1	2	8
Q412: Takes mother's vital signs 15 minutes after birth	1	2	8
Q413: Palpates uterus 15 minutes after delivery of placenta	1	2	8
FIRST HOUR AFTER BIRTH			
Q414: Mother and newborn kept in same room after delivery (rooming-in)	1	2	8
Q415: Baby bathed within the first hour after birth	1	2	8
Q416: Baby kept skin-to-skin with mother for the first hour after birth	1	2	8
Q417: Breastfeeding initiated within the first 30 minutes after birth	1	2	8
Q417a: Breastfeeding initiated within the first hour after birth	1	2	8
Q418: Applies tetracycline eye ointment to newborn's eyes for prophylaxis	1	2	8
Q419: Administers Vitamin K to newborn	1	2	8
Q420: IS THE MOTHER HIV POSITIVE? <i>(OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE "DON'T KNOW" IF STATUS OF WOMAN IS UNKNOWN OR IS NOT DISCUSSED.)</i>	1	2	8 No/DK → Q422
Q421: Administers ARVs to newborn	1	2	8
Q422: Administers antibiotics to mother postpartum	1	2	8 No/DK → Q425
Q423: Why were antibiotics administered?	Code		
Treatment for chorioamnionitis	1		
Routine/prophylactic	2		
Third stage/postpartum procedure	3		
Don't know	8		
Q424: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)			
Penicillin	A		
Ampicillin	B		
Gentamicin	C		
Metronidazole	D		
Cephalosporin	E		
Other (specify _____)	X		
Don't know	Z		

CLEAN-UP AFTER BIRTH			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
Question	Yes	No	Go to
Q425: Disposes of all sharps in a puncture-proof container immediately after use	1	2	8
Q426: Decontaminates all reusable instruments in 0.5% chlorine solution	1	2	8
Q427: Sterilizes or uses high-level disinfection for all reusable instruments	1	2	8
Q428: Disposes of all contaminated waste in leak-proof containers	1	2	8
Q429: Removes apron and wipe with chlorine solution	1	2	8
Q430: Washes his/her hands with soap and water or uses antiseptic	1	2	8
<i>REMEMBER TO THANK CLIENT AND PROVIDER FOR THEIR PARTICIPATION IN THE STUDY</i>			
<i>END OF SECTION 4 –IF NEWBORN RESUSCITATION IS NOT OBSERVED, COMPLETE Q500 AND Q547 THEN GO TO SECTION 6 TO COMPLETE OUTCOME AND REVIEW OF DOCUMENTATION SECTION</i>			

SECTION 5: CHECKLIST FOR NEWBORN RESUSCITATION (TOOL 5)

Question	Yes	No	DK	Go to
Q500: WAS THERE A NEWBORN RESUSCITATION?	1	2	8	No/DK → Q547
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
Q501: RECORD TIME RESUSCITATION STARTED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q502: Clears the airway by suctioning the mouth first and then the nose	1	2	8	
Q503: Stimulates baby with back rubbing	1	2	8	
Q504: OBSERVER: DOES NEWBORN START TO BREATHE OR CRY SPONTANEOUSLY?	1	2		Yes→Q531
Q506: Ties or clamps cord immediately	1	2	8	
Q507: Cuts cord with clean blade or clean scissors	1	2	8	
Q508: Places the newborn on his/her back on a clean, warm surface or towel	1	2	8	
Q509: Places the head in a slightly extended position to open the airway	1	2	8	
Q510: Tells the woman (and her support person) what is going to be done	1	2	8	
Q511: Listens to woman and provides support and reassurance	1	2	8	
Q512: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q513: Places the correct-sized mask on the newborn's face so that it covers the chin, mouth and nose (but not eyes)	1	2	8	
Q514: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q515: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
Q515a: Calls for help	1	2	8	
Q516: Checks the position of the newborn's head to make sure that the neck is in a slightly extended position (not blocking the airway)	1	2	8	
Q517: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q518: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q519: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
Q520: Checks the position of the newborn's head again to make sure that the neck is in slightly extended position	1	2	8	
Q521: Repeats suction of mouth and nose to clear secretions, if necessary	1	2	8	
Q522: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q523: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
<i>IF NEWBORN'S CHEST IS NOT RISING AFTER TWO ATTEMPTS TO READJUST, OBSERVER SHOULD CALL FOR SUPERVISOR TO INTERVENE. IF A HEALTH WORKER COMPETENT IN RESUSCITATION IS NOT AVAILABLE, OBSERVER MAY CHOOSE TO INTERVENE.</i>				
Q524: Ventilates at a rate of 30 to 50 breaths/minute	1	2	8	
Q525: Conducts assessment of newborn breathing after 1 minute of ventilation	1	2		No→Q527
Q526: Condition of newborn at assessment	Code			
Respiration rate 30-50 breaths/minute and no chest in-drawing	1			→Q531
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Q526a: Checks for heart rate	1	2	8	
	Yes	No	DK	Go to
Q527: Continues Ventilation and baby cries before 10 minutes	1	2		Yes→Q529
Q528: Conducts assessment of newborn breathing after prolonged ventilation (10 minutes)	1	2		No→Q530

Q529: Condition of newborn at assessment	Code			
Respiration rate 30-50 breaths/minute and no chest in-drawing	1			→Q531
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Question	Yes	No	DK	Go to
Q530: Continues Ventilation	1	2		
Q531: OBSERVER: RECORD TIME THAT RESUSCITATION ACTIONS ENDED (OR TIME OF DEATH IF BABY DOES NOT SURVIVE) (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q532: Was the resuscitation successful? (OBSERVER: CIRCLE "No" IF NEWBORN DIED)	1	2		
Q533: Arranges transfer to special care either in facility or to outside facility	1	2	8	
Q534: Explains to the mother (and her support person if available) what happened	1	2	8	
Q535: Listens to mother and responds attentively to her questions and concerns	1	2	8	
Q536: OBSERVER: DID YOU CALL FOR HELP OR INTERVENE DURING THE RESUSCITATION TO SAVE THE LIFE OF NEWBORN?	1	2		
CLEANUP AFTER NEWBORN RESUSCITATION				
Question: DID THE PROVIDER DO ANY OF THE FOLLOWING	Yes	No	DK	Go to
540: disposes of disposable suction catheters and mucus extractors in a leak-proof container or plastic bag	1	2	8	
541: Takes the bag and mask apart and inspects for cracks and tears	1	2	8	
542: Decontaminates the bag and mask in 0.5% chlorine solution	1	2	8	
543: Sterilizes or uses high-level disinfection for bag, valve and mask	1	2	8	
544: Decontaminates reusable suction device in 0.5% chlorine solution	1	2	8	
545: Sterilizes or uses high-level disinfection for reusable suction devices	1	2	8	
546: Washes his/her hands with soap and water or uses antiseptic	1	2	8	
547: OBSERVER: RECORD TIME THAT LABOR & DELIVERY OBSERVATION ENDED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		

SECTION 6: OUTCOME & REVIEW OF DOCUMENTATION

Question	Code			
<i>COMPLETE THIS SECTION FOR ALL CLIENTS</i>				
CONDITION OF MOTHER & NEWBORN AT END OF OBSERVATION	Yes	No	DK	Go to
Q600: Was the woman referred to another facility for care before she went into active labor/second stage of labor?	1	2		No → Q603
<i>RECORD THE STATUS OF MOTHER AND NEWBORN AT THE END OF FIRST HOUR AFTER BIRTH.</i>				
Q601: RECORD OUTCOME FOR THE MOTHER				
Goes to recuperation ward	1			
Referred to specialist, same facility	2			
Goes to surgery, same facility	3			
Referred, other facility	4			
Death of mother	5			
Don't know	8			
Q602: RECORD OUTCOME FOR THE NEWBORN OR FETUS				
Goes to normal nursery	01			
Referred to specialist, same facility	02			
Referred, other facility	03			
Goes to ward with mother	04			
Newborn death	05			
Fresh stillbirth	06			
Macerated stillbirth	07			
Don't know	98			
POTENTIALLY HARMFUL PRACTICES				
Q603: DID YOU SEE ANY OF THE FOLLOWING HARMFUL OR INAPPROPRIATE PRACTICES BY HEALTH WORKERS? CIRCLE ALL THAT APPLY				
Use of enema	A			
Pubic shaving	B			
Apply fundal pressure to hasten delivery of baby or placenta	C			
Lavage of uterus after delivery	D			
Slap newborn	E			
Hold newborn upside down	F			
Milking the newborn's chest	G			
Excessive stretching of the perineum	H			
Shout, insult or threaten the woman during labor or after	I			
Slap, hit or pinch the woman during labor or after	J			
None of the above	Y			
Q604: DID YOU SEE ANY OF THE FOLLOWING PRACTICES DONE WITHOUT AN APPROPRIATE INDICATION? CIRCLE ALL THAT APPLY				
Manual exploration of the uterus after delivery	A			
Use of episiotomy	B			
Aspiration of newborn's mouth and nose as soon as head is born	C			
Restrict food and fluids in labor	D			
None of the above	Y			
REVIEW OF PARTOGRAPH AND/OR CHART FOR COMPLETENESS				
Question	Yes	No	DK	Go to
Q605: OBSERVER: CHECK Q500. WAS THERE NEWBORN RESUSCITATION?	1	2		No → Q611
<i>EXAMINE CHART TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION:</i>				
Q606: Condition of the newborn at birth	1	2	8	
Q607: Procedures necessary to initiate breathing	1	2	8	
Q608: Time from birth to initiation of spontaneous breathing or time of death if unsuccessful	1	2	8	
Q609: Any clinical observations during resuscitation, including baby vital signs	1	2	8	
Q610: Final outcome of resuscitation measures	1	2	8	
<i>EXAMINE PARTOGRAPH IF AVAILABLE</i>				
Q611: Partograph used to monitor labor	1	2		No → Q630

Q612: Which partograph used	Code			
Old WHO partograph (latent phase)	1			
New WHO partograph (at 4cm dilatation)	2			
Other partograph	3			
Question	Yes	No	DK	Go to
Q613: Initiated use of partograph at the appropriate time according to partograph used (New WHO partograph starts at 4 cm; old version starts at 3 cm)	1	2	8	
<i>EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION WHILE THE WOMAN WAS IN ACTIVE LABOR:</i>				
Q614: Fetal heart rate plotted at least every half hour	1	2	8	
Q615: Cervical dilatation plotted at least every four hours	1	2	8	
Q616: Descent of head plotted at least every one hour	1	2	8	
Q617: Frequency and duration of contractions plotted at least every one hour	1	2	8	
Q618: Maternal pulse plotted at least every one hour	1	2	8	
Q619: BP recorded at least every one hour	1	2	8	
Q620: Temperature recorded at least every two hours	1	2	8	
Q621: OBSERVER: DID YOU SEE PROVIDER FILL OUT PARTOGRAPH AFTER DELIVERY, WITH INFORMATION THAT SHOULD BE ENTERED DURING LABOR? (CIRCLE "DON'T KNOW" IF PARTOGRAPH USE WAS NOT OBSERVED)	1	2	8	
<i>EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION ABOUT THE DELIVERY</i>				
Q622: Birth time	1	2	8	
Q623: Delivery method	1	2	8	
Q624: Birth weight	1	2	8	
DATA EXTRACTION FROM PARTOGRAPH AND/OR CHART				
Q625: OBSERVER: WAS ACTION LINE ON PARTOGRAPH REACHED?	1	2	8	No/DK → Q630
Q626: OBSERVER: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q627: OBSERVER: IF ACTION LINE WAS REACHED ON PARTOGRAPH, WAS ANY DEFINITIVE ACTION TAKEN?	1	2	8	No/DK → Q630
Q628: OBSERVER: RECORD TIME ACTION WAS TAKEN. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/>	<input type="text"/>		
Q629: OBSERVER: WHAT DEFINITIVE ACTION WAS TAKEN?	Code			
Consult with clinician	1			
Consult with senior nurse or midwife	2			
Refer to other facility for care	3			
Prepare for assisted delivery	4			
Prepare for C-section	5			
Other (specify _____)	6			
<i>FOR THE FOLLOWING QUESTIONS: EXAMINE PARTOGRAPH AND/OR CHART TO DETERMINE THE FOLLOWING INFORMATION. IF THE INFORMATION IS NOT IN THE CHART OR PARTOGRAPH, BUT THE OBSERVER KNOWS THE INFORMATION OR PREVIOUSLY RECORDED THE INFORMATION IN ANOTHER SECTION, HE OR SHE SHOULD FILL IN THEIR OWN ANSWER. IF THE INFORMATION IN THE CHART OR PARTOGRAPH DIFFER FROM OBSERVER'S INFORMATION, USE OBSERVER'S INFORMATION.</i>				
Q630: RECORD AGE OF WOMAN	<input type="text"/>	<input type="text"/>		
Q631: RECORD THE GRAVIDITY OF THE WOMAN	<input type="text"/>	<input type="text"/>		
Q632: RECORD THE PARITY OF THE WOMAN <u>PRIOR TO THIS DELIVERY</u>	<input type="text"/>	<input type="text"/>		
Q633: RECORD TIME OF ADMISSION TO LABOR WARD. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/>	<input type="text"/>		
Q634: RECORD CENTIMETERS DILATED UPON ADMISSION TO LABOR WARD. ENTER 98 IF UNKNOWN	<input type="text"/>	<input type="text"/>		
Q635: RECORD TIME MEMBRANES RUPTURED. ENTER 98:98 IF UNKNOWN (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		

Q636: HOW DID THE MEMBRANES RUPTURE?	Code
Spontaneous	1
Artificial	2
Don't know	8
Q637: RECORD TYPE OF DELIVERY	
Spontaneous vaginal	1
Assisted (instrumented)	2
Caesarean	3
Don't know	8
Q638: RECORD TIME OF BIRTH. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Q639: RECORD BIRTH WEIGHT IN GRAMS. ENTER 9998 IF UNKNOWN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q640: RECORD GESTATIONAL AGE IN WEEKS AT BIRTH. ENTER 98 IF UNKNOWN.	<input type="text"/> <input type="text"/>
Question	Yes No DK Go to
Q641: WAS WOMAN DIAGNOSED WITH SEVERE PE/E?	1 2 8 No/DK → Q643
Q642: WAS BABY DELIVERED WITHIN 24 HOURS OF PE/E DIAGNOSIS?	1 2 8
Q643: DID THE MOTHER HAVE BLOOD LOSS OF MORE THAN 500ML?	1 2 8 No/DK → Q645
Q644: WAS SHE DIAGNOSED WITH POSTPARTUM HEMORRHAGE?	1 2 8
Q645: DID THE MOHTER DEVELOP A FEVER OF 38° C OR HIGHER DURING LABOR?	1 2 8 No/DK → Q647
Q646: WAS SHE DIAGNOSED WITH CHORIOAMNIONITIS DURING LABOR?	1 2 8
Q647: WERE ANTIBIOTICS ADMINISTERED TO MOTHER AT ANY TIME?	1 2 8 No/DK → Q651
Q648: WHEN WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code
1st stage	A
2nd stage	B
3rd stage	C
Postpartum	D
Q649: WHY WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code
Treatment for chorioamnionitis	A
After pre-labor rupture of membranes	B
Preparation for C-section	C
Routine/prophylactic	D
Third stage/postpartum procedure	E
Don't know	Z
Q650: WHICH ANTIBIOTICS WAS ADMINISTERED? CIRCLE ALL THAT APPLY	
Penicillin	A
Ampicillin	B
Gentamicin	C
Metronidazole	D
Cephalosporin	E
Other (specify _____)	X
Don't know	Z
Question	Yes No DK Go to
Q651: IS MOTHER HIV POSITIVE? CIRCLE "DON'T KNOW" IF HIV STATUS IS UNKNOWN OR WAS NOT DISCUSSED	1 2 8 No/DK → Q654
Q652: WAS NEWBORN GIVEN ARV(s)?	1 2 8 No/DK → Q654
Q653: RECORD TYPE OF ARV(s) GIVEN TO NEWBORN	Code
NVP	1
AZT	2
3TC	3
Don't know	8

Q654: PLEASE COMMENT ON THE QUALITY OF CARE PROVIDED:

Was mother treated respectfully? Informed of procedures to herself and her baby? Was the situation chaotic or calm? Were there any major delays in needed treatment? If so, for what drugs/procedures and why? Were multiple health workers involved? Who? If maternal or newborn/fetal death occurred, describe the circumstances. Was the mother counseled about the death of newborn/fetus?

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

ANC CLIENT EXIT INTERVIEWS

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

--	--

CLIENT CODE [FROM CLIENT LISTING FORM]

--	--	--

INFORMATION ABOUT INTERVIEW

DATE:

DAY

--	--

MONTH

--	--

YEAR

2	0	1	
---	---	---	--

Name of the interviewer: _____

INTERVIEWER CODE

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1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO										
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing MoPH. We are conducting a study of health facilities in Afghanistan in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes</p> <p>If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>												
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>			2	0	1	DAY	MONTH	YEAR			
		2	0	1									
DAY	MONTH	YEAR											
100	May I begin the interview now?	AGREES 1 CLIENT REFUSES 2	→ END										
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> : <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
102	Do you have an antenatal care card/book, or a vaccination card or TT card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO CARD/BOOK USED 3	↙ 106										
103	CHECK THE ANC CARD, BOOK, OR TT CARD OR VACCINATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME 1 YES, 2 TIMES 2 YES, 3 OR MORE TIMES 3 NO RECORD 4											
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD, OR BOOK?	# OF WEEKS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> NOT AVAILABLE 95											
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT? IF YES INDICATE NUMBER OF DOSES	YES, 1 DOSE 1 YES, 2 DOSES 2 YES, 3 DOSES 3 YES, 4 DOSES 4 NO 5											
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY 1 NOT FIRST PREGNANCY 2											
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5											

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC ACID PILL, OR A COMBINED PILL	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→112
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pills?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→112
111	Please tell me any side effects of the iron pills or that you know of. PROBE: ANY OTHER?	NAUSEA A BLACK STOOLS B CONSTIPATION C OTHER _____ X DON'T KNOW Z	
112	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria? The provider may have said that the pills will help keep the baby healthy. SHOW THE CLIENT TABLET OF SP-BASED DRUGS	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→114

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	Were you asked to swallow the pills while still in the facility and in the presence of a provider?	YES. 1 NO. 2	
114	During this visit (or a previous visit) did a provider advise you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide <u>free of charge</u> ?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	→117
116	During this visit (or a previous visit) did a provider offer to <u>sell</u> you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	<p>Please tell me any signs of complications or danger signs of pregnancy that you know of. I am referring to anything that could be an indication of a problem or complication with the pregnancy, or anything that could negatively affect the pregnancy.</p> <p>CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	VAGINAL BLEEDING..... A FEVER..... B SWOLLEN FACE OR HAND OR EXTREMITIES..... C TIREDNESS OR BREATHLESSNESS..... D HEADACHE OR BLURRED VISION..... E SEIZURES/CONVULSIONS..... F REDUCED OR ABSENCE OF FETAL MOVEMENT..... G PREMATURE RUPTURE OF MEMBRANES..... H COUGH OR DIFFICULTY BREATHING FOR 3 WEEKS OR LONGER..... I OTHER (SPECIFY)..... X DON'T KNOW ANY..... Z	<p>→ 120</p>
119	<p>During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?</p>	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT..... 2 YES PREVIOUS VISIT ONLY..... 3 NO..... 4 DON'T KNOW..... 8	
120	<p>What did the provider advise you to do if you experienced any of the signs of complications?</p> <p>CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.</p>	SEEK CARE AT A FACILITY..... A REDUCE PHYSICAL ACTIVITY..... B CHANGE DIET..... C OTHER..... X (SPECIFY) PROVIDER DID NOT ADVISE.... Y	
121	<p>During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.</p>	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT..... 2 YES PREVIOUS VISIT ONLY..... 3 NO..... 4 DON'T KNOW ANY..... 8	
122	<p>Please tell me some of the things you know of that you should have in preparation for the delivery.</p> <p>CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	EMERGENCY TRANSPORT.... A MONEY..... B DISINFECTANT..... C CLEAN BLADE OR SCISSORS TO CUT CORD.... D GLOVES..... E CORD TIE/CLEAN STRING..... F OTHER..... X DON'T KNOW..... Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
123	Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?	YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
125	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY..... 1 OTHER HEALTH FACILITY..... 2 AT HOME..... 3 AT TBA's HOME..... 4 OTHER LOCATION..... 6 NO/DON'T KNOW..... 8	
126	Do you know any complications during or immediately following childbirth? IF YES: What danger signs do you know?	EXCESSIVE BLEEDING..... A FEVER..... B GENITAL INJURIES..... C NO..... Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY..... 3 NO..... 4 DON'T KNOW..... 8	→ 129 → 129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS..... 1 6 MONTHS..... 2 OTHER..... 6 DON'T KNOW..... 8	
129	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																												
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>																																																															
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>																																																													
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>																																																														
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;"><u>MAJOR</u> PROBL EM</th> <th style="border: none; text-align: center;"><u>MINOR</u> PROBL EM</th> <th style="border: none; text-align: center;">NO PROB- LEM</th> <th style="border: none; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td style="border: none;">01</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">02</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">03</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">04</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">05</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">06</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">07</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">08</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">09</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">10</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> <tr> <td style="border: none;">11</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> <td style="border: none; text-align: center;">3</td> <td style="border: none; text-align: center;">8</td> </tr> </tbody> </table>		<u>MAJOR</u> PROBL EM	<u>MINOR</u> PROBL EM	NO PROB- LEM	DK	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8	04	1	2	3	8	05	1	2	3	8	06	1	2	3	8	07	1	2	3	8	08	1	2	3	8	09	1	2	3	8	10	1	2	3	8	11	1	2	3	8	
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09	1	2	3	8																																																											
10	1	2	3	8																																																											
11	1	2	3	8																																																											
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																																																													
204	<p>Were you charged, or did you pay fees for any services you received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>																																																												

