

PROGRAMME DOCUMENT

Programme Title: Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP (Project).

Project ID (ATLAS): 00126930

Overall strategic objectives of the Programme: To support the implementation of the Ministry of Interior Affairs (MOIA) Strategy for Combating COVID 19 by extending:
 (a) Emergency support to respond to the initial immediate and urgent medical needs to diagnose and treat the affected police personnel as well as ensure their day to day safety through adequate & available protective equipment and maintenance of hygiene.
 (b) Raising awareness on preventive measures to be adopted to support infection prevention and control of the COVID-19 virus among the police in Afghanistan.

Programme Outcomes: "Increased access to early diagnosis, quarantine and treatment of all police personnel through health facilities provided by MoIA Health Directorate on an emergency basis and increased awareness of the necessary preventive measures on COVID-19 among all police personnel."

Programme Duration: 8 months	Total amount (approx.): USD 14,274,200
Start Date: [Date of Endorsement by LOTFA MPTF SC.]	Sources of funding:
End Date: 31 December 2020	1.LOTFA MPTF: USD <u>13,319,395</u>
	2.Other sources of funding:
	• Australia - DFAT USD <u>923,000</u>

Short description of the Programme

COVID-19 (C-19) is an infectious disease caused by a recently discovered coronavirus, causing respiratory infections. Globally it has infected 2.7 million and 191,962 deaths as of 24 April 2020. As of 22 April 2020, the Ministry of Public Health, Government of Afghanistan's data shows that 1,111 people across 33 provinces in Afghanistan are now confirmed to have C-19. Some 162 people have recovered and 41 people have died. Among the Afghanistan National Police (ANP), the MoIA General Directorate of Health has confirmed that as of 22 April 2020 the number of affected police personnel include 25 positive confirmed C-19 cases, of which 3 have deceased and 8 have recovered, while 14 are under treatment. A further 213 police personnel were quarantined with 79 of them completing 14-day isolation showing no further symptoms and returning to work, while 134 are still under isolation at home. Under a worst-case scenario (i.e. with a very high transmission of C-19 among police personnel in Afghanistan), the MoIA expects 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 at a given point of time in the next 8 months.

The MoIA lacks adequate facilities in dealing with COVID-19. Thus, it requires support to prevent, detect and treat ANP personnel who may be infected by the C-19. This Project is therefore designed as

an emergency response and support project to the MoIA to implement its Strategy for Combating COVID-19. This includes the emergency support to respond to the initial immediate and urgent medical needs to diagnose and treat the affected police personnel as well as ensure their day to day safety through adequate & available protective equipment and maintenance of hygiene; and raising awareness on preventive measures to be adopted to support infection prevention and control of the COVID-19 virus among the police in Afghanistan.

As a result of this project’s interventions, the MoIA will ensure the wellbeing and recovery of all affected police personnel in Afghanistan to ensure the entire police force of Afghanistan will operate at its maximum capacity, during and after the C-19 pandemic.

ALIGNMENT WITH NATIONAL AND UN PLANS IN RESPONSE TO COVID - 19:


National:

1. The National Emergency Response Plan for COVID-19 in Afghanistan, March 2020
2. MoIA Strategy for Combating COVID-19 among Police Personnel, April 2020
3. MoIA Communication Plan for Combating COVID – 19 among Police Personnel, April 2020

UN and Global Plans:

1. GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19, April – December 2020.
2. COVID-19 UNDP’s Integrated Response, March 2020.
2. COVID-19 Multi-Sector Humanitarian Country Plan AFGHANISTAN, 24 March 2020
3. ONE UN AFGHANISTAN EMERGENCY RESPONSE PLAN to COVID-19, 09 April 2020 (To be revised and to be approved by GIRoA).

Names and signatures of Recipient UN Organization

Recipient UN Organization (RUNO):	National Coordinating Authorities:
<p>UNDP CO Afghanistan <i>Knut Ostby, Resident Representative a.i.</i></p> <p style="text-align: center;"> 04-May-2020</p> <p>Signature: _____ Date and Seal: _____</p>	<p>Ministry of Interior Affairs <i>H.E. Major Gen. Massoud Andarabi, (Acting) Minister for Interior Affairs, Government of the Islamic Republic of Afghanistan.</i></p> <p style="text-align: center;">Signature: _____ Date and Seal _____</p>

Programme Document

1. Executive Summary

The “Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP (Project)” is an emergency response project funded through LOTFA - MPTF and implemented through UNDP, CO Afghanistan to support the effective fulfilment of the of the MoIA ‘Strategy for Combating COVID-19” to ensure the prevention of spread and the adequate treatment of police personnel affected by the C-19 infection in Afghanistan. The project is fully aligned with the LOTFA Strategic Framework’s, strategic objective 1.2 (Assess and support development of security sector infrastructure and operational capacities, including equipping and capacitating such facilities as required) and 1.3 (Strengthen policing capabilities and service-delivery to communities and citizens’ voice mechanisms for improved public trust.)

The Government of the Islamic Republic of Afghanistan (GIROA) is primarily responsible for managing the medical response to the C-19 pandemic across Afghanistan – in accordance with the NERP 2020. In the case of this project the primary responsibility rests with the MoIA, General Directorate of Health to manage the medical response to the C-19 pandemic among all police personnel in Afghanistan.

This proposed project has been designed to support and assist the MoIA to respond to the worst – case scenario i.e. a very high transmission rate of C-19 infection among police personnel in Afghanistan resulting in at least 40,000 positive cases.¹ The project is organized around the following three outputs, which will all be implemented simultaneously from the start of the project.

Output 1: 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.

Output 2: Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work

Output 3: MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan.

UNDP will use robust monitoring and evaluation tools in coordination and collaboration with the MoIA, to support the oversight and achievement of the results of this project. The Project will be implemented by UNDP as the implementing partner with a limited number of project staff and through the Direct Implementation Modality. Due to the urgency of the project, to the extent possible, the project team will consist of UNDP staff reallocated from different portfolios. The Project will have an office located in the UNDP Country Office in Kabul City. Until travel restrictions in place due to the corona pandemic, project members may work remotely. The team will closely be in contact and work with the counterparts in MOIA throughout all stages of implementation.

2. Situation Analysis

The COVID-19 (C-19) was declared as a global pandemic on 11 March 2020 and is an unprecedented public health emergency affecting all countries worldwide, prompting the scaling of public health preparedness and response. While the scope of the epidemic is affecting countries to different extents, 80% of the cases globally are considered to be mild, and severe cases appearing only among the elderly as well as people with compromised immune systems with existing health condition, such as diabetes, heart disease, pulmonary and respiratory obstructive disorders – who are essentially considered to be at higher risk. The lack of already existing immunity among people (as C-19 is

¹ As detailed in the below sections of this document under the sub heading “MoIA Strategy for Combating COVID -19).

deemed to be a new genetic mutation) and the absence of an effective vaccination has threatened people's health across the world.

In Afghanistan, the situation is no different. The country is expected to be significantly affected by the C-19 pandemic. Furthermore, the country's ability to deal with and cope with a major outbreak has been called into question, due to weak health systems' infrastructure and limited capacity of available necessary human resources. Afghanistan's close proximity to the Islamic Republic of Iran – a recent epicentre for the spread of the virus – puts the country at a heightened risk, with tens of thousands of people and commercial movement from across the border each day. Additionally, the country shares its borders with the Islamic Republic of Pakistan. Similar to the Afghan returnees from Iran, thousands of Afghans are returning from Pakistan through the Chaman border. IoM has suggested that at least 60,000 Afghans had crossed into Afghanistan from Pakistan in the three days leading up to 09 April 2020.² The spread of C-19 in both countries bordering Afghanistan i.e. Iran and Pakistan has meant the loss of financial opportunity for the several Afghan migrants, who now are rushing to return back to their homes in Afghanistan.

The situation is further compounded in terms of its complexity due to other challenges within the country i.e. high rates of internal displacement of people due to conflict and insurgency, low access to basic human vaccinations as children that has compromised the immunity of many adults at present, negligible to non-existent water, health and sanitation facilities across the country in addition to the four decades of conflict and stress induced and related preconditions that will affect several Afghans in the event of an outbreak.³

The National Emergency Response Plan (NERP 2020) of the Ministry of Public Health (MoPH), Islamic Republic of Afghanistan has projected the number of infected persons for all of Afghanistan in accordance with the recent prediction models based on Global Literature for C-19 spread,⁴ as follows:

Scenario 1 (Low Transmission): with total 40,000 positive cases

Scenario 2 (Moderate Transmission): with total 190,549 positive cases

Scenario 3 (High Transmission): with total 743,424 hospitalized cases

The MoPH in a press statement has forecasted that in a worst-case scenario 16 million out of a population of more than 30 million could be affected by the C-19. MoPH reiterated its projections under the NERP 2020 for the worst-case scenario, where approximately 700,000 people will require hospitalisation, with 220,000 of them requiring ICU treatment, and from that a projected 110,000 people may die due to C-19.⁵

Initial Response and Priorities to address C-19 situation in Afghanistan:

In response to the growing number of positive cases and future projections for a worst-case scenario at hand, the Government of the Islamic Republic of Afghanistan (GIROA / the Government) has swung into swift action and adopted necessary measures with extended support through regional cooperation and from the international community in Afghanistan. As of 24 March 2020, most major international border crossings had been closed with all border countries to Afghanistan. However, due to a huge number of Afghan migrants from both Iran and Pakistan who wished to return home –both countries were requested to allow Afghan citizens return into the country. Health Screenings at the points of entry were already in place by late January 2020 and continues at location across the country, even to date.

The Government has developed a master response plan i.e. the NERP 2020 for the health sector support and coordination to tackle the pandemic in Afghanistan including the establishment of a High-Level Emergency Coordination Committee led by the Office of the Second Vice President with multiple

² Saira Asher, "Coronavirus: The porous borders where the virus cannot be controlled" BBC News (09 April 2020). Available at <https://www.bbc.com/news/world-asia-52210479>; accessed on 22 April 2020.

³ COVID-19 Multi – Sector Humanitarian Country Plan, Afghanistan, 24 March 2020 @ p. 3.

⁴ WHO Afghanistan has suggested during a bilateral meeting with UNDP Afghanistan on 15 April 2020 that no definitive model for case projection is available for Afghanistan since it's a complex situation and it's highly unlikely to provide accurate projections for Afghanistan through the WHO global projection models derived from global experience.

⁵ *Supra*, n. 2

technical working groups to assist the implementation of the emergency response plan developed by the MoPH. Coordination structures have also been placed at the sub-national levels and particularly in provinces that share international borders with neighbouring countries. Despite the aforesaid swift actions on the part of GIRoA, gaps and challenges continue to remain that will affect the further containment and spread of the C-19 across Afghanistan. Mass testing of people for the infection remains small scale (in comparison to the approach of South Korea) which may account for the relatively low number of confirmed cases.

As of 22 April 2020, MoPH data shows that 1,111 people across 33 provinces in Afghanistan are now confirmed to have C-19. Some 162 people have recovered and 41 people have died. Of the 41 people who have died from C-19, 35 had at least one underlying disease, the most common of which are diabetes and cardio-vascular disease. The majority were between ages of 40-69; men between the ages of 40-69 represent 68 per cent of all COVID-19 related deaths in Afghanistan. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul is now the most affected part of the country, followed by Herat province.⁶ There are currently eight laboratories in the country.⁷ Each lab is able to process an average of 100-150 tests per day. Additional labs in Bamyan and Badakhshan are being established and the Government eventually hopes to have a total of 15 labs operating across Afghanistan. Currently laboratory re-agents and RNA Extraction Kits are in short supply and global supplies are limited due to global shortages.⁸

Role of the Security Sector under C-19 situation in Afghanistan:

The NERP 2020 developed and led by the MoPH, suggests that Afghanistan must continue the local containment strategy to stop the community transmission across the country. The containment strategy is to contain the disease within a defined geographic area by early detection of cases, breaking the chain of transmission and thus preventing its spread to new areas. In this regard, the MoPH plan emphasises on the need to support the detection capacities at the Points of Entry (PoEs) of affected individuals entering into Afghanistan for contact tracing, and for identifying and containing clusters of local transmission within the country.

In order to enforce the containment strategy GIRoA has ordered the closure of all schools and a range of other restrictions on public gatherings, transportation and related actions. On 14 March, H.E. President Ashraf Ghani, urged all citizens in Afghanistan to avoid large public gatherings and to pay attention to hygiene to prevent the spread of the disease.⁹ On 18 March the MoIA banned all large gatherings, including the closure of venues that attract large crowds such as entertainment places, sports grounds, swimming pools, fitness clubs and wedding halls.¹⁰ On 22 March, the MoPH urged the government to order the lockdown of the city of Herat at a press conference in Kabul.¹¹ On 24 March in Jalalabad, Nangarhar Province, the local authorities placed strict measures in the provincial capital, limiting the movement of citizens until 01 April. On 25 March the Afghan Government began to limit the movement of residents in Farah, Herat and Nimruz provinces, after Herat emerged as a major source of internal transmissions in Afghanistan. In Herat, praying in mosques was suspended to prevent any possible spread of the virus. Residents of Farah and Zaranj could only go out for necessary activities.¹²

⁶ OCHA, "Afghanistan: COVID-19 Multi-Sectoral Response," Operational Situation Report (22 April 2020). Available at https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid_sitrep1_final.pdf; accessed on 23 April 2020.

⁷ Two in Kabul and Herat each, one each in Nangahar, Kandahar, Balk, Paktiya. See, US Embassy in Afghanistan, "COVID-19 Information" (22 April 2020). Available at <https://af.usembassy.gov/covid-19-information/>; accessed 23 April 2020.

⁸ *Supra*, n. 6

⁹ "Update: 11 Tested Positive for Coronavirus in Afghanistan" TOLONews (14 March 2020). Available at <https://tolonews.com/health/3-more-positive-cases-coronavirus-afghanistan-total-10>; accessed April 7, 2020.

¹⁰ "MoI Puts Ban on Public Gatherings over Coronavirus" TOLONews (18 March 2020). Available at <https://tolonews.com/health/moi-puts-ban-public-gatherings-over-coronavirus>; accessed April 7, 2020.

¹¹ "Positive Coronavirus Cases Raise to 34 in Afghanistan". TOLONews (22 March 2020). Available at <https://tolonews.com/health/positive-coronavirus-cases-raise-34-afghanistan>; Accessed on April 7, 2020.

