Afghanistan Public Policy Research Organization

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

Cycle 4

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About this report

In November 2020, APPRO conducted research in Nangarhar, Laghman and Kunar to monitor Afghan government's COVID-19 response and document the changes in the process of allocation and spending of COVID-19 funds. This monitoring report 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 Balkh (north), Herat (west), Kandahar (south), Nangarhar (east), and Bamyan (center). APPRO is the founding member of APPRO-Europe, registered in Belgium and acts as the Secretariat of National Advocacy Committee for Public Policy (NAC-PP).

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APPRO takes full responsibility for all omissions and errors.

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
IPC	Food Security Phase Classification
PFM	Public Financial Management
PCR	Polymerase Chain Reaction
RRT	Rapid Response Team
LAs	Local Authorities
PGO	Provincial Governor Office
PPE	Personal Protective Equipment
USD	United States Dollars

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Introduction

Poverty in Afghanistan is expected to increase to 72 percent while reduced trade, administrative disruptions and deteriorating economic conditions attributed to the COVID-19 pandemic are expected to result in a reduction of more than a third of the pre-pandemic projected government revenues.[1] The pandemic has also negatively affected agricultural output, severely damaged the nascent private sector and has increased the prices of basic food items.

The World Bank's forecast also indicates that recovery is expected to take several years, with real GDP and per capita income declining sharply.[2] 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.[3]

The economic shock of the pandemic—including increased unemployment, food-supply disruptions due to border closures, and rising food prices—has increased food insecurity, already impacted by the ongoing conflict and high poverty levels. In May 2020, the Integrated Food Security Phase Classification (IPC), a global scale for classifying the severity and magnitude of food insecurity and malnutrition, warned that about one-third of Afghanistan's estimated 32.2 million people remain in either a crisis or emergency state of food insecurity and require urgent action. Assessments by other sources show that an estimated 7.3 million Afghan children face serious food shortage due to the pandemic.[4]

Watchdog organizations have raised concerns about the Afghan government's ability to properly manage and monitor COVID-19 relief funds, with several reports suggesting misappropriation and mismanagement of the resources. 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.[5]

As of December 25, 2020, more than 50,000 cases have been registered with more than 2,000 deaths though the actual numbers are said to be much higher. [6] The Ministry of Public Health's (MoPH) efforts to combat COVID-19 face 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.[7]

There have been conflicting views over the actual number of COVID-19 cases reported by MoPH, Kabul Governor's Office and the COVID-19 Task Force. For example, official figures remained at 32,000 COVID-

[1] World Bank (2020). Afghanistan Development Update http://documents1.worldbank.org/curated/en/132851594655294015/pdf/Afghanistan-Development-Update-Surviving-the-Storm.pdf
[2] Ibid.
[3] SIGAR (2020). Quarterly Report to Congress: July 30, 2020. Available from: https://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr-section3-economic.pdf
[4] Ibid.
[5] SIGAR (2020). Quarterly Report to Congress: July 30, 2020. Available from: https://www.sigar.mil/pdf/quarterlyreports/2020-07-30qr-section3-economic.pdf
[6] Data on number of COVID-19 cases taken from Worldometers. Available from: https://www.worldometers.info/coronavirus/country/afghanistan/
[7] UNDP (2020). Afghanistan COVID-19 Socioeconomic Impact Assessment. Retrieved on November 11, 2020.

19 positive cases between March and July, 2020 while on July 19, 2020, the Kabul Governor's office estimated that nearly two million Kabul residents were infected with the virus. In August 2020, the percentage of infected Kabul residents was estimated at 31.5 percent of the population, of which 46.4 percent were children.[8] During the first peak of the pandemic, approximately 25 dead bodies were buried daily in west of Kabul, compared to 7-8 burials per day prior to the pandemic. Similar increases were reported throughout the country.[9]

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 individuals.[10] 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.[11]

A key factor determining the efficiency of the RRTs and contact tracing activities 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 populous areas such as Kabul, Balkh, Herat, Kandahar and Nangarhar.[12] Provinces such as Laghman and Kunar still lack sufficient testing capacity and the results take around 5-7 days to be issued.[13] Also, testing delays of over 4-5 days and no provisions for subsequent quarantine have little or no impact in attempts to contain COVID-19.[14]

In October 2020, the World Health Organization's (WHO) 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 healthcare workers through improved infection prevention and control measures in the workplace, increased capacity for timely and comprehensive data sharing to

[8] Ibid.

