



INTEGRITY  
WATCH  
AFGHANISTAN



# Afghanistan Readiness Against COVID-19

## Survey Series: Round II



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Integrity Watch Afghanistan  
Kabul  
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Kabul, Afghanistan  
[info@integritywatah.org](mailto:info@integritywatah.org)  
[www.integritywatch.org](http://www.integritywatch.org)

## About Integrity Watch Afghanistan

Integrity Watch is an Afghan civil society organization committed to increase transparency, accountability, and integrity in Afghanistan. Integrity Watch was created in October 2005 and established itself as an independent civil society organization in 2006. It has approximately 95 staff members. The head office of Integrity Watch is in Kabul with provincial programmatic outreach in Balkh, Bamyan, Herat, Kabul, Kapisa, Kandahar, Nangarhar, Laghman, Kunar, Jawzjan, and Samangan province of Afghanistan.

Over the last decade, Integrity Watch's work has focused on three major elements: (1) Community Monitoring, (2) Research, and (3) Advocacy.

Ever since its establishment, Integrity Watch has tried to encourage active citizenship and community mobilization through its programs. Our community monitoring work has included development of community monitoring tools, mobilizing and training communities to monitor infrastructure projects, public services, courts, and extractives industries. So far, more than 1000 infrastructure projects, more than 3,400 open trials, more than 600 schools, more than 300 health centers, and around 12 different mining sites have been monitored by more than 1600 local monitors.

Our research work has focused on policy-oriented research, measuring trends, perceptions and experiences of corruption and covering a wide range of corruption related issues including security and justice sectors, extractive industries, budget and public finance management, and aid effectiveness. The objective is to develop new, ground-breaking empirical research in order to set the agenda, influence decision-makers, and bring to the public attention non-documented and non-explored issues. So far, we have published 42 research reports and 10 policy briefs on the mentioned topics, reaching out to millions of people through media and thousands of people directly receiving our reports.

The aim of our advocacy work has been to enhance Integrity Watch's pioneering role in advocating for knowledge-based decision-making and informed public debate on corruption and integrity issues. Our advocacy work includes facilitation of policy dialogue on issues related to integrity, transparency, and accountability. We have engaged in policy advocacy for issues that communities experience on a day-to-day basis while trying to hold the government and service providers accountable. Such issues include access to information, budget transparency and accountability, aid transparency and effectiveness, effective public services, and other topics related to anti-corruption.

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## 1. Executive Summary

The Coronavirus Disease 2019 (COVID-19) has swept across the globe since it first appeared in Wuhan China in late 2019. The first case of COVID-19 was reported in Afghanistan in February 2020 in Herat Province. Over the past one and half years, Afghanistan has seen two major spikes in COVID-19 cases: the first in the summer months of 2020, and the second spike is currently in progress, and is still raging. The Ministry of Public Health (MoPH) of the Islamic Republic of Afghanistan has adopted emergency measures to thwart the spread of disease, and to provide essential and intensive treatment support to patients.

Integrity Watch Afghanistan has conducted a survey on the health facilities and sought to understand and generate information on the preparedness and needs of the Afghan health system, as well as the number of the suspected and confirmed cases of COVID-19 patients in each facility. A total of 1246 health facilities were surveyed during the baseline and updated the key data from the baseline to assess the COVID challenges and responses in health facilities in 34 provinces.

This report covers the analysis of data collected by Integrity Watch Afghanistan during the Round-2 survey which was conducted during February 2021 in 27 provinces of Afghanistan (see Table 1 for details). The data encompasses several variables related to the setup of health facilities, available services, measures for staff safety, availability of essential medicines and tools for the effective management of COVID-19 patients, and the performance of service delivery points in provision of essential services.

In general, the performance of provinces has increased in most indicators since they were surveyed in the baseline and Round-1 stages.

Among the 27 provinces included in the Round-2 survey, 21 provinces reported an 80% to 100% achievement in screening clients for COVID-19 at health facility entrances, while the remaining six provinces provided screening in 60% to 80% instances.

Some health facilities are providing education and awareness raising about COVID-19 to visiting clients. In the Round-2 survey, 26 provinces reported awareness-raising in 80% to 90% instances. Round-2 showed that the availability of COVID-19 test kits has significantly improved with 70,498 test kits reported by health facilities as compared to 11,756 and 18,624 at Baseline and Round-1 levels respectively. The availability of functional respiratory machines did not improve significantly in Round-2. Health facilities reported 1 to 12 days lag time in receiving COVID-19 supplies, while 74.6% reported not receiving any supplies in the previous month. Around 600 to 3,000 referrals of COVID-19 patients to the provincial centers were reported by six provinces in Round-2 while the remaining 25 provinces referred 10 to 450 patients. Likewise, eight provinces reported between 1,000 to 9,000 checkups for COVID-19 in the previous month and the remaining provinces reported 60 to 900 checkups. Apart from Herat which reported 1,207 positive new COVID-19 patients in the previous month, the remaining provinces had zero to 500 positive new cases. Herat and Kabul respectively reported 390 and 250 ICU (intensive care unit) admissions of COVID-19 patients in the previous month, and the other provinces had less than 100 ICU admissions. During Round-2, the reported availability of the 11 essential items showed remarkable improvement compared to Round-1, except for the availability of COVID-19 test kits with little improvement from the previous round survey.

## 2. Methodology

The study used quantitative survey method to assess and track knowledge on the state of the health facilities in readiness and preparedness to prevent and tackle COVID 19. The study is set up of two questionnaires: First, the baseline survey was conducted through established mobile app “VoxInfra” covered 1246 health facilities from April – August 2020. The second questionnaire is a follow-up of these health facilities and conduct phone interviews through VoxCovid app. The responses were received and analyzed by Integrity Watch and presented a series of reports on the health facilities capacities and provided

recommendations for the government response to COVID 19 epidemic.

This Round-2 report covers the data collected on COVID-19 activities in public health facilities during January and February 2021. As depicted in Table 1 and

Figure 1, the baseline data was collected from 32 provinces during 11 months from April 2020 to April 2021. Round-1 covered 17 provinces during July 2020, August 2020, and January 2021. The Round-2 data is from 27 provinces collected during January and February 2021.

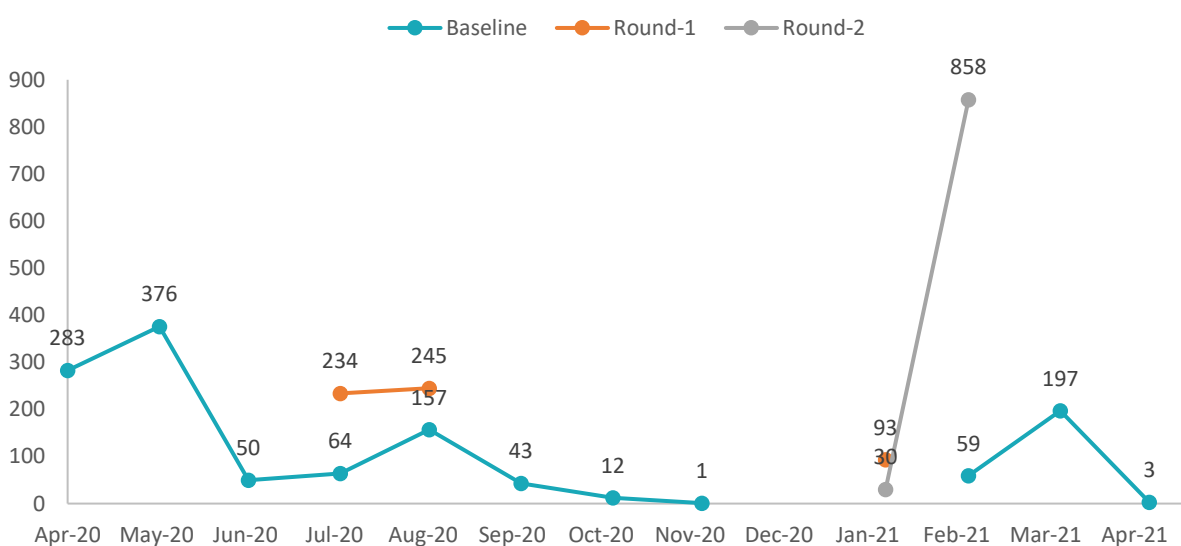
Table 1: List of observations per province