¹² "Afghan Authorities Close Eastern City Of Jalalabad Due To Coronavirus Fears – Spokesman" Urdu Point (26 March 2020). Available at <https://www.urdupoint.com/en/world/afghan-authorities-close-eastern-city-of-jala-873131.html>; accessed on April 7, 2020. "COVID-19: Govt Limits Residents' Movement in Herat". TOLONews (25 March, 2020). Available at <https://tolonews.com/health/covid-19-govt-limits-residents-movement-herat>; accessed on April 7, 2020. "Coronavirus: Herat emerges as Afghanistan's epicentre" Al Jazeera (26 March 2020). Available at <https://www.aljazeera.com/news/2020/03/coronavirus-herat-emerges-afghanistan-epicentre-200325032420910.html>; accessed on

As part of its efforts to limit the impact of C-19, H.E the President of Afghanistan announced through a decree on 26 March 2020, the pardon of punishments, suspension of investigation and postponement of sentence enforcement of confinees and prisoners, and authorised the AGO and Supreme Court to release prisoners under certain conditions¹³ to reduce crowing in prisons across Afghanistan. Based on the decree, the prisoners would be released over a 10-day period following the issuance of the Decree. The release of prisoners did not include members of Islamist militant groups as part of any ongoing political negotiations or those convicted / detained under EAW, 2009. The NERP 2020 has undertaken to support the remainder of prisoners / detainees by identifying them as "special vulnerable groups."

The Afghan authorities have also extended the lockdown to Kabul, Kandahar, and Logar provinces, among others.¹⁴ On 26 March 2020 the mayor of Mazar-i-Sharif said that in addition to closing restaurants in the city, disinfection of public places is also taking place. On 27 March it was announced that the Afghan cabinet had decided that the capital of Afghanistan, Kabul, would be placed under lockdown beginning 28 March for a period of three weeks. The lockdown was announced as a part of the containment protocol to ensure that residents stayed at home, avoiding all non-essential travel and gatherings. Residents would also require special permission to leave their homes and travel out on the street.¹⁵ On 17 April 2020 GIROA extended the Kabul lockdown for three more weeks, including Kabul city and all provincial districts.¹⁶ Despite the aforesaid movement controls to support containment as a means of infection prevention and control, the number of C-19 cases are constantly in the rise across Afghanistan.

The (Acting) Minister for Interior Affairs, H.E. Mr. Massoud Andrabi has declared that the Afghan National Police (ANP) will be taking strict measures in Kabul and elsewhere across the country to ensure that the lockdowns and movement restrictions are complied with and the containment strategy of the GIROA can be carried out successfully in response to the C-19 emergency. The ANP have been tasked to maintain widespread public order, manage the restrictions and support the national containment strategy as per the NERP 2020. This has exposed several police personnel manning check posts in the cities and on patrol for maintenance of public order and early detection of cases across cities such as Herat and Kabul, widely exposed to the vulnerabilities of contracting the C-19 infections. As of 22 April 2020, the MoIA has confirmed a total of 25 positive confirmed C-19 cases, of which 3 have died and 8 have recovered, while 14 are under treatment. An additional 213 police personnel were quarantined with 79 of them completing 14-day isolation showing no further symptoms and returning to work, while 134 are still under isolation at home.¹⁷ In the worst-case i.e. high transmission scenario, MoIA expects 40,000 police to become infected over a period of 8 months with at least 600 severe cases in need of treatment at given point in time.¹⁸

Given these circumstances and conditions under which the ANP continue to support the containment strategy in Afghanistan, the MoIA has confirmed¹⁹ to UNDP Afghanistan that it faces several challenges with medically supporting its police personnel who may be infected by the C-19, and is especially

April 7, 2020. "Afghanistan Locks Down 'Gateway' City of Coronavirus Outbreak" RFE/RL (25 March 2020). Available at <https://gandhara.rferl.org/a/afghanistan-locks-down-gateway-city-of-coronavirus-outbreak/30509289.html>; accessed on April 7, 2020.

¹³ **Article 1:** Confinees and prisoners convicted of crimes not included in article 350 of the CPC and the Law on the Elimination of Violence Against Woman and who have paid their financial payments, shall be pardoned and released as follows:

1- The remaining terms of imprisonment of female prisoners and confinees [convicted female juveniles] without consideration of their sentence period or time served.

2- The remaining term of imprisonment of male prisoners and confinees [convicted male juveniles] sentenced to up to five years in prison or who have a maximum of five years remaining on their imprisonment period.

3- The remaining term of imprisonment of prisoners and confinees who were convicted to imprisonment terms of more than five years, if they have served in person at least half of their total term of imprisonment.

4- The remaining term of imprisonment of prisoners aged 55 or above regardless of their time served.

¹⁴ See, *supra* n.6. OCHA reports that 20 provinces have instituted "measured lockdowns" to limit population movement and slow the spread of COVID-19. The names of the 20 provinces were yet to be confirmed by OCHA.

¹⁵ "Govt to Add More Restrictions to Kabul Lockdown" TOLONews (04 April 2020). Available at <https://tolonews.com/afghanistan/govt-add-more-restrictions-kabul-lockdown>; accessed on April 7, 2020.

¹⁶ "Govt Extends Kabul Lockdown as Fears Grow" TOLONews (17 April 2020). Available at <https://tolonews.com/afghanistan/govt-extends-kabul-lockdown-fears-grow>; accessed on 23 April 2020.

¹⁷ The MoIA has requested confidentiality of these numbers and may not be quoted further.

¹⁸ Based on the MoIA Strategy to Combating COVID – 19, as detailed below.

¹⁹ As represented in the MoIA strategy for combating COVID 19, received by UNDP Afghanistan on 12 April 2020 and revised on 13 April 2020.

concerning as the numbers of C-19 infected persons continues to rise across Afghanistan. The MoIA General Directorate for Health has identified that it has no facilities available within the existing police hospitals to treat its personnel who have already tested positive to the C-19 infections and is a growing concern for the future, as the infection advances across the country. Currently, there is a 300-bed capacity police hospital in Kabul and seven regional hospitals with 20-bed capacity in Balkh, Herat, Nangahar, Kandahar, Kunduz, Helmand and Paktia. Due to the ongoing fighting and conflicts across the country, these hospitals are already operating at their full capacity in treating and caring for the police injured as a result of the conflict. This hospital also lacks isolation and quarantine facility for treating patients with an infectious disease as C-19 and therefore cannot be used as a part of the C-19 treatment facility for the police in Afghanistan.

In response to the challenges of implementing the containment strategy of C-19 across Afghanistan and the risks of further transmission and spread of the C-19 virus to the police personnel responsible for ensuring the public order, the MoIA has expressed the need for support and to prepare its own hospital facilities to treat its police personnel who are infected by the C-19. Currently, there are insufficient numbers of dedicated labs for testing samples to support necessary diagnosis, and hospital facilities to support quarantine and isolation and rooms equipped to treat infectious and communicable diseases such as C-19 in accordance with the infection prevention and control (IPC) technical guidance of the WHO and MoPH in Afghanistan. The MoIA has also recognised the need for a more widespread awareness among the police and general public further impeding the undertaking of police duties necessary for the the prevention and spread of the C-19.

3. Strategy, lessons learned and the proposed programme:

The current project has been designed as an emergency response and support project to the MoIA to implement its strategy for C-19 response for the treatment and support of police personnel. The project is in full alignment with the LOTFA ToR's Strategic Objectives 1.2 and 1.3. Due to the unavailability of sufficient health structures and systems, including the necessary equipment to diagnose and treat C-19 cases among the police throughout the MoIA police hospitals, a request for emergency support was made by the MoIA to the Law and Order Trust Fund for Afghanistan – Multi Partner Trust Fund (LOTFA – MPTF) and UNDP, Afghanistan. Pursuant to this request from the MoIA, a concept note titled "Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP" was presented by the MoIA before the Security Window TWG of the Law and Order Trust Fund for Afghanistan – Multi Partner Trust Fund (LOTFA – MPTF) and approved by participants for project development at a meeting dated 01 April, 2020.

The proposed objectives of this project include:

- (a) To support the MoIA Health Directorate in the implementation of its Strategy for COVID-19 Emergency Response, especially for strengthened clinical care facilities for ensuring early diagnosis and detection as well as isolation and case management and treatment support as per C-19 priority measures highlighted by WHO.
- (b) To support the MoIA in protecting the Police personnel through basic personal protection equipment and maintenance of personal hygiene in the course of their day to day work.
- (c) To support the MoIA in the implementation of its Communication Plan for Combating COVID-19 by raising awareness of the preventive measures against C-19 among Police personnel and garnering the support of the citizens in the ANP's role on containment of the spread of C-19.

PROJECT APPROACH:

- (a) The project is an emergency response-based intervention in support of the MoIA General Directorate of Health to assist with medical and healthcare facilities to support infection prevention and control (IPC) as well as adequate case management of the affected C-19 police personnel in Afghanistan.
- (b) GIROA is primarily responsible for managing the medical response to the C-19 pandemic across Afghanistan – in accordance with the NERP 2020.

(c) The procurement of medical equipment and health supplies will be undertaken by UNDP through global and /or local coordinated procurement methods. The arrival of these items will depend on global market availability of items and their transport and delivery into Afghanistan.

(d) The MoIA General Directorate of Health is primarily responsible for ensuring that the emergency response support provided under this project is physically made available to the targeted groups i.e. the affected C-19 police personnel through the five adjunct hospitals being supported under this project. This includes the transportation and movement of the procured items from Kabul to the five targeted provinces i.e. Herat, Balkh, Nangahar, Helmand and Paktiya.

(e) The MoIA General Directorate of Health has assured UNDP of the available facilities for establishing the five adjunct hospitals and its necessary refurbishment to ensure the effective infection prevention and case management of C-19 cases among the police personnel. This includes, the timely available and sufficient number of health care professions who have been trained in infection prevention and control, case management, and diagnostic sample collection – wither within the MoIA or through their collaboration with the MoPH.

(f) The MoIA General Directorate of Health will also be primarily responsible for the distribution of the PPE and hygiene kits among the police personnel identified, ensuring that there is no duplication and adequate distribution across Afghanistan.

(g) The MoIA General Directorate for Strategic Communications (GDSC) will lead the implementation of output 3 under this project, with the necessary support from UNDP Afghanistan as detailed below.

(h) The MoIA GDIC will extend adequate support and coordination within the MoIA to ensure that the monitoring and evaluation tools can be adequately deployed through the time period of this project to record results and impacts of this project’s intervention.

LESSONS LEARNED FROM THE GLOBAL C-19 EXPERIENCE AND NECESSARY MEASURES TO BE ADOPTED BY ALL COUNTRIES – HEALTH GUIDELINES FROM WHO:

The lessons learned from the global experience of responding to C-19 crisis has been observed and converted in general guidelines by the WHO. The latest clarification on the C-19 response guidelines from WHO²⁰ Afghanistan are as follows:

Several countries are requesting WHO for guidance on enforcing limitations on mass gatherings, closure of institutions and commercial outlets, and travel restrictions. While such measures may assist in the overall management of the response to COVID-19, these should not divert attention, energy, or resources from the proven public health measures.

The most effective measures in controlling disease transmission remain early detection, early isolation and case-management/treatment, contact tracing, and risk communications/community engagement.

These containment measures should continue to constitute the central pillar of the response. Other additional measures play a supportive role. Clear and transparent communications to the community around all measures is vital.

Consider the following:

Priority measures to interrupt chains of transmission

Early detection, isolation and case-management/treatment. Experience from China has demonstrated that the essential public health measures of early detection, diagnosis, isolation and case-management/treatment for all of all people with COVID-19 - including people with mild symptoms - can change the course of the outbreak. Therefore, rapid scaling up of capacities for disease surveillance, laboratory testing, isolation of all people who have COVID-19 and early case-management/treatment are vital. Clear and regular communications to instruct the public on how to recognize symptoms of the disease and to seek care as soon as these are identified is core to the success of these measures. Wherever possible, people with mild symptoms of COVID-19 should be isolated in a medical facility such as a hospital or

²⁰ See “COVID-19 response guidelines” WHO Afghanistan (April 2, 2020). Available at: <http://www.emro.who.int/afg/afghanistan-news/covid-19-response-guidelines.html>; accessed on April 9 2020.

temporary isolation unit. Where that is not possible, home isolation should be employed, consult WHO guidance.

Contact tracing. Early identification and tracing of contacts – especially close and high-risk contacts – is also essential. Contacts include those with whom a person confirmed to have COVID-19 had close interacting within 24-48 hours prior to the development of symptoms. Where resources permit, close contacts should be quarantined in a temporary quarantine unit and should be tested as soon as they begin to develop even mild symptoms. Where that is not possible, home quarantine can be used, together with daily follow up.

Risk communication and community engagement. Regular and clear communications to the community about COVID-19 and the measures that individuals can take to protect themselves and their families is vital to controlling the disease. As above, they should also be aware of how to recognize and seek care for disease rapidly, and be regularly informed of any additional measures taken in support of the response (see below).

Additional measures to enable the response/priority measures

Limitation of mass gatherings. Limiting mass gatherings can contribute to the control of transmission. WHO does not have established thresholds for the number of people who can assemble in one place at a given time and different countries are applying their own limits based on cultural and contextual considerations. In general, these thresholds range between 50 and 500 people. In the current context, the authorities may consider recommendations on limiting gatherings to no more than 25 - 50 people. This would include continuing the suspension of Friday prayers, religious events, sporting events, and other mass gatherings for the next 4 weeks; subsequent limitations could then be reviewed at that time. For the upcoming Norwuz New Year celebrations, the government should advise the population that unnecessary travel should be strictly limited and that large family gatherings should be avoided;

Temporary closure of institutions, such as schools, and commercial outlets. Temporary closure of schools, universities, restaurants, cafes and other places where people gather in large numbers should also be considered for a period of 4 weeks. Essential services such as supermarkets, food stores, petrol stations and others should be allowed to continue to operate, with limitations on the numbers within the store at a given time. Restaurants and cafes may be able to continue home delivery services. As far as possible, ensure that measures are evidence-based, proportionate to risk, and short-term. Compensatory and supportive measures to individuals, communities and businesses may be required, focusing on the most vulnerable;

Travel restrictions. *Travel restrictions are not very effective at controlling the transmission of diseases such as COVID-19, but may assist in the management of the response. Their application must be considered in light of their public health benefit and the degree of social and economic disruption caused. Travel restrictions may be considered between provinces, or between cities and towns within a province. The most useful application of travel restrictions would include check points where screening the temperature of travelers occurs – this alone may have a deterrent effect on people traveling. Such screening should ideally not be undertaken by security forces. Those who have a fever should be referred to an appropriate health facility immediately. Those who are allowed to continue to travel must have a valid justification for doing so, e.g. work-related, returning home after travel/displacement, seeking health care;*

Communications. *Successful application the additional measures is highly dependent on community engagement and trust. How the additional measures are applied and how the community responds may impact community trust and how well they adopt other government guidance on the more important public health measures. The justification for the additional measures – as well as any penalties for lack of adherence - must be clearly and frequently conveyed to the community.*

Enforcement. *In general, the community must be considered a partner in the application of the additional measures and not a population to be controlled. Coercive measures and strict enforcement should be avoided, wherever possible. Where penalties are applied, e.g. for a mass gathering to continue, the initial penalty should be light, but could be progressively increased for repeat offences.*

Role of military and security forces

The military's role should primarily be for logistic and operational support, e.g. as per the establishment of hospices, check points. They can support the set-up of check points on main roads to check temperatures of travellers and to screen for the justification of onward travel. They should employ a tempered role in monitoring and enforcing adherence to limitations of mass gatherings and closures of institutions. The recent use of military institutions and assets to house COVID-19 patients and contacts is appropriate. When available, the repurposing of military industrial capacity to produce supplies and equipment for the management of the response such as PPE is welcome – but these supplies and products must adhere to specified standards. The role of security forces in restoring public order in settings of violence or obstruction to the response must be seriously considered and proportionate to the disruption.

