



INTEGRITY
WATCH
AFGHANISTAN



Afghanistan Readiness Against COVID-19

Survey Series: Round III

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Integrity Watch Afghanistan
Kabul
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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

Since the first COVID-19 case was reported in Herat province of Afghanistan in February 2020, the disease has had tremendous toll of deaths and suffering on Afghan people. With no visible relief in sight, the COVID-19 disease is showing outbursts of the third and fourth waves across Afghanistan, which in times, overwhelm the already strained public health system of the country. The recent insecurity and political strife have further complicated the disease situation as people in districts have been cut off from available public health services, and the ability of peripheral clinics and hospitals have further constrained to maintain optimum level of services and facilities required for managing COVID-19 cases. The Ministry of Public Health (MoPH) of the Islamic Republic of Afghanistan is struggling with all means available to thwart the spread of the disease, and to provide essential and intensive treatment support to patients.

Integrity Watch Afghanistan conducted a survey on the health facilities to collect detail data on the preparedness and needs of the Afghan health system, as well as to determine 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 explore the level of health facilities preparedness in response to this outbreak.

This period report covers the analysis and findings from data collected by the Integrity Watch Afghanistan during the first and second quarters of 2021. In follow up to the data collected during the baseline, Round-1 and Round-2 phases, the data for this report comes from Round-3 and Round-4 phases of the surveys. As shown in Table 1 and Figure 1, the

Round-3 surveys were conducted in 27 provinces in March 2021, and the Round-4 surveys covers 32 provinces which were surveyed during April and May 2021. The variables have remained unchanged during the last three rounds. The data encompasses several variables related to the setup of health facilities, nature of services, measures for staff safety, availability of essential medicine and tools for effective management of COVID-19 patients, and the performance of service delivery points in provision of essential services.

The reported performance of provinces on symptomatic screening for COVID-19 and the provision of awareness-raising to clients have remarkably improved during Round-3 and Round-4. Around 81% of the surveyed provinces reported screening in more than 80% of instances in Round-3 and 91% of the surveyed provinces in Round-4 reported screening in more than 80% of instances. Likewise, 96% of provinces in Round-3 reported awareness-raising in more than 80% of instances, while all surveyed provinces reported awareness-raising in more than 80% of instances. In general, the surveyed provinces reported lower numbers of COVID-19 checkups, COVID-19 positive cases and referrals in Round-3 and Round-4 as compared to Round-2. The reported Intensive Care Unit (ICU) admissions and discharges have been higher in Round-4 compared to Round-3 and Round-2. Five provinces in Round-3 and one province in Round-4 reported zero ICU admissions. The reported availability of COVID-19 test kits and functional respiratory machines have not changed in Round-3 and Round-4 compared to Round-2, the availability of all other essential items have improved significantly.

2. Methodology

This was a quantitative survey method conducted in 34 provinces to assess and generate knowledge on the state of the health facilities in readiness and preparedness to prevent and tackle COVID 19. The design of the study consists of two parts: first, the baseline survey was conducted from April – August 2020 through an established mobile app “VoxInfra” covered 1246 health facilities. Second, 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 in response COVID 19 epidemics.

The data consists of different indicators which 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

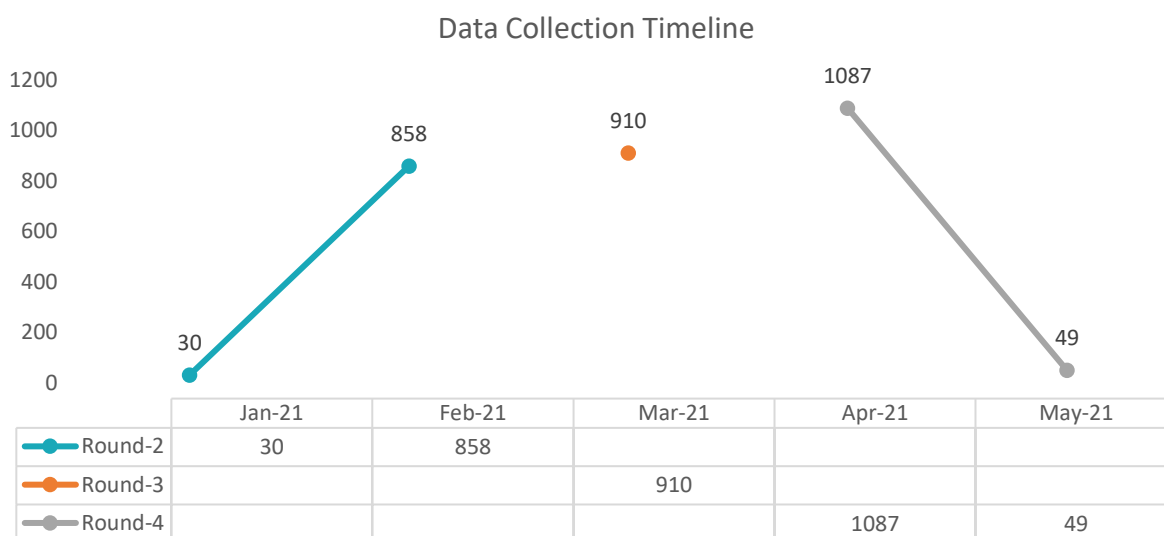
As shown in Table 1, the 27 provinces which were surveyed in Round-2 were also surveyed in the Round-3 phase, while additional five provinces (Faryab, Ghazni, Nuristan, Sar-e-Pul and Uruzgan) were added to the Round-4 survey. A total of 910 survey visits were made during Round-3 in March 2021, and 1,136 visits were made during Round-4 in April and May 2021 (see Figure 1).