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY..... 01 SECONDARY..... 02 HIGH SCHOOL..... 03 VOCATIONAL TRAINING..... 04 COLLEGE (TECHNICAL)..... 05 UNIVERSITY..... 06	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE ... 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!</p>			
<p>Interviewer's comments:</p>			

FP CLIENT EXIT INTERVIEWS

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<input type="text"/> <input type="text"/>
CLIENT CODE [FROM CLIENT LISTING FORM]	<input type="text"/> <input type="text"/> <input type="text"/>

INFORMATION ABOUT INTERVIEW

DATE:	DAY	<input type="text"/> <input type="text"/>
	MONTH	<input type="text"/> <input type="text"/>
	YEAR	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/>
Name of the interviewer: _____	INTERVIEWER CODE	<input type="text"/> <input type="text"/> <input type="text"/>

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing MoPH. We are conducting a study of health facilities in Afghanistan in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p> <div style="text-align: right; margin-right: 50px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="2"></td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>							2	0	1		DAY	MONTH			YEAR			
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100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																	
102	RECORD THE SEX OF THE CLIENT	MALE 1 FEMALE 2																	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES 1 NO 2	→ 105																
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES 1 NO 2	→ 112																
105	What method were you (last) using? PROBE	COMBINED ORAL PILL A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C COMBINED INJECTABLE (MONTHLY) D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) E MALE CONDOM F FEMALE CONDOM G IUCD H IMPLANT I EMERGENCY CONTRACEPTION J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM) K NATURAL METHODS (PERIODIC ABSTINENCE) L MALE STERILIZATION (VASECTOMY) M FEMALE STERILIZATION (TUBAL LIGATION) N LACTATIONAL AMENORRHEA O OTHER _____ X																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. 1 NO, DID NOT ASK 2	
107	Have you been having (did you have) any problems with the method?	YES 1 NO 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES 1 NO 2	
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES 1 NO 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. 1 SWITCH METHOD. 2 STOP USING METHOD (DUE TO PROBLEMS). 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES 1 NO 2	→ 115
113	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	<p>What (other) family planning methods did the provider talk with you about?</p> <p>CIRCLE ALL METHODS MENTIONED.</p>	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X NONE OF THE ABOVE Y	
116	<p>What family planning method did you either receive or get a prescription or referral for?</p> <p>CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC).</p> <p>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y"</p> <p>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION</p>	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X CONTINUING WITH METHOD IN Q105. Y NO METHOD. Z	PRES REC A B C D E F G H I J K L M N O X Y Z ↓ 201 [ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117
117	<p>During your consultation today, did the provider</p>	<p>YES NO DK</p>	
01	Explain how to use the method?	HOW TO USE 1	2 8
02	Talk about possible side effects?	TELL SIDE EFFECTS . . 1	2 8
03	Tell you what to do if you have any problems?	TELL PROBLEMS 1	2 8
04	Tell you when to return for follow-up?	TELL WHEN RETURN . . 1	2 8

NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
118	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
A	PILL (ANY PILL)	How often do you take the pill?	ONCE A DAY. 1 OTHER. 2 DON'T KNOW 8	
B	CONDOM (MALE)	How many times can you use one condom?	ONCE 1 OTHER. 2 DON'T KNOW 8	
C	CONDOM (FEMALE) [country-specific, depends on type of female condom available]	What type of lubricant can you use with the female condom?	ANY OIL OR LUBRICANT 1 OTHER. 2 DON'T KNOW 8	
D	IUCD	What can you do to make sure that your IUCD is in place?	CHECK STRING 1 OTHER. 2 DON'T KNOW 8	
E	PROGESTIN INJECTABLE (e.g. DEPO-PROVERA) 2-3 MONTHS)	How long does the injection provide protection from pregnancy?	2-3 MONTHS 1 OTHER. 2 DON'T KNOW 8	
F	MONTHLY INJECTABLE	How long does the injection provide protection from pregnancy?	1 MONTH. 1 OTHER. 2 DON'T KNOW 8	
G	IMPLANT [country-specific, depends on type of implant available?]	For how long will your implant provide protection against pregnancy?	3-5 YEARS 1 OTHER. 2 DON'T KNOW 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA B DAYS 12-16 OF THE MENSTRUAL CYCLE. C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. D OTHER X DON'T KNOW Z	
I	VASECTOMY [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your vasectomy to protect against pregnancy?	IMMEDIATE PROTECTION. 1 1 - 3 MONTHS. 2 ONLY AFTER 3 MONTHS OR AFTER 30 EJACULATIONS. 3 DON'T KNOW. 8	
J	TUBAL LIGATION [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your tubal ligation to protect against pregnancy?	IMMEDIATE PROTECTION. 1 1 - 3 MONTHS. 2 ONLY AFTER 3 MONTHS. 3 DON'T KNOW. 8	
K	LAM	Can you use this method if your menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?		YES 1 NO 2 DON'T KNOW 8	→ 201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	<u>MAJOR</u>	<u>MINOR</u>			
		NO PROB- LEM	DK								
<u>MAJOR</u>	<u>MINOR</u>										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about your method	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED. 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended? country specific	PRIMARY..... 01 SECONDARY..... 02 HIGH SCHOOL..... 03 VOCATIONAL TRAINING..... 04 COLLEGE (TECHNICAL)..... 05 UNIVERSITY..... 06	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE ... 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
<p>Interviewer's comments:</p>			

**SICK CHILD CARETAKER
EXIT INTERVIEW**

AFGHANISTAN SERVICE PROVISION ASSESSMENT SURVEY 2018

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
CLIENT CODE [FROM CLIENT LISTING FORM]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

INFORMATION ABOUT INTERVIEW

<p>DATE:</p> <p>Name of the interviewer: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 70%;">DAY</td> <td style="width: 30%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>MONTH</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>YEAR</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>INTERVIEWER CODE</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	DAY	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			MONTH	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			YEAR	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	2	0	1		INTERVIEWER CODE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
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1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing MoPH. We are conducting a study of health facilities in Afghanistan in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (October – November, 2018), data will be released on May 2019. Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact the Principal Investigator: Dr. Sayed Ataullah Saeedzai, General Directorate of Evaluation & Health Information System, Ministry of Public Health Phone Number: 0799338159</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>																		
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				
				2	0	1													
DAY		MONTH		YEAR															
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table>			:														
		:																	
102	What is the name of the sick child?	NAME _____																	

CLIENT AGE

103	What month and year was [NAME] born?	MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							
104	How old is [NAME] in completed months?	AGE IN MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98							

SIGNS AND SYMPTOMS OF CURRENT ILLNESS

105	Has [NAME] had fever with this illness or any time in the past two days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
106	Has [NAME] had a convulsion with this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
107	Does [NAME] have cough or difficulty breathing with this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
108	Can [NAME] drink, eat or breastfeed?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
111	Has [HE/SHE] been excessively sleepy during this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
112	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS..... A SKIN SORE/PROBLEMS..... B INJURY..... C EYE PROBLEM..... D OTHER _____ X (SPECIFY) NO OTHER REASON Y	
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK..... 1 WITHIN THE PAST 2-4 WEEKS.... 2 MORE THAN 4 WEEKS AGO..... 3 NO..... 4 DON'T KNOW..... 8	
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
116	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY..... 1 GO TO OTHER FACILITY..... 2 GO TO OTHER HEALTH WORKER OR /PHARMACY..... 3 GO TO TRADITIONAL HEALER.... 4 NOTHING, JUST WAIT..... 5 DON'T KNOW..... 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING F POOR/NOT DRINKING G CONVULSION H OTHER _____ X (SPECIFY) NO, NONE Y DON'T KNOW Z	
118	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES A IF SYMPTOMS INCREASE OR BECOME WORSE B FOLLOW-UP APPOINTMENT..... C VIT. A SUPPLEMENTATION..... D LAB TEST RESULTS..... E CHILD ADMITTED..... F ROUTINE IMMUNISATION G OTHER _____ X (SPECIFY) NO..... Y DON'T KNOW Z	

TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. 1 YES, GAVE PRESCRIPTION. 2 GAVE MEDS AND PRESCRIPTION. 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. 1 NO. 2 DON'T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. 2 NO 3 DON'T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES 1 NO 2	
126	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES 1 NO 2 CANNOT REMEMBER 8	
128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED .. 4 DIDN'T DISCUSS 6 NOT CERTAIN/CAN'T REMEMBER 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED .. 4 DIDN'T DISCUSS 6 DON'T KNOW/CAN'T REMEMBER 8	

130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED. 1 REPORTED, NOT SEEN. 2 NO. 3 DON'T KNOW. 8	
-----	--	---	--

REFERRAL

131	Did the provider instruct you to take [NAME] to see another provider or to a laboratory in this facility for a finger or heel stick for blood to be taken for a test?	YES. 1 NO. 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES. 1 NO. 2	→ 134
133	Were you told the result of the test that was done?	YES. 1 NO. 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES. 1 NO. 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told where to go for the referral?	2 2 8	
03	Were you told who to see for the referral?	1 2 8	
04	Were you told why you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY. A YES, OTHER PROVIDER DIFFERENT FACILITY. . . B YES, TRADITIONAL HEALER. C SAW NO ONE Y	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
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		NO PROB- LEM	DK								
MAJOR	MINOR										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about [CHILD'S] illness	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS01 BAD REPUTATION 02 DON'T LIKE PERSONNEL03 NO MEDICINE04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED07 OTHER..... 96 DON'T KNOW98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

3. Client Personal Characteristics			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.			
301	What is your relationship to [SICK CHILD]?	MOTHER 1 FATHER 2 SIBLING 3 AUNT OR UNCLE 4 GRAND MOM/GRAND DAD... 5 OTHER _____ 6 (SPECIFY)	
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW. 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. 01 SECONDARY 02 HIGH SCHOOL. 03 VOCATIONAL TRAINING. 04 COLLEGE (TECHNICAL). 05 UNIVERSITY. 06	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

**EMERGENCY INPATIENT
CARE SERVICES**

Module 04: EMERGENCY SERVICE AND INPATIENT CARE UNITS

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MODULE 4: EMERGENCY AND INPATIENT SERVICES						
FACILITY NUMBER		<input type="text"/>	INTERVIEWER CODE			
		<input type="text"/>	<input type="text"/>			
FIND THE PERSON MOST KNOWLEDGABLE ABOUT EMERGENCY SERVICES. EXPLAIN THAT THE INCHARGE HAS AGREED FOR THE FACILITY TO PARTICIPATE IN THE SURVEY, AND EXPLAIN THE OBJECTIVES OF THE SURVEY. ASK FOR ASSISTANCE IN IDENTIFYING THE APPROPRIATE PERSONS TO ANSWER QUESTIONS FOR EACH SECTION.						
SECTION 4.1 EMERGENCY (AMBULANCE OR WALK-IN) SERVICES						
Number	Question	Result			Skip	
4101	Now I want to ask about different services and resources available in this facility for patients who arrive from outside this facility seeking emergency care, regardless of whether the patients walk-in or whether they arrive by ambulance or other vehicle.					
	Does this facility ever provide any emergency services? This includes stabilizing patients prior to transfer for further treatment.	YES.....1	NO2		→4201	
4102	What is the setting for emergency services?	SPECIAL EMERGENCY ROOM OR SERVICE AREA1 OFFERED IN SAME SERVICE SETTINGS AS NON-EMERGENCY OUTPATIENT SERVICES2 OTHER6 (SPECIFY)				
ASK TO GO TO WHERE EMERGENCY SERVICES ARE OFFERED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT EMERGENCY SERVICES. IF THERE ARE MULTIPLE LEVELS OF EMERGENCY SERVICES, ASK TO GO WHERE UNSTABLE PATIENTS RECEIVE EMERGENCY CARE. EXPLAIN: The in-charge has agreed that this facility can participate in this national survey of facilities with inpatient services that is being conducted by the Ministry of Public Health. I am interested in the types of emergency cases that arrive from outside the facility and that this facility manages, and the resources available for the emergency services. If some of the questions are better answered by another person, please call that person or take me to that person for the information. Can we proceed? IF YES, EXPLAIN: Now I would like to know more about how the emergency walk-in services are organized.						
4103	INTERVIEW START TIME (use the 24 hour-clock system)	<input type="text"/>	:	<input type="text"/>		
A. EMERGENCY PROCEDURES						
4110	Please tell me if the following emergency procedures are conducted in this facility.	YES			NO	
		OUT PATIENT	IN PATIENT	BOTH OUT AND INPATIENT		
01		Chest tube insertion	1	2	3	4
02		Cricothyroidotomy	1	2	3	4
03		Tracheostomy	1	2	3	4
04	Resuscitation (establish airway)	1	2	3	4	

	05	First-aid management for severe haemorrhage	1	2	3	4
	06	Acute burn management	1	2	3	4
	B.	ORGANIZATION OF EMERGENCY SERVICES				
	4120	Are emergency services available 24 hours per day?	YES..... 1 NO 2			→4123
	4121	How many days per week are emergency services provided?	DAYS PER WEEK	<input type="text"/>		
	4122	How many hours per day are emergency services provided?	HOURS PER DAY	<input type="text"/>	<input type="text"/>	
	4123	Are surgical services with general anaesthesia available for emergency service patients 24-hours?	YES..... 1 NO 2			→4125
	4124	Which of the following cadre of trained staff are always available 24-hours? IF YES, CLARIFY: Is someone with this qualification or <u>always onsite</u> for 24-hour emergency services? IF NOT REQUIRED TO BE ONSITE ASK: Are they <u>always officially on-call</u> , that is they are assigned on rotation to be available in near proximity for 24-hour emergency services?				
		CADRE OF STAFF ONSITE 24-HOURS	STAFF ALWAYS AVAILABLE 24-HOURS		NOT AVAILABLE 24 HOURS	
			ONSITE	NOT ONSITE BUT ONCALL		
	01	Specialist medical practitioners	1	2	3	
	02	Generalist medical practitioners	1	2	3	
	03	Surgeon	1	2	3	
	04	Anaesthesiologist	1	2	3	
	05	Nurse/Clinical officer anaesthetist	1	2	3	
	06	Nurse-midwife (dual trained) professional	1	2	3	
	07	Nursing professional	1	2	3	
	08	Midwifery professional	1	2	3	
	09	Laboratory staff	1	2	3	
	10	Radiographer (radiology technician)	1	2	3	
	11	Other medical imaging and therapeutic equipment operator(s)	1	2	3	
	12	Blood bank staff	1	2	3	
	13	Ambulance driver	1	2	3	
	96	Other trained staff	1	2	3	
			_____	_____		
			SPECIFY	- SPECIFY		

	4125	Is there a system for triage of emergency clients?	YES..... 1 NO 2	→4128	
	4126	Is there a specific triage protocol or guidelines for children under 5 years of age?	YES..... 1 NO 2		
	4127	Is there a specific triage protocol or guidelines for pregnant women?	YES..... 1 NO 2		
	4128	Which of the following services are available <u>in the area(s) where emergency services are offered</u> for emergency patients?			
		SERVICES AVAILABLE IN EMERGENCY SERVICE AREA	YES	NO	
	01	Treatment for medical emergencies	1	2	
	02	Emergency minor surgical services or other surgical services not requiring general anesthesia	1	2	
	03	Emergency obstetric care	1	2	
	04	Emergency newborn care	1	2	
	05	Treatment for non-emergency medical conditions when general outpatient curative services are closed	1	2	
	06	Treatment for non-emergency minor surgical conditions when general outpatient curative services are closed	1	2	
	C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL				
	4130	<p>Now I would like to see the main area where emergency services are offered. I would like to ask about different items for infection prevention and control and to observe which items are available.</p> <p>IF THERE ARE MULTIPLE SITES WHERE EMERGENCY SERVICES ARE PROVIDED ASK TO SEE THE SITE WHERE UNSTABLE EMERGENCY PATIENTS RECEIVE CARE. ASSESS IF THE FOLLOWING ITEMS ARE IN PROXIMITY TO THAT SITE SUCH THAT PROVIDERS THERE COULD REASONABLY EXPECT TO USE THE ITEMS.</p>			
		ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
	02	Hand-washing soap or liquid soap	1	2	3
	03	Alcohol based hand rub	1	2	3
	04	Disposable latex gloves	1	2	3
	05	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or color, for infectious non-sharp waste	1	2 07 ←	3 07 ←
	06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3
	07	Sharps container ("safety box")	1	2	3
	08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3
	09	Disposable syringes with disposable needles	1	2	3
	10	Auto-disable syringes	1	2	3
	11	Medical (surgical or procedural) masks	1	2	3

12	Protective gowns/aprons	1	2	3				
13	Eye protection (goggles, face shields)	1	2	3				
14	Gum boots or clogs	1	2	3				
D. ELECTRICITY IN EMERGENCY SERVICE AREA								
4140	Is there electricity in this service area that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED..... 1 NO, NOT TODAY..... 2 NO, NEVER HAVE ELECTRICITY..... 3						
E. MEDICINES								
4141	Now I would like to ask about the availability of medicines for emergency services. Is there a 24-hour dispensing pharmacy in the facility where emergency service providers can get drugs for patient treatment?	YES..... 1 NO 2			→4144			
4142	Is the 24-hour dispensing pharmacy located in the area where emergency services are offered or is it outside of the area where emergency services are offered?	IN EMERGENCY SERVICE AREA..... 1 IN OTHER LOCATION IN FACILITY 2						
4143	Is there a 24-hour pharmacy where patients who received emergency treatment have prescriptions from emergency services filled prior to going home?	YES..... 1 NO 2						
4144	Are essential life-saving drugs kept in one location where they can be rapidly used for an emergency situation? IF YES, ASK TO SEE THE LOCATION AND MARK THE SITUATION OBSERVED.	YES, OBSERVED LOCKED EMERGENCY CART/BOX 1 YES, OBSERVED UNLOCKED EMERGENCY CART/BOX OR TRAY THAT CAN EASILY BE CARRIED 2 YES, OBSERVED IN CABINET/CUPBOARD NOT EASILY TRANSPORTED..... 3 NO ONE LOCATION 4 NOT OBSERVED 5			→4150 →4150			
4145	Please tell me if any of the following emergency drugs are available <u>in the area where emergency services are offered</u> . If the item is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH MEDICINE IS VALID (NOT EXPIRED). DO NOT GO TO A PHARMACY OUTSIDE OF THE EMERGENCY SERVICE AREA TO ASSESS THESE DRUGS.							
			OBSERVED AVAILABLE			NOT OBSERVED		
	MEDICINE ITEMS REPORTED IN LOCKED EMERGENCY CART MAY BE MARKED '3'	AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Adrenaline or Epinephrine injection	1	2	3	4	5		
02	Glucose 50% injection	1	2	3	4	5		
03	Atropine injection	1	2	3	4	5		
04	Ephedrine injection	1	2	3	4	5		
05	Calcium gluconate injection	1	2	3	4	5		
06	Furosemide injection	1	2	3	4	5		
07	Intravenous infusion set	1		3	4	5		

