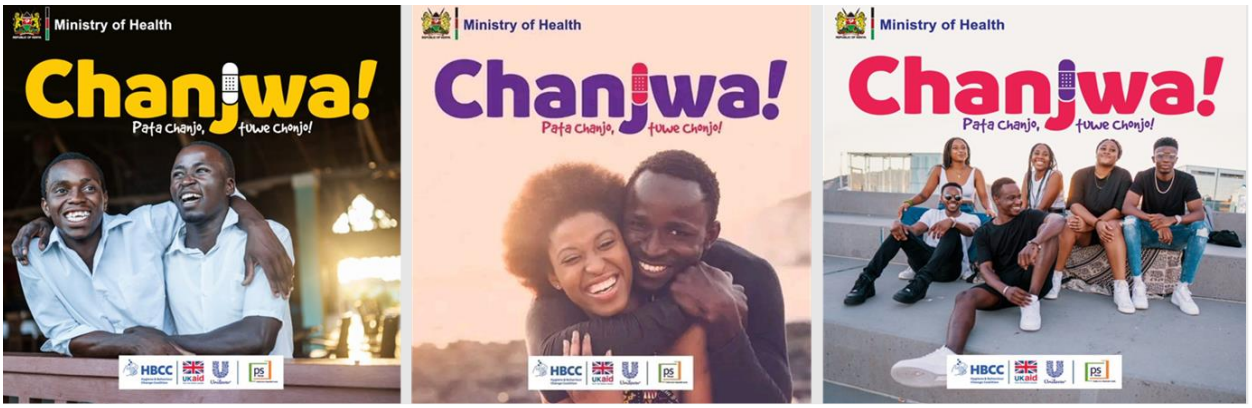
DRAFT REPORT



HBCC2 COVID-19 TELEPHONE SURVEY

November, 2022

HBCC2 COVID-19 Telephone Survey

Draft Report

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

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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

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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

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Executive Summary

Population Services Kenya (PS Kenya) is the leading social & behaviour change, social marketing & franchising organization in Kenya, with 30 years' experience of measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) address public health priorities in HIV & TB, Malaria, Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable Diseases. Over the years, PS Kenya has contributed greatly to the health impact in the country by promoting adoption and maintenance of healthy behaviours, and increasing access to and demand for high-quality health products and services.

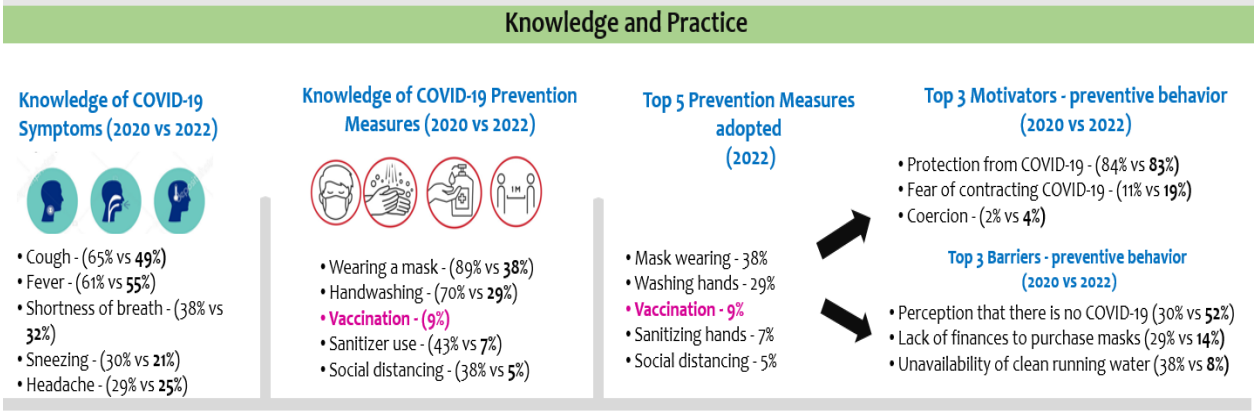
PS Kenya in collaboration with other partners is supporting the Ministry of Health in developing and disseminating SBCC aimed at Improving adherence to COVID-19 prevention guidelines and priority populations complete full COVID-19 vaccination (1-2 doses depending). Through HBCC 1, PS Kenya was involved 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.

It is for this reason that PS Kenya partnered with a Kenyan research agency to support its Program implementation by providing Telephone survey services for the evaluation of communication on Chanjwa vaccination campaign (midline and endline) for COVID-19. In executing this research, a predominantly quantitative approach was adopted, with the data collected through Computer Assisted Telephonic Interviews (CATI) between 26th September to 2nd October, 2022. 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 1,015 interviews.

