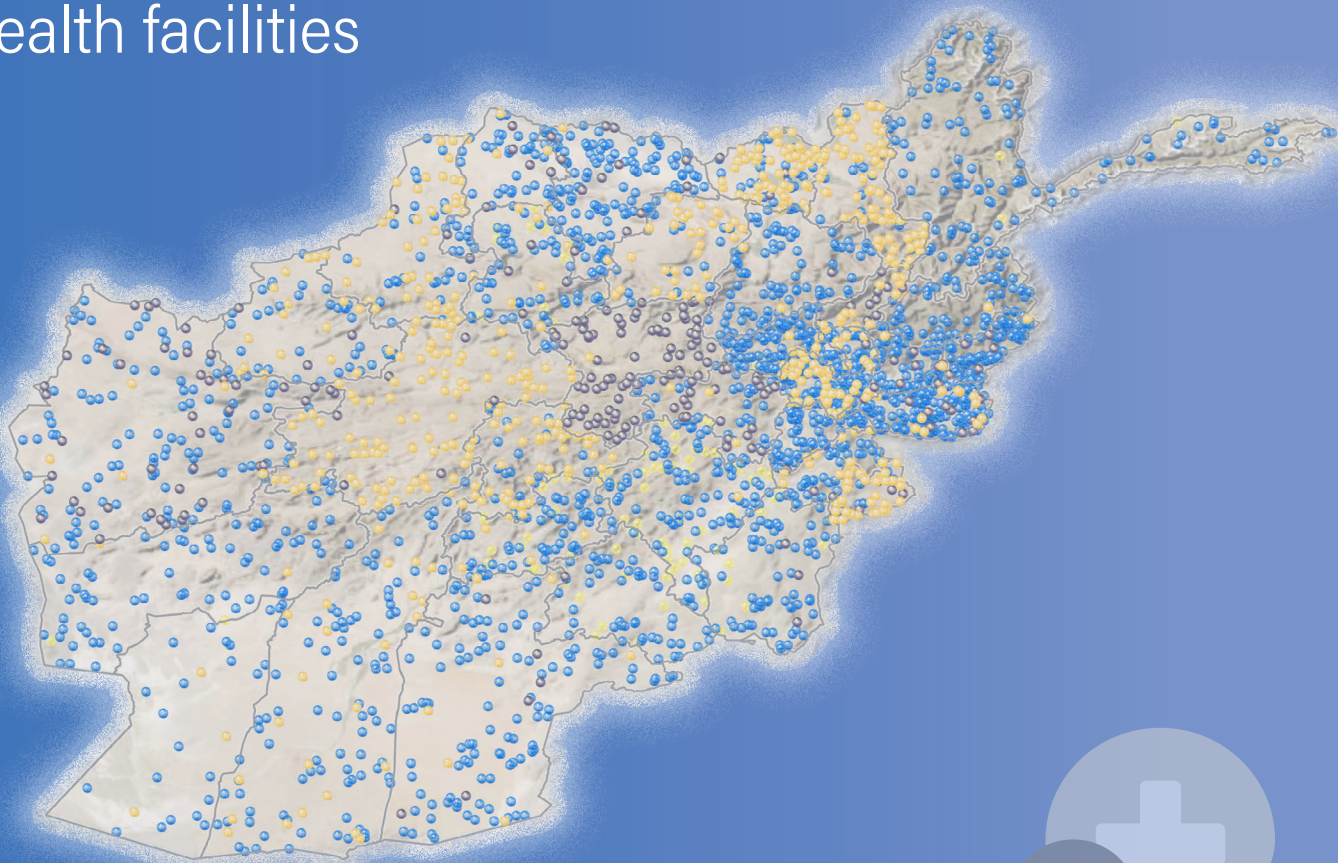


HeRAMS Afghanistan Baseline Report 2022



OPERATIONAL STATUS OF THE HEALTH SYSTEM

A comprehensive mapping
of the operational status of
health facilities



March 2022



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HeRAMS AFGHANISTAN

BASELINE REPORT 2022

Operational status of the health system

A comprehensive mapping of the operational status of health facilities

March 2022



ACRONYMS

BHC	Basic Health Center
BHC+	Basic Health Center Plus
CHC	Comprehensive Health Center
CHC+	Comprehensive Health Center Plus
DH	District Hospital
FATP	First Aid Trauma Post
FHH	Family Health House
HC	Health Cluster
HeRAMS	Health Resources and Services Availability Monitoring System
MHT	Mobile Health Team
NGO	Nongovernmental organization
NH	National Hospital
PH	Provincial Hospital
RH	Regional Hospital
SH	Specialist Hospitals
SHC	Sub Health Center
UN	United Nations
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 requiring 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 (NGOs), 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 and has allowed for the assessment of 2730 health facilities across the country, against a total estimate of 3012 to date.

This analysis was produced based on the data collected up to March 22nd 2022 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This is the first report of the **HeRAMS Afghanistan Baseline Report 2022** series focusing on the operational status of health facilities, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on the availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services¹, child health and nutrition services², communicable disease services³, sexual and reproductive health services⁴, and non-communicable disease and mental health services⁵.

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.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int

¹ HeRAMS Afghanistan Baseline Report - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-general-clinical-and-trauma-care-services>.

² HeRAMS Afghanistan Baseline Report - Child health and nutrition services: A comprehensive mapping of availability of essential services barriers to their provision, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-child-health-and-nutrition-services>.

³ HeRAMS Afghanistan Baseline Report - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-communicable-disease-services>.

⁴ HeRAMS Afghanistan Baseline Report - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-sexual-and-reproductive-health-services>.

⁵ HeRAMS Afghanistan Baseline Report 2022 - Non-communicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision. <https://www.who.int/publications/m/item/herams-afghanistan-baseline-report-2022-ncd-and-mental-health-services>.

INTERPRETATION GUIDE

Indicator status

Arc charts

For each indicator, an arc chart provides an overview of the overall status (i.e. functionality, availability, sufficiency, etc.), hereafter referred to as "availability". The total number of health facilities included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of health facilities included in the analysis of an indicator can vary due to the exclusion of non-operational and non-reporting health facilities from subsequent analyses (see page 5 for details).



The status of an indicator is further broken down by region and or type of health facility.

Column charts

Column charts display the status of an indicator by region or province. The number of health facilities in a region or province is shown below the region's name.



Donut charts

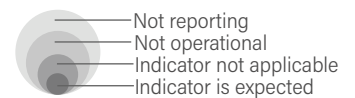
Each donut chart represents a type of health facility. The percentage of health facilities for which the indicators was available or partially available is shown inside the donut while the total number of health facilities included is shown at the bottom of the chart, below the health facility type name. If an indicator was not available in any health facility, the number inside the chart will display the percentage of health facilities for which the indicator was partially or not available.



Maps

In contrast to charts and to highlight areas not reporting, respectively the impact of non-operational health facilities, maps depict all health facilities included in the HeRAMS assessment. Each circle corresponds to the cumulative number of health facilities in a province and may be divided in up to four smaller circles with the smallest circle indicating the proportion of health facilities assessed for the selected indicator. By default, the color of the innermost circle represents the percentage of health facilities for which the indicator is fully available. If an indicator is not expected or not applicable in some health facilities, a gray circle indicates the percentage of health facilities excluded from the analysis. Any deviation from this is clearly stated in the map legend. Non-reporting and non-operational health facilities are depicted in distinct colors and form two outer circle around the evaluated health facilities.

In the example shown on the right, the cumulative size of the circles corresponds to 15 health facilities. The smallest circle indicates the proportion of operational health facilities where the indicator is applicable (1) followed by the proportion of health facilities evaluated but where the indicator is not applicable (4). The two lighter shades of gray indicate the proportion of non-operational (5) and non-reporting (5) health facilities.



Map label:

Province name
X / X%

For each circle, the corresponding province name is shown in the map label together with the total number of health facilities evaluated (excluding health facilities where the indicator is not applicable) and the percentage of evaluated health facilities for which the indicator was fully available.

Reasons of unavailability

If an indicator was not or only partially available, main reasons of unavailability (i.e. causes of damage, reasons for non-functionality, etc.) were collected. Similarly, indicators assessing availability and sufficiency of basic amenities may have a sub-question gathering additional information on the type of amenity available. Alike reasons of unavailability, types of amenities are only evaluated if the amenity was at least partially available. For simplicity reasons, causes of damage, non-functionality and inaccessibility, reasons of unavailability, types of basic amenities, and type of support provided by partners are hereafter commonly referred to as "reasons".

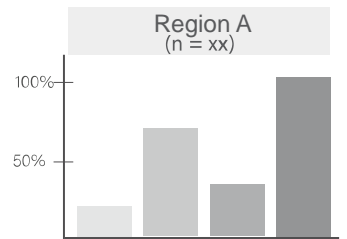
Donut charts



Each donut chart indicates the percentage of health facilities having reported a given reason. The total number of health facilities reporting at least one reason is shown below the chart header.

Bar chart

Bar charts depicting reasons follow the same logic as donut charts and exclude health facilities where the indicator was fully available. The number of health facilities reporting at least one reason is displayed below the region's name.



Important: The denominators for reasons charts exclude health facilities where the indicator was fully available or in the case of basic amenities not available. It should further be noted that health facilities could report up to three reasons for each indicator. Thus, the sum of all reasons may exceed 100%.

OVERVIEW OF HEALTH FACILITIES EVALUATED

Summary of health facilities evaluated

3012 Health facilities targeted



237 Not reporting
3 Closed
42 Planned

2730 Health facilities evaluated


Building damage



4 Destroyed
581 Partially damaged


Equipment damage



4 Fully damaged
579 Partially damaged


Functionality

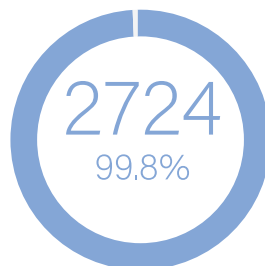


2 Non-functioning
437 Partially functional


Accessibility



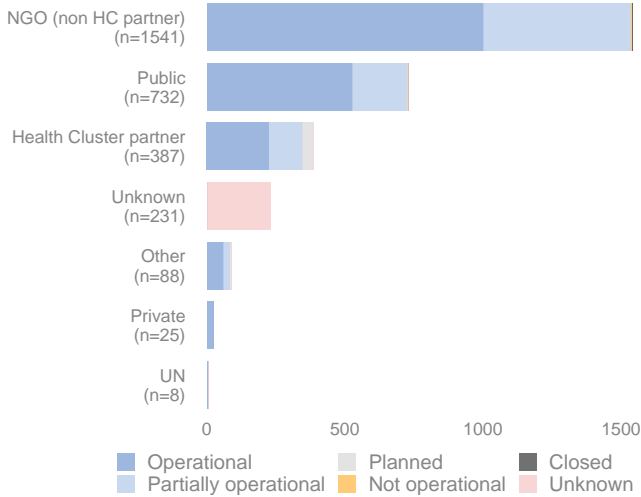
231 Partially accessible



2724
99.8%
Operational health facilities
(out of 2730 evaluated)

Overview by Implementing partner

Health facility by implementing partner category



	OPERATIONAL	PARTIALLY OPERATIONAL	NOT OPERATIONAL	PLANNED	CLOSED	UNKNOWN	TOTAL
HC PARTNER	225	122	0	38	0	2	387
NGO (NON HC PARTNER)	1001	535	4	0	1	0	1541
PRIVATE	25	0	0	0	0	0	25
PUBLIC	528	197	2	1	2	2	732
UN	7	0	0	0	0	1	8
OTHER	59	25	0	3	0	1	88
UNKNOWN	0	2	0	0	0	229	231
TOTAL	1845	881	6	42	3	235	3012

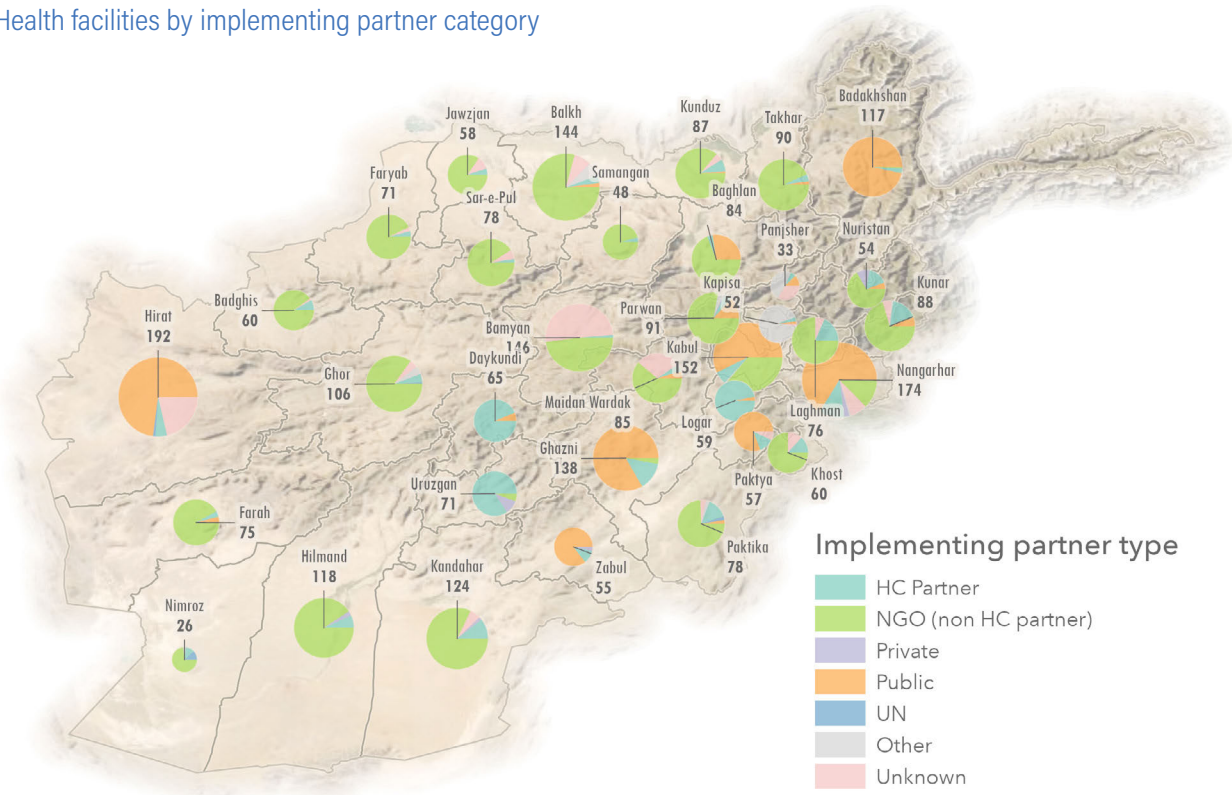
Operational status by implementing partner and region^{6,7}



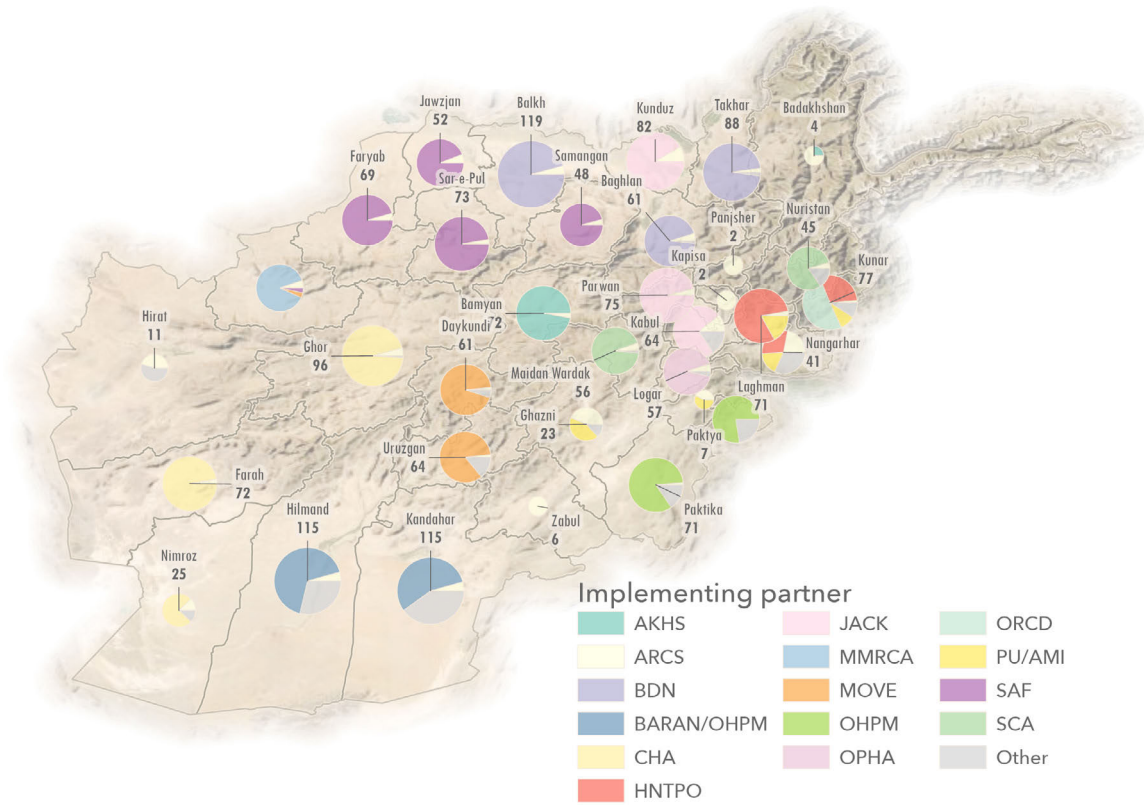
⁶ Includes NGO and UN implementing partners only

⁷ See [Annex I](#) for a complete list of partner acronyms

Health facilities by implementing partner category



Implementing partners by province¹

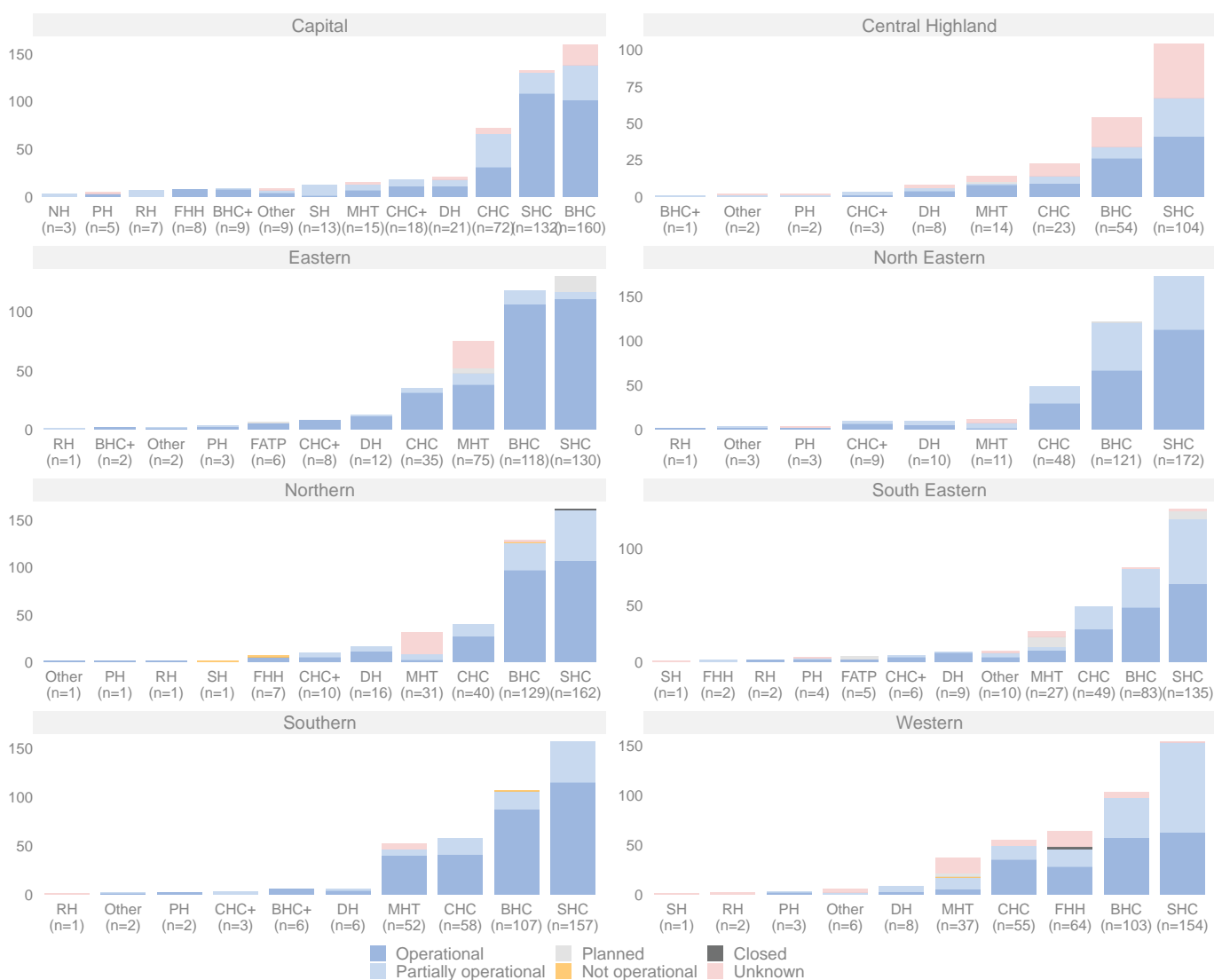


Overview by health facility type

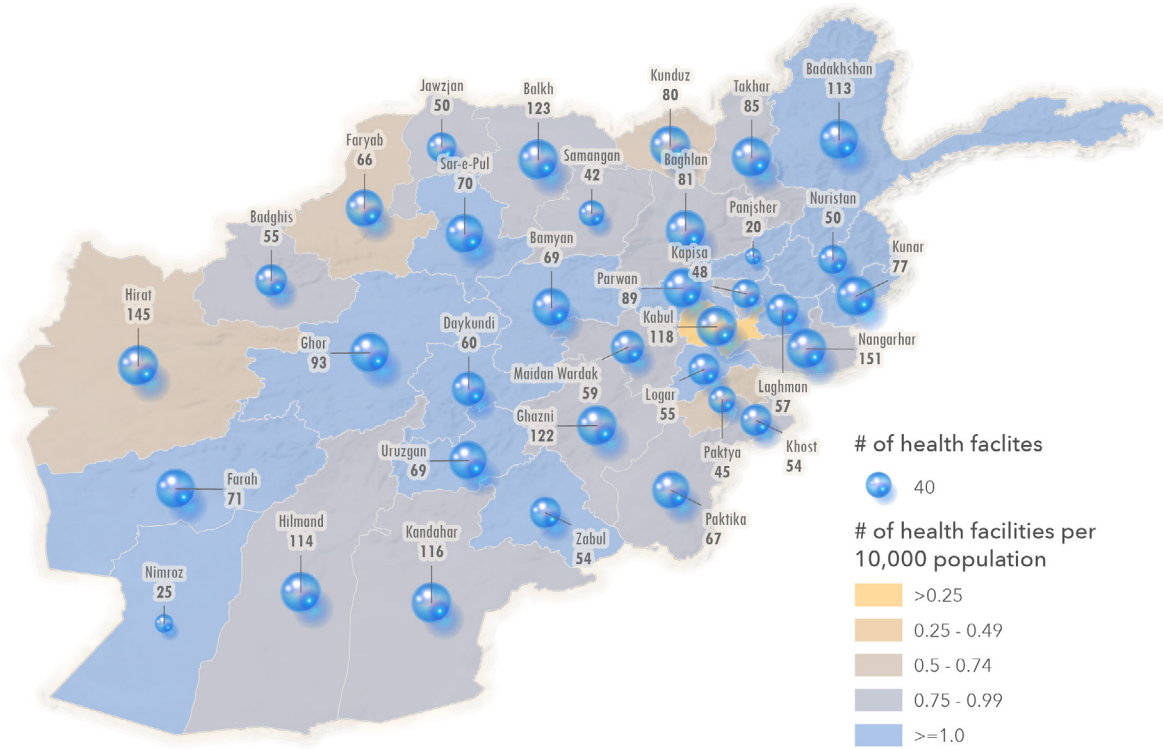
Health facility status by health facility type

	SH	NH	RH	PH	DH	CHC+	CHC	BHC+	BHC	SHC	MHT	FHH	FATP	Other	Total
OPERATIONAL	1	3	4	15	56	35	232	16	588	725	111	42	7	10	1845
PARTIALLY OPERATIONAL	12	0	8	4	29	22	127	2	233	358	50	20	0	16	881
NOT OPERATIONAL	1	0	0	0	0	0	0	0	2	0	1	2	0	0	6
PLANNED	0	0	0	0	0	0	0	0	1	20	17	0	4	0	42
CLOSED	0	0	0	0	0	0	0	0	0	1	0	2	0	0	3
UNKNOWN	2	0	3	4	5	0	21	0	51	42	83	15	0	9	235
TOTAL	16	3	15	23	90	57	380	18	875	1146	262	81	11	35	3012

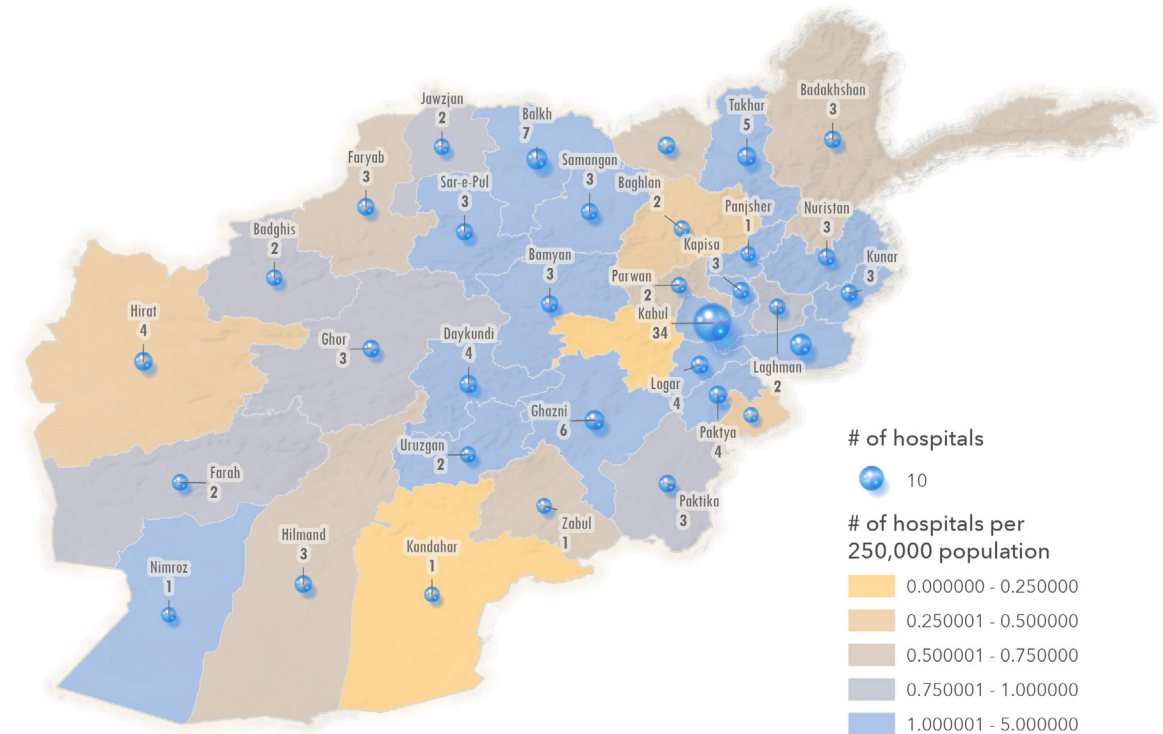
Health facility status by region and health facility type



Operational health facilities by province^{8,9}



Operational hospitals by province^{10,11}



⁸ Includes fully and partially operational Basic and Comprehensive Health Centers (BHB/BHB+, CHC/CHC+), Sub Health Centers (SHC), Family Health Houses (FHH), Mobile Health Teams (MHT) and First Aid Trauma Posts (FATP).

