

Afghanistan Public Policy Research Organization

Monitoring Government Response to COVID-19 in Nangarhar, Laghman and Kunar

Cycle 3

September 2 – October 1, 2020



Acknowledgements

This report was made possible through financial support from the United Nations Development Program (UNDP) and Embassy of Denmark in Kabul.

About this report

In October 2020, APPRO conducted research in Kabul, Nangarhar, Laghman and Kunar to monitor the COVID-19 testing mechanism, particularly the testing process instituted by Directorate of Public Health and COVID-19 health centers in Nangarhar, Kunar and Laghman provinces. This monitoring report also examines the improvements/changes made to ensure transparency and accountability in the use of government funds in COVID-19 health centers in the three target provinces.

About APPRO

Afghanistan Public Policy Research Organization (APPRO) is an independent social research organization with a mandate to promote social and policy learning to benefit development and reconstruction efforts in Afghanistan and other less developed countries through conducting social scientific research and monitoring, evaluations, and training and mentoring. APPRO is registered with the Ministry of Economy in Afghanistan as a non-profit non-government organization and headquartered in Kabul, Afghanistan with offices in Mazar-e Sharif (north), Herat (west), Kandahar (south), Jalalabad (east), and Bamyan (center). APPRO is the founding member of APPRO-Europe, registered in Belgium and acts as the Secretariat of NAC-PP.

About the Researchers

The researchers for this report (in alphabetical order) are Obaidullah Abdi, Zahra Qasemi, Zarghona Saify, Yaser Talebzada and Mohammad Ismail Zahid.

This report is authored by Obaidullah Abdi and Ahmadullah Hamta.

For more information, see: www.appro.org.af and www.appro-europe.net
Contact: mail@appro.org.af

APPRO takes full responsibility for all omissions and errors.

© 2020. Afghanistan Public Policy Research Organization. Some rights reserved. This publication may be stored in a retrieval system or transmitted only for non-commercial purposes and with written credit to APPRO and links to APPRO's website at www.appro.org.af. Any other use of this publication requires prior written permission, which may be obtained by writing to: mail@appro.org.af

List of Acronyms

| | |
|----------|--|
| AAN | Afghanistan Analysts Network |
| ADDA | Agency for Assistance and Development of Afghanistan |
| AOP | Administrative Office of the President |
| AFN | Afghani (Afghanistan's Currency) |
| COVID-19 | Coronavirus Disease 2019 |
| CSO | Civil Society Organization |
| IDLG | Independent Directorate of Local Governance |
| IOM | International Organization for Migration |
| PFM | Public Financial Management |
| RRT | Rapid Response Team |
| LAs | Local Authorities |
| PGO | Provincial Governor Office |
| PPE | Personal Protective Equipment |
| USD | United States Dollars |

Table of Contents

- Introduction 6**
- Objectives, Methodology and Scope..... 8**
- Findings from Secondary Sources 9**
 - Government’s COVID-19 Response in Afghanistan9
 - International Community’s COVID-19 Response in Afghanistan.....10
 - COVID-19 Testing Mechanism in Afghanistan12
- Findings from Primary Sources13**
 - COVID-19 Testing Mechanism in Nangarhar, Laghman and Kunar.....14
 - Allocation and Expenditure of Earmarked Funds to Fight COVID-19.....16
 - International Assistance in Target Provinces17
- Conclusion.....17**
 - Recommendations18**
 - National Government Authorities (Particularly MoPH).....18
 - International Donors19
 - COVID-19 Health Centers19

Introduction

Afghanistan's first confirmed corona virus disease 2019 (COVID-19) case was reported on February 4, 2020 in the western province of Herat. This came at a time when thousands of people crossed border from neighboring Iran amid fear of contracting the virus there.¹ During March 2020, the number of Afghans returning from Iran through the border crossing in Herat province had reached 11,627 in a single day, with almost all not being properly screened and monitored for symptoms of COVID-19.² Nearly two months after recording the first case in Herat, the virus had already spread to 30 out of 34 provinces. With over 30 million population, Afghanistan's daily testing capacity averaged 100 per day, while Poland with nearly the same population had testing capacity of 16,000 in a day.³

According to the World Bank, poverty rate in Afghanistan is expected to increase to up to 72 percent while due to reduced trade, administrative disruptions and deteriorating economic conditions, government revenues are expected to fall by more than a third below the projected amount. The pandemic has also negatively affected agricultural output, severely damaged the nascent private sector and has increased the price of basic food items.⁴ World Bank's forecasts also indicate that recovery is expected to take several years, with real GDP and per capita income declining sharply.⁵ Since Afghanistan has been financing around 75 percent of its total government expenditure from international assistance, the pandemic is likely to result in an increase in this percentage, making Afghanistan even more aid-dependent than before.⁶

Since January 1, 2020 nearly 773,234 undocumented Afghans including 767,230 from Iran and 6,004 from Pakistan have returned to Afghanistan. The spike in the number of returnees has put additional pressure on the already limited resources earmarked to fight the pandemic.⁷ In Nangarhar province bordering Pakistan, official attempts at quarantining returnees in camps built near the Torkham border have been inadequate, with the camps having been mismanaged and the returnees either not being quarantined and/or fleeing from camps.⁸

On March 27, 2020, the Afghan government announced a lockdown in Kabul and several other provinces, imposing restrictions on movement and closure of government and non-government institutions in Kabul, Balkh, Nangarhar, Herat and Kandahar provinces. Other than entities providing essential services, such as healthcare, all other government entities remained closed until early June 2020. Restrictions were also imposed in Laghman and Kunar provinces with similar guidelines resulting

¹ The New York Times (2020). Afghanistan's Next War. Photo essay by Kiana Hayeri and Mujib Mashal. Available from: <https://www.nytimes.com/interactive/2020/04/22/magazine/afghanistan-coronavirus.html>

² Ibid.

