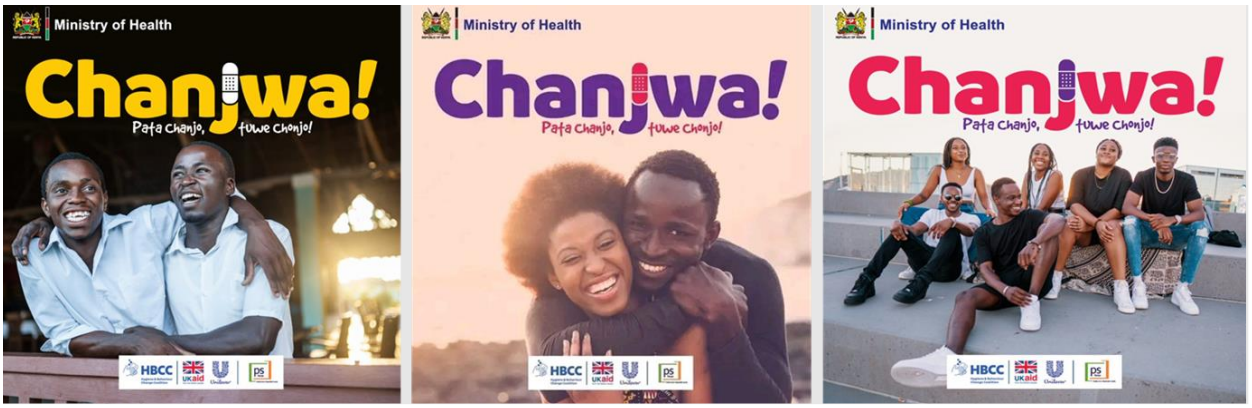
ENDLINE REPORT



HBCC2 COVID-19 CHANJWA CAMPAIGN ENDLINE SURVEY

MARCH 2023

HBCC2 COVID-19 Chanjwa Campaign Endline Survey

This report presents research findings based on a telephonic survey that was conducted on HBCC2 COVID-19 Chanjwa Campaign Endline Survey and other issues such as knowledge, awareness of the Chanjwa campaign, behaviors around vaccine hesitancy including perceived risk, safety, and access.

Additional Information about this report may be obtained from:

Contacts:

Lydia Ndungu

Senior Manager, Research & Metrics

[lndungu@pskenya.org]

OR

Nancy Njoki

Senior Manager, Programs

[nnjoki@pskenya.org]

This report presents research findings based on a survey that was conducted on communication of COVID-19 and other issues such as knowledge, attitude and perceptions of COVID-19, vaccine and testing, hygiene issues in relation to COVID-19, and how it has affected people socio-economically. The survey was designed by PS Kenya, other key stakeholders including Ministry of Health (MoH), Unilever, UKaid, and HBCC2.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization

TABLE OF CONTENTS

Acronyms

CATI	Computer Assisted Telephonic Interviews
COVID-19	Coronavirus Disease of 2019
CS	Cabinet Secretary
HBCC2	Hygiene and Behaviour Change Coalition
HIV	Human Immunodeficiency Virus
IDI	In Depth Interviews
KCOM	Komesha Corona Okoa Maisha
KPI	Key Performance Indicators
MoH	Ministry of Health
MS	Microsoft
NGO	Non -Governmental – Organization
OOH	Occupational Outlook Handbook
PLWD	Persons Living with Disabilities
PPE	Personal Protection Equipment
PPT	PowerPoint
PS	Population Services
PSI	Population Services International
PS Kenya	Population Service Kenya
PWD	People with Disability
RTA	Refused to Answer
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
TIFA	Trends and Insights for Africa
UKAID	United Kingdom Agency for International Development
USSD	Unstructured Supplementary Service Data
WHO	World Health Organization

List of Tables

List of Figures

Executive Summary

Population Services Kenya (PS Kenya) is a leading social and behaviour change, social marketing, and franchising organization in Kenya, that supports the Ministry of Health (MoH) in addressing public health issues, with a key focus on HIV/AIDS, Malaria, Tuberculosis (TB), Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable diseases. PS Kenya has additionally embarked on several initiatives that help in fighting the spread of COVID-19. These initiatives target both consumers and health workers and they include the following;

- Distribution of sanitizers to Counties and the National Government (DRMH).
- Mapping out all functional CU, CBO, and CHVs who can be used as community agents either to pass messages on FP or refill clients with methods.
- Monitoring access to FP commodities through commodities re-distributions and facilities stock-taking where need arises.
- Partners' weekly meeting where PS Kenya gets updates on what is happening on the ground.
- Delivering Sustainable and Equitable Increases in Family Planning (DESIP) project which work closely with Counties in different capacities since the announcement of COVID-19.

PS Kenya in collaboration with other partners has been supporting the Ministry of Health (MoH) in developing and disseminating SBCC aimed at Improving adherence to COVID-19 prevention guidelines and priority populations complete full COVID-19 vaccination (1-2 doses depending). Through HBCC 1, PS Kenya was involved in media dissemination of COVID-19-related information through various channels such as television, radio, Social Media, OOH, and Posters.

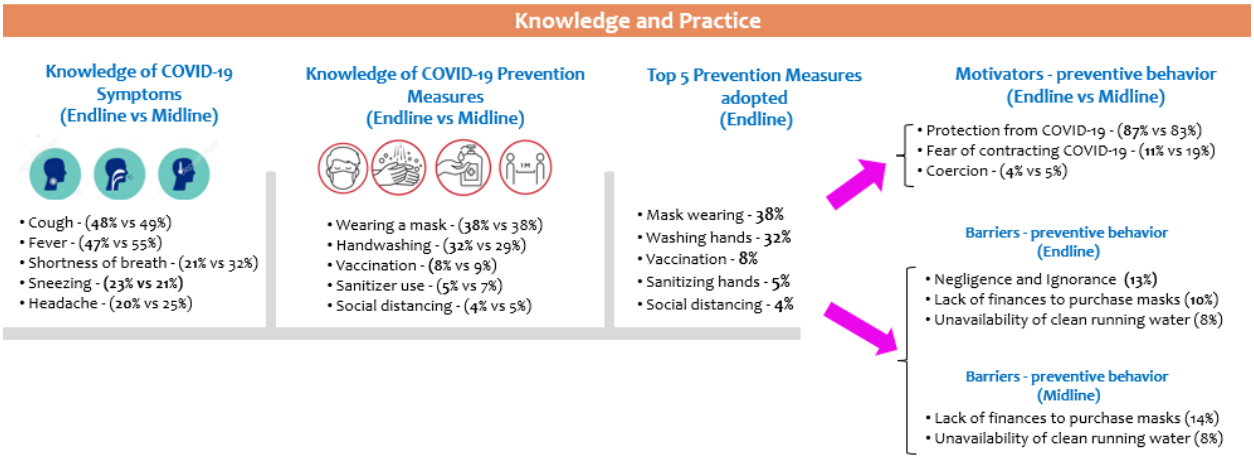
In September 2022, PS Kenya commissioned TIFA to support its program implementation by providing telephonic survey services for the assessment of the COVID-19 Chanjwa vaccine. Chanjwa campaign is a COVID-19 vaccination communication initiative that sought to encourage more Kenyans to complete the recommended dose of COVID-19 vaccine (1 to 2 doses depending), so as to be fully protected. In an effort to track the progress of the Chanjwa campaigns based on interventions put in place after the Midline survey (2022), PS Kenya commissioned TIFA to provide telephonic survey services for the assessment of the Endline COVID-19 Chanjwa vaccine campaigns.

In executing this research, quantitative approach was adopted, with the data collected through Computer Assisted Telephonic Interviews (CATI) between February and March 2023. Target respondents for the CATI interviews were people aged 18-55 years (Male and Female) living in informal settlements of Nairobi, Mombasa, and Kiambu counties. A total sample of 1,000 was proposed, however, we managed to achieve 1,011 interviews.

This report presents survey findings based on interviews conducted with the aforementioned target audiences. The report also makes comparisons (only where applicable) with findings from the Midline survey that was conducted between September and October 2022.

Key Findings

A. COVID-19 knowledge and adoption of preventive behaviors



Note: Endline Survey %'s precede the Midline Survey %'s

i) Knowledge of COVID-19 symptoms

The top five COVID-19 symptoms that were mentioned during the Endline survey were; Coughing (48%), Fever (47%), Shortness of breath (21%), sneezing (23%) and headache (20%). Generally, the knowledge of COVID-19 symptoms was lower during the Endline survey as compared to the Midline survey. However, sneezing had slightly higher mentions (23%) of awareness during the Endline survey as compared to the Midline survey (21%).

ii) Adoption of COVID-19 prevention measures

The top five COVID-19 prevention measures mentioned were; wearing a mask, handwashing, vaccination, use of sanitizer, and social distancing. Overall, there was a lower percentage of knowledge on COVID-19 preventive measures in the Endline survey, as compared to the Midline survey. However, Handwashing had a higher percentage (32%) of knowledge in the Endline survey, compared to the Midline survey.

The main COVID-19 preventive measures that were adopted in the Endline survey were Mask wearing (38%) and washing hands (32%). Other preventive measures adopted were; Vaccination (8%), Sanitizing hands (5%), and Social distancing (4%). Mentions of mask wearing did not change between the two years of comparison (38%), attributed to the belief by some respondents that COVID-19 still exists and therefore high need to adhere to the preventive measures.

iii) Drivers and barriers to adoption of COVID-19 preventive measures

The top three drivers to adopting COVID-19 preventive measures are Protection from COVID-19 (87%), Fear of contracting COVID-19 (11%), and Coercion (4%). In comparison to the Midline survey, Protection from COVID-19 had a higher percentage (87%) in the Endline survey as compared to the Midline survey (83%), while Fear of contracting COVID-19 and Coercion had lower percentages in the Endline survey. Negligence and Ignorance (13%) emerged as a barrier towards the adoption of COVID-19 preventive measures in the Endline survey, while it was not mentioned in the Midline survey. Lack of finances to purchase masks had a higher percentage in the Midline survey (14%) as compared to the Endline survey. There was no difference in mentions of the unavailability of clean running water (8%) for both the Endline and Midline surveys.

B. Attitude and perceived risks towards COVID-19

Note: Endline Survey's %s precede the Midline Survey's %s

i) Belief in the existence of COVID-19

Majority of the respondents (75%) in the Endline survey believed that COVID-19 exists. In comparison to the Midline survey, there is a decrease (10%) in the percentage of those who believe that COVID-19 exists. There was a slight increase (3%) in those who were not sure whether COVID-19 existed or not. Across the demographics in the Endline survey, a higher percentage of the youth (19%), male respondents (16%), and those living in Mombasa County (16%) mentioned that COVID-19 does not exist.

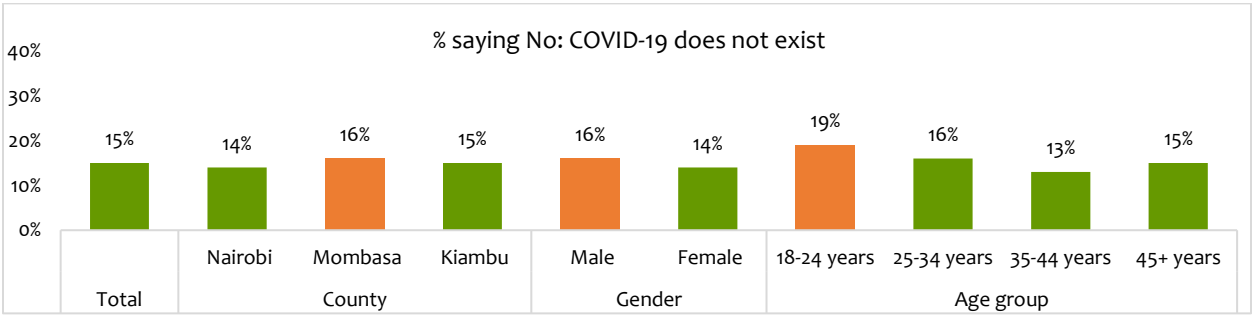


FIGURE 1: % SAYING NO: COVID-19 DOES NOT EXIST

Q: Do you believe that COVID-19 exists?

Base (Endline): All Respondents

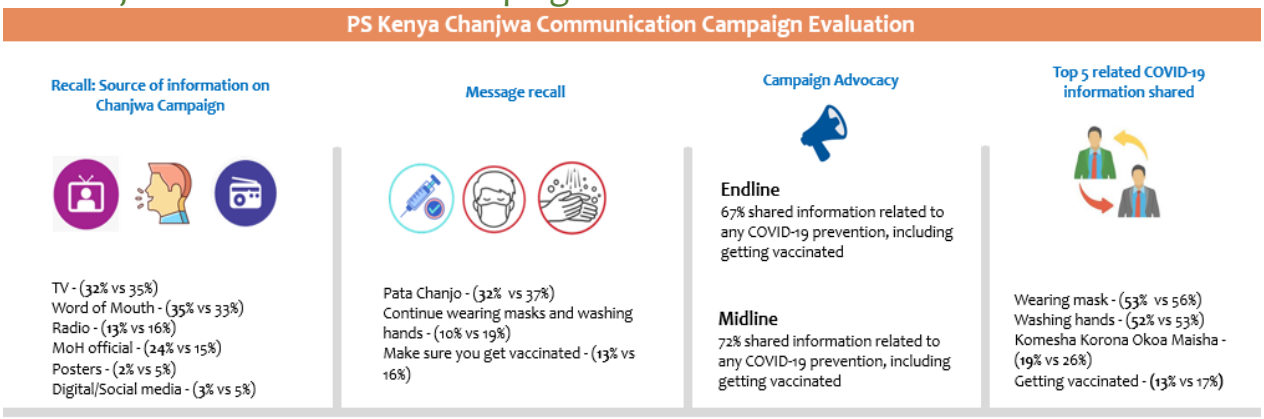
ii) Fear of contracting COVID-19

There was no difference in both the Endline and Midline survey for those who were very worried about contracting COVID-19. In terms of family, there was a slight "insignificant" decrease (2%) for those who were very worried about their family contracting COVID-19.

iii) Future of COVID-19

Over half of the respondents (59%) were of the opinion that the worst has already happened in regards to COVID-19, during the Endline survey. Compared to the Midline survey, this was a decrease (7%). A significant percentage (14%) of the respondents mentioned that the situation would remain the same in the next few months.

C. Chanjwa communication campaign evaluation



Note: Endline Survey %'s precede the Midline Survey %'s

i) Recall of Chanjwa Campaign: By Demographics: Endline

Recall is highest through WOM, TV, and MOH officials. WOM in most cases is based on what has been heard from other sources.

Channels	Total	County			Gender		Age Group	
		Nairobi	Mombasa	Kiambu	Male	Female	18-34 (youth)	35+ (Mature adults)
Word of Mouth (family, friends, relatives, colleagues, neighbors Etc)	35%	33%	49%	31%	36%	35%	42%	31%
Television	31%	26%	24%	44%	31%	32%	28%	33%
Ministry of Health Official (any official: CS Health, Chief Administrative Secretary Health)	23%	31%	19%	11%	25%	21%	19%	26%
Radio	13%	11%	14%	16%	14%	12%	12%	13%
Mobile: SMS	3%	3%	8%	0%	3%	2%	6%	1%
Digital/ Social media (Facebook, Twitter, WhatsApp, Telegram, YouTube, Instagram)	3%	3%	3%	3%	4%	2%	3%	3%
Posters	2%	2%	3%	3%	2%	3%	0%	4%

FIGURE 2: RECALL OF CHANJWA CAMPAIGN: BY DEMOGRAPHICS: ENDLINE

Base: 215 (Those who recall seeing or hearing (Chanjwa Campaign) on Mass Media, Social Media, or Community Worker in the Past Week

ii) Source of information on Chanjwa campaign

The main sources of information on Chanjwa campaign in the Endline survey were Word of Mouth (35%), TV (32%), MoH Official (24%), Radio (13%), Posters (2%), and social media (2%). Word of Mouth and MoH officials had higher mentions in the Endline survey as compared to the Midline survey. Word of Mouth was more frequently mentioned in Mombasa County (49%) while Television had higher mentions in Kiambu County (44%). Male respondents had higher percentages of those who mentioned various sources of information on Chanjwa campaign, apart from Television (31%), which was mentioned by a slightly higher, though insignificant percentage of female respondents (32%). Age-wise, Word of Mouth was commonly mentioned by respondents aged between 25 to 34 years old, while Television had high mentions among respondents aged 45 years and above. Considering that WOM is based on exposure from other channels, highly likely that the youth primary source of information on Chanjwa was social media or traditional media.

iii) Message recall

The main messages that could be recalled in the Endline survey were Pata Chanjo (32%), ensuring that everyone gets vaccinated (13%), and urge to keep on wearing masks (10%). Generally, there was a decrease in the recall of messages in the Endline survey, as compared to the Midline survey. In the Endline survey, "Chanjwa" had more mentions in Nairobi County (21%), while the urge to continue wearing masks had more mentions in Kiambu County (16%). Male respondents had a higher percentage of those who had come across all the messages, apart from continuation to wear masks, which was more frequently mentioned by female respondents (12%). In terms of age, there was a higher percentage of older respondents who had heard about Chanjwa communication messages as compared to the younger respondents.

iv) Campaign advocacy

There was a decrease in the percentage of those who shared information related to any COVID-19 prevention including getting vaccinated in the Endline survey. The main COVID-19 information shared was Wearing of masks (53%), Washing hands (52%), Komesha Korona Okoa Maisha (19%) and Getting vaccinated (13%). Nairobi County had the highest percentage (70%) of those who shared COVID-19 related information. There was a slight difference (1%) in gender for the Chanjwa campaign advocacy. Respondents aged 45 years and above had the most mentions (74%) of those who had shared any information on COVID-19 prevention.

D. Sources of Information on COVID-19 Related-Issues - Endline Survey

The main sources of information on COVID-19 related issues were Television (41%) and Radio (20%), while the most trusted sources of information was Television (43%) and MOH (13%).

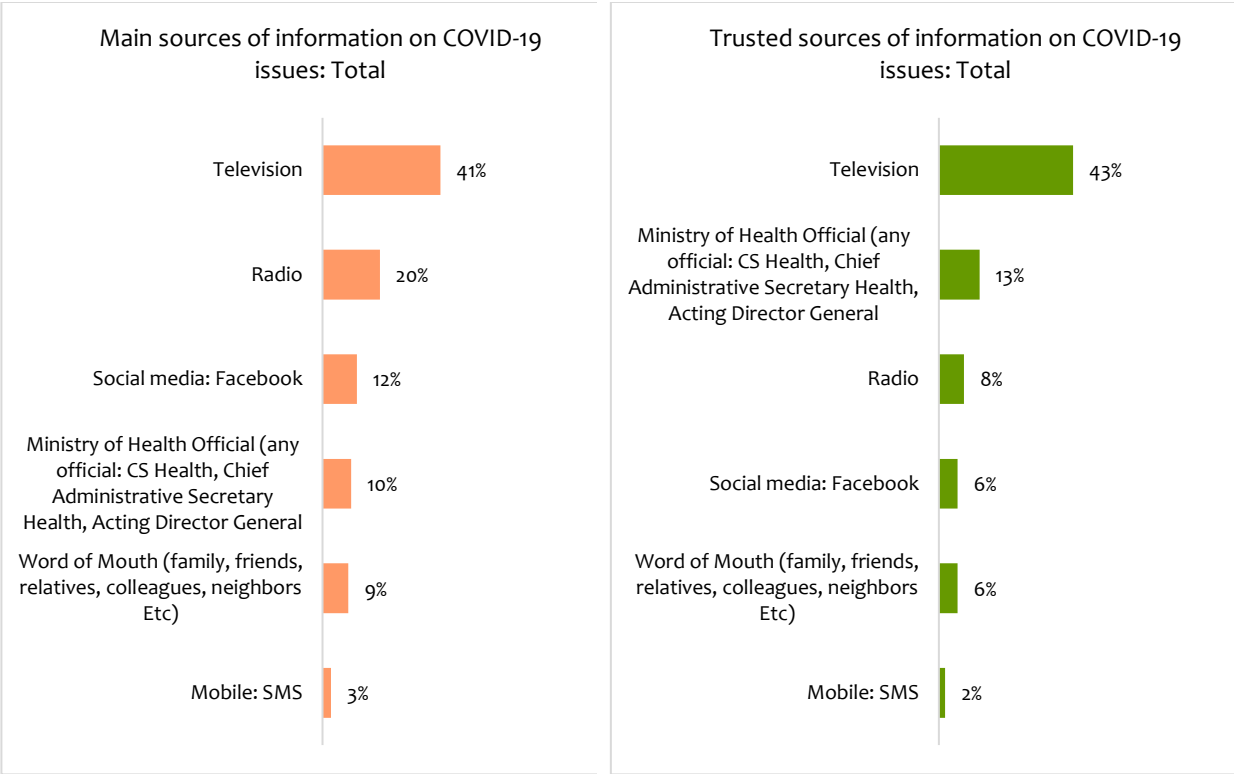


FIGURE 3:SOURCES OF INFORMATION ON COVID-19 RELATED ISSUES

Q. What are your sources of information on; COVID -19 issues?

Q. Which one is the MOST TRUSTED source of information? SINGLE

Base Endline: All Respondents

E. Socio-Economic Impact of COVID-19

The economic situation is perceived to have slightly worsened from Midline to Endline (attributable to many factors, not limited to COVID-19).

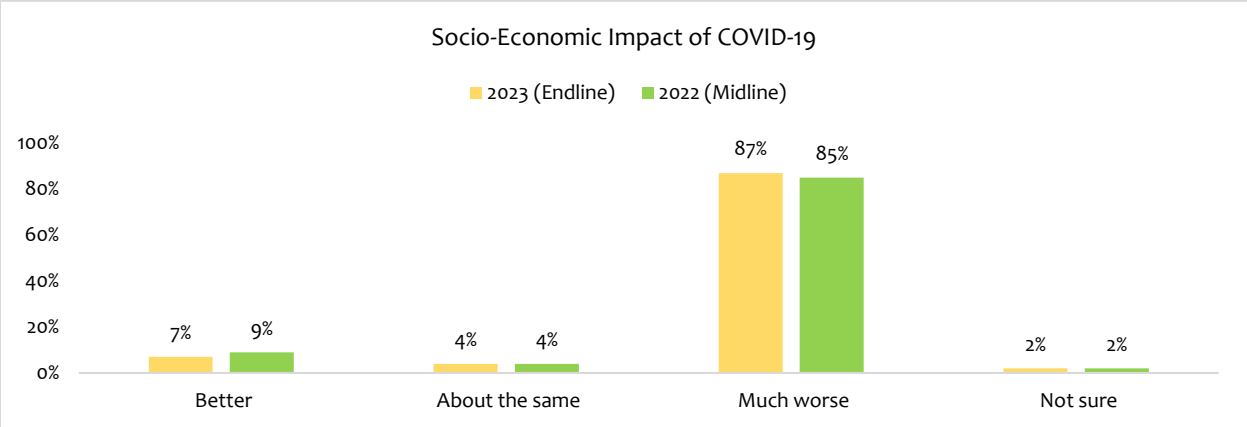


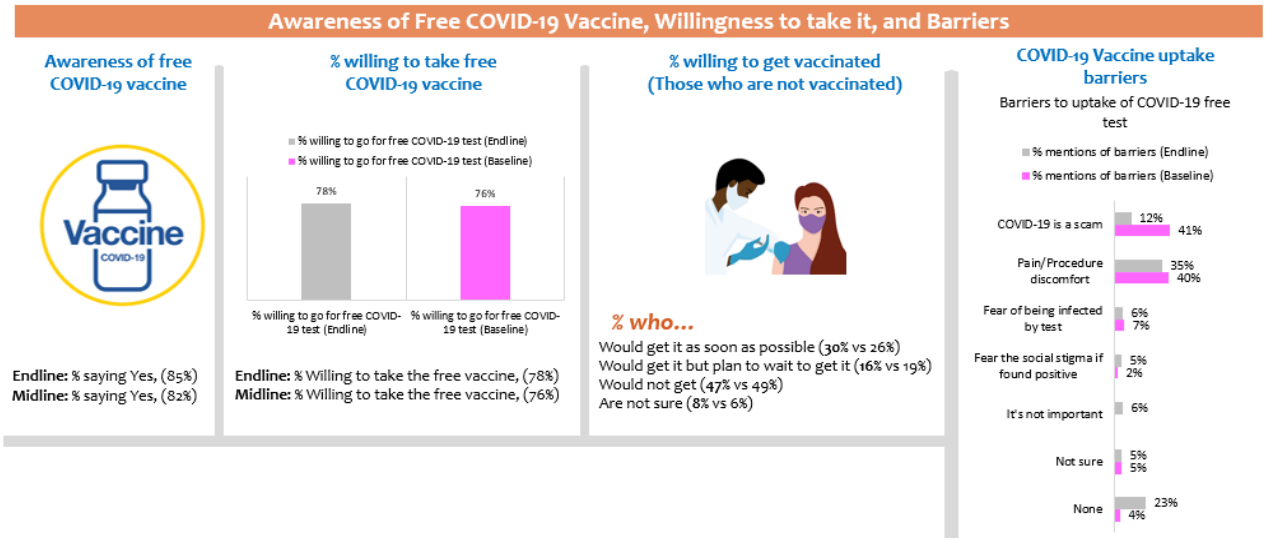
FIGURE 4: SOCIO-ECONOMIC IMPACT OF COVID-19

Q. Comparing the economic situation in this area/locality before COVID-19 arrived, how much has it been affected? Would you say it is now…?

Base Endline vs Midline: All respondents

F. COVID-19 vaccine

Awareness of Free COVID-19 Vaccine, Willingness to take it, and Barriers.



Note: Endline Survey %'s precede the Midline Survey %'s

There was a high awareness (85%) of the COVID-19 vaccine in the Endline survey, as compared to the Midline survey (82%). Narrowing down to the demographics in the Endline survey, Nairobi County had the highest percentage (89%) of those who were aware of the COVID-19 vaccine, while the female respondents (88%) and respondents aged 45 years and above (92%) had the highest percentage of those who were aware of the COVID-19 vaccine.

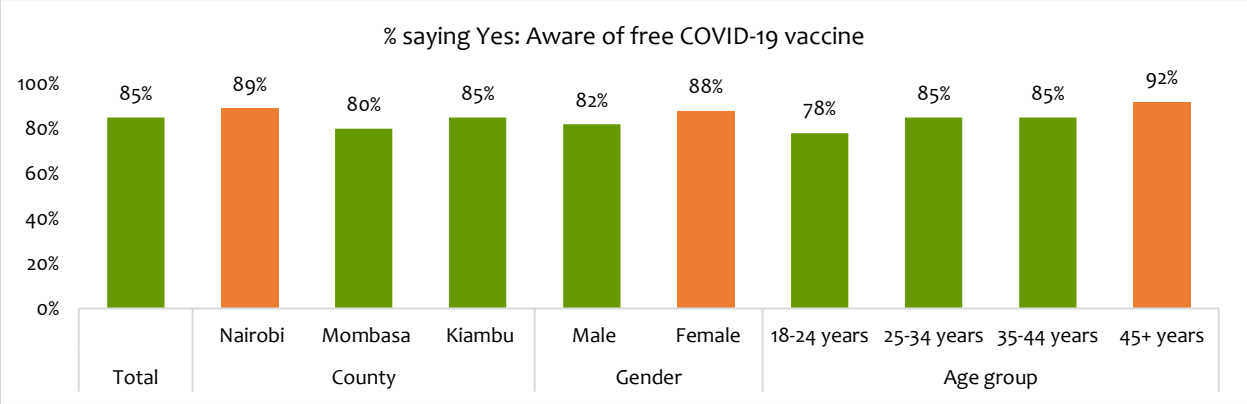


FIGURE 5: % SAYING YES: AWARE OF FREE COVID-19 VACCINE
Q: Do you know that the Government (MoH) is giving COVID-19 vaccine for free?
Base (Endline): All Respondents

Majority of the respondents (78%) in the Endline survey were willing to take the free COVID-19 vaccine. There was an increase in the percentage of respondents who were willing to get the COVID-19 vaccine as soon as possible in the Endline survey (30%), compared to the Midline survey (26%). Mombasa County had the highest percentage (82%) of respondents who were

willing to get the COVID-19 vaccine as soon as possible. In terms of gender and age, Male respondents (79%) and respondents aged 35 to 44 years old (79%) had the highest percentage of those who were willing to take the COVID-19 vaccine.

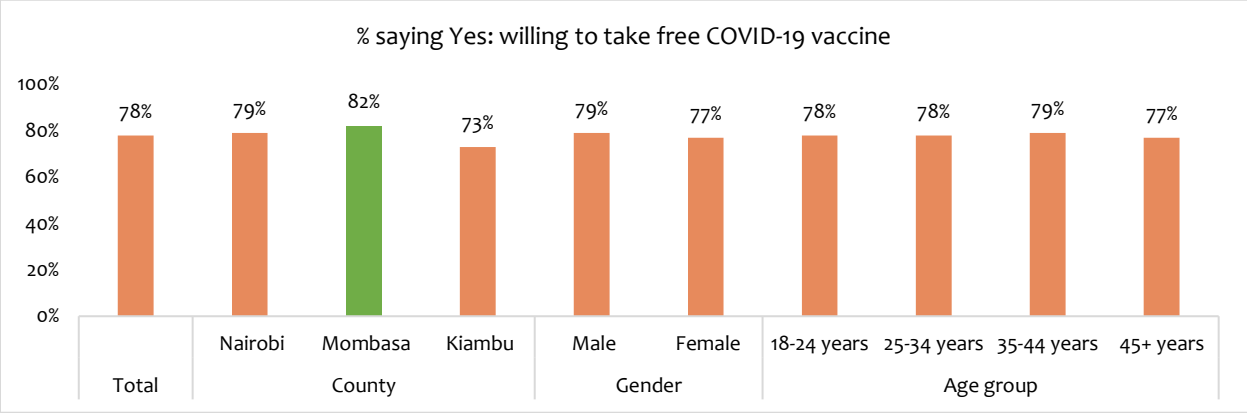


FIGURE 6: % SAYING YES: WILLING TO TAKE FREE COVID-19 VACCINE

Q. If you could have a free test for COVID-19 now, would you have it?

Base Endline: All Respondents

Over half of the respondents (53%) in Kiambu County and half of the male respondents (50%) were not willing to go for the COVID-19 vaccine. Majority of the respondents aged 45 years and above (71%) mentioned that they were not willing to go for the COVID-19 vaccine.

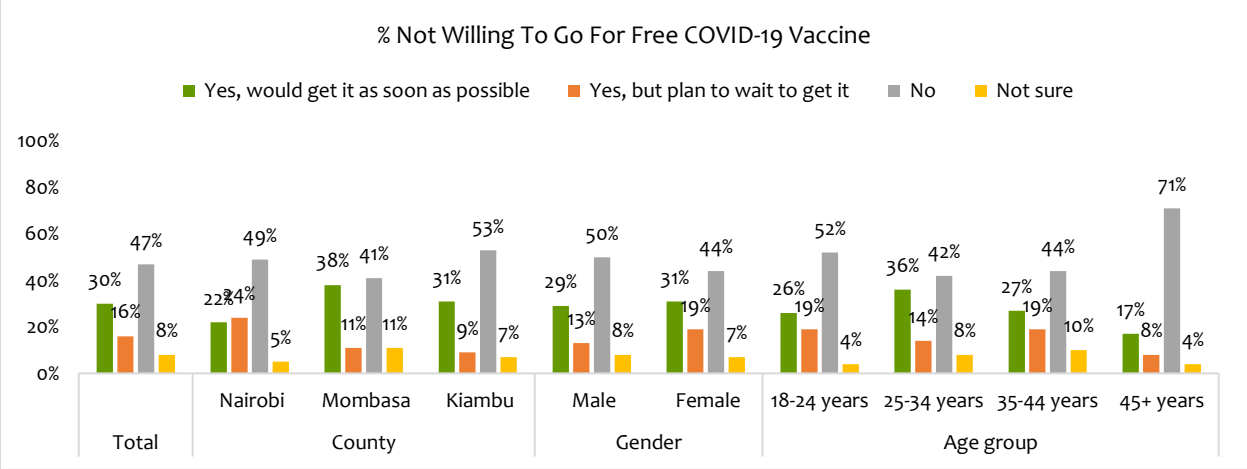
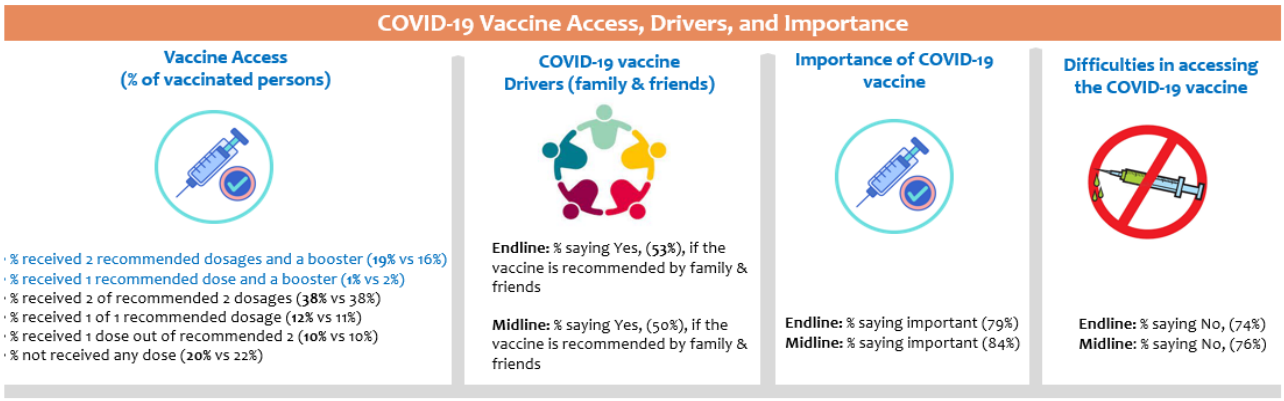


FIGURE 7: % WILLING TO GO FOR FREE COVID-19 VACCINE

Q. If the COVID-19 vaccine were available to you, would you get it?

Base: 199 (Those NOT willing to go for the free COVID-19 test)

Awareness of the free COVID-19 vaccine access, drivers, and safety



Note: Endline Survey %'s precede the Midline Survey %'s

There was an increase in the percentage of those who had received two recommended doses of the COVID-19 vaccine in the Endline survey (19%) as compared to the Midline survey (16%). On the hand, there was a slight decrease in the percentage of those who had received one recommended dose and a booster in the Endline survey (1%) as compared to the Midline survey (2%).

COVID-19 vaccine uptake and drivers

The main drivers for the uptake of the COVID-19 vaccine are family and friends, whereby in the Endline survey, there was a higher percentage (53%) of the respondents who mentioned that the vaccine was recommended by family and friends, compared to the Midline survey, where only half of the respondents (50%) mentioned the same. On the other hand, there was a lower percentage (79%) of respondents who mentioned that the vaccine is important during the Endline survey, compared to the Midline survey (84%). Mombasa County (61%), Female respondents (61%), and respondents aged 18 to 24 years old (59%) had high percentages of those who mentioned that they could get a COVID-19 vaccine if it was recommended to them by their family or friends.

