Community Perception Survey – COVID 19

Knowledge, Attitude and Practice Survey in Kabul, Kunduz and Khost Provinces

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Dr. Noor Ahmad "Ahmad"
Dr. Waqar Ahmad
Eng. Reza Arman
Dr. Waseel Rahimi
Akbar Ahmadi
Dr. Shah Maqsood Shahabzada
Vijay Raghavan

Acknowledgement

ABBREVATION AND GLOSSARY

Abbreviations

ACBAR	Agency coordinating Body for Afghan Relief and Development
ACTD	Afghanistan Centre for Training and Development
AHF	Afghanistan Humanitarian Fund
ARCD	Afghan Red Crescent society
BHC	Basic Health Center
BPHS	Basic Package of Health Service
CDC	Community Development Council
CHC	Comprehensive Health Center
CSO	Community Social Organizer
DAC	District Administrative Centre
DH	District Hospital
DoRR	Directorate of Refugees and Repatriation
EPHS	Essential Package of Hospital Service
EPI	Expansion Program on immunization
FATP	First Aid Trauma Post
GOA	Government of Afghanistan
HFU	Humanitarian Funding Unit
HI	Humanitarian & Inclusion/ Handicap International
HMIS	Health Management Information System
IED	Improvised Explosive Device
JACK	Just for Afghan Capacity and Knowledge
JIA	Johannine International Assistance
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MSF	Medicine sans Frontiers
NGO	Non-governmental Organization
OHW	Organisation for Human Welfare
PHC	Primary Health Centre
PHCC	Provincial Health Coordination Centre

PM&E	Participatory Monitoring and Evaluation
PPHD	Provincial Public Health Directorate
RAF	Rapid Assessment Format
SCA	Swedish Committee for Afghanistan
TP	Trauma Post
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization

Glossary

Masuliyat	Responsibility
Coronavirus	Refers to any of various RNA containing spherical viruses of the family Coronaviridae including several that cause acute respiratory illnesses.
COVID-19	Is a highly infectious respiratory disease was recovered in China in December 2019 and has since spread around the world.
Epidemic	an epidemic is a temporary prevalence of a disease spreading from person to person in a locality where that disease is not permanently prevalent.
Malik	Head of Community Development Council
Shura	Community Development Council/ Informal People's representative Council which exists over years and is very influential body exist in almost every Afghan village

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Summary

Methodology and Process

- Out of 75 Key Informal Interviews conducted through Telephone/Mobile phone, 56% are men and 44% are women.
- Three provinces are covered for the KIIs, Kabul (30 respondents), Kunduz (25 respondents) and Khost (20 respondents).
- 44% of the respondents are internally displaced persons (IDPs), 55% are from the host families and 1% is the refugee from North Waziristan (known in Afghanistan as Externally Displaced Persons).
- 48% of the respondents are in the age group of 25-40 years, 25% are in the age group of 40-60 years, only 1 % is from the age group of above 60 years.
- 36% of the respondents are illiterate, 31% are above Grade 12.
- 72% of the respondents are from community shuras, 17% of respondents are students and 11% are the health workers

Awareness

- Only 40% of the respondents are aware of the Corona Virus disease.
- 41% of the respondents are protecting themselves from infection. 36% of women respondents mentioned that they are aware of protection measures
- 69% of the respondents (only 58% among women) are aware of the symptoms of COVID 19
- 52% of respondents mentioned that they are aware of ways of transmission of COVID 19
- 39% of the respondents have mentioned that they can be in the risk group (men are higher with 45% and women with 30%).

Source of Information

- 61% of the respondents mentioned that health workers are the major source of information followed with mass media (47%), social media (45%), family sources (36%), community elders (29%) and another 28% mentioned of Masjids/Mullahs as source of information related to COVID 19.
- Most trustworthy of the information related COVID 19 are, Health Workers (75%), followed by Social media platforms (52%), religious leaders (37%) and community elders (24%).
- The least trustworthy of information related to COVID 19 are, Government Officials (77%), friends (64%), posters used by government and NGOs (32%) and family members (13%).

People seek knowledge about COVID and how its spreads, distribution of cases, risks and complications (31%), symptoms (59%), transmission (63%), preventive measures /protection steps (57%), self-care steps (35%) and Government actions (27%)

Risk Perceptions

- 59% of the respondents regarded themselves likely to be infected with COVID 19. The symptoms identified are fever (84%), cough (71%), shortness of breath (61%), muscle pain (49%), headache (76%), diarrheal (28%).
- Most of the respondents are worried about COVID 19 as their daily routines are greatly (56%) disrupted.

Preventive Measures

- Hygiene Practices : Handwashing regularly with soap/water (93%); avoid touching eyes, nose and mouth with hands & fingers (89%); Covering mouth and nose with a clean cloth while coughing or sneezing and wash hands (85%), Clean and disinfect frequently touched objects and surroundings (69%)
- Physical Distancing (Social Distancing) Avoid close contact with anyone who is sick, especially those with flu or cold or fever or sneezing (with symptoms of COVID 19) – (92%); Avoid Shaking hands with others (80%)
- Lock Down (restricted travels/movements)- Stay at home if one is sick and seek medical care (72%); Avoid large gathering (87%)
- 69% respondents mentioned that they would visit nearest hospital or health facility in case they get sick. 23% mentioned that they would purchase medicines from nearest drug store and 20% would visit medical quack and 17% would visit a shrine or traditional healer for treatment.

Impact on Agriculture and Livelihoods

- 64% of the respondents mentioned that agriculture activities are badly hit due to travel restrictions and lock down
- 75% mentioned that they can't sell their harvest crops and other farm produces in the market as they can't carry them to markets due to closure of roads and entry points to the cities and towns
- 57% have mentioned that their livestock management will become a big challenge. Most of the livestock owners can't move their livestock to the cooler pastures during summer and thus fear of losing livestock. Drought impacted in last two years and COVID 19 would impact in 2020.
- 87% mentioned that their daily wage labour is impacted in this early stage of lock down/restricted movement declared by the government.
- 45% of the respondents mentioned that food items are not available in the market due to movement restrictions
- 76% have mentioned that the prices of essential commodities are increased
- Food consumption score shows, 41% are in poor, 20% are in border line.
- Coping Strategy Index shows that, 37% are in emergency phase, 35% in acute food insecure phase and 28% are in borderline food insecure (stressed) phase.

Protection

- 55% reported that domestic violence has increased in comparison with pre-COVID period
- 48% reported physical abuse has increased due to restricted movements and lock down
- 81% have reported of increase of stress, anxiety, anger, fear and sleeplessness
- 80% of the respondents mentioned that the closure of schools is having negative impact on children and are at high risk of COVID 19.

COVID-19 is one of emerging outbreaks in recent decades resulting in major outbreaks with significant public health and economic impacts. As of April 13, 2020, the outbreak has resulted in an estimated 1,776,867 cases and 111,828 deaths globally. In Afghanistan, MoPH data shows that 665 people across 27 provinces are now confirmed to have COVID-19 with 38 recoveries and 22 fatalities. Johanniter with its own resources started its response in Kabul Informal Settlements; Ghulam Camp for refugees/externally displaced persons from North Waziristan and Kuchis in Khost province and at the entry points of Kunduz, Chardara, Aliabad, Khanabad and Imam Sahib. As part of the public awareness drive, Johanniter and its partners have printed the information postures on prevalence, spread,symptoms of COVID 19 and the measures to be taken to curb the spread.

Johanniter and its partners have informed that the government's containment procedures like lock down and movement restrictions would have an impact on people. In this context, Johanniter desired to conduct a rapid assessment of the situation with the community representatives. With movement restriction and maintaining "physical distance", telephone interviews were conducted in three provinces by Organisation for Human Welfare (OHW), Afghanistan Centre for Training and Development (ACTD) and Just for Afghan Capacity and Knowledge (JACK) in Kabul, Khost and Kunduz respectively.

Methodology

The Knowledge Attitude Practice (KAP) Assessment of the community's perception on COVID 19 and their fears and concerns related to the impact of the outbreak in their lives were considered. In late March, CRS conducted COVID 19 KAP survey using Key Informant Interview to assess their communication and education tools related to COVID 19 among their target communities.

The Objective of survey was as below:
- Determine the knowledge, attitude, and perceptions people have about COVID-19
- Determine how people obtain information about COVID-19

Johanniter has written to CRS to permit them to use their methodology- KII questionnaire and after their consent, the questionnaire was reviewed and modified to suit Johanniter's context and based on its objectives of the assessment. The KII questionnaire converts the open end questionnaire to multiple responses so that the analysis can be quantified. The KII questionnaire also included the components of food security and livelihoods; and we have made an attempt to make it gender segregated information so that we can understand the perceptions of men and women interviewed. Inputs were considered from partners, Technical advisors in Johanniter's HQs in Berlin and internally reviewed before it was finalised. Find the questionnaire used in annexure 1.

Telephonic and Skype conference based orientation was provided to the team members of the partners involved in information collection. The interviews were held during 11-13 April 2020.

Date of Survey:	Male	Female	Total
11-Apr-20	36	20	56
12-Apr-20	6	3	9
13-Apr-20	0	10	10
Total	42	33	75

The sample size per province is as below, the snowball sampling method was used, where the data collector called phone numbers chosen randomly from the database available with the partner which covers the districts and areas where COVID 19 cases were detected or where the screening activities had started.

