



Health Worker's Perception Survey on COVID 19

KNOWLEDGE, ATTITUDE AND PRACTICE ASSESSMENT IN EIGHT PROVINCES OF AFGHANSITAN

APRIL 2020





HEALTH WORKER'S PERCEPTION SURVEY ON COVID 19

Knowledge, Perception, and Practice Survey of health workers in Eight Provinces of Afghanistan

April 2020

Vijay Raghavan¹ Dr.Nadia Jabbarkhail² Akbar Ahmady³

This study was constituted by The Johanniter International Assistance in collaboration with NGOs working in Health Sector in Afghanistan, BRAC Afghanistan (Helmand Province); AADA (for Faryab, Nangarhar, Ghazni and Herat); ACTD (Khost), OHW (Kabul) and JACK (Kunduz). We are thankful to the heads of these organisations for their kind cooperation and support.

Cover page Photo Credit: Organisation for Human Welfare, Screening of passengers entering Kabul city from Eastern Gate – PD 9

¹ Vijay Raghavan is Head of Mission, The Johanniter International Assistance

² Dr. Nadia Jabbarkhail, MHPSS- Working Group Coordinator

³ Akbar Ahmady is Monitoring and Evaluation Officer, The Johanniter International Assistance



Research and Study Team

National NGOs

- Dr. Abdul Qadir Baqakhil, Programme Manager, AADA
- Dr. Noor Ahmed "Ahmad", Programme Manager, JACK
- Dr. Waqar Ahamed, Project Coordinator, ACTD
- Eng. Reza Arman, Programme Manager, OHW

From Johanniter International Assistance

- Dr. Shah Maqsood Shahebzada, Manager- Programme Development and Partnerships
- Dr. Waseel Rahimi, Technical Manager Health
- Nasreen Afzali, Gender and Protection Officer,
- Helen Guillermo, Sr. Programme Manager

Support and Contribution to study

• Manoj Kumar, Country Director, BRAC

Reviewed by

 Dr. Akshaya Srikanth Bhabavathula, College of Medicine and Health Sciences, UAE University, Al Ain, UAE

Data Analytics Support from **Dipankar Srirag**, Student, B.Tech (IT) with Reg.No. 180911176, Manipal Institute of Technology, Manipal, India



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Afghanistan Country Programme The Johanniter International Assistance



ABBREVATIONS AND GLOSSARY

Agency for Assistance and Development of Afghanistan
Agency for Assistance and Development of Argnanistan
Afghanistan Centre for Training and Development
Basic Health Center
Basic Package of Health Service
Bangladesh Rural Advancement Committee
Comprehensive Health Center
District Hospital
Essential Package of Hospital Service
Government of Afghanistan
Internally Displaced Persons
International Organization for Migration
Just for Afghan Capacity and Knowledge
Johanniter International Assistance
Mental Health and Psychosocial Services Support
Ministry of Public Health
Non-governmental Organization
Organisation for Human Welfare
Primary Health Centre
Provincial Public Health Directorate
Participatory Monitoring and Evaluation
Provincial Public Health Directorate
United Arab Emirates
United Nations Office for the Coordination of Humanitarian Affairs
World Health Organization

Glossary

Coronavirusrefers to any of various RNA containing spherical viruses of the family
Coronaviridae including several that cause acute respiratory illnesses.COVID-19is a highly infectious respiratory disease was recovered in China in

Epidemic December 2019 and has since spread around the world. **a**n epidemic is a temporary prevalence of a disease spreading from person to person in a locality where that disease is not permanently prevalent.



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EXECUTIVE SUMMARY

This report provides an assessment of Knowledge, Perceptions (Attitude) and Practice of Health workers related to COVID 19 responses. The report also assesses the availability and effectiveness of the infrastructure, medical and human resources and the PPEs supplied to health workers. Mental Health and stress levels of the health workers were also assessed. Conclusions were drawn for future planning, programming and advocacy works to improve health care delivery for COVID 19 responses and protect the health workers from infections.

The report is based on a survey conducted by The Johanniter International Assistance and its partners at regional, provincial, district and community level health facilities in eight provinces of Afghanistan representing all the regions of the country. The survey, was designed as questionnaire based and most of the survey was carried out over telephone due to physical distancing and COVID 19 travel restrictions. The survey of a total of 213 health workers in 8 provinces, collected sufficient useful evidence to draw conclusions on the current state of COVID 19 response in Afghanistan and the plight of health workers. Majority of the responders are from Provincial and Regional Hospitals, followed with District hospitals, Comprehensive Health Centres, Primary Health Care facilities and private clinics. The results are found in Tables and Charts, along with narrative analyses presented in this report.

- Majority of the health workers mentioned of increased work load due to COVID 19.
- Almost all the health workers have generic knowledge about COVID 19
- More men have participated in the discussions related to COVID in comparison with women health workers
- There are some gaps in understanding of the origin and transmission of COVID 19, that include Doctors.
- News media like Radio and Television are most trusted means of communication, followed up by trainings provided by MoPH/WHO. Very few suggested about social media and government websites. The late two may be due to internet connectivity.
- The understanding among the health workers were that COVID 19 is fatal, though the global knowledge is that about 2% is fatal and it is curable. This understanding makes the health system getting panic. The MoPH data states that only 284 cases were recovered (as of 04.05.2020) and that means that COVID 19 is not fatal. This communication should go through Risk Communication and Community Engagement Working Group.
- There are few laboratories for testing for COVID 19 and is not sufficient to do tests for all over the country. Most of the health facilities have hand-wash facilities and only three-fourth of the health workers have mentioned of using some sort of PPE kits. Little over half of the health staff interviewed have proper screening facility. Only one-fourth of the health workers share that there was some protected/private space for testing women for COVID. More than half of the health workers stated that there was no toilets in the health facilities or at the screening facilities.
- Supplies of PPE exists but most of them don't last more than three-four weeks time. There is shortage of N-95 Masks for the health workers. About 40% of the health workers are not confident of the safety of PPEs from infection. This fear is mainly due to increased number of health workers getting affected. The confidence levels are quite low among women (only 28% of women health workers were confident about the PPE kits to prevent them from getting infection).
- Only 40% of the health professional received training on effective use of PPE. The transportation shortage exist for transferring suspected cases to COVID hospitals.



- About half of the health workers state that the people should be given certificate of no COVID 19 infection so that they can carry with them.
- Majority of the health workers stated that proper handwashing and hygiene practices is essential. Covering mouth and nose with a clean clothes would reduce the infection. Physical distancing was also identified as risk prevention methods and avoiding handshakes was considered as behaviour change practice for a traditional Afghan society.
- Avoid gathering were another way for preventing infections. This has resulted in huge fall of MCH services and non-essential emergency services in the provinces assessed.
- Related to mental health and stress, majority of the health workers under go stress in some degree or other. Three-forth of them have reported of sleep disorders, poor appetite and nightmares. Almost 100% of the health workers responding to COVID have some degree of stress. Nearly 2/3rd of them have reported of stress from moderate to high or very high degree of stress due to COVID 19.



INTRODUCTION

Worldwide, as millions of people stay at home to prevent community transmission, and frontline healthcare workers (HCWs) are fighting with COVID-19 pandemic.. HCWs are putting themselves at high risk in the battle against COVID-2019. Dozens of HCWs have fallen ill with COVID-19, and many of them are quarantined to prevent spreading of it. However, resource-limited settings like Afghanistan are anticipated to have a surge of COVID-19.

According to the World Health Organization (WHO), in Afghanistan, six HCWs died from COVID-19 (as on 26.04.2020) and more than 130 HCWs already contracted with COVID-19. Many HCWs in Afghanistan reported that they don't have enough personal protective equipment's (PPEs) and severe dissatisfaction among the doctors infected with COVID-19 due to lack of PPEs, in particular among HCWs in Kabul city (as per the news reported). They were also reported lack of specialised care and ventilators for treatment.

Four decades of conflict and poverty have eroded the country's health system. An assessment conducted by REACH in 2019 across Afghanistan reported that almost of Shock households had no access to health centres at least from past 3 months.

There are more than 82,000 people in displacement sites in Hirat and about 56,000 people living in 54 informal settlements in Kabul, are living in sub-standard and overcrowded conditions, with limited access to basic services, particularly water, sanitation and hygiene. There are many such settlements in Kandahar, Mazar-e-Sharif, Kunduz, Jalalabad and other cities do pose a high exposure to COVID 19.

As COVID-19 numbers inclining substantially, HCWs, first responders and the countless individuals working in "essential services" are at greater risk. Despite shortages of necessary PPEs, the first responders are on duty. The country's Health Minister Ferozuddin Feroz said on April 18, "that around 50% of the public sector doctors are engaged in fighting COVID-19 while efforts are underway to convince more to come to the frontline." As the infections go up with the spread of the virus in densely populated Kabul, there is a acute shortage of resources for COVID-19 tests, as well as isolation and treatment facilities, begin to emerge more prominently as serious challenges across the country.

Many international observers believe that COVID-19 would lead Afghanistan into another catastrophe and urge both the Afghan government and the Taliban to stop fighting immediately and start working together with the United Nations and aid agencies to improve access to health care to save as many lives as possible. Unfortunately, it seems that both parties are unwilling to co-operate with each other. Lastly, political elites in Kabul are still divided since both President Ashraf Ghani and Chief Executive Abdullah declared themselves the winners of the October 2019 presidential election and conducted separate inauguration ceremonies last month. Reportedly, several politicians and strongmen are still busy resolving differences between Ghani and Abdullah, but no official word has been released.

