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

Monitoring Cycle 3: September 2 – October 1, 2020

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Introduction

This policy brief is based on the third round of monitoring in Nangarhar, Laghman and Kunar provinces as part of the COVID-19 Budget Monitoring project, funded by UNDP and the Danish Embassy.

The monitoring report examined the transparency and accountability in the use of government funds in COVID-19 health centers in the three provinces.

Background

Afghanistan's first confirmed COVID-19 case was reported on February 4, 2020 in the western province of Herat.[1] Nearly two months after recording the first case, the virus had spread to 30 out of 34 provinces, infecting 349 individuals.[2]

The pandemic has severely affected Afghanistan's fragile economy. It has increased widespread poverty, reduced government revenues, damaged the nascent private sector and increased the price of basic food items.[3]

As of November 25, 2020, more than 45,000 COVID-19 cases have been registered with more than 1,700 registered deaths.[4] The Ministry of Public Health's (MoPH) efforts to combat COVID-19 face multiple challenges including insufficient testing capacity, inadequacies in procuring medical supplies and services, delays in delivery and handover of COVID-19 testing kits by international organizations and donors, and an insufficient number of healthcare workers.[5]

Afghanistan's COVID-19 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, suggesting that symptomatic and asymptomatic individuals go undetected. [6] According to a report by the International Rescue Committee, up to 90 percent of potential cases in Afghanistan are not being tested or recorded.[7]

To mitigate the impact of the pandemic in rural areas the government initiated 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, to collect COVID-19 testing samples and conduct contact tracing.[8]

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.[9] Other challenges include the number of days taken to report COVID-19 test results.[10] For example, in Laghman and Kunar provinces, the issuance of results takes around 5-7 days.[11]

Findings: Secondary Sources

To contain the pandemic, the government devised and submitted a response plan to its international partners in early 2020. 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 additional funding provided by the international donors.[12]

The international assistance to combat COVID-19 in Afghanistan has focused on preparedness, containment and mitigation of the pandemic.[13] UNICEF, World Health Organization (WHO) and IOM have been instrumental in providing health services, surveillance and hygiene measures to mitigate COVID-19 transmission.[14]

To prevent further spread of the virus and support the most vulnerable families through initiatives such as a food distribution program, COVID-19 Emergency Task Force was established in April 2020, chaired by the Second Vice President.[15] However, the coordination by the Task Force has been weak and there have not been regular meetings of this Task Force since June 2020.

A bread distribution program was undertaken during May – June, 2020 in 32 provinces including Kabul with an earmarked budget of 2.2 billion Afghanis (USD 28.9 million). Of this amount, 1.2 billion AFN was allocated to Kabul Municipality alone.[16] Sources claim that the plan to spend 2 million USD every week through 1,343 bakeries in low-income areas of Kabul was mismanaged and riddled with corrupt practices. Media reports claim that wheat, bags of flour and bread were embezzled by bakeries and local Wakil Guzars and representatives.[17]

With regard to health service delivery, as a first step, the Afghan Japan Hospital in Kabul was tasked with conducting COVID-19 diagnosis and providing COVID-19 relief services.[18] A 200-bed hospital in Kandahar and a 100-bed hospital in Herat were dedicated to provide COVID-19 related services.[19] Also, a COVID-19 testing laboratory in Herat and 5 quarantine centers in Nimruz and Herat were established to reinforce efforts to contain the virus.[20]

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.[21] By August 2020, MoPH's testing capacity had reached 3,000 tests per day. However, this capacity was not a match to the number of samples collected daily. 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.[22]

Findings: Primary Sources

There is one COVID-19 testing center in Jalalabad covering the eastern provinces of Nangarhar, Laghman and Kunar. Samples taken by District Hospitals and Comprehensive Health Centers from infected patients in Laghman and Kunar are taken to Jalalabad Regional Hospital, which takes around 3-7 days to process them.[23]

Under the supervision of MoPH and DoPH Health Surveillance Department Rapid Response Teams (RRTs) 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

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awareness raising and slowing the spread of wrong messages about the virus, such as one about Muslims being immune to COVID-19.[24]

There are 17 operational RRTs in Nangarhar. The RRT in Jalalabad is operated by HealthNet TPO while the remaining 16 in the districts are operated by ADDA. At the beginning of the pandemic, there were five RRTs in Kunar and Laghman each.[25] There has been a lack of civil society monitoring and involvement in COVID-19 response in the target provinces.[26]

As of November 12, 2020, contact tracing teams 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.[27] The sample collection in Laghman and Kunar has been paused since November 3.[28]

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. There are concerns, however, that the reported data does not follow standard guidelines of data transparency and the general public including those with limited knowledge and usage of MoPH database do not have access to COVID-19 statistics.[29]

During this round of monitoring, Nangarhar was found to have the highest positivity rate with 36.2 percent, followed by Laghman, 29.2 percent and Kunar with 26 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.[30] According to WHO, if the positivity rate reaches 80-90 percent threshold, it means that authorities are missing a significant number of symptomatic or asymptomatic cases.[31]
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 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).[32]

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 in Laghman and Kunar provinces.[33]

Lack of coordination is said to be a major issue in COVID-19 response efforts. For example, in Laghman it was reported that MoPH and DoPH purchased the same set of equipment without consulting with each other, resulting in over purchasing of equipment.[34]

Recommendations

National Government Authorities (Particularly MoPH)

- Establish a PCR testing laboratory in Laghman and Kunar provinces and hire skilled health workers, nurses and laboratory technicians.
- 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.
- Strengthen the ongoing COVID-19 surveillance system by improving contact tracing and increasing the number of RRTs in the target provinces.
- Initiate training programs to RRTs on case identification, mapping potential cases, specimen collection and case investigation.
- 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.
- Increase coordination between MoPH, Administrative Office of President (AOP), First VP Office, Office of State Minister for Disaster Management and Relief, IDLG and MoF.
- 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

- Devise mechanisms for better coordination and management of international funds awarded to the government and non-government to fight the pandemic.

- 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

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

Endnotes

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