Province	Male	Female	Total
Kabul	16	14	30
Kunduz	15	10	25
Khost	11	9	20
Total	42	33	75

Key elements of the Key Informant Interview approach:
- Due to physical distancing, telephone interviews were conducted
- Selection of locations were based on the telephone network coverage
- Key informants were randomly chosen from the community representatives, Health Shura leaders, health functionaries and community members who visited the health facilities for screening of COVID 19

The mission met key stakeholders involved in the trauma care, protection and humanitarian responses include, UN agencies – UNHCR, UNOCHA and WHO; MSF, Handicap International, ARCS and SCA; and government agencies like DoRR, PPHD and Director of Regional Hospital, Kunduz. The schedule of the stakeholders' meetings was enclosed in Annexure 2. The questionnaires addressed health needs in conflict areas, protection risks specific to women and girls in the place of origin and at the current /displaced locations in case of IDPs.

Data Management

Datasets were created and information keyed in to excel sheets and reviewed each cell by cell entry for data cleaning and manipulations, such as transforming selected variables from string to numeric format, in order to facilitate statistical analysis. Data was analysed using Excel and statistical analysis tools. A 95% confidence limit (data is correct in 95% of cases).

Ethical Consideration

Before going into the details of the field assignment, the data collection teams introduced themselves, explained the purpose of the assessment and obtained the willingness of respondents. The pace of the interview was held as per the participants' consent, and every participant was kindly requested to provide his/her genuine opinions/ideas. Finally, when respondents finished their points, the data collection teams extended their gratitude to respondents for their time and effort in providing data for the survey and ensuring the protection of information and privacy of the responders. Thus in the report, the names or the position of the respondents were not mentioned.

Owing to limitations in time, human resources and physical restrictions, Johanniter and its partners opted to Key Informal Interview (structured) to three provinces only to cover 75 persons in these locations and is based on the consultations held with them. The information provided under the assessment is based on the interviews held with various stakeholders and is entirely based on the understanding of the assessment team members and doesn't reflect on the institutions they represent. As these interviews are based on the personal requests and thus may or may not prove to be hundred percent correct. There is optimal ignorance of the assessment team members while presenting the report. The document is in public domain and can be referred with an acknowledgement to the source.

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The first covid-19 case in Afghanistan was identified and confirmed on 24th February 2020. As on 13 April 2020, 665/4314 tests have reported positive with major hotspots being in Kabul (145) and Herat (280). Altogether, the Government plans to expand testing facilities to 15 across the country within the month.

Afghanistan has imposed movement restrictions in 19/34 provinces with 'complete' lockdown in major cities including in Kabul city, Herat, Farah, Jalalabad, Asadabad and Zaranj to slow down the spread of C-19. Most Government offices have been working on half the strength, and only select private and government agencies are allowed to operate to provide essential services.

These lockdowns have also impacted the movement of civil society organizations in many provinces. All these have impacted the poorest and the most marginalized informal sector workers in the urban areas and other marginalized groups in rural areas. In the 2nd week of April, the Government was still planning on provision of social services to this group. However, international Aid Agencies are coming forward to support Afghanistan in this hour of crisis.

Decades of conflict have put the Afghan health systems strained and the Governments have very restricted access to many geographical areas. Key concerns for Afghanistan are Border crossing areas, low testing capacity, lack of protective equipment for frontline workers, commodity prices, impending floods, plans for camp and camp-like quarantine sites, messaging and rumour management, lockdowns with restricted movement.

In this context, community responses are important for outbreak management during the early phase when non-pharmaceutical interventions are the major preventive options. Therefore, this study aims to examine the psychological and behavioural responses of the community during the early phase of the COVID-19 epidemic. Thus, Johanniter International Assistance (JIA) in coordination with Provincial Public Health Directorate (PPHD); and its implementing national partners, OHW, ACTD and JACK conducted rapid assessment of the perceptions of communities with covering three provinces which are transitory and major destination locations for displaced population and returnees. The rapid assessment covered knowledge about COVID 19, anxiety level, risk perception, sources to retrieve COVID-19 information, actual adoption and perceived efficacy of precautionary measures were collected. These were analysed and presented in the following sections of the report.

Demographic Profile of the respondents

Initial plan was to cover about 60 Key Informal Interviews from three provinces and the following were categorised as per the plan.

No	Province	Sample size (20/Prov)	HF staff		HF Shura member		Community shura member		Student		Vulnerable Groups	
			# of male to be monitored	# of female	# of male	# of female	# of male	# of female	# of male	# of female	# of PwD	# of Displaced person (IDP/EDP)
1	Kabul	20	2	2	2	2	2	2	2	2	2	2
2	Kunduz	20	2	2	2	2	2	2	2	2	2	2
3	Khost	20	2	2	2	2	2	2	2	2	2	2
	Total	60	6	6	6	6	6	6	6	6	6	6

However, in the end 75 KIIs were conducted and their details are as follows.

Out of 75 KIIs 56% were men and 44 % were women.
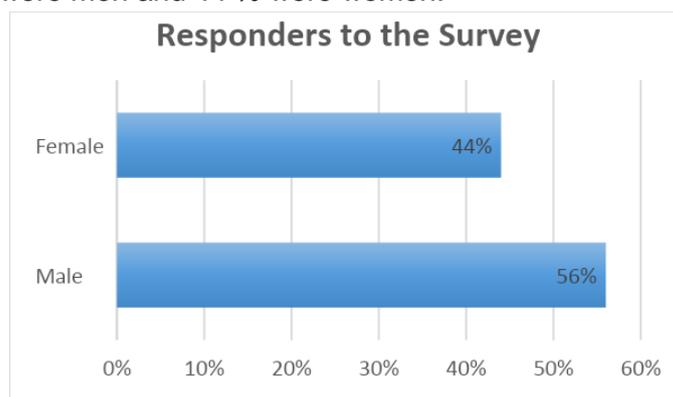
Most of the women interviewed were conducted by women staff of the partner NGOs who facilitated the field level interviews. JACK had conducted interviews in Kunduz Province, ACTD in Khost province and OHW in Kabul province. The following table suggest the number of men and women who took part in the survey from the different provinces.

Province	Male	Female	Total
Kabul	16	14	30
Kunduz	15	10	25
Khost	11	9	20
Total	42	33	75

The following graph presents the percentage of men and women participated in the survey from different provinces. Kabul had higher women participation followed with Khost and Kunduz.
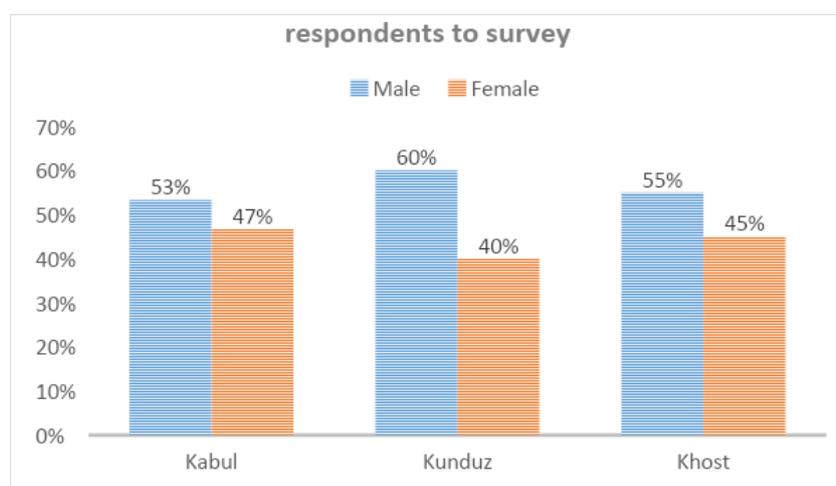
Among the categories of respondents, 44% of them are Internally Displaced Persons, 55% are from the host families and 1% is externally displaced persons (refugees from Pakistan Waziris in Khost).