³ Ibid.

⁴ World Bank (2020) Afghanistan Development Update <http://documents1.worldbank.org/curated/en/132851594655294015/pdf/Afghanistan-Development-Update-Surviving-the-Storm.pdf>

⁵ Ibid.

⁶ SIGAR (2020). Quarterly Report to Congress: July 30, 2020. Available from: <https://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr-section3-economic.pdf>

⁷ UNHCR (2020). Border Monitoring Update. Available from: <https://data2.unhcr.org/en/documents/details/83258>

⁸ Ariana News (2020). Torkham port opened to Afghan returnees from Pakistan. Available from: <https://ariananews.af/torkham-port-opened-to-afghan-returnees-from-pakistan/>

in the closure of government offices, educational institutions and social gatherings which lasted until late May 2020.⁹

Between July-November 2020, the number of positive cases started dropping by 73 percent, from 5,248 weekly cases to 1,500.¹⁰ During this period, government restrictions on movement and public gatherings were removed and public places including schools and universities started re-opening gradually in August 2020. However, due to colder weather and resurgence of COVID-19 cases, the Ministry of Education (MoEd) announced closing public schools in Kabul and provinces while private schools were advised to close grades 1-12 until December 5, 2020.¹¹ Further, MoEd has announced closing public universities while private universities can conduct classes online.¹²

While actual cases are much higher, as of November 25, more than 45,000 COVID-19 cases have been registered with more than 1,700 registered deaths.¹³ Ministry of Public Health's (MoPH) efforts to combat COVID-19 face multiple challenges, in part due to insufficient testing capacity, issues in procuring medical supplies and services, delays in delivery and handover of COVID-19 testing kits by international organizations and donors, and absence of sufficient number of healthcare workers.¹⁴

As of November 19, 2020, more than 133,691 people have been tested. Afghanistan's positivity rate, which is the number of positive tests divided by the total number of tests, is among the highest in the world at 43 percent, raising suspicion that symptomatic individuals go undetected.¹⁵ According to a report by International Rescue Committee, up to 90 percent of potential cases are not being tested or recorded.¹⁶

With winter drawing closer, the number of positive cases are resurging, with 377 confirmed cases on November 20 alone.¹⁷ MoPH has activated airport surveillance and screening of international passengers to Afghanistan, and has closed wedding halls in attempts to halt the spread of the virus.¹⁸

⁹ Tolonews (2020). Kabul Lockdown Eases Amid Warnings on Crisis. Available from:

<https://tolonews.com/afghanistan/kabul-lockdown-eases-amid-warnings-crisis>

¹⁰ AAN (2020). COVID-19 in Afghanistan: A closer look at MoPH's official figures. Available from:

<https://www.afghanistan-analysts.org/en/reports/economy-development-environment/covid-19-in-afghanistan-6-a-closer-look-at-the-mophs-official-figures/>, also based on data obtained from WHO website.

Available from: <https://covid19.who.int/region/emro/country/af>

¹¹ Announcement by Ministry of Education. Retrieved on November 26, 2020. Available from:

[اطلاعيه-وزارت-معارف-22](https://moe.gov.af/dr/22-اطلاعيه-وزارت-معارف)

¹² Announcement by Ministry of Higher Education. Retrieved on December 2, 2020. Available from:

<https://www.mohe.gov.af/dr/%D8%A7%D8%B7%D9%84%D8%A7%D8%B9%DB%8C%D9%87-%D9%88%D8%B2%D8%A7%D8%B1%D8%AA-%D8%AA%D8%AD%D8%B5%DB%8C%D9%84%D8%A7%D8%AA-%D8%B9%D8%A7%D9%84%DB%8C-0>

¹³ Data on number of COVID-19 cases taken from:

<https://www.worldometers.info/coronavirus/country/afghanistan/>

¹⁴ UNDP, Afghanistan COVID-19 Socioeconomic Impact Assessment. Retrieved on November 11, 2020.

¹⁵ SIGAR (2020). Quarterly Report to Congress: July 30, 2020. Available from:

<http://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr-section3-economic.pdf>

¹⁶ Tolonews (2020). Afghan Gov't 'Lacks Capacity' to Test Nationwide for COVID-19. Available from:

<https://tolonews.com/afghanistan/afghan-govt-lacks-capacity-test-nationwide-covid-19>

¹⁷ Ibid.

¹⁸ Anadolu News Agency (202). 2nd COVID-19 wave hits Afghanistan with case surge. Available from:

<https://www.aa.com.tr/en/asia-pacific/2nd-covid-19-wave-hits-afghanistan-with-case-surge/2049515>

Under increased strain from insufficient testing capacity in the provinces and districts, Rapid Response Teams (RRT) composed of a doctor, a nurse and a lab technician, with mobile clinics supported by MoPH and assisted by international organization such as IOM and UNDP, have been deployed to collect COVID-19 testing samples. The teams have also been assigned to conduct contact tracing of individuals who might have come in contact with COVID-19 infected persons.¹⁹ There are 142 RRTs throughout Afghanistan and 130 fixed mobile teams in Kabul. However, with the majority of the population living in rural areas, these numbers are insufficient.²⁰

A key factor determining the efficiency of the RRTs and contact tracing is the number of days taken to report results. At the beginning of the pandemic there were complications due to shortage of testing kits and delays of up to 14 days in producing results. Measures to accelerate the testing process have largely focused on major urban areas such as Kabul, Balkh, Herat, Kandahar and Nangarhar.²¹ Provinces such as Laghman and Kunar still lack sufficient testing capacity and the results take around 5-7 days to be issued.²² Also, testing delays of over 4-5 days and no provisions for subsequent quarantine will have little or no impact in attempts to fight COVID-19.²³

This report is based on data collected for the third cycle of monitoring of the government's response to COVID-19 during September 2020 in Nangarhar, Laghman and Kunar.