This report presents survey findings based on interviews conducted with aforementioned target audiences. The report also makes comparisons (only where applicable) with findings from research that was conducted in 2000 titled evaluation of communication campaign on Komesha Korona Okoa Maisha.

Key Findings

COVID-19 knowledge and adoption of preventive behaviors



Knowledge of COVID-19 symptoms

The top five symptoms of COVID-19 that respondents were aware of were comparable to those of 2020 findings albeit in the current year, fever had most mentions followed by coughing and shortness of breath. The format of COVID-19 symptoms awareness was replicable among the various demographics considered for the survey i.e., county, gender, and age.

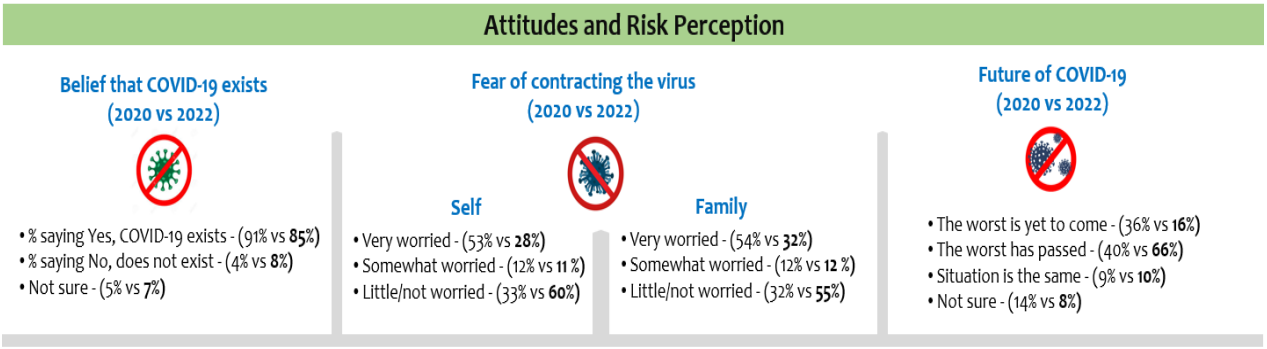
Adoption of COVID-19 prevention measures

A comparison of current and previous survey findings shows that currently, adoption of COVID-19 prevention measures has dropped by more than half, and in some instances more than six. It was noted that despite the drop in mentions for different measures adopted for COVID-19 during COVID-19 and, "post-COVID-19", the propensity to wash hands still increased by age, with the highest incidence amongst those aged 45 years and above. Even though vaccination was one of the methods adopted in the current year, but did not feature among the top 5 in the previous year, it gave an indication that people were seeing the importance of the COVID-19 vaccine, albeit not a big percentage of the target respondents were aware of it.

Drivers and barriers to adoption of COVID-19 preventive measures

Protection from COVID-19 still remains as the key driver for adopting COVID-19 preventive measures, interestingly, there was no significant difference in mentions for current and previous survey findings for this measure. Fear of contracting COVID-19 was the second driver with relatively high mentions compared to previous year, this was also an interesting finding as the perception in the report is that COVID-19 has subsided. Key barriers were: there is not COVID-19, lack of finances to purchase Personal Protective Equipment's (PPEs) like masks, and unavailability of clean running water.

Attitude and perceived risks towards COVID-19



*Bold in brackets (current year)

Belief in the existence of COVID-19

There is still an overwhelming belief that COVID-19 still exists albeit relatively low mentions in the current survey. This opinion cut across all the demographics though important to note that comparing youth and older adults, young people, specifically those aged 18 to 24 years had low mentions of the belief in existence of COVID-19. In terms of the perceived high-risk areas, crowded public places and matatus (Passenger Service Vehicles) were considered areas where one is most likely to contract COVID-19,