[9] 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.

[10] 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

[11] 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

[12] Tolonews (2020). Herat Labs lack COVID-19 test kits Available from: https://tolonews.com/health/herat-lab-lacks-covid-19-test-kits

[13] 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

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

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.[15]

With the winter drawing closer, the number of COVID-19 cases are increasing. High level weekly coordination meetings led by President Ghani have been held at the Presidential Palace to discuss the most urgent needs to contain the second wave of COVID-19. 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).[16] Present in the meetings are representatives of UN agencies and WHO to strengthen frontline response in provinces and border areas.[17]

This report is based on the available data from secondary sources and primary data collected during October 2020 in Nangarhar, Laghman and Kunar provinces.

Objectives, Methodology and Scope

The overall objective of these monitoring cycles is to monitor government's COVID-19 response in Nangarhar, Laghman and Kunar, and document the changes made in the process of allocation and spending of COVID-19 relief funds. Data were collected in Nangarhar, Laghman and Kunar to:

- Document the perception of local communities on available COVID-19 health services.
- Document the changes in the process of allocation and spending of budget allocated to fight COVID-19.
- Generate recommendations to increase efficiency, effectiveness and transparency in utilizing funds earmarked to fight COVID-19.

This report is based on the review of the available information from secondary sources and 67 interviews conducted with key informants in Nangarhar (24), Laghman (17) and Kunar (26) provinces.

The synthesis of the findings from the review of data available from secondary sources is provided in the next section, followed by the key findings based on an analysis of the data collected in the three target provinces.

Findings from Secondary Sources

The COVID-19 pandemic has added an additional layer of economic and social hardship in Afghanistan. To contain the pandemic, the Afghan government adjusted the revenue estimates from AFN 209 billion (USD 2.71 billion) in 2019 to AFN 144 billion (USD 1.87 billion) during the mid-year budget review in 2020.

[15] 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

[16] 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/

[17] Office of the President (2020). President Ghani Chairs COVID-19 Response Meeting. Available from: https://president.gov.af/en/president-ghani-chairs-covid-19-emergency-response-meeting/

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 revenue is estimated at 18 percent. The fiscal deficit is expected to increase to around 4 percent of GDP in 2020.[18]

The pandemic has particularly deepened socioeconomic vulnerabilities to children. Children up to the age of 17 years have faced the highest burden compared to all other population subgroups, with nine out of ten children facing at least one type of deprivation during this time.[19] More broadly, the number of individuals in dire need of humanitarian assistance rose from 6.3 million in 2019, to 14 million in 2020.[20]

During March – June 2020, at the first peak of COVID-19 in Afghanistan and the most stringent period of lockdown in most of the provinces, 769 cases of violence against women were recorded. This included 121 cases of rape, 80 cases of death due to excessive physical violence, 20 cases of suicide and 548 cases of physical violence. These numbers show a 56 per cent increase compared to figures in the same period last year.[21]

The number of women seeking refuge from violence has also doubled during the pandemic. Women seeking shelter before the pandemic were mainly victims of forced marriage or those with divorce cases. The new admissions are predominantly cases of domestic violence, including some extreme cases of physical abuse.[22]

Women constitute a specific population group that shows a high degree of COVID-19 related psychological distress, along with people caught in fragile humanitarian and conflict settings, frontline health workers, elders with chronological disease and children.[23] For women, work in and around the house during the pandemic has tended to increase due to more family members staying home. Women carry most of the burden of the increased housework while also providing care for the sick and elderly and trying to manage the children's education – or simply their presence – at home.[24]

[18] 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

[19] 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

[20] AAN (2020). Janus-Faced Pledges: A review of the 2020 Geneva donor conference on Afghanistan. Available from:https://www.afghanistan-analysts.org/en/reports/international-engagement/janus-faced-pledges-a-review-of-the-2020-geneva-donor-conference-on-afghanistan/

[21] 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

[22] Ibid.