Objectives, Methodology and Scope

The overall objective for this third monitoring was to document how the government has responded to the COVID-19 pandemic in Nangarhar, Laghman and Kunar provinces. Data were collected to:

- Document COVID-19 testing mechanism since the outbreak of pandemic in Afghanistan.
- Examine and document COVID-19 testing processes in Nangarhar, Laghman and Kunar provinces.
- Document the changes in the process of allocation and spending of the budget allocated to fight COVID-19 in the three target provinces.
- Generate recommendations to increase efficiency, effectiveness and transparency in utilizing funds earmarked to fight COVID-19.

This report is based on a comprehensive review of the available information from secondary sources and 22 interviews with key informants in Kabul (4), Nangarhar (6), Laghman(6) and Kunar (6) provinces.

¹⁹ IOM (2020). COVID-19 Rapid Response, Mobile Clinics in Afghanistan Receive New Funding Support. Available from: <https://www.iom.int/news/covid-19-rapid-response-mobile-clinics-afghanistan-receive-new-funding-support>

²⁰ Based on official data obtained from MoPH. Also, confirmed by UNDP (2020). UNDP's support to Afghanistan proves vital in Fight Against COVID-19. Available from <https://www.af.undp.org/content/afghanistan/en/home/presscenter/articles/2020/FightAgainstCOVID-19.html>

²¹ Herat Labs lack COVID-19 test kits <https://tolonews.com/health/herat-lab-lacks-covid-19-test-kits>

²² AAN (2020). COVID-19 in Afghanistan: A closer look at MoPH's official figures. Available from: <https://www.afghanistan-analysts.org/en/reports/economy-development-environment/covid-19-in-afghanistan-6-a-closer-look-at-the-mophs-official-figures/>, also based on data obtained from WHO website. Available from: <https://covid19.who.int/region/emro/country/af>

²³ MedRxiv (2020). Effective Contact Tracing for COVID-19: A Systematic Review. Available from: <https://www.medrxiv.org/content/10.1101/2020.07.23.20160234v2>

The synthesis of findings from the review of the secondary sources is provided in the next section, followed by a section presenting the key findings based on an analysis of the data collected in Kabul, Nangarhar, Laghman and Kunar.

Findings from Secondary Sources

Government's COVID-19 Response in Afghanistan

The prolonged conflict and increasing poverty makes coping with COVID-19 pandemic in Afghanistan a major challenge. Lack of social protection systems, limited healthcare capacity and insufficient coordination are among the key hurdles in a comprehensive response to COVID-19.²⁴

After the outbreak of COVID-19 in early 2020, the Afghan government devised and submitted a response plan to its international donors. The plan has five stages, consisting of acknowledgement, diffusion, peak curve, relief and recovery. The funding to fight COVID-19 in Afghanistan is provided through adjustments to the national budget and funding provided by the international donors.²⁵

The COVID-19 Emergency Task Force was established in April 2020, chaired by Second Vice President and with a mandate to prevent further spread of the virus while paying attention to the needs of the most vulnerable through such measures as initiating a food distribution program.²⁶ The coordination by the Emergency Task Force has been weak from the onset. Task Force meetings have not been held on a regular basis and since June 2020 reports of these meetings have not been made available to the public.

More recently, in a high-level Emergency Response Committee meeting chaired by the First Vice President, it was announced that committee meetings would be held every 10 days, focused on developing an appropriate emergency response plan with the help of government agencies and the United Nations. Reportedly, there were no discussions about the government's response to the second wave of COVID-19 and resuming the meetings of COVID-19 Emergency Task Force.²⁷

The Government of Afghanistan approved 89.9 billion AFN (1.1 billion USD) as part of its COVID-19 relief package on May 5, 2020. Of this amount, 30 billion AFN (392 million USD) is financed through reallocations in the current budget with the remaining 60 billion AFN (821 million USD) being financed by the international donors. Currently, the national budget has been raised to 449 billion AFN (5.9 billion USD) from the approved 428 billion (5.6 billion USD) at the beginning of 2020.²⁸ The national budget was amended on July 1, 2020 when the peak of pandemic had already passed.²⁹

²⁴ Center on International Cooperation (2020). Coping with COVID-19 and Conflict in Afghanistan. Available from: <https://cic.nyu.edu/sites/default/files/coping-with-covid19-conflict-afghanistan.pdf>

²⁵ Ibid.

²⁶ OCS. (2020). President Ghani meets with COVID-19 Emergency Task Force. Available from: <https://president.gov.af/en/president-ghani-meets-with-covid-19-emergency-task-force/>

²⁷ First VP, Amrullah Saleh meeting on November 18, 2020. Available from: facebook.com/FVPAfghanistan/posts/1492082887664395

²⁸ Tolonews (2020). Afghan Government approves \$ 1.1 B Package for COVID-19 Response, available from: <https://tolonews.com/business/afghan-govt-approves-11b-package-covid-19-response>

²⁹ Tolonews (2020). Civil Society 'Sidelined' in Covid-19 Fight: Watchdog, available from: <https://tolonews.com/health/civil-society-'sidelined'-covid-19-fight-watchdog>

Subsequently, Ministry of Finance (MoF) and the Independent Directorate of Local Governance (IDLG) developed spending procedures to guide local authorities on expenditure of COVID-19 relief funds. Under the supervision of the Provincial Governor Office (PGO) in each province, a Purchasing Committee and a Monitoring Committee were established having members from government, civil society and the media.