The Taliban started their very own anti-corona campaign. In Herat's Shindand district, which is largely controlled by the insurgents, a Taliban Health Commission gathered to "prevent the spread of the virus" and "to raise public awareness". "The spread of COVID-19 is an important issue for us. We have taken all measures to fight against it as strong as possible, and we also have a structured plan," Taliban spokesman Zabihullah Mujahed said in a telephone interview. He described how his group has already put several people under quarantine and how insurgents reach out to remote villages via motorcycles to distribute leaflets, soap bars and



sanitizers. "We are especially focusing on returnees from Iran and told them that they should start a self-quarantine," Mujahed said.

Unless serious containment measures are enforced and adhered to throughout the country, the ministry anticipates that as many as 25 million Afghans will be infected with the coronavirus, leading to 110,000 deaths. In other words, if this model is correct, more people will die of COVID-19 in Afghanistan than the estimated 100,000 civilians killed since the conflict began more than 18 years ago.

According to the Herat health officials, more than 100 staff at the hospital, including doctors, nurses and other staff, are suspected of being infected by the coronavirus, but these reports were not confirmed. And according to officials, their tests are pending in the hospital's lab, and it will be clear in the coming days how many of these health workers are in fact suffering from the disease. The official website of MoPH on COVID 19 as on 24.04.2020 stated that 134 health workers are affected to COVID 19 and 3 deaths (the deaths are increased to six as per the report shared on 26.04.2020)

S No	Province	Health Workers affected				
3.NO .	FIOVINCE	Male	Female	Total		
1	Kabul	3		3		
2	Hirat	44	10	54		
3	Kandahar	23	2	25		
4	Balkh	4	2	6		
5	Nimroz	3		3		
6	Nangarhar	6		6		
7	Kunduz	14	1	15		
8	Logar	1	1	2		
9	Helmand		1	1		
10	Kunar	6		6		
11	Laghman		1	1		
12	Paktya	1		1		
13	Ghazni	3		3		
15	Dykundi	1		1		
17	Bamyan	1	1	2		
18	Farah	1		1		
19	Samangan	1	1	2		
22	Wardak	1		1		
26	Khost		1	1		
	Total	113	21	134		

MOPH Data as of 26.04.2020

As cases grow, the likelihood of many of the frontline workers have possibility of contracting COVID-19. With 15 health workers found positive on one single day in Kunduz and death of few of their relatives pose threat of community spread of COVID 19 in most part of the country.

In this backdrop, Johanniter International Assistance, who are working with Provincial Public Health Directorates of Kunduz, Khost and Kabul through its national NGO partners, JACK, ACTD and OHW, decided to do a perception survey among HCWs about COVID-19. In this



context, it has written to its other partners, AADA and BRAC⁴. Thus, Johanniter International Assistance has conducted the assessment in eight provinces of Afghanistan with six participating agencies.

Methodology

The Knowledge perception and practice assessment of the HCWs on COVID-19 and their fears and concerns related to the impact on them especially related to degree of stress and mental health condition. Johanniter International Assistance has conducted a community-based cross-sectional Study on HCWs about COVID-19 in three provinces in early April. Meanwhile, Johanniter and its partners started supporting Provincial Public Health Directorates in Kabul, Khost and Kunduz provinces through OHW, ACTD and JACK. The feedback from the first responders and the community perception study results made us to realise that the first responders are at a greater risk due to various factors. Thus, this multiprovincial study was carried out.

The objective of the study

- Explore the perceptions of health care workers in relation to COVID-19 and the mode of information about COVID-19
- Understand the knowledge, and perceptions of the health functionaries on COVID-19 and its transmission
- Understand the Knowledge and practice gaps related to administering their work in response to COVID-19
- Determine their access and use of preventive measures and safety equipment while they handle patients and screening for COVID-19
- Understand the degree of stress due to COVID-19
- Identify the factors that shape the decision-making and actions

This observational study carried out in eight provinces of Afghanistan. A snowballing sampling technique was used. A Key Informal Interview questionnaire was developed with a core team in Johanniter using WHO and internal Johanniter sources. The conceptual idea was the Community Perception Study Questionnaire. The draft questionnaire was shared with stakeholders include Health and Protection Clusters, Technical team and M & E team in JIA Head Quarters and with Mental Health- Psycho-Social Support Working Group in Afghanistan. Dr. Nadia Jabarkhail, MH-PSS Working Group Coordinator, Action Against Hunger (AAH)-France reviewed the questionnaire and added stress and stress management questions which were added to the survey. Her suggested reference of Headington Institute (2020) Managing emotions during a pandemic ⁵ was used for the degree of stress part of the questionnaire. Some sections of COVID 19 health survey components were adapted from JMIR Public Health Surveillance 2020 and cited below.⁶ The questionnaire is enclosed in **Annexure 2** of this report.

The KIIs were done in the first phase i.e. during 14-16 April, covering eight provinces with overall total of 162 health workers. These health workers are selected randomly from the catchment of the hotspots. They are primarily involved in screening, inspection and testing of

⁴ BRAC is the lead of a NGOs consortium formed with other INGOs, Afghanistan Consortium for COVID 19 Response, with Action Aid, Afghan Aid, Aga Khan Agency for Habitat (AKAH) and Johanniter International Assistance as other members. BRAC has agreed to join the survey in Helmand

⁵ The link for questionnaire <u>https://headington-institute.org/files/test_how-stressed-are-you_edited_00549.pdf</u>

⁶ Bhagavathula AS, Aldhaleei WA, Rahmani J, Mahabadi MA, Bandari DK Knowledge and Perceptions of COVID-19 Among Health Care Workers: Cross-Sectional Study JMIR Public Health Surveill 2020;6(2):e19160 URL: <u>https://publichealth.jmir.org/2020/2/e19160</u> DOI: 10.2196/19160 PMID: 32320381



the patients or people who are either visit the hospitals/clinics with symptoms or on transiting at the entry and exit points of the locality. The details are as following.

Date of Survey:	Male	Female	Total
14-Apr-20	13	9	22
15-Apr-20	59	48	107
16-Apr-20	22	7	29

During data cleaning, it was found out that the partners and lead from Johanniter on this survey have given instructions to cover health workers in these provinces on random basis and conduct interview. The sampling was done based on the health institute hierarchy and not on the status of their response to COVID 19. The justification was that these health workers covering different levels of the health institutions will surely be involved in COVID 19 responses. In the first phase all the assessment of 162 health workers was done through telephone/mobile phone interviews only and have taken their consent and was coordinated with BPHS implementer and the concerned PPHDs.

Thus, a second phase of survey was carried out with the following details to cover those health workers who are currently responding to COVID 19 responses. The list of health staff responding to COVID was collected from PPHD and then the interviewers have fixed up a face to face meetings at the response site except for 5 in Helmand and 3 in Kabul. Utmost care and safety precautions were taken while conducting the face to face interviews. The second phase of the survey was carried out on 21 and 22 April 2020. These sample were health workers who are in direct contact with confirmed or suspected cases through patient intake, screening, inspection, testing, transport, treatment, nursing, specimen collection, pathogen detection and pathologic examination of medical and health care professionals and technical personnel.

Date of Survey:	Male	Female	Total
21-Apr-20	21	7	28
22-Apr-20	14	9	23

During the data cleaning it was felt that the actual responders coverage was very low and thus the second phase rapid assessment was carried out. In phase 2, 51 health workers were covered with 8 telephonic interviews (3 in Kabul and 5 in Helmand) and rest of 43 interviews were held face to face with the health workers. Both the interviewer and the health workers have met at the site of the response and were wearing PPE and conducted interview while maintaining physical distance (social distance).

Orientation to the enumerators: Telephonic and skype conferences based orientation was provided to the team members of the teams involved in the information collection.

Sample size per province is as below, the snowball sampling method was used, where in the first phase, the data collected call the health staff randomly from the districts where COVID 19 cases are detected or where the screening activities have started. In the second phase, utmost care was taken to select the staff in coordination with PPHDs and BPHS implementers and collected their names. Calls were made for those who have used telephone interviews and those who held face to face meetings had a pre-fixed appointment and location to conduct the interview.



Province	Male	Female	Total
Kabul	21	12	33
Kunduz	16	i 10	26
Khost	15	11	26
Helmand	22	. 1	23
Faryab	13	13	26
Ghazni	16	10	26
Herat	13	13	26
Nangarhar	15	12	27
Total	131	82	213

Key elements of the Key Informal Interview approach

- Due to physical distancing, telephone interview is conducted for almost 80% of the health workers
- Selection of locations were based on the telephone network coverage
- Key informants in the first phase were randomly selected from the list of health staff provided by BPHS implementing agencies as per the status of hospitals (District Hospitals, CHCs, PHCs, Private Clinics, provincial hospitals etc.). Where as in the second phase, the health workers were chosen from the list provided by PPHD of those who are actively engaged in COVID 19 responses.

In addition to these questionnaires, the study team referred to existing information available with Ministry of Public Health in its website on COVID 19 and its updates; WHO and UNOCHA's daily updates; OCHA's Weekly Updates and our partner's COVID 19 response updates. The photographs used in this report are shared by OHW, ACTD and JACK which were taken during their team's field level responses to COVID 19. Wherever the secondary data sources were used and are referred the source of information accordingly. Mean and standard deviation and proportions have been used to estimate the results of the study.

The information presented in this report have three sections, one section deals with the general information and demographic variables include, gender, location, hospital/health facility they work/associated with and job category. Second section, presents the overworked status, perceptions on COVID 19 and its responses; and third section deals with stress on the medical professionals.

