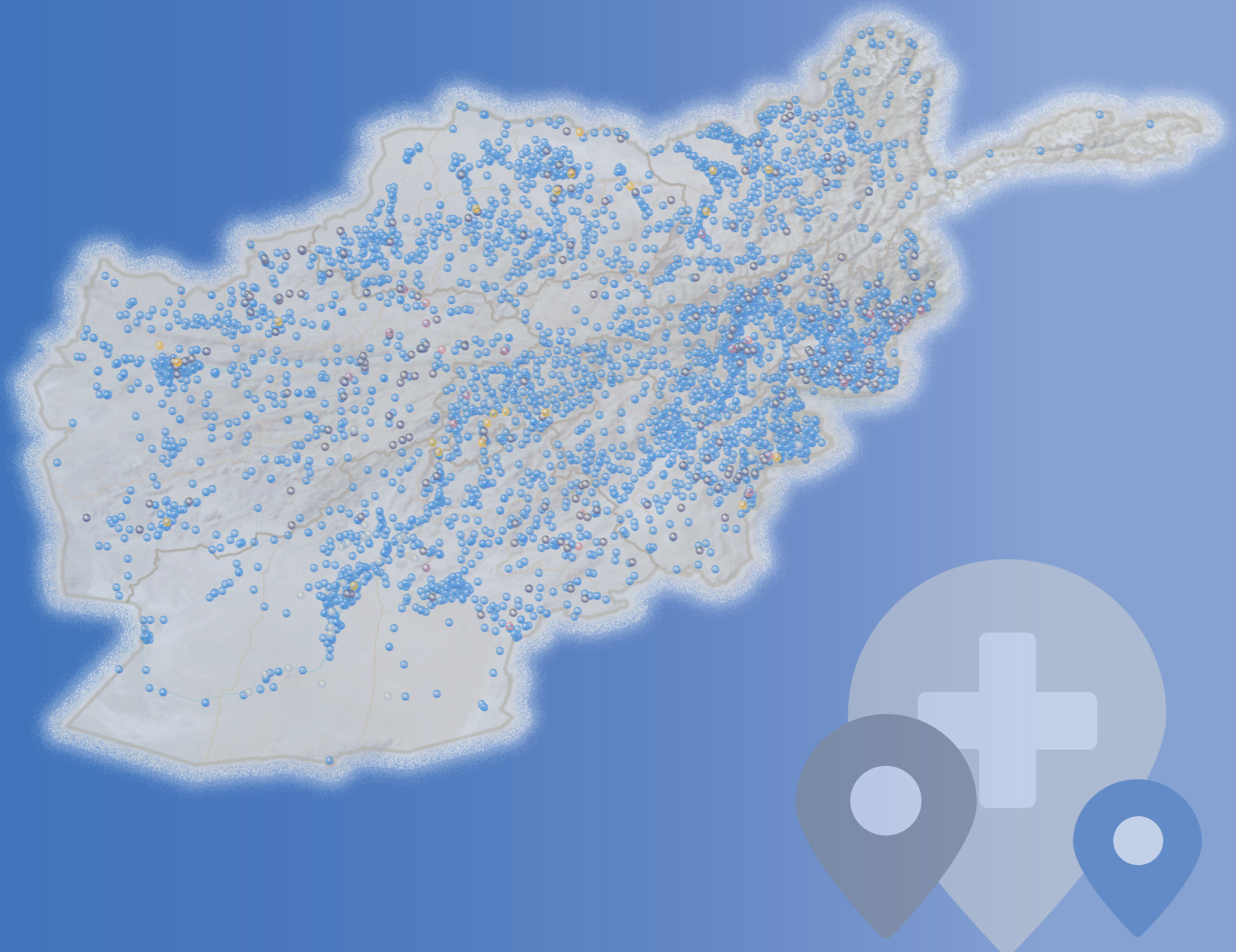


HeRAMS Afghanistan

Summary Report October 2023



A comprehensive mapping of availability of essential services and barriers to their provision



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HeRAMS Afghanistan Summary Report October 2023

A comprehensive mapping of availability of
essential services and barriers to their provision





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WORLD





ACRONYMS

ARI	Acute Respiratory Infection
BEmOC	Basic Emergency Obstetric Care
CEmOC	Comprehensive Emergency Obstetric Care
CHW	Community Health Worker
CMAM	Community Management of Acute Malnutrition
COPD	Chronic Obstructive Pulmonary Disease
EPI	Expanded Programme on Immunization
HER	Health Electronic Records
HeRAMS	Health Resources and Services Availability Monitoring System
HSDU	Health Service Delivery Unit
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illness
IYCF	Infant, Young, and Child Feeding
MAM	Management of Acute Malnutrition
MDRTB	Multi-Drug-Resistant Tuberculosis
MUAC	Mid-Upper Arm Circumference
NCD	Non Communicable Diseases
PMTCT	Prevention of Mother-To-Child HIV Transmission
RDT	Rapid Diagnostic Test
SAM	Severe Acute Malnutrition
STI	Sexually Transmitted Infections
VIP	Ventilated Improved Pit
WHO	World Health Organization

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DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Afghanistan since November 2021. This report presents the results based on the assessment of 4351 Health Service Delivery Units (HSDUs) against a targeted 4723 HSDUs and is based on data reported up until October 31st 2023. The report offers a summary analysis of the operational status of HSDUs, availability of essential amenities and health services. Furthermore, main barriers impeding availability of basic amenities or health services are systematically included throughout the report. It is imperative to underscore that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

To gain a more comprehensive understanding on the current and historical context, previously published HeRAMS reports available on the WHO HeRAMS initiative website (<https://www.who.int/initiatives/herams>).^{1,2} For additional information, please contact herams@who.int.

¹ **HeRAMS Afghanistan Baseline Report Series:** A comprehensive mapping of the operational status health facilities, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-operational-status-of-the-health-system>.

² **HeRAMS Afghanistan Status Update Report January 2023 Series:** A comprehensive mapping of the operational status health facilities, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-operational-status-of-the-health-system>.



AT A GLANCE...

4723 HSDUs targeted



294 Permanently closed
51 Planned
27 Not reporting

4351 HSDUs



Building condition



6 Fully damaged
582 Partially damaged
467 Not relevant



Equipment condition



3 Completely damaged
466 Partially damaged



Functionality



18 Non-Functioning
293 Partially Functioning



Accessibility



197 Partially accessible

4327

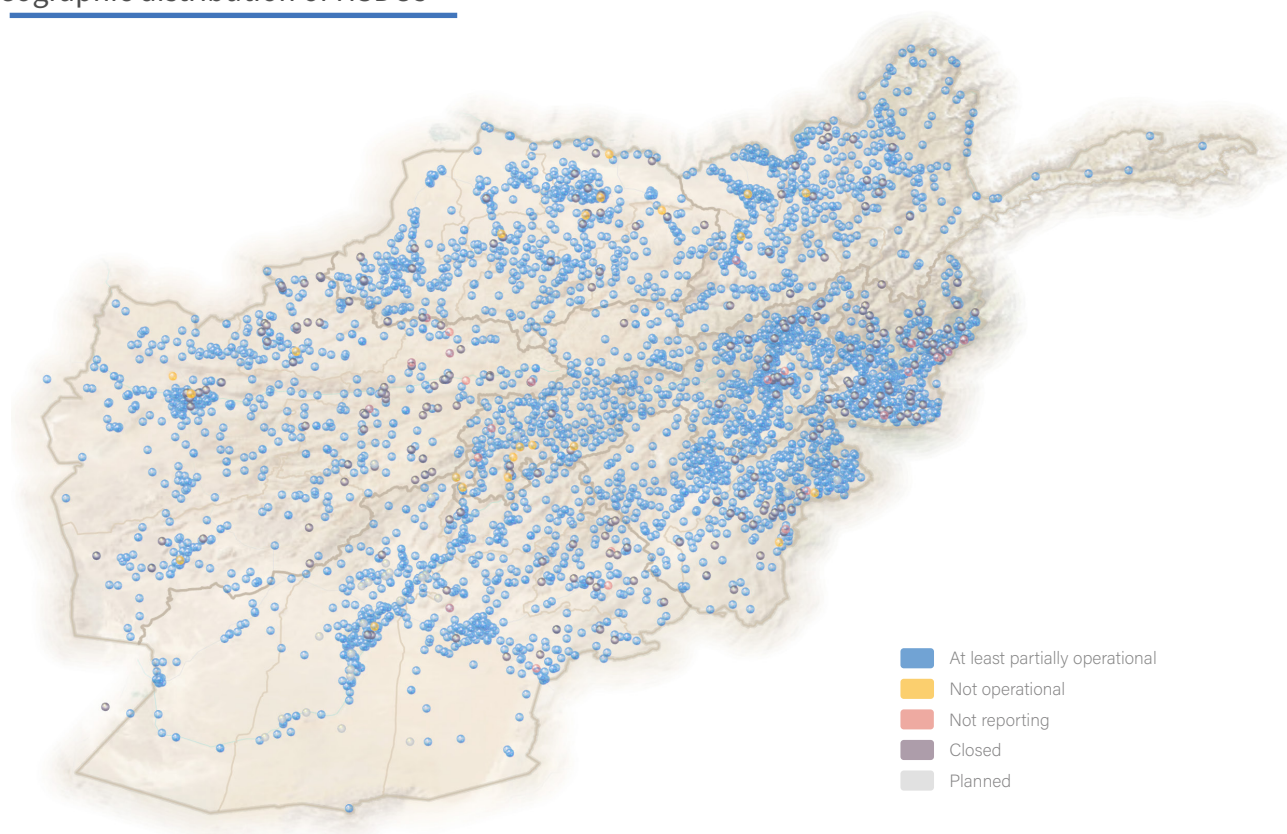
HSDUs at least partially operational

(out of 4351 HSDUs assessed)

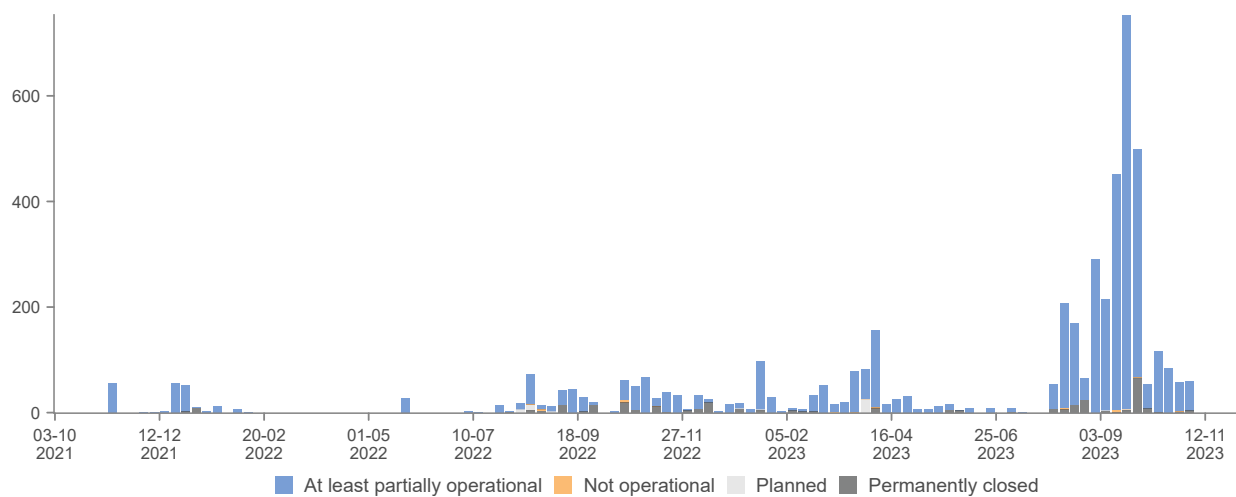
* HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.



Geographic distribution of HSDUs



Last date of update per HSDU



Distribution of HSDUs by type and region

REGION	National Hospital					Regional Hospital					Provincial Hospital					District Hospital					Comprehensive Health Center					Basic Health Center				
	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P
CAPITAL	20	-	-	-	-	7	-	-	-	-	5	-	-	-	-	24	-	-	-	-	93	-	-	4	-	222	-	1	2	-
CENTRAL HIGH-LAND	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	6	-	-	-	-	20	-	-	-	-	44	1	1	-	-
EASTERN	4	-	-	-	-	1	-	-	-	-	4	-	-	-	-	11	-	-	-	-	44	-	-	-	-	154	-	-	-	-
NORTH EASTERN	-	-	-	-	-	1	-	-	-	-	3	-	1	-	-	10	-	-	-	-	60	1	-	-	-	142	-	-	-	-
NORTHERN	2	1	-	-	-	1	-	-	-	-	4	-	-	1	-	17	-	-	-	-	50	-	-	-	-	141	-	-	-	-
SOUTH EASTERN	1	-	-	-	-	2	-	-	-	-	3	-	-	-	-	9	-	-	-	-	59	1	-	-	-	108	-	-	-	-
SOUTHERN	1	-	-	-	-	-	-	-	-	-	3	-	-	-	-	6	-	-	-	-	63	-	-	-	-	133	1	-	-	-
WESTERN	-	-	-	-	-	1	-	-	-	-	3	-	-	-	-	10	-	-	-	-	54	-	-	-	-	112	1	-	1	-
TOTAL	28	1	-	-	-	13	-	-	-	-	27	-	1	1	-	93	-	-	-	-	443	2	-	4	-	1056	3	2	3	-

O = At least partially operational - N/O = Not operational - N/R = Not reporting - C = closed - P = planned, HSDUs

REGION	Sub-Health Center					Mobile Health Team					Family Health House					First Aid Trauma Post					Other					Total				
	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P	O	N/O	N/R	C	P
CAPITAL	169	-	1	-	-	54	-	-	16	2	46	-	-	-	-	10	-	-	6	-	44	-	-	-	-	694	-	2	28	2
CENTRAL HIGH-LAND	73	-	-	-	-	14	7	1	6	1	83	-	-	-	1	-	-	-	-	-	4	-	-	-	-	246	8	2	6	2
EASTERN	175	-	-	4	-	132	-	6	35	5	24	-	-	-	-	11	-	-	23	-	22	-	-	12	-	582	-	6	74	5
NORTH EASTERN	188	-	-	-	-	47	-	-	20	-	10	-	-	-	-	-	-	-	3	-	23	2	-	-	-	484	3	1	23	-
NORTHERN	181	-	-	-	-	81	3	-	26	-	75	1	-	-	-	-	-	-	-	-	21	-	-	3	-	573	5	-	30	-
SOUTH EASTERN	185	-	-	14	1	53	1	2	7	6	40	-	-	-	-	15	-	-	5	-	17	-	-	1	-	492	2	2	27	7
SOUTHERN	295	-	-	-	-	102	-	4	23	11	24	-	-	-	21	6	-	-	2	-	18	-	-	8	-	651	1	4	33	32
WESTERN	174	-	2	2	-	79	1	4	55	3	139	-	3	12	-	-	-	-	-	-	33	3	1	3	-	605	5	10	73	3
TOTAL	1440	-	3	20	1	562	12	17	188	28	441	1	3	12	22	42	-	-	39	-	182	5	1	27	0	4327	24	27	294	51

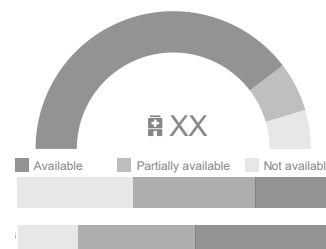
O = At least partially operational - N/O = Not operational - N/R = Not reporting - C = closed - P = planned, HSDUs



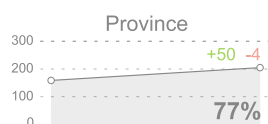
INTERPRETATION GUIDE

Availability

Arc charts or **bar charts** provide an overview of the overall status of an indicator (i.e. functionality, availability, etc.), hereafter referred to as “availability”. The total number of HSDUs included in the analysis of an indicator is shown inside the arc chart. It is crucial to note that the total number of HSDUs considered in the analysis may vary due to the exclusion of non-operational HSDUs from subsequent analyses (refer to page 3 for details).