Categories of responders %
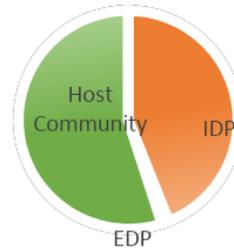
48% of the respondents are in the age group for 25-40 years, 25% are in the age group of 40-60 years and also for under 25 years of age and only 1% of the respondents are elderly i.e. above 60 years of age. Women (16%) are higher in the age group of under 25 compared to men (9%), whereas men respondents are greater in number in all other age groups.
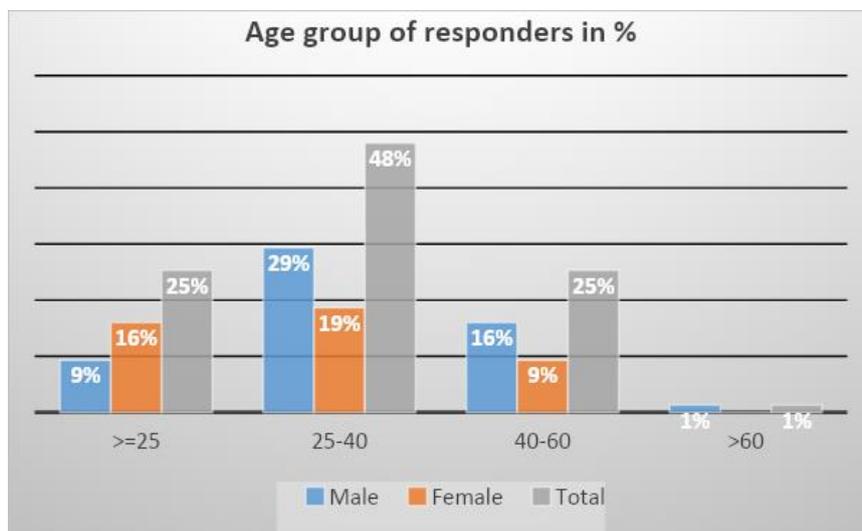
36% of the respondents are illiterate and among them women (25%) and men are only 11%. 31% of the respondents are studies above Grade 12 (with men 19% and women 12%). Below Grade 6 are about 10% (men 9% and women 1%) and those who have done schooling include primary and secondary schools, are 22% (men with 18% and women with 5% only).
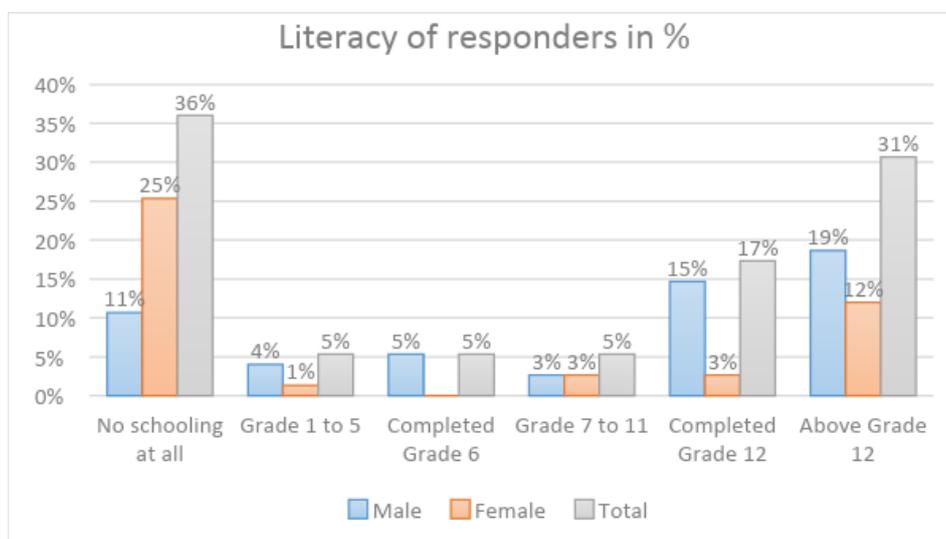
Occupation wise categories, 72% of the respondents are from the community. They are either health shura members (15%) community shura members/leaders (17%) or community members (40%) who have visited the health facilities. 17% are students studying in higher schools or colleges. Only 11% of the respondents are staff working in health facilities.

Categories of responders in %
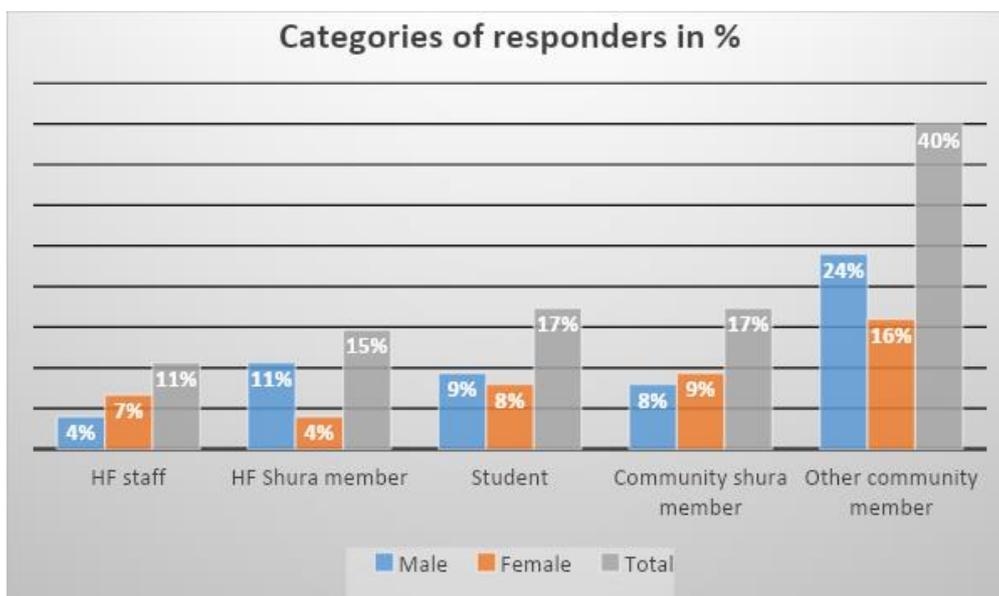
Responses to the KAP Survey

1. Awareness:

Only 40% of the community members are aware of the Corona Virus disease.

Novel CoronaVirus Disease (COVID 19) phenomena has led to a massive public reaction and the media has been reporting continuously across borders to keep all informed about the pandemic situation. All this has created a lot of concern for people leading to heightened level of anxiety. The Respondents have indicated a high level of information related to COVID 19 with 96% of them having mentioned that they heard about the disease. When asked about their view about COVID 19, respondents' replies were concise as follows.

Awareness about COVID 19 (in%)
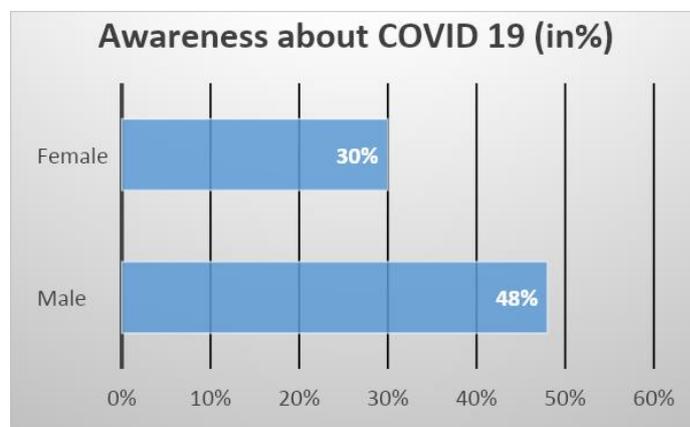
- Overall 41% of the responders know about protecting themselves from the infection. Only 36% of women responders have mentioned they know protection methods whereas men are a bit higher with 45% of respondents mentioned that they are aware about protection from spread of infection
- Overall 69% of the respondents have mentioned awareness on symptoms of COVID 19. Women (58%) are less aware related to symptoms in comparison to men (79%)
- 52% of total respondents mentioned that they are aware of ways of transmission of COVID 19. Women (55%) fare slightly better than men (50%)
- 52% of the respondents have mentioned that they are aware of what to do if one has symptoms.

- 39% of the respondents mention that they are in the risk group, men are higher with 45% and women (30%)
- only 25% are aware of the treatment, women (12%) fare much lower than men (36%)
- Others include, not to be in crowded areas, train us what to do, need to know how COVID is cured and know more about the symptoms

Awareness on COVID 19 (in %)

Category	Male	Female
Others	17%	9%
Method of Treatment	36%	12%
Most at risk groups	45%	30%
On what to do when one have symptoms	52%	52%
Ways of Transmission of Virus	50%	55%
Symptoms	79%	58%
Protection themselves from infection	45%	36%
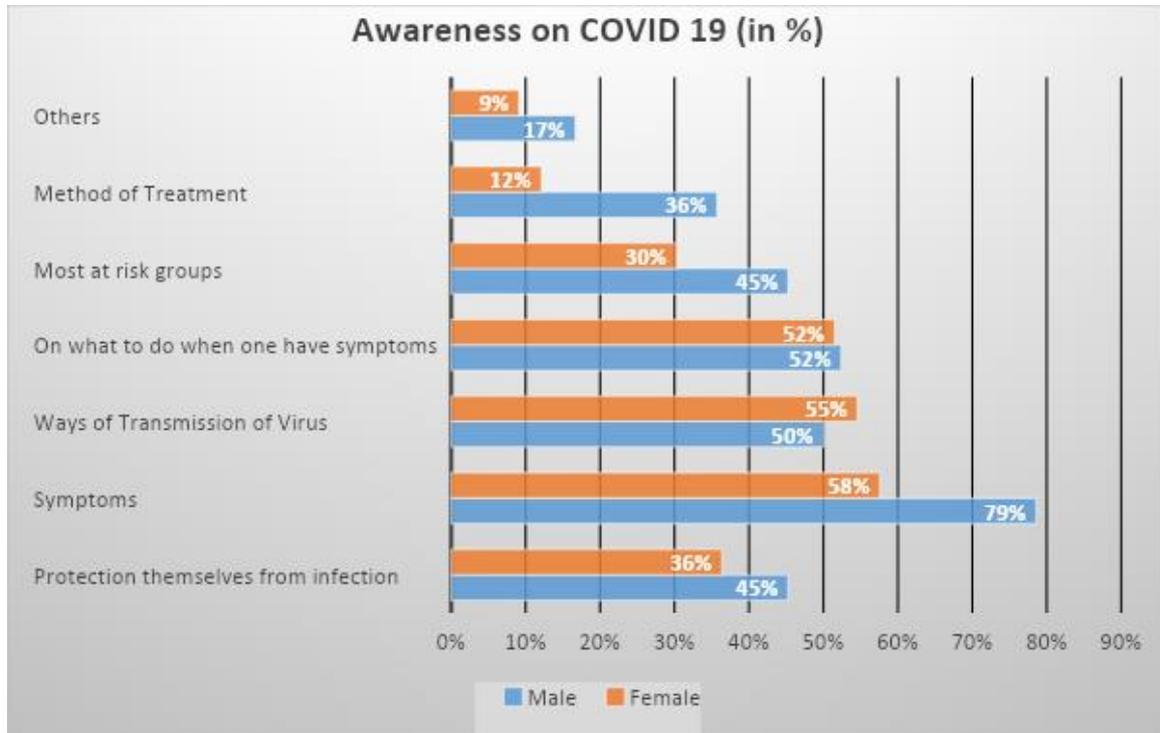
Respondents were asked about the sources of information about COVID -19, genuinity of those sources. They were also asked about the types of information they wanted to receive.