Province	Baseline	Round-1	Round-2
Badakhshan	40	15	40
Baghlan	30	20	30
Balkh	73	59	67
Bamyan	27		22
Daykundi	7		7
Farah	20	8	19
Faryab	68		
Ghazni	31		
Ghor	3		3
Hilmand	16		16
Hirat	123	80	98
Jawzjan	32	20	30
Kabul	296	160	189
Kandahar	51	27	39
Kapisa	35	20	25
Khost	20		17
Kunar	13	11	12
Kunduz	22		21
Laghman	39	20	19
Logar	10		9
Nangarhar	100	75	85
Nimroz	21	2	18
Nuristan	9		
Paktika	10		10
Paktya	22	14	17



Panjsher	10	3	6
Parwan	45	27	39
Samangan	26	11	24
Sar-E-Pul	11		
Takhar	20		18
Uruzgan	7		
Zabul	8		8
<b>Total</b>	<b>1,245</b>	<b>572</b>	<b>888</b>

Figure 1: Data collection timeline



During the three data collection rounds (Baseline, Round-1, and Round-2), the surveyors collected data from 1,261 health facilities. Among these health facilities, 527 have been visited during all three rounds, 565 during Baseline and Round-1, and 531 during Round-1

and Round-2. Further, 336 health facilities were visited only during Baseline (no data was collected in the follow-up rounds), two health facilities received only Round-1 visits, and 15 health facilities only Round-2 visits. The details of visits are further elaborated in Table 2.

Table 2: Coverage of health facilities during the 3 Rounds

Rounds	No of Health Facilities	Visits Percentage
Baseline, Round-1, Round-2	527	41.8%
Baseline, Round-1	565	44.8%
Round-1, Round-2	531	42.1%
Only Baseline	336	26.6%
Only Round-1	2	0.2%
Only Round-2	15	1.2%
<b>Total Health Facilities Targeted</b>	<b>1,261</b>	

Note: the items in the table are not mutually exclusive, and thus the percentages do not add up 100%.

The data from all rounds is compiled in the Excel sheet and outlier values were cleaned either through rectification of the original entries or through omission of the individual entries which could not be traced back. The omission of entries has been minimal and does not affect the results in a noticeable way. Analysis on individual variables is carried out to calculate performance in percentage units. For variables which have been assessed in the previous rounds, comparisons are made among provinces to examine trends over the two or three rounds. The variables which are newly explored in Round-2, are comparatively analyzed based on the performance of the 27 provinces included in this round. As detailed in the section “Results and Findings”, the status of provinces is displayed in graphical and tabular forms. Higher and lower performances are highlighted in the relevant sections for decision-making by the responsible authorities and to focus the attention of the surveyors to those provinces and health facilities in the next round of data collection.

The indicators selected for the survey examines the availability of services and facilities, and the management arrangements in health facilities. The following aspects of COVID-19 services were assessed during the surveys.

- Symptomatic screening for COVID-19 by health facilities
- Awareness-raising by health facilities about COVID-19
- Check-ups for COVID-19 by health facilities
- Number of patients tested positive in the previous month
- Referral of COVID-19 to higher level of care
- Number of patients admitted to ICU in the previous month
- Number of persons recorded as recovered from COVID-19
- Availability of test kits for COVID-19 diagnosis
- Availability of functional respiratory machines
- The ability to test COVID-19 patients

- The timeliness of COVID-19 related supply
- Availability of COVID-19 related essential pharmaceuticals in health facilities
- Reporting frequency to the MoPH

The symptomatic screening of health facility visitors for COVID-19 is a critical activity in the detection of suspicious cases and to ensure the safety of other clients and health facility personnel. Awareness-raising provided to clients of public health facilities is among the priority preventative activities to promote healthy behaviors, and ultimately lower the transmission of corona virus among people. On the other hand, peripheral health facilities have a special role in identification of suspected COVID-19 cases and timely referral to the provincial COVID-19 hospitals. To that end, the establishment of dedicated Intensive Care Unit for COVID-19 in provinces have been a major step by the government of Afghanistan to address the treatment needs of COVID-19 patients. The ICU admission discussed in the report illustrates the utilization of the ICU facilities by the hospitals. Timely testing for COVID-19 helps in early detection of the disease and better treatment outcomes if the required treatment protocols are followed properly. On the other hand, identification and isolation of the infected persons ultimately reduces viral transmission to healthy people. Moreover, respiratory support is pivotal in the treatment of severe COVID-19 cases. Combined with the uninterrupted supply of oxygen and suitable inpatient care, ventilators can prove a means of life and death in Intensive Care Units (ICUs). The uninterrupted supply and regular buffer stock of COVID-19 related pharmaceuticals and essential items is paramount in ensuring the capacity of health facilities to manage COVID-19 cases and to ensure staff safety. Availability of sufficient COVID-19 related material and the steady supply by health services implementing agencies are instrumental in the capacity of health facilities to cater to COVID-19 patients.