Donut charts offer a breakdown of indicator HSDU type. By default, each donut provides information on the total number of HSDUs it encompasses.



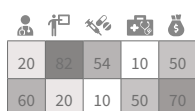
The **trend lines** of core indicators depict changes in the number of HSDUs per province between January and October 2023. The line indicates the number of HSDUs where an indicator is available up to standard. The small labels in green and red indicate the number of HSDUs where the situation has improve respectively deteriorate. To emphasize the current status, the graphic includes a percentage indicating the present proportion of HSDUs where the indicator is available. Importantly, these charts do not account for changes from ‘partially available’ to ‘not available’.

Similarly, trend lines portraying overall changes in the availability of individual health services are provided for each service domain. Unlike core indicators, these lines indicate the count of HSDUs where the service is at least partially available. As a result, trend lines displaying availability of services do not distinguish between ‘partially’ and ‘full available’.

Barriers



To obtain a more comprehensive understanding of the challenges faced by HSDUs, barriers impeding the availability of an indicator or services were systematically recoded when an indicator was not or only partially available. Similarly, sub-questions on building and equipment condition, functionality, and accessibility collect information on the underlying causes.



Each **donut chart** or **heat map** indicates the percentage of HSDUs having reported a specific barrier. The percentage inside the donut or inside the heat map cell indicates the proportion of HSDUs reporting a specific barrier.

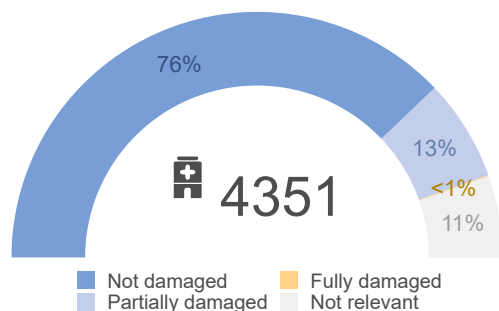
Important: The denominator for barrier charts excludes HSDUs where the indicator was fully available. It should further be noted that HSDUs can report up to three barriers for each indicator. Thus, the sum of all barriers may exceed 100%.

Basic amenity types

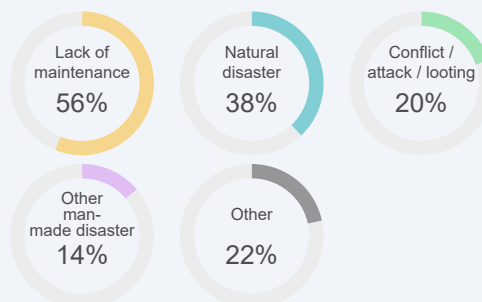
For some basic amenities, additional information on the main sources or types available to the HSDU was collected. The analysis of basic amenities follows the same logic as barriers (see above). Types of amenities were only evaluated if the amenity was at least partially available. Alike for barriers, focal point could report up to three main amenity sources or types.



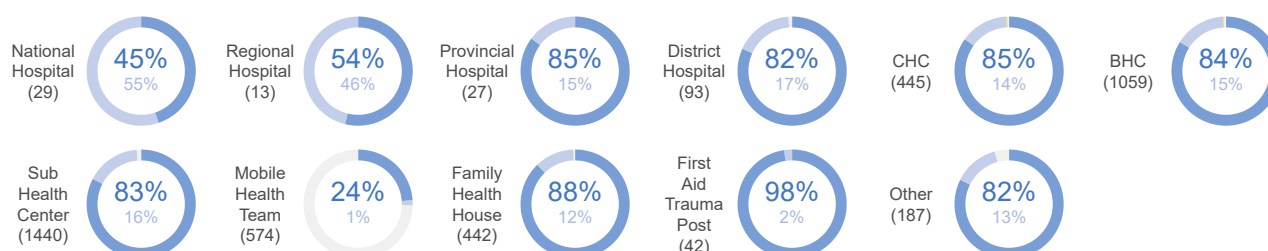
BUILDING CONDITION



The following causes were reported by **582** HSDUs building was partially damaged and **6** HSDUs who were complete damage.

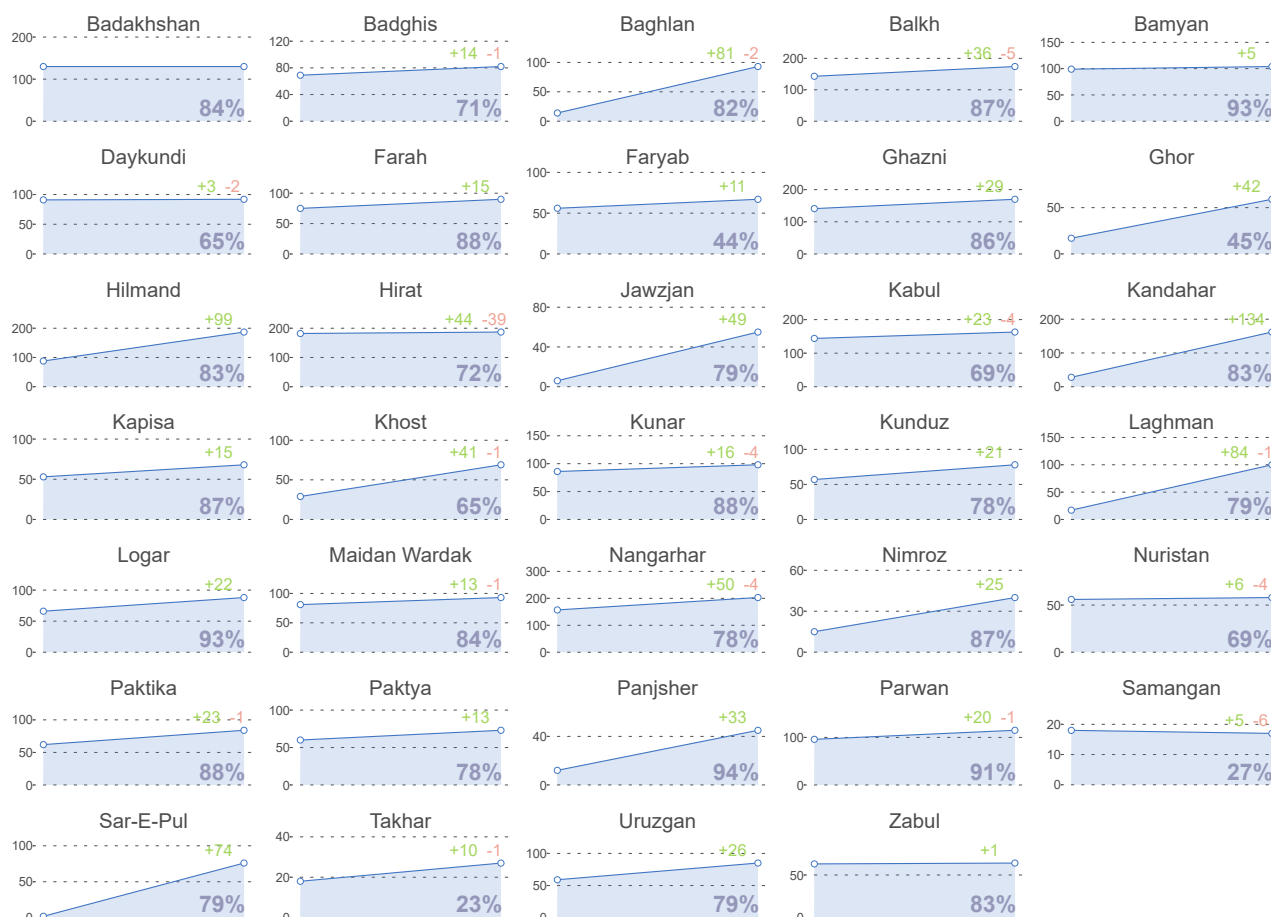


Building condition by HSDU type



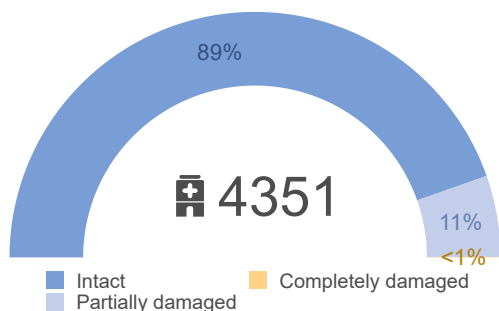
Building condition over time

Displays change in building condition between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs whose building was intact. The two small number above the second point indicate the number of HSDUs where the status has **improved** or **deteriorated**. The **percentage value** indicates the proportion of HSDUs whose building was intact for the second date. For more information see [page 6](#).

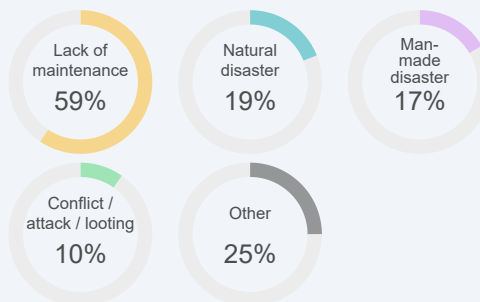




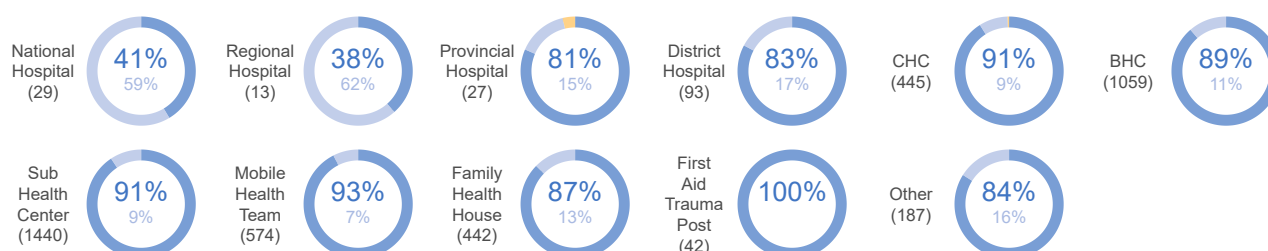
EQUIPMENT CONDITION



The following causes were reported by **466** HSDUs reporting partially damaged equipment and **3** HSDUs where the equipment was completely damage.