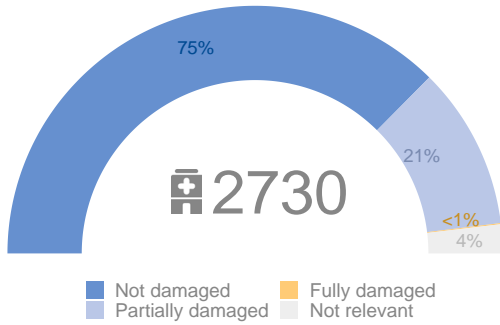
⁹ Recommended minimum coverage: one healthcare facility per 10,000 people (source: SPHERE handbook <https://handbook.spherestandards.org/en/sphere/#ch009> [accessed: 2022-03-25])

¹⁰ Includes fully and partially functional Specialist Hospitals (SH), National hospitals (NH), Regional Hospital (RH), Provincial Hospital (PH) and District Hospitals (DH)

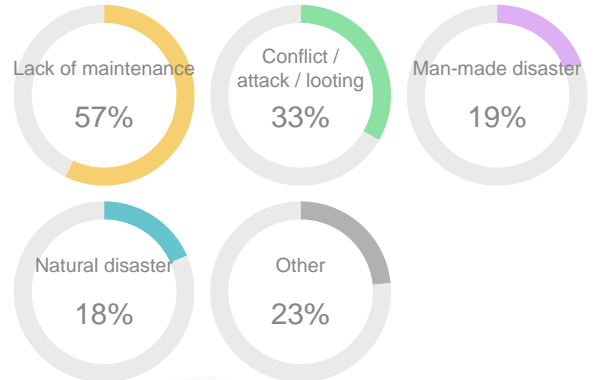
¹¹ Recommended minimum coverage: one district or rural hospital per 250,000 people (source: SPHERE handbook <https://handbook.sphere-standards.org/en/sphere/#ch009> [accessed: 2022-03-25])

BUILDING CONDITION

Building condition

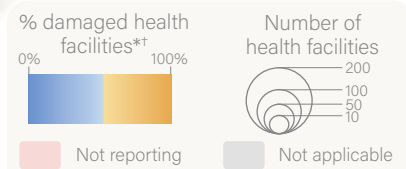
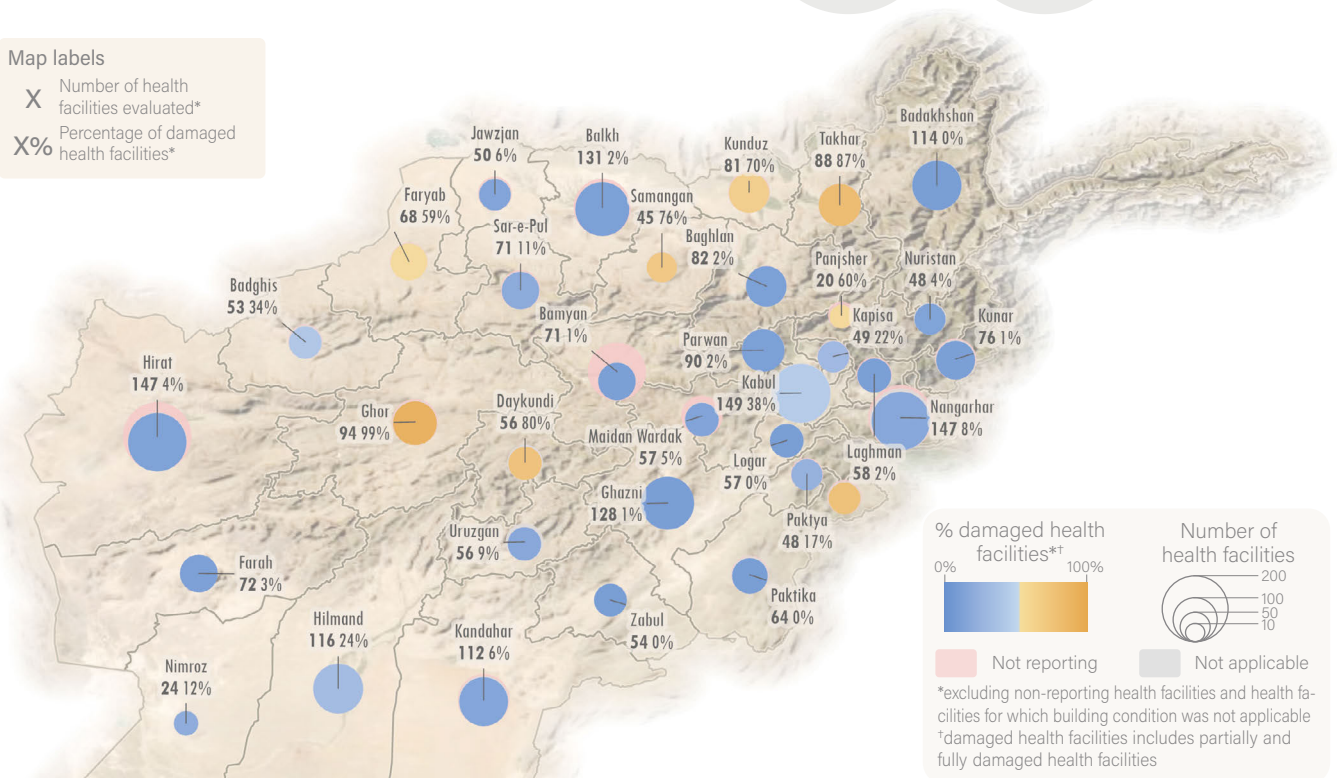


Main causes of damage (n = 580)



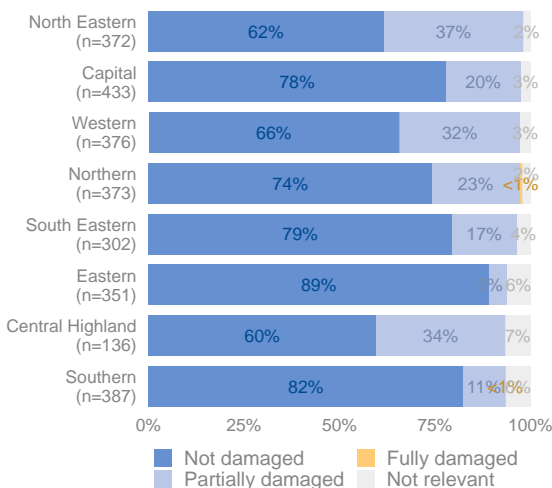
Map labels

- X Number of health facilities evaluated*
- X% Percentage of damaged health facilities*

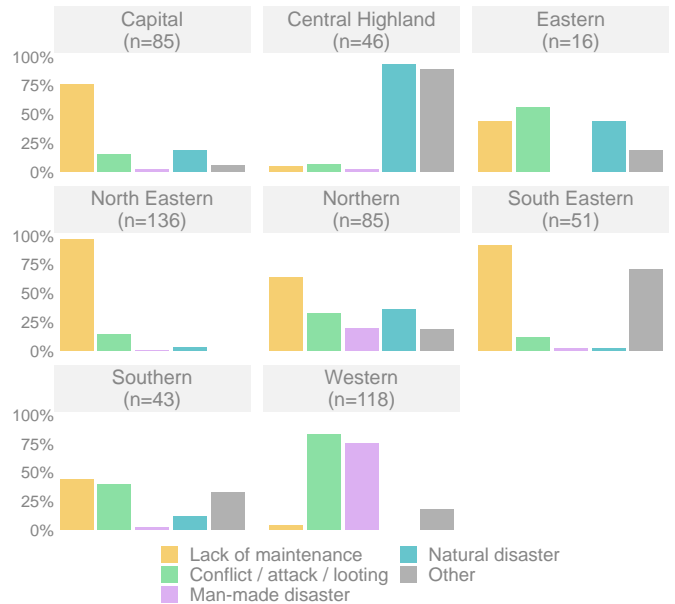


*excluding non-reporting health facilities and health facilities for which building condition was not applicable
 †damaged health facilities includes partially and fully damaged health facilities

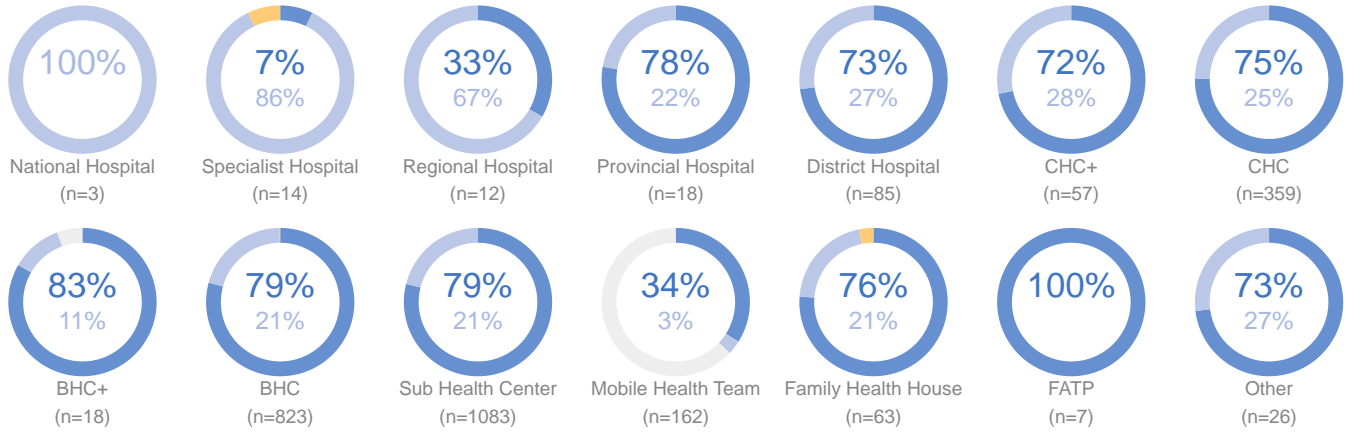
Building condition by region



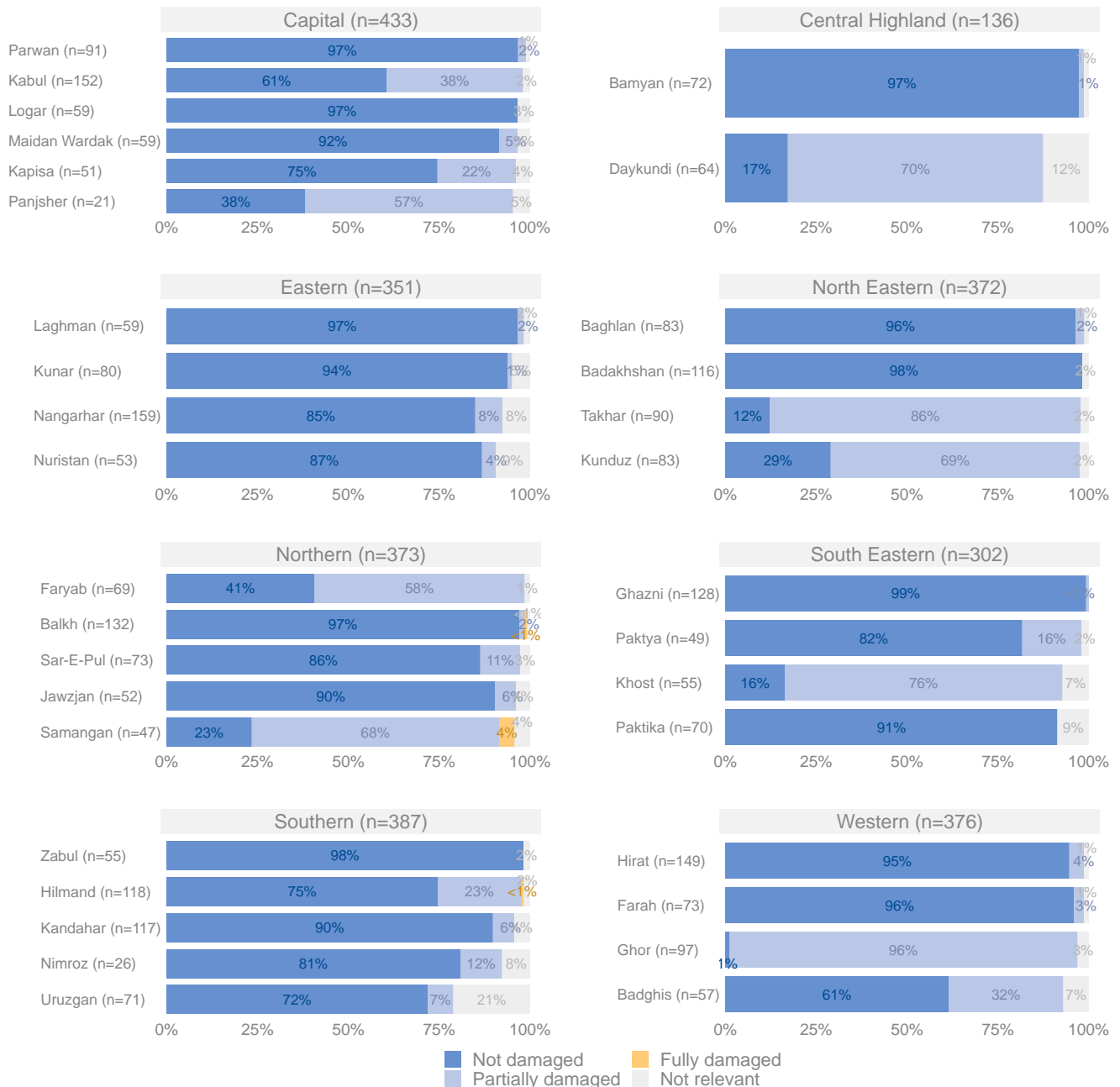
Main causes of damage by region



Building condition by health facility type

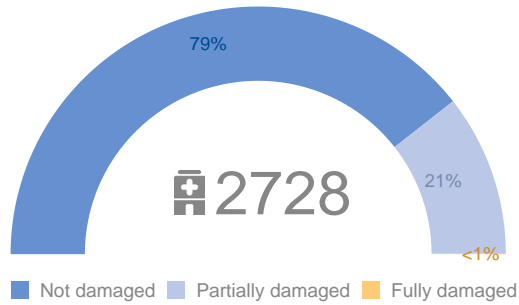


Building condition by province

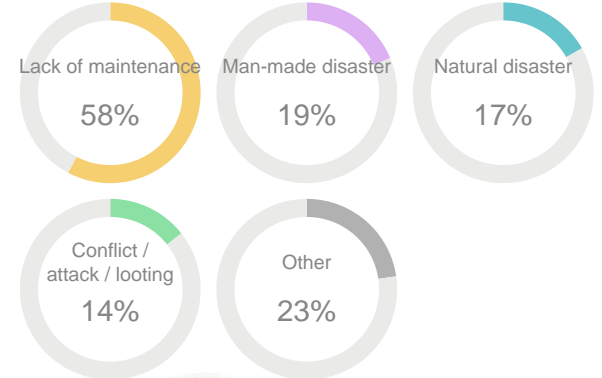


EQUIPMENT CONDITION

Equipment condition

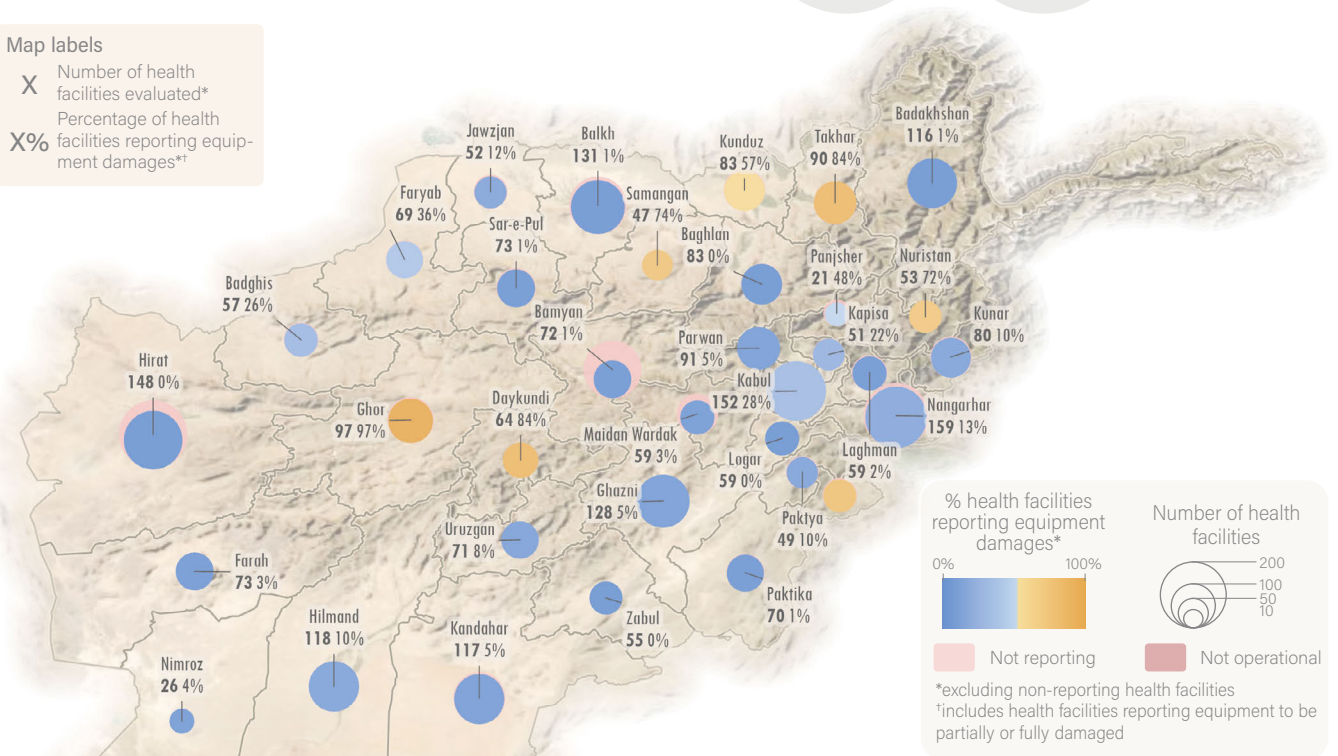


Main causes of damage (n = 577)

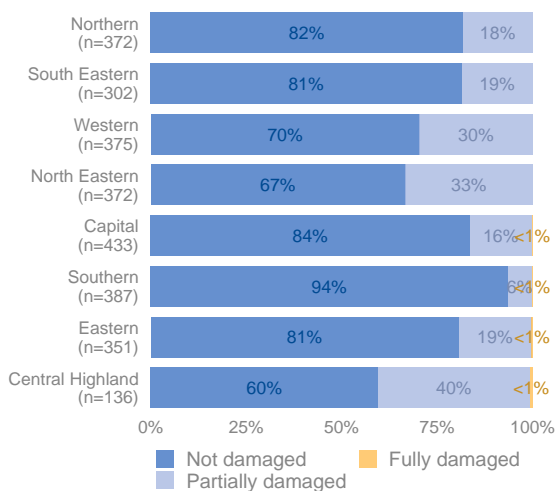


Map labels

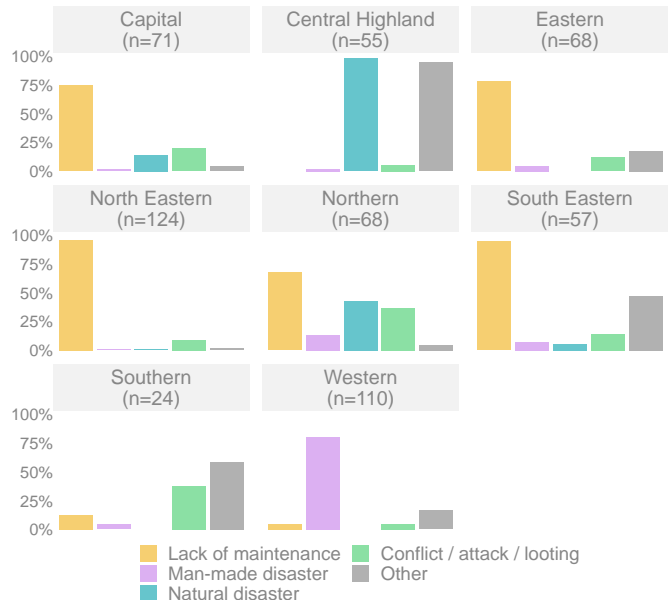
- X Number of health facilities evaluated*
- X% Percentage of health facilities reporting equipment damages*†



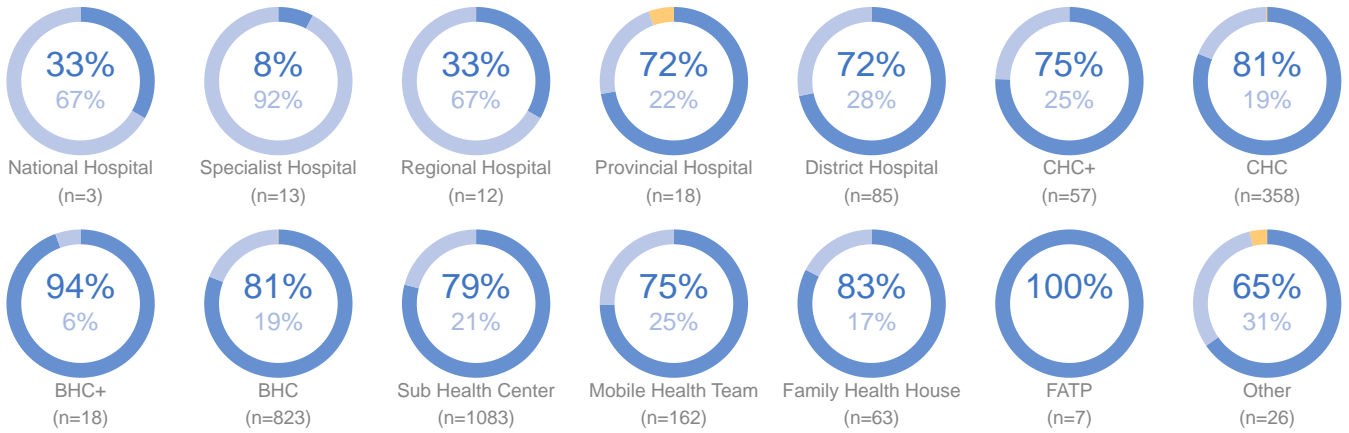
Equipment condition by region



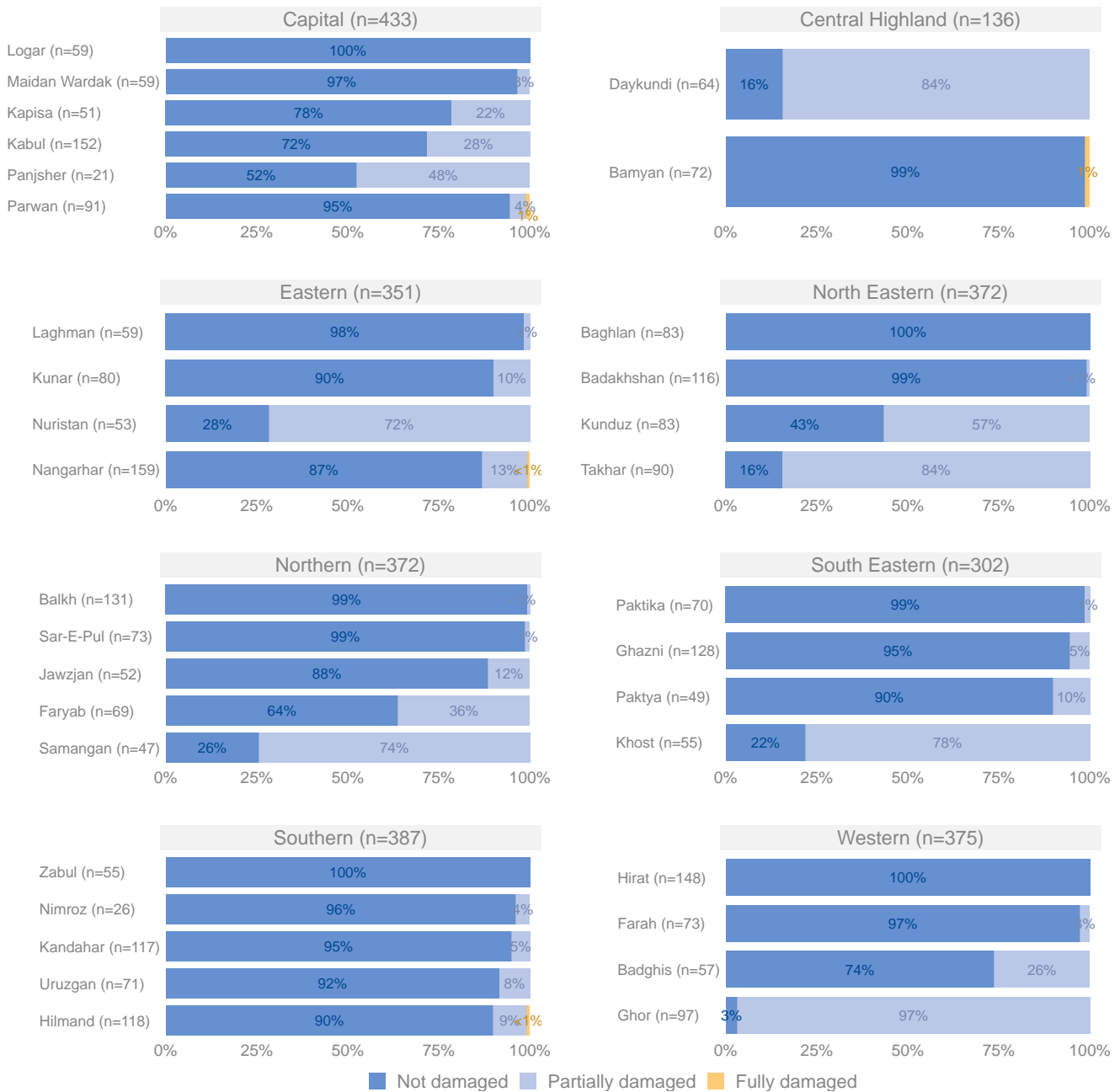
Main causes of damage by region



Equipment condition by health facility type

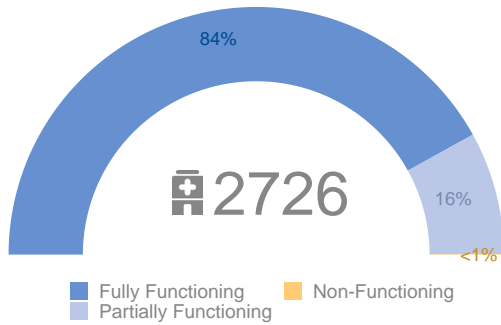


Equipment condition by province

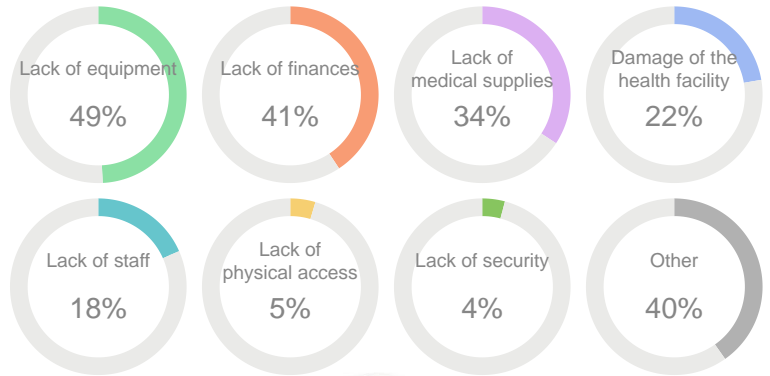


FUNCTIONALITY

Functionality

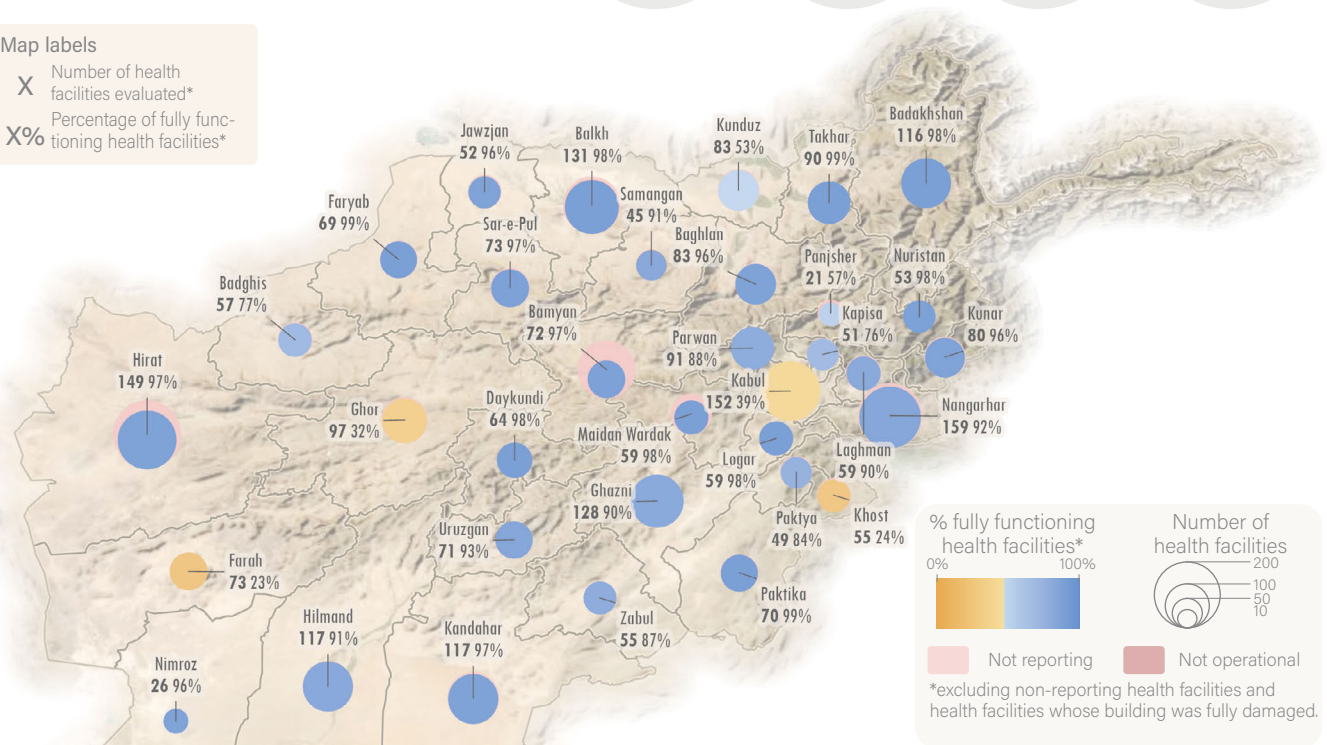


Main causes of dysfunctionality (n = 435)

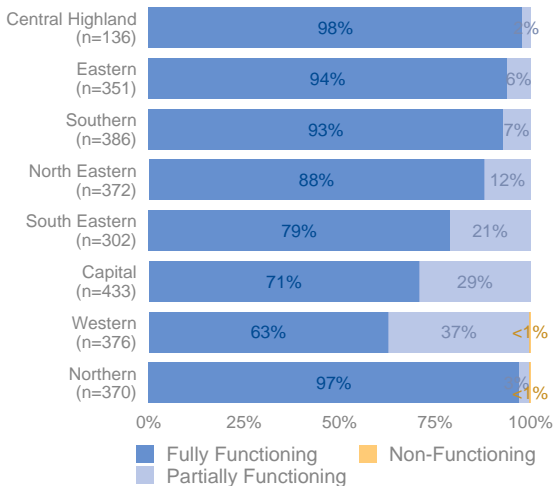


Map labels

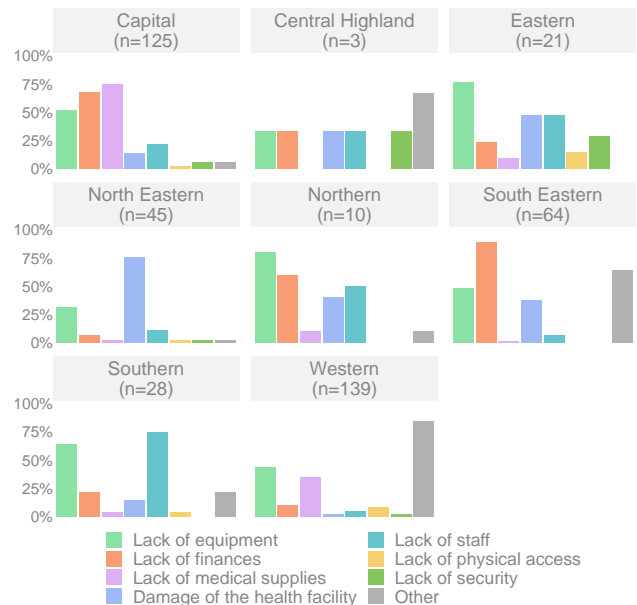
- X Number of health facilities evaluated*
- X% Percentage of fully functioning health facilities*



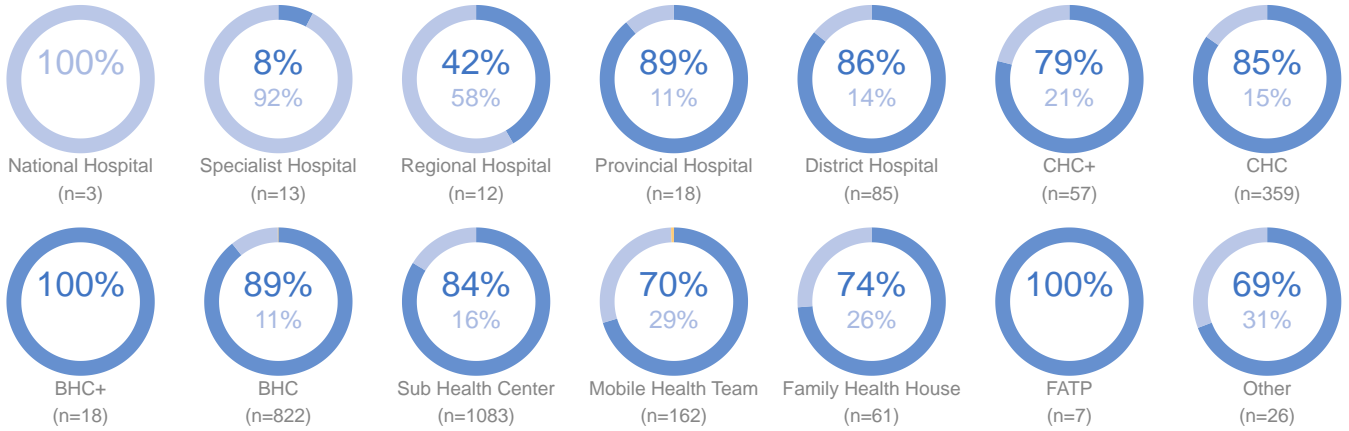
Functionality by region



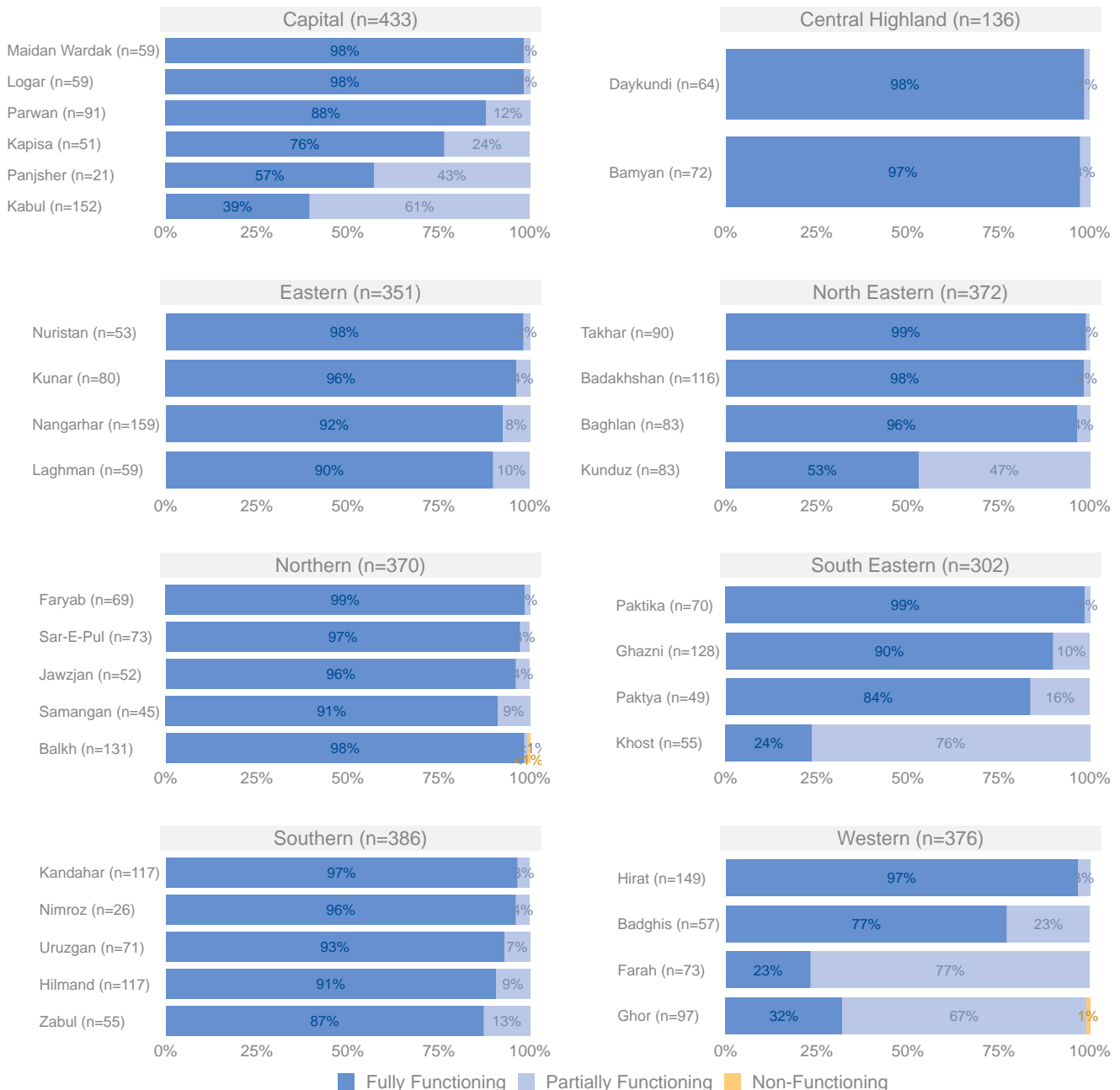
Main causes of dysfunctionality by region



