

# COVID-19 IN AFGHANISTAN: KNOWLEDGE, ATTITUDES, PRACTICES & IMPLICATIONS

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## This Samuel Hall research brief highlights:

- Gendered concerns and understandings around COVID-19.
- Dangerous misconceptions about the virus.
- The rise in food insecurity.
- Negative economic impacts of COVID-19.
- The common nature of psycho-social symptoms.
- Stark limitations to ongoing remote learning for children.

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## INTRODUCTION

COVID-19 threatens Afghanistan's many gains, from progress in access to education for children and trust in formal protection mechanisms to social norms around gender and trust in Government.

With a healthcare system already stretched to the limits, ongoing conflict and natural disasters, widespread food insecurity and reductions in foreign aid, stakeholders in Afghanistan were already facing a complex and worsening situation. COVID-19 has the potential to disastrously exacerbate this.

Samuel Hall is supporting the Afghanistan Protection Cluster (PC) and other stakeholders with this brief to fill in key knowledge gaps around how COVID-19 is understood and perceived and its current and likely implications.

## CONTEXT

As of late June 2020, Afghanistan counts 29,640 confirmed cases of COVID-19.<sup>1</sup> Actual numbers are suspected to be much higher, as limitations on testing facilities<sup>2</sup> give only a partial picture, and continuous migration flows from Iran (with 300,000 returns between 1 January and 30 May) increase community transmission.<sup>3</sup>

Key actors – the Government of Afghanistan, United Nations Agencies, (I)NGOs and others – have been racing to provide support, through a countrywide 'Master Plan' to address the virus combined with a 2020 Humanitarian Response Plan revised to take into account COVID-19. Specific ministries and agencies have created targeted sectoral plans.<sup>4</sup>

Conversations with protection actors in Afghanistan identified gaps in information around knowledge of, attitudes towards and impacts of COVID-19.<sup>5</sup> To address this, Samuel Hall launched a call-centre in Kabul to collect information from 401 randomly selected Afghan households (333 men and 68 women were interviewed) across 33 of Afghanistan's 34 provinces, in June 2020.<sup>6</sup> These were asked 40 questions with specific attention given to food security, psycho-social well-being and education.

### Highlights:

This brief provides much needed information to allow stakeholders to advocate for greater engagement in Afghanistan in the context of COVID-19.

It specifically highlights:

- **Gendered concerns and understandings around COVID-19:** women are slightly more concerned about COVID-19 and its impact, and likely to rely on family for information. They more frequently reported negative psychosocial symptoms for themselves and their children. The gendered impact is aligned with worldwide findings on COVID-19.<sup>1</sup>
- **Dangerous misconceptions persist around how the virus spreads and what to do if one falls ill with it.** This remains the case despite widespread awareness of COVID-19's frequent symptoms, even in rural areas.
- **Food insecurity on the rise:** Most households (74%) have reduced the quantity or quality of food in the past two weeks.
- **Negative economic impacts of COVID-19 are the reality for 9 in 10 respondents and remittances have decreased among those who report them.**
- **Psycho-social symptoms are common among respondents:** only 12% of respondents report experiencing no negative PSS symptoms.
- **There are stark limitations to ongoing remote learning for children, although most households report some form of studying.**

The next sections present an overview of the current situation for Afghan households across the country, allowing stakeholders to learn from respondents' current reactions to COVID-19 to design tailored responses.

<sup>1</sup> "Afghanistan: WHO Coronavirus Disease (COVID-19) Dashboard."

<sup>2</sup> According to the International Rescue Committee, "The Afghanistan Ministry of Health has said they only have capacity to test 2,000 cases per day, yet, are receiving between 10,000 and 20,000 samples each day." International Rescue Committee, "Afghanistan Faces Humanitarian Disaster as COVID-19 Spreads Undetected."

<sup>3</sup> IOM, "RETURN OF UNDOCUMENTED AFGHANS - Weekly Situation Report - 24-30 May 2020." 298,679 total returns from Iran between 1 January and 30 May 2020

<sup>4</sup> OCHA, "Afghanistan Humanitarian Response Plan - 2020 Mid-Year Revision."