[23] Ibid.

[24] 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

Findings from Primary Sources

Process of Allocation and Spending of COVID-19 Relief Funds

At the outbreak of COVID-19, Ministry of Finance (MoF) transferred AFN 150 million to Nangarhar Governor's Office (PGO), AFN 20 million to PGO in Laghman and AFN 20 million to PGO in Kunar province. DoPH in Nangarhar received AFN 10 million while Laghman and Kunar received AFN 5.3 million and AFN 5 million, respectively. The PGOs have used these funds to initiate awareness raising on COVID-19, purchase health equipment for COVID-19 health centers, maintenance of necessary equipment, and support the purchase of utilities in DoPH and PGO.[25]

There have been no additional funds allocated to the three provinces. Nearly 50 percent of the budget in Nangarhar, 20 percent in Laghman and 30 percent in Kunar have remained unspent as of December 5, 2020.[26] Since May 2020, HealthNet TPO and ADDA have been contracted to carry out the purchases and service delivery related to COVID-19.[27]

The COVID-19 health center in Nangarhar has 50 beds and additional 50 beds are on standby to admit additional cases.[28] Similarly, Laghman province has equipped health centers with health equipment such as ventilators, oxygen cylinders, beds, personal protective equipment and health personnel. If there is a sudden surge in COVID-19 caseloads, contingency spaces include universities and teacher training centers.[29]

Government officials in Kunar noted that sufficient preparations have been made for a second wave of COVID-19 in the province. However, there is need for oxygen machines. There have also been awareness raising efforts involving community elders and distributions of sanitary kits through Mosques.[30]

Since the appointment of the new Governor in Laghman province there have not been any Monitoring Committee meetings for planning and mobilizing resources for a potential second wave of COVID-19.[31] Similarly, little is known about the specific COVID-19 related efforts by the Governor's Office in Kunar province, raising concerns about lack of preparedness.[32]

In all three provinces, 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 meeting being held by the Purchasing and Monitoring Committees.[33]

[25] KI-M-LAG-NG-6, confirmed by 6 KIs in Nangarhar, Laghman and Kunar.
[26] KI-M-LAG-GO-3, confirmed by: 6 KIs in Nangarhar, 5 KIs in Laghman and Kunar.
[27] KI-M-NAN-GO-3, confirmed by 3 KIs in Nangarhar, Laghman and Kunar.
[28] KI-M-NAN-NG-3, confirmed by 2 KIs in Nangarhar.
[29] KI-M-LAG-GO-1, confirmed by 2 KIs in Laghman.
[30] KI-M-KUN-GO-7, confirmed by 2 KIs in Kunar.
[31] KI-M-LAG-GO-2.
[32] KI-M-KUN-GO-4.
[33] KI-M-NAN-GO-6, confirmed by: 3 KIs in Nangarhar, 4 KIs in Laghman and 2 KIs in Kunar.

In Nangarhar, Première Urgence - Aide Médicale Internationale (PU-AMI) organization has provided equipment worth AFN 4 million (USD 53,000) including an oxygen concentrator and a pulse oximeter.[34]

Public Procurement Processes in the Provinces

Consistent with findings from the previous monitoring cycles, the decisions related to public procurement process are taken in the PGO. After the proposals for purchase of additional equipment are made by DoPH, the Governor and Deputy Governor direct the request to the Purchasing Committee which issues purchase orders in accordance with procedure developed by IDLG and MoF.[35]

Tenders are not publicly issued and the purchases have been made through single source contracts during the height of the pandemic. Bidders were selected from the companies that had already supplied equipment to local authorities in the target provinces.[36] For example, in Nangarhar,

> Key criteria for the selection of qualified bidders is trust and financial viability based on previous experiences. Another criterion are low prices and quality of material meeting standards. Procurement Committee will conduct background check of the bidder and subsequently the bidder is informed through formal letter for procuring the equipment.[37]

To date, a checklist to facilitate the planning and execution of emergency procurement for responding to urgent needs has not been developed.