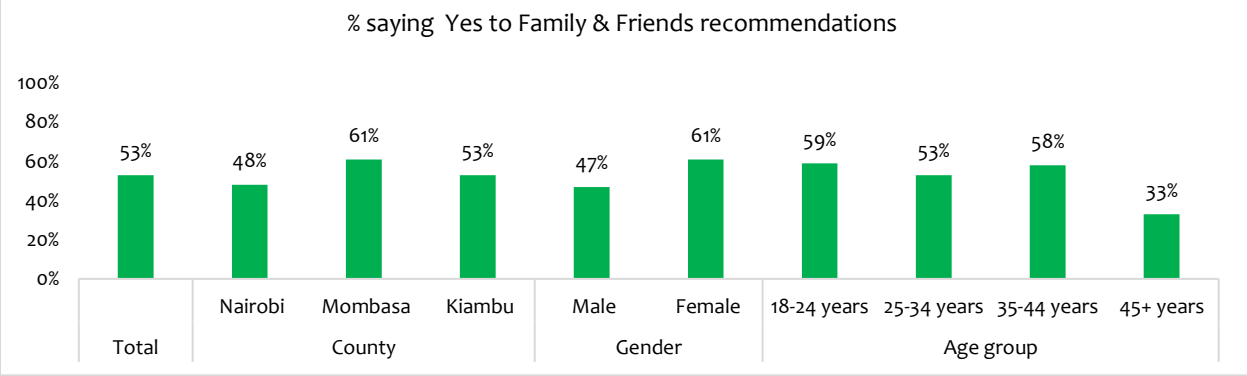


FIGURE 8: % SAYING YES TO FAMILY AND FRIENDS RECOMMENDATIONS

Q. When you think of close family and friends whose opinions you value, will you get the COVID-19 vaccine, if it is recommended by them?
Base: 199(Those who have not been vaccinated)

Safety of COVID-19 vaccine

Majority (79%) of the respondents mentioned that the COVID-19 vaccine was safe. Nairobi County had the highest (82%) of those who mentioned that the COVID-19 vaccine was safe. Gender-wise, female respondents had a higher percentage (81%) of mentions that the COVID-19 vaccine was safe, and across the age category, respondents aged 45 years and above had the highest mention (83%) of the COVID-19 vaccine being safe.

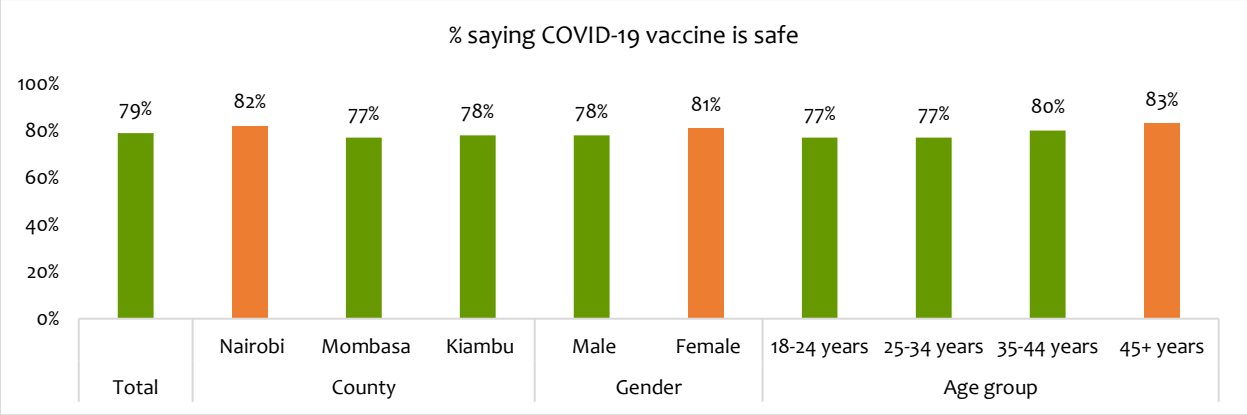


FIGURE 9: % SAYING COVID-19 VACCINE IS SAFE

Q. How important do you feel the COVID-19 vaccine is to your health [VERY IMPORTANT + MODERATELY IMPORTANT]?

Base (Endline): All Respondents

COVID-19 vaccine access

In the Endline survey, there was a lower percentage (74%) of respondents who mentioned that the COVID-19 vaccine was difficult to access. Kiambu County had the highest percentage (64%) of respondents who had received the recommended dosage without a booster. A higher percentage of female respondents (61%) and those aged 25 to 34 years old (63%) mentioned having received the recommended dosage without a booster.

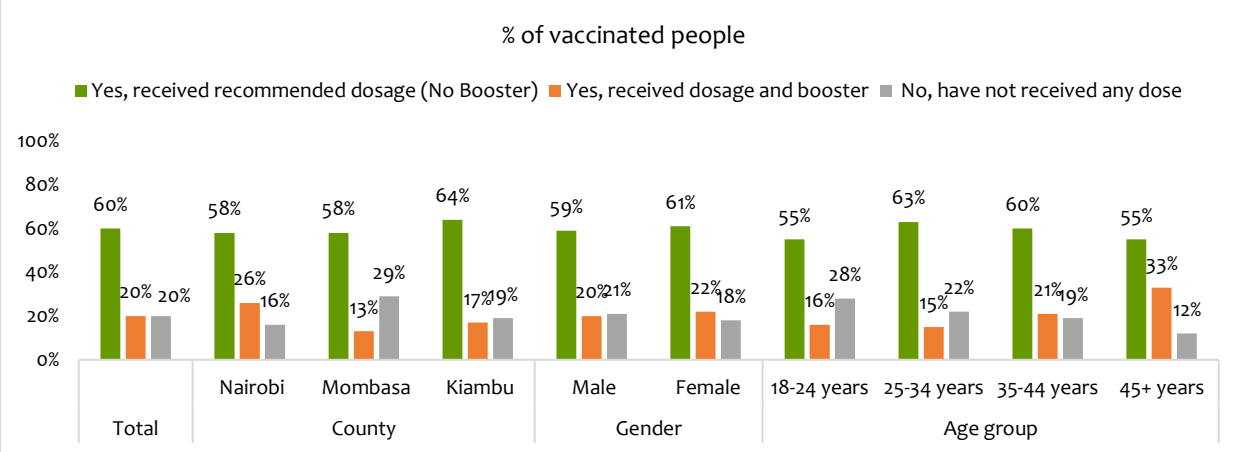


FIGURE 10: % OF VACCINATED PEOPLE

Q. Have you received the COVID-19 vaccine?

Base: 199 (Those who have not been vaccinated)

Key Highlights

Preventive measures:

- Key COVID-19 preventive measures that had the highest recall were wearing masks, handwashing, vaccination, social distancing, and using sanitizers.

Vaccination:

- Percentage of fully vaccinated increased by 2% between the two surveys
- Despite the increase, there is high hesitancy and apathy among the target audiences possibly because of increasing belief that COVID-19 no longer exists

Communication channels:

- Traditional media (TV and Radio) remain key in social or health-related campaigns. Social media complements them well
- Traditional media (TV), social media/ digital, and MoH officials are the most trusted sources of information on health-related matters, radio falls fourth.

COVID-19 Perception and relaxed adherence measures:

- Increased perceptions that COVID-19 has subsided with some not sure if it exists or not, overall this affected the performance of some of the study indicators.
- Government and other stakeholders' relaxation of COVID-19 measures has also brought some leniency in practicing or adhering to COVID-19 measures. One example is the requirement to wear masks.

Conclusion

- **Knowledge:** During Midline there was a high recall of the campaign meaning it was rolled out well. The drop in some of the endline indicators could be attributed to people not believing that COVID-19 exists, as well as time interval between the two surveys.

- **Campaign messages:**
  - **Midline:** "Pata Chanjo" was the most recalled campaign message followed by "Continue wearing masks and washing hands as COVID-19 still exists".
  - **Endline:** "Pata Chanjo" was the most recalled campaign message followed by "Chanjwa"

Sources of information:

  - **Recall:** In both the Midline and Endline surveys, the main channels through which information on the campaign was recalled was traditional media (TV and Radio), Word of Mouth and Ministry of Health officials.
  - **Trust:** TV, Radio and MoH are the most trusted sources of information on COVID-19

- **Believability of Chanjwa campaign vaccination messages:** There was believability to a large extent for both surveys and the lowest recorded messages were " I do not trust the messages from the campaign" and " I do not find campaign messages convincing"

Recommendations

Gaps in demand creation are seen from this survey, hence a need for some recommendations for the future implementation

- There is need for more sensitization among youths regarding safety of vaccination
- Targeted Sensitization Channels on target audiences (youths – Digital/Social Media and mature adults - Mainstream media)
- When using communication posters, there is a need to include what the campaign is about i.e include Covid-19 under the Chanjwa!
- A co-creation meeting to be conducted with audiences from the informal settlement
- Methodology recommendatons: adoption of face to face data collection instead of telephonic
- Survey on media channel/digital consumption be conducted among the informal settlement residence
- Messaging on the existence of communication by key health officials

Chapter 1: Introduction

1.1 Background

Population Services Kenya (PS Kenya) is a leading social and behaviour change, social marketing, and franchising organization in Kenya, that supports the Ministry of Health (MoH) in addressing public health issues, with a key focus on HIV/AIDS, Malaria, Tuberculosis (TB), Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable diseases. PS Kenya has additionally embarked on several initiatives that help in fighting the spread of COVID-19. These initiatives target both consumers and health workers and they include the following;

- Distribution of sanitizers to Counties and the National Government (DRMH).
- Mapping out all functional CU, CBO, and CHVs who can be used as community agents either to pass messages on FP or refill clients with methods.
- Monitoring access to FP commodities through commodities re-distributions and facilities stock-taking where need arises.
- Partners' weekly meeting where PS Kenya gets updates on what is happening on the ground.
- Delivering Sustainable and Equitable Increases in Family Planning (DESIP) project which work closely with Counties in different capacities since the announcement of COVID-19.

In response to the COVID-19 pandemic, PS Kenya in collaboration with other partners is supporting the Ministry of Health in developing and disseminating SBCC aimed at Improving adherence to COVID-19 prevention guidelines and priority populations, complete full COVID-19 vaccination (1-2 doses depending). Through HBCC 1, PS Kenya was involved in media dissemination of COVID-19 related information through various channels such as television, radio, OOH, and Posters. PS Kenya further disseminated COVID-19 related information via Digital Media Channels i.e., Facebook and Twitter for brand awareness and online engagement, and Opera Mini for driving traffic to the USSD platform.

In September 2022, PS Kenya commissioned TIFA to support its program implementation by providing telephonic survey services for the assessment of the COVID-19 Chanjwa vaccine and Password Campaigns. Chanjwa campaign is a COVID-19 vaccination communication initiative that sought to encourage more Kenyans to complete the recommended dose of COVID-19 vaccine (1 to 2 doses depending), to be fully protected. Password campaign, on the other hand, focused on three aspects namely, handwashing, wearing masks, and maintaining social distancing.

In an effort to track the progress of the Chanjwa and Password Campaigns based on interventions put in place after the Midline survey (2022), PS Kenya commissioned TIFA to provide telephonic survey services for the assessment of the Endline COVID-19 Chanjwa vaccine and Password Campaigns. This report presents the findings of the survey.

In executing this research, quantitative approach was adopted, with the data collected through Computer Assisted Telephonic Interviews (CATI) between February and March 2023. Target respondents for the CATI interviews were people aged 18-55 years (Male and Female) living in informal settlements of Nairobi, Mombasa, and Kiambu counties. A total sample of 1,000 was proposed, however, we managed to achieve 1,011 interviews.

This report presents survey findings based on interviews conducted with the aforementioned target audiences. The report also makes comparisons (only where applicable) with findings from the Midline survey that was conducted between September and October 2022.

1.2 Objectives

The survey generally aimed at tracking the overall assessment of the reach and effectiveness of the campaigns in promoting vaccine awareness (Chanjwa) and COVID-19 preventive behaviors (Password).

Specifically, the survey sought to address the following;

1. Knowledge and awareness of Chanjwa and Password campaigns
2. The campaign's support in improving the various MoH measures including vaccination and COVID-19 prevention measures.
3. Behaviors around vaccine hesitancy including perceived risk, safety, and access.
4. Growth key indicators (PS Kenya and PSI).
5. Awareness of Chanjwa and Password campaign messages and sources.
6. Any other key objective that the program team may be interested in.

Chapter 2: Study Methodology

2.1 Overview

In executing this research, a purely quantitative approach was adopted. Data for the quantitative research was collected through Computer Assisted Telephonic Interviews (CATI). The study methodology was implemented through four key phases as summarized below.

FIGURE 11: STUDY METHODOLOGY APPROACH

2.2 Project Planning

Virtual inception meeting

In line with the proposal that was shared by TIFA research to PS Kenya, an inception meeting was held on Wednesday 8th February, 2023 from 4:30pm to 5:00pm to discuss various issues revolving around the survey. It was imperative to start with the inception meeting so that both parties are aligned with the survey objectives and expectations. The meeting was attended by PS Kenya project Team Lead Lydia Ndungu who mentioned that her colleagues were undertaking some field work and hence could not make it. From the TIFA side, the representatives were: Michael Mwarange, Brian Tabu, and Riccardo Ochieng.

Below are some of the issues that were discussed and agreed upon during the inception meeting;

- **Questionnaire:** it was agreed that the questionnaire be retained as is, since this was an Endline survey and key indicators needed to be tracked.
- **Deliverables:** Survey protocol to be sent together with the invoice (50%), reports (Ms Word and PowerPoint – PPT), data collection tools, and raw data sets.
- **Work plan:** The work plan is to be updated as the survey was scheduled to commence on 20th February 2023.
- **Sampling:** There was a concern that during the Midline survey, the proposed and achieved sample size for Mombasa was small relative to other regions (Kiambu and Nairobi). It was therefore agreed that TIFA should review the sampling framework for the Endline evaluation and share it with PS Kenya for review and approval.

Questionnaire Review

After the inception meeting, TIFA prepared a work plan and shared it with PS Kenya team. A survey protocol was also shared with PS Kenya team for review, comments, and approval before training of the data collection team.

Team recruitment

An experienced team was selected to execute the survey with the total team comprised of 16 personnel. To a large extent, the team that participated in the Endline survey data collection was also part of the Midline survey. The table below shows a summary of the team size.

TABLE 1: TEAM SIZE

CATI team size	No. of Staff
Supervisor	1
Quality control staff	2
CATI agents/data collection team	13
Total	**16**

NB: 60% of the team recruited was sourced from the team that participated in the previous survey

The team was taken through details of the survey by the TIFA key project team which comprised of team leader, project logistics coordinator, and other supporting staff i.e., scripter and research assistants.

Training, pilot and debrief.

A two-day training was conducted in person at TIFA offices, on 21st and 22 nd February, 2023. The main objective of the training exercise was to;

- Brief the team about PS Kenya.
- Brief the team about background of the study, objectives, target respondents, and expectations.
- Train the team on research and research ethics.
- Recap of Midline survey experiences and learnings, to inform improvement areas.
- Going through the hardcopy questionnaires (English and Swahili).
- Checking the questionnaire and script flow.
- Dummy/ test interviews among interviewers to determine questionnaire flow, the average time taken to administer the questionnaire, and any possible challenges during questionnaire administration.
- Establishing any challenges that need to be addressed during training before data collection.
- Quality control which included script compliance, integrity, language, overall professionalism, thanking respondents after the interview etc.
- Retraining the team on gaps identified during the pilot exercise.

In addition to the above, the team was taken through COVID-19 protocols and the importance of adhering to precautionary measures during training and data collection activity. All COVID-19 protocols were adhered to during training, pilot, and debrief.

Pilot and Debrief

A total of 28 interviews were achieved during the pilot activity with an average of 50 to 60 minutes taken to administer a complete questionnaire. Generally, there were no major challenges during the pilot activity, both with the script and respondents in terms of understanding the questions. A debrief meeting was held after the pilot exercise, feedback in the form of recommendations from the data collectors was documented and shared with PS Kenya for review, approval, and questionnaire sign-off.

Quality control measures

We put in place a number of quality control measures that included real-time listening to interviews, checking of responses to open-ended questions, checking the length of interviews, and a live dashboard that enabled the key project team to monitor the data collection teams' progress.

2.3 Primary research data collection methodology

Quantitative - telephonic interviews

Data was collected through telephonic interviews amongst people aged 18-55 years (Male and Female) living in informal settlements of Nairobi, Mombasa, and Kiambu counties. Considering that data was collected telephonically, the database was filtered to ensure that only respondents living in the three target counties are captured and that other demographic requirements are also captured and represented such as age and gender. Data was collected between February to March 2023 targeting a total sample of 1,000 respondents, total achieved sample was 1,011, translating to a success rate of 101.1%.

Out of the 1,011 total sample achieved during the Endline survey, 127 interviews were achieved with PLWDs of which (40%) of the respondents could not walk or climb stairs, and (17%) could not hear even when using aid.

Sample Distribution and Status

Compared to the Midline survey, Mombasa county still had the highest number of respondents who were hard to reach due to the constant failing network on their end, and with each new attempt to recontact them, it was met with participation refusals.

TABLE 2:SAMPLE DISTRIBUTION AND STATUS

County	Target Sample	Achieved Sample	Percentage (%)
Nairobi	531	497	94%
Mombasa	200	223	112%
Kiambu	269	291	108%

CATI feedback status

We have an inbuilt Respondents Database Management System (RDMS), which is directly linked to the CATI servers. Instructions were programmed into the RDMS to randomly pull respondents from any of the 3 counties and those specific sampling areas once a call is initiated by a CATI agent. Quotas are programmed into the system and automatically close once the required sample for a specific area is met. From a database of 3,700, we contacted 2,732 respondents to achieve a total sample of 1,011.

TABLE 3: CATI CONTACT SHEET STATUS

Feedback	Count	Success rate
Call me back later	120	4.4%
Destination busy	40	1.5%
Hung up the call	45	1.6%
Not interested	419	15.3%
Not picking the call	895	32.8%
Phone Not Reachable	195	7.1%
Phone out of service	7	0.3%
Successful	1,011	37.0%
Voice mail	94	3%
Total	**2,732**	**100%**

2.4 Data analysis and reporting

After data collection, TIFA embarked on data processing, cleaning, and coding while also enforcing quality for data entry and detecting data fabrication, if any. Quantitative data was cleaned for completeness and consistency. The cleaned data was then analyzed using SPSSv25. Frequency distribution tables were relevant in this case and specifically helped in summarizing data from respondents, percentages, and other diagrams such as bar charts and pie charts were used during the analysis.

Comparisons with other datasets

In a bid to understand the trends over time, specific sections of the current PS Kenya Endline survey have been compared with the Midline survey findings, which was conducted in between September and October 2022. Sections that have been compared include the following; (i) Current knowledge - symptoms, preventive measures, and sources, (ii) Attitude towards COVID-19, (iii) Current practices - prevention measures for COVID-19, (iv) Sources of information on COVID-19 and (v) Economic situation.

2.5 Study limitations

Other than questions that the target audiences consider too personal like stating actual/ exact age., and refusal to participate in the survey which happens most of the time, there were no major challenges. Mombasa County had the highest percentage of target audiences who declined to participate in the survey, this was also noted during the midline survey. Despite, this challenge, we still managed to achieve the set quota for Mombasa.

Chapter 3: Study findings

This section provides research findings on communication on COVID-19 among general public residing in Nairobi, Mombasa and Kiambu counties.

3.1 Respondents' demographics

Out of the proposed sample of (N=1000), a total of (N=1,011) interviews was achieved. Majority of the respondents were male (53%) and youthful population aged between 25 to 34 years (38%), and 35 to 44 years (32%). Majority (70%) were officially married. In terms of employment status, most respondents were casual labourers (24%) with (14%) indicating that they had never been employed before. At least (5%) of the respondents mentioned that they lost employment after COVID-19 arrived, this was an improvement from the Midline survey where at least (8%) mentioned that they lost employment after COVID-19 arrived. A total of (13%) of the respondents mentioned that they/ or someone in their household had a disability or condition like epilepsy and leprosy.

TABLE 4: DEMOGRAPHICS

County	Actual Number	Percentage
Nairobi	497	49%
Mombasa	223	22%
Kiambu	291	29%
Gender		
Female	478	47%
Male	533	53%
Age Group		
18 to 24 years	96	9%
25 to 34 years	387	38%
35 to 44 years	326	32%
45 +	202	20%
Marital Status		
Married/ Civil partnership	711	70%
Single living alone	193	19%
Living with partner but not married	5	0%
Single living with a friend and/ or relative	40	4%
Divorced or separated	25	2%
Widowed	15	1%
Prefer not to say	22	2%
Employment status		
Casual laborer	243	24%
Employed part time as before COVID-19	7	1%
Self-employed but now without work	98	10%
Self-employed and still doing some work	212	21%
Jobless/ unemployed, has never been employed before	143	14%
Employed full time and continuing as usual	187	18%
Employed full time but now working part time or on forced leave	17	2%
Now jobless/ not earning: lost job since the COVID-19 virus arrived	48	5%
Now jobless but had worked in the past before the COVID-19 virus arrived	46	5%
Refused to answer	10	1%
Disability status		
PWDs in the household	127	13%
No PWDs living in the household	884	87%

PWDs disability type and sample

A total of 127 interviews were achieved with Persons Living with Disabilities (PLWDs). The breakdown of disability type comprised of: PWDs who cannot see even when wearing spectacle, cannot hear even if using hearing aid, can partially hear, cannot walk or climb steps, cannot remember or concentrate, cannot care for themselves (such as washing all over or dressing), cannot communicate (understanding or being understood), cannot talk, people who have epilepsy, and people who have leprosy[1].

A total of 13% of the respondents have a disability or have someone with a disability in the home. At least (40%) of the disability cases were as a result of inability to walk or climb steps, another (17%) of the cases was as a result of inability to see even when wearing spectacles, while (10%) of the cases was as a result of people with epilepsy, (9%) with inability to talk not able to take care for themselves. Other cases of disability had less than (6%) mentions.

For the cases of disabled persons who could not talk, or communicate i.e., understand or be understood, we interviewed their guardians and spouses who expressed opinions on their behalf. This worked well as their guardians or spouses had lived with them hence knew them very well.

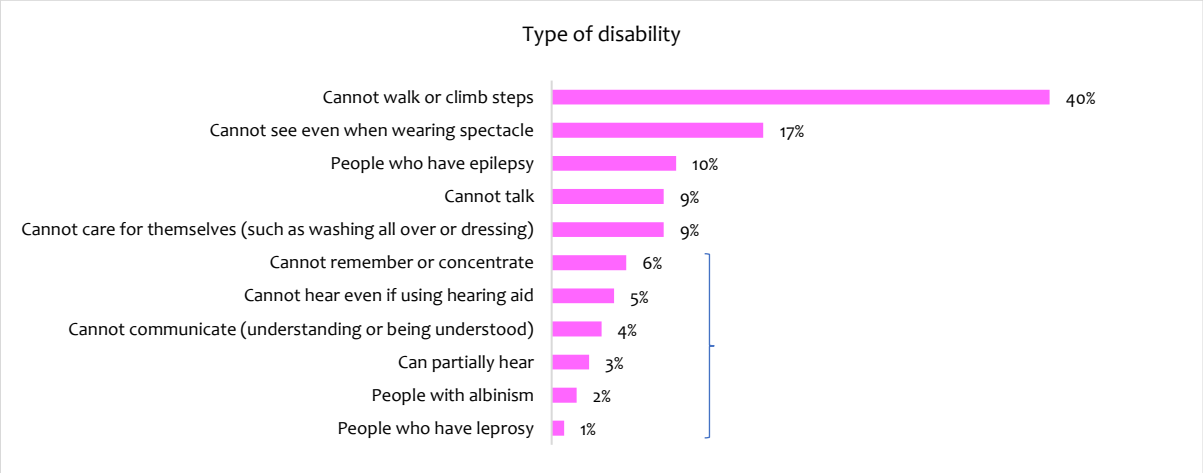


FIGURE 12: DISABILITY TYPE

Q. Would you say that you or someone in your household has a disability?

Base Endline: 127 (Those with a disability or any condition and/ or their household members)

[1] See table on breakdown in the appendix section

3.2 Current knowledge on COVID-19

3.2.1 Symptoms of COVID-19

The main COVID-19 symptoms mentioned were Cough (48%) and Fever (47%). Other top mentions were sneezing (23%), breathing difficulties (21%) and headache (20%). In Kiambu County, over half of the respondents mentioned Fever (52%) while across the gender category, there were more female respondents who mentioned Cough (52%) and Fever (49%) as compared to male respondents. The older respondents, aged 45 years old and above, had high mentions of Cough (50%) and Fever (51%), compared to other age groups.

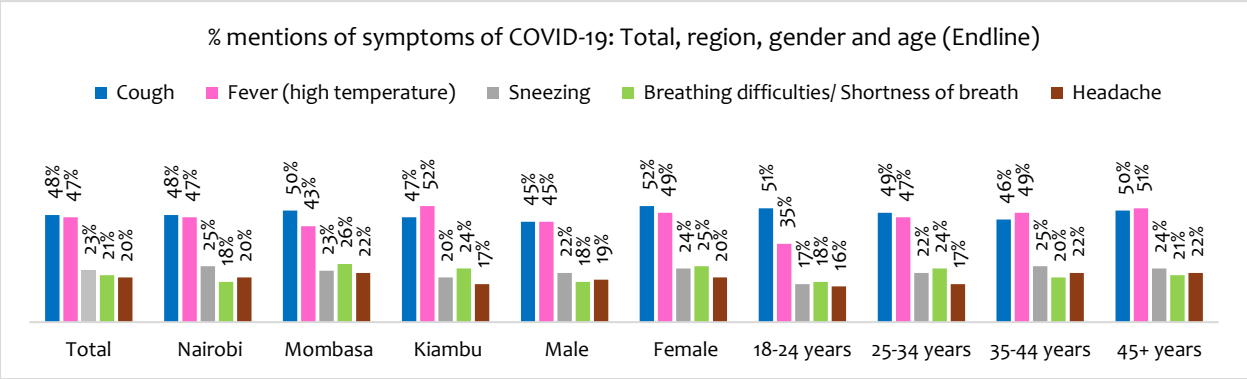


FIGURE 13: AWARENESS OF COVID-19 SYMPTOMS

Q. As far as you know, what are the symptoms of COVID-19? Any other?

Base Endline: All Respondents

A comparison of COVID-19 symptoms awareness levels with findings from the Midline survey shows that there was a general decline in mentions of COVID-19 symptoms in the Endline survey. However, there was an increase in mentions of breathing difficulties in Mombasa County during the Endline survey (26%) as compared to the Midline survey (21%). There was also a slight (insignficant) increase (1%) in the mentions of Fever in Kiambu County during the Endline survey. There was slight increase in mentions of Cough and Fever among respondents aged 45 years old and above in the Endline survey, compared to the Midline survey. There was no notable difference across the gender category.

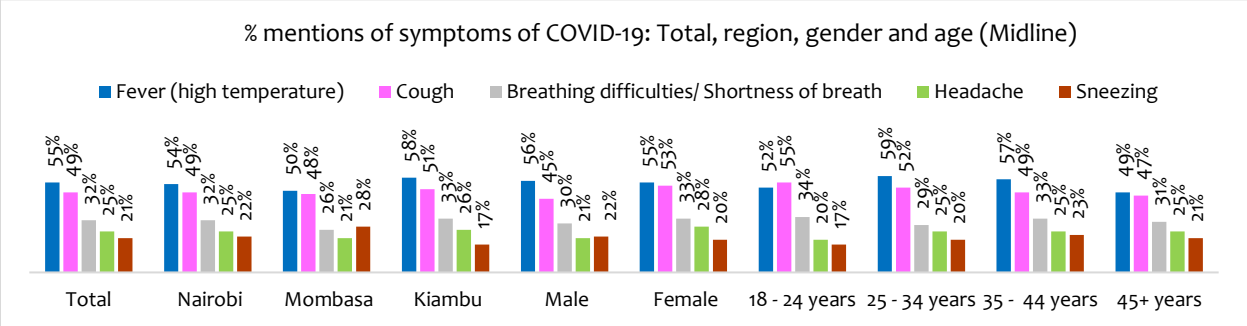


FIGURE 14: COMPARISON OF AWARENESS OF COVID-19 SYMPTOMS

Q. As far as you know, what are the symptoms of COVID-19? Any other?

Base Midline: All Respondents

3.2.2 Preventive measures adopted for COVID-19

The main COVID-19 preventive measures that were mentioned included wearing masks in public places (38%) and washing hands frequently (32%). Vaccination (7%) and practice of social distance (3%) had the least mentions in Mombasa County. Respondents aged 18 to 24 years had the least mentions on frequent washing of hands (24%).

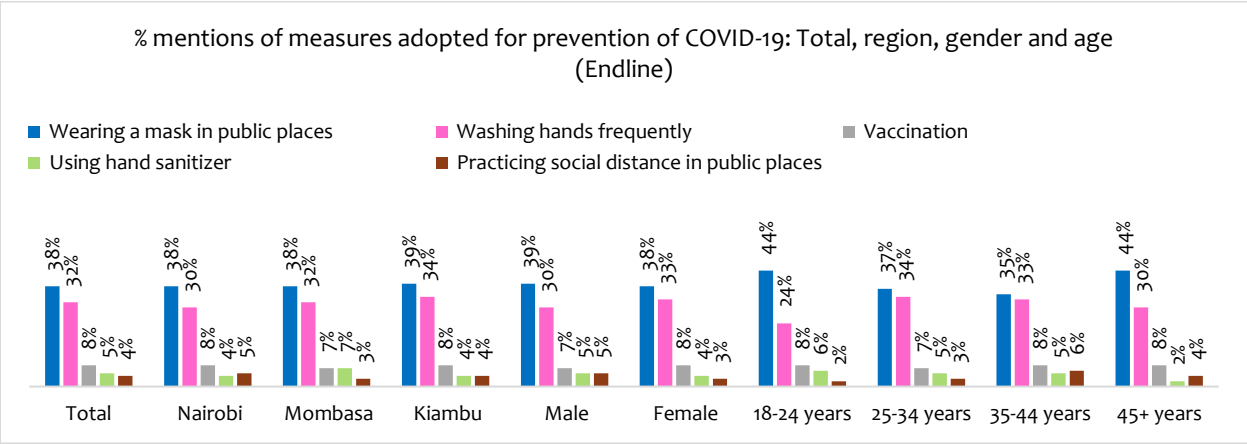


FIGURE 15: ADOPTED COVID-19 PREVENTION MEASURES

Q. What measures, if any, have you continued to practice to protect yourself from COVID-19 since August, 2022; Both when you are at home and when you go out anywhere?

Q. What measures, if any, have you adopted to protect yourself from COVID-19 both when you are at home and when you go anywhere?

Base Endline: All respondents

There was an increase in those who mentioned frequent hand washing in the Endline survey (32%) compared to the Midline survey (29%). Wearing of masks in public places slightly decreased (2%) during the Enline survey in Nairobi County, while across the gender, there was increased wearing of masks among male respondents in the Endline survey compared to the baseline survey and decreased wearing of masks among female respondents in the Endline survey, compared to the Midline survey.

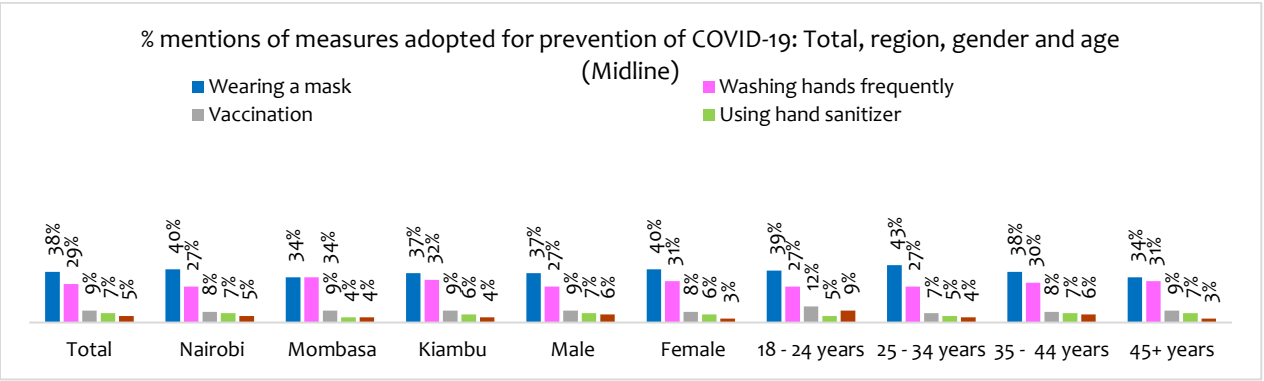


FIGURE 16: COMPARISON OF ADOPTED COVID-19 PREVENTION MEASURES

Q. What measures, if any, have you adopted to protect yourself from COVID-19 both when you are at home and when you go anywhere?

Base Midline: All respondents

3.2.3 Drivers to adopting preventive COVID-19 measures

The main drivers towards adopting preventive COVID-19 measures were protection from COVID-19 (87%). Nairobi had higher mentions (13%) of Fear of contracting COVID-19 and being forced to adopt the COVID-19 preventive measures (5%) compared to Kiambu and Mombasa. There were higher mentions of male respondents being forced to adopt preventive measures (5%), compared to the female respondents (2%). Lastly, the propensity to protect oneself against contracting COVID-19 increases with age.

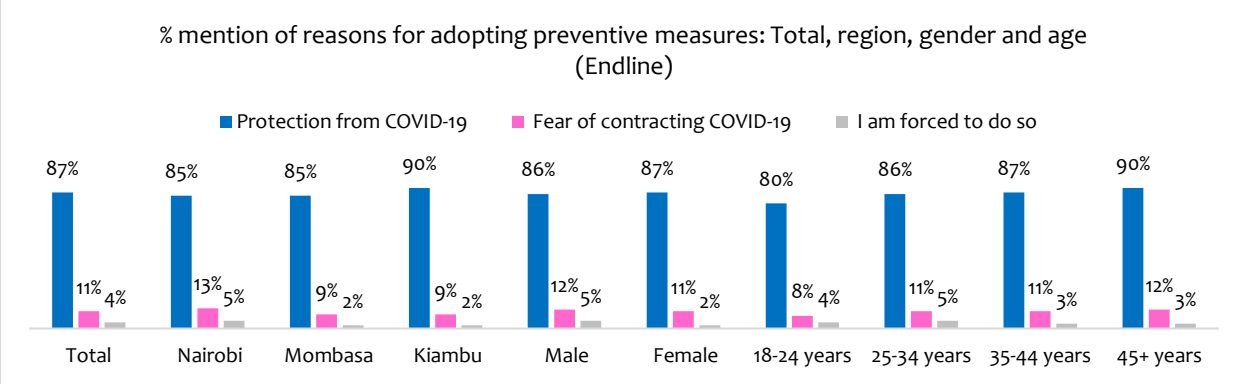


FIGURE 17: REASONS FOR ADOPTING COVID-19 PREVENTIVE MEASURES

Q. You mentioned that you protect yourself from COVID-19 when you are at home and when you go out anywhere? What is the main reason as to why you adopt these measures?

Base (Endline): 971 (Respondents who mentioned that they adopt COVID-19 preventive measures)

A comparison of drivers for adopting COVID-19 preventive measures for the Endline and Midline survey shows that overall, there was increased mentions of protection from COVID-19 and decreased mentions of fear of contracting COVID-19. Fear of Contracting COVID-19 decreased by a higher percentage (11%) from (19%). Across the demographics, mentions of protection from COVID-19 were higher during the Endline as compared to Midline.