For example, the Ministry of Education quickly developed a [COVID-19 response plan](#).

<sup>5</sup> Voxmapp and Integrity Watch Afghanistan, for example, have been tracking up to date numbers around hospital supplies and presence across the country. [Awaaz](#) tracks the volume of calls requesting information around COVID-19 and the location of these.

<sup>6</sup> These respondents were selected using Samuel Hall's random dialler methodology, representing a fully randomised selection of Afghan households with phones, reachable at the time of the survey and willing to answer the questionnaire.

## CURRENT SITUATION

### Widespread COVID awareness and misconceptions

Nearly all respondents were aware of COVID-19 – only three (3) knew nothing about it; women are more concerned about its potential impact on their lives, in line with worldwide concerns around gendered impacts of COVID-19.<sup>7</sup>

*"It is a type of respiratory disease that should be taken very seriously",* explained one respondent. 80% are somewhat or very concerned about it. Yet, misconceptions exist both about the nature of COVID-19, and how it is spread.

A few do not think it really exists, stating for example, *"It is a lie, the government (is) announcing cases to attract support."*

Of particular concern are linkages made to religion, foreigners, and returnees:

- 8% think that if you believe in God, it will not harm you, others noted *"Muslims are not affected by this disease"* and *"I heard from scholars that whoever does not sin will not get this disease"*. This attitude poses problems in terms of prevention – prayer will not prevent COVID-19 – and potential social stigma for survivors in the future, as some may conclude that those who fall ill are 'bad' Muslims.<sup>8</sup>
- 24% of respondents have 'heard' that COVID-19 is being spread by foreigners, with one respondent claiming it had been made in "laboratories in foreign countries". When asked from whom people are likely to get COVID-19, 66% of respondents listed returnees from Iran, 33% returnees from elsewhere, and 30% foreigners. There is also recognition that COVID-19 is not just coming from elsewhere, as 67% listed people in the community. Nonetheless, these figures suggest a strong potential for foreigners and returnees to be stigmatised. Another rapid assessment conducted by Samuel Hall on child returnees confirms this<sup>9</sup>, as minors pushed by fear of COVID-19 return from Iran, and on return they and their communities fear they are carriers.

These two visions of COVID-19 as linked to lack of faith and foreigners / returnees have real health implications. Returnees may hide that they have come from abroad and be reluctant to report symptoms. Those with symptoms may not acknowledge them and seek treatment if it causes others to judge them as lacking in faith.

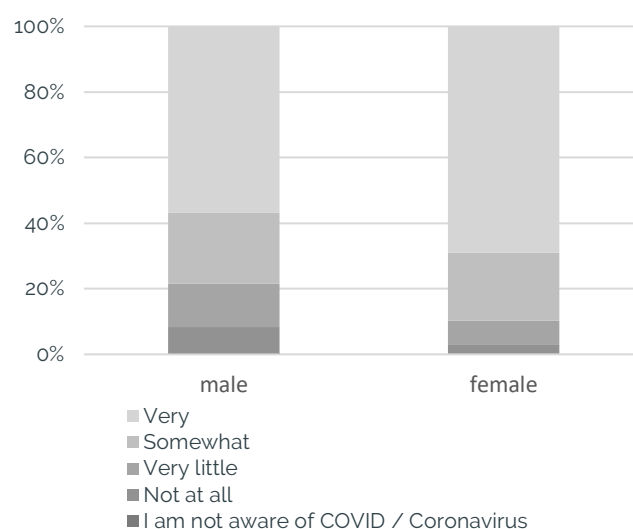
Finally, information around how to treat COVID-19, and eventual vaccines, will in all likelihood come from abroad; Afghans may be reluctant to embrace them if the illness itself is viewed as a foreign one.

<sup>7</sup> United Nations.

<sup>8</sup> A recent study on Ebola survivors found prevalent stigma linked to their survivor status, with additional internalized stigmatisation linked to religious affiliation. James et al., "An Assessment of Ebola-Related Stigma and Its Association with Informal Healthcare Utilisation among Ebola Survivors in Sierra Leone."