Functionality by health facility type

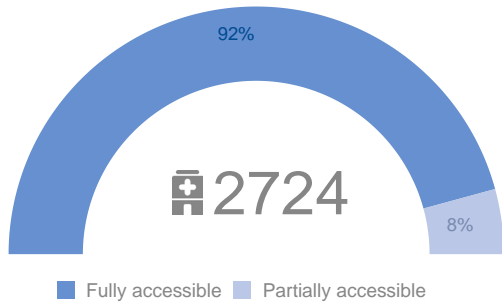


Functionality by province

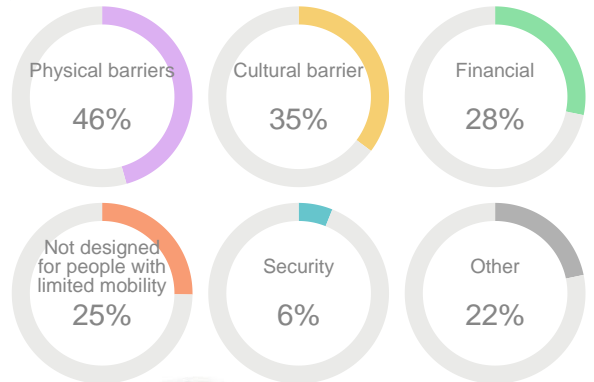


ACCESSIBILITY

Accessibility

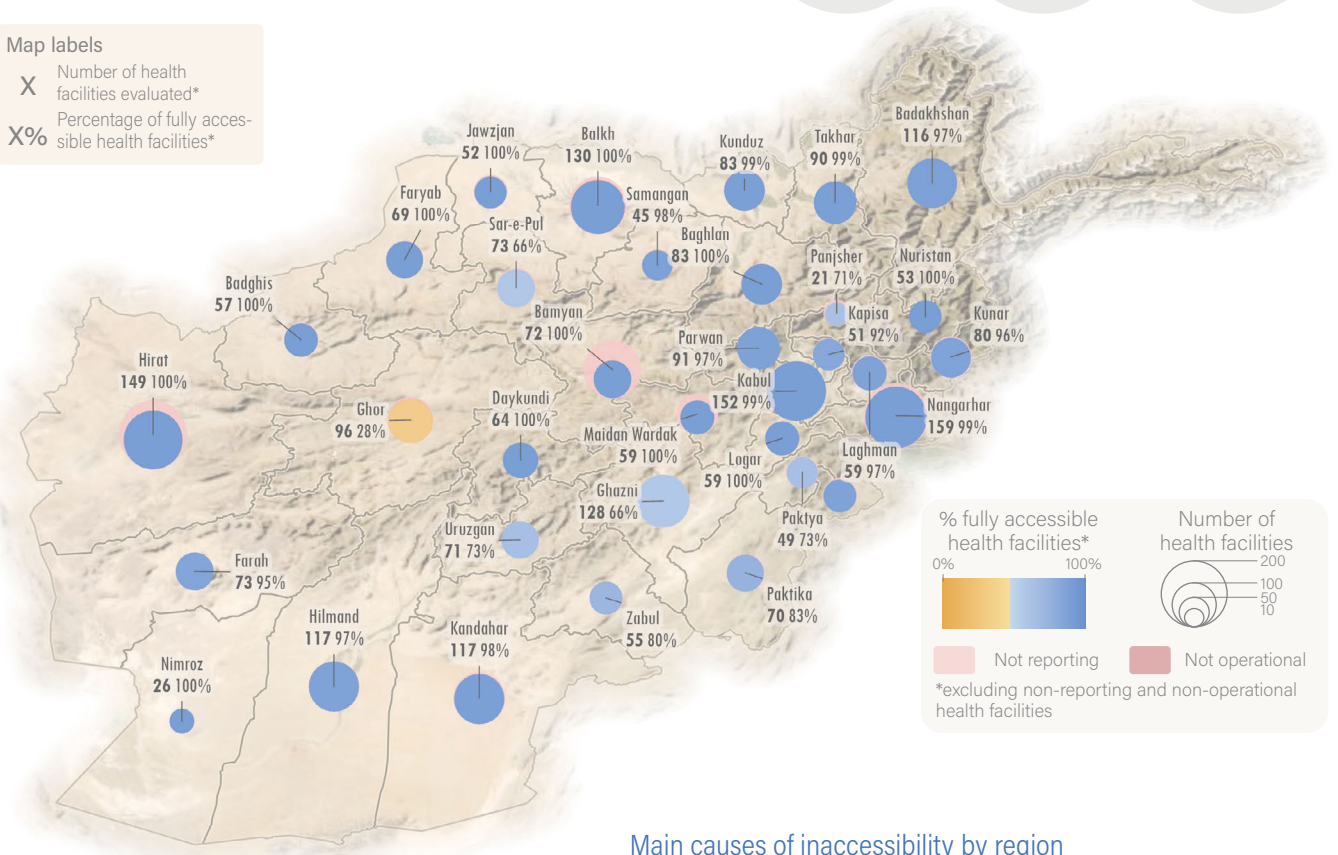


Main causes of inaccessibility (n = 230)

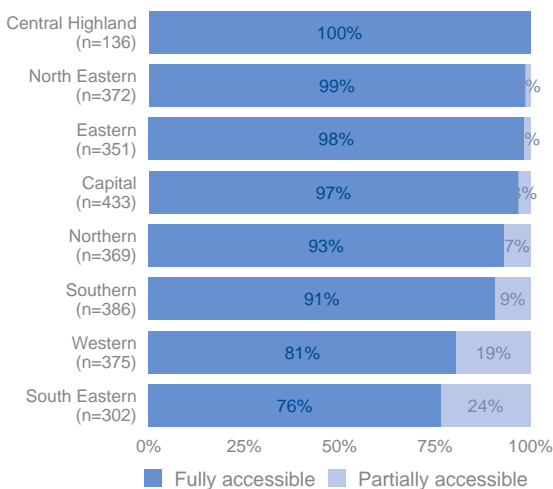


Map labels

- X Number of health facilities evaluated*
- X% Percentage of fully accessible health facilities*



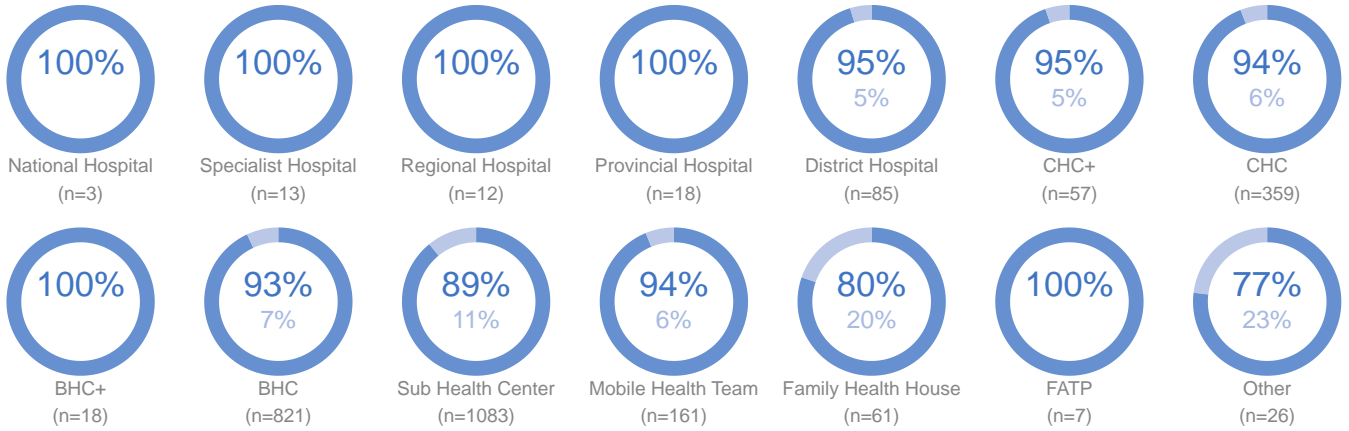
Accessibility by region



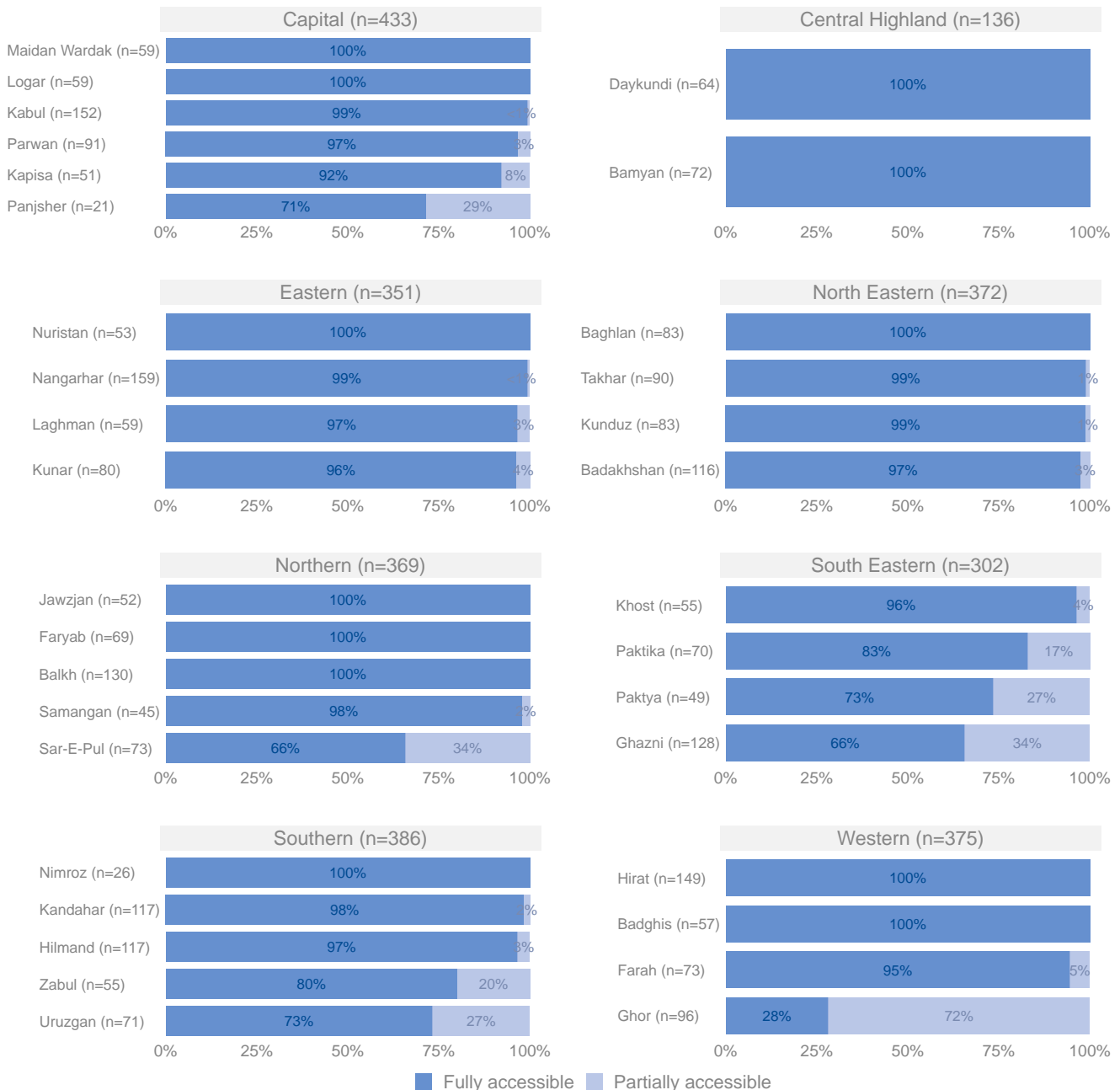
Main causes of inaccessibility by region



Accessibility by health facility type

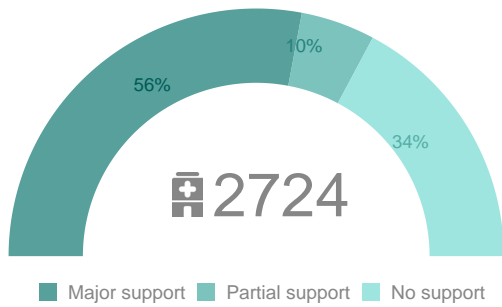


Accessibility by province

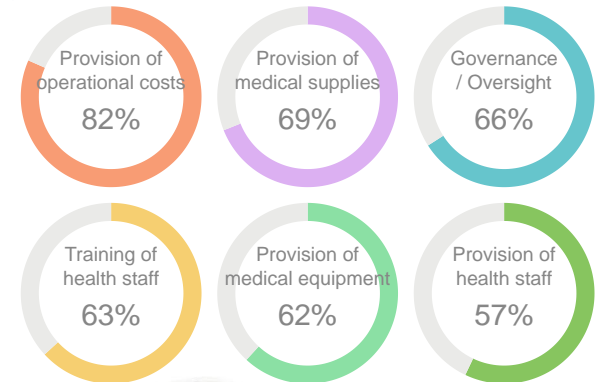


PARTNER SUPPORT

Level of support provided by partners

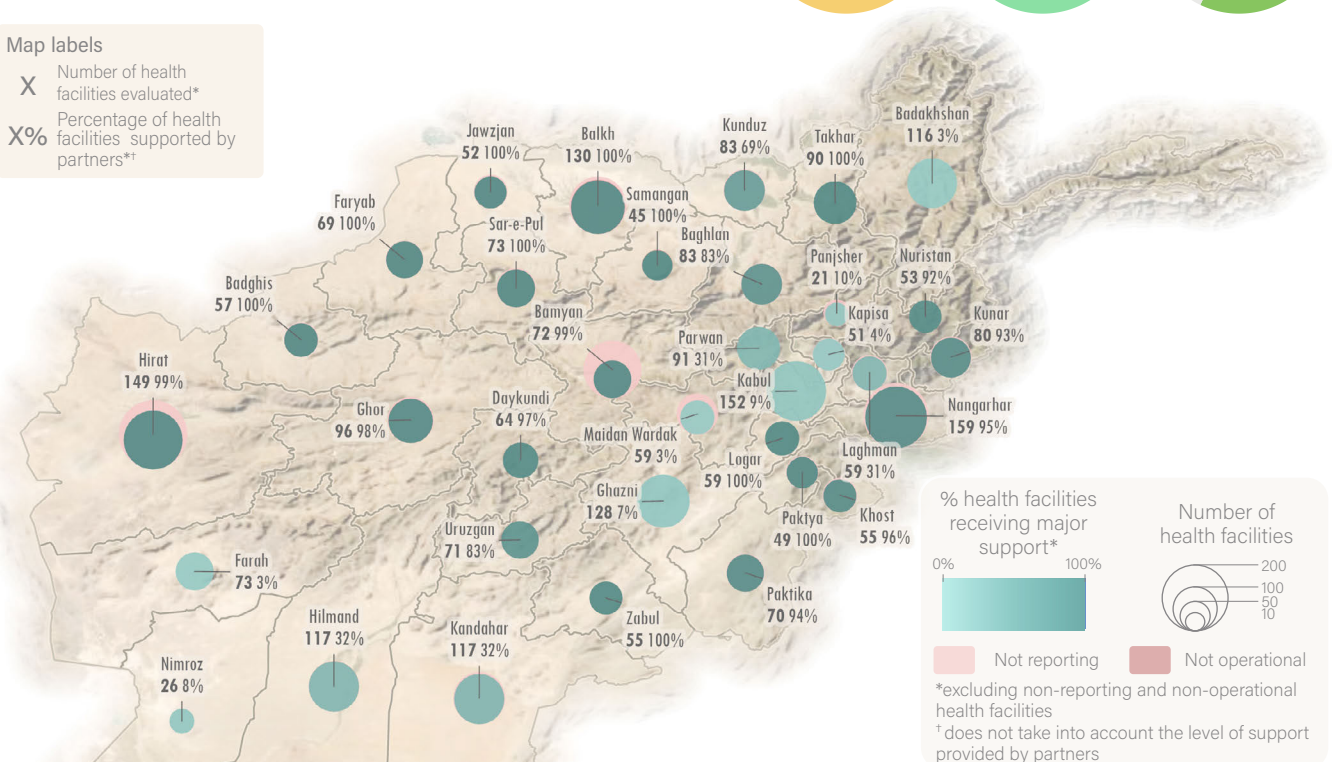


Main types of support received by health facilities (n = 1656)

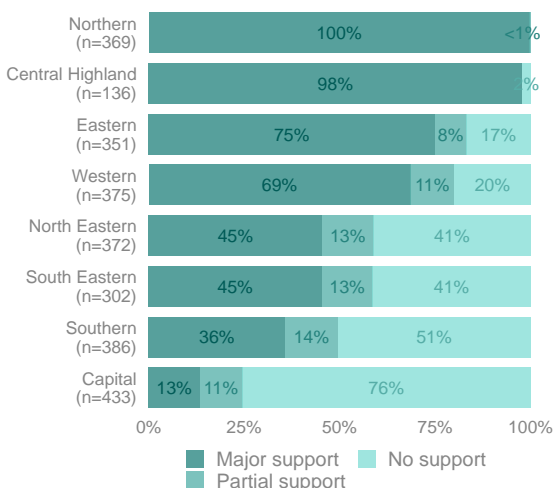


Map labels

- X Number of health facilities evaluated*
- X% Percentage of health facilities supported by partners**



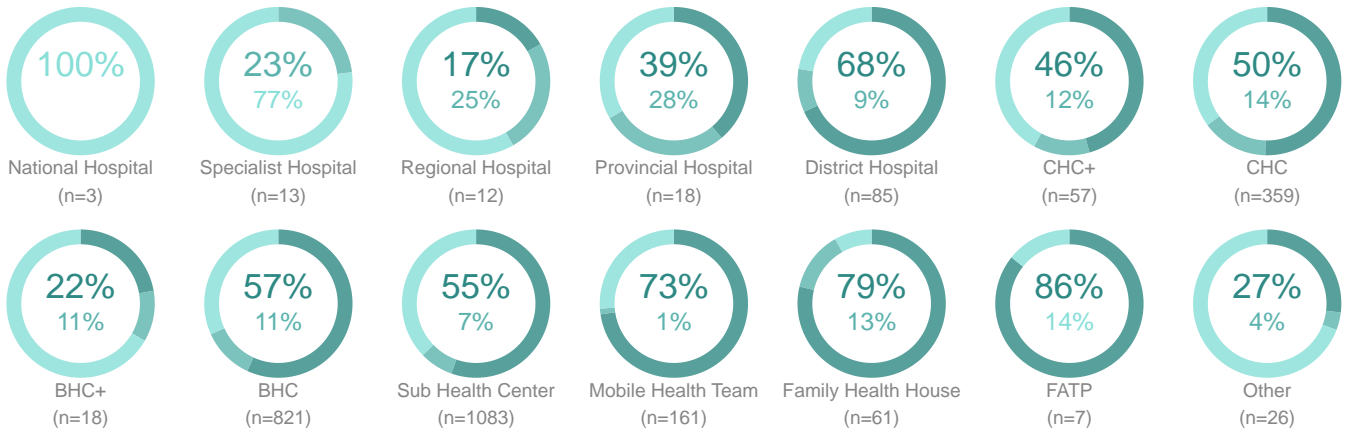
Level of support provided by partners by region



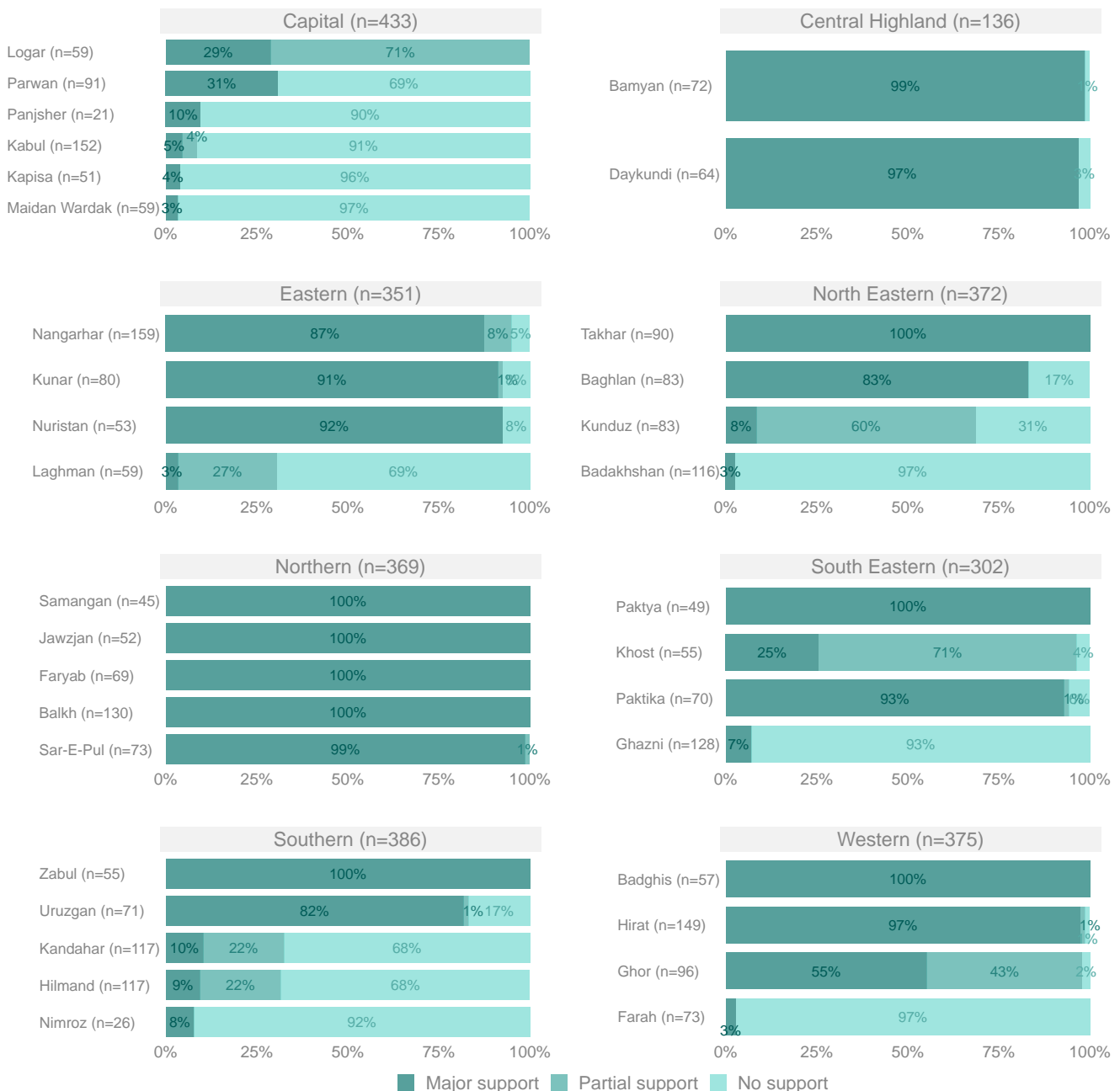
Main types of support received by health facilities by region



Level of support provided by partners by health facility type



Level of support provided by partners by province

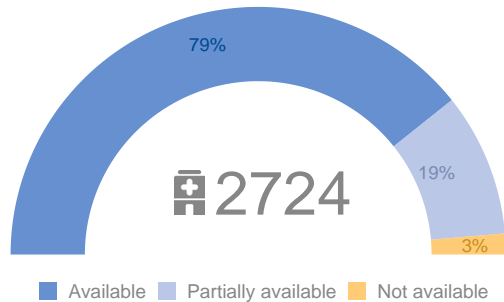


Major support Partial support No support

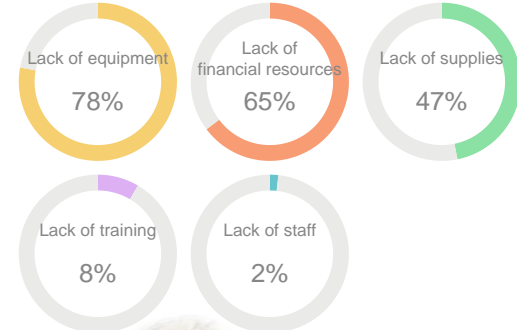
WATER

Water availability

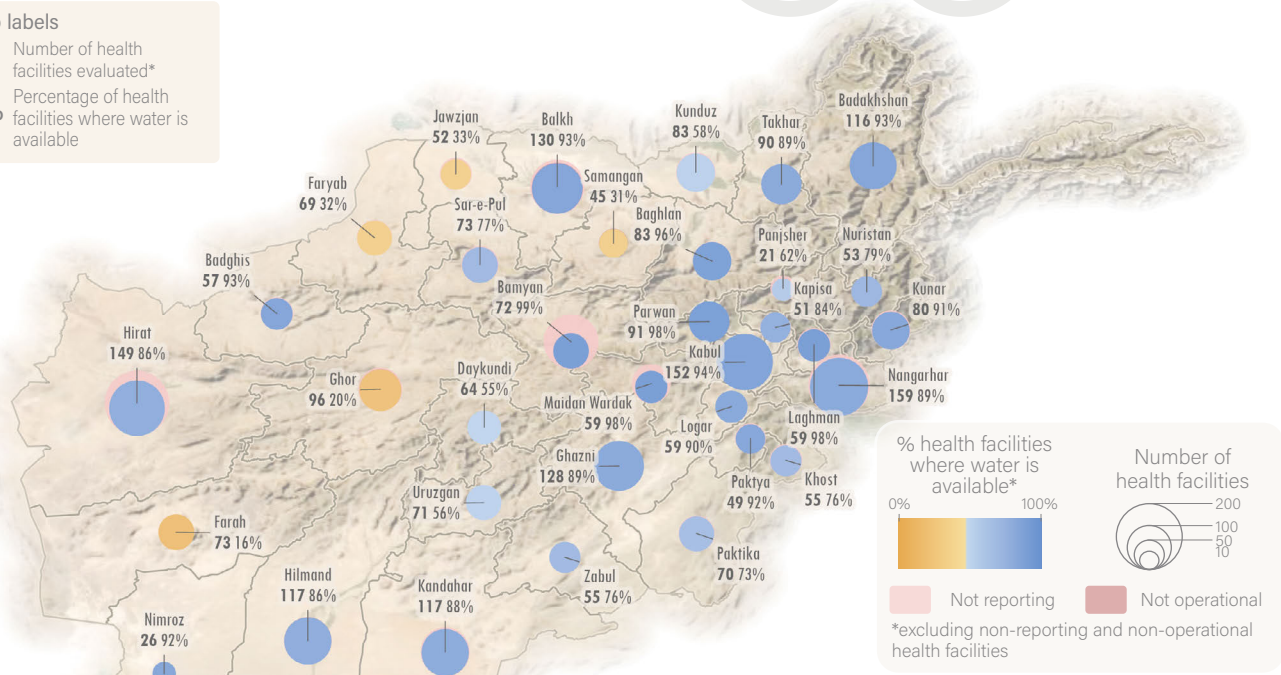
Water availability¹³



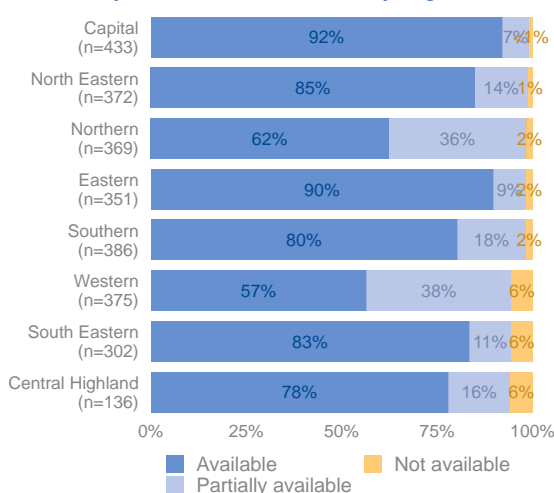
Main reasons of unavailability (n = 579)



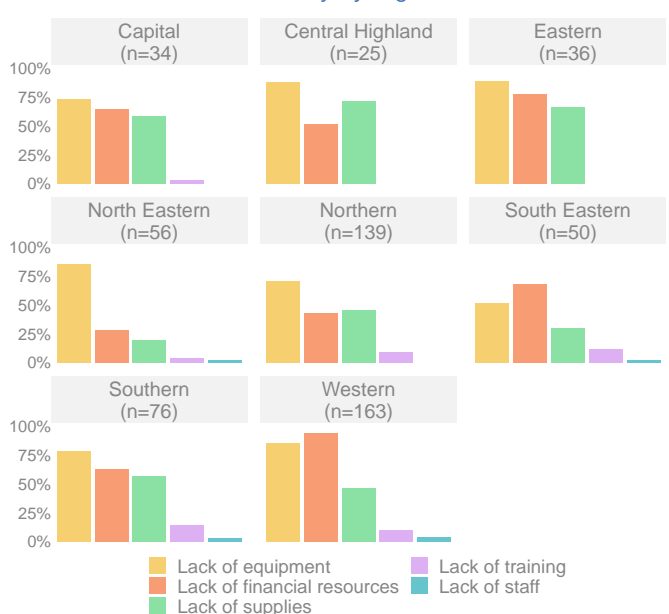
Map labels
X Number of health facilities evaluated*
X% Percentage of health facilities where water is available