During May and June 2020, the government initiated a country-wide bread distribution program across Kabul and provinces through municipalities. 2.2 billion Afghanis (USD 28.9 million) of the re-allocated budget was given to municipalities in 32 provinces, of which 1.2 billion AFN was allocated to Kabul Municipality.³⁰ Sources claim that the plan to spend 2 million USD every week through 1,343 bakeries in low income areas of Kabul, was corrupt and unjust. Media reports claimed that wheat, bags of flour and bread were embezzled by bakeries and local Wakil Guzars and representatives.³¹ According to 8AM Daily, nearly 800 million AFN in the name of wages have been embezzled after collusion between Kabul Municipality officials, Flour Sellers Union (Etihadiya Ertezaqi) and bakers in Kabul. Similar allegations were also noted in Kunar and Jawzjan provinces.³²

Another major concern has been the pervasive corruption in the procurement of health equipment. Several media reports have exposed embezzlement in the handling of health equipment and there are allegations of corruption against the Ministry of Public Health (MoPH) employees.³³ There are also reports of misuse of funds to purchase non-essential items such as furniture, television sets and equipment which are not directly linked to COVID-19 relief. These reports have raised concerns and led to criticism of the government for lacking will and ability to fight COVID-19.³⁴

There have been complaints by civil society about the lack of consultation by the government, accusing the government of sidelining civil society in reprioritization of budget and decision making regarding COVID-19.³⁵

International Community's COVID-19 Response in Afghanistan

Assistance to Afghanistan by the international community in fighting COVID-19 has focused on preparedness, containment and mitigation of the pandemic. During the first monitoring round in July 2020, it was reported that the international community had pledged around 600 million USD to

³⁰ Tolonews (2020). MoF Demands Municipalities Report on Bread Program Finances. Available from: <https://tolonews.com/business/mof-demands-municipalities%C2%A0report%C2%A0bread%C2%A0program-finances>

³¹ Tolonews (2020). Kabul residents said that the bread distribution process is exploited by corrupt local representatives. Available from: <https://tolonews.com/afghanistan/govt-bread-pandemic-relief-unfairly-distributed-residents>

³² Pajhwok (2020). 1.3 million AFN corruption in bread distribution contract in Kunar. Available from: <https://pajhwok.com/fa/2020/08/06/۱۰۳-میلی-در-قرارداد-توزیع-نان-خشک-در-کونړ-۱۰۳-میلی>

³³ Tolonews (2020). Health Ministry employee arrested taking bribe. Available from: <https://tolonews.com/health/health-ministry-employee-arrested-taking-bribe>

³⁴ Pajhwok Afghan News. (2020). Ghor: COVID-19 fund mismanaged, misappropriated. Available from: <https://www.pajhwok.com/en/2020/07/19/ghor-covid-19-fund-mismanaged-misappropriated>

³⁵ Tolonews (2020). Civil Society 'Sidelined' in Covid-19 Fight: Watchdog, available from: <https://tolonews.com/health/civil-society-'sidelined'-covid-19-fight-watchdog>

Afghanistan comprising 115 million USD from the World Bank, 40 million USD from the European Union, 25 million USD by the Asian Development Bank (ADB), 126.7 million USD by USAID and an additional 220 million USD in loans.³⁶ Other countries such as China, United Arab Emirates, Iran and Czech Republic also provided monetary and medical equipment aid.³⁷ In addition, on October 1, 2020, USAID donated 100 ventilators COVID-19.³⁸

Among international organizations, UNICEF, World Health Organization (WHO) and International Organization for Migration (IOM) have been key in providing health services, surveillance and hygiene measures to mitigate COVID-19 transmission. WHO has been supporting detection and surveillance capacity at points of entry into Afghanistan, including airports and border crossings.³⁹ IOM-Afghanistan has provided health services, border surveillance and data collection and medical procurements including personal protective equipment (PPE) for frontline workers.⁴⁰

UNICEF Afghanistan's key objectives regarding COVID-19 are to increase knowledge and access to Water, Sanitation and Hygiene (WASH) as well as to promote the use of hand washing facilities and proper hygiene practices. To date, more than 750,000 individuals have received hygiene kits, awareness raising and access to handwashing stations. UNICEF support also includes maternal care, polio vaccine and other health services to children during COVID-19 pandemic. Overall, UNICEF raised 61.2 million USD for its COVID-19 response plan.⁴¹

Similarly, UNDP has supported MoPH in establishing 11 COVID-19 Rapid Response Teams (RRTs), 15 fixed centers and two home-based care services in Kabul to provide specimen collection, detection, contact tracing and risk communication services. The fixed teams are stationed near schools and within reach of communities.⁴²

There is recognition that anti-corruption and fiscal transparency measures need to be strengthened. Attention also needs to be paid to procurement and asset management by government agencies.⁴³

³⁶ Tolonews (2020). Afghan Govt Controls COVID-19 Foreign Aid Funds, Raising Concerns, available from: <https://tolonews.com/afghanistan/afghan-govt-controls-covid-19-foreign-aid-funds-raising-concerns>

³⁷ Apan (2020). 600M of Foreign Aid Pledged for COVID-19. Available from: <https://community.apan.org/wg/ronna/afghanistan-coronavirus-covid-19/b/announcements/posts/600m-of-foreign-aid-pledged-for-covid-19>

³⁸ U.S. Government Provides 100 Ventilators to the government of Afghansitan to Support COVID-19 Response. Available from: <https://www.usaid.gov/afghanistan/news-information/press-releases/Oct-1-2020-US-Government-Provides-100-Ventilators-to-the-Government-of-Afghanistan-to-Support-COVID-19-Response>

³⁹ UN OCHA (2020). Afghanistan Flash Update, COVID-19, Daily Brief No.18. Available from: <https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-flash-update-covid-19-daily-brief-no-18-23-mar-2020>

⁴⁰ IOM (2020). COVID-19 Response Plan March-December 2020. Available from: https://afghanistan.iom.int/sites/default/files/Reports/iom_afg_covid-19_response_plan_2020.pdf