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.

Limitations

Owing to limitations in time, human resources and physical restrictions, Johanniter and its partners opted to Key Informal Interview (structured) to eight only to cover 213 health workers and is based on the consultations held with them. The information provided under the assessment is based on the interviews held with health workers 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 is highly appreciated. If any agency like to use the methodology i.e. the questionnaire, can write to <u>akbar.ahmadi@thejohanniter.org</u>

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Status of COVID 19 in Afghanistan⁷

MoPH data shows that 2,894 people across 33 provinces in Afghanistan, except Nuristan, are now confirmed to have COVID-19. Some 397 people have recovered and 90 people have died.⁸ Eight healthcare workers are among those who have died from COVID-19. Among the fatalities, 72 had at least one underlying disease⁹, the most common of which are cardiovascular disease, lung infection and diabetes. The majority were between ages of 40-69. Men between the ages of 40-69 represent 60 per cent of all COVID-19 related deaths. 30,000 diagnostic testing kits are available in-country and the WHO has a supplier in place to provide additional kits as necessary. Cases are expected to increase rapidly over the weeks ahead as community transmission escalates, creating grave implications for Afghanistan's economy and people's well-being. Kabul is now the most affected part of the country, followed by Hirat, Kandahar and Balkh.



Most of the caseloads in Afghanistan was linked to cross-border migration and returnees. Displacement crisis persisted and the number of conflict-induced IDPs increased from 369,700 in 2018 to more than 400,000 in 2019. 505,000 refugees returned to Afghanistan, mainly from Iran, during 2019. Afghanistan has seen one of the World's largest cross-border migration since COVID 19 pandemic began. 226,316 have cross borders from Iran since January this year till 04 April (IOM) and about 65,000 in three days during 6-8 April 2020 from Pakistan. The border was closed for civilian movement since early March (till 4 April, IOM has recorded only 1,833 returnees from Pakistan). With health workers getting affected and the recent deaths of health facility staff and many don't have any travel history and thus community spread is clearly noted and feared.

As of 04.05.2020 MoPH data, Kabul has outnumbered Herat in number of cases and deaths with 779 confirmed cases and 16 deaths. Herat has now reported 571 confirmed cases and

⁸ As above (User: public; password : Covid@19) (last accessed 05.05.2020)

⁹ COVID 19 Afghanistan Daily Brief #41 Dated 03.05.2020

⁷ Graphs and maps used in this section are from <u>https://moph-dw.gov.af/dhis-web-dashboard/#/</u> (MoPH)

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/daily_b rief_covid-19_03_may_2020.pdf



14 deaths, followed by Kandahar (393 confirmed cases and 8 deaths), Balkh (208 confirmed cases and 13 deaths), and Paktya (125 confirmed cases and 3 death). The following table shows the density and spread of COVID 19 cases, deaths and recoveries in different provinces of Afghanistan. (source: MoPH Dash Board on - COVID 19 Afghanistan Real-time data base)

S No	Brovinco	Total Cases				
3.NO.	FIOVINCE	Confirmed Active Deaths Recovered Sev				
1	Kabul	779	636	16	127	3
2	Hirat	571	411	14	146	2
3	Kandahar	393	373	8	12	
4	Balkh	208	190	13	5	2
5	Paktya	125	113	3	9	
6	Nimroz	53	45		8	
7	Ghazni	64	54	6	4	3
8	Nangarhar	82	64	9	9	4
9	Logar	44	37	1	6	2
10	Helmand	27	15		12	
11	Baghdis	19	17		2	
12	Laghman	55	44		11	
13	Ghor	23	21		2	
14	Bamyan	16	9	1	6	2
15	Farah	17	11		6	
16	Samangan	48	42		6	
17	Takhar	59	54	4	1	
18	Baghlan	56	50	2	4	
19	Faryab	9	6	2	1	1
20	Jawzjan	32	30	1	1	
21	Paktika	16	14	1	1	
22	Kunduz	37	30	2	5	
23	Panjsher	38	38			
24	Zabul	13	10		3	
25	Kapisa	15	13		2	
26	Parwan	9	7	2		
27	Kunar	28	27	1		
28	Wardak	20	18	1	1	
29	Sar-e-Pul	16	15	1		
30	Dykundi	9	3	1	5	
31	Badakhshan	2	1		1	
32	Urozgan	4	3		1	
33	Khost	7	6	1		
34	Nooristan					
	Total	289	2407	90	397	19

MoPH COVID Data (04.05.2020) 10

¹⁰ <u>https://moph-dw.gov.af/dhis-web-dashboard/#/</u> (User: public; password : Covid@19)



The case load till date shows about 73% of the positives of COVID cases are men and only 27% are women. The reasons could be that,

- Women are attending less at the screening. Women were not ready to screen due to inadequate number of female staff available at the screening facility. Only older/elderly women and children are being screened. At the screening facilities there are many men.
- Women have less access to information in the rural areas as Television or the posters are not



available and few women workers are available at the village level to share right risk education on COVID 19.

- Taliban in some provinces like Kunduz didn't not restricted women staff, but need to have Mahram along with her to attend schools and health facilities. The outreach services of vaccination are not allowed by either women or men (door to door vaccination is not allowed).
- Female health workers are less in many provinces
- Due to cultural taboos and mobility restrictions, women have less access to higher grade health facilities, unless it gets complicated where they were brought to provincial or regional hospitals.

The government confirms some cases are from "community spread" and not connected to travel to Iran and other countries. Kabul city, Herat, Farah, Jalalabad (Nangarhar), Asadabad (Kunar), and Zaranj (Nimroz) are on lockdown.

Among the fatalities, 72 had at least one underlying disease, the most common of which are cardio-vascular disease, lung infections and diabetes. The percentage of dead with some preconditions are mentioned in below graph.



In many of the health clinics managed by the Ministry of Public Health were instructed to do follow up of tests to the patients with ARI complaints.

Afghanistan has established a Central Public Health Lab and Veterinary labs in Kabul, labs in Herat, Jalalabad, Kandahar, Mazar-e-Sharif, and Paktya are testing for COVID-19. A second lab in Herat (veterinary lab) is expected to begin testing in the coming days. A

new 100-bed COVID-19 hospital is now open in Herat. The Darulaman Palace (300 beds) and Kabul and Polytechnic universities' dormitories have been converted into isolation facilities in Kabul city.



Study Findings

Overview

The study findings are based on the survey conducted in April and the updated data available with the Ministry of Public Health (MoPH). The following analysis are presented based on the data collected from 213 health workers in eight provinces representing all regions of Afghanistan. 131 men (62%) and 82 women (38%) health workers responded to this survey.

Profile of the responders

Majority of the responders are doctors and in total ten type of health professionals were interviewed across different provinces.

Profile of the Health professional Interviewed	Male	Female	Total
A. Medical Doctor	60	20	80
B. Specialist Doctor	16	0	16
C. Nurse	29	19	48
D. Midwife	2	34	36
E. Lab Technician	5	2	7
F. Pharmacist	8	0	8
G. Psychosocial Counsellor	1	2	3
H. Physiotherapist	1	0	1
I. Vaccinator	2	2	4
J. Nutritional Counsellors	7	3	10
Total	131	82	213

- 38% are Medical Doctors, of them men are 75% and women are 25%

- 8% are Specialist doctors 100% of them are men



- 23% of the respondents are Nurse of which 60% are men and 40% are women
- 17% of the respondents are midwife of which 94% are women and only 6% are men



- 3% of the respondents are lab technicians (71% are men and 29% are women)
- 4% of the respondents are Pharmacists (100% are men)
- 1% of the respondents are PSS Counsellors (33% are men and 67% are women)
- Only one Physiotherapist was interviewed
- 2% of the respondents are Vaccinators (of which 50% are men and another 50% are women)
- 5% of the respondents are vaccinators, of which 70% are men and 30% are female)

When we segregate information related to COVID19 direct responders, there were mostly doctors (53%).

Age Composition

Majority of the health workers responded to the survey are within the age under the age of 40 and its relatively equal among men and women. Women Health workers' in the age group of 18-25 have responded in higher number than men.

Age	Male	Female	Total
18-25	8	35	43
26-40	73	36	109
40-60	46	11	57
greater than 60	4	0	4
Total	131	82	213

- 20% of the interviewed were under 25 years of age, 80% of them are women)
- 51% of the interviewed were between 26- and 40 years of age, 33% of them are women)
- 27% of the interviewed were between the age of 40 and 60 years of them only 19% are women)
- Only 3% of the interviewed were above age of 60 years and all are men
- Among the direct responders 88% are under the age of 40 years.

The interview has covered different categories of health facilities include provincial or regional hospitals, District Hospitals to primary health centres (PHCs) and even covered some private practitioners and clinics.





- 31% of the respondents are from Provincial and Tertiary Hospitals
- 19% are from District Hospitals, 21% are from Comprehensive Health Centres, about 18% have come from Primary Health Care Centres and 12% are from Private clinics/hospitals.
- More women respondents are come from District Hospitals, Provincial Hospitals and Private clinics.

Workload

The rapid spread of COVID 19 and the severity of symptoms it can cause in a segment of infected individuals has acutely taxed the limits of health care facilities. Though the following graph shows for the overall 42% have mentioned of increased workload, it is in fact higher among the responders who were directly involved in COVID 19 responses (51%).