Availability of sanitation facilities by region

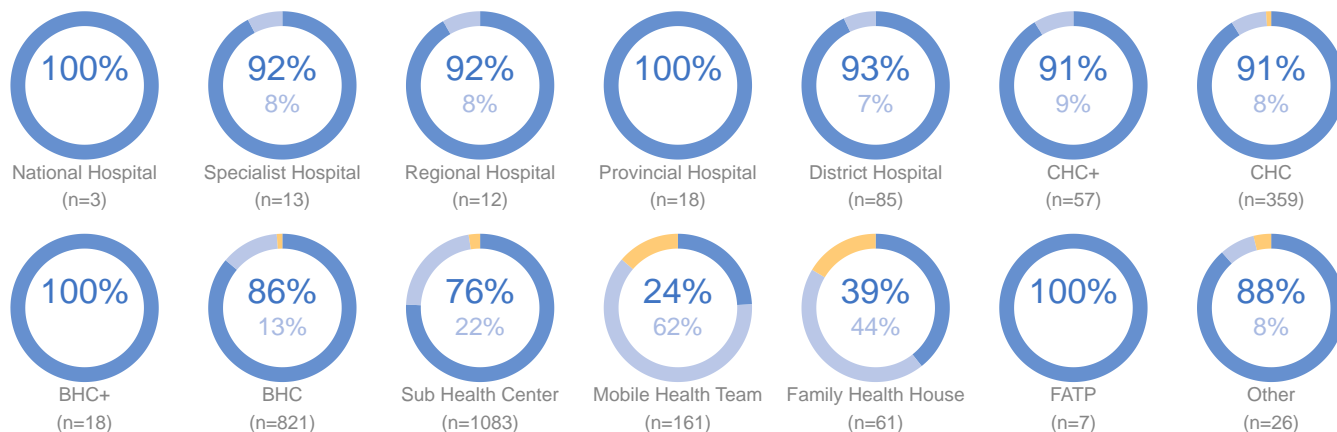


Main reasons of unavailability by region

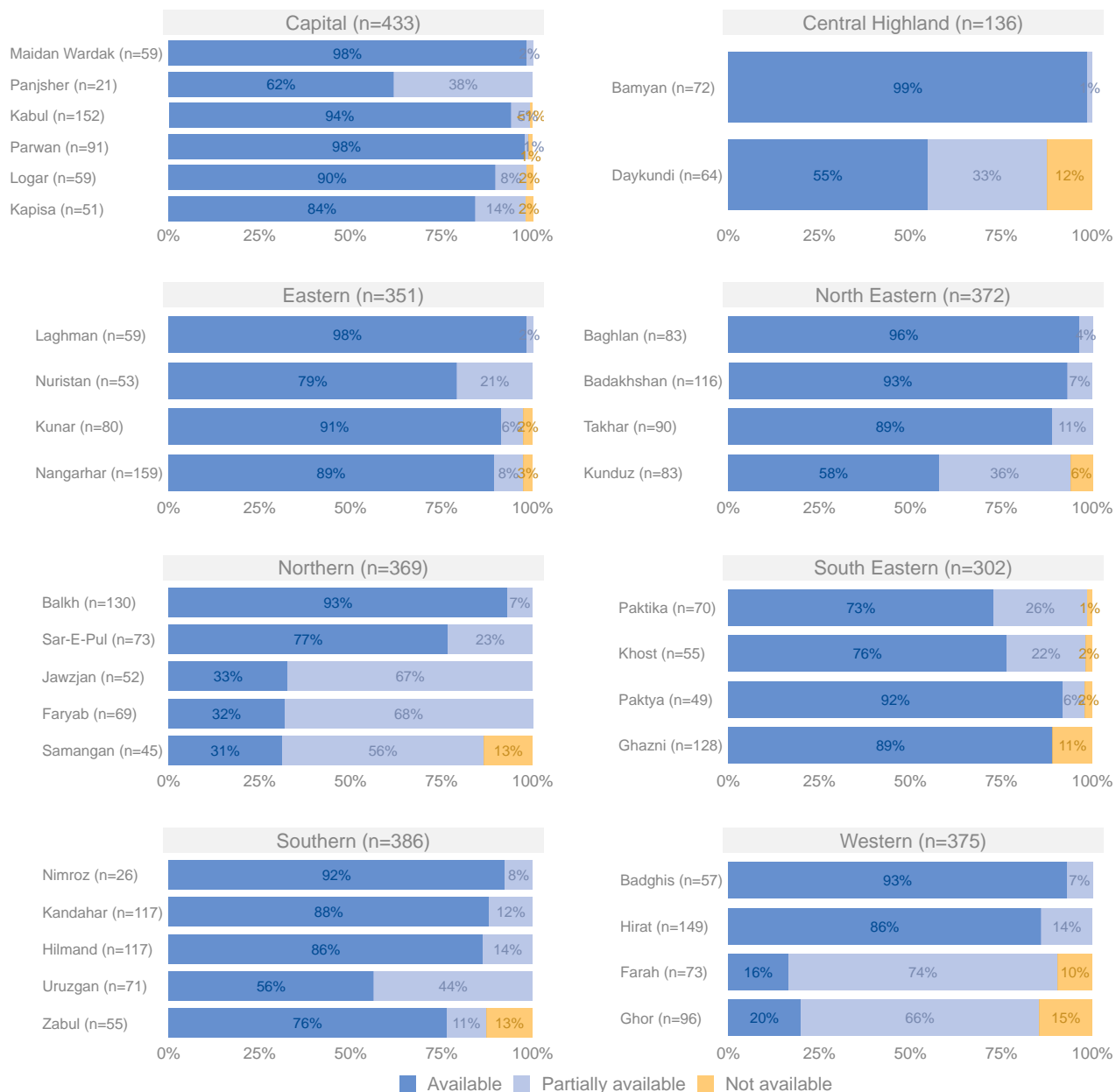


¹³ Water is considered Fully available if water is available in sufficient quantities and qualities within the premises of the health facility. Water should either come from improved water sources or should be treated on-site following national guidelines.

Water availability by health facility type

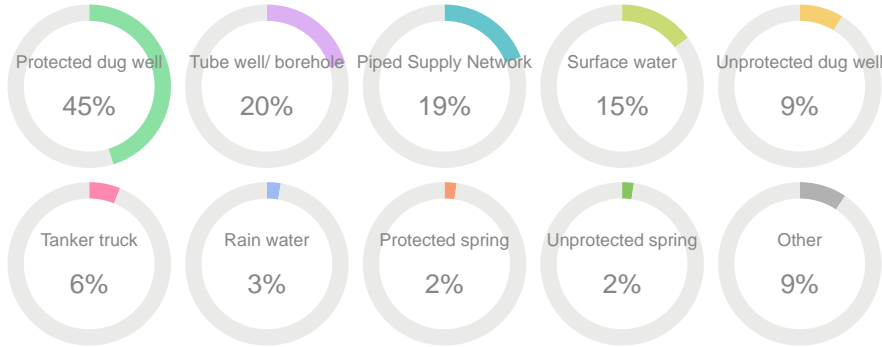


Water availability by province

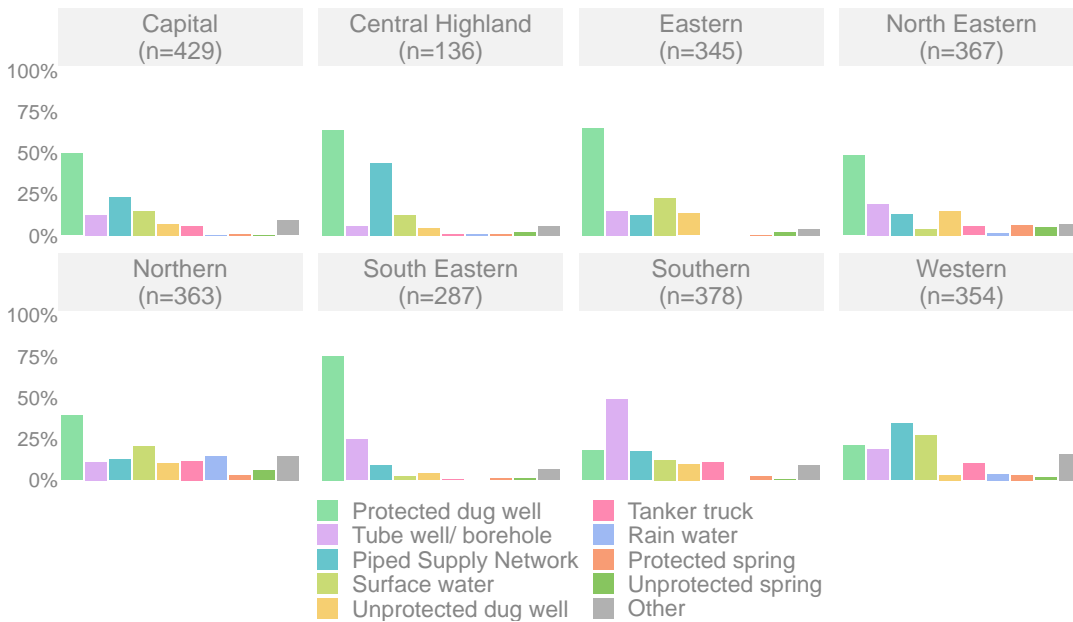


Water sources

Main water sources available
(n = 2659)



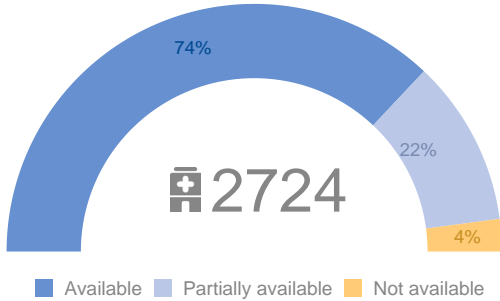
Main water sources available facilities by region



SANITATION

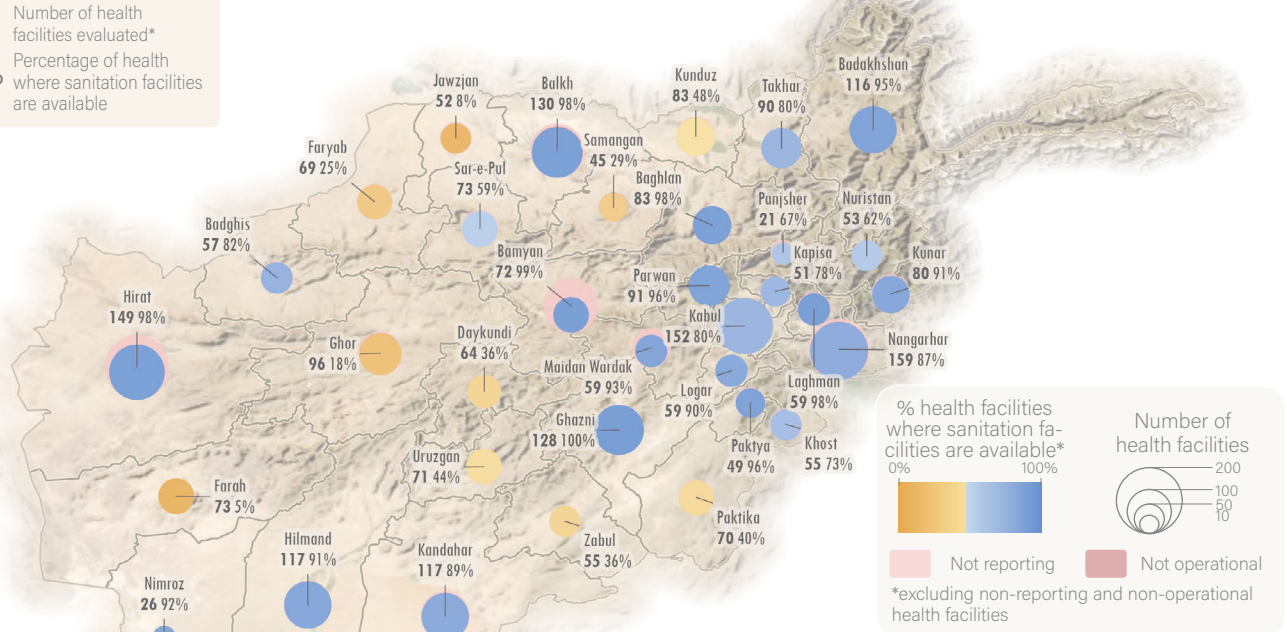
Availability of sanitation facilities

Availability of sanitation facilities¹⁴

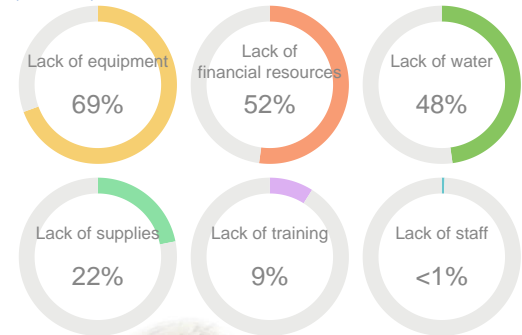


Map labels

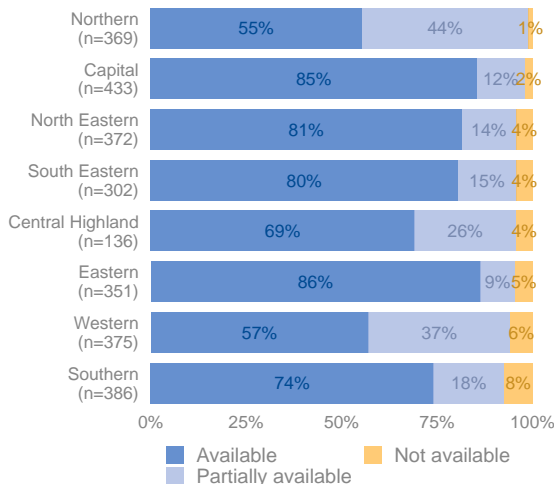
- X Number of health facilities evaluated*
- X% Percentage of health facilities where sanitation facilities are available



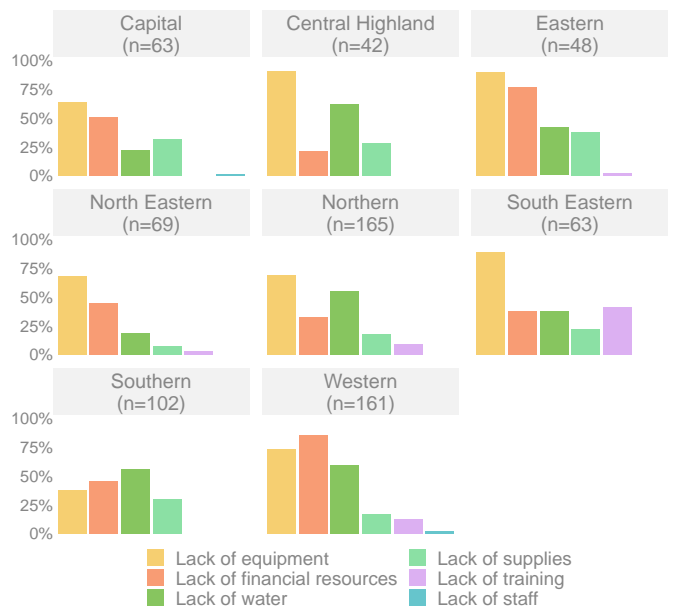
Main reasons of unavailability (n = 713)



Availability of sanitation facilities by region

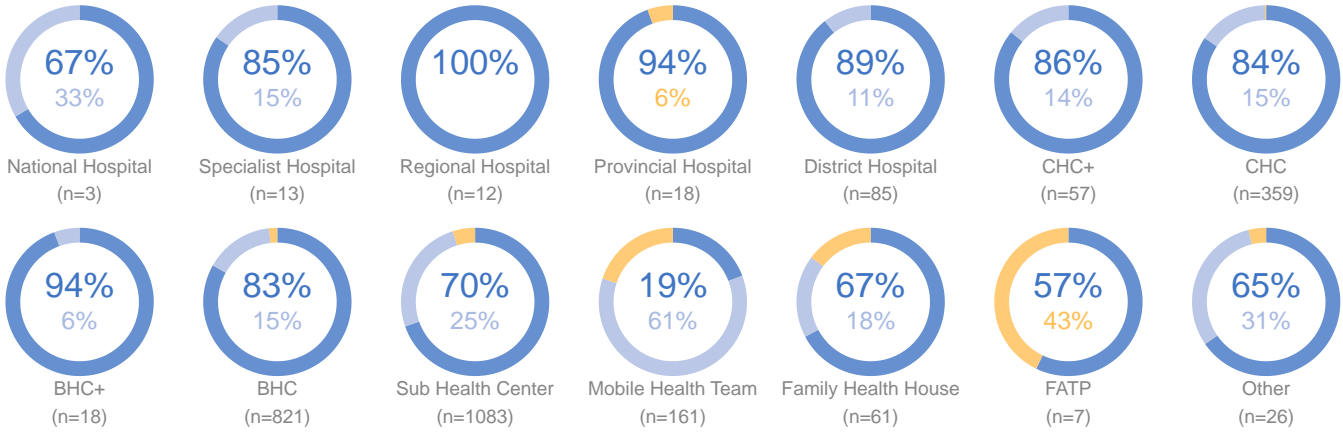


Main reasons of unavailability by region

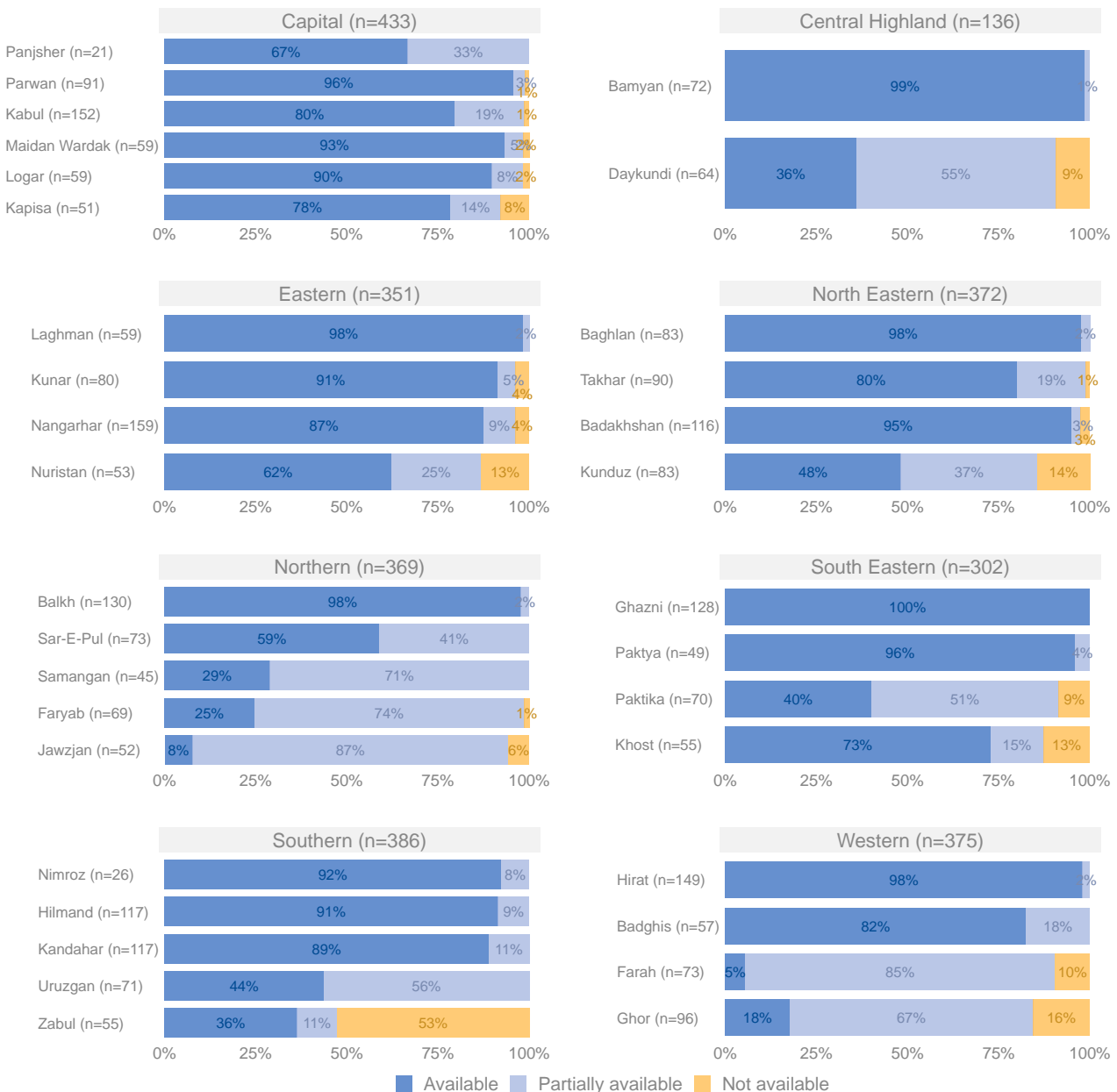


¹⁴ Sanitation facilities are considered available if the health facility has sufficient improved and usable sanitation facilities with at least one toilet reserved for staff, at least one sex-separated toilet with facilities for menstrual hygiene, and at least one toilet accessible to users with reduced mobility.

Availability of sanitation facilities by health facility type

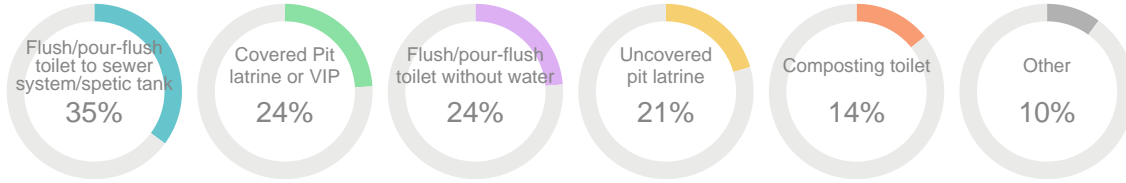


Availability of sanitation facilities by province

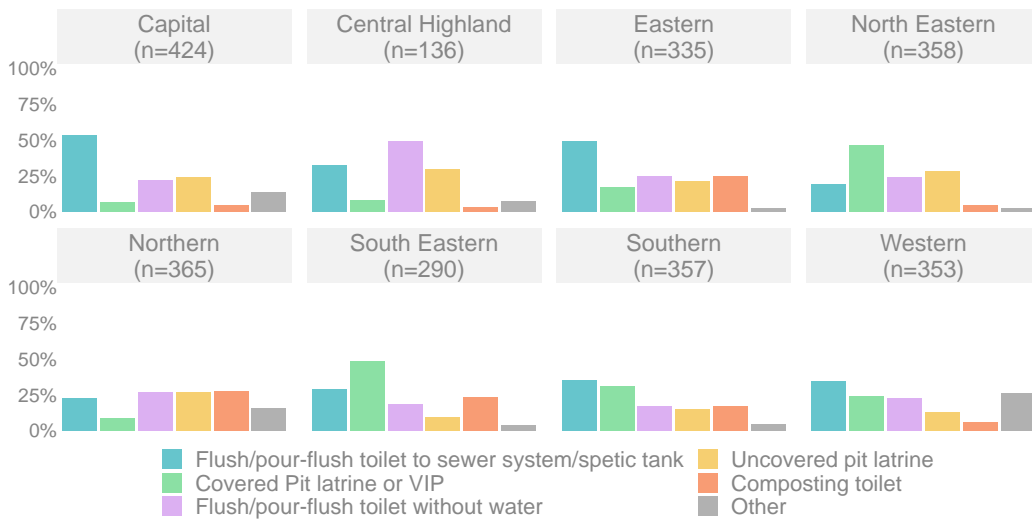


Types of sanitation facilities

Main types of sanitation facilities available
(n = 2618)



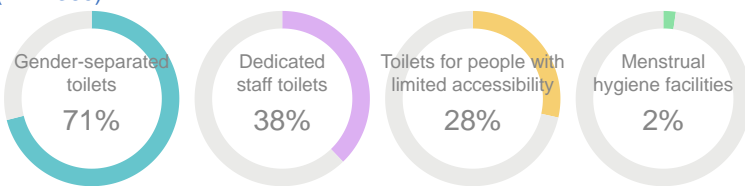
Main types of sanitation facilities available by region



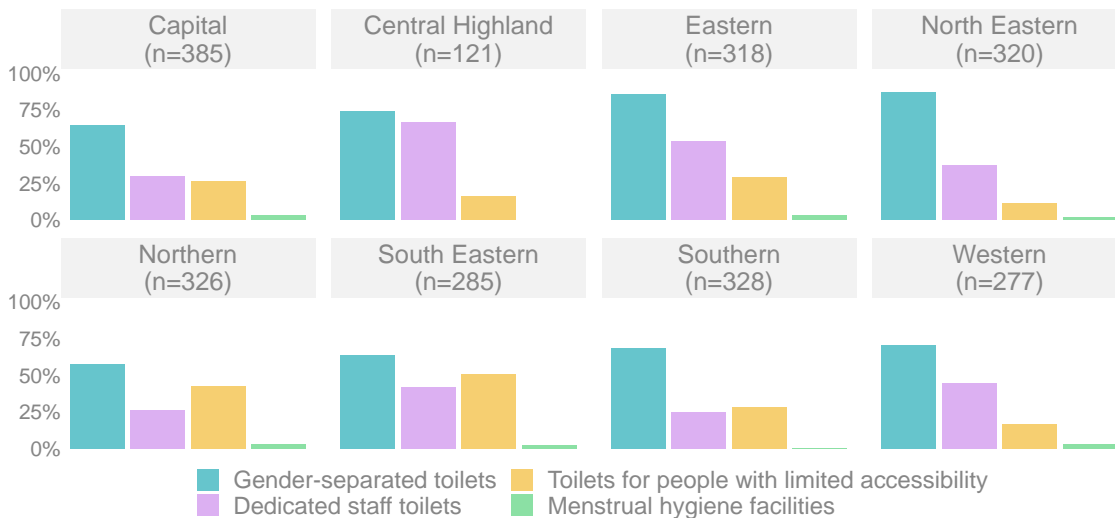
Toilet accessibility

Toilet accessibility

(n = 2360)

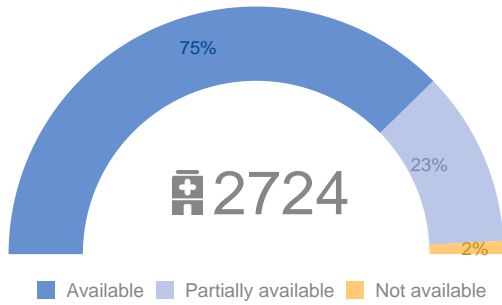


Toilet accessibility by region

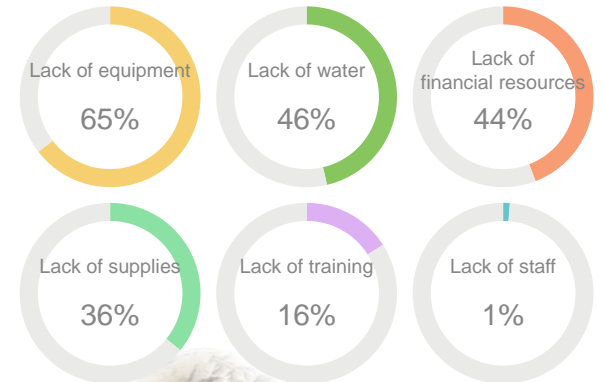


HAND-HYGIENE

Availability of hand-hygiene facilities¹⁵

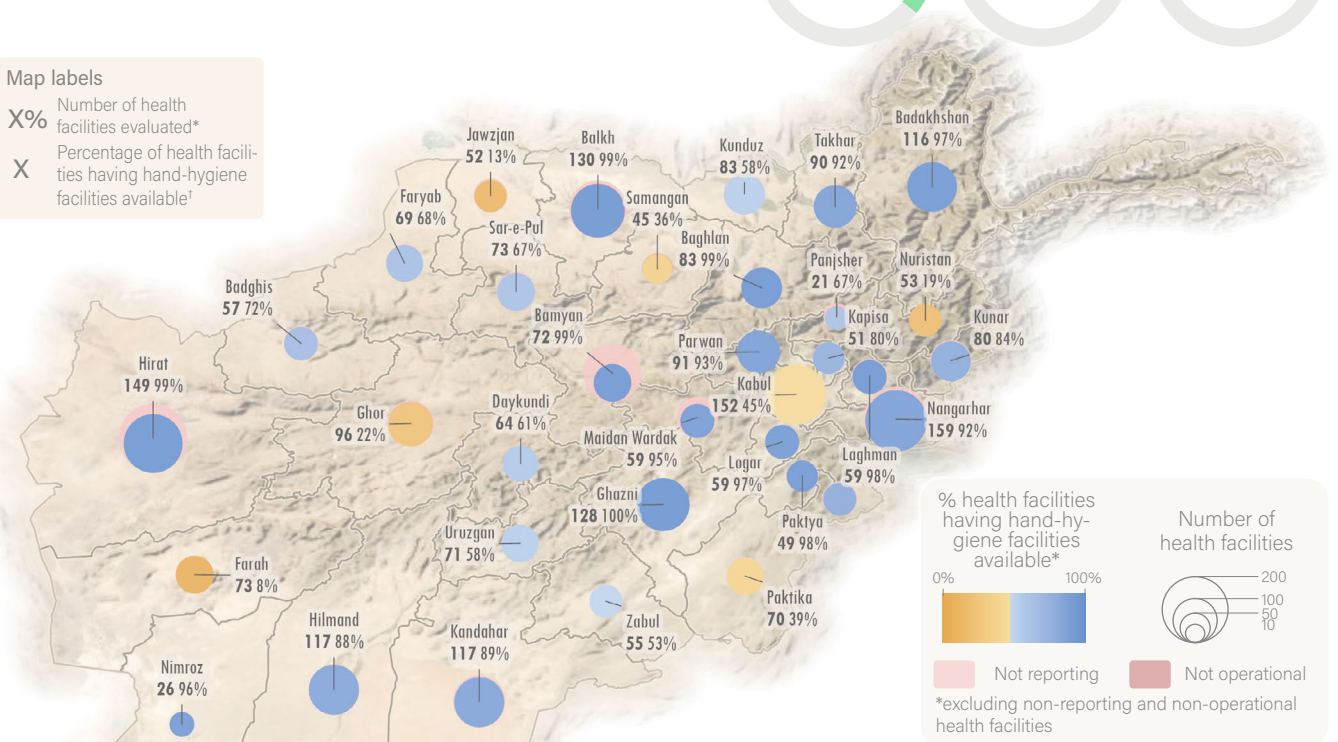


Main reasons of unavailability (n = 675)

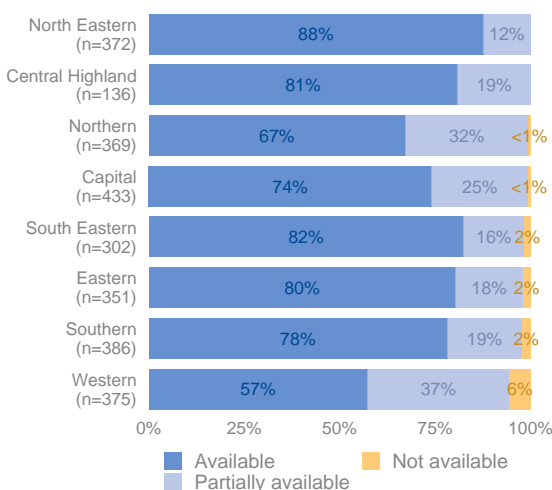


Map labels

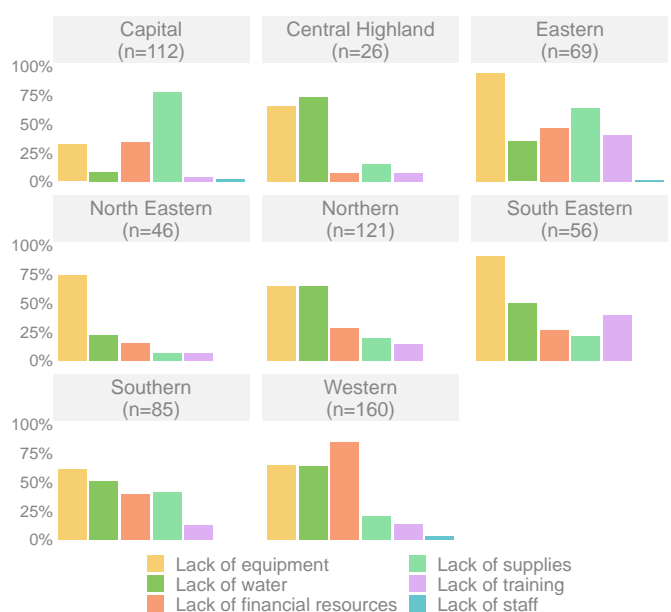
- X% Number of health facilities evaluated*
- X Percentage of health facilities having hand-hygiene facilities available¹



