

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

Monitoring Cycle 4: October 2 – November 1, 2020

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<http://appro.org.af/publications/monitoring-government-response-to-covid-19-in-nangarhar-laghman-and-kunar-cycle-4/>

### Introduction

This policy brief is based on the fourth 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 examines the improvements and/or changes made to ensure transparency and accountability in the use of government funds in COVID-19 health centers in the three target provinces.

### Background

The economic shock of the pandemic has further increased the already existing food insecurity throughout Afghanistan. According to Integrated Food Security Phase Classification (IPC), one-third of Afghanistan's estimated 32.2 million population remain in either a crisis or emergency state of food insecurity and require urgent action.<sup>1</sup>

There have been several reports indicating misappropriation and mismanagement of COVID-19 earmarked resources. For instance, on May 19, 2020, more than 200 doctors and medical staff initiated a protest over their salary and benefits being withheld for more than three months while 13 doctors resigned from their posts over the lack of equipment, unpaid salaries, and increased workload.<sup>2</sup> As of December 25, 2020, more than 50,000 cases of COVID-19 have been

registered with more than 2,000 deaths though the actual numbers are said to be much higher.<sup>3</sup>

Efforts by the Ministry of Public Health (MoPH) to contain the virus is said to have faced multiple challenges due, in part, 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 insufficient number of healthcare workers.<sup>4</sup>

According a recent review by WHO mission in Afghanistan, the country has a testing capacity of 5,500 per day, which is far from being sufficient. The review calls, among others, for a more institutionalized approach to protecting healthcare workers through improved infection prevention and control measures in the workplace.<sup>5</sup>

High level coordination meetings led by President Ashraf Ghani have been taken place on a weekly basis to discuss efforts to contain the second wave of the pandemic. Efforts are also being made to strengthen communication, coordination and management of the second wave of COVID-19 in Provincial Directorates of Public Health (DoPH).<sup>6</sup>

## Findings: Secondary Sources

The revenue of the Afghan government show a sharp decline during the first half of 2020. According to official estimates, the revised revenues for 2020 is AFN 144 billion (USD 1.87 billion) down from AFN 209 billion (USD 2.71 billion) in 2019.<sup>7</sup>

Government revenue from taxes is reportedly hit the hardest, projected to decline by 19 percent due, in part, to a decrease in imports. The decline in corporate tax revenue is estimated at 17 percent while tax revenue from personal income tax is estimated at 18 percent. The fiscal deficit is expected to increase to around 4 percent of GDP in 2020.<sup>8</sup>

Women and children, in particular, have faced the brunt of the pandemic. For example, nine out of ten children have faced at least one type of deprivation during this time.<sup>9</sup> While women have tackled with

psychological, physical and sexual violence, in addition to dealing with increased household chores and caring for the sick and elderly.<sup>10</sup>

## Findings: Primary Sources

As of May 2020, HealthNet TPO and Agency for Assistance and Development of Afghanistan (ADDA) have been contracted to provide COVID-19 health services and carry out COVID-19 related purchases in Nangarhar, Laghman and Kunar provinces.<sup>11</sup> Reportedly, health centers in Nangarhar and Laghman are fully equipped and prepared for a potential second wave of the pandemic.

The COVID-19 health center in Nangarhar has 50 beds and 50 additional beds are on standby to accommodate more patients.<sup>12</sup> Similarly, Laghman province has equipped health centers with health equipment such as ventilators, oxygen cylinders, beds, personal protective equipment and health personnel.<sup>13</sup> However, officials in Kunar stated that there is shortage of oxygen supply and oxygen concentrators in this province.<sup>14</sup>

There are no specific mechanisms for engaging local elders and local communities in the process of allocating COVID-19 relief funds and there are no plans to engage various segments of the community to participate in decisions taken regarding COVID-19. All the decisions are currently centralized in PGO, with purchases being made by the implementing partners and without meetings being held by the Purchasing and Monitoring Committees.<sup>15</sup>

INGOs effort to curb COVID-19 in the target provinces include provision of equipment worth AFN 4 million (USD 53,000) including an oxygen concentrator and a pulse oximeter by Première Urgence - Aide Médicale Internationale (PU-AMI) organization in Nangarhar.<sup>16</sup>

With respect to community perception, social stigma attached to the use of COVID-19 services provided by the COVID-19 health centers is a major factor in accessing these services. For instance, there are reports of people being subjected to discrimination by relatives and community members in rural areas because they have contracted COVID-19.<sup>17</sup>

The number of COVID-19 health centers is far from sufficient in all the three target provinces. It is being reported that some community members have had to travel by foot approximately 50-60 kilometers to reach the nearest COVID-19 health center in Nangarhar.<sup>18</sup> Women and girls have had the least access to COVID-19 treatment due mostly to social conservative norms, inaccessibility of COVID-19 health centers and insufficient female health practitioners.<sup>19</sup>

In Laghman and Kunar a major impediment is the lack of diagnostic laboratories to test for COVID-19. The need to transport samples from these provinces to Jalalabad in Nangarhar without storing in cold storage chains results in the samples being spoiled. The result from most tests of the samples comes back as negative, increasing the risk of the virus spreading further.<sup>20</sup>

The economic effects of COVID-19 on local communities include increased unemployment, poverty and deterioration of purchasing power. The majority of the population in the target provinces cannot afford to go to COVID-19 health centers and rely on using traditional herbal remedies as alternative medicine.<sup>21</sup>

## Recommendations

The key informants were asked to state the most urgent outstanding needs of community and the ways by which COVID-19 health service delivery could be improved in the target provinces. The following recommendations are developed based on the primary data from key informant interviews:

### National Government Authorities (Particularly MoPH)

- Establish Polymerase Chain Reaction (PCR) testing laboratories in Laghman and Kunar provinces,

staffed with doctors, nurses and laboratory technicians.

