FINAL REPORT

United Nations Development Programme
Afghanistan
Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP

September 13th, 2022

The fourth police hospital to fight COVID-19 in Kunduz and four North-Eastern regions. Photo: MoIA/2021.

DONORS

Australia	Canada	Croatia
Czech Republic	Denmark	Estonia
European Union	Finland	Germany
Hungary	Italy	Japan
Korea	Netherlands	New Zealand
Norway	Poland	Romania
United Kingdom	United States	UNDP
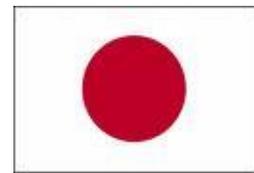
PROJECT INFORMATION

Reporting Period	April 2020-October 2021
Donor	• LOTFA-MPTF:
	Croatia
	Czech Republic
	Denmark
	Estonia
	European Union
	Finland
	Germany
	Hungary
	Italy
	Japan
	Netherlands
	New Zealand
	Norway
	Romania
	Poland
	United Kingdom
	United States of America
	• Australia
	• Canada
	• Korea
	• United Nations Development Program (UNDP)
Country	Afghanistan
Project Title	Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP
Project ID (Atlas Award ID)	00126930
Contributing to ANPDF-NPP (2017-2021):	ANPDF: 2.3: Political and Security Outlook New NPP 4: National Justice and Judicial Reform Plan (NJRP)
Contributing to A-SDGS	Goal 3: "Ensure healthy lives and promote well-being for all at all age.
CPD Outcome *(before 15th August 2021)***:**	Outcome 2: Trust in and access to fair, effective and accountable rule of law services is increased in accordance with applicable international human rights standards and the government's legal obligations.
UNDP Strategic Plan (2018-2021) Outcome:	Outcome 3: Strengthen resilience to shocks and crisis
Implementing Partner(s) *(until 15th August 2021)*	Project implemented by UNDP (Fully NIM).
Project Start Date	01 April 2020
Project End Date	Activities frozen after August 15th, 2021. Field monitoring implemented until October 2021.
Total Work Plan Budget	USD 14,274,200
Total resources required	USD 14,274,200

Funded	• Donors:
	  ○ LOTFA MPTF Afghanistan: USD 13,319,395.00
	  ○ Australia DFAT: USD 954,805.86
	  ○ Canada (Government): USD 8,365.21
	  ○ Canada (CIDA): USD 40,032.87

	o Korea: USD 1,000,000.00 o UNDP (Trac): USD 38,100.00 Total USD 15,360,698.94
Total Spent Resources	USD 10,694,934.95
UNDP Contact Person	Chencho Gyalmo Dorjee Peace Portfolio Specialist UNDP Afghanistan E-mail: chencho.dorjee@undp.org Tel.: +93728997216 Sainey Ceesay Team Lead/ LOTFA Project Closure E-mail: sainey.ceesay@undp.org Mobile: +93 (0) 790 320572

ACRONYMS

ANP: Afghan National Police.
GPU: UNDP Global Procurement Unit.
LOTFA: Law and Order Trust Fund for Afghanistan.
M&E: monitoring and evaluation.
MPTF: Multi Partner Trust Fund.
MoIA: Ministry of Interior Affairs.
MoPH: Ministry of Public Health.
NERP 2020: National Emergency Response Plan against COVID-19.
PPE: personal protective equipment.
UNDP: United Nations Development Programme.
WHO: World Health Organization.

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I.   EXECUTIVE SUMMARY

"Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP" was designed as an emergency response and support project for the Ministry of Interior Affairs (MoIA) to implement the Ministry's Strategy for Combating COVID-19, which aimed to ensure that the spread of the disease was prevented and that adequate treatment was offered to affected police personnel in Afghanistan.

Designed jointly by UNDP and MoIA, the project was implemented with the generous assistance from several donors and the Law and Order Trust Fund for Afghanistan (LOTFA). Its goal was to provide emergency support to respond to the initial immediate and urgent medical needs to diagnose and treat the affected police personnel as well as to ensure their day-to-day safety through adequate and available protective equipment and maintenance of hygiene and health services. Additionally, the second strategic objective of the project was to support the MoIA in raising awareness on preventive measures to be adopted to support infection prevention and control of the COVID-19 virus among the Police in Afghanistan.

Global and national COVID-19 related restrictions, as well as the surge in the global demand for medical equipment and other items, as well as deteriorating internal security, hindered or slowed down the project implementation and monitoring in regards to procurement and distribution of equipment, hygiene kits and supplies. Additional issues stalled the execution of the communications campaign, which focused on supporting awareness on minimum protection, vaccination, and COVID-19 regional hospitals.

Alternative strategies were adopted to overcome these external challenges, such as adapting and diversifying procurement strategies and further improving the coordination with partners by hiring dedicated staff. Additionally, the project, which had an initial duration of eight months was extended twice under a no-cost basis until October 31st, 2021.

The project was able to equip and inaugurate COVID-19 hospitals in five provinces, all of which managed to provide care to all ANP personnel who sought their services, even though activities on the field were closed earlier than expected due to the power shift in Afghanistan on August 15th of 2021. These hospitals received almost 30,000 patients, while the testing laboratory in Kabul received over 4,000 visitors. Also, the hygiene kits distributed to prevent the spread of COVID-19 among police to some extent helped to equip the police force with prevention measures to protect themselves and the general public from contracting the disease. In addition, information materials were prepared and distributed in 2021 to the ANP to increase awareness of the regional hospitals, basic protection measures, and vaccination.

Sustainability of the project may have been challenged during the last year, yet it is positive that by October 2021 four of the five hospitals established under the project were open and functional, with most of its equipment intact. Considering that the living conditions of the

Afghan people have been deteriorating, with health services under threat[1], efforts to recover the country's infrastructure and strengthen public services can learn from the experience of this project and build on the infrastructure put in place for the benefit of the people of Afghanistan.

II. BACKGROUND

On March 11th, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic and urged "countries to take urgent and aggressive action"[2]. The unprecedented public health emergency that followed affected the whole world and prompted the scaling of public health preparedness and response. By August 2021, when the power shift in Afghanistan resulted in the freezing of all projects under the Law and Order Trust Fund for Afghanistan – Multi Partner Trust Fund (LOTFA – MPTF), 216 million cases of COVID-19 were reported globally with the cumulative number of deaths reaching 4.5 million[3].

Afghanistan was significantly affected by the COVID-19 pandemic[4], and its ability to deal with a major outbreak was called into question due to weak health infrastructure facilities and limited human resources capacity. Additional challenges further complicated Afghanistan's capacity to respond to the COVID-19 pandemic, such as negligible to non-existent water, health and sanitation facilities across the country, high rates of internal displacement of people due to conflict and insurgency, large influx of returning refugees, compromised immunity due to low access to basic vaccinations, in addition to the four decades of conflict and stress induced and related preconditions affected the outbreak.[5]

Within the framework of the country's National Emergency Response Plan against COVID-19 (NERP 2020), in addition to maintaining the public order, the Afghan National Police (ANP) had a key role in ensuring that prevention measures were effectively implemented, especially those related to lockdowns and movement restrictions, making them especially exposed to COVID-19. Therefore, in a worst-case scenario the Ministry of Internal Affairs (MoIA) expected 40,000 police to become infected over a period of 8 months (May – December 2020) with at least 600 severe cases in need of treatment at hospitals during that same timeframe.

Consequently, MoIA required support not only to prevent, detect and treat ANP personnel who could have been infected by the pandemic, but also to promote widespread awareness among the police and general public to facilitate the undertaking of police duties necessary for the prevention and spread of the disease. Thus, building from the framework of the NERP 2020 strategic objectives, the project "Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP" was developed as an emergency

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[1] UNDP, Afghanistan: Socio-Economic Outlook 2021-2022. Available at:
https://www.undp.org/afghanistan/publications/afghanistan-socio-economic-outlook-2021-2022
[2] WHO (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.
[3] WHO (2021). *COVID-19 Weekly Epidemiological Update*. Available at: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-august-2021
[4] The National Emergency Response Plan (NERP 2020), developed in March 2020 by the Ministry of Public Health (MoPH) projected a worst-case scenario where approximately 700,000 people would require hospitalization in Afghanistan, with 220,000 of them requiring ICU treatment, and from that a projected 110,000 people could die due to COVID-19.
[5] COVID-19 Multi – Sector Humanitarian Country Plan, Afghanistan, 24 March 2020, p. 3.

response and support project to the MoIA to implement its Strategy for Combating COVID-19. A concept note for the project was presented by the MoIA before the Security Window Technical Working Group of the LOTFA – MPTF and approved by participants for project development at a meeting dated April 1st, 2020.

The project included the emergency support to respond to the initial immediate and urgent medical to diagnose and treat the affected police personnel (ANP) as well as ensure their day-to-day safety through adequate and available protective equipment and maintenance of hygiene. It also encompassed raising awareness on preventive measures to support infection prevention and control of the COVID-19 virus among the police in Afghanistan.

The project document was signed in May 2020, with an initial expected duration of 8 months. The project was further extended until October 2021, given the delays in procuring the necessary equipment and supplies mainly due to disruptions caused by the pandemic itself, as well as issues in transporting the items to the police hospitals, which were caused by increased internal insecurity. After the events of August 2021, field activities were frozen and the project was officially closed along all LOTFA projects by November 2021.

III.   PERFORMANCE REVIEW

Developed in response to a request from the Afghanistan government and in line with the country's COVID-19 strategy, the project "Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP" can be considered a key intervention in support of Afghanistan's health system to respond to the specific needs of the Afghan National Police (ANP) force.

Despite global procurement disruptions and internal insecurity, that severely affected procurement and transportation of equipment and supply, given the constant support to the MoIA and adaptative management provided by UNDP, the project did contribute to its expected outcome particularly at the peak of the pandemic infections as it increased access to early diagnosis, quarantine and treatment by establishing COVID-19 hospitals in five out of the targeted seven provinces[6] and supporting the organization of a COVID-19 testing facility for the ANP. It also contributed to increasing awareness of the necessary preventive measures on the disease among ANP not only as procured hygiene kits were delivered to all the target provinces but also because the percentage of police personnel demonstrating good knowledge on how to use them to protect themselves from contracting COVID-19 was quite close to the project's target.

Consequently, it can be said that the project performed satisfactorily on its outcome indicator, that is, "the number of police personnel who remained unaffected or recover from COVID-19 through treatment received from MoIA Health Directorate Hospitals and continue to serve on Tashkil" – even though the project was not able to achieve all its output targets. In that regard, a key success for the project is the fact that 100% of the police who approached the five ANP

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[6] It should be noted that originally the PRODOC registered a target of five regional hospitals – later negotiated to seven, without great impact to the project's budget.

COVID-19 hospitals established by the project were able to receive care for COVID-19. This is highly significative as the proportion of COVID-19 infection cases among the police was higher than that of the general population[7]: as shown in the table below, in 2020 the proportion was 0.69% of ANPs infected, reaching 1.98% during the first semester of 2021.

Table 1. Summary of COVID-19 spread among ANPs

Milestone	APPS Strength	C-19 Positive (P)	Quarantined (Q)	Proportion of C-19 infection cases	Recovered (R)	Discharged from Quarantine (Xq)	Deaths (D)	In (Q+P)	Proportion of police affected by C-19 (P+O)	Out (Xq+R+D)	Active COVID-19 (In-out)	Active quarantine
31 Dec 2020	118,740	828	3,170	0.69%	738	3,146	62	3,998	3.36%	3,950	24	-
30 Jun 2021	118,740	2,354	4,999	1.98%	1,123	4,997	121	7,353	6.19%	6,241	1,110	2
Cumulative	118,740	3,180	8,169	2.68%	1,861	8,143	183	11,351	9.56%	10,191	1,134	-

Even though MoIA's worst case COVID-19 scenario for the police personnel (at least 40,000 positive cases) fortunately did not take place. The higher rate of COVID-19 cases within the ANP was expected as those most exposed to the vulnerable situations of contracting COVID-19 and are on the frontline, such as law enforcement officers, paramedics, firefighters, doctors and nurses.[8] It must be registered that the different proportions of COVID-19 infections can also be attributed to the low rate of COVID-19 testing within the general population[9].

Figure 1. COVID-19 cases and deaths in Afghanistan (2020-2022) [10]

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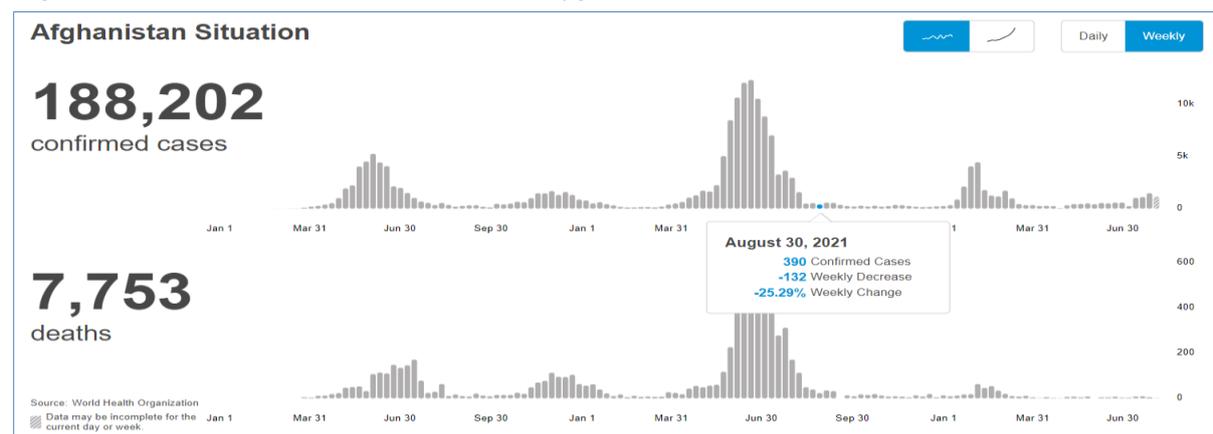
[7] According to the United Nations Population Division (Data Portal), Afghanistan's population was 38,97 million in 2020 and 40,1 million in 2021. WHO's COVID-19 Dashboard data registers that the country had 52,330 positive cases in 2020 and 66,390 from January 1st to June 30th, 2021. Therefore, the proportion of positive cases against the total of Afghanistan's population was 0,13% in 2020 and 0,16% during the first semester of 2021. Considering total cumulative cases until June 2021 and a population of 40,1 million, the proportion of COVID-19 cases within the population was 0,2959%.