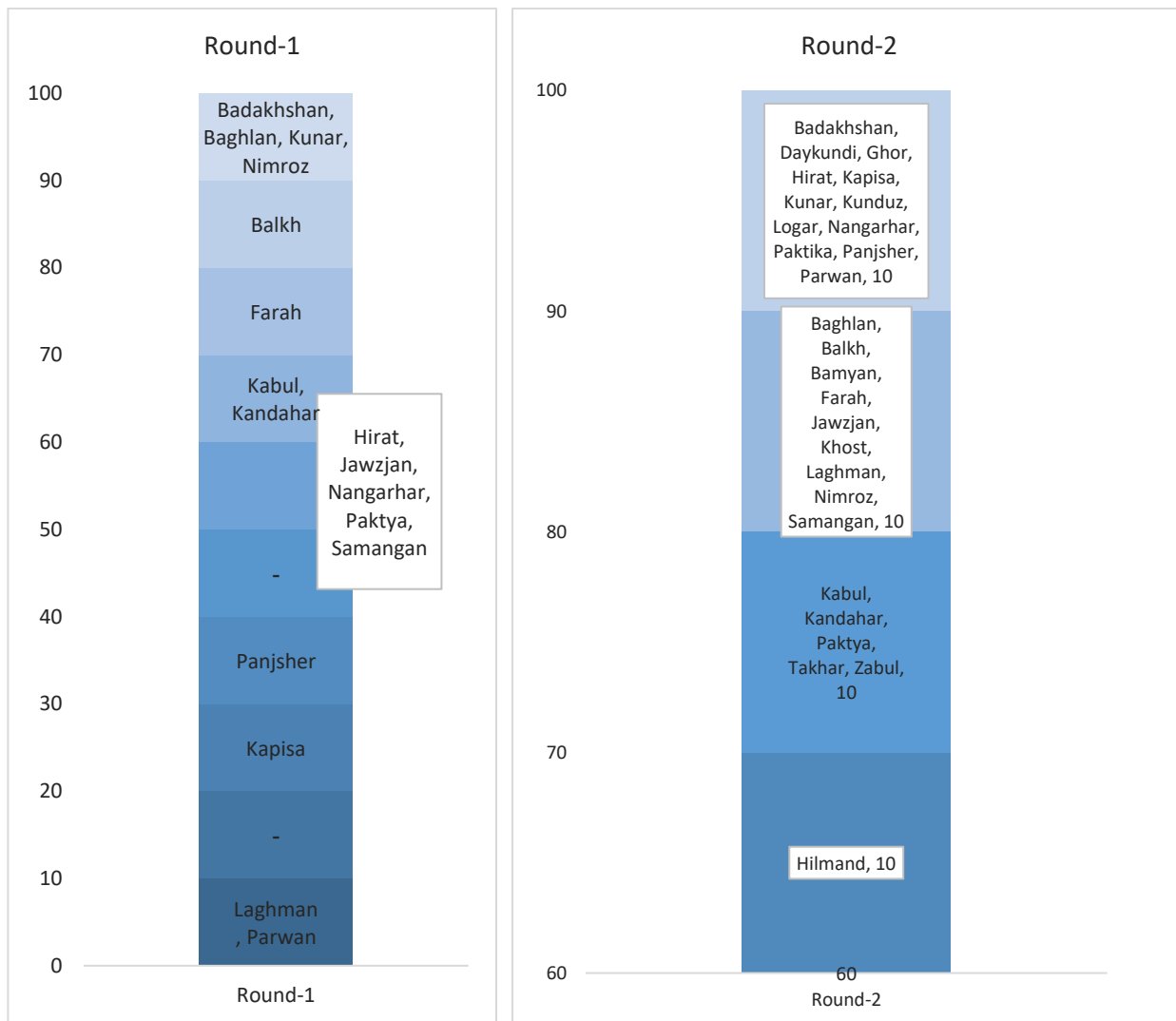
### 3. Results and Findings

#### a. Screening for COVID-19 in the health facility

During Round-1, there was a wide variation in the reported performance of provinces in screening for COVID-19 patients through health facilities, ranging from less than 10% to 100%.

However, the Round-2 data shows huge improvement where the least performing province Helmand has reported more than 60% screening for COVID-19 patients in health facilities. The remaining provinces have reported boosting their performance in Round-2 compared to Round-1. Figure 2 shows the performance of individual provinces on a percentage scale.

Figure 2: Health performance in screening for COVID-19

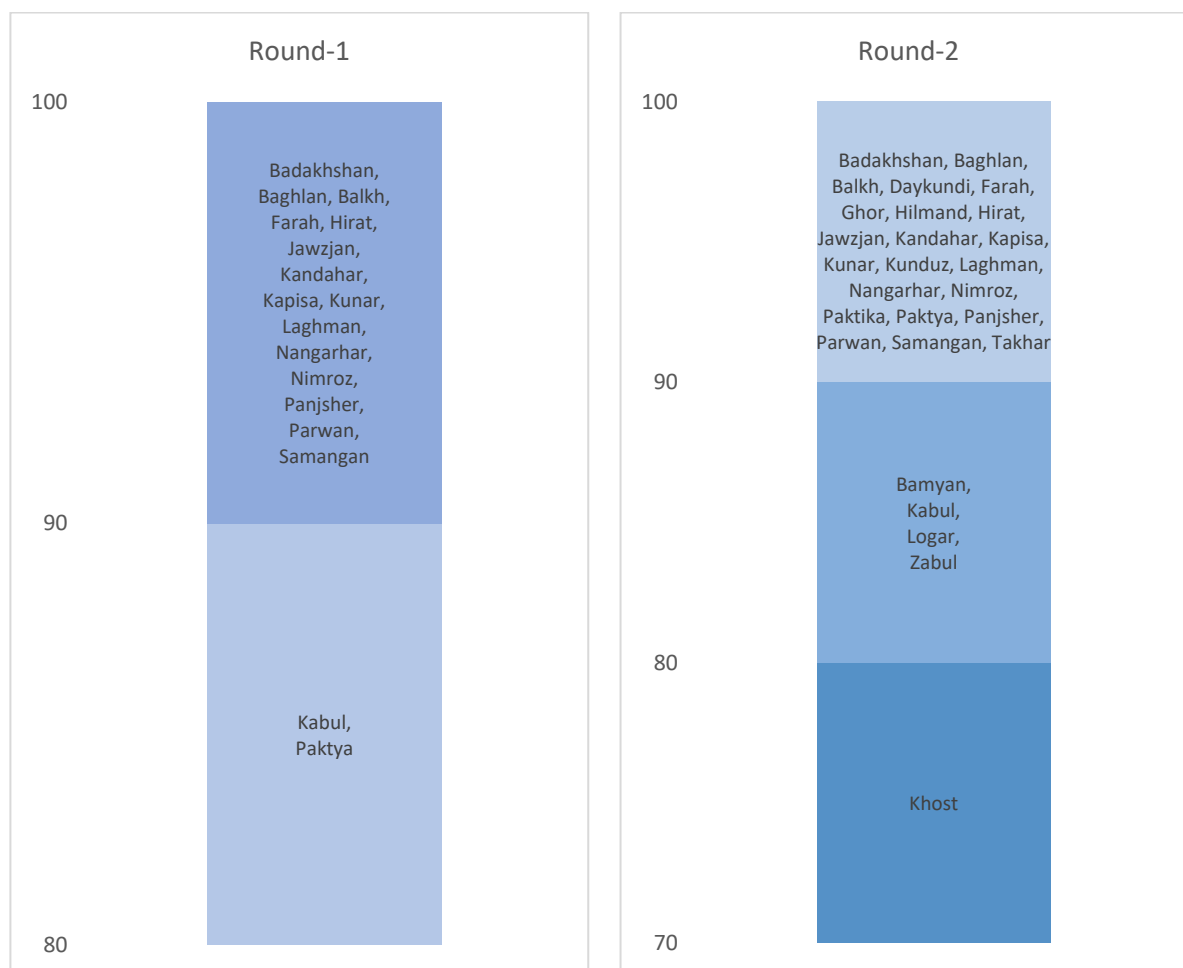


### b. Awareness-raising about COVID-19

Awareness-raising is a vital activity in public health facilities to lower the transmission of the Covid 19 virus. As evident from Figure 3, the performance of provinces included in Round-1 further improved in Round-2. Among the 27 provinces in Round-2, Khost is the only province which reported a relatively lower performance

(between 70% to 80%) in awareness-raising, while four provinces reported awareness-raising in 80% to 90% of cases, and the remaining 22 provinces in 90% to 100% of cases. The trend in awareness-raising looks promising in Round-2 as compared to Round-1.

Figure 3: Awareness-raising on COVID-19 in health facilities



### c. Availability of COVID-19 test kits and functional respiratory machines

The availability of COVID-19 test kits and functional respiratory machines is shown in Table 3. The data from Round-1 and Round-2 shows that all provinces have enhanced the availability of COVID-19 test kits in health facilities. In Round-1, eight provinces reported zero number of COVID-19 test kits, which could

be due to data entry errors as it is implausible that any province could run out of test kits completely. In Round-2, the availability of functional respiratory machines was reported to be in conformity with the Baseline, although the Round-1 figures are lower in some provinces compared to the Baseline. The variability in

respiratory machine availability could be due to the selection of different health facilities during Baseline and Round-1. As has been previously highlighted in the Round-1 report, the surveyors and respondents may have different

understandings of the definition of “respiratory machine”. Thus, the data presented in Table 3 could represent different devices used for respiration support.