Conspiracy theories about the polio vaccine, for example, have led to households refusing to have their children vaccinated in Afghanistan and continued cases as a result.<sup>10</sup>

Figure 1 - How concerned are you that COVID-19 will impact your life?



A vast majority of respondents are obtaining information about COVID-19 from television (88%)<sup>11</sup> with friends (56%) and radio (45%) the next most common sources of information.

Men are more likely to have received information from healthcare workers (29% vs. 19%), while women were more likely to have received information from family members (41% vs. 24%).

There is a critical need for further awareness raising by health care organisations with a specific gendered outreach to ensure women receive accurate information.

When it comes to health precautions, respondents were well aware of the need to wash hands (88%), wear masks (73%) and minimise leaving the household (76%), but only 56% noted physical distancing of two meters and 18%, avoiding touching one's face, as measures to take.

Respondents noted also measures which are not as scientifically substantiated, namely wearing gloves (76%) and disinfection of surfaces (43%).

Women are slightly more likely to mention handwashing (96% vs. 86%) and covering mouths for coughs and sneezes (54% vs. 41%).

Other practices noted include nutritional ones – *"Taking Vitamin C, eating fruits and vegetables, drinking warm water and tea"* as well as the religious *"offering prayers and repentance is the best way to prevent COVID-19"*.

<sup>9</sup> Samuel Hall, "Coming Back to Afghanistan: Deported Minors' Needs in a Time of Covid-19"

<sup>10</sup> "In Afghanistan, Conspiracy Theories Fuel Polio Outbreak."

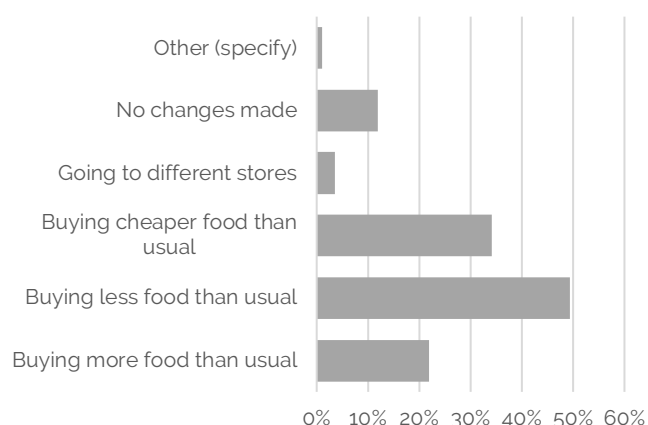
<sup>11</sup> This figure suggests a certain bias in the respondent population – which is more urban than the average distribution across Afghanistan, and likely excludes more vulnerable households, less likely to own a television.

## Increasing food insecurity

Food insecurity is increasing nationwide: although 90% of respondents still find all basic commodities in stores, the cost of food is becoming an issue,<sup>12</sup> and most respondents are reducing quantity and / or quality of their food. About half are buying less food than usual, and 34% buying cheaper food than usual (see Figure 2). IDPs were slightly more likely than others to report buying less food (54%, compared to 49% overall).

This immediate reaction suggests low levels of resilience for households to the effects of COVID-19, in particular among vulnerable groups such as IDPs who often lack strong support networks.

Figure 2 - How, if at all, have you changed your shopping behaviour compared to normal times?



## Negative economic impacts and remittance reductions

60% of respondents expect a high impact from COVID-19 on the household's economic situation, and another 25% expect a little or some impact. Already challenged by conflict, drought, and reductions in aid,<sup>13</sup> Afghanistan's economy now faces further threat from COVID-19.

While the latest official poverty measures report 55% of the Afghan population living under the poverty line,<sup>14</sup> interviews with World Bank experts in April and May 2020 suggest this may now be as high as 80%, meaning even more households will struggle to meet basic needs.