- Ensure health personnel are adequately trained and laboratories are well-equipped to produce timely COVID-19 test results. Specifically, DoPH shall initiate training programs to health personnel in the target provinces on installing, assembling and using ventilators and conducting CPAP and Bi-PAP on severe COVID-19 patients.
- Strengthen public awareness of COVID-19, its risks and symptoms and the effectiveness of personal hygiene, personal protection such as wearing masks and social distancing in reducing the spread of the virus.
- Establish COVID-19 health centers in populated districts, and recruit additional mobile health teams in less populated districts. Increase the number of qualified doctors, health personnel in the districts of the target provinces.
- Strengthen or introduce local level coordination among local government institutions, grassroots civil society representatives, local communities and private sector entities aimed at better COVID-19 response by government and international community in the target provinces.
- Earmark a specific location for the Coronavirus Center in Kunar province rather than using a building belonging to Directorate of Education.

### COVID-19 Health Centers

- Procure oxygen generators and increase medication supply for the COVID-19 Health Center in Laghman. Private sector entities assigned to this task have thus far failed to meet the full demand for oxygen for the critical patients.

## Endnotes

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- <sup>1</sup> SIGAR (2020). Quarterly Report to Congress: July 30, 2020. Available from: <https://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr-section3-economic.pdf>
- <sup>2</sup> Ibid.
- <sup>3</sup> Data on number of COVID-19 cases taken from Worldometers. Available from: <https://www.worldometers.info/coronavirus/country/afghanistan/>
- <sup>4</sup> UNDP (2020). Afghanistan COVID-19 Socioeconomic Impact Assessment. Retrieved on November 11, 2020.
- <sup>5</sup> 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>
- <sup>6</sup> Khaama (2020). Ghani Instructs Health Official in Fight Against Second Wave of COVID-19. Available from: <https://www.khaama.com/ghani-instructs-health-officials-in-fight-against-second-wave-of-covid-19-34345/>
- <sup>7</sup> UNDP (2020). Socioeconomic Impacts of COVID-19 in Afghanistan. Available from: <https://www.af.undp.org/content/afghanistan/en/home/presscenter/pressreleases/2020/CountryNoteIV.html>
- <sup>8</sup> UNDP (2020). Socioeconomic Impacts of COVID-19 in Afghanistan. Available from: <https://www.af.undp.org/content/afghanistan/en/home/presscenter/pressreleases/2020/CountryNoteIV.html>
- <sup>9</sup> UNDP (2020). Afghanistan Coronavirus Socioeconomic Impact Assessment. Available from: <https://www.af.undp.org/content/dam/afghanistan/docs/Health/UNDP-socio-economic%20impact%20assessment-afghanistan-Brief2.pdf>
- <sup>10</sup> AAN (2020). The Political Economy Repercussions of Covid-19 and the Aid Response. Available from: <https://www.afghanistan-analysts.org/en/reports/economy-development-environment/covid-19-in-afghanistan-8-the-political-economy-repercussions-of-covid-19-and>
- <sup>11</sup> KI-M-NAN-GO-3, confirmed by 3 KIs in Nangarhar, Laghman and Kunar.
- <sup>12</sup> KI-M-NAN-NG-3, confirmed by 2 KIs in Nangarhar.
- <sup>13</sup> KI-M-LAG-GO-1, confirmed by 2 KIs in Laghman.
- <sup>14</sup> KI-M-KUN-GO-7, confirmed by 2 KIs in Kunar.
- <sup>15</sup> KI-M-NAN-GO-6, confirmed by: 3 KIs in Nangarhar, 4 KIs in Laghman and 2 KIs in Kunar.
- <sup>16</sup> KI-M-NAN-NG-1.
- <sup>17</sup> KI-F-NAN-NG-9, confirmed by 4 KIs in Nangarhar, Laghman and Kunar.
- <sup>18</sup> KI-M-NAN-NG-6.
- <sup>19</sup> KI-F-NAN-NG-9, confirmed by 4 KIs in Nangarhar, Laghman and Kunar.
- <sup>20</sup> KI-F-NAN-NG-18, confirmed by: 2 KIs in Nangarhar, 6 KIs in Kunar and 3 KIs in Laghman.
- <sup>21</sup> KI-F-NAN-NG-9, confirmed by: 9 KIs in Nangarhar, 5 KIs in Laghman and 12 KIs in Kunar.