Table 1: Visits by province and Round

Province	Round-2	Round-3	Round-4
Badakhshan	40	39	36
Baghlan	30	29	28
Balkh	67	72	71
Bamyan	22	27	26
Daykundi	7	7	7
Farah	19	18	16
Faryab			62
Ghazni			30
Ghor	3	3	3
Hilmand	16	13	15
Hirat	98	99	112
Jawzjan	30	31	29

Kabul	189	191	273
Kandahar	39	38	48
Kapisa	25	25	33
Khost	17	17	18
Kunar	12	12	13
Kunduz	21	21	21
Laghman	19	19	27
Logar	9	9	10
Nangarhar	85	96	91
Nimroz	18	17	18
Nuristan			6
Paktika	10	10	8
Paktya	17	22	22
Panjsher	6	5	9
Parwan	39	41	42
Samangan	24	24	25
Sar-e-Pul			6
Takhar	18	18	19
Uruzgan			6
Zabul	8	7	6
Grand Total	888	910	1,136

Figure 1: Data collection timeline



The survey data is compiled by the Integrity Watch Afghanistan in Excel sheets. The data was checked for outliers and suspiciously high or low

values in view of the observed trends over the past 3 survey rounds and the contextual realities of the different provinces. The omission of

entries has been minimal and does not affect the results in noticeable way. The analysis of individual variables is carried out to calculate performance in percentage units. For variables which have been assessed in the Round-2, comparisons are made among provinces to examine trends over the three rounds. 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.

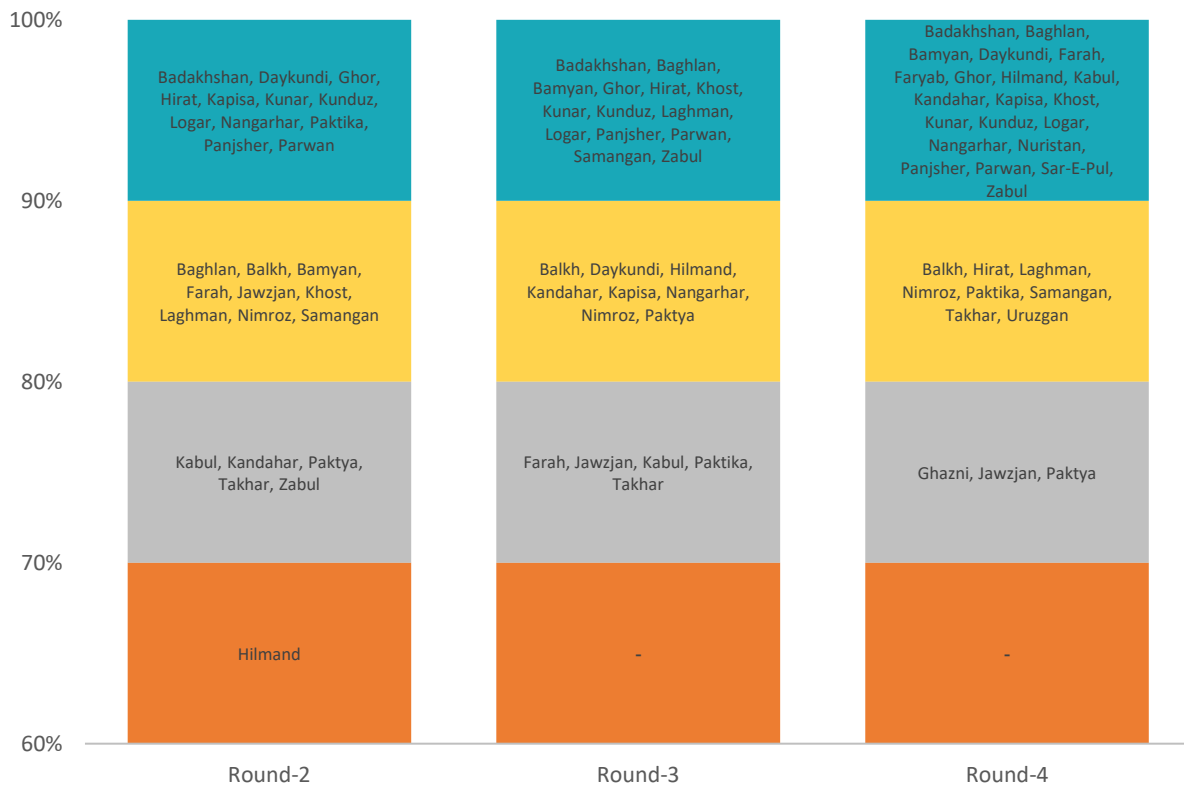
3. Results and Findings

a. Symptomatic screening for COVID-19 in the health facility

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. As illustrated in Figure 2, the screening activities by health facilities have steadily improved during Round-3 and Round-4. During Round-2, six provinces have reported screening in less than 80% of instances. The number of provinces reporting screening in less than 80% of instances have reduced to 5 and 3 in Round-3 and Round-4 respectively. On the other hand, the number of provinces which reported screening in more than 90% of instances have increased from 12 in Round-2, to 14 and 21 in Round-3 and Round-4 respectively. Badakhshan, Baghlan, Bamyan, Ghor, Khost, Kunar, Kunduz, Logar, Panjshir, Parwan and Zabul consistently reported more than 90% screening in Round-3 and Round-4, while Jawzjan and Paktya remained at the lower end in both rounds.