MOIA STRATEGY / PLAN FOR C-19 RESPONSE:²¹

In order to support the treatment of Police personnel infected with C-19, separately from the wounded and injured police from the ongoing conflict currently being treated in the 300 bed police hospital in Kabul, the MoIA General Directorate of Health Services has drawn up a detailed MoIA "Strategy for Combating COVID -19" among Police Personnel. The MoIA strategy aligns itself to the "GIRoA National Strategy for Combating COVID – 19 in Afghanistan."

Accordingly, the MoIA strategy recognises the role of the ANP in the GIRoA containment strategy to stop the spread of the C-19 virus across Afghanistan. This has been represented by the MoIA to include the immediate closures of the entrances to the important cities and highways inside the country, including:

- Kabul – Kandahar
- Kabul – Torkham
- Kabul – Mazar
- Kabul – Bamyan
- Kandahar – Herat

A three phased approach has been adopted by the MoIA in ensuring the enforcement of the aforesaid closures to stop the movement of people across Afghanistan as follows:

Phase 1:²²

- Police Academy and National Defense Academy medical students will be trained about COVID 19 measure;
- Arranging these trained medical students into two-person teams.

Phase 2:

- In each check point established by the security forces, a two-person security team will be constantly deployed;

²¹ As per the first draft received by UNDP Afghanistan on 12 April 2020 and revised on 13 April 2020 and further revised on 20 April 2020.

²² MoIA has already alerted this to the Afghanistan National Police Academy Commander regarding the need for these trainings for medical students. The MoIA is waiting for MoPH request to provide the support of these medical students for medical checks at intercity and intra city check points for movement restrictions imposed as a part of the containment strategy. Currently the MoPH has their staff undertaking these medical checks at all checkpoints. The Medical students will be sent to the checkpoints when more medical and para medical staff are required to undertake medical checks at the checkpoints.

- An ambulance or a vehicle will be set up to transport suspected patients to the quarantining locations at these check points as well.

Phase 3:

- The two-member medical students' team will check all passengers with a thermometer at the check points;
- In case of any suspicious cases, besides recording the details of the person, places or persons who they were in contact with before - the suspicious persons will be transferred to hospitals or places that have been officially introduced by the Ministry of Public Health for their diagnosis, quarantine and treatment.

It is therefore expected by the MoIA that during the implementation of the aforesaid three phased approach, a large number of police personnel will also be affected by the C-19 infection. Due to the current challenges and difficulties in the health care system under the MoPH, the MoIA has been recommended to ensure the diagnosis, quarantine and treatment of all police C-19 cases through the health facilities managed by the MoIA Health Directorate.²³

In keeping with the estimates by the MoPH of the number of C-19 cases in Afghanistan as per the global experience and the methods of calculation provided by WHO, the MoIA's General Directorate for Health Services has also estimated the following figures of anticipated C-19 cases among the police personnel in a similar three different transmission scenario²⁴:

- Scenario 1 (Low Transmission): with total 12 positive cases²⁵
- Scenario 2 (Moderate Transmission): with total 134 positive cases
- Scenario 3 (High Transmission): 39, 336 (40,000) positive cases.²⁶

In order to be prepared for the possibility of Scenario 3 (considered the most likely scenario at the time of writing this project document) among the police, the MoIA Directorate of Health is planning to establish 7 adjunct hospital facilities for the quarantine / isolation as well as treatment of C-19 cases among Police personnel. These new adjunct hospital facilities are meant for the treatment of the police infected with C-19 only. These are in addition to the already existing 300 bed police hospital in Kabul which is currently full of police patients being treated for conflict related wounds and the 20 bed facilities in Balkh, Herat, Nangahar, Kandahar, Kunduz, Helmand and Paktiya.

Under Scenario 3, The MoIA anticipates that 40,000 will be the total number of cases among police over the time period of 8 months, between May and December 2020. It is estimated that at least of 20% of these cases will be in need of treatment at a particular given time – based on global experiences. Despite the fact that global experiences do not hold true for Afghanistan as primary data and transmission patterns are unable to be determined – the global experience remains the only available standard for determining the future course of action with no alternatives currently available. Thus, out of 40,000 patients projected to test positive over the next 8 months, with 20% in need of treatment i.e. 8000 patients over a time period of 8 months. Each patient is expected to remain under

²³ This project will also be supporting the setup of a lab facility under the MoIA Health Directorate for blood testing. It will be established adjoining the Kabul 100 bed adjunct hospital facility for C-19 treatment. All police samples will be tested in Kabul at this lab facility. More details on the lab facility in Kabul are available under Output 1, including details of testing kits being made available to the MoIA. At this moment, such diagnostic tests for the police are being undertaken with the support of the MoD and MoPH. But with the number of civilian cases rising exponentially and the MoPH running out of supplies, additional labs have to be set up by MoIA for testing the C-19 symptomatic / affected police personnel. The MoIA has represented that they are working in coordinating with the MoPH on this through the exchange of official letters and coordination through the Technical Working Groups operating under the High-Level Emergency Coordination Committee led by the Office of the Second Vice President.

²⁴ WHO Afghanistan has suggested during a bilateral meeting with UNDP Afghanistan that no definitive model for case projection is available for Afghanistan since it's a complex situation and highly unlikely to provide accurate projections for Afghanistan through the WHO global projection models derived from global experience. As of April 22, 2020 WHO has confirmed again that they are working with several universities to develop a projection model for Afghanistan, however due to the lack of primary data due to limited testing, limited community based surveillance and inability to undertake extensive contact tracing along with the migratory flows from neighbouring countries of Iran and Pakistan, a projection model is still unavailable for Afghanistan.

²⁵ Not realistic anymore 25 ANP have tested positive as on 22 April 2020. Of these 25, 8 personnel have recovered and 3 are dead. Additionally, as on 22 April 2020 total number of (home) quarantined / isolation include 213 personnel with 79 who showed no further symptoms and have returned to duty after 2 weeks and 134 personnel who continue to remain under home isolation.

²⁶ The figures are based on the projections of the MoPH for whole of Afghanistan and the similar calculation methods used by the MoIA – compounding cases through a 20% increase in number for over a period of 8 months. This project is designed for being prepared for Scenario 3 – by using the limited available resources to be prepared as efficiently as possible for scenario 3.

treatment for at least 20 days, again based on global experience. Thus, at any given point in time the total number of beds required to treat these patients within 8 months is calculated as follows:

- 20 percent of 40,000 becomes 8,000
- 8 months*30 days = 240 days for total period under 8 months of the projection
- 240 days /20 days treatment for each patient = 12
- 8000 patients / 12 = 666 beds required at any given point in time to treat 20% of the projected 40,000 positive cases under scenario 3.

Through the use of ANP training centres, the MoIA will therefore establish seven new additional hospital facilities with a total of 450 beds dedicated to treat Police personnel affected by C-19. Despite the need for 666 beds, the MoIA Health Directorate hopes to ensure adequate case management of C-19 cases among police personnel under scenario 3 through the set-up 450 beds hospitals across seven provinces, with the resources available to the MoIA in terms of the capacity of training centres as well as the available funding to support the establishment of these facilities. The details of the seven hospitals to be established are as follows:

No.	Specialized COVID 19 Centres	Locations	Priority	HR requirement (To be hired: only 20% available and to be used in Kabul)						Funding Partners
				Specialist (27)	General physician (135)	Nurses (200)	Lab technicians	Pharmacists	Support staff	
1	Kabul 100 beds police hospital	Kabul and central zone Provinces	Immediate	6	30	45	9	6	45	GIRoA-MOF fund
2	Herat 100 beds police hospital	Herat and West zone Provinces	Immediate	6	30	45	9	6	45	UNDP LOTFA C-19 project
3	Balkh 50 beds hospital	Mazar and North zone provinces	Immediate	3	15	22	5	3	22	UNDP LOTFA C-19 project
4	Helmand 50 beds hospital	Helmand and South zone provinces	Immediate	3	15	22	5	3	22	UNDP LOTFA C-19 project
5	Nangarhar 50 beds hospital	Nangarhar and east zone provinces	Immediate	3	15	22	5	3	22	UNDP LOTFA C-19 project
6	Kunduz 50 beds hospital	Kunduz and adjacent provinces	Immediate	3	15	22	5	3	22	Not allocated yet
7	Paktiya 50 beds hospital	Paktiya and adjacent provinces	Immediate	3	15	22	5	3	22	UNDP LOTFA C-19 project

The current MOIA plan entails converting available training facilities located in the seven provinces into adjunct hospital facilities for C-19 reponse ("Specialized COVID-19 Treatment Hospitals"). The list of identified training facilities are listed together with their respective locations below:

Facility	Province
Counter Narcotic Training Facility	Kabul (100 beds)
Zarawar Police Training Center	Nangarhar (50 beds)
Mazar Police Training Center	Balkh (50 beds)

Kunduz Police Training Center	Kunduz (50 beds)
Herat Police Training Center	Herat (100 beds)
Abdul Jabar Qahraman Police Training Center	Helmand (50 beds)
Gardiz Police Training Center'	Paktia (50 beds)

The total number of beds assigned to each of the seven C-19 hospital facilities has been determined as per the following criteria:

- (a) the current capacity of the Training facility and how many beds it can hold in accordance with the WHO guidelines on distance between beds for isolation wards / separate ICU facilities etc.
- (b) number of C-19 cases among police personnel anticipated within each province by the MoIA.

The total costs required to establish and furnish all seven C-19 hospitals with 450 beds has been estimated by the MoIA to be USD 22,050,555 (as per the Master Procurement List attached). The hospital in Kabul will be set up with the funds allocated to the MoIA from the Ministry of Finance with an approximate amount of 285,000,000 AFS (USD 3,706,266 as per the Master procurement list attached). It is anticipated that the remaining five hospitals in Herat, Nangarhar, Balkh, Helmand, and Paktia will be established through the funding support of an approximate amount of USD \$12,361,662. from LOTFA – MPTF through UNDP, Afghanistan. The hospital in Kunduz has not been allocated any funding as yet and will be established as the very last facility if the funding gap USD 5,982,627 can be identified by the MoIA. Currently MoIA is considering the options of partnering with the Ministry of Defense (MoD) to support the treatment of the C-19 affected police personnel and their travel to Kabul 100 bed hospital for treatment in exceptional cases.

The MoIA requires a total of 632 healthcare and supporting personnel for the seven adjunct hospital facilities, as listed in the table above. This number is aside from the medical staff who are assigned to the 300 bed Kabul hospital and the 20-bed regional medical clinics that will continue to operate even during the times of the pandemic to treat police personnel injured by the conflict related wounds and injuries.

The details of the existing tashkil of healthcare workers and staff of the MoIA are as follows:

	FULL TASHKIL (15 APRIL 2020)	ASSIGNED TO KABUL 300 BED HOSPITAL (For continued medical support for police injured in conflict etc.)	ASSIGNED TO 7 REGIONAL MEDICAL CENTRES (20 BEDS ONLY) (For continued medical support for police injured in conflict etc.)	TASHKIL STAFF AVAILABLE FOR THE 7 NEW HOSPITALS FOR C-19 TREATMENT ONLY (PRIORITY for KABUL 100 BED C-19 HOSPITAL)
Total number of Doctors (All doctors under MoIA – irrespective of their specialization)	328	152	(328-152 = 176) Of the 176: 70 are assigned here. 106 are available	MoIA has allocated 20 Specialized Doctors for the 100 Bed C-19 adjunct hospital in Kabul alongwith 30

			for C-19 hospitals out of 162 doctors [without a margin for sick doctors]	Nurses, 6 Pharmacists, 10 Laboratory Technicians, 3 Radiology technicians, 6 driver medics, and over 35 cleaners and support staff. The 100 bed Kabul C-19 hospital can be run from current available staff. For the remaining 6 provincial C-19 adjunct hospitals MoIA has allocated 4 doctors and 2 nurses from the existing tashkil and all support staff from the MoIA in Kabul are being reassigned to these facilities.
Total Number of Nurses	372	209	(372-209 = 163) Of the 163: 42 are being assigned here. 121 nurses are available for C-19 hospitals out of 200 nurses [without a margin for sick nurses]	
Total Number of Lab Technicians	84	16	NA (84-16=68)	
Total Number of Pharmacists	77	11	NA (77-11=66)	
Total number of medical students under training under MoIA Health Directorate only	38	38	NA	

Thus, from the available doctors, nurses, and pharmacists (after considering a % of them to be affected by the C-19 themselves) about 20 – 30% of the health workers can be assigned for the newly established adjunct medical facilities in all of the seven locations. It is also pertinent to note that the available tashkil staff will be prioritised for assignment first to the adjunct Kabul 100 bed hospital for C-19 treatment facility for emergency response and immediate challenges and considerations. All additional health care workers, including doctors will be hired on the GIRoA approved contractual basis from the rosters made available by the MoPH human resources system and thus will have already been vetted for minimum qualifications and experience required by the MoPH itself. All support staff needed for the newly established adjunct diagnostics and hospital facilities are available within the MoIA Tashkil and will be reassigned to support the operations in these new facilities.

The MoIA underlines in its Strategy for Combating COVID-19, that the seven new established hospitals for treating C-19 cases will be used to treat all police personnel including, the Afghan National Police force (on Tashkil) and police commands out of police official structure (out of Tashkil). This includes the Community police force, public security force, Judicial protection force, Police Command - 12, Government protection force, UN protection force, election commissions protection force and Ministries protection force - with total personnel of 181,700 (112,000 on Tashkil and 69,700 out of Tashkil), If and when additional beds become available, MoIA will accept the treatment of the civilians and affected family members of the police personnel.