Availability of hand-hygiene facilities by region

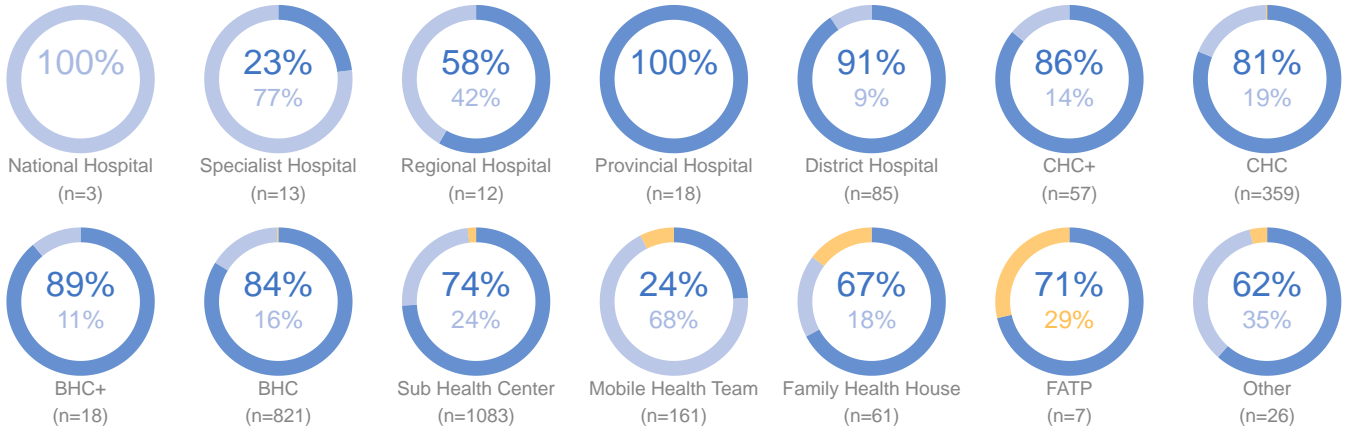


Main reasons of unavailability by region

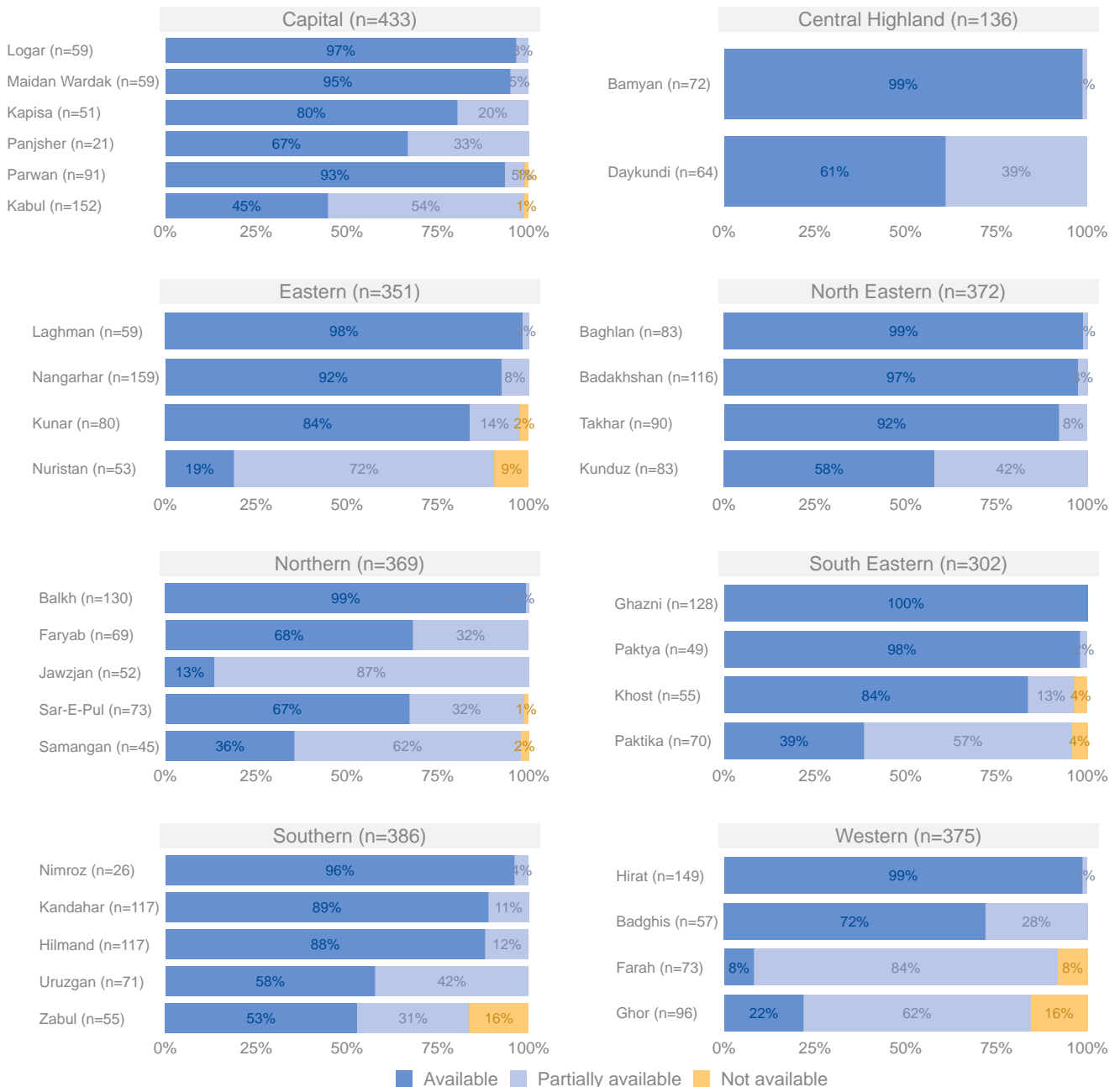


¹⁵ Hand hygiene facilities are considered available if (1) they are available at all critical points in the health facility, (2) sufficient water and soap, or hydroalcoholic solution are available, (3) staff are trained in good hand hygiene practices.

Availability of hand-hygiene facilities by health facility type

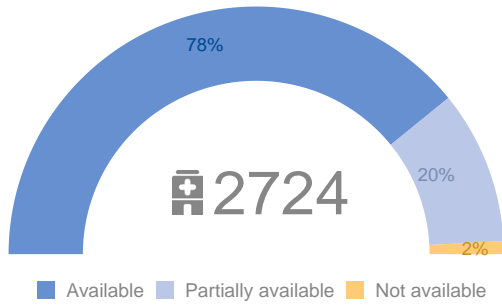


Availability of hand-hygiene facilities by province



CLEANING EQUIPMENT

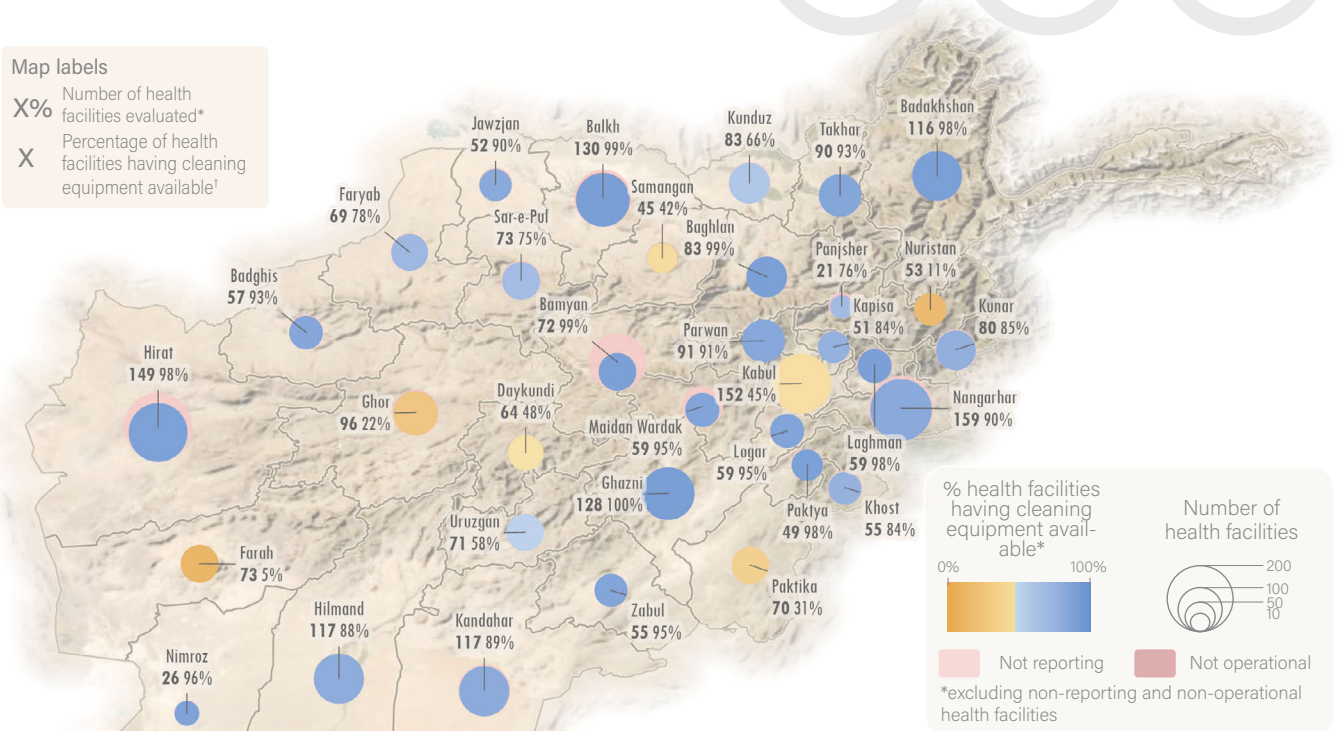
Availability of cleaning equipment and supplies¹⁶



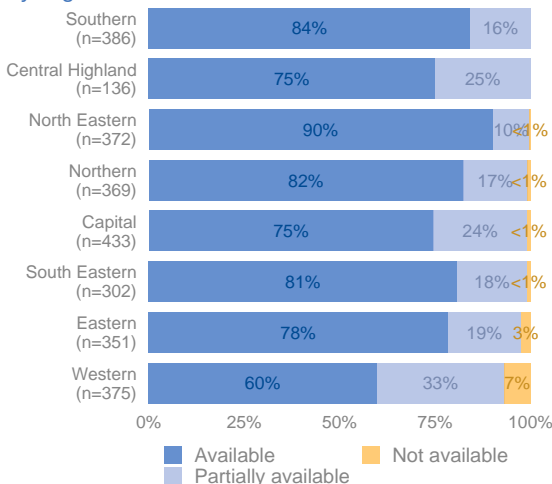
Main reasons of unavailability (n = 596)



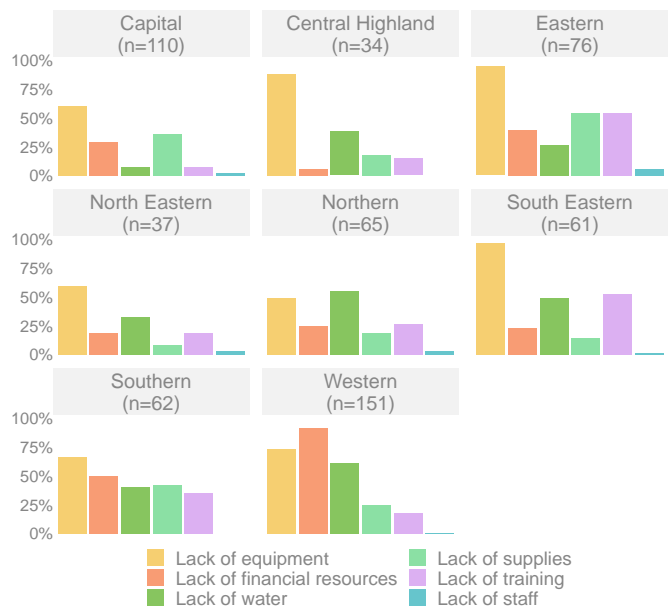
Map labels
 X% Number of health facilities evaluated*
 X Percentage of health facilities having cleaning equipment available†



Availability of cleaning equipment and supplies by region

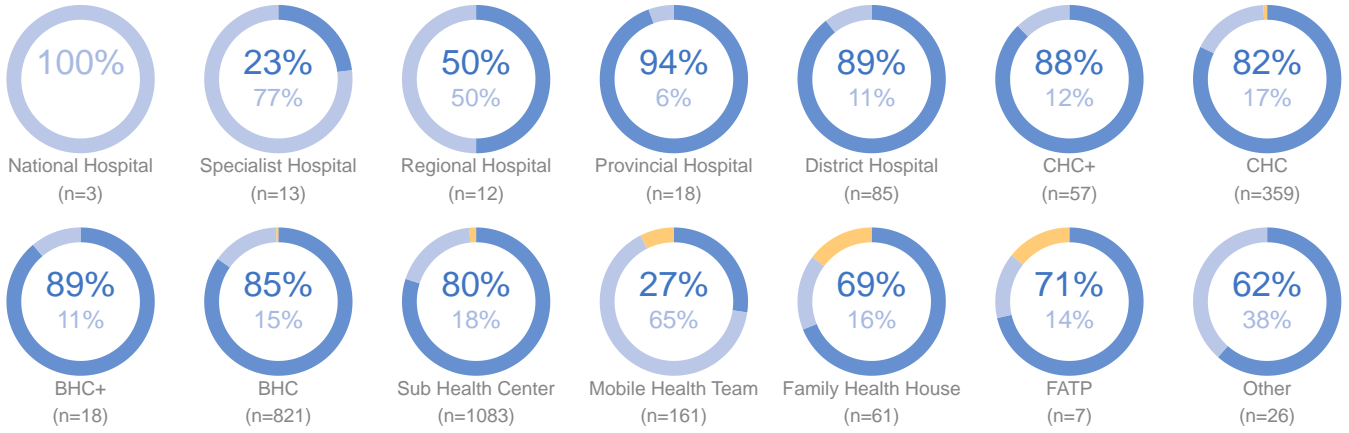


Main reasons of unavailability by region

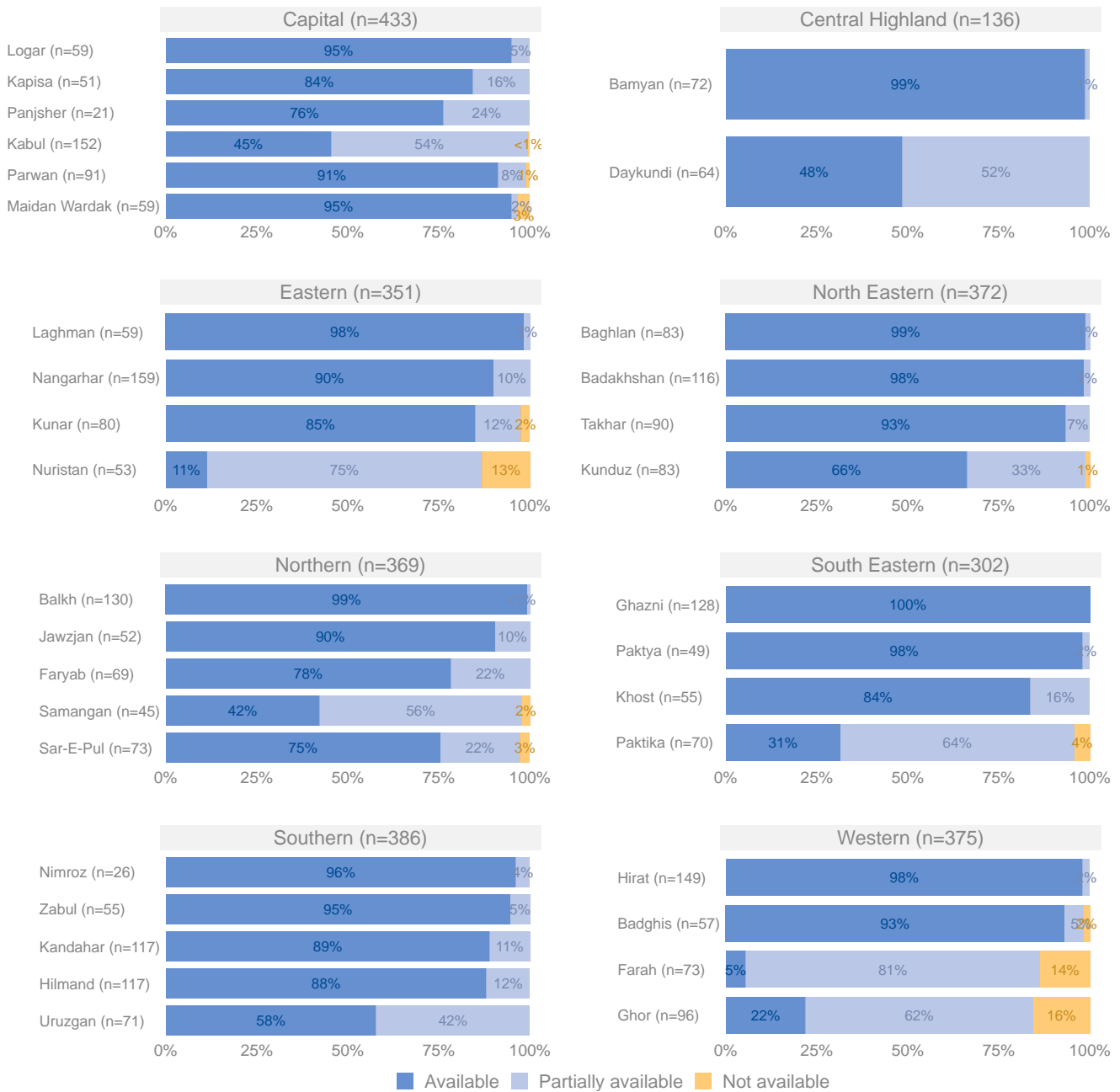


¹⁶ Cleaning equipment is considered as available only if (1) Sufficient equipment and supplies are available, (2) Cleaning protocols are in place and (3) Staff is adequately trained.

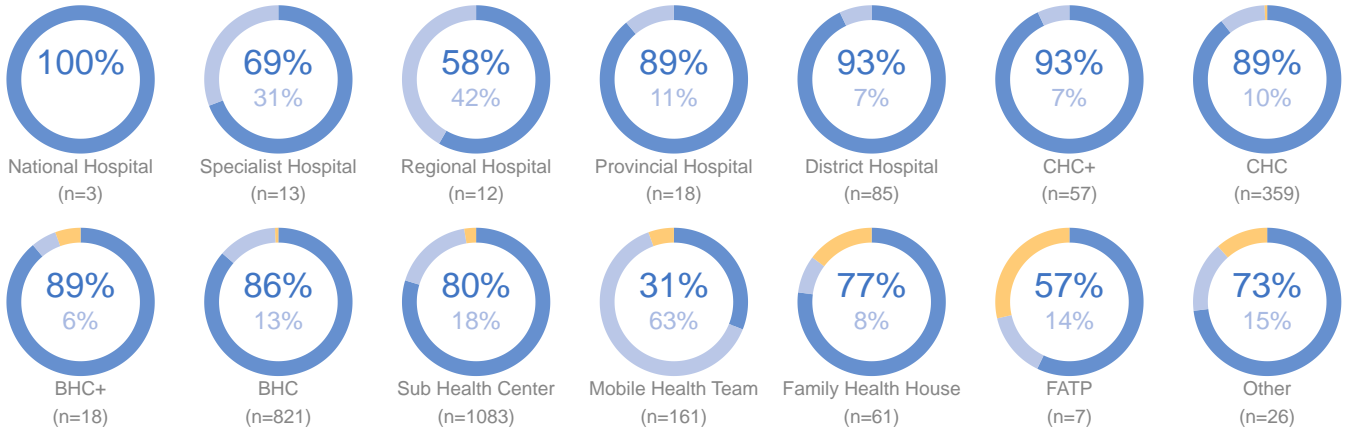
Availability of cleaning equipment and supplies by health facility type



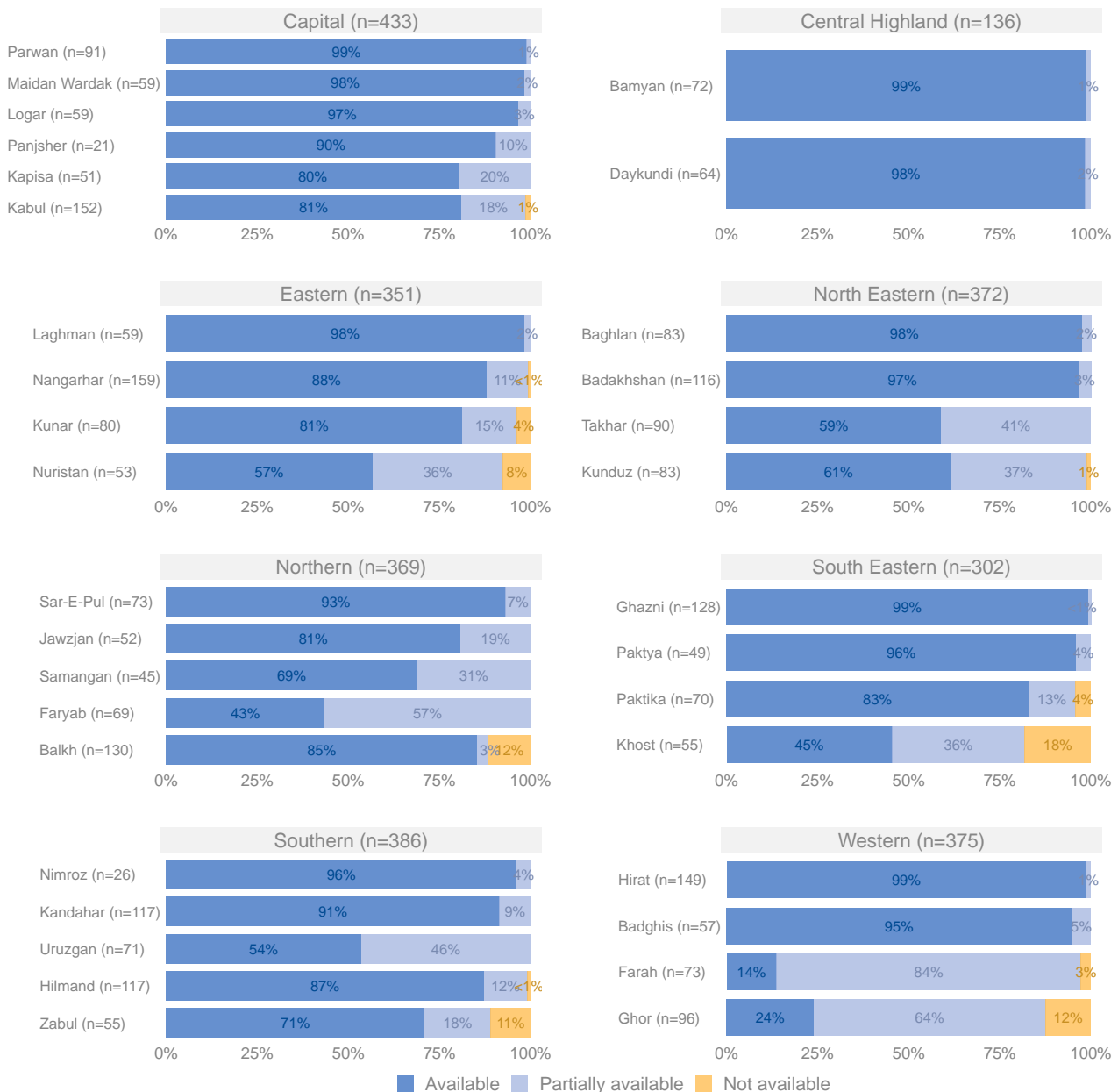
Availability of cleaning equipment and supplies by province



Availability of waste segregation equipment by health facility type

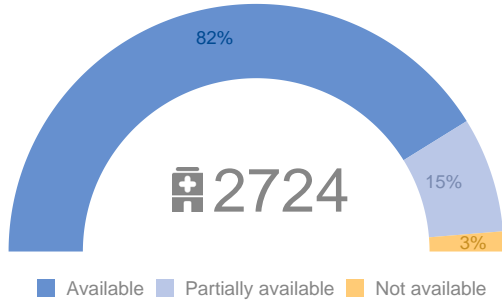


Availability of waste segregation equipment by province

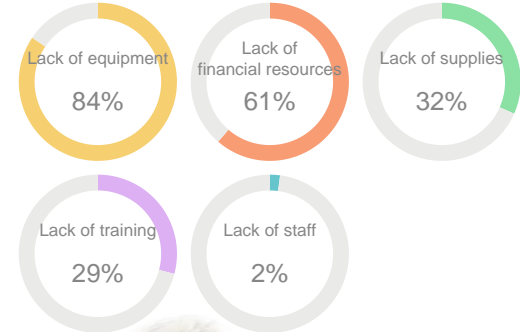


Sharps disposal

Availability of methods for final disposal of sharps¹⁸

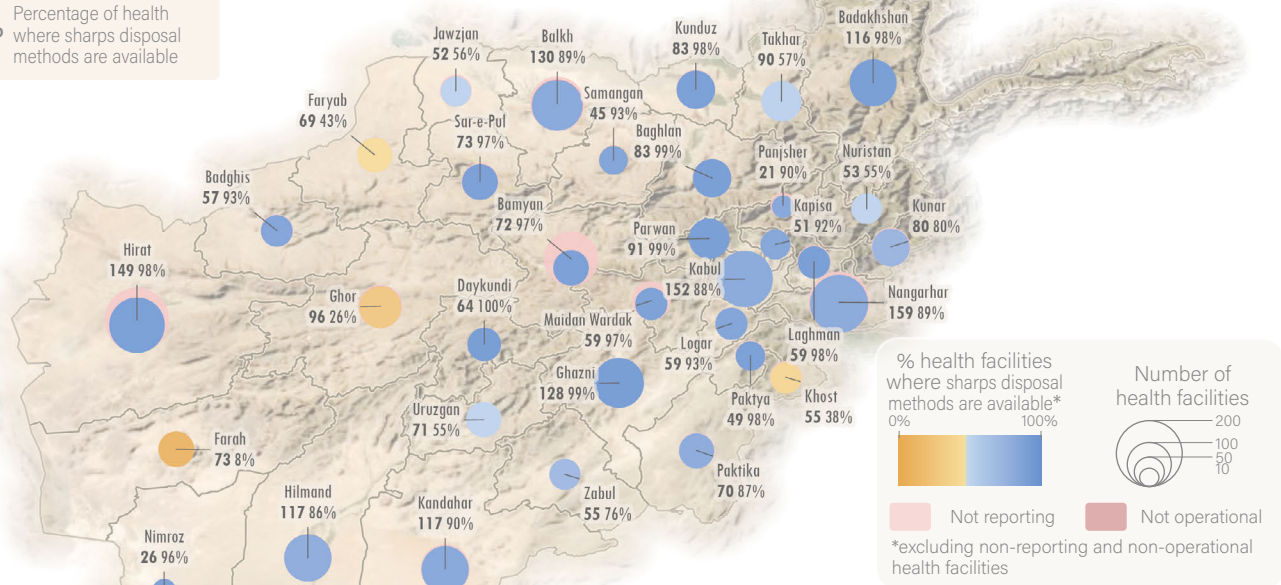


Main reasons of unavailability (n = 481)

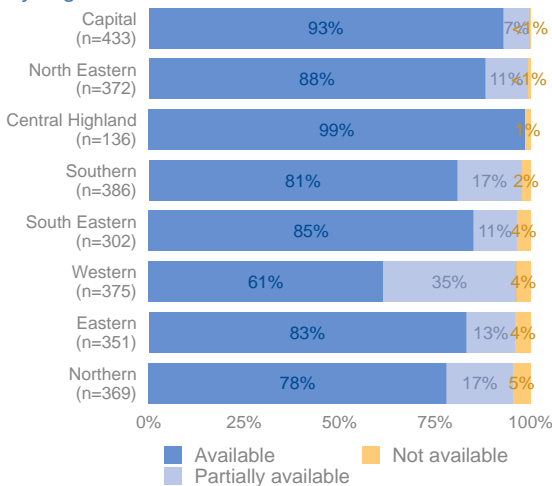


Map labels

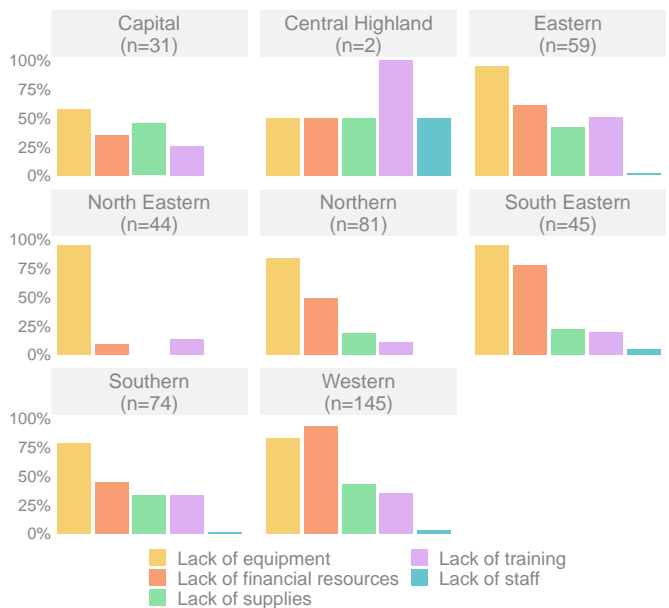
- X Number of health facilities evaluated*
- X% Percentage of health facilities where sharps disposal methods are available



Availability of methods for final disposal of sharps by region

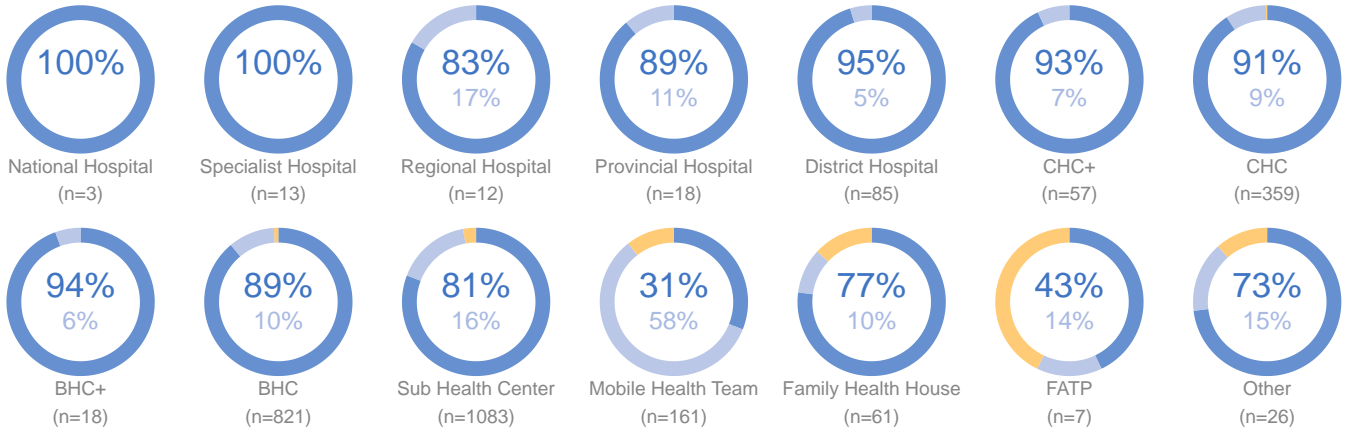


Main reasons of unavailability by region

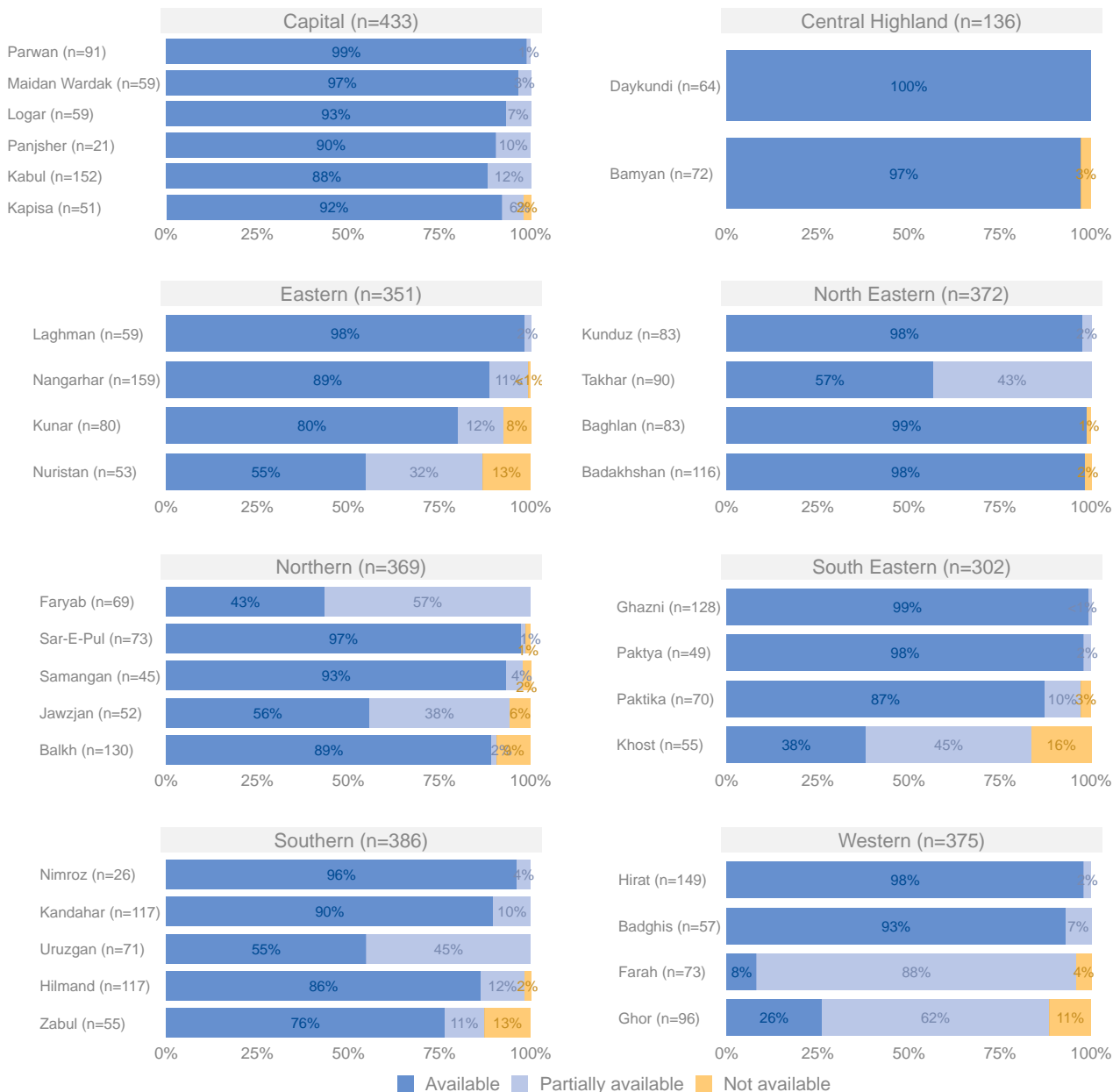


¹⁸ Final disposal of sharps is considered as available only if the health facility has sufficient capacities to treat and safely dispose of sharps.