Figure 2: Provincial ranking on screening for COVID-19

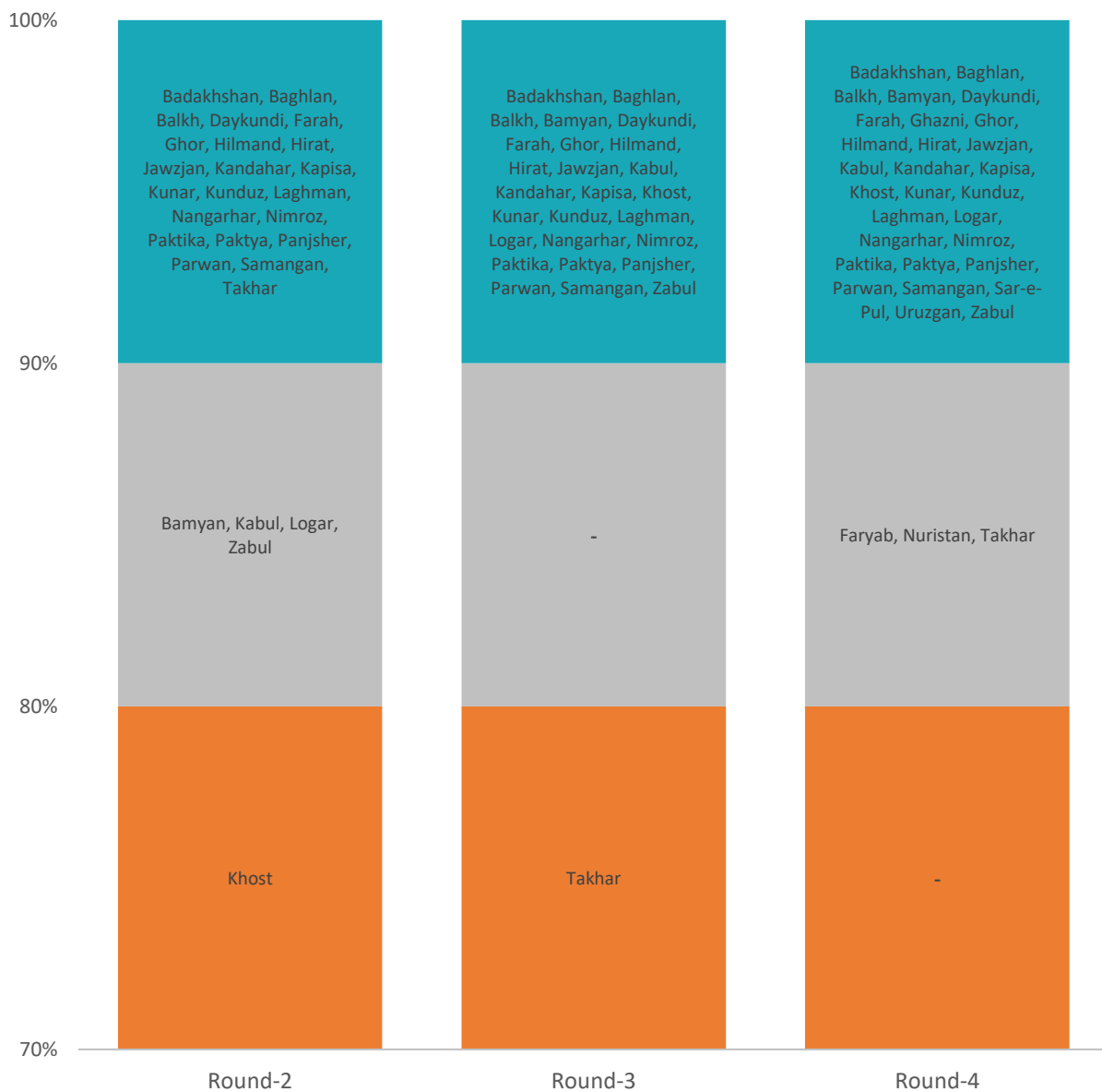


b. Awareness-raising about COVID-19

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. The Figure 3 shows that 27 provinces included in Round-3 have reported provision of awareness-raising in more than 90% of instances except for Takhar which reported awareness-raising in 70% to 80%

of instances. Among the 32 provinces in Round-4, only three provinces (Faryab, Nuristan and Takhar) reported awareness-raising activities in 80% to 90% of instances while the remaining 29 provinces reported awareness-raising in more than 90% of instances. The reported performance of provinces on awareness-raising have progressively improved from Round-1 to Round-4.

Figure 3: Ranking of provinces on awareness-raising about COVID-19



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

The number of checkups for patients with COVID-19 like symptoms have been reported higher in Round-2 and Round-4 compared to Round-3. As shown in Table 2, nine provinces

consisting of Badakhshan, Balkh, Bamyan, Farah, Hirat, Kabul, Kandahar, Nangarhar, and Paktya each reported more than 1,000 checkups in the previous month in either Round-3 or Round-4.

Table 2: Health facility checkups of patients with COVID-19 like symptoms

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	8,223	8,902	12,256	— — █
Baghlan	192	277	764	— — █
Balkh	844	812	2,612	— — █
Bamyan	493	1,470	624	— █ —
Daykundi	1,095	452	499	█ — —
Farah	792	1,039	831	— █ —
Faryab			950	— — █
Ghazni			906	— — █
Ghor	395	380	522	— — █
Hilmand	1,192	814	339	█ — —
Hirat	3,028	1,623	1,344	█ — —
Jawzjan	313	657	128	— █ —
Kabul	6,258	2,554	4,609	█ — █
Kandahar	813	1,211	2,952	— — █
Kapisa	2,735	606	250	█ — —
Khost	604	481	739	— — █
Kunar	371	128	167	█ — —
Kunduz	117	356	258	— █ —
Laghman	335	746	717	— █ █
Logar	894	851	432	█ █ —
Nangarhar	8,915	1,897	1,496	█ — —
Nimroz	580	543	588	█ — █
Nuristan			218	— — █
Paktika	646	386	261	█ — —
Paktya	2,174	1,221	1,109	█ — —
Panjsher	66	81	265	— — █
Parwan	334	486	200	— █ —
Samangan	705	160	468	█ — █
Sar-E-Pul			92	— — █
Takhar	635	919	733	— █ —
Uruzgan			608	— — █
Zabul	154	41	15	█ — —
Grand Total	42,903	29,093	37,952	█ — █

d. Number of persons tested positive for COVID-19 in the previous month

The reported number of persons who tested positive for COVID-19 in the previous month has been higher in Round-2 compared to Round-3 and Round-4. Hirat, Nangarhar, Kabul and Kandahar reported more than 100 positive cases

in Round-3 and Round-4. The Table 3 shows that the surveyed provinces reported 3,267 cases in Round-2 survey, 1,316 in Round-3 survey, and 1,132 in Round-4 survey.