 After COVID 19, 20% mentioned that the health facilities are running below its capacity. The reasons are that in some health facilities, the patients don't prefer to receive normal and non-emergency services like Anti-Natal Care, Post-Natal Care, Family Planning and some EPI services. For details see the graph of Kunduz Province performance of BPHS from Jan-April 2020 for two indicators of ANC and Institutional deliveries. These indicate that people have fear of COVID-19 and they do not go to health facilities as frequented before. The public education in the health facilities is another reason to avoid crowding in health facilities which is considered as risk factor for the transmission of the COVID-19, so people avoid to come to health facilities except the emergency situation.



Source: HMIS, Kunduz (JACK/PPHD, Kunduz), April 2020

- At the same time, 29% have mentioned that the OPD and Emergency Units are running over/above the normal capacity of the hospital. In the provinces studied, in some hospitals the OPD of emergency cases, ARI, and other seasonal disease increased as more and more private clinic have either closed their clinics or limited their services from round the clock to two or three hours per day. Several doctors have been detected positive of COVID-19. in Kunduz regional hospital alone 15 doctors were found positive and most of them were trainee doctors in the teaching hospital, and few of them were staff of private clinic /hospital too. So it reflected negatively that these hospitals are infected and then most of the people refused to go to these centers for emergency and other OPD services and instead people prefer to the public health facilities mean BPHS relevant health facilities and thus some increase is noted.
- 42% of the higher level hospitals are running above and well above the capacity and over-lowing from other areas, where as it is quite low in the private clinics and about 21% in the lower level hospitals like CHC, BHC level. In Kabul, Herat, Ghazni and Nangarhar, most of the confirmed cases are coming from private clinics and were referred to COVID 19 centres. In Kunduz most of the COVID-19 positive cases are refer from regional hospital and the services of this regional hospital became very low; and most of the private clinic are working at reduced time as the medical staff and people are panic about COVID-19. Even some of the doctors are in quarantine and most of them are from the private clinics who don't have the supplies of PPEs.



Maintaining an adequate health care workforce in this crisis requites not only an adequate number of physicians, nurses, advanced practice clinicians, pharmacists and other allied health workers, but also maximising the ability of each health workers to care for a high volume of patients. Given that surges in critical ill patients in the coming weeks and months, it is also essential that health care professionals be able to perform to their full potential over an extended time interval. At the same time, they cope with societal shifts and emotional stressors faced by all people, health care workers face greater risk of exposure, extreme workloads, moral dilemmas, and a rapid evolving practice environment that differs greatly from what they are familiar with.

Some of the reasons for increased workload were that the amount of time they take to get prepared for conducting screening and other related examinations.

Awareness about COVID 19

Understanding knowledge of Health Workers can influence their attitude and practices. This part covers their awareness and knowledge about the disease.

- 100% have heard about Novel Corona Virus (COVID 19)
- 89% have mentioned that they have participated in various discussions related COVID 19 (92% among men and 84% among women)
- Women working in PHCs and CHCs /CHC+ have participated less in these discussions (29%)

He	alth Worker's Knowledge about COVID 19			
		Male	Female	Total
A.	Novel coronavirus (COVID-19) is thought to be originated from			
bat	S	73%	56%	67%
В.	COVID-19 is transmitted through air, contact, faecal-oral routes	91%	90%	91%
c . CC	Headache, fever, cough, sore throat, and flu are symptoms of VID-19	98%	95%	97%
D.	The incubation period of COVID-19 (2-14 days)	97%	98%	97%
E.	COVID-19 leads to pneumonia, respiratory failure, and death	98%	98%	98%
F.	Supportive care is the current treatment for COVID-19	83%	87%	85%
G.	Hand washing, covering nose and mouth while coughing, and			
ma	intaining physical distance from sick people can help in the			
pre	vention of COVID-19 transmission.	100%	100%	100%

From the following table, it is clear that the health workers are generally have knowledge of COVID 19 aspect. Except for the originating issue which is now widely debated across rest of them are above 85%. Information received and their interactions with health officials have improved Health worker's knowledge.



Knowledge about COVID 19 among health workers	Doctors (N=96)		Other Workers	Health (N=117)
Question	Yes	No	Yes	No
A. Novel coronavirus (COVID-19) is thought to be originated from bats	75%	25%	60%	40%
B. COVID-19 is transmitted through air, contact, faecal-oral routes	90%	10%	91%	9%
C. Headache, fever, cough, sore throat, and flu are symptoms of COVID-19	97%	3%	97%	3%
D. The incubation period of COVID-19 (2-14 days)	98%	2%	97%	3%
E. COVID-19 leads to pneumonia, respiratory failure, and death	98%	2%	98%	2%
F. Supportive care is the current treatment for COVID-19	83%	17%	85%	15%
G. Hand washing, covering nose and mouth while coughing, and maintaining physical distance from sick people can help in the prevention of COVID-19 transmission.	100%	0%	100%	0%

The doctors too have responded a bit low for the understanding on transmission from birds.

Information

It is important to know the information sources and their authenticity which is critical for health workers to prepare and respond to the pandemic.



- News media includes radio, television and print media is the major source of information related to COVID 19, 41% identified it as the source of information. It is high among women with 45% and with men it is 39%.
- 36% of the respondents mentioned that Training provided by MoPH and WHO and practices in the hospitals is more informative related to COVID 19. Men (40%) outnumbered women (29%) in this response.
- 18% of the respondents mentioned that social media is the main source of information. Women (20%) identify it higher than men (18%).
- Official Websites and government sources is considered by 3% only (again women with 5% outnumber men with only 2%)





ANC and EPIs are reduced due to fear of COVID 19

Perception towards COVID 19

The statements were provided to health workers to know their perceptions with yes and no statements. There were two of the statements which are to be responded negative. The following two tables show you the summary of the health worker's perception. Most of them out rightly believe that COVID 19 is fatal. This is in context to the global knowledge and various health bulletins inform that only 2 % are fatal and people can recover. These tables are followed up with the MoPH's data related to case related to infection cases confirmed, deaths and recovery graph.

Statement	Responded
	correctly
A. COVID-19 symptoms appear in 2-14 days	94%
B. COVID-19 is fatal	5%
C. Flu vaccinated is sufficient for preventing COVID-19	92%
D. During the outbreak, eating well-cooked and safely handled meat is safe	89%
E. Sick patients should share their recent travel history with healthcare providers	96%
F. Disinfect equipment's and working area in wet markets at least once a day	90%
G. Washing hands with soap and water can help in prevention of COVID-19	
transmission	100%



	Ge	nder	Aį	ge			Pro	fession
			<25	26-40	40-60	>60		Allied
Question /Responses	Male	Female	years	yrs	yrs	yrs	Doctors	health staff
A. COVID-19 symptoms appear in 2-14 days								
Υesα	124 (58%)	76 (36%)	41 (19%)	102 (48%)	54 (25%)	3 (1%)	90 (42%)	110 (52%)
	7	6	2	7	3	1	6	7
No	(3%)	(3%)	(1%)	(3%)	(1%)	(0)	(3%)	(3%)
B. COVID-19 is fatal (b)								
	127	76	41	102	56	4	93	110
Yes	(60%)	(36%)	(19%)	(48%)	(26%)	(2%)	(44%)	(52%)
Νοα	4 (2%)	6 (3%)	2 (1%)	/ (3%)	1 (0)	0 (0)	3 (1%)	(3%)
C. Flu vaccinated is sufficient for preventing COVID-19								
Ves	15	3 (1%)	1 (0%)	16	1 (0%)	0	11 (5%)	7 (3%)
	116	79	42	93	56	4	85	110
Νοα	(54%)	(37%)	(20%)	(44%)	(26%)	(2%)	(42%)	(47%)
D. During the outbreak, eating well-cooked and safely handled meat is safe								
	116	74	37	95	54	4	90	100
Yesa	(54%)	(35%)	(17%)	(45%)	(25%)	(2%)	(42%)	(47%)
No	(7%)	8	6 (2%)	(7%)	(1%)	0	6 (2%)	(8%)
E. Sick patients should	(770)	(470)	(370)	(770)	(170)	(070)	(370)	(878)
share their recent travel history with healthcare providers								
	124	81	42	103	56	4	91	114
Yesa	(58%)	(38%)	(20%)	(48%)	(26%)	(2%)	(43%)	(54%)
No	(3%)	1 (0%)	1 (0%)	6 (3%)	1 (0%)	0 (0%)	5 (2%)	3 (1%)
F. Disinfect equipment's and working area in wet markets at least once a day								
	118	74	38	101	49	4	85	107
Yesa	(55%)	(25%)	(18%)	(47%)	(23%)	(2%)	(40%)	(50%)
No	13	8	(2%)	8	8 (4%)	0	(5%)	10
G. Washing hands with	(0%)	(4%)	(2%)	(4%)	(4%)	(0%)	(5%)	(5%)
soap and water can help in prevention of COVID-19 transmission								
	131	81	43	108	57	4	96	116
Yesa	(62%)	(38%)	(20%)	(51%)	(27%)	(2%)	(45%)	(54%)
No	0	(0%)	0	(0%)	0	0	0	1
	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)	(0%)

 $\alpha \quad \text{Indicates the correct answer} \\$





Positive cases vs cases of recovery (MOPH 04.05.2020)

The MoPH data states that 284 cases are recovered as of 04.05.2020 (night). That means that all the COVID 19 positives are not fatal. Thus, there is need for health workers to be oriented that COVID 19 is not fatal and patients can recover for this disease with specific measures.