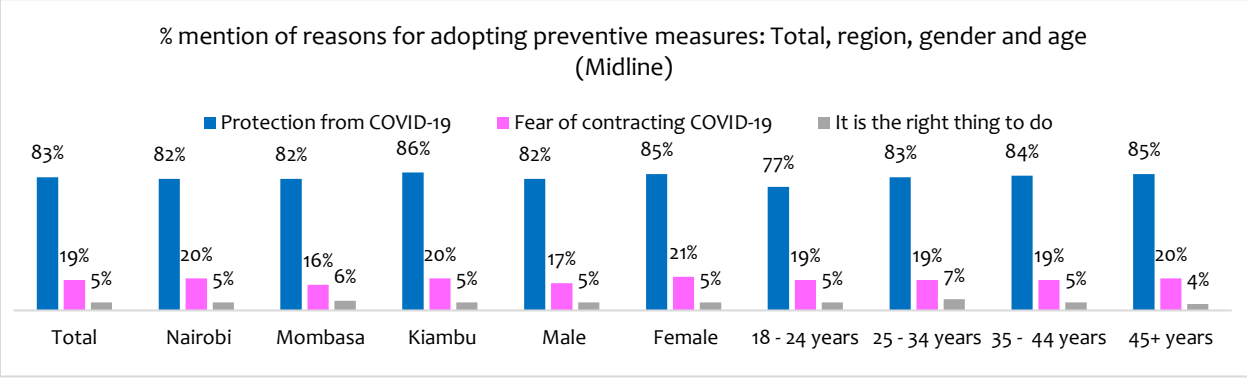


FIGURE 18: COMPARISON OF REASONS FOR ADOPTING COVID-19 PREVENTIVE MEASURES

Q. You mentioned that you protect yourself from COVID-19 when you are at home and when you go out anywhere? What is the main reason as to why you adopt these measures?

Base (Midline): 992 (Respondents who mentioned that they adopt COVID-19 preventive measures)

3.2.4 Barriers to adopting key preventive measures.

Perception that there is no COVID-19 stood out as the key barrier to adopting COVID-19 preventive measures , this barrier cut across the demographics with clear indications that propensity of this barrier increases with age i.e. those older were more likely to believe that COVID-19 does not exist.

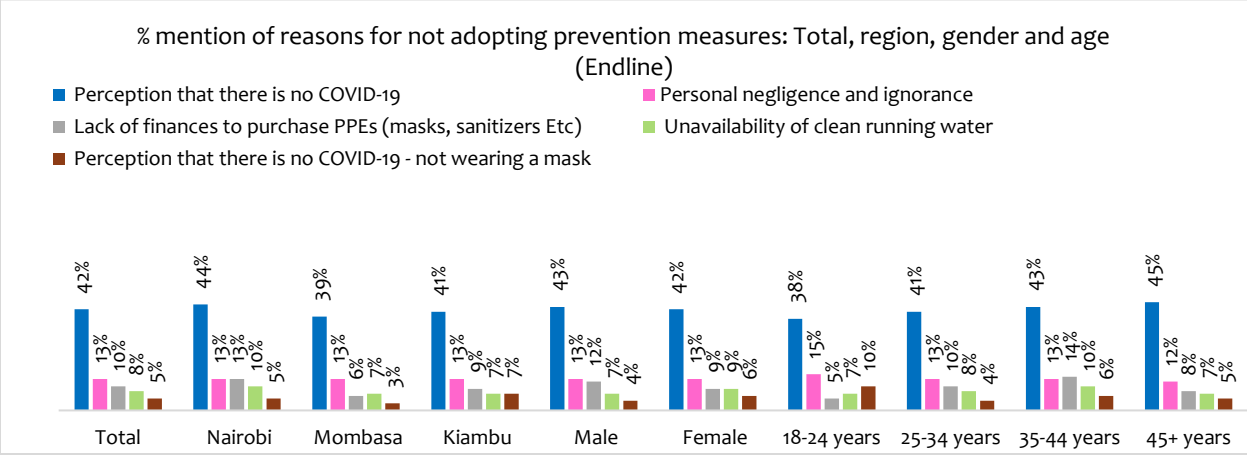


FIGURE 19: BARRIERS TO ADOPTION OF COVID-19 PREVENTION METHODS

Q. What are some of the barriers or challenges stopping people in your area to adopt recommended COVID-19 preventive practices?

Base Endline: All respondents

Compared to the Midline survey, the perception that there is no COVID-19 had declined in the Endline survey (42%), with Kiambu County having the highest percentage of decline mentions (19%). Equally comparing Endline to Midline survey findings, The percentage of female respondents who mentioned that there was no COVID-19 declined by (13%) whilst for male respondents declined by (6%) . In terms of age, respondents aged 45 years and above had the highest decline mentions (14%) in those who believed that there was no COVID-19.

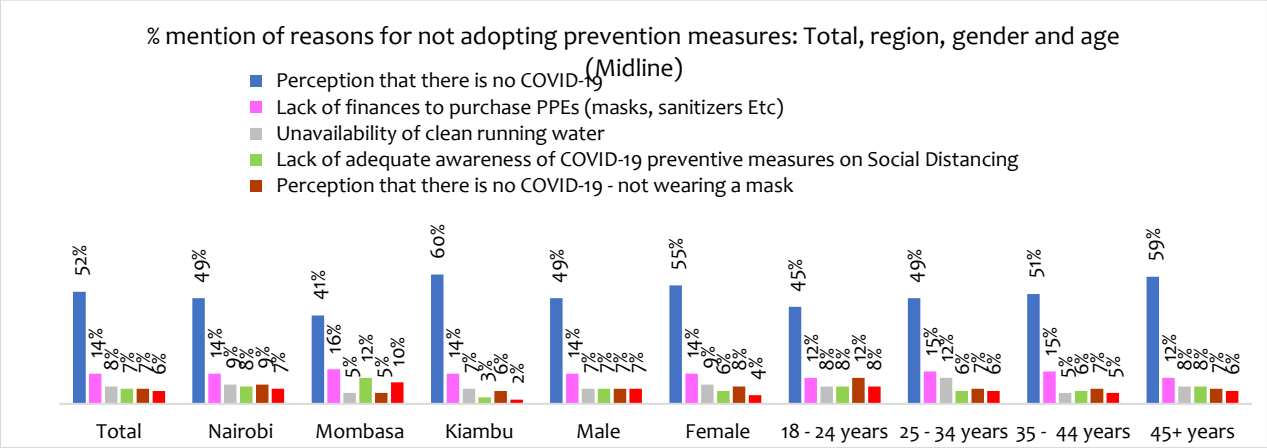


FIGURE 20: COMPARISON FOR REASONS FOR NOT ADOPTING PREVENTION MEASURES

Q. What are some of the barriers or challenges stopping people in your area to adopt recommended COVID-19 preventive practices?

Base Midline: All respondents

3.3 Attitude towards COVID-19

3.3.1 Fear of infection

A high proportion of the respondents (45%) in the Endline survey were not worried about personally getting infected with COVID-19. However, there was a slight decrease (1%) in those who mentioned not being worried about personally getting infected with COVID-19 in the Endline survey, as compared to the Midline survey. In terms of family, there was a decrease (2%) in those who mentioned that they were very worried about their family members contracting COVID-19. Overall, comparing Endline and Midline survey findings, most respondents are slightly less worried of their family members contracting COVID-19 as compared to themselves.

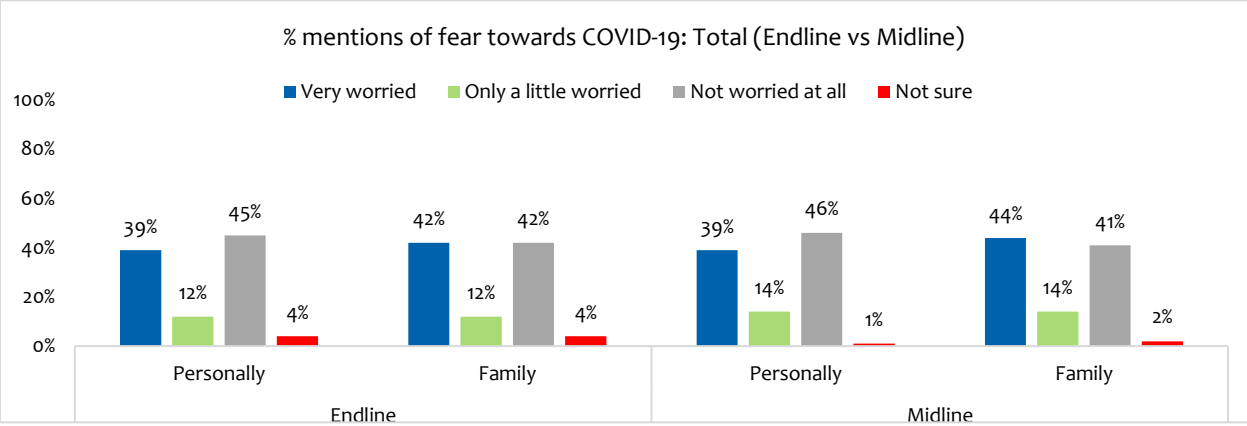


FIGURE 21: ATTITUDE TOWARDS COVID-19

Q. How worried are you about PERSONALLY getting infected with COVID-19/COVID-19? Would you say that you are?
Q. How worried are you about your FAMILY MEMBERS getting infected with COVID-19/COVID-19? Would you say that you are?
Base Endline Vs Midline: All respondents

3.3.2 Expectations of the future of COVID-19

At total level, majority felt that the worst had passed, and things will now begin to improve (59%). Kiambu County had the highest mentions (65%) of those who felt that the worst had passed, and things would begin to improve. There was a slightly higher percentage of male respondents who felt that the worst was yet to pass (16%), compared to the female respondents, who on the other hand had a higher percentage (60%) of those who mentioned that the worst had passed and things would begin to improve. Age-wise, respondents aged 25 to 34 years old had the highest proportion (63%) of those who mentioned that the worst had passed and things would now begin to improve.

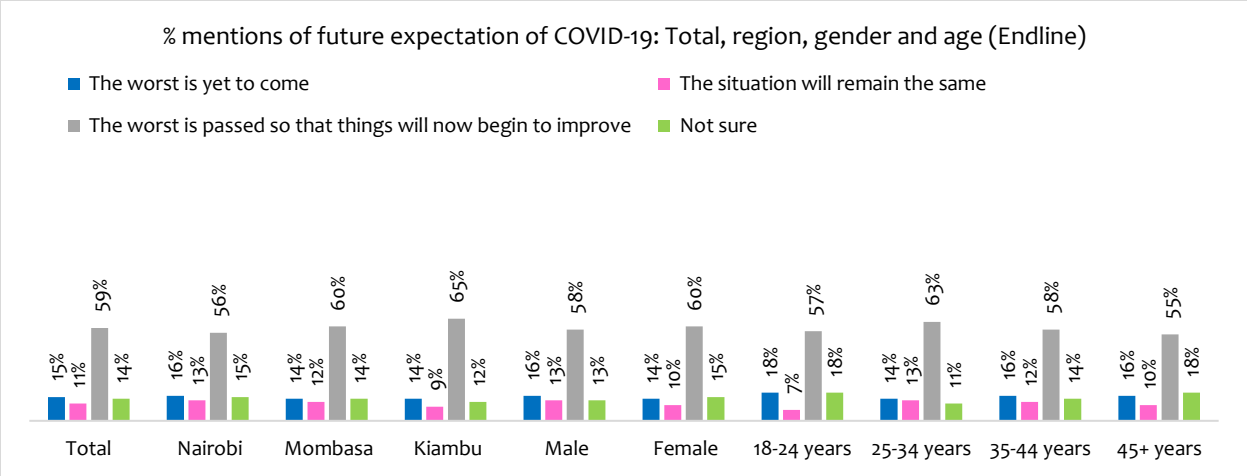


FIGURE 22: LEVELS OF OPTIMISM AND PESSIMISM WITH COVID-19

Q. When thinking about the spread and medical impact of the COVID-19 virus here in Kenya in terms of infections and even deaths, which of the following do you think is most likely to happen over the next few months?

Base Endline: All respondents

Comparing previous and current survey findings, levels of optimism are lower for the Endline surevy albeit the percentage mentions for those who are not sure had increased significantly. In Mombasa County, the levels of optimism were higher in the Endline survey (60%) than in the Midline survey (52%). In terms of gender, there was a decrease in the percentage of female respondents who mentioned that the worst was yet to come (3%) and a slight increase (1%) in the percentage of male respondents who mentioned that the worst was yet to come. In terms of age, there was an increase in those who were not sure about the future of COVID-19 across all age groups.

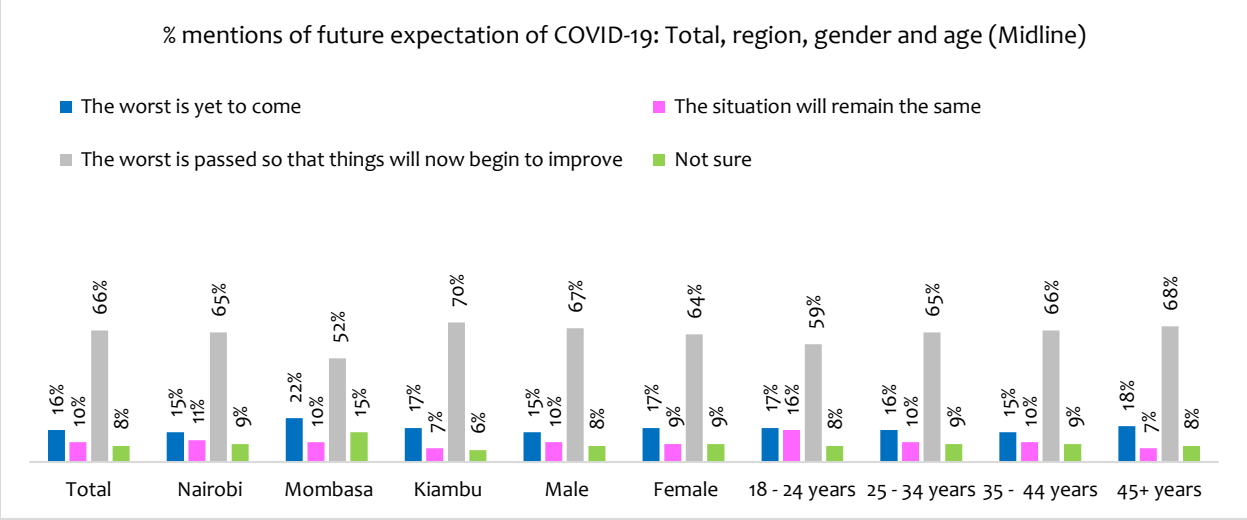


FIGURE 23: COMPARISON OF LEVELS OF OPTIMISM AND PESSIMISM WITH COVID-19

Q. When thinking about the spread and medical impact of the COVID-19 virus here in Kenya in terms of infections and even deaths, which of the following do you think is most likely to happen over the next few months?

Base Midline: All Respondents

3.3.3 Belief in COVID-19 Existence

There is high belief across the demographics that COVID-19 exists. Highest mentions of this finding was registered among Nairobi (77%), and older adults (78%). There was no differentiation based on genders.

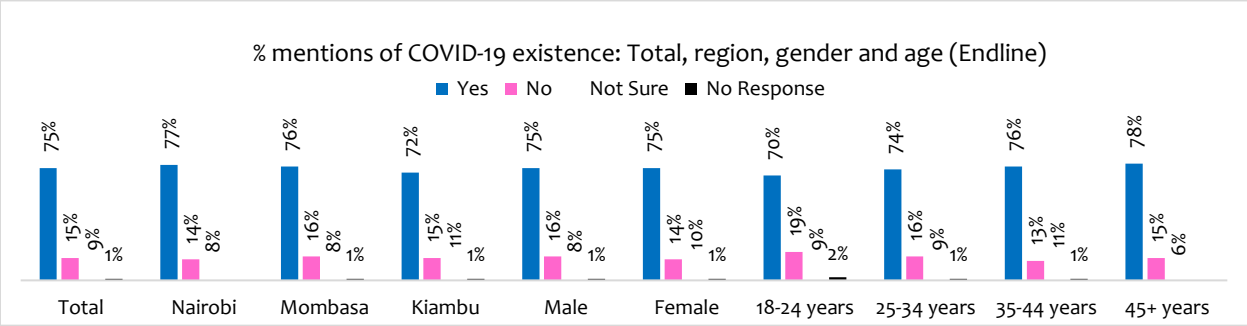


FIGURE 24: BELIEF IN EXISTENCE OF COVID-19

Q. Do you believe that this COVID-19 actually exists?

Base Endline: All respondents

In Comparison with the Midline survey, there was a decrease in mentions for those who believed that COVID-19 existed in the Endline survey. Across the three Counties, there was an increase in those who believed that COVID-19 did not exist. The percentage of male respondents who believed that COVID-19 does not exist during the Midline survey doubled in the Endline survey. All age groups had an increase in those who mentioned that COVID-19 did not exist, and a decrease in those who believed that COVID-19 exists.

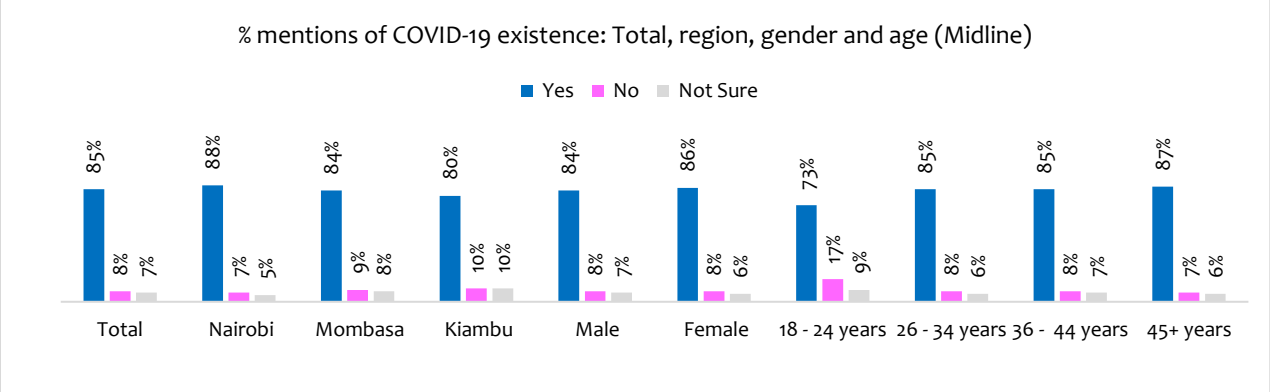


FIGURE 25: COMPARISON IN BELIEF IN EXISTENCE OF COVID-19

Q. Do you believe that this COVID-19 actually exists?

Base Midline: All respondents

3.3.4 Extent of belief in COVID-19 existence

Those who believe COVID-19 exists.

Over half of the respondents (56%) believed to a large extent that COVID-19 exists, with a higher proportion in Mombasa County (62%). Gender wise, majority of the female respondents (60%) mentioned that COVID-19 exists to a large extent while in the age category, a higher

percentage (34%) of the respondents aged 18 to 24 years old mentioned that COVID-19 existed to a large extent.

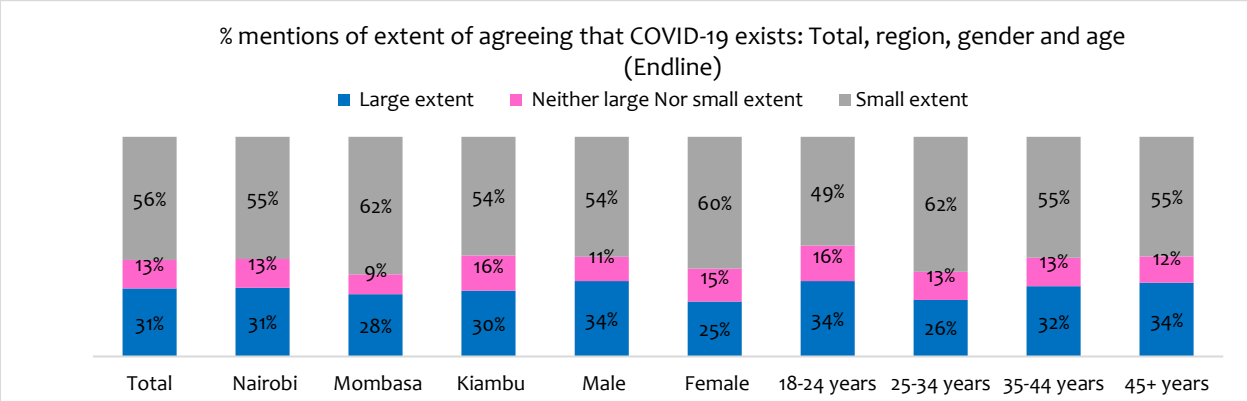


FIGURE 26: EXTENT OF AGREEING ABOUT THE EXISTENCE OF COVID-19

Q. On a scale of 1 to 5 where 1 is very small extent and 5 is very large extent, to what extent do you agree or disagree with the following statements about the existence of COVID-19? SINGLE CODE

Base Endline: 760 (Those who believe COVID-19 exists)

Compared to the Midline survey, there was a decrease in the percentage of those who mentioned that COVID-19 exists to a large extent and an increase in those who mentioned that COVID-19 exists to a small extent. There was a higher percentage of optimism about the existence of COVID-19 in Mombasa County. A higher percentage of female respondents and those of age 25 to 34 years old were optimistic about the existence of COVID-19 in the Endline survey.

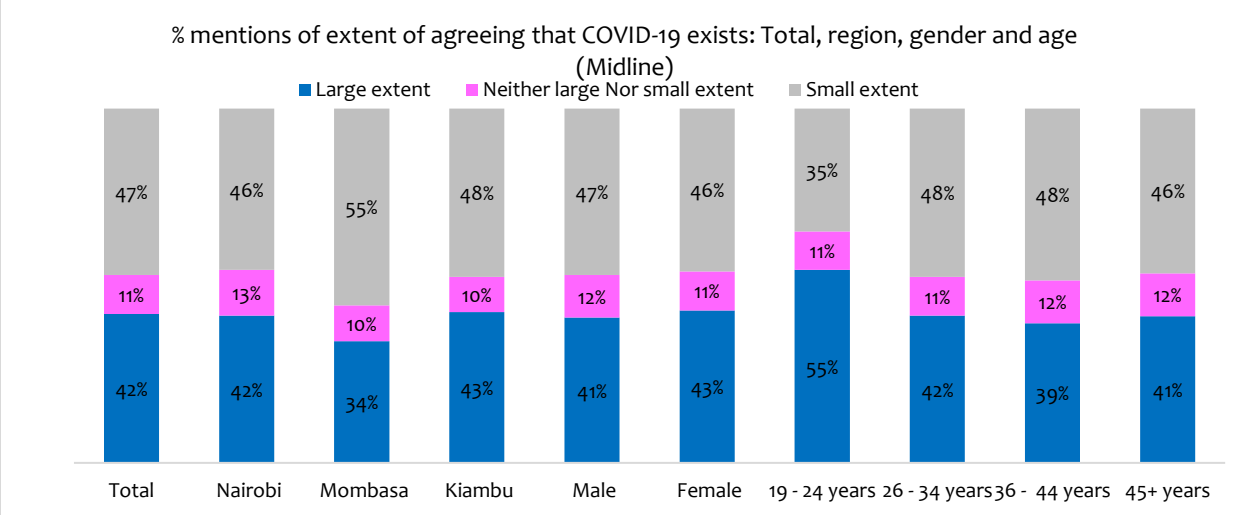


FIGURE 27: COMPARISON FOR EXTENT OF AGREEING ABOUT THE EXISTENCE OF COVID-19

Q. On a scale of 1 to 5 where 1 is very small extent and 5 is very large extent, to what extent do you agree or disagree with the following statements about the existence of COVID-19? SINGLE CODE

Base Midline: 867 (Those who believe COVID-19 exists)

3.3.5 Perceived high-risk areas.

With the easing of COVID-19 restrictions, the perceived high-risk areas in the current survey registered high mentions in crowded public places (45%) and market places (13%). There was a decline in the mention of market places during the Endline survey (13%), compared to the Midline survey (18%).

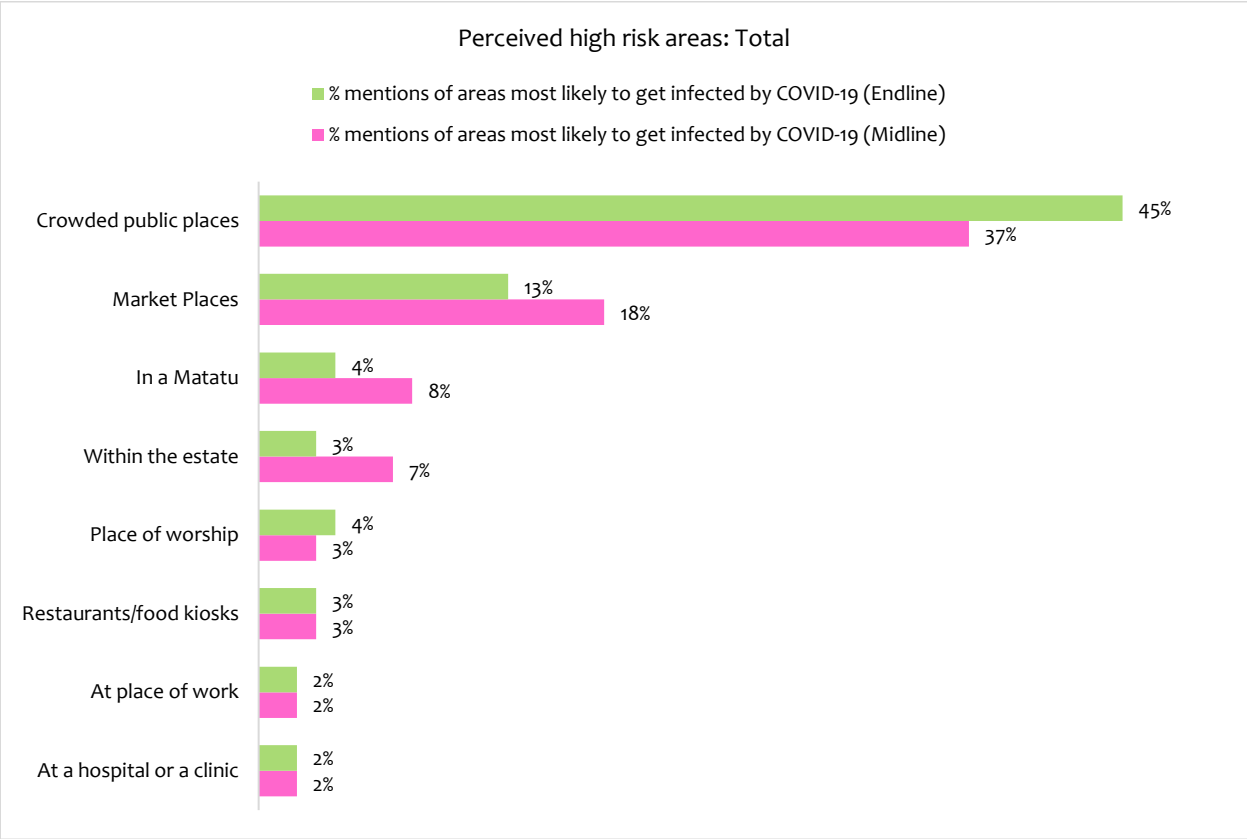


FIGURE 28: AREAS MOST LIKELY TO GET INFECTED

Q. Where do you think people in YOUR LOCALITY are most likely to get infected by the COVID-19?

Base Endline Vs Midline: All Respondents

3.4Current practices - prevention measures Adopted for COVID-19(Endline VS Midline)

Social distance and curfews were mentioned by a higher percentage of the respondents in Endline compared to Midline. The requirement to wear a mask and vaccination were mentioned more in Midline than in Endline and this may be attributed to the perception that COVID-19 no longer exists.

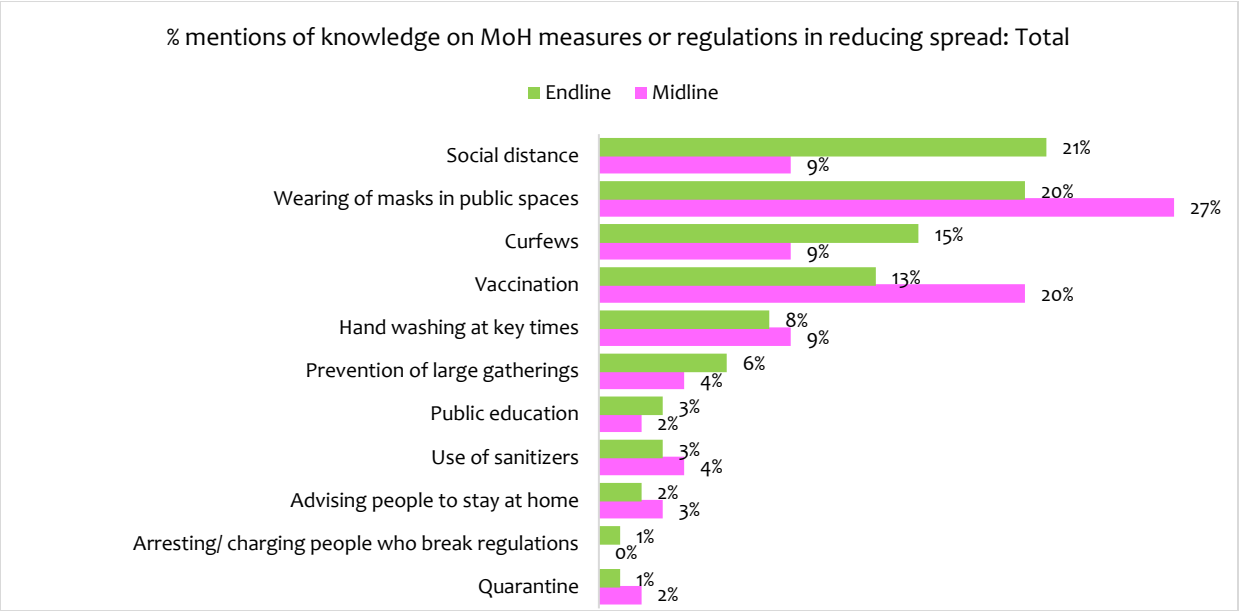


FIGURE 29: PREVENTION MEASURES ADOPTED FOR COVID-19

Q: As far as you can remember, what IS or were the main measures/ regulations that the Government through The Ministry of Health (MoH) put in place to try and reduce the spread and impact of this virus?

Base Endline Vs Midline: All respondents

Adherence to COVID-19 Measures (Endline vs Midline)

Wearing masks in public places (63%) and frequent washing of hands (57%) were the two main COVID-19 prevention measures observed when the pandemic was at its peak. This finding cut across the demographics.

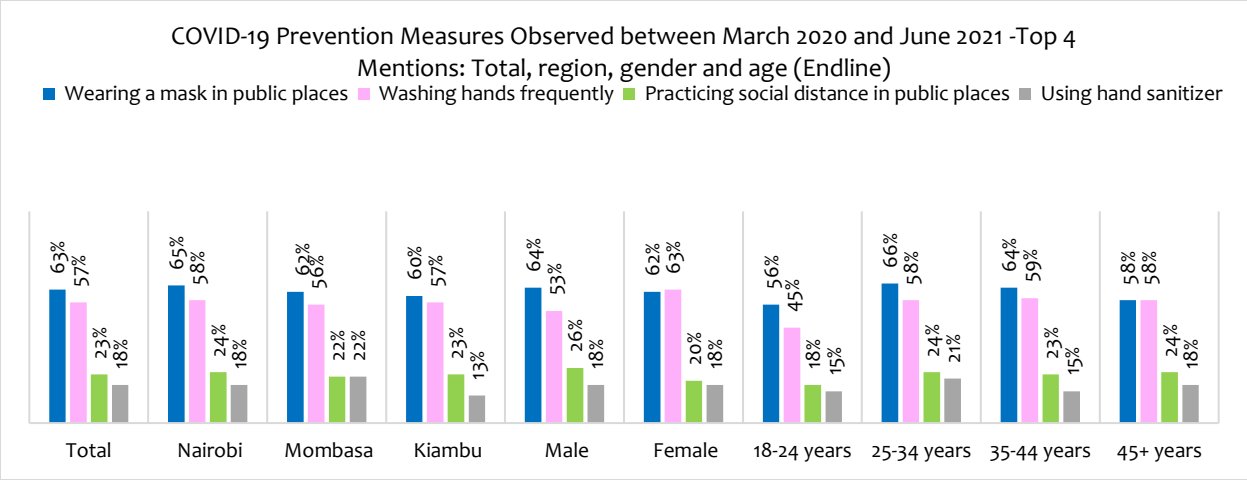


FIGURE 30: COVID-19 PREVENTION MEASURES OBSERVED BETWEEN MARCH 2020 AND JUNE 2021-TOP 4 MENTIONS

Q: What are COVID-19 prevention measures that you were strictly practicing or adhering to when COVID-19 was at its peak i.e., March 2020 to sometime mid-last year (2021)?

Base Endline: All respondents

Wearing of masks in public places (66%) and Washing hands frequently (57%) were the two main COVID-19 prevention measures that were generally observed by the respondents. Practicing social distancing had more mentions (29%) in Mombasa County, among respondents aged 35-44 years old, and male respondents (28%). Using a hand sanitizer was observed by a higher percentage of respondents in Mombasa County (26%) and those aged 18 to 24 years old (28%). Across the gender category, usage of hand sanitizers was equally mentioned (24%) by both male and female respondents.

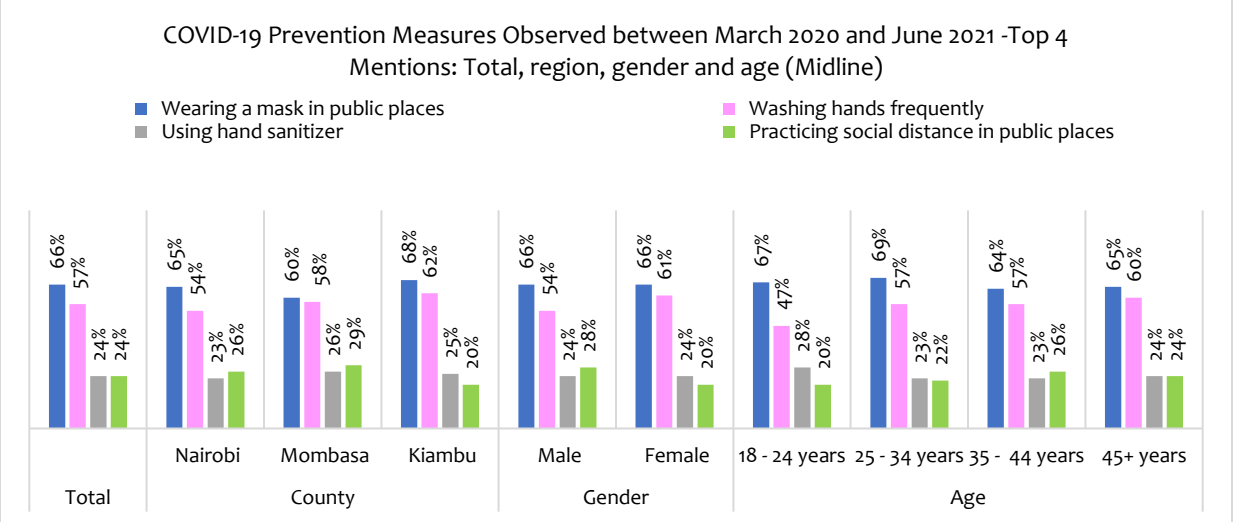


FIGURE 31: COMPARISON OF COVID-19 PREVENTION MEASURES OBSERVED BETWEEN MARCH 2020 AND JUNE 2021-TOP 4 MENTIONS

Q: What are COVID-19 prevention measures that you were strictly practicing or adhering to when COVID-19 was at its peak i.e., March 2020 to sometime mid-last year (2021)?

Base Midline: All respondents

3.4.1 Reported Compliance of COVID-19: Others vs Individual (Endline vs Midline)

% Mentions of people who obey the regulation to wear a mask

Compared to the Midline survey findings, more individuals are not obeying the wearing of masks ,while for non individuals (people/ others), more people indicated that they are obeying the regulation to wear a mask to a small extent i.e. "very little" during the Endline as compared to Midline.

