

Monday 18 May, 2020

Dear partners,

We are pleased to share with you initial outputs from the '**Communities' Information Access, Preferences, Needs, and Habits**' assessment – facilitated by the Risk Communication and Community Engagement (RCCE) working group.

The nation-wide assessment included 2,175 key informant interviews (KIIs) across all districts of Afghanistan in late April 2020, and was aimed to establish a qualitative evidence base on communities' information access, gaps, and needs, as well as their communication preferences and habits.

Please find attached:

- 1) HCT presentation PPT from early May 2020
- 2) Cleaned, district-level dataset [cleaning log available upon request]
- 3) Tabulated analysis sheet, providing you with the findings for each indicator/question by:
 - a) Nation-wide overview
 - b) Regional comparison
 - c) District-level comparison
 - d) Urban/rural divide

Within the week you will also find all those documents linked & accessible on our REACH Afghanistan product catalogue,

here: https://docs.google.com/spreadsheets/d/1Jq62vd129_jPZ_2PvQE1BW9gikCGAZVVF0U608slef0/edit?usp=sharing

We hope the attached will assist you in the development and design of contextually appropriate and effective information dissemination strategies regarding COVID-19. Please do not hesitate to reach out in case you have any questions, concerns, and/or additional analysis requests.

Our sincere gratitude to the RCCE Working Group members: Agency Coordinating Body for Afghan Relief (ACBAR), Awaaz Afghanistan, BBC Media Action, Catholic Relief Services (CRS), International Organization for Migration (IOM), International Rescue Committee (IRC), Norwegian Refugee Council (NRC), Afghanistan National Protection Cluster (APC), UNICEF, and WHO – who supported in the development of the assessment.

Best,
Sarah

For your convenience, some of the key [indicative] findings [not already highlighted in the HCT presentation] include:

AWARENESS

- 1) *While overall 85% of the key informants noted to have heard of high temperature/fever as well as cough as common symptoms of COVID-19, only about one-third of key informants in the eastern region*

(33-39%) reported the same. Less than 20% awareness rates were found in Laghman (3%) and Nuristan (16%) – the lowest across the country.

2) Almost all key informants (94%) were aware that washing their hands frequently is a COVID-19 preparedness and response measure. However, only 69% noted the same for social distancing, with the lowest awareness again in the eastern region (48%), followed by the south-east (53%). Less than half of key informants were aware of social distancing in Paktika, Khost, Kunar, and Nuristan provinces. General differences across urban and rural areas were less distinct.

3) The proportion of key informants reporting communities to be aware of the free public help-line provided by the Ministry of Public Health to give information on health issues (#166), was considerably lower in the Pashto-speaking regions (South-East [6%], East [12%], South [28%]), than the rest of the country (North [42%], West [43%], North-East [54%], Central [54%]). Awareness of these numbers were also reported much higher in urban (42%) than rural areas (29%).

COMMUNICATION SOURCES

1) In terms of main sources of information used by the majority of community members, there was a clear reliance on 'community leaders' (84%) and 'religious leaders' (81%). Whilst proportions did vary regionally, they were consistently cited as the top 2 sources. Conversely, reported use of humanitarian sources was low, with 9% KIs citing international and national aid organizations (UN, INGOs, CSOs, etc.) and 4% the WHO.

2) Overall, almost half of KIs (44%) reported health workers as a main source of information. However, this did vary regionally, from 24% in the West, to 50% in the South-East and North-East

COMMUNICATION MEANS

1) While regional differences existed regarding the single preferred mean of obtaining information [see PPT attached], three out of four (75%) key informants reported the radio as one of the main means used by the community to receive information on health and healthcare services [suggesting the radio to be the single most relied upon means to obtain information]. The only notable exception was the western region, with Ghor reporting the overall lowest reliance on the radio (merely 21% of key informants reported it as a main means of obtaining information).

2) While 56% of key informants identified phone communication [voice call or text] to be a main means of obtaining information [across Afghanistan], it was 100% in Badghis and 93% in Herat – potentially a consequence of the challenges around receiving coherent information regarding the drought response in 2018/2019.

3) While 82% of key informants reported that half (or more) of households in their community have regular access to and use a standard phone, the usage was largely limited to voice calls (83%). Almost no key informant (0% overall) reported phones to be merely used for text/sms and only 17% reported phones to be used for both voice call and text/sms. The exception (again) was the western region, in which 38% of KIs reported usage of phones for both voice call and text/sms.

4) *The above finding aligns with the result that 66% of key informants reported the majority of members of their community to prefer receiving information in an audio format. Only 5% preferred a written format. The strongest preference for an audio format was in the predominantly Pashto speaking regions (East [91%], South-East [82%], South [78%]). Interestingly, while 23% of all key informants reported “visual (with writing)” as the preferred means of communication, almost none (6%) reported pure visual communication that lacks any form of writing.*

AAP

1) *While the access to phone communication is often linked to either availability of phones and/or network coverage, the most often cited access barrier was “costs/expenses for credit” (59% of key informants) – slightly before network coverage (55%).*

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