Source of information related to COVID 19

Source	Male	Female	Total
Family member	36%	36%	36%
Health staff including CHW	57%	67%	61%
Mass media (Radio, TV)	45%	48%	47%
Masjid	36%	18%	28%
Community member	24%	36%	29%
Social media	43%	48%	45%
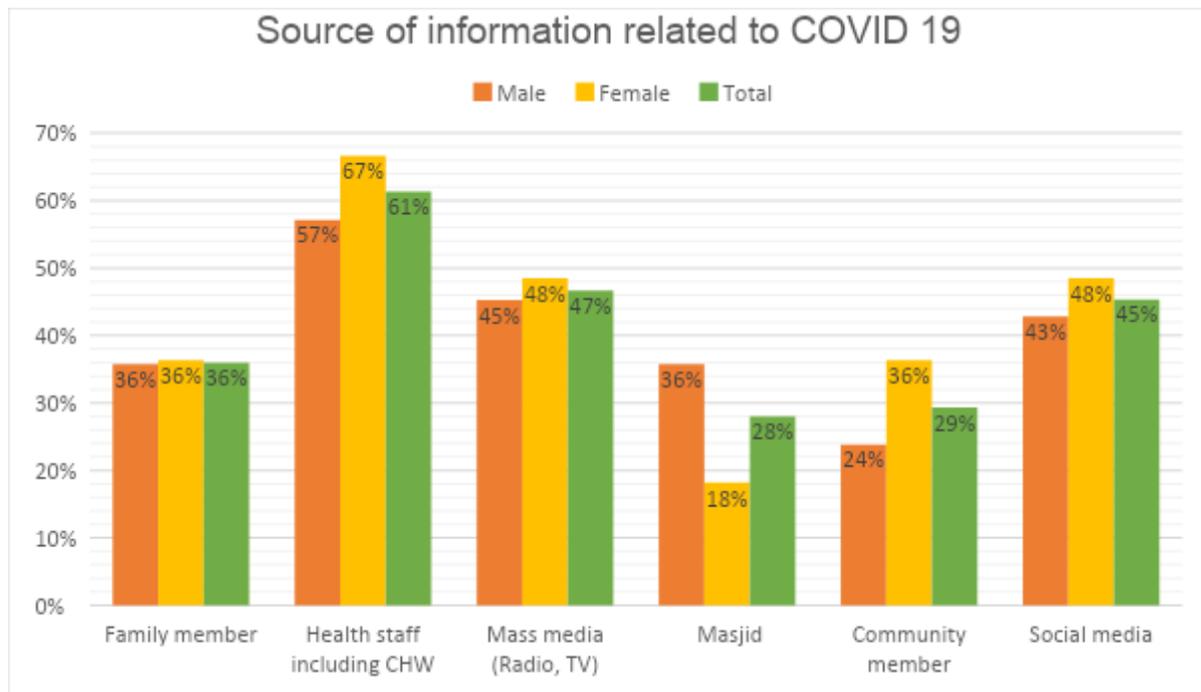
The above mentioned graph represents the sources from where they received information related to COVID 19.

- 61% of respondents have mentioned that Health Workers are the major source of information providers related to COVID-19.Out of which 67% are women respondents and 57%are men.
- 47% of respondents mentioned mass media, which includes Radio, Television as the information providers. Women (48%) rate these sources higher than men (45%)
- 45% of respondents mentioned of Social media as the information provider. Even in this case women (48%) consider it higher than men (43%)
- 36% of respondents mentioned family members are the source of information.
- 29% of respondents mentioned that Community members are the source of information related to the pandemic. Women rate this quite higher with 36% of them state so, whereas, only 24% of men have mentioned the same.
- Only 28% of respondents mentioned Masjid/Mosque as the source of information. Women (18%) fare much lower compared to men (36%) in their responses as entry of women is prohibited in mosques.

Responding to the question on how much the community trust these information sources, Health facility staff (89%) were considered the most trustworthy followed by Mass Communication tools like Radio/Television (75%), and next is the social platforms like WhatsApp, Facebook (52%) and are followed up by religious leaders (37%) and community elders (24%).

	Highest Level of Trust	Moderate Level of Trust	Lowest Level of Trust
Religious leaders	37%	45%	9%
Health Care Worker	89%	4%	4%
Radio	75%	25%	0%
Posters	9%	52%	32%
Community Leaders	24%	71%	1%
Social Media	52%	37%	9%
Government public health officials	5%	17%	77%
Friends	0%	3%	64%
Family Members	8%	45%	13%

However, the least trustworthy are, government officials (77%), Friends (64%), the posters used by government and NGOs (32%), family members (13%). Few also mentioned religious leaders (9%).

When we ask for the reasons, the government is most untrustworthy as it hides information about the disease and doesn't clearly communicate to the people. People don't trust the government departments when they present that there are very low cases. The posters are not helpful as they are more content and most of them are illiterate. People suggested that the posters are to be explained before presenting. Just hanging them on the walls doesn't help. People can't make it out from the poster. People are bombarded with information – from the media, the government, the health workers, relatives and friends. People are not sure who to turn to for help. They are afraid and confused. The friends are sometimes quite helpful and at times create panic.

Knowledge about distribution of cases, risks and complications (31%), symptoms (59%), and transmission (63%), preventive measures /protection steps (57%). Self-care steps (35%) and Government initiated actions in addressing the issue (27%).
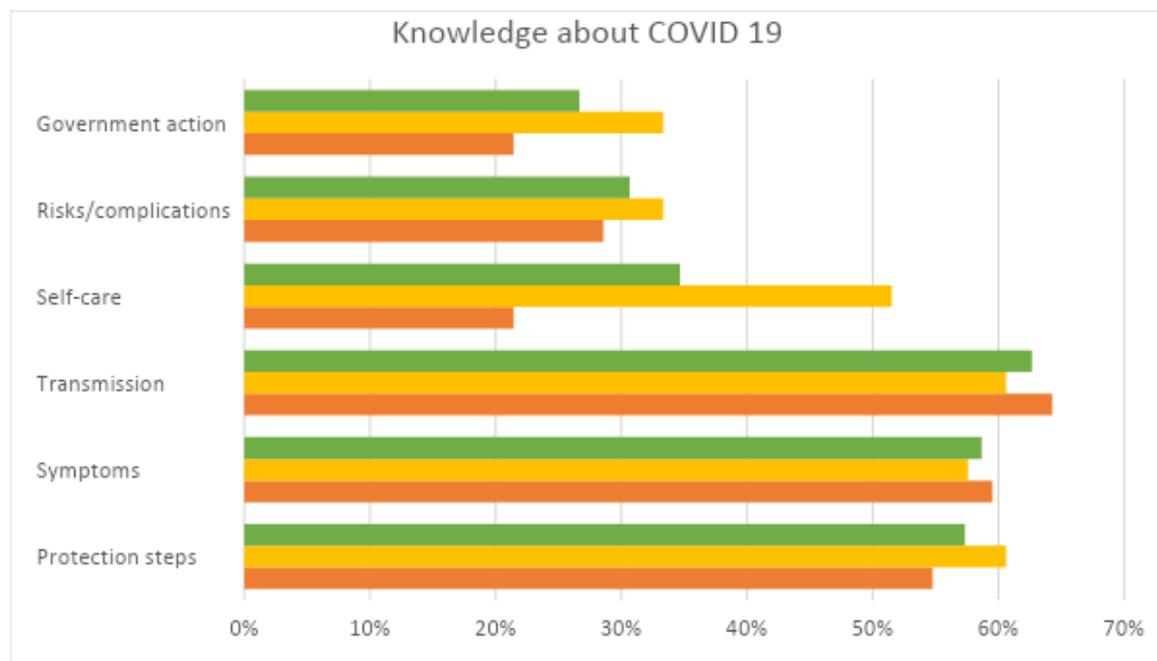
- Information related to Risks and Complications, women (32%) have more information than men (29%)
- Information related to Symptoms women (58%) are marginally less informative than men (60%)
- Information related to transmission of COVID 19, men (64%) are more informed than women (61%)
- Regarding Protection measures, women (61%) are more informed than men (55%)
- Knowledge about Self-care measures are more with women (52%) than men (29%). This shows men are a bit careless while taking precautions.