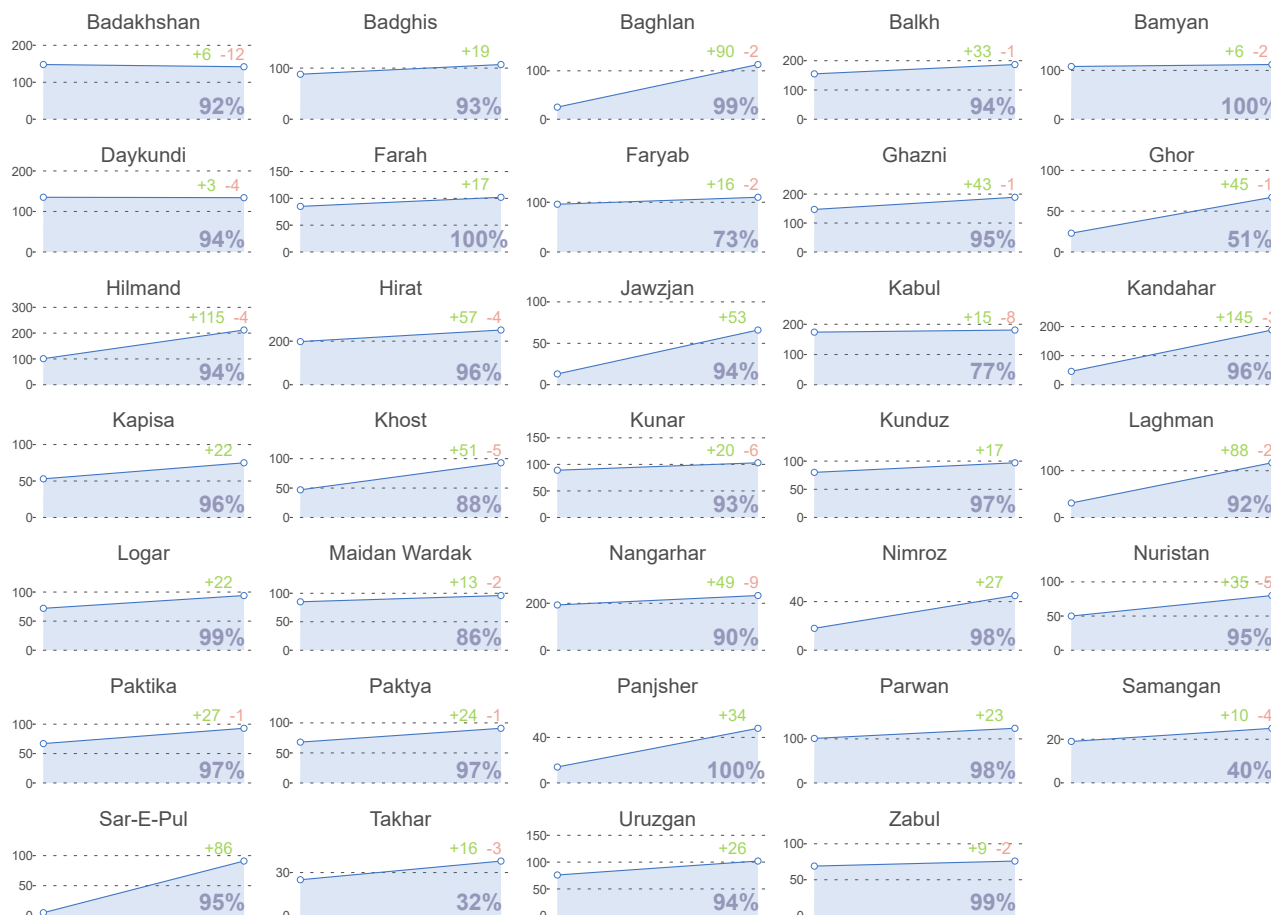


Equipment condition by HSDU type

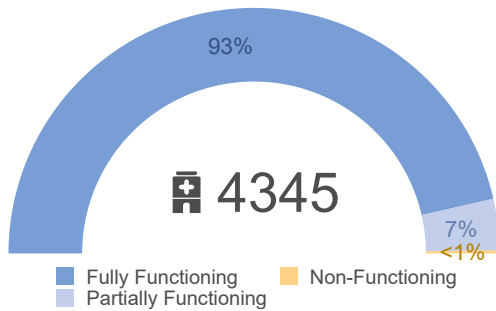


Equipment condition over time

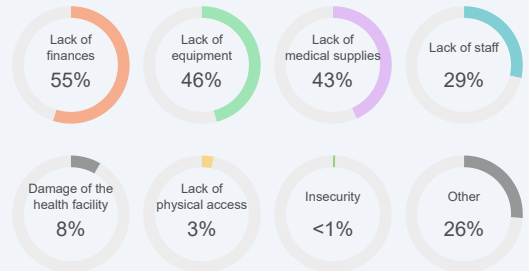
Displays change in equipment condition between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs whose equipment was intact. The two small number above the second point indicate the number of HSDUs where the status has **improved** or **deteriorated**. The **percentage value** indicates the proportion of HSDUs whose equipment was intact for the second date. For more information see [page 6](#).



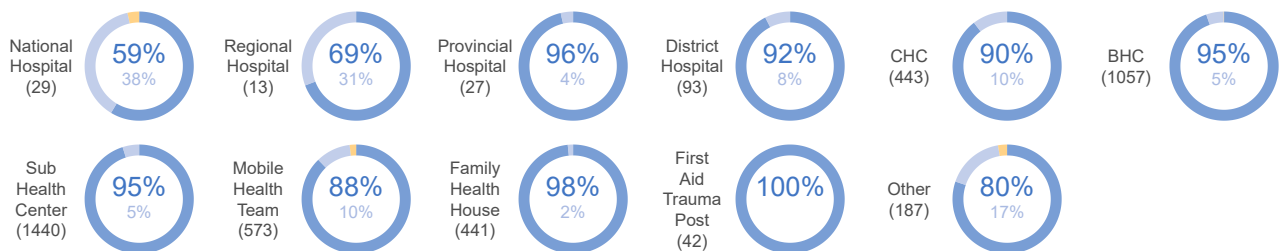
FUNCTIONALITY



The following causes were reported by 293 partially 18 non-functioning HSDUs.

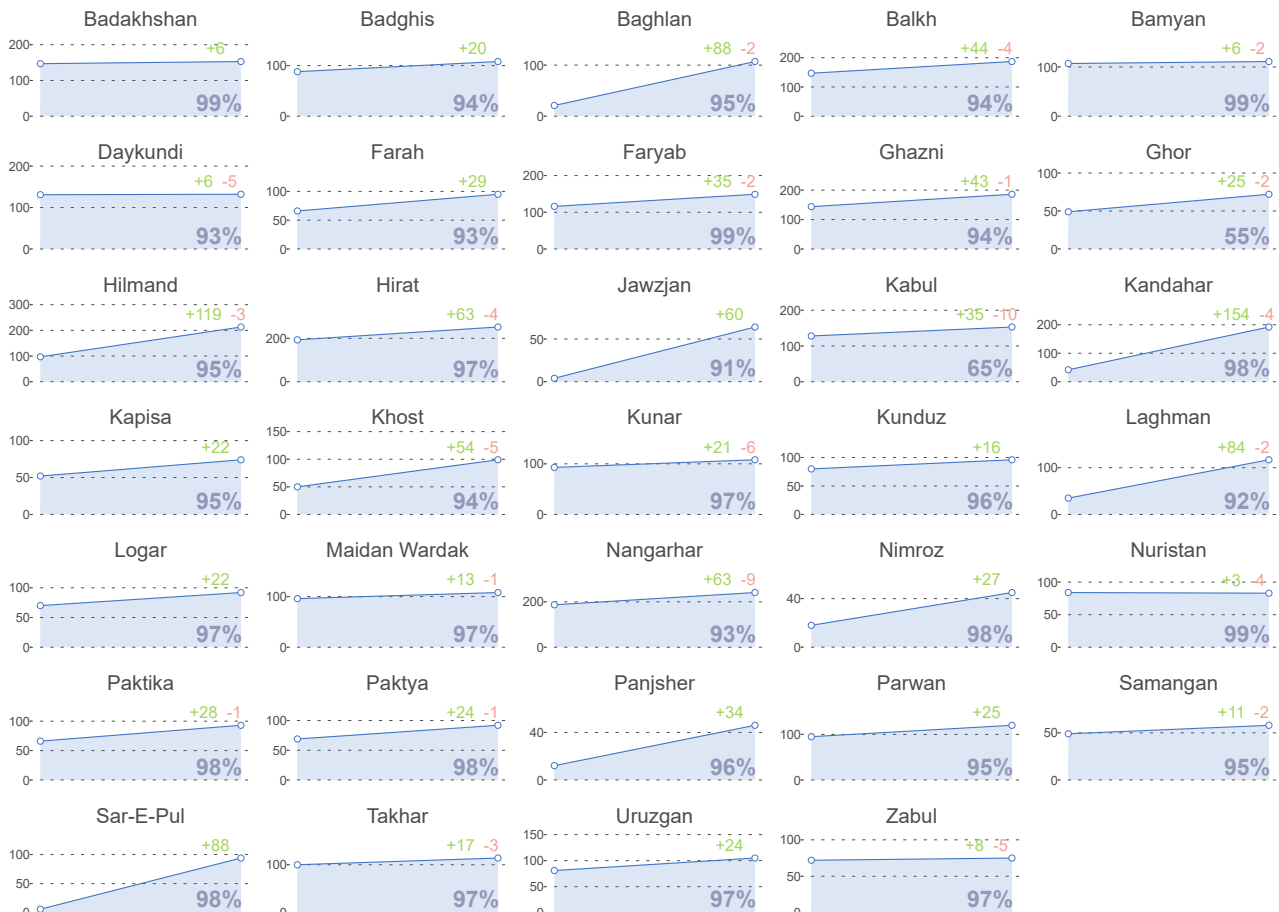


Functionality by HSDU type



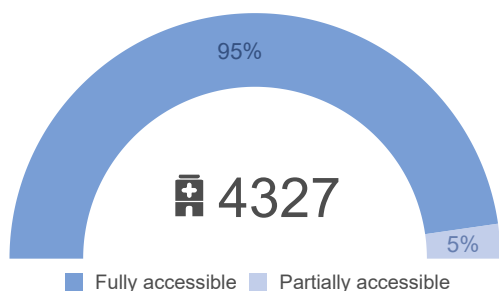
Functionality over time

Displays change in functionality between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of fully functioning HSDUs. The two small number above the second point indicate the number of HSDUs where the status has improved or deteriorated. The percentage value indicates the proportion of fully functioning HSDUs for the second date. For more information see [page 6](#).

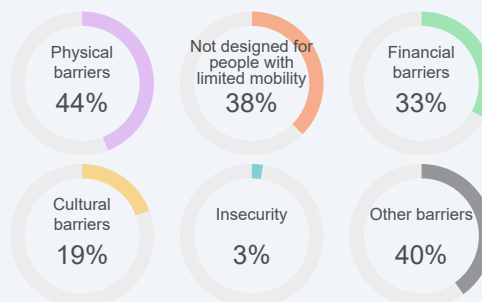




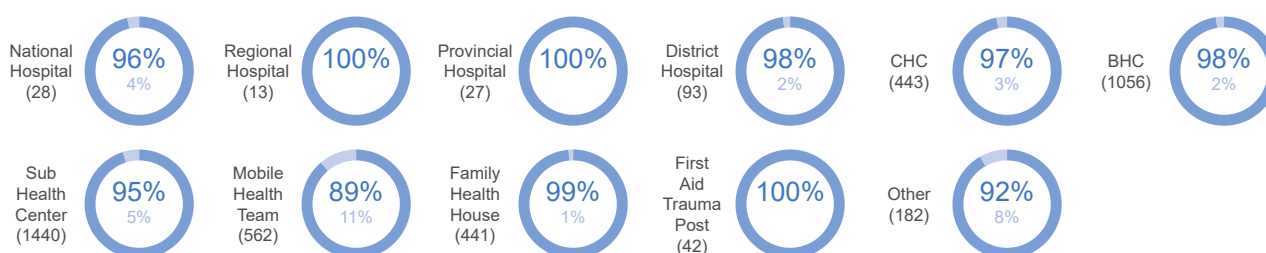
ACCESSIBILITY



The following causes were reported by **197** partially accessible HSDUs.

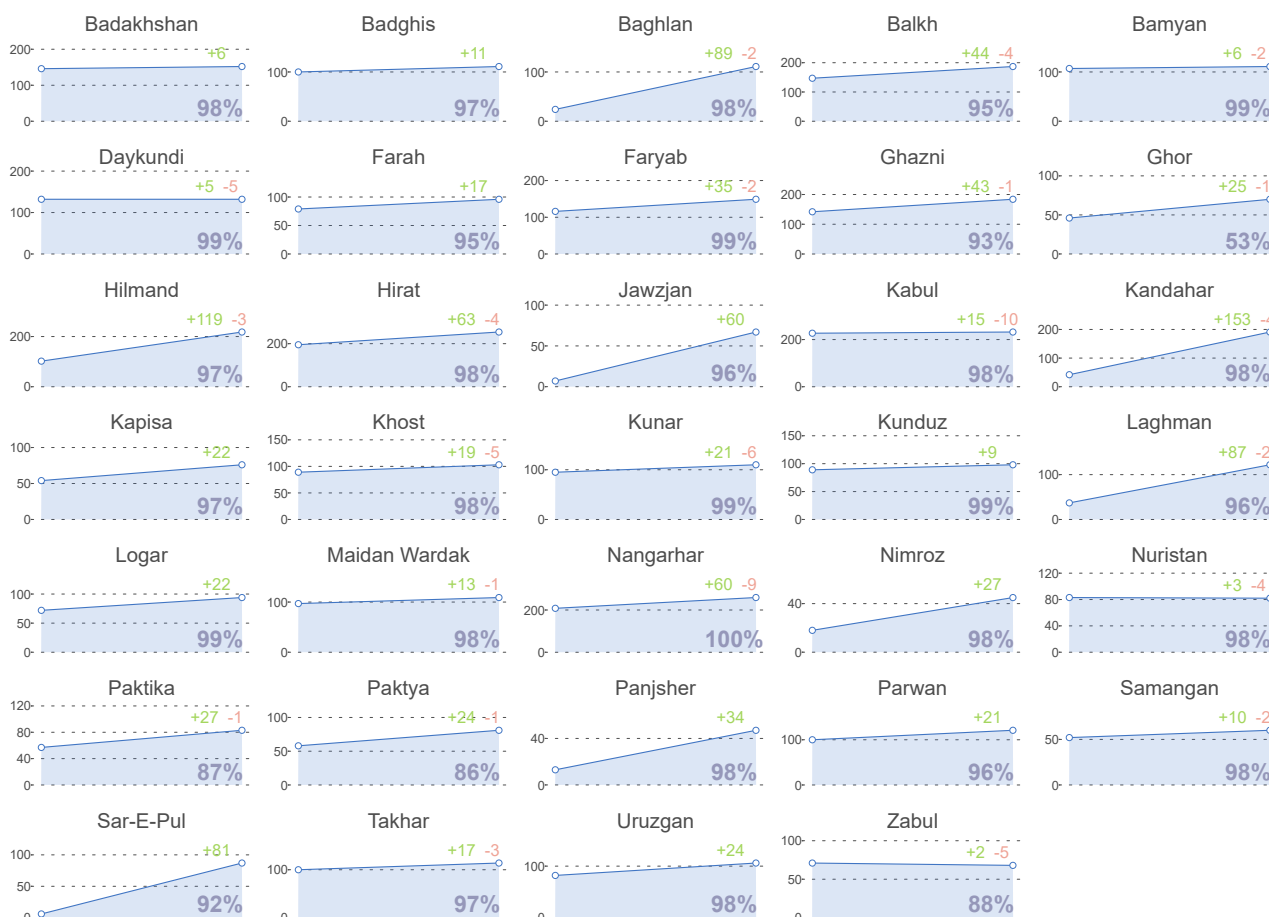


Accessibility by HSDU type

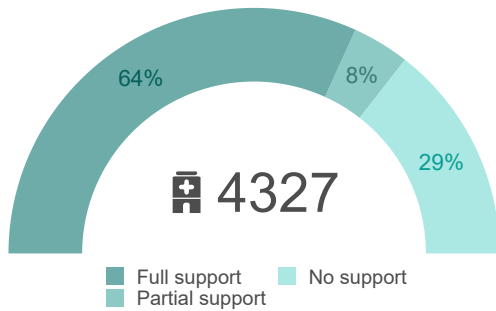


Accessibility over time

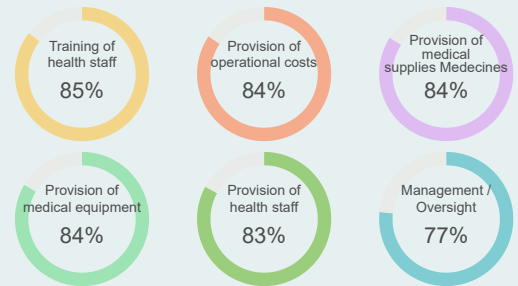
Displays change in accessibility between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of fully accessible HSDUs. The two small number above the second point indicate the number of HSDUs where the status has **improved** or **deteriorated**. The **percentage value** indicates the proportion of fully accessible HSDUs for the second date. For more information see [page 6](#).