	08	Volume replacement intravenous solutions (Dextrose 5% and normal saline (D5NS) or Normal Saline (NS) or Ringers Lactate (RL)	1	2	3	4	5	
F. DIAGNOSTICS								
	4150	Are any laboratory diagnostic tests available 24 hours for emergency patients?	YES, RAPID TESTS ONLY 1 YES, BASIC DIAGNOSTICS BEYOND RAPID TESTS 2 NO 3				→4152	
	4151	Where are the 24-hour laboratory tests conducted?	IN EMERGENCY SERVICE AREA, NOT LABORATORY 1 LABORATORY IN THE EMERGENCY SERVICE AREA 2 OTHER LABORATORY IN FACILITY 3 IN DIFFERENT SITES, DEPENDING ON TEST 4					
	4152	Are any imaging tests available 24 hours for emergency patients?	YES 1 NO 2				→4160	
	4153	Now I want to ask about availability of specific diagnostic radiographic tests. For each test I mention, please tell me if the test is available 24 hours. IF YES, ASK: Are staff who conduct the test onsite 24 hours or are they on call 24 hours?	YES 24 HOURS, STAFF ONSITE	YES 24 HOURS, STAFF ONCALL	NO 24 HOURS	NEVER AVAILABLE		
	01	X-ray	1	2	3	5		
	02	Electrocardiogram	1	2	3	5		
	03	Ultrasound	1	2	3	5		
	04	CAT scan	1	2	3	5		
	05	Magnetic Resonance Imaging (MRI)	1	2	3	5		
G. FURNISHING AND EQUIPMENT								
	4160A	Now I would like to ask about equipment for emergency patient examinations and for emergency treatment. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT <u>ITEM MUST BE IN THE EMERGENCY SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY EXPECTED TO USE IT.</u>						
		GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Stretcher	1 → b	2 → b	3 02 ↙	1	2	8
	02	Wheelchair	1 → b	2 → b	3 03 ↙	1	2	8
	03	Adult weighing scale	1 → b	2 → b	3 04 ↙	1	2	8
	04	Infant weighing scale- 100 gram gradation	1 → b	2 → b	3 05 ↙	1	2	8

05	Child weighing scale- 250 gram gradation	1 → b	2 → b	3 06 ←	1	2	8
06	Thermometer (manual)	1 → b	2 → b	3 07 ←	1	2	8
07	Thermometer (electronic or digital)	1 → b	2 → b	3 08 ←	1	2	8
08	Stethoscope	1 → b	2 → b	3 09 ←	1	2	8
09	Blood pressure apparatus (manual sphygmomanometer with stethoscope)	1 → b	2 → b	3 10 ←	1	2	8
10	Blood pressure apparatus (digital)	1 → b	2 → b	3 11 ←	1	2	8
11	Examination light that can be aimed (flashlight acceptable)	1 → b	2 → b	3 12 ←	1	2	8
12	Otoscope	1 → b	2 → b	3 13 ←	1	2	8
13	Ophthalmoscope	1 → b	2 → b	3 14 ←	1	2	8
14	Ultrasound	1 → b	2 → b	3 15 ←	1	2	8
15	X-ray machine	1 → b	2 → b	3 16 ←	1	2	8
16	Micronebulizer	1 → b	2 → b	3 17 ←	1	2	8
17	Doppler	1 → b	2 → b	3 18 ←	1	2	8
18	Pulse oximeter	1 → b	2 → b	3 19 ←	1	2	8
19	Suction apparatus (manual)	1 → b	2 → b	3 20 ←	1	2	8
20	Suction apparatus (electronic)	1 → b	2 → b	3 21 ←	1	2	8
21	Suction catheters	1 → b	2 → b	3 22 ←	1	2	8
EMERGENCY CARE EQUIPMENT							
22	Electrocardiograph (ECG) machine	1 → b	2 → b	3 23 ←	1	2	8
23	Electrodes and leads for ECG machine	1 → b	2 → b	3 24 ←	1	2	8
24	Cardiac monitor	1 → b	2 → b	3 25 ←	1	2	8

25	Defibrillator	1 → b	2 → b	3 26 ←	1	2	8
26	Thoracotomy pack	1 → b	2 → b	3 27 ←			
27	Chest tubes and insertion set	1 → b	2 → b	3 28 ←			
EQUIPMENT FOR EMERGENCY RESPIRATORY SUPPORT							
28	Ventilator [MAY BE ANYWHERE IN FACILITY]	1 → b	2 → b	3 29 ←	1	2	8
29	Cricothyroidotomy set	1 → b	2 → b	3 30 ←	1	2	8
30	Tracheostomy set	1 → b	2 → b	3 31 ←	1	2	8
31	Oropharyngeal airway- adult	1 → b	2 → b	3 32 ←	1	2	8
32	Oropharyngeal airway- pediatric	1 → b	2 → b	3 33 ←	1	2	8
33	Endotracheal tube- adult (e.g., cuffed sizes 5.5 to 9.0)	1 → b	2 → b	3 34 ←	1	2	8
34	Endotracheal tube- pediatric (e.g., uncuffed sizes 3.0 to 5.0)	1 → b	2 → b	3 35 ←	1	2	8
35	Stylet or bougie	1 → b	2 → b	3 36 ←	1	2	8
36	Laryngoscope handle and blade- adult	1 → b	2 → b	3 37 ←	1	2	8
37	Laryngoscope handle and blade- pediatric	1 → b	2 → b	3 38 ←	1	2	8
38	Magills forceps- adult	1 → b	2 → b	3 39 ←	1	2	8
39	Magills forceps- pediatric	1 → b	2 → b	3 40 ←	1	2	8
40	Tubings and connectors (to connect endotracheal tube)	1 → b	2 → b	3 41 ←	1	2	8
41	Self-inflating bag and mask- <u>adult</u>	1 → b	2 → b	3 42 ←	1	2	8
42	Self-inflating bag and mask- <u>pediatric</u>	1 → b	2 → b	3 43 ←	1	2	8
43	Self-inflating bag and mask- neonatal (e.g., valve size 1)	1 → b	2 → b	3 4161 ←	1	2 4161 ←	8 4161 ←

	4160 C	At any time during the past 3 months has the neonatal bag and mask been unavailable for this unit for any reason?	YES.....1 NO.....2					
	4161	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES.....1 NO.....2	→4170				
	4162	For each method for providing oxygen please tell me if it is used for patients in this unit or not.	YES	NO				
	01	Oxygen is supplied through a central piped system	1	2				
	02	Oxygen is supplied by oxygen concentrator stored on this unit	1	2				
	03	Oxygen is supplied in tanks that are stored on this unit	1	2				
	04	Unit calls for tank of oxygen from central location if it is needed.	1	2				
	05	Unit calls for oxygen concentrator from central location if it is needed.	1	2				
	4163	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY1 YES, TANK(S) OR OXYGEN CONCENTRATOR.....2 YES, BOTH CENTRAL AND TANKS/ OXYGEN CONCENTRATORS3 NO.....4	→4165				
	4164	Now I would like to see the following items and to know if they are functional or not						
		GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
			OBSERVE D	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ↙	1	2	8
	02	Oxygen concentrator	1 → b	2 → b	3 03 ↙	1	2	8
	03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ↙	1	2	8
	04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ↙	1	2	8
	05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 4170 ↙	1	2	8
	4165	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES.....1 NO.....2					

GUIDELINES AND STAFF TRAINING			
4170	Do you have national guidelines on caring for the emergency patient, available in this service area today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	→4173
4171	Do you have facility guidelines on caring for the emergency patient, available in this service area today? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	
4172	Do you have guidelines for any activities related to emergency patient assessment or procedures? IF YES, ASK: May I see the guidelines?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO..... 3	
4173	Have you or any provider(s) of emergency services received any training in any aspect of emergency services in the last two years?	YES..... 1 NO..... 2	
4191	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2
	RESPONDENT(S)	NAME(S) AND DESIGNATION(S)	CELL PHONE CONTACT
	SECTION 4.1		

H. INTERVIEWER'S OBSERVATIONS			
4192	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> : <input type="text"/>	
4193	RESULT CODES (LAST VISIT):	COMPLETED 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 PARTIALLY COMPLETED 4 FACILITY CLOSED/NOT YET FUNCTIONAL.....5 OTHER _____ (SPECIFY)..... 96	
4194 COMMENTS ABOUT THE RESPONDENT:			
<hr/> <hr/> <hr/> <hr/>			

4195 COMMENTS ON SPECIFIC QUESTIONS:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
4196 ANY OTHER COMMENTS:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
4197 SUPERVISOR'S OBSERVATIONS:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
NAME OF SUPERVISOR: _____	DATE: _____

SECTION 4.2 GENERAL ADULT INPATIENT WARD SERVICE CONDITIONS

<p>Now, I would like to go to some specific patient wards or units to assess conditions. A unit is defined as the patient beds that are cared for by a specific nursing station. If pediatric patients and adults are in the same wards, we will count these as adult wards. We would like to assess an adult surgical unit if this exists.</p>						
A. WARD OR UNIT BEDS						
<p>DETERMINE HOW MANY WARDS OR UNITS THERE ARE FOR ADULT SURGICAL PATIENT. IF THERE IS MORE THAN ONE GENERAL SURGICAL WARD, RANDOMLY SELECT ONE WARD OR UNIT TO ASSESS. IF MEDICAL AND SURGICAL PATIENTS ARE IN THE SAME WARD, RANDOMLY SELECT ONE. IF THERE ARE NO WARDS WITH SURGICAL PATIENTS, SELECT A MEDICAL ADULT WARD/UNIT.</p>						
4201	Does this facility have adult medical or surgical wards, or wards that are combined adult and pediatric ward?	YES.....1 NO2	→4301			
4202	Which type of ward or unit is this?	SURGICAL1 MEDICAL.....2 COMBINED MEDICAL AND SURGICAL3				
4203	How many patients are present in this ward or unit today?	NUMBER OF PATIENTS IN UNIT <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
4204	ASK TO SEE THE PATIENT CHART/RECORD FOR EACH	a) NUMBER OF PATIENT CHARTS/RECORDS OBSERVED <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				

		INPATIENT ON THE WARD AND RECORD THE NUMBER OF PATIENT CHARTS/RECORDS OBSERVED.	b) NUMBER OF PATIENT CHARTS/RECORDS REPORTED OFF UNIT WITH PATIENTS	<input type="text"/>	<input type="text"/>	
	4205	What is the authorized number of beds for this ward or unit?	AUTHORIZED NUMBER OF BEDS	<input type="text"/>	<input type="text"/>	
	4206	What is the actual number of beds present, that is, that are available today for patient use? (PLEASE COUNT THE BEDS)	NUMBER OF BEDS PRESENT	<input type="text"/>	<input type="text"/>	
B. PATIENT CHARTS OR RECORDS						
RANDOMLY SELECT 5 CURRENT PATIENT CHARTS/RECORDS AND CHECK FOR EACH INDICATED ITEM. IF ADULT AND CHILD PATIENTS ARE ON THE SAME UNIT, SELECT ADULT RECORDS (OVER 5 YEARS OF AGE) FOR THIS REVIEW. THE NURSE MAY POINT TO WHERE THE ITEM IS IN EACH OF THE 5 CHARTS/RECORDS IF THERE IS CONCERN ABOUT CONFIDENTIALITY. WRITE THE NUMBER OF CHARTS/RECORDS FOR WHICH THE ITEM IS OBSERVED (OR IDENTIFIED BY THE NURSE). IF THERE ARE NOT 5 PATIENTS SELECT ALL AVAILABLE CHARTS/RECORDS.						
	4210	ITEM IN PATIENT CHART/RECORD		TOTAL # CHARTS WITH ITEM PRESENT		
	01	Admission history/assessment		<input type="text"/>		
	02	Admission physical examination		<input type="text"/>		
	03	Patient progress notes (at least every 3 days)		<input type="text"/>		
	04	Form indicating which medicines the patient is to receive		<input type="text"/>		
	05	Record of when patient received medicines		<input type="text"/>		
	06	Temperature recorded at least twice daily		<input type="text"/>		
	07	Laboratory results recorded at least once		<input type="text"/>		
	08	RECORD THE NUMBER OF PATIENT CHARTS/RECORDS REVIEWED		<input type="text"/>		
C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL						
	4220	I am interested in knowing if the following resources and supplies used for infection control are available in this ward or unit, or are in reasonable proximity that they can be easily used by providers for patients in this ward or unit.				
		ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
	02	Hand-washing soap or liquid soap	1	2	3	
	03	Alcohol based hand rub	1	2	3	
	04	Disposable latex gloves	1	2	3	

	05	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or color, for infectious non-sharp waste	1	2 07 ↙	3 07 ↙			
	06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3			
	07	Sharps container ("safety box")	1	2	3			
	08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3			
	09	Disposable syringes with disposable needles	1	2	3			
	10	Auto-disable syringes	1	2	3			
	4221	Is there electricity in this ward or unit that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED.....1 NO, NOT TODAY2 NO, NEVER HAVE ELECTRICITY3					
	4222	Is there a functioning toilet for patients in this ward or unit to use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT PATIENTS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT1 YES, NOT PROXIMATE TO WARD/UNIT ...2 NO3					
	4223	Is there a functioning toilet that visitors to this ward or unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT VISITORS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT1 YES, NOT PROXIMATE TO WARD/UNIT ...2 NO3					
	D.	EQUIPMENT AND SUPPLIES FOR PATIENT MONITORING AND CARE						
	4230	Are there standard patient care guidelines specific to the types of patients cared for in this ward or unit available? IF YES, ASK: May I see the guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2 NO 3				→4232	
	4231	Are there any other patient care guidelines, not specific to the types of patients, available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2 NO 3					
	4232	Now I would like to ask about items for examining or monitoring patients in this ward or unit. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT ITEM MUST BE IN THE UNIT OR WARD OR IN IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT FOR PATIENTS IN THIS WARD OR UNIT.						
			A) AVAILABLE			B) FUNCTIONING		
		ITEM	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Thermometer (manual) or electronic	1 → b	2 → b	3 02 ↙	1	2	8

02	Stethoscope	1 → b	2 → b	3 03 ↙	1	2	8
03	Blood pressure apparatus (manual sphygmomanometer with stethoscope) or digital	1 → b	2 → b	3 04 ↙	1	2	8
04	Examination light (a light that can be aimed, a torch is acceptable)	1 → b	2 → b	3 05 ↙	1	2	8
05	Pharmaceutical refrigerator	1 → b	2 → b	3 06 ↙	1	2	8
06	Resuscitation trolley <u>with emergency drugs and adult ambu bag</u>	1 → b	2 → b	3 07 ↙	1	2	8
07	Suction apparatus (manual or electric)	1 → b	2 → b	3 08 ↙	1	2	8
08	Suction catheters	1 → b	2 → b	3 09 ↙	1	2	8
09	Otoscope	1 → b	2 → b	3 10 ↙	1	2	8
10	Ophthalmoscope	1 → b	2 → b	3 11 ↙	1	2	8
11	Pulse oximeter	1 → b	2 → b	3 12 ↙	1	2	8
12	Glucometer	1 → b	2 → b	3 13 ↙	1	2	8
13	Electrocardiograph	1 → b	2 → b	3 14 ↙	1	2	8
14	Cardiac monitor	1 → b	2 → b	3 15 ↙	1	2	8
15	Defibrillator	1 → b	2 → b	3 16 ↙	1	2	8
16	Patient-nurse communication system	1 → b	2 → b	3 4240 ↙	1	2	8
4240	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES..... 1 NO 2			→4291		
4241	For each method for providing oxygen please tell me if it is used for patients in this unit or not.	YES	NO				
01	Oxygen is supplied through a central piped system	1	2				
02	Oxygen is supplied by oxygen concentrator stored on this unit	1	2				
03	Oxygen is supplied in tanks that are stored on this unit	1	2				
04	Unit calls for tank of oxygen from central location if it is needed.	1	2				

	05	Unit calls for oxygen concentrator from central location if it is needed.		1	2			
	4242	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY 1 YES, TANK(S) OR OXYGEN CONCENTRATOR 2 YES, BOTH CENTRAL AND TANKS/ OXYGEN CONCENTRATORS..... 3 NO 4			→4244		
	4243	Now I would like to see the following items and to know if they are functional or not						
		GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ↙	1	2	8
	02	Oxygen concentrator	1 → b	2 → b	3 03 ↙	1	2	8
	03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ↙	1	2	8
	04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ↙	1	2	8
	05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 4244 ↙	1	2	8
	4244	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES 1 NO 2					
	E.	SERVICE SITE CONDITIONS						
	4291	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT			YES	NO		
	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE			1	2		
	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE			1	2		
	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX			1	2		
	04	SHARPS BOX OVERFLOWING OR TORN/PIERCED			1	2		
	05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED			1	2		
	06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?			1	2		
	07	WERE STAFF WEARING ID BADGES IN THIS UNIT?			1	2		
	08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?			1	2		

SECTION 4.3 POSTPARTUM/DELIVERY WARD			
Now, I would like to go to where women who have newly delivered stay. Is there at least one ward or unit in this facility where postpartum women stay?			
A.		WARD OR UNIT BEDS	
4301	Does this facility have a postpartum ward for women who have delivered or a combined ward where most postpartum women stay?	YES 1 NO 2	→4401
DETERMINE HOW MANY WARDS OR UNITS THERE ARE FOR POSTPARTUM WOMEN. IF THERE IS MORE THAN ONE WARD/UNIT WHERE POSTPARTUM WOMEN STAY, RANDOMLY SELECT FROM AMONG THE <u>NON-SURGICAL POSTPARTUM WARDS</u> OR UNITS TO ASSESS.			
4302	Which type of ward or unit is this?	MATERNITY/POSTPARTUM/ DELIVERY 1 COMBINED POSTPARTUM/ GYNECOLOGY 2 GENERAL FEMALE WARD/UNIT THAT INCLUDES POSTPARTUM WOMEN 3 SAME WARD/UNIT ASSESSED IN 4.2 4	→4401
4303	How many patients are present in this ward or unit today?	NUMBER OF PATIENTS IN UNIT	<input type="text"/> <input type="text"/>
4304	ASK TO SEE THE PATIENT CHART/RECORD FOR EACH INPATIENT AND RECORD THE NUMBER OF PATIENT CHARTS/RECORDS OBSERVED.	NUMBER OF PATIENT CHARTS/RECORDS OBSERVED	<input type="text"/> <input type="text"/>
4305	What is the authorized number of beds for this ward or unit?	AUTHORIZED NUMBER OF BEDS	<input type="text"/> <input type="text"/>
4306	What is the actual number of beds present, that is, that are available today for patient use? (PLEASE COUNT THE BEDS)	NUMBER OF BEDS PRESENT	<input type="text"/> <input type="text"/>
B. PATIENT CHARTS OR RECORDS			
RANDOMLY SELECT 5 CURRENT <u>OBSTETRIC</u> PATIENT CHARTS/RECORDS AND CHECK FOR EACH INDICATED ITEM. THE NURSE MAY POINT TO WHERE THE ITEM IS IN EACH OF THE 5 CHARTS/RECORDS IF THERE IS CONCERN ABOUT CONFIDENTIALITY. WRITE THE NUMBER OF CHARTS/RECORDS FOR WHICH THE ITEM IS OBSERVED (OR IDENTIFIED BY THE NURSE). IF THERE ARE NOT 5 PATIENTS SELECT ALL AVAILABLE CHARTS/RECORDS. RANDOMLY SELECT RECORDS FROM AMONG VAGINAL DELIVERIES IF FEASIBLE.			
4310	ITEM IN PATIENT CHART/RECORD	TOTAL # CHARTS WITH ITEM PRESENT	
01	Admission history/assessment		<input type="text"/>

02	Admission physical examination	<input type="checkbox"/>
03	Form indicating which medicines the patient is to receive	<input type="checkbox"/>
04	Daily record of when patient received medicines	<input type="checkbox"/>
05	Laboratory results recorded at least once	<input type="checkbox"/>
06	Partograph in chart or record and completed	<input type="checkbox"/>
07	C-section patient without completed partograph	<input type="checkbox"/>
08	Temperature recorded at least twice daily	<input type="checkbox"/>
09	Blood pressure recorded at least twice daily	<input type="checkbox"/>
10	Pad count/indication of postpartum bleeding/lochia recorded daily	<input type="checkbox"/>
11	Fundal status recorded twice daily	<input type="checkbox"/>
	NEWBORN MONITORING: ASK TO SEE NEWBORN RECORDS FOR THE SAME WOMEN WHOSE RECORDS WERE ASSESSED, IF DIFFERENT FROM THE MATERNAL RECORDS.	
12	Number of infant records assessed	<input type="checkbox"/>
13	Infant temperature recorded twice daily	<input type="checkbox"/>
14	Infant respiratory rate recorded twice daily	<input type="checkbox"/>
15	Jaundice status recorded daily	<input type="checkbox"/>
16	Umbilical cord status recorded daily	<input type="checkbox"/>
17	Note commenting on infant feeding (problem or no problem) recorded daily	<input type="checkbox"/>
18	RECORD THE NUMBER OF PATIENT CHARTS/RECORDS REVIEWED	<input type="checkbox"/>
C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL		
4320	I am interested in knowing if the following resources and supplies used for infection control are available in this ward or unit, or are in reasonable proximity that they can be easily used by providers for patients in this ward or unit.	

		ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3	
	02	Hand-washing soap or liquid soap	1	2	3	
	03	Alcohol based hand rub	1	2	3	
	04	Disposable latex gloves	1	2	3	
	05	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or color, for infectious non-sharp waste	1	2 07 ←	3 07 ←	
	06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3	
	07	Sharps container ("safety box")	1	2	3	
	08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3	
	09	Disposable syringes with disposable needles	1	2	3	
	10	Auto-disable syringes	1	2	3	
	4321	Is there electricity in this ward or unit that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED1 NO, NOT TODAY2 NO, NEVER HAVE ELECTRICITY3			
	4322	Is there a functioning toilet for patients in this ward or unit to use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT PATIENTS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT1 YES, NOT PROXIMATE TO WARD/UNIT 2 NO.....3			
	4323	Is there a functioning toilet that visitors to this ward or unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT VISITORS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT1 YES, NOT PROXIMATE TO WARD/UNIT 2 NO.....3			
D. EQUIPMENT AND SUPPLIES FOR PATIENT MONITORING AND CARE						
	4330	Are there standard patient care guidelines for postpartum care available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED.....1 REPORTED, NOT SEEN.....2 NO.....3			→4332
	4331	Are there other standard patient care guidelines not specific to postpartum care available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED.....1 REPORTED, NOT SEEN.....2 NO.....3			

4332	Now I would like to ask about items for examining or monitoring patients in this ward or unit. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT <u>ITEM MUST BE IN THE UNIT OR WARD OR IN IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT FOR PATIENTS IN THIS WARD OR UNIT.</u>						
	ITEM	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Thermometer (manual) or electronic	1 → b	2 → b	3 02 ↙ ↘	1	2	8
02	Stethoscope	1 → b	2 → b	3 03 ↙ ↘	1	2	8
03	Blood pressure apparatus (manual sphygmomanometer with stethoscope) or digital	1 → b	2 → b	3 04 ↙ ↘	1	2	8
04	Examination light (a light that can be aimed, a torch is acceptable)	1 → b	2 → b	3 05 ↙ ↘	1	2	8
05	Pharmaceutical refrigerator	1 → b	2 → b	3 06 ↙ ↘	1	2	8
06	Resuscitation trolley <u>with emergency drugs and adult ambu bag</u>	1 → b	2 → b	3 07 ↙ ↘	1	2	8
07	Suction apparatus (manual or electric)	1 → b	2 → b	3 08 ↙ ↘	1	2	8
08	Suction catheters	1 → b	2 → b	3 09 ↙ ↘	1	2	8
09	Otoscope	1 → b	2 → b	3 10 ↙ ↘	1	2	8
10	Ophthalmoscope	1 → b	2 → b	3 11 ↙ ↘	1	2	8
11	Pulse oximeter	1 → b	2 → b	3 12 ↙ ↘	1	2	8
12	Glucometer	1 → b	2 → b	3 13 ↙ ↘	1	2	8
13	Electrocardiograph	1 → b	2 → b	3 14 ↙ ↘	1	2	8
14	Cardiac monitor	1 → b	2 → b	3 15 ↙ ↘	1	2	8
15	Defibrillator	1 → b	2 → b	3 16 ↙ ↘	1	2	8

16	Patient-nurse communication system	1 → b	2 → b	3 4340	1	2	8
4340	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES..... 1 NO 2					→4391
4341	For each method for providing oxygen please tell me if it is used for patients in this unit or not.	YES	NO				
01	Oxygen is supplied through a central piped system	1	2				
02	Oxygen is supplied by oxygen concentrator stored on this unit	1	2				
03	Oxygen is supplied in tanks that are stored on this unit	1	2				
04	Unit calls for tank of oxygen from central location if it is needed.	1	2				
05	Unit calls for oxygen concentrator from central location if it is needed.	1	2				
4342	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY 1 YES, TANK(S) OR OXYGEN CONCENTRATOR..... 2 YES, BOTH CENTRAL AND TANKS/ OXYGEN CONCENTRATORS..... 3 NO 4					→4344
4343	Now I would like to see the following items and to know if they are functional or not						
	GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Outlets for central oxygen supply	1 → b	2 → b	3 02	1	2	8
02	Oxygen concentrator	1 → b	2 → b	3 03	1	2	8
03	Oxygen tank with cylinder head	1 → b	2 → b	3 04	1	2	8
04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05	1	2	8
05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 4344	1	2	8
4344	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES 1 NO..... 2					
E. SERVICE SITE CONDITIONS							
4391	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO				
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2				
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2				

03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2

SECTION 4.4 PEDIATRIC WARD OR UNIT

Now, I would like to go to where sick children below 5 years of age stay. Is there at least one ward or unit in this facility where pediatric patients stay?

A. WARD OR UNIT BEDS

4401	Does this facility have a pediatric ward for children or a combined ward where children stay?	YES 1 NO 2	→4501
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DETERMINE HOW MANY WARDS OR UNITS THERE ARE FOR PEDIATRIC PATIENTS. IF THERE IS MORE THAN ONE UNIT WHERE PEDIATRIC PATIENTS STAY, RANDOMLY SELECT FROM AMONG THE UNITS WHERE CHILDREN BELOW 5 YEARS OF AGE STAY.

4402	Which type of ward or unit is this?	<u>PEDIATRICS (INCLUDES SICK PATIENTS <5 YEARS OF AGE)</u> MEDICAL PEDIATRIC UNIT 1 SURGICAL PEDIATRIC UNIT 2 <u>COMBINED PEDIATRIC WARD</u> PEDIATRIC WARD INCLUDING CHILDREN OLDER THAN 5 YEARS OF AGE 3 MIXED ADULT AND PEDIATRIC MEDICAL/SURGICAL UNIT ASSESSED IN SECTION 4.1 4	→4410
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4403	How many patients are present in this ward or unit today?	NUMBER OF PATIENTS IN UNIT	<input type="text"/> <input type="text"/> <input type="text"/>
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4404	ASK TO SEE THE PATIENT CHART/RECORD FOR EACH INPATIENT AND RECORD THE NUMBER OF PATIENT CHARTS/RECORDS OBSERVED.	NUMBER OF PATIENT CHARTS/RECORDS OBSERVED	<input type="text"/> <input type="text"/>
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4405	What is the authorized number of beds for this ward or unit?	AUTHORIZED NUMBER OF BEDS	<input type="text"/> <input type="text"/>
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4406	What is the actual number of beds present, that is, that are available today for patient use? (PLEASE COUNT THE BEDS)	NUMBER OF BEDS PRESENT	<input type="text"/> <input type="text"/>
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B. PATIENT CHARTS OR RECORDS

RANDOMLY SELECT 5 CURRENT PATIENT CHARTS/RECORDS AND CHECK FOR EACH INDICATED ITEM. THE NURSE MAY POINT TO WHERE THE ITEM IS IN EACH OF THE 5 CHARTS/RECORDS IF THERE IS CONCERN ABOUT CONFIDENTIALITY. WRITE THE NUMBER OF CHARTS/RECORDS FOR WHICH THE ITEM IS OBSERVED (OR IDENTIFIED BY THE NURSE). IF THERE ARE NOT 5 PATIENTS SELECT ALL AVAILABLE RECORDS. IF THIS IS A MIXED WARD OR UNIT, SELECT CHARTS/RECORDS OF CHILDREN < 5 YEARS OF AGE.

	4410	ITEM IN PATIENT CHART OR RECORD	TOTAL # CHARTS/RECORDS WITH ITEM PRESENT
	01	Admission history/assessment	<input type="checkbox"/>
	02	Admission physical examination	<input type="checkbox"/>
	03	Patient progress notes (at least every 3 days)	<input type="checkbox"/>
	04	Form indicating which medicines the patient is to receive	<input type="checkbox"/>
	05	Record of when patient received medicines	<input type="checkbox"/>
	06	Temperature recorded at least twice daily	<input type="checkbox"/>
	07	Laboratory results recorded at least once	<input type="checkbox"/>
	08	RECORD THE NUMBER OF PATIENT CHARTS/RECORDS REVIEWED	<input type="checkbox"/>

C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL

	4420	I am interested in knowing if the following resources and supplies used for infection control are available in this ward or unit, or are in reasonable proximity that they can be easily used by providers for patients in this ward or unit.
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		ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
	01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
	02	Hand-washing soap or liquid soap	1	2	3
	03	Alcohol based hand rub	1	2	3
	04	Disposable latex gloves	1	2	3
	05	Waste receptacle with lid and plastic bin liner labelled or color coded for infectious waste	1	2 07 ←	3 07 ←
	06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3
	07	Sharps container ("safety box")	1	2	3
	08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3
	09	Disposable syringes with disposable needles	1	2	3
	10	Auto-disable syringes	1	2	3

	4421	Is there electricity in this ward or unit that is functioning now?	YES, OBSERVED 1 NO, NOT TODAY 2
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		IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	NO, NEVER HAVE ELECTRICITY 3					
4422		Is there a functioning toilet for patients in this ward or unit to use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT PATIENTS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT 1 YES, NOT PROXIMATE TO WARD/UNIT ... 2 NO 3					
4423		Is there a functioning toilet that visitors to this ward or unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT VISITORS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT 1 YES, NOT PROXIMATE TO WARD/UNIT ... 2 NO 3					
D. EQUIPMENT AND SUPPLIES FOR PATIENT MONITORING AND CARE								
4430		Are there standard patient care guidelines for care of the sick child available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2 NO 3	→4432				
4431		Are there any other standard patient care guidelines not specific to the sick child available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2 NO 3					
4432		Now I would like to ask about items for examining or monitoring patients in this ward or unit. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT ITEM MUST BE IN THE WARD OR UNIT OR IN IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.						
		ITEM	A) AVAILABLE			B) FUNCTIONING		
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01		Thermometer (manual) or electronic	1 → b	2 → b	3 02 ←	1	2	8
02		Stethoscope	1 → b	2 → b	3 03 ←	1	2	8
03		Blood pressure apparatus for children (manual sphygmomanometer with stethoscope) or digital	1 → b	2 → b	3 04 ←	1	2	8
04		Examination light (a light that can be aimed, a torch is acceptable)	1 → b	2 → b	3 05 ←	1	2	8
05		Pharmaceutical refrigerator	1 → b	2 → b	3 06 ←	1	2	8

06	Resuscitation trolley <u>with emergency drugs and pediatric ambu bag</u>	1 → b	2 → b	3 07 ←	1	2	8
07	Suction apparatus (manual or electric)	1 → b	2 → b	3 08 ←	1	2	8
08	Suction catheters pediatric size	1 → b	2 → b	3 09 ←	1	2	8
09	Otoscope	1 → b	2 → b	3 10 ←	1	2	8
10	Ophthalmoscope	1 → b	2 → b	3 11 ←	1	2	8
11	Pulse oximeter	1 → b	2 → b	3 12 ←	1	2	8
12	Glucometer	1 → b	2 → b	3 13 ←	1	2	8
13	Electrocardiograph	1 → b	2 → b	3 14 ←	1	2	8
14	Cardiac monitor	1 → b	2 → b	3 15 ←	1	2	8
15	Defibrillator	1 → b	2 → b	3 16 ←	1	2	8
16	Patient-nurse communication system	1 → b	2 → b	3 17 ←	1	2	8
17	Child scale(s) that measure at least at 250gm increments	1 → b	2 → b	3 4440 ←	1	2	8
4440	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?			YES.....1 NO2			→4491
4441	For each method for providing oxygen please tell me if it is used for patients in this unit or not.			YES	NO		
01	Oxygen is supplied through a central piped system			1	2		
02	Oxygen is supplied by oxygen concentrator stored on this unit			1	2		
03	Oxygen is supplied in tanks that are stored on this unit			1	2		
04	Unit calls for tank of oxygen from central location if it is needed.			1	2		
05	Unit calls for oxygen concentrator from central location if it is needed.			1	2		

4442	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY..... 1 YES, TANK(S) OR OXYGEN CONCENTRATOR 2 YES, BOTH CENTRAL AND TANKS/ OXYGEN CONCENTRATORS..... 3 NO..... 4					→4444
4443	Now I would like to see the following items and to know if they are functional or not						
	GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ←	1	2	8
02	Oxygen concentrator	1 → b	2 → b	3 03 ←	1	2	8
03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ←	1	2	8
04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ←	1	2	8
05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 4444 ←	1	2	8
4444	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..... 1 NO 2					
E. SERVICE SITE CONDITIONS							
4491	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT				YES	NO	
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE				1	2	
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE				1	2	
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX				1	2	
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED				1	2	
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED				1	2	
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?				1	2	
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?				1	2	
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?				1	2	

SECTION 4.5 INTENSIVE CARE WARD OR UNIT			
Now, I would like to go to an intensive care ward or unit to assess conditions. Is there at least one intensive care ward or unit in this facility?			
A. WARD OR UNIT BEDS			
4501	Does this facility have any intensive care units?	YES.....1 NO.....2	→END MODULE
DETERMINE HOW MANY INTENSIVE CARE WARDS/UNITS THERE ARE FOR ADULTS. IF THERE IS MORE THAN ONE ADULT INTENSIVE CARE WARD/UNIT, RANDOMLY SELECT ONE WARD OR UNIT TO ASSESS. IF ADULT AND PAEDIATRIC ICU PATIENTS ARE IN THE SAME UNIT, THIS IS CLASSIFIED HERE AS ADULT. ONLY ASSESS NEONATAL ICU IF THERE IS NO OTHER ICU.			
4502	Which type of ward or unit is this?	MEDICAL INTENSIVE CARE.....1 SURGICAL INTENSIVE CARE2 COMBINED MEDICAL AND SURGICAL INTENSIVE CARE.....3 PEDIATRIC INTENSIVE CARE.....4 NEONATAL INTENSIVE CARE.....5	
4503	How many patients are present in this ward or unit today?	NUMBER OF PATIENTS IN UNIT	<input type="text"/> <input type="text"/>
4504	ASK TO SEE THE PATIENT CHART/RECORD FOR EACH INPATIENT AND RECORD THE NUMBER OF PATIENT CHARTS/RECORDS OBSERVED.	NUMBER OF PATIENT CHARTS/RECORDS OBSERVED	<input type="text"/> <input type="text"/>
4505	What is the authorized number of beds for this ward or unit?	AUTHORIZED NUMBER OF BEDS	<input type="text"/> <input type="text"/>
4506	What is the actual number of beds present, that is, that are available today for patient use? (PLEASE COUNT THE BEDS)	NUMBER OF BEDS PRESENT	<input type="text"/> <input type="text"/>
B. PATIENT CHARTS OR RECORDS			
R RANDOMLY SELECT 5 CURRENT PATIENT CHARTS/RECORDS AND CHECK FOR EACH INDICATED ITEM. THE NURSE MAY POINT TO WHERE THE ITEM IS IN EACH OF THE 5 CHARTS/RECORDS IF THERE IS CONCERN ABOUT CONFIDENTIALITY. WRITE THE NUMBER OF CHARTS/RECORDS FOR WHICH THE ITEM IS OBSERVED (OR IDENTIFIED BY THE NURSE). IF THERE ARE NOT 5 PATIENTS SELECT ALL AVAILABLE CHARTS/RECORDS.			
4510	ITEM IN PATIENT CHART OR RECORD	TOTAL # CHARTS/ RECORDS WITH ITEM PRESENT	
01	Admission history/assessment	<input type="text"/>	
02	Admission physical examination	<input type="text"/>	
03	Patient progress notes (at least daily)	<input type="text"/>	
04	Form indicating which medicines the patient is to receive	<input type="text"/>	
05	Record of when patient received medicines	<input type="text"/>	

06	Temperature recorded at least twice daily	<input type="checkbox"/>
07	Laboratory results recorded at least once	<input type="checkbox"/>
08	RECORD THE NUMBER OF PATIENT CHARTS OR RECORDS REVIEWED	<input type="checkbox"/>

C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL

4520	I am interested in knowing if the following resources and supplies used for infection control are available in this ward or unit, or are in reasonable proximity that they can be easily used by providers for patients in this ward or unit.
------	---

	ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
02	Hand-washing soap or liquid soap	1	2	3
03	Alcohol based hand rub	1	2	3
04	Disposable latex gloves	1	2	3
05	Waste receptacle with lid and plastic bin liner labelled or color coded for infectious waste	1	2 07 ←	3 07 ←
06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3
07	Sharps container ("safety box")	1	2	3
08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3
09	Disposable syringes with disposable needles	1	2	3
10	Auto-disable syringes	1	2	3

4521	Is there electricity in this ward or unit that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED 1 NO, NOT TODAY 2 NO, NEVER HAVE ELECTRICITY 3
------	---	--

4522	Is there a functioning toilet for patients in this ward or unit to use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT PATIENTS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT 1 YES, NOT PROXIMATE TO WARD/UNIT .. 2 NO 3
------	---	---

4523	Is there a functioning toilet that visitors to this ward or unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE IF IT IS PROXIMATE TO THE UNIT SUCH THAT VISITORS CAN EASILY USE IT OR NOT.	YES, PROXIMATE TO WARD/UNIT 1 YES, NOT PROXIMATE TO WARD/UNIT .. 2 NO 3
------	---	---

D. EQUIPMENT AND SUPPLIES FOR PATIENT MONITORING AND CARE								
4530	Are there standard patient care guidelines for intensive care available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN 2 NO..... 3						→4532
4531	Are there any other standard patient care guidelines not specific to ICU available in this ward or unit? IF YES, ASK: May I see the guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN 2 NO..... 3						
4532	Now I would like to ask about items for examining or monitoring patients in this ward or unit. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT <u>ITEM MUST BE IN THE WARD OR UNIT OR IN IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT FOR PATIENTS IN THIS WARD OR UNIT.</u>							
	ITEM	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	Thermometer (manual) or electronic	1 → b	2 → b	3 02 ↙	1	2	8	
02	Stethoscope	1 → b	2 → b	3 03 ↙	1	2	8	
03	Blood pressure apparatus (manual sphygmomanometer with stethoscope) or digital	1 → b	2 → b	3 04 ↙	1	2	8	
04	Examination light (a light that can be aimed, a torch is acceptable)	1 → b	2 → b	3 05 ↙	1	2	8	
05	Pharmaceutical refrigerator	1 → b	2 → b	3 06 ↙	1	2	8	
06	Resuscitation trolley <u>with emergency drugs and adult ambu bag</u>	1 → b	2 → b	3 07 ↙	1	2	8	
07	Suction apparatus (manual or electric)	1 → b	2 → b	3 08 ↙	1	2	8	
08	Suction catheters	1 → b	2 → b	3 09 ↙	1	2	8	
09	Otoscope	1 → b	2 → b	3 10 ↙				
10	Ophthalmoscope	1 → b	2 → b	3 11 ↙	1	2	8	
11	Pulse oximeter	1 → b	2 → b	3 12 ↙	1	2	8	