Table 3: Number of patients tested positive for COVID-19

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	98	85	25	
Baghlan	18	9	5	
Balkh	13	13	35	
Bamyan	12	12	3	
Daykundi	19	-	3	
Farah	58	71	41	
Faryab			12	
Ghazni			41	
Ghor	201	1	-	
Hilmand	24	21	33	
Hirat	1,207	382	97	
Jawzjan	55	19	-	
Kabul	246	78	246	
Kandahar	172	107	192	
Kapisa	60	32	10	
Khost	46	47	23	
Kunar	20	2	41	
Kunduz	8	22	10	
Laghman	56	85	63	
Logar	14	7	14	
Nangarhar	496	158	171	
Nimroz	272	62	4	
Nuristan			3	
Paktika	53	4	3	
Paktya	9	4	18	
Panjsher	3	5	6	
Parwan	16	7	7	
Samangan	2	2	-	
Sar-E-Pul			1	
Takhar	89	81	17	
Uruzgan			8	
Zabul	-	-	-	
Grand Total	3,267	1,316	1,132	

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

Peripheral health facilities have a special role in identification of suspected COVID-19 cases and timely referral to the provincial COVID-19 hospitals. Compared to Round-2, the referral of cases to provincial hospital has been lower in

Round-3 and Round-4. As shown in Table 4, 27 provinces reported 10,447 and 5,690 referrals in Round-2 and Round-3 respectively, while the 32 provinces surveyed in Round-2 reported 4,750 referrals in the previous month.

Table 4: Referral of COVID-19 cases to provincial hospitals

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	174	88	90	
Baghlan	32	28	15	
Balkh	446	417	76	
Bamyan	85	61	62	
Daykundi	41	57	32	
Farah	108	133	31	
Faryab			105	
Ghazni			153	
Ghor	11	4	-	
Hilmand	105	77	45	
Hirat	1,474	519	431	
Jawzjan	319	1,754	164	
Kabul	2,955	310	540	
Kandahar	272	194	803	
Kapisa	720	69	129	
Khost	305	28	29	
Kunar	115	46	73	
Kunduz	93	21	100	
Laghman	156	156	174	
Logar	857	850	18	
Nangarhar	676	346	570	
Nimroz	133	107	187	
Nuristan			1	
Paktika	49	53	16	
Paktya	126	62	71	
Panjsher	21	39	199	
Parwan	775	92	90	
Samangan	189	34	41	
Sar-E-Pul			316	
Takhar	130	103	13	
Uruzgan			52	
Zabul	80	42	124	
Grand Total	10,447	5,690	4,750	

f. ICU admission of COVID-19 patients

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 reported number of ICU admission has been lower in Round-3 compared to Round-2 and Round-4. The summary in Table 5 shows

that four provinces reported more than 100 ICU admissions in Round-3 and Round-4 consisting of Badakhshan, Hirat, Kandahar and Paktya. Five provinces reported zero ICU admissions in Round-3 consisting of Ghor, Kunar, Paktika, Panjshir and Samangan, while Kapisa reported zero ICU admissions in Round-4.

Table 5: ICU admissions of COVID-19 patients in the previous month

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	57	118	464	
Baghlan	1	7	7	
Balkh	9	7	19	
Bamyan	7	29	5	
Daykundi	36	4	9	
Farah	36	9	4	
Faryab			13	
Ghazni			30	
Ghor	94	-	3	
Hilmand	35	54	17	
Hirat	389	197	271	
Jawzjan	24	21	16	
Kabul	249	68	91	
Kandahar	28	13	141	
Kapisa	35	13	-	
Khost	20	49	17	
Kunar	1	-	13	
Kunduz	5	2	2	
Laghman	18	3	8	
Logar	-	15	6	
Nangarhar	64	61	48	
Nimroz	55	20	16	
Nuristan			7	
Paktika	26	-	4	
Paktya	44	129	100	
Panjsher	-	-	2	
Parwan	5	3	3	
Samangan	-	-	1	
Sar-E-Pul			3	
Takhar	78	60	20	
Uruzgan			73	
Zabul	-	8	70	
Grand Total	1,316	890	1,483	

g. Number of patients recovered from COVID-19

The reported number of persons recovered from COVID-19 has been significantly higher in Round-4 and Round-3 than Round-2. During Round-3

and Round-4 surveys, 23 provinces have reported more than 100 recoveries of COVID-19 patients (see Table 6).

Table 6: Number of persons recovered or discharged in the previous month

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	1,139	7,332	10,059	
Baghlan	25	242	473	
Balkh	77	69	168	
Bamyan	4	1	64	
Daykundi	-	-	-	
Farah	5	1	204	
Faryab			168	
Ghazni			64	
Ghor	22	3	22	
Hilmand	864	29	1,228	
Hirat	382	622	956	
Jawzjan	28	57	36	
Kabul	942	5,310	8,719	
Kandahar	220	686	852	
Kapisa	54	177	16	
Khost	79	74	78	
Kunar	93	126	145	
Kunduz	56	174	106	
Laghman	227	2,684	422	
Logar	876	854	53	
Nangarhar	65	1,465	372	
Nimroz	13	19	177	
Nuristan			100	
Paktika	12	10	25	
Paktya	-	9	19	
Panjsher	-	55	79	
Parwan	25	144	196	
Samangan	2	132	91	
Sar-E-Pul			-	
Takhar	44	2,418	29	
Uruzgan			-	
Zabul	-	25	7	
Grand Total	5,254	22,718	24,928	

h. Availability of COVID-19 test kits

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. As shown in Table 7, the reported availability of COVID-19 test kits does not show any particularly plausible pattern in

most of the provinces. Comparing Round-2 to Round-3, 33% of the provinces reported increase, 45% reported decrease, and 22% reported no change in the availability of COVID-19 test kits. Similarly, the changes from Round-3 to Round-4 somehow follow the same pattern where 30% of the provinces reported increase, 51% reported decrease, and 19% reported no change in the availability of COVID-19 test kits.