Remittances – a source of income for 7% of Afghan households, according to the 2016/17 ALCS – are also dropping.<sup>15</sup> Of the 26 households interviewed receiving remittances at the moment, only 6 have noted no impact

<sup>12</sup> The revised HRP warns: "Threats to living conditions, including access to affordable food, are another consequence of the COVID-19 pandemic. (...) prices for key commodities have sharply increased while the purchasing power of millions has plummeted." OCHA, "Afghanistan Humanitarian Response Plan - 2020 Mid-Year Revision," 27

<sup>13</sup> The World Bank, "Afghanistan Overview."

<sup>14</sup> "Afghanistan: Poverty | Asian Development Bank."

<sup>15</sup> Central Statistics Organisation, "Afghanistan Living Conditions Survey 2016-17."

<sup>16</sup> Sayeh and Chami, "The COVID-19 Pandemic Threatens to Dry up a Vital Source of Income for Poor and Fragile Countries."

from COVID-19. In the majority of cases (18), the impact has been a reduction in frequency and amount. Only two cases reported additional support because of COVID-19. Economic downturns abroad may further reduce this income source.<sup>16</sup> Decreasing remittance flows<sup>17</sup> will only further exacerbate "economic, fiscal, and social pressures on governments of these countries already struggling to cope even in normal times."<sup>18</sup>

Initiatives are ongoing to address these economic impacts. For example, the UN is working with Da Afghanistan Bank to allow for cash transfers to address the impacts of COVID-19 through mobile wallets.<sup>19</sup> Further action will be needed as the economic situation is unlikely to improve.

## Coping mechanisms

Households without their usual means of earning income will be forced to turn to alternatives.<sup>20</sup>

Our research specifically considered the types of coping mechanisms which might be considered, including ones involving children. Past research underlines child marriage and putting children to work, among others, as coping mechanisms which households might consider.<sup>21</sup> While lighter levels of work are permissible in certain sectors for older adolescents, respondents may turn to hazardous work, or sending young children to work.

The more commonly reported coping mechanisms centre around selling existing assets (39%) and borrowing money (35%). This poses long-term challenges to households' economic wellbeing, as households lose means of income, and can lead to further negative coping mechanisms when resources are depleted. Should the situation continue, several mentioned turning towards illegal means of earning money. "No one gives loans. I have to steal because there is no other option - I sold my livestock and I have (no) more livestock to sell."

The data suggests that negative coping mechanisms involving children are not the first option chosen. Of those respondents interviewed who expect economic impact from COVID (343), only six suggested putting children under 15 in the household to work, and one mentioned child marriage (also, one suggested sending a child to beg and one, selling a child). Nonetheless these options imply significant protection issues for those children who are concerned, and there is not guarantee that if the situation continues, more may not consider them. "There is no one to give us money. I have to sell one of my children to earn money in order to save my other children's life."

One more positive alternative came from Balkh, where savings schemes are coming to support, underlining these

<sup>17</sup> Which in some cases had already been decreasing; IMF Country Report 19 / 382 (December 2019) presents anecdotal influence that flows from Iran were already decreasing.

<sup>18</sup> Sayeh and Chami, "The COVID-19 Pandemic Threatens to Dry up a Vital Source of Income for Poor and Fragile Countries."

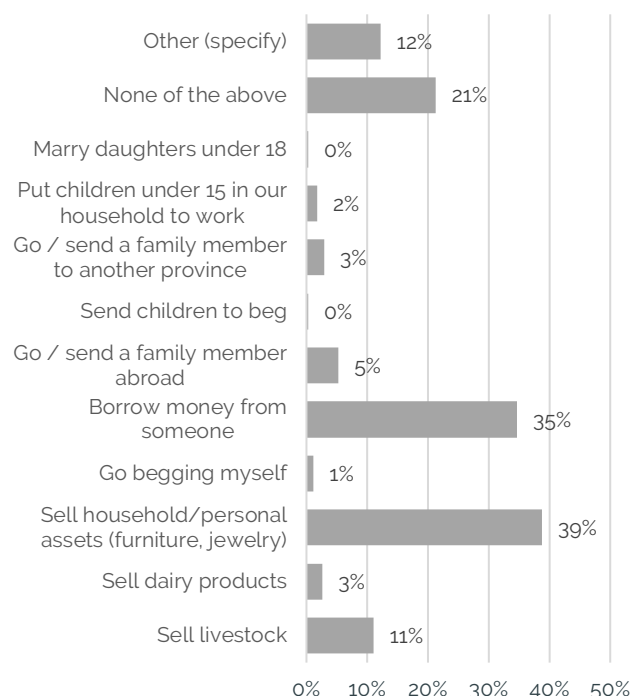
<sup>19</sup> Samuel Hall, forthcoming, Afghanistan Case Study – Financial Inclusion