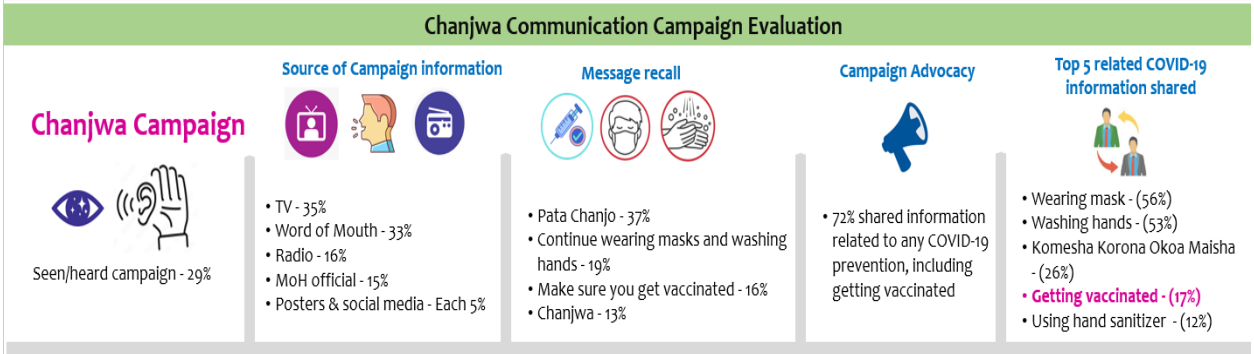
Fear of contracting COVID-19

Even though findings show that there is still an overwhelming belief that COVID-19 still exists, In terms of fear of contracting COVID-19, target respondents were not very concerned i.e., were not worried and this applied to both themselves and respective family members.

Future of COVID-19

In spite of the high belief in existence of COVID-19, majority of the respondents were optimistic, believing that the worst had passed and things will begin to improve. The most optimistic target population were residents from Kiambu county, male and older adults (those aged 35 Plus).

Chanjwa communication campaign evaluation



Chanjwa vaccination campaign recall

There was low awareness of the Chanjwa campaign with only about 3 out of 10 respondents mentioning that they had seen or heard of the campaign, however when asked about other campaign messages that they had heard of, some could mention messages such as "Pata Chanjo" but could not associate it with the Chanjwa campaign.

Source of Chanjwa vaccination campaign information

Key sources of information for the Chanjwa vaccination campaign were Television (35%), word of mouth (33%) and radio (16%). A significant percentage of the respondents also mentioned Ministry of Health as a key source of information for the campaign. Posters and social media, each had (5%) mentions. This finding shows that traditional media also plays a key role in creating awareness and disseminating health related information, though modern communication methods can still be leveraged.

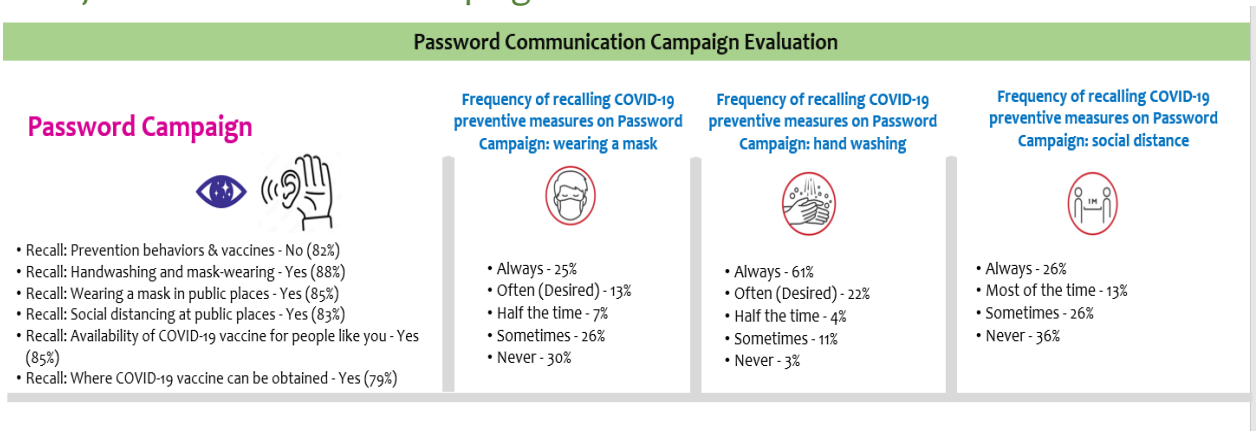
Message recall

Pata Chanjo, urge to continue wearing masks, and frequent hand washing were the key messages that the target respondents could recall from the Chanjwa vaccination campaign. Generally, getting vaccinated was the key stand out message that the target respondents could recall form the Chanjwa campaign.

Campaign advocacy

At least 7 out of every 10 respondents who were aware of the Chanjwa campaign or any other campaign related to COVID-19 had shared information with others. The key messages shared were on mask wearing, washing hands frequently, "Komesha Korona, Okoa Maisha", getting vaccinated, and using hand sanitizer.