12	Glucometer	1 → b	2 → b	3 13 ←	1	2	8
13	Electrocardiograph	1 → b	2 → b	3 14 ←	1	2	8
14	Cardiac monitor	1 → b	2 → b	3 15 ←	1	2	8
15	Defibrillator	1 → b	2 → b	3 16 ←	1	2	8
16	Patient-nurse communication system	1 → b	2 → b	3 17 ←	1	2	8
17	Child scale (s) that measure at least at 250 gm increments	1 → b	2 → b	3 18 ←	1	2	8
18	Central patient monitor	1 → b	2 → b	3 19 ←	1	2	8
	PHYSIOLOGIC MONITORING UNITS ON PATIENT MONITOR						
19	Cardiac monitor	1 → b	2 → b	3 20 ←	1	2	8
20	Respiratory module	1 → b	2 → b	3 21 ←	1	2	8
21	Invasive blood pressure module	1 → b	2 → b	3 22 ←	1	2	8
22	Noninvasive blood pressure module	1 → b	2 → b	3 23 ←	1	2	8
23	Temperature module	1 → b	2 → b	3 24 ←	1	2	8
24	Oxygen saturation	1 → b	2 → b	3 25 ←	1	2	8
25	Swan ganz/cardiac output	1 → b	2 → b	3 26 ←	1	2	8
26	Gasometer	1 → b	2 → b	3 27 ←	1	2	8
27	Single channel infusion pump	1 → b	2 → b	3 28 ←	1	2	8
28	Multichannel infusion pump	1 → b	2 → b	3 29 ←	1	2	8
29	External pacemaker	1 → b	2 → b	3 30 ←	1	2	8
30	Bed scale	1 → b	2 → b	3 31 ←	1	2	8
31	Central suction line	1 → b	2 → b	3 32 ←	1	2	8
32	Volume ventilator	1 → b	2 → b	3 4540 ←	1	2	8

	4540	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES.....1 NO2					→4591
	4541	For each method for providing oxygen please tell me if it is used for patients in this unit or not.		YES	NO			
	01	Oxygen is supplied through a central piped system		1	2			
	02	Oxygen is supplied by oxygen concentrator stored on this unit		1	2			
	03	Oxygen is supplied in tanks that are stored on this unit		1	2			
	04	Unit calls for tank of oxygen from central location if it is needed.		1	2			
	05	Unit calls for oxygen concentrator from central location if it is needed.		1	2			
	4542	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY 1 YES, TANK(S) OR OXYGEN CONCENTRATOR 2 YES, BOTH CENTRAL AND TANKS/ OXYGEN CONCENTRATORS..... 3 NO 4					→4544
	4543	Now I would like to see the following items and to know if they are functional or not						
			A) AVAILABLE IN EMERGENCY SERVICE AREA	B) FUNCTIONING				
		GENERAL EQUIPMENT	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ←	1	2	8
	02	Oxygen concentrator	1 → b	2 → b	3 03 ←	1	2	8
	03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ←	1	2	8
	04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ←	1	2	8
	05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 4544 ←	1	2	8
	4544	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES..... 1 NO 2					
	4591	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT		YES	NO			
	01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE		1	2			
	02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE		1	2			
	03	NEEDLES, SHARPS OUTSIDE SHARPS BOX		1	2			

4591	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2

SECTION 4.3-4.6 INTERVIEWER'S OBSERVATIONS

4692	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
4693	RESULT CODES (LAST VISIT):	COMPLETED1 RESPONDENT NOT AVAILABLE2 REFUSED3 PARTIALLY COMPLETED4 FACILITY CLOSED/NOT YET FUNCTIONAL.....5 OTHER _____ (SPECIFY)96

4694 COMMENTS ABOUT THE RESPONDENT:

4695 COMMENTS ON SPECIFIC QUESTIONS:

4696 ANY OTHER COMMENTS:

4697 SUPERVISOR'S OBSERVATIONS:	
<hr/> <hr/> <hr/> <hr/> <hr/>	
NAME OF SUPERVISOR: _____	DATE: _____

SURGICAL DELIVERY SERVICES

Module 05: SURGICAL AND DELIVERY SERVICES

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MODULE 5 SURGICAL AND DELIVERY SERVICES

FACILITY NUMBER

--	--	--	--	--

INTERVIEWER CODE

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FIND THE PERSON MOST KNOWLEDGABLE ABOUT MINOR SURGICAL SERVICES. EXPLAIN THAT THE INCHARGE HAS AGREED FOR THE FACILITY TO PARTICIPATE IN THE SURVEY, AND EXPLAIN THE OBJECTIVES OF THE SURVEY. ASK FOR ASSISTANCE IN IDENTIFYING THE APPROPRIATE PERSONS TO ANSWER QUESTIONS AND GOING TO DIFFERENT SERVICE SITES.

SECTION 5.1 MINOR SURGERY

5100	Does this facility offer any minor surgical services either for out or inpatients (such as suturing, circumcision, wound debridement, etc.)?	YES 1 NO 2	→5201
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MOST MINOR SURGICAL PROCEDURES ARE PROVIDED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT MINOR SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

A. PROCEDURES

	5101	Please tell me if this facility provides the following services:	YES			NO
			OUT PATIENT	IN PATIENT	BOTH OUT AND INPATIENT	
01		Incision and drainage of abscesses	1	2	3	4
02		Wound debridement	1	2	3	4
03		Acute burn management	1	2	3	4
04		Suturing	1	2	3	4
05		Closed repair of fracture	1	2	3	4
06		Closed reduction of dislocated joint	1	2	3	4
07		Cricothyroidotomy	1	2	3	4
08		Male circumcision	1	2	3	4
09		Hydrocele reduction	1	2	3	4
10		Chest tube insertion	1	2	3	4
11		Biopsy of lymph node or mass	1	2	3	4
12		Removal of foreign body (throat, eye, ear of nose)	1	2	3	4

B. SUPPLIES

5102	Please tell me if any of the following materials or medicines are available <u>in this service site</u> today. I would like to see those that are available. CHECK TO SEE IF AT LEAST ONE OF EACH MATERIAL/ MEDICINE IS VALID (NOT EXPIRED)	A) AVAILABILITY					B) Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED			YES	NO
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
01	Suture material	1→b	2 2←	3→b	4 2←	5 2←	1	2
02	Suture needles	1→b	2 3←	3→b	4 3←	5 3←	1	2
03	Skin disinfectant	1→b	2 4←	3→b	4 4←	5 4←	1	2
04	Ketamine (injection)	1→b	2 5←	3→b	4 5←	5 5←	1	2
05	Lidocaine 1% or 2% (anaesthesia)	1→b	2 6←	3→b	4 6←	5 6←	1	2
06	Epinephrine (injection)	1→b	2 7←	3→b	4 7←	5 7←	1	2
07	Materials for splinting extremities	1→b	2 8←	3→b	4 8←	5 8←	1	2
08	Material for casts	1→b	2 9←	3→b	4 9←	5 9←	1	2
09	Intravenous infusion sets equipment	1→b	2 10←	3→b	4 10←	5 10←	1	2
10	IV fluids (RL or .09NS) for rehydration/volume replacement	1→b	2 11←	3→b	4 11←	5 11←	1	2
11	IV fluids (D5W for medication infusion)	1→b	2 12←	3→b	4 12←	5 12←	1	2
12	Vaginal speculum, any size	1→b	2 13←	3→b	4 13←	5 13←	1	2
13	Needle holder	1→b	2 14←	3→b	4 14←	5 14←	1	2
14	Scalpel handle with blade	1→b	2 5201	3→b	4 5201	5 5201	1	2

SECTION 5.2 OTHER SURGERY		
5201	Are any surgical procedures other than those minor surgical procedures already asked about	YES.....1 NO2 →5300

	carried out by this facility, either as out or inpatient procedures?	
--	--	--

ASK TO GO TO THE AREA WHERE GENERAL SURGICAL PROCEDURES ARE CARRIED OUT. IF THERE ARE BOTH INPATIENT AND OUTPATIENT OPERATING ROOMS, GO TO THE INPATIENT OPERATING AREA. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT SURGICAL SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN:

A. SURGICAL PROCEDURES

5202 The in-charge has agreed that this facility can participate in this national survey of facilities with inpatient services that is being conducted by the Ministry of Health. I am interested in learning about the surgical services available in this facility.

Now I want to know about other surgical procedures that may be performed here or in another site in the facility. Please tell me if this facility performs any of the following procedures, and indicate if the procedure is provided for outpatients, inpatient, or both out and inpatients, or if the procedure is not available in this facility.

PROCEDURE	YES			NO
	OUTPATIENT	INPATIENT	BOTH OUT AND INPATIENT	
01 Tubal ligation	1	2	3	4
02 Vasectomy	1	2	3	4
03 Cystotomy	1	2	3	4
04 Urethral stricture dilation	1	2	3	4
05 Tracheostomy	1	2	3	4
OBSTETRIC/GYNECOLOGIC PROCEDURES				
06 Dilatation & Curettage or vacuum aspiration for evacuation of uterus	1	2	3	4
07 Any abortion services	1	2	3	4
08 Episiotomy, cervical and vaginal laceration repair	1	2	3	4
09 Obstetric fistula repair	1	2	3	4
10 Caesarean section	1	2	3	4
COMPREHENSIVE SURGICAL PROCEDURES				
11 Amputation	1	2	3	4
12 Appendectomy	1	2	3	4
13 Cataract surgery	1	2	3	4
14 Cleft palate repair	1	2	3	4
15 Club foot repair (casting or open club foot release)	1	2	3	4
16 Contracture release	1	2	3	4

PROCEDURE		YES			NO
		OUTPATIENT	INPATIENT	BOTH OUT AND INPATIENT	
17	Skin grafting	1	2	3	4
18	Drainage of osteomyelitis-septic arthritis	1	2	3	4
19	Hernia repair (strangulated)	1	2	3	4
20	Hernia repair (elective)	1	2	3	4
21	Hernia repair (congenital)	1	2	3	4
22	Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal obstruction, perforation, injuries)	1	2	3	4
23	Neonatal surgery (abdominal wall defect, colostomy for; imperforate anus, intussusceptions)	1	2	3	4
24	Open reduction, and fixation for fracture	1	2	3	4
B. ANESTHESIA PRACTICES					
5205	For each of the anesthesia practices that I mention, tell me if the practice is used in this facility or not.		YES	NO	
01	Regional anesthesia blocks		1	2	
02	Spinal anesthesia		1	2	
03	Ketamine intravenous anesthesia		1	2	
04	General anesthesia inhalational		1	2	
C. HUMAN RESOURCES FOR SPECIALTY SURGERY					
5210	Does this facility perform any specialty surgeries, that is, there is a surgeon with specialty training for any type of surgery?	YES	1	NO	2 → 5212
5211	For which of the following does this facility have a specially trained surgeon to perform the surgery? IF THE SURGERY IS PERFORMED, CLARIFY IF IT IS PERFORMED OUTPATIENT, INPATIENT, OR BOTH.	YES			NO
		OUTPATIENT	INPATIENT	BOTH OUT AND INPATIENT	
SPECIALTY SURGICAL SERVICES					
01	Dental or oral surgery	1	2	3	4

5211	For which of the following does this facility have a specially trained surgeon to perform the surgery? IF THE SURGERY IS PERFORMED, CLARIFY IF IT IS PERFORMED OUTPATIENT, INPATIENT, OR BOTH.	YES			NO
		OUTPATIENT	INPATIENT	BOTH OUT AND INPATIENT	
02	Cardio-thoracic surgery	1	2	3	4
03	Maxillofacial surgery	1	2	3	4
04	Neurosurgery	1	2	3	4
05	Ophthalmology	1	2	3	4
06	Organ transplant (any)	1	2	3	4
07	Orthopaedics	1	2	3	4
08	Plastic surgery	1	2	3	4
09	Urology	1	2	3	4
10	Vascular surgery	1	2	3	4

C. HUMAN RESOURCES FOR CAESAREAN SECTION

5212	CHECK Q.5202_10: CESAREAN SECTION OFFERED	CESAREAN SECTION NOT OFFERED	→5220
5213	Does this facility have a health professional who can perform caesarean section present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES, 24 HOURS ONSITE 1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL..... 2 NO 24-HOUR COVERAGE 3	
5214	Is a surgeon and all equipment needed to available today for performing a caesarean section?	YES 1 NO 2 DON'T KNOW 8	
5215	Does this facility have an anaesthetist (or doctor with anaesthetics training) present in the facility or on call 24 hours a day (including weekends and on public holidays)?	YES 1 NO 2	
5216	Is an anaesthetist and all equipment and supplies needed to administer general anaesthesia available today?	YES 1 NO 2 DON'T KNOW 8	

5217	Have you or any provider(s) of delivery service received any training in Comprehensive Emergency Obstetric Care (CEmOC) in the last two years?	YES1 NO2 DON'T KNOW8	
5218	Do you have the national guidelines for Comprehensive Emergency Obstetric Care (CEmOC) available today in the surgical service area? IF YES, ASK: May I see the guidelines?	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NOT AVAILABLE.....3	
5219	Are there any checklists or job aids For CEmOC available in the surgical service area? IF YES ASK: May I see the job aids or checklists?	YES, OBSERVED1 YES, REPORTED NOT SEEN2 NOT AVAILABLE.....3	

B. HUMAN RESOURCES FOR SURGICAL SERVICES

5220	Does this facility have a health professional trained in <u>general surgery</u> present in the facility or on-call in near proximity 24 hours a day, including weekends and on public holidays?	YES, 24 HOURS ONSITE1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL2 NO 24-HOUR COVERAGE3	→5224
5221	Which of the following cadre of persons provide general surgical services during off-hours, including weekends and on public holidays?	YES	NO
01	Surgeon	1	2
02	General medical officer	1	2
03	Clinical officer	1	2
96	Other	1	2
		<u> </u> SPECIFY	
5222	Does this facility have a health professional trained in anesthesia present in the facility or on call in near proximity 24 hours a day ,including weekends and on public holidays??	YES, 24 HOURS ONSITE1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL2 NO 24-HOUR COVERAGE3	→5224
5223	Which of the following cadre of persons provide anesthesia services during off-hours?	YES	NO
01	Anesthesiologist	1	2

5223	Which of the following cadre of persons provide anesthesia services during off-hours?	YES	NO	
	02 General medical officer	1	2	
	03 Clinical officer	1	2	
	04 Nurse anesthetist	1	2	
	96 Other	1	2	

		SPECIFY		
5224	Do you have materials on Integrated management of emergency and essential surgical care (IMEESC), such as best practices, protocols, or other materials, available today in the surgical service area? IF YES, ASK: May I see the guidelines or other documents?	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NOT AVAILABLE 3		
5225	Have you or any provider(s) of basic surgical services received any training in IMEESC in the last two years?	YES 1 NO 2 DON'T KNOW 8		
C. QUALITY ASSURANCE				
5230	Does this facility have a system for identifying and monitoring adverse events related to surgery, such as infections and deaths?	YES 1 NO 2		→5240
5231	Are there any written guidelines or instructions for reporting on adverse events related to surgery? IF YES, ASK TO SEE THE DOCUMENT	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3 DON'T KNOW 8		→5234 →5234 →5234
5232	ASK THE RESPONDENT TO SHOW WHERE IN THE DOCUMENT THE FOLLOWING INFORMATION DESCRIBED	YES, DOCUMENTATION OBSERVED	YES, DOCUMENTATION REPORTED, NOT SEEN	NO DOCUMENTATION
01	Which events are considered adverse and required to be reported	1	2	3
02	Who is responsible for submitting reports of adverse events	1	2	3
03	When and how to submit reports of adverse events	1	2	3

04	Review process for compiled reports on adverse events that includes recommendations for actions to address problems	1	2	3
05	Notes or reports that show evidence of review and plan of action for the reports	1	2	3

5234	Where is the best location to collect information such as surgical quality indicators and rates for surgical indicators such as infection rates, post-operative sepsis?	HMIS UNIT 1 SURGICAL UNIT 2 OTHER 3	→5240 →5240
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5235	For each of the indicators I mention, please tell me if the facility monitors this, and if applicable, show the rate for the most recent reporting year.	(a)		(b)
		INDICATOR MONITORED		MOST RECENT RATE
		YES	NO	
01	Deaths prior to discharge among patients who had a procedure in a surgical theater?	1	2 02	<input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998
02	Post-operative surgical wound infection rate (SPECIFIC TO SURGICAL INCISION)	1	2 03	<input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
03	Proportion of all surgical cases with postoperative sepsis?	1	2 04	<input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998
04	Proportion of all major surgical cases with postoperative pulmonary embolus?	1	2 05	<input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998
05	Proportion of all major surgical cases with deep vein thrombosis?	1	2 5236	<input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998

5236	Does the facility monitor and report on the average inpatient waiting time for elective, that is, non-urgent surgeries such as cataracts or knee replacements? IF YES, ASK TO SEE DOCUMENTATION OF AVERAGE INPATIENT WAITING TIME FOR ANY ELECTIVE SURGERIES	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3
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D. SURGICAL SERVICE INFRASTRUCTURE, INFECTION PREVENTION AND CONTROL

5240	I am interested in knowing if the following resources and supplies used for infection prevention and control are available in the surgical service area.
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	ITEMS.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
02	Hand-washing soap or liquid soap	1	2	3

	ITEMS.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE		
03	Alcohol based hand rub	1	2	3		
04	Disposable latex gloves	1	2	3		
05	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 07 ←	3 07 ←		
06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3		
07	Sharps container ("safety box")	1	2	3		
08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3		
09	Surgical gowns/aprons	1	2	3		
10	Eye protection (goggles, face shields)	1	2	3		
11	Medical (surgical masks)	1	2	3		
12	Disposable syringes with disposable needles	1	2	3		
13	Auto-disable syringes	1	2	3		
5241	Is there electricity in this service area that is functioning now? IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.	YES, OBSERVED 1 NO, NOT TODAY 2 NO, NEVER HAVE ELECTRICITY 3				
5242	How many functional operating theaters does this facility have for inpatient surgery? This means that if staff were available you could use the theater today for surgery requiring general anesthesia.	NUMBER OF SURGICAL THEATERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
5243	Please tell me if there are <u>separate rooms</u> for the following surgical service components.	YES	NO			
01	Preoperative room(s)	1	2			
02	Recovery room(s)	1	2			
03	Storage space for sterile and high-level disinfected items (either a room with limited access or a cabinet that can be closed)	1	2			
5244	Do any of the operating theaters have windows that open to the outside?	YES..... 1 NO 2				
5245	Is there a marked area or room in the surgical area that clearly identifies a point past which non-surgical shoes/clothing must be covered or left?	YES..... 1 NO 2				
5246	Now I would like to collect information from the main inpatient surgical service site. IF THERE ARE MULTIPLE SURGICAL AREAS, SELECT THE AREA WHERE CAESAREAN SECTIONS ARE MOST COMMONLY CARRIED OUT.					