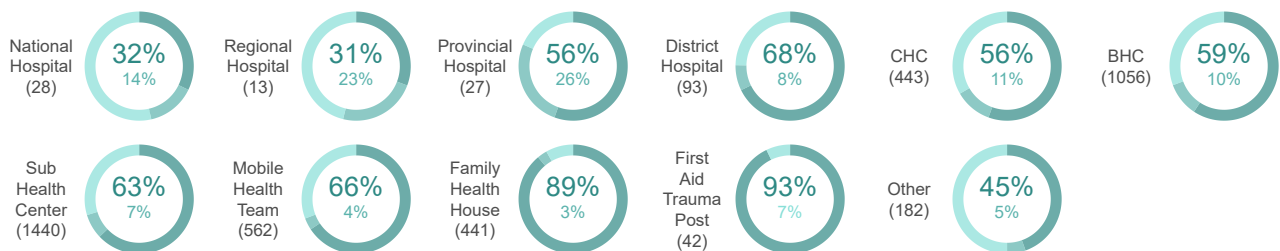
PARTNER SUPPORT



The following support types were reported by **325** HSDUs receiving partial support and **2761** HSDUs receiving full support.

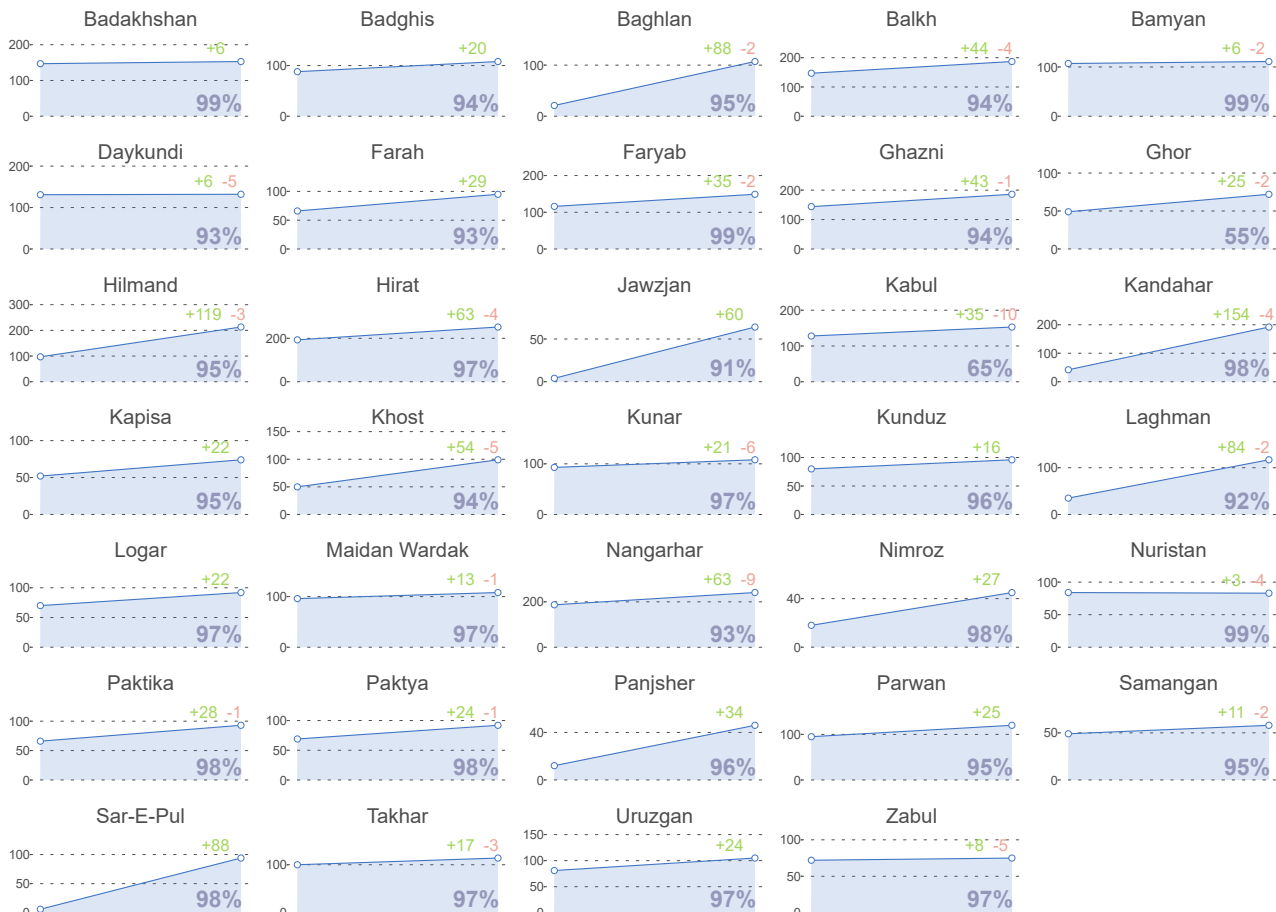


Partner support by HSDU type



Partner support over time

Displays change in support provided by partners between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs receiving major support. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decrease**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).





BASIC AMENITIES

WASH

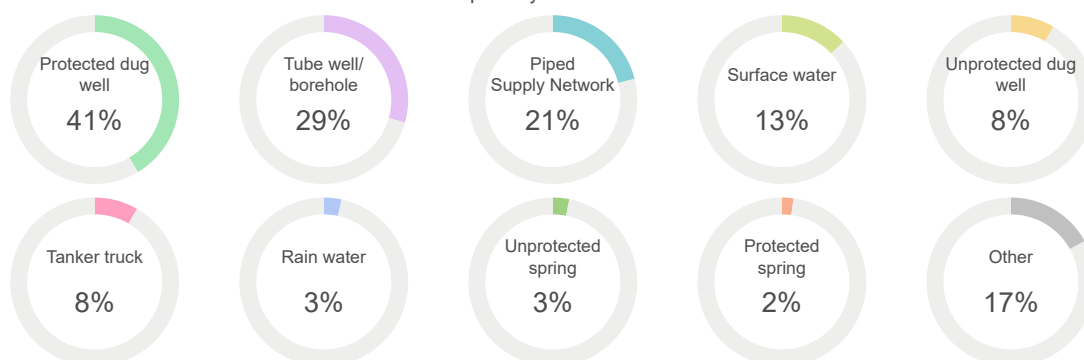
	Availability (%)			Barriers (%)					
Water availability	83	13	4	9	8	47	68	63	
Availability of sanitation facilities	78	17	4	12	9	30	71	51	35
Availability of hand-hygiene facilities	81	16	2	3	11	36	58	55	36
Availability of cleaning facilities	82	15	3	7	22	31	62	56	30

Availability: ■ Available ■ Partially available ■ Not available

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources, lack of water.

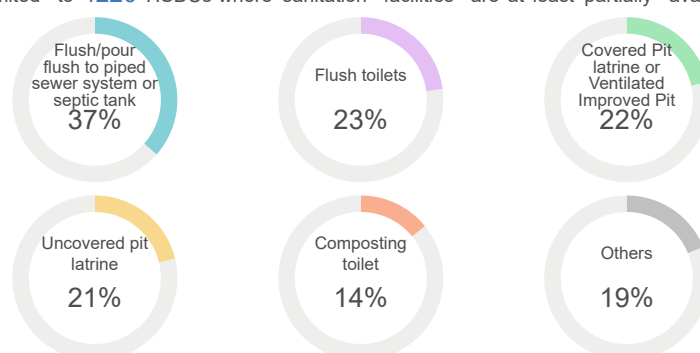
Water sources

Limited to 4235 HSDUs where water is at least partially available.



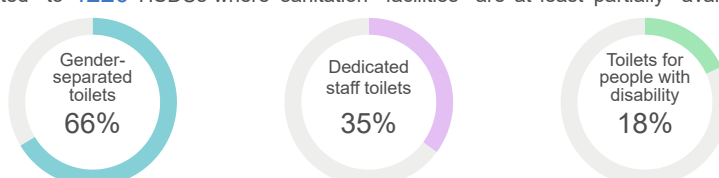
Sanitation facility types

Limited to 4220 HSDUs where sanitation facilities are at least partially available.



Sanitation facility accessibility

Limited to 4220 HSDUs where sanitation facilities are at least partially available.





Waste management

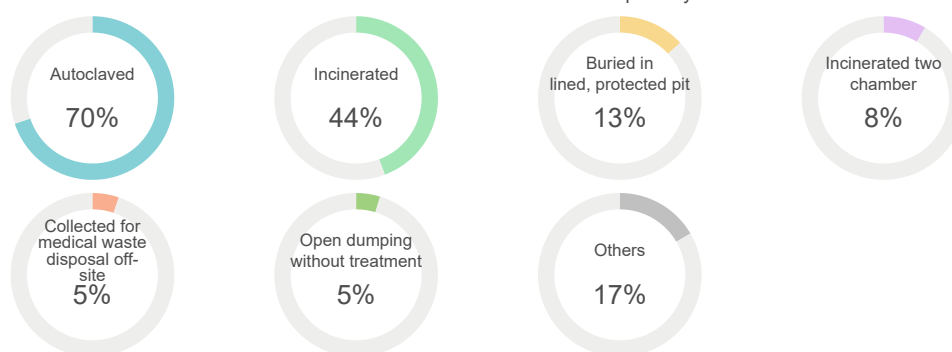
	Availability (%)			Barriers (%)				
Final disposal of sharps	86	11	3	7	22	32	79	56
Infectious Waste Disposal	87	9	3	7	25	34	80	58
Waste segregation	87	11	2	7	21	39	76	61

Availability: Available Partially available Not available

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.

Waste disposal methods

Limited to 4308 HSDUs where waste treatment methods are at least partially available.



Power and cold chain

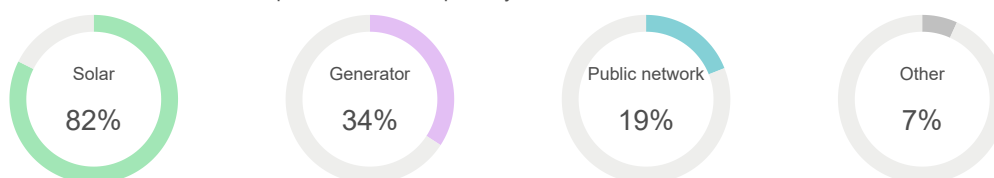
	Availability (%)			Barriers (%)				
Electricity power availability	86	6	7	4	3	33	66	63
Cold chain availability	73	3	24	41	14	33	59	35

Availability: Available Partially available Not available

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.

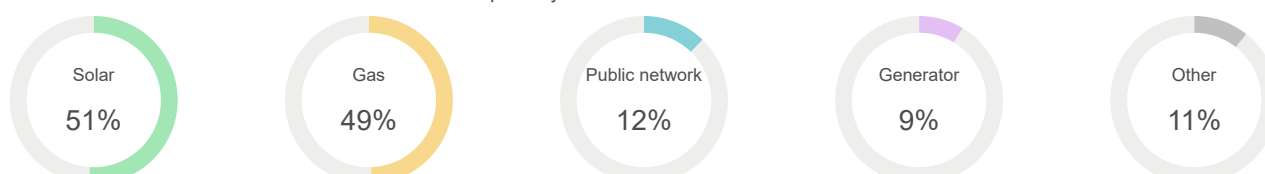
Power sources

Limited to 4080 HSDUs where power is at least partially available.



Cold chain power sources

Limited to 3365 HSDUs where cold chain is at least partially available.





Communication

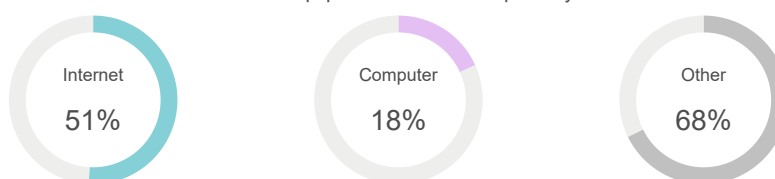
	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not reporting	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
IT Equipment	18	8	54	20	21	7	45	52	51

Availability: Available Partially available Not available Not reporting

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.

Type of IT equipment

Limited to 1123 HSDUs where IT equipment is at least partially available.

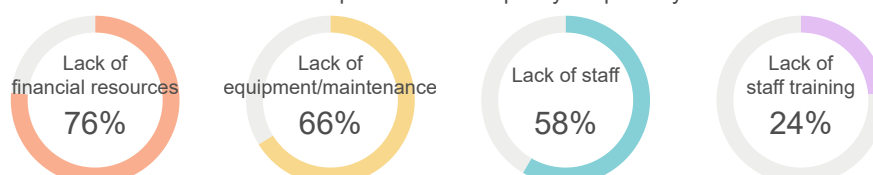


Inpatient bed capacity

	Availability (%)			
ICU beds	4	11	84	
Maternity beds	27	8	64	
Other beds	21	9	70	

Availability: Available Partially available Not available Not normally provided Not reporting

Limited to 503 HSDUs where inpatient bed capacity is partially or not available.