⁴¹ UNICEF (2020). COVID-19 Response. Available from: <https://www.unicef.org/afghanistan/media/5196/file/English%20.pdf>

⁴² UNDP (2020). UNDP's support to Afghanistan proves vital in fight against COVID-19. Available from: <https://www.af.undp.org/content/afghanistan/en/home/presscenter/articles/2020/FightAgainstCOVID-19.html>

⁴³ U4 Brief (2020). Covid-19 and donor financing. Available from: <https://www.u4.no/publications/covid-19-and-donor-financing>

COVID-19 Testing Mechanism in Afghanistan

As the pandemic became more threatening and more cases were reported in mid-March, the government started establishing quarantine centers and preparing hospitals for COVID-19 patients. The first medical center capable of diagnosing the virus was the Afghan Japan Hospital in Kabul.⁴⁴ Also a 200-bed hospital in Kandahar and a 100-bed hospital in Herat were earmarked for treating COVID-19 patients.⁴⁵ This was followed by establishing 5 quarantine centers in Nimruz and Herat and a Coronavirus testing laboratory in Herat.⁴⁶

By the end of March 2020, COVID-19 diagnostic laboratories had the capacity to perform 600 tests a day: 400 in Kabul, 100 in Herat and 100 in Nangarhar.⁴⁷ The government, however, lacked proper facilities and equipment at the border entry points to enforce strict testing and control. Between January 1 and August 1, 2020, nearly 493,000 returnees arrived in Afghanistan from Iran and Pakistan, with Iran being one of the hot spots for virus at the time, resulting in a surge in the number of cases.⁴⁸

The government continued efforts to contain the virus by establishing COVID-19 testing centers in Balkh and Kandahar, one in each province, a 300-bed hospital in Herat and a 200-bed hospital in Balkh.⁴⁹ Despite these efforts, testing centers faced a shortage of testing kits, RNA extraction supplies (the standard available test) and PPE, particularly in Herat, Balkh and Kandahar, resulting in some test centers halting operation or patients waiting for days to receive test results.⁵⁰ These pressures seemed to have been partially relaxed after the World Health Organization provided 5,000 testing kits and 3,000 kits for transferring samples on April 20, 2020.⁵¹

In June 2020, MoPH reported an increase in its testing capacity, reaching to up to 2,000 tests per day. However, this did not help significantly as the number of daily samples increased to 10,000 - 20,000. In August, MoPH's testing capacity had increased by another 1,000 tests, to 3,000 tests per day. MoPH reportedly has plans to increase the number of tests per day, increasing testing capacity in Bamyan, Daikundi, Badakhshan and Faryab.

As of September 13, there were 14 private and 13 government labs in Kabul, with a combined testing capacity of 5,150 tests per day. Additionally, there are government-run labs in Herat, Balkh, Kandahar, Nangarhar, Paktia, Kunduz and Faryab, with an overall testing capacity of 1,400 tests per day. However,

⁴⁴ Tolonews (2020). Kabul's Only Coronavirus-Ready Hospital. Available from:

<https://tolonews.com/health/kabul%E2%80%99s-only-coronavirus-ready-hospital>

⁴⁵ Tolonews (2020). Govt Builds 100-Bed Hospital in Herat for COVID-19 Patients. Available from:

<https://tolonews.com/health/govt-builds-100-bed-hospital-herat-covid-19-patients>

⁴⁶ Tolonews (2020). Government Establishes Five Quarantine Centers. Available from:

<https://tolonews.com/afghanistan/government-establishes-five-quarantine-centers>

⁴⁷ Tolonews (2020). Ministry Increases Testing Capacity for COVID-19. Available from:

<https://tolonews.com/health/ministry-increases-testing-capacity-covid-19>

⁴⁸ Tolonews (2020). Not Enough COVID-19 Testing Equipment at Borders: Experts. Available from:

<https://tolonews.com/afghanistan/not-enough-covid-19-testing-equipment-borders-experts>

⁴⁹ Tolonews (2020). COVID-19 Testing Center Opened in Balkh. Available from:

<https://tolonews.com/health/covid-19-testing-center-opened-balkh>

⁵⁰ Tolonews (2020). Herat Lab Lacks COVID-19 Test Kits. Available from: <https://tolonews.com/health/herat-lab-lacks-covid-19-test-kit>

⁵¹ Tolonews (2020). COVID-19 Test Kits Urgently Needed in Afghanistan. Available from:

<https://tolonews.com/health/covid-19-test-kits-urgently-needed-afghanistan>

Nangarhar with population of 1.6 million has a testing capacity of 200 that covers samples from Nangarhar, Kunar, Laghman and Nuristan.⁵²

There have been conflicting views over the actual number of COVID-19 cases reported by MoPH, Kabul Governor's Office and COVID-19 Task Force. Official figures remained at 32,000 COVID-19 positive cases between March and July, 2020 while on July 19, 2020 the Kabul Governor estimated that nearly two million people have been infected by the virus. Similarly, a survey by Johns Hopkins University had announced in August 2020 that an estimated 31.5 percent of the population had been infected by the virus, including 46.4 percent children in Kabul.⁵³

A similar discrepancy exists between the officially reported and estimated numbers of deaths due to the virus. For example, between May and July, 2020, many people reported deaths of their relatives while there in Kabul during the first peak of the pandemic, 25 dead bodies were being buried daily, comparing to the number of burials prior to the pandemic as 7-8 per day.⁵⁴ Similar increases in the number of daily burials have also been reported for Kunar.⁵⁵

In October 2020, the WHO's regional mission conducted a review of the ongoing response to COVID-19 in Afghanistan with the purpose of identifying gaps and potential risks and providing recommendations for strengthening response and control. The review finds that Afghanistan has a testing capacity of 5,500 per day, far from being sufficient.