01	Is there a site to scrub for surgery that is adjacent but separate from the operating room?	YES 1 NO 2	→5250
02	Is running water functioning in the scrub area today?	YES, 1 NO 2	

E. EQUIPMENT AND SUPPLIES FOR SURGERY

5250 Now I would like to see some basic surgical equipment. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today.

ASK TO SEE EACH OF THE FOLLOWING ITEMS. EQUIPMENT MAY BE REPORTED AS "OBSERVED" AVAILABLE IF THE RESPONDENT CAN SHOW A STERILE PACK WHERE THE EQUIPMENT IS LOCATED. EQUIPMENT MAY BE LOCATED IN ANY SURGICAL THEATER OR MAY BE IN A CENTRAL STORAGE AREA FOR SURGICAL EQUIPMENT

	ITEM	a) AVAILABLE			b) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Basic operating table	1 → b	2 → b	3 02 ↙	1	2	8
02	Overhead operating light	1 → b	2 → b	3 03 ↙	1	2	8
03	Examination light (other than overhead surgical light) that can be aimed (flashlight acceptable) to visualize site being examined/surgical site	1 → b	2 → b	3 04 ↙	1	2	8
04	Anaesthesia machine	1 → b	2 → b	3 05 ↙	1	2	8
05	Gasometer	1 → b	2 → b	3 06 ↙	1	2	8
06	Capnograph	1 → b	2 → b	3 07 ↙	1	2	8
07	Pulse oximeter	1 → b	2 → b	3 08 ↙	1	2	8
08	Cardiac monitor	1 → b	2 → b	3 09 ↙	1	2	8
09	EKG electrodes	1 → b	2 → b	3 10 ↙	1	2	8
10	Defibrillator	1 → b	2 → b	3 11 ↙	1	2	8
11	Thermometer (manual/electronic/digital)	1 → b	2 → b	3 12 ↙	1	2	8

	ITEM	a) AVAILABLE			b) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
12	Blood pressure apparatus (manual sphygmomanometer with stethoscope or digital)	1 → b	2 → b	3 13 ↙	1	2	8
13	Auto Blood Pressure machine	1 → b	2 → b	3 14 ↙	1	2	8
14	Chest tubes and insertion set	1 → b	2 → b	3 15 ↙	1	2	8
15	Suction apparatus (manual or electronic)	1 → b	2 → b	3 16 ↙	1	2	8
16	Does the suction apparatus function using a foot control?	1 → b	2 → b	3 17 ↙	1	2	8
17	Suction catheters	1 → b	2 → b	3 18 ↙	1	2	8
18	Oropharyngeal airway- adult	1 → b	2 → b	3 19 ↙	1	2	8
19	Oropharyngeal airway- paediatric	1 → b	2 → b	3 20 ↙	1	2	8
20	Endotracheal tube- adult (e.g., cuffed sizes 5.5 to 9.0)	1 → b	2 → b	3 21 ↙	1	2	8
21	Endotracheal tube- paediatric (e.g., uncuffed sizes 3.0 to 5.0)	1 → b	2 → b	3 22 ↙	1	2	8
22	Endotracheal tube neonatal – uncuffed size below 3	1 → b	2 → b	3 23 ↙	1	2	8
23	Tubings and connectors (to connect endotracheal tube)	1 → b	2 → b	3 24 ↙	1	2	8
24	Stylet or bougie	1 → b	2 → b	3 25 ↙	1	2	8
25	Laryngoscope handle and blade- adult	1 → b	2 → b	3 26 ↙	1	2	8
26	Laryngoscope handle and blade- paediatric	1 → b	2 → b	3 27 ↙	1	2	8
27	Laryngoscope handle and blade neonatal (size 1)	1 → b	2 → b	3 28 ↙	1	2	8
28	Magills forceps- adult	1 → b	2 → b	3 29 ↙	1	2	8

	ITEM	a) AVAILABLE			b) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
29	Magills forceps- paediatric	1 → b	2 → b	3 30 ←	1	2	8
30	Self-inflating bag and mask for resuscitation- <u>adult</u>	1 → b	2 → b	3 31 ←	1	2	8
31	Self-inflating bag and mask for resuscitation - <u>paediatric</u>	1 → b	2 → b	3 32 ←	1	2	8
32	Self-inflating bag and mask for resuscitation - neonatal (e.g., valve size 1)	1 → b	2 → b	3 33 ←	1	2 33 ←	8 33 ←
33	Laryngeal mask airways	1 → b	2 → b	3 34 ←	1	2	8
34	Infusion pump	1 → b	2 → b	3 35 ←	1	2	8
35	Intravenous pressor infusor bag	1 → b	2 → b	3 36 ←	1	2	8
36	Electric warming blanket	1 → b	2 → b	3 37 ←	1	2	8
37	Needle holder	1 → b	2 → b	3 38 ←	1	2	8
38	Dissecting forceps	1 → b	2 → b	3 39 ←	1	2	8
39	Scalpel handle with blade	1 → b	2 → b	3 40 ←	1	2	8
40	Retractor	1 → b	2 → b	3 41 ←	1	2	8
41	Surgical scissors	1 → b	2 → b	3 42 ←	1	2	8
42	Spinal Needle	1 → b	2 → b	3 43 ←	1	2	8
43	Nasogastric tube pediatric: e.g., French gauge (10-12)	1 → b	2 → b	3 44 ←	1	2	8
44	Nasogastric tube adult (e.g., ,French gauge 14-16G)	1 → b	2 → b	3 45 ←	1	2	8
45	Tourniquet	1 → b	2 → b	3 46 ←	1	2	8
46	Cricothyroidotomy set	1 → b	2 → b	3 5251 ←	1	2	8

5251	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES 1 NO..... 2	→5260				
5252	For each method for providing oxygen please tell me if it is used for patients in this unit or not.	YES	NO				
01	Oxygen is supplied through a central piped system	1	2				
02	Oxygen is supplied by oxygen concentrator stored on this unit	1	2				
03	Oxygen is supplied in tanks that are stored on this unit	1	2				
04	Unit calls for tank of oxygen from central location if it is needed.	1	2				
05	Unit calls for oxygen concentrator from central location if it is needed.	1	2				
5253	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY 1 YES, TANK(S) 2 YES, BOTH CENTRAL AND TANKS 3 NO..... 4	→5260				
5254	How many patients could receive oxygen in this unit from the oxygen that is present now?	NUMBER OF PATIENTS	<input type="text"/> <input type="text"/> <input type="text"/>				
5255	Now I would like to see the following items and to know if they are functional or not						
	GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ↙	1	2	8
02	Oxygen concentrator	1 → b	2 → b	3 03 ↙	1	2	8
03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ↙	1	2	8
04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ↙	1	2	8

05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 5256	1	2	8
5256	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES 1		NO 2			
5260	Please tell me if any of the following drugs are available in the surgical service area today. If the item is available I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS VALID (NOT EXPIRED). DO NOT GO OUT OF THE SURGICAL SERVICE AREA TO ASSESS THESE DRUGS.						

	DRUGS AND MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED			YES	NO
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
	LOCAL ANESTHETICS							
01	Lidocaine 1% or 2% (anesthesia) (injection)	1 → b	2 02	3 → b	4 02	5 02	1	2
02	Bupivacaine	1 → b	2 03	3 → b	4 03	5 03	1	2
	INJECTABLES							
03	Atropine	1 → b	2 04	3 → b	4 04	5 04	1	2
04	Diazepam	1 → b	2 05	3 → b	4 05	5 05	1	2
05	Epinephrine	1 → b	2 06	3 → b	4 06	5 06	1	2
06	Ephedrine	1 → b	2 07	3 → b	4 07	5 07	1	2
07	Morphine	1 → b	2 08	3 → b	4 08	5 08	1	2
08	Midazolam	1 → b	2 09	3 → b	4 09	5 09	1	2
09	Atracurium (besilate)	1 → b	2 10	3 → b	4 10	5 10	1	2
10	Vecuronium	1 → b	2 11	3 → b	4 11	5 11	1	2
11	Hydralazine	1 → b	2 12	3 → b	4 12	5 12	1	2

	DRUGS AND MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED			YES	NO
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE		
12	Furosemide	1→b	2 13	3→b	4 13	5 13	1	2
13	Dextrose 50%	1→b	2 14	3→b	4 14	5 14	1	2
14	Aminophylline	1→b	2 15	3→b	4 15	5 15	1	2
15	Pancuronium	1→b	2 16	3→b	4 16	5 16	1	2
16	Neostigmine	1→b	2 17	3→b	4 17	5 17	1	2
17	Calcium Chloride	1→b	2 18	3→b	4 18	5 18	1	2
18	Potassium chloride	1→b	2 19	3→b	4 19	5 19	1	2
	POWDERS							
19	Thiopental (powder)	1→b	2 20	3→b	4 20	5 20	1	2
20	Suxamethonium/ succinylcholine chloride	1→b	2 21	3→b	4 21	5 21	1	2
	OTHER ANESTHETICS							
21	Halothane (inhalation)	1→b	2 22	3→b	4 22	5 22	1	2
22	Lidocaine 5% (heavy spinal solution)	1→b	2 23	3→b	4 23	5 23	1	2
23	Isoflurane/desflurane/sevoflurane liquid inhalant	1→b	2 24	3→b	4 24	5 24	1	2
24	Nitrous oxide gas	1→b	2 25	3→b	4 25	5 25	1	2
25	Ketamine	1→b	2 5261	3→b	4 5261	5 5261	1	2
5261	WAS Q5201 ASSESSING SUPPLIES FOR MINOR SURGERY COMPLETED IN THIS UNIT?		YES..... 1 NO..... 2					→5270
5262	Please tell me if any of the following materials or medicines are available <u>in this service site</u>	A) AVAILABILITY					B) Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED				

		today. I would like to see those that are available. CHECK TO SEE IF AT LEAST ONE OF EACH MATERIAL/ MEDICINE IS VALID (NOT EXPIRED)	AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
		[↩		↩	↩		
	01	Suture material	1→b	2 2 ↩	3→b	4 2 ↩	5 2 ↩	1	2
	02	Suture needles	1→b	2 3 ↩	3→b	4 3 ↩	5 3 ↩	1	2
	03	Skin disinfectant	1→b	2 4 ↩	3→b	4 4 ↩	5 4 ↩	1	2
	04	Materials for splinting extremities	1→b	2 5 ↩	3→b	4 5 ↩	5 5 ↩	1	2
	05	Material for casts	1→b	2 6 ↩	3→b	4 6 ↩	5 6 ↩	1	2
	06	Intravenous infusion sets equipment	1→b	2 7 ↩	3→b	4 7 ↩	5 7 ↩	1	2
	07	IV fluids (RL or .09NS) plasma expander)	1→b	2 8 ↩	3→b	4 8 ↩	5 8 ↩	1	2
	08	IV fluids (D5W for medication infusion)	1→b	2 9 ↩	3→b	4 9 ↩	5 9 ↩	1	2
	09	Vaginal speculum (any size)	1→b	2 5270	3→b	4 5270	5 5270	1	2

F. PROCESSING OF SURGICAL EQUIPMENT FOR REUSE

5270	Where is the equipment for surgical services processed for reuse? CLARIFY WHERE SURGICAL SERVICE EQUIPMENT IS PROCESSED AND DETERMINE IF THE LOCATION WILL BE ASSESSED IN ANOTHER MODULE (CENTRAL) OR IF IT IS PROCESSED IN A NON-CENTRAL OTHER SITE AND THEREFORE NEEDS TO BE ASSESSED NOW.	SURGICAL SERVICE AREA 1 OTHER SITE DIFFERENT FROM MAIN PROCESSES SITE FOR FACILITY 96 (SPECIFY LOCATION AND GO THERE TO ASSESS EQUIPMENT) MAIN PROCESSING SITE..... 2 OUTSIDE FACILITY..... 3	→5290 →5290
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5271	First I want to know about routine processes for equipment prior to sterilization or storage for sending offsite.		
	Prior to final processing, or sending offsite, is equipment routinely decontaminated by soaking in a chlorine-based solution?	YES..... 1 NO..... 2	→5275

5272	Is the equipment placed in the chlorine based solution prior to being brought to the final processing area or is it decontaminated after arrival in the processing area or where it is stored prior to sending offsite?	PRIOR TO ARRIVING IN PROCESSING AREA 1 AFTER ARRIVING IN PROCESSING AREA 2 IN BOTH LOCATIONS 3					
5273	Prior to final processing or sending offsite is equipment routinely brush-scrubbed?	YES 1 NO 2					
5274	CHECK Q5270 IF EQUIPMENT IS PROCESSED IN THE SURGICAL SERVICE AREA OR ANOTHER (NOT THE MAIN PROCESSING SITE) AREA	CHECK Q. 5270, IF EQUIPMENT IS PROCESSED OFFSITE OR IN MAIN PROCESSING SITE			→5290		
5275	Now I would like to know about items for sterilizing or high-level disinfecting equipment used for surgical services. For each item I ask about, please tell me if it is available, and show me the item. Where relevant, also please tell me if the item is functioning today.						
		A) AVAILABLE OBSERVED REPORTED NOT SEEN NOT AVAILABLE			B) FUNCTIONING YES NO DON'T KNOW		
01	Electric autoclave (pressure and wet heat)	1 → b	2 → b	3 02 ←	1 → 07	2	8
02	Non-electric autoclave (pressure and wet heat)	1 → b	2 → b	3 03 ←	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 04 ←	1 → 07	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 05 ←	1	2	8
05	Non-electric pot with cover for boiling/steam	1	2	3			
06	Heat source for non-electric equipment	1 → b	2 → b	3 07 ←	1	2	8
07	Automatic timer (may be on equipment)	1 → b	2 → b	3 08 ←	1	2	8
08	Temperature-Steam-Time (TST) indicator strips or other item that indicates process is complete	1	2	3			
09	Any chemicals for chemical high-level disinfecting (HLD)	1	2	3			

		ITEM	A) AVAILABLE			B) FUNCTIONING		
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	5276	Are there any guidelines on final processing or sterilization of equipment available in the facility today? IF YES, ASK: May I see the guidelines?		YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3				
G. BUILDING STRUCTURE FOR SURGICAL SERVICES								
		Now I would like to take a quick walk around the surgical service area to record the building conditions. YOU MAY ASK THE RESPONDENT ABOUT CONDITIONS IN OPERATING THEATERS YOU CANNOT OBSERVE.						
	5290	What are the majority of the interior walls covered with?		DRYWALL/PARTICAL BOARD 1 CEMENT/PLASTER/WOOD 2 TILE/TERRAZZO/OTHER ITEM THAT CAN BE DISINFECTED 3 UNFINISHED 4 OTHER _____96 (SPECIFY)				
	5291	What are the majority of the interior floors covered with?		CEMENT/WOOD 2 TILE/TERRAZZO/LINOLEUM, OTHER ITEM THAT CAN BE DISINFECTED .. 3 UNFINISHED 4 OTHER _____96 (SPECIFY)				
	5292	What material is used in the majority of external windows, that is windows in the surgical service area that go to the outside of the building, to close the windows?		GLASS 1 WOODEN SHUTTERS 2 BARS WITH NO OTHER COVER 3 NO EXTERNAL WINDOWS 3 OTHER _____ 96 (SPECIFY)			→ 5295	
	5293	Are all external windows able to be locked and secured from outside entry?		YES 1 NO 2				
	5294	What are the majority of external doors, that is doors that go to the outside of the building or the surgical service area covered with?		GLASS 1 WOOD/METAL 2 OTHER _____ 96 (SPECIFY)				

5295	Are all external doors able to be locked and secured from outside entry?	YES1 NO2	
5296	What is the ceiling finished with?	DRYWALL/PARTICAL BOARD.....1 CEMENT/PLASTER/WOOD2 TILE/OTHER ITEM THAT CAN BE DISINFECTED3 UNFINISHED4 OTHER _____96 (SPECIFY)	
5297	Indicate which of the following conditions you noted for the building infrastructure assessed in previous questions in the surgical service area. INDICATE THE WORST CONDITION NOTED ALL Good (minor or no repairs needed) AT LEAST ONE MEDIUM SIZE PROBLEM (could use repairs but problem but not large enough to potentially affect services or site security) AT LEAST ONE MAJOR PROBLEM (definitely needs intervention; large enough to potentially affect services or site security)	ALL GOOD1 AT LEAST ONE MEDIUM SIZE PROBLEM2 AT LEAST ONE MAJOR PROBLEM.....3	
5298	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2

SECTION 5.3 DIAGNOSTIC AND TREATMENT PROCEDURES

5300

Now I would like to know about specific diagnostic and treatment services that may be available for patients in this facility.

PROVIDE EXAMPLES OF THE TYPES OF DIAGNOSTIC AND TREATMENT PROCEDURES YOU ARE INTERESTED IN FROM LIST BELOW AND ASK TO SPEAK WITH THE MOST KNOWLEDGEABLE PERSON FOR THESE PROCEDURES. THERE MAY BE MULTIPLE RESPONDENTS AND THE PROCEDURES MAY TAKE PLACE IN MULTIPLE SETTINGS. THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION

For each item I mention please tell me if the procedure or treatment is offered in this facility. If yes, please tell me if the equipment needed for the procedure is available and functioning today, whether staff trained to carry out the procedures are available either full or part-time, and where applicable, if results are interpreted onsite or sent offsite for interpretation.

IF THE RESPONDENT IS NOT SURE, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE PROCEDURE TO DETERMINE THE CORRECT RESPONSES.

	(A)		(B)		(C)			(D)	
	Is the procedure offered?		EQUIPMENT		Trained staff for conducting procedure/therapy			RESULTS INTERPRETTED	
	YES	NO	Equipment available and functioning today	Equipment not available or not functioning today	Not available	Yes, onsite full-time	Yes, onsite part-time	ONSITE	OFFSITE
	TREATMENTS								
01	1→b	2 02	1→c	2→c	1 02	2→d	3→d		
02	1→b	2 03	1→c	2→c	1 03	2→d	3→d		
03	1→b	2 04	1→c	2→c	1 04	2→d	3→d		
	PROCEDURES								
04	1→b	2 05	1→c	2→c	1 05	2→d	3→d	1	2
05	1→b	2 06	1→c	2→c	1 06	2→d	3→d	1	2
06	1→b	2 07	1→c	2→c	1 07	2→d	3→d	1	2
07	1→b	2 08	1→c	2→c	1 08	2→d	3→d	1	2
08	1→b	2 09	1→c	2→c	1 09	2→d	3→d	1	2
09	1→b	2 10	1→c	2→c	1 10	2→d	3→d	1	2
10	1→b	2	1→c	2→c	1	2→d	3→d	1	2

	(A)		(B)		(C)			(D)	
	Is the procedure offered?		EQUIPMENT		Trained staff for conducting procedure/therapy			RESULTS INTERPRETTED	
	YES	NO	Equipment available and functioning today	Equipment not available or not functioning today	Not available	Yes, onsite full-time	Yes, onsite part-time	ONSITE	OFFSITE
5300A		5301		5301					
	How many transducers/probes are there for ultrasound?								
				NUMBER					
5301			Does this unit have a radiology information system such as the Picture Archive System (PACS)?	YES.....1 NO2					
5302			Does this facility perform any imaging procedures?	YES.....1 NO2		→ 5310			
	IF YOU ARE NOT ALREADY IN THE IMAGING DEPARTMENT, ASK TO GO THERE AND TO SPEAK WITH THE PERSON MOST FAMILIAR WITH MANAGEMENT FOR IMAGING. Does this facility perform any of the following procedures?								
5303	Is the procedure offered?		EQUIPMENT		Trained staff for conducting procedure/therapy			RESULTS INTERPRETTED	
	YES	NO	Equipment available and functioning today	Equipment not available or not functioning today	Not available	Yes, onsite full-time	Yes, onsite part-time	ONSITE	OFFSITE
	PROCEDURE								
01	1→b	2 02	1→c	2→c	1 02	2→d	3→d	1	2
02	1→b	2 03	1→c	2→c	1 03	2→d	3→d	1	2
03			1	2					
04	1→b	2 04	1→c	2→c	1 04	2→d	3→d	1	2
05	1→b	2 05	1→c	2→c	1 05	2→d	3→d	1	2
06	1→b	2 06	1→c	2→c	1 06	2→d	3→d	1	2
07	1→b	2 5304	1→c	2→c	1 5304	2→d	3→d	1	2

5304	Are there lead aprons for staff and patient use? IF YES, ASK: May I see one?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
5305	Do staff routinely wear dosimeters? IF YES, ASK: May I see one?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
5306	If there is a problem with any of the diagnostic machines what is the most common procedure for arranging for repair? READ EACH RESPONSE AND INDICATE IF IT IS APPLICABLE FOR ANY OF THE DIAGNOSTIC MACHINES	YES	NO
01	CALL FACILITY BIOMEDICAL ENGINEER	1	2
02	CALL FACILITY MAINTENANCE	1	2
03	CALL RELEVANT COMPANY	1	2
96	OTHER	1	2
		(SPECIFY)	
5307	Is there a contract for maintenance and/or repair for any of the equipment for diagnostic procedures? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES 1 NO 2	→ 5310
5308	When was/were the contracts negotiated? PROVIDE RESPONSE FOR THE MAJORITY OF CONTRACTS IF THERE ARE MORE THAN ONE.	AT PURCHASE, PRIOR TO DELIVERY OF EQUIPMENT 1 AFTER DELIVERY OF EQUIPMENT 2 DIFFERENT DEPENDING ON THE MACHINE 3 DON'T KNOW 8	
5309	Do any of the contracts include the following conditions?	YES	NO
01	Preventive maintenance	1	2
02	Repair with parts included	1	2
03	Repair without parts included	1	2
04	Repair workers on call to respond to problem 24 hours	1	2
5310	Is there a respiratory therapy department or section in this facility?	YES 1 NO 2	
5311	Does this facility have respirators? IF YES, ASK TO GO TO WHERE RESPIRATORS ARE MAINTAINED.	YES 1 NO 2	→ 5401