Risk Perception

The following table shows the perceived susceptibility and perceived severity towards COVID -19 among the respondents.

Perceived susceptibility to COVID-19	Male	Female	Total
Yes	60%	58%	59%
No	23%	19%	41%

59% of the respondents regarded themselves as likely to be infected with COVID -19 and men (60%) responded which is marginally higher than women (58%).

Most considered the symptoms very seriously and have mostly responded to symptoms in the following table.

Symptoms of the coronavirus/COVID-19?	Male	Female	Total
Fever	86%	82%	84%
Cough	83%	55%	71%
Shortness of breath	60%	64%	61%
breathing difficulties	57%	61%	59%
Muscle pain	55%	42%	49%
Headache	79%	73%	76%
Diarrheal	26%	30%	28%

- 71% mentioned of cough (women with lower at 55% than men at 83%)
- 61% mentioned of shortness of breath (64% women and 60% men)
- 49% mentioned of muscle pain (women are less at 42% where as 55% men mentioned the same)
- 76% mentioned of headache with limited variation among men (79%) and women (73%)
- 28% mentioned of Diarrheal (women at 30% and 26% among men)

Most of the respondents are worried about COVID-19 as their daily routines are slightly (42%) or greatly (56%) disrupted.

Preventive Measures

Respondents were asked whether they took precautionary measures and their perception of those measures is. Three types of precautionary measures were considered for discussion, 1. Hygienic practices; 2. Physical (social) distancing and 3. Lock down. In these, we have explored their levels of understanding, knowledge and gaps in these; and practice level to understand their responses to any case of +ve to COVID 19 and their attitude towards people who are affected.

The following graph shows the respondents' understanding of the measures to be followed to avoid /prevent COVID-19 infections.

Practices	% agreed
Hand Washing regularly with soap and water (20 sec each time)	93%
Avoid touching eyes, nose and mouth with hand/fingers	89%
Covering mouth and nose with a clean cloth while coughing or sneezing and wash hands after	85%
Avoid close contact with any one who is sick, especially those with flu or cold or fever or sneezing	92%
Clean and disinfect frequently touched objects and surfaces	69%
Stay at home if one is sick and seek medical care	72%
Avoid Shaking Hands with others	80%
Avoid large gathering	87%

Understanding on the measuers one need to follow to avoid infection

Category	Percentage
	87%
	80%
...nedical care	72%
...ed objects and surfaces	69%
...i is sick, especially those with flu or cold or fever or sneezing	92%
...n cloth while coughing or sneezing and wash hands after	85%
...with hand/fingers	89%
...d water (20 sec each time)	93%
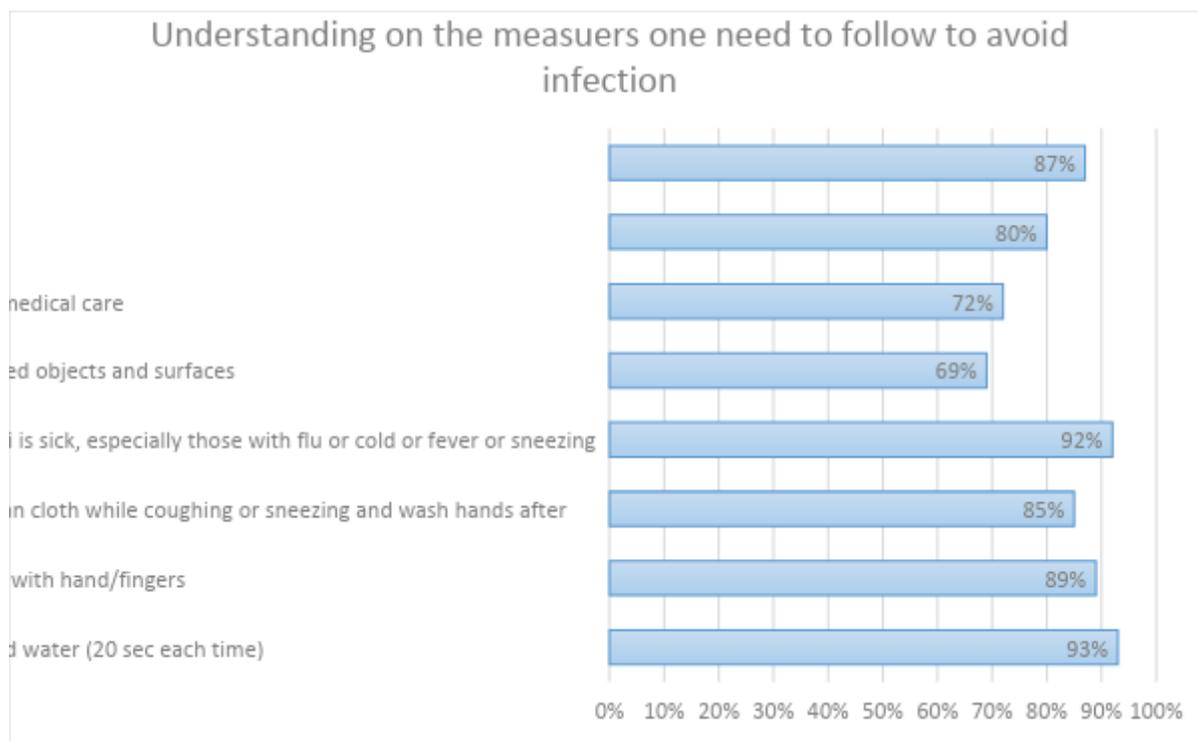
The analysis presented shows that respondents have greater understanding of prevention measures. The respondents have mentioned the adoption of precautionary measures and their perceived efficacy. Enhanced personal hygiene practices (including wearing masks, cleaning hands and better coughing and sneezing etiquette) and avoid the traditional practice of handshakes and social hugging as a form of greeting.

Response on how they would react if they or someone from their family gets sick

- 41% mentioned that they will consult respected elderly in the family (48% of men and 33% of women responded of consulting elders)
- 69% mentioned that they would visit nearest hospital or health facility (men are higher in this response, 76% where as 61% of women mentioned the same)
- 20% mentioned visiting the nearest health worker that includes unregistered medical practitioners (unqualified, local doctors). It is slightly high among women (21%) compared to men (19%)
- 23% mentioned purchasing medicines from the market/nearest pharmacy (it is higher among men (26%) than women (18%).
- 17% have mentioned visiting along with the sick to the nearest traditional healer or nearby shrine (more among women - 27% and men respondents are quite small % with only 10% mentioned this.
- 48% preferred to stay at home and take rest (50% among men and 45% among women responded this)
- 20% mentioned others (men 24% and women 15%), which includes, follow media and advertisements to find solutions for their health problems, will ask people to cover their face with a shawl or head scarf or with handkerchief whenever they are seen coughing. would call their friends or relatives for help.

What is the respons when someone in the family become sick ? (in %)
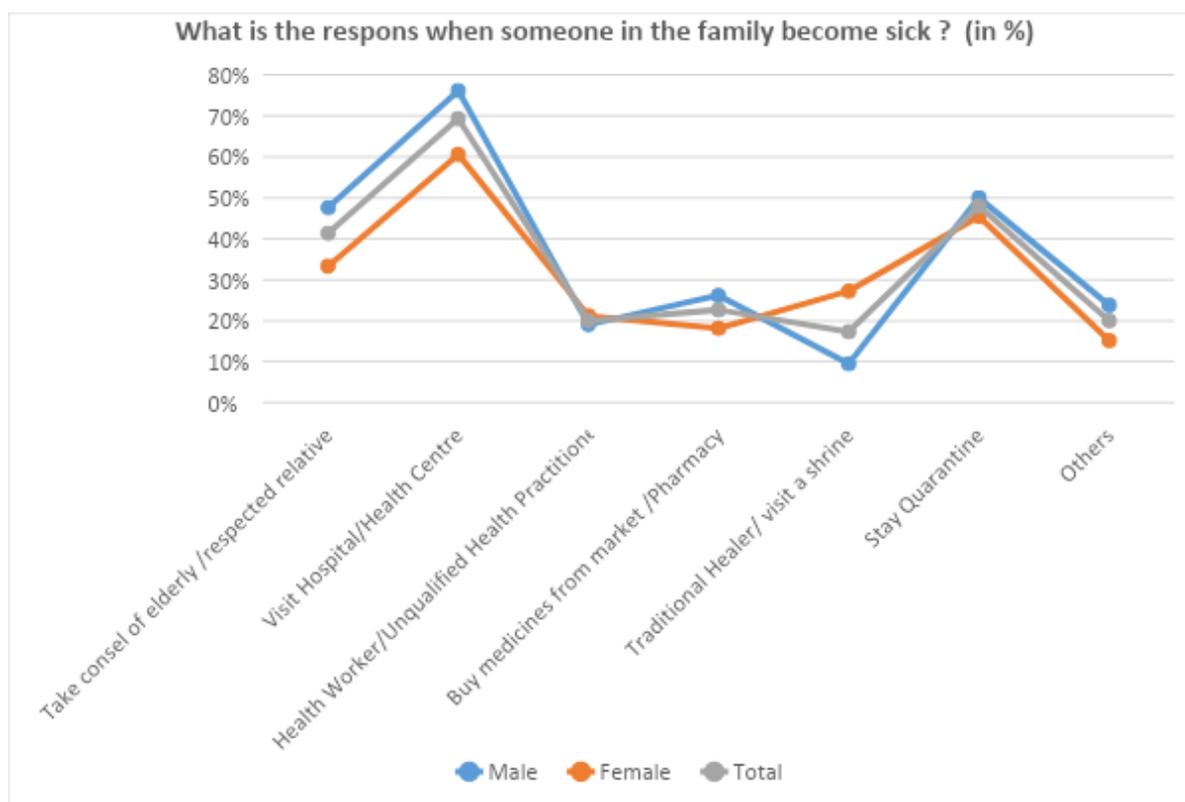
Related to physical (Social) distancing, lock downs and movement restrictions, the respondents mentioned that they can be considered effective as they hear from their relatives living in Europe and from social media. However, the lockdowns and movement restriction have impacted their livelihoods. The respondents have mentioned the following of the impact of livelihoods where this is the early phase of the movement restrictions and physical distancing.