Infrastructure

Frontline Afghan health workers find themselves in dire straits as the coronavirus pandemic ripped through their ranks with an upward trajectory killing at least eight doctors as of 04.05.2020. Many reports state that poor and inadequate infrastructure in public and private health care systems in Afghanistan poses a challenge to respond to large scale COVID 19 responses. There were only two laboratories to start with in entire country when the responses have begun in early March 2020. Thus, few questions were included in the health workers survey related to infrastructure and equipment to COVID 19 response.



 Most of the health facilities have hand wash solutions, hand wash facilities with adequate water, Toilets, hand Sanitiser at the health facility. 75% of the respondents mentioned that they use masks or clothes to cover their face (nose /mouth at the health facility); 55% have mentioned that the Health Facilities have functional Infra-red thermometers; about 48% have mentioned that they have tent or some sort of facility for screening for temperature check at the facility



• 63% of the lower health facilities have mentioned that they don't have functional infrared thermometer



Women health workers screening at health facility in Kunduz Province. There are very low separate screening facilities for women and few number of female staff (Photo: JACK)

During our discussions with the health workers one of the major constrains were specific facilities and infrastructure for women to screen women and privacy. The following are the responses from the survey.

	Overall			COVID 19 responders		
Do there is separate testing facility for female? Like having female health worker's presence	Male	Female	Total	Male	Female	Total
A covered space with all testing facilities	27%	23%	26%	43%	25%	37%
Specifically, obliged health care female worker for female	21%	30%	25%	29%	56%	37%
A separate room/ side for	• • • • •	a 404				
female	31%	34%	32%	14%	13%	14%
None	21%	12%	17%	14%	6%	12%
Total	100%	100%	100%	100%	100%	100%

- Only 26% of the health workers shared that there is a protected space for all testing facilities available for women. The response of COVID 19 responders is a bit higher than this at 37% (less among women responders to 25%)

- 31% shared that they use the existing facility in the health facility for testing female. Quite low at 12% among the COVID 19 responders mentioned of a separate room for females exist.





Screening of women at the entry point of Southern Gate of Kabul city (Photo: OHW)

	Overall			COVID 19 responders			
27. Do women have access to							
WASH facilities	Male	Female	Total	Male	Female	Total	
Separate toilet facility at screening							
location/site	44%	40%	43%	71%	69%	71%	
Separate waiting area for female	56%	60%	57%	29%	31%	29%	

- Only 43% of the responders have mentioned there is toilet facilities (most of them are health facilities and in outside health facilities like entry points, there are no toilets). In case of COVID 19 responders it is a bit better as they are higher health facilities and the responders are mostly being doctors and surgical nurses.
- Only 57% of respondents mentioned of separate waiting areas of female and this is very low among those who are responding to COVID 19. These waiting areas are now used for COVID 19 response and thus limiting the waiting area spaces for women (Only 29%).

Risk Reduction Measures

This question was used for all the surveys conducted by Johanniter and its partners (communities, Prisoners and now with Health Workers). Majority of health professionals believe that the following aspects should be sufficient to deal for normal public in reducing the risks of exposure to COVID 19.



Risk reduction measures from exposure of COVID while screening or assessing patients	Male	Female	Total
Gloves	98%	98%	98%
Surgical face mask	96%	100%	98%
Disposable, fluid resistant gown	76%	74%	76%
Eye protection	85%	79%	83%
Regular hand hygiene	93%	96%	94%
N 95 Face mask	69%	52%	63%

Most of the respondents feel that having gloves (98%), surgical face masks (98%), regular hand hygiene (94%), eye protection (83%), disposable and fluid resistant gowns (76%) and N 95 face mask (63%) would reduce their exposure to risks of COVID 19 while doing screening or assessing the patients

When asked about N95 masks, the responses are that, they are not available in all the markets, they are expensive and thus out of reach for common people and finally it is good to use when someone is infected rather than everyone.

Confident Levels on use of PPEs supplied by Government/Aid Agencies

With death of 8 doctors and 283 health workers were infected in the country (see the following table related to infections), there is a fear and concern among the health workers related to COVID 19. Thus the question on the confidence of health workers using PPE kits were discussed with the health workers surveyed.

S.No.	Province	Health Workers	S.No.	Province	Health Workers			
1	Badakhshan	1	14	Kabul	31			
2	Baghdis	13	15	Kandahar	42			
3	Baghlan	5	16	Kunduz	22			
4	Balkh	21	17	Laghman	3			
5	Bamyan	5	18	Logar	4			
6	Dykundi	1	19	Nangarhar	10			
7	Farah	3	20	Nimroz	8			
8	Faryab	1	21	Paktya	3			
9	Ghazni	3	22	Panjsher	6			
10	Ghor	1	23	Parwan	1			
11	Helmand	2	24	Samangan	4			
12	Hirat	72	25	Takhar	6			
13	Jawzjan	11	26	Wardak	4			
	Total 283							

Source on the COVID 19 infections among Health Workers, MOPH (04.05.2020)

The functional PPE kits provided to the health facilities to protect the health workers from contacting COVID 19 from infected patients. When asked about where they feel confident or not, the health responded in the following ways



- 40% of the health workers mentioned that they are either not confident or a little confident about the safety of using PPE. This is more among women (48%) compared to men (35%)
- 31% of the health workers mentioned that they are somewhat confident of using PPEs (high among men (34%) and less among women (28%). This is quite high among the professionals dealing directly with COVID treatment or response (43%, slightly high among men with 45% and women with 37%)
- Only 28% of the health workers mentioned of their confidence of using PPE kits would reduce their exposure and risk of getting infected to COVID 19. High among men with 32% and low among women (23%)

Training on PPE

- 55% of the health professionals responded that they didn't receive any formal training related to use of PPE kits and its use to reduce airborne transmission of infections
- 38% of the health professionals working at the higher level of health facilities like Provincial Hospitals and Tertiary care /teaching hospitals didn't receive any formal training related to use of PPE Kits.
- 40% of the health workers mentioned that they received training on use of PPE. This percentage is high among those who are directly responding currently to COVID 19, where 72% have mentioned that they have received training on PPE.
- 5% are not clear on the training aspect

Transportation

- 69% use ambulances for transportation of suspected or positive cases to designated hospital/isolation /Quarantine centres. All of them have mentioned that the ambulances are disinfected for every trip
- 34% mentioned of using private transportation to transport the suspected or positive cases due to non-availability of ambulances
- 34% have mentioned that people use their own transportation or hired vehicles and go self to these designated locations
- 49% mentioned that it is the aid agencies/government ambulances are used mostly for transportation of suspected or positive persons to designated hospitals

Response from Health workers at the screening for the patients who were found negative for COVID 19

In case of negative during the test or screening, what will be the response of the health workers

- 40% mentioned that they will let them go free and no measures are needed. This is high among female health workers (49%)
- 66% mentioned that they advise the patient to complete the full 14-day quarantine period if they have returned from overseas or have close contact with someone with the virus
- 52% mentioned that, they ask the patient who feel sick with symptoms of COVID even after 14 days of isolation, they would send them to treatment centre in designated hospital and release them until they are symptom free for 48 hours
- 36% have mentioned that if the patient is well and have been 48 Hour in isolation and has shown no symptoms, then the patient can be asked to do normal daily activity
- 24% said that as a normal procedure, they refer them to higher grade hospital

Need for Medical Certificate for the patients who have screened negative



54% of the health workers mentioned that the patients need a medical certificate stating that they are negative to COVID 19 on that specific date. This is high among the health professional actually treating or working on COVID 19 related work (65%).

What if a patient's COVID-19 test result is negative? What do your	Overall (N	N=213)		COVID Responders (N-51)			
advice?	Male	Female	Total	Male	Female	Total	
A. They can be as normal person							
are needed	34%	49%	40%	66%	44%	59%	
B. They still need to complete the full 14-day quarantine period if they have returned from overseas or have had close contact with	600/	629/	CC0/	cov/	500/	059/	
someone with the virus	68%	63%	66%	69%	56%	65%	
c. If they are still sick with the same illness at the end of the 14-day isolation period, they will need to stay in isolation until they have been							
symptom-free for 48 hours	48%	57%	52%	40%	31%	37%	
D. If they are well, and have been for 48 hours in isolation, they can return to normal daily activity.	36%	37%	36%	60%	44%	55%	
E. Refer them to higher hospital	27%	21%	24%	51%	13%	39%	

- Out of 213 interviewed, only 19% have mentioned that they are direct contact with confirmed COVID 19 patient. Whereas it is 59% among the health workers directly working on COVID 19 confirmed patients
- Only 37% of those who worked on COVID 19 were present while doing Aerosol generating procedure (AGP)
- 55% of the health workers who are working on COVID 19 directly, have mentioned that they have direct contact with the environment where the confirmed COVID 19 patient was cared for.
- 39% of the health professionals working on COVID 19 have to attend to other normal functions in the hospital or have their own private practice, where as it is 15% only for overall survey responders

Use of PPEs in the clinics

What form CARE of CO	ns of PPE do you use in the ROUTINE OVID-19 patients?	Overall	Among COVID 19 responders
A. Surgio	cal mask or equivalent facemask	99%	98%
B. Power	red air purification respirator (PAPR)	33%	53%
D. Eye pr	otection: Goggles	44%	84%
E. Eye pr	rotection: Face shield	31%	65%
F. Sleeve	eless apron	34%	73%
G. Waterp	proof long sleeve gown	33%	69%
H. Covera suit)	alls / Hazmat suits (full body waterproof	32%	78%
I. Single	e gloves	85%	96%
J. Double	e Gloves	46%	75%
K. Boot o	covers	31%	78%
L. Hair C	over	38%	75%
M. Balacla	ava (or similar: head also covers neck)	23%	55%
N. Imperv	vious hood	17%	55%