Table 7: Availability of COVID-19 test kits in health facilities

Province	Round-2	Round-3	Round-4	Trend
Badakhshan	1,140	1,891	1,247	— — —
Baghlan	1,575	2,113	384	— — —
Balkh	13,300	13,300	4,230	— — —
Bamyan	1,911	3,576	2,274	— — —
Daykundi	-	900	800	— — —
Farah	49	200	180	— — —
Faryab			1,580	— — —
Ghazni			1,240	— — —
Ghor	400	5,000	220	— — —
Hilmand	2,080	2,000	250	— — —
Hirat	1,005	307	9,007	— — —
Jawzjan	3	480	100	— — —
Kabul	18,253	14,275	29,193	— — —
Kandahar	5,347	3,040	2,619	— — —
Kapisa	62	184	253	— — —
Khost	10,200	11,000	31,242	— — —
Kunar	19	10	8	— — —
Kunduz	645	630	460	— — —
Laghman	1,149	52	4,061	— — —
Logar	90	10	-	— — —
Nangarhar	1,656	1,504	3,836	— — —
Nimroz	10,150	7,000	1,300	— — —
Nuristan			11	— — —
Paktika	129	63	330	— — —
Paktya	40	1,200	800	— — —
Panjsher	35	-	111	— — —
Parwan	215	160	23	— — —
Samangan	5	-	-	— — —
Sar-E-Pul			600	— — —
Takhar	500	1,276	1,260	— — —
Uruzgan			1,000	— — —
Zabul	540	552	960	— — —
Grand Total	70,498	70,723	99,579	— — —

i. Availability of functional respiratory machines

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). As depicted in Table 8, most of the provinces reported somehow steady numbers of the functional respiratory machines during Round-3 and Round-4. In general, the reported number of respiratory machines has increased in 20% of

provinces, decreased in 23% of provinces, and remained unchanged in 52% of provinces during Round-3 survey. On the other hand, 12% of the provinces reported increase, 16% reported decrease, and 72% reported no change in Round-4. Few provinces consisting of Bamyan, Farah, Jawzjan, Kapisa, Paktya and Takhar have reported noticeable fluctuations in the number of functional respiratory machines during Round-3 and Round-4.

Table 8: Availability of functional respiratory machines

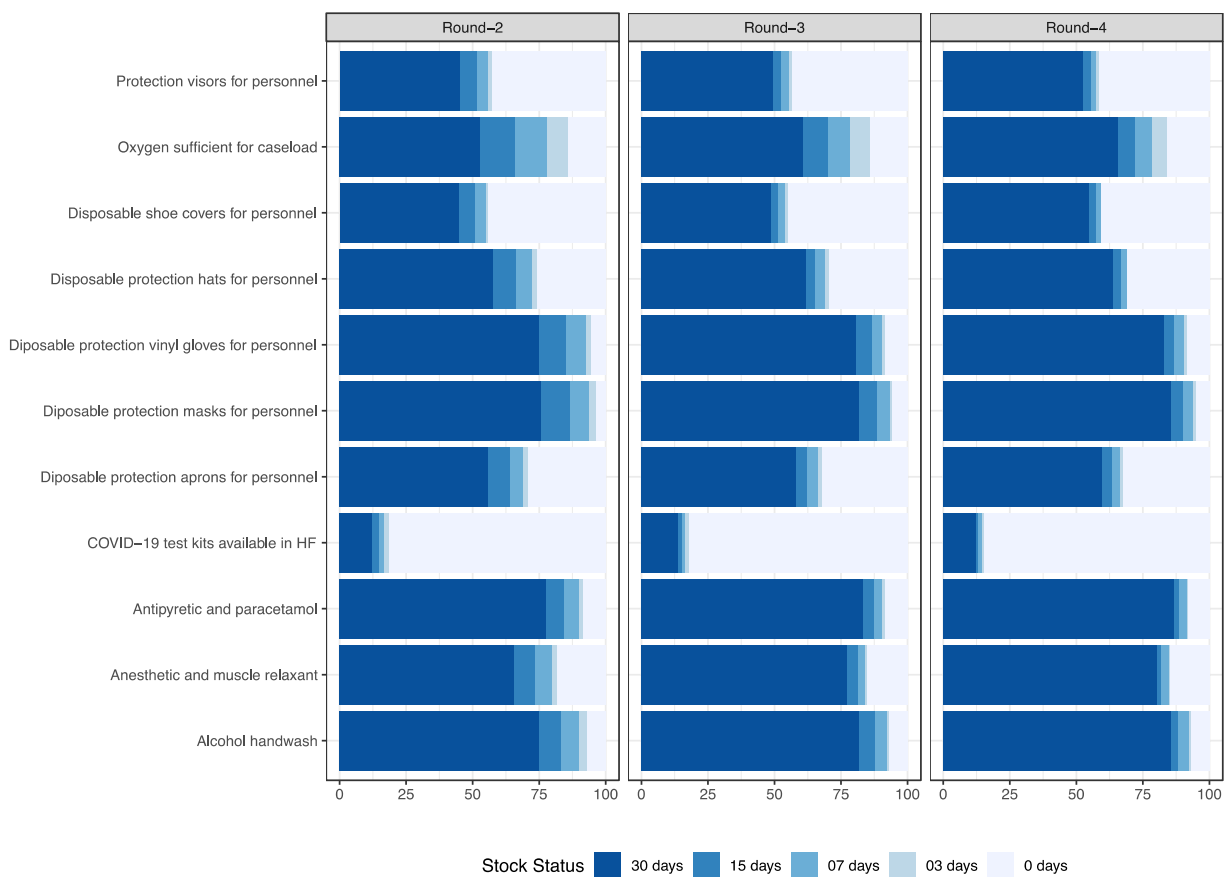
Province	Round-2	Round-3	Round-4	Trend
Badakhshan	34	34	21	— — —
Baghlan	32	26	31	— — —
Balkh	47	50	55	— — —
Bamyan	39	15	14	— — —
Daykundi	12	12	13	— — —
Farah	16	18	8	— — —
Faryab			49	— — —
Ghazni			26	— — —
Ghor	1	1	1	— — —
Hilmand	12	12	9	— — —
Hirat	80	88	91	— — —
Jawzjan	32	59	26	— — —
Kabul	203	253	339	— — —
Kandahar	40	41	49	— — —
Kapisa	17	12	34	— — —
Khost	5	11	11	— — —
Kunar	5	5	7	— — —
Kunduz	28	32	32	— — —
Laghman	6	5	7	— — —
Logar	7	5	5	— — —
Nangarhar	40	28	24	— — —
Nimroz	11	10	12	— — —
Nuristan			2	— — —
Paktika	7	6	3	— — —
Paktya	21	29	19	— — —
Panjsher	0	0	1	— — —
Parwan	15	13	13	— — —
Samangan	13	11	12	— — —
Sar-E-Pul			1	— — —
Takhar	9	28	14	— — —
Uruzgan			4	— — —
Zabul	6	5	4	— — —
Grand Total	738	809	937	— — —

