

Highlights

- All study participants are willing to take up a potential Covid-19 vaccine provided it is verified by the Ministry of Public Health and or the World Health Organization. However, some of them thought that many people may reject it due to strong religious beliefs. There is confusion whether a vaccine is for everyone or only for those who have, or will get, the virus.
- Participants feel that it is important that the vaccine is rolled out for free.
- Participants believe that hospitals are one of the outbreak centres of the country. This perception (of fear) has been preventing people from going to get a Covid-19 test or to seek treatment if they become symptomatic. Most participants also believed that their hospitals are lacking resources and supplies which means specialised hospitals dealing with Covid-19 cannot address it effectively. This has affected people's trust in health workers and the overall health system, which was already low before the pandemic.
- Women and girls continue to be adversely affected by the pandemic. Some study participants reported witnessing girls being subject to forced marriage in exchange of bride price or being put up for adoption for money.

I am a teacher. A student of mine informed me that her family had to give her three-year-old sister for adoption in exchange for money.” (A female teacher, Balkh)

Key findings

- **Most people are not seeking treatment in hospital out of fear of being infected**

Almost all men and women reported that they or their family members had experienced some sort of Covid-19 symptoms including loss of smell and taste at some point in the past nine months. However, very few took a Covid-19 test mainly owing to a lack of testing facilities. They said tests are only available to a few specialized Covid-19 health centres and most people believe those hospitals are the main sources of spreading the virus. Most respondents confirmed that they only visit a hospital if they need oxygen to survive. Most research participants complained that public hospitals lack equipment and doctors and nurses did not treat patients well.



Interview with health worker/BBC Media Action

Health workers supported this claim saying they still do not have enough resources and equipment to treat Covid-19 patients. Health workers also mentioned

“People are now indifferent towards Covid-19 since no one cares about preventative measures at gatherings and public places - even doctors and public figures [are indifferent].” (A male journalist, Daikundi)

that they still have limited supplies of Personal Protective Equipment (PPE) in almost all hospitals and health centres, and therefore they could not wear masks all the time. Health worker’s failure to comprehensively practice preventative measures was also reported by the research participants, who said they had noticed this when they had visited hospitals or health centres.

Moreover, Covid-19 treatment outside Kabul remains limited, and there is no treatment in the remote areas. As a result, most participants felt that the health system has failed to provide support for treatment over the course of this pandemic. Most of health workers interviewed in Faryab, Kunduz, Daikundi and Balkh provinces also discussed similar barriers. They felt that people’s lack of trust on public health officials had caused additional challenges to their work.

- **People express an overall willingness to take up a potential future Covid-19 vaccine**

All men and women in the research said they would accept a Covid-19 vaccine if this is approved by World Health Organization (WHO) and the Afghan Ministry of Public Health (MoPH). Most research participants

“Yes, I wish I could get vaccine. I would run and take my children to get vaccinated if it is produced.” (A mother from Kunduz)

emphasised the need for the approval of the vaccine (by MoPH) as they recalled a false claim earlier in the year where a local chemist Hakim Alokozai claimed inventing a drop that provided protection from the Coronavirus. MoPH reported that what Alokozai gave could have drugs like morphine and opium and could cause addiction.

However, confusion, hesitancy and risk of rejection remain prominent barriers to take up of a vaccine among some. Some participants in Helmand, Nangarhar and Daikundi mentioned some people in their community believed that life and death is in the hands of God and they do not need a vaccine to save their lives. They also felt that those who previously rejected vaccines – such as those for polio or childhood diseases - may reject a Covid-19 vaccine too. Confusion around who needs a vaccine is a barrier too. Some men and women from Kunduz and Faryab provinces thought that only those who were infected or have a higher possibility of infection will require a vaccine. They did not think it was needed for everyone. Many participants expect that the vaccine should be rolled out for free as they fear many people may not be able to afford it.

Moreover, people's **lack of trust** in the overall health system and health professionals, and widespread rumours against health professionals also appeared to be a factor which increases people's hesitancy to take up a Covid-

"Individuals in some areas might reject it [the vaccine]. Afghanistan is a country where such incidents could happen. It is needed that people are made aware of the vaccine need." (A man from Balkh)

19 vaccine. Almost every research participant felt (from symptoms they had) they had Covid-19 at some point in the last six months. Very few took a Covid-19 test and only visited hospital when in a critical condition and in need of oxygen. Rumours are widespread that hospitals are epicentres of the virus and doctors are killing Covid-19 infected people with injections to stop the spread. These rumours along with the very low trust on the health

workers may be a potential problem for the vaccine demand especially when Covid-19 vaccine is most likely to be an injection to be administered by a qualified health worker (possibly in a health facility). Frontline health workers interviewed for this study also felt people have lost their trust in health officials during the pandemic. Therefore, most research participants recommended awareness campaigns to inform people and familiarise them with the vaccine.

• Young girls are paying the price of the economic impact of Covid-19

Child marriage and giving children, mostly girls, up for adoption in exchange for money was reported as an increasing problem discussed by respondents. They mentioned that they had noticed many families have lost their only source of income during the initial lockdown and haven't managed to get it back yet. Those families did not have any money to feed themselves. Therefore, they have exchanged their children for money.