[8] Research published in 2021 with a sample of municipal police officers shows that first responders have a three-fold higher rate of COVID-19 infection compared to members of the general population. Source: McGuire S.S., Klassen A.B., Heywood J., Sztajnkrycer M.D. Prevalence of COVID-19 IgG Antibodies in a Cohort of Municipal First Responders. Prehosp. Disaster Med.2021;36:131–134. doi: 10.1017/S1049023X2000151X.

[9] The likelihood of under-testing of potential cases and under-reporting of confirmed cases of and deaths from COVID-19 was registered, for instance, on the "Strategic Situation Report: COVID-19" published by OCHA and WHO on June 2021. Available at: https://reliefweb.int/report/afghanistan/afghanistan-strategic-situation-report-covid-19-no-99-17-june-2021

[10] WHO (2022). *COVID-19 Dashboard: Afghanistan*. Available at: https://covid19.who.int/region/emro/country/af

On the other hand, the proportion of police personnel that was either treated or quarantined represented 3,36% of the total population affected in 2020, reaching a total of 6,19% during the first semester of 2021, when Afghanistan was going through the third and worst COVID-19 wave. This third wave lasted from mid-April to mid-September and reached a peak of 12,314 confirmed cases during the week of June 21st, as shown in the Figure 1 above.

Corrective and adaptative measures adopted by UNDP during the implementation of the project contributed to mitigate several challenges caused by local and international COVID-19 related restrictions, such as unavailability of the planned procured items and disruption of international flights, but also by the deteriorating internal security. For instance, due to unavailability of materials locally, it had to be procured globally, therefore routing procurement of COVID-19 items through UNDP Global Procurement Unit (GPU) led to additional steps and increased delivery time but also raised the level of Quality Assurance as no items procured through GPU have been rejected by the end-user. Also, recruiting a monitoring and evaluation (M&E) associate, who worked closely with the third-party monitoring firm for quality assurance and to facilitate data collecting and reporting, helped address the data sharing and reporting constraints by increasing quality and regularity of progress reports to project partners – which, in turn, improved day-to-day decision-making. In addition, UNDP coordinated with the MoIA and MoPH to expedite implementation on regular basis and via its Communications team provided support to MoIA's Directorate of Health and Media and Communications in the development of the COVID-19 awareness campaign.

In conclusion, although the duration of the project needed to be extended due to several global and internal challenges, the project was able to make a moderately satisfactory contribution to the overall safety and security of the country during the COVID-19 pandemic by: i) equipping a testing facility, ii) providing treatment to all police personnel approached the hospitals established by the project received care for COVID-19, and iii) delivering hygiene kits and prevention information for ANPs to protect themselves against the disease. More importantly, such contribution continued as the third-party monitoring services was able to verify that four of the five hospitals were open by October 2021 and most of the equipment donated to the hospitals are intact and might be used for the benefit of the people of Afghanistan.

IV. IMPLEMENTATION REVIEW

A. Partnerships

Throughout implementation, the project coordinated with national and international counterparts engaged in response to COVID-19. The Ministry of Internal Affairs (MoIA) was the key stakeholder, actively working to ensure that the emergency response support provided under the project was physically made available to the targeted groups. The project also relied on collaboration with the Ministry of Public Health (MoPH) and WHO. Procurement of machines, equipment, medicine, and hospital/lab supplies was carried out in consultation with the MoPH and the use of PPE kits and communication materials on COVID-19 was informed by the WHO guidelines.

In general, the relationship with partners performed as expected, with donors providing both resources and feedback in a timely manner, also answering positively to the requests to extend project duration. A more pro-active and constant coordination was required with the Afghan government, which can be attributed to the pandemic constraints and deteriorating internal context. For instance, sample checks done by MoIA and MoPH required active coordination from UNDP to decrease response and prevent further delays in procurement. Continual coordination with and technical support to both the Director for Strategic Communications and the Director of Media of the MOIA was required for the project to be able to deliver on the dissemination of the preventive measures for all ANP in Afghanistan (Output 3).

B.   Project Management

The project was implemented by UNDP as part of UNDP Afghanistan COVID-19 Support Package and had as primary stakeholder the Ministry of Internal Affairs (MoIA), Deputy Minister Support and the General Directorate for Health Services. MoIA proposed and in partnership with UNDP the project was designed to contain and control the spread of the COVID-19 among the police personnel.

Regarding the day-to-day project activities, UNDP was responsible for the procurement of services, equipment and supplies, coordinated monitoring services and reporting. MoIA handled the transport and distribution of procured items and, in partnership with MoPH, the sample check process. UNDP hired three (project manager, M&E associate and procurement associate) out of the five staff mentioned in the project document and also hired additional personnel based at the MoIA to assist implementation[11]. As foreseen in the project document, UNDP and MoIA sought to have a direct relationship and constant coordination, which was improved when a dedicated project manager at UNDP was hired.

Monitoring and evaluation
The project designed and implemented a detailed monitoring and evaluation (M&E) plan (Annex 6) that specified activities, responsibilities and tools for project, fund, and third-party M&E, as well as the indicator methodology. The overall implementation of the M&E plan was under the responsibility of the project team.

A third-party monitoring (TPM) company was hired in October 2020 to collect data about progress and results of project activities, as well as to conduct community surveys. The TPM service provider developed the required data collection tools and trained its 41 staff (36 male 5 female) on project's scope and data collections tools. The next table summarizes the tools and frequency adopted by the TPM firm to collect and analyse data for each of the project's outputs. The TPM firm had personnel in or traveling to each of the provinces where regional hospitals were established by the project to gather the required data.

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[11] In total, the project hired a team of seven people to work at MoIA, including, a team leader, reporting specialist, coordination specialist, research and data analyst, logistics specialist, and a medical liaison officer. These personnel played a critical role in the partnership between MoIA and UNDP facilitating a close, coordinated relationship.

Table 2. M&E tools and frequency

OUTPUT	M&E ACTIVITY	DATA COLLECTION TOOL / METHOD	DATA COLLECTION ROUNDS
1	Covid regional police hospital equipment verification as per MoIA distribution list and UNDP procurement list	In-loco verifications	First round: by hospital inauguration. Second rounds: • Balkh: August 2021. • Herat: June 2021. • Kunduz: September 2021. • Nangahar: June 2021. • Paktya: October 2021.
	Capturing COVID-19 regional police hospital specific MIS of COVID-19 patients	In-loco verifications	Daily MIS data will be collected twice to three times per week.
	Assessing functionality of COVID-19 regional police hospital as per WHO standards for secondary care COVID-19 hospital	In-loco verifications	First round: close to hospital inauguration Second round: 3/6 months after first verification.
	Patient satisfaction w.r.t COVID-19 services in COVID-19 regional police hospital.	Exit interviews	• Balkh: February, May, August 2021. • Herat: July, August. • Kunduz: May, July, August. • Nangahar: March, May, August 2021. • Paktya: February, May, August 2021.
2	Hygiene kit verification	In-loco verifications	First round: January 2021 Second round: February – March 2021. Third round: May-June 2021.
	Police Interviews on COVID-19 knowledge	Interviews with randomly selected participants based on availability and consent.	First round: Feb 2021-March 2021: Kabul, Nangarhar and Paktya. Second round: May-June 2021: in 15 provinces where hygiene verification was performed.
	Police observation on COVID-19 prevention steps	In-loco observations.	First round: Feb 2021-March 2021: Kabul, Nangarhar and Paktya. Second round: Apr-May 2021.
3	Community survey	Community perception survey	Round 01: April-May 2021, selected places of Kabul and Nangahar. Round 02: May-June 2021, 12 provinces (Kabul, Parwan, Wardak, Ghazni, Paktya, Nangarhar, Kunar, Badakshan, Takhar, Balkh, Jawzjan, Zabul and Khost)

Procurement and distribution delays, caused by pandemic disruptions in the international and local production chains and internal increased insecurity, affected the M&E by both delaying data collection and reducing the number of verifications, as the next two tables below register regarding each of the project outputs.

Table 3. Progress against target set at the outset of the project (Output 1)

S NO	RESPONDENT	PROVINCE	TOTAL	ACHIEVED	REMARKS
inter1	Health facility in-charge for each hospital in 8 provinces	1	7	5	Hospitals in Helmand and Kandahar were not inaugurated

S NO	RESPONDENT	PROVINCE	TOTAL	ACHIEVED	REMARKS
2	Daily MIS data will be collected twice to three times per week	1	7	5	As above
3	Doctors for each hospital in 7 province (two rounds)	2	14*2	10	As above
4	Nurses for each hospital in 7 province (Two rounds)	4	28*2	10	As above
5	Patient exit interview for each province	48	48 x 7= 336	567	

Disruptions and delays in the distribution of the procured hygiene kits were the main issues affecting the TPM firm's ability to analyze progress on outputs 2 and 3, as registered in the table below.

Table 4. Progress against targets set out at the outset of the project (Outputs 2 and 3)

OUTPUT	TYPE OF ACTIVITY	TARGET	ACHIEVED	REMARKS
2	Hygiene kit verification and police interview	473	156	Hygiene kit distribution could not take place to all planned places and hence the reduced number of verifications
	Police officer observation	1892	1601	As above
3	Community survey	10200	1601	Due to ongoing fights in many provinces after July 2021, the community survey on the awareness campaign was not conducted.

Recruiting a M&E associate, who worked closely with the third-party monitoring firm to facilitate data collecting and reporting, helped address the data sharing and reporting constraints noted by the project team and key stakeholders. With the M&E associate and the TPM service in place, and with the support of the M&E focal point in the Trust Fund Management Unit (TFMU), who provided quality assurance, oversight and technical support in the compilation of monitoring instruments and reports, the quality and regularity of progress reports to project partners was increased, which also improved decision-making, even though the heightened insecurity continued to pose obstacles to on site verifications and data collection.

Timely delivery of outputs

The project faced several issues that has hindered or slowed down the implementation, affecting the procurement process and its interlinked activities. For instance, global and national COVID-19 related restrictions disrupted international production and trade chains while the pandemic itself raised the demand for medical supplies, reducing availability of planned procured items and increasing delivery time[12]. A sluggish sample check process of the procured items by MOIA and Ministry of Public Health (MOPH) caused further delay in procurement, while the disruption of international flights affected delivered of procured items to Afghanistan.

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[12] International market delays, due to global shortages of items and disruptions to international logistic networks and delays at borders, led to actual arrival dates exceeding the expected arrival date for 85% of cases – in some cases the difference was 4 to 5 months (for medicines and lab reagents). The average difference between expected delivery date and actual delivery date, across all items, was 44 days. The average duration from starting the procurement process and receiving the items in Kabul is 131 days (or 4.5 months) - this ranged from 45 days (or 1.5 months for syringes and thermometers), 106 days (or 3.5 months) for medical machines (DC Shock Machine Digital, Dry Sterilizing Oven, Nebulizer Machines), to 250 days (or 8 months) for lab reagents.

Insecurity was a key challenge for the project interventions to reach police personnel across the country. Deteriorating security and logistical challenges impacted MoIA's ability to transfer items from Kabul to the regional hospitals and impeded the inauguration of two (Helmand and Kandahar) of the seven hospitals that the project was expected to deliver.

UNDP adopted alternative strategies where possible, such as developing multiple packages of the procured items and contracted several suppliers to make sure that the earliest available items were secured and delivered to the MoIA. International flights were heavily disrupted in the April-July 2020 period, the transportation of the procured items to Kabul was delayed and a few machines had to be transported by sea while UNDP coordinated closely with the different airlines and made sure that earliest available flights were secured for transporting the procured items to Afghanistan.

Resources allocation

The project did not face issues in allocating financial resources for procurement and other expenses as the necessary funds were readily committed by donors. Financial disbursement and delivery rate, also affected by the challenges that delayed implementation, were monitored and reported regularly to project stakeholders.

Figure 2. Project quarterly expenses and cumulative disbursement, Apr 2020 – Dec 2021
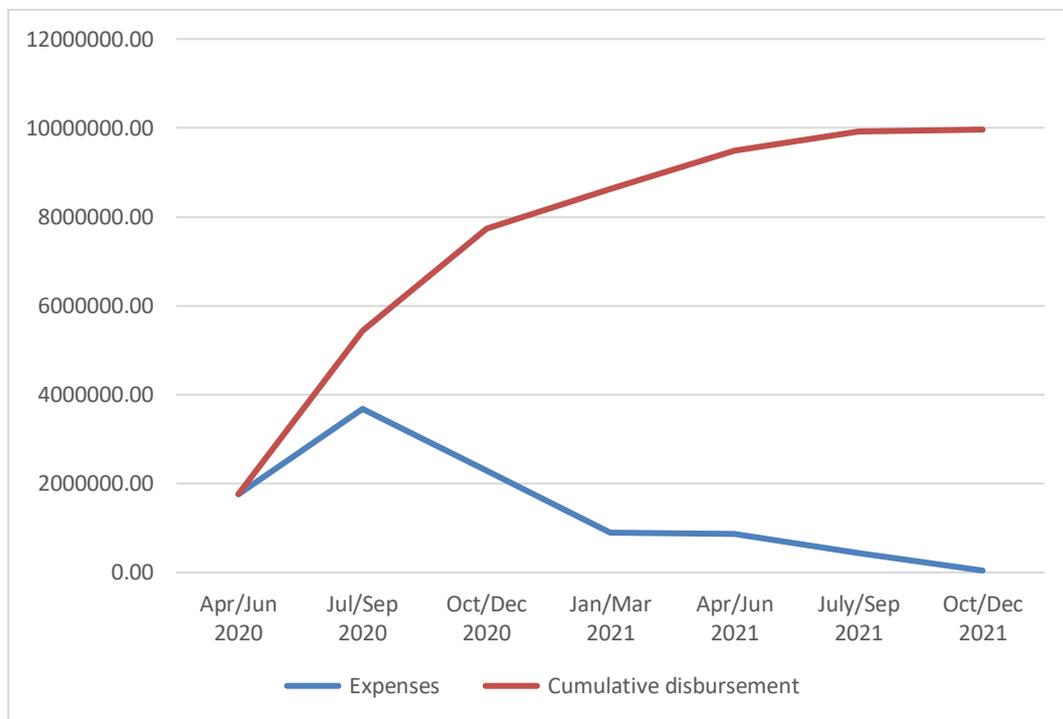
Early in 2021, UNDP recruited a dedicated project manager to facilitate completion of tasks under the project. UNDP also recruited a M&E associate to address the data sharing and reporting constraints. The M&E associate and the Third-Party Monitoring firm which was started working in October 2020 worked closely to facilitate data collecting and reporting, which needed constant adaptation given the delays in procurement and transportation, and also made difficult by the deteriorating internal security.