- 64% of the responders have mentioned about impact on Agriculture due to COVID 19 and the restriction of movements
- 75% mentioned problem in selling their harvested crops and other farm produces
- 57% have mentioned of effects on livestock management
- 87% have mentioned that there is huge impact on livelihoods as there is loss of daily wage labour (90% of men have mentioned that the daily wage labour is the major impact)
- 51% have mentioned lack of access to debt from the market as the markets are closed and there is communication that not to handle currency notes (it is more with the men, where 60% have mentioned this problem whereas only 39% of women have mentioned this as an issue)

The impact on availability and prices of food items in the local market.

- 45% of the responders have mentioned that food items are not available in the market due to COVID 19 restrictions
- 76% of the responders have mentioned about high level of increase of prices of food items and essential commodities

Dietary Diversity

This section is presenting information on household dietary diversity and food frequency based on a 7-day recall period for 9 foods/food groups.

- The respondents mentioned that the households typically consume cereals (mostly Wheat bread)
- Consume sugar and supplements, Pulses, vegetables, fat products and dairy products on 2 to 3 days per week
- Consume meat and fruits around 1 to 2 days depending on their food security status.

Dietary Diversity Score - No. Days in a Week
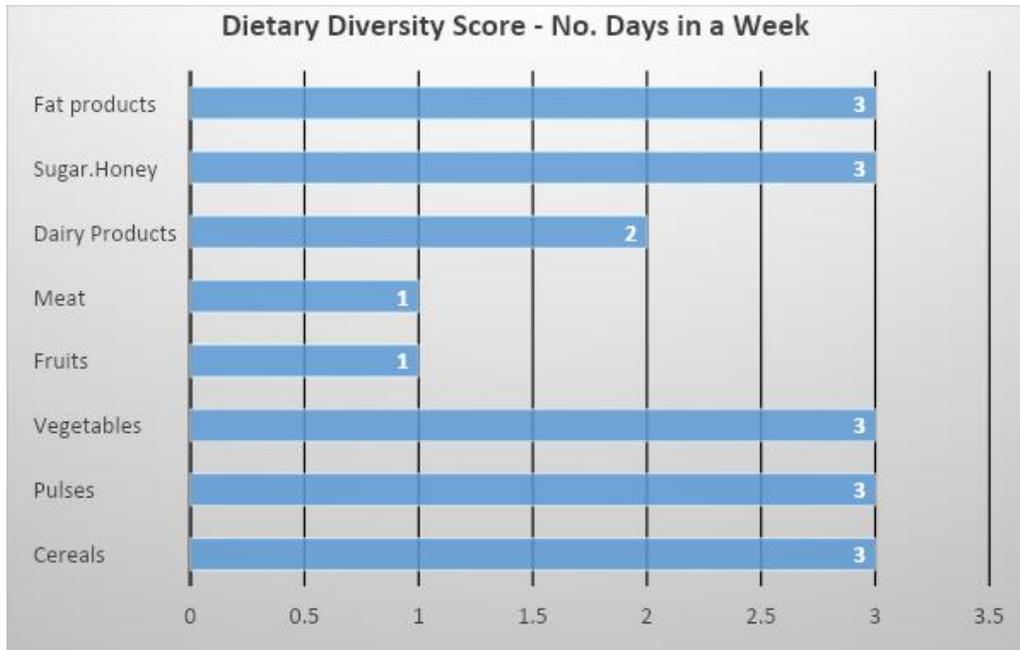
Food Consumption Score

The Food Consumption Score (FCS) is an index that was developed by the World Food Programme (WFP) in 1996. The FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups. For instance, food groups containing nutritionally dense foods, such as animal products, are given greater weight than those containing less nutritionally dense foods, such as tubers. Based on this score, a household's food consumption can be further classified into one of three categories: poor, borderline, or acceptable. The food consumption score is a proxy indicator of household caloric availability.

Food Consumption Score
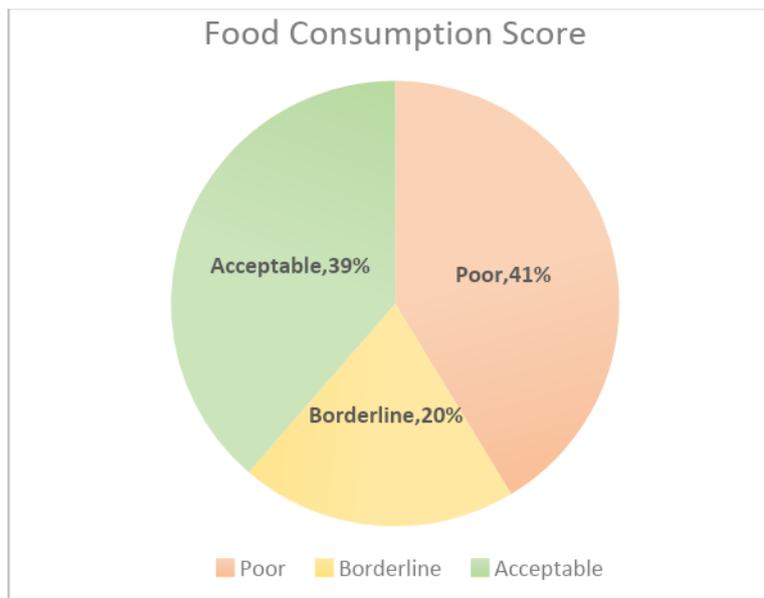
The food consumption score specifies that among the responders, 41% have POOR consumption score, 20% borderline and 39% acceptable. The gender specific analysis is mentioned in the following graph, which shows that 48% men are poor in food consumption

whereas 33% women have reported the same. In borderline, women are at more than 31% compared to men who are 12%. There is marginal difference in acceptable food consumption score with women at 36% and men at 40%.
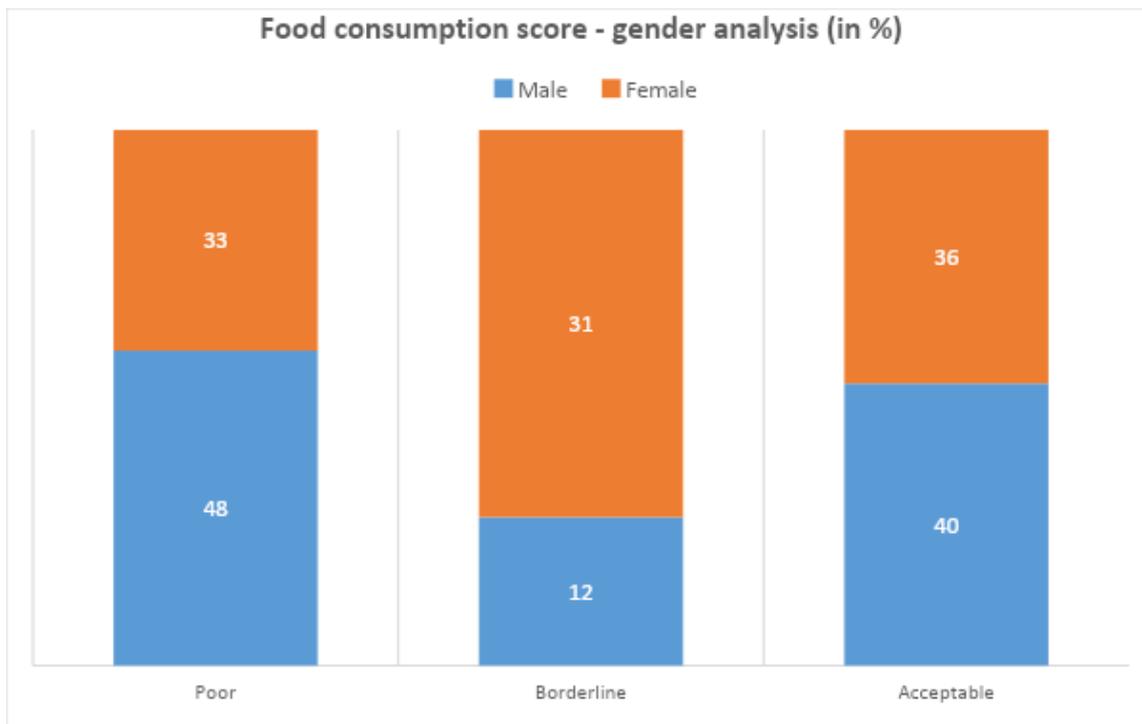
The reasons could be that the variations are due to different categories of responders like health workers, students and communities.