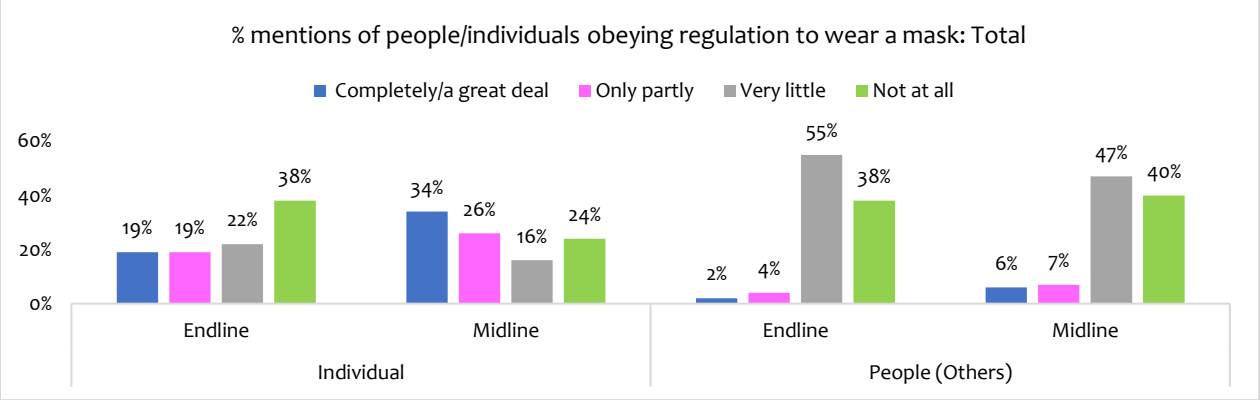


FIGURE 32: % MENTIONS OF PEOPLE OBEYING REGULATIONS TO WEAR MASKS

Q: How much are people in this area obeying the regulation to wear a mask? Are they obeying it…?

Q: And you, how much are you obeying it? Are you… … …?

Base Endline Vs Midline: All respondents

Barriers to wearing a mask [Endline vs Midline]

There has been a drop across all demographics in the respondents believing that COVID-19 does not exist. However, it is noted that in Mombasa there was a significant drop in those who no longer believe that COVID-19 exists.

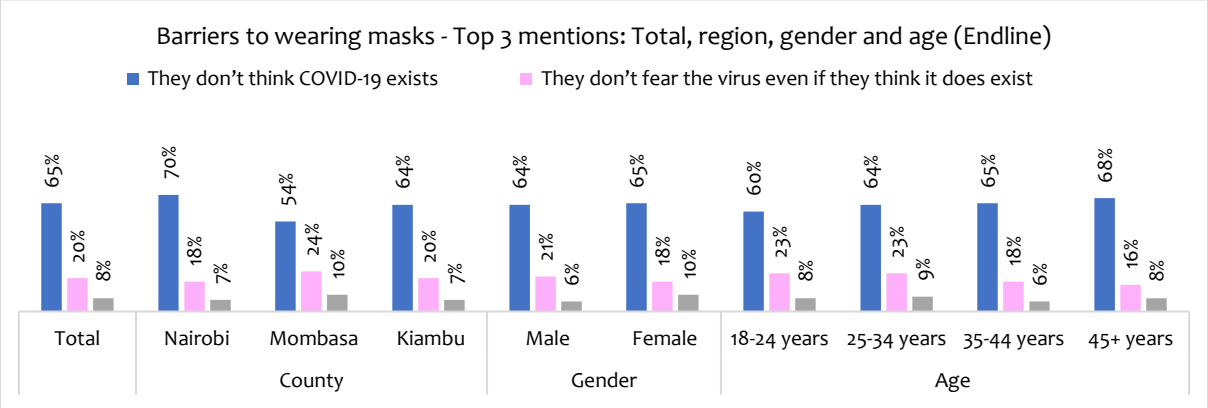


FIGURE 33: BARRIERS TO WEARING MASKS

Q: What do you think is/are the reason(s) for some people not wearing masks?

Base Endline: All respondents

Compared to the Midline, there was a decrease (73%) to (65%) in those who mentioned that they did not think that COVID-19 existed. The percentage of those who mentioned not fearing the virus slightly decreased by 1% in Endline.

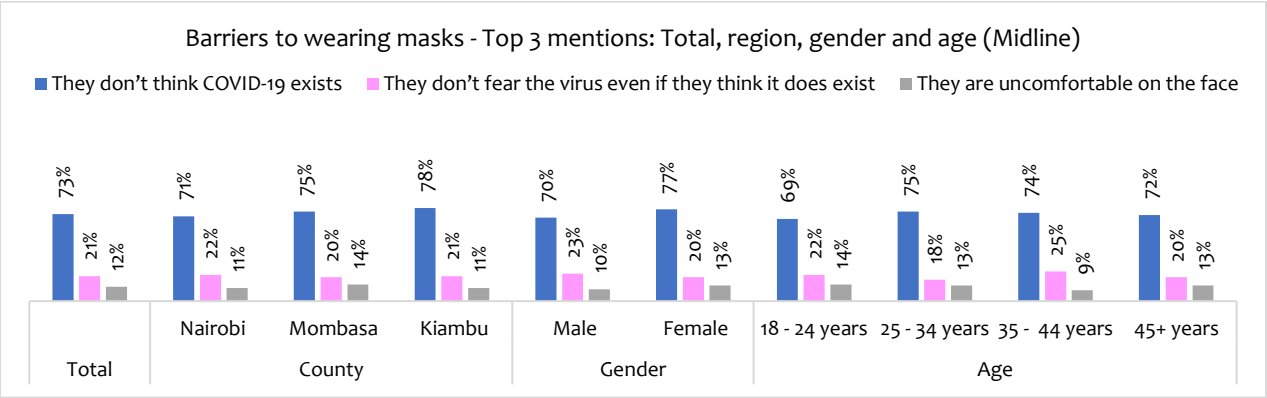


FIGURE 34: COMPARISON OF BARRIERS TO WEARING MASKS

Q: What do you think is/are the reason(s) for some people not wearing masks?

Base Midline: All Respondents

3.4.2 Sources of Information on COVID-19 (Endline vs Midline)

Main Sources of Information on COVID-19

The top three sources of information in the two years remained the same. There was a decline in mentions of word of mouth as a source of information from 18% in Midline to 8% in Endline. A slight increase was also observed for Radio from 36% to 41%. Overall, we are seeing a blend of traditional and modern media (social media) being key in spreading health related information.

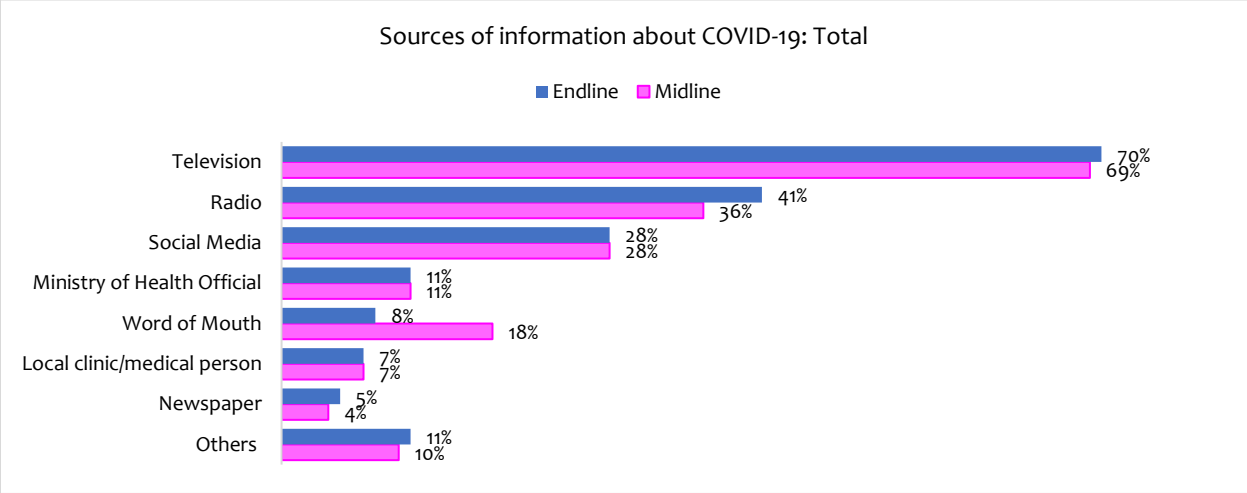


FIGURE 35: SOURCES OF INFORMATION ABOUT COVID-19

Q: Please tell me, what HAS BEEN or WERE your main sources of information about COVID-19 and the efforts made to prevent it?

Base Endline Vs Midline: All respondents

3.4.3 Sources of Information on COVID-19 Related Issues [Endline vs Midline]

The main sources of information on COVID-19 issues are still maintained to be television and radio. In comparison with Midline, all the sources have declined in percentages. The most trusted sources also remained the same with Television and Ministry of Health officials having high percentages.

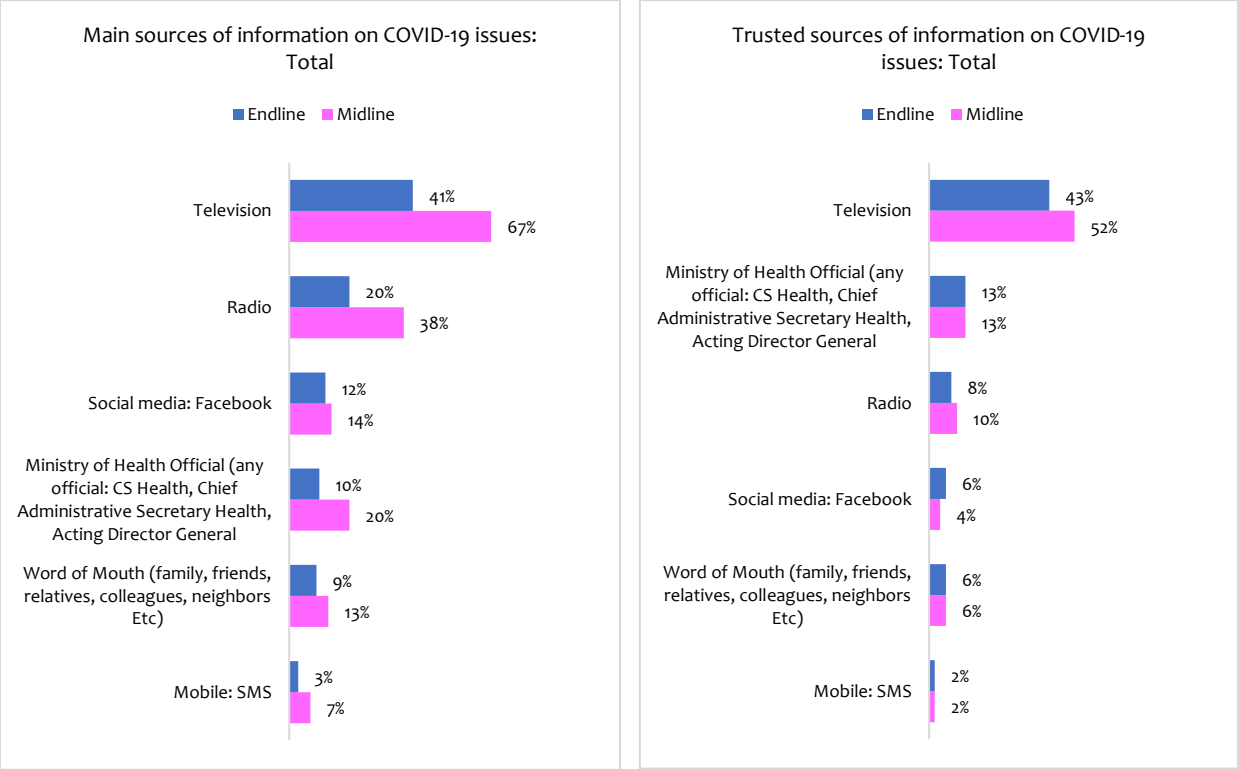


FIGURE 36:SOURCES OF INFORMATION ON COVID-19 RELATED ISSUES

Q. What are your sources of information on; COVID-19 issues?

Q. Which one is the MOST TRUSTED source of information? SINGLE

Base Endline Vs Midline: All respondents

3.5 COVID-19 communication evaluation: Chanjwa campaign

3.5.1 Knowledge, awareness, and recall of the Chanjwa campaign (Endline VS Midline)

In comparison to the Midline survey, there was a drop in respondents that had seen or heard of PS Kenya's Chanjwa campaign on mass media, social media, or from a community worker in the past week. The decline could be attributed to the fact that more people belive that

COVID-19 is behind them and therefore more focus is given to other things. It is also possible that during midline people were more alert to COVID-19 related adverts as opposed to Endline.

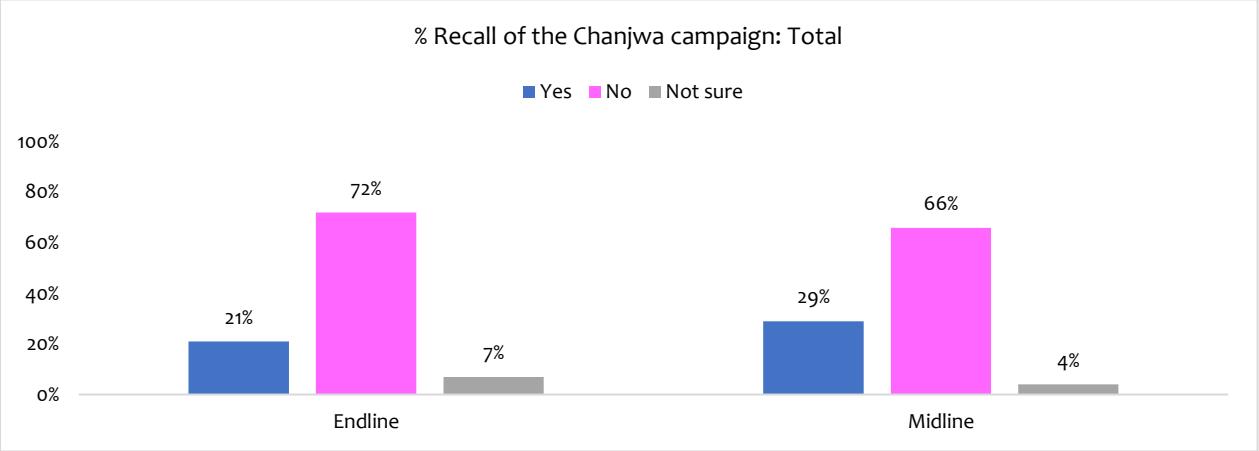


FIGURE 37:RECALL OF THE CHANJWA CAMPAIGN

Q: Do you recall seeing or hearing [PS Kenya's] Chanjwa campaign on mass media, social media, or community workers in the past week talking about COVID-19 prevention behaviors or COVID-19 vaccines?

Base Endline Vs Midline: All Respondents

3.5.2 Recall of Specific Chanjwa Campaign Messages "Ever Seen or Heard" (Endline vs Midline)

Out of the respondents who could recall seeing or hearing PS Kenya's Chanjwa campaign messages on mass media, social media, or through community workers in the past week, "Pata Chanjo" was the key message mentioned in both Midline and Endline. Overal key messages on getting vaccinated were the most mentioned i.e. "Pata Chanjo", "Chanjwa", and "Make sure you get vaccinated". An indication that the target respondents could reasonate well with the advert.

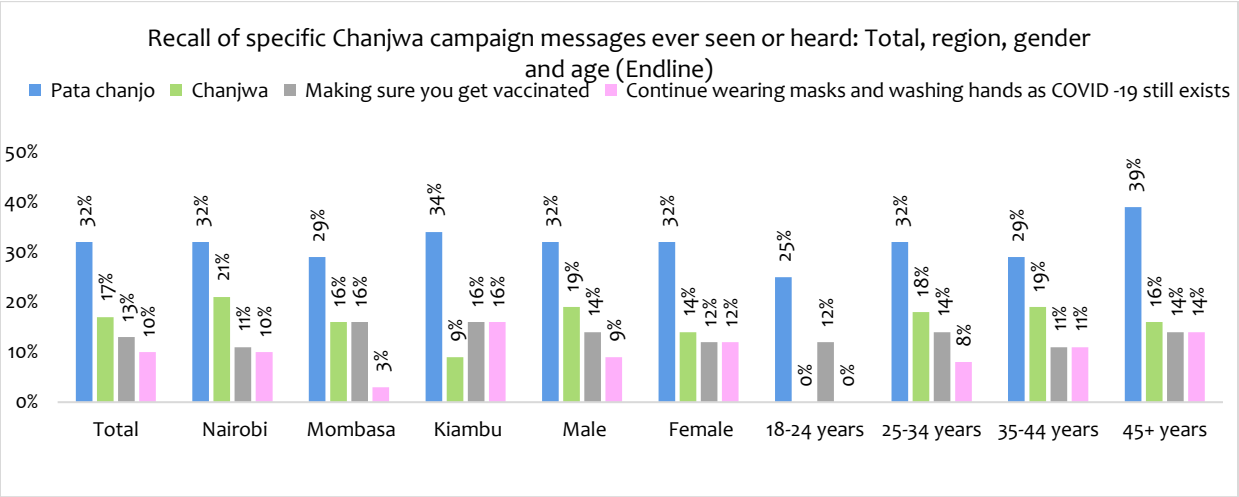


FIGURE 38:RECALL OF SPECIFIC CHANJWA CAMPAIGN MESSAGES SEEN OR HEARD

Q: You mentioned that you saw/ heard about the Chanjwa campaign. What specific message(s) can you remember?

Base Endline: 210 (Those aware of the Chanjwa Campaign)

Of the respondents who could recall seeing or hearing PS Kenya's Chanjwa campaign messages on mass media, social media, or through community workers in the past week, "*Pata Chanjo*" was the key message mentioned by a higher percentage (37%). Other top mentions were Continuing to wear a mask and washing hands (19%) and getting vaccinated (16%). In terms of gender, there was no significant difference in the percentage of recall among the male respondents (37%) and female respondents (36%). Age-wise, "*Pata Chanjo*" was more frequently mentioned (48%) by respondents aged 35 to 44 years old. In terms of Counties, Kiambu County had the highest percentage (40%) of those who could remember the "*Pata Chanjo*" message.

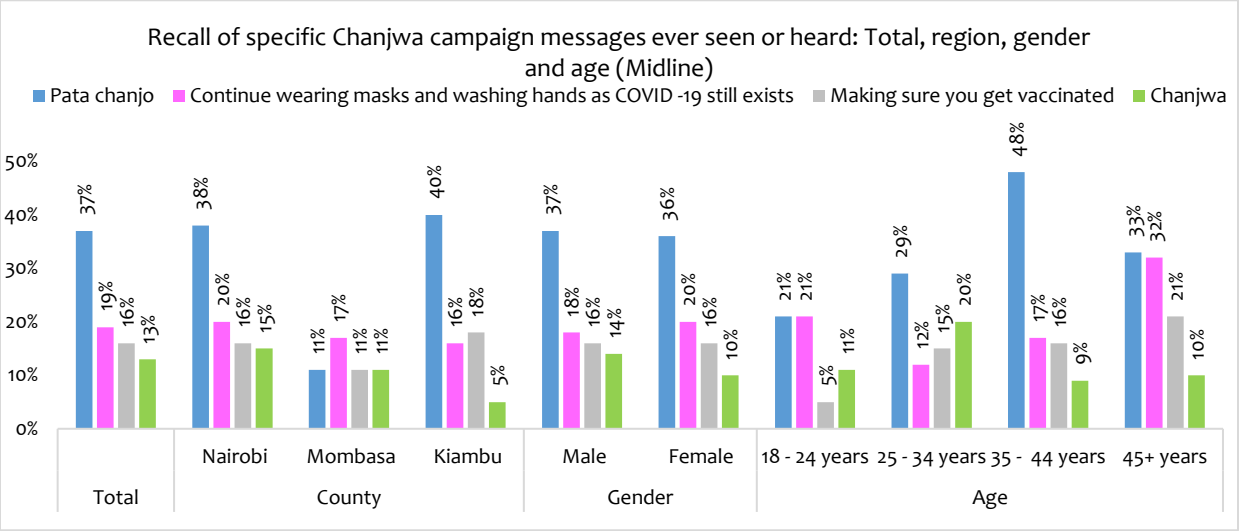


FIGURE 39:COMPARISON OF RECALL OF SPECIFIC CHANJWA CAMPAIGN MESSAGES SEEN OR HEARD

Q: You mentioned that you saw/ heard about the Chanjwa campaign. What specific message(s) can you remember?
Base Midline: 298 (Those aware of the Chanjwa Campaign)

3.5.3 Sources of information on the Chanjwa campaign (Endline vs Midline)

Television and Word of Mouth, were the top 2 sources of information on the Chanjwa campaign in both surveys. Ministry of Health officials as a source of information had higher mentions in the Endline compared to the Midline. The findings show that traditional media plays a key role in the dissemination of health-related messages. It is also important to note that Word of Mouth as a source of information could be a secondary source in that most people spread information that they have heard from other sources like traditional media or social media.

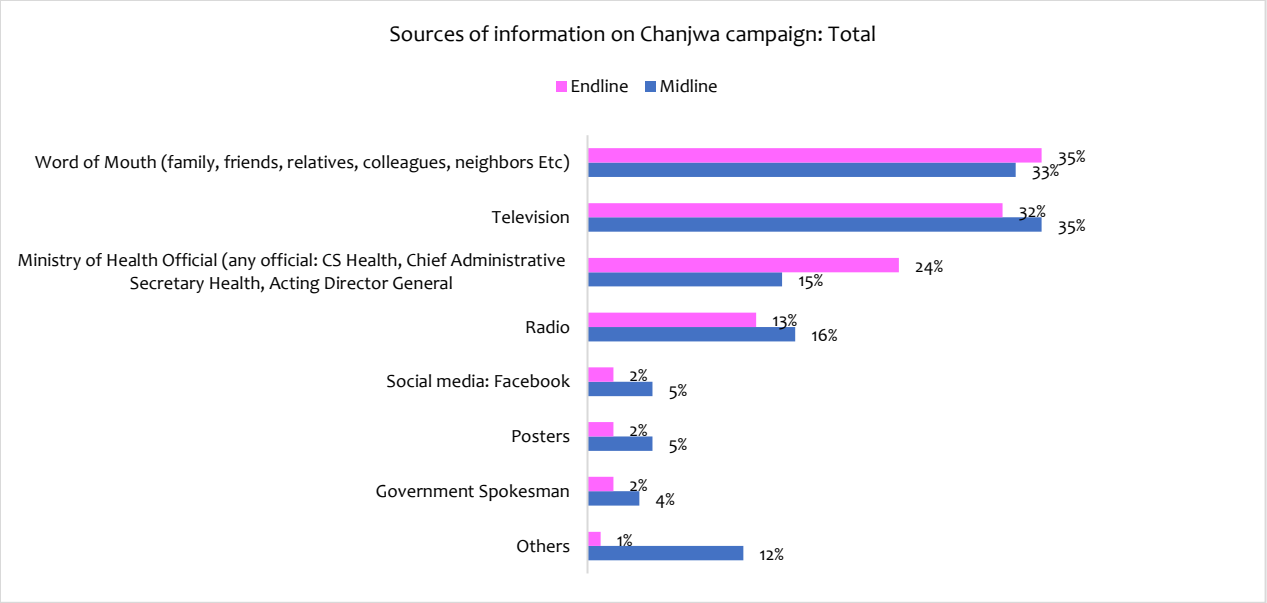


FIGURE 40:SOURCES OF INFORMATION ON THE CHANJWA CAMPAIGN

Q: Which channels/ sources of information did you see or hear about the Chanjwa campaign

Base Midline: 298 (Those aware of the Chanjwa Campaign)

Base Endline: 210 (Those aware of the Chanjwa Campaign)

3.5.4 The believability of specific messages from the Chanjwa campaign

Generally, there was believability "to a large extent" on a majority of statements relating to the Chanjwa vaccination campaign. The top three messages they agreed on to a large extent were similar in Midline and Endline.

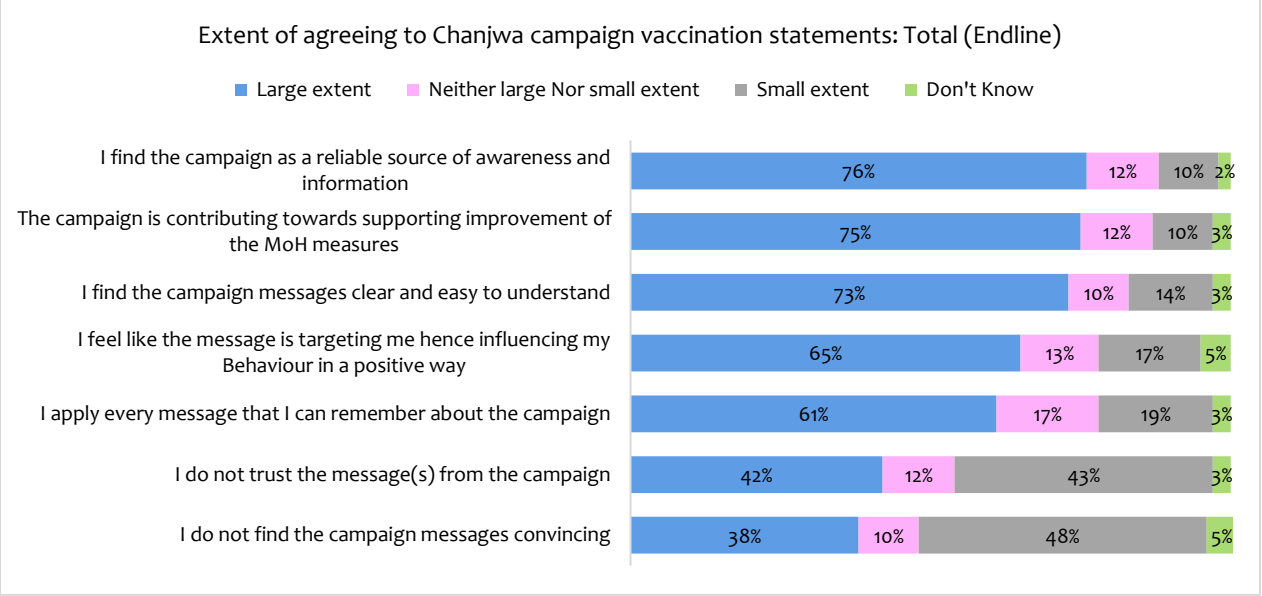


FIGURE 41: EXTENT OF AGREEING TO CHANJWA CAMPAIGN VACCINATION STATEMENTS

Q: To what extent do you agree or disagree with...Do you agree to a...

Base Endline: 210 (Those aware of the Chanjwa Campaign)

Generally, there was believability "to a large extent" of specific messages from the Chanjwa campaign. Only about 4 out of 10 respondents supported the statements that, they do not trust the messages from the campaign (40%), and they do not find the campaign messages convincing (37%).

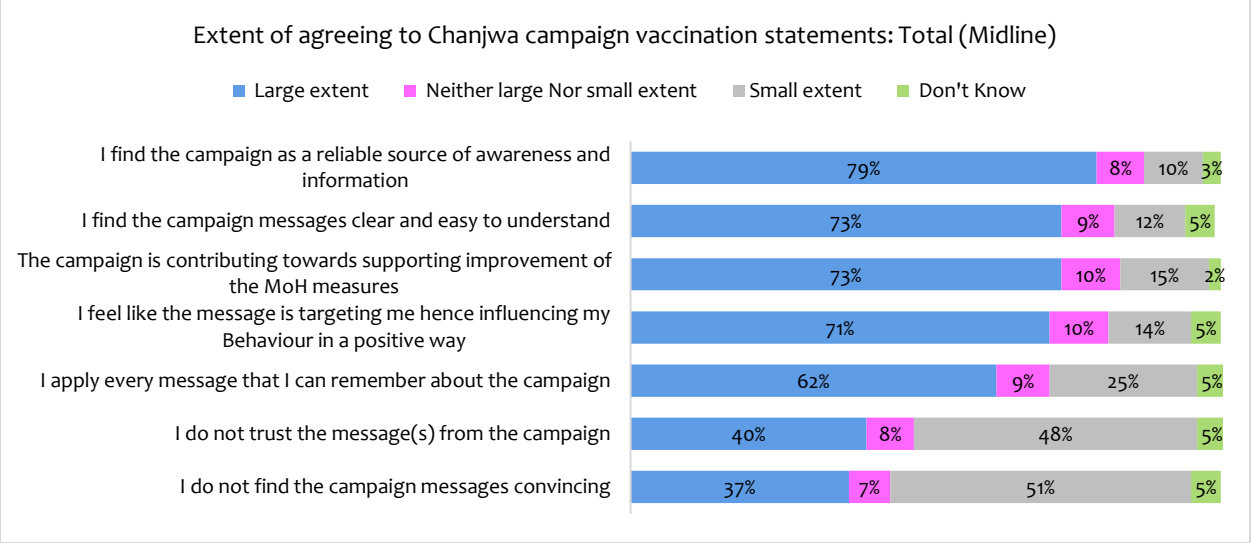


FIGURE 42:COMPARISON OF EXTENT OF AGREEING TO CHANJWA CAMPAIGN VACCINATION STATEMENTS

Q: To what extent do you agree or disagree with…

Base Midline: 298 (Those aware of the Chanjwa Campaign)

3.5.5 Chanjwa campaign Influence (Endline vs Midline)

According to the Endline survey findings, the top reason why the Chanjwa campaign was mentioned to influence the respondents' behavior positively was because the campaign was perceived to be educative (63%) while for Midline it was because the campaign was perceived

to enhance health and hygiene awareness (50%). There was also an increase in mentions (65%) to (71%) for those who felt that the Chanjwa Campaign Message was targeting them

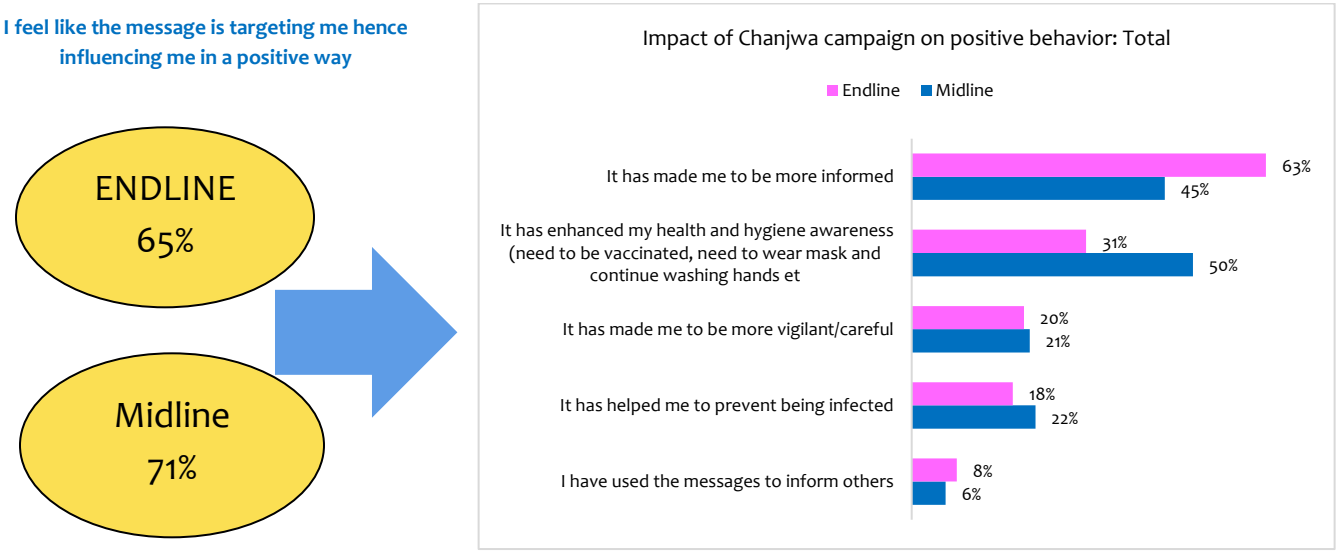


FIGURE 43:IMPACT OF CHANJWA CAMPAIGN ON POSITIVE BEHAVIOR

Q: You mentioned that you feel like the message in Chanjwa Campaign is positively influencing your Behaviour. How is it positively influencing your Behaviour?

Base Endline: 51 (Those who mentioned that Chanjwa Campaign messages influenced their behavior in a positive way

Base Midline: 136 (Those who mentioned that Chanjwa Campaign messages influenced their behavior positively.

3.5.6 Frequency of interaction with Chanjwa campaign messages (Endline vs Midline)

For those aware of the Chanjwa campaign, majority had come across campaign messages on COVID-19 vaccination either daily or weekly in both surveys. A significant percentageduringt the Endline survey (20%) mentioned that they could not remember coming across the messages.

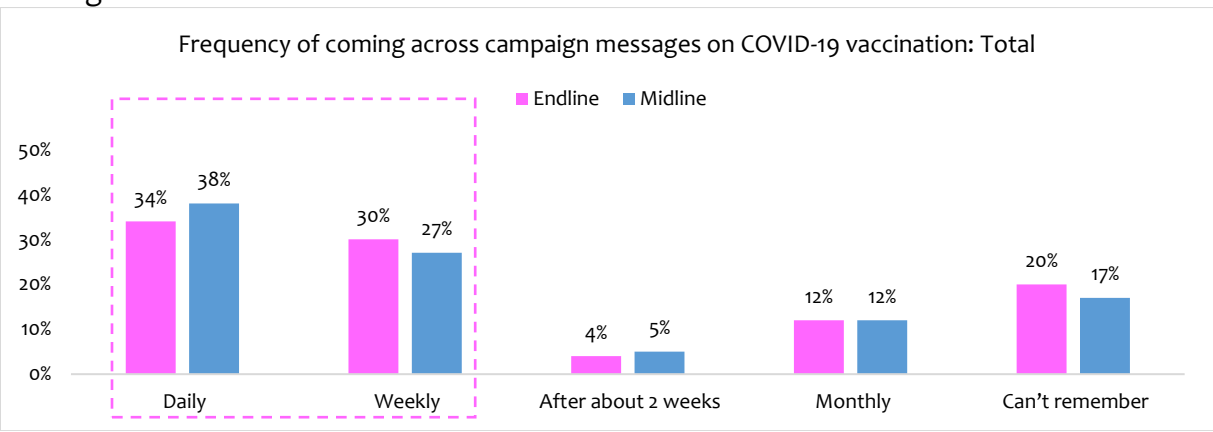


FIGURE 44:FREQUENCY OF COMING ACROSS CAMPAIGN MESSAGES ON COVID-19 VACCINATION

Q: How frequently would you say you come across campaigns or messages on COVID-19 vaccination?

Base Midline:298 (Those aware of the Chanjwa Campaign)

Base Endline: 210 (Those aware of the Chanjwa Campaign)

3.6 COVID-19 communication evaluation: Password campaign

3.6.1 Awareness and recall of the Password campaign

Overall, there were no significant differences between both surveys apart from the significant increase in the respondents that mentioned they recall the campaign talking about where to obtain the COVID-19 vaccine.

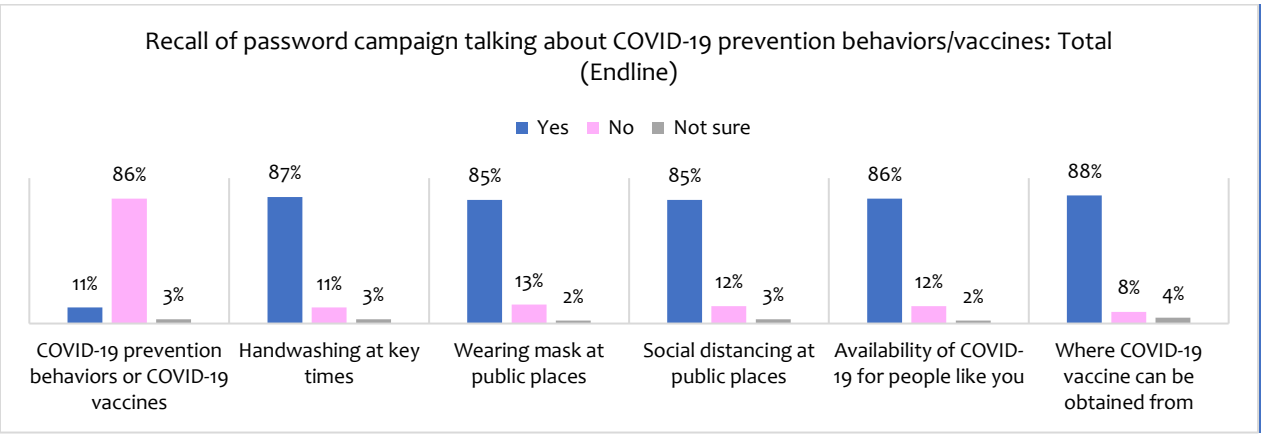


FIGURE 45:RECALL OF PASSWORD CAMPAIGN TALKING ABOUT COVID-19 PREVENTION BEHAVIOURS/VACCINES

Base: All respondents Base:114 (Aware of PW Campaign)

Q: Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about COVID-19 prevention behaviors or COVID-19 vaccines?