Chanjwa communication campaign evaluation



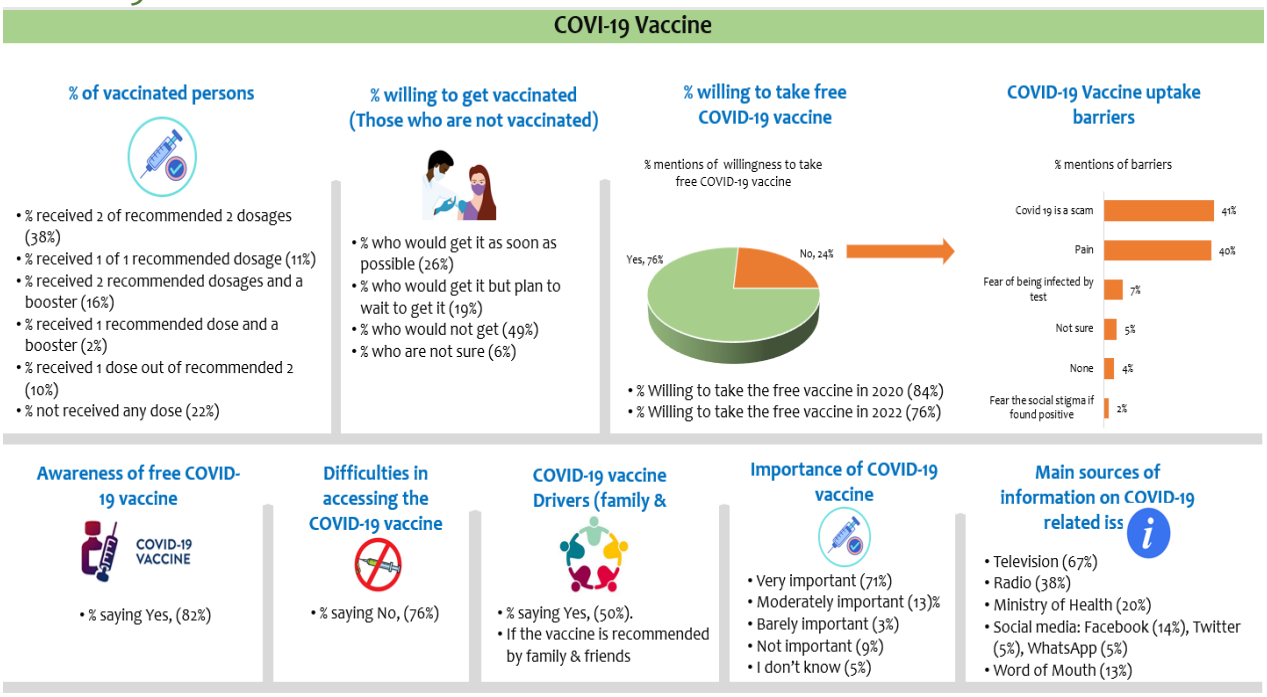
Password campaign recall

In regard to the password campaign, there was very low recall of prevention behaviours and vaccines, however for other attributes such as hand washing, wearing masks in public places, social distancing in public places, availability of vaccine for people like you, and recall on where COVID-19 vaccine can be obtained, the mentions were high.

Frequency of recalling COVID-19 preventive behaviours: wearing a mask, hand washing, and social distance

Wearing a mask and social distance had the most mentions for "never" in terms of recall, whilst hand washing had majority mentions for "always" i.e., being able to recall the message.

COVID-19 vaccine



Persons who have been vaccinated

Vaccines contain weakened or inactive parts of a particular organism (antigen) that triggers an immune response within the body[1]. The current COVID-19 pandemic has shown the importance of vaccination in both the control and prevention of the spread of the disease. Other diseases like polio have been eradicated in countries like India due to effective vaccination strategies. Similarly, COVID-19 can be eradicated in Kenya when people show up for the vaccine.[2] COVID-19 vaccination protects people from contracting COVID-19 and even dying because of the illness. In addition, the vaccine offers added protection to people who had COVID-19 previously, and this protection includes protection against hospitalization and new infections from new variants.[3]

Kenya started its vaccination of adult population against COVID-19 in March 2021, and as at 19th of November 2022, 36.5% of the adult population had been fully vaccinated. In terms of Counties, Nairobi County was leading with 54.8% fully vaccinated adults, followed by Kiambu County with 38.0% fully vaccinated adults and lastly Mombasa County with 36.5% fully vaccinated adults.[4] From the findings, a significant number of the target audiences had received the recommended number of vaccination dosages, with (22%) mentioning that they had not received any dose. At least (18%) mentioned that they had been fully vaccinated, including receiving the booster dose.

Willingness to get vaccinated

Comparing current and previous survey findings, percentage of people willing to take the vaccine has declined. There is some reluctancy to get vaccinated among those who have not been vaccinated with almost half the sample of the unvaccinated intimating that they would not get vaccinated, another (25%) mentioned that they would get the vaccine but plan to wait to get it, or not sure of going for the vaccine. This finding shows that there seems to be some indecisiveness amongst the unvaccinated and need to counter some of the barriers through well packaged messaging to encourage them get vaccinated.