Coping Strategy Index

When livelihoods are negatively affected by a shock /crisis, households may adopt various mechanisms (strategies) to cope with reduced or declining access to food.

Coping Strategy Index (CSI) is often used as a proxy indicator of household food insecurity. CSI is based on a list of behaviours (coping strategies). CSI combines: (i) the frequency of each strategy (how many times each strategy was adopted?); and (ii) their (severity) (how serious is each strategy?) for households reporting food consumption problems. Higher CSI indicates a worse food security situation and vice versa. CSI is a particularly powerful tool for monitoring the same households or population over time. There are two types: "Full CSI" and "Reduced CSI".

Based on the responses, the following analysis was made.

Phase Classification	%
Generally Food Secure	
Moderately/Borderline Food Insecure	28%
Acute Food Insecure/Livelihood Crisis	35%
Humanitarian Emergency	37%
Famine/Humanitarian Catastrophe	

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- 37% of the responders have Crisis/Emergency Phase based on the Coping Strategy Index
- 35% of the responders are in Stressed stage of IPC based on coping strategy index
- 28% are in moderately/Borderline food insecure

In the Crisis and Emergency Phase, Women responders are slightly higher i.e. 39% compared to men (36%).

Access to health in lockdown or movement restrictions

56% of the responders have mentioned that their access to health services is affected due to lock down and movement restrictions. The reasons for low access to health facilities during COVID-19 days and the lockdowns are as follows

- Government and NGOs administration are not reachable for help due to lockdown
- Health workers don't have adequate safety and PPE materials and thus people fear if health workers are not properly protected
- Some hospitals don't have medicines and screening facilities and thus feel no benefit of visiting the clinics
- There is fear among people that by visiting health facilities there will be increased risk of getting infected. (this is quite high among the responders)
- Health facilities still not equipped and thus request to increase the services and facilities for COVID 19
- Roads leading the clinics and main roads are blocked and thus people face huge problems (more than 50% mentioned of this problem)
- Health workers themselves face problems in reaching their clinics and some of the clinics are overcrowded.
- There is no work in the community and all the roads have been locked down since 20 days. Without money they can't travel down to clinics and purchase medicines.
- We are scare from the disease
- Due to road blocks and fear of infections, people try to take care of themselves by staying at home and home therapies are preferred.
- They fear of increased Infections among people

The respondents have mentioned that they receive health education, sharing of information about COVID-19 using posters and health staff are functional despite the lock downs. 85% of the responders have mentioned that the health staff in both private and public sector clinics provide information about COVID 19

What should be put in place in the Health Facilities and with the health workers to improve their services to patients on COVID 19 prevention and reduction?

- Awareness generation and provide information about its symptoms, spread and how to prevent and help lines. Everyone wanted medicines to prevent and reduce the spread of COVID 19
- Community education and follow up suspected cases
- Health facility staff should give health education in HF
- A health worker should separate all of the clients from another and also maintain distance while treating patients. Health workers also should sit at a distance from one another.
- Transportation and roads are to be clear for clinics
- Some suggested that strictly implement lock downs and control traffic
- Our clinics opened for 24 hours & also trained us urgently regarding to COVID -19
- patients should come voluntarily, maintain distance and wear masks

- Clinics to be opened for 24 hours and distribute hand sanitizer or Dettol soap
- Use Of preventive measure like gloves, Mask
- Use of protective tools
- Health education is given but lack any medical equipment

Protection Elements

80% of respondents agreed to allow female members of the family to be hospitalised for 2-14 days if they get infected by COVID 19. Men outnumbered women in the response marginally by 2%.

The major reasons for not allowing female members of the family to be hospitalised are:

- The security situation and COVID 19 situation is not good and they don't like women to be sent to hospitals
- There is no trust of the cleanliness of the hospital and treatment
- Cultural barriers of sending women to hospital and allow them to stay for a longer duration in the hospital

The respondents have mentioned that there is increased Gender Based Violence due to the lock downs and restricted movements.

Domestic violence is increased	55%
Physical abuse is increased	48%
Mental Health/Psycho-social stress increased	81% (more among women respondents – 85%

While discussing children and their concerns related to education and protection, the respondents have mentioned the following.

- Because we don't have educated people at home and is difficult to continue education for children
- Almost 80% of the respondents have mentioned that closure of school has a negative effect on studies. Some mentioned that the children become lazy, they always play outside and are at higher risk of COVID 19, they become reckless and now they get more complaints of children fighting with one another in the neighbourhood.
- Schools were to be opened after the winter break but now they are closed owing to the COVID outbreak.

Only 40% of the respondents are aware of the Corona Virus disease and about 41% of the respondents are protecting themselves from infection. women have low awareness of COVID 19 protection measures. 39% consider themselves can be in the risk.   Thus, there is need to spread awareness drive for communities.

Health workers are the major source of information and are most trusted. The social networks and news media are another source of information. Religious leaders and community elders are considered as trust worthy.   People have given feedback on the posters and other communication tools. It is important to consider their feedback on reduced contents in the poster. Develop simple and pictorial messages. The posters should not be clumsy.

Most of the respondents are worried about COVID 19 as their daily routines are greatly (56%) disrupted.

People are aware of preventive Measures like proper hygiene practices, physical distancing (social distancing) and restricted movements /avoid large scale gatherings would reduce the risk of COVID 19. However, people are worried about the duration of these restrictions, its economic costs and psychological stress one should go through it.   People still believe that the virus can be prevented through local remedies include visiting to quacks, local medical shops, shrines and traditional healers. Increased access to health facilities, include testing facilities, laboratories, screening facilities and treatment centres at the provinces is needed. Health staff needs protective gear to save themselves from the risk of COVID 19 and provide services to people who are at the risk.

Huge economic impact on the lives and livelihoods of the people. Many fear that they don't get labour for their harvests, agriculture will be huge loss and they don't access to markets for their harvested products as they were stopped at the roads and entry points of the cities and towns. Many vegetable vendors say that the fresh stock is not arriving into the towns and most of the farmers are throwing out the rotten stock out on the roads. Most of the livestock owners can't move their livestock to the cooler pastures during summer and thus fear of losing livestock. Drought impacted in last two years and COVID 19 would impact in 2020.

The biggest impact of COVID 19 lockdowns will impact the daily wage earner and more so in the urban areas.   Already people are reporting inflation of essential commodities and food items. Large number of people also mentioned that food items are not available in the market due to movement restrictions.   There is strong need for both short-term and long-term economic recovery package for this humanitarian crisis, include cash and food grants for immediate support during lock down period and later on for economic recovery.

In protection part, due to school closures, children are staying at home and most of the interview respondents mentioned that it is showing negative impact on children and their exposure to COVID 19 as they don't stay at home and try to escape down to join their friends to play out in the street and follow poor hygiene practices. There are reports of increase in domestic violence include Gender Based Violence and physical abuse due to lock downs in this COVID 19 initial phase. 81% have reported of increase of stress, anxiety, anger, fear and sleeplessness. Thus it is suggested to have helplines and telephone counselling services and follow up through mobile units for Mental health and PSS for the victims of GBV/Domestic Violence and people who are having traumatic stress disorders.

The government should come up with restricted movements and lock down approach to contain the spread of disease but should also consider for economic support to poor.

CORE TEAM WORKED ON THE SURVEY

The Johanniter International Assistance

1. Dr. Shah Maqsood Shahebzada, Manager – Programme Development and Partnerships
2. Dr. Waseel Rahimi – Programme Manager - Health
3. Nasreen Afzali, Gender and Protection Officer
4. Helen Guillermo, Senior Programme Manager
5. Akbar Ahmadi, Monitoring and Evaluation Officer

Team worked in the field

KII_COVID 19 community perception - Rapid Qualitative Assessment responsible persons							
No	**Province**	**Partner**	**Caller/Enumerator name**	**Gender**	**Interviews made**	**Data entry staff**	**Focal point person**
1	**Kabul**	**OHW**	Dr. Mahammad Edris	Male	5	**Hedayatullah Osmani**	**Reza Arman**
			Dr. Shah Mahmood Rasuli	Male	5		
			Dr. Edris Dorani	Male	4		
			Dr. Abdul Khabir	Male	4		
			Dr. Fawzia Sadat	Female	4		
			Dr. Shegufa	Female	4		
			Dr. Qodsia	Female	4		
2	**Kunduz**	**JACK**	Ali Akbar Shirzad	Male	4	**Dr. Sayed Musa Musawi**	**Dr.Noor Ahmad "Ahmad"**
			Khairullah	Male	4		
			Khalil Ahmadi	Male	4		
			Roshan BiBi	Female	7		
			Mariam Kakar	Female	6		
3	**Khost**	**ACTD**	Qismat gul	Male	15	**Qismat gul**	**Waqar Ahmad**
			Waqar Ahmad	Male	5		
			Total	**14**	**75**	**3**	**3**
Database developed and analysed by Akbar Ahmadi, M & E Officer, Johnniter							

COVID-19 Rapid Qualitative Assessment Tool[1]
Phone Key Informant Interviews

Objective:
- Determine the knowledge, attitude, and perceptions people have about COVID-19
- Determine how people obtain information about COVID-19

Date:	
Name of interviewer:	
Province:	
District:	
Village:	

Introduction:
Hello. My name is _____ and I am working with (**mention name of your organization**) trying to understand the level of knowledge, attitude, and perceptions that people have towards the new coronavirus disease. I would like to ask you some questions which will help us determine what kind of messages we need to share with the communities where (**name of your organization**) works. This interview will last approximately 20 to 30 minutes.