In November 2020, the Nangarhar Governor organized a meeting stating that the COVID-19 service delivery by government had formally come to an end and that HealthNet TPO had been assigned to lead COVID-19 service delivery in the province.[38]

Reportedly, the Monitoring Committees in Laghman and Kunar often conduct the external monitoring of COVID-19 health centers led by HealthNet TPO.[39]

A Key finding from Monitoring Cycle 2 (August 2 – September 1, 2020) was that the majority of the purchases made at the beginning of the outbreak of the pandemic in April 2020 had remained unused in the three provinces.

In this round of monitoring, respondents stated that health resources previously purchased and stored by DoPH were now being transferred to districts in preparation for the second wave of the pandemic.[40] Government sources report that purchases of health equipment for COVID-19 health centers has been useful. However, there is no evidence indicating the efficiency of COVID-19 response. To date, there has been no assessment of performance.[41]

[34] KI-M-NAN-NG-1.
[35] KI-M-KUN-GO-1, confirmed by: 6 KIs in Nangarhar, 5 KIs in Laghman and 7 KIs in Kunar.
[36] KI-M-KUN-GO-1, confirmed by: 6 KIs in Nangarhar, 5 KIs in Laghman and 7 KIs in Kunar.
[37] KI-M-NAN-GO-1.
[38] KI-M-NAN-GO-1, confirmed by 3 KIs in Nangarhar.
[39] KI-M-LAG-GO-1, confirmed by
[40] KI-M-NAN-GO-1.
[41] KI-M-LAG-GO-8, confirmed by: 2 KIs in Laghman and 3 KIs in Kunar.

Transparency and Accountability in the Use of COVID-19 Funds in Health Centers

Service delivery by COVID-19 health centers has not been monitored by civil society organizations. The logistics and handover of equipment to the health centers is done in the presence of representatives mostly from government, with civil society predominantly being absent from the overseeing and monitoring of the process.[42]

Activity reports of the Monitoring Committee is sent to the Governor's Office in each of the three target provinces. These reports are also shared with media outlets in the provinces. However, the reports are not made publicly available and thus there is limited access to the information for the beneficiaries and civil society organizations.[43]

Despite international assistance by WHO, UNICEF, World Bank and ADB, none of the respondents, including government officials, knew about the modality, amount or the target beneficiaries of the international assistance.[44]

Community Level Perception of COVID-19 Health Services

A number of factors determine the use of public health services by the general population under normal conditions. These factors include quality of health service delivery, availability of qualified health practitioners, particularly female health staff, and accessibility of health centers. In the case of COVID-19, there has the added factor of the social stigma associated with visiting COVID-19 health centers.[45]

As COVID-19 caseloads were surging, there were reports of people being subjected to discrimination by relatives and community members in rural areas.[46] One local community member stated that he kept the news of his son being infected with COVID-19 secret, mainly due to the fear of losing his son's place in the public university.[47]

There are insufficient COVID-19 health centers in all three provinces. Some community members have had to travel by foot approximately 50-60 kilometers to reach the nearest COVID-19 health center in Nangarhar.[48] 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.[49]

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 for testing can result 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.[50]

[42] KI-M-NAN-NG-1.
[43] KI-M-NAN-NG-1, confirmed by 1 KI in Laghman and Kunar.
[44] KI-M-KUN-GO-4, confirmed by 2 KIs in Nangarhar, Laghman and Kunar.
[45] KI-M-NAN-NG-6, confirmed by 1 KI in Nangarhar.
[46] KI-F-NAN-NG-9, confirmed by 4 KIs in Nangarhar, Laghman and Kunar.
[47] KI-F-NAN-NG-19.
[48] KI-M-NAN-NG-6.
[49] KI-F-NAN-NG-9, confirmed by 4 KIs in Nangarhar, Laghman and Kunar.
[50] KI-F-NAN-NG-18, confirmed by: 2 KIs in Nangarhar, 6 KIs in Kunar and 3 KIs in Laghman.