Project governance and project board activities

The Project was implemented under the Security Window of the LOTFA-MPTF and within the framework of the Fund. As the Recipient United Nations Organization (RUNO) for the project, UNDP assumed complete programmatic and financial accountability for the funds disbursed to the project.

Project governance included a dedicate team built during the implementation of the project. Operational functions in areas such as procurement, administration, human resources and finance were administered directly from the UNDP Country Office, in partnership with the Global Procurement Unit. The Ministry of Internal Affairs was the main national coordination authority, acting as a key partner to distribute procured items and assign personnel to the regional COVID-19 police hospitals. LOTFA Trust Fund Management Team and Rule of Law Team facilitated meetings with government and donors as needed.

As foreseen in the project document, the approval (by April 2020) and further changes (such as extension) to the project were submitted and approved by the LOTFA Steering Committee. The LOTFA Technical Working Group (TWG) under the Security Window chaired by an MoIA representative convened monthly to assess progress and achievements, as well as to address issues arising during implementation and associated risks, such as capacity challenges.

The project commenced in May 2020 as an emergency project with an initial duration of 8 months (31 December 2020). It was extended for 6 months under a no-cost basis until 30 June 2021, with an additional extension being approved by the Security Window Technical Working Group (SWTWG) and the Steering Committee until October 31st 2021.

In summary, project governance performed smoothly, and the project was closed by a decision of the Steering Committee meeting of 4th of November 2021, when all LOTFA projects were closed following the government change of August of the same year.

Cost-effective use of inputs

The main challenge in the cost-effective use of inputs was the procurement and items delivery delays caused by issues related to the pandemic itself and to the deteriorating internal security. The COVID-19 pandemic created a high demand for medical equipment, machines, and consumables on the global and national markets. Consequently, throughout project implementation most of the planned procurements were prolonged as some equipment and supplies were out of stock and delivery to the country was affected by disruptions in international flights and subsequent movement restrictions.

While it can be said that this setting did not hamper the project's ability to contribute to its expected outcome as argued in the performance review section of this report, such challenges did raise transportation and overall transaction costs, consequently decreasing the project's overall cost-effectiveness. Therefore, to increase cost-effectiveness in similar highly complex emergency situations, it is recommended that some of the initiatives adopted by UNDP Afghanistan and detailed in the next section, such as soon as possible locally procure nominal quantities of items in the procurement plan, which needs to be prepared earlier in the process

and revised regularly, should be include in the overall planning and risk mitigation strategies of future projects in similar complex emergency situations.

Adaptive management using risk informed approach

Adaptive management using a risk informed approach is about bringing agility to project implementation decision-making based on learning and adapting through a continuously updated risk identification, monitoring and management process.

As registered in several of progress reports, the project made constant efforts not only to monitor any substantial changes in the status of risks, but also to identify new risks and review mitigating measures. The project's capacity to apply adaptive management through a risk informed approach was strengthened with the addition of a dedicated project manager and a M&E associate to the team. Additionally, consistent and extensive monitoring provided by the Third-Party Monitoring firm was key as it provided regular verification and updates regarding on-site progress and performance.

C.   National Ownership

National ownership was embedded in the project since its design, as it was not only developed per request of the MoIA but was also planned as an emergency response and support project to the main national strategies for combating COVID-19 among police personnel, that is: the National Emergency Response Plan for COVID-19 in Afghanistan itself, MoIA's Strategy for Combating COVID-19 among Police Personnel, and MoIA's Communication Plan for Combating COVID – 19 among Police Personnel.

The project itself was designed by UNDP in accordance with consultations with the MoIA, based a concept note presented by that Ministry and approved by the Security Window Technical Working Group of the LOTFA – MPTF on a meeting held on April 1st, 2020.

It should be noted that within the project's governance the MoIA was a primary stakeholder and actively worked to ensure that the emergency response support provided under the project was physically made available to the targeted groups. This included preparing and making available the facilities for establishing the COVID-19 hospitals, as well as transporting the procured items from Kabul to the five targeted provinces i.e., Herat, Balkh, Nangahar, Helmand and Paktiya. Although undisclosed reasons delayed the development and implementation of the awareness raising materials by MoIA's communications department, UNDP worked actively to resume the activities and provide support to the redesign of the campaign, resulting in awareness materials to be developed and distributed by June 2021.

D.   Sustainability

According to the project document, sustainability (i.e., in terms of the continued use of the hospital equipment) would be ensured once the procured equipment could be continued to be operated by existing police hospitals, even after the end of the COVID-19 pandemic. This assumption was challenged by power shift of mid-August 2021.

Nevertheless, verifications conducted by the Third-Party Monitoring (TPM) company in October 2021 showed that four of the five COVID-19 hospitals established by the project were open and functional, even though the facilities were facing challenges such as limited supply of water and electricity. The TPM was able to verify that most of the equipment donated to them are intact and might be used for the benefit of the people of Afghanistan.

V. RESULTS

Inauguration ceremony of Kunduz Regional Hospital. Photo: MoIA/2021.

A. SUMMARY OF RESULTS

The COVID-19 emergency support project can be regarded as a key intervention to assist the country's health system to respond to the needs of the Afghan National Police (ANP) force. Although closed earlier than expected due to changes in the government of Afghanistan in August 15th of 2021, the project was able to deliver good results in three key indicators that made contributions not only to project outcomes and outputs, but also to UNDP's global and national goals[13]: regional COVID-19 police hospitals were equipped and inaugurated in five provinces, all of which managed to attend all ANP personnel who sought their services, which totalled almost 30,000 patients during the period of the project's implementation; hygiene kits

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[13] The project was designed to be linked to Outcome 3 of UNDP Strategic Plan (2018-2021), on strengthened resilience to shock and crisis, and to Outcome 2 of UNDP Country Programme Document for Afghanistan (2015-2019, extended to 2021), about increased trust in and access to fair, effective, and accountable rule of law.

were distributed to all the provinces included in the project, increasing both police awareness and protection from the disease; and community perception was predominantly positive about the police conducting their duties of COVID-19 prevention.

Therefore, by increasing the MoIA's capacity to both mitigate the spread of COVID-19 among its police personnel and to treat those affected by the disease, the project was able to increase the number of people with access to agile and effective responses to COVID-19, an indicator added to UNDP's Strategic Plan (2018-2021) as the pandemic affected countries worldwide. In additional, the project found that 71% of the people surveyed by the TPM firm perceived that the police conducted their duties of COVID-19 prevention in the community (as detailed in the section on Output 3 below), which shows that the project was also able to contribute to a high percentage of the public who reported confidence in justice and rule of law institutions, an indicator of UNDP's Country Programme for Afghanistan (2015-2019).

As registered before in this document, since it was signed in April 2020, the project faced several issues that hindered or slowed down its implementation, calling for adaptive management and no-costs extensions until October 2021. The procurement process and its interlinked activities were delayed by global and national COVID-19 related restrictions that disrupted production chains and international flights, as well as by a lengthy sample check process of the procured items by the Ministries of Internal Affairs (MoIA) and of Public Health (MoPH). The deteriorating internal security context was a key challenge in reaching the project interventions as it disrupted transportation of equipment and supplies, impeding the inauguration of two of the seven regional hospitals that the project was supposed to deliver.

Nevertheless, until activities were ceased due to the events of August 2021 in Afghanistan, the project managed to achieve totally or partially most of its targets, as registered in the next sections of this chapter.

Figure 3. Key results delivery timeline
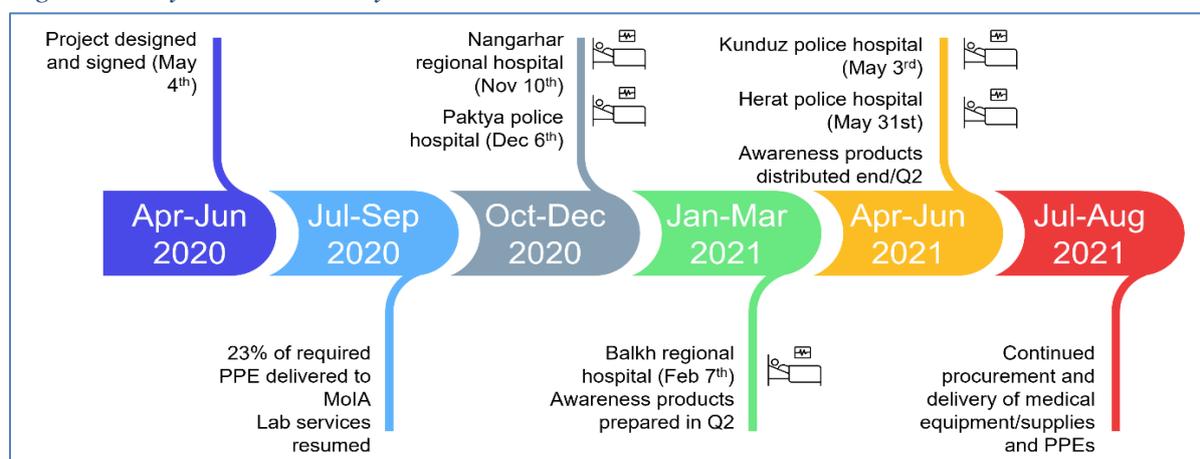
In what regards project outcome, good results were achieved in three of the four indicators. The best results are related to: i) increasing the capacity of MoIA hospital facilities to treat COVID-19 infected police patients (with six out of the eight expected facilities equipped and inaugurated); ii) the proportion of COVID-19 infection cases among police, with the number

of cumulative cases reaching only 5.8% of MoIA's worst case scenario; and iii) the fact that all five regional hospitals were able to improve their functionality score against WHO standards for COVID-19 hospitals. Unfortunately, only 51% out of the desired 90% target of police were observed to effectively use hygiene kits to protect themselves and citizens against COVID-19, which could be attributed to the delay in implementing the internal and public communications on COVID-19 – as detailed in the section on Output 3.

The project achieved its greatest success in providing the necessary infrastructure to treat COVID-19 infected patients (Output 1). In this regard, as mentioned above the project delivered 6 out of 8 COVID-19 facilities (5 out of 7 regional COVID-19 hospitals and one lab testing facility), while 100% of the police personnel who approached the hospitals received needed care for COVID-19. COVID-19.

In what concerns protecting the Afghan police against COVID-19 in their day-to-day work (Output 2), 100% of the procured hygiene kits were delivered and the percentage of sampled police personnel who demonstrated knowledge on how to use them was close to the target (79% out of 80% target). In turn, a delay in implementing a COVID-19 awareness campaign directed to the ANP most likely influenced the less than desired results on the target pertaining the percentage of police who used hygiene kits while on duty (51% out of 100%).

The project was less successful in public communications for the dissemination of the preventive measures for all ANP (Output 3), due to unforeseen engagements and staff displacements in 2020. With continuous support from the project's team, MoIA managed to develop a new strategy, so UNDP was able to initiate procurement of services to produce the selected communications items as soon as new guideline were received, in April 2021, with distribution starting in June 2021. Additionally, it is necessary to register that in the community perception survey conducted by the TPM company among 12 provinces from May-June 2021, 71% of the respondents stated that police conducted their duties of COVID prevention in the community, which can be said contributed to reducing the spread of the disease in the country.

Lastly, although the change in the government in August 2021 caused most of the health services to substantially decrease or completely cease, the TPM verified that most of the equipment donated to the hospitals were intact by October 2021 and could still be used for the benefit of the people of Afghanistan.

B.   PROJECT OUTCOME

The project was designed to deliver "increased access to early diagnosis, quarantine and treatment of all police personnel through health facilities provided by MoIA's Health Directorate on an emergency basis to reduce and control the incidence and effects of COVID-19 on the police in Afghanistan." Therefore, success in project outcome was to be measured by the number of police personnel who remain unaffected or recover from the disease through treatment received from the COVID-19 hospitals and continue to serve on Tashkil.

MoIA's General Directorate for Health Services estimated that, under the pandemic worst case scenario (high transmission), the number of positive COVID-19 cases could reach 40,000

among the police over the period of 8 months, between May and December 2020. As shows the next table, among the ANP, the MOIA's General Directorate of Health has confirmed that as of 30 June 2021 the cumulative number of positive COVID-19 cases among ANPs was 2,354, of which 121 have deceased and 1,123 have recovered.

It should be noted that the project was indeed able to strengthen MoIA's hospital facilities capacity (indicator 0.1) as six out of the eight health facilities were equipped and inaugurated during implementation. Only two hospitals in Helmand and Kandahar were not inaugurated due to deteriorating security conditions.