Basic Information	
a. Sex:	⬜ Male ⬜ Female
b. Placement	⬜IDP ⬜EDP ⬜ Host Community
c. Age:	
d. Level of Education:	⬜ No schooling at all ⬜ Grade 1 to 5 ⬜ Completed Grade 6 ⬜ Grade 7 to 11 ⬜ Completed Grade 12 ⬜ Above Grade 12
e. Position:	⬜ HF staff ⬜ HF Shura member ⬜ Student ⬜ Community shura member ⬜ Other community member ⬜ Others: _____
Knowledge, Attitude & Perception Survey	
1. Have you heard about the new coronavirus disease? ⬜ Yes ⬜ No (If the interviewee is unresponsive, the facilitator asks a clarification question: It is also called COVID-19 Have you heard of that?)	
2. If yes, from whom or from where did you hear about the new coronavirus disease? (Facilitator should ask for all different sources from which the interviewee heard about coronavirus disease.) ⬜ Family member ⬜ Health staff including CHW ⬜ Mass media (Radio, TV) ⬜ Masjid ⬜ Community member ⬜ Social media ⬜ Others:_____ specify	

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[1] COVID-19 Rapid Qualitative Assessment Tool,-Phone Key Informant Interviews, of CRS, Afghanistan, is considered as reference for developing this survey tool

3. What do you know about the new coronavirus disease COVID-19? (multiple choice)

(Facilitator prompts interviewee's responses related to what they know about protection steps, symptoms, transmission, self-care, risks/complications, government action, etc. Facilitator should prompt the interviewee until he/she says "that is all the information I have heard about coronavirus.")

 protection steps
 symptoms
 transmission
 self-care
 risks/complications
 government action

4. What are the different ways of receiving information about coronavirus that you would prefer? Are there some people, information sources or channels that you trust more than others to give you good information about the coronavirus? Why? (multiple)

(Facilitator should prompt interviewee's responses, probing on a whole range of people/ channels/ sources such as radio, social media, health care worker, family members, friends, community leaders, government public health officials, religious leaders, posters, other community members, or others, and why they trust one source more than another. Facilitator should prompt all possible channels until interviewee says there are no other channels/sources.)

 radio   (level of trust: high Medium Low)
 social media   (level of trust: high Medium Low)
 health care worker   (level of trust: high Medium Low)
 family members   (level of trust: high Medium Low)
 friends   (level of trust: high Medium Low)
 community leaders   (level of trust: high Medium Low)
 government public health officials (level of trust: high Medium Low)
 religious leaders   (level of trust: high Medium Low)
 posters   (level of trust: high Medium Low)
 other community members   (level of trust: high Medium Low)

4.a Why do they trust one source more than another?

5. Do you know how the disease spreads or you can get sick from the new coronavirus? Please explain.

(Facilitator prompts interviewee's responses to obtain an exhaustive list of all the ways he/she thinks one can get the disease. The facilitator should only stop when the interviewee indicates that there are no other ways.)

6. What are the main symptoms of the coronavirus/COVID-19? (multiple)

(Facilitator should first let the interviewee respond freely, and then probe for each of the following symptoms: Fever/Cough/shortness of breath & breathing difficulties/ muscle pain/ headache/ diarrhea.)

 Fever
 Cough
 Shortness of breath
 breathing difficulties
 Muscle pain
 Headache
 Diarrhea

7. Of each of the measures below, which ones are you doing? Why or why not?			
Measure	**Yes**	**No**	**Why/Why not?**
7.1 Wash your hands regularly using hand rub or soap and water for at least 20 seconds.			
7.2 Avoid touching your eyes, nose, and mouth with your hand/fingers.			
7.3 Covering mouth and nose when coughing or sneezing, and washing your hands after.			
7.4 Avoid close contact with anyone who is sick, especially those with flu or cold symptoms such as fever, cough, or sneezing.			
7.5 Clean and disinfect frequently touched objects and surfaces.			
7.6 Stay at home if you are sick, except to get medical care.			
7.7 Avoid shaking hands with others.			
7.8 Avoid large gatherings.			
7.9 Other measures:			

8. Do you think you or your family members are at risk of getting sick from the coronavirus?

 Yes   No

8.1 Why or why not?

9. What would you do if you or someone from your family gets sick?
(Facilitator should first let interviewee respond freely, and then probe on each of the following)

 I will look for a more experienced relative to advise me on what to do
 I would go to the hospital / health unit
 I would go to the neighborhood nurse
 I would go to buy medicines at the market
 I'm going to look for the traditional healer
 I would stay in quarantine
 Other: _____

10. What more would you like to know about the disease? (Facilitator should first let interviewee respond freely, and then probe on each of the following)
☐How to protect yourself from the disease? ☐ Symptoms of the new coronavirus disease ☐ How it is transmitted ☐ What to do if you have the symptoms ☐ Most at risk groups ☐ How to treat it ☐ Other: _____
11. Do you feel that people in your community know (enough) about the coronavirus disease? ☐ Yes   ☐ No   11.1 Why or why not?
12. How does COVID 19 lockdown/movement restrictions have affected your livelihood? Probe each point below if not already mentioned: ☐ Impact on Agriculture ☐ Impact on selling farm produce ☐ Impact on livestock management ☐ Impact on daily wages laborers ☐ Impact on Debt
13. How does COVID-19 affect availability and prices of food items in the local market? Probe each point below if not already mentioned: ☐ Food items are not available in local market ☐ High increase in prices of food items ☐ Slight Increase in prices of food items ☐ No changes in prices

14. Food Consumption Score								
First ask the question: what type of food did you and other people in your household eat in the past 7 days? Discuss with them. Then ask them category wise food groups they ate in the last 7 days and how many times the household ate each type. We do not need how many times a day each food type was eaten. If they ate bread 3 times in one day, it counts for one. If they ate bread every day for 7 days, it counts for seven.								
14.1. Cereals, bread and potatoes (wheat, rice, maize, or any other food made from wheat or potatoes)	0	1	2	3	4	5	6	7
14.2. Pulses/ Nuts (beans, peas, lentils, etc.)	0	1	2	3	4	5	6	7
14.3. Vegetables and leaves (tomatoes, eggplants, cabbages, lettuce, spinach, squash, etc.)	0	1	2	3	4	5	6	7
14.4. Fruits (apple, banana, pomegranate, cherry, grape, etc.)	0	1	2	3	4	5	6	7
14.5. Meat/ Fish/Eggs	0	1	2	3	4	5	6	7
14.6. Milk/Dairy product (yogurts, cheese, butter, qorut, etc.)	0	1	2	3	4	5	6	7
14.7. Sugar/Honey	0	1	2	3	4	5	6	7
14.8. Oils/Fat products (any foods made with oil or ghee)	0	1	2	3	4	5	6	7

14.9. Condiments (tea, salt, or spices)	0 1 2 3 4 5 6 7
15. Coping strategies index	
During the past 7 days, has anyone in your HH done any of these things? (Please record the number of days each strategy was used)	
15.1. Rely on less preferred food and less expensive food	0 1 2 3 4 5 6 7
15.2. Restrict consumption by adults in order for small children to eat	0 1 2 3 4 5 6 7
15.3. Reduced number of meals eaten in a day	0 1 2 3 4 5 6 7
15.4. Borrow food, or rely on help from friends and relatives	0 1 2 3 4 5 6 7
15..5. Limit portion size at mealtimes	1 2 3 4 5 6 7

16. How does the lockdown affect the education of your children? 16.1 Since when schools were closed?
17. Is your access to health services affected by the lock down/movement restrictions? ☐ Yes ☐ No 17.1 If yes, how is it affected?
18. What COVID 19 preventive measures do you think health workers should put in place in the health facilities?
19. Do the Health staff in clinics (public or private) sectors provide you information about COVID-19? ☐ Yes ☐ No 19.1 How they present the health effect of the disease in your communities
20. Do you allow your female family members to be hospitalized for a long period (14 days) if they get infected by COVID 19? ☐ Yes ☐ No 20.1 Why or why not?   Facilitator should ask about the social and cultural constraints on the hospitalization of a female family member (wife, sister, mother and daughter).

20. How does the lockdown affect your routine behavior:
Multiple choices should be given to the interviewee
     ☐ It has led to domestic violence
     ☐ It has led to physical abuses
     ☐ It has led to mental abuses
     ☐ It has led to disappearance of spiritual consistencies between the family members
     ☐ other………………..

Please thank the respondent for his/her time. Share once again that individual information like their names and phone numbers will be kept confidential. Take their permission to use their responses and wish them a safe stay during COVID 19.

END