All of the seven newly identified Specialized C-19 Treatment Hospitals will require medical equipment, including hospital facilities such as beds, stretchers etc. to make them operational. MOIA has already indicated that the special C-19 Treatment Hospital in Kabul will be equipped using funding allocated by the Ministry of Finance i.e. 285,000,000 AFS. This project will support the Specialized C-19 Treatment Hospitals in Herat (100 beds), Balkh (50 beds), Nangarhar(50 beds), Helmand (50 beds) and Paktiya (50 beds) provinces with a total of total of 300 beds including ICUs and an additional Lab Testing facility for C-19 to be attached to the Kabul 100 bed adjunct hospital for C-19. For the additional hospital facility in Kunduz, there is currently no source of funding or support identified as yet.

MOIA FORCE MANAGEMENT & CONTINGENCY PLANNING:

The impact of COVID-19 on the Afghan National Police could be debilitating. The MoIA's primary goal is to contain the spread of C-19 among police personnel across the country in best possible approach. However, the MoIA is currently preparing for the Scenario 3 i.e. worst-case scenario where at least 40,000 police will be affected over a period of 8 months' time. In order to ensure the full-spectrum readiness of the ANP in this worst-case scenario i.e. Scenario 3, a total of 10,320 police reserved personnel have been identified to remain available to provide timely and effective gap filling/replacement for those personnel's who are medically isolated / quarantined due to COVID-19. The reserve force will be available for deployment – when the need for the identified number of reserved police to be deployed arises, as follows:

Phase 1:

A total of 6375 MoIA-headquarter personnel including, training centres, administrative sections, Logistical & procurement units and all GDoP²⁷ active reservoirs will act accordingly to phase 1.

Units	Number of Personnel
MoIA Head Quarter	3,096
Police Training Centres	1,149
Police Academy	1,300
General Recruitment Command	547
Active Reservoirs of GDOP	283
TOTAL	6,375

Phase 2:

Considering the intensity of circumstances, additional 30% of Police Special Units and 800 women police reserved component are available to serve to active /full-time duty in required places when necessary.

Units	Number of Personnel
Police Special Units (GCPSU)	2,340
Women Police	800
TOTAL	3,140

Phase 3:

In third phase of C-19 outbreak²⁸ among police personnel and the reserved component in two above phases were not adequate to fill the personnel gaps for maintaining security & law order, a total of Community Police personnel and MoIA-Civilian staffs to be deployed to take required measures.

Units	Number of Personnel
Community Police (320 Councils, 25 members each)	8,000
Civilian Staffs	7,300
TOTAL	15,300

²⁷ General Directorate of Personnel

²⁸ This project has been designed with the expectation that the third phase of the C-19 outbreak is a near reality and expected to occur soon.

Implementation (Reserved Component)

1. Deputy Ministry of Education and Personnel is responsible to identify and list all the personnel mentioned in above 3 phases; and to deploy them in appropriate duties as per their field of expertise in the places where personnel gaps created.
2. All the identifies reserved personnel must be in continuous contact with their units, in order to be present for duty upon the call.
3. All units in Kabul and other provinces, is ordered to identify suspected cases of COVID-19 among their personnel and request replacement new personnel from DM-E&P for gap.
4. General Directorate of Command &Control is in-charge to facilitate transporting of personnel to the assigned units.
5. MoIA – General Health Directorate is responsible to test all the personnel before their deployment, to make sure negative result of COVID 19 for each of them;
6. All duty facilities e.g. food, clothing, barracks and equipment provides by related units through Deputy Ministry of Support.

MOIA C-19 RESPONSE RELEVANT, ALIGNED AND COMPLIMENTARY TO THE NATIONAL EMERGENCY RESPONSE PLAN FOR CORONAVIRUS 2020 (NERP 2020) OF THE GIRoA (Led by the MOPH):

The MoIA's Directorate of Health Services has sought the support of UNDP – LOTFA MPTF to implement the MoIA C-19 strategy / plan. This support requested by the MoIA is relevant and aligned to the global C-19 response guidelines issued by WHO²⁹ and the priorities recognised by the GIRoA in accordance with the NERP 2020 developed by the MoPH. As per the WHO guidelines and the National Response Plan of the MoPH, MoIA has prioritised it proposed programme as follows:

Relevant WHO Guidelines: Priority measures to interrupt chains of transmission	Relevant Actions prescribed by the NERP 2020, GIRoA	Relevant Actions to be undertaken by the MoIA, Directorate of Health Services for treatment of police personnel
<p>1. <u>Early detection, isolation and case-management/treatment</u>: Experience from China has demonstrated that the essential public health measures of early detection, diagnosis, isolation and case-management/treatment for all of all people with COVID-19 - including people with mild symptoms - can change the course of the outbreak. Therefore, rapid scaling up of capacities for disease surveillance, laboratory testing, isolation of all people who have COVID-19 and early case-</p>	<p>OBJECTIVE 2: EARLY DIAGNOSIS, ISOLATION AND CASE MANAGEMENT: The priority is to diagnose cases as soon as possible, isolate confirmed cases to avoid spreading the virus to the population and treat cases.</p> <p>(a) Diagnosis</p> <p>(b) Hospital beds to isolate and treat patients</p>	<p>MoIA has prioritised the following actions through the current project:³¹</p> <p>1. <u>Set-up Lab testing facilities in Kabul for the police personnel</u>: The set-up of the PCR testing lab in Kabul through a PCR machine already in possession of the MoIA and to be manned by existing lab technicians available under the Directorate of Health Services, MoIA. Only PCR tests are being used in Afghanistan based on the recommendations of the WHO and MoPH. As per the MoPH standards, these labs need to be certified by the WHO and the MoIA will work with the MoPH and WHO to receive the necessary certification for its lab in Kabul.</p> <p>2. <u>Set up 6 new (1 additional in the worst-case scenario) adjunct health</u></p>

²⁹Ibid

management/treatment are vital. ³⁰		<u>care facilities in existing training centre buildings with isolation rooms and quarantine facilities and ICU support</u> : 100 beds in Kabul (through GIRoA funding), 100 beds in Herat, 50 beds in Balkh, Nangarhar, Helmand and Paktiya provinces (i.e. total of 300 beds through UNDP – LOTFA funding) provinces. 20% beds in all facilities will be ICU support. In accordance with the WHO and the MoPH plan this will support the necessary early diagnosis and detection as well as isolation and case management and treatment support as per C-19 priority measures highlighted by WHO.
2. <u>Risk communication and community engagement</u> : Regular and clear communications to the community about COVID-19 and the measures that individuals can take to protect themselves and their families is vital to controlling the disease.	OBJECTIVE 4: RISK COMMUNICATION AND HEALTH PROMOTION: Enhanced public awareness and information to the nation about evidence-based health promotion and risk communication measures on C-19 is essential.	3. MoIA will adopt the risk communication and health promotion awareness strategy to increase information and knowledge of the Police personnel about measures they can take to protect themselves. The MoIA initiatives are coordinated through the national communications sub working group, represented by the MoIA Director of Organizational Commitments.

UNDP'S SUPPORT TO MOIA IS COMPLIMENTARY TO THE UNCT SUPPORT TO AFGHANISTAN ON C-19 RESPONSE AND UNDP'S GLOBAL RESPONSE ON C-19:³²

UNDP Afghanistan has submitted and received the endorsement of its consolidated C-19 Support Document and Plan within the larger UN system in Afghanistan. The current initiatives underlined under this project have been represented and included in the UNDP Afghanistan C-19 Support Package. UNDP Afghanistan's C-19 Support Package in turn will be submitted together with several other UN agencies, and led by WHO under the "ONE UN COVID-19 Health Plan" to the President's Office as part of a comprehensive UN C-19 Support Plan for Afghanistan.

In particular, UNDP Afghanistan has underlined the support extended to the MoIA Directorate of Health Services through this project under Output 1 of the UNDP Afghanistan C-19 response document i.e. Strengthening the First Line of Defense against C-19 in Afghanistan. This is aligned with the Pillar 7 (Case management) and the Pillar 8 (Operational support and logistics) of the United Nations COVID-19 Multi-Sector Humanitarian Country Plan (Afghanistan), dated 24 March 2020. In addition, it is aligned with Objective 2, 4 and 6 of the NERP 2020.

Additionally, the interventions under this project are fully aligned to the UNITED NATIONS COORDINATED APPEAL under the GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19 (April – December 2020).³³ They fall within the purview of the UNDP's responsibilities under Strategic Priority 1 - SO 1.1 - SO 1.6 (Contain the spread of the C-19 pandemic and decrease morbidity and mortality) to

³¹ Details related to these actions to be undertaken by the MoIA are provided under outputs 1, 2 and 3 under Section 4. Results Framework of this document.

³⁰ *Ibid*

³² To be further updated based on ongoing meetings within the UN System.

³³ Available at <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>; accessed on April 9, 2020.

ensure that UNDP will support the procurement and provision of health products, and support non-medical requirements for the overall response and coordination.

UNDP ENGAGEMENT IN COLLABORATION WITH WORLD BANK AND ADB EFFORTS IN AFGHANISTAN:

The World Bank and the ADB have separately initiated their COVID-19 emergency response and health systems preparedness projects for the GIRoA.

The World Bank has proposed in its project to support GIRoA respond and mitigate the threat posed by COVID-19 in Afghanistan and strengthen national systems for public health preparedness as follows:

- Emergency COVID-19 Response (\$34m), to slow down the spread of COVID-19
- Health Care Strengthening (\$46m), to strengthen essential health care service delivery
- Mitigation of Social Impacts (\$5.4m), to address significant negative externalities of the COVID-19 outbreak

The ADB Emergency Assistance for COVID-19 Pandemic Response Project responds to the GIRoA's request of USD 40 million for the:

- Construction of hospitals and medical facilities
- Supply of medicines and medical equipment
- Capacity development and resilience strengthening

The proposed emergency assistance programmes of both World Bank and the ADB is part of the NERP 2020.

This current project designed by UNDP, Afghanistan is also in alignment with the NERP 2020 – and seeks to provide emergency assistance and relief to the MoIA Health Directorate in order to ensure that the C-19 cases from among the police do not overburden the MoPH systems, which are also currently not reflected within the National Plan led by MoPH.

OTHER PROJECTS IN SUPPORT OF MOIA and POLICE IN AFGHANISTAN:

(a) **IOM has proposed to support and work with the Afghanistan Border Police to ensure** "Flow Monitoring, IPC and risk awareness at 12 border crossing points for 2 months - of the returnees and presumptive and confirmed COVID-19 cases." The target beneficiary and target area of this activity is solely at 12 border crossing points identified under IOMs intervention. The current proposed project focuses on all police personnel's infection – diagnosis and recovery from C-19 and primarily targets the wellbeing of all police personnel in Afghanistan.

(b) **GIZ – Police Cooperation Project:** This project will distribute hygiene kits, awareness booklets, and posters to all police units, subunits, checkpoints in all city and remote districts across all 34 provinces of the country. Hygiene kits (consisting of 15 disposable masks, 15 disposable gloves, and 5 Dettol soaps) are currently being distributed to 6880 police deployed in checkpoints through coordination with the MoIA DM Education along with General Directorate of Health representatives at the provincial levels, in all 34 provinces. 161,000 brochures and 4500 posters are being distributed among PPHQs and PD stations across all 34 provinces and awareness measures being explained through the 1500 Learning Advisors already available in the 34 provinces under the GIZ project. This activity is led by the MoIA DM Education.

UNDP has discussed this proposed project and possible overlaps with GIZ who have assured the following:

- The GIZ project was able to deliver only a limited number of hygiene kits to the ANP. With regard to the kits there can be no duplication of activities as hygiene kits are used up relatively

quickly. Therefore, a subsequent delivery or refill of hygiene kits should not be considered as duplication.

- GIZ will cooperate with UNDP in sharing their awareness strategy with full details that will allow UNDP's assistance to the MoIA GDSC to support further awareness on preventive measures in accordance with the existing C-19 awareness strategy already implemented by the MoIA DM Education, through the GIZ project.

MOIA COOPERATION WITH MOD, MoPH AND MOF:

At the time of writing this project document, the MoIA had initiated the drafting and exchange of official MoUs with the MoD, MoPH for the necessary support and coordination required between these institutions. UNDP has submitted the outputs and the support under this project into the "ONE UN COVID-19 Health Plan" that is currently being finalised by WHO and to be presented to the GIRoA / MoPH / MoF for approval after review by H.E. the President of Afghanistan.

ROLE OF WHO:

WHO, Afghanistan is currently engaged with providing extensive support to the MoPH, Afghanistan which is the primary ministry responsible for the medical and health care support for all citizens in Afghanistan. WHO is therefore not in any position to directly supervise and extend support to the MoIA General Directorate of Health. It is expected that the MoIA General Directorate of Health will coordinate with the MoPH and consequently receive the advice, support, and collaboration from MoPH – who are in turn advised by the WHO, Afghanistan.

STAKEHOLDER ENGAGEMENT:

The primary stakeholder to this project is the MoIA, DM Support and the General Directorate for Health Services. All key results under this document have been designed in accordance with the consultations with the MoIA. UNDP will support the efforts of the MoIA, DM Support and the General Directorate for Health Services to tackle the challenges in the delivery of efficient health services for the treatment and recovery of the C-19 affected police personnel, in accordance with the MoIA Strategy for Combatting C-19 among police personnel in Afghanistan.³⁴ This engagement will be through direct relationship, and constant coordination and collaborative approach between the project implementation team from UNDP Afghanistan and the designated representatives of the MoIA, General Directorate for Health Services. The direct engagement will ensure that all concerns and issues that arise during the implementation of the project will be thoroughly discussed between UNDP and the designated representatives from the MoIA General Directorate of Health Services. In addition, the UNDP project team will work closely with the General Directorate for International Cooperation (GDIC) for the overall coordination of issues and implementation of this project. UNDP will work in coordination with the MoIA, Directorate for Strategic Communications for the implementation of output 3 under this project and the effective implementation of the MoIA Communication Plan for Combating C-19.

