COVID-19 Knowledge, Attitude & Perception Key Informant Interviews – Initial Analysis

SUBJECT TO REVISION UPON FURTHER ANALYSIS & DATA COLLECTION

Date: March 26, 2020

1. Context:

Afghanistan confirmed its first case of COVID-19 in Herat Province on February 24, 2020. Shortly after, during the week of March 8, CRS conducted a first round of **risk communication & community engagement** (RCCE) activities in relation to COVID-19 prevention in 74 communities across **Adraskan, Guzara, Karokh, and Kushk Rabat-e-Sangi District in Herat Province** where CRS currently has livelihoods and/or education programs, as well as in the Shaidayee and Shahrak-e-Sabz IDP sites at the outskirts of Herat City where CRS is implementing an Education in Emergencies program. These activities included:

- Distribution of posters and leaflets explaining prevention measures against COVID-19 and symptoms of the disease;
- Information session to key influencers in communities (e.g. community shura members);
- Distribution of hygiene kits, primarily to students in the Herat IDP sites.

To inform the planning of expanding RCCE activities to Bamiyan, Daykundi, and Ghor Provinces where CRS is present, and potentially to additional communities in Herat Province, CRS conducted Knowledge, Attitude, and Perception (KAP) Key Informant Interviews (KII) during the week of March 23 by phone.

2. Sampling

The KAP KII was intended as quick qualitative data collection exercise to identify any critical information gaps and misinformation rather than a rigorous quantitative survey. CRS determined that speed was critical at this stage of the RCCE rather than an in-depth analysis, but it will plan to do further assessments and analyses as the need arises. In communities in Herat where CRS has already conducted a first round of RCCE, CRS plans on conducting a phone assessment to determine: (1) how well the messages were understood; (2) whether the practices are being adopted; (3) whether the messages were shared with others.

Key elements of the KAP KII sampling approach:

- Phone interviews;
- Selection of more remote communities (where phone coverage allows) where CRS is currently present in Bamiyan, Daykundi, and Ghor Provinces with the assumption that further communities receive less information;
- Key informants include community and school shura members, CBE teachers, CBE students' parents, and other community members.

3. Summary of Findings

(i) Knowledge

- All respondents knew about the coronavirus by name. In all locations, nearly every respondent correctly identified the symptoms - fever, coughing, shortness of breath.
- However, knowledge of how the disease is transmitted was much stronger in Ghor and Bamiyan than in Daykundi. In Daykundi, while most respondents knew something about transition, i.e. being around a sick person, only one knew the details of transmission: handshaking, hugging, close contact with others, attending gatherings, etc. By contrast, more respondents in Bamiyan and Ghor mentioned specific actions linked to transmission.
- In general, there **is no understanding about the disease's incubation period nor about the risk of asymptomatic transmission**.

- **Information Source:**
  - Radio and TV were popular sources of information on COVID-19 in all locations. In Daykundi, most respondents reported learning about COVID-19 through social media. Daykundi was the only location where social media was cited as an information source. Religious leaders were most frequently mentioned in Western Ghor as a source of information.
  - In general, respondents in all locations seem to trust health workers and NGOs, followed by media (TV and radio). Community members were not mentioned as highly reliable information sources.
  - Respondents in both Daykundi and Western Ghor mentioned hearing about it from returnees from Iran.
  - Not much coverage from NGOs or government. Only two respondents (one in Chaghcharn; one in Daykundi) mentioned an NGO visiting the community to provide information on COVID-19.

(ii) Practices

- Generally speaking, **most respondents practice handwashing, staying home when sick, and avoiding contact with sick people.**
- The most frequently cited practices that respondents **were not doing were avoiding touching of the face and keeping surfaces clean with disinfectant**. Those not doing practices most often stated that they were not aware of a correlation with COVID-19 transmission.
- Respondents said they had not seen any evidence of COVID-19 in their community and, therefore, did not need to take special measures - such as avoiding large gatherings.
- Some respondents were not taking precautions due to cultural reasons, which was particularly true for hand shaking.
- In the case of disinfecting surfaces, those not doing the practice said they do not have access to cleaning agents. In fact, almost no respondent has access to disinfectant. It is not entirely clear if this is purely an issue of access or if availability may be a factor as well. Conversely, only one respondent mentioned an access issue related to hand soap (Chaghcharan).

(iii) Attitudes

- **Nearly all respondents in Daykundi and Bamiyan perceived themselves to be at risk** from infection. This was less the case in Ghor where just over half of respondents perceived a significant risk to themselves or their family.
- Lack of concern on the part of those who did not see themselves at risk was either due to precautionary measures they are taking - staying inside, washing hands, avoiding gatherings - or that they had not seen a sick person in their community.
- In terms of what they would do if someone in their family became sick, all respondents mentioned that they would seek professional medical attention. However, less than half of respondents mentioned that they would isolate or quarantine a family member who developed symptoms. Bamiyan was the exception to this trend with all respondents stating that they would separate a sick family member from others.
- Several respondents reported individuals returning from Iran in their villages and the fear of getting sick from them.
- Most respondents said the community needs more information. Primary information needs cited include prevention methods, transmission pathways, treatment options, and symptoms. Others wanted to know about mortality rates and what groups are most vulnerable.

4. General Conclusions

- Respondents associate visible symptoms with transmission and are unlikely to take precautionary measures because they do not perceive a risk of transmission from people who appear healthy. More information needs to be shared on the COVID-19 incubation period and how long it takes to develop symptoms.
- Level of knowledge is generally much worse in Daykundi than in other locations, which is likely because people seem to rely primarily on word-of-mouth (social media) as opposed to more official information sources.
- In several instances, respondents cited TV and radio as a source of knowledge on COVID-19 but then mentioned that most people in the community do not have access to these information sources. More investigation into coverage levels would be required before focusing on TV or radio as an information conduit.