5312	How many respirators does this facility have?	NUMBER OF RESPIRATORS			<input type="text"/>
5313	Is there a contract for maintenance and/or repair for respirators? IF RESPONDENT IS UNCERTAIN PROBE FOR PERSON WHO WOULD KNOW RESPONSE, SUCH AS BIOMEDICAL ENGINEER.	YES	1	NO.....	2 →5401
5314	Do any of the contracts include the following conditions?	YES	NO	DON'T KNOW	
01	Preventive maintenance	1	2	8	
02	Repair with parts included	1	2	8	
03	Repair without parts included	1	2	8	
04	Repair workers on call to respond to problem 24 hours	1	2	8	

RESPONDENT(S)	NAME(S) AND DESIGNATION(S)	CELL PHONE CONTACT
SECTION 5.1		
SECTION 5.2		
SECTION 5.3		

SECTION 5.4: INTERVIEWER'S OBSERVATIONS

5401	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
5402	RESULT CODES (LAST VISIT):	COMPLETED 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 PARTIALLY COMPLETED 4 FACILITY CLOSED/NOT YET FUNCTIONAL.....5 OTHER _____ (SPECIFY)..... 96	

5402 COMMENTS ABOUT THE RESPONDENT:

5403 COMMENTS ON SPECIFIC QUESTIONS:

5404 ANY OTHER COMMENTS:

5405 SUPERVISOR'S OBSERVATIONS:

NAME OF SUPERVISOR: _____	DATE: _____
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SECTION 5.5 DELIVERY SERVICES			
5501	Now I would like to ask about delivery services and resources available in this facility.		
	Does this facility offer delivery (including normal delivery, basic emergency obstetric care, and/or comprehensive emergency obstetric care) and/or newborn care services?	YES1 NO2	→ END
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN: The in-charge has agreed that this facility can participate in this national survey of facilities with inpatient services that is being conducted by the Ministry of Health. I am interested in learning about the delivery services available in this facility. First I will be asking about practices and staffing and then I would like to go into the delivery room to assess equipment and supplies.			
5502	INTERVIEW START TIME (use the 24 hour-clock system)	<input type="text"/> : <input type="text"/>	
5503	Are delivery and newborn care services offered in the outpatient or inpatient service area?	OUTPATIENT1 INPATIENT 2 BOTH OUT AND INPATIENT AREAS..... 3	
A. HUMAN RESOURCES FOR DELIVERY SERVICES			
5511	Does the facility provide 24-hour coverage for delivery services? IF YES, ASK: Is a person skilled in conducting deliveries present at the facility or on-Call in near proximity 24 hours a day, including weekends, to provide delivery care? IF YES, INDICATE WHICH RESPONSE BEST REFLECTS THE NORMAL SITUATION	YES, 24 HOURS ONSITE1 YES, NOT 24 HOURS ONSITE, BUT 24 HOURS ON-CALL2 NO 24-HOUR COVERAGE3	→ 5513
5513	During the day, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST1 OTHER DOCTOR/SPECIALIST.....2 CLINICAL OFFICER.....3 NURSE/MIDWIFE (DUAL TRAINED).....4 NURSE5 MIDWIFE6 MIDWIFERY ASSOCIATE/MDWIFE ASSISTANT7 OTHER _____96 (SPECIFY)	

SECTION 5.5 DELIVERY SERVICES					
5514	During the day is there <u>always</u> a delivery provider who has been trained in newborn resuscitation using a bag and mask?	YES, ALWAYS.....1 NO, NOT ALWAYS.....2			
5515	During nights and holidays, what is the <u>lowest</u> level of provider who ever conducts deliveries?	OBSTETRICIAN/GYNECOLOGIST1 OTHER DOCTOR/SPECIALIST.....2 CLINICAL OFFICER.....3 NURSE/MIDWIFE (DUAL TRAINED).....4 NURSE5 MIDWIFE6 NURSING ASSISTANT/AID/AUXILLIARY.7 NO NIGHT AND HOLIDAY SERVICES.....8 OTHER _____96 (SPECIFY)			→ 5517
5516	During nights and holidays is there <u>always</u> a delivery provider who has been trained in newborn resuscitation using a bag and mask?	YES, ALWAYS.....1 NO, NOT ALWAYS.....2			
5517	How many vaginal deliveries including live and stillbirths took place the prior completed month?	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DELIVERIES PRIOR COMPLETE MONTH			
5517a	How many women in labour were admitted for delivery but were referred out, either to another facility or for a caesarean section?	TOTAL DELIVERY <input type="text"/> <input type="text"/> <input type="text"/> ADMISSIONS REFERRED OUT FOR DELIVERY, PRIOR COMPLETE MONTH			
5518	How many staff does this facility have who routinely conduct deliveries?	TOTAL <input type="text"/> <input type="text"/> STAFF WHO ROUTINELY CONDUCT DELIVERIES			
5519	Please tell me for each type of document I ask about if it is present in the delivery service area, or if the topic is included in existing guidelines, and if yes, please show it to me.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
01	National guidelines for essential childbirth care	1→03	2	3	
02	Other delivery guidelines for basic obstetric care (BEmOC) and newborn care.	1	2	3	

	03	Guidelines for Comprehensive Emergency Obstetric (and neonatal) Care (CEmONC)	1	2	3	
	04	Guidelines for safe birth practices for PMTCT	1	2	3	
	05	Any check-lists and/or job-aids for essential childbirth care?	1	2	3	
	06	Any check-lists and/or job-aids for comprehensive emergency obstetric care?	1	2	3	
	07	Any check-lists and/or job-aids for safe birth practices for PMTCT	1	2	3	
	08	Referral guidelines for sick newborns	1	2	3	
	09	Guidelines for management of pre-term labor	1	2	3	
	10	Guidelines for essential newborn care	1	2	3	
	11	Any check-lists and/or job-aids for essential newborn care?	1	2	3	
	5520	When was the last time a supervisor from outside this facility came here on a supervisory visit for delivery services? Was it within the past 3 months, the past 4-6 months, or longer than 6 months ago?	THIS MONTH1 WITHIN PAST 2-3 MONTHS2 MORE THAN 3 MONTHS AGO3 DON'T KNOW8			→5523 →5524
	5521	Is there any documentation from an external supervisory visit for delivery services during the past 3 months? IF YES, ASK TO SEE DOCUMENTATION	YES, OBSERVED1 YES, REPORTED, NOT SEEN2 NO3			→5523 →5523
	5522	Does the documentation provides any feedback or comments on some aspect of delivery service management or services? IF YES, ASK TO SEE DOCUMENTATION	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			
	5523	Have you or any provider(s) of delivery service received any training in neonatal resuscitation using the newborn bag and mask the last two years?	YES 1 NO 2			

5524	Apart from newborn resuscitation, have you or any provider(s) of delivery service received any training in any aspect or practices that are components of essential childbirth care the last two years?	YES 1 NO..... 2
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B. ROUTINE DELIVERY AND NEWBORN CARE PRACTICES

5531 Please tell me if any of the following are routine practices for deliveries in this facility.

ROUTINE DELIVERY PRACTICE		YES	NO
01	Active management of third stage labour (AMTSL) including oxytocin within one minute after delivery, controlled cord traction, and fundal massage after delivery of placenta?	1 03 ←	2
02	Administration of oxytocin immediately after birth to all women for the prevention of post-partum haemorrhage?	1	2
03	Monitor and manage labour using a partograph	1	2

5532	Now I want to know about routine practices in this facility for newborn care immediately postpartum. For each practice I mention, please tell me if this is a <u>routine</u> practice that is expected to be implemented for all newborns in this facility.		
ROUTINE NEWBORN CARE PRACTICES		YES	NO
01	Hygienic cord care (cut with sterile item and apply [country specific] disinfectant to tip and stump, and no application of other substance)	1	2
02	Thermal protection (drying baby immediately after birth and wrapping)	1	2
03	Immediate skin to skin contact	1	2
04	Delayed cord clamping	1	2
05	Immediately putting the newborn to the breast and counselling on exclusive breastfeeding	1 → 5533	2
06	Initiate breast feeding within 1 hour postpartum	1	2
07	Rooming in (i.e., the newborn stays with the mother)	1	2

5533	Have you or any provider(s) of delivery service received any training that addressed any of the above essential newborn care issues within the last two years?	YES 1 NO..... 2
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C MANAGEMENT OF COMPLICATED DELIVERIES

	5534	Please tell me if any of the following interventions for the management of complications during and after pregnancy and childbirth have been carried out in the last 12 months by providers of delivery services as part of their work in this facility. IF NOT WITHIN THE LAST 12 MONTHS ASK: is this because the service is not offered or because there were not cases requiring the service?				
		DELIVERY INTERVENTION	YES	NO		
				SERVICE NOT OFFERED	TRAINED STAFF BUT NO CASES	
	01	Parenteral administration of antibiotics (IV or IM) for mothers for postpartum sepsis?	1	2	5	
	02	Parenteral administration of oxytocic for treatment of post-partum haemorrhage (IV or IM)	1	2	5	
	03	Parenteral administration of magnesium sulphate for management of preeclampsia and eclampsia (IV or IM)	1	2	5	
	04	Assisted vaginal delivery using manual vacuum extraction (MVE) or forceps	1	2	5	
	05	Manual removal of placenta	1	2	5	
	06	Removal of retained products of conception using D&C or manual vacuum aspiration	1	2	5	
	07	Neonatal resuscitation with bag and mask	1	2	5	
	08	Caesarean section	1	2	5	
	09	Does this facility provide blood transfusion?	1	2	5	
	5535	Does this facility routinely provide antibiotics for preterm or prolonged PROM (premature rupture of membranes) to prevent infection?	YES 1 NO 2		→5540	
	5536	Are there any guidelines for providing antibiotics for PROM? IF YES, ASK: May I see the guidelines?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO GUIDELINES 3			
	5537	Have you or any provider(s) of delivery service received any training related to use of antibiotics for PROM within the last two years?	YES 1 NO 2			
	5538	Has this service been provided in the past 12 months?	YES 1 NO 2		→5540	
	5539	Is there a register where provision of antibiotics for premature rupture of membranes is recorded? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			

	5540	Does this facility routinely provide corticosteroids for preterm labour	YES 1 NO..... 2		→5545	
	5541	Are any of the following guidelines available in this facility? IF YES, ASK: May I see the guidelines?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
	01	Management of preterm labour	1	2	3	
	02	Administration of corticosteroids for preterm labour	1	2	3	
	5542	Have you or any provider(s) of delivery service received any training related to use of corticosteroids for preterm labour within the last two years?	YES 1 NO..... 2			
	5543	Has this service been provided in the past 12 months?	YES 1 NO..... 2			→5545
	5544	Is there a register where provision of corticosteroids for preterm labour is recorded? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			
	5545	Does this facility provide any PMTCT services for women who delivery in the facility?	YES 1 NO..... 2			→5547
	5546	Which of the following are <u>routinely</u> provided as part of delivery services?		YES	NO	
	01	Assess maternal HIV status		1	2	
	02	HIV test if status is not known		1	2	
	03	Provide maternal ARV to infected mothers for PMTCT if they are not on long-term ART		1	2	
	04	Provide ARV to newborns of infected mothers for PMTCT		1	2	
	05	Does this facility routinely implement safe delivery practices for prevention of mother to child transmission of HIV during delivery?		1	2	
	5546A	Which of the following are standard practices that this facility practices for safe delivery of HIV positive women?		YES, PRACTICE	NO NOT A PRACTICE	
	01	Don't manually rupture membranes		1	2	
	02	No invasive procedures—avoid episiotomy and instrument delivery		1	2	
	03	Minimize vaginal exams		1	2	
	04	No suction of the newborn except for meconium		1	2	

	5547	Has there been a delivery for an HIV positive woman during the past 3 months?	YES.....1 NO2 DON'T KNOW8	
	D	POSTPARTUM CARE		
		Maternal postnatal care		
	5550	Are all postpartum women provided postnatal care prior to discharge?	YES.....1 NO2	
	5551	Are all postpartum women counselled about family planning prior to discharge?	YES, ALL WOMEN..... 1 ONLY SOME WOMEN 2 NO..... 3	
	5552	Does the facility routinely monitor postpartum patients for infection?	YES 1 NO..... 2	
	5553	Are there written guidelines for monitoring postpartum patient temperature and lochia for signs of infection? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	5554	Does this facility have a system for monitoring rates for maternal postpartum sepsis?	YES 1 NO..... 2	→5557
	5555	Is there any documentation of maternal postpartum sepsis rates being compiled? IF YES, ASK: May I see any report or records that show postpartum sepsis rates?	YES, OBSERVED..... 1 YES, REPORTED, NOT SEEN..... 2 NO SEPSIS CASES 3	→5557
	5556	Are admissions with postpartum sepsis who did not deliver in this facility included in the postpartum sepsis rate?	YES 1 NO..... 2	
	5557	Are maternal death reviews carried out on a routine basis? By routine, I mean there are defined criteria for when a maternal death review will be carried out and a defined process for conducting the review.	YES 1 NO..... 2 NEVER HAD A MATERNAL DEATH 3	→5560
	5558	How many maternal deaths were reported in the past 12 months?	MATERNAL DEATHS PAST 12 MONTHS <input type="text"/> <input type="text"/> NONE 00	→5560

	5559	Among the maternal deaths the past 12 months, how many had maternal death audits/reviews (MDR) carried out? ASK TO SEE COPIES OF ALL MATERNAL DEATH REVIEWS/AUDITS	(A) NUMBER WITH MDR REPORTED <input type="text"/> <input type="text"/> NONE 00 (B) NUMBER OF MDR REPORTS OBSERVED FOR THE CASES IN (A) <input type="text"/> <input type="text"/>	→5561
	5560	Are perinatal death reviews carried out on a routine basis? By routine, I mean there is a defined criteria for when a perinatal death review will be carried out and a defined process for conducting the review.	YES 1 NO..... 2 NEVER HAD A PERINATAL DEATH OR A STILLBIRTH 3	→5562 →5562
	5561	Are the perinatal death reviews conducted routinely for all stillbirths?	YES, ROUTINELY 1 YES, SOMETIMES 2 NO..... 3	
	5562	Are neonatal death reviews conducted routinely for livebirths who die within 30 days of birth? By routine, I mean there is a defined criteria for when a neonatal death review will be carried out and a defined process for conducting the review.	YES, ROUTINELY 1 YES, SOMETIMES 2 NO..... 3 NEVER HAD A NEONATAL DEATH 4	
E NEWBORN CARE				
	5564	ASK TO SEE WHERE HEALTHY NEWBORNS STAY AND ASK: Is there any system that allows you to maintain an adequate temperature in the newborn care areas, such as the nursery, or rooming-in rooms. This might be achieved through central heat or space heaters with thermometers or thermostats. IF YES ASK IF THE SYSTEM IS FUNCTIONAL AND ALSO ASK IF THERE IS A MEANS FOR MONITORING THE ROOM TEMPERATURE.	YES, SYSTEM FUNCTIONAL AND TEMPERATURE MONITORING POSSIBLE IN ALL NEWBORN CARE AREAS 1 YES, SYSTEM FUNCTIONAL AND TEMPERATURE MONITORING POSSIBLE IN SOME, NOT ALL NEWBORN CARE AREAS..... 2 SYSTEM FUNCTIONAL BUT NO TEMPERATURE MONITORING POSSIBLE 3 NO SYSTEM FOR MAINTAINING ADQUATE TEMPERATURE..... 4	

5565	Are healthy newborns routinely monitored postpartum for symptoms of possible risk, such as warning signs related to feeding, respiratory, temperature, and jaundice,	YES 1 NO 2		
5566	Is it the policy of this facility to routinely provide the following baby-friendly services to encourage exclusive breast feeding? IF YES, ASK ABOUT EACH SERVICE LISTED BELOW AND CLARIFY IF THIS SERVICE IS ALWAYS, OR SOMETIMES, BUT NOT ALWAYS, PROVIDED	YES 1 NO 2		→5568
5567	For each of the following services, please tell me if the service is routinely, that is, always offered, offered sometimes, but not routinely, or rarely/never offered.	YES, ROUTINELY PROVIDE/OFFER THE SERVICE	OFFER THE SERVICE IN SOME CASES, NOT ROUTINELY	THIS IS NOT POLICY AND RARELY IS FOLLOWED
01	Inform all pregnant women about the benefits and management of breastfeeding.	1	2	3
02	Attempt to help mothers initiate breastfeeding within one hour of birth	1	2	3
03	Encourage mothers by showing them how to breastfeed and maintain lactation, even if they should be separated from their infants.	1	2	3
04	Give newborn infants no food or drink other than breastmilk unless medically indicated	1	2	3
05	Give no artificial teats or pacifiers to breastfeeding infants	1	2	3
06	Encourage breastfeeding on demand	1	2	3
07	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic	1	2	3
	Are any of the following services or counselling offered for the newborn prior to discharge?			
08	Provision of newborn vaccines (OPV and/or BCG)	1	2	3

	09	Counseling on child immunization needs	1	2	3	
	10	Counseling on child nutritional needs and good feeding practices	1	2	3	
	11	Danger signs in the newborn	1	2	3	
	12	Counseling on cord care & Hygiene	1	2	3	
	13	Provision of ITN for child*	1	2	3	
	5568	Are any of the following documents related to baby-friendly policies available? IF YES, ASK TO SEE THE DOCUMENTS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
	01	Written guidelines or protocols for promotion of breast feeding and breast feeding practices?	1	2	3	
	02	Job aids for promoting breast feeding	1	2	3	
	03	A written breast feeding policy	1	2	3	
	04	Baby Friendly Hospital Initiative (BFHI) Guidelines	1	2	3	
	5568A	Does this facility compile and report statistics on newborn feeding status while in the facility and on discharge?	YES.....1 NO2			→5569
	5568B	Does the facility compile any of the following newborn feeding information? IF YES ASK TO SEE REPORTS OR FORMS WHERE THE INFORMATION IS COMPILED.	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
	01	Percent of newborns put to the breast within one hour of birth	1	2	3	
	02	Percent of newborns receiving any food/liquid supplement other than breast milk	1	2	3	
	03	Percent of newborns being exclusively breastfed on discharge	1	2	3	
	5569	Are any of the following documents to support quality care available? IF YES, ASK TO SEE THE DOCUMENTS	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	

01	Guidelines for routine monitoring of the newborn. THESE SHOULD INCLUDE DESCRIPTIONS OF RISK SIGNS AND HOW OFTEN MONITORING SHOULD BE CONDUCTED	1	2	3	
02	Standard records with preprinted columns for information to be recorded: newborn conditions to be monitored and recorded including feeding, respiratory rate, and temperature.	1	2	3	
03	Other job aids for routine monitoring of the newborn	1	2	3	
5570	Does this facility comply with the International Code of Marketing of Breastmilk Substitutes? IF YES, ASK TO SEE A COPY OF THE CODE THAT IS FOLLOWED	YES, CODE OBSERVED..... 1 YES, NO DOCUMENT OBSERVED 2 NOT FAMILIAR WITH THE CODE..... 3 NO 4			
5571	Does this facility currently have baby-friendly certification?	YES..... 1 NO 2			
5572	Please tell me about training related to breast feeding:	YES	NO	THERE IS NO POLICY	
01	Have you or any provider(s) of delivery service received any training related to breast feeding and counseling for promoting breast feeding within the last two years?	1	2		
02	Are all relevant staff provided an orientation on the skills needed for following the facility breastfeeding policy?	1	2	5	
F	POSTPARTUM CARE FOR THE SMALL OR SICK NEWBORN				
	Now I would like to know about services provided in this facility for the small or sick newborn.				
	IF THE INDICATED SERVICE IS PROVIDED MAKE SURE YOU SPEAK TO THE MOST KNOWLEDGEABLE PERSON ABOUT THE SERVICE. THIS MAY REQUIRE GOING TO WHERE ROUTINE PNC IS PROVIDED.				
5573	Is KMC (Kangaroo mother care) for premature/very small babies) routinely used in this facility?	YES, 1 NO..... 2			→5575
5574	Which of the following are present for KMC in this facility				

	01	Is there a bed or location where the caregiver providing KMC stays overnight while Providing KMC? IF YES, ASK: May I see where the caregiver stays while providing KMC?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	02	Is there a register where it is recorded when KMC is provided? IF YES ASK, May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	03	Are there any job aids or guidelines for KMC? IF YES, ASK: May I see the guidelines or job aids?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	04	Does the facility have caps/hats for the low birth weight babies? IF YES, ASK TO SEE THE ITEM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	5574A	Has KMC been provided at any time during the past 3 months?	YES 1 NO..... 2	
	5574B	Have you or another provider received training in KMC during the past 2 years?	YES 1 NO..... 2	
	5575	Does this facility routinely provide alternative feeding for newborns who cannot breastfeed?	YES 1 NO..... 2	→5576
	5575A 01	Are there guidelines or job aids for providing alternative feeding? IF YES, ASK TO SEE THE DOCUMENTS	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	02	Are there cups and spoons for feeding newborns who cannot breast feed? IF YES, ASK: May I see these?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	03	Is there a breast pump? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	04	Is there a newborn feeding (NG) tube?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO..... 3	
	5576	Are newborns with symptoms of sepsis ever provided services or referral?	YES.....1 NO2	→5581

		YES ALWAYS	YES SOMETIMES	NEVER	
5576A	When there is a probable newborn sepsis patient, what routine practices are taken for managing the case? FOR EACH PRACTICE, CLARIFY IF THIS IS ALWAYS, SOMETIMES, OR NEVER PRACTICED				
01	Immediate referral without providing any medicine?	1	2	3	
02	Provide one dose injectable antibiotic and then refer?	1	2	3	
03	Prescribe the full antibiotic regimen and follow up	1	3	3	
5577	Does this facility have any guidelines or job aids for neonatal sepsis? IF YES, ASK: May I see the document?	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	
01	Protocols or guidelines for newborn sepsis	1	2	3	
02	Job aids for newborn sepsis				
03	Referral guidelines for newborn sepsis	1	2	3	
5580	Has this facility had a newborn sepsis case within the past 3 months?	YES..... 1 NO 2			
5581	Is there a register where cases of newborn sepsis and the treatment provided are recorded? IF YES ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			
5582	Have you or another provider received training related to newborn sepsis during the past 2 years?	YES..... 1 NO 2			
5583	Does this facility have a system for monitoring rates for neonatal sepsis?	YES..... 1 NO 2			→5586
5584	Is there any documentation of sepsis cases being reported? IF YES, ASK: May I see any report or records that show reported cases of neonatal sepsis?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO SEPSIS CASES 3			

C. STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL

5586 Now I would like to go to where deliveries are conducted.
I am interested in knowing if the following resources and supplies used for infection control are available in the delivery service area, or are in reasonable proximity that they can be easily used by providers for maternity patients.