Screening at Eastern Entry of Kabul City (OHW)

It is significantly clear that the COVID responders have better access to PPE health gear compared to other health workers. However, the announcement of MoPH that 50% of the health professionals are into COVID 19 response and encourage more to join in the response. The rural communities are not tested yet and thus keeps the pressure on health worker's safety

		Ove	erall	Responding to COVID 19		
S.No	PPE Kits details	Stock Less than 4 weeks	Stock more than 4 weeks	Stock Less than 4 weeks	Stock more than 4 weeks	
1	Face Masks	80%	20%	72%	28%	
2	Powered air purification respirator (PAPR)	59%	41%	63%	37%	
3	Eye protection: Goggles	76%	24%	72%	28%	
4	Eye protection: Face shield	82%	18%	76%	24%	
5	Sleeveless apron	82%	18%	70%	30%	
6	Waterproof long sleeve gown	83%	17%	69%	31%	
7	overalls / Hazmat suits (full body waterproof suit)	86%	14%	77%	23%	
8	Single Gloves	83%	17%	69%	31%	
9	Double Gloves	71%	29%	76%	24%	
10	Boot Covers	58%	42%	75%	25%	
11	Hair Covers	78%	22%	84%	16%	
12	Balaclava (or similar: head also covers neck)	85%	15%	79%	21%	
13	Improved Hood	81%	19%	75%	25%	



- Most common PPE kit for protection of health workers widely used in Afghanistan is Surgical /face mask (99%), Single gloves (85%)
- Whereas for those who are responding to COVID 19, Surgical mask/equivalent face mask was used by 98% of the health workers, single gloves by 96% and double gloves by 75%, Eye Protection (goggles) by 84%, Sleeveless gowns (65%)
- Powered air purification respirator (PAPR) is more used by COVID responding health staff (53%), whereas overall it is 33% only
- Eye protection googles are mostly used by COVID 19 responders (84%) and the overall is 44% only
- Eye protection Face shields are used mostly by COVID 19 responders but still less at 65%, whereas the overall it is 31%
- Sleeveless Apron is used mostly by COVID 19 responders (73%) compared to overall of 34%
- Waterproof long sleeve gowns are highly used by COVID 19 responders (69%) compared to overall 33%
- Hazmat Suits (water proof full body suit) is used by COVID 19 responders (78%) whereas the overall health workers' status as per the respondents is 32%
- Double gloves are mostly used by COVID 19 responders (75%) whereas the overall health workers' status is 46%
- Boot covers is again mostly used by COVID 19 responders (78%) whereas the overall health workers' status is 31% only
- Hair cover is high among the COVID 19 responders (75%) and the overall is low at 38%



- Head/neck cover- Balaclava is quite low at 23% by overall health workers interviewed but is more than double at 55% among the COVID 19 responders
- Improvised Hood is used mostly by COVID 19 responders (55%) while the overall health workers' response was quite low at 17%

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.

Stress and Mental Health of Health workers due to COVID 19

It is anticipated that 50% of the population of Afghanistan are suffering from some form of psychological distress, and that 20% of the population are impaired in their role by mental health issues.

National Mental health survey 2018 showed that common mental disorder such as depression, generalize anxiety, PTSD are about 4.8%, 2.7% & 5.34% respectively, during 6 months of survey stress found around 47% (24% with role impairment), Total mental health expenditure per person is almost 0.12 USD (WHO Atlas 2017)

WHO estimates that the prevalence of mental health issues in any given population before a conflict is 2-3% for severe mental health issues, and this can rise to 3-4% 12 months' post-conflict.

UNHCR (2014) carried out a global survey of their employees' mental health and wellbeing, with results showing that 47% of staff experienced sleeping difficulties & 57% reported depressive symptoms.

As National staff are also among the population, and are therefore equally affected. Exposure to stressful aspects of the job build-up of stressful experiences and/or trauma has been shown to be linked to depression, anxiety, burnout, heavy drinking, secondary traumatic stress, and posttraumatic stress disorder.

In Afghanistan, due to the high security risks aid workers are exposed to on a daily basis, to the level of trauma experienced, the repeated hearing of traumatic stories from beneficiaries, colleagues, and friends, and the continued intensity of the conflict, there is an increased likelihood for staff to develop post-traumatic stress related disorders such as vicarious trauma or other affective disorders including chronic stress, anxiety and depression.

Priority needs to be given to identify the work-related risk factors that are associated with such outcomes. If the sources of stress are known, this can inform the design and targeting of interventions to eliminate or reduce.

Chronic or cumulative stress can easily lead to non-functionality, ineffective working, presentism, absenteeism, or and staff turnover, and is of equal concern.

Duty of Care is a moral as well as a legal obligation to ensure the safety or wellbeing of others. For international organizations, Duty of Care means guaranteeing staff are safe and healthy both mentally and physically.

Feeling stressed, sad, confused, scared or angry during is an experience that staff are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Workers may feel that they are not doing a good enough job, that there is a high demand for them. Some workers may unfortunately experience ostracization by their family or community due to stigma.



Ongoing and old pressures from their personal life can affect their mental wellbeing in their day to day job. They may notice changes in how they are working, their mood may change such as increased irritability, feeling low or more anxious, you may feel chronically exhausted or it may feel harder to relax during respite periods, or they may have unexplained physical complaints such as body pain or stomach aches

Chronic stress can affect their mental wellbeing and their work and can affect them even after the situation improves. If the stress becomes overwhelming, they need to approach the lead or the appropriate person to ensure you are provided with appropriate support

Stress and the feelings associated with it are by no means a reflection that they cannot do your job or that you are weak, even if they feel that way. In fact, stress can be useful. Right now, the feeling of stress may be keeping staff going at their job and providing a sense of purpose. Managing their stress and psychosocial wellbeing during this time is as important as managing their physical health.

They need to take care of their basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing

As mentioned before that different levels of the community people including staff of the organizations may experience stress due to COVID-19 outbreak. Meanwhile availability of limited study on the mental health concerns during this pandemic. Johanniter international designed this assessment aiming to understand level of their staff / general public anxiety; stress; Knowledge & attitude during COVID-19 outbreak to link them with quality MHPSS support.

PART A: Stress Management of health						
worker during COVID-19:	Male	Female	Total	Male	Female	Total
1. Are you relying on verified information						
sources for your updates about COVID-19?	75%	80%	77%	77%	88%	80%
2. Are you regularly taking deep breaths						
and taking a break from your work to focus						
on your breathing?	70%	66%	69%	83%	56%	75%
3. Are you sleeping less, as usual?	79%	62%	73%	77%	75%	76%
4. Are you maintaining regular contact with						
friends and family?	60%	52%	57%	51%	44%	49%
5. Would you consider receiving						
psychosocial support if it was available?	78%	65%	73%	77%	56%	71%
6. Are you engaging in your usual religious						
or spiritual practices as normal?	68%	71%	69%	57%	63%	59%
7. Do you feel that you are having						
excessive fear and worry about your own						
health and the health of your loved ones?	85%	87%	85%	74%	81%	76%
8. Are you feeling sadness, anger, or						
frustration because friends or loved ones						
have unfounded fears of contracting the						
disease from contact with you because of						
your work?	72%	73%	72%	66%	56%	63%

- Most of the health workers (77% overall and 80% among the COVID responders) rely on verified sources of information related to COVID 19 and real facts .



- 75% among the COVID 19 responders and 69% of the health staff interviewed across the eight provinces have mentioned that they take deep breaths and taking a break from their work.
- 73% of health workers have sleep problems (more so with the COVID 19 responders, i.e. 76%). It was found out that they have trouble falling asleep Please specify if any other type of sleeping problem (trouble staying asleep, trouble waking up, nightmares
- Stress related questions were used for interviewing health workers in all 8 provinces. The above table is showing percentage of health workers & COVID-19 responders who has sign & symptoms of stress & anxiety due to COVID19.

DEGREE OF STRESS: all Sample size	you're probably in great stress-shape!		you may be experiencing a low to moderate degree of stress.		you may be experiencing a moderate to high degree of stress.		you m experienci high de stre	ay be ing a very gree of ess.	Total
	0 – 2	5	26 -	- 50	51 -	- 75	76 -	- 100	
Province	Female	Male	Female	Male	Female	Male	Female	Male	
Faryab	5	8	5	5	3				26
Ghazni	3	7	6	8	1	1			26
Helmand		18		2	1	2			23
Herat	6	8	3	2	4	3			26
Kabul	8	9	3	3	1	7		2	33
Khost	9	10	1	3	1	2			26
Kunduz				2	7	10	3	4	26
Nangarhar	3	8	6	6	2	1	1		27
Grand Total	34	68	24	31	20	26	4	6	213

Almost every province has moderate and higher degree of stress recorded among the health workers, but Kunduz Nangahar and Kabul are among the higher among the responders related to degree of stress.

In Kunduz, 70% of the female health workers responded are experiencing moderate to high degree of stress than men (63%). Both are higher than the general average level assessed in the study. Similarly, 30% of women and 25% of men health workers are experiencing very high degree of stress in Kunduz. 100% of women health workers in Helmand are experience moderate to high degree of stress. IN Kabul, 33% of men health workers are experience moderate to high degree of stress and about 10% of men reported high degree of stress.