Q. Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about handwashing at key times?

Q. Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about wearing a mask in public places?

Q. Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or with community workers in the past week talking about social distancing in public places?

Q. Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about the availability of the COVID-19 vaccine for people like you?

Q. Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about where the COVID-19 vaccine can be obtained from?

Overall, a majority (82%) of the respondents could not recall seeing or hearing PSI's password campaign on COVID-19 prevention behaviors or vaccine, however, a majority could overwhelmingly recall other password campaign messages such as handwashing (88%) and wearing a mask at public places (85%), social distancing (83%), availability of COVID-19 vaccine for all people (85%), and information on where the vaccine can be obtained from (79%).

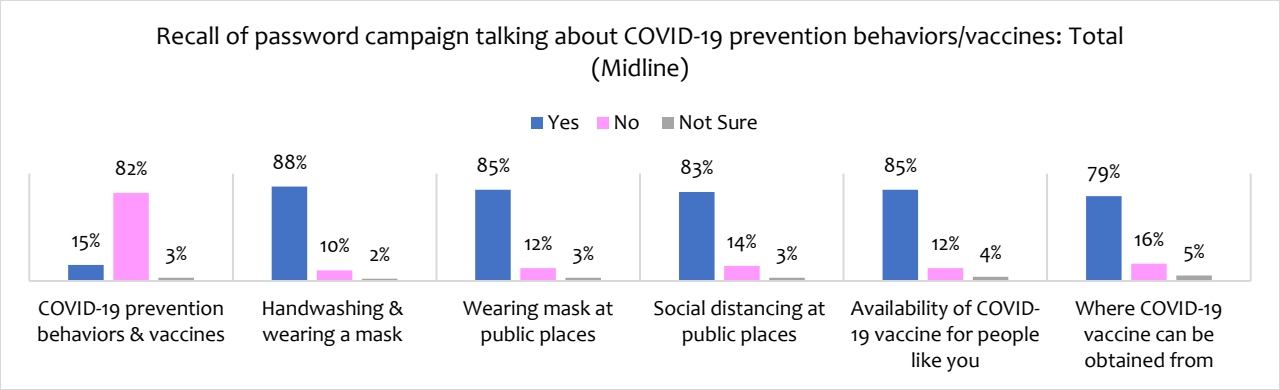


FIGURE 46:COMPARISON OF RECALL OF PASSWORD CAMPAIGN TALKING ABOUT COVID-19 PREVENTION BEHAVIOURS/VACCINES

Base: All respondents Base :155 (Aware of PW Campaign)

Q: Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media, or community workers in the past week talking about COVID-19 prevention behaviors or COVID-19 vaccines?

3.6.2 Frequency of recalling COVID-19 preventive measures on Password campaign: hand washing and mask-wearing

In both surveys, washing hands was done by more than half of the respondents. In the past week, there were more respondents (3%) wearing masks compared to the Midline.

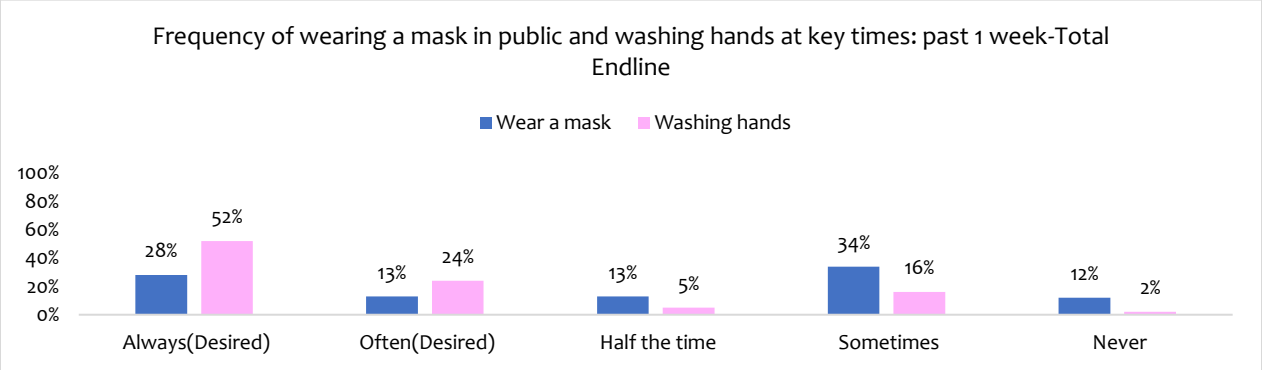


FIGURE 47:FREQUENCY OF COVID-19 PREVENTION MEASURES IN THE PAST ONE WEEK

Q: In the past week, how often did you wear a mask in public or wash your hands at key times (before eating, before food prep, after eating, after toilet, after changing children's nappies) to slow the spread of COVID-19?

Base Endline: 114 (Aware of PW Campaign)

In the past week, a higher percentage (61%) of the respondents washed their hands during key times, always as desired. At least 3 out of every 10 respondents mentioned that they had not worn a mask in the past week. This could be attributed to the easing of mandatory requirements or lack of follow-up in terms of mask-wearing and the belief that COVID-19 has subsided.

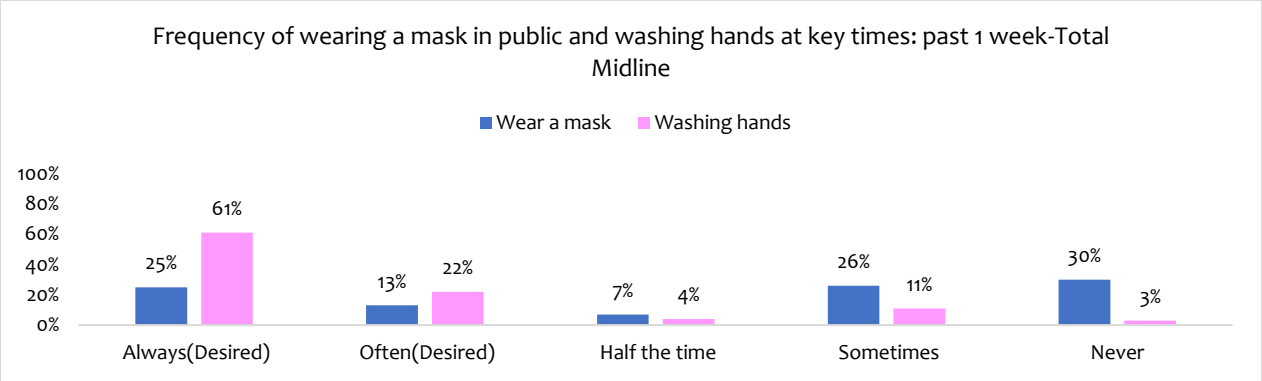


FIGURE 48:COMPARISON OF FREQUENCY OF COVID-19 PREVENTION MEASURES IN THE PAST ONE WEEK

Q: In the past week, how often did you wear a mask in public or wash your hands at key times (before eating, before food prep, after eating, after toilet, after changing children's nappies) to slow the spread of COVID-19?

Base Midline: 155(Aware of PW Campaign)

3.6.3 Frequency of Observing Social Distance [Endline vs Midline]

Overall, a relatively higher percentage (40%) of the respondents mentioned not observing social distancing. In terms of gender, there was more males than females who mentioned that they do not observe social distancing, which was not the case in the Midline survey.

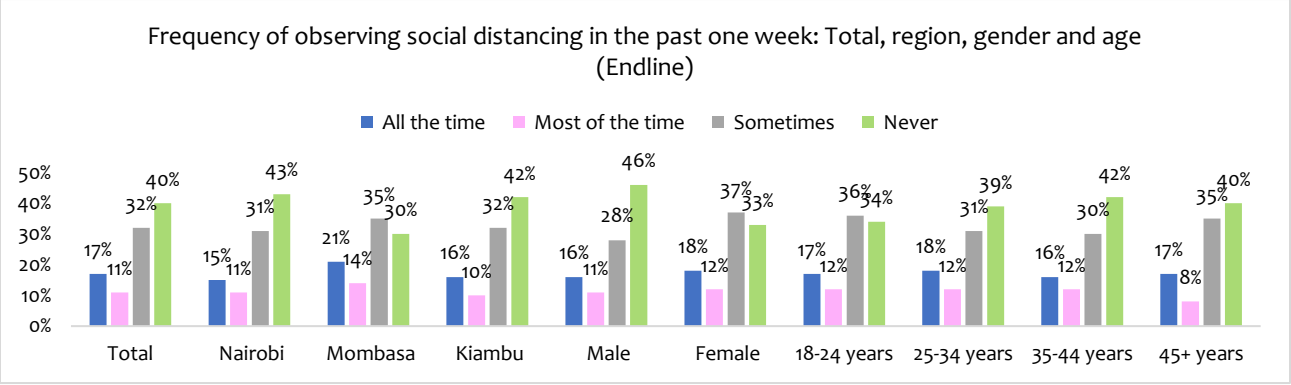


FIGURE 49:FREQUENCY OF OBSERVING SOCIAL DISTANCING IN THE PAST ONE WEEK

Q: In the past week, how often have you maintained at least 2 meters distance from people who do not live in your home while in public spaces to prevent infection from COVID-19

Base Endline :114(Aware of PW Campaign)

Overall, a relatively higher percentage (36%) of the respondents mentioned not observing social distancing. Kiambu County had the highest percentage (46%) of those who had mentioned not observing social distancing. Female respondents had a higher percentage (38%) of those who had mentioned not observing social distancing, compared to male respondents. In terms of age, respondents aged between 18 to 34 years old had a higher percentage of those who mentioned not observing social distancing.

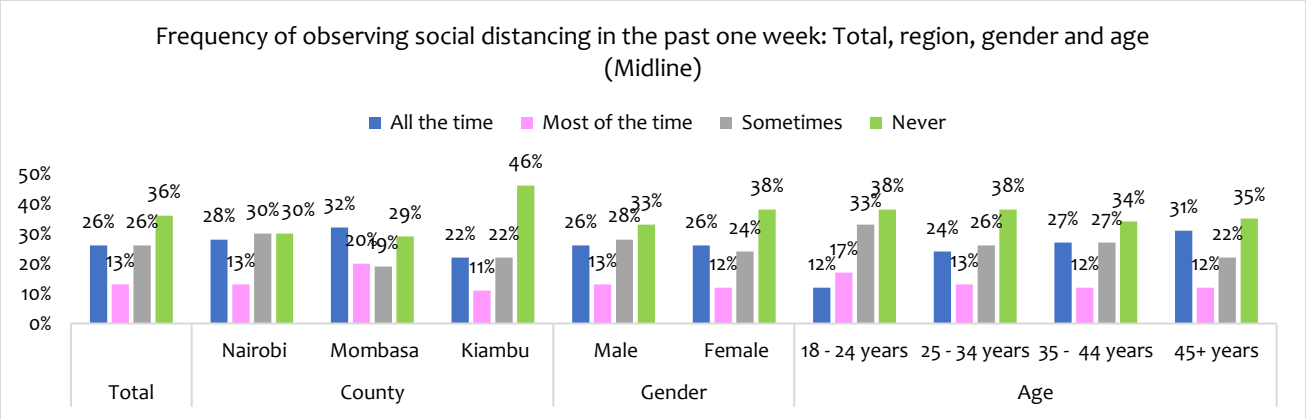


FIGURE 50:COMPARISON OF FREQUENCY OF OBSERVING SOCIAL DISTANCING IN THE PAST ONE WEEK

Q: In the past week, how often have you maintained at least 2 meters distance from people who do not live in your home while in public spaces to prevent infection from COVID-19

Base Midline: 155(Aware of PW Campaign)

3.6.4 Awareness of General COVID-19 Vaccination Messages and Information Sources [Endline vs Midline]

There was a decline (from 61% to 49%) in the number of respondents who had heard about any/ other COVID-19-related vaccination messages. There was an increase from 14% (Midline) to 18% (Endline) of those whose key source of information about vaccines is Word of Mouth.

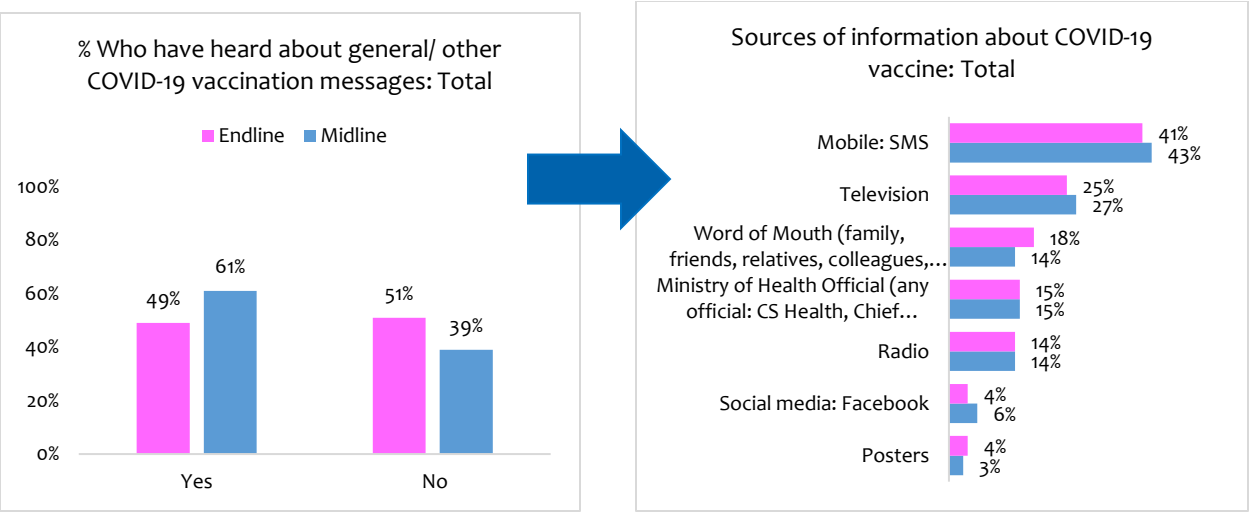


FIGURE 51:OTHER SOURCES OF INFORMATION ABOUT THE COVID-19 VACCINE AND MESSAGES

Q: Have you ever seen/ heard about any COVID-19 vaccination messages?

Base Endline Vs Midline: All respondents

Base Endline 491: Those who have heard about other COVID-19 vaccination messages

Base Midline 616: Those who have heard about other COVID-19 vaccination messages

3.7 Campaign's support of selected various MoH initiatives

3.7.1 Awareness of Initiatives put in place to manage the risk of COVID-19

The initiatives put in place to manage the risk of COVID-19 were still the same. It is noted that the limited movement of people has pointedly declined in percentage between Midline and Endline. There was increased in mentions of banning of public gatherings among those aged 45 years and above.

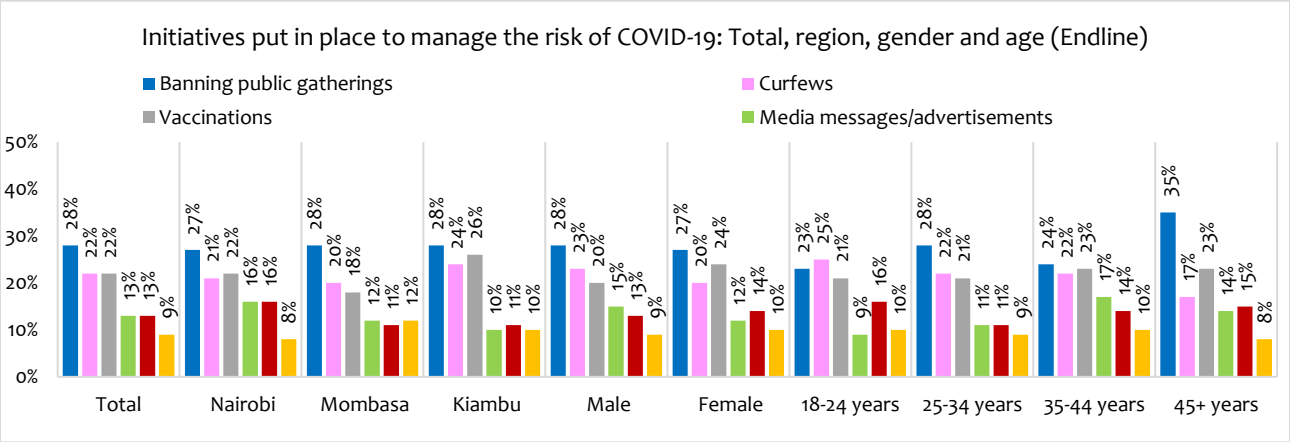


FIGURE 52:INITIATIVES PUT IN PLACE

Q. What initiatives or campaigns has the Government of Kenya (MoH) put in place to manage the risk of COVID-19, either earlier when COVID-19 started, when it was at its peak, or present?

Base Endline: All Respondents

In Mombasa County, most of the respondents mentioned that MoH had recommended limited movement of people while in Nairobi County, the respondents mentioned vaccinations and recommended limited movement of people coming in second as initiatives put in place to manage the risk of COVID-19. Almost a third of the male respondents mentioned that MoH had recommended limited movement of people. Age-wise, respondents between 18-24 years mentioned vaccinations as an initiative put in place to manage the risk of COVID-19. Age-wise those between 35-44 years mentioned banning public gatherings as an initiative put in place to manage the risk of COVID-19.

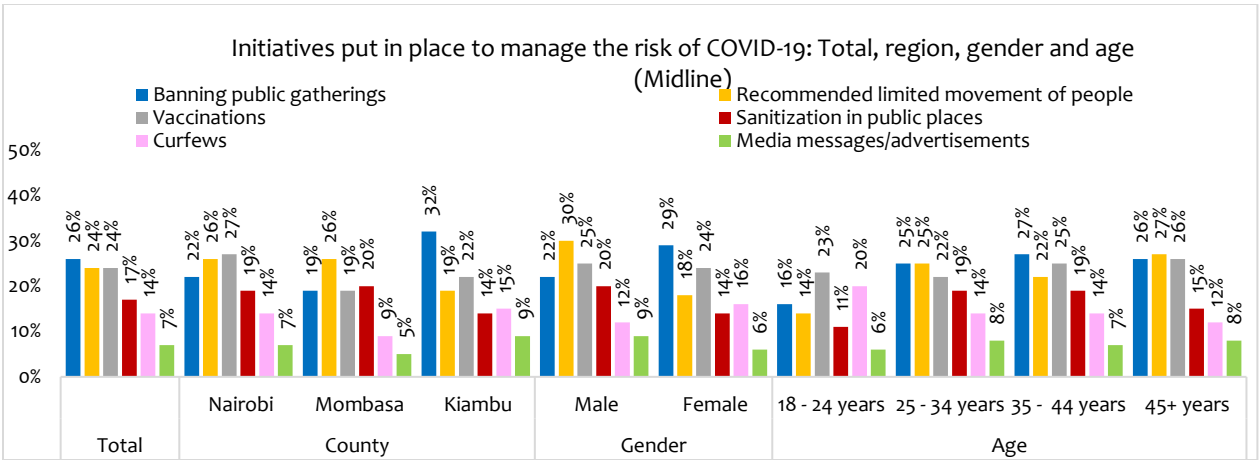


FIGURE 53:COMPARISON OF INITIATIVES PUT IN PLACE

Q. What initiatives or campaigns has the Government of Kenya (MoH) put in place to manage the risk of COVID-19, either earlier when COVID-19 started, when it was at its peak, or at present?

Base Midline: All respondents

3.7.2 The extent of the campaign's effectiveness

Recommending self-quarantine measures was the most effective in Endline while sanitization in public places was mentioned to be the most effective in Midline. Even though vaccination was not considered the most effective measure, it still had higher mentions in both Midline and Endline

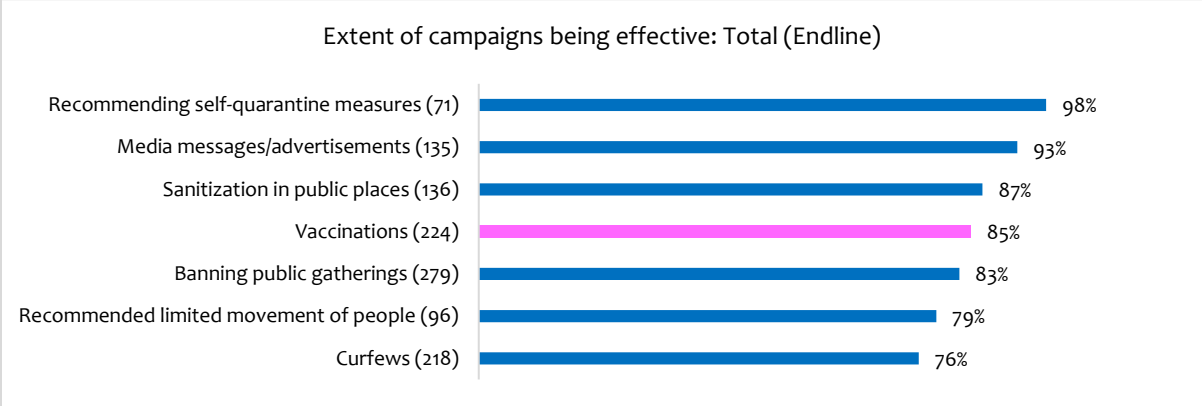


FIGURE 54:EXTENT OF CAMPAIGN EFFECTIVENESS

Q. To What extent do you think the following measures or campaigns have been effective?

Recommending self-quarantine measures (90%) had higher mentions relative to other measures in terms of perceived effectiveness. It was followed by isolation wards for the infected, vaccinations, sanitization in public places, and advertisements, all at (86%). Even though vaccination was not considered the most effective measure, it still had higher mentions, an indication that the target respondents appreciate the role vaccines play in curbing COVID-19.

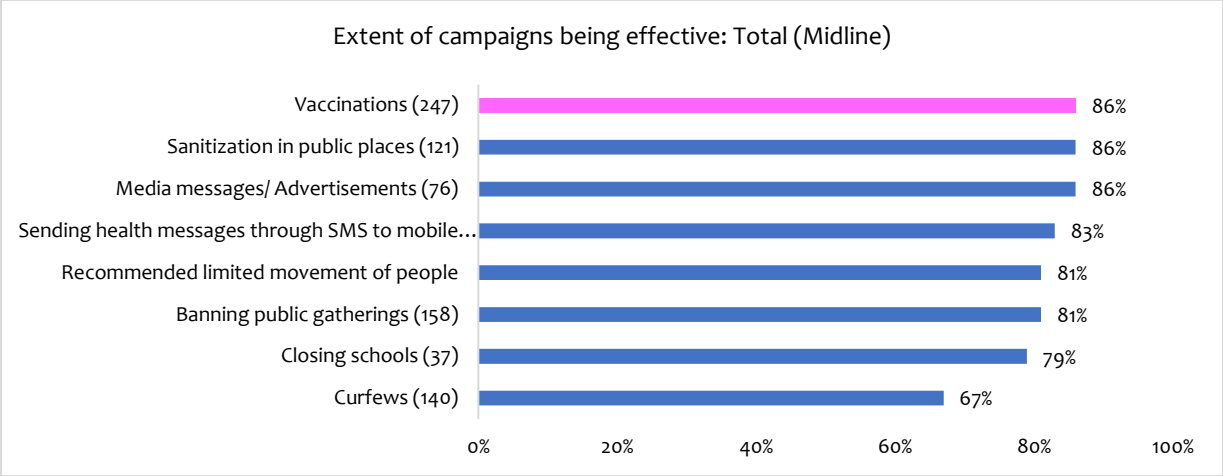


FIGURE 55:COMPARISON OF EXTENT OF CAMPAIGNS BEING EFFECTIVE

Q. To What extent do you think the following measures or campaigns have been effective?

3.7.3 Recommendations to MOH on COVID-19 management

Wearing masks was the most recommended COVID-19 management measure in the Midline but creating more awareness and sensitization about COVID-19 was the top mentioned in Endline.

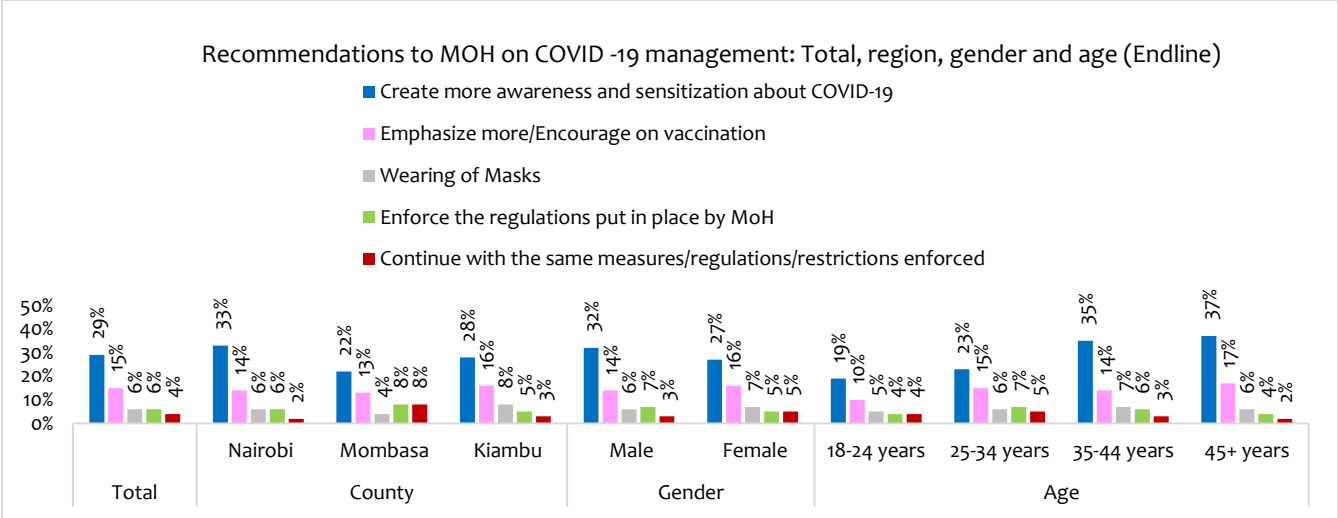


FIGURE 56:RECOMMENDATIONS ON COVID-19

Q. What ONE measure would you have recommended, or recommend now for the Government of Kenya (MoH) to put in place to manage the risk of COVID-19?

Base Endline: All Respondents

Wearing masks is the most recommended COVID-19 management across all demographics, followed by increased vaccination except in Mombasa County where an increase in vaccination campaigns and creating awareness come second at (19%).

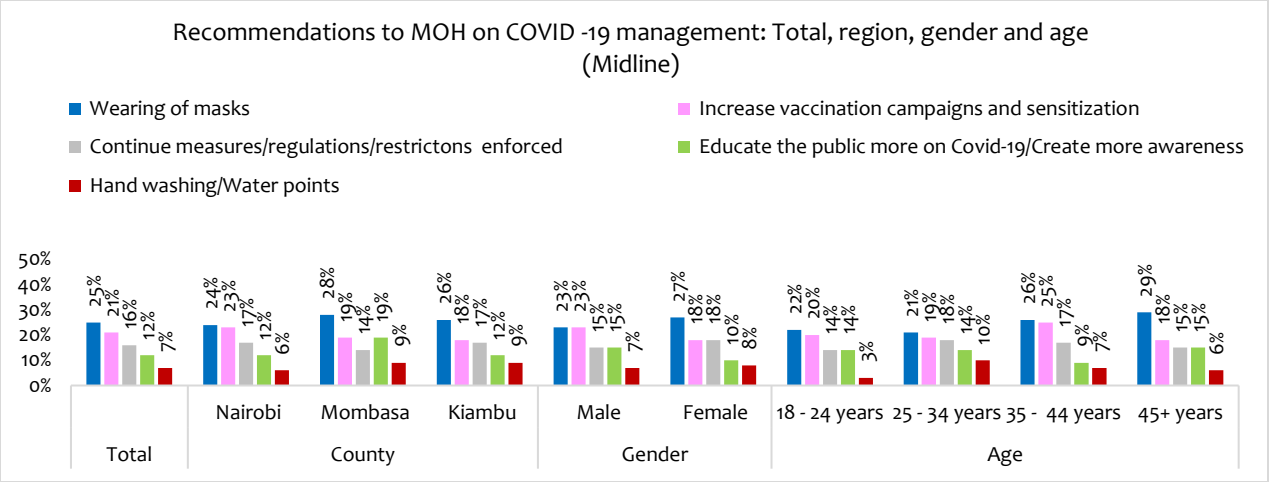


FIGURE 57:COMPARISON OF RECOMMENDATIONS ON COVID-19

Q. What ONE measure would you have recommended, or recommend now for the Government of Kenya (MoH) to put in place to manage the risk of COVID-19?

Base Midline: All Respondents

3.7.4 Concerns of contracting COVID-19

There was a slight drop in the concern of people contracting COVID-19 across all demographics

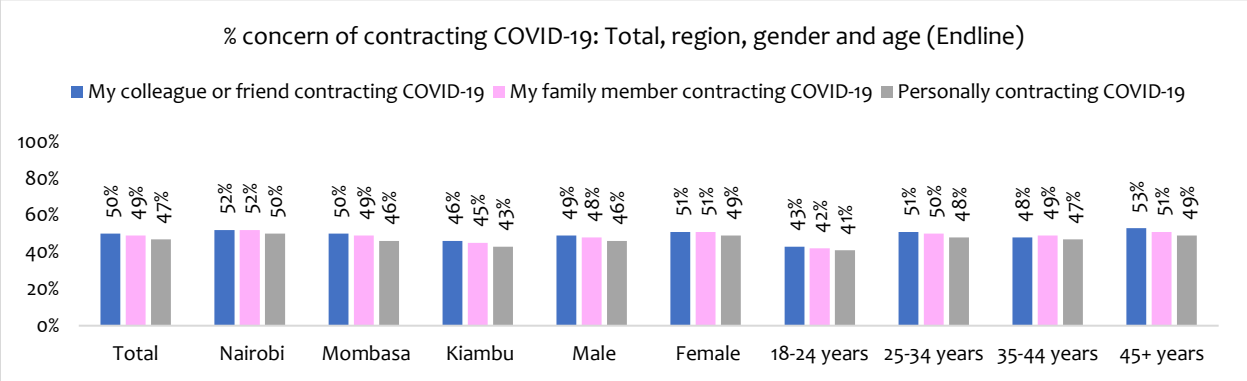


FIGURE 58: RECOMMENDATIONS ON COVID-19

Q. How concerned, are you? Personally, contracting COVID-19, My family member contracting COVID-19, My colleague or friend contracting COVID-19

Base Endline: All Respondents

Overall, there was no significant difference on concerns about who is most likely to contract COVID-19, however colleague in most cases had slightly higher mentions. Across the demographics, Mombasa County had relatively higher mentions for persons with concerns of contracting COVID-19

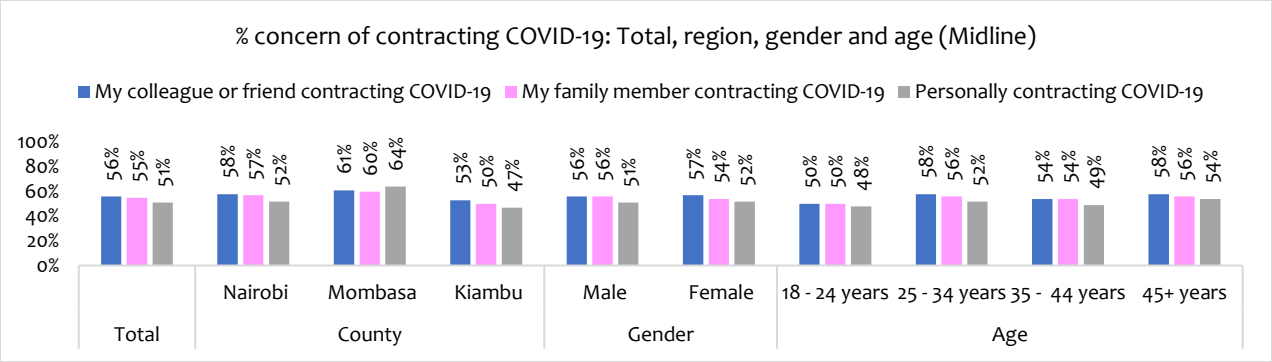


FIGURE 59:COMPARISON OF RECOMMENDATIONS ON COVID-19

Q. How concerned, are you? Personally, contracting COVID-19, My family member contracting COVID-19, My colleague or friend contracting COVID-19

Base Midline: All Respondents

3.7.5 Advocacy

The number of those who have shared information with others on how to prevent themselves from COVID-19 has dropped from 72% (Midline) to 67% (Endline). This to some extent could be attributed to the fact that more people believe that COVID-19 has subsided.

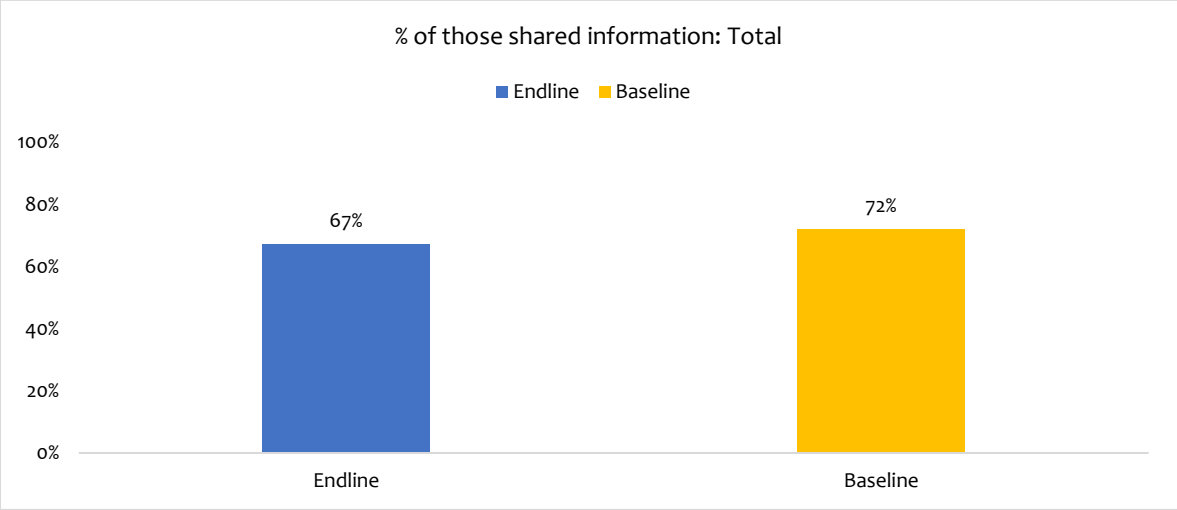


FIGURE 60: SHARING OF COVID-19 RELATED INFORMATION

Q. Based on your interaction with ANY CAMPAIGN(S) on COVID-19. Have you at any given time shared the information with others on how they can prevent COVID-19?