Table 5. COVID-19 spread among ANPs, per provinces

Milestone	Provinces	APPS Strength	C-19 Positive (P)	Proportion of C-19 infection cases	Quarantined (Q)	Recovered (R)	Discharged from Quarantine (Xq)	Deaths (D)	In (Q+P)	Out (Xq+R+D)	Active C-19 (In-out)	Active quarantine
31 Dec 2020	Kabul	32763	321	0,980%	1471	271	1451	29	1792	1751	21	
	Helmand	5099	45	0,883%	60	35	59	3	105	101	3	
	Cleared Provinces (32)	80878	462	0,571%	1639	432	1636	30	2101	2098	0	
	Total	**118740**	**828**	**0,697%**	**3170**	**738**	**3146**	**62**	**3998**	**3950**	**24**	
30 Jun 2021	Kabul	32763	1793	5,473%	3287	650	3287	83	5080	4020	1060	-
	Herat	3616	44	1,217%	168	39	168	4	212	211	1	-
	Logar	1164	1	0,086%	19	-	19	-	20	19	1	-
	Faryab	1978	21	1,062%	102	12	102	5	123	119	4	-
	Helmand	5099	47	0,922%	69	43	69	3	116	115	1	-
	Parwan	1863	24	1,288%	55	16	55	3	79	74	5	-
	Jawzjan	1238	19	1,535%	55	13	55	1	74	69	5	-
	Balkh	2522	13	0,515%	60	10	60	2	73	72	1	-
	Ghazni	2232	6	0,269%	46	4	46	1	52	51	1	-
	Nooristan	2411	13	0,539%	31	12	31	-	44	43	1	-
	Badakhshan	2981	13	0,436%	26	8	26	-	39	34	5	-
	Kundoz	2174	24	1,104%	75	21	75	2	99	98	1	-
	Urozgan	2502	4	0,160%	17	2	17	-	21	19	2	-
	Zabul	1796	3	0,167%	29	-	29	2	32	31	1	-
	Nangarhar	4765	24	0,504%	188	18	188	3	212	209	3	-
	Khost	2362	3	0,127%	4	2	4	-	7	6	1	-
	Baghlan	2634	4	0,152%	40	2	40	1	44	43	1	-
	Panjshir	905	21	2,320%	22	19	20	1	43	40	1	2
	Kapisa	1689	19	1,125%	35	12	35	1	54	48	6	-
	Paktia	2572	72	2,799%	54	70	54	-	126	124	2	-
	Badghis	1793	10	0,558%	23	7	23	2	33	32	1	-

Milestone	Provinces	APPS Strength	C-19 Positive (P)	Proportion of C-19 infection cases	Quarantined (Q)	Recovered (R)	Discharged from Quarantine (Xq)	Deaths (D)	In (Q+P)	Out (Xq+R+D)	Active C-19 (In-out)	Active quarantine
	Maidan Wardak	1256	5	0,398%	17	1	17	-	22	18	4	-
	Farah	1922	3	0,156%	4	1	4	-	7	5	2	-
	Cleared Provinces (11)	34503	168	0,487%	573	161	573	7	741	741	-	-
	Total	**118740**	**2354**	**1,982%**	**4999**	**1123**	**4997**	**121**	**7353**	**6241**	**1110**	**2**
Cumulative		**118740**	**3182**	**2,680%**	**8169**	**1861**	**8143**	**183**	**11351**	**10191**	**1134**	**-**

Therefore, even though the percentage of police who effectively use hygiene kits to protect themselves and citizens from contracting COVID-19 (indicator 0.2) was little over half of the project's target, the total number of positive cases among ANPs was only 5.8% of the total estimated in MoIA's worst case scenario. Considering the whole strength of the ANP, the proportion of COVID-19 infection cases among the police (indicator 0.3) was 0.69% in 2020 and reached 1.98% during the first semester of 2021. The spike in number of cases among the ANPs in 2021 coincided with the third wave of the COVID-19 in the country. Nationally, the number of new COVID-19 cases started to increase in early May 2021 and peaked in the third week of June 2021 with an average of 1,845 daily cases (see figure 4 below). During the peak time (20-25 June 2021), with around 81 deaths per day registered in the country.

Figure 4: Confirmed National COVID-19 cases and deaths, Ministry of Public Health
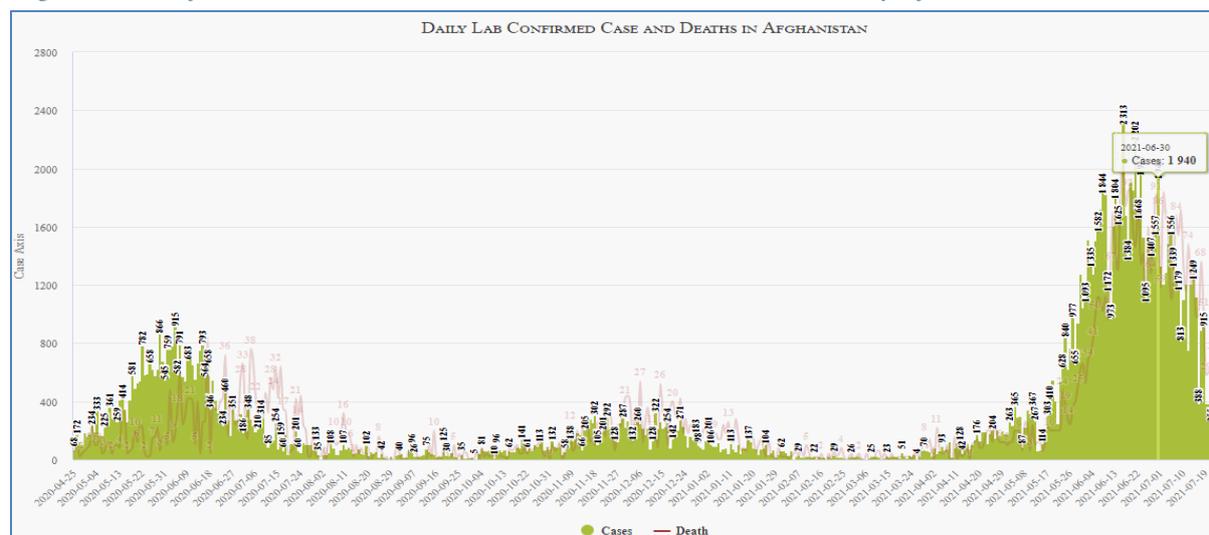
It should be noted that the project also assessed the functionality of the regional COVID-19 hospitals against WHO standards (indicator 0.4)[14], as registered in the table below. The TPM firm found that all five hospitals established by the project improved their scores as MoIA was

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[14] The project adopted WHO standards for level-3 hospitals to assess safety of the facilities.

able to deliver supplies and general practices and processes were improved with training and increased number of available health personnel.

Table 6. Evolution of the mean functionality score of regional COVID-19 regional police hospitals according to WHO standards

HOSPITAL	BASELINE SCORE	END-LINE SCORE
Balkh	75%	80%
Herat	54%	58%
Kunduz	90%	90%
Nangarhar	56%	69%
Paktya	73%	81%

Lastly, it is important to register that Afghanistan received 468,000 vaccines from the COVAX Facility in March 2021. As the Afghan National Security Forces (ANSDF) were identified as a priority group, MOIA was allocated 90,000 vaccines, which have been administered. The COVID-19 police hospitals established by the project were used to provide vaccination to the regional police forces.

The detailed performance of the project in what regards its sub-outcome 1 indicators can be found in the table in the next page.

Table 7: Summary of Progress on Fund Sub-Outcome 1 indicators at project closure (August 2021)

PROJECT OUTCOME:	Increased access to early diagnosis, quarantine and treatment of all police personnel through health facilities provided by MoIA Health Directorate on an emergency basis to reduce and control the incidence and effects of C-19 on the police in Afghanistan.
PROJECT OUTCOME INDICATOR:	Number of police personnel who remain unaffected or recover from C-19 through treatment received from MoIA Health Directorate Hospitals and continue to serve on Tashkil.

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE	COMMENTS
0.1. Extent to which capacities of the MoIA hospital facilities strengthened to treat COVID-19 infected police patients	Insufficient	Capacities of the MoIA hospital facilities strengthened sufficiently to treat COVID-19 infected patients	Somewhat sufficiently strengthened. • 5 out of 7 COVID-19 hospitals inaugurated and functional. 02 hospitals (Helmand and Kandahar) not inaugurated due to increased insecurity. • Testing facility in Kabul equipped and operational.	Additional hospitals increased total service capacity in 200 beds: • Nangarhar: 40 beds (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine beds). • Paktya: 40 beds (24 for quarantine, 8 ICU, 8 mild and moderate cases). • Balkh: 40 beds (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine beds). • Kunduz: 40-bed capacity (10 Intensive Care Unit ICU), 15 treatment beds, 15 quarantine bed • Herat: 40-bed capacity (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine bed
0.2. % of police who effectively use hygiene kits to protect themselves and citizens from contracting COVID-19	0%	Al least 90% of police who received hygiene kits use them correctly and regularly	51% achieved by the suspension of the project based on the report of quarter before. However, data collected and reported was not updated so the percent could have been higher.	Three rounds of police observation were conducted by TPM company (Feb-March 2021, April-May 2021, May-June 2021).

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE	COMMENTS
				In the round three (May-June 2021) with the exception of social distancing and hand washing the police officers exhibited less compliance to standard practices in order to prevent CoVID-19 than in round two observation. Status registered here corresponds to average data gathered during the second quarter of 2021.
0.3. Proportion of COVID-19 infection cases among police by province in %	0	100% in consultation with the MOIA	Overall proportion of COVID-19 cases among ANP: 1,982% Proportion per province (as of 30 June 2022): | Kabul	5,473%
Herat	1,217%
Logar	0,086%
Faryab	1,062%
Helmand	0,922%
Parwan	1,288%
Jawzjan	1,535%
Balkh	0,515%
Ghazni	0,269%
Nooristan	0,539%
Badakhshan	0,436%
Kundoz	1,104%
Urozgan	0,160%
Zabul	0,167%
Nangarhar	0,504%		Overall proportion considers total of COVID-19 positive cases as of 30 June 2021 (3,182) against whole APPS Strength (118,740).

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE		COMMENTS
			Khost	0,127%	
			Baghlan	0,152%	
			Panjshir	2,320%	
			Kapisa	1,125%	
			Paktia	2,799%	
			Badghis	0,558%	
			Maidan Wardak	0,398%	
			Farah	0,156%	
			Cleared Provinces (11)	0,487%	
0.4. Extent to which hospital facilities of the MOIA are compliant with the MoPH requirements to contain COVID-19	0	All targeted facilities are compliant with MoPH requirements;	Compliance with WHO COVID-19 secondary care hospital standards (end-line score registered by TPM by July/August 2021): • Nangarhar: 69% • Paktia: 81% • Balkh: 80% • Kunduz: 90% • Herat: 58%		The project adopted WHO standards for level-3 hospitals to assess safety of the facilities.

C. OUTPUT 1: MOIA, General Directorate of Health Services is supported to operationalise a lab testing facility and seven new hospital facilities to diagnose, quarantine and treat Police personnel infected with COVID-19.

Under this output, the project delivered six out of the eight facilities it was supposed to establish (indicator 1.2): five hospitals (Balkh, Kunduz, Nangarhar, Paktya, and Herat) and one COVID-19 testing facility in Kabul. The high levels of satisfaction with the health care received in the hospitals, registered in the graph below, and the fact that all the police personnel who approached the functional hospitals received needed care for COVID-19 confirm that the that the project was able to strengthen MoIA's response to COVID-19 by providing quality facilities to diagnose, quarantine and treat Police personnel infected with the disease.

Figure 5. Exit interview with police personnel who used the hospital services
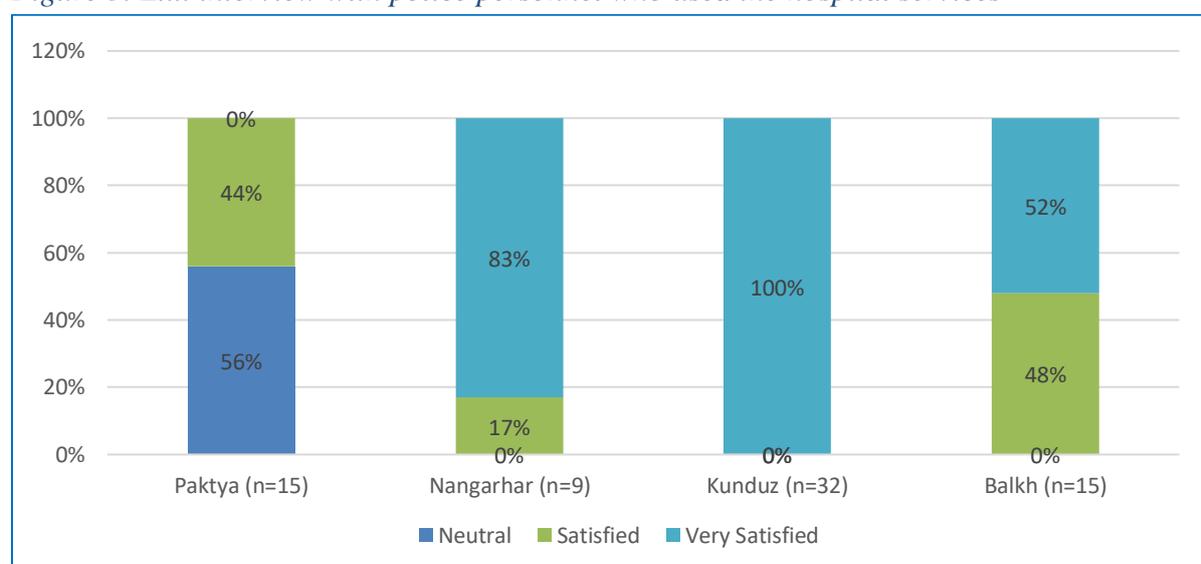
As seen above, data collected by the TPM from May 11th to June 30th, 2021, registers that almost 100% of respondents in Balkh, Nangarhar and Kunduz expressed that they were satisfied or very satisfied with the care they had received. In Paktya, due to the low number of staff, 56% of the exit interview participants stated that they were neutral on the services they had received.

As detailed in the previous sections of this report, the project faced several issues that hindered or slowed down the implementation, affecting mainly the procurement processes and the transportation of equipment and supplies to target provinces. The operationalization of the hospitals was partly affected by the delay in identifying and taking on board the third-party service provider.

The decreasing security conditions in Afghanistan not only caused additional delays to the inauguration of hospitals as also impeded the inauguration of the COVID-19 regional hospitals in Helmand and Kandahar. Attacks to convoys transporting equipment and supplies also caused

shortage of medicines, while the increased number of war casualties affected the availability of medical staff.

It should be noted that the TPM company found that the five regional COVID-19 police hospitals received almost 30,000 patients since their inauguration, while the Kabul testing laboratory received over 4,000 visitors, as registered in the table below. All visitors received the necessary care in accordance with the results of their health screening (indicator 1.2).