Degree of Stress	Scores	Overall	COVID responders
you're probably in great stress-shape!	0 – 25	48	0
you may be experiencing a low to moderate degree of stress.	26 – 50	26	33
you may be experiencing a moderate to high degree of stress.	51 – 75	21	61
you may be experiencing a very high degree of stress.	76 – 100	5	6



There is greater degree of stress among the health facility staff related to COVID 19 responders in comparison to others. Overall there are 48% of the responders among the 213 interviewed showed great stress shaped while compared to none in the case of the COVID 19 responding health staff. In general, 26% of the responders assessed have low to average degree of stress, where as it is 33% among the COVID 19 responders. Only 5% of the overall responders (total of 213) assessed have very high degree of stress, while in comparison it is marginally high at 6% among the COVID responders. But the high degree variation is observed in those who are experiencing moderate to high degree of stress, where in general it was only 21 %, but among the COVID responders it is as high as 61%.

Conclusion

More than one-tenth of confirmed coronavirus cases in the Afghanistan have been among doctors and other healthcare staff and sign that war torn country is struggling to deal with the pandemic. The high rate of infection among healthcare workers has sparked alarm among health staff and some private practitioners have closed their clinics. There were reports of private practitioners are highly infected.

There are many medical staff are getting tested for the illness are found positive and in some cases the hospital's work becomes standstill as in case of Kunduz regional hospital. Amiri Super-speciality Hospital in was closed after a specialist doctor attending Emergency Care died of COVID 19 and more than six of health staff of the hospital found COVID positive. Some doctors have closed their clinics, putting a strain on limited health resources in Afghanistan. It is recorded that the popular clinic in Kabul for expats which usually crowded with patients, is almost empty, with no patients are ready to come to hospitals for fear of infections. Johanniter's studies show that community fear that the government has not made accurate data about COVID-19 cases public, and many hospitals are teetering on the verge of collapse.¹¹ The Ministry of Public Health (MoPH) is currently collecting confirmed cases but some cases of infections are not reported to the ministry. With nearly 70% of the territories are under the control or influence of Taliban, the infections in Taliban controlled areas are not reported to MoPH data. There seems to be higher infection feared even among the Taliban fighters and they have stopped NGOs doing testing in their controlled areas.¹²

Based on the study, lack of protective equipment for health workers and medical staff and those of which are available are not sufficient and stocks don't last more than four weeks in most of the cases. Low awareness among some medical staff of the precautions needed to avoid infection.

There is shortage of testing kits, very few laboratories exist in the country for testing and release of results get delayed. Few people with the classic COVID-19 symptoms of high fever and respiratory problems are being tested in Afghanistan, because of a shortage of testing kits.

As we file this report, about 11 health worker died and more than 350 health workers (about 10% of the total infections confirmed in the country) are infected in the country causing concern among the health worker fraternity and also among the people. There is drop in visits in lower range of hospitals due to poor facilities and doubts of the PPE kits been used by the health staff. The latest one to join in the list of health fraternity to join the infection list is the

¹¹ Johanniter's Community Perception on COVID 19 – KAP Survey, April 2020

¹² Johanniter's Report on-COVID 19 responses in Taliban Controlled Areas of 11 Provinces of Afghanistan-Opportunities and Challenges for NGOs, May 2020



Health Minister Dr. Ferozuddin Feroz who was tested positive for the illness last evening¹³. There were speculations about the health condition of the President Ashraf Ghani himself while twenty of the Presidential Guards were found positive of COVID.

The rate in Kabul compares with a global rate of infection for medical staff issued on Wednesday by the International Council of Nurses, which said 6% of all confirmed cases of COVID-19 were among healthcare workers, based on data from 30 countries.¹⁴

The personal protective equipment is critical to protecting health care professionals' physical and mental well-being. Without this protection, many of the health workers worry that they will get sick and infect others. Given that 11 heath workers died and more than 300 health workers infected, there is a reasonable fear among the HWs the risk of infection and also concerned they might die from Covid-19. The degree of stress studied in this survey, showcases high rates of mental health issues, including depression, anxiety, insomnia, and distress. Many health workers felt that, they can be supported by reinforcing teams and providing regular contact to discuss decisions and check on wellbeing

¹³ <u>https://www.nytimes.com/reuters/2020/05/07/world/asia/07reuters-health-coronavirus-afghanistan-hospital-exclusive.html?auth=login-email&login=email</u>

¹⁴ <u>https://www.nytimes.com/reuters/2020/05/07/world/asia/07reuters-health-coronavirus-afghanistan-hospital-exclusive.html?auth=login-email&login=email</u>



Annexure 1

Phase 1

N o	Province	Responsibl e partner	Caller/Enumerator name	Gender	# of call by enumera tor	Data entry staff
			Dr.Fawzia	Female	4	
			Dr.Abul Wali	Male	4	
1	1 Kabul	OHW	Dr.Idrees	Male	4	Hedayatulla
			Dr.Akram	Male	4	n Osmani
			Dr. Abdul Raqib Niazi	Male	8	
			Ms. Fatima	Female	4	
			Ms.Rahila	Female	4	Dr Saved
2	Kunduz	JACK	Roshan BiBi	Female	4	Musa
			Dr.Amiri	Male	4	Musawi
			Dr.Rasolzai	Male	4	
			Qismat gul	Male	10	
3	Khost	ACTD	Waqar Ahmad	Male	6	Qismat gul
			Zakia	Female	4	
4	Helmand	JUH/BARA C	Nasreen Afzali	Female	18	Nasreen Afzali
_			Dr.Mohammad Munir Ramz	Male	8	Dr Mummad
5	Faryab	AADA	Dr.Saleh Mohammad	Male	6	Monir Ramz
			Mr. M. Nader	Male	6	
			Dr.Farid Hamid	Male	3	
			Mr. Mohammad Rahimi	Male	2	
			Mrs. Karima Jamshidi	Female	2	
6	Herat	ΔΔΠΔ	Dr.Fazil	Male	5	Dr.Fazlahm
U	Tiorat	701071	Mr. Mohamd Nader Karimi	Male	2	ad Fazil
			Fazila Qasemi	Female	4	
			Mr. Emamaddin Rasoliy	Male	2	
			Dr.Ehsanullah Salimi	Male	2	
			Dr.Taj Mohammad	Male	1	
			Dr. Mohammad Zia	Male	4	
7	Ghazni	AADA	Dr. Nasima	Female	4	Mr. Safi
			Mr. Rohullah	Male	1	
			Mrs. Masuma Haidari	Female	7	1
			Dr Nikfar	Male	1	
	Nangarh		Dr. Sayed Afzal Hashemi	Male	12	Dr. Sayed
8	ar	AADA	Dr. Abdul Wakil	Male	4	Atzal Hachomi
			Kobra	Female	4	
		-		162		



Phase 2	2
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N o	Province	Responsibl e partner	Caller/Enumerato r name	Gende r	# of call by enumerato r	Data entry staff
1	Kabul	OHW	Dr.Abdul Raqib	Femal e	4	Hedayatullah Osmani
			Dr. M. Akram	Male	1	
			Najibullah	Male	3	
			Shah Mahmood Rasooli	Male	1	
2	Kunduz	JACK	Dr.Khairullah Naderi	Femal e	2	Dr. Sayed Musa Musawi
			Dr. Musa	Femal e	2	
			DR Rasul Zai	Femal e	2	
3	Khost	ACTD	Naimatullah	Male	3	Qismat gul
			Wali mohammad	Male	3	
4	Helmand	JUH/BRAC	Dr. Waseel Rahimie	Male	5	Dr. Waseel Rahimie
5	Faryab	AADA	Dr.Mohammad Munir Ramz	Male	6	Dr Mummad Monir Ramz
6	Herat	AADA	Mr. Mohammad Rahimi	Male	3	Dr.Fazlahma d Fazil
			Mr. Mohamd Nader Karimi	Male	3	
7	Ghazni	AADA	Dr.Taj Mohammad	Male	6	Dr.Taj Mohammad
8	Nangarha r	AADA	Dr. Sayed Afzal Hashemi	Male	7	Dr. Sayed Afzal Hashemi
					51	



Anenxure 2

COVID 19 Health Worker's Perception Survey¹⁵

Thank you for taking part in this survey, which should take you less than <u>30 minutes</u> to complete. The information you provide will assist the Johanniter International Assistance/ Partner NGOs (Mention the name) in rapidly develop response to protect the health workers and enabling health workers to prevent and mitigate COVID-19 outbreak. Please be assured that this survey is anonymous, your responses will not be associated with your name, and no identifiable information on any individuals will be shared or presented in the survey results.