HEALTH INFORMATION SYSTEMS

	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
Availability of health registers	90	6	4		53	23	50	65	48
Availability of monthly activity reports such as MAAR	90	6	3		40	16	43	59	44

Availability: Available Partially available Not available Not normally provided

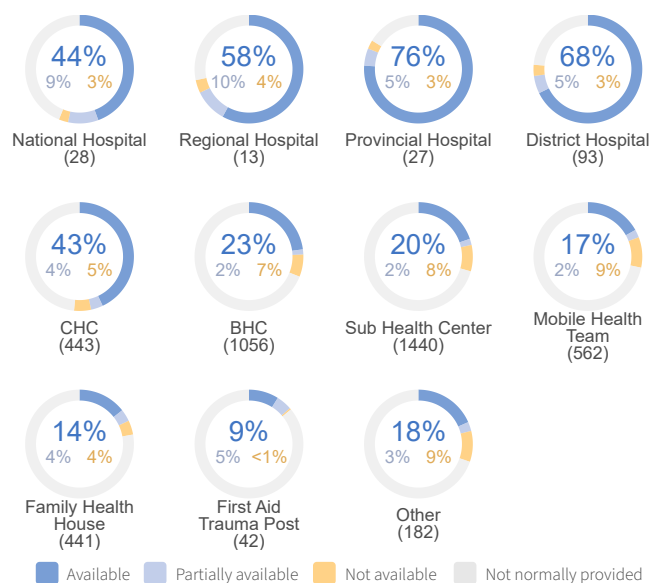
Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



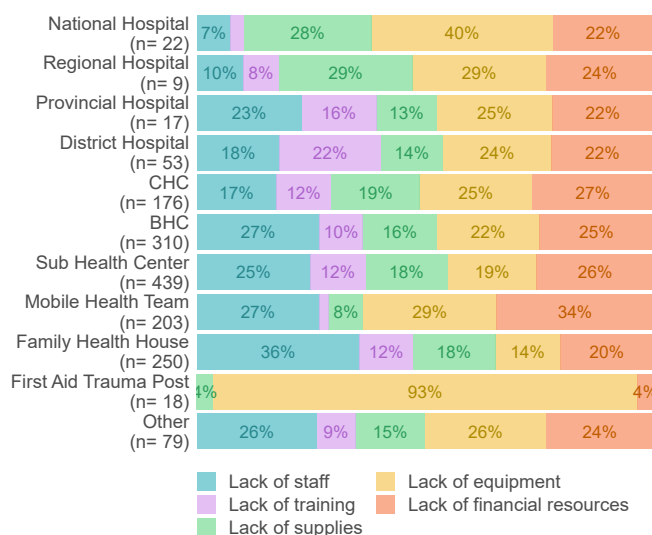
GENERAL CLINICAL AND TRAUMA CARE SERVICE

Health service domains overview

Availability by HSDU type








Main barriers impeding service availability





Individual services

Service	Availability (%)				Barriers (%)				
									
Ambulance service available and used for referral of patients	20	3	9	68	47	6	22	78	75
Recognition of danger signs	64	5	1	30	28	50	30	43	53
Triage system available and actively implemented by designated emergency unit	41	6	6	47	40	57	20	37	52
Basic emergency care/life support by prehospital facilities	39	8	5	47	47	55	29	40	52
Mass Casualty Management System Available and Implemented	7	1	6	86	60	30	43	55	68
Monitored referral	34	3	6	57	55	20	26	57	63
Referral capacity	48	6	5	41	31	13	22	73	69
Acceptance of referrals	51	2	3	44	58	36	25	43	69
Outpatient services for primary health care	77	3	0	19	31	29	62	47	66
Outpatient department for secondary care	52	3	2	42	48	39	55	36	60
Home visits	33	3	8	57	64	18	26	46	72
Minor trauma management	64	5	3	28	58	46	32	39	48
Emergency and elective surgery	7	8	0	84	79	27	53	44	57
Emergency and elective surgery with at least two operating theatres	4	8	0	87	83	25	51	42	58
Orthopedic/trauma ward	3	8	0	88	81	29	52	43	58
Short hospitalization capacity	11	9	0	79	80	24	41	52	67
Inpatient bed capacity	6	6	0	87	73	12	53	61	70
Intensive care unit	5	8	0	87	73	26	50	42	70
Basic laboratory	17	4	9	69	67	10	39	67	60
Laboratory services secondary level	10	2	9	79	65	15	47	64	65
Laboratory services tertiary level	4	2	9	85	68	14	44	61	70
Blood bank services	3	9	0	86	72	12	44	63	70
Hemodialysis service	10	0	0	90	73	13	45	64	70
Endoscopy service	10	0	0	90	73	12	44	64	70
Basic Radiology service	4	9	0	86	75	13	41	64	68
Advanced Radiology service	1	10	0	88	73	15	41	64	68

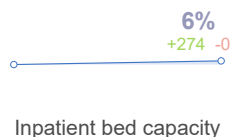
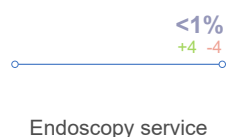
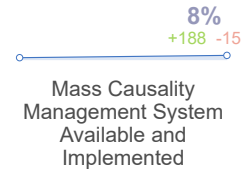
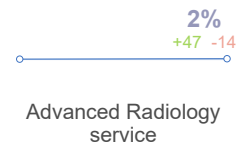
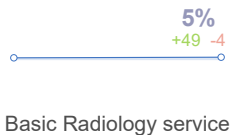
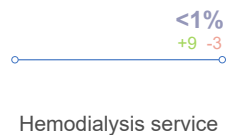
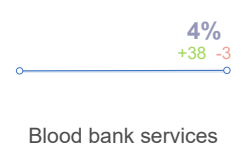
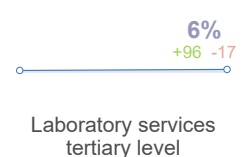
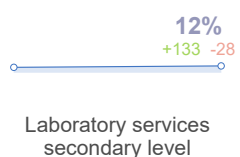
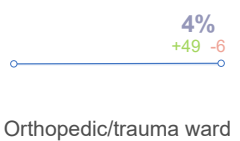
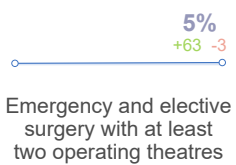
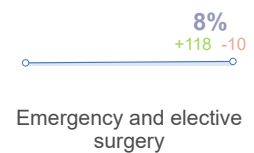
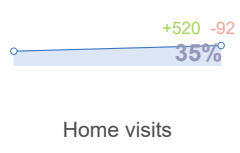
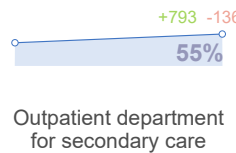
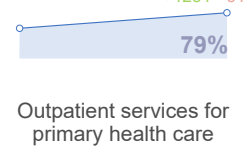
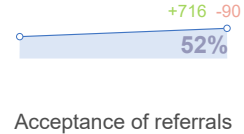
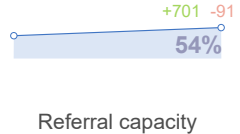
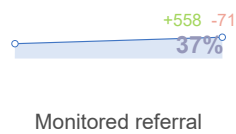
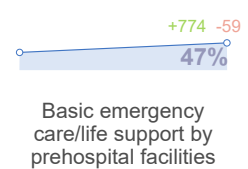
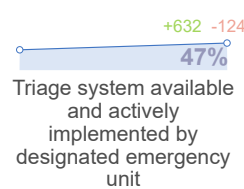
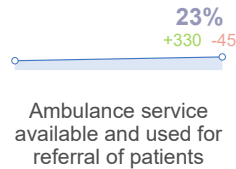
Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



Changes in service availability over time

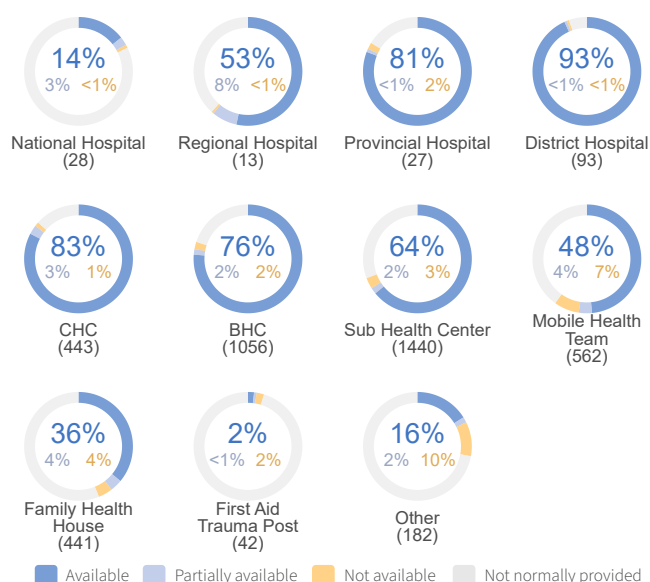
Displays changes in availability of general clinical and trauma care services between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs where the service is **at least partially available**. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decreased**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).



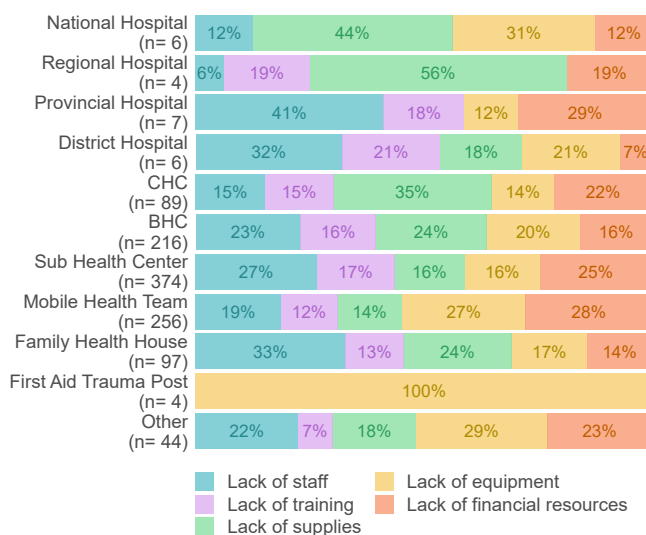
CHILD HEALTH AND NUTRITION

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)				Barriers (%)				
					Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
Community health worker	55	3	5	38	72	27	24	22	61
IMNCI under 5 clinic	76	6	3	15	19	61	26	20	20
Management of children classified as severe or very severe diseases	24	3		72	35	43	55	56	46
Community mobilization for EPI	63		14	32	77	29	33	43	56
EPI services	76		2	5	16	59	35	45	62
EPI outreach service	63		5	31	69	27	37	49	54
IEC on IYCF practices	78		4	17	18	18	62	27	35
Screening for acute malnutrition at the community level	77		12	20	62	34	24	58	66
Growth monitoring at primary care level	84		22	12	42	22	42	56	46
OPD for MAM	71		2	5	23	49	21	54	51
OPD of SAM	73		23	22	61	26	47	55	51
IPD for SAM	5	7		87	67	16	51	57	67

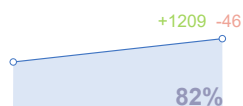
Availability: Available (blue), Partially available (light blue), Not available (orange), Not normally provided (grey)

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



Changes in service availability over time

Displays changes in availability of child health and nutrition services between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs where the service is **at least partially available**. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decreased**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).



IMNCI under 5 clinic



Management of children classified as severe or very severe diseases



Community mobilization for EPI



EPI outreach service



IEC on IYCF practices



Screening for acute malnutrition at the community level



Growth monitoring at primary care level



OPD for MAM



OPD of SAM



IPD for SAM



Community health worker



EPI services

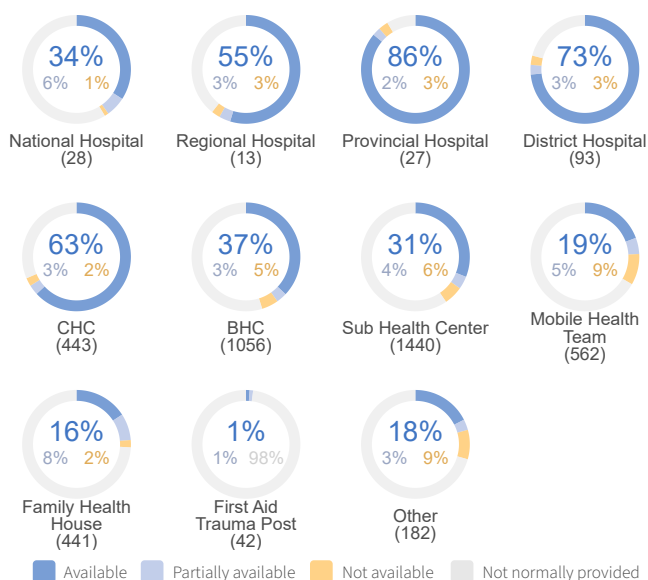




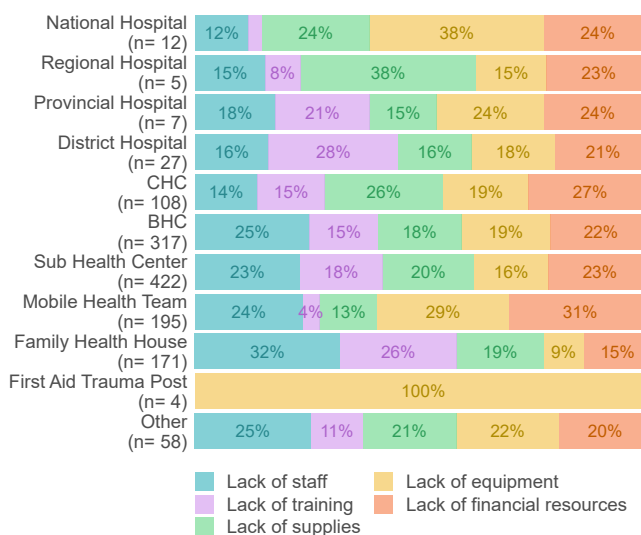
COMMUNICABLE DISEASES

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)				Barriers (%)				
Syndromic surveillance	29	3	6	63	69	43	28	36	59
Malaria medical service	67		3	27	51	38	44	49	51
Vector control	27	2	7	65	61	31	30	52	68
Tuberculosis	28	10	7	56	63	26	50	50	46
MDRTB	11	9		80	68	27	50	58	62
IEC materials on local priority diseases	65	5	1	28	14	29	57	29	48
Diagnosis and management of other locally relevant diseases	51	7	3	39	48	60	29	27	46
Management of severe and/or complicated communicable diseases	15	5	3	77	57	51	53	43	48
Isolation unit or room	7	8		84	62	15	50	59	73

Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



Changes in service availability over time

Displays changes in availability of communicable disease services between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs where the service is **at least partially available**. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decreased**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).