Table 8. Number of police personnel who visited health facilities established by the project (cumulative data (October 2020-october 2021)

Province	Number of police personnel visited in C19 OPD (Male)	Number of police personnel visited in C19 OPD (Female)	No of patients quarantined	Total # of C19 Suspected cases in HF	No of patients tested +ve	No of patients admitted in C19 ward	No of patients' sample send to lab for RDT/RT-PCR	No of patients intubated /transferred to ICU	No of patients discharged	No of patients expired
Kabul (Lab)	4231	NA	1211	NA	1070	NA	3978	166	NA	71
Paktya	8987	7	396	476	27	59	93	0	108	1
Nangarhar	14167	0	272	272	6	6	0	0	164	0
Balkh	2312	12	217	231	13	2	69	21	95	3
Kunduz	1970	2	72	352	2	1	34	5	45	0
Herat	2021	23	0	86	0	0	10	0	0	0
Total	33,688	44	2,168	1,417	1,118	68	4,184	192	412	75

It should be registered that the TPM firm found that the deteriorating security context, especially from July 2021 onwards, resulted in declining care due for instance to power shortages (Nangarhar) and active fighting (Kunduz and Herat), causing large referrals and early discharges as well as the closure of the hospitals. Yet, four of the five regional COVID-19 police hospitals were found open to the public by TPM verifications conducted in October 2021 (only the Nangarhar hospital was not operational at the time).

In the next page, a table registers the results achieved by the project in relation to its Output 1 targets at closure.

Table 9: Summary of Progress on Output 1 Indicators at project closure (August 2021)

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE	COMMENTS
1.1. Number of new facilities established/activated[15] that are ready to treat COVID-19 patients	0	Five in total: • One 100-bed hospitals established/ activated in Herat • Four 50 bed hospitals established /activated in Balkh, Nangarhar, Helmand and Paktiya.	5 out of 7 COVID-19 hospitals inaugurated and functional. 02 hospitals (Helmand and Kandahar) not inaugurated due to the deteriorating security situation, which hindered transportation of equipment and consumables despite progress in renovating the hospital buildings. Testing facility in Kabul operational.	Additional hospitals increased total service capacity in 200 beds: • Nangarhar: 40 beds (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine beds). • Paktya: 40 beds (24 for quarantine, 8 ICU, 8 mild and moderate cases). • Balkh: 40 beds (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine beds). • Kunduz: 40-bed capacity (10 Intensive Care Unit ICU), 15 treatment beds, 15 quarantine bed • Herat: 40-bed capacity (10 Intensive Care Unit (ICU), 15 treatment beds, 15 quarantine bed
1.2. % of police tested positive for COVID-19 who received appropriate treatment in a timely manner in targeted facilities of the MOIA	0%	100%	100%	100% of the police who approached the hospitals received needed care for COVID-19. TPM reports show increased patient satisfaction (March-June 2021) in Nangarhar, Paktya, Balkh, stable high satisfaction in Kunduz and low/decreasing satisfaction in Herat caused by high insecurity due to armed conflicts.

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[15] These health facilities are adequately staffed with well-trained doctors and health staff – this will not be measured as part of this indicator.

During the first year of project implementation, the original PRODOC registered target of five new facilities (One 100-bed hospitals established/ activated in Herat, plus Four 50 bed hospitals established /activated in Balkh, Nangarhar, Helmand and Paktiya) was expanded to eight facilities in total (encompassing: Seven 40-bed hospitals established/ activated in Herat, Helmand, Kandahar, Balkh, Kunduz, Nangarhar and Paktia provinces, plus a laboratory in Kabul). Such change did not increase project costs and was made to expand the reach of COVID-19 care to additional regions in the country as was approved by LOTFA Steering Committee.

D. OUTPUT 2: Police personnel are protected and aware of minimum risk reduction measures to prevent COVID-19 in the course of their day-to-day work

ANP wearing PPE in Nangarhar.

This output focused on immediate provision of medical equipment and protective, sanitary kits for all police personnel in Provincial Police Head Quarters (PPHQs) and Police Districts (PDs) with primary focus on the 13 most affected provinces. Success in the protection of police personnel was to be measure by the percentage of ANPs who received hygiene kits, demonstrated good knowledge on how to use them and actually used the kits while performing their duties.

The project achieved moderate success in this output. According to data collected by the Third-Party Monitoring (TPM) service, all the procured hygiene kits were delivered to the provinces (indicator 2.1). For instance, during the third round of verification conducted from May-June 2021 in 15 provinces police units, the TPM verified the amount received against supplied by the index unit. Due to ongoing fights in many provinces, the distribution of hygiene kits by MoIA stopped in July 2021.

The percentage of sampled police personnel who demonstrated knowledge on how to use them was close to the target, that is 79% out of 80% during the second quarter of 2021 (indicator 2.2). It should be noted that to assess the perception (attitude) of the police personnel to COVID-19, as well as their specific knowledge about infection prevention and control, the TPM team evaluated police personnel in pre-selected police posts in 15 provinces from May 11 to end of June 2021.

As depicted in the figure below, in four provinces almost all the police who were interviewed expressed that they received training in COVID-19; the rest of the responses were between 0% to 50%. Availability and application of infection measures were generally low ranging between 20% in Ghazni and 60% in Daikundi, Jawzjan and Logar provinces. Except for Jawzjan where knowledge was 44% in the rest both knowledge and perception scored between 62% and 100%.

Figure 6. Results from Interview of Police Personnel in 15 Provinces

	Par wan (n=1 2)	War dak (n=2)	Loga r (n=2)	Ghaz ni (n=1 0)	Nan garh ar (n=2)	Kun ar (n=9)	Bada khsh an (n=1 1)	Takh ar (n=5)	Balk h (n=8)	Jawz jan (n=2)	Zabu l (n=8)	Ghor (n=5)	Khos t (n=5)	Panj shir (n=4)	Dayk undi (n=1)
■ Knowledge about COVID-19	80%	70%	90%	73%	70%	64%	73%	65%	74%	44%	70%	65%	84%	80%	76%
■ Perception towards COVID-19	100%	80%	93%	81%	100%	73%	62%	85%	88%	64%	100%	74%	76%	96%	100%
■ Infection Prevention and Control	50%	40%	60%	20%	40%	33%	36%	24%	25%	60%	40%	28%	64%	35%	60%
■ % Police Received Training	92%	100%	0%	30%	50%	33%	9%	20%	0%	0%	13%	20%	0%	100%	100%

Regarding the last indicator in this output, a delay in implementing a COVID-19 awareness campaign directed to the ANP most likely influenced the less than desired results on the target pertaining the percentage of police who used hygiene kits while on duty, which reached only 51% out of 100% (indicator 2.3), according to a round of community perception survey that was conducted from May to June 2021[16].

Figure 7. Police practice observation results
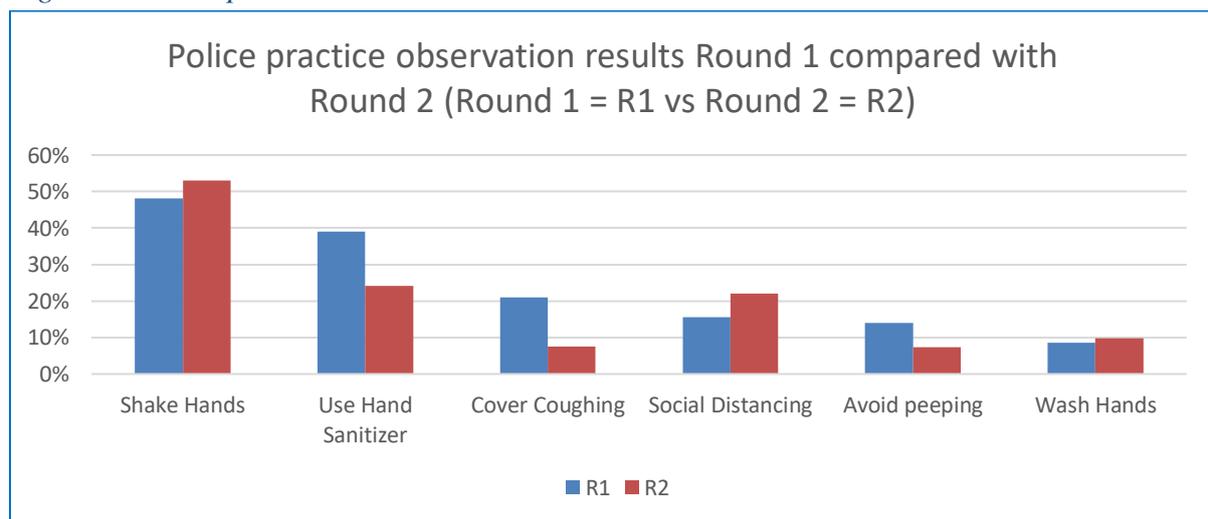
In addition to the community perception survey, three rounds of police observation were conducted by the TPM to assess the percentage of police who use hygiene kits and adopted other prevention practices while performing their duties. As can be seen in the above figure,

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[16] The community survey was conducted with a total sample size of 1440 people in 12 provinces from May to June 2021. In the survey 62% of the respondents stated that police were wearing masks while 51% mentioned police were using masks properly.

except for social distancing and hand washing, the police officers expressed less compliance to standard practices (shaking hands, using hand sanitizer, and covering coughing) in order to prevent COVID-19 in round two observation.

Considering the good results in the indicator regarding knowledge on how to use hygiene kits (indicator 2.2), the TPM assessed that the reduced use of the hygiene kits could be attributed to a lack of taking the COVID-19 serious, which could be a consequence of the delay in the project's awareness campaign that was supposed to target ANPs, or it might be due to lack of PPE kits due to delays in their delivery to provinces caused by security issues already mentioned on this report.

In the next page, the table registers the success achieved by the project in relation to its Output 2 targets at closure.

Table 10: Summary of Progress on Output 2 Indicators at project closure (August 2021)

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE	COMMENTS
2.1. % of police in the targeted provinces receive hygiene kits (masks, hand sanitisers, gloves, etc.)	0	100% of police in the targeted provinces	100%	As per TPM Final Report, the third round of verification exercise (May-June 2021) conducted in 15 provinces registered that the amount supplied was received by the index unit, with small variation in one province.
2.2. % of sampled police in the targeted provinces demonstrating good knowledge on how to use hygiene kits to protect themselves from contracting COVID-19	0	80%	79%	Two rounds of interviews were conducted by TPM company (Feb 2021-March 2021 and May-June 2021).
2.3. % of police (sample based) who use hygiene kits while performing their duties	0	100% of police who receive the hygiene kits	51%	Peoples' Opinion on the adherence of Police to prevention measures of COVID 19: 62% of the respondents stated that police were wearing masks; while 51% said that police were using masks properly. Considering the good results in indicator 2.2, the reduced use of the hygiene kits could be attributed to a lack of taking the COVID-19 serious, which could be a consequence of the delay in the awareness campaign, or it could be due to lack of PPE kits due to delays in their delivery to provinces caused by security issues.

E.   OUTPUT 3. MOIA internal and public communications on COVID-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan

This output goal was to contribute to raising awareness on preventive measures against COVID-19 among the police in Afghanistan, as well as on informing the public on the roles and responsibilities of the ANP in the effective implementation of the nationwide "containment strategy" against COVID-19 in Afghanistan. Initiatives under this output were based on the Ministry of Internal Affairs (MoIA) Communication Plan for Combating COVID-19 and led by MoIA's General Directorate for Strategic Communications (GDSC), with support from UNDP Afghanistan.

Unforeseen engagements and staff displacements in 2020 delayed the implementation of communications activities. Hiring a dedicated project manager allowed for increased engagement with MOIA's directors for Strategic Communications and for Media for the development of a concept note to guide interventions. By May 2021, MoIA's General Directorate of Health team had designed and implemented awareness messages to circulate via email across ANP. The messages shared with 1,600 e-mail accounts information on the basic principles to protect themselves against COVID-19.

UNDP commenced the procurement for the items to support the development of the awareness activities as soon as the concept note was received in April 2021. Four COVID-19 Prevention and Infection control posters that had 6,400 copies of each poster were produced and distributed across the provinces to the ANP police offices. UNDP also developed tweets of the posters and referenced them in the press releases to support awareness and advocacy.

Figure 8: Awareness posters designed, printed and disseminated to the provinces.

Given the limited progress regarding this output, one of the conditions of the project extension approved in June 2021 was to discontinue Output 3 from July 1st, 2021. Additionally, due to the events of August 2021, it was not possible to assess the reach of the awareness campaign that was deployed by the project in June 2021. Therefore, the great delay in the development of the campaign, due to unforeseen circumstances within the MoIA greatly affected progress of the awareness campaign, which most likely caused the less than desired results regarding output 2 target on the percentage of police personnel who use hygiene kits while performing their duties.

It should be noted that under this output the TPM also assessed community perception about the police force and COVID-19. The data collection took place from April to May 2021 in the selected places of Kabul and Nangahar. Asking the opinion of community members on seriousness of COVID-19 pandemic, Kabul residents (63%) as against Nangarhar residents (24%) consider it a serious threat, although Kabul residents were found to have poor knowledge as compared to Nangarhar. According to interviewed community members the adherence by police on COVID-19 was limited to wearing mask.

The next round of community perception survey was conducted among 12 provinces from May to June 2021, with total sample size of 1440. In the survey 62% of the respondents stated that police were wearing masks while 51% mentioned police were using masks properly but only 40% police were wearing all the time.COVID-19

Lastly, it is important to register that the communities served by the ANPs encompassed in the project showed a positive perception of both the activities of the project and the behaviour of the ANPs regarding COVID-19. When the fourth fully equipped police hospital to fight COVID-19 was inaugurated in Kunduz, Haji Mohammad Laghmani, member of provincial council stated that "This is exactly the right support, in the right region", referring to the untimely passing of the former Provincial Chief of Kunduz, who lost his life to COVID-19. Also, the TPM final report registers that 71% of the respondents of the community perception survey stated that police conducted their duties of COVID prevention in the community, as shows the graph in the next page – which can be considered a positive result for the project.