UNDP GLOBAL/ REGIONAL CONSOLIDATED PROCUREMENT AND QUALITY ASSURANCE:

The current interventions designed under this project are in accordance with the UNDP's Global Integrated Response Plan for country offices.³⁵ Working at the heart of the United Nations family and in close coordination with the World Health Organization (WHO), the UN Development Programme (UNDP) globally is responding to a growing volume of requests from countries to help them prepare for, respond to and recover from the C-19 pandemic, focusing particularly on the most vulnerable. UNDP is supporting countries to strengthen their health systems in the face of C-19, including procuring urgently needed health and medical supplies, strengthening health infrastructure, managing health waste, and ensuring salary payments to health workers. UNDP's work draws on its experience in

³⁴ Initial drafts made available on 12 April 2020 and revised on 13 April 2020 and revised further on 20 April 2020. UNDP Afghanistan is yet to receive the final approved Strategy and Plan.

³⁵ Available at <https://www.undp.org/content/dam/denmark/docs/COVID-19%20Response%20Plan.pdf>; accessed on April 9, 2020.

delivering large-scale health programmes for the Global Fund and partners in more than 50 countries at highly competitive rates. For example, from 2014 to 2017, UNDP provided health procurement and supply-chain strengthening services in 30 countries with US\$1 billion in agreements, while generating savings of US \$65 million in the procurement of anti-retrovirals alone. UNDP is already providing C-19 health systems support to countries including Bosnia and Herzegovina, China, Djibouti, El Salvador, Eritrea, Iran, Kyrgyzstan, Madagascar, Nigeria, Paraguay, Panama, Serbia, Ukraine and Vietnam.

Accordingly, UNDP Afghanistan will use its global network to undertake the extensive procurement of health equipment and medical supplies for the MoIA, General Directorate of Health Services for augmenting the health facilities for police personnel's diagnosis and treatment of C-19. In line with UNDP's three immediate priorities: Prepare, Respond, Recover, procurement and supply of PPE, medical equipment and diagnostic tools (health products) are a key priority. To this extent, the UNDP Asia – Pacific regional office has extended extensive support to all the country offices in the region, including UNDP Afghanistan. The consolidated procurement of health instruments and medical supplies for all country offices within the Asia – Pacific region and the UNDP Global Procurement Unit allows for the opportunity to mitigate the current market situation and challenges. UNDP regional office in Asia – Pacific and the UNDP Global Procurement Unit thus believe that this approach will help the UNDP country offices in the regions to benefit extensively, as it generates supplier interest to achieve economies of scale and efficiency gains during the consolidated procurement process. This will also ensure the necessary quality assurance of the procurement process and the procured items.

Additionally, UNDP Afghanistan is also engaging at the country level with other UN agencies such as UNICEF and WHO in an effort to harmonize any requirements at the country level and to procure the necessary items for the MoIA police hospitals through potential local procurement or existing LTAs (if available). This will ensure a harmonized approach for procurement within Afghanistan and overcome any risks to the quality and acceptable standards of the health equipment and medical supplies to be procured.

UNDP AFGHANISTAN'S CAPACITY TO DELIVER ON THIS PROJECT IN AFGHANISTAN:

Despite the reduction of international staff in Afghanistan due to the C-19 containment priorities, UNDP Afghanistan's critical staff remain in Kabul and are supported by a team of national staff capable to deliver on the needs of this project. In addition, the LOTFA M&E team also has national staff, currently present and available on the ground in Afghanistan who can assure oversight and support to the regular monitoring and evaluation, either directly or through a third-party monitoring agent in support of this project and its M&E requirements.

RISKS:

This project has been designed after the careful evaluation and consideration of the potential risks that affect the implementation of this project and the adequate risk mitigation measures that will be undertaken by UNDP, Afghanistan. One of the biggest risks of this project is that it is designed as an emergency response to C-19 crisis in Afghanistan with the sole objective of supplementing the available resources for early detection and case management of the C-19 cases among the police personnel rather than as a development based initiative for the MoIA. This risk can be addressed through the consistent and extensive "external" monitoring of the ways in which the resources provided to the MoIA is managed and used for its intended purposes i.e. the diagnosis and treatment of the C-19 infected police personnel and its sustainable use in future ICUs to be set up in the police hospitals. The other major risk that the project is trying to mitigate is the loss of life of several police officers from the C-19 infection and / or their inability to serve due to disabilities induced as a result of the infection. The MoIA has prepared a "contingency plan" in a scenario where there is a considerable loss in tashkil of the serving police force in Afghanistan and detailed in the section above, and aligned to the MoIA Strategy in Combating COVID – 19 in Afghanistan among police personnel. The other risks include the ability of the GIRoA to ensure transparency and accountability to UNDP and the LOTFA – MPTF donors regarding the use of resources provided through this emergency response project for the benefit of the police personnel in Afghanistan. This risk will be addressed through the consistent risk monitoring and management from the UNDP management as this project will be recognised as a

“UNDP management project” and the use of robust monitoring and evaluation tools under the oversight and guidance of the LOTFA M&E team. A complete identification and analysis of risk is available as Annex 3.

SUSTAINABILITY:

Sustainability (i.e. in terms of the continued use of hospital equipment procured under this project) for the long run will be ensured since this equipment will continue to be used by existing police hospitals, even after the end of the C-19 pandemic. The LOTFA M&E team Will conduct a post project review within six to nine months after the project completion to confirm the running status and continuation of project results beyond project completion.

SOUTH-SOUTH TRIANGULAR COOPERATION AND KNOWLEDGE SHARING:

This project does not envisage any South – South Triangular Cooperation or Knowledge Transfer. The C-19 situation has impacted the world for the first time and all countries in the region are dealing with the situation of C-19 in the best possible manner. Any south-south cooperation between Afghanistan and SAARC or ASEAN is already being coordinated by H.E. the President of the Islamic Republic of Afghanistan. On part of UNDP, there will be co-operation with other country offices and the Regional Bureau for Asia – Pacific. There is currently no technical knowledge transfer through south – south triangular cooperation through UNDP Afghanistan – due to the nature of the project i.e. emergency response to set up the medical institutions for MoIA Health Directorate for effective case management of C-19 among police personnel. All countries fight the C-19 pandemic are currently following the global instructions and internal guidance issued by the WHO.

4. Results Framework:

The current project has been designed as an emergency response and support project to support the implementation of the MoIA Strategy for Combating COVID – 19 to ensure the prevention of spread and the adequate treatment of police personnel affected by the C-19 infection in Afghanistan. The project responds to the Scenario 3 projection of the MoIA and the respective healthcare facility support required to treat the number of affected police personnel as identified by the MoIA Strategy for Combating COVID – 19. The project is fully aligned with the LOTFA Strategic Framework’s, strategic objective 1.2 (Assess and support development of security sector infrastructure and operational capacities, including equipping and capacitating such facilities as required) and 1.3 (Strengthen policing capabilities and service-delivery to communities and citizens’ voice mechanisms for improved public trust.)

Expected 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 and increased awareness of the necessary preventive measures on COVID-19 among all police personnel.”

The project is organized around the following three outputs:

Output 1: 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.

Output 2: Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work

Output 3: MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan.

Output 1: MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and five new hospital facilities to quarantine, diagnose, and treat Police personnel infected with C-19.

In accordance with the MoIA Strategy for Combating C-19 in Afghanistan, the General Directorate of Health Services has identified their identified needs to support the treatment and extend welfare for the Police personnel on duty. This output will directly assist the MoIA to establish and operationalize a lab testing facility and five new hospital facilities to quarantine / isolate affected police personnel and treat the most complicated cases of C-19. The hospitals to be established will have a total of approximately 300 beds with isolation / quarantine facility and intensive care units (ICUs) for the treatment of complicated C-19 cases in five provinces of Herat (100 beds), Balkh (50 beds), Nangarhar (50 beds) Helmand (50 beds) and Paktiya (50 beds). These facilities will support the MoIA's adjunct hospital of 100 beds in Kabul to treat C-19 cases and currently being established through the funding allocated by the Ministry of Finance, GIRoA.

Through this output, MoIA General Directorate of Health Services will be supported to establish and adequately equip five hospital facilities for the quarantine/ isolation and treatment of all Police personnel (without distinction i.e. including GDPDC personnel under MoIA³⁶, Border police commissioners who are on the tashkil of MoIA, ALP etc under the tashkil of the MoIA). The 5 hospital facilities that will be established by the MoIA through this output will include: 100 bed health facility in Herat, 50 bed facilities each in Balkh, Nangarhar, Helmand and Paktiya – in addition to a full testing lab in Kabul. The MoIA has chosen to set up the adjunct medical facilities to treat Police personnel in Herat, Balkh, Nangarhar, Helmand and Paktiya provinces, which are currently reporting the highest number of C-19 positive cases in Afghanistan. These five hospital facilities will be created from the existing training facility buildings of the MoIA and will be prepped in accordance with global WHO and national MoPH guidelines and standards for the case management of C-19 infected patients. A total of 20% beds from the established 300 hospital facilities in Herat, Balkh, Nangarhar, Helmand and Paktiya for C-19 response will be converted to Intensive Care Units (ICUs) to support the treatment of the most complicated cases of C-19 infections. Thus, the required five hospital facilities to be established by the MoIA will require the procurement of and the availability of all basic and standard health equipments and medical supplies, including medical protective equipments for the medical staff working in these facilities – in order for the hospital facilities to be made fully operational for quarantine and treatment of C-19 patients and their adequate case management from among the police personnel. (Please also see the consolidated list of items requested by the MoIA Health Directorate that will be procured by UNDP as the primary result to be achieved under this output – as the list is annexed to this project document.) There will be no infrastructure based refurbishment of the designated training buildings in Herat, Balkh, Nangarhar, Helmand and Paktiya to support their transformation into health facilities for C-19 treatments, under this output.

The 100 bed hospital in Kabul (which is currently being established by the Ministry of Finance Funds) will be supported with a diagnostic lab facility for the MoPH mandated PCR testing of all samples from Police personnel in Afghanistan under this output. The MoIA is currently in possession of one PCR machine to be used in this laboratory. The MoIA has requested an additional three PCR machines through this project document, which will be added to this lab facility attached to Kabul 100 beds C-19 hospital for increased testing capacity for Police personnel. Given the exponential and erratic nature of transmission of the C-19 virus in Afghanistan, the MoIA is being prepared for testing C-19 samples in the worst case scenario of high transmission rate of the virus among the police personnel.³⁷ The MoIA has assured UNDP of its coordination with the MoPH in this regard. This lab facility will be manned and managed by the existing / already available MoIA Health Directorate's tashkil based lab technicians (84 lab technicians are currently available on Tashkil, with 16 of them assigned to the Kabul 300 bed

³⁶ Under the Special Decree of the President of the Islamic Republic of Afghanistan, "About pardon of punishments, Suspension of Investigation and Postponement of Sentence Enforcement of Confinees and Prisoners," Article 7 stipulates that:

1. *The Ministry of Public Health at the center and its departments in the provinces are obliged to examine those prisoners and confinees who will be released, go on leave or be readmitted to prison, and to take the necessary measures if they are suspected of having coronavirus.*

2. *To prevent a coronavirus outbreak in the prisons, the Ministry of Public Health is obliged to take the necessary measures at all prisons for those prisoners and confinees who will not be released and/or go on leave under the terms of this decree.*

³⁷ 1 PCR machine can do 50 samples per 24 hours.

hospital for treating conflict related injuries. At least 68 lab technicians are still available with the MoIA to support this facility).). As per the WHO and MoPH guidelines, this lab will need to be certified by the WHO / MoPH and the MoIA will work with the MoPH and WHO to receive the necessary certification for this lab facility in Kabul, once established. Test kits to collect adequate samples from the suspected Police personnel for C-19 testing are also included in the procurement list annexed to this document. The required number of test kits will be procured under this output to support the adequate testing of police across Afghanistan. The PCR based testing lab is being established only in Kabul to allow for the lab's access to experts from WHO and MoPH if and when needed, which would be much easier in Kabul rather than the provinces. The MoIA has considered this aspect and has included this matter in the MoU with MoD for the samples to be transported to Kabul from the provinces.

UNDP Afghanistan will support the MoIA, General Directorate of Health Services in procuring items for equipping the five hospital facilities in Herat, Balkh, Nangarhar, Helmand and Paktiya provinces to treat the infected C-19 Police personnel. This will include procurement of health equipment and medical supplies required to run these facilities, including Ventilators, Oxygen concentrators, X-ray machines, Functional patient beds, Patient monitors, DC shock machines, Cardiac monitors, Centrifuge machines, Sterilizing ovens etc. among other items consolidated in the detailed procurement list along with the necessary specification and ISO / ISI relevant standards for use – annexed to this document. It will be the responsibility of the MoIA, General Directorate of Health Services to ensure that the facilities are organised and running with the items procured by UNDP, Afghanistan as adequate hospital facility and treatment centres for C-19 patients in all five provinces of Herat, Balkh, Nangarhar, Helmand and Paktiya. The MoIA has been assured of any additional technical support for the set – up of these facilities and additional technical and medical trainings from the MoPH.³⁸ The procurement of the medical items will be undertaken through UNDP Global Procurement. UNDP Afghanistan will undertake this procurement through its Asia – Pacific Regional Office in Bangkok and the global procurement office to UNDP's global network to undertake the extensive procurement of health equipment and medical supplies. This will provide the necessary quality assurance for the procurement of items being undertaken for the MoIA. However, at this moment a standard lead time and scheduled delivery time cannot be made available. Suppliers for all items will be identified through UNDP's global list of suppliers and the availability of items with different suppliers will vary from hour to hour and day to day.

The MoIA will assume the primary responsibility of transporting the UNDP procured items from Kabul to the different provinces through their readily available transport systems.³⁹ This is in accordance with the instructions of H.E. The President of Afghanistan who has insisted to the UN that all supplies and delivery for government-based institutions will be managed through the government only. WHO has further clarified to UNDP that once H.E. The President of Afghanistan reviews the [ONE UN COVID-19 Health Plan](#) - a decision will be made with MoPH and MoF if all medical supplies will be provided to the MoPH who will further distribute it through inter – ministerial requests, or if the MoPH will authorize line ministries to take delivery and ensure further distribution across Afghanistan directly. At the time of writing this project document the understanding at WHO is that the distribution and delivery related to medical equipment, health supplies meant for the government and consumables etc. – have to be undertaken through a coordinated approach with the Government only. The MoIA will provide a detailed plan to ensure the distribution and delivery of health kits and specialist equipment to personnel in the most remote areas of Afghanistan. UNDP will monitor this through its M&E tools as detailed in the later part of this project document, to ensure that the equipment is adequately distributed to the proposed five hospitals in Herat, Balkh, Nangarhar, Helmand and Paktiya.