<sup>20</sup> Afghanistan Protection Cluster, "Afghanistan: COVID-19 SITUATION REPORT 05 May 2020."

<sup>21</sup> While exact child marriage rates are debated, for example, the 2016-17 ALCS found that "4.2 percent of women in the age group 20-24 years were married before age 15 and 28.3 were married before age 18." Central Statistics Organisation, "Afghanistan Living Conditions Survey 2016-17," 19.

as initiatives to continue to support in the future as a means of contributing to household resilience: *"In Balkh, especially in the Hassanabad village, women have money-saving booklets (to which they) add money every month. I am also included in this process. If we need money then we can use from that money."*

Figure 3 - Which of the following, if any, might your household do as a result? (N=343)



## A clear need for psychosocial support

Limited data exists on psycho-social wellbeing in Afghanistan, but existing surveys all point to one fact: needs are high and services low of psychosocial support in Afghanistan.

The WHO explains that nationwide, "only 320 hospital beds in the public and private sector are available for people suffering from mental health problems".<sup>22</sup>

Meanwhile, worldwide, public health authorities are expressing concerns around the impact of quarantine on psychosocial wellbeing, with harmful behaviours expected to rise.<sup>23</sup>

Henrietta Fore, executive Director of UNICEF, just recently explained, *"with COVID and with lockdowns, it has exacerbated depression, anxiety, fear, and anger. And so mental health is going to be with us as an issue now because of COVID for this generation."*<sup>24</sup> What then shall actors expect in Afghanistan?

There is a high prevalence of negative symptoms of psycho-social wellbeing – not necessarily due to COVID-19 (see Figure 4). On nearly every metric, women were more likely than men to have experienced nearly every symptom reported, with only 12% of women not having experienced any symptoms at all (versus 26% of men).

Those in the Western Region, where COVID spiked earlier on due to the proximity to Iran were least likely to report no symptoms at all (10%). Stigma around mental health issues in Afghanistan may contribute to lower reporting numbers for men in particular, but many women will face additional challenges such as an increase in gender-based violence while at home,<sup>25</sup> with limited ability to access remote forms of support.

Some explicitly mentioned mental illness, *"I myself had a mental problem. Due to COVID-19 and unemployment my disease is doubled,"* and *"We got mentally ill,"* while others took a broader approach, highlighting *"The negative impact on morale."*

Additional stress caused by worsening financial situations as well as quarantine and / or illness, are likely to contribute to worsening rates on these symptoms.

Stakeholders worldwide have underlined the potential for this to translate in particular into violence in the home.<sup>26</sup> The stressful symptoms which women report can also manifest themselves as arguments: Women are more likely to report arguing with the children in the household over the past two weeks (39% versus 27% of men. Of those reported arguments, 28% said that they have physically disciplined the children concerned.

Respondents were also asked about children in the household's well-being. 28% reported at least one negative symptom among the household's children, with women more likely than men to report these (31% vs. 21%).

The most common symptoms are similarly feeling worry (11%) and feeling depressed (9%).

*"This disease also affects the morale of children. All children are afraid. They say that the corona disease may kill them, and they even say that this disease eats us."*

<sup>22</sup> WHO EMRO | Mental and Disability Health | Programmes | Afghanistan."