Syndromic surveillance



Malaria medical service



Vector control



Tuberculosis



MDRTB



IEC materials on local priority diseases



Diagnosis and management of other locally relevant diseases



Management of severe and/or complicated communicable diseases



Isolation unit or room



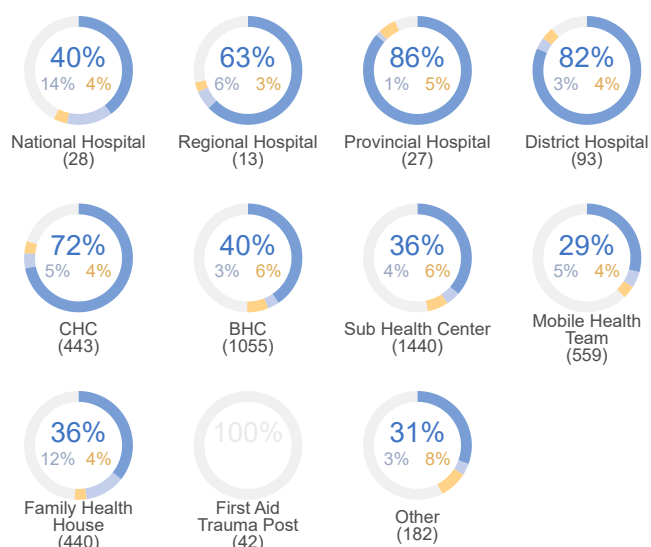


SEXUAL AND REPRODUCTIVE HEALTH

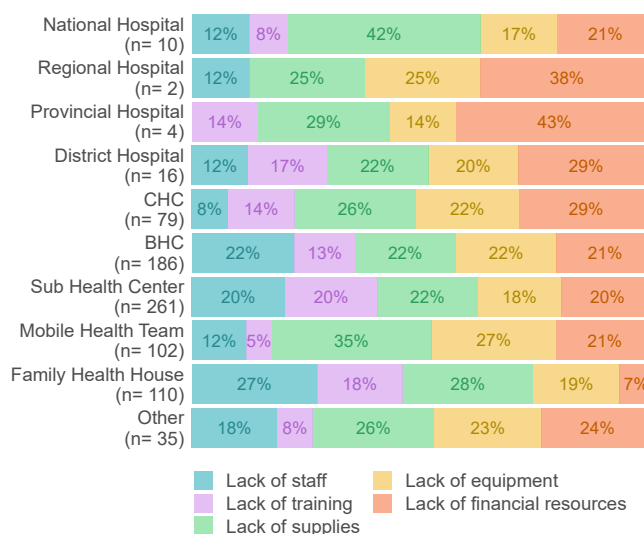
Health service domains overview

STI & HIV/AIDS

Availability by HSDU type

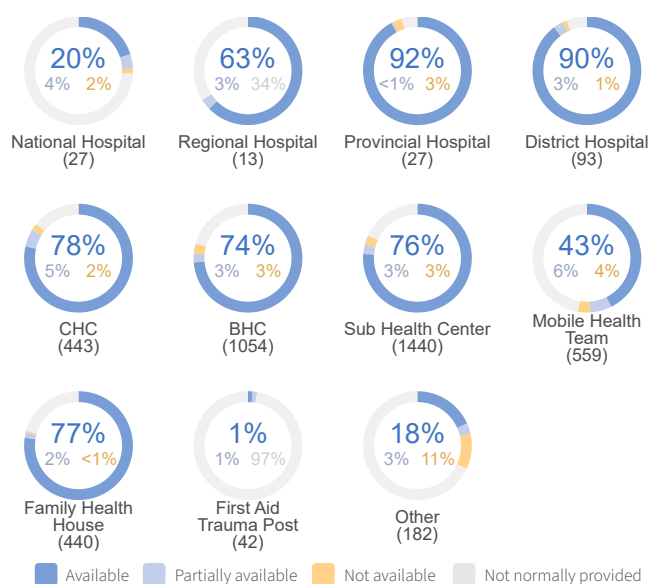


Main barriers impeding service availability

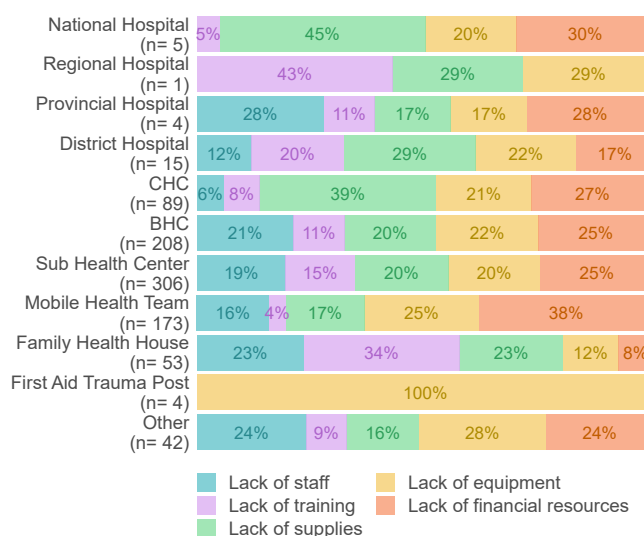


Maternal and neonatal health

Availability by HSDU type



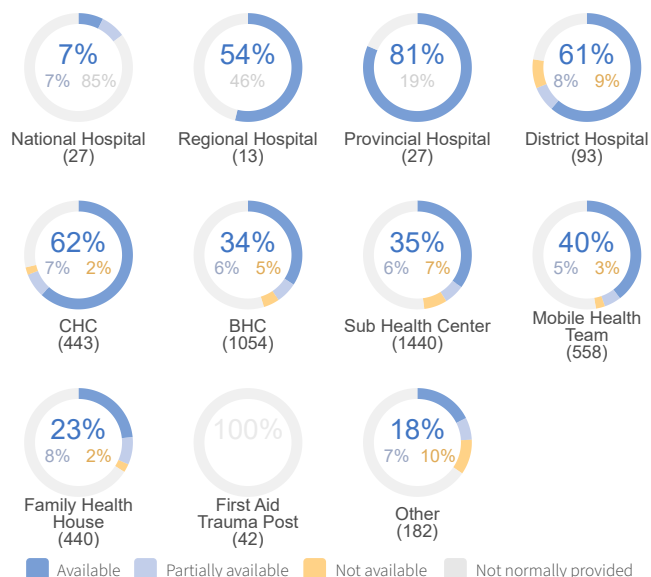
Main barriers impeding service availability



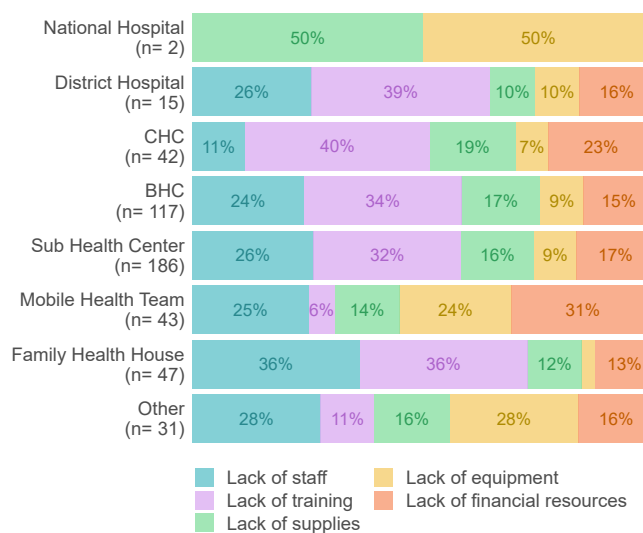


Sexual violence

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of supplies	Lack of equipment	Lack of financial resources
STI & HIV/AIDS									
IEC on STI/HIV	55	6	5	34	25	42	57	41	45
Syndromic management of STIs	39	5	4	52	54	46	49	43	30
HIV counselling and testing	25	4	8	63	57	18	60	54	54
Maternal and neonatal health									
Family planning	86	3	2	9	10	12	55	25	60
Antenatal care	85	3	1	12	25	23	56	39	54
Clean home deliveries	71	5	3	22	37	29	43	48	55
Skilled care during childbirth	79	4	2	15	30	18	58	57	65
Basic emergency obstetric care	68	6	3	23	52	39	34	52	58
Comprehensive Emergency Obstetric Care	8	7	0	84	60	25	51	60	63
Post-partum care	83	2	2	13	42	17	52	52	63
Sexual violence									
Clinical management of rape survivors	37	6	5	52	53	61	32	23	37

Availability: Available (dark blue), Partially available (light blue), Not available (orange), Not normally provided (grey)

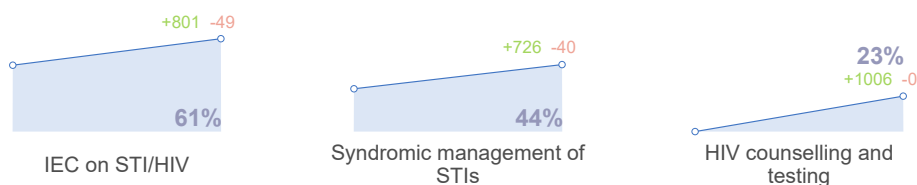
Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



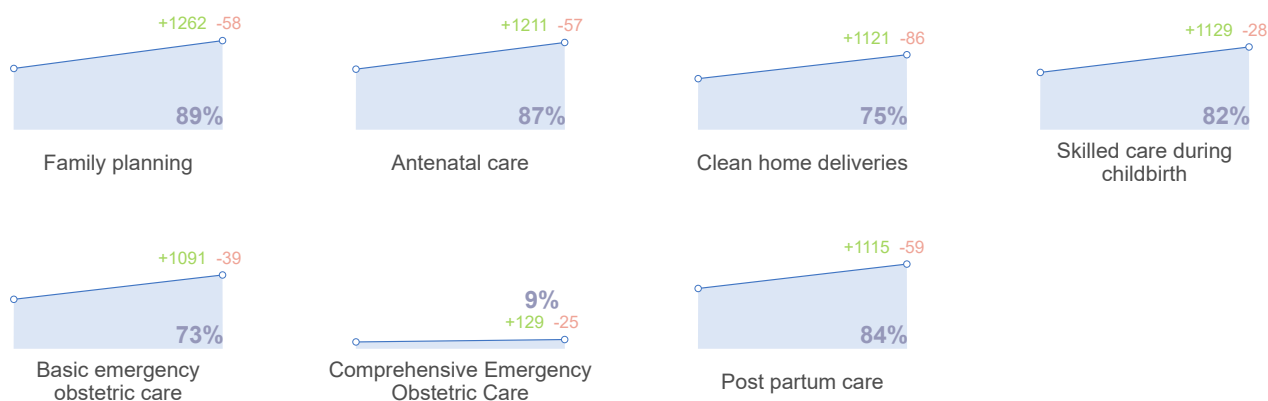
Changes in service availability over time

Displays changes in availability of sexual and reproductive health services between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs where the service is **at least partially available**. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decreased**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).

STI & HIV/AIDS



Maternal and neonatal health



Sexual violence

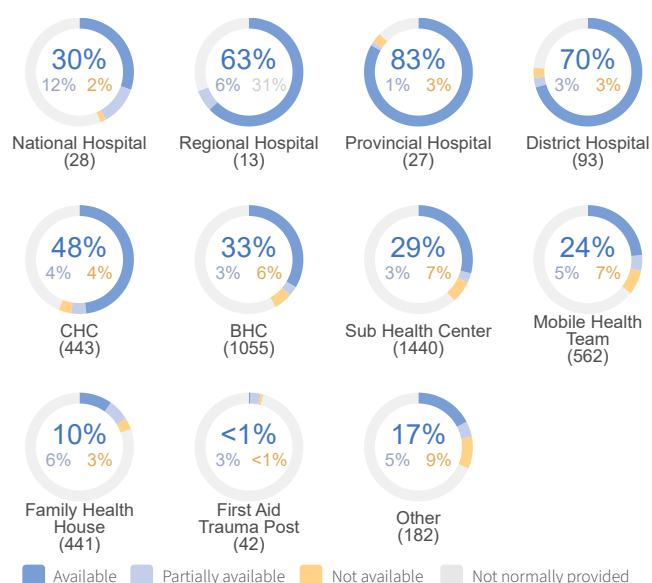




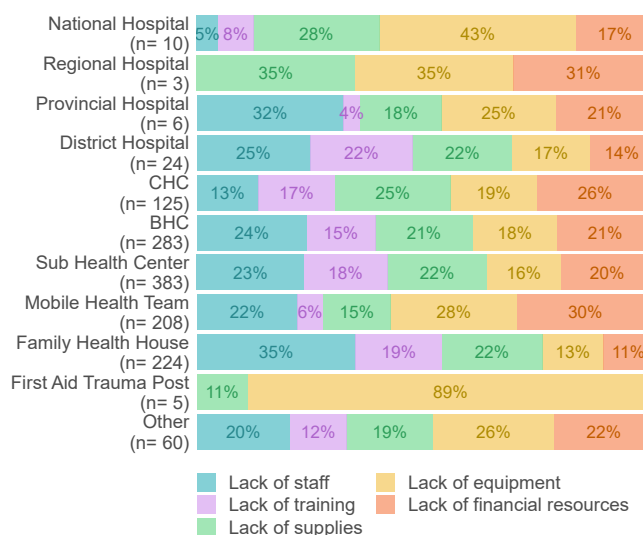
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

Health service domains overview

Availability by HSDU type



Main barriers impeding service availability



Individual services

Service	Availability (%)				Barriers (%)				
Promote screening for early detection	47	5	4	44	51	41	46	48	47
NCD care	38	6	4	52	55	41	49	47	48
Asthma and COPD	52	9	3	36	30	55	55	41	38
Hypertension	78	3	0	18	17	35	73	49	43
Diabetes	17	4	9	69	45	35	59	44	50
Inpatient acute rehabilitation	6	1	7	86	66	22	60	60	61
Physiotherapy service	5	0	9	86	72	16	48	59	66
Prosthetics and Orthotics	5	0	10	85	69	19	47	61	64
Psychological first aid	38	7	5	50	70	45	31	39	47
Management of mental disorders	36	4	5	55	54	48	47	37	58
Inpatient care for mental disorders by specialists	4	0	8	86	81	32	53	39	53