Figure 9: Community Perception Regarding Police Personnel During the Pandemic

Category	%
conducted their duties of covid prevention in the community	71%
use face mask	62%
were cordial and helpful during lockdown in supporting elder	55%
use the face mask properly	51%
enforeced restricting movement of all people	51%
usually ask people to keep distance from each other	49%
ensured security of neighborhoods, building, offices during	48%
enforced social distancing	47%
usually ask people to use masks properly	41%
collaborated with local community volunteers for reaching out	40%
keep the face mask all the time	40%
conducted public awareness on covid 19 regularly	25%
went beyond duty to help the community in procuring supplies	19%
conduct human surveillance by deploying officers	13%

Below is a snapshot of where Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP is in relation to its project targets at closure.

Table 11: Summary of Progress on Output 3 Indicators at project closure (August 2021)

INDICATORS (as per ProDoc)	BASELINE	TARGETS	STATUS AT CLOSURE	COMMENTS
3.1. % of police reached through awareness campaigns	0	100% of the police centres intended by MoIA will receive awareness materials	Four COVID-19 Prevention and Infection control posters developed and 6,000 copies produced and distributed across the provinces to the ANP police offices.	Awareness products prepared in Q2 and distributed end of Q2. Due to the events of August 2021, it was not possible to assess the reach of the awareness campaign.
3.2. % of sampled police who is aware of what to do if they themselves get sick due to C-19	0	100% of the sample police aware of what to do if infected	All police personnel covered before July 2021, made aware could follow the prevention and treatment protocol and able to sensitize police colleagues.	Awareness product related to the hospitals prepared in Q2 and distributed end of Q2. Based on the conditions of the project extension, Output 3 will be discontinued from the 1 July 2021. Due to the events of August 2021, it was not possible to assess the reach of the awareness campaign.
3.3. % of public (sampled based) who is aware and has positive perceptions about MOIA/ANP communications contents/materials regarding police roles and responsibilities in COVID-19 response	0	100%	71% reported at the time of project suspension and activity was also suspended.	In the community perception survey conducted by the TPM company among 12 provinces from May-June 2021, 71% of the respondents stated that police conducted their duties of COVID prevention in the community.

Based on the conditions of the project extension, Output 3 will be discontinued from the 1 July 2021. Also, due to the delays in implementing the activities in this output and the events of August 2021, it was not possible to define targets and assess the reach of the awareness campaign.

VI. CROSS CUTTING RESULTS

A. GENDER SPECIFIC RESULTS

The Afghan national Police (ANP) and their family members were direct beneficiaries of the project. Within ANP, which has a team of almost 119,000 members, approximately 2% are female and potential users of the project services.

Based on data collected from interviews conducted by the TPM with the Head of Regional Hospitals of Nangarhar, Paktia, Balkh, Kunduz and Herat, from 14,284 visitors by June 2021, approximately 8% of them are female police or female family member of ANPs.

It should be noted that, although the project's main objective was to support MoIA to respond and treat police personnel infected with COVID-19, the five hospitals established during the implementation of the project were able to play a wider role in health care. This is illustrated by the case of Ms. Aisha Rahimi[17], one of female police officers who work with the Provincial Police Headquarter in Herat province.

Mr. Rahimi suspected she had contracted COVID-19 and sought medical care at the Herat hospital, where after the initial screening, the on-duty medical practitioner asked to conduct additional medical tests. Although all ANP health services are free as stated in police inherent law, in many instances due to poor facilities, ANP were referred to other health providers where costs would be incurred. Nevertheless, with the use of the new machines in the COVID-19 regional hospitals, the local staff were able to diagnose and treat Ms. Rahimi's problem, who reported that she was delighted with the diagnosis procedure and the quality of treatment she received at the newly established COVID-19 hospital in her province. *"The services have improved here. Previously they used to give medicine only, but now they carry out medical tests and diagnosis… I thank those responsible and those who funded this hospital"* Ms Aisha Rahimi reported.

B. HUMAN RIGHTS BASED APPROACH

As defined by the UN Sustainable Development Group, the human rights-based approach "is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind."[18]

As registered in the project's document, the promotion of human rights was to be included in the Standard Operating Procedures (SOP) that MoIA should to develop as part of the dissemination of the preventive measures to be adopted by all police in Afghanistan (Output

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[17] Name changed to protect individual.
[18] UNSDG, "Human Rights-Based Approach". Available at: https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach

3). Among other things, the SOP was to make specific emphasis on human rights-based issues that need to be observed by all police personnel in Afghanistan, during the maintenance of law and order as well as the enforcement of the containment strategy through movement restrictions.

As the planned awareness initiatives suffered extensive delays to unforeseen engagement issues of MOIA staff responsible for communications, progress on this issue was greatly compromised. The awareness materials that the project was able to design in partnership with MoIA focused on COVID-19 prevention and infection control.

C.   SOCIAL and ENVIRONMENTAL CONSIDERATIONS

Social and environmental sustainability was embedded in project design and implementation through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

VII. PARTNERSHIPS

The Ministry of Internal Affairs (MoIA) of Afghanistan was the main stakeholder in both the design and the implementation of the project, providing solutions to mitigate several of the challenges faced by the project regarding transportation and internal security. The project provided MoIA with a dedicated team that worked closely with UNDP in implementing the activities on the ground.

Additionally, the Ministry of Public Health (MoPH) was a key partner in supporting the procurement of machines, equipment, medicine, and hospital/lab supplies[19]. Samples of the planned procured items, for instance, were submitted to both the MoIA and MoPH for quality check and verification before the purchase order could be issue. Due to unclear reasons, the sample check of specific items took more time than expected in MoPH, so UNDP coordinated with both ministries on a regular basis to expedite the sample check process.

As the Project was implemented under the Security Window of the LOTFA-MPTF and within the framework of the Fund, close coordination with LOTFA was required. Changes in the project, such as the required extension, were discussed with and approved by the Security Window Technical Working Group. The services provided by the third-party monitoring company required close coordination with the UNDP programme and project teams, the MoIA project team and relevant MOIA/ANP units as well as the LOTFA M&E team in the Trust Fund Management Unit. Also, regular LOTFA donor meetings provided platforms for reporting and feedback from contributors[20].

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[19] Also, information provided by MoPH on the progress of the pandemic in Afghanistan and MoPH protocols were used by the project team in monitoring, reporting, and decision-making.

[20] In addition to aid collaboration and coordination, in 2021 the frequency of reporting to partners was increased to bi-weekly, to enable the sharing of the most up to date information on implementation.

It should be noted that, as registered in the project document, project activities were coordinated and implemented closely with the UN Country Team and Humanitarian Response teams. The project coordinate with the German Police Project Team in Afghanistan and other international partners to MoIA to ensure there were no duplication and synergies are maximized.

Lastly, WHO guidelines informed the use of personal protective equipment (PPE) kits and communication materials on COVID-19.

VIII. RISKS

Given the highly complex context of the COVID-19 pandemic as well as changing internal situation in Afghanistan, risk management proved to be difficult and yet key in making the necessary adjustments and adaptations for the project to be able to deliver its results. The updated full risk log can be found in Annex 4 of this document, yet it is important to highlight that the following issues and risks had the greatest impact to project implementation:

a) **Delays in procurement and transportation impact the operationalization of the hospitals:** The delay in operationalization of hospitals was linked with delayed procurement of the planned hospital equipment, machines, consumables, medicines, and PPE kits. Several planned equipment were out of stock for a longer period despite placing purchase orders for this equipment. Also, as international flights were heavily disrupted during the April-July 2020 period, transportation of the procured items to Kabul was also delayed. Moreover, increasing insecurity on highways and limited transportation options (i.e., by air) to the regions have stalled the MoIA plans to distribute the procured items to the hospitals. Lastly, the delay in identifying and taking on board the third-party monitoring service provider partly impacted the operationalization of the hospitals as items procured could not be verified *in loco*.
Response:
   - The MOIA has requested UNDP and international community to assist with transporting the procured items to the planned provinces. Also, UNDP worked with MoIA to assist in identifying solutions to any travels, within the remit of the project.
   - Procurement of the TPM services were expedited and the firm was hired by October 2020.
   - UNDP developed multiple packages of the procured items and contracted several suppliers to make sure that the earliest available items were secured and delivered to the MOIA. To ensure a bridging supply while waiting on international supply, UNDP also procured locally nominal quantities of lab and PPE items.
   - Re-engagement of previous suppliers for repeat orders sped up the process by not needing to repeat Quality Assurance exercises and competitive procurement processes.
   - A few machines (i.e.. X-Ray machines, and Ultrasonographic machines) could not be transported by air and had to be transported by sea – which is time consuming. UNDP coordinated closely with the different airlines and made sure that earliest available flights were secured for transporting the procured items to Afghanistan.

- UNDP in Afghanistan reached out to the Global Procurement Unit to support expediting the procurement process, organizing weekly standing meeting to facilitate the process.
- MoIA initiated the process of transporting the required machines, equipment, and consumables to the provincial centres while renovation of hospital buildings was still ongoing in four provinces.
- MoIA also implemented a quarterly distribution of medicines and consumables to mitigate transportation and security challenges.
- The 2021 procurement items were shared with UNDP's Global Procurement Unit, and the majority of correspondence between MoIA and the procurement teams was completed to ensure specifications are correct and items are appropriate.
- The project was also extended twice, first from January to June 2021, then until October 2021. Due to the events of August 2021 activities were frozen and then officially closed due to decision regarding all LOTFA-MPTF projects.

b) **Delays in the distribution of personal hygiene kits**: The distribution of the PPE kits was delayed until December 2020 due to insufficient transportation options to the provinces and unavailability of third-party monitoring agent of UNDP to assess the use and effectiveness of PPE kits in preventing the spread of COVID-19 among the police.
Response:
- The MOIA has requested UNDP and international community to assist with transporting the procured items to the planned provinces.
- Procurement of the TPM services were expedited and the firm was hired by October 2020.

c) **Stalled communication activities (including printing and developing the COVID-19 awareness raising materials):** The MOIA was not able to develop the planned awareness raising materials on prevention and control of COVID-19 spread due to undisclosed reasons.
Response:
- UNDP increased coordination with the MOIA to identify the reasons for stopping the communication activities so as to resume them ASAP.
- UNDP also provided technical support to the development of awareness materials.

d) **Sluggish sample check process**: Delays in approval of samples of planned procured items affected the procurement of the planned items. Samples of the planned procured items were submitted to the MOIA and MOPH for quality check and verification before the purchase order (PO) of these items could be procured. However, due to unclear reasons, the sample check of specific items took more time than expected in MOPH.
Response:
- UNDP coordinated with the MoIA and MoPH to expedite the sample check process on regular basis.

e) **Delay in confirming the 2021 procurement**: Several challenges in finalising the 2021 procurement plan impacted the procurement schedule.
   Response:
   - The project team worked closely with the MOIA team to finalise procurement plan, and the final plan was received in March 2021, when procurement process begun.

f) **Stronger wave of COVID-19 impacts project implementation**: the third wave of COVID-19 impacted the project delivery as it affected the wellness of staff and their families and spiked in demand for local procurement items.
   Response:
   - Country Office followed global UNDP procedures regarding prevention of COVID-19, including the use of online tools to keep the team engaged while keeping social distancing. Support and care to staff and their families were also provided in accordance with UNDP global guidelines.

It should be noted that delays in the selection of the Third-Party Monitoring services hindered data collection and risk analysis during the first few months of project implementation. Risk monitoring and management were improved after the project hired the TPM, a dedicated project manager and an M&E associate. All the major risks and the adopted mitigation initiatives were duly registered in the project's progress reports.

IX.   LESSONS LEARNED

The project commenced in May 2020 as an emergency project with an initial duration of 8 months (31 December 2020). Facing several issues that has hindered or slowed down its implementation, the project was extended twice under a no-cost basis, until October 2021. Several lessons can be drawn for the highly uncertain, complex and rapidly changing context in which the project was implemented, such as:

a) **Dedicated staff was key to project performance**: to expedite implementation of the emergency project, the initial arrangement was to assemble a team composed of staff on a voluntary basis in addition to fulfilling their core duties. This led to staff juggling multiple tasks and demands in a very complex 2020 environment. Donors also registered that the government views and project issues were not quickly communicated back to them. Hiring a dedicated project manager, a procurement associate and an M&E associate contributed to speeding up processes, better engagement with key stakeholders and improved data sharing and reporting.

b) **Adopting several procurement strategies at once may increase complexity but can also result in faster delivery**: UNDP's requirement that all UNDP Country Offices route procurement of COVID-19 items through the Global Procurement Unit (GPU). This reduced the control of the Country Office in the procurement process and led to additional steps impacting delivery time but at the same time increased the level of Quality Assurance, as no items procured by the project through GPU have been rejected by the end-user. This compares with the experience of using local procurement modalities, which did ensure bridging supply while waiting on international supply but also presented multiple incidences of supplies not

meeting Quality Assurance requirements, samples being rejected by the end-user, and local suppliers unable to deliver agreed quantities. It should be noted that organizing standing weekly meetings between the project team and the GPU helped decrease delays. Lastly, re-engagement of previous suppliers for repeat orders sped up the process by not needing to repeat Quality Assurance exercises and competitive procurement processes.

X.   CONCLUSIONS & WAY FORWARD

The project "Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP" was a key intervention to support the health system to respond to the needs of the country's police force. It faced several issues in both the procurement and the distribution of equipment, PPEs and supplies, which greatly delayed project implementation and frustrated the achievement of several targets. Yet, the project did help to establish and equip hospitals in five provinces that could then provide medical services to the Afghan National Police and their families. Also, all the police who approached the five ANP COVID-19 hospitals established by the project were able to receive the necessary care, while the hygiene kits distributed helped to some extent to equip the police force with prevention measures to protect themselves and the general public from contract the disease.

During implementation, UNDP learned that mixing diverse procurement strategies may increase complexity but can also result in faster delivery. UNDP also learned that, even though using its own staff to compose a project team under a voluntary basis may expedite the beginning of implementation, an exclusive team is necessary to guarantee swifter and improved results in the medium and long term.

Sustainability of the project may have been challenged during the last year, yet it was quite positive that by October 2021 four of the five hospitals established under the project were open and functional, with most of its equipment intact. Considering that Afghanistan's health services were regarded as being "under threat, including those aiming to contain the pandemic, eradicate polio and cater for maternal and child health"[21], efforts to recover the country's infrastructure and strengthen public services can learn from the experience of this project and build on the infrastructure it put in place.