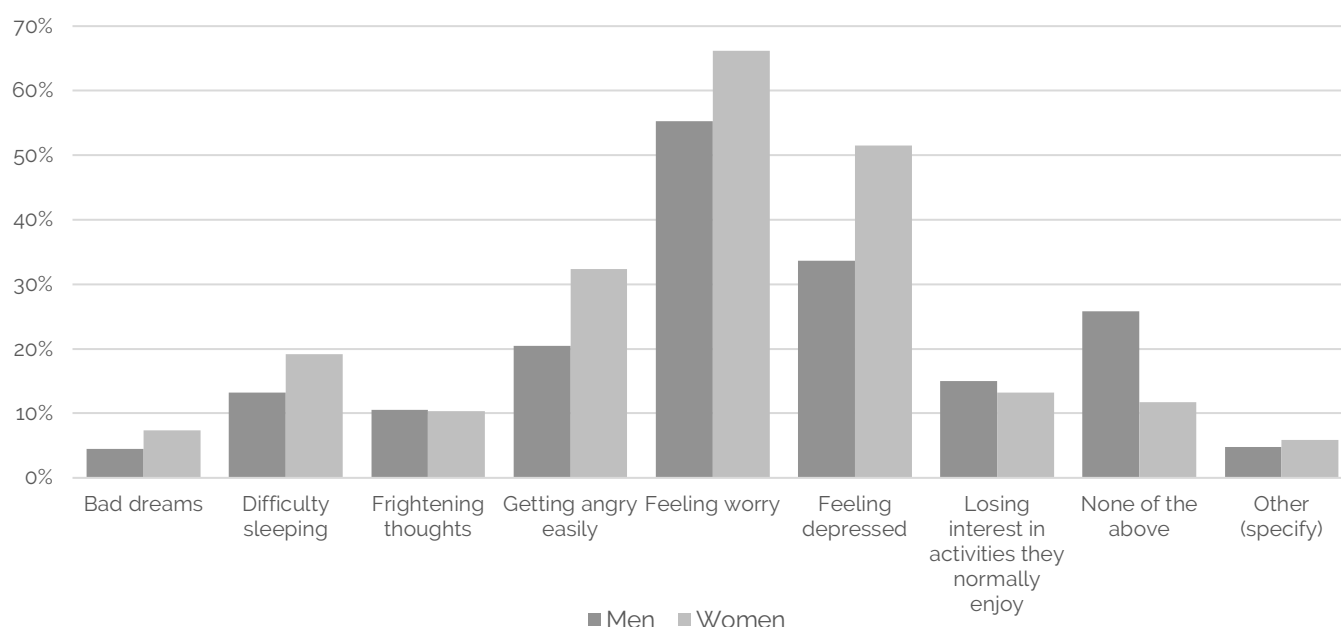
<sup>23</sup> Mental Health and COVID-19."

<sup>24</sup> Fore, "Q&A: Henrietta Fore's Biggest Concerns about Coronavirus and Children."

<sup>25</sup> UNFPA reports up to 31 million additional cases of gender-based violence globally should restrictions last six months. As cited in United Nations, "UN Policy Brief COVID-19 and Mental Health."

<sup>26</sup> United Nations, "UN Supporting 'Trapped' Domestic Violence Victims during COVID-19 Pandemic."

Figure 4 - Which, if any, of the following symptoms have you experienced in the last two weeks?



## Potential for a gap – and possible end – to educational journeys

Households interviewed reported higher than usual rates of school attendance, in non-COVID-19 times, of school-aged boys than girls. 76% of report that all school-aged boys go to school, and 10%, some. For households with school-aged girls, these numbers stand at 66% and 13%.<sup>27</sup>

At the current point in time, most schools in Afghanistan are closed. A key question for education-sector stakeholders is how to ensure that children can continue to study – and will return to school afterwards.<sup>28</sup> The Ministry of Education and other stakeholders have been developing approaches, ranging from television support to packets of schoolwork to be distributed by teachers.

While in most households (70%), all the children who normally go to school reportedly study (and in an additional 2%, just the girls, and 8%, just the boys), the focus has been on self-study with materials, and studying supported by household members – which may be limiting in a context where overall educational levels are low.

As one parent explained, *“They don’t study, because we don’t have a TV and I am illiterate.”*

Only 22% of children are following classes broadcast on TV, and 7% following classes broadcast on the radio.