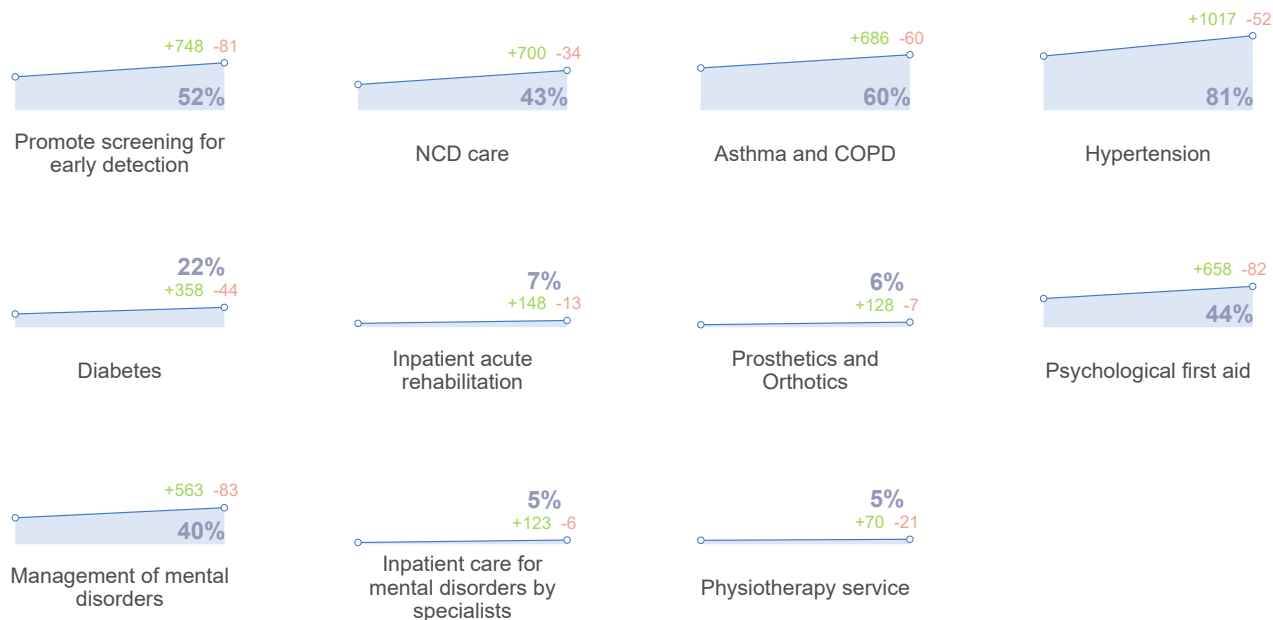
Availability: Available Partially available Not available

Barriers (icons from left to right): lack of staff, lack of training, lack of supplies, lack of equipment, lack of financial resources.



Changes in service availability over time

Displays changes in availability of NCD and mental health services between January 18th, 2023, and October 31st, 2023. The blue line indicates the number of HSDUs where the service is **at least partially available**. The two small number above the second point indicate the number of HSDUs where the level support has **increase** or **decreased**. The **percentage value** indicates the proportion of HSDUs receiving major support for the second date. For more information see [page 6](#).



ANNEX





ANNEX I: SUMMARY TABLE AVAILABILITY BY PROVINCE



Basic amenities

	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
Water	9	10	10	10	9	10	10	9	9	9	9	9	10	10	10	9
Sanitation facilities	8	8	8	9	9	9	9	9	9	9	9	8	10	10	9	9
Hand-hygiene facilities	8	10	10	10	10	10	10	9	8	9	9	8	10	10	10	10
Cleaning facilities	8	10	10	8	10	10	10	9	8	9	9	8	10	10	10	10
Waste segregation	9	9	10	10	9	10	10	10	10	10	10	8	10	10	10	8
Final disposal of sharps	9	9	9	10	10	9	9	10	10	9	9	8	10	10	10	8
Infectious waste disposal	9	9	10	10	9	10	10	10	10	10	9	8	10	10	10	8
Electricity power	8	9	9	10	9	10	10	9	9	9	9	9	9	10	10	10
Cold chain	9	8	7	9	7	6	6	6	7	7	8	8	8	8	8	8
IT equipment	1	3	0	0	2	1	1	5	2	7	2	1	1	1	1	3

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktia	Helmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Hirat
Water	9	8	7	6	9	9	9	9	10	9	9	10	9	9	8	7	6	9
Sanitation facilities	9	8	6	6	8	10	8	8	10	9	9	9	9	9	9	7	6	9
Hand-hygiene facilities	10	9	6	7	8	10	9	8	10	9	9	9	9	9	9	7	7	10
Cleaning facilities	9	8	8	7	8	10	9	8	10	9	9	10	10	9	9	7	7	10
Waste segregation	9	10	9	8	9	10	8	9	9	9	10	10	10	9	10	7	7	10
Final disposal of sharps	9	10	8	9	9	10	8	9	9	9	10	10	10	9	10	7	7	10
Infectious waste disposal	9	10	8	9	9	10	8	9	9	9	10	10	10	9	10	7	6	10
Electricity power	9	9	7	6	8	10	8	8	9	9	9	9	10	10	10	7	8	9
Cold chain	6	7	8	7	7	8	7	8	8	8	8	9	8	8	7	9	7	6
IT equipment	1	5	3	3	0	2	3	2	3	1	4	1	0	0	2	1	4	4

The values in the table represent the availability of an indicator, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for indicators that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



General clinical and trauma care service

	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
Ambulance service available and used for referral of patients	5	9	8	9	4	10	8	9	3	4	8	4	9	7	8	10
Recognition of danger signs	9	10	10	10	10	10	10	10	9	9	10	8	10	10	10	10
Triage system available and actively implemented by designated emergency unit	7	9	10	8	10	10	10	10	1	3	9	8	10	9	10	7
Basic emergency care/life support by prehospital facilities	7	8	10	10	8	10	10	6	3	7	10	6	10	10	10	7
Mass Casualty Management System Available and Implemented	6	8	9	3	6	9	7	10	0	5	8	9	10	8	10	5
Monitored referral	7	10	9	9	10	9	10	10	3	7	10	8	10	10	10	8
Referral capacity	7	9	9	9	9	10	10	8	4	9	10	10	10	10	10	9
Acceptance of referrals	7	10	10	10	10	10	10	10	9	9	10	7	10	10	10	9
Outpatient services for primary health care	9	10	10	10	10	10	8	10	10	10	10	10	10	10	10	10
Outpatient department for secondary care	8	10	9	10	8	10	8	10	10	9	10	9	10	10	10	9
Home visits	7	8	9	9	8	6	10	10	2	3	6	2	9	9	7	10
Minor trauma management	8	9	10	10	7	10	10	8	10	7	10	7	10	10	10	10
Emergency and elective surgery	6	8	7	9	4	9	9	8	1	3	8	10	10	9	10	10
Emergency and elective surgery with at least two operating theatres	6	8	5	7	2	9	9	5	1	1	8	5	10	8	10	9
Orthopedic/trauma ward	6	7	5	8	1	10	8	10	0	2	8	5	10	5	10	5
Short hospitalization capacity	7	9	7	9	5	9	10	10	1	2	6	3	6	3	8	9
Inpatient bed capacity	6	10	10	10	1	10	10	10	2	4	7	10	10	10	10	10
Intensive care unit	7	5	5	8	1	9	9	10	0	1	6	5	10	10	3	8
Basic laboratory	7	8	8	9	2	8	10	10	2	2	8	5	7	8	8	10
Laboratory services secondary level	6	9	8	7	2	9	10	6	1	2	7	3	6	8	8	10
Laboratory services tertiary level	5	5	8	5	1	5	10	0	0	1	6	1	4	7	2	9
Blood bank services	6	8	7	8	1	8	10	10	0	1	3	1	3	2	4	10
Hemodialysis service	1	0	0	5	0	0	0	0	0	1	1	0	1	1	2	0
Endoscopy service	2	0	0	0	0	0	0	0	0	0	2	0	1	0	2	0
Basic Radiology service	6	6	7	9	1	10	10	10	1	1	4	2	4	3	4	10
Advanced Radiology service	4	5	0	3	0	10	2	0	0	1	2	0	3	2	2	10



General clinical and trauma care service (cont.)

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktia	Helmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Hirat
Ambulance service available and used for referral of patients	5	8	8	10	8	8	9	9	7	6	10	8	9	8	3	6	6	8
Recognition of danger signs	10	10	9	10	8	10	10	10	9	10	10	10	10	10	8	7	9	10
Triage system available and actively implemented by designated emergency unit	5	10	7	9	7	8	9	10	7	10	10	8	10	7	8	5	9	10
Basic emergency care/life support by prehospital facilities	7	10	6	9	7	8	9	10	7	9	10	9	9	8	6	6	8	10
Mass Casualty Management System Available and Implemented	7	9	5	8	6	8	8	10	4	5	10	2	7	8	6	1	7	8
Monitored referral	6	10	8	9	7	8	10	10	8	9	10	9	7	7	6	5	9	9
Referral capacity	7	9	7	9	8	10	10	10	8	9	9	9	9	9	7	3	9	10
Acceptance of referrals	8	10	8	9	9	10	10	10	9	9	10	8	9	10	8	6	9	10
Outpatient services for primary health care	10	10	10	10	10	10	10	10	10	10	10	9	10	9	10	8	9	10
Outpatient department for secondary care	9	10	7	9	9	10	10	10	9	10	10	9	10	8	9	7	9	10
Home visits	7	10	6	10	10	8	9	10	8	9	10	7	9	8	7	3	9	10
Minor trauma management	8	10	9	10	8	10	10	10	9	10	10	9	10	10	9	9	9	10
Emergency and elective surgery	7	7	4	7	6	6	6	10	4	6	9	6	5	5	1	2	3	6
Emergency and elective surgery with at least two operating theatres	6	8	2	5	7	5	8	10	2	6	10	3	5	2	1	1	2	4
Orthopedic/trauma ward	2	5	1	5	5	3	5	5	2	5	10	3	0	2	0	1	0	4
Short hospitalization capacity	5	6	6	8	7	5	7	10	3	6	9	6	8	7	1	3	8	7
Inpatient bed capacity	9	10	5	8	8	4	10	10	5	10	10	6	9	2	1	8	3	2
Intensive care unit	6	7	2	5	7	4	8	8	5	5	10	4	5	7	1	2	2	6
Basic laboratory	5	9	4	8	7	8	9	10	6	7	10	6	9	8	1	4	3	6
Laboratory services secondary level	5	7	4	8	7	8	8	8	6	4	10	6	3	6	0	2	3	7
Laboratory services tertiary level	5	8	2	3	6	5	8	8	1	2	10	4	3	6	1	1	2	3
Blood bank services	7	10	5	4	4	4	6	10	1	2	10	2	3	2	0	1	2	4
Hemodialysis service	2	10	2	0	0	0	3	0	1	1	0	2	0	0	0	0	0	2
Endoscopy service	3	10	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Basic Radiology service	10	6	5	7	6	5	3	10	2	3	8	2	3	1	2	1	1	4

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



Child health And nutrition

	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
Community health worker	8	9	5	10	9	9	10	10	9	5	9	10	10	9	10	10
IMNCI under 5 clinic	8	10	10	10	9	10	10	10	9	9	8	8	10	9	10	7
Management of children classified as severe or very severe diseases	8	7	10	9	10	10	10	10	10	10	9	10	10	10	10	9
Community mobilization for EPI	9	9	10	10	6	9	10	10	10	8	10	10	10	10	10	10
EPI services	10	8	9	10	6	8	9	10	10	8	10	9	10	10	10	10
EPI outreach service	9	8	10	10	6	9	10	10	10	8	10	10	10	10	10	10
IEC on IYCF practices	8	10	10	10	9	10	10	10	9	9	9	10	10	10	10	10
Screening for acute malnutrition at the community level	9	10	10	10	10	10	10	10	10	10	9	8	10	9	10	10
Growth monitoring at primary care level	9	10	10	10	8	10	10	10	10	10	9	8	10	9	10	10
OPD for MAM	9	10	10	10	8	10	10	10	9	9	8	8	9	8	10	10
OPD of SAM	9	10	10	10	8	10	10	10	9	9	9	8	10	8	10	10
IPD for SAM	4	7	9	10	8	9	10	9	1	1	8	10	10	9	10	8

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktiya	Helmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Hirat
Community health worker	7	10	9	10	9	9	10	10	9	10	10	7	10	8	7	9	8	9
IMNCI under 5 clinic	10	10	8	10	10	10	10	10	10	9	10	10	10	9	10	7	9	10
Management of children classified as severe or very severe diseases	7	10	9	9	9	10	10	9	10	9	9	9	8	10	9	7	10	8
Community mobilization for EPI	9	9	10	9	9	10	9	10	10	10	10	10	10	10	8	5	6	10
EPI services	8	10	8	9	10	10	9	10	10	9	10	10	10	9	8	10	8	9
EPI outreach service	9	9	10	9	9	10	9	10	10	10	10	10	9	9	6	6	8	10
IEC on IYCF practices	10	10	10	10	9	10	10	10	10	10	10	10	10	10	10	10	9	10
Screening for acute malnutrition at the community level	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	8	9	10
Growth monitoring at primary care level	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	10	9	10

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



Communicable diseases

	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
Syndromic surveillance	6	9	10	9	8	8	10	10	1	6	6	5	9	5	8	8
Malaria medical service	9	10	10	10	4	10	9	10	10	10	9	7	9	9	9	10
Vector control	7	8	10	9	7	9	8	10	9	7	9	7	9	8	4	5
Tuberculosis	9	9	8	9	3	9	10	10	4	4	9	5	10	9	6	8
MDRTB	4	9	8	7	2	5	10	10	0	2	6	0	5	8	0	7
IEC materials on local priority diseases	8	8	10	10	10	10	9	10	9	8	9	9	10	10	10	10
Diagnosis and management of other locally relevant diseases	9	9	10	9	7	10	10	7	8	8	10	5	10	10	10	6
Management of severe and/or complicated communicable diseases	7	9	10	9	7	9	10	6	4	9	9	10	10	10	10	7
Isolation unit or room	6	8	5	8	8	8	10	8	1	0	7	0	9	7	10	5