Table 3: Availability of COVID-19 test kits and functional respiratory machines

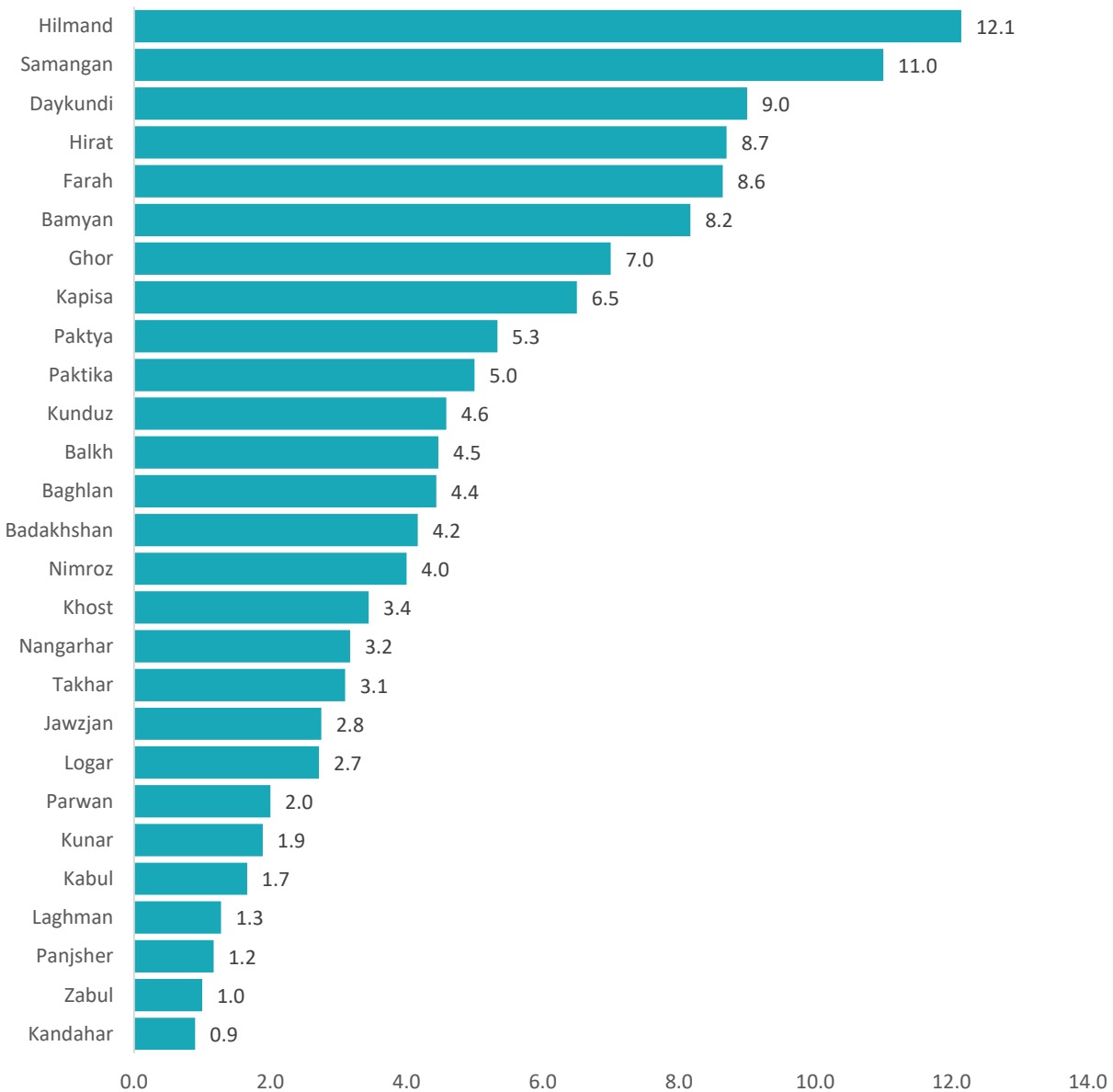
Province	COVID-19 Test Kits			Functional Respiratory Machines		
	Baseline	Round-1	Round-2	Baseline	Round-1	Round-2
Badakhshan	93	136	1,140	15	12	34
Baghlan	268	2,113	1,575	68	33	32
Balkh	201	14,255	13,300	3	44	47
Bamyan	212	-	1,911	26	-	39
Daykundi	0	-	0	6	-	12
Farah	90	0	49	5	1	16
Faryab	600	-	-	100	-	-
Ghazni	1,199	-	-	19	-	-
Ghor	1,009	-	400	20	-	1
Hilmand	17	-	2,080	6	-	12
Hirat	61	260	1,005	35	35	80
Jawzjan	40	25	3	6	18	32
Kabul	2,288	341	18,253	59	117	203
Kandahar	563	1,274	5,347	57	7	40
Kapisa	415	0	62	19	7	17
Khost	199	-	10,200	67	-	5
Kunar	2	5	19	4	6	5
Kunduz	505	-	645	26	-	28
Laghman	1,084	0	1,149	11	5	6
Logar	0	-	90	5	-	7
Nangarhar	194	215	1,656	41	16	40
Nimroz	90	0	10,150	6	4	11
Nuristan	332	-	-	18	-	-
Paktika	2	-	129	15	-	7
Paktya	631	0	40	6	14	21
Panjsher	42	0	35	4	0	0
Parwan	153	0	215	9	5	15
Samangan	80	0	5	4	2	13
Sar-E-Pul	26	-	-	30	-	-
Takhar	0	-	500	3	-	9
Uruzgan	1,299	-	-	28	-	-
Zabul	61	-	540	3	-	6
Grand Total	11,756	18,624	70,498	724	326	738

d. How quickly health facilities obtained COVID-19 supplies in the previous month

As shown in Figure 4, there is significant variance among the provinces in relation to the time they had to wait before they obtained supplies relating to the COVID-19 response as reported in the Round-2 data. Seven provinces (Kandahar, Zabul, Panjsher, Laghman, Kabul, Kunar, and Parwan) reported 1 to 2 days delay in obtaining

COVID-19 supplies in the previous month, while six provinces (Helmand, Samangan, Daykundi, Herat, Farah, and Bayman) reported 8 to 12 days before they obtained supplies in the previous month. This needs further investigation to unveil the reasons behind such delays.

Figure 4: Time needed in obtaining COVID-19 supplies by health facilities in the last month (Round-2 Data)