<sup>27</sup> The likely urban and accessible bias of areas with phone coverage contributes to these higher than national rates, as well as respondents not necessarily wishing to admit that they do not send their children to school.  
<sup>28</sup> Studies in the context of other epidemics have found negative long-term impacts on school trajectories, in particular for girls. With regards to Ebola, for example, the Global Partnership on Education flags “Distance learning solutions, whether low- or high-tech, often indirectly discriminate against girls due to power dynamics within families. And when schools do re-open,

Human Rights Watch notes that due to cultural expectations around housework and other limitations, girls’ education is particularly at risk.<sup>29</sup>

From a health perspective, some other means of studying identified are also concerning, as they go against social distancing recommendations:

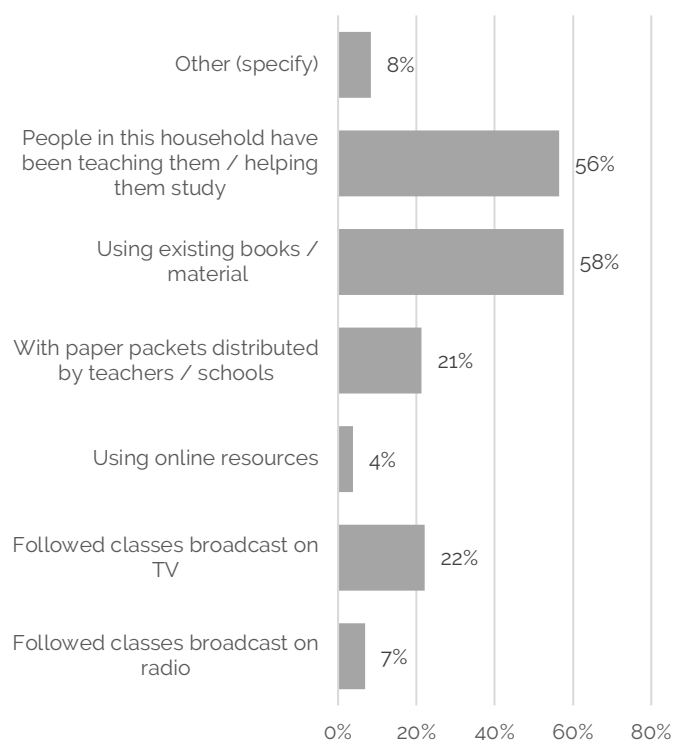
- *“Teachers of schools established training courses where our children go to study”*
- *“The private teacher comes at home and teaches them for a fee”*
- *“They go to Madrassa”*

Paradoxically, other parents raise health concerns when it comes to schools reopening and sending their children back, underlining the potential for this interruption in educational journeys due to COVID-19 to continue longer. Although 92% of households with school-aged children report that they will send children back to school when they reopen, some are not yet convinced. *“I will not allow my children to go to school until I am sure that COVID-19 is gone, even if it lasts for five years.”*

What is clear, is that children’s education is suffering already, and a complex educational environment is worsening. For children whose education is being interrupted, there is a real risk that they will then continue to stay out of school, whether for health reasons, economic, or due to falling too far behind. Girls and vulnerable households are particularly at risk, leaving a disadvantaged population further behind.<sup>30</sup>

poorer children and girls are less likely to return”  
<https://www.globalpartnership.org/blog/4-lessons-evaluations-education-response-ebola>  
<sup>29</sup> “School Closures Hurt Even More in Afghanistan.” HRW  
<sup>30</sup> Research on the impact of Ebola and school closures have found that girls are at higher risk of falling out of the educational system.  
<https://en.unesco.org/news/covid-19-school-closures-around-world-will-hit-girls-hardest>

Figure 5 - For those who have been studying, how have they done so?