Base Endline Vs Midline: All Respondents

3.7.6 Advocacy: Top 5 Shared Messages [Endline vs Midline]

The top two messages that had been shared with others in both Endline and Midline are wearing of masks and washing of hands frequently. There was a decline in mentions of mask wearing among respondents in Mombasa County.

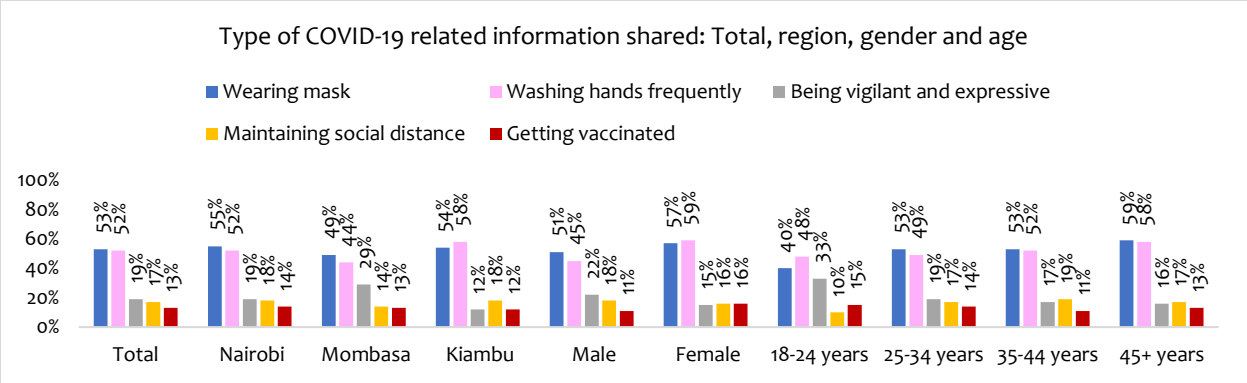


FIGURE 61: COVID-19 RELATED INFORMATION SHARED

Q. What kind of information did you share?

Base Endline: 729 (Those who shared information)

During the Midline survey, the top three messages that were shared with others were: wearing a mask, washing hands frequently and *"Komesha Corona, Okoa Maisha yako"* so as not to be infected. These were also the key messages when people hear or see COVID-19 related information.

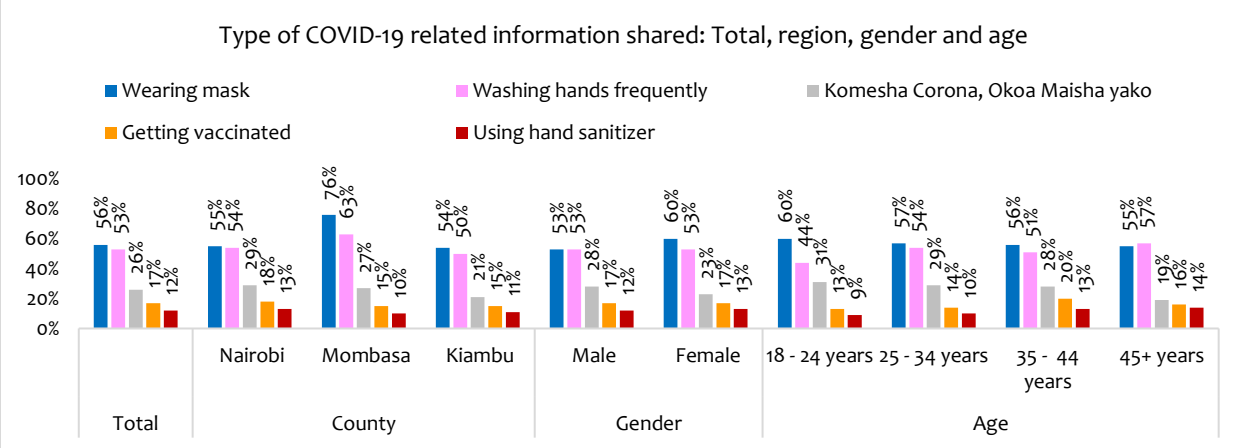


FIGURE 62:COMPARISON OF COVID-19 RELATED INFORMATION SHARED

Q. What kind of information did you share?

Base Midline: 729 (Those who shared information)

3.8 COVID-19 testing & vaccination

There was a (2%) increase in mentions of respondents who had been fully vaccinated (from Midline to Endline), with no differentiation for those who had received 2 doses out of 2 for the two years of comparison.

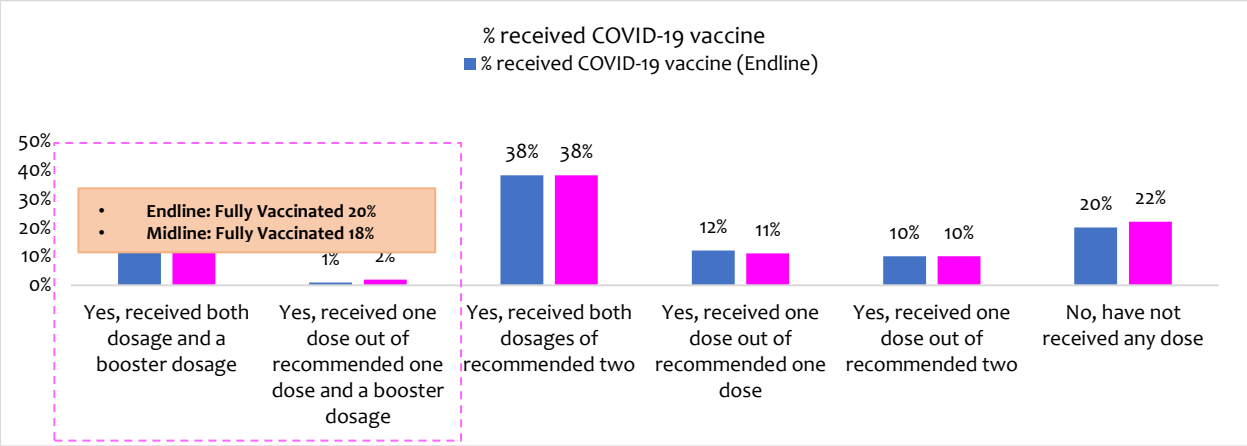


FIGURE 63: COVID-19 VACCINATED RESPONDENTS

Q. Have you received the COVID-19 vaccine?

Base Endline: All Respondents

Base Midline: All Respondents

3.8.1 Availability of vaccine

Nearly half (47%) of the respondents, at total level mentioned that they would not get the COVID-19 vaccine. Kiambu County had the highest percentage (53%) of respondents who indicated an unwillingness to get the COVID-19 vaccine. There were more males (50%) than females (44%) who mentioned that they would not get vaccinated. Among athe ge groups, respondents aged 25 to 34 years had higher mentions of wanting to get vaccinated as soon as possible (36%). Out of those not willing to go for the free COVID-19 vaccine, majority were aged 45 years and above (71%).

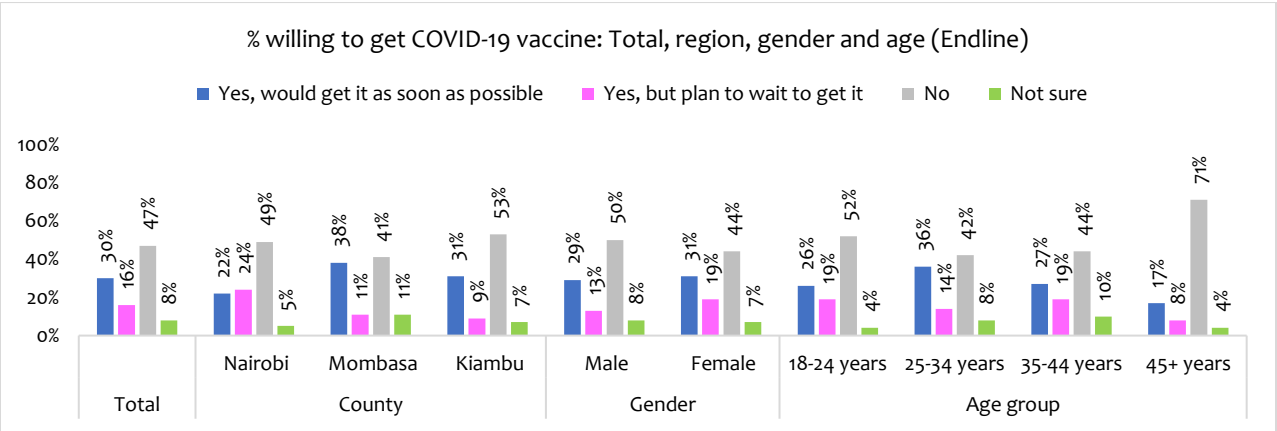


FIGURE 64: WILLINGNESS TO GET COVID-19 VACCINE

Q. If a COVID-19 vaccine were available to you, would you get it?

Base Endline: 199 (For those who have not received the COVID-19 vaccine)

Generally, the percentage of those willing to get vaccinated as soon as possible increased by 4% in the Endline survey while those who had not received the vaccine decreased by 2%. Across the counties, Nairobi and Mombasa residents' willingness to get vaccinated declined by 3% and 5% respectively. In the gender category, there was no significant difference among male respondents mentioning their willingness to get vaccinated as soon as possible and a slight increase (9%) among the female respondents. In the age groups, respondents aged 18 to 24 years and older adults aged 45+ years' mentions of willingness to get vaccinated declined.

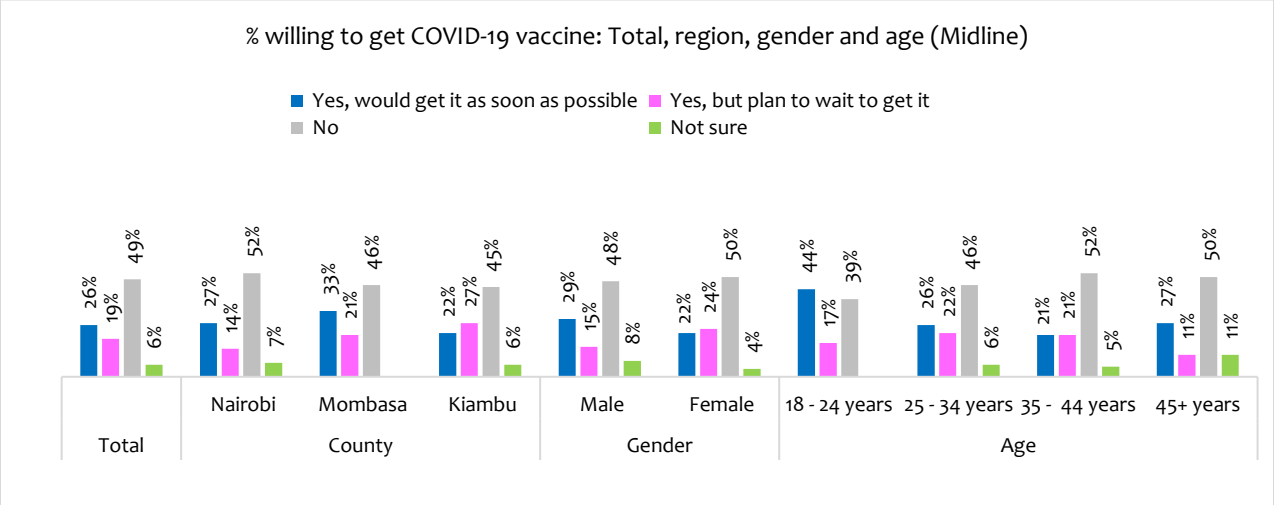


FIGURE 65: WILLINGNESS TO GET COVID-19 VACCINE

Q. If a COVID-19 vaccine were available to you, would you get it?

Base Midline: 228 (For those who have not received the COVID-19 vaccine)

3.8.2 Free COVID-19 test

Majority of the respondents mentioned that they could take a COVID-19 vaccine (78%) however, those not willing to go for the free test mentioned key barriers as fear of pain and perception that COVID-19 is a scam.

In comparison with the Midline survey, there was a slight increase in mention of respondents who were willing to go for the free COVID-19 test. Perception that COVID-19 is a scam and pain during the procedure were the top 2 barriers mentioned during the Midline however, there was a significant decline in mentions during the Endline, despite the two still being the top two barriers.

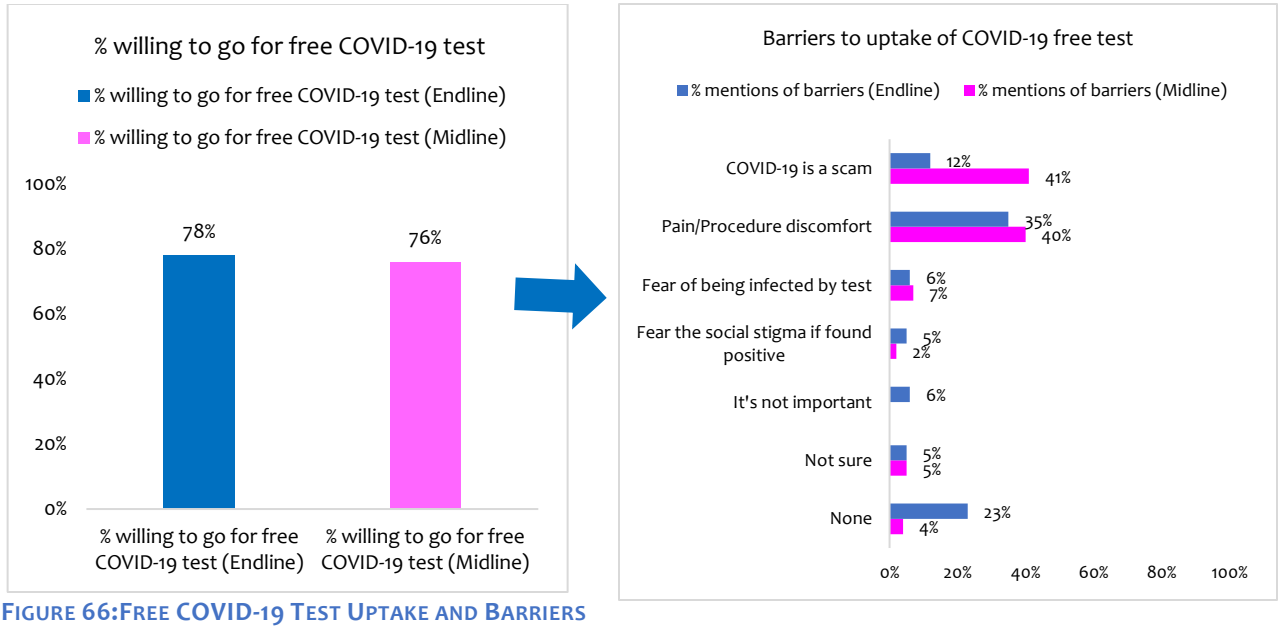


FIGURE 66:FREE COVID-19 TEST UPTAKE AND BARRIERS

Q. If you could have a free test for the COVID-19 would you, have it?
Q. Reasons for not taking the free test?
Base Endline: 220 (Those who would not take the COVID-19 test)
Base Midline: 241 (Those who would not take the COVID-19 test)

Across all the demographics, majority of the respondents were willing to go for the free COVID-19 vaccine (78%) albeit higher mentions noted in Mombasa County (82%), among the male respondents (79%) and respondents aged 35 to 44 years old (79%).

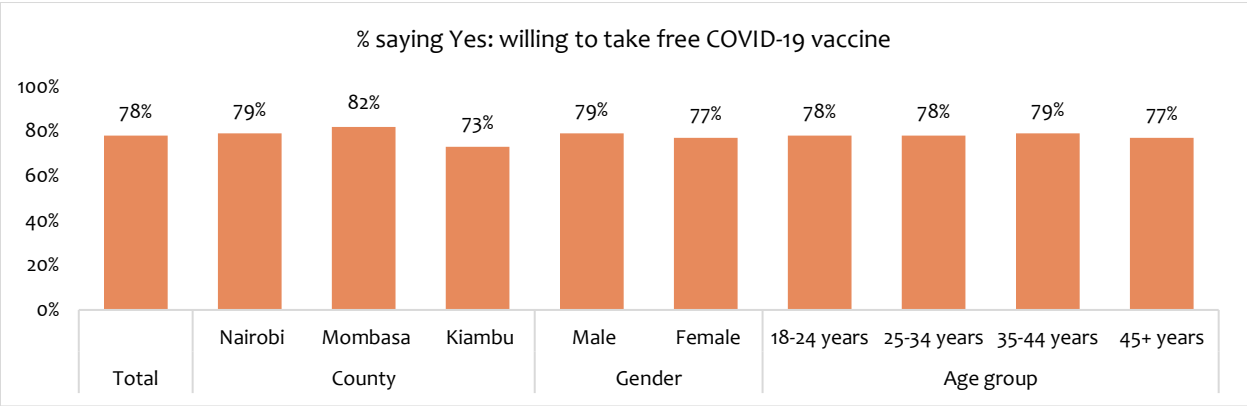


FIGURE 67: % SAYING YES: WILLING TO TAKE FREE COVID-19 VACCINE

Q. If you could have a free test for COVID-19 now, would you have it?
Base Endline: All Respondents

3.8.3 Awareness of free COVID-19 vaccine

There was an increase in mentions of knowledge/ awareness of MoH giving free COVID-19 vaccine (3%). This indicates that lack of knowledge on MoH giving a free vaccine was not a challenge or barrier, or alternatively there was more exposure on this.

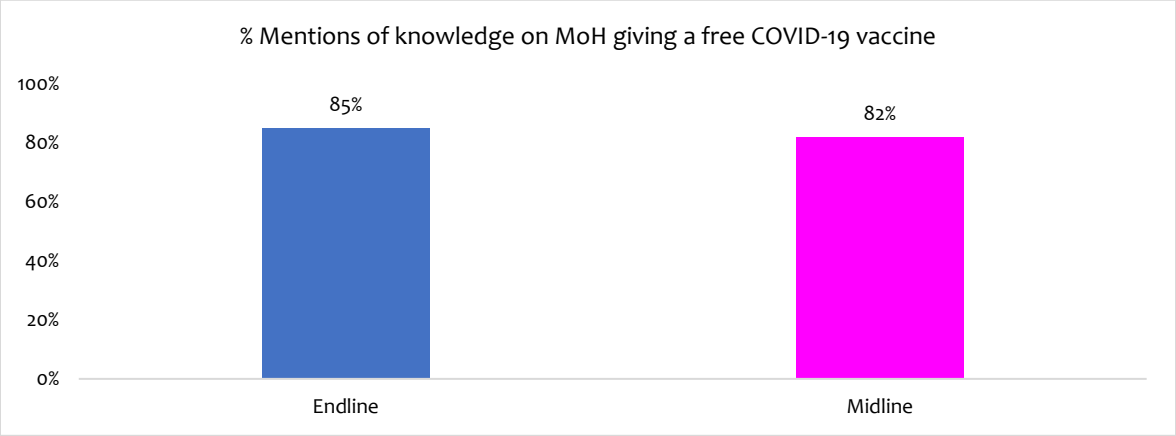


FIGURE 68: AWARENESS OF FREE COVID-19 VACCINE

Q. Do you know that the Government (MoH) is giving COVID-19 vaccine for free?

Base Endline: 199 (for those who have not received the COVID vaccine)

Base Midline: 228 (for those who have not received the COVID vaccine)

Majority of the respondents (85%) were aware of MoH giving free COVID-19 vaccine in the Endline survey. In terms of counties, Nairobi had the highest mentions for those aware of free COVID-19 vaccine (89%), female respondents had a higher proportion of those who were aware of the COVID-19 vaccine (88%) and those aged 45 years and above had the highest percentage of those who were aware of the COVID-19 vaccine (92%).

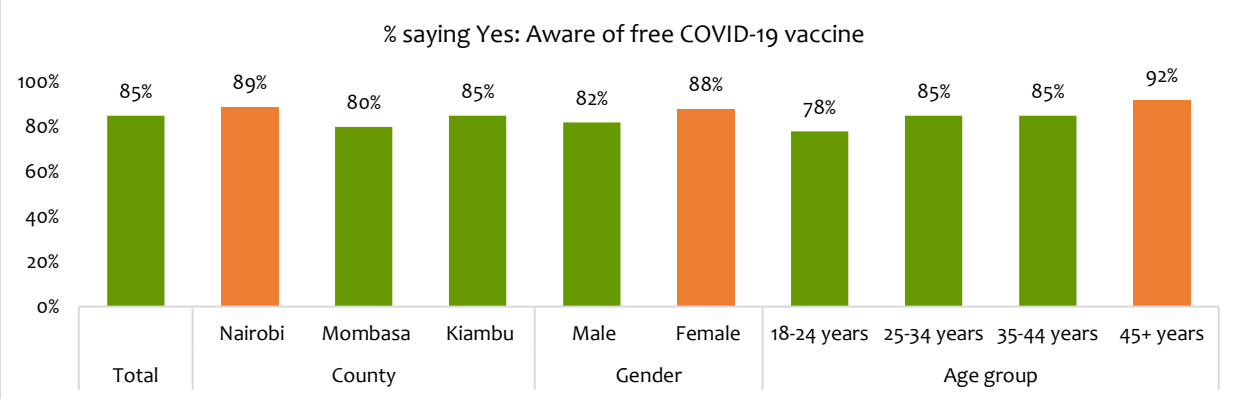


FIGURE 69: AWARENESS OF FREE COVID-19 VACCINE

Q. Do you know that the Government (MoH) is giving COVID-19 vaccine for free?

Base Endline: All respondents

3.8.4 Difficulties in accessing COVID-19 vaccine

Despite majority of the target audiences being aware of MoH giving free COVID-19 vaccine, at least 3 out of every 10 respondents interviewed mentioned that they were facing difficulties in accessing the COVID-19 vaccine.

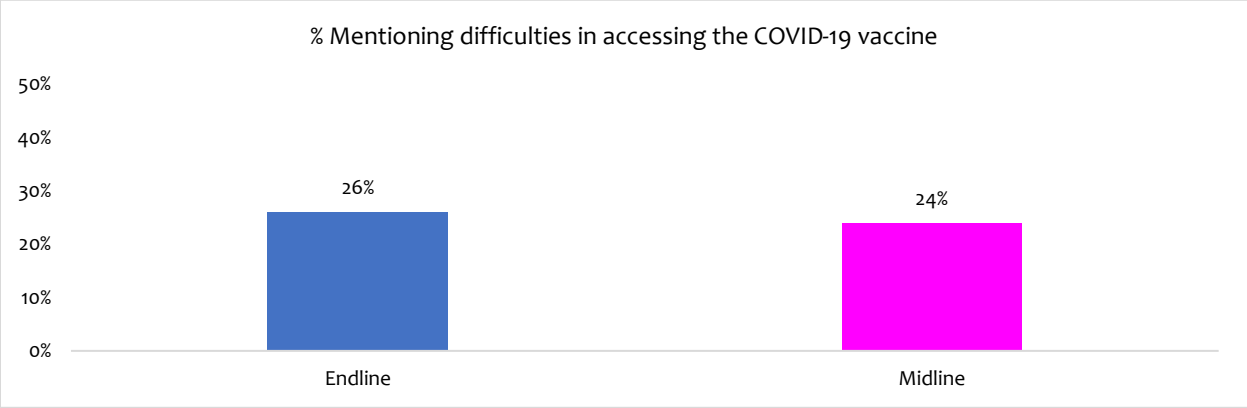


FIGURE 70: DIFFICULTIES IN ACCESSING THE COVID-19 VACCINE

Q. Have you experienced difficulties in accessing COVID-19 vaccine?

Base Endline: 199 (Those who have not received the COVID vaccine)

Base Midline: 228 (for those who have not received the COVID vaccine)

Fear of contracting COVID-19 was mentioned as the main factor as to why the respondents were motivated to get vaccinated (78%). Following MoH advise was the second most mentioned factor (15%) across all categories. However, vaccination drivers across most demographics have declined.

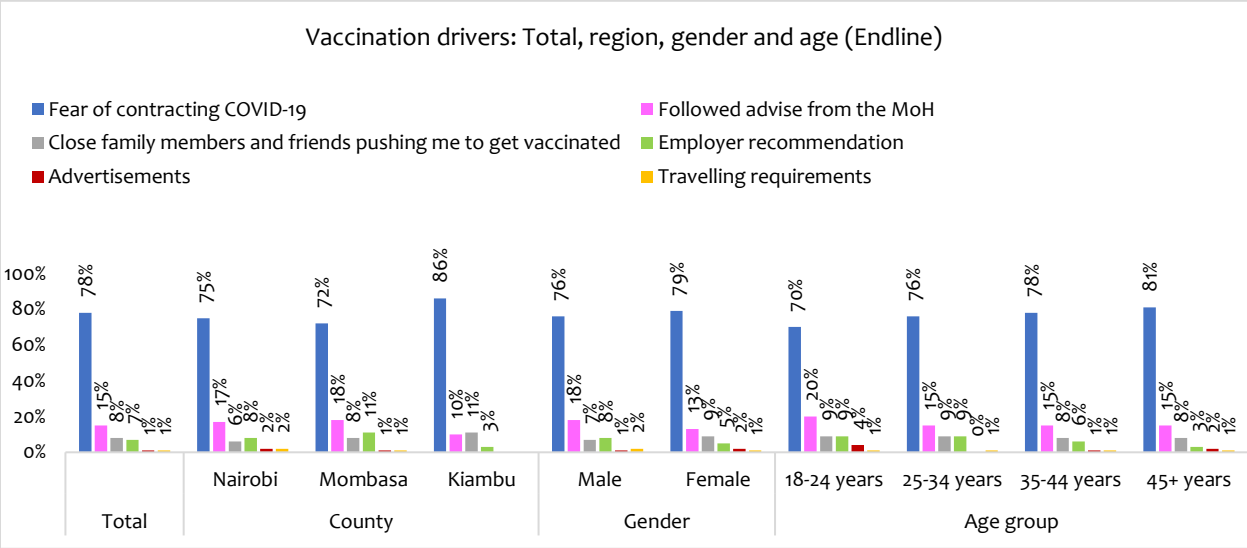


FIGURE 71: COVID-19 VACCINATION DRIVERS

Q. What factor or factors motivated you to get vaccinated?

Base Endline: 812 (Those who have received the COVID-19 vaccine)

A comparison of Endline and Midline survey findings show that there was a decrease in mentions for all the vaccination drivers in the Endline survey as compared to Midline survey findings, apart from Employer recommendation (work place orders) which increased in the Endline survey.

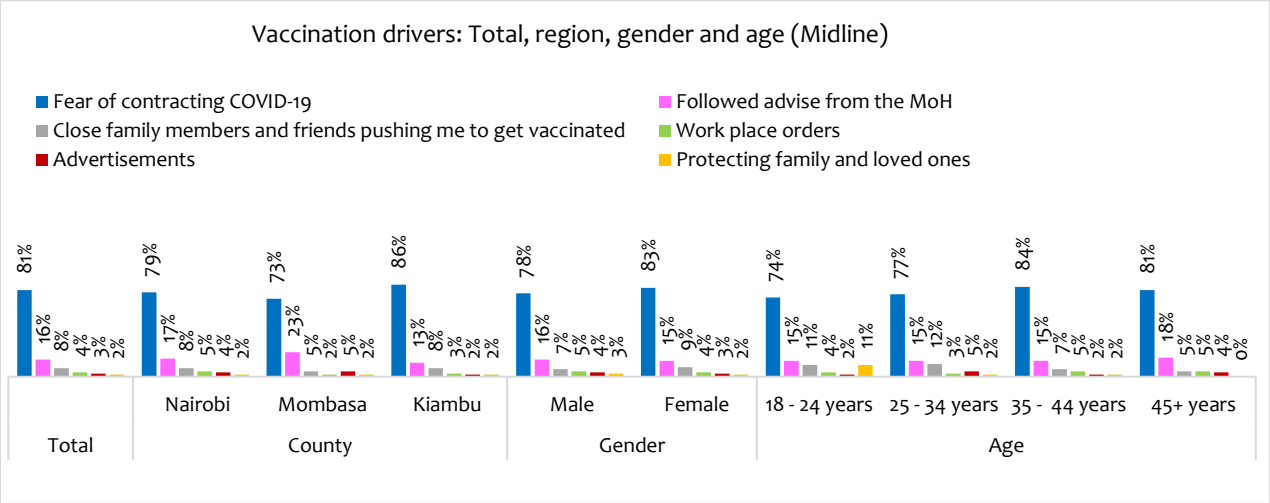


FIGURE 72: COVID-19 VACCINATION DRIVERS

Q. What factor or factors motivated you to get vaccinated?

Base Midline: 787 (Those who have received the COVID-19 vaccine)

3.8.5 Types of vaccines received

Over half of the respondents who had received the single dose of the COVID-19 vaccine mentioned that they had received Johnson & Johnson vaccine (65%). Mombasa County had higher mentions of Johnson & Johnson vaccine (72%). There was a high percentage of male respondents who mentioned that they had received the Johnson & Johnson vaccine (68%), a significant proportion of those aged 18-24 years did not know the kind of vaccine that they had received (30%).

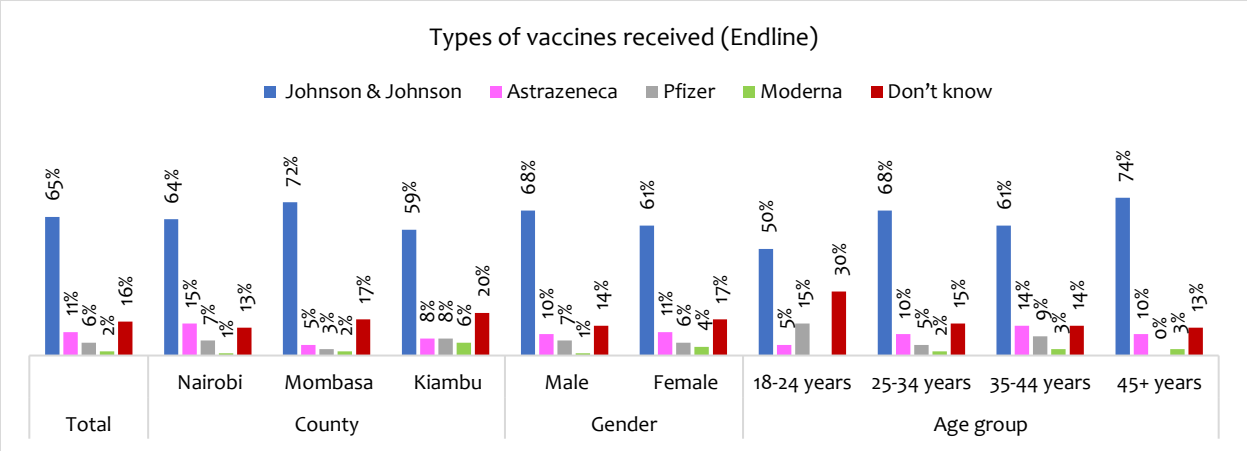


FIGURE 73: TYPE OF COVID-19 VACCINE RECEIVED

Q. Which vaccine did you go for?

Base Endline: 216 (Those who have received a SINGLE DOSE of COVID-19 vaccine)

In comparison with current survey and previous survey findings, there was increased usage of Johnson & Johnson (65% vs 63%) and Pfizer (11% vs 12%), and a slight decrease of Astrazeneca (12% against 11%).

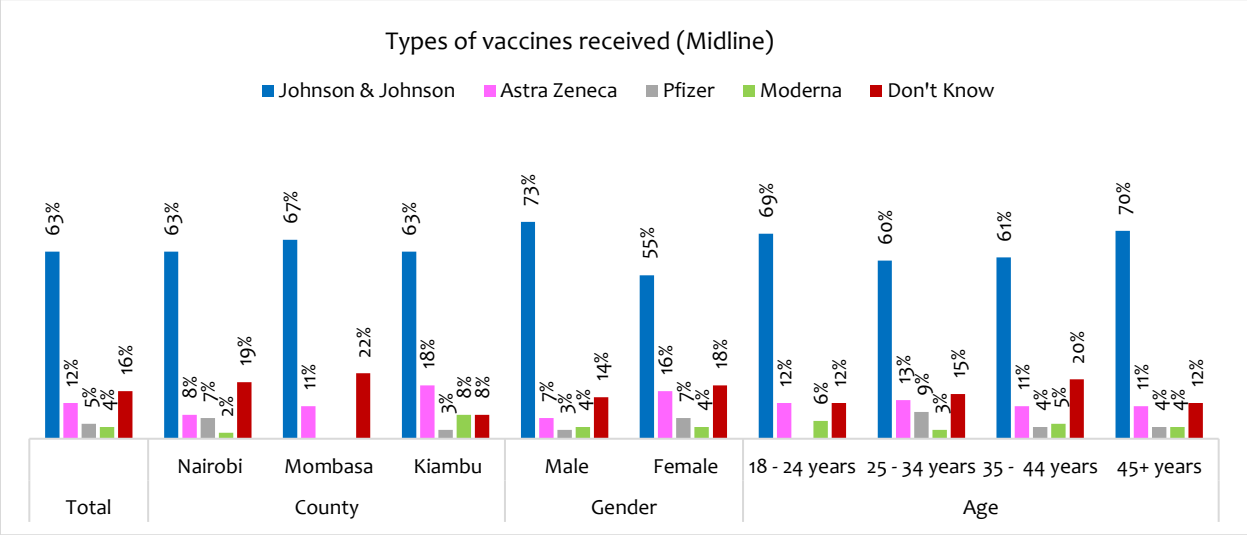


FIGURE 74: TYPE OF COVID-19 VACCINE RECEIVED

Q. Which vaccine did you go for?

Base Midline: 216 (Those who have received a SINGLE DOSE of COVID-19 vaccine)

3.8.6 Drivers to getting vaccinated - Role of family and friends

There was a slight increase in mentions of family and friends influencing uptake of the COVID-19 vaccine (53% up from 50%). This resonates well with some of the themes (Family, Friends, Couples) adopted for the Chanjwa Vaccination Campaign.

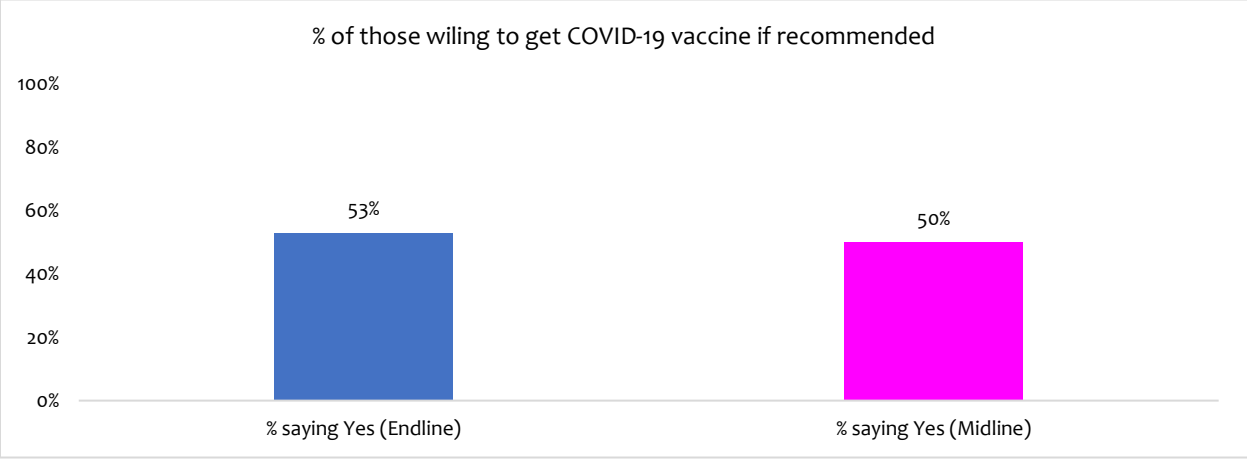


FIGURE 75: DRIVERS TO RECEIVING VACCINE IF RECOMMENDED

Q. When you think of close family and friends whose opinion you value, will you get a COVID-19 vaccine, if it is recommended by them?