FGD with female participants in Daikundi province//BBC Media Action

“Our neighbour was poor. She and her two daughters got infected by Coronavirus. They had no money for family expenses and treatment. She had to marry her 13-year-old daughter to an old man who already had two wives, in exchange for money to cover their expenses and treatment costs. Everyone is aware of this case in the village.” (A female radio listener, Helmand)

Specifically, women from Helmand reported that some underage girls were subject to forced marriages due to poverty, and in exchange for bride price. Several cases of giving girls for adoption – in exchange for money – were also reported in Balkh.

• The pandemic has forced children out of schools

“Four students sit on one bench and it is impossible for them to maintain physical distancing. Once I asked my classmate to maintain distance, and the lecturer told me to bring a separate chair for myself from home.” (A university student, Kunduz)

Economic constraints during the pandemic also negatively affected children’s education. While universities and schools started online classes, pupils in poor families could not afford internet enabled devices or to pay for internet. So, they had to drop a session or left school or university. Parents who lost their jobs during the pandemic

were forced to transfer their children to public schools as they could no more afford to pay fees for the private schools (known to provide better quality education). Moreover, parents and university students said that schools and universities were not complying to health guidance like physical distancing and other preventative measures. Participants reported that most educational institutions lack facilities such as handwashing facilities and soap or sanitizers and did not have the capacity to facilitate physical distancing between students in the classroom.

However, parents did not want schools to close again. Most parents in the research thought that their children are safer in schools. They also felt that they are more exposed to Covid-19 when they are outside. Also, as reflected in our September newsletter, closure of schools in some areas had created a concern of children being approached by insurgent groups for recruitment.

• There is an information demand to know more about a second wave and vaccine

Information on the intensity of second wave of Covid-19 and progress on the vaccine remained participants’ main area of information needs. Like other participants in the previous months, they collect information from television, radio and social media. However, social media remains the least trusted source as most rumours are spread through this platform, while TV and radio remained as the most trusted.

• Misinformation and Rumours

Misinformation about Covid-19 cures and presentation of Coronavirus remained as key concerns. Men and

“There is another treatment; divide a watermelon into two parts; add seven prunes inside it and keep it in the fridge until prune’s water is absorbed in the watermelon. Then make juice and drink two times a day (morning and evening).” (A mother from Kunduz)

women from Helmand reported that some individuals with Covid-19 symptoms lost their lives due to use of poppies as a treatment. Frontline health workers from Faryab and Nangarhar mentioned that the widespread misinformation had negatively affected their work in fighting Covid-19. According to these health workers, because people believe Covid-19 has ended and on the other hand, there

was a lack of trust in the healthcare centres, they do not visit hospitals. This situation is a challenge for the health workers.

The most common rumours in November are:

- Men and women in Kunduz and Balkh have heard that doctors get huge amount of money if they register a Covid-19 positive case.
- The same participants in both provinces also have heard that individuals are receiving money (50 thousand Afghanis) for every case they report of Covid-19 to health officials.
- Women in Kunduz believe that watermelon with prunes can cure Covid-19.
- Women in all provinces believe traditional and domestic methods of treatment – such as eating herbs, pickles, boiled lemon and turnip, fried fish with raisin inside it - are more effective to treat Covid-19.
- Women in Balkh and Kunduz refer to Mullahs to take *TAWIZ* for Covid-19 protection.
- All participants (men and women) believed that Covid-19 has ended in Afghanistan.

• Research Methodology

A total of 32 in-depth individual interviews with both men and women including CDC members, active journalists and frontline health workers, and 23 FGDs with IDPs, radio listeners as well as students and parents were conducted in six provinces including Helmand, Balkh, Faryab, Daikundi, Kunduz and Nangarhar.

To understand better how communities are experiencing Covid-19, we asked people what are their main current concerns; their knowledge on Covid-19; what information they currently have, what information they need; their perception about Covid-19 vaccine and what are their sources of information. Radio listeners and IDPs were asked to share their own experiences and practices; while CDC members, Frontline health workers and journalists were asked to share their own experiences as well as to reflect on their communities’ experiences. In

addition to these interviews, data has been triangulated with other research findings from other ongoing BBC Media Action in Afghanistan projects looking at Covid-19.

Prior to conducting the research, we consulted with some members of Risk Communications and Community Engagement (RCCE) Working Group to incorporate their information needs in our research tools.

About Community Voice

This Monthly Research Paper is produced based on feedback collected from communities around Afghanistan affected by the Covid-19 pandemic. It aims to provide a summary of community perceptions, worries and concerns, to assist the health and humanitarian community to better plan and implement activities with communities' needs and preferences in mind. It is a product of BBC Media Action with funding from Global Affairs Canada and World Health Organization. Its content is the responsibility of BBC Media Action, and any views expressed herein should not be taken to represent those of the BBC itself, or any donors supporting the work of the charity.

We welcome further collaboration from other organisations who would like to share feedback they are receiving in areas where they work; or contribute to the analysis and production of the bulletin. If you would like to get involved, please contact Ahmad Rashed Hayati at rashed.hayati@af.bbcmmediaaction.org.