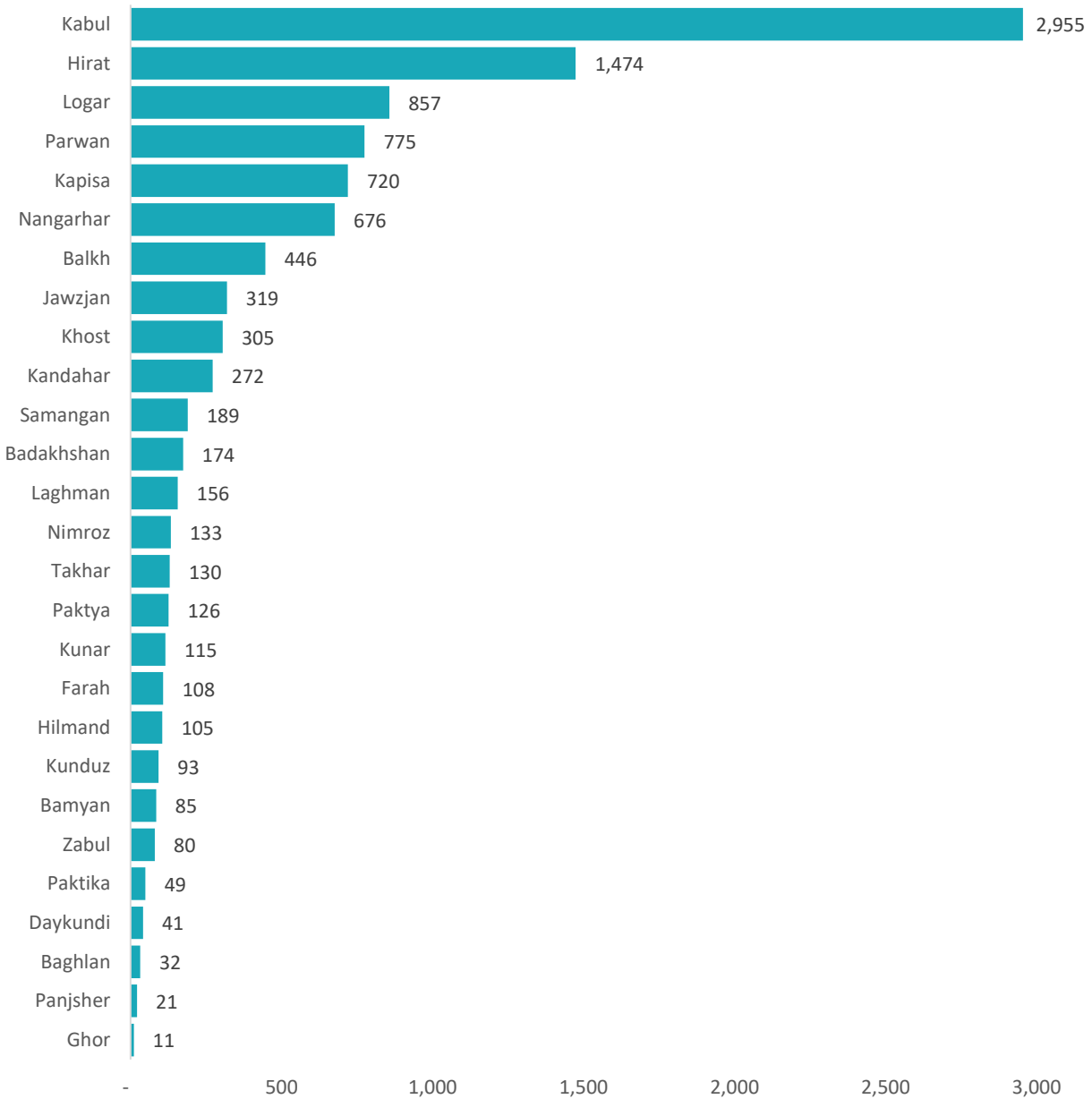


e. Referral of COVID-19 patients to provincial centers in the previous month

In the Round-2 survey, the Kabul and Herat Provinces reported a higher number of referrals of COVID-19 patients to the provincial center in the previous month. The graph in Figure 5 shows that four provinces (Logar, Parwan, Kapisa and Nangarhar) reported between 600 to 900

referrals, while eight provinces at the bottom of the figure reported less than 100 referrals in the previous month. The remaining 13 provinces reported referrals ranging from 100 to 500 person.

Figure 5: Number of patients referred to provincial center (Round-2 Data)

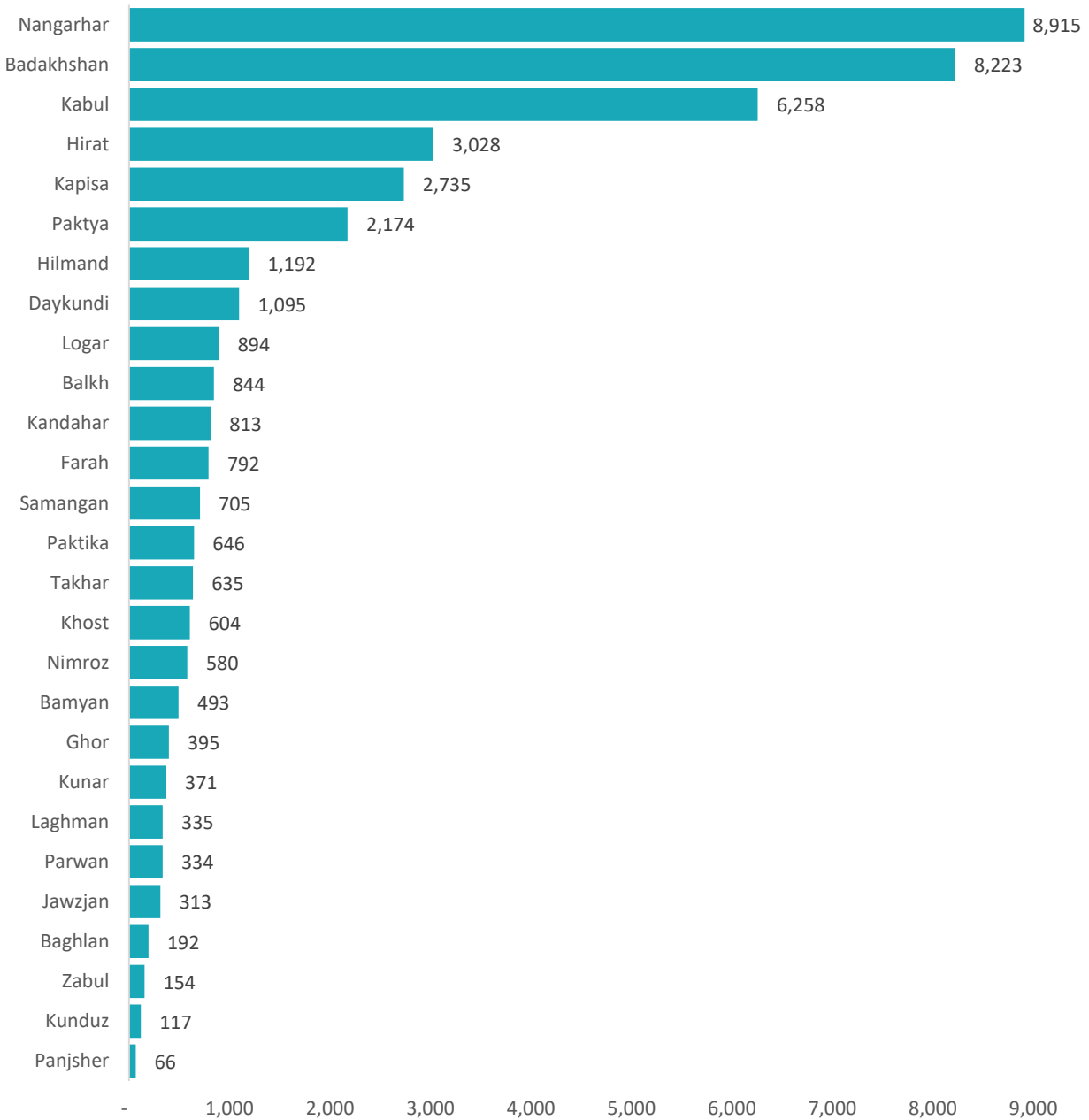


f. Number of COVID-19 checkups in the previous month

Three provinces (Nangarhar, Badakhshan, and Kabul) reported 6,000 to 9,000 checkups in the previous month during the Round-2 survey as shown in Figure 6. Five provinces (Herat, Kapisa,

Paktya, Hilmand and Daykundi) reported 1,000 to 3,000 checkups while the remaining 19 provinces reported less than 1,000 checkups in the previous month.