Availability of methods for final disposal of sharps by health facility type

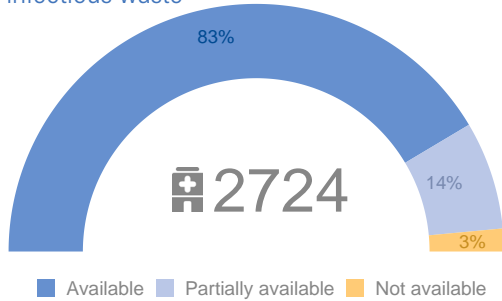


Availability of methods for final disposal of sharps by province

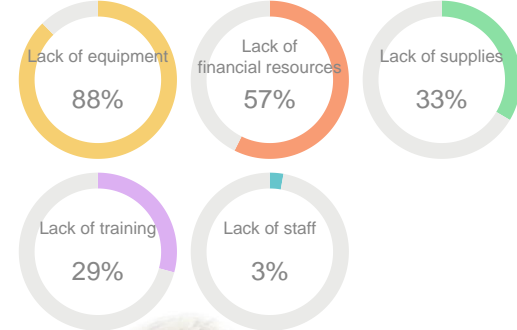


Infectious waste disposal

Availability of methods for final disposal of infectious waste¹⁹

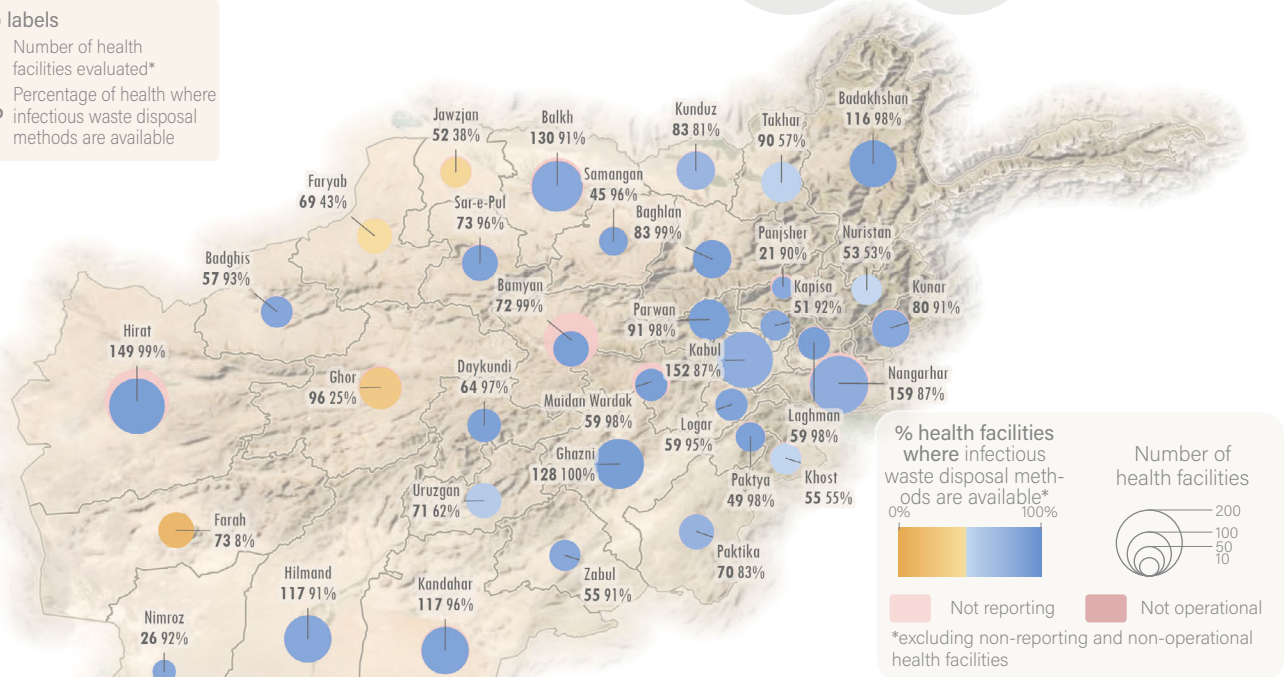


Main reasons of unavailability (n = 469)

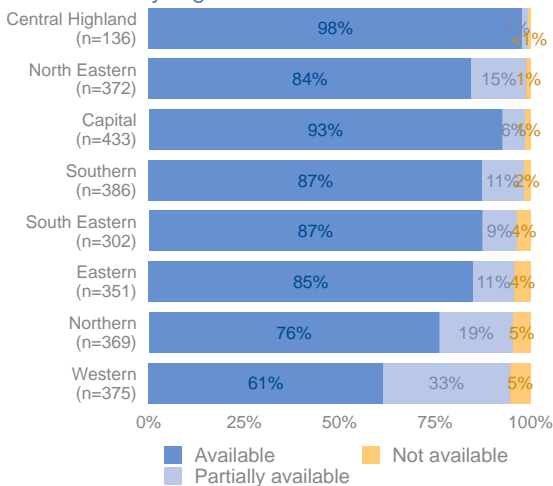


Map labels

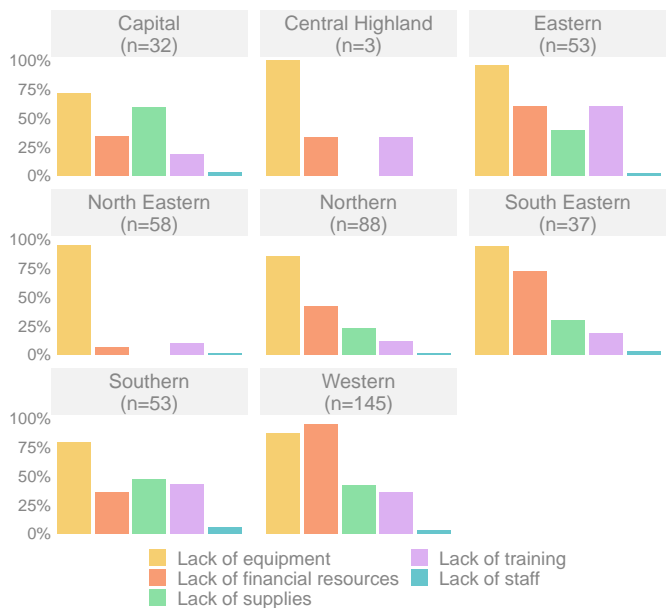
- X Number of health facilities evaluated*
- X% Percentage of health where infectious waste disposal methods are available



Availability of methods for final disposal of infectious waste by region

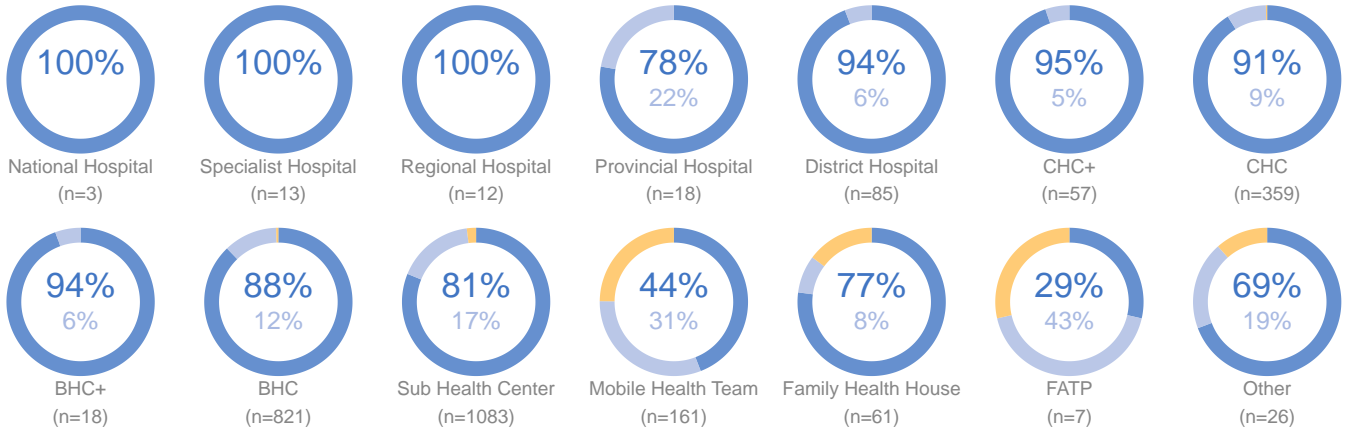


Main reasons of unavailability by region

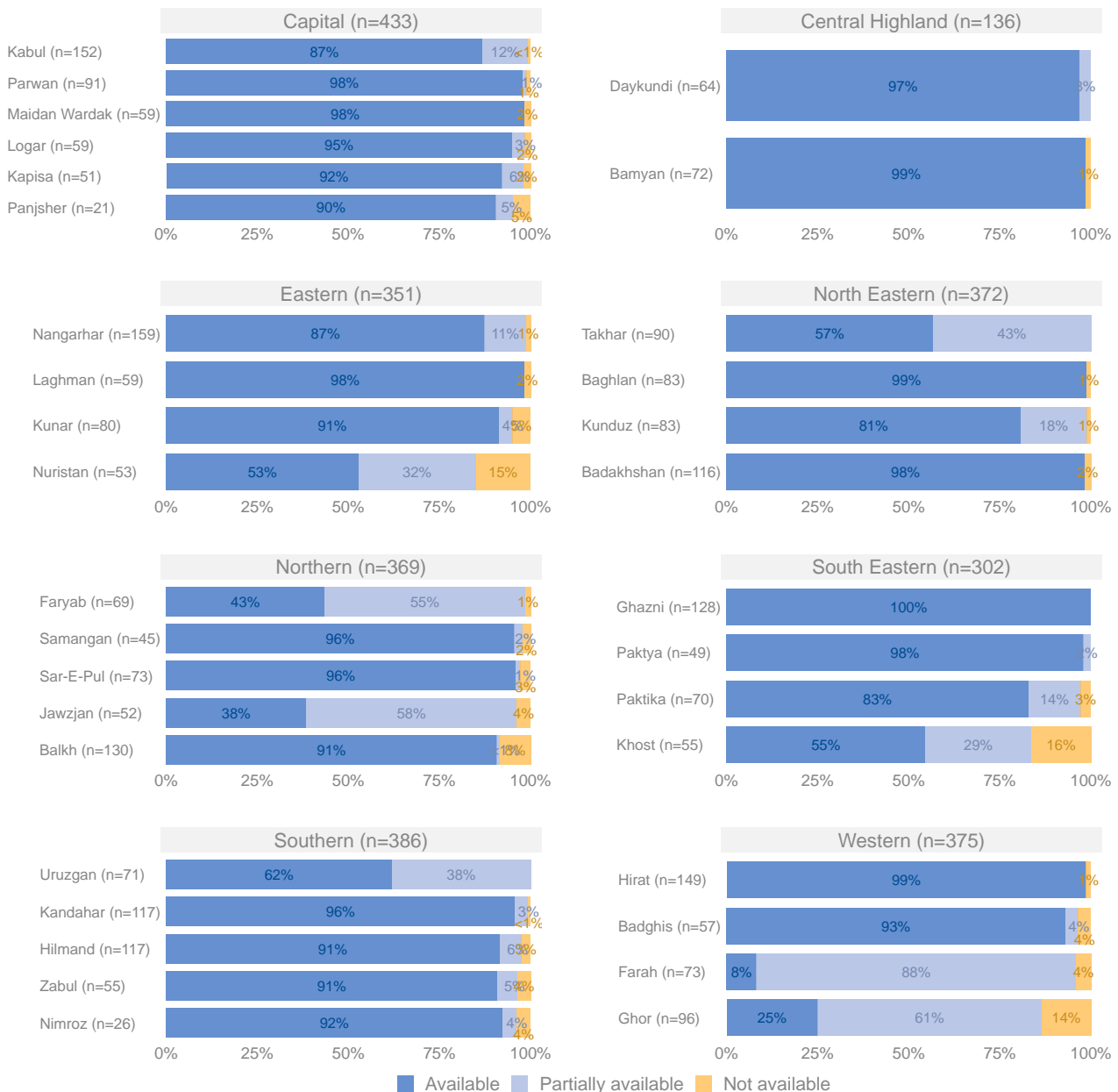


¹⁹ Waste segregation is considered available only if all waste is correctly segregated into at least three bins in the consultation area

Availability of methods for final disposal of infectious waste by health facility type

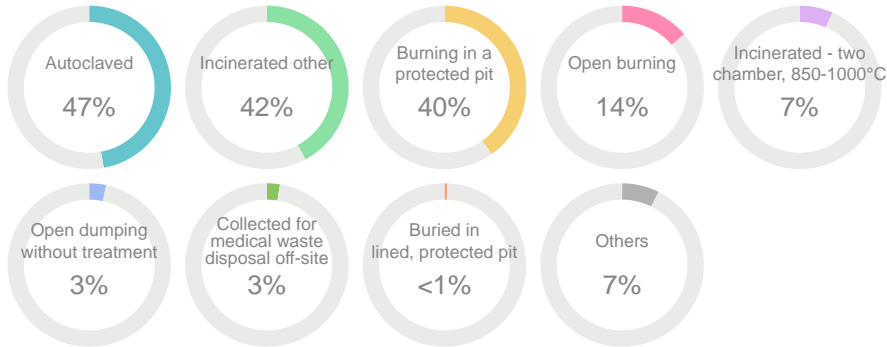


Availability of methods for final disposal of infectious waste by province

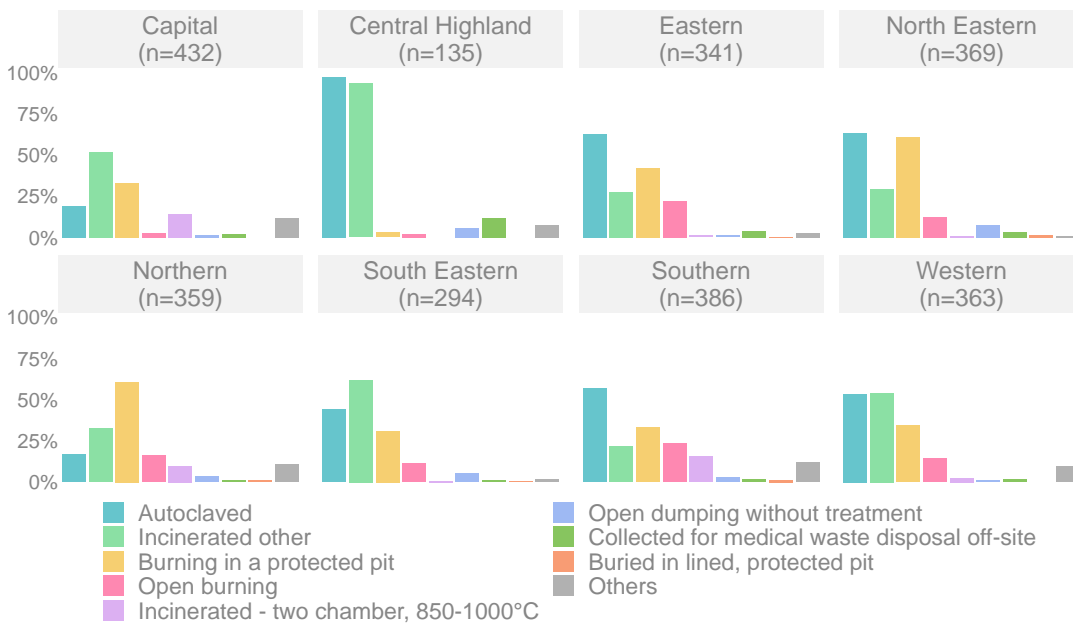


Waste treatment methods

Main types of waste treatment methods available (n = 2679)



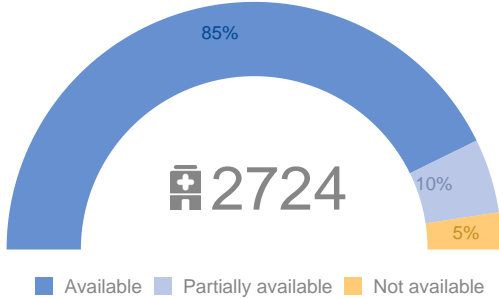
Main types of waste treatment methods available



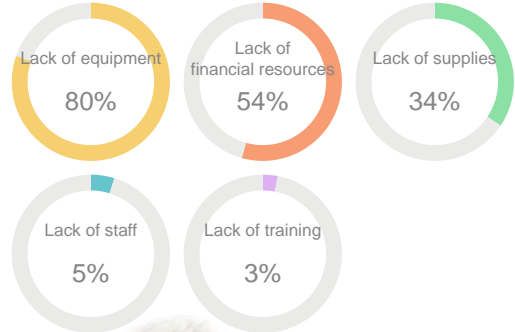
POWER

Power availability

Power availability²⁰

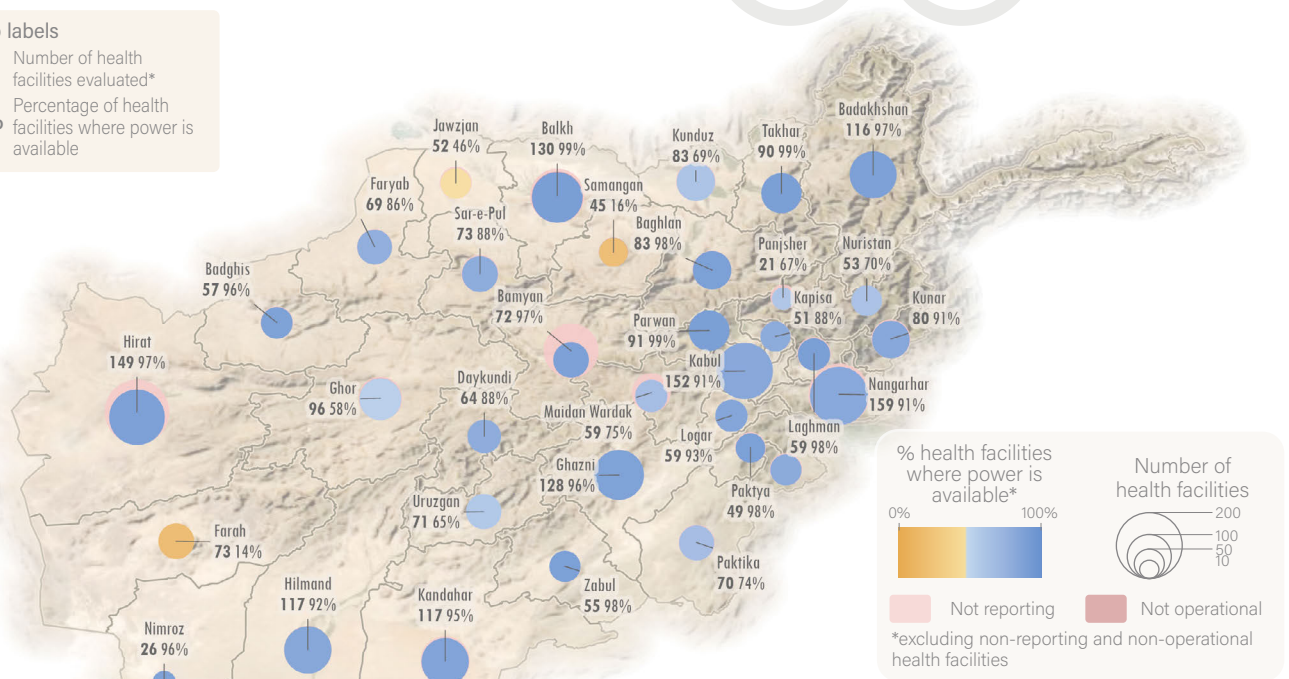


Main reasons of unavailability (n = 396)

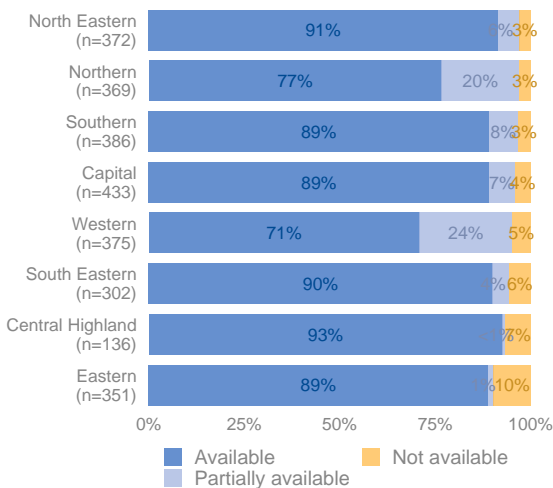


Map labels

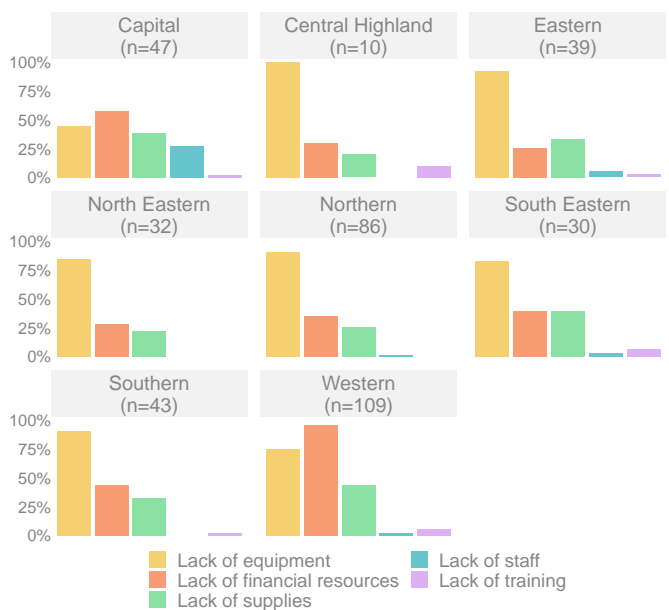
- X Number of health facilities evaluated*
- X% Percentage of health facilities where power is available



Power availability by region

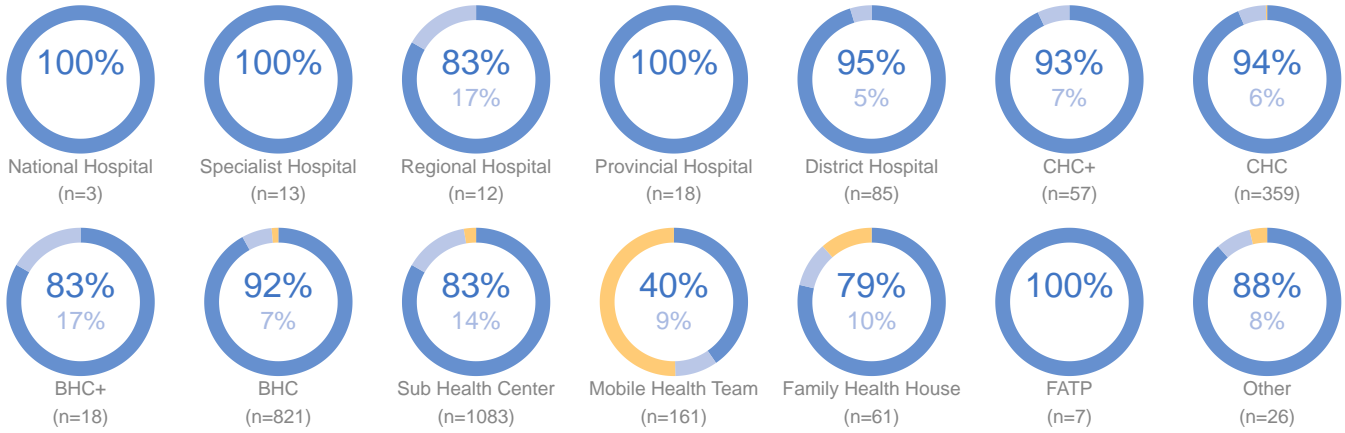


Main reasons of unavailability by region

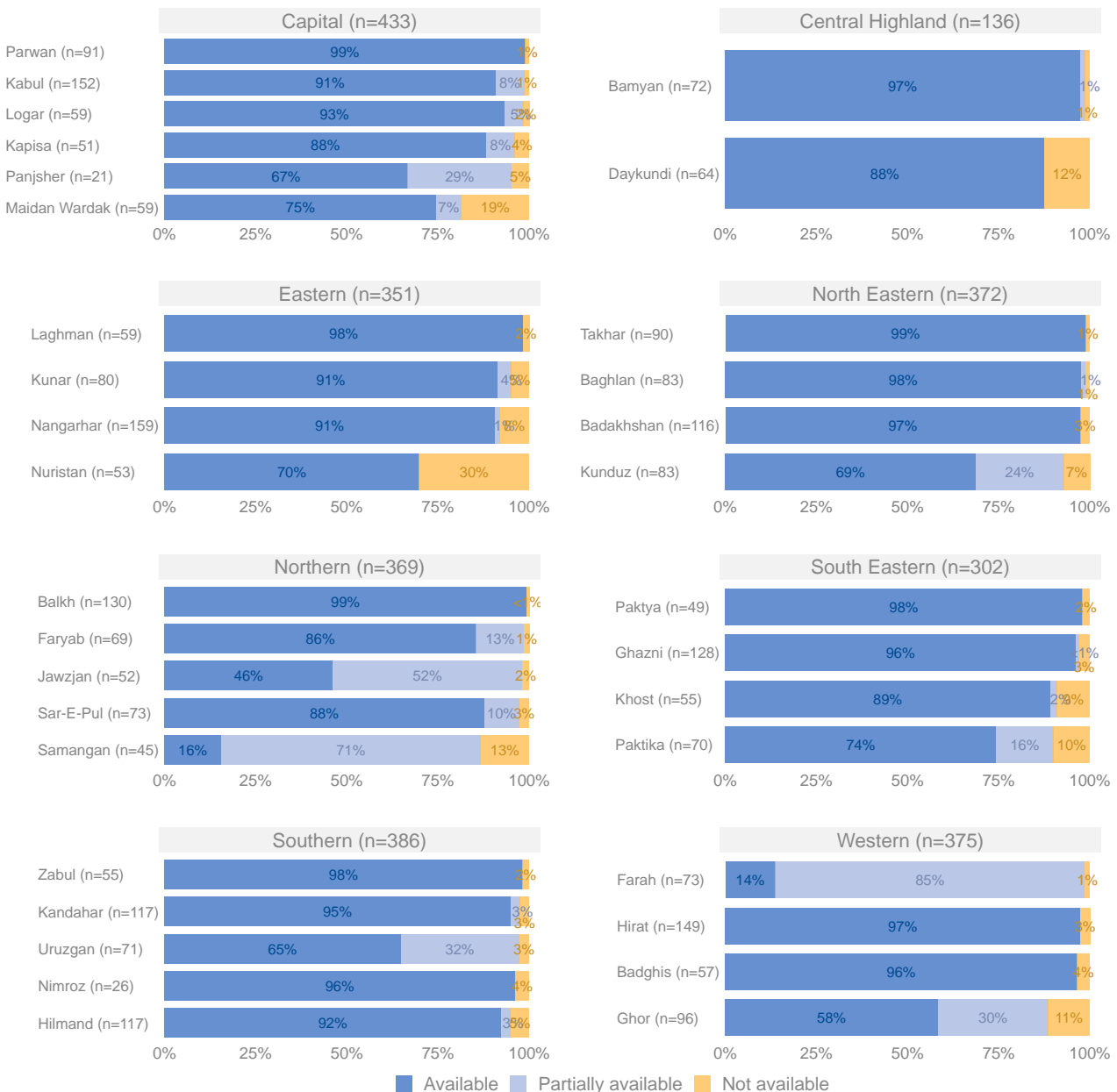


²⁰ Power is only considered available if it's available reliably and in sufficient quantities to meet daily demand at the health facility.