## Economic and emergency needs support.

The immediate impacts of COVID-19 are already having negative effects in households' ability to provide for basic needs, including food.<sup>31</sup>

Approaches to address this, and reduce reliance on negative coping mechanisms, include:

1. **Immediate increased cash grants.** The GoIRA, with the support of various actors including the World Bank, are "developing a social relief package – through cash transfers and, if impractical, in kind – to support food security among socially vulnerable households."<sup>32</sup> The package considers immediate relief and longer-term recovery and resilience needs. This brief confirms the breadth of the population which can be considered as vulnerable due to COVID-19 and underlines the need for coordinated support, including in hard to access areas.
2. **Localised food support.** Actors should consider the purchase of food produced locally to support the local economy and ensure vulnerable families have food. In doing so particular care must be taken to avoid disrupting local pricing, in particular given the increases in food prices already highlighted.



## WHAT NEXT?

This research provides a basis for more detailed investigation of protection risks – in particular to children – as a result of COVID-19. It also provides a basis for action, with findings providing evidence for targeted programming to address both the COVID-19 pandemic in Afghanistan as well as its existing and likely future effects, in particular:



### Addressing false information & misconceptions.

- In particular:
- Faulty linkages between COVID-19 and religion – in terms of both who will get it and who will recover from it. Advocacy with community and religious leaders on this point in particular is needed; faith alone is not enough to protect people.
  - Potential stigmatisation of returnees, in particular from Iran. Specific information can be shared around returns to reduce fear around returnees.
  - The need for gendered awareness raising.

### More and different support for remote learning is needed.

Children learning at home are primarily those with additional access to internet / television / radio, and / or parents and siblings who can help them study. Those 'on the edge' – who cannot study at home, due to inability to access means of continued education or lack of support, and already likely struggle further to remain in school – are likely to fall further behind during COVID-19, increasing dropout risks. At bare minimum, in addition to ongoing materials distribution, awareness-raising to promote the importance of study is needed, and the development of alternative means of education support targeting these at-risk children must be prioritised by education actors, for example through community-based approaches to learning and small group learning when safe. Beyond continuing education, stakeholders can focus on keeping children learning and intellectually engaged. This could be linked to child protection programming, with integrated efforts focused on for example promoting psycho-social wellbeing.

<sup>31</sup> According to the revised HRP, approximately 12.4 million people are "forecast to be in crisis or emergency food insecurity between June and

November of 2020." OCHA, "Afghanistan Humanitarian Response Plan - 2020 Mid-Year Revision," 6.

<sup>32</sup> "Policy Responses to COVID19."



### Targeted child protection efforts.

Given the ties between child protection issues and economic stress, in addition to psycho-social stress posed by social isolation, child protection must be at the forefront of advocacy and systems strengthening efforts. The CPAN must have active referrals option ready, and efforts to raise awareness around child marriage and other negative economic coping mechanisms should be intensified. More support and funding for social workers is needed, with additional social workers recruited locally.



**Safe migration.** Households may turn to internal and external migration as a solution to economic problems. In the current context, these pose a health risk as well as a safety risk – in particular given perceptions around migrants spreading COVID-19. As borders have closed completely, desperate migrants may turn to even more dangerous means of crossing. In addition to addressing causes of increased migration, actors must ensure a awareness raising is targeted and localised, including key civil society actors and local authorities.



### Supporting psycho-social

**wellbeing.** In addition to the focus on children discussed above, broader support is needed within households. Work must be done to reduce stigma around psycho-social distress and build on initial efforts to keep MHPSS support available remotely. The consideration of women's access in particular – as they are more likely to not have access to the internet or phones – must be prioritised. Organisations will also wish to keep in mind the well-being of those providing this support.

## ABOUT SAMUEL HALL

Samuel Hall is a social enterprise that conducts research in countries affected by issues of migration and displacement. Our mandate is to produce research that delivers a contribution to knowledge with an impact on policies, programmes and people. With a rigorous approach and the inclusion of academic experts, field practitioners, and a vast network of national researchers, we access complex settings and gather accurate data.

**Our research connects the voices of communities to change-makers for more inclusive societies.** Samuel Hall has offices in Afghanistan, Kenya, Germany and Tunisia and a presence in Somalia, Ethiopia and the United Arab Emirates. For more information, please visit [www.samuelhall.org](http://www.samuelhall.org)