Misinformation also undermines efforts to combat the virus. There are rumors, for example, that COVID-19 is the same as malaria or other common diseases, or that it is spread by some private healthcare centers.[51]

There have also been complaints about unprofessional behavior by some health practitioners and hospital staff toward patients from rural areas.[52]

Effects of COVID-19 Pandemic on Local Communities

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. Isolation, loss of income and fear of contracting COVID-19 have increased the already high stress levels due to political instability. As with the previous rounds of monitoring, there has been an increase in domestic violence, with women and children being the main victims.[53]

Local merchants, international organizations and the government have been the main sources of relief in the communities.

The government's assistance efforts have included bread and food distribution programs in each of the three target province. There are, however, grievances about the manner in which the assistance was provided, with allegations of favoritism and corruption against those providing the assistance.[54]

Local NGOs and charity organizations, namely Jalal Khana and A Step Towards Humanity Organization have been distributing cash on a monthly basis to some families in Kunar province.[55]

Conclusion

The impact of COVID-19 pandemic on the fragile Afghan economy has been disruptive, poverty is at all times high, government revenues has significantly declined and the agricultural outputs have been adversely affected. The pandemic has pushed Afghanistan's economy into negative growth and opened a fiscal shortfall of more than 800 million USD in 2020, aggravating the pre-existing high levels of food insecurity and the hardships associated with escalated violence despite the peace talks.

The pandemic has also had an adverse effect on the safety and overall well-being of children and women. Children are particularly affected by food insecurity, deprivation from education, malnutrition and increased poverty. Domestic violence against women has doubled and the number of women seeking shelter has more than doubled. The amount of work for women in and around the house has increased as more family members stay at home while there are fewer household resources.

[51] KI-F-NAN-NG-18, confirmed by: 2 KIs in Nangarhar, 6 KIs in Kunar and 3 KIs in Laghman.
[52] KI-M-LAG-NG-13, confirmed by 2 KIs in Nangarhar, Laghman and Kunar.
[53] KI-F-NAN-NG-9, confirmed by: 9 KIs in Nangarhar, 5 KIs in Laghman and 12 KIs in Kunar.
[54] KI-M-NAN-NG-7, confirmed by: 4 KIs in Nangarhar, 3 KIs in Laghman and 3 KIs in Kunar.
[55] KI-M-KUN-NG-13, confirmed by 4 KIs in Kunar.

A dysfunctional COVID-19 testing mechanism, inefficient treatment in COVID-19 health centers and insufficient health personnel, particularly female practitioners, have negatively affected the public's perception of and trust in the limited services provided by the COVID-19 health centers.

The majority of individuals interviewed during this monitoring cycle had received homecare and not been referred to COVID-19 health centers.

A key consideration for visiting COVID-19 health centers is the social stigma associated with COVID-19.

Delivery of food assistance has been poor with much dissatisfaction among the potential beneficiaries and allegations of discrimination and corruption against local officials providing the services.

Preparations for a potential second wave of COVID-19 in Nangarhar, Laghman and Kunar have been made. However, there is limited availability of oxygen cylinders, oxygen generators, testing kits and cold storage units for the vaccines.

Mechanism for engaging local community representatives have been weak or non-existent. Decisions regarding allocation and disbursement of earmarked funds to fight COVID-19 are typically taken by PGO, with civil society absent from the process.

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)

1. Establish Polymerase Chain Reaction (PCR) testing laboratories in Laghman and Kunar provinces, staffed with doctors, nurses and laboratory technicians.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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

7. 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.