The MoIA has also assured the availability of electricity supply and generator backups to run these additional hospital facilities in Herat, Balkh, Nangarhar, Helmand and Paktia. Since the hospitals are being established in the existing training facilities, continuous electricity supply and the provision of back up generators are already available.⁴⁰ The MoIA has also assured UNDP of sufficient number of contractors, already available to conduct repairs and regular maintenance of the health equipments.⁴¹ UNDP Afghanistan will work closely with the representatives of the MoIA General Directorate of Health

³⁸ In accordance with the written responses provided by the MoIA

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

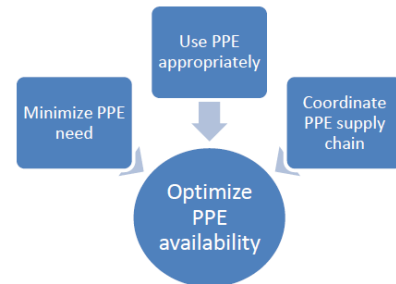
Services to ensure that the items procured are of the necessary design, standard and specifications that can be used in Afghanistan.

The General Directorate of Health Services currently expects that a total of 20% to 30% of necessary medical and support staff are available on its tashkil to support the running of all 7 adjunct hospital facilities to be set up for C-19 case management among police personnel. (Please see above section on the MoIA Strategy for Combating COVID – 19 for full details of the current tashkil of medical staff and students and their current placement in the different hospitals). All the other additional staff required will be recruited on contractual basis through existing funds of the MoIA, from the available medical / health roster developed and vetted by the MoPH through an open call and review by the MoPH human resources portal. As of 14 April 2020, the MoIA has represented to UNDP that approximately 10,000 such reserve medical and para medical personnel are already available on the MoPH human resource portal, for the recruitment on contractual basis by any Ministry in Afghanistan. Additionally, MoIA General Directorate of Health has also identified around 77 doctors, nurses, lab technicians and pharmacists who can be recruited immediately for supporting the provincial adjunct hospital facilities for C-19 treatment. The support staff required for the additional health facilities established for C-19 response will be managed from the existing support staff within the MoIA and relocated to the new facilities in the provinces. The support staff does not include mechanics and repairmen for the equipments who are contracted out through a mechanical repairs workshop separately by MoIA.

There is currently no special treatments for the C-19. The complicating medical conditions from C-19 have to be managed i.e. pneumonia and respiratory issues, underlying heart issues, etc. So existing doctors with MD i.e. General Physicians, General Surgeons, Anesthetics, Cardiologists, Pulmonary Specialists etc. will be needed to support the treatment and recovery of C-19 patients. Emergency Response Doctors who manage ICUs are also needed on worst case scenarios. UNDP has requested MoIA to confirm that such doctors are available on MoIA tashkil and MoIA has confirmed that the necessary doctors to support the treatment of complications from C-19 cases are available with MoIA and an additional support will be received from the MoPH through the MOU that is currently being developed.

Output 2. Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work

This output is solely guided by the technical guidance from WHO on infection prevention and control (IPC). Standard precautions for IPC for infectious and communicable diseases includes hand and respiratory hygiene and the use of appropriate personal protective equipment (PPE). WHO interim guidance of 06 April, 2020 on the "Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages"⁴² suggests that "Although use of PPE is the most visible control used to prevent the spread of infection, it is only one of the IPC measures and should not be relied on as a primary prevention strategy." The primary prevention measures / guidelines for C-19 must be the first choice for all organisations to control the spread of C-19 among its personnel. WHO recognises that standard PPE includes gloves, medical/surgical face, masks - hereafter referred as "medical masks", goggles, face shield, and gowns, as well as items for specific procedures filtering facepiece respirators (i.e. N95 or FFP2 or FFP3 standard or equivalent)- and aprons. In view of the global PPE shortage, WHO advises strategies that can facilitate optimal PPE availability include minimizing the need for PPE, ensure rational and appropriate use of PPE, and coordinating PPE supply chain management mechanisms as represented in the adjoining diagram from the WHO interim Guidance document.



The Police personnel in Afghanistan are also on the frontlines of the battle against the spread of C-19 infections across the country. Through daily surveillance patrols, manning checkpoints on roads,

⁴² Available at https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf; Accessed on April 9, 2020.

maintaining law and order as well as fighting to protect civilians in the midst of the ongoing conflict and violence create extremely difficult working conditions and expose the Police personnel to a variety of challenges and vulnerabilities to the risk of infections at a faster rate, next only to health care professional working directly with C-19 cases. Thus, protecting its personnel will be key for MOIA/ANP and will have serious implications on the state of "security" in Afghanistan, should large numbers of police personnel be infected and unable to work. The provision of adequate medical equipment and sanitary kits to all police personnel (to the extent possible and needed – especially those maintaining regular checkpoints and check posts and exposed to contracting the virus more quickly than others) is therefore essential in maintaining a healthy and functional police force. This output will focus on immediate provision of medical equipment and protective, sanitary kits for all police personnel in PHQs and PDs with primary focus on the 13 most affected provinces.

The implementation of this output will strictly be in co-ordination with the MoPH and WHO and in accordance with guidelines of WHO on the "Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages". Additionally, hygiene kits will also be procured to support the maintenance of basic hygiene among the police personnel and thus preventing the spread of the C-19 infection rapidly among police personnel and their family members. The contents of the Hygiene kits (in strict compliance with WHO standards) will be ensured during the procurement of items under this output.

The MoIA has assured UNDP that it will be responsible for the distribution of the procured PPEs and Hygiene kits in accordance with the command structure of the ANP. All hygiene kits from the MoIA in Kabul will be disbursed to the PPHQs who will further disburse it to the PD stations under them. To ensure adequate directions are provided when providing the kits, distribution will be undertaken in the presence of the provincial health directorate chief available in all 34 provinces of the MoIA Health Directorate. From the PPHQs the procured PPE's and hygiene kits for all Police personnel will be further disbursed to the PD stations and to those Police personnel stationed at the most remote check posts. The police medical students who are currently also being included in the MoIA strategy on C-19 response (i.e. to remain present at checkpoints and manage health checks) will also be used to support the distribution of the hygiene kits to the stationed Police personnel in remote locations, in addition to demonstrating and providing first hand guidance to the ANP on the rightful methods of the use of PPE's and hygiene kits including a clear understanding of the "preventive measures" as defined by WHO and MoPH in Afghanistan.⁴³

The MoIA has confirmed that they have used 44,000,000 AFS from CSTC-A on budget support to MOIA to procure the early needs of PPEs and hygiene kits. The same have already been distributed and used by the police who are posted at the checkpoints in the MoIA and at the intercity and intra city checkpoints. PPEs are generally one use only inside health facilities and labs. At the checkpoints that are established by the police PPEs are currently being reused. As per the master procurement list annexed to this document, 40,000 PPE kits, gloves with masks are requested from this project. This number has been considered by the MoIA after reviewing the current distribution of the early supplies through CSTC-A funds to ensure that as many police personnel out of the total personnel of 181,700 will receive the necessary protection gears and hygiene supplies. Additionally, only 7000 personnel have been targeted to receive the hygiene kits through the German Police Cooperation Project. Thus, there is no overlap or duplication of the PPEs and hygiene kits that will be distributed under this project. Additionally, UNDP will monitor to ensure that the distribution of the PPEs and Hygiene kits are not duplicated and reach the police in the most remote provinces as needed. The M&E team will use the M&E tools as detailed in the later part of this document to monitor and oversee that the necessary distribution and use of the PPE and hygiene kits by the police personnel.

In order to contribute to the optimisation of PPE availability globally and in Afghanistan – with a focus on prioritisation for need by most vulnerable groups to be determined by MoPH and WHO in Afghanistan, UNDP will also focus on output 3 of this project (i.e. extend extensive trainings on appropriate preventive measures for C-19, trainings on hygiene maintenance) and consistent messaging and instructions on containment strategy (i.e. maintaining a distance of 1 – 2 meters

⁴³ This will also reduce the risk of inaccessibility by CSOs / NGOs of remote areas – due to lockdown measures of the GIRoA currently in place and to be enforced more strictly in future, reduce the risk of exposure to CSO / NGO staff, as well as ensure that the correct and informative on-the spot preventive guidelines are being taught and administered to the ANP by the MoIA medical students themselves.

between themselves and other humans) and delivery of basic instructions on the use of clean clothes or home made masks through scarves etc. for basic protection during their day to day service and work to be undertaken each day.

In order to ensure that the MoIA distributed PPE and Hygiene kits are used well by the necessary police personnel, including in the most remote areas as per their need, the M&E undertaken by UNDP will oversee the conduct of extensive monitoring on the regular use of the distributed items – through random telephone calling and checks to ensure that all necessary police personnel have received the hygiene kits and are using them adequately. This will be done through the use of third party monitoring agent. This will also ensure the reduction of human to human contact and exposure of more individuals in accordance with the C-19 preventive measures / guidelines from WHO.

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

WHO recommends⁴⁴ that the most effective preventive measures, in response to C-19 infection prevention and control, based on global experiences to include:

- *maintaining physical distance (a minimum of 1 metre) from other individuals;*
- *performing hand hygiene frequently with an alcohol-based hand rub if available and if your hands are not visibly dirty or with soap and water if hands are dirty;*
- *avoiding touching your eyes, nose, and mouth;*
- *practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;*
- *wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;*
- *routine cleaning and disinfection of environmental and other frequently touched surfaces.*

Under this output, the MoIA's strategic public communications systems will be undertake extensive dissemination of the preventive measures to be adopted by all police in Afghanistan. UNDP Afghanistan will extend support to the MoIA, General Directorate of Strategic Communication in the implementation of its "Communication Plan for Combating COVID-19."⁴⁵

The MoIA Communication Plan for Combating C-19, identifies two areas of focus:

- raising awareness among all police on the preventive measures to control infection and spread of C-19;
- raising awareness of the public in Afghanistan on the roles and responsibilities of the ANP in the effective implementation of the nationwide "containment strategy" against C-19 and to ensure implementation of measures for C-19 infection prevention and control in Afghanistan.

Raising Awareness among the police on preventive measures for C-19:

Under this output, the MoIA will undertake several measures for the strengthening of communications and awareness among the police on the preventive measures of C-19. This includes the following approaches:

(a) Develop an SOP for dissemination of preventive measures through chain of command (one time activity – practiced daily for 6 months by the ANP at PD levels): The MoIA will develop (with the support of UNDP, Afghanistan) an SOP to disseminate the preventive measures for C-19 as per the guidance of WHO, and to be disseminated through the ANP chain of command from Kabul to the PPHQs and further to the PD levels. The SOPs will be required to be read out by the PD chief – every morning during the morning routine debriefing sessions at each PD level across Afghanistan. This will

⁴⁴ *Supra, n.41*

⁴⁵ First draft provided on April 13, 2020 and UNDP Afghanistan is yet to receive the final approved plan from the MoIA.

ensure the proper sensitisation of all police in Afghanistan, through a chain of command mechanism that will also have necessary implications on code of conduct and performance of the police – to be noted by the PD chief for actions when the preventive measures are not adequately practiced. The SOP will also include some important provisions on proper conduct towards the public, especially in terms of protection of human rights of the citizens and necessary action that will be enforced by the MoIA for any human rights violations committed by the police personnel against civilians. Guidelines from the OHCHR on the police behaviour and attitudes towards citizens and compliance with human rights standards will be detailed within the SOP. Additional details related to the new enforcement measures – including any offences / fines / restrictions that the police are required to enforce will also be included in the SOP. Specific emphasis will be made on the 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.

(b) Preparation of information booklets to illustrate the preventive measures for all Police personnel (one time activity - practiced daily for 6 months by the ANP at PD levels): An informative booklet in illustrative format will be designed through the MoIA Directorate of Health (OR if already available from the MoPH – the same will be used) and printed through the UNDP Afghanistan's LTA holder printing company in both Dari and Pashto. The printed material will be handed over to the MoIA in Kabul by UNDP Afghanistan. This booklet will be further distributed by the MoIA itself to all PPHQs and further to the PDs – in similar fashion to the transmission of daily MoIA orders and / or daily code cables. In addition to the sensitisation of the SOP to all personnel each morning the by PD chief to his station personnel, 1 medical or para medical staff from the closest MoIA health facility will also be present at every PD to sensitise the PD personnel by demonstrating the use of the hygiene kits each morning. Demonstration of the use of kits by the to the PD station personnel is essential and important to ensure that the preventive measures are adequately understood and effectively practised by the police i.e. how to use wear the masks and how to ensure the sue of make shift masks from clean scarves where masks are not available etc. The MoIA will also disseminate any existing videos and information already readily available from the MoPH on the preventive guidelines and the demonstration of protection measures i.e. how to use masks, how to make masks from clean cloth / scarves etc to all PPHQs and further to all PDs across Afghanistan.

(c) Illustrative DOs and DON'Ts posters and leaflets (one-time activity – to be distributed to all Police personnel once every week for 2 months): to be designed through the MoIA Directorate of Health (OR if readily available from the MoPH – the same will be used). The posters and leaflets will be printed through the UNDP Afghanistan's LTA holder printing company in both Dari and Pashto. The material will be handed over to the MoIA (Directorate of Strategic Communications) in Kabul for further circulation and dissemination to all PPHQs and PD stations across Afghanistan. This will provide illustrative reminders to the Police personnel on duty to ensure and follow all the preventive measures for the prevention of C-19 infection control and spread.

(d) MoIA / Police Radio Channels (3 times every day for 6 months): will be used to read out the DOs and DONTs on the preventive measures at least 3 times each day in provinces where Radio Channels are available.

(e) Mass Phone based SMS (24 messages every month for 2 months): All police confirmed phone numbers will receive 24 message every month on the reminders to follow the preventive measures disseminated by the MoIA on a regular basis.

(f) Messaging through mobile teams (once every week for 2 months): The MoIA General Directorate of Strategic Communications will also dispatch mobile teams to the PD levels from the PPHQs to disseminate the information booklet, DOs and DONTs leaflets as well as demonstrate the use of hygiene kits (along with the distribution of the kits itself, if necessary).

Raising Awareness among the public on the role of ANP in the C-19 containment strategy and guidance to public on the infection prevention and control of the C-19 in Afghanistan:

Under this output, the MoIA will undertake some measures for the strengthening of communications and awareness among the general public on the role of ANP in the C-19 containment strategy i.e. specifically the orders on lockdown and movement restrictions that are to be enforced by the ANP across Afghanistan. Additionally, this messaging will also engage in improving public awareness and adopting the preventive measures for C-19 as a good will gesture of ANP outreach on C-19 and to improve and build the trust between citizens and ANP further.