j. Availability of COVID-19 essential items in previous month

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. The overall availability of essential items in health facilities for at least one-month period has improved marginally during Round-3 and Round-4 as compared to Round-2. As illustrated in Figure 4,

the items required for staff protection and infection prevention in health facilities have been reported in larger amounts in Round-3 and Round-4. Likewise, the oxygen, antipyretics, anesthetics, and muscle relaxants are reported in larger quantities in Round-3 and Round-4. The availability of COVID-19 test kits in stocks have not improved in Round-3 and Round-4.

Figure 4: COVID-19 related pharmaceuticals stock status

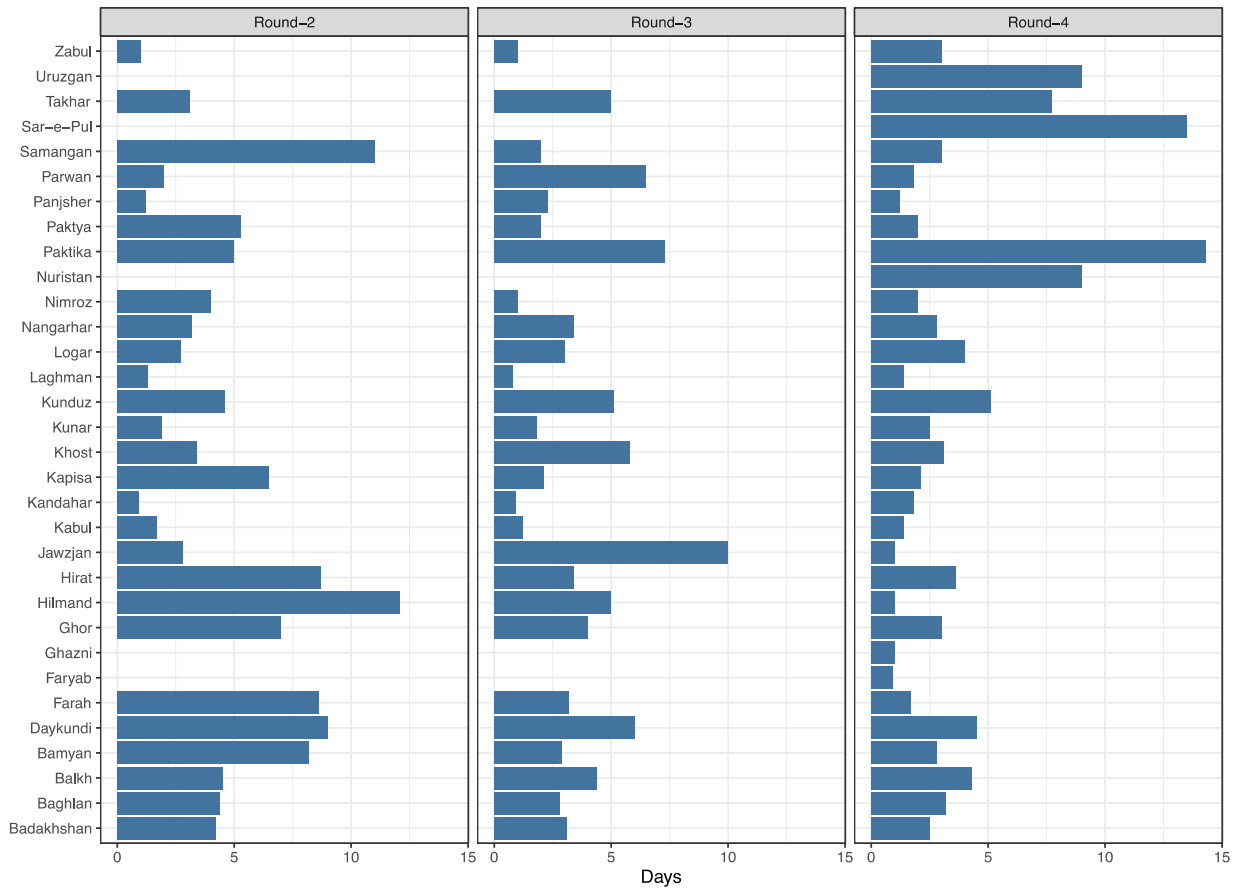


k. How quickly health facilities obtained COVID-19 supplies in the previous month

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. As shown in Figure 5, In Round-2, the number of provinces reporting more than 5 days delay in obtaining COVID-19 related material has

been 9, while in Round-3 and Round-4 the numbers of provinces reporting delay of more than 5 days are 6 and 5 respectively. The average delay in Round-2 has been 4 days, while in each of Round-3 and Round-4, the average delay is reported as 2.5 days.