Figure 6: Checkups for COVID-19 in the previous month (Round-2)



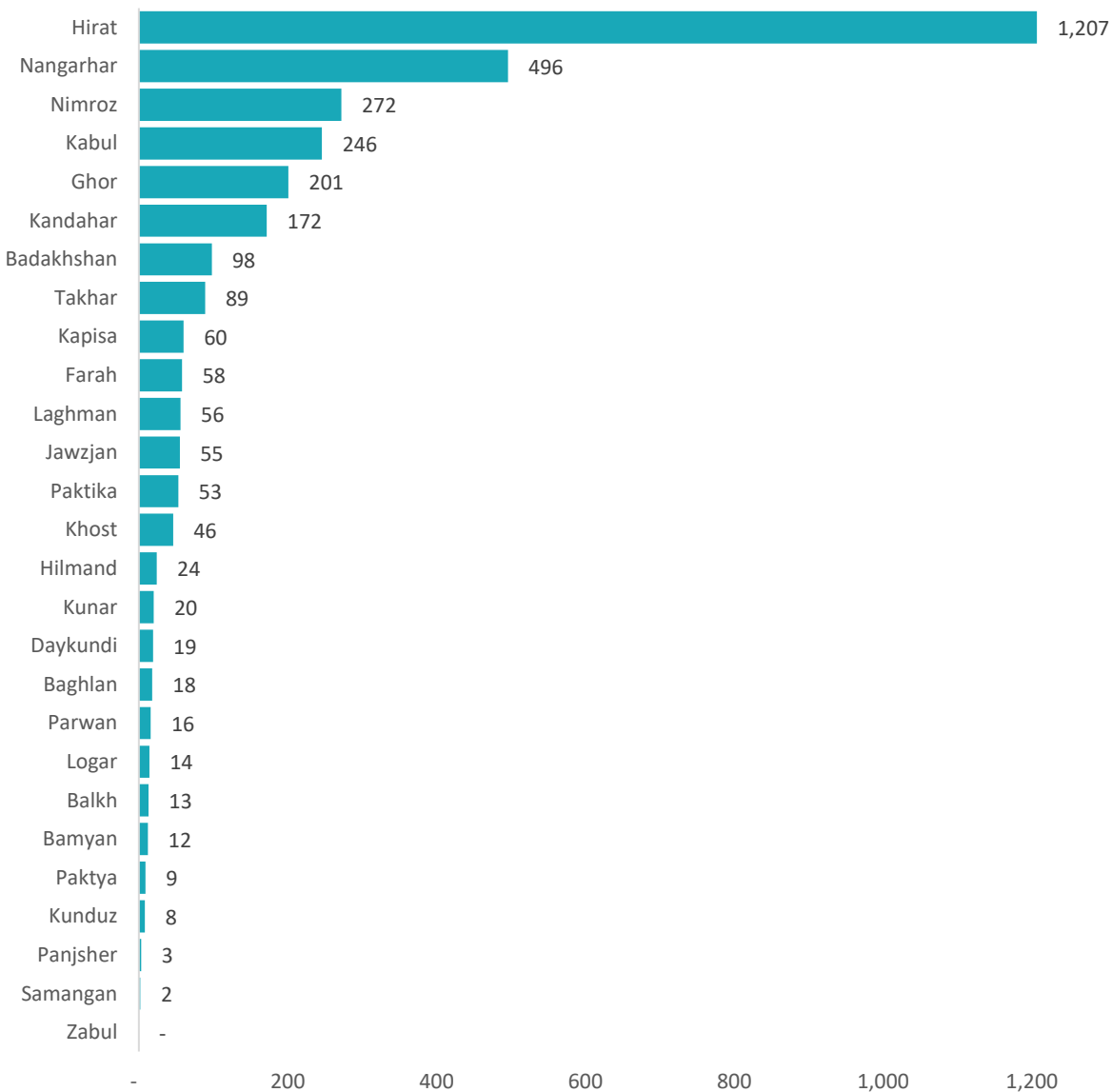


g. Number of persons tested positive for COVID-19

Apart from Herat which reported 1,207 positive cases in the previous month during Round-2, the remaining 26 provinces reported less than 500 positive cases as shown in Figure 7. Zabul reported zero positive cases from eight health facilities included in the Round-2 Survey. Interestingly, the Zabul provincial COVID-19

hospital and the EPHS (Essential Package of Hospital Services) Provincial Hospital also reported zero positive cases in Round-2, which could be due to data entry error. The remaining six health facilities in Zabul are Basic Health Centers (BHCs).

Figure 7: Number of persons tested positive for COVID-19 in the previous month (Round-2)

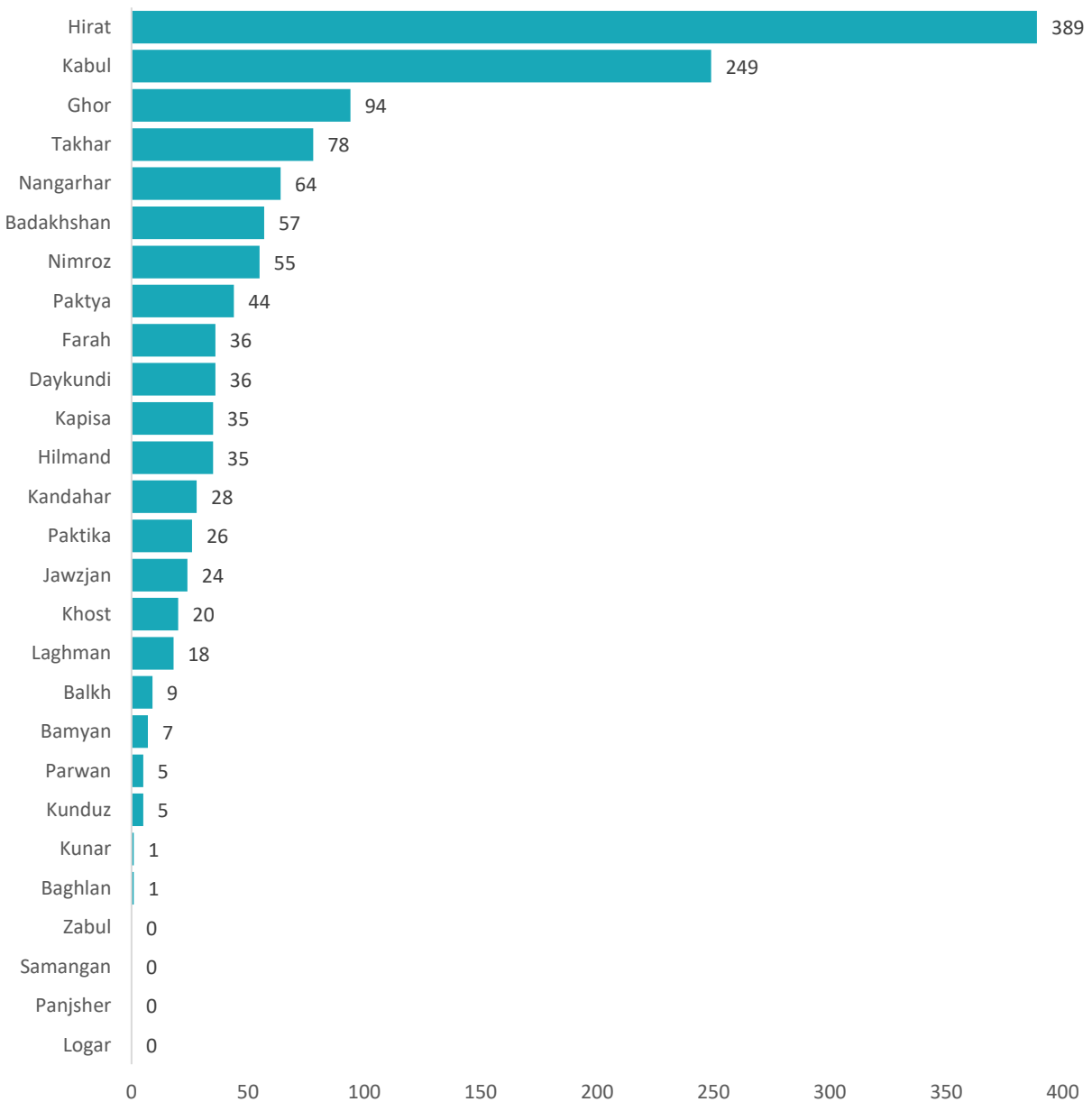


### h. ICU admission of COVID-19 patients

The Figure 8 shows that Herat and Kabul Provinces reported the admission of 250 to 400 patients (who are suspected or confirmed COVID-19 cases) to Intensive Care Units (ICU) in the previous month. Zabul, Samangan, Panjshir and Logar Provinces reported zero ICU

admissions, while Balkh, Bamyan, Parwan, Kunduz, Kunar and Baghlan reported less than 10 admissions. The remaining 15 provinces have reported 10 to 100 ICU admissions during Round-2.