This will include the following approaches:

(a) TV Spots and Key messages from MoIA (Once each day for 2 months): This initiative will be used on national television across Afghanistan, where TV spots of 3 minutes with messages from the Acting Minister of Interior, H.E. Mr. Andrabi. The spots will include both sections of the information – a key message on the role of the ANP in C-19 containment and an urge to all citizens to follow the C-19 preventive measures to help Afghanistan and other fellow citizens from spreading the infection and keeping Afghanistan safe. The message will be designed by the MoIA (Directorate of Strategic Communications). Some TV spots will include depiction of the police force on duty to show people how policemen are cooperative and attract civilian’s attention for cooperation with the police and to follow the necessary guidance on movement restrictions.

(b) Public Radio Messages (3 times each day for 2 months): Radio messages, that includes an audio recording of the same message to be aired as the TV spots will be distributed to the most popular radio channel to be relayed nationwide. This will ensure that there is a widely distributed audio message among public where provincial movements have been blocked by the GIRoA orders and this containment strategies are in place – who will receive the information on the strict security measures directly from the Minister responsible for the security of citizens in Afghanistan. This opportunity will also be used to dispel some common myths among citizens with an assurance that those who are sick and stepping forward for testing and treatment will not be arrested by the police – which has created some levels of misunderstandings in Afghanistan.

(c) MoIA PeM and Influencers (once every week for 2 months): The MoIA through the PeM directorate and units established in at least 18 provinces established through former LOTFA projects, will reach out to all community-based leaders , i.e. religious leaders, tribal leaders, shura leaders and coalitions, to disseminate the information and gather community-based support to the ANP to carry out their existing work and mandate i.e. the enforcement of containment strategy to localities and communities to stop the spread and control of C-19. Additionally, the MoIA GDSC will work with the MoIA influencers are managed officially through Organizational Communications Directorate (CSOs, private sector), from the Information Support (media), Religious Affairs (Religious scholars and clerics), and Police Shruas (PeM) – to spread the information on awareness of the preventive measures for C-19. Other channels currently partnering with UNDP projects, such as PeM councils within communities will also be engaged to maximize the effectiveness of communication campaigns.

All activities under output 3 will be undertaken through the lead from MoIA GDSC.

5. Work plans and budgets

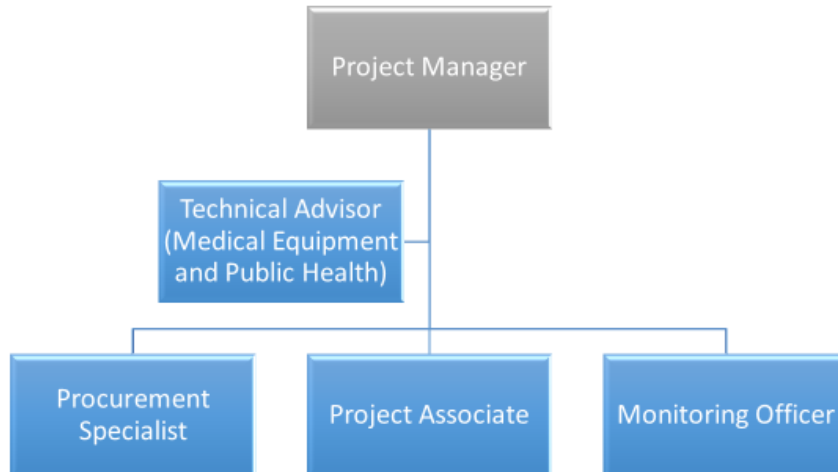
Refer to relevant annexes below.

6. Management and Coordination Arrangements

UNDP Project management arrangements, including coordination⁴⁶

The Project will be implemented by UNDP as the implementing partner with a limited number of project staff. This will consist of (1) the Project Manager; (2) Procurement Specialist; (3) Project Administrative Officer; (4) Technical Advisor (Medical Expert and Public Health – this position may be provided by WHO subject to further negotiations; and (5) Monitoring⁴⁷ and Reporting Officer. Additional operational functions in areas such as procurement, administration, human resources and finance will be administered directly from the UNDP Country Office. In addition, the LOTFA Trust Fund Management Team and Rule of Law Team will facilitate meetings with government and donors as needed.

Due to the urgency of the project, to the extent possible, the project team will consist of UNDP staff reallocated from different portfolios.



The Project will have an office located in the UNDP Country Office in Kabul City. Until travel restrictions in place due to the corona pandemic, project members may work remotely. The team will closely be in contact and work with the counterparts in MOIA throughout all stages of implementation.

MoIA Project Support Team:

The MoIA requested for the support through this project to hire six positions who will be based at the MoIA and assist the implementation of this project during its tenure i.e. until December 2020. This team will work on behalf of the MoIA to assist the implementation of this project and in coordination with the UNDP Project team.

⁴⁶ This is an interim project management structure and will be subject to further change based on discussions within UNDP Afghanistan and with MoIA. The MoIA has requested for a much larger project team as 5 persons have been represented as a very small team by the MoIA.

⁴⁷ The Monitoring Team may be further expanded subject to future discussions with MOIA on the scope of monitoring.

The details of the MoIA requested positions are as follows:

Position	Description of Roles
Team Lead	Lead the team members; Liaise on project related issues with OTSG, UNDP and other stakeholders; Participate in project management meetings on behalf of both UNDP project team and DM Support; Advise OTSG director on project related issues;
Coordination specialist	Coordinate meetings between UNDP, MOIA and Donors; Coordinate project activities between OTSG and regional hospitals; Coordinate with MOPH; MOD, WHO and other parties
Research and data analyst	Provides daily report on number of C-19 related quarantined, isolated, positive, death and recovery cases; Support OTSG research and prevention department on their work; Report on number of beds available and number of patients to adjust use of beds as per need; Analyze the data and advise leadership on changing treatment; Advise on isolation and quarantine approaches to better respond to situation; Provide analytic advice on allocation of resources
Reporting Specialist	Report on project progress including delivery of items to their locations, usage of items, and any problems
M&E specialist:	Work closely with UNDP M&E team to implement developed M&E plan in the project document; Validate/reject the finding of third party monitoring agency using the information gathered from OTSG and field hospitals.
Medical Logistics Specialist:	Cross check the items with the specification in project document; Support MOIA Tashkeel staff in developing and implementation of distribution plan; Support OTSG staff in identification of items at the time of delivery; Liaising with UNDP on quality assurance issues of items received; Reporting on any discrepancies between items procured and specifications provided by vendors at the time of quotation.

Ownership

UNDP owns assets until the transfer of title is made to the Ministry of Interior Affairs. For the purposes of this project, the transfer of titles of all procured goods will be made to the MoIA upon the acceptance of goods during delivery from UNDP. The MoIA will continue to remain responsible for the asset management once the delivery is completed by UNDP and physical transfer of the assets is concluded in favor of the MoIA. The MoIA is expected to ensure the inventory and regular management of assets thereafter.

Coordination arrangements

This proposal is developed in consultation with the MOIA and aims to support the MOIA and Afghan National Police (ANP) in its effort to support the GIROA-wide COVID-19 prevention and control measures and strategies.

The project activities will be coordinated and implemented closely with the UN Country Team and Humanitarian Response teams through cooperation and lead with WHO. The activities are also aligned to the national strategy as coordinated through the President's Office as well as with the Ministry of Public Health (MOPH).

The Project is also coordinating with GPPT and other international partners to MOIA to ensure there is no duplication and synergies are maximized.

Trust Fund

The Project will be implemented under the Security Window of the LOTFA MPTF and within the framework of the Fund, as described in the LOTFA MPTF TOR.

The Recipient United Nations Organization (RUNO) for this project is UNDP. UNDP as a RUNO assumes complete programmatic and financial accountability for the funds disbursed to it by the Administrative Agent (AA). The "Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP (Project)" project will receive funds from the MPTF Office as Administrative Agent for the LOTFA MPTF, following the approval of the Project Document by the LOTFA Steering Committee and in line with the fund allocation decisions from the Steering Committee. The Project may also receive additional parallel funding from bilateral donors.

The approval and changes to the project will be approved by the LOTFA Steering Committee. The LOTFA Technical Working Group (TWG) under the Security Window chaired by an MOIA representative

will convene monthly to assess progress and achievements, address issues arising during implementation and associated risks, such as capacity challenges.

The Administrative Agent

This Programme will follow the pass-through fund management modality according to the UNDG Guidelines on UN Joint Programming. The UNDP MPTF Office, serving as the Administrative Agent of the UN MPTF, as set out in the Memorandum of Understanding (MOU) for UN MPTF will perform the following functions:

- (a) Receive contributions from donors that wish to provide financial support to the Programme;
- (b) Administer such funds received, in accordance with this MOU;
- (c) Subject to availability of funds, disburse such funds to each of the Participating UN Organizations in accordance with instructions from the Steering Committee, taking into account the budget set out in the Programme Document, as amended in writing from time to time by the Steering Committee;
- (d) Consolidate financial reports, based on submissions provided to the Administrative Agent by each Participating UN Organization (PUNO), and provide these to each donor that has contributed to the Programme Account, to the RUNOs, and the Steering Committee;
- (e) Provide final reporting, including notification that the Programme has been operationally completed;
- (f) Disburse funds to any RUNO for any additional costs of the task that the Steering Committee may decide to allocate in accordance with Programme Document.

Each Responsible UN Organization assumes complete programmatic and financial accountability for the funds disbursed to it by the Administrative Agent and can decide on the execution process with its partners and counterparts following the organization's own regulations. RUNOs will establish a separate ledger account for the recipient and administration of the funds disbursed to them by the Administrative Agent. RUNOs are entitled to deduct their indirect costs of up to (7%) on contributions received according to their own regulations and rules.

7. Monitoring, Evaluation and Reporting⁴⁸

This project will incorporate a host of innovative M&E tools that will be used to monitor the outputs and the results to be achieved through the life cycle of this project, under the oversight of the LOTFA M&E team. Some of the recommended tools that will be implemented as part of the M&E process are as follows:

(1) Hotline Mobile Numbers: Hotline numbers will be shared with the relevant police stations to allow police staff to share requests, report concerns, complaints and other issues related to access and quality of PPEs and access to COVID-19 treatment centres. This information will be the key to guide on project performance in the following areas:

- The extent to which the project's intended support has reached the police staff in the targeted provinces in accordance with the proposed MoIA Strategy on Combating COVID – 19;
- MOIAs actions successfully administered in order to respond and mitigate the risks of COVID-19 faced by Afghan police forces
- Police personnel's access to and quality of treatment received from the established hospital facilities by the MoIA Strategy on Combating COVID – 19.

The complaints system will be maintained by the UNDP Afghanistan and grievance redressal will be ensured through the MoIA, OIG / DPI.

⁴⁸ The MoIA has insisted on changing this section to reflect on a joint MoIA and UNDP Afghanistan "Joint Monitoring and Evaluation team." TBC with the LOTFA donors and UNDP Senior Management. The present M&E is to be conducted by UNDP Afghanistan alone as currently detailed in this section.

(2) Task Based Data Collection Tool: The Task-Based Data collection tool will enable responsible police staff in the targeted police stations to send tasked based data relevant to the key performance indicators of the project.

- Data collection needs will be identified and data collection questionnaires will be developed.
- Questionnaires for data collection will be administered across all police personnel
- 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 standards
- Once the data is approved, it will be analysed 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 operationalisation 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)
- Effectiveness of the outreach through MoIA communications strategy to combat COVID – 19 across all police centres and with the general public (Output 3)

(3) COVID-19 Dashboard: UNDP Afghanistan 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.

(4) Closed Facebook Group: A closed Facebook group will be established and closely monitored that will allow medical professionals from different healthcare facilities to share their expert views about the quality of the 7 hospital facilities established by the MoIA in accordance with its Strategy to Combat COVID-19.

(5) LOTFA M&E Results and Impacts Platform (R&IP): All data collection to support the M&E tools under this project will be conducted online using the R&IP of LOTFA. The system will also visualize project M&E data in real time. The use of LOTFA R&IP will work as follows:

- Data collection needs will be identified and data collection questionnaires will be developed.
- LOTFA M&E team will digitize and upload the questionnaire into LOTFA M&E R&IP.
- Enumerators will be provided access to the R&IP system to enable online data collection.
- The enumerators will undertake collection of data directly into the LOTFA M&E R&IP using mobile phones/ tablets.
- Regular data quality control will be undertaken with essential feedback to enumerators.
- The data will be visualized through digital M&E dashboards. The dashboard will be accessible in real-time to relevant persons based on the access granted by the system administrator.

The third-party M&E service provider will be responsible to conduct in person verification of the delivery and use of health equipment delivered by the project. The service provider will be required to appoint monitoring teams at regional levels who will conduct monitoring visits to verify the distribution and use of the medical equipment in each healthcare center supported by the project. Furthermore, the service provider will also appoint mobile teams who will periodically visit police centers across the country to confirm the distribution and use of hygiene kits. In addition to the third-party M&E, the project will also use combination of other tools described above i.e. Hotline Numbers, Closed Facebook Group, and Task Based Data Collection Tools to verify distribution and use of medical equipments, PPEs and Hygiene Kits.

The third-party M&E service provider will appoint mobile monitoring teams who will be visiting sample of selected police stations across the country to verify the distribution and use of PPE by Police staff. The police stations will be selected on random basis, as well as, based on the complains received through the hotline numbers. The project will also enable hotline numbers that will allow police staff to report lack of access to the PPE, as well as, issues around distributions and use of PPE. As mentioned, this information will be organized by project team and will be verified by the third-party M&E. Lastly

the tasked based M&E tools will allow police staff to submit photos and other relevant information about access to and use of PPE in the field.

In terms of baseline data, a lot of the data will be from MOIA itself. UNDP has already reached out to relevant MOIA colleagues to discuss and understand the availability of data and frequency. However, the MoIA recommend UNDP to wait until the project is approved due to the following two reasons:

1. They currently have limited staff in the office, and they are mainly focusing to get the project approved ASAP.
2. Most of the baseline information for this project changes on daily basis. Thus, it is always advisable to confirm the baseline data at the time project initiation.

Quarterly targets are possible, but it is important to note that most of these indicators and targets will not be linear, especially considering constant changes in a health crisis response such as this and the need to adapt in emergency.

REPORTING:

UNDP Afghanistan will prepare the project narrative and financial report on the results and progress of this project. Since the duration of this project is only 8.5 months, one mid project narrative report and one end of project narrative report will be made available from UNJDP. Financial reports will be provided on a monthly basis in accordance with the LOTFA – MPTF Financial Reporting format. The project team and the MoIA will present a 1-page weekly status report on the progress of the implementation of the project's outputs. The M&E section of this project also envisages the development of C-19 dashboards to track the cases from the MoIA and represent them through maps and the use of LOTFA M&E Results and Impacts Platform (R&IP) to visualize project M&E data in real time.