Figure 5: Reported delay by provinces in obtaining COVID-19 related resources

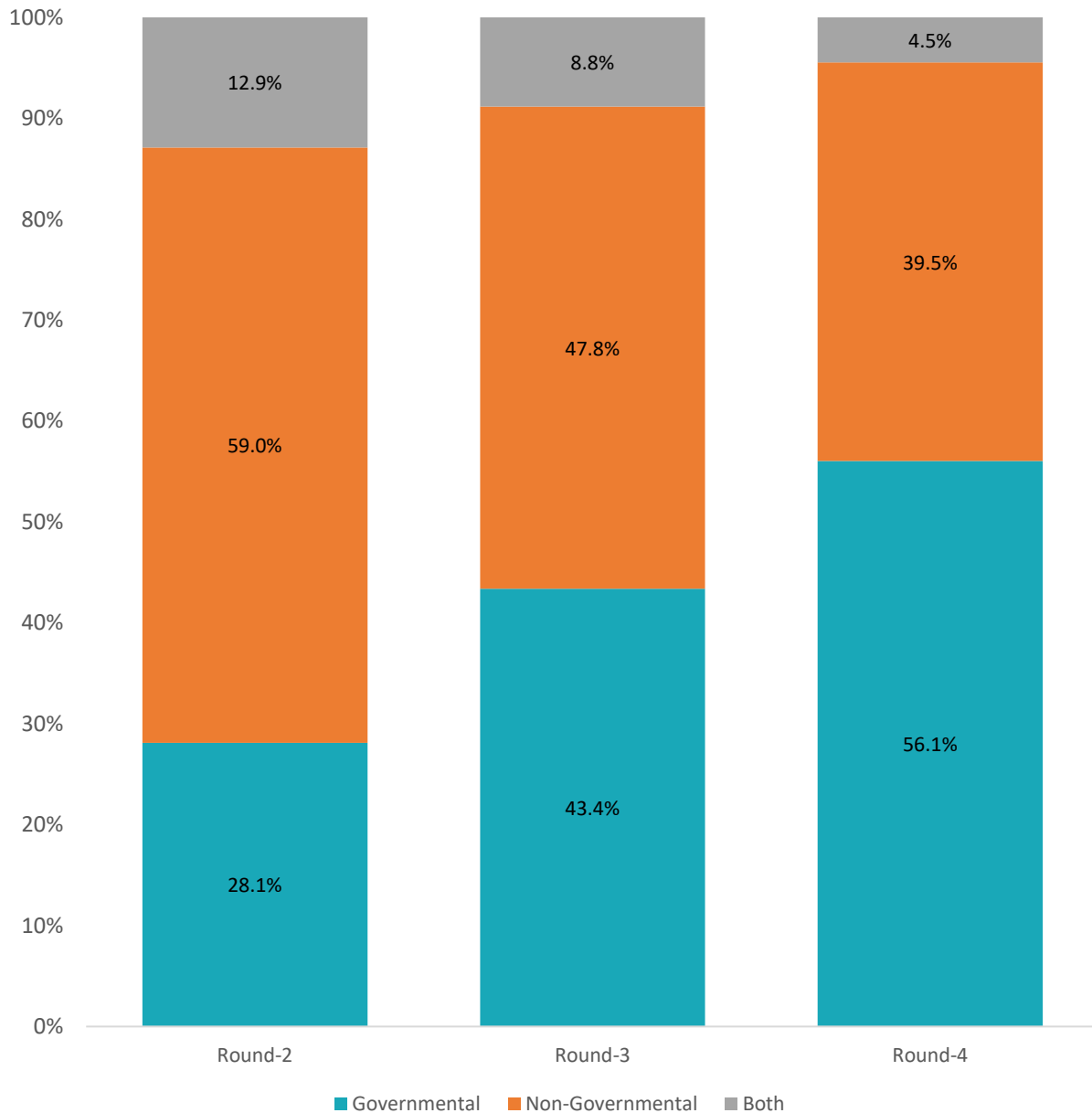


I. Source of supply for COVID-19 resources

The overall amount of reported COVID-19 supplies has improved progressively in Round-3 and Round-4. The supply from governmental sources have increased to 43.4% in Round-3 and

56.1% in Round-4 from 28.1% in Round-2. This indicates improvement in the government attention to supplying health facilities for COVID-19 response (see Figure 6).