Awareness of the free COVID-19 vaccine, accessibility and barriers

Majority of the unvaccinated respondents were aware of the free COVID-19 vaccine and also mentioned that there were no difficulties in accessing the vaccine i.e., they knew where to get the vaccine if they wanted it, however, they mentioned that the key uptake barriers were:

[1] https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQiAg_KbBhDLARIsANx7wAwKrYdkRkp8PoOX6T1jM9hFY_-X7pn-hwf6u9hTAP1Clw6wR-0XRbAaAmgTEALw_wcB

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8217582/

[3] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html

[4] https://www.health.go.ke/wp-content/uploads/2022/11/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-NOVEMBER-19TH-2022.pdf

belief that COVID-19 is a scam (41%), and that the vaccine was painful (40%). From this finding, it is evident that there are still people who believe that COVID-19 is a scam and therefore need to be sensitized to get vaccinated even as much as some people believe that the COVID-19 is behind us.

COVID-19 vaccine uptake drivers

PS Kenya and other stakeholders have been using among others: family and friendship themes for the Chanjwa campaign messages, this survey confirmed that family and friends play a key role in influencing uptake of the vaccine with half the sample indicating that they would take the vaccine if recommended by family and friends, majority of the respondents also intimated that the vaccine is very important. Incorporating messages that counter perceived barriers such as pain and COVID-19 being a scam could be useful in persuading the population that is undecided.

COVID-19 vaccine uptake drivers

The top three (3) sources of information on COVID-19 related issues among the target audiences are TV, radio and MoH. These also resonate with the channels that PS Kenya and other stakeholders are using. This target audience seem not to be relying so much on social media for COVID-19 related information however Facebook had significant mentions (14%). There is

Recommendations

- **Chanjwa campaign**

  - **Awareness creation:** Intensify awareness through a combination of channels i.e., traditional media (TV and Radio), social media, MoH, and Community Health Workers/ Volunteers (CHVs). The CHVs channel uniqueness is that it allows for face-to-face interaction with target audiences and any concerns could be immediately addressed.

- **Password campaign**

  - **Awareness creation:** Intensify awareness through a combination of channels i.e., traditional media (TV and Radio), social media, and Community Health Workers/ Volunteers while also emphasizing the campaign name "Password campaign".

- **Campaign's support in improving various MOH measures**

  - **COVID-19 preventive measures as part of the campaign messages:** Compared to previous survey findings, awareness of COVID-19 preventive measures has declined. There's high belief that COVID-19 is now behind us hence the reluctance. There's need to continue emphasising on need to practice the preventive measures that apply during the campaigns i.e., hand washing at key times and wearing masks at public places.

- **Vaccine uptake hesitancy**

  - **Demystifying vaccine barriers:** Sensitize target audiences with clear messages countering the pre-conceived false or negative ideas about COVID-19 vaccine i.e., scam, pain, causing infertility etc.

  - **Targeted campaigns:** Even while focussing on people who have not been totally vaccinated, identify people who have been partially vaccinated and encourage them to complete their dosage. It could be easier to convince them than the totally unvaccinated.

- **Attitudes and perceived risks of COVID-19**

    - **Risk areas:** Even though there's relatively low belief in COVID-19 existence, COVID-19 messaging should continue stressing that COVID-19 can be contracted anywhere and at any time, hence importance of adhering to recommended prevention measures.

- **Communication on COVID-19 vaccine**

    - **COVID-19 vaccine communication themes:** Survey findings confirm that family and friendship themes are influential in convincing uptake of COVID-19 vaccines. This resonates with COVID-19 vaccination campaign's that are being used by PSK. Therefore, important to continue with the communication themes, in addition, ensuring that the posters are positioned in heavy traffic areas like learning institutions, estates, local markets, entertainment spots etc.

    - **Other COVID-19 vaccination communication channels:** Use of intrapersonal communication channels like community leaders, church, baraza's (informal community meetings), and groups within communities to drive the message.

Chapter 1: Introduction

1.1 Background

Population Services Kenya (PS Kenya) is the leading social & behaviour change, social marketing & franchising organization in Kenya, with 30 years' experience of measurably improving the health of Kenyans by supporting the Ministry of Health (MoH) address public health priorities in HIV & TB, Malaria, Reproductive Health, Maternal Health, Child Health, Water and Sanitation, Nutrition and Non-Communicable Diseases. PS Kenya uses user centred approaches and social behaviour change communication approaches to address health challenges and to promote healthy behaviours across various target audiences.