Base Endline: 199 (for those who have not received the COVID vaccine)

Base Midline: 228 (for those who have not received the COVID vaccine)

For those who have not been vaccinated, over half of respondents who mentioned that they would go for the COVID-19 vaccine based on recommendations from family and friends are people residing in Mombasa, females, and the younger age bracket of the youthful population.

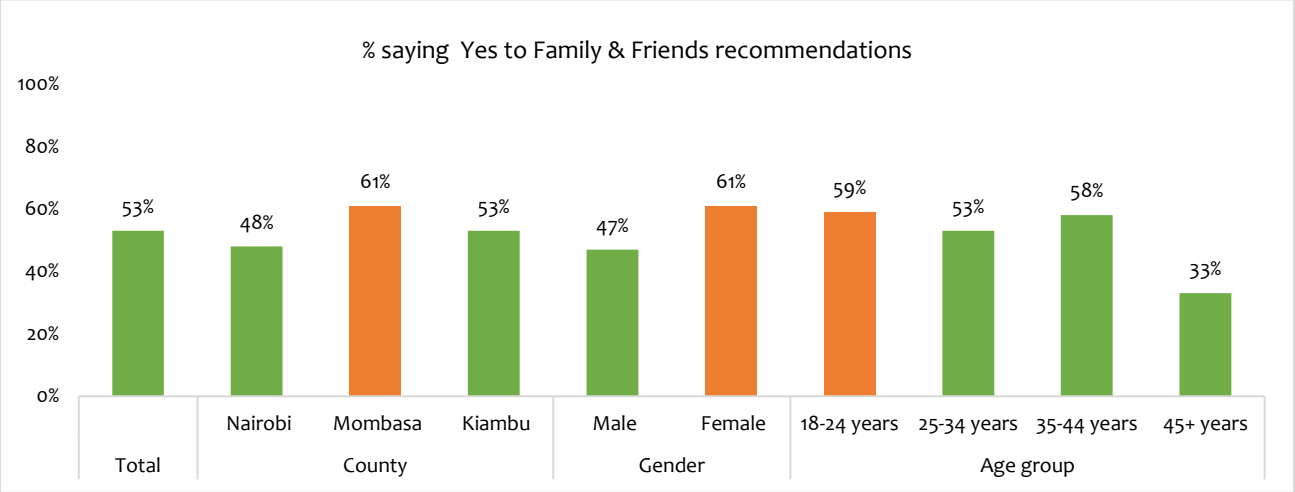


FIGURE 76: DRIVERS TO RECEIVING VACCINE IF RECOMMENDED

Q. When you think of close family and friends whose opinion you value, will you get a COVID-19 vaccine, if it is recommended by them?

Base Endline: 199 (Those who have not been vaccinated)

3.8.7 Barriers to getting vaccinated - Role of family and friends

Mombasa County respondents, Female respondents, and respondents aged (25 to 34 years, and 35 to 44 years) mentioned key barriers to getting vaccinated as negative things they had heard about the COVID-19 vaccine. The top three reasons mentioned for not going for the vaccines even after recommendation from family and friends were; lack of belief that COVID-19 existed (27%), hearing negative things being said about the vaccine (27%) and lack of belief in vaccines (21%). Nairobi County had the highest mentions of those who do not believe COVID-19 existed (36%), female respondents and those aged 35 to 44 years old had a higher percentage of those who have heard negative things being said about the vaccine

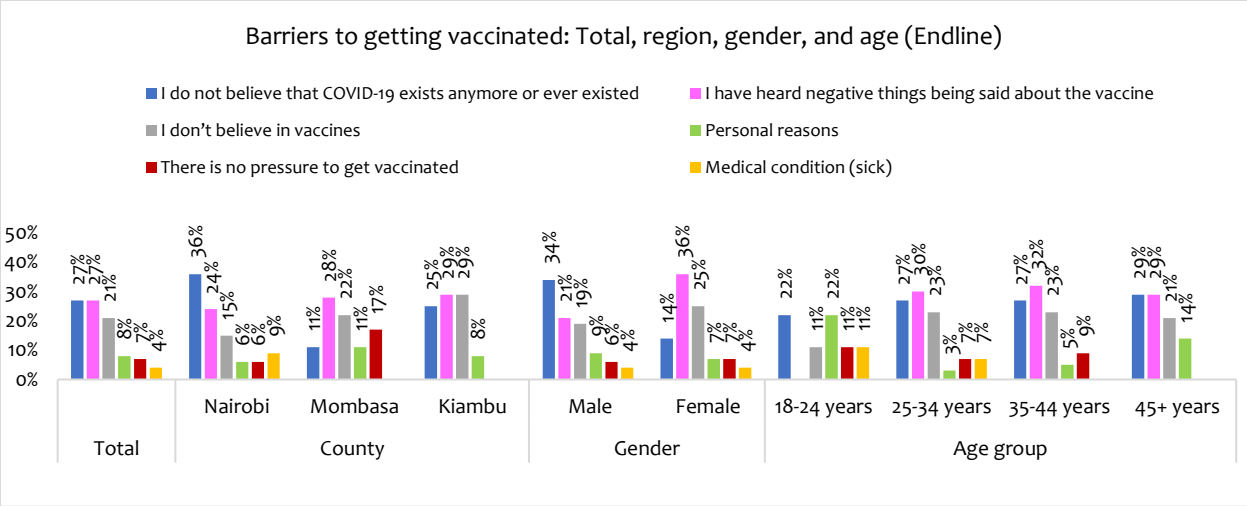


FIGURE 77: BARRIERS TO GETTING VACCINATED

Q. Why wouldn't you go for the vaccine?

Base Endline: 75 (Those who will not go for the vaccine though recommended)

A comparison of Midline and Endline survey findings shows that mentions for majority of the barriers to vaccination increased during the Endline survey.

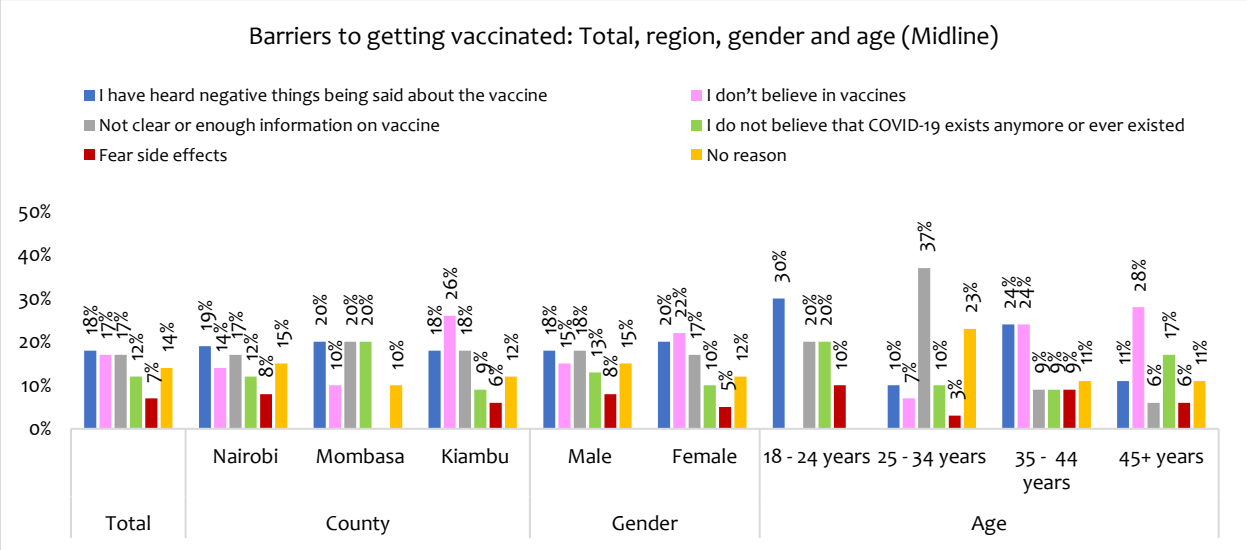


FIGURE 78: BARRIERS TO GETTING VACCINATED

Q. Why wouldn't you go for the vaccine?

Base Midline: 103 (Those who will not go for the vaccine though recommended by Family and Friends)

3.8.8 Importance of the vaccine

Generally, COVID-19 vaccine is perceived to be safe. Older adults (45 Plus years) had higher mentions of vaccine safety followed by Nairobi and female respondents. This finding shows that among the target audiences, regardless of whether one is vaccinated or not, the importance of the COVID-19 vaccine is well known and appreciated.

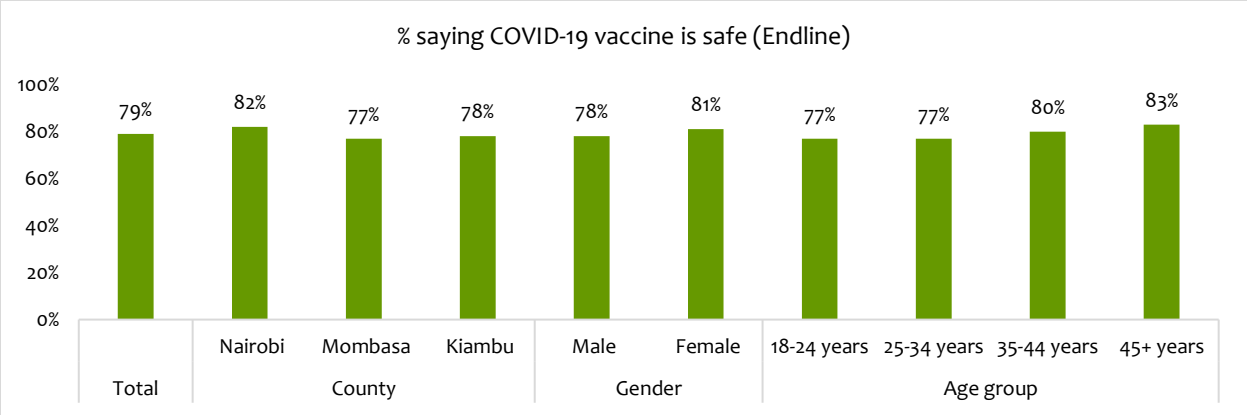


FIGURE 79: IMPORTANCE OF THE COVID-19 VACCINE

Q. How important do you feel COVID-19 vaccine is to your health?

Base Endline: All Respondents

COVID-19 vaccine is considered important although with slightly lower mentions when comparisons of Endline and Midline are made.

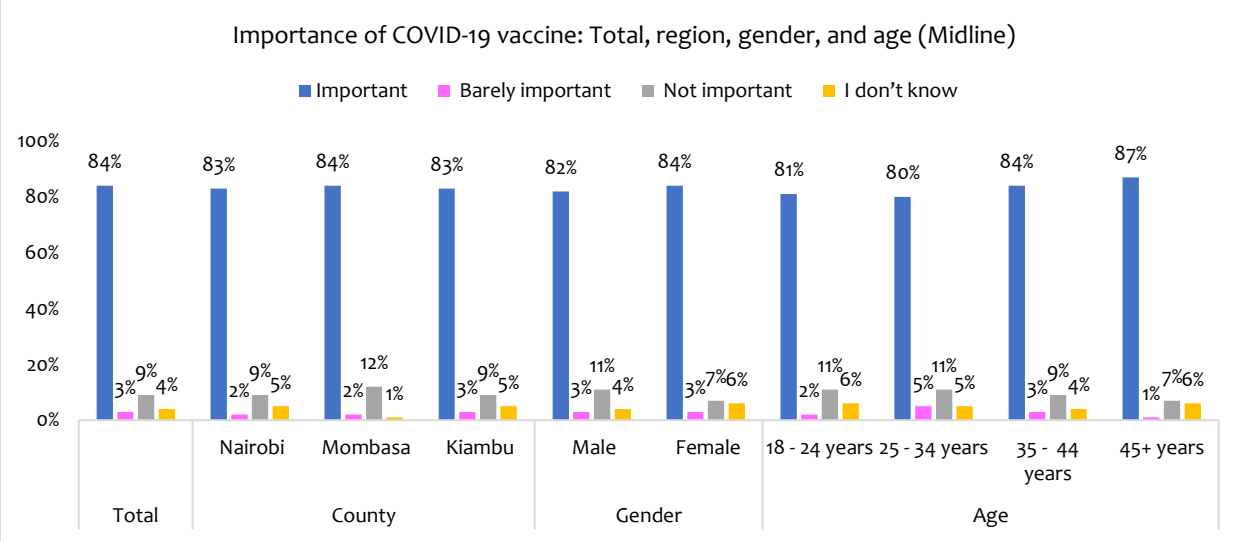


FIGURE 80: IMPORTANCE OF THE COVID-19 VACCINE

Q. How important do you feel COVID-19 vaccine is to your health?

Base Midline: All Respondents

3.8.9 Ease of accessing COVID-19 vaccine

Overall, getting the COVID-19 vaccine is easy except that mentions for Endline are lower than mentions for the Midline. At total level, (67%) of the respondents mentioned that it would be easy to get a vaccine for themselves. Across the counties, Kiambu had the highest mentions of those who said it is easy to get the COVID-19 vaccine (69%), Nairobi and Mombasa had similar mentions (66%). Gender wise, there were more female respondents (76%) who mentioned that it would be easy for them to access the COVID-19 vaccine. In terms of age, respondents aged between 35-44 years (74%) mentioned that it would be easy for them to get the COVID-19 vaccine.

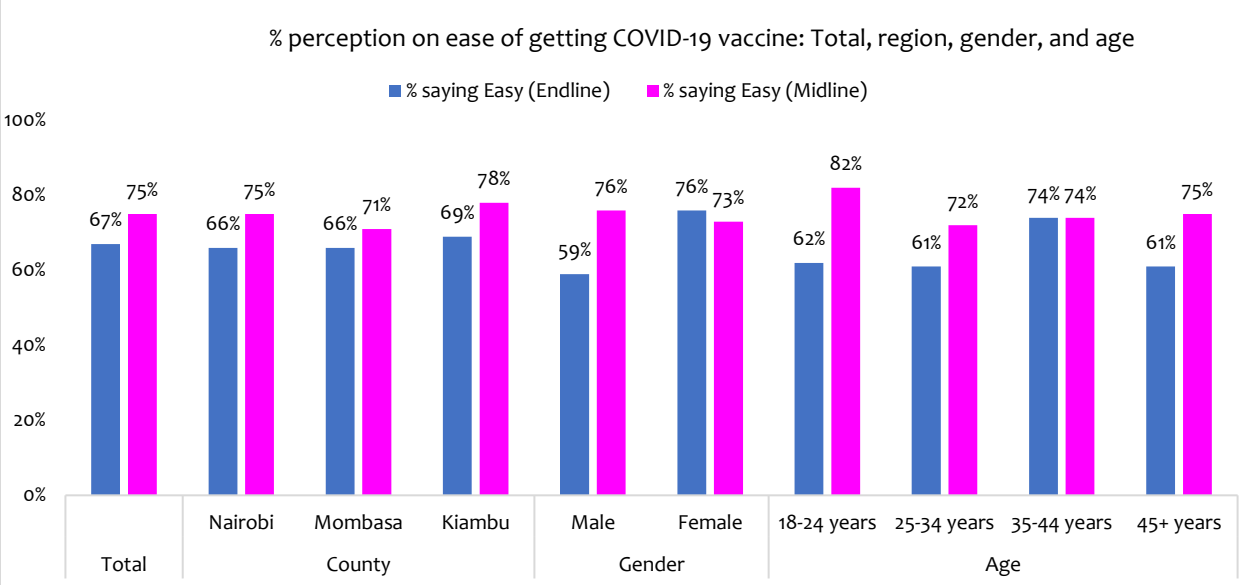


FIGURE 81: EASE OF ACCESSING THE COVID-19 VACCINE

Q. How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say….

Base Endline: 199 (for those who have not received the COVID vaccine)

Base Midline: 228 (for those who have not received the COVID vaccine)

3.8.10 COVID-19 vaccine access point or centers

There is high awareness/ knowledge of where to get COVID-19 vaccine although comparing the 2 years, Midline mentions were higher than Endline mentions. Majority of the respondents (79%) mentioned that they knew the COVID-19 vaccination centres. In terms of gender, there were more female respondents (85%) who mentioned that they knew the vaccination centres. Age wise, respondents aged between 45+ years had a higher percentage (88%) of those who knew the COVID-19 vaccination centres.

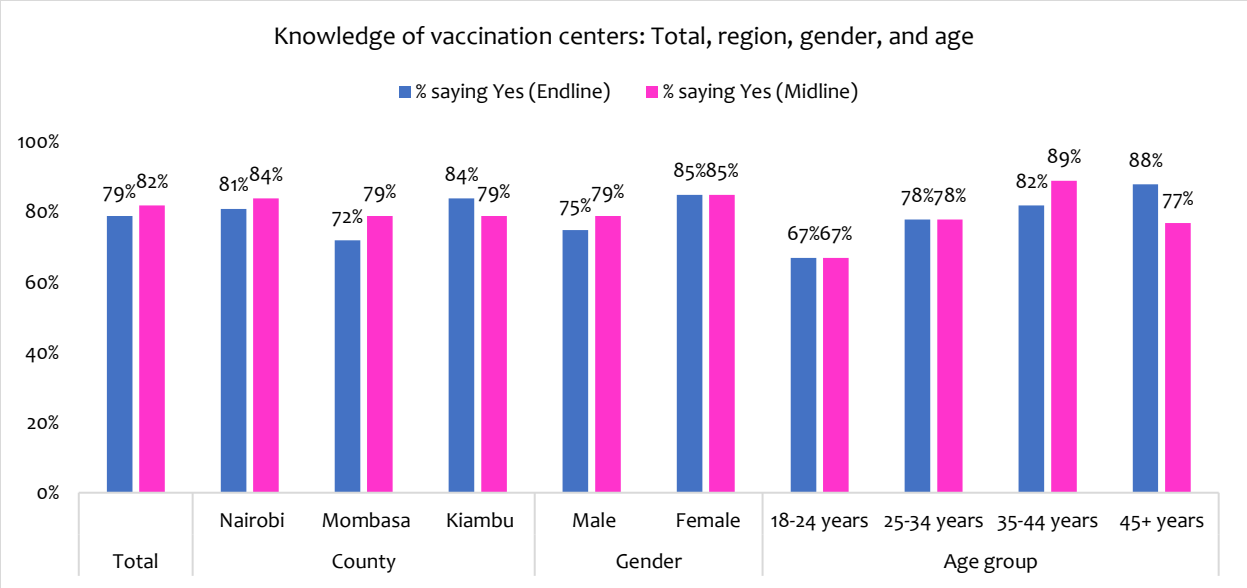


FIGURE 82: LOCATION OR CENTERS OF ACCESSING THE COVID-19 VACCINE

Q. Do you know where to get a COVID-19 vaccine if you need or want one?

Base Endline: 199 (for those who have not received the COVID vaccine)

Base Midline: 228 (for those who have not received the COVID vaccine)

3.9 Communication on COVID-19

3.9.1 Sources of information on COVID-19 issues

The top sources of information on COVID-19 issues are television and radio across all the demographics. Digital/Social media had relatively higher mentions for males, youth, and Mombasa County residents.

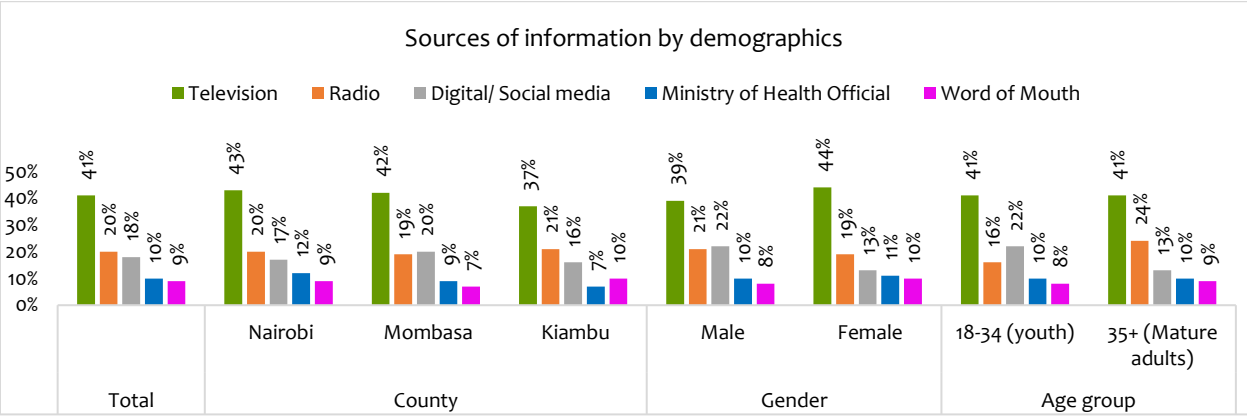


FIGURE 83: SOURCES OF INFORMATION ON COVID-19

Q. What are your sources of information on; COVID -19 issues?

Digital/ Social media (Facebook, Twitter, WhatsApp, Telegram, YouTube, Instagram)

Word of Mouth (family, friends, relatives, colleagues, neighbors Etc)

Ministry of Health Official (any official: CS Health, Chief Administrative Secretary Health, etc.

Base Endline: All Respondents

The most trusted sources in order across the counties are TV, Digital/ Social media, and MoH Nearly half of the female respondents and the older generation mentioned television as the most trusted source of information.

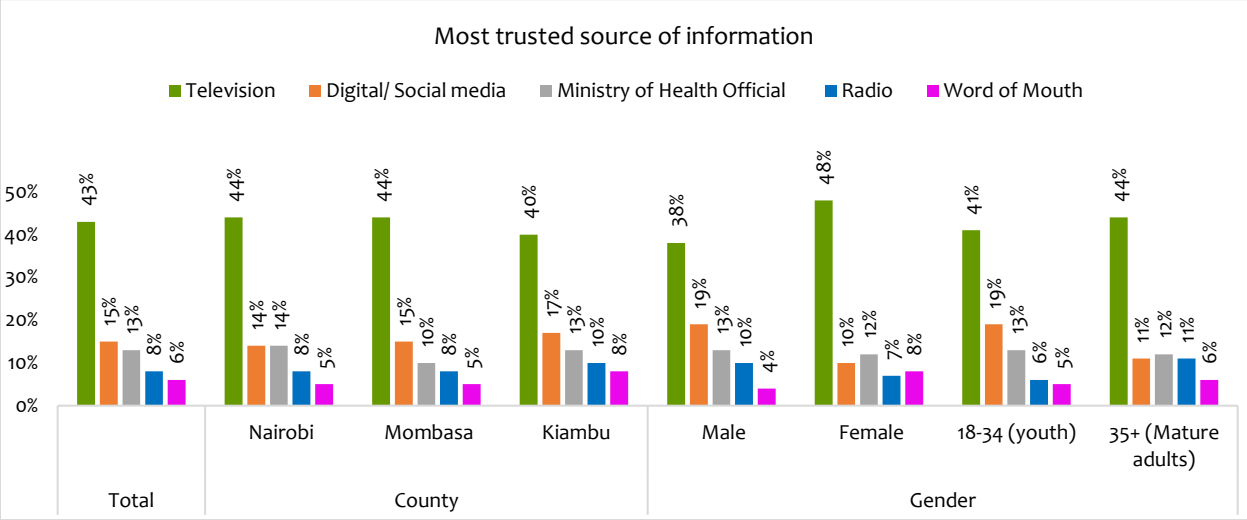


FIGURE 84: SOURCES OF INFORMATION ON COVID-19

Q. Which one is the MOST TRUSTED source of information? SINGLE

Base Endline: All Respondents

3.9.2 Awareness of General COVID-19 Vaccination Messages and Information Sources

There was a decline in mentions of target audiences that had ever seen/ heard about any COVID-19 vaccination messages from Midline to Endline. Mobile (SMS) and TV remain the top 2 sources of information for COVID-19 vaccines, albeit comparing Midline and Midline, the percentage mentions for Endline figures declined for both Mobile (SMS) and TV. Word of Mouth (WOM) was the third most popular COVID-19 vaccine source of information during the Endline.

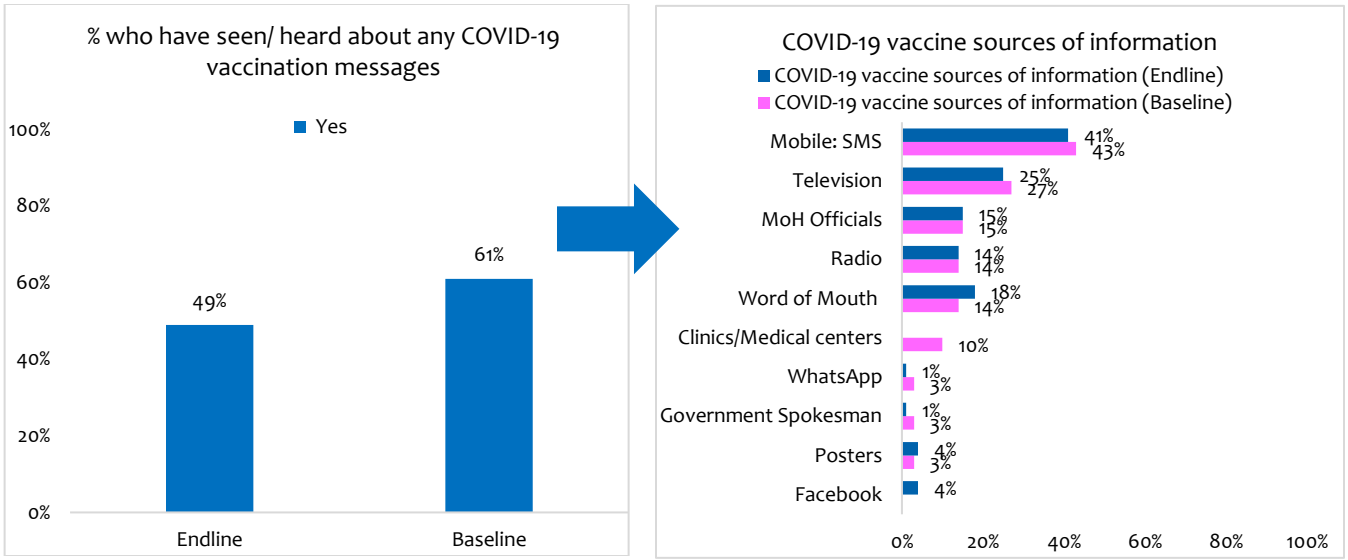


FIGURE 85: SOURCES OF INFORMATION ON COVID-19

Q. Have you ever seen/ heard about any COVID-19 vaccination messages?

Q. Which channels/ source(s) of information did you see or hear about the COVID-19 vaccination-related messages?

Base Endline 491: Those who have heard about general/ other COVID-19 vaccination messages

Base Midline 616: Those who have heard about general/ other COVID-19 vaccination messages

3.10 Economic Situation Post COVID-19

Generally, the economic situation is perceived to have slightly worsened from Midline to Endline (attributable to many factors, not limited to COVID-19). However, in the year 2022, the percentage of respondents who mentioned that the economic situation was much worse was lower (85%) than those who mentioned the same in the year 2023 (87%).

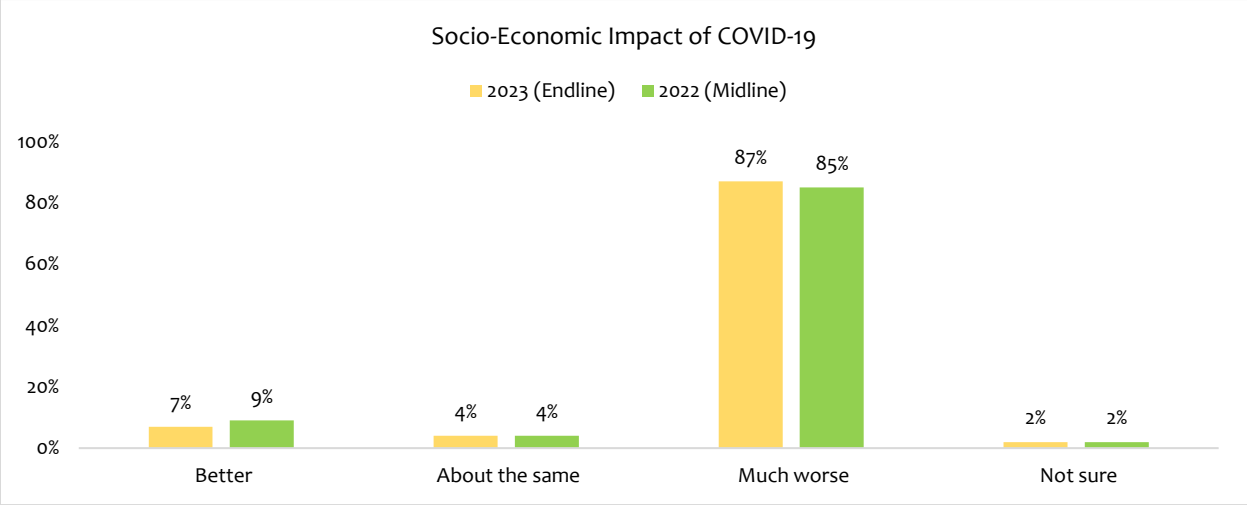


FIGURE 86: ECONOMIC SITUATION POST COVID-19

Q: Comparing the economic situation in this area/locality before the COVID-19 arrived, how much has it been affected? Would you say it is now…?

Base 2023 vs 2022 vs 2020: All Respondents

Key Highlights

Preventive measures:

- Key COVID-19 preventive measures that had the highest recall were wearing masks, handwashing, vaccination, social distancing, and using sanitizers.

Vaccination:

- Percentage of fully vaccinated increased by 2% between the two surveys
- Despite the increase, there is high hesitancy and apathy among the target audiences

Communication channels:

- Traditional media (TV and Radio) remain key in social or health-related campaigns. Social media complements them well
- Traditional media (TV), social media/ digital, and MoH officials are the most trusted sources of information on health-related matters.

COVID-19 Perception and relaxed adherence measures

- Increased perceptions that COVID-19 has subsided with some not sure if it exists or not, overall this affected the performance of some of the study indicators.
- Government and other stakeholders' relaxation of COVID-19 measures has also brought some leniency in practicing or adhering to COVID-19 measures. One example is the requirement to wear masks

Conclusion

Knowledge: During Midline there was a high recall of the campaign meaning it was rolled out well. The drop in some of the endline indicators could be attributed to people not believing that COVID-19 exists, as well as time interval between the two surveys.

Campaign messages:

- Midline: "Pata Chanjo" was the most recalled campaign message followed by "Continue wearing masks and washing hands as COVID-19 still exists".
- Endline: "Pata Chanjo" was the most recalled campaign

Sources of information:

- **Recall:** In both the Midline and Endline surveys, the main channels through which information on the campaign was recalled was traditional media (TV and Radio), social media/ digital, and Ministry of Health officials.

- **Trust:** TV, social media/ digital, and MoH are the most trusted sources of information on COVID-19

Believability of Chanjwa campaign vaccination messages: There was believability to a large extent for both surveys and the lowest recorded messages were "I do not trust the messages from the campaign" and "I do not find campaign messages convincing"

Recommendations

Gaps in demand creation are seen from this survey, hence a need for some recommendations for the future implementation

- There is need for more sensitization among youths regarding safety of vaccination
- Targeted Sensitization Channels on target audiences (youths – Digital/Social Media and mature adults - Mainstream media)
- When using communication posters, there is a need to include what the campaign is about i.e include Covid-19 under the Chanjwa!
- A co-creation meeting to be conducted with audiences from the informal settlement
- Methodology recommendatons: adoption of face to face data collection instead of telephonic
- Survey on media channel/digital consumption be conducted among the informal settlement residence
- Messaging on the existence of communication by key health officials

Chapter 4: Appendices

Appendix A: Disability status and Type

Gender	Age Bracket	County	Specific Location	Disability Type	Other Disability Type
Male	18-24	Nairobi	Kibra	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	18-24	Nairobi	Kibra	Cannot walk or climb steps	N/A
Female	18-24	Nairobi	Mathare North	Cannot see even when wearing spectacle	N/A
Female	25-34	Nairobi	Huruma	Cannot see even when wearing spectacle	N/A
Male	25-34	Nairobi	Huruma	Cannot remember or concentrate	N/A
Female	25-34	Nairobi	Kangemi	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	25-34	Nairobi	Kangemi	Cannot walk or climb steps	N/A
Male	25-34	Nairobi	Kawangware	Cannot talk	N/A
Male	25-34	Nairobi	Kiambiu	Cannot walk or climb steps	N/A
Male	25-34	Nairobi	Kibra	Cannot walk or climb steps	N/A
Female	25-34	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Male	25-34	Nairobi	Mabatini	People with albinism	N/A
Male	25-34	Nairobi	Mathare	Cannot see even when wearing spectacle	N/A
Female	25-34	Nairobi	Mathare North	Cannot talk	N/A
Female	25-34	Nairobi	Mathare North	Cannot walk or climb steps	N/A
Female	25-34	Nairobi	Mathare North	Cannot walk or climb steps	N/A
Male	25-34	Nairobi	Mathare North	People who have epilepsy	N/A
Female	25-34	Nairobi	Molem	Cannot walk or climb steps	N/A
Male	25-34	Nairobi	Mukuru Kwa Njenga	People who have leprosy	N/A
Male	25-34	Nairobi	Mukuru Kwa Njenga	Cannot remember or concentrate	N/A
Male	35-44	Nairobi	Huruma	People who have epilepsy	N/A
Male	35-44	Nairobi	Huruma	People who have epilepsy	N/A
Male	35-44	Nairobi	Huruma	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Kawangware	Cannot care for themselves (such as washing all over or dressing)	N/A
Female	35-44	Nairobi	Kawangware	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	35-44	Nairobi	Kawangware	People who have epilepsy	People with albinism
Female	35-44	Nairobi	Kibra	Cannot hear even if using hearing aid	Cannot care for themselves (such as washing all over or dressing)
Female	35-44	Nairobi	Kibra	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Kibra	Cannot walk or climb steps	N/A

Gender	Age Bracket	County	Specific Location	Disability Type	Other Disability Type
Female	35-44	Nairobi	Korogocho	Cannot care for themselves (such as washing all over or dressing)	N/A
Female	35-44	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Lindi	Cannot communicate (understanding or being understood)	N/A
Female	35-44	Nairobi	Mabatini	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Mabatini	Cannot see even when wearing spectacle	N/A
Female	35-44	Nairobi	Mathare	Cannot hear even if using hearing aid	N/A
Female	35-44	Nairobi	Mathare	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Mathare	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Mathare	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Mathare	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Mathare North	Cannot communicate (understanding or being understood)	N/A
Female	35-44	Nairobi	Mathare North	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Mathare North	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Mathare North	Cannot communicate (understanding or being understood)	Cannot talk
Male	35-44	Nairobi	Mathare North	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Molem	Cannot see even when wearing spectacle	N/A
Female	35-44	Nairobi	Mukuru Kwa Ruben	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Mukuru Kwa Ruben	Cannot walk or climb steps	N/A
Male	35-44	Nairobi	Siranga	Cannot see even when wearing spectacle	N/A
Female	45 - 55	Nairobi	Huruma	Can partially hear	N/A
Female	45 - 55	Nairobi	Huruma	Cannot see even when wearing spectacle	Cannot walk or climb steps
Female	45 - 55	Nairobi	Huruma	Cannot see even when wearing spectacle	N/A
Female	45 - 55	Nairobi	Kawangware	Cannot talk	N/A
Male	45 - 55	Nairobi	Kawangware	People who have epilepsy	N/A
Male	45 - 55	Nairobi	Kawangware	People who have epilepsy	N/A
Male	45 - 55	Nairobi	Kawangware	Cannot hear even if using hearing aid	N/A
Female	45 - 55	Nairobi	Korogocho	Cannot remember or concentrate	N/A
Female	45 - 55	Nairobi	Korogocho	Cannot hear even if using hearing aid	N/A
Male	45 - 55	Nairobi	Korogocho	Cannot see even when wearing spectacle	N/A
Male	45 - 55	Nairobi	Korogocho	Cannot see even when wearing spectacle	N/A

Gender	Age Bracket	County	Specific Location	Disability Type	Other Disability Type
Female	45 - 55	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Female	45 - 55	Nairobi	Mabatini	Cannot talk	N/A
Female	45 - 55	Nairobi	Mathare	People who have epilepsy	N/A
Male	45 - 55	Nairobi	Mathare North	Cannot see even when wearing spectacle	N/A
Male	45 - 55	Nairobi	Mlango Kubwa	Cannot hear even if using hearing aid	Cannot talk
Female	45 - 55	Nairobi	Mukuru Kwa Ruben	People with albinism	N/A
Female	18-24	Mombasa	Mbungoni	Can partially hear	N/A
Male	18-24	Mombasa	Mbungoni	Cannot see even when wearing spectacle	N/A
Female	18-24	Mombasa	Ziwa La Ng'ombe	Cannot see even when wearing spectacle	N/A
Male	18-24	Mombasa	Ziwa La Ng'ombe	Cannot remember or concentrate	N/A
Male	18-24	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	Can partially hear
Male	18-24	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	N/A
Male	18-24	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Mbungoni	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	25-34	Mombasa	Mbungoni	People who have epilepsy	N/A
Male	25-34	Mombasa	Mbungoni	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Moroto	Cannot talk	N/A
Female	25-34	Mombasa	Moroto	Cannot remember or concentrate	N/A
Female	25-34	Mombasa	Moroto	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Moroto	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Moroto	Cannot see even when wearing spectacle	N/A
Male	25-34	Mombasa	Moroto	Cannot walk or climb steps	N/A
Male	25-34	Mombasa	Moroto	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot talk	N/A
Female	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot communicate (understanding or being understood)	People who have epilepsy
Female	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot care for themselves (such as washing all over or dressing)	N/A
Female	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot hear even if using hearing aid	N/A
Male	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot walk or climb steps	N/A
Male	25-34	Mombasa	Mukuru Fuata Nyayo	Cannot walk or climb steps	N/A
Female	25-34	Mombasa	Ziwa La Ng'ombe	Cannot talk	N/A
Female	25-34	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	Cannot care for themselves (such as

Gender	Age Bracket	County	Specific Location	Disability Type	Other Disability Type
					washing all over or dressing)
Female	25-34	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	N/A
Male	25-34	Mombasa	Ziwa La Ng'ombe	Cannot talk	N/A
Male	25-34	Mombasa	Ziwa La Ng'ombe	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	25-34	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	N/A
Male	25-34	Mombasa	Ziwa La Ng'ombe	Cannot walk or climb steps	N/A
Female	35-44	Mombasa	Mbungoni	Cannot walk or climb steps	N/A
Female	18-24	Kiambu	Kiandutu	Cannot walk or climb steps	N/A
Female	25-34	Kiambu	Gachagi	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	25-34	Kiambu	Gachagi	Cannot walk or climb steps	N/A
Male	25-34	Kiambu	Gachie	Cannot remember or concentrate	N/A
Female	25-34	Kiambu	Githigoro	Can partially hear	N/A
Male	25-34	Kiambu	Kiandutu	Cannot walk or climb steps	N/A
Female	25-34	Kiambu	Kiang'ombe	Cannot walk or climb steps	N/A
Male	25-34	Kiambu	Umoja	Cannot walk or climb steps	N/A
Female	35-44	Kiambu	Gachagi	People who have epilepsy	N/A
Female	35-44	Kiambu	Gachagi	Cannot remember or concentrate	N/A
Female	35-44	Kiambu	Gachagi	Cannot see even when wearing spectacle	Cannot communicate (understanding or being understood)
Male	35-44	Kiambu	Kamenu	Cannot walk or climb steps	N/A
Male	35-44	Kiambu	Kanjeru	Cannot see even when wearing spectacle	N/A
Male	35-44	Kiambu	Kiamburi	Cannot see even when wearing spectacle	N/A
Male	35-44	Kiambu	Kiandutu	Cannot talk	N/A
Male	35-44	Kiambu	Umoja	People who have epilepsy	N/A
Female	35-44	Kiambu	Wangige - Kibagare slum	Cannot walk or climb steps	N/A
Female	35-44	Kiambu	Witethie	People who have epilepsy	N/A
Male	45 - 55	Kiambu	Gachie	Cannot see even when wearing spectacle	N/A
Female	45 - 55	Kiambu	Umoja	Cannot remember or concentrate	N/A
Female	45 - 55	Kiambu	Umoja	Cannot walk or climb steps	N/A
Female	45 - 55	Kiambu	Umoja	Cannot walk or climb steps	N/A
Male	45 - 55	Kiambu	Umoja	Cannot see even when wearing spectacle	N/A
Female	45 - 55	Kiambu	Wangige - Kibagare slum	People who have epilepsy	N/A
Female	45 - 55	Kiambu	Wangige - Kibagare slum	Cannot care for themselves (such as washing all over or dressing)	N/A

Appendix B: Questionnaire

INTRODUCTION AND DEMOGRAPHICS

INFORMED CONSENT DOCUMENT FOR COVID-19 TELEPHONE SURVEY

Who are we?