Figure 6: Sources of COVID-19 supply to health facilities

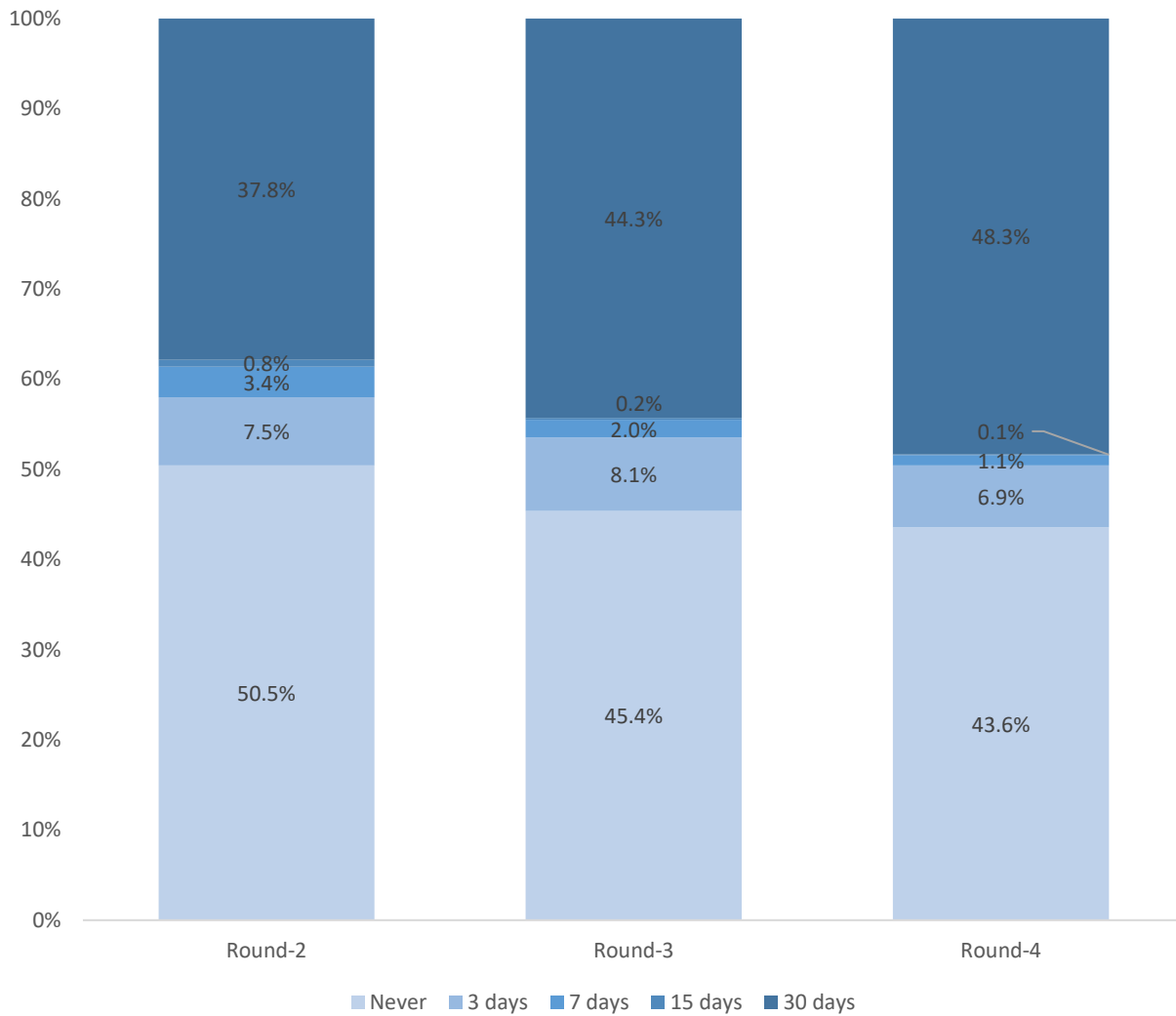


m. Reporting frequency to MoPH on COVID-19 tracking results

Public health facilities are required to report to the MoPH on COVID-19 activities according to the set schedule. The Figure 7 shows that the reported number of health facilities which indicated reporting to MoPH has progressively improved in Round-3 and Round-4. In Round-2,

around 49.5% of health facilities indicated reporting to MoPH in the last 30 days. The percentage of health facilities reporting to MoPH has increased to 54.6% in Round-3, and 56.4% in Round-4.

Figure 7: Reporting frequency to MoPH



4. Conclusions

As the analysis in this report is based on self-reporting by health facility staff during the Integrity Watch Afghanistan surveys, the conclusions are largely made in view of the visible trends in the data through the comparison of the last three rounds. The reported performance of the provinces has improved during Round-3 and Round-4 as compared to Round-2. The symptomatic screening of clients for COVID-19 and the awareness-raising activities by health facilities have steadily improved during Round-3 and Round-4. The reported performance for most provinces on these two indicators is above 90%. The reported checkups for COVID-19 have decreased in Round-3 compared to Round-2, while Round-4 again shows a slight increase in the number of checkups by health facilities. The reported number of persons who tested positive for COVID-19 and the number of suspected patients referred to provincial hospitals also follow the previous pattern where Round-3 and Round-4 have lower numbers than Round-2. The reported ICU admissions are lower in Round-3 than Round-2 while higher in Round-4. The reported number of recovered persons and hospital discharge of cured persons have been higher in Round-3 and Round-4 compared to Round-2.

The reported availability of COVID-19 test kits has not shown any improvement. Rather, some provinces have reported decreased number of test kits during Round-3 and Round-4. Most provinces reported minimal changes in the number of available functional respiratory machines, while few provinces reported higher fluctuations during Round-3 and Round-4. The number of health facilities reporting sufficient stock of essential pharmaceuticals and staff safety items have increased marginally in Round-3 and Round-4. However, the reported stock amounts of COVID-19 test kits have not improved in Round-3 and Round-4. The average reported delay in supply of COVID-19 related items have reduced to 2.5 days in Round-3 and

Round-4 compared to 4 days in Round-2. Health facilities also reported comparatively greater supply of COVID-19 related essential items by government sources than non-governmental sources in all three rounds. The supply by governmental and non-governmental sources have increased during Round-3 and Round-4 compared to Round-2.

5. Recommendations

Although the results presented in this report show satisfactory improvement in most areas, there are still shortcomings and lessons which can be addressed by the MoPH and their implementing partners to enhance the availability and quality of COVID-19 services in Afghanistan. On the other hand, the results and findings of this report provide a valuable source for triangulation with other reports and data (such as the data collected by MoPH and WHO). The finding of this report can be used for advocacy and corrective action planning as well. Apart from a few areas with poor results, the Round-3 and Round-4 data show satisfactory level of improvement in comparison to Round-2. The comparative analysis of the different variables and the trends over time are meant for general overview of the provinces. As the number of provinces and health facilities covered in the three rounds of survey (Round-2, Round-3 and Round-4) are different, feedback to health facilities with poor performance requires pinpointing those health facilities in the cleaned dataset.

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

1. The first and foremost focus should be on the uninterrupted oxygen availability in ICUs for COVID-19 patients. Additionally, availability of the required quantities of COVID-19 test kits should be ensured in the designated testing centers.


2. Optimal number of ventilators should be maintained in COVID-19 ICUs.
3. The MoPH through their implementing partners must ensure timely supply of pharmaceuticals and other essential items by adopting simplified logistics procedures.
4. The quality and frequency of COVID-19 focused awareness-raising by public health facilities should be continually monitored to ensure the messages are appropriate and understandable for the intended audience.
5. The training and capacity building of staff involved in the COVID-19 response should be regularly updated to continually hone their knowledge and skills and to keep in pace with the evolving situation.
6. The Integrity Watch Afghanistan must refine their data collection process and the list of indicators to ensure that the surveys capture accurate and traceable data on specific aspects of the COVID-19 response which answer questions about availability of services, clients' satisfaction, and transparency in access for all.



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