Over the years, PS Kenya has contributed greatly to the health impact in the country by promoting adoption and maintenance of healthy behaviours, and in increasing access to and demand for high-quality health products and services. PS Kenya's vision is to be the leader in strengthening health markets, and empowering Kenyans to make healthy choices.

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.

PS Kenya was seeking for a research firm to support its Program implementation by providing Telephone survey services for the evaluation (midline and endline) of communication on COVID-19. The survey was to be implemented in Mombasa, Kiambu and Nairobi counties which are the target counties for the communication. It is against this background that PS Kenya partnered with a Kenyan research agency to support its program implementation by providing telephonic survey services for the evaluation of communication on Chanjwa vaccination campaign.

This report presents the survey findings based on interviews conducted with the general public between 26th September and 19th October, 2022.

1.2 Objectives

The survey generally aimed at assessing reach and effectiveness of the Chanjwa campaign in promoting vaccine awareness and COVID-19 preventive behaviours.

Specifically, the survey sought to address the following;

1. Knowledge and awareness of the Chanjwa campaign
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. Pre-test of existing materials on the Chanjwa campaign

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 1: STUDY METHODOLOGY APPROACH

2.2 Pre-field work activities

Virtual inception meeting

In line with the proposal that was shared by TIFA research to PS Kenya, an inception meeting was held on 8th September, 2022 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 members; Lydia Ndungu, Harmon Momanyi and Macanthony Munyae. From TIFA side, the representatives were: Maggie Ireri, Virginia Kalee and Brian Tabu.

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

- Hygiene and Behaviour Change Coalition (HBCC2) overview which comprised of: program funder, program duration, aim, target audience, key strategies, partners, and support areas.
- Deliverables: survey protocol, reports (MS Word and PowerPoint - PPT), data collection tools and raw data sets.
- Work plan: there was also a discussion on the timelines and expected survey completion dates including submission of initial reports. TIFA mention that they had prepared a draft work plan for review which was shared during the meeting and later agreed that TIFA should share it together with this survey protocol as a draft/ tentative work plan for further discussion by the PS Kenya team.
- PS Kenya team also mentioned that they will share with TIFA the survey materials to aid in the implementation of the survey

Questionnaire design and review

After the inception meeting, TIFA prepared a work plan and shared with PS Kenya team. Draft data collection tools were also designed by TIFA and shared for review, comments and approval by PS Kenya and MoH. After the tool review, TIFA amended the quantitative tool as per the feedback and also translated it to Swahili language ready for scripting and training of the data collection team.

Questionnaire translation

The quantitative questionnaire was translated into Swahili language as it is a language that is spoken and easily understood by respondents in the 3 counties, immediately after the translations, two independent people were given the translated questionnaire to review as a quality control measure. The objective of this was to try and ensure that the translated questionnaires are aligned with the English questionnaire to avoid misinterpretation of the questions.

Questionnaire scripting

The quantitative questionnaire was scripted so as to adopt an electronic format in preparation for training, pilot/pre-test and data collection. During the script review, the following were considered: checking if skip routines are working, ensuring all pre - codes are captured, checking if all translations have been done well using Swahili version that can be understood by the target audiences, and also ensuring that toggling from one language to another is possible via CATI system platform during questionnaire administration.

Team recruitment

An experienced team was selected to execute the survey, in total the team comprised of 23 personnel. 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	20
Total	**23**

The team was taken through details of the survey by TIFA key project team 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 23rd September, 2022. Main objective of the training exercise was to;

- Introduce the research assistants to the Chanjwa program and objectives, survey background and objectives, scope and timelines.
- Go through the English and Swahili hard copy questionnaires.

- Check translations (Swahili) so as to ensure that the translations are in line with the English questionnaire version.
- Check the script flow while also ensuring that all the questions have been captured including translations.
- Check average time taken for administration of the questionnaire via CATI.
- Identify challenges in understanding the questionnaire and ambiguous questions.
- Establish any challenges that need to be addressed before actual data collection.
- Re-train data collection team on gaps identified during the pilot/pre-test exercise.
- Get feedback from the data collection team on questions that they felt respondents were having a difficult time understanding.

In addition to the above, the team was taken through COVID-19 protocols and importance of adhering to the 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 30 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 on the script or 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 length of interviews, and live dash-board 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, 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 26th September to 2nd October, 2022 targeting a total sample of 1,000 respondents, total achieved sample was 1,015, translating to a success rate of 101.5%.

Out of the 1,015 total sample, 100 interviews were achieved with PLWDs of which (16%) of the cases could not talk, and (11%) were not able to communicate i.e., understand or be understood. In this case, 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.