Figure 8: Suspected and confirmed COVID-19 patients admitted to ICU in previous month (Round-2)

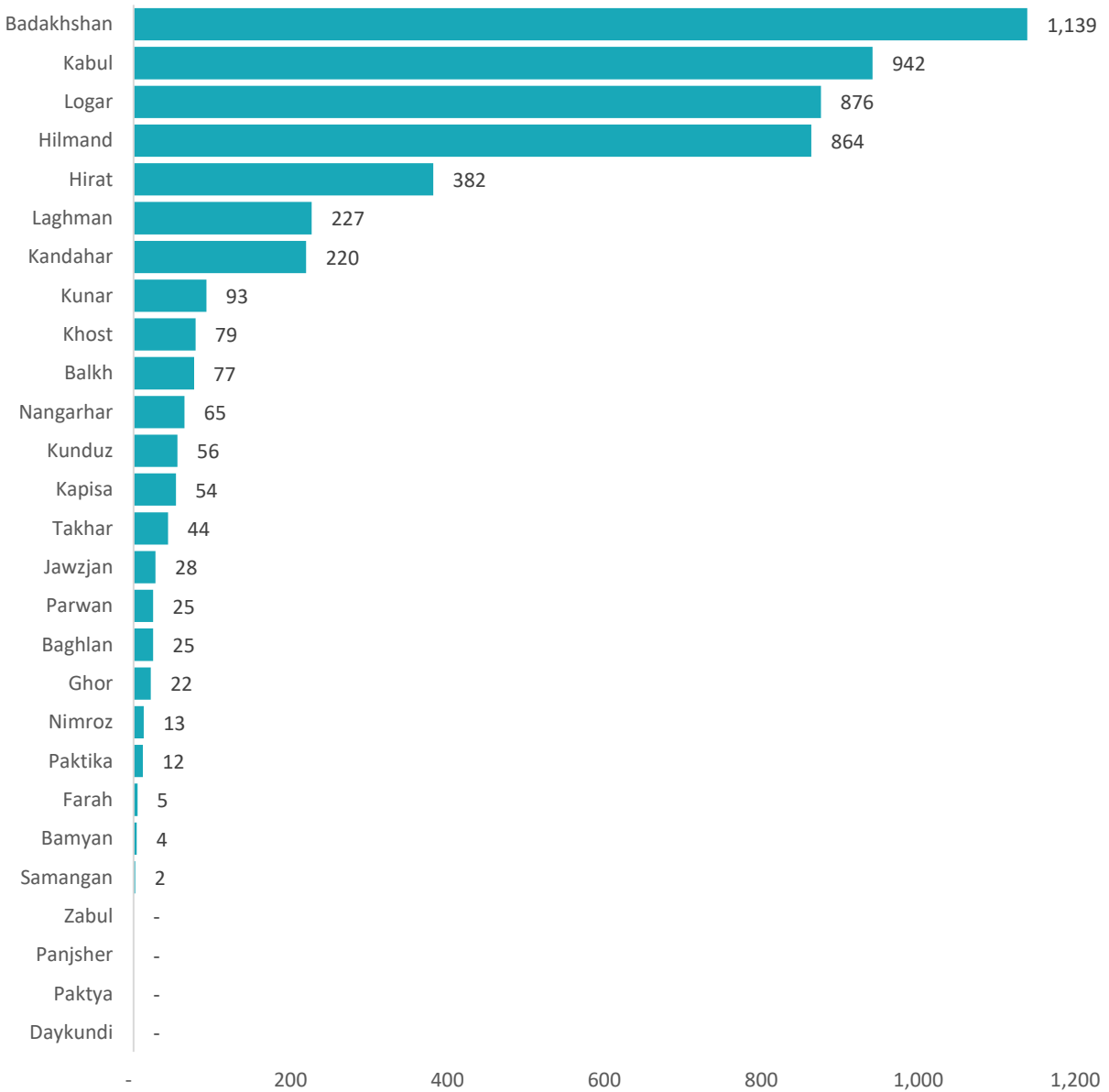


i. Number of patients recovered from COVID-19

The graph in Figure 9 shows that Badakhshan reported the highest number of patients recovered from COVID-19 in the previous month (1,239 patients), while Kabul, Logar and Hilmand reported 850 to 950 recoveries. Four provinces (Zabul, Panjshir, Paktya and Daykundi) reported

zero recoveries during the previous month, which could be due to data entry error in the health facilities. The remaining provinces reported less than 400 recoveries in the previous month.

Figure 9: Number of patients recovered from COVID-19 in the previous month (Round-2)

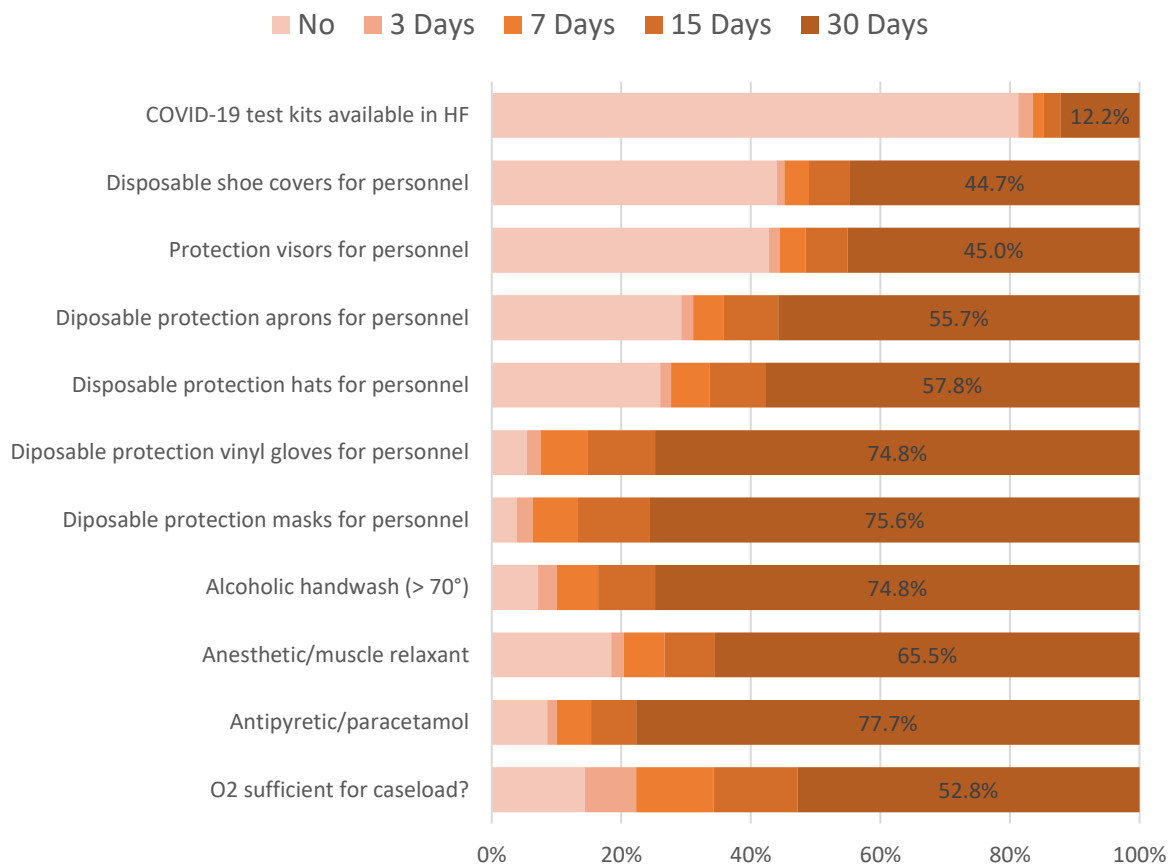


### j. Availability of COVID-19 essential items

The availability of essential pharmaceuticals and protective gear is vital to the treatment of patients and the protection of healthcare workers. As shown in Figure 10, all the essential items (apart from COVID-19 test kits) for most health facilities were reported to have sufficient quantities for between 15 days to 30 days periods. The one item which was reported