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[21] UNDP, Afghanistan: Socio-Economic Outlook 2021-2022. Available at:
https://www.undp.org/afghanistan/publications/afghanistan-socio-economic-outlook-2021-2022

XI. ANNEXES

ANNEX 1: FINANCIAL TABLE (April 2020-December 2021)[22]

Donor	REVENUE		EXPENSES	BALANCE		
	Total Commitment (a)	Total Received (b)	Total Expenses (f)	Total Received minus Total Expenses g=(b-f)	Delivery rate over Total Commitment (%)	Remarks
Australia DFAT	954,805.86	954,805.86	925,732.80	29,073.06	96.96%	
Canada (Government)	8,365.21	8,365.21	0	8,365.21	0%	
Canada (CIDA)	40,032.87	40,032.87	0	40,032.87	0%	
Korea	1,000,000.00	1,000,000.00	0	1,000,000.00	0%	
LOTFA MPTF - Afghanistan	13,319,395.00	13,319,395.00	8,998,781.95	4,320,613.05	67.56%	Commitments (Unliquidated Obligations) as of Dec 31, 2021: US$ 732,320.20
UNDP (TRAC)	38,100.00	38,100.00	38,100.00	0	100%	
Total	**15,360,698.94**	**15,360,698.94**	**9,962,614.75**	**5,398,084.19**	**64.86%**	**Total available resources as of Dec 31, 2021: US$ 4,665,763.99**

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[22] *Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial provided above is provisional.*

ANNEX 2: EXPENSES BY OUTPUT (April 2020-December 2021)[23]

Project Output	Total Budget as of PRODOC	2020 Budget (Total approved AWP)	Accumulated Expenses (Apr - Dec 2020)	Delivery Rate%	2021 Budget (Revised AWP)	Accumulated Expenses (Jan - Dec 2021)	Delivery Rate%	Remarks
Output 1 (00120855): MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to diagnose, quarantine and treat Police personnel infected with C-19	9,594,426.00	10,094,426.69	5,405,156,60	54%	3,403,097.84	1,424,022.07	42%	
Sub-total Output 1	9,594,426.00	10,094,426.69	5,405,156.60	54%	3,403,097.84	1,424,022.07	42%	
Output 2 (00121192): Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	4,293,229.00	4,841,627.15	2,311,618.56	48%	2,464,135.39	735,103.23	30%	
Sub-total Output 2	4,293,229.00	4,841,627.15	2,311,618.56	48%	2,464,135.39	735,103.23	30%	
Output 3 (00121193): MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan	386,545.00	386,545.13	18,675.71	5%	74,258.00	68,038.58	92%	
Sub-total Output 3	386,545.00	386,545.13	18,675.71	5%	74,258.00	68,038.58	92%	
Grand Total	14,274,200	15,322,598.97	773,5450.87	50%	594,1491.23	222,7163.88	37%	

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[23] *Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial provided above is provisional.*

ANNEX 3: EXPENSES BY DONOR (April 2020-December 2021)[24]

Donor	Output ID & Description	2020 Budget (Total approved AWP)	Accumulated Expenses (Apr - Dec 2020)	Delivery Rate	2021 Budget (Revised AWP)	Accumulated Expenses (Jan - Dec 2021)	Delivery Rate
Australia DFAT	Output 1 (00120855): MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to diagnose, quarantine and treat Police personnel infected with C-19	954.805,86	925.732,80	96,96%	29.073,60	-	0,00%
	Sub-total Australia DFAT	**954.805,86**	**925.732,80**	**96,96%**	**29.073,60**	**-**	**0,00%**
Canada (Govt)	Output 2 (00121192): Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	8.365,22	-	0,00%	8.365,22	-	0,00%
	Sub-total Canada (Govt)	**8.365,22**	**-**	**0,00%**	**8.365,22**	**-**	**0,00%**
Canada (CIDA)	Output 2 (00121192): Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	40.032,87	-	0,00%	40.032,87	-	0,00%
	Sub-total Canada (CIDA)	**40.032,87**	**-**	**0,00%**	**40.032,87**	**-**	**0,00%**
Korea	Output 1 (00120855): MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to diagnose, quarantine and treat Police personnel infected with C-19	500.000,00	-	0,00%	500.000,00	-	0,00%
	Output 2 (00121192): Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	500.000,00	-	0,00%	500.000,00	-	0,00%
	Sub-total Korea	**1.000.000,00**	**-**	**0,00%**	**1.000.000,00**	**-**	**0,00%**

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[24] *Disclaimer: Data contained in this financial report section is an extract of UNDP financial records. All financial provided above is provisional.*

Donor	Output ID & Description	2020 Budget (Total approved AWP)	Accumulated Expenses (Apr - Dec 2020)	Delivery Rate	2021 Budget (Revised AWP)	Accumulated Expenses (Jan - Dec 2021)	Delivery Rate
LOTFA MPTF - Afghanistan	Output 1 (00120855): MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to diagnose, quarantine and treat Police personnel infected with C-19	8.639.620,83	4.479.423,80	51,85%	2.835.924,24	1.385.922,07	48,87%
	Output 2 (00121192): Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	4.293.229,06	2.311.618,56	53,84%	1.915.737,30	735.103,23	38,37%
	Output 3 (00121193): MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan	386.545,13	18.675,71	4,83%	74.258,00	68.038,58	91,62%
	Sub-total LOTFA MPTF	**13.319.395,02**	**6.809.718,07**	**51,13%**	**4.825.919,54**	**2.189.063,88**	**45,36%**
UNDP TRAC	Output 1 (00120855): MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to diagnose, quarantine and treat Police personnel infected with C-19	-	-	0,00%	38.100,00	38.100,00	100,00%
	Sub-total Australia DFAT	**-**	**-**	**0,00%**	**38.100,00**	**38.100,00**	**100,00%**
	Grand Total	**15322598,97**	**7735450,87**	**50,48%**	**5941491,23**	**2227163,88**	**37,48%**

ANNEX 4: RISK LOG

#	DESCRIPTION	DATE IDENTIFIED	TYPE	IMPACT & PROBABILITY	COUNTERMEASURES/MNGT. RESPONSE	SUBMITTED/ UPDATED BY	LAST UPDATE	STATUS
1	Delays in procurement of the necessary items identified by MoIA Health directorate under output 1 of consolidated procurement list	PRODOC	Procurement	L=3 / I=5	The project is working with international bidders to ensure required items are delivered	Project Manager	August 31 2021	Complete
2	Procured items do not match the quality / standards that can be used in Afghanistan	PRODOC	Procurement	L=1 / I = 5	The project is developing mechanisms to ensure standards is maintained in all procurement cases	PRODOC	August 31 2021	Complete
3	The items to be procured are unavailable in sufficient quantity as requested by the MoIA Health Directorate in accordance with the consolidate procurement list.	PRODOC	Procurement	L=5 / I=2	The project is working with international bidders	Project Manager	August 31 2021	Complete
4	Due to global demand, the necessary quantity of hygiene kits is unavailable.	PRODOC	Procurement	L = 4 / I = 5	The project is working with other UNDP offices in the region to identified existences of bidders to provide the required items	Project Manager	August 31 2021	Complete

ANNEX 5: M&E PLAN

1. Purpose of M&E:

The M&E mechanisms for the project will aim to serve the following key purposes:

- Guide on what outcomes and outputs the project could realistically achieve
- Establish effective M&E mechanisms within the project to ensure accountability and delivery of key project results
- Assess and understand project progress and results, explain what tangible results the project has achieved
- Contribute to improve project outcomes. Guide on what worked and what did not work, ultimately recommend areas for improvement in project operational strategy

2. What Do We Monitor?

The M&E system will mainly focus to collect evidence based to confirm progress and results of the project against project outcomes and the extent to which the project abides the process requirements of UNDP and quality requirements of the WHO and MoPH.

The project Results Framework (RF)- ANNEX 1 will be used as the reference to guide on data collection requirements and data collection mechanism under the project M&E plan.

The project RF include one outcome, three outputs and a total of 12 performance indicators (4 outcome level and 8 outputs levels). The outcomes and outputs of the project include:

Project Outcome:

Outcome 1: MOIA/ANP's preparedness and response capacity is improved to mitigate risks and impact of COVID-19 facing Afghan police forces

Project Output:

Output 1: Strengthening police healthcare facilities and capacities for better preparedness and more effective response to COVID-19

Output 2: Enhancing ANP personnel's safety while performing their duties

Output 3: Strengthening MOIA/ANP internal and public communications about COVID-19

Please refer to ANNEX 1 – Project Results framework for more details on project results and indicators.

3. M&E Activities and Roles and Responsibilities:

M&E will be done at three levels:

3.1.1. Project Level M&E:

The project will put in place a detailed M&E plan at the project design stage. The project level M&E plan will guide on the M&E requirements, including the key performance indicators and the M&E resources that will be mobilized by the project to conduct the day to day M&E of the project progress and results. The project level M&E team will be responsible for the overall implementation of M&E plan. This will also include coordination, facilitation and quality control of M&E work at all levels. the project level M&E will mainly focus on the following key activities:

- Conduct day to day monitoring of the project activities and results
- Provide oversight and quality control of the M&E activities conducted at the project level, including the activities conducted by the third-party M&E
- Coordinate with the TFMU M&E team to ensure the day to day M&E activities will met the quality standards and process requirements of the fund level M&E
- Produce project progress reports
- Work with the TFMU communications expert on key project results and events to be communicated with the internal and external audience
- Organize project internal review sessions to discuss project performance and results

It is anticipated that recruitment of the project level M&E team may not be feasible at the outset of the project.

3.1.2. Fund level M&E:

The TFMU M&E team will be responsible for fund level M&E of the project activities. The fund level M&E will mainly focus to:

- Assess and understand the progress against project outcomes and outputs
- Provide technical support, oversight and quality control to support the conduct of project level M&E
- Communicate project results, challenges and areas for improvements with the project team, the security window Technical Working Group (TWG) and the Steering Committee (SC)
- Fill the project level M&E capacity gapes at the initial stage of the project implementation

The specific areas of responsibilities under the fund level M&E will include:

- Design of project M&E mechanisms

- Support the project M&E and program team in collecting the baseline data
- Developing data collection tools
- Training and mentorship of project level and third-party M&E staff on data collection and other project M&E mechanisms
- Providing technical support to the project M&E team during the project implementation stage. The TFMU M&E team will also lead the project level M&E at the initial stage of project implementation until the project level M&E is on board.
- Conducting data quality control throughout the project lifecycle
- Communicating project results and key events with the project internal and external audience.
- Sharing project progress and results with the TWG and SC

4. Third-Party Monitoring:

During the first month of its implementation the project will hire a third-party M&E service provider who will be responsible to collect data about progress and results of project activities in the following areas:

- The extent to which the new healthcare facilities are established, equipped and ready to treat COVID-19 patients
- The extent to which the Hygiene kits are transparently disseminated and effectively used by police
- The extent to which police staff are trained to use the hygiene kits
- The quality and distribution of the awareness campaign materials

The third-party M&E service provider will be responsible to mobilize the following key resources and capacities to support the project M&E work:

1. Establish M&E teams in Herat, Kabul and Balkh provinces who will regularly collect data about quality, preparedness and service delivery of the COVID-19 treatment centers.
2. Establish 20 mobile data collection teams at regional levels who will be traveling to selected police centers in the targeted provinces. The third-party M&E team will be responsible to send mobile data collection teams to at least 25% of the targeted police stations across the country (including a decent sample of those in remote areas) to collect data about the progress and results of the project activities
3. Conduct interviews with expert medical staff in the healthcare centers to confirm quality and compliance of healthcare products with the MoPH and WHO standards.

Duty of Care:
Considering the risks of COVID-19 across the country, it is understood that the travel of the third-party M&E staff could carry potential risks of their staff contacting the virus. UNDP will make sure to include duty of care clauses in UNDP contracts to protect service providers from contracting the virus. The

third-party service provider will have to assume full responsibility for the duty of care of its staff while performing their duties under this project. In order to ensure this, specific clauses will be included in the service contract that will clarify:

1. The service provider will be solely responsible for the duty of care of its staff this will include, but not limited to:
    a. Put in place all the necessary security protocols to ensure overall safety and security of its staff;
    b. Provide all the necessary tools and protective equipment (masks, gloves, hand sanitizers, PPEs, etc.) to protect its staff from contacting the COVID-19 while conducting their duties under the project;
    c. Make sure staff of the service provider follow instructions and protocols to protect informant, interviewees, respondents from contracting the virus while interacting with staff.
2. The service provider will also ensure to abide by all the relevant instructions and guideline put in place by the government to prevent the spread of the virus in the country

Breach of any of the above terms and condition will result in administrative actions against the service provider including the possible immediate termination of the contract.

5. M&E Tools

The project team with the support of TFMU M&E team will introduce sweet of innovative tools that will be used to support the project M&E mechanisms throughout the project life cycle. Followings are the tools recommended under this project:

5.1. Hotline Mobile Numbers:

The project will assign hotline numbers that will be shared with the relevant police stations. The hotline numbers will be used to allow police staff to share requests, concern, complains and other issues related to access and quality of PPEs and access to COVID-19 treatment centers. This information will be the key to guide on project performance in the following areas:

- The extent to which the project support reaches the police staff in the targeted provinces
- MOIAs capacities to respond and mitigate the risks of COVID-19 facing by Afghan police forces
- The quality of service delivery by the Health facilities established/activated by the project

The hotline will be managed by the project team and the follow-up and verification of the complains will be done through third-party M&E teams.

5.2. Task Based Data Collection Tool:

The project will use Task-Based Data collection tool that will enable responsible police staff in the targeted police stations to send tasked based data relevant to the key performance indicators of the project.

- The project team will identify the data collection needs and will develop data collection questionnaires.
- The project team will serve as the administrator and will deploy questionnaires for data collection
- Selected police staff will be trained and allowed access to collect and send data to the system online, using their smart phones
- Once the data entry is completed, the system administrator will conduct data quality control and will approve or reject the data subject to the confirmation of the quality
- Once the data is approved, it will be analyzed and visualized through an M&E dashboard

The task-based data collection tool will be relevant to confirm the progress and results of the project in the following areas:

- Establishment and activation of health care facilities to treat COVID-19 patients (output 1)
- Collecting evidence to confirm use of hygiene kits by police staff while performing their duties (Output 2)
- Reach of media and communication materials to the police centers (Output 3)

5.3. COVID-19 Dashboard:

The project M&E team will work with the MOIA to collect data about number police infected by COVID-19 and number of police treated. The states will be visualized through a specific dashboard on M&E Results and Impact platform. The dashboard will be updated real time based on the updates received from the MoIA. The data on the COVID-19 dashboard will serve as the reference source to confirm progress against outcome indicator 0.3.