Sample Distribution and Status

Majority of the respondents were hard to reach within Mombasa, this is attributed to constant failing network on their end, and with each new attempt to recontact them, it was met with participation refusals.

County	Target Sample	Achieved Sample	Percentage (%)
Nairobi	566	561	99.1%
Mombasa	147	80	54.4%
Kiambu	287	374	130.3%

CATI feedback status

We have an inbuilt Respondents Database Management System (RDMS), this is directly linked to the CATI servers. Instructions were programmed into the RDMS to randomly pull respondents from any of the 3 countries 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 4,000 we contacted 2,498 respondents to achieve the total sample of 1,015.

TABLE 2: CATI CONTACT SHEET STATUS

Feedback	Count	Success rate
Call me back later	60	2%
Destination busy	60	2%
Hung up the call	36	1%
Network Issues	0	0%
Not interested	619	21%
Not picking the call	800	27%
Phone Not Reachable	251	9%
Phone out of service	13	0%
Successful	1,015	34%
Voice mail	94	3%
Total	**2948**	**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 data-sets

In a bid to understand the trends over time, specific sections of the current PS Kenya survey have been compared with previous survey findings for a survey that was conducted in between September and December, 2021. Sections that have been compared include the following;

- Current knowledge: symptoms, preventive measures and sources
- Attitude towards COVID-19
- Current practices: prevention measures for COVID-19
- Sources of information on COVID-19 and
- Economic situation

2.5 Study limitations

Other than questions which 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.

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

A total of 1,015 respondents were interviewed with majority (55%) residing in Nairobi County, at least (38%) were within the age bracket of 35 to 44 years and majority (71%) were officially married. In terms of employment status, most respondents were casual labourers (23%) with (13%) indicating that they had never been employed before. At least (8%) of the respondents mentioned that they lost employment after COVID-19 arrived. A total of (10%) of the respondents mentioned that they/ or someone in their household had a disability or condition like epilepsy and leprosy.

TABLE 3: DEMOGRAPHICS

County	Actual Number	Percentage
Nairobi	561	55%
Mombasa	80	8%
Kiambu	374	37%
Gender		
Female	520	49%
Male	495	51%
Age Group		
18 to 24 years	64	6%
25 to 34 years	285	28%
35 to 44 years	381	38%
45 +	285	28%
Marital Status		
Married/ Civil partnership	721	71%
Single living alone	181	18%
Living with partner but not married	11	1%
Single living with a friend and/ or relative	49	5%
Divorced or separated	20	2%
Widowed	22	2%
Prefer not to say	11	1%
Employment status		
Casual labourer	230	23%
Employed part time as before COVID-19	8	1%
Self-employed but now without work	110	11%
Self-employed and still doing some work	223	22%
Jobless/ unemployed, has never been employed before	131	13%
Employed full time and continuing as usual	169	17%
Employed full time but now working part time or on forced leave	16	2%
Student	6	1%
Now jobless/ not earning: lost job since the COVID-19 virus arrived	77	8%
Now jobless but had worked in the past before the COVID-19 virus arrived	45	4%
Disability status		
PWDs in the household	100	10%
No PWDs living in the household	915	90%

PWDs disability type and sample

A total of 100 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[5].

A total of 10% of the respondents have a disability or have someone with a disability in the home. At least (35%) of the disability cases were as a result of inability to walk or climb steps, another (19%) of the cases was as a result of inability to see even when wearing spectacles, while (16%) of the cases was as a result of inability to talk, and (11%) not being able to communicate i.e., understanding or be understood. Other cases of disability had less than (10%) 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.