insufficient by 81% of health facilities was the COVID-19 test kits. Although the availability of these items is based on the self-reporting by health facility in-charge persons and could be different from the true situation, it still shows significant improvement from the Round-1 and Baseline surveys.

Figure 10: Availability of essential items in health facilities (Round-2)

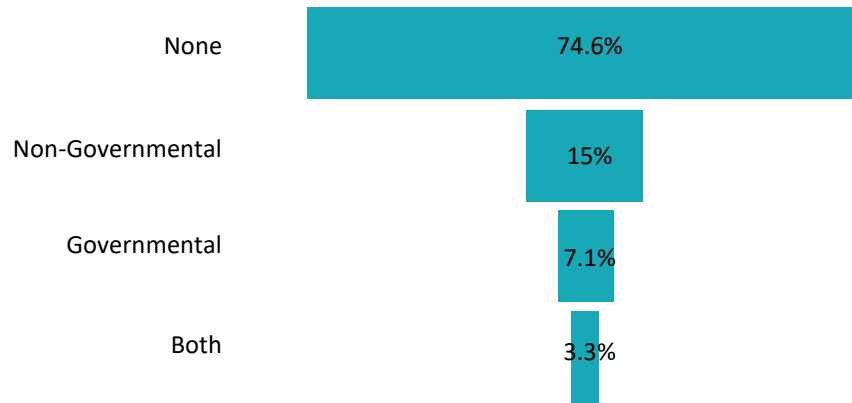


### k. Source of supply for COVID-19 resources

During the Round-2 survey, 74.6% of health facilities reported that they did not receive COVID-19 related supplies during the previous month. As shown in Figure 11, 15% of health

facilities reported supplies from non-governmental sources only, 7.1% from governmental sources only, and 3.3% from both sources in the previous month.

Figure 11: Sources of COVID-19 supplies (Round-2)

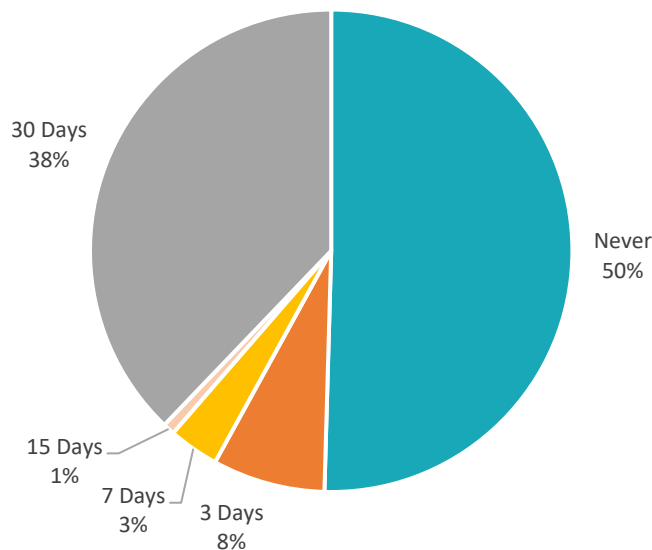


### l. Frequency of MoPH reporting

As shown in Figure 12, around 50% of health facilities indicated that they have not reported to MoPH the COVID-19 activities in the previous month. In the remaining health facilities, 38%

reported to the MoPH in the previous 30 days, 1% in the previous 15 days, 3% in the previous 7 days, and 8% in the previous 3 days.

Figure 12: Frequency of reporting to MoPH (Round-2)



## 4. Conclusions

The performance of health facilities for different indicators has improved in the Round-2 survey. The screening of COVID-19 patients and awareness-raising about the disease improved significantly during Round-2. The availability of COVID-19 test kits was reported to have significantly increased during Round-2 compared to the Baseline and Round-1 periods. However, the availability of functional respiratory machines remained unchanged. The delay in receiving COVID-19 supplies had varied responses – some provinces reported more than 10 days delay while others reported 1 to 9 days. Referral of COVID-19 patients to provincial centers was higher in regional centers and provinces near to regional centers. Other provinces reported lower referrals. The health facility checkups of COVID-19 patients range from 60 to 9,000 in different provinces which do not match with the provincial population figures and the expected caseload. The reported figures for the five regional centers however reflect the caseload as can be expected in view of the population in the catchment areas. Apart from Herat, the other provinces did not show any logical relationship between the COVID-19 test positivity and the population size. The ICU admissions was relatively higher in Herat and Kabul Provinces which aligns with their COVID-19 caseload. The COVID-19 related deaths were relatively higher in Kabul, Herat and Nangarhar which can be explained by the higher COVID-19 caseload in these provinces. The number of patients recovered from COVID-19 is strikingly higher in Badakhshan which is presumably due to the inclusion of suspected cases in the health

## 5. Recommendations

facilities records. The availability of essential COVID-19 supplies during Round-2 has improved compared to Round-1. The availability of COVID-19 test kits is still a problem in all provinces. 74.6% of health facilities reported that they did not receive any supplies in the previous month. Finally, 50% of health facilities reported that they

did not report to the MoPH in the previous month.

The results and findings of this report provide a valuable source for triangulation with other reports and data (such as the data collected by the MoPH and the WHO). The findings of this report can be used for advocacy and corrective action planning as well. In general, the data shows a satisfactory level of improvement in the Round-2 survey. The comparative analysis of the different variables and the trends over time are meant for a general overview of the provinces. As the number of provinces and health facilities covered in the three rounds of survey (baseline, Round-1, and Round-2) was different, feedback to health facilities with poor performances requires pinpointing those health facilities in the cleaned dataset.

### **The recommendations at the high level (to MoPH and implementing agencies) are to:**

1. Ensure the availability of essential commodities, especially medical oxygen and other items used for personal protection of staff.
2. Provide training to the health facility staff on the essentials of the COVID-19 response, and accurate and timely data recording.
3. Ensure the timely supplies of items to health facilities before a shortage of essential pharmaceuticals and supplies occurs.
4. The data collection personnel and the Integrity Watch Afghanistan team should further improve the data collection process through refinement and standardization of survey questions. For instance, the interpretation of surveyors and the interviewee can be different about what is meant by a COVID-19 test kit and a respiratory machine. The skills of data collection personnel should be improved to ensure verification of the self-reported items by the health facility staff.



INTEGRITY  
WATCH  
AFGHANISTAN

Kabul, Afghanistan

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 +93 (0) 780 942 942  
 info@integritywatch.org  
 www.integritywatch.org  
 @IntegrityWatchA

 fb.me/iwaweb.org  
 /IntegrityWatchAfghanistan  
 /IntegrityWatchAfghanistan  
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