The review calls for a more institutionalized approach to protecting health care workers through improved infection prevention and control measures in the workplace, increased capacity for timely and comprehensive data sharing to allow for better understanding the course of the pandemic and containing transmission, establishment of contact tracing and surveillance systems, and increased capacity of the response teams.⁵⁶

Findings from Primary Sources

MoPH has established COVID-19 testing laboratories in 13 provinces across Afghanistan and has committed to establish diagnostic laboratories in the remaining 21 provinces. There are five COVID-19 testing centers in Kabul and one in Jalalabad, Nangarhar. Laghman and Kunar provinces, however, lack such centers. Samples taken by District Hospitals and Comprehensive Health Centers from infected patients in Laghman and Kunar are taken to Jalalabad Regional Hospital.

⁵² AAN (2020). COVID-19 in Afghanistan: A closer look at MoPH's official figures. Available from: <https://www.afghanistan-analysts.org/en/reports/economy-development-environment/covid-19-in-afghanistan-6-a-closer-look-at-the-mophs-official-figures/>, also based on data obtained from WHO website.

⁵³ Ibid.

⁵⁴ NPR (2020). No rest for the gravediggers of Afghanistan. Available from: <https://www.npr.org/sections/goatsandsoda/2020/07/01/885224696/no-rest-for-the-gravediggers-of-afghanistan>

⁵⁵ Ibid.

⁵⁶ WHO (2020). WHO regional COVID-19 mission to Afghanistan concludes. Available from: <http://www.emro.who.int/afg/afghanistan-news/regional-covid-19-mission-to-afghanistan-concludes.html>

For every hundred inhabitants, one Rapid Response Team (RRT) was initially planned by MoPH to gather samples in the districts and provinces. RRTs, under the supervision of MoPH and DoPH Health Surveillance Department, conduct contact tracing to map all individuals who have come in contact with COVID-19 infected patients. MoPH's surveillance teams have been crucial in awareness raising and slowing the spread of wrong messages about the virus, such as one about Muslims being immune to COVID-19.⁵⁷

Statistics on the number of positive cases and deaths are reported through an online database (DHS12) to MoPH, the reports are also made available in COVID-19 health centers. But the publishing of the reports needs to follow certain guidelines of data transparency and the general public including those with limited knowledge and usage of MoPH database should have access to COVID-19 statistics.⁵⁸

Limited access to remote villages and districts hinders broadening the scope and coverage of COVID-19 testing process and data collection. Diagnostic kits have nineteen items. There have been instances of diagnostic kits missing various items and incompatibility of the diagnostic tools with COVID-19 diagnostic machines used by MoPH. At the beginning of the pandemic, COVID-19 testing kits donated by international organizations reached beneficiaries much later than the peak of COVID-19 infections.⁵⁹

COVID-19 Testing Mechanism in Nangarhar, Laghman and Kunar

Kunar and Laghman provinces do not have COVID-19 testing centers. Jalalabad city in Nangarhar has one testing center which receives samples from Kunar and Laghman provinces and processes within 3-7 days.⁶⁰ Table 1 shows COVID-19 testing status in the three provinces.

Table 1: COVID-19 Testing Status in the Target Provinces (as of November 29, 2020)

| Province | Samples tested | Confirmed | Positivity rate | Population | Test per 100K population | Positive case per 100K population |
|-----------|----------------|-----------|-----------------|--------------|--------------------------|-----------------------------------|
| Nangarhar | 5,025 | 1,821 | 36.2% | 1.7 Million | 295 | 107 |
| Laghman | 1,648 | 429 | 26% | 493 Thousand | 333 | 86 |
| Kunar | 1,282 | 439 | 29.2% | 499 Thousand | 256 | 87 |

Source: M&E - Health Information System General Directorate.⁶¹

Nangarhar has the highest positivity rate with 36.2 percent, followed by Kunar with 26 percent and Laghman, 29.2 percent. Nangarhar is also the fifth hotspot of COVID-19 in terms of overall death counts with 107 officially reported deaths after Kabul, Herat, Kandahar and Balkh.

The positivity rate in Nangarhar has increased dramatically. Health officials in Nangarhar stated that 58 samples were collected between November 22 – 23 alone, of which there were 43 positive cases, or a positivity rate of 74 percent. According to WHO, if the positivity rate reaches 80-90 percent threshold, it means that authorities are missing a lot of symptomatic or asymptomatic cases.⁶²

⁵⁷ KI-M-KAB-GO-3, confirmed by 1 KI in Kabul.

⁵⁸ KI-M-KAB-GO-3, KI-M-KUN-NG-2, confirmed by: 1 KI in Kunar and 2 KIs in Nangarhar and Kunar.

⁵⁹ KI-M-KAB-GO-3, confirmed by 1 KI in Kabul.

⁶⁰ KI-M-NAN-NG-2, confirmed by 2 KIs in Nangarhar, Laghman and Kunar.

⁶¹ MoPH DHS12 website. Available from: <http://covid.moph-dw.org/#/>

⁶² KI-M-NAN-NG-2.