1.	Interviewee Name:	4.	District:
2.	Date of interview:	5.	location:
3.	Province:	6.	Contact No. (Mobile No) :
7.	Position of the interviewed staff :		
	A. Medical Doctor		F. Pharmacist
	B. Specialist Doctor		G. Psychosocial Counsellor
	C. Nurse		H. Physiotherapist
	D. Midwife		I. Vaccinator
	E. Lab Technician		J. Others (mention)
8.	Gender		
	A. Male		B. Female
9.	Age		
9.	Age A. 18-25		C. 40-60
9.	Age A. 18-25 B. 26-40		C. 40-60 D. >60
9. 10.	Age A. 18-25 B. 26-40 Type of Health Facility		C. 40-60 D. >60
9. 10.	Age A. 18-25 B. 26-40 Type of Health Facility A. Large tertiary teaching hospital		C. 40-60 D. >60 B. District Hospital

¹⁵ Few sections on Health aspect of this questionnaire was adapted from JMIR Public Health Surveillance 2020 (cited in the methodology) and special thanks to Dr.Akshaya Srikanth Bhagavathula, IPHCMHS, UAE University, more details <u>https://publichealth.jmir.org/2020/2/e19160/</u>



D. PHC (BHC, SHC, MHT, Health House)

Ε.	Private O	PD clinic/hospital
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11. Is	the OPD and Emergency Unit currently w	/orking	g?			
A.	Below capacity	D.	Well	above	capacity	and
В.	Usual workload		overflo	wing to oth	ner areas	
C. Above capacity E. Not sure						
12. He	eard about NOVEL CORONA VIRUS (COV	ID-19)	- 🗆 YE	S⊡N¢	C	_
13. At	tended discussions related to NOVEL CORO	NA VIR	US (COV	/ID-19)- 🗌	YES 🗆 N	0
14. So	ource of Information About Novel Corona	Virus	(COVIE	0-19)		
A.	News Media					
В.	Social Media					
C.	Official Government website					

- D. Family and Friends
- E. Training by the hospital management, WHO, MoPH

15. Health Worker's Knowledge about COVID 19

Questions	Yes	No
A. Novel coronavirus (COVID-19) is thought to be originated from		
bats		
B. COVID-19 is transmitted through air, contact, faecal-oral routes		
C. Headache, fever, cough, sore throat, and flu are symptoms of		
COVID-19		
D. The incubation period of COVID-19 (2-14 days)		
E. COVID-19 leads to pneumonia, respiratory failure, and death		
F. Supportive care is the current treatment for COVID-19		
G. Hand washing, covering nose and mouth while coughing, and		
maintaining physical distance from sick people can help in the		
prevention of COVID-19 transmission.		

16. Perception of Healthcare workers' towards COVID-19

Questions	Yes	No
A. COVID-19 symptoms appear in 2-14 days		
B. COVID-19 is fatal		
C. Flu vaccinated is sufficient for preventing COVID-19		
D. During the outbreak, eating well-cooked and safely handled		
meat is safe		
E. Sick patients should share their recent travel history with		
healthcare providers		
F. Disinfect equipment's and working area in wet markets at least		
once a day		
G. Washing hands with soap and water can help in prevention of		
COVID-19 transmission	ĺ	

17. What are exist of the following at the screening facility?

Items	Screening Facility	
	Yes	No
Screening Tents/Facilities		
Hand wash with water facility		
Hand wash solution/Soap		
Sanitiser		
Toilet		
People use masks or other clothes		
to cover their face (nose/mouth)		
Availability of functional Infra-red		
Thermometer		

17.1 What are exist of the following at the Health facility?

Items	Health Facility	
	Yes	No



Screening Tents/Facilities	
Hand wash with water facility	
Hand wash solution/Soap	
Sanitiser	
Toilet	
People use masks or other clothes	
to cover their face (nose/mouth)	
Availability of functional Infra-red	
Thermometer	

18. As a health care worker, how I avoid the risk of catching COVID-19 while screening and assessing the patients?

Items	Yes	No
Gloves		
Surgical face mask		
Disposable, fluid resistant gown		
Eye protection		
Regular hand hygiene		
N 95 Face mask		

- 19. Do you feel that the PPE available to you is adequate to protect you when managing patients with COVID-19 Available is defined as recommended + in stock can be used by the respondent?
 - A. Not confident at all
 - B. A little confident
 - C. Somewhat confident
 - D. Confident
 - E. Very confident
- 20. Have you received formal training in the use of the recommended PPE for airborne transmitted infections at your institution? (tick all that apply)
 - A. Yes, at commencement of employment at my current institution
 - B. Yes, within the last 2 months due to the COVID-19 pandemic
 - C. Yes, at some other time but not in the last 2 months
 - D. No
- 21. Transportation for +ve cases or suspected cases to designated hospitals/isolation shelters/camps?

Items	Yes	No
Ambulances (disinfections are done for		
every trip)		
Private transportation		
People Hire their own transportation		
Government/Aid agencies arrange		
transportation		

^{22.} What if a patient's COVID-19 test result is negative? What do your advice? (Multiple options)



The advice to patients who have negative results is:

- A. They can be as normal person and free to move and no measures are needed
- B. They still need to complete the full 14-day quarantine period if they have returned from overseas or have had close contact with someone with the virus
- C. If they are still sick with the same illness at the end of the 14-day isolation period, they will need to stay in isolation until they have been symptom-free for 48 hours
- D. If they are well, and have been for 48 hours in isolation, they can return to normal daily activity.
- E. Refer them to higher hospital
- 23. Does general practice need to provide medical certificates for people who are medically well but are required to self-isolate?
 - A. Yes
 - B. No

24. Health Worker's Performance on COVID 19 patient

A. Did you provide direct care to a confirmed COVID19 patient?	1. Yes 2. No 3. Unknown
B. Did you have face-to-face contact (within 1 meter) with a confirmed COVID-19 patient in a health care facility?	1. Yes 2. No 3. Unknown
C. Were you present when any aerosol generating procedures (AGP) was performed on the patient? See below for examples	1. Yes 2. No 3. Unknown
C.1 If yes what your is AGP procedures?	 Tracheal intubation Nebulizer treatment Open airway suctioning Collection of sputum Tracheostomy Bronchoscopy Cardiopulmonary resuscitation (CPR) Other, specify:
 D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc. 	1. Yes 2. No 3. Unknown
E. Were you involved with health care interaction(s) (paid or unpaid) in another health care facility during the period above	1. Yes 2. No 3. Unknown

25. What forms of PPE do you use in the ROUTINE CARE of COVID-19 patients? (tick all that apply) If multiple possible situations, please select the highest level used for routine care.

Items	Yes	How long the
		stock would
		last (weeks)



Α.	Surgical mask or equivalent facemask	
В.	Powered air purification respirator (PAPR)	
C.	Powered air purification respirator (PAPR)	
D.	Eye protection: Goggles	
Ε.	Eye protection: Face shield	
F.	Sleeveless apron	
G.	Waterproof long sleeve gown	
Н.	Coveralls / Hazmat suits (full body waterproof suit)	
١.	Single gloves	
J.	Double Gloves	
Κ.	Boot covers	
L.	Hair Cover	
М.	Balaclava (or similar: head also covers neck)	
Ν.	Impervious hood	
Ο.	Other (please describe)	
Ρ.	None	

- 26. Do there is separate testing facility for female? Like having female health worker's presence (what stops female to be posted in these screening location identify)
 - A. A covered space with all testing facilities
 - B. Specifically, obliged health care female worker for female
 - C. A separate room/ side for female
 - D. Non
- 27. Do women have access to WASH facilities
 - A. Separate toilet facility at screening location/site
 - B. Separate waiting area for female

Mental Health - Psycho-Social Support

PART A: Stress Management of health worker during COVID-19:

S.No.	Stress Management	Yes	No
1	Are you relying on verified information sources for your updates about COVID-19?		
	Are you regularly taking deep breaths and taking a break from your work to focus on your breathing?		
2			
3	Are you sleeping more, less, or the same as usual?		
	Are you maintaining regular contact with friends and family?		
4			
5	Would you consider receiving psychosocial support if it was available?		
6	Are you engaging in your usual religious or spiritual practices as normal?		
7	Do you feel that you are having excessive fear and worry about your own health and the health of your loved ones?		
8	Are you feeling sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you because of your work?		



PART B - DEGREE OF STRESS

INSTRUCTIONS: In the last month, how often has the following been true for you? Write the number that fits your reality on the line before each question. 0 | Never 1 | Seldom 2 | Sometimes 3 | Often 4 | Always.

S.No.	In the last month, how often has the following been true for you? Write the	Never	Seldom	Sometimes	Often	Always
	number that fits your reality on the line before each question	0	1	2	3	4
1	I feel tired.					
2	I find it very hard to relax or "wind- down."					
3	I find it hard to make decisions.					
4	My heart races and I find myself breathing rapidly.					
5	I have trouble thinking clearly					
6	I eat too much or too little.					
7	I get headaches.					
8	I feel emotionally numb.					
9	I think about my problems over and over again during the day.					
10	I have sleeping problems (e.g., trouble falling asleep, trouble staying asleep, trouble waking up, nightmares, etc.).					
11	I have trouble feeling hopeful.					
12	I find myself taking unnecessary risks or engaging in behaviour hazardous to health and/or safety.					
13	I have back and neck pain, or other chronic tension-linked pain					
14	I use caffeine or nicotine more than usual.					
15	I feel overwhelmed and helpless.					
16	I have nervous habits (e.g., biting my nails, grinding my teeth, fidgeting, pacing, etc.).					
17	I forget little things (e.g. where I put my keys, people's names, details discussed during the last work meeting).					
18	I have stomach upsets (e.g., nausea, vomiting, diarrhoea, constipation, gas).					
19	I am irritable and easily annoyed.					
20	I have mood-swings and feel over- emotional.					
21	I find it hard to concentrate.					
22	I have trouble feeling that life is meaningful.					
23	I am withdrawn and feel distant and cut off from other people.					



24	I use alcohol and/or other drugs to try and help cope.					
25	My work performance has declined and I have trouble completing things.					
Source Headington Institute (2020) Managing emotions during a pandemic: The link for questionnaire <u>https://headington-institute.org/files/test_how-stressed-are-</u>						

TOTAL SCORE: _____

INTERPRETATION GUIDELINES

0 – 25: A score in this range suggests that you're probably in great stress-shape!

26 – 50: A score in this range suggests that you may be experiencing a low to moderate degree of stress.

51 – **75**: A score in this range suggests you may be experiencing a moderate to high degree of stress.

76 – 100: A score in this range suggests that you may be experiencing a very high degree of stress.

Name of the Enumerator: _____

Phone No.: _____