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktiya	Helmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Herat
Syndromic surveillance	6	9	9	10	9	10	10	5	9	9	10	9	8	9	7	3	8	10
Malaria medical service	10	9	9	9	9	10	10	10	9	10	10	10	10	9	8	7	9	9
Vector control	1	10	1	5	7	10	8	10	8	9	10	10	10	10	4	1	9	4
Tuberculosis	6	8	8	10	6	8	9	10	8	8	10	7	9	9	3	6	9	6
MDRTB	6	9	2	7	7	9	9	9	2	8	9	6	9	8	2	0	9	7
IEC materials on local priority diseases	10	10	10	9	9	10	10	10	10	10	10	9	10	10	10	7	9	10
Diagnosis and management of other locally relevant diseases	9	10	10	10	9	10	10	10	9	10	10	10	10	9	7	6	9	9
Management of severe and/or complicated communicable diseases	8	8	6	7	8	9	9	8	8	8	10	8	9	8	5	6	9	7
Isolation unit or room	6	7	3	7	6	7	4	8	2	5	4	6	3	8	2	1	0	8

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



Sexual and reproductive Health

	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
IEC on STI/HIV	7	10	10	10	4	10	7	10	8	8	8	10	10	10	10	9
Syndromic management of STIs	8	9	10	9	1	10	10	9	9	9	10	9	10	10	10	9
HIV counselling and testing	7	10	10	8	2	6	5	10	0	2	9	9	10	9	10	10
Family planning	7	10	10	10	10	10	10	10	10	9	9	10	10	10	10	10
Antenatal care	8	10	10	10	10	10	10	10	10	9	10	10	10	10	10	10
Clean home deliveries	6	10	10	10	9	10	10	10	8	7	9	6	10	10	10	10
Skilled care during childbirth	8	10	10	10	8	10	10	10	10	6	10	10	10	10	10	10
Basic emergency obstetric care	7	8	10	10	8	10	10	10	10	7	10	7	10	10	7	10
Comprehensive Emergency Obstetric Care	6	7	10	9	3	9	10	10	1	4	8	9	10	10	10	10
Post-partum care	8	10	10	10	9	10	10	10	10	7	10	10	10	10	10	10
Clinical management of rape survivors	7	9	10	10	3	6	10	10	9	10	9	6	10	10	5	8

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktya	Helmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Hirat
IEC on STI/HIV	10	10	8	10	7	10	10	10	10	9	10	10	10	9	4	5	9	10
Syndromic management of STIs	9	10	8	10	8	10	10	10	10	9	10	8	10	10	3	6	10	9
HIV counselling and testing	6	8	3	10	6	10	10	7	9	10	10	10	10	9	3	3	9	7
Family planning	10	10	9	10	10	10	10	10	10	10	10	10	10	10	10	9	10	10
Antenatal care	10	10	9	10	10	10	10	10	10	10	10	10	10	10	10	9	10	10
Clean home deliveries	10	10	6	10	9	10	10	10	9	10	10	10	10	10	10	6	9	10
Skilled care during childbirth	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	8	10
Basic emergency obstetric care	10	10	9	10	10	10	10	10	9	10	10	10	10	8	8	7	7	10
Comprehensive Emergency Obstetric Care	9	9	5	3	5	6	10	10	5	4	10	4	6	3	1	3	7	5
Post-partum care	10	10	10	10	10	10	10	10	9	10	10	10	10	10	10	10	10	10
Clinical management of rape survivors	6	10	6	10	6	10	10	10	9	9	10	8	10	10	5	2	8	10

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



	CAPITAL						CENTRAL HIGHLAND		EASTERN				NORTH EASTERN			
	Kabul	Kapisa	Logar	Maidan Wardak	Panjsher	Parwan	Bamyan	Daykundi	Kunar	Laghman	Nangarhar	Nuristan	Badakhshan	Baghlan	Kunduz	Takhar
Promote screening for early detection	8	10	10	10	7	9	9	10	8	9	10	9	10	10	10	9
NCD care	6	10	10	10	9	10	10	10	6	9	10	7	10	10	10	9
Asthma and COPD	8	10	9	10	5	10	10	10	9	9	8	5	10	9	10	7
Hypertension	8	10	10	10	8	10	9	10	10	9	10	10	10	10	10	10
Diabetes	7	9	10	9	1	9	10	10	1	1	9	4	9	10	10	9
Inpatient acute rehabilitation	6	8	9	9	2	9	10	10	1	4	8	10	10	10	0	10
Physiotherapy service	6	10	10	8	1	9	10	10	0	1	4	2	4	5	4	10
Prosthetics and Orthotics	4	7	10	8	0	7	5	10	0	1	6	0	6	3	0	10
Psychological first aid	8	7	8	10	2	9	10	8	6	5	9	5	10	10	10	9
Management of mental disorders	8	8	10	10	2	10	10	10	5	8	9	6	9	8	9	8
Inpatient care for mental disorders by specialists	3	7	10	8	0	8	8	10	0	3	8	5	10	9	10	9

	NORTHERN					SOUTH EASTERN				SOUTHERN					WESTERN			
	Balkh	Faryab	Jawzjan	Samangan	Sar-E-Pul	Ghazni	Khost	Paktika	Paktya	Hilmand	Kandahar	Nimroz	Uruzgan	Zabul	Badghis	Farah	Ghor	Hirat
Promote screening for early detection	7	10	9	10	8	10	10	9	7	9	10	10	10	9	5	5	10	9
NCD care	5	10	6	10	7	9	9	10	6	9	10	10	10	9	3	3	10	8
Asthma and COPD	10	10	7	9	9	9	9	10	9	8	10	9	10	10	8	6	9	10
Hypertension	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	10	10
Diabetes	4	10	6	10	8	9	8	8	5	5	10	6	8	8	2	2	6	7
Inpatient acute rehabilitation	6	8	5	8	7	6	8	0	5	6	10	4	5	6	1	2	5	4
Physiotherapy service	8	10	5	7	8	4	9	10	4	4	10	1	8	2	1	1	2	4
Prosthetics and Orthotics	5	4	3	2	9	4	6	0	3	8	10	4	0	3	1	1	1	1
Psychological first aid	8	10	9	10	6	10	10	10	8	10	10	9	10	10	6	5	8	9
Management of mental disorders	8	10	6	9	8	10	9	10	8	9	8	9	9	9	9	5	9	10
Inpatient care for mental disorders by specialists	6	8	2	0	2	0	2	10	2	6	10	0	0	3	1	1	5	3

The values in the table represent the availability of health services, scored on a scale from 0, indicating availability in very few or no HSDUs (denoted by dark orange cells) to 10, indicating availability in nearly all or all HSDUs (denoted by dark blue cells). A weighting factor of 0.5 was applied to account for services that were only partially available. It should be noted that this table excludes non-operational and non-reporting HSDUs.



ANNEX II: SERVICE DEFINITIONS



General clinical and trauma care service

TITLE	SERVICE DEFINITIONS
Ambulance service available and used for referral of patients	User-activated dispatch of basic ambulance services from district-level staging center (e.g., ambulance pool)
Recognition of danger signs	Recognition of danger signs in neonates, children and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
Triage system available and actively implemented by designated emergency unit	Triage system available and actively implemented by designated emergency unit
Basic emergency care/life support by prehospital facilities	Initial syndrome- based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma
Mass Causality Management System Available and Implemented	Discharge of less acutely ill persons and canceling elective procedures: Adding more capacity of beds to wards and rooms Pre-established procedures to call back staff for extra shifts Maintaining or increasing stocks of equipment, supplies, pharmaceuticals
Monitored referral	Supervised referral by trained health staff during transport to appropriate healthcare facility and structured handover to facility personnel
Referral capacity	Referral capacity including referral procedures, means of communication, access to transportation
Acceptance of referrals	Acceptance of referral from the lower level facilities
Outpatient services for primary health care	Outpatient services for primary health care with availability of all essential drugs for primary care as per national guidelines.
Outpatient department for secondary care	Outpatient department with availability of all essential drugs for secondary care as per national guidelines (including NCD and pain management), and at least one general practitioner.
Home visits	Home visits including promotion of self-care practices, monitoring of NCD medication compliance and palliative care.
Minor trauma management	Minor trauma management including pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, cotton wool
Emergency and elective surgery	Full surgical wound care, advanced fracture management through at least one operating theatre with basic general anesthesia (with or without gas)
Emergency and elective surgery with at least two operating theatres	Emergency and elective surgery with at least two operating theaters with pediatric and adult gaseous anesthetic
Orthopedic/trauma ward	Orthopedic/trauma ward for advanced orthopedic and surgical care, including burn patient management



Short hospitalization capacity	Short hospitalization capacity (maximum 48 hours)
Inpatient bed capacity	Inpatient bed capacity with 24/7 availability of medical doctors (MD), nurses and midwives, and beds for short observation before admission, or 24/48-hour hospitalization
Intensive care unit	Intensive care unit: with at least 4 beds
Basic laboratory	Basic hematology, bacteriology, and clinical pathology services
Laboratory services secondary level	Secondary laboratory services
Laboratory services tertiary level	Tertiary laboratory services
Blood bank services	Blood bank services
Hemodialysis service	Hemodialysis service
Endoscopy service	Endoscopy service
Basic Radiology service	X-ray services and ultrasound
Advanced Radiology service	X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI and/or CT scan



Child health and nutrition

TITLE	SERVICE DEFINITIONS
Community health worker	Community health worker(s) linked and referring cases from the community
IMNCI under 5 clinic	Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts (ORS) and zinc dispersible tablets, national IMCI guidelines, and flowcharts
Management of children classified as severe or very severe diseases	Management of children classified as severe or very severe diseases (parenteral fluids and drugs, oxygen)
Community mobilization for EPI	Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns
EPI services	EPI services provided according to national immunization schedule
EPI outreach service	Regular outreach site for routine immunization against all national target diseases or permanent site with functioning cold chain in place.
IEC on IYCF practices	Information, education, and communications (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children
Screening for acute malnutrition at the community level	Screening for acute malnutrition at the community level using mid-upper arm circumference (MUAC) at the community level
Growth monitoring at primary care level	Growth monitoring and/or screening of acute malnutrition (MUAC, weight-for-height (W/H) and/or oedema)
OPD for MAM	Outpatient service or department for the management of acute malnutrition (MAM)



TITLE	SERVICE DEFINITIONS
OPD of SAM	Outpatient department for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available
IPD for SAM	Inpatient department (e.g. stabilization center, Therapeutic Feeding Unit (TFU)) for the management of Severe Acute Malnutrition (SAM) with medical complications, with availability of F75, F100, ready-to-use therapeutic foods and dedicated trained team of doctors, nurses, and nurse aids, 24/7

Communicable diseases

TITLE	SERVICE DEFINITIONS
Syndromic surveillance	Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions
Malaria medical service	Diagnosis of suspected malaria cases with rapid diagnostic test (RDT) or laboratory and treatment of positive cases, or detection and referral of suspected cases, and follow-up
Vector control	Support vector control interventions (distribution of impregnated bed nets, in/outdoor insecticide spraying, distribution of related IEC materials)
Tuberculosis	Diagnosis and treatment of tuberculosis (TB) cases, or detection and referral of suspected cases, and follow-up
MDRTB	Diagnosis, management, and follow-up of multi-drug-resistant TB patients (MDRTB)
IEC materials on local priority diseases	IEC materials on the prevention and self-care of local priority diseases, such as acute diarrhea, ARI, others
Diagnosis and management of other locally relevant diseases	Diagnosis and management of other locally relevant diseases: such as measles, viral hepatitis, diphtheria, pertussis, etc., with protocols available for identification, classification, stabilization and referral of severe cases
Management of severe and/or complicated communicable diseases	Management of severe and/or complicated communicable diseases (e.g. measles with pneumonia, cerebral malaria, etc.)
Isolation unit or room	Isolation unit or room: for patients with highly infectious diseases



Sexual and reproductive health

TITLE	SERVICE DEFINITIONS
IEC on STI/HIV	IEC on prevention of STI/HIV infections and behavioral change communications
Syndromic management of STIs	Syndromic management of (sexually transmitted infections) STIs with first-line antibiotics available nationally
HIV counselling and testing	HIV counselling and testing
Family planning	Availability of pregnancy test and contraceptive methods as per national guidelines
Antenatal care	Assess pregnancy, birth and emergency plan, respond to problems observed (urine protein test strips, Syphilis RDT) and/or reported STI, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anaemic pregnancy
Clean home deliveries	Clean home deliveries including distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communications, knowledge of danger signs and where/when to go for help, promotion of exclusive breastfeeding, and IYCF practices
Skilled care during childbirth	Skilled care during childbirth including early essential newborn care: preparing for birth, assess the presence of labor, stage, fill WHO partograph and monitor, manage conditions accordingly, dry baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis (available magnesium sulphate and antenatal steroid)
Basic emergency obstetric care (BEmOC)	Parenteral antibiotics, oxytocic/anticonvulsant drugs, antenatal steroid, manual removal of placenta, removal of retained products with manual vacuum aspiration (MVA), assisted vaginal delivery, health facility functioning 24/7
Comprehensive Emergency Obstetric Care (CEmOC)	BEmOC, caesarean section, safe blood transfusion
Post-partum care	Examination of mother and newborn (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, promote family planning
Clinical management of rape survivors	Clinical management of rape survivors (including psychological support)



Noncommunicable diseases and mental health

TITLE	SERVICE DEFINITIONS
Promote screening for early detection	Promote screening for early detection : identify and refer severe cases for treatment, screening and management of risks of cardiovascular disease (CVD), availability of blood pressure (BP) apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list
NCD care	Provide basic health care and psychosocial support including brief advice on tobacco, alcohol and substance abuse, healthy diet, individual counselling on adherence to chronic therapies, availability of blood pressure (BP) apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list. Provide needed follow-up to patients discharged by the health facility, and provide social services for people with chronic health conditions, disabilities and mental health problem
Asthma and COPD	Classification, treatment and follow-up of Asthma and chronic obstructive pulmonary disease (COPD)
Hypertension	Early detection, management, counseling (including dietary advice), and follow-up of hypertension cases.
Diabetes	Early detection, management (oral anti-diabetic and insulin available), counselling (including dietary advice), foot care, and follow-up of diabetes cases
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs
Physiotherapy service	Physiotherapy service
Prosthetics and Orthotics	Manufacture, fitting and training to use prosthetic and orthotic devices
Psychological first aid	Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance etc.
Management of mental disorders	Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam
Inpatient care for mental disorders by specialists	Inpatient management of mental disorders by specialized health-care providers