There are COVID-19 “collection points” in the districts of target provinces, where RRTs assigned by DoPH, HealthNet TPO and ADDA conduct contact tracing of those who have come in contact with COVID-19 affected persons. If these individuals show symptoms, the RRTs are tasked to collect samples from them and, if they do not show any symptoms, they are placed on a surveillance list and are contacted on seventh and fourteenth day to see if they have developed any symptoms. RRTs also refer patients with acute COVID-19 symptoms to COVID-19 health centers.⁶³

Seventeen (17) RRTs are operating in Nangarhar. The RRT in Jalalabad is operated by HealthNet TPO while the remaining 16 in the districts belong to ADDA. Five RRTs were operating in Kunar and Laghman each at the beginning of the pandemic. They are operational in Qarghayi, Ali-sheng, and Alingar district, as well as in Mehtarlam (Laghman provincial center). RRTs are reportedly also present in the districts of Kunar province.⁶⁴

During the first wave of COVID-19 (March-July 2020), community health workers funded by international donors conducted awareness raising sessions in remote villages of Kunar.⁶⁵ Civil society organizations are predominantly unaware of the contact tracing and operations of RRTs in the provinces and districts. When asked about the performance and effectiveness of RRTs, a majority of these organization had no idea, showing a lack of civil society monitoring and involvement in COVID-19 response in the target provinces.⁶⁶

As of November 12, 2020, contact tracing and RRTs have stopped operations in Laghman and Kunar provinces, due mainly to implementing agencies’ (HealthNet TPO and ADDA) contract with the World Bank and ADB having expired.⁶⁷ The sample collection in Laghman and Kunar has paused since November 3.

Once the contract is extended, two RRTs are planned for Laghman and Kunar. There are concerns that services provided by these two RRTs are minimal, given the fact that each of the two provinces has around 400,000 inhabitants.⁶⁸

In addition, the current testing process is said to be too time consuming. Currently, 50 samples are taken daily in Nangarhar province with plans to increase the number to 100 or 200. If there is a second wave of COVID-19, there will be an insufficient number of testing kits and RRT services.⁶⁹

In the initial stages of the pandemic, many families were opposed to their female family members being tested on traditional conservative grounds. With the persistence of the pandemic and additional resources allocated to awareness raising, this attitude is slowly changing.⁷⁰

Specific preparations by authorities for a potential second wave of the pandemic include the continuation of COVID-19 testing through RRTs, awareness raising through community health workers

⁶³ KI-M-LAG-NG-2.

⁶⁴ KI-M-NAN-NG-2, confirmed by 2 KIs in Nangarhar, Laghman and Kunar.

⁶⁵ KI-M-KUN-NG-2, confirmed by 2 KIs in Kunar.

⁶⁶ KI-M-KUN-NG-2, confirmed by 1 KI in Nangarhar and Laghman.

⁶⁷ KI-M-KUN-NG-2, confirmed by 2 KIs in Kunar.

⁶⁸ KI-M-NAN-GO-2, confirmed by 2 KIs in Kunar and Laghman.

⁶⁹ KI-M-KUN-NG-2, confirmed by 2 KIs in Kunar and 3 KIs in Laghman.

⁷⁰ KI-M-KUN-NG-2, confirmed by 2 KIs in Nangarhar, Laghman and Kunar.

and an increase in the number of beds from 50 to 150 in Jalalabad Provincial Hospital. Also, health officials in Nangarhar have received training on the usage of ventilators, handling of patients with intensive care needs, Continuous Positive Airway Pressure Therapy (CPAP), Machines and Bi-level Positive Airway Pressure (Bi-PAP).⁷¹ There are some concerns, however, about the sufficiency of the expertise among health personnel in using the ventilators, CPAP and Bi-PAP machines and overseeing COVID-19 patients with critical conditions.⁷²

Establishing a COVID-19 diagnostic laboratories is underlined as the most urgent needs to cope with a second wave of COVID-19 in Kunar and Laghman provinces. The COVID-19 testing center in Jalalabad is under pressure as samples are brought from neighboring provinces including Kunar, Laghman and Nuristan. The PCR testing center in Nangarhar is not sufficient for the population of the province itself (1.6 million residents) but has to accommodate the samples brought in from Kunar, Laghman and Nuristan which amount to an additional 1 million individuals. An added challenge regarding regarding the handling of samples from the neighboring provinces in Jalalabad is the need for appropriate cooling of the samples while being transported. Without adequate cooling, there is a high risk to the accuracy of the testing.⁷³ Health officials in Nangarhar stated that request for additional PCR testing centers had been made to MoPH but not yet approved.

Allocation and Expenditure of Earmarked Funds to Fight COVID-19

Since the initial allocation of earmarked funds to the three provinces to fight the pandemic, no new allocations have been made.⁷⁴ In Laghman, AFN 1.9 million has been spent to purchase two electric generators raising PGO's overall expenses to AFN 16.1 million.⁷⁵ More generally, the expenditures as a percentage of earmarked funds in the three provinces have remained low with nearly 50 percent in Nangarhar and 30 percent each in Laghman and Kunar.

The Monitoring and Purchasing Committee with representatives from PGO, DoPH, Attorney General's Office, Directorate of Finance, Provincial Directorate of NDS, implementing agencies, private sector, CSOs and media have not made sufficient provisions for including civil society and the media in their proceedings.⁷⁶ A number of civil society organizations in Kunar stated that majority of the purchases were made in the beginning of the pandemic without involving civil society and the media.⁷⁷

There were a number of different reasons for low expenditure of COVID-19 budget in each province. Respondents in Nangarhar stated that needs were not assessed appropriately. Reportedly, most of the COVID-19 patients in Nangarhar received homecare and never visited COVID-19 public health centers, with the existing health equipment such as oxygen cylinders and medication not being utilized.⁷⁸

In addition to under-expenditure of earmarked funds, lack of coordination has resulted in duplication. In Laghman, for example, it was reported that MoPH and DoPH purchased the same set of equipment

⁷¹ KI-M-NAN-NG-2, confirmed by 2 KIs in Nangarhar.

⁷² KI-M-LAG-NG-1, confirmed by 2 KIs in Laghman and Kunar.

⁷³ KI-M-LAG-NG-2, confirmed by 1 KI in Laghman and 2 KIs in Kunar.

⁷⁴ KI-M-NAN-GO-2, confirmed by 2 KIs in Kunar and Laghman.

⁷⁵ KI-M-LAG-GO-2.