5.4. Closed Facebook Group[25]:

The project will establish and manage a closed Facebook group that will allow medical professional from different healthcare facilities to share their expert views about the quality of facilities and tools delivered by the project. This information will be the key to confirm the quality of support provide by the project to respond to COVID-19 cases within police force.

5.5. LOTFA M&E Results and Impacts Platform (R&IP)

All data collection under the project will be conducted online using the R&IP of LOTFA. The system will also visualize project M&E data real time. The use of LOTFA R&IP will work as following:

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[25] This will be subject to consent of the MoIA.

- The project team with the support form the TFMU M&E team will identify the data collection needs and will develop data collection questionnaire
- TFMU M&E team will digitize and upload the questionnaire into LOTFA M&E R&IP.
- Based on the advice of the project team, the TFMU M&E Team will create users for the enumerators to enable data collection
- The enumerators will collection and process data to the LOTFA M&E R&IP using mobile phones/ tablets.
- The project team with the support of TFMU M&E team will conduct regular data quality control and will provide feedback.
- The data will be visualized through digital M&E dashboard. The dashboard will be accessible real-time to the relevant staff based on their level of access granted by the system administrator.

6. ANNEX1 – Project Results Framework:

Project title: Support to the Ministry of Interior Affairs and Afghan National Police in their efforts to contain and respond to COVID-19 situation					
Fund Outcome to which the JP/project will contribute:	**Outcome 2: Stable conditions of safety and security (Law and Order) established in targeted provinces**				
Fund Outcome indicators:	**Geographic areas**	**Baseline data**	**Final targets**	**Means of verification**	**Responsible organization**
2.1. Perception of public on their overall safety and security.	Activity cancelled due to project suspension	0	% of safety and security	NA	UNDP
2.2 Perception of public on the safety and security in relation to policing.	Activity cancelled due to project suspension	0	% of safety and security related to policing	NA	UNDP
Project Outcome	**MOIA/ANP's preparedness and response capacity is improved to mitigate risks and impact of COVID-19 facing Afghan police forces**				
Fund Sub-Outcome 1 indicators:	**Geographic areas**	**Baseline data**	**Final targets**	**Means of verification**	**Responsible organization**
0.1. Extent to which capacities of the MoIA hospital facilities strengthened to treat COVID-19 infected police patients.	Kabul, Herat and Balkh provinces	0	Capacities of the MOIA hospital facilities strengthened sufficiently	▪ Project reports	▪ Project team

				Means of verification	Responsible organization
			to treat COVID-19 infected patients	▪ Third-party and MOIA monitoring reports	▪ Third-party M&E team ▪ MOIA
0.2. % of police who effectively use hygiene kits to protect themselves and citizens from contracting COVID-19	Afghanistan (Country wide)	0%	At least 90% of police who received hygiene kits use them correctly and regularly	▪ Task based monitoring data (videos and photos)	▪ Task based monitoring team
0.3. Proportion of COVID-19 infection cases among police by province in %	Afghanistan (Country wide)	0	- 100% in consultation with the MOIA	▪ M&E dashboard ▪ Health center reports	▪ LOTFA M&E Team
0.4. Extent to which hospital facilities of the MOIA are compliant with the MoPH requirements to contain COVID-19	Kabul, Herat and Balkh provinces	0	All targeted facilities are compliant with the MoPH requirements	▪ MoPH compliance review ▪ Expert views of doctors and professional staff ▪ Closed Facebook group analysis	▪ MoPH review of compliance ▪ LOTFA M&E Team
Output 1	**Strengthening police healthcare facilities and capacities for better preparedness and more effective response to COVID-19**				
Immediate results indicators	**Geographic areas**	**Baseline data**	**Final targets**	**Means of verification**	**Responsible organization**

Immediate results indicators	Geographic areas	Baseline data	Final targets	Means of verification	Responsible organization
1.1. Number of new facilities established/activated[26] that are ready to treat COVID-19 patients	Kabul, Herat and Balkh provinces	0	Eight in total: ■ Three 100-bed hospitals established/ activated in Herat, Balkh and Kabul ■ Five temporary health care centers (medical tents) established	■ NGO/third party monitoring reports ■ Task-based monitoring reports ■ Project Reports	■ LOTFA M&E Team ■ Third party M&E team
1.2. % of police tested positive for COVID-19 who received appropriate treatment in a timely manner in targeted facilities of the MOIA	Afghanistan (Country wide)	0	100%	■ Health center reports	■ Project team
Output 2	**Enhancing ANP personnel's safety while performing their duties**				
Immediate results indicators	**Geographic areas**	**Baseline data**	**Final targets**	**Means of verification**	**Responsible organization**
2.1. % of police in the targeted provinces receive hygiene kits (masks, hand sanitizers, gloves, etc.)	Country wide	0	100% of police in the targeted provinces	■ Third-Party M&E reports ■ Task based monitoring data	■ Third party M&E ■ Task based monitors
2.2. % of sampled police in the targeted provinces demonstrating good knowledge on how to use hygiene kits to protect themselves from contracting COVID-19	Country wide	0	80%	■ Third party M&E reports ■ MoIA reports	■ Third party M&E ■ Task based monitors

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[26] These health facilities are adequately staffed with well-trained doctors and health staff – this will not be measured as part of this indicator.

2.3.% of police (sample based) who use hygiene kits while performing their duties	Country wide	0	100% of police who receive the hygiene kits	▪ Task based monitoring data (videos and photos)	▪ Task based monitoring team
Output 3:	**Strengthening MOIA/ANP internal and public communications about COVID-19**				
Immediate results indicators	**Geographic areas**	**Baseline data**	**Final targets**	**Means of verification**	**Responsible organization**
3.1. % of police reached through awareness campaigns	Country wide	0	100% of the police centres indented by MOIA will receive awareness materials	▪ Third party M&E reports ▪ Awareness campaign reports	▪ Third-party M&E team ▪ Project team
3.2. % of sampled police who is aware of what to do if they themselves get sick	Country wide	0	100%	▪ Third party M&E reports ▪ Awareness campaign reports	▪ Third-party M&E team ▪ Project team
3.3. % of public (sampled based) who is aware and has positive perceptions about MOIA/ANP communications contents/materials regarding police roles and responsibilities in COVID-19 response	Country wide	0	100%	▪ Third party M&E reports ▪ Awareness campaign reports	▪ Third-party M&E team ▪ Project team

7. ANNEX 2. Indicator Methodology.

I.   Sub-Outcome indicators

Indicator 0.1. Extent to which capacities of the MoIA hospital facilities strengthened to treat COVID-19 infected police patients.

Level	Criteria
1. **Insufficiently**	Hospital facilities have - Insufficient number of beds (less than 60% of estimated required capacity), - Insufficient number of PPEs, - Testing systems. Medical staff have not received necessary treatment and did not fully implement MOPH protocols Medical staff do not follow fully MOPH protocols
2. **Somewhat sufficiently**	Hospital facilities have - Sufficient number of beds for the ANP personnel to be treated (more than 60% of estimated required capacity), - Sufficient and regularly supplied PPEs for medical staff, - Sufficient and regularly supplied testing systems received periodically. Medical staff follow MOPH protocols.
3. **Sufficiently**	Hospital facilities have - Sufficient number of beds for the ANP personnel to be treated (more than 80% of estimated required capacity), - isolation facilities - regular supply of sufficient numbers of test systems and PPEs. Medical staff of the MOIA are well trained and capacitated to carry out treatment following MOPH protocols

Means of data collection:
Data on this indicator will be collected jointly with the MOIA medical staff, compiled from third-party monitoring as well as MOPH assessments.

Indicator 0.2. % of police who effectively use hygiene kits to protect themselves and citizens from contracting COVID-19.

Indicator calculation	Description
a) **Numerator**	Number of police who were verified to regularly and effectively use the hygiene kits (PPE)

	X 100
b) Denominator	Number of police chosen through random sampling methods
=a*100/b	**Means of data collection:** **Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams and extrapolated to the ANP.**

Indicator 0.3. Proportion of COVID-19 infection cases among police by province in %	
Indicator calculation	Description
a) Numerator	
b) Denominator	Number of police personnel infected with COVID-19 throughout the country (Disaggregated by number of women and men for absolute numbers)
=a*100/b	**Means of data collection:** Data on this indicator will be collected by using the statistics shared by the MoIA. The data will be verified using the services of third-party monitoring services provider jointly with the project team.

Indicator 0.4. Extent to which hospital facilities of the MOIA are compliant with the MoPH requirements to contain COVID-19	
Level	Criteria
1. Not compliant	MOPH assessment concluded that the MOIA facilities targeted through this project are not compliant with the requirements put in place to contain the COVID-19
2. Somewhat compliant	MOPH assessment concluded that some of the MOIA facilities targeted through this project (at least 50%) are compliant with the requirements put in place to contain the COVID-19
3. Compliant	MOPH assessment concluded that some of the MOIA facilities targeted through this project (at least 80%) are compliant with the requirements put in place to contain the COVID-19
Means of data collection:	

Data on this indicator will be collected jointly with the MOIA medical staff as well as MOPH to assess compliance with COVID-19 related requirements to handle cases. However, this indicator will not be assessment the treatment quality of patients.

Output indicators.

Output 1. **Strengthening police healthcare facilities and capacities for better preparedness and more effective response to COVID-19**

Indicator 1.1. Number of new facilities established/activated that are ready to treat COVID-19 patients

Means of data collection:
In consultation with the MOIA, eight facilities have been selected for establishment/ activation as follows:
- Three 100-bed hospitals established/ activated in Herat, Balkh and Kabul;
- Five temporary health care centres (medical tents) to be established

Data collection will be done by verifying completion of work package which will be defined in conjunction with the MOIA and this will bring an update to the methods of data collection for this indicator.

Indicator 1.2. % of police tested positive for COVID-19 who received appropriate treatment in a timely manner in targeted facilities of the MOIA

Indicator calculation	Description
a) **Numerator**	Number of police personnel who were tested positive with COVID-19 X 100
b) **Denominator**	Number of police personnel tested positive with COVID-19 who received appropriately treatment in a timely manner (Disaggregated by number of women and men for absolute numbers)
=a*100/b	**Means of data collection:** Data on this indicator will be collected by verifying medical records of the MOIA statistics and hospital facilities. ! Clarification needed on appropriate treatment for patients with different symptoms/ severity of condition

Output 2: Enhancing ANP personnel's safety while performing their duties

Indicator 2.1. % of police receive hygiene kits (masks, hand sanitizers, gloves, etc.)	
Indicator calculation	Description
c) **Numerator**	Total number of police personnel working in the targeted provinces X 100
d) **Denominator**	Number of police who receive the hygiene kits
=a*100/b	**Means of data collection:** Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams and extrapolated to the ANP**.**

Indicator 2.2. % of sampled police in the targeted provinces demonstrating good knowledge on how to use hygiene kits to protect themselves from contracting COVID-19	
Indicator calculation	Description
a) **Numerator**	Total number of police personnel working in the targeted provinces X 100
b) **Denominator**	Number of police who receive average score of four (04) on a scale 1 (as the lowest) and 5 (as the highest) in using the hygiene kits and use of protective measures to avoid contact with virus
=a*100/b	**Means of data collection:** Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams and extrapolated to the ANP**.**

Indicator 2.3. % of police (sample based) who use hygiene kits while performing their duties	
Indicator calculation	Description
a) **Numerator**	Total number of sampled police personnel received hygiene kits X 100
b) **Denominator**	Number of sampled police who will be confirmed using hygiene kits while performing their duties

=a*100/b	**Means of data collection:** Data on this indicator will be collected using task-based data collection tool to collect evidence of police staff using the hygiene kits.

Output 3: Strengthening MOIA/ANP internal and public communications about COVID-19

Indicator 3.1. % of police reached through awareness campaigns	
Indicator calculation	Description
a) **Numerator**	Total number of police personnel working in the targeted provinces X 100
b) **Denominator**	Number of police participate in the awareness raising activities or confirm receiving the awareness raising materials in those targeted provinces
=a*100/b	**Means of data collection:** Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams

Indicator 3.2. % of sampled police who is aware of what to do if they themselves get sick	
Indicator calculation	Description
a) **Numerator**	Total number of police personnel working in the targeted provinces X 100
b) **Denominator**	Number of police who receive average score of four (04) on a scale 1 (as the lowest) and 5 (as the highest) in demonstrative their knowledge about measure to apply if they get sick.
=a*100/b	**Means of data collection:** Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams

Indicator 3.3. % of public (sample based) who is aware and has positive perceptions about MOIA/ANP communications contents/materials regarding police roles and responsibilities in COVID-19 response	
Indicator calculation	**Description**
a) **Numerator**	Number of people who participate in M&E data collection initiatives X 100
b) **Denominator**	Number of people who confirm the role of police as positive or very positive using the following criteria: 1. Very Positive 2. Positive 3. Neutral 4. Negative 5. Very Negative
=a*100/b	**Means of data collection:** Data on this indicator will be collected by third-party monitoring services provider jointly with the project and the MOIA teams

ANNEX 6: PHOTOGRAPHS

Photograph 1. Paktia regional hospital, waiting room.

Photograph 2. Balkh Regional Hospital, patient registration.

Photograph 3. Nangarhar Regional Hospital, patient screening.

Photograph 4. Kunduz Regional Hospital, COVID-19 ward.

Photograph 5. Herat Regional Hospital, facilities.

Photograph 6. Herat Regional Hospital, patient care.

Photograph 7. Kunduz Regional Hospital, inauguration ceremony.

Photograph 8. Kunduz Regional Hospital, inauguration ceremony.

Photograph 9. Kunduz Regional Hospital, inauguration ceremony.

Photograph 10. Kunduz Regional Hospital, facilities.

Photograph 11. UNDP Resident Representative presenting framed awareness posters to the Acting Minister of Interior