8. Legal Context or Basis of Relationship

LEGAL CONTEXT STANDARD CLAUSES

The project document shall be the instrument envisaged and defined in the [Supplemental Provisions](#) to the Project Document, attached hereto and forming an integral part hereof, as "the Project Document".

RISK MANAGEMENT STANDARD CLAUSES

UNDP (DIM)

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)
2. UNDP agrees to undertake all reasonable efforts to ensure that none of the project funds are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
4. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

<u>Annex 1: Results Framework</u>					
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.	TBD	TBD	TBD	TBD	UNDP
2.2 Perception of public on the safety and security in relation to policing.	TBD	TBD	TBD	TBD	UNDP
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.				
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	TBD	Capacities of the MOIA hospital facilities strengthened sufficiently to treat COVID-19 infected patients	<ul style="list-style-type: none"> ▪ Project reports ▪ Third-party and MOIA monitoring reports 	<ul style="list-style-type: none"> ▪ Project team ▪ 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	<ul style="list-style-type: none"> ▪ Task based monitoring data (videos and photos) 	<ul style="list-style-type: none"> ▪ Task based monitoring team
0.3.Proportion of COVID-19 infection cases among police by province in %	Afghanistan (Country wide)	TBD	TBD in consultation with the MOIA	<ul style="list-style-type: none"> ▪ M&E dashboard ▪ Health center reports 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ MoPH compliance review ▪ Expert views of doctors and professional staff ▪ Closed Facebook group analysis 	<ul style="list-style-type: none"> ▪ MoPH review of compliance ▪ LOTFA M&E Team
Output 1	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.				
Immediate results indicators	Geographic areas	Baseline data	Final targets	Means of verification	Responsible organization
1.1.Number of new facilities established/activated ⁴⁹ that are ready to treat COVID-19 patients	Kabul, Herat and Balkh provinces	TBD	Five in total: <ul style="list-style-type: none"> ▪ One 100-bed hospitals established/ activated in Herat ▪ Four 50 bed hospitals established /activated in Balkh, Nangarhar, Helmand and Paktiya. 	<ul style="list-style-type: none"> ▪ NGO/third party monitoring reports ▪ Task-based monitoring reports ▪ Project Reports 	<ul style="list-style-type: none"> ▪ 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)	TBD	100%	<ul style="list-style-type: none"> ▪ Health center reports 	<ul style="list-style-type: none"> ▪ Project team

⁴⁹ These health facilities are adequately staffed with well-trained doctors and health staff – this will not be measured as part of this indicator.

Output 2	Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work				
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	TBD	100% of police in the targeted provinces	<ul style="list-style-type: none"> ▪ Third-Party M&E reports ▪ Task based monitoring data 	<ul style="list-style-type: none"> ▪ 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%	<ul style="list-style-type: none"> ▪ Third party M&E reports ▪ MoIA reports 	<ul style="list-style-type: none"> ▪ Third party M&E ▪ Task based monitors
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	<ul style="list-style-type: none"> ▪ Task based monitoring data (videos and photos) 	<ul style="list-style-type: none"> ▪ Task based monitoring team
Output 3:	MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan.				
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	<ul style="list-style-type: none"> ▪ Third party M&E reports ▪ Awareness campaign reports 	<ul style="list-style-type: none"> ▪ Third-party M&E team ▪ Project team
3.2. % of sampled police who is aware of what to do if they themselves get sick due to C-19	Country wide	0	TBD	<ul style="list-style-type: none"> ▪ Third party M&E reports ▪ Awareness campaign reports 	<ul style="list-style-type: none"> ▪ 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	TBD	<ul style="list-style-type: none"> ▪ Third party M&E reports ▪ Awareness campaign reports 	<ul style="list-style-type: none"> ▪ Third-party M&E team ▪ Project team

Annex 2a: Work Plan and Budget⁵⁰

Work plan of: Support to Ministry of Interior Affairs, Afghanistan in efforts to contain & respond to COVID-19 situation for ANP (Project)

Duration of the Programme: Date of Endorsement by LOTFA MPTF SC – December 2020

Specific Objectives of the Fund:								
Expected products of the Programme	Key activities	Calendar (April – December 2020)				Geographic area	Responsible Participating Organization	Planned budget (by product/activity)
		Q2	Q3	Q4				
Output 1								
MoIA, General Directorate of Health Services is supported to operationalize a lab testing facility and three new hospitals to diagnose and treat ANP personnel infected with C-19.	Procurement of health equipment and medical requirements of MoIA, General Directorate for Health	X				UNDP Afghanistan and Asia Pacific	UNDP Afghanistan	USD 9,594,426
	Distribution of health equipment and medical supplies from Kabul to Provinces	X	X			100 bed hospital in Herat, 50 bed hospital in Balkh, Nangarhar, Helmand and Paktiya	MoIA	NA (MoIA own expense)
	Operationalization of the 3-hospital building i.e. conversion of training facilities to make shift hospitals	X	X			100 bed hospital in Herat, 50 bed hospital in Balkh, Nangarhar, Helmand and Paktiya	MoIA	NA (MoIA own expense)
	Extensive diagnosis and treatment of C-19 cases among ANP	X	X	X		100 bed hospital in Herat, 50 bed hospital in Balkh, Nangarhar, Helmand and Paktiya	MoIA	NA (MoIA own expense)

⁵⁰ Please cross reference this with the AWP for the project.

Output 2									
ANP personnel are protected and aware of minimum risk reduction measures to prevent COVID-19 in the course of their day to day work	Procurement of PPE and hygiene kits for ANP in consultation with WHO		X				UNDP Afghanistan and Asia Pacific	UNDP Afghanistan	USD 4,293,229
	Distribution and use of PPE and Hygiene Kits by ANP personnel		X	X			Distribution of PPE and Hygiene Kits among ANP personnel	MoIA	NA (MoIA own expense)
Output 3									
Capacity of MOIA/ANP internal and public communication s on COVID-19 strengthened	Raising Awareness among the police on preventive measured for C-19		X	X			Kabul and all Provinces	MoIA	USD 386,545
	Raising Awareness among the public on the role of ANP in the C-19 containment strategy and guidance to public on the infection prevention and control of the C-19 in Afghanistan		X	X			Kabul and all Provinces	MoIA	
M & E									
	Third Party Monitoring		X	X	X		Kabul and provinces	Third party	Already distributed to the three output costs.
	Design and implementation of M&E		X	X	X		Kabul and provinces	UNDP Afghanistan	
	Other Costs		X	X	X		Kabul and Provinces	UNDP Afghanistan	
Total planned budget (UNDP as the only Participating UN Organisation)									USD 14,274,200

Annex 2b: Budget by Participating UN Organization, using UNDG Budget Categories

CATEGORIES	UNDP (Single PUNO)
1. Staff and other personnel costs	As per attached AWP
2. Supplies, Commodities, Materials	As per attached AWP
3. Equipment, Vehicles and Furniture including Depreciation	As per attached AWP
4. Contractual Services	As per attached AWP
5. Travel	As per attached AWP
6. Transfers and Grants to Counterparts	As per attached AWP
7. General Operating and Other Direct Costs	As per attached AWP
Sub-Total Project Costs	
Indirect Support Costs **	As per attached AWP
TOTAL	

* Budgets must adhere to the UNDG Harmonised Budget Categories as approved by the High-Level Committee on Management (HLCM) and Chief Executives Board for Coordination (CEB).

**Indirect support cost should be in line with the rate of 7%, as specified in the UN MPTF TOR and MOU and SAA, Section II- Financial Matters.

Annex 3: Monitoring Framework and Risk Log

L = Likelihood (scale: 1 = Not likely; 5 = Expected), I = Level of Impact (scale: 1 = Low; 5 = Critical)

Expected Outcomes & Key Activities	Responsibilities	Risks description, likelihood and impact	Mitigating measures
<p>Output 1:</p> <p>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.</p>	<p>UNDP Afghanistan to procure all medical equipment, diagnostic supplies and other health supplies as detailed by the MoIA Health Directorate in the consolidated procurement list annexed to this Pro Doc.</p>	<p>1. Delays in procurement of the necessary items identified by MoIA Health directorate under output 1 of consolidated procurement list.</p> <p>L=3 / I = 5</p> <p>2. Procured items do not match the quality / standards that can be used in Afghanistan</p> <p>L=1 / I = 5</p> <p>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.</p> <p>L=5 / I=2</p> <p>4. The procured items cannot be delivered to the designated location by the UNDP Afghanistan identified supplier due to lack of available internal movement / logistical support for delivery within Afghanistan.</p> <p>L=3 / I= 5</p>	<p>1. UNDP Afghanistan will use its global network to undertake the extensive procurement of health equipment and medical supplies for the MoIA, General Directorate of Health Services. UNDP will also bank on extensive support from its Bangkok Regional Offices, as well as Global Procurement Unit in Copenhagen. In addition, UNDP Afghanistan will also tap into the 'Roving Fund' created by UNDP HQ for early support in procurement of items.</p> <p>2. UNDP Afghanistan project team will work extremely closely with the MoIA Health Directorate to ensure that the medical items being procured are of the necessary requirements and quality and standard that can be used in Afghanistan.</p> <p>3. In this scenario, UNDP Afghanistan in close coordination with the MoIA Health Directorate will prioritise the procurement items into lots that can be procured faster and in close succession to support the MoIA in operationalising its adjunct hospital facilities in close successions and in accordance with the MoIAs own priorities.</p> <p>4. UNDP Afghanistan has already discussed this possibility with the MoIA and the MoIA has assured of ANP transport being made available to move the necessary equipment and to the required facilities in all 5 provinces across Afghanistan from Kabul, Afghanistan.</p>

	MoIA to operationalise the adjunct hospital facilities and diagnostic lab, support early diagnosis, quarantine/ isolation and treatment of C-19 affected police personnel.	<ol style="list-style-type: none"> 1. The training facilities to be used as adjunct hospital facilities are inadequate for the treatment of C-19 affected police personnel. L=1 / I = 5 2. Availability of necessary healthcare workers and other support personnel for the regular operations of the hospital facilities. L = 2 / I = 3 	<ol style="list-style-type: none"> 1. The MoIA Health Directorate will undertake all necessary measures to ensure that the training facilities are adequately converted in terms of readjustment to support the hospital facilities, including the availability of electricity, back up generators and other necessary arrangements. UNDP Afghanistan will monitor the quality of the health care facilities and their access by all police personnel through the Results Framework as indicated above under Annex 1. 2. The MoIA Health Directorate has assured UNDP Afghanistan that at least 20% of the necessary healthcare staff to operate the adjunct hospital facilities are available from the existing tashkil. The remainder will be hired on contract basis from the roster of health care workers currently being prepared by the MoPH through its human resource portal and available for recruitment by any Ministry in Afghanistan.
Output 2: Police personnel are protected and aware of minimum risk reduction measures to prevent C-19 in the course of their day to day work	UNDP Afghanistan to procure basic hygiene kits for all police personnel to use on a daily basis during their line of work and duty.	<ol style="list-style-type: none"> 1. Due to global demand, the necessary quantity of hygiene kits are unavailable. L = 4 / I = 5 	UNDP Afghanistan has raised this issue with MoIA Health Directorate. In such a situation MoIA will first distribute the available number of hygiene kits whoa re most exposed to the vulnerable situations of contracting C-19 infections and are on the frontline. Additionally, UNDP has initiated the process of procurement through the roving funds so as to not delay the procurement process.
	MoIA to ensure the distribution of all hygiene kits to all police personnel – even in the most remote areas of Afghanistan where they are currently on duty.	<ol style="list-style-type: none"> 1. MoIA does not / is unable to distribute the hygiene kits to all police personnel even in the most remote areas where they are assigned on duty and deployed across Afghanistan. L = 3 / I = 5 	UNDP Afghanistan has raised this concern with the MoIA and the Health Directorate has assured the distribution and delivery of the health kits to the police personnel even in the most remote areas of Afghanistan. UNDP, Afghanistan will monitor this through the Results Framework as indicated above under Annex 1.

<p>Output 3:</p> <p>MOIA internal and public communications on C-19 supported for extensive dissemination of the preventive measures for all ANP in Afghanistan.</p>	<p>UNDP Afghanistan to assist with the development and printing of the information booklets, DOs and DONTs posters and leaflets alongwith the MoIA Health Directorate</p>	<p>1. UNDP Afghanistan faces challenges in the printing of the adequate number of these awareness documents in Dari and Pashto due to the ongoing lockdowns in the various parts of the country.</p> <p>L = 3 / I = 4</p>	<p>UNDP Afghanistan has a roster of Long-Term Agreement (LTA) holders who can be contracted on an emergency basis for the printing of all the awareness materials from Kabul. Under lockdown measures in place, UNDP Afghanistan will request the support of the MoIA for special permits to the designated printing press to operate and provide the necessary numbers of the awareness material.</p>
	<p>MoIA is responsible for the distribution and sensitization and dissemination of all prevention measures and awareness campaigns for all the police personnel across Afghanistan.</p>	<p>1. MoIA does not / is unable to distribute the awareness materials and conduct the sensitisation / demonstration processes to all police personnel even in the most remote areas where they are assigned on duty and deployed across Afghanistan.</p> <p>L = 3 / I = 5</p>	<p>UNDP Afghanistan has raised this concern with the MoIA and the Directorate of Strategic Communications has assured the distribution and delivery of all awareness materials and support the sensitisation to the preventive measures among all police to stop the spread of C-19 infection among police personnel. UNDP, Afghanistan will monitor this through the Results Framework as indicated above under Annex 1.</p>
<p>M&E</p>	<p>UNDP Afghanistan will use a third-party monitoring, as follows:</p> <ul style="list-style-type: none"> •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 <p>The third-party M&E service provider will be responsible to mobilize</p>	<p>1. 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 and being subject to violence due to country wide lockdowns.</p> <p>L = 4 / I = 5</p>	<p>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:</p> <p>1.The service provider will be solely responsible for the duty of care of its staff this will include, but not limited to:</p> <ol style="list-style-type: none"> 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

	<p>the following key resources and capacities to support the project M&E work:</p> <ol style="list-style-type: none"> 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 centres. 2. Establish 10 mobile data collection teams at regional levels who will be traveling to selected police centres in the targeted provinces. The third-party M&E team will be responsible to send mobile data collection teams to at least 20% 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 centres to confirm quality and compliance of healthcare products with the MoPH and WHO standards. 		<p>virus while interacting with staff.</p> <ol style="list-style-type: none"> 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 <p>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.</p>
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