Power availability by health facility type

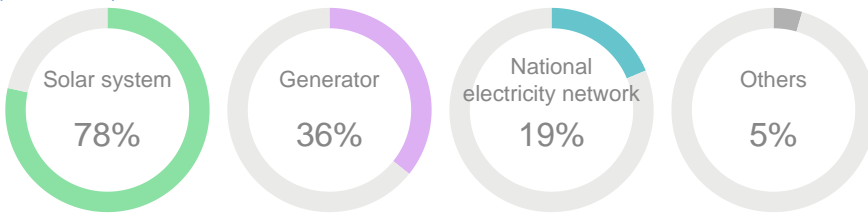


Power availability by province

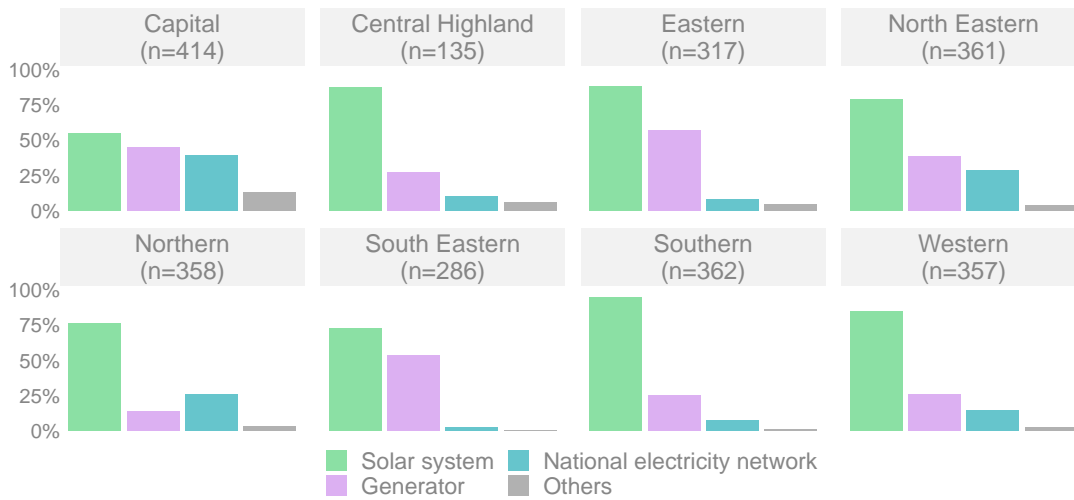


Power sources

Main power sources available
(n = 2590)



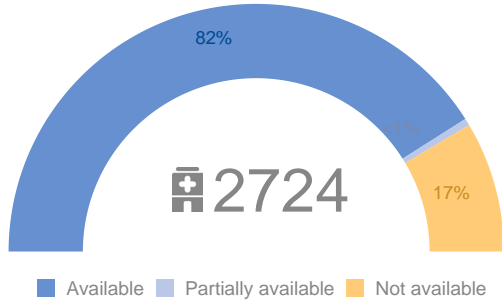
Main power sources available by region



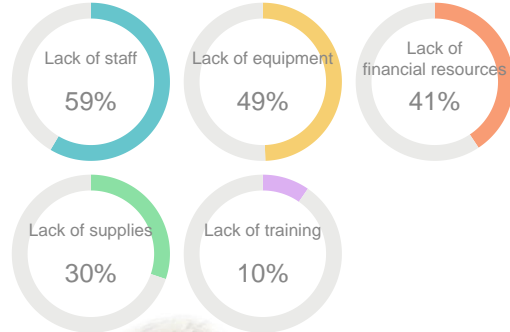
COLD CHAIN

Cold chain availability

Cold chain availability²¹

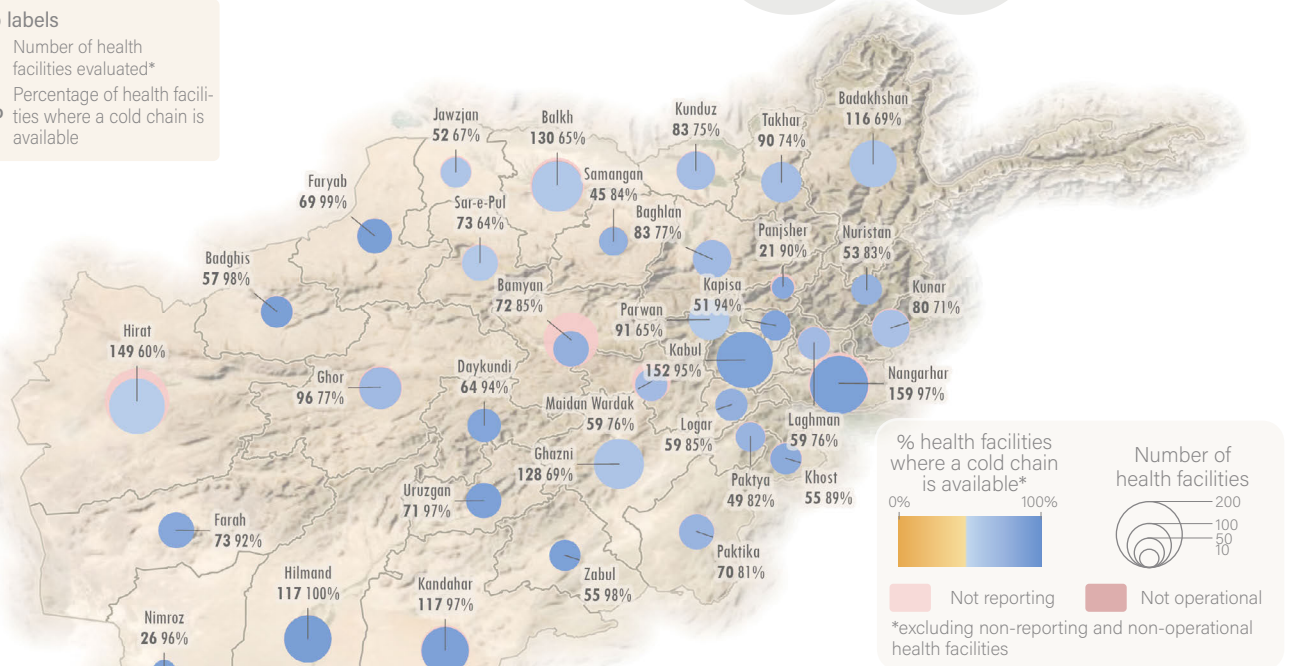


Main reasons of unavailability (n = 487)

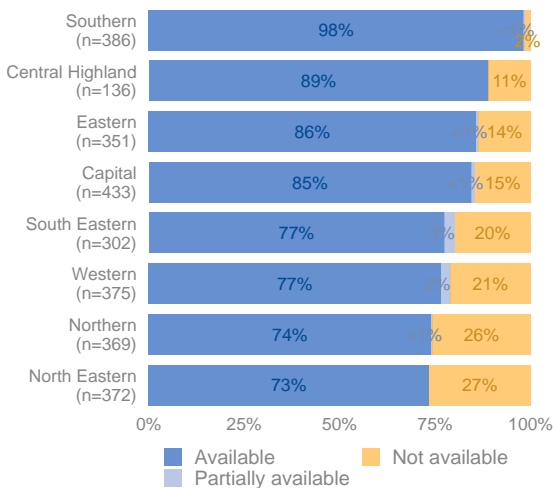


Map labels

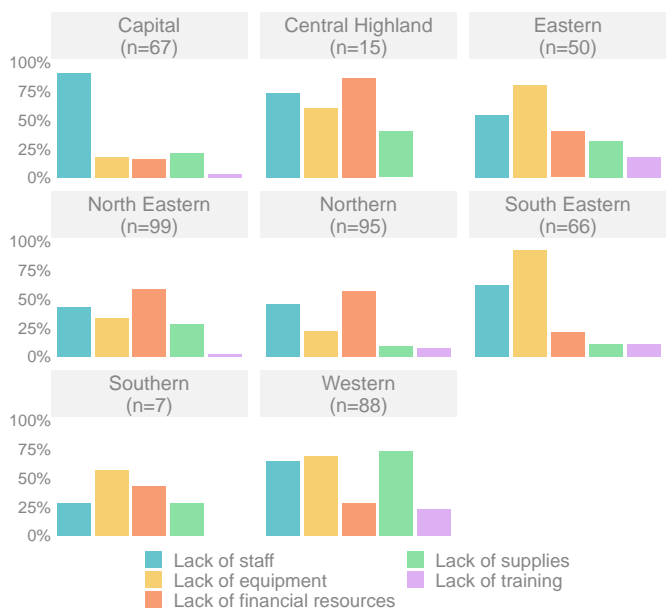
- X Number of health facilities evaluated*
- X% Percentage of health facilities where a cold chain is available



Cold chain availability by region

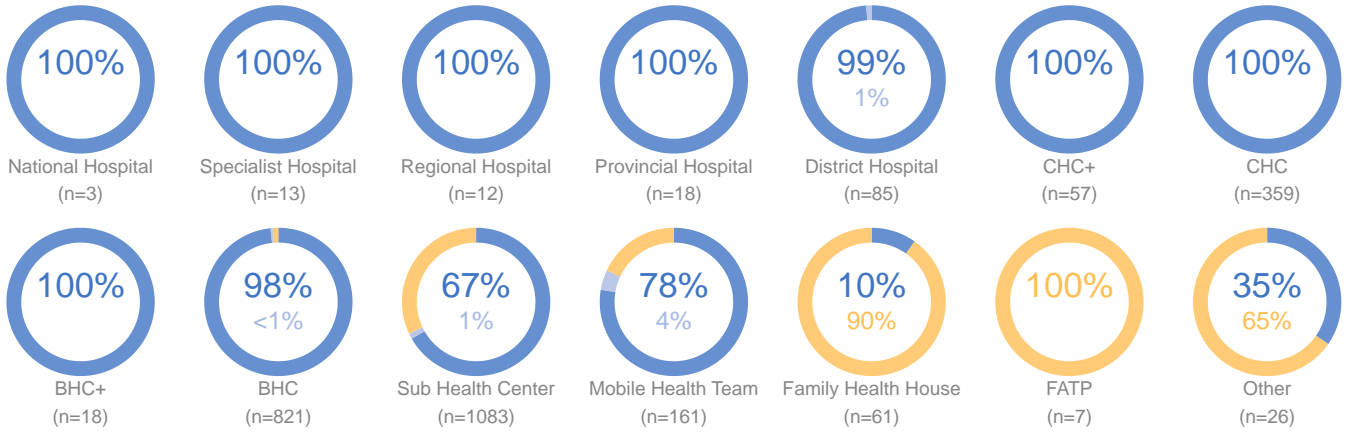


Main reasons of unavailability by region

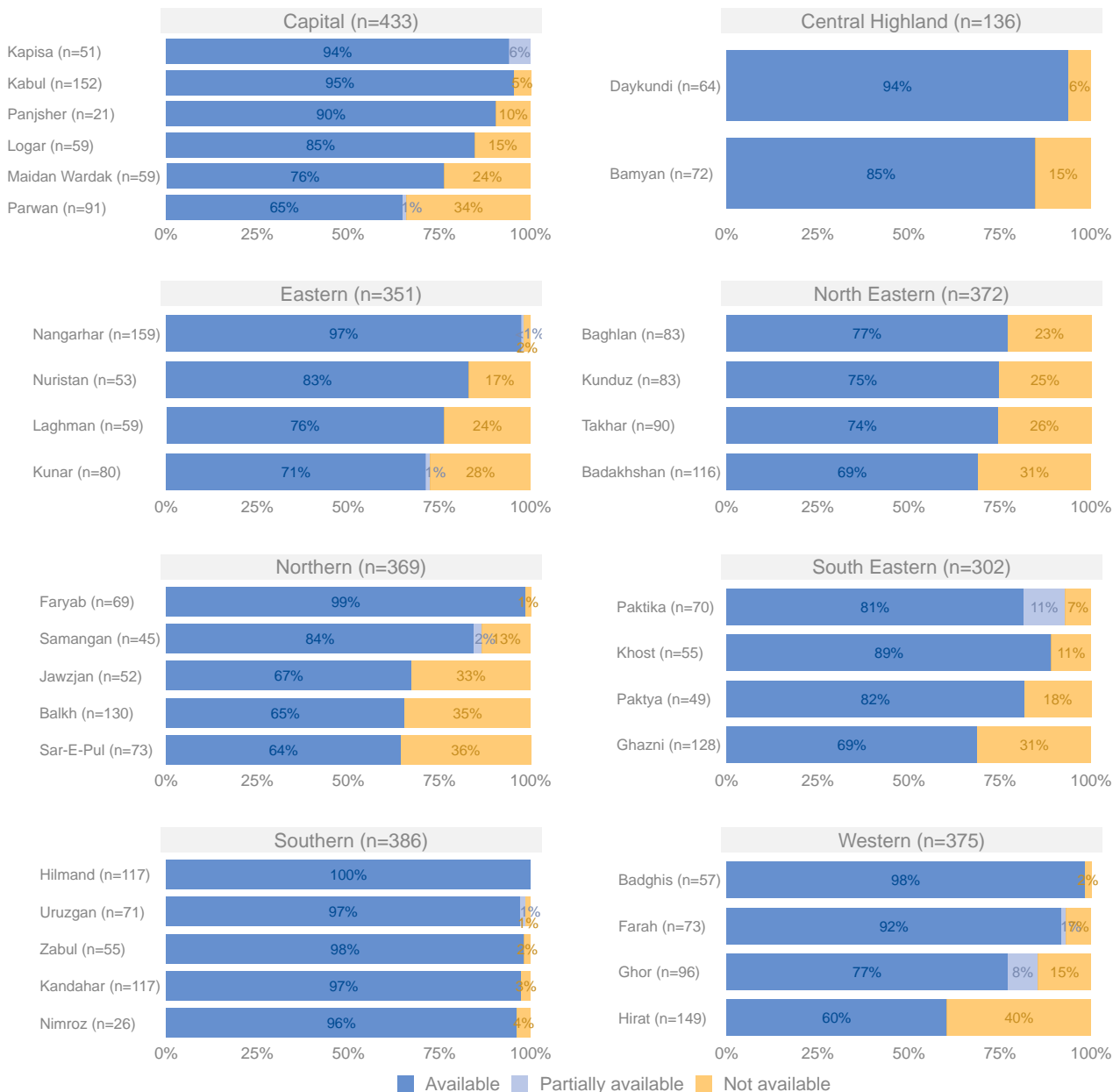


²¹ Cold chain is considered available only if functioning and if it provides sufficient capacity for vaccination campaigns/routine vaccination efforts.

Cold chain availability by health facility type

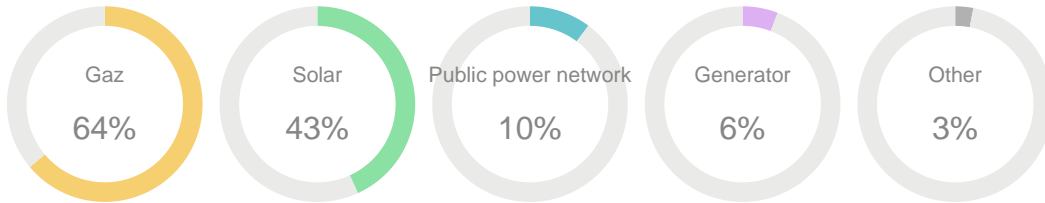


Cold chain availability by province

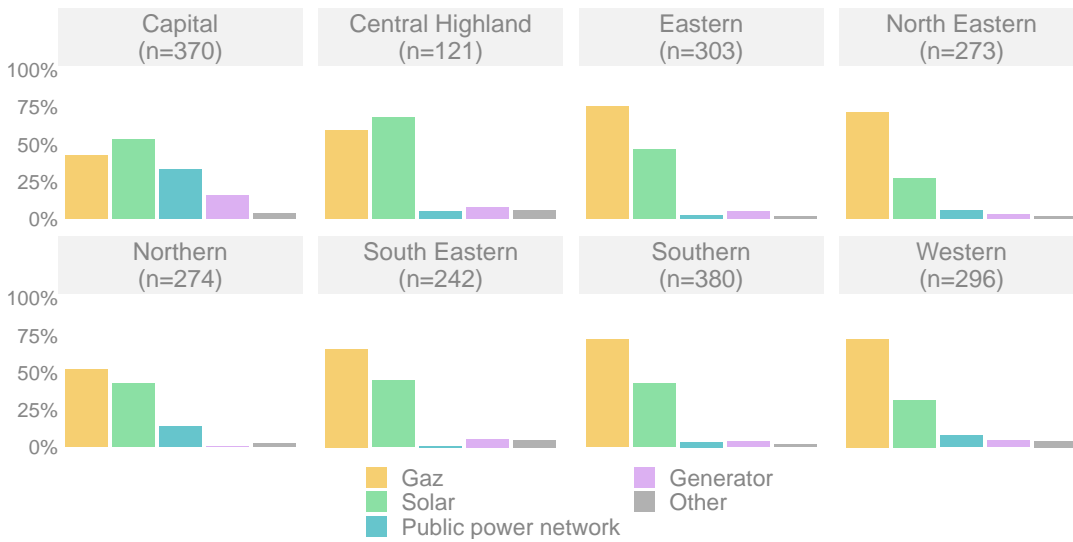


Cold chain power sources

Main power sources available
(n = 2259)



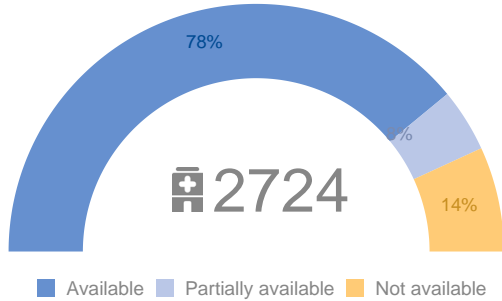
Main power sources available by region



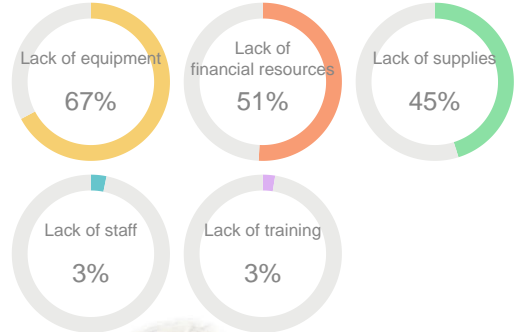
COMMUNICATION EQUIPMENT

Communication equipment availability

Communication equipment availability

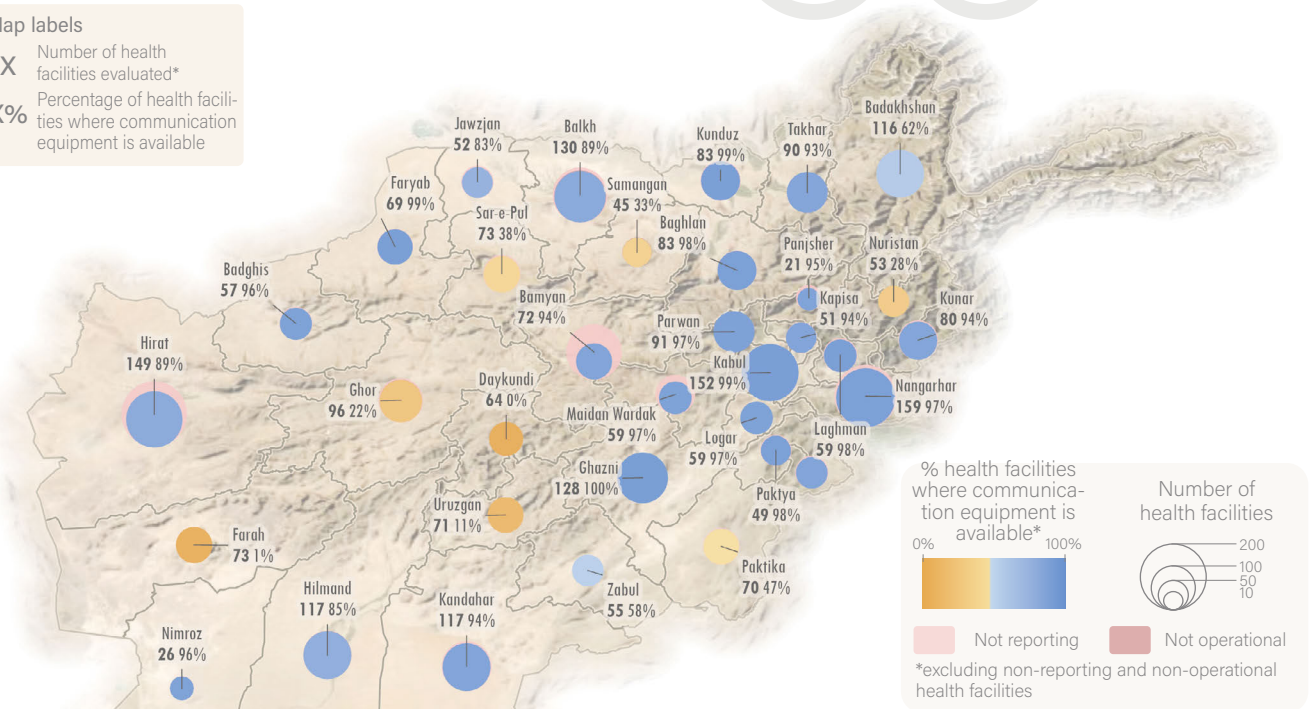


Main reasons of unavailability (n = 598)

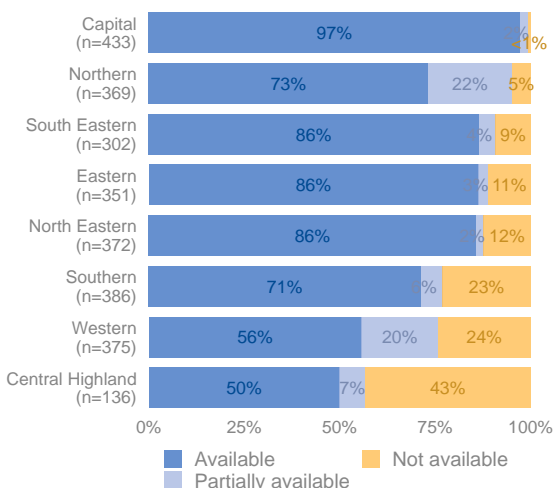


Map labels

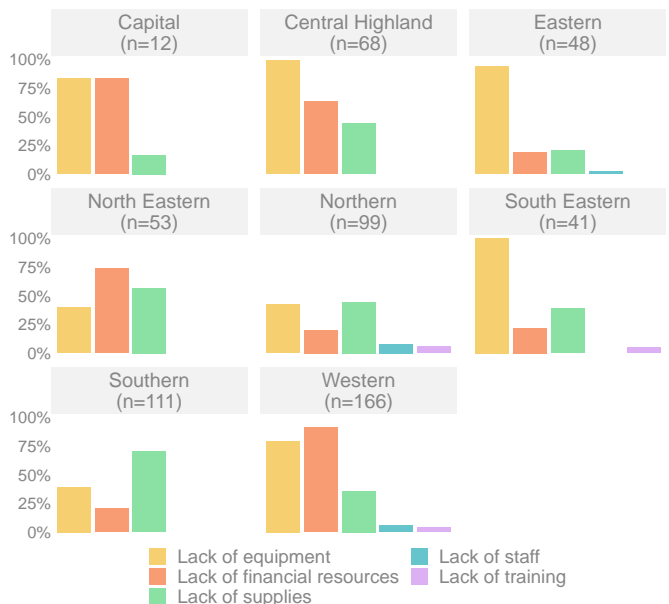
- X Number of health facilities evaluated*
- X% Percentage of health facilities where communication equipment is available



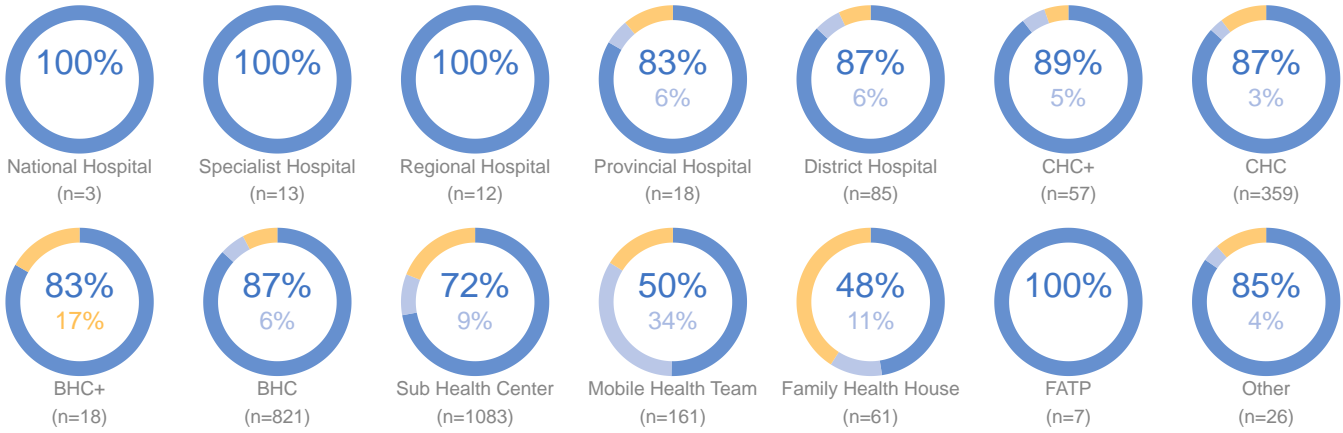
Communication equipment availability by region



Main reasons of unavailability by region



Communication equipment availability by health facility type

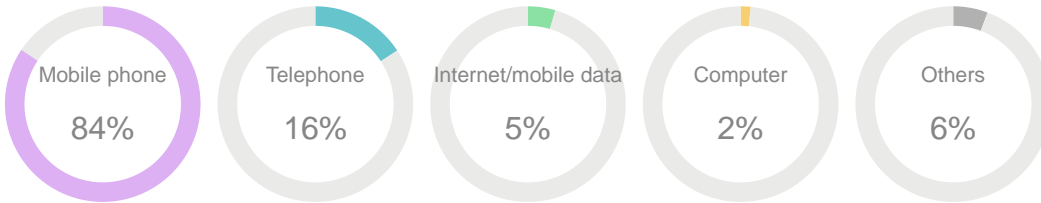


Communication equipment availability by province

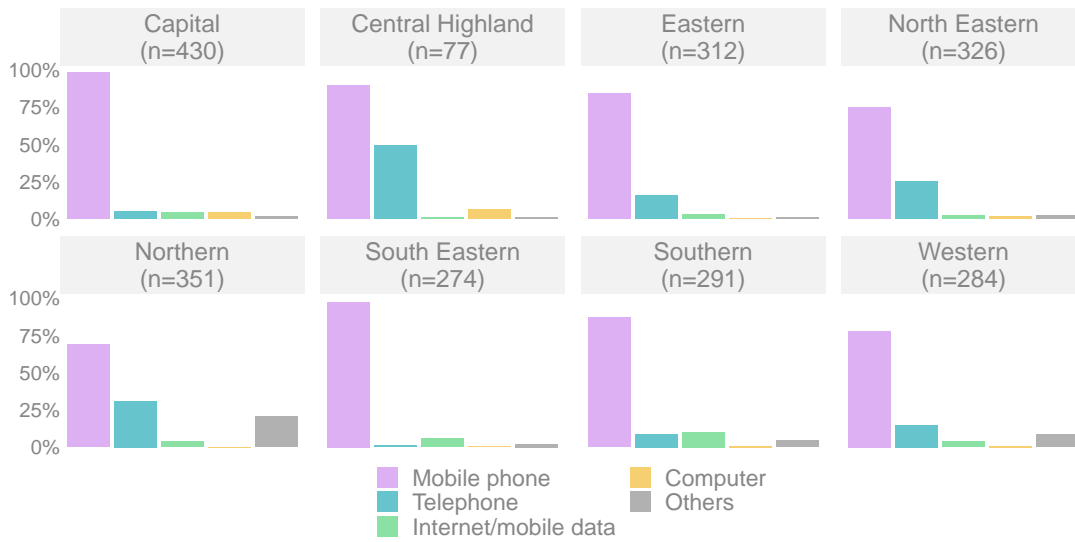


Communication equipment type

Main types of communication equipment available
(n = 2345)



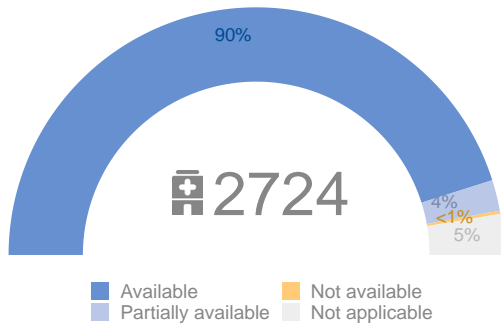
Main types of communication equipment available by region



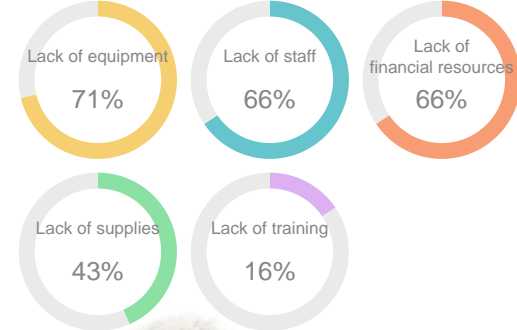
FACILITY-BASED INFORMATION SYSTEMS

Health records

Availability of health records²²



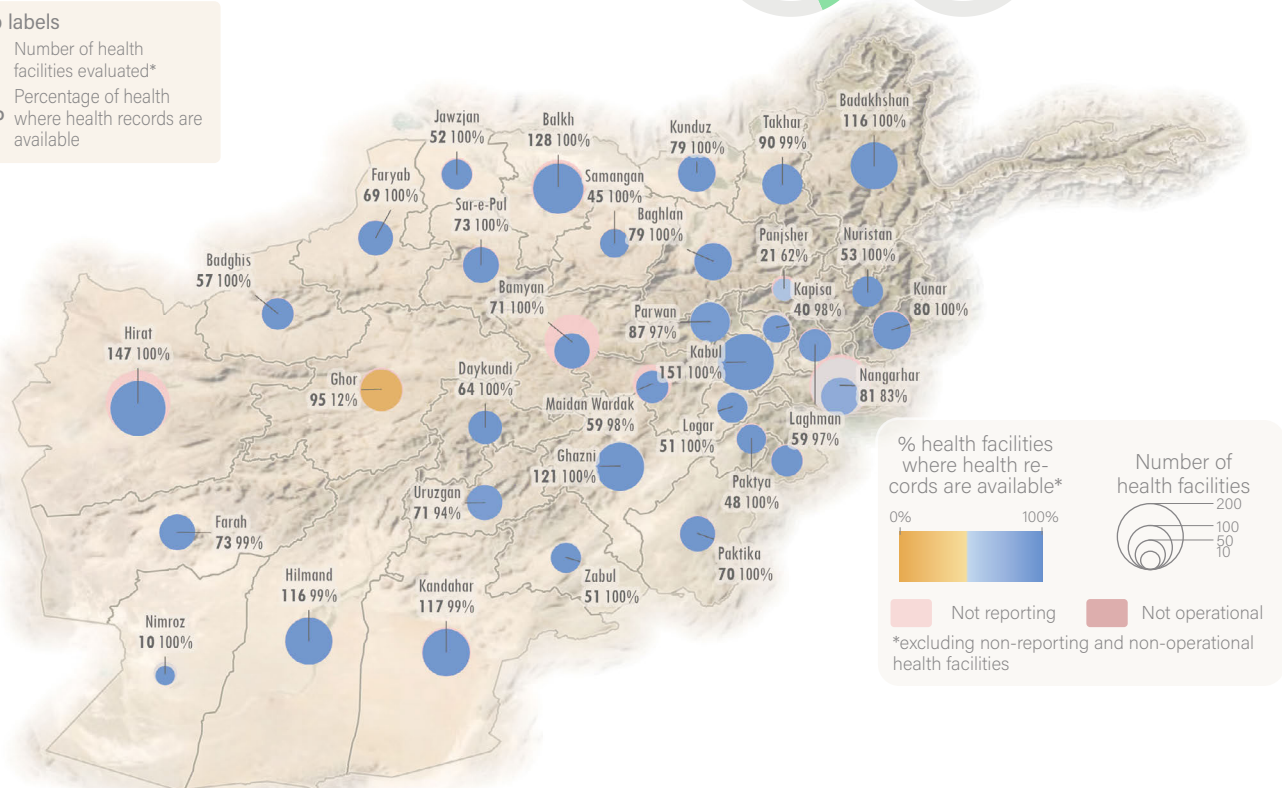
Main reasons of unavailability (n = 122)