⁷⁶ KI-M-NAN-GO-3, confirmed by: 3 KIs in Nangarhar and 3 KIs in Laghman and Kunar.

⁷⁷ KI-M-KUN-NG-1.

⁷⁸ KI-M-NAN-NG-1, confirmed by 1 KI in Nangarhar.

without consulting with each other, resulting in over purchasing of equipment associated with COVID-19 response in the province.⁷⁹

A key reason for under-expenditure of earmarked funds is that COVID-19 cases that were actually recorded and processed were lower than anticipated. Also since May 2020, HealthNet TPO and ADDA have been tasked with delivering COVID-19 service delivery under SEHATMAND-II project funded by World Bank and ADB, raising a question as to why large sums of funding were allocated to the provinces, particularly since there were no specific plans by the local authorities to spend the earmarked funds.⁸⁰

HealthNet TPO and ADDA conduct regular monitoring of their activities. However, there is no mechanism in these activities to engage civil society, grassroots stakeholders or media to participate in planning and monitoring of efforts to fight COVID-19.⁸¹

International Assistance in Target Provinces

Allocation of international assistance to fight COVID-19 has been centralized and top-down. Funding assistance to fight COVID-19 in Afghanistan has become a part of the humanitarian aid strategy of international donors. Also, WHO provides to pandemic-related assistance for returnees from Iran and Pakistan including screening of returnees for COVID-19 symptoms and informing entrants to Afghanistan about the virus and different isolation methods.⁸²

It is still too early to judge the effectiveness of the international assistance in the fight against COVID-19. It is certain, however, that without the assistance from the international donors, the situation in Afghanistan would have been much worse.

Conclusion

The Afghan government's efforts and the assistance from the international donors to fight COVID-19 have been mostly guided by the COVID-19 response plan developed by MoPH. Immediate action by the Afghan government included reprioritization of the national budget, allocation of additional COVID-19 relief funds and imposing country-wide lockdown to contain the spread of COVID-19. A key challenge in the government's COVID-19 response has been the allegations of corruption against government officials in the execution of COVID-19 budget, particularly in the procurement of health equipment and the nation-wide bread distribution program to assist those who could not earn incomes because of the pandemic.

The international community's COVID-19 response has focused mainly on preparedness, containment and mitigation of COVID-19 in Afghanistan. This has been funded through the provision of USD 600 million for relief efforts, COVID-19 health service delivery, and surveillance and hygiene measures to mitigate COVID-19 transmission in the provinces and through entry points and airports. The COVID-19 international relief funds have been sizeable. However, the urgency to respond quickly during the

⁷⁹ KI-M-LAG-NG-1, confirmed by 3 KIs in Laghman.

⁸⁰ KI-M-KUN-NG-1, confirmed by 3 KIs in Nangarhar and 4 KIs in Laghman and Kunar.

⁸¹ KI-M-LAG-NG-2, confirmed by 1 KI in Nangarhar and Kunar.

⁸² KI-M-KAB-NG-1.

pandemic has created various potential opportunities for corrupt actors at the national and subnational levels.

Strengthening of public financial management and fiscal transparency measures, and a pool-fund approach to channel funds from various donors to COVID-19 response could be effective as a means to increase control and improve transparency and accountability in the expenditure of earmarked funds.

COVID-19 testing provisions have been inadequate from the onset of the pandemic in Afghanistan. As the virus became more threatening and cases started to soar, the government increased testing from 600 tests per day to 1,000, gradually rising to about 5,000 tests per day. However, available data from secondary sources suggest that at the current rate, hundreds or even thousands of symptomatic COVID-19 cases go undetected.

The slow functioning of the available testing facilities, currently taking 5-10 days to arrive at test results, has meant that the findings from testing are of little utility to the control of the pandemic because of rapid changing conditions.

The available data strongly indicate that a second wave of COVID-19 is inevitable in Afghanistan. With a second wave of COVID-19 eminent, the current testing process has insufficient capacity and speed to support efforts to fight the pandemic while uneven distribution of the available resources, lack of coordination and corruption act as complicating factors.

Recommendations

Following recommendations are based on the responses by the key informants and the available data from secondary sources.

National Government Authorities (Particularly MoPH)

1. Establish a PCR testing laboratory in Laghman and Kunar provinces and hire skilled health workers, nurses and laboratory technicians.
2. DoPH must ensure personnel are adequately trained and that the laboratories are well-equipped to produce timely COVID-19 test results. Specifically, initiate training programs to health personnel in the target provinces on installing, assembling and using ventilators, CPAP and Bi-PAP on severe COVID-19 patients. At the beginning of COVID-19 pandemic, a majority of health workers in COVID-19 health centers did not know how to use ventilators.
3. Strengthen the ongoing COVID-19 surveillance system by improving contact tracing and increasing the number of RRTs in the target provinces.
4. Initiate training programs to RRTs on case identification, mapping potential cases, specimen collection and case investigation.
5. Ensure RRTs are well-equipped particularly with cold chain storage for transportation of COVID-19 samples gathered from potential and infected individuals to COVID-19 diagnostic laboratory for maintaining accuracy of the results.
6. Increase coordination between MoPH, Administrative Office of President (AOP), First VP Office, Office of State Minister for Disaster Management and Relief, IDLG and MoF.
7. Maintain and increase public awareness efforts about COVID-19, its risks and symptoms and the effectiveness of personal hygiene and protection and social distancing in reducing the spread of the virus.

International Donors

1. Devise mechanisms for better coordination and management of international funds awarded to the government and non-government to fight the pandemic.
2. Devise mechanisms to establish the impact of earmarked international funds on the pandemic in Afghanistan, with a specific focus on the ordinary citizens as the immediate and ultimate beneficiaries.

COVID-19 Health Centers

1. Strengthen and engage local communities in monitoring COVID-19 health service delivery by HealthNet TPO and ADDA.