	ITEM	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Clean running water (piped, bucket with tap, or pour pitcher)	1	2	3
02	Hand-washing soap or liquid soap	1	2	3
03	Alcohol based hand rub	1	2	3
04	Disposable latex gloves	1	2	3
05	Waste receptacle bin with lid and plastic bin liner clearly marked, for example, by label or colour, for infectious non-sharp waste	1	2 07 ←	3 07 ←
06	Does the waste receptacle have a functional foot pedal to open it?	1	2	3
07	Sharps container ("safety box")	1	2	3
08	Environmental disinfectant (e.g., chlorine, alcohol)	1	2	3
09	Disposable syringes with disposable needles	1	2	3
10	Auto-disable syringes	1	2	3

5587 Is there electricity in this service area that is functioning now?
IF YES, VERIFY ELECTRICITY IS FUNCTIONAL.

YES, OBSERVED 1
NO, NOT TODAY 2
NO, NEVER HAVE ELECTRICITY 3

D. EQUIPMENT FOR DELIVERY

5588 Now I would like to ask about equipment for delivery services. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not.
TO COUNT AS PRESENT ITEM MUST BE IN THE DELIVERY SERVICE AREA OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.

	ITEM IF ITEM 07-11 IS IN STERILE DELIVERY PACK, MARK DELIVERY PACK AND MARK REPORTED, NOT SEEN FOR ITEMS	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Blank partograph	1	2	3			
02	Delivery bed	1	2	3			
03	Disposable non-sterile latex gloves	1	2	3			
04	Disposable sterile latex gloves	1	2	3			

	ITEM IF ITEM 07-11 IS IN STERILE DELIVERY PACK, MARK DELIVERY PACK AND MARK REPORTED, NOT SEEN FOR ITEMS	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
05	Examination light (flashlight ok)	1 → b	2 → b	3 06 ↙	1	2	8
06	Delivery pack (should include items 7 to 11) PLEASE ASK IF ITEMS 3 TO 7 ARE INCLUDED AND OBSERVE. IF IN SEALED PACK, MARK THEM AS "REPORTED, NOT SEEN"	1	2	3			
07	Cord clamp	1 → b	2 → b	3 08 ↙	1	2	8
08	Episiotomy scissors	1 → b	2 → b	3 09 ↙	1	2	8
09	Scissors or blade to cut cord	1 → b	2 → b	3 10 ↙	1	2	8
10	Suture material with needle	1	2	3			
11	Needle holder	1 → b	2 → b	3 12 ↙	1	2	8
12	Manual vacuum extractor	1 → B	2 → B	3 13 ↙	1	2	8
13	Forceps for outlet application	1 → B	2 → B	3 14 ↙	1	2	8
14	Vacuum aspirator	1 → b	2 → b	3 15 ↙	1	2	8
15	D&C Kit	1 → b	2 → b	3 16 ↙	1	2	8
16	Speculum	1 → b	2 → b	3 17 ↙	3	2	8
17	Pulse oximeter	1 → b	2 → b	3 18 ↙	1	2	8
18	Blood pressure apparatus	1 → b	2 → b	3 19 ↙	1	2	8
19	Fetal stethoscope	1 → b	2 → b	3 20 ↙	1	2	8
20	Towel for drying newborn	1 → b	2 → b	3 21 ↙			
21	Infant scale (with 100 gram gradation)	1 → b	2 → b	3 22 ↙	1	2	8
22	Ultrasound (anywhere in delivery service area)	1 → b	2 → b	3 23 ↙	1	2	8
23	Incubator (MAY BE IN NURSERY)	1 → b	2 → b	3 24 ↙	1	2	8

	ITEM	A) AVAILABLE			B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
24	Resuscitation table (with heat source) (for newborn resuscitation)	1 → b	2 → b	3 25 ↙	1	2	8	
25	Electric or manual suction pump	1 → b	2 → b	3 26 ↙	1	2	8	
26	Suction catheter (for suction apparatus) for suctioning newborn	1 → b	2 → b	3 27 ↙	1	2	8	
27	Suction bulb (single use)	1 → b	2 → b	3 28 ↙	1	2	8	
28	Suction bulb (sterilizable multi-use)	1 → b	2 → b	3 29 ↙	1	2	8	
29	Thermometer	1 → b	2 → b	3 30 ↙	1	2 30 ↙	8 30 ↙	
30	Self-inflating bag and mask for resuscitation- <u>adult</u>	1 → b	2 → b	3 31 ↙	1	2 31 ↙	8 31 ↙	
31	Newborn bag and mask size 0 for resuscitation of pre-term babies	1 → b	2 → b	3 32 ↙	1	2 32 ↙	8 32 ↙	
32	Newborn bag and mask size 1 for resuscitation of term babies	1 → b	2 → b	3 33 ↙	1	2 33 ↙	8 33 ↙	
5588A	At any time during the past 3 months has the newborn bag and mask for term babies been unavailable for this unit for any reason?	YES			1	NO		2
5589	Now I would like to know about the availability of oxygen for patients in this unit. Does this unit ever provide oxygen to patients?	YES			1	NO		2 → 5595
5590	For each method for providing oxygen please tell me if it is used for patients in this unit or not.				YES	NO		
01	Oxygen is supplied through a central piped system				1	2		
02	Oxygen is supplied by oxygen concentrator stored on this unit				1	2		
03	Oxygen is supplied in tanks that are stored on this unit				1	2		
04	Unit calls for tank of oxygen from central location if it is needed.				1	2		

	05	Unit calls for oxygen concentrator from central location if it is needed.	1	2				
	5591	Is there any oxygen currently in the unit?	YES, CENTRAL SUPPLY 1 YES, TANK(S) 2 YES, BOTH CENTRAL AND TANKS 3 NO 4		→ 5595			
	5592	How many patients could receive oxygen in this unit from the oxygen that is present now?	NUMBER OF PATIENTS	<input type="text"/> <input type="text"/> <input type="text"/>				
	5593	Now I would like to see the following items and to know if they are functional or not						
		GENERAL EQUIPMENT	A) AVAILABLE IN EMERGENCY SERVICE AREA			B) FUNCTIONING		
			OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Outlets for central oxygen supply	1 → b	2 → b	3 02 ↙	1	2	8
	02	Oxygen concentrator	1 → b	2 → b	3 03 ↙	1	2	8
	03	Oxygen tank with cylinder head	1 → b	2 → b	3 04 ↙	1	2	8
	04	Flowmeter for oxygen therapy (with humidification)	1 → b	2 → b	3 05 ↙	1	2	8
	05	Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)	1 → b	2 → b	3 5594 ↙	1	2	8
	5594	At any time during the past 3 months has oxygen been unavailable for this unit for any reason?	YES 1 NO 2					
E. DRUGS FOR DELIVERY SERVICES								
	5595	Does this facility stock any drugs for obstetric care and delivery services in this service site?	YES 1 NO 2					→ 5598
	5596	Please tell me if any of the following drugs are available <u>in the delivery service area</u> . If the drug is available, I would like to see it. CHECK TO SEE IF AT LEAST ONE OF EACH ITEM IS VALID (NOT EXPIRED). DO NOT GO TO A PHARMACY OUTSIDE OF THE DELIVERY SERVICE AREA TO ASSESS THESE ITEMS.						

	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED			OBSERVED	
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
01	Antibiotic eye ointment for newborn	1→b	2 02 ←	3→b	4 02 ←	5 02 ←	1	2
02	Gentamycin injection	1→b	2 03 ←	3→b	4 03 ←	5 03 ←	1	2
03	Ampicillin powder for injection	1→b	2 04 ←	3→b	4 04 ←	5 04 ←	1	2
04	Ceftriazone injections	1→b	2 05 ←	3→b	4 05 ←	5 05 ←	1	2
05	Hydralazine injection	1→b	2 06 ←	3→b	4 06 ←	5 06 ←	1	2
06	Metronidazole injection	1→b	2 07 ←	3→b	4 07 ←	5 07 ←	1	2
07	Azithromycin cap/tab or oral liquid	1→b	2 08 ←	3→b	4 08 ←	5 08 ←	1	2
08	Cefixime cap/tab	1→b	2 09 ←	3→b	4 09 ←	5 09 ←	1	2
09	Benzathine benzylpenicillin powder for injection	1→b	2 10 ←	3→b	4 10 ←	5 10 ←	1	2
10	Nifedipine cap/tab (10 mg)	1→b	2 11 ←	3→b	4 11 ←	5 11 ←	1	2
11	Methyldopa tablet	1→b	2 12 ←	3→b	4 12 ←	5 12 ←	1	2
12	Calcium gluconate injection	1→b	2 13 ←	3→b	4 13 ←	5 13 ←	1	2
13	Magnesium sulphate injection	1→b	2 14 ←	3→b	4 14 ←	5 14 ←	1	2
14	Betamethasone injection	1→b	2 15 ←	3→b	4 15 ←	5 15 ←	1	2
15	Dexamethasone injection	1→b	2 16 ←	3→b	4 16 ←	5 16 ←	1	2

	MEDICINES	(a)					(b)	
		AVAILABILITY					Any stockout in the last 3 months?	
		OBSERVED		NOT OBSERVED			OBSERVED	
		AT LEAST ONE NOT EXPIRED	AVAILABLE BUT EXPIRED	REPORTED AVAILABLE BUT NOT SEEN	NOT AVAILABLE TODAY	NEVER AVAILABLE	YES	NO
16	Intravenous infusion set	1→b	2 17	3→b	4 17	5 17	1	2
17	Dextrose and water 5% (D5W) intravenous solution	1→b	2 18	3→b	4 18	5 18	1	2
18	Sodium Chloride (.09NS) intravenous solution	1→b	2 19	3→b	4 19	5 19	1	2
19	Other plasma expander such as Ringers Lactate (RL)	1→b	2 20	3→b	4 20	5 20	1	2
20	Caffeine citrate injection	1→b	2 21	3→b	4 21	5 21	1	2
21	Vitamin K injection	1→b	2 22	3→b	4 22	5 22	1	2
22	Skin disinfectant	1→b	2 23	3→b	4 23	5 23	1	2
23	4% chlorhexidine solution for umbilical cord or cleaning perineum/cervix	1→b	2 24	3→b	4 24	5 24	1	2
24	Oxytocin injection	1→b	2 25	3→b	4 25	5 25	1	2
5597	Is the oxytocin stored in cold storage?		YES			1		
			NO			2		
25	Anti-D for RH incompatibility	1→b	2 5898	3→b	4 5898	5 5898	1	2

G. BUILDING STRUCTURE FOR DELIVERY SERVICES

5598	Now I would like to take a quick walk around the delivery service area to record the building conditions.
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01	What are the majority of the interior walls covered with?	DRYWALL/PARTICAL BOARD 1 CEMENT/PLASTER/WOOD 2 TILE/TERRAZZO/OTHER ITEM THAT CAN BE DISINFECTED 3 UNFINISHED 4 OTHER _____ 96 (SPECIFY)	
02	What are the majority of the interior floors covered with?	CEMENT/WOOD..... 2 TILE/TERRAZZO/LINOLEUM, OTHER ITEM THAT CAN BE DISINFECTED .. 3 UNFINISHED 4 OTHER _____ 96 (SPECIFY)	
03	What material is used in the majority of external windows, that is windows in the delivery service area that go to the outside of the building, to close the windows?	GLASS 1 WOODEN SHUTTERS 2 BARS WITH NO OTHER COVER..... 3 NO EXTERNAL WINDOWS 3 OTHER _____ 96 (SPECIFY)	→ 5898_05
04	Are all external windows able to be locked and secured from outside entry?	YES..... 1 NO 2	
05	What are the majority of external doors, that is doors that go to the outside of the building or the delivery service area covered with?	GLASS 1 WOOD/METAL 2 OTHER _____ 96 (SPECIFY)	
06	Are all external doors able to be locked and secured from outside entry?	YES..... 1 NO 2	
07	What is the ceiling finished with?	DRYWALL/PARTICAL BOARD 1 CEMENT/PLASTER/WOOD 2 TILE/OTHER ITEM THAT CAN BE DISINFECTED..... 3 UNFINISHED 4 OTHER _____ 96 (SPECIFY)	

	08	<p>Indicate which of the following conditions you noted for the building infrastructure in the delivery service area.</p> <p>INDICATE THE WORST CONDITION NOTED</p> <p>ALL Good (minor or no repairs needed)</p> <p>AT LEAST ONE MEDIUM SIZE PROBLEM (could use repairs but problem but not large enough to potentially affect services or site security)</p> <p>AT LEAST ONE MAJOR PROBLEM (definitely needs intervention; large enough to potentially affect services or site security)</p>	<p>ALL GOOD.....1</p> <p>AT LEAST ONE MEDIUM SIZE PROBLEM2</p> <p>AT LEAST ONE MAJOR PROBLEM.....3</p>	
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5599	INDICATE IF THE FOLLOWING WAS OBSERVED IN THE UNIT	YES	NO	
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2	
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2	
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2	
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2	
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2	
06	WERE STAFF WEARING APPROPRAITE UNIFORMS IN THIS UNIT?	1	2	
07	WERE STAFF WEARING ID BADGES IN THIS UNIT?	1	2	
08	WERE NON-SMOKING SIGNS OBSERVED IN THIS UNIT?	1	2	

SECTION 5.9: INTERVIEWER OBSERATIONS

5901	INTERVIEW END TIME (use the 24 hour-clock system)	<input type="text"/> : <input type="text"/>	
5902	RESULT CODES (LAST VISIT):	COMPLETED 1 RESPONDENT NOT AVAILABLE 2 REFUSED 3 PARTIALLY COMPLETED 4 FACILITY CLOSED/NOT YET FUNCTIONAL.....5 OTHER _____ (SPECIFY).....96	
5903 COMMENTS ABOUT THE RESPONDENT:			
<hr/> <hr/> <hr/> <hr/> <hr/>			
5904 COMMENTS ON SPECIFIC QUESTIONS:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
5905 ANY OTHER COMMENTS:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
5905 SUPERVISOR'S OBSERVATIONS:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
NAME OF SUPERVISOR: _____			DATE: _____

















POST ABORTION CARE

Afghanistan Service Provision Assessment Survey 2018

E. POST ABORTION CARE (PAC)			
3270	Does this facility offer post-abortion care (PAC)? IF YES, ASK: Is the service provided as a outpatient service, inpatient service, or both?	YES, OUTPATIENT1 YES, INPATIENT2 YES, BOTH OUT AND INPATIENT3 NO4	→ module 4
3271	ASK TO GO TO THE AREA WHERE POST ABORTION CARE SERVICES ARE PROVIDED. IF THE SERVICES ARE PROVIDED BOTH IN AND OUTPATIENT PROVIDE BY DIFFERENT SERVICE PROVIDERS AND IN DIFFERENT SITES, GO TO THE OUTPATIENT PAC SERVICE AREA. FIND THE PERSON MOST FAMILIAR WITH THE SERVICE AND EXPLAIN THAT YOU WANT TO KNOW ABOUT RESOURCES AVAILABLE FOR POST ABORTION CARE		
	Have you or any provider(s) of post abortion care received any training in post abortion care in the last two years?	YES 1 NO..... 2	
3272	Now I want to ask about guidelines, job aids, and patient service registers. FOR EACH DOCUMENT AVAILABLE ASK: May I see it?	YES, OBSERVED	YES, REPORTED, NOT SEEN
01	Are there any post abortion care guidelines in this service area?	1	2
02	Any check-lists and/or job-aids for post abortion care?	1	2
03	Is there a register for PAC services?	1	2→3276
3273	RECORD THE NUMBER OF PAC PATIENTS WHO RECEIVED SERVICES DURING THE LAST COMPLETE 6 MONTHS	PAC PATIENTS	<input type="text"/> <input type="text"/>
3274	NUMBER OF MONTHS INCLUDED IN THE ABOVE STATISTIC	MONTHS OF DATA	<input type="text"/> <input type="text"/>
3275	HOW MANY OF THE PAC PROCEDURES ARE RECORDED DUE TO INCOMPLETE ABORTION?	PAC DUE TO INCOMPLETE ABORTION	<input type="text"/> <input type="text"/>
		DON'T KNOW..... 98	
3276	IS THE POST ABORTION CARE PROVIDED IN THE SAME SERVICE AREA AS DELIVERIES?	YES, ALWAYS..... 1 YES, SOMETIMES 2 NO..... 3	
3277	Now I would like to ask about equipment for post abortion services when provided outside of the delivery service area. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. <u>TO COUNT AS PRESENT ITEM MUST BE IN THE SERVICE AREA FOR PAC OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.</u>		

	ITEM IF ITEM 03-07 IS IN STERILE DELIVERY PACK, MARK DELIVERY PACK AND MARK REPORTED, NOT SEEN FOR ITEM	A) AVAILABLE			B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Vacuum aspirator	1 → b	2 → b	3 02 ←	1	2	8
02	D&C Kit	1 → b	2 → b	3 03 ←	1	2	8
03	Speculum	1 → b	2 → b	3 04 ←	1	2	3
04	Antiseptic for washing vagina and cervix (e.g., chlorhexidine)	1 → b	2 → b	3			
05	Sterile gloves	1 → b	2 → b	3			

ADDITIONAL DHS PROGRAM RESOURCES

The DHS Program Website – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.	DHSprogram.com		
STATcompiler – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.	Statcompiler.com		
DHS Program Mobile App – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).	Search DHS Program in your iTunes or Google Play store		
DHS Program User Forum – Post questions about DHS data, and search our archive of FAQs.	userforum.DHSprogram.com		
Tutorial Videos – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and how to read DHS tables.	www.youtube.com/DHSProgram		
Datasets – Download DHS datasets for analysis.	DHSprogram.com/Data		
Spatial Data Repository – Download geographically-linked health and demographic data for mapping in a geographic information system (GIS).	spatialdata.DHSprogram.com		
Social Media – Follow The DHS Program and join the conversation. Stay up to date through:			
 Facebook www.facebook.com/DHSprogram		 LinkedIn www.linkedin.com/company/dhs-program	
 YouTube www.youtube.com/DHSprogram		 Blog Blog.DHSprogram.com	
 Twitter www.twitter.com/DHSprogram	