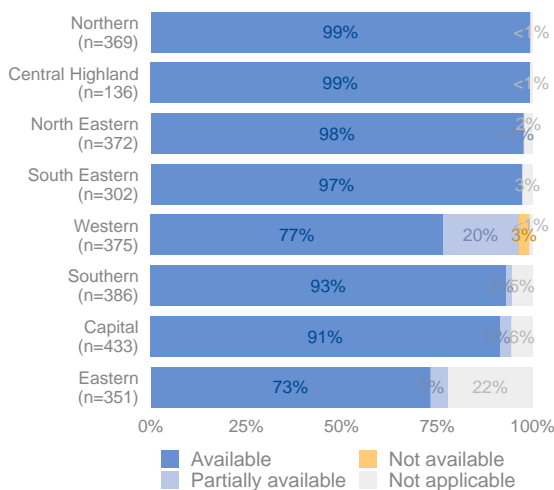
Map labels

X Number of health facilities evaluated*

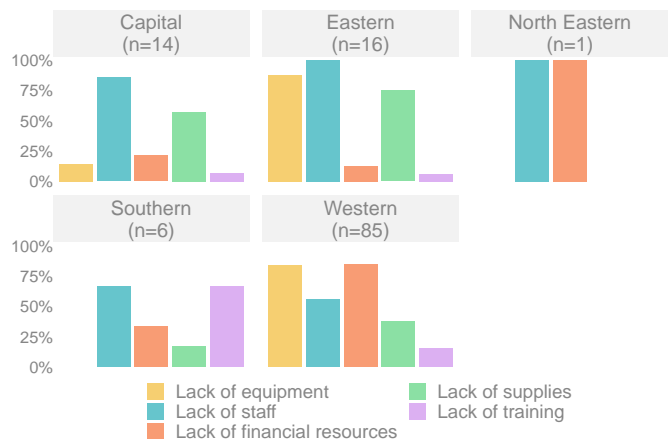
X% Percentage of health records where health records are available



Availability of health records by region

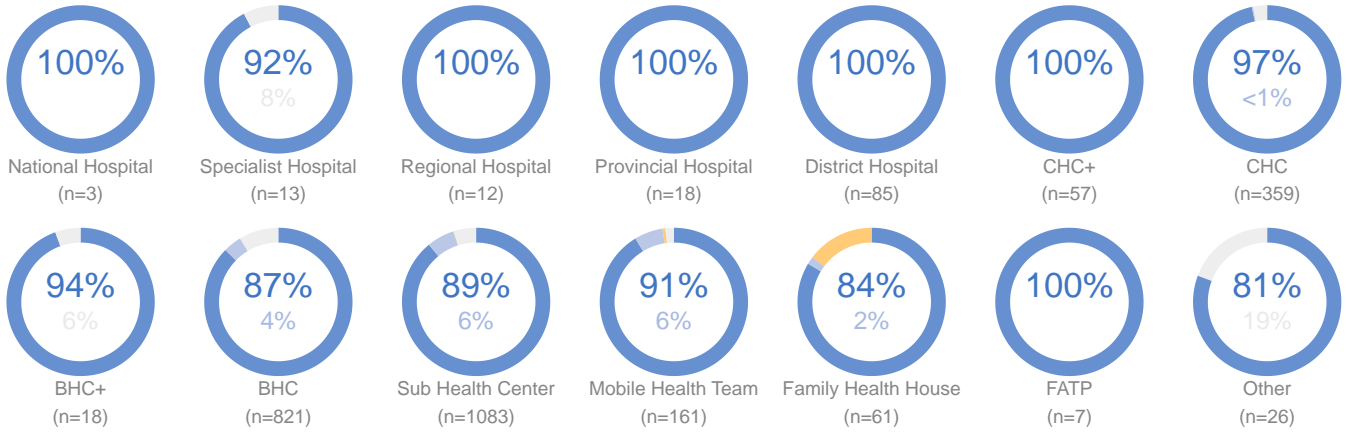


Main reasons of unavailability by region

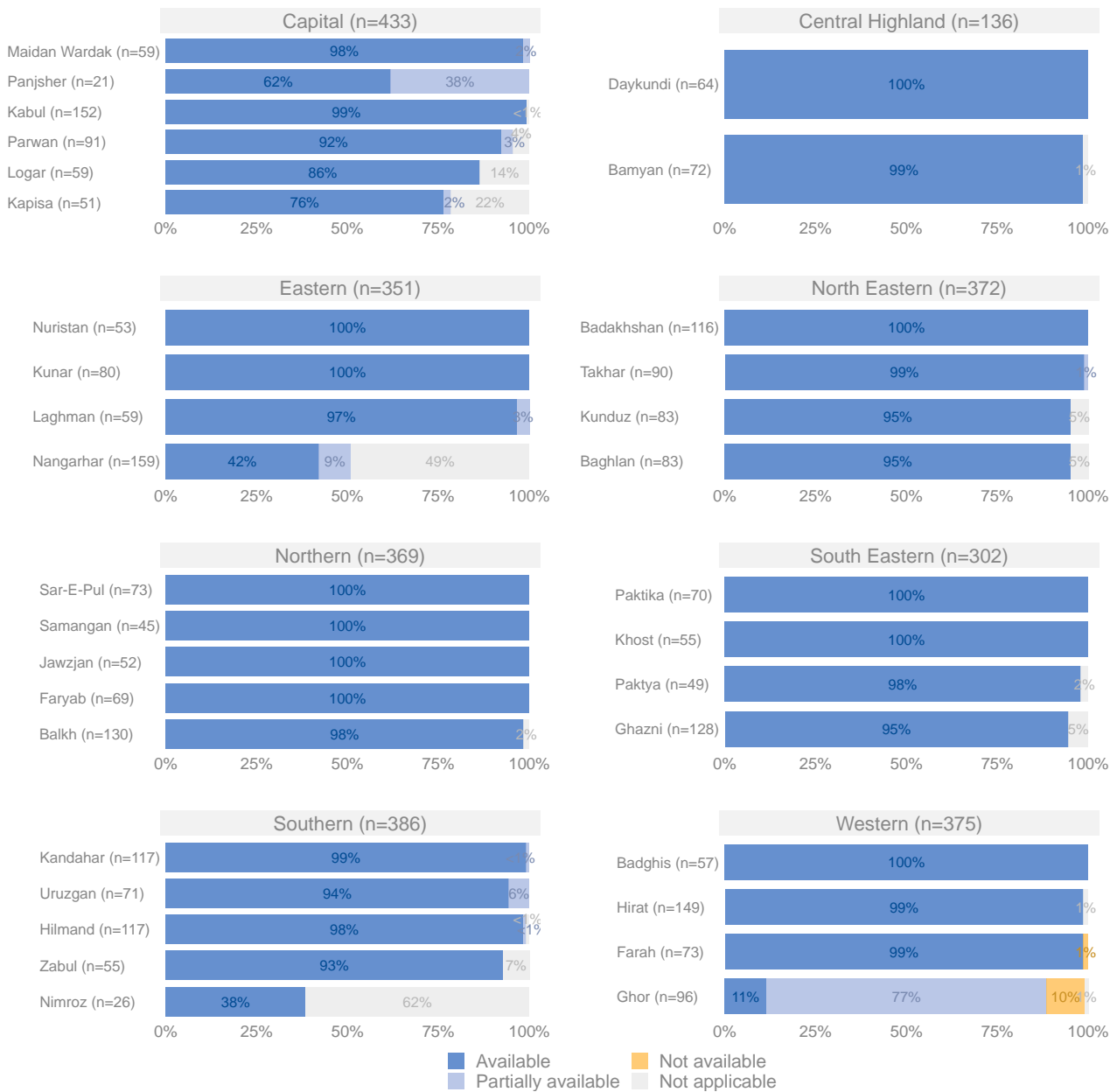


²² Availability includes functionality, completeness, accuracy and timeliness of the reports

Availability of health records by health facility type

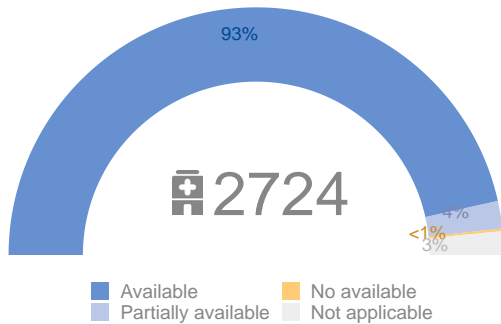


Availability of health records by province



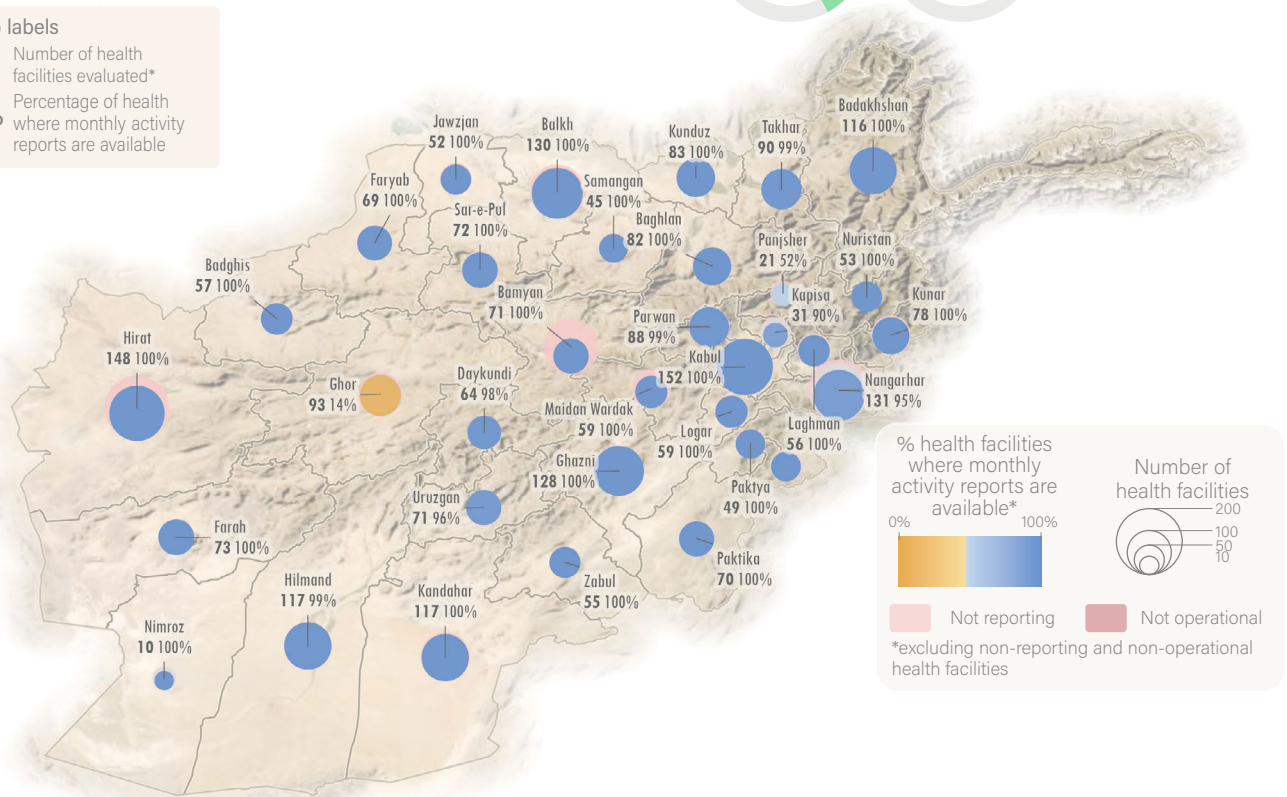
Monthly activity reports

Availability of monthly activity reports²³

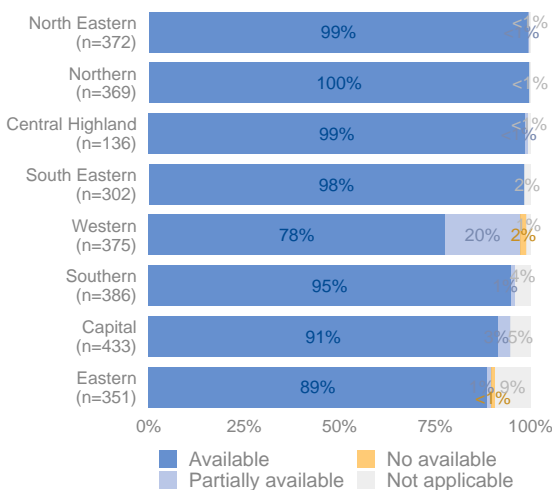


Map labels

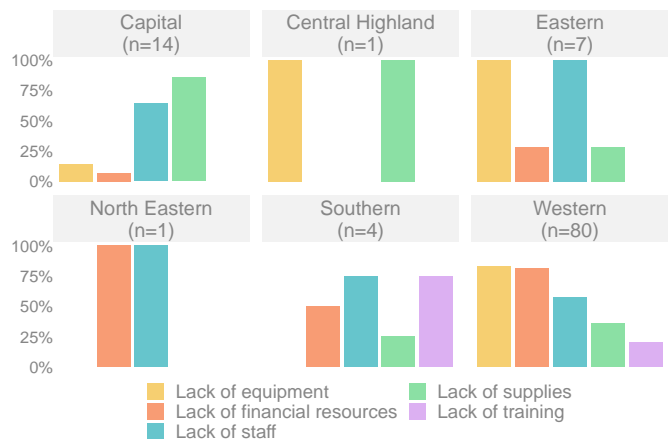
- X Number of health facilities evaluated*
- X% Percentage of health facilities where monthly activity reports are available



Availability of monthly activity reports by region

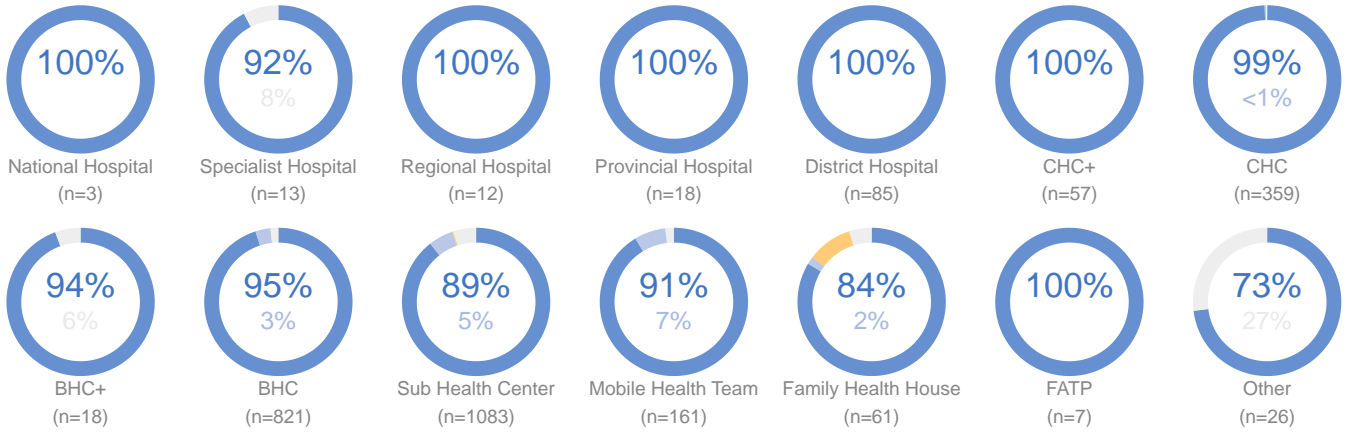


Main reasons of unavailability by region

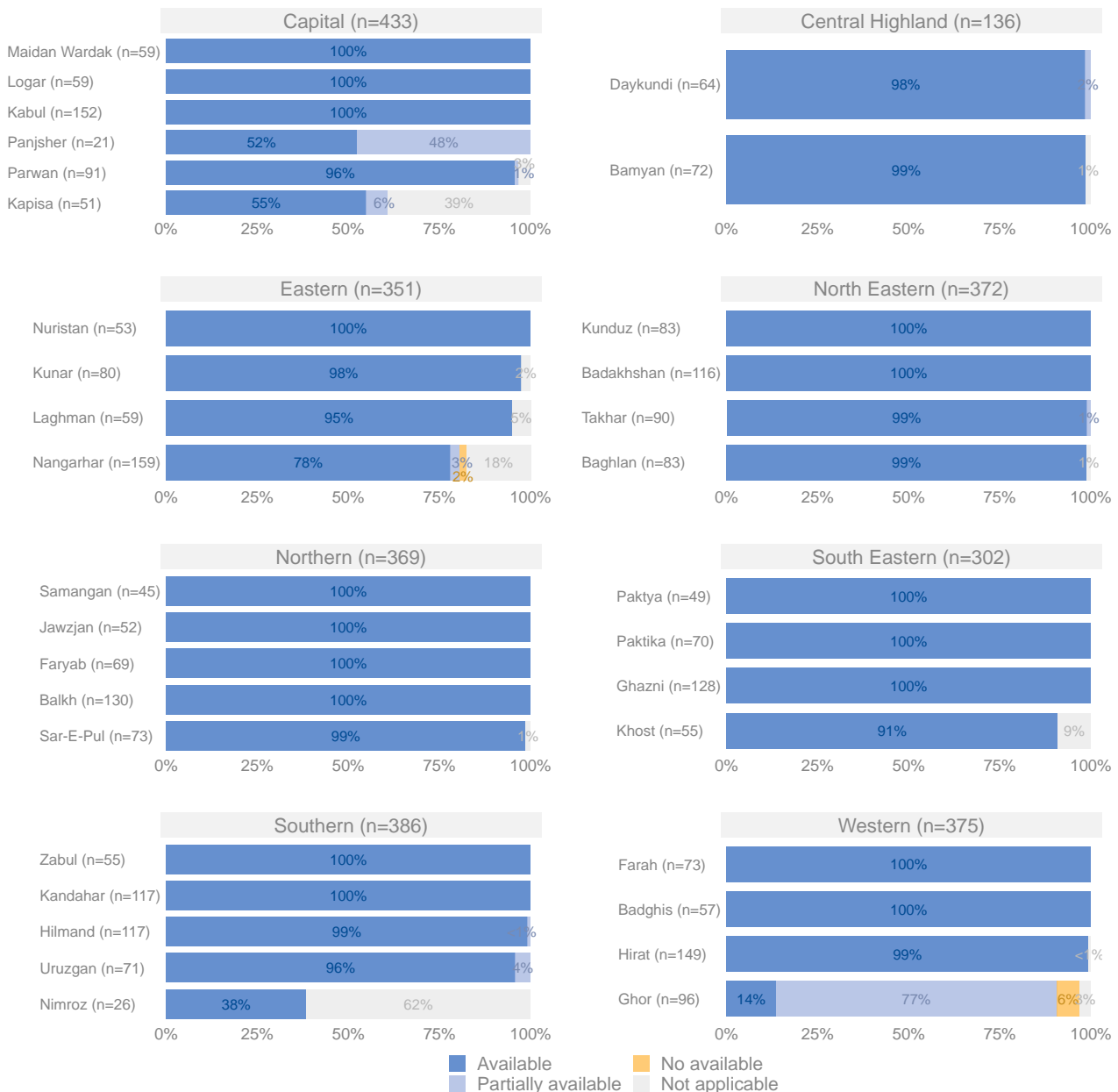


²³ Availability includes functionality, completeness, accuracy and timeliness of the reports

Availability of monthly activity reports by health facility type

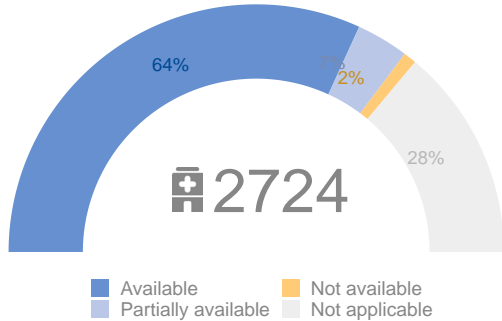


Availability of monthly activity reports by province

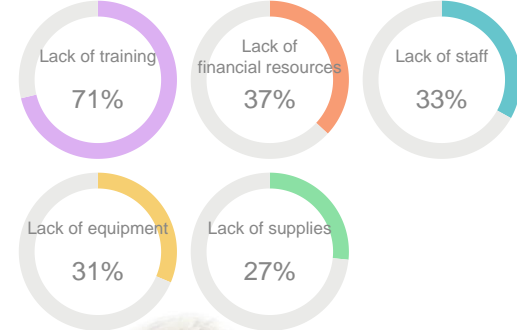


Diseases Early Warning System (DEWS)

Availability of DEWS²⁴

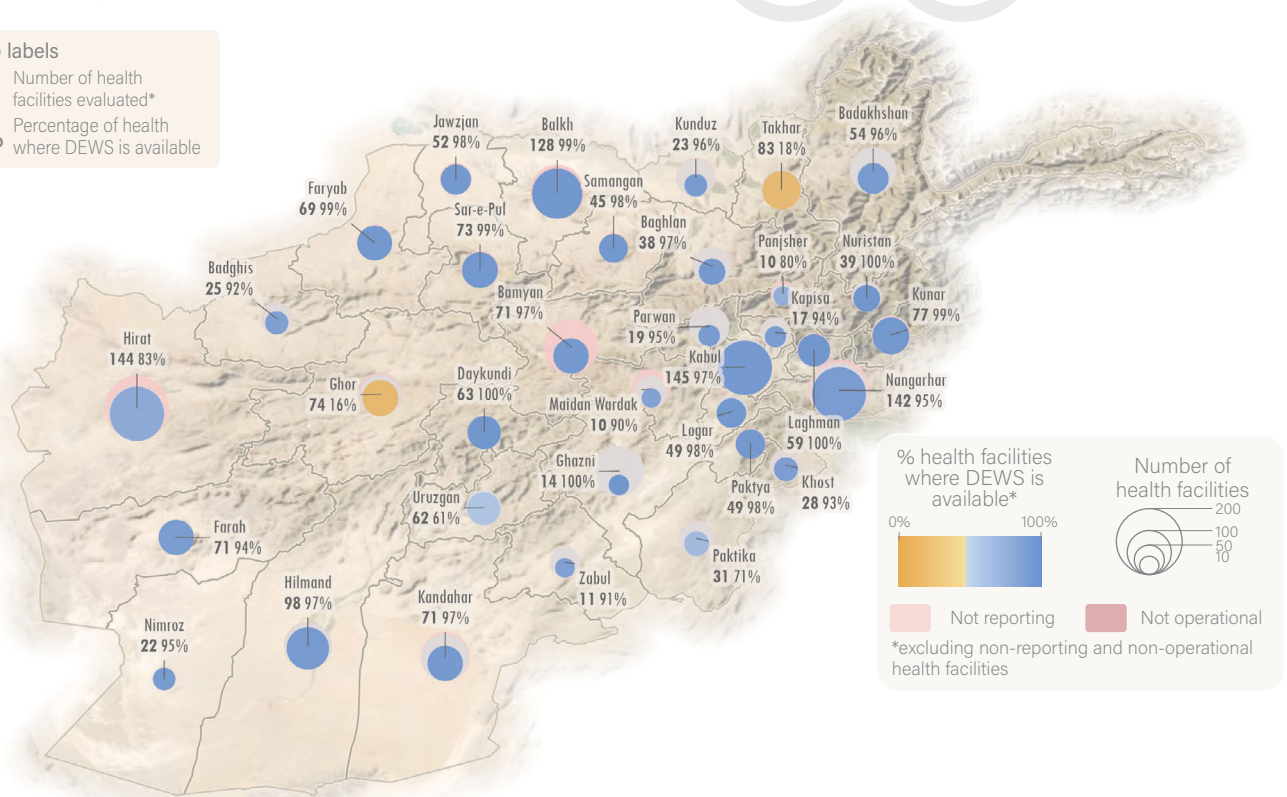


Main reasons of unavailability (n = 233)

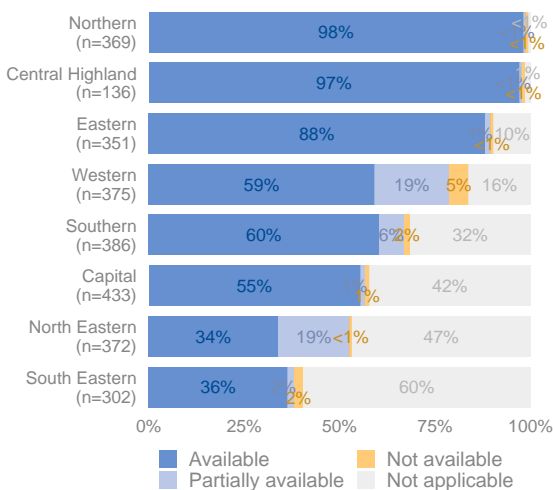


Map labels

- X Number of health facilities evaluated*
- X% Percentage of health facilities where DEWS is available



Availability of DEWS by region

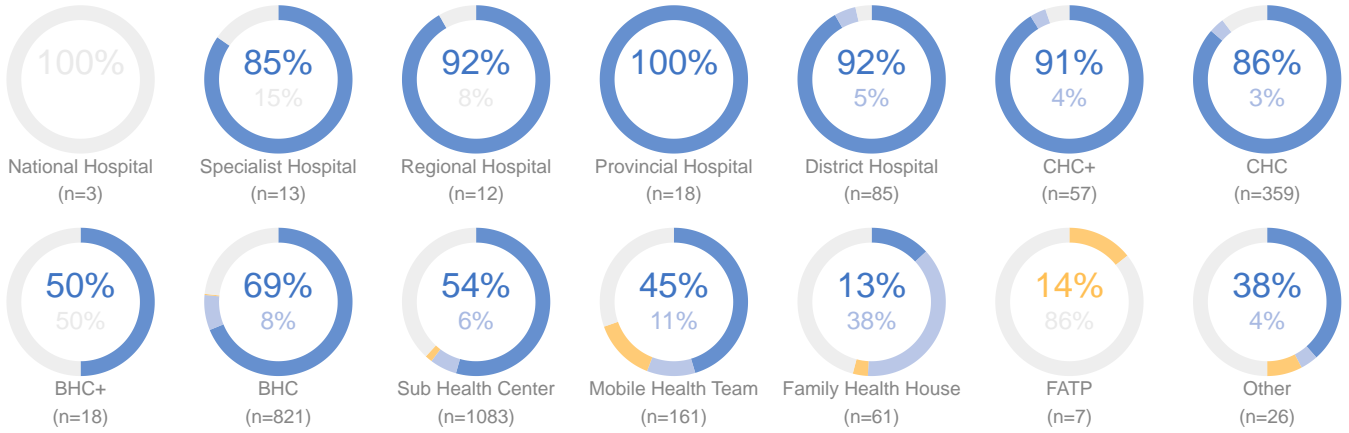


Main reasons of unavailability by region

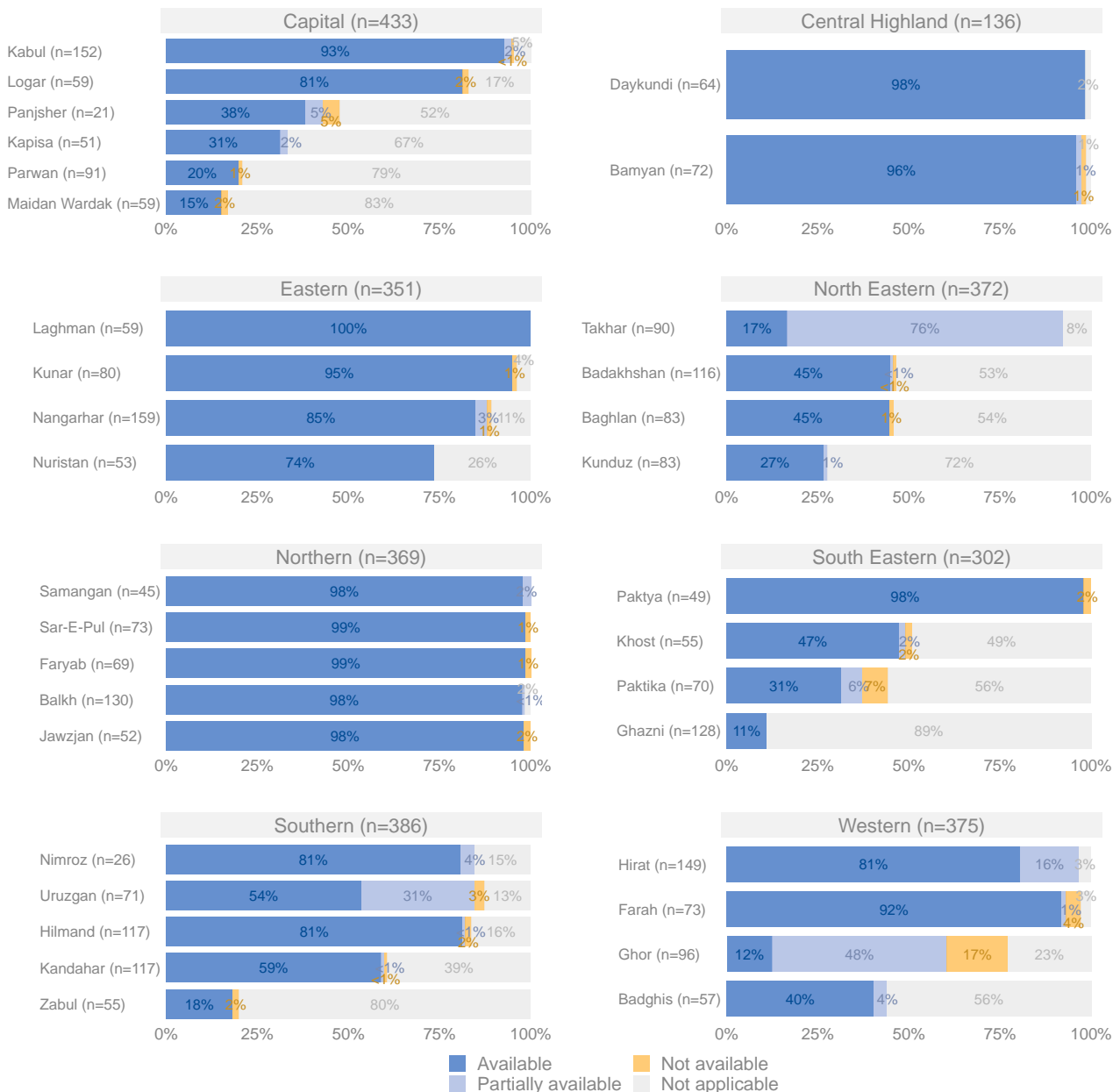


²⁴ Availability includes functionality, completeness, accuracy and timeliness of the reports

Availability of DEWS by health facility type



Availability of DEWS by province





ANNEX



ANNEX I: LIST OF PARTNER ACRONYMS

ACRONYMS	PARTNER NAME
AKHS	Aga Khan Health Services
ARCS	Afghan Red Crescent Society
BARAN	Bu Ali Rehabilitation & Aid Network
BDN	Bakhtar Development Network
CAF	Care of Afghan families
CDC	US Centers for Disease Control and Prevention
CHA	Coordination of Humanitarian Assistance
EMERGENCY	EMERGENCY
GAVI	Gavi, The Vaccine Alliance
HADAAF	Humanitarian Assistance & Development Association for Afghanistan
HN-TPO	HealthNet TPO
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
IOM	International Organization for Migration
IRC	International Rescue Committee
JACK	Just for Afghan Capacity and Knowledge
LIPCO	Lipco
MEDAIR	Medair
MMRCA	Medical Management and Research Courses Afghanistan
MOVE	MOVE Welfare Organization
NAC	Norwegian Afghanistan Committee
OHPM	Organization for Health Promotion and Management
OPHA	Organization For People's Health In Action
ORCD	Organization For Research And Community Development
PU-AMI	Première Urgence - Aide Médicale Internationale Afghanistan
SAF	Solidarity for Afghan Families
SCA	Swedish Committee for Afghanistan
SCI	Save the Children
SO	Shuhada Organization
TIKA	Turkish Cooperation and Coordination Agency
UNICEF	United Nations Children's Fund
WVI	World Vision International