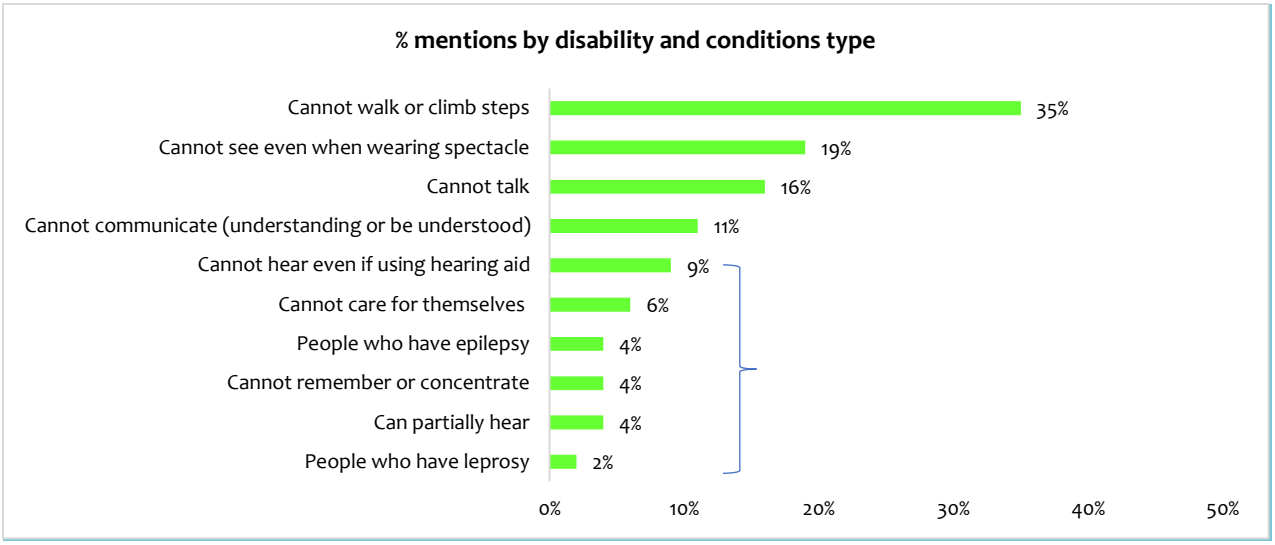


FIGURE 2: DISABILITY TYPE

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

Base 2022: 100 (Those with a disability or any condition and/ or their household members)

[5] See table on breakdown in the appendix section

3.2 Current knowledge on COVID-19

3.2.1 Symptoms of COVID-19

Top three mentioned symptoms of COVID-19 at total level were: fever (55%), cough (49%) and breathing difficulties/ shortness of breath (32%). With the exception of Mombasa County and male respondents, there were no significant differences in terms of awareness of COVID-19 symptoms across the demographics in terms of order. In most cases, awareness levels across the demographics followed the order of fever (high temperature), cough and breathing difficulties/ shortness of breath.

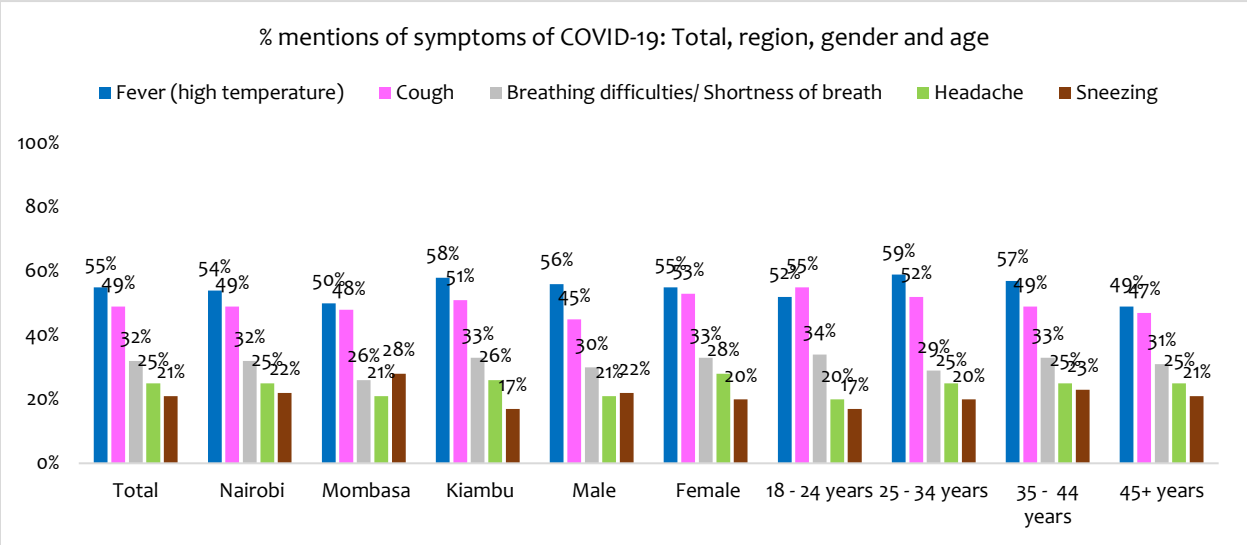


FIGURE 3: AWARENESS OF COVID-19 SYMPTOMS

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

Base 2022: All respondents

A comparison of COVID-19 symptoms awareness levels with findings from previous survey indicated that awareness levels of COVIS-19 had declined for all the symptoms. It was also noted that order of awareness in terms of highest to lowest had also changed with currently fever (high temperature) having the highest awareness levels followed by coughing and then breathing difficulties. This was different from 2020 survey findings where coughing had the highest awareness followed by fever, and then breathing difficulties/ shortness of breath.