Hello, I am from [*TIFA Research*] and we have been asked by [*Population Services Kenya (PS Kenya's)*] to carry out a study in this area. [*PS Kenya's*] is a non-profit health NGO that is dedicated to improving health and saving lives around the world.

What are we doing? (Purpose)

We are conducting a research study about [*The Chanjwa Campaign COVID-19 Vaccination]*. The information gathered will be used to [*support the campaign and improve the various MOH measures including vaccination and COVID-19 prevention measures*].

Participation

Please note that participation in the survey is fully voluntary and feedback provided will be kept private and with utmost confidentiality. Also, note that no incentive will be given for your participation. Would you like to participate?

Response	Code	Instruction
Yes	1	Continue
No	2	Thank respondent and terminate

A: Quality Checks		
Title	**Name**	**Mobile Phone Number**
Interviewer		
Supervisor		

B: Respondent demographics

D1. How old are you? **DO NOT READ**

[In case a respondent refuses to disclose exact age, use age brackets as shown below]

Age bracket	Code	Instruction
Below 18 years	1	Thank respondent and terminate
18-24 years	2	
25-34 years	3	
35-44 years	4	
45-54 years	5	
55 Plus years	6	Thank respondent and terminate

D2 Gender (Do not ask)

Gender	Code (Gender Quotas)	Instruction
Male	1	Continue
Female	2	

D3. In the last 6 months, which county have you been residing in?

County	Code	Instruction
Nairobi	1	Continue
Mombasa	2	
Kiambu	3	
Others		Thank respondent and terminate
Estate	To be pre-coded for each County	Continue

D4. Language preferred?

Gender	Language	Instruction
English	1	Continue
Kiswahili	2	
Other	3	Terminate

D5. What is your marital status?

Marital status	Code	Instruction
Married/Civil Partnership	1	Continue
Living with partner but not married	2	
Single living alone	3	
Single living with a friend and/ or relative	4	
Divorced or separated	5	
Widowed	6	
Prefer not to say [Do not read]	7	

D6. What is your employment status?

Employment status	Code	Instruction
Employed full-time and continuing as usual	1	Continue
Employed full-time but now working part-time or on forced leave	2	
Now Jobless/not earning: lost job since the COVID-19 virus arrived	3	
Now jobless but had worked in the past before the COVID-19 virus arrived	4	
Jobless has never been employed	5	
Self-employed but now without work	6	
Self-employed and still doing some work	7	
Employed part-time as before COVID-19	8	
Casual laborer	9	
Student		
RTA		
Other (specify)	10	

PWD Status

Interviewer read out:
When we talk about "disability" we mean someone 'who has a lot of difficulty or cannot at all" do the following

a) See even when wearing with spectacles
b) Hear even if using hearing aid
c) Hear partially
d) Walk or climb steps
e) Remember or concentrate
f) Care for themselves (such washing all over or dressing)
g) Communicate (understanding or being understood)
h) Talk
i) People who have epilepsy
j) People who have leprosy and
k) People with albinism

SC1. Would you say that you or someone in your household has a disability?

Response	Code	Instruction
Yes	1	Go To SC2
No	2	

SC2. What type of disability?

Response	Code	Instruction
Cannot see even when wearing spectacle	1	
Cannot hear even if using hearing aid	2	
Can partially hear	3	
Cannot walk or climb steps	4	
Cannot remember or concentrate	5	
Cannot care for themselves (such as washing all over or dressing)	6	Continue
Cannot communicate (understanding or being understood)	7	
Cannot talk	8	
People who have epilepsy	9	
People who have leprosy	10	
People with albinism	11	

A: CURRENT KNOWLEDGE- SYMPTOMS AND PREVENTION BEHAVOUR

Q1 As far as you know;
what are the symptoms of COVID-19 disease? **MULTIPLE. DO NOT READ**

Signs and Symptoms of COVID – 19	Code
Cough	1
Sneezing	2
Fever (high temperature)	3
Breathing difficulties/ Shortness of breath	4
Chest pain or pressure	5
Body aches	6
Headache	7
Loss of sense of taste or smell	8

Fatigue	9
Loss of speech or movement	10
Sore throat	11
Other (specify)	

`

Q2 Various measures were adopted by people to protect themselves from contracting COVID-19 between March 2020 and toward the end of 2021. What measures, if any, have you continued to practice to protect yourself from COVID-19 since August, 2022;

a) Both when you are at home and when you go out anywhere? **Top of mind**
b) Any other? Any other? **Spontaneous mentions.** MULTIPLE RESPONSE. **DO NOT READ, PROBE FULLY**

COVID-19 Preventive Measures	Record First mention	Record other mentions
Washing hands frequently	1	1
Using hand sanitizer	2	2
Wearing a mask in public places	3	3
Wearing gloves	4	4
Staying at home as much as possible	5	5
Avoiding hand shaking	6	6
Practicing social distance in public places	7	7
Keeping distance when I must be among other people	8	8
Eating healthier foods	9	9
Praying to God	10	10
Obeying curfew	11	11
Each person using their own/separate plates when eating	12	12
Keeping distance from others in PSVs	13	13
Vaccination	14	14
Other (specify)		
None	99	99

Q3 You mentioned that you {…… **Mention option selected in Q2 e.g., Using hand sanitizer** ……} to protect yourself from this virus both when you are at home and when you go out anywhere? What is the main reason as to why you adopt these measures?

COVID-19 Preventive Measures	Code
To protect myself from the virus	1
Everyone around me is doing it	2
It is the right thing to do	3
I am forced to do so (teacher, guardian, parent, fear of being arrested by police)/not voluntary	4
Fear of contracting COVID-19	5
Other (specify)	
None	99

Q4 In your opinion, what are some of the barriers or challenges stopping people in your area from adopting recommended COVID-19 preventive practices? Any other? Any other?

Guideline	Challenge	Code
Hand washing	Unavailability of clean running water	1
	Unavailability of soap. Detergents	2
	Perception that there is no COVID-19	3
	Lack of adequate awareness of COVID-19 preventive measures	4
	Other (specify)	
Social distance	Double standards by politicians and those in authority i.e., gatherings	1
	Public vehicles not adhering to social distance	2
	Lack of adequate awareness of COVID-19 preventive measures	3
	Other (specify)	
Not wearing mask	Perception that there is no COVID-19	1
	Lack of adequate awareness of COVID-19 preventive measures	2
	Lack of finances to purchase PPEs (masks, sanitizers Etc)	3
	Other (specify)	

B: ATTITUDES AND PERCEIVED RISKS OF COVID - 19

Q5 How worried are you about **PERSONALLY** getting infected with COVID-19? Would you say that you are? **SINGLE RESPONSE. READ OUT**

Q6 How worried are you about your **FAMILY MEMBERS** getting infected with Corona/COVID-19? Would you say that you are? **SINGLE RESPONSE. READ OUT**

Response	Self	Family
Very worried	1	1
Somewhat worried	2	2
Only a little worried	3	3
Not worried at all	4	4
Not sure	99	99

Q7 When thinking about the spread and medical impact of COVID-19 in Kenya in terms of infections and even deaths, which of the following do you think is most likely to happen over the next few months? Do you think that…? **SINGLE RESPONSE – READ OUT**

Response	Code
The worst is yet to come	1
The situation will remain the same	2
The worst is passed so that things will now begin to improve	3
Not sure	99

Q8 Do you believe that this COVID-19 virus actually exists?

Response	Code	Instruction
Yes	1	〉Go To Q9a
No	2	〉Go To Q9b
Not Sure	99	〉Go To Q10
No Response		

Q9 On a scale of 1 to 5 where 1 is very small extent and 5 is very large extent, to what extent do you agree or disagree with the following statements about the existence of COVID-19? **SINGLE CODE**

Statement	Very small extent	Small extent	Neither large nor small extent	Large extent	Very large extent
9a) I believe that COVID-19 exists to a….	1	2	3	4	5
9b) I believe that COVID-19 **DOES NOT** exist to a….	1	2	3	4	5

Q10 Where do you think people in YOUR LOCALITY are most likely to get infected by COVID-19? **SINGLE RESPONSE. DO NOT READ**

Response	Code
In a Matatu	1
Using a Boda-Boda	2
At a supermarket/Shop	3
At a hospital or a clinic	4
At home/inside the house	5
Within the estate/neighborhood/residence (including those sharing toilets/wash rooms in residential areas and other spaces)	6
At place of work	8
Crowded public places	9
Restaurants/food kiosks	10
Matatu/bus stages	11
Place of worship	12
Political rallies/ functions	13
Market places	14
Other (specify)	97
Nowhere	98
Not sure	99

C: KNOWLEDGE AND PERCEPTION OF MEASURES PUT IN PLACE BY MoH

Q11 As far as you can remember, what **IS** or **WAS** the main measures/ regulations that the Government through The Ministry of Health (MoH) put in place to try and reduce the spread and impact of this virus? **[SINGLE CODE]**

Measures	Multiple	Single
Vaccination	1	1
Curfews	2	2
Quarantine	3	3
Mass testing of public	4	4
Advising people to stay at home	5	5
Prevention of large gatherings	6	6
Wearing of masks in public spaces	7	7
Use of sanitizers	8	8
Fumigation/ chemical spraying of public places	9	9
Arresting/ charging people who break regulations	10	10
Public education	11	11
Purchase of more/ better medical equipment for medical workers	12	12

Hiring more health workers	13	13
Mass testing of health workers	14	14
I have not heard of any	15	15
Hand washing at key times	16	16
Social distance	17	17
Other (specify)		

Q12 What are COVID-19 prevention measures that you were strictly practicing or adhering to when COVID-19 was at its peak i.e., March, 2020 to sometime mid last year (2021)? **DO NOT READ. MULTIPLE**

COVID-19 Preventive Measures	Code (Multiple)
Washing hands frequently	1
Using hand sanitizer	2
Wearing a mask in public places	3
Wearing gloves	4
Staying at home as much as possible	5
Avoiding hand shaking	6
Practicing social distance in public places	7
Keeping distance when I must be among other people	8
Eating healthier foods	9
Praying to God	10
Obeying curfew	11
Each person using their own/separate plates when eating	12
Keeping distance from others in PSVs	13
Vaccination	14
Other (specify)	
None	99

Q13 In your opinion, how much is the following being obeyed in your locality? Would you say it is being obeyed……? **[READ OUT]**

COVID-19 Preventative Measure	Completely	Partly	Very little	Not at all	Not sure
Wearing a mask	1	2	3	4	5

Q14 How much are people in this area obeying the regulation to wear a mask? Are they obeying it…? **READ OUT**

Q15 And you yourself, how much are you obeying it? Are you……..? **READ OUT**

Response	Q18	Q19	
Most, that is Completely/a great deal	1	1	Go to Q17
Some, that is Only partly	2	2	Go to Q16
Few, that is Very little	3	3	Go to Q16
No one, that is Not at all	4	4	Go to Q16
Not sure [DO NOT READ]			

FOR THOSE WHO SAY THAT "SOME", "FEW", OR "NO ONE" ARE WEARING MASKS (CODE 2,3,4), ASK:

Q16 What do you think is the reason for some people not wearing masks? **MULTIPLE RESPONSE - UP TO THREE**

Measures	Code
They don't think COVID-19 exists	1
They don't fear the virus even if they think it does exist	2
The police no longer bother people without them	3
They are uncomfortable on the face	4
They cost money	5
They are doing what other politicians or leaders are doing, that is, not wearing masks	6
It's not mandatory	
Other (specify)	

D: SOURCES OF INFORMATION ON COVID-19

Q17 Please tell me, what **HAS BEEN** or **WERE** your main sources of information about COVID -19 and the efforts made to prevent it? **MULTIPLE RESPONSES. DO NOT READ**

Q18 What do you consider to be the most trusted source of information about the COVID - 19 disease in Kenya? **SINGLE RESPONSE (FROM INFORMATION SOURCES MENTIONED IN Q17)**

Source of information about COVID-19	Main Sources	Most Trusted Source
Ministry of Health Official	1	1
Government Spokesman	2	2
Radio	3	3
Television	4	4
Newspaper	5	5
Social Media **(Ask respondent to specify)**	6	6
Local Administration Officials	7	7
Religious Institution/Leader	8	8
Local NGO Personnel	9	9
Politician	10	10
Local clinic/medical person	11	11
Other (specify)	97	97
No one	98	98
Not sure	99	99

E: KNOWLEDGE & AWARENESS OF CHANJWA CAMPAIGN

Do you recall seeing or hearing [PS Kenya's] Chanjwa campaign on mass media, social media or community worker in the past week talking about COVID-19 prevention behaviors or COVID-19 vaccines?

	Code	Instruction
Yes	1	〉 Go To Q19
No	2	〉 Go To Q25
Not sure	99	〉 Go To Q25

Q19 Which channels/ sources of information did you see or hear about Chanjwa campaign? **MULTIPLE. DO NOT READ**

Channels/ Sources of Information about COVID-19 related messages	Code	
Ministry of Health Official (any official: CS Health, Chief Administrative Secretary Health, Acting Director General for Health etc)	1	
Government Spokesman	2	

Television	3	
Radio	4	
Posters	5	Go to Q21
Mobile: SMS	6	
Word of Mouth (family, friends, relatives, colleagues, neighbors Etc)	7	
National Emergency and Response Committee	8	
Social media: Facebook	9	
Social media: Twitter	10	
Social media: WhatsApp	11	
Social media: Telegram	13	
Social media: YouTube	14	
Social media: Opera News	15	
Social media: Instagram	16	
Social media: other (specify)	17	
Newspapers	18	
Other (specify)	97	
None	98	
Not sure	99	

Q20 You mentioned that you saw/ heard about Chanjwa campaign through {… **Mention all specific sources/ channels e.g., radio, social media mentioned in Q23…** }. What specific message(s) can you remember? **DO NOT READ**

Message take out	Code
Pata chanjo	1
Tuwe chonjo	2
Chanjwa	3
Pata chanjo, tuwe chonjo	4
Chanjwa, Pata chanjo, tuwe chonjo	5
Vaccination is free	6
Partners: either Ministry of Health, Unilever, PS Kenya, UKAID or HBCC)	7
Vaccine is safe for all populations including those pregnant, breastfeeding or having a condition	8
Chanjwa	9
Continue wearing masks and washing hands as COVID -19 still exists	10
Making sure you get vaccinated	11
Getting vaccinated in nearest health facility	12
Being your neighbor's keeper and encouraging them to get vaccinated	13
Walking into a vaccination center to get either first, second or booster dose	14
Checking up on friend group if they are all vaccinated	15
Your health and that of loved ones being first priority, ensuring you get all required vaccine doses	16
Getting all the required doses of the vaccine at the scheduled time for safety and health	17
Walking into a vaccination center and completing all the recommended doses	18
A healthy community leads to a healthier country	19
Other (specify)	97
None	98
Not sure	99

For those who mentioned that their source of information or awareness of Chanjwa campaign was a poster, interviewer please ask;

Q21 What other details can you remember on the poster? Probe people? message? Logos? etc

Q22 Please tell me, on a scale of 1 to 5 where **1 IS VERY SMALL EXTENT** and **5 IS VERY LARGE EXTENT**, to what extent do you agree or disagree with the following statements about Chanjwa vaccination campaign? **SINGLE CODE**

Do you agree to a….?	Very small extent	Small extent	Neither large nor small extent	Large extent	Very large extent	**Don't Know**
The campaign is contributing towards supporting improvement of the MoH measures	1	2	3	4	5	6
I apply every message that I can remember about the campaign	1	2	3	4	5	6
I do not trust the message(s) from the campaign	1	2	3	4	5	6
I find the campaign messages clear and easy to understand	1	2	3	4	5	6
I find the campaign as a reliable source of awareness and information	1	2	3	4	5	6
I feel like the message is targeting me hence influencing my Behaviour in a positive way	1	2	3	4	〉 **Go To Q23**	6
I do not find the campaign messages convincing	1	2	3	4	5	6

Q23 You mentioned that you feel like the message in Chanjwa Campaign is influencing your Behaviour in a positive way. How is it influencing your Behaviour in a positive way?? **MULTIPLE CODES**

Impact of Chanjwa Campaign	**Code**
It has made me to be more informed	1
It has enhanced my health and hygiene awareness (need to be vaccinated, need to wear mask and continue washing hands etc)	2
It has helped me to prevent being infected	3
It has made me to be more vigilant/careful	4
I have used the messages to inform others	5
Other (specify)	
Other (specify)	
Other (specify)	

Q24 How frequently would you say you come across campaign or messages on COVID-19 vaccination?

Frequency	**Code**
Daily	1
Weekly	2

After about 2 weeks	3
Monthly	4
Can't remember	5
Other (specify)	
Other (specify)	
Other (specify)	

KNOWLEDGE AND AWARENESS OF PASSWORD CAMPAIGN

Q25 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about COVID-19 prevention behaviors or COVID-19 vaccines?

Recall	Code	
Yes	1	
No	2	Go to Q31
Not sure	3	

Q26 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about **handwashing** at key times?

Recall	Code
Yes	1
No	2
Not sure	3

Q27 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about **wearing mask** at public places?

Recall	Code
Yes	1
No	2
Not sure	3

Q28 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about **social distancing** at public places?

Recall	Code
Yes	1
No	2
Not sure	3

Q29 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about availability of COVID-19 vaccine for people like you?

Response	Code
Yes	1
No	2
Not sure	3

Q30 Do you recall seeing or hearing [PSI]'s Password campaign on mass media, social media or community worker in the past week talking about where COVID-19 vaccine can be obtained from?

Response	Code

Yes	1
No	2
Not sure	3

Q31 In the past week, how often did you wear a mask in public to slow the spread of the COVID-19?

Frequency	Code
Never	1
Sometimes	2
Half the time	3
Often (desired)	4
Always (desired)	5

Q32 In the past week, how often did you wash your hands with soap at key times (before eating, before food prep, after eating, after toilet, after changing children's nappy)?

Frequency	Code
Never	1
Sometimes	2
Half the time	3
Often (desired)	4
Always (desired)	5

Q33 In the past week, how often have you maintained at least 2 meters distance from people who do not live in your home while in public spaces to prevent infection from COVID-19?

Frequency	Code
All the time	1
Most of the time	2
Sometimes	3
Never	4

COVID-19 CHANJWA CAMPAIGN MESSAGE PRE -TESTING

Q34 Do you recall seeing or hearing [PS Kenya's] Chanjwa campaign on mass media, social media or community worker in the past week talking about **handwashing** at key times?

Recall	Code	
Yes	1	
No	2	Go to Q39
Not sure	3	

Q35 Do you recall seeing or hearing [PS Kenya's] Chanjwa campaign on mass media, social media or community worker in the past week talking about **wearing mask** at public places

Recall	Code
Yes	1
No	2
Not sure	3

Message Pre-test

- Message take out
- Attention
- Acceptability
- Involving
- Persuasive
- Recallability
- Believability

Q36 On a scale of 1 to 5 where **1 IS "COMPLETELY DISAGREE"** and **5 IS "COMPLETELY AGREE".** To what extent do you agree or disagree with the following statements about the Chanjwa Campaign messages based on your sources of information?

Attribute	Statements	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree	DK
Message take out	Message is clear to me	1	2	3	4	5	6
	Easy to understand	1	2	3	4	5	6
Attention	It catches my attention	1	2	3	4	5	6
Acceptable	It is for people like me	1	2	3	4	5	6
	It is acceptable to the culture of the community	1	2	3	4	5	6
Involving	Speaks to people in this community	1	2	3	4	5	6
Persuasive	Makes me want to get the COVID-19 vaccine	1	2	3	4	5	6
	Makes me want to tell others about the COVID-19 Vaccine on the poster	1	2	3	4	5	6
Recallability	I can easily recall/ remember the message and what it expects me to do	1	2	3	4	5	6
Believability	The message is believable and prompts me to take an action	1	2	3	4	5	6

Likeability

Q37 Overall, how much do you like the Chanjwa campaign messages from the sources of information you have seen or heard them from? **READ OUT**

Degree of liking	Code
Like them very much	1
Like them somewhat	2
Feel neutral about them	3
Dislike them somewhat	4
Dislike them very much	5

Tagline Evaluation
[INTERVIEWER TO READ THE CHANJWA TAGLINE & ASK THE RESPONDENT FOLLOWING QUESTIONS]

TAGLINE: Chanjwa! Pata chanjo, tuwe chonjo!

Q38 What is your opinion on the Chanjwa tagline? Does it communicate? Would you be persuaded to take action after reading or seeing a campaign message with it?

Response	Code
Yes	1
No	2

Why do you say so?

[FOR THOSE WHO MENTIONED THAT THEY HAVE NEVER SEEN/ HEARD ABOUT CHANJWA CAMPAIGN]

Q39 Have you ever seen/ heard about any COVID-19 vaccination messages?

Response	Code	Instruction
Yes	1	〉 Go To Q40
No	2	〉 Go To Q42

Q40 Which channels/ source(s) of information did you see or hear about the COVID-19 vaccination related messages? **MULTIPLE. DO NOT READ**

Channels/ Sources of Information about COVID-19 related messages	Code
Ministry of Health Official (any official: CS Health, Chief Administrative Secretary Health, Acting Director General for Health etc)	1
Government Spokesman	2
Television	3
Radio	4
Posters	5
Mobile: SMS	6
Word of Mouth (family, friends, relatives, colleagues, neighbors Etc)	7
National Emergency and Response Committee	8
Social media: Facebook	9
Social media: Twitter	10
Social media: WhatsApp	11
Social media: Telegram	13
Social media: YouTube	14
Social media: Opera News	15
Social media: Instagram	16
Social media: other (specify)	17
Newspapers	18
Other (specify)	97
None	98

Not sure	99

Q41 What specific messages can you remember from the COVID-19 vaccination campaign(s)? **MULTIPLE. DO NOT READ**

Message take out	Code
Pata chanjo	1
Tuwe chonjo	2
Chanjwa	3
Pata chanjo, tuwe chonjo	4
Chanjwa, Pata chanjo, tuwe chonjo	5
Vaccination is free	6
Partners: either Ministry of Health, Unilever, PS Kenya, UKAID or HBCC)	7
Vaccine is safe for all populations including those pregnant, breastfeeding or having a condition	8
Continue wearing masks and washing hands as COVID-19 still exists	9
Making sure you get vaccinated	10
Getting vaccinated in nearest health facility	11
Being your neighbor's keeper and encouraging them to get vaccinated	12
Walking into a vaccination center to get either first, second or booster dose	13
Checking up on friend group if they are all vaccinated	14
Your health and that of loved ones being first priority, ensuring you get all required vaccine doses	15
Getting all the required doses of the vaccine at the scheduled time for safety and health	16
Walking into a vaccination center and completing all the recommended doses	17
A healthy community leads to a healthier country	18
Saving lives	19
Other (specify)	97
None	98
Not sure	99

ASK ALL RESPONDENTS

F: CAMPAIGN'S IN IMPROVING THE VARIOUS MOH MEASURES INCLUDING VACCINATION AND COVID-19 PREVENTION MEASURES

Q42 As far as you can remember;

a) what initiatives or campaigns has the Government of Kenya (MoH) put in place to manage the risk of COVID-19, either earlier when COVID-19 started, when it was at its peak, or at present? **MULTIPLE. DO NOT READ**

MoH Measures	Code
Media messages/advertisements	1
Sending health messages through SMS to mobile subscribers	2
Sending health messages on WhatsApp	5
Set up a hot line for the public	3
Closing schools	4
Banning public gatherings	5
Sanitization in public places	6
Recommended limited movement of people	7
Isolation wards for the infected	8
Recommended self-quarantine measures	9

Screening of people	10
Curfews	11
Vaccinations	12
Other (specify)	97
None	98
Not sure	99

b) Based on all the initiatives and campaigns that the Government of Kenya (MoH) has put in place to manage the risk of COVID-19, either earlier when COVID-19 started, when it was at its peak, or at present. On a scale of **1** to **5** where 1 is **TO A VERY SMALL EXTENT** and 5 is **TO A VERY LARGE EXTENT.**

To what extent do you think the following measures or campaigns have been effective? **READ OUT** ……. Have been effective to a ……

MoH Measures	Very small extent	Small extent	Neither small Nor Large	Large extent	Very large extent
Media messages/advertisements	1	2	3	4	5
Sending health messages through SMS to mobile subscribers	1	2	3	4	5
Sending health messages on WhatsApp	1	2	3	4	5
Setting up a hot line for the public	1	2	3	4	5
Closing schools	1	2	3	4	5
Banning public gatherings	1	2	3	4	5
Sanitization in public places	1	2	3	4	5
Recommended limited movement of people	1	2	3	4	5
Isolation wards for the infected	1	2	3	4	5
Recommending self-quarantine measures	1	2	3	4	5
Screening of people	1	2	3	4	5
Curfews	1	2	3	4	5
Vaccinations	1	2	3	4	5
Other (specify)	97				

c) What **ONE** measure would you have recommended, or recommend now for the Government of Kenya (MoH) to put in place so as to manage the risk of COVID-19?

Q43 By answering either Yes or No. Please tell me, are you concerned about the following?

Concerns	**Yes**	**No**
Personally contracting COVID-19?	1	1
My family member contracting COVID-19?	2	2
My colleague or friend contracting COVID-19?	3	3

Q44 Based on your interaction with **ANY CAMPAIN(S)** on COVID-19. Have you at any given time shared the information with others on how they can prevent COVID-19?

Response	**Code**	**Instruction**

Yes	1	〉Go to Q45
No	2	

Q45 What kind of information did you share? **MULTIPLE. DO NOT READ**

Shared information about COVID-19	Code
Washing hands frequently	1
Protecting family members so as not to be infected	2
Being vigilant and expressive	3
Wearing mask	4
How to wash hands/Washing hands the recommended way	5
Saving lives	6
Using hand sanitizer	7
Avoiding hand shake	8
Self-quarantine for 14 days if travelled recently or interacted with infected person	9
Reporting infected persons that I am aware of	10
Coughing into elbow	11
Komesha Corona, Okoa Maisha yako	12
Getting vaccinated	13
Jamii na nchi yako wanakutegemea	14
COVID-19 symptoms	15
Other (specify)	97
None	98
Not sure	99

G: COVID-19 TESTING

Q46 Have you received the COVID-19 vaccine?

Response	Code	Instruction
Yes, received one dose out of recommended two	1	
Yes, received one dose out of recommended one dose	2	
Yes, received both dosages of recommended two	3	
Yes, received both dosage and a booster dosage	4	
Yes, received one dose out of recommended one dose and a booster dosage	5	
No, have not received any dose	6	**Go To Q47, Q48, Q50, Q51, Q53, Q57**

Q47 If a COVID-19 vaccine were available to you, would you get it?

Response	Code
Yes, would get it as soon as possible	1
Yes, but plan to wait to get it	2
No	3
Not sure	4

Q48 If you could have a free test for the COVID-19 now, would you, have it?

Response	Code	Instruction
Yes	1	

No	2	〉Go to 49

Q49 What is the main reason you would not? **Single response. Do Not Read**

Response	Code
Fear the social stigma if found positive	1
Fear of being put in an isolation center if found positive	2
Have no space for self-isolating at home if found positive	3
Cannot afford medical expense if found positive	4
Pain/discomfort of the procedure	5
Fear of being infected by test	6
COVID-19 is a scam	7
Other (specify)	97
None	98
Not sure	99

H: COVID-19 VACCINE & BEHAVIOURS AROUND VACCINE HESITANCY INCLUDING PERCEIVED RISK, SAFETY AND ACCESS

Q50 Do you know that the Government (MoH) is giving COVID-19 vaccine for free?

Response	Code
Yes	1
No	2

Q51 Have you experienced difficulties in accessing COVID-19 vaccine?

Response	Code
Yes	1
No	2
Not sure	3

Q52 What factor or factors motivated you to get vaccinated?

Motivating Factors	Code
Close family members and friends pushing me to get vaccinated	1
Fear of contracting COVID-19	2
Advertisements	3
Followed advise form the Ministry of Health	4
Other (specify)	

For those who have been vaccinated **ONLY ONCE,** interviewer please ask;

a) Which vaccine did you go for?

Vaccine name/ type	Code
Johnson & Johnson	1
Other (specify)	

Q53 When you think of close family and friends whose opinion you value, will you get a COVID-19 vaccine, if it is recommended by them?

Response	Code
Yes	1
No	**Go To Q54**
Not sure	3

Q54 Why wouldn't you go for the vaccine?

Vaccine Barriers	Code
I do not know where to go for the vaccine	1
I do not believe that COVID-19 exists anymore or ever existed	2
I have not seen anyone around me infected with COVID-19	3
I use other alternative methods e.g., traditional medicine	4
I don't believe in vaccines	5
My peers, friends or associates have not been vaccinated	6
There is no pressure to get vaccinated	7
Lack of time	8
Medical condition (sick)	9
Pregnancy or breastfeeding	10
I have heard negative things being said about the vaccine	Go to Q55
Other (specify)	

For those who mentioned that they have heard negative things being said about COVID-19 vaccine, interviewer please ask

Q55 You said that you have not been vaccinated because you have heard negative things being said about the vaccine. What have you heard exactly?

Q56 How important do you feel COVID-19 vaccine is to your health?

Response	Code
Very important	1
Moderately important	2
Barely important	3
Not important	4
I don't know	5

Q57 How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say…

Response	Code
Very easy	1
Somewhat easy	2
Somewhat difficult	3
Very difficult	4
Not sure	5

Q58 Do you know where to get a COVID-19 vaccine if you need or want one?

Response	Code
Yes	1
No	2
I don't know	99

I: COMMUNICATION ON COVID-19

Q59 What are your sources of information on;

a) COVID -19 issues? **MULTIPLE. DO NOT READ**

b) Which one is the MOST TRUSTED source of information? SINGLE. (Based on those mentioned in Q59a)

Channels/ Sources of Information about Chanjwa campaign	Multiple	Single
Ministry of Health Official (any official: CS Health, Chief Administrative Secretary Health, Acting Director General for Health etc)	1	1
Government Spokesman	2	2
Television	3	3
Radio	4	4
Posters	5	5
Mobile: SMS	6	6
Word of Mouth (family, friends, relatives, colleagues, neighbors Etc)	7	7
National Emergency and Response Committee	8	8
Social media: Facebook	9	9
Social media: Twitter	10	10
Social media: WhatsApp	11	11
Social media: Telegram	13	13
Social media: YouTube	14	14
Social media: Opera News	15	15
Social media: Instagram	16	16
Social media: Other (please specify)	17	17
Newspapers	18	18
Other (specify)	97	97
None	98	98
Not sure	99	99

J: ECONOMIC SITUATIION

Q60 Comparing the economic situation in this area/locality before COVID-19 arrived, how much has it been affected? Would you say it is now…? **READ**

Response	Code
Much worse	1
A bit worse	2
About the same	3
Better	4
Not sure	99

THANK THE RESPONDENT AND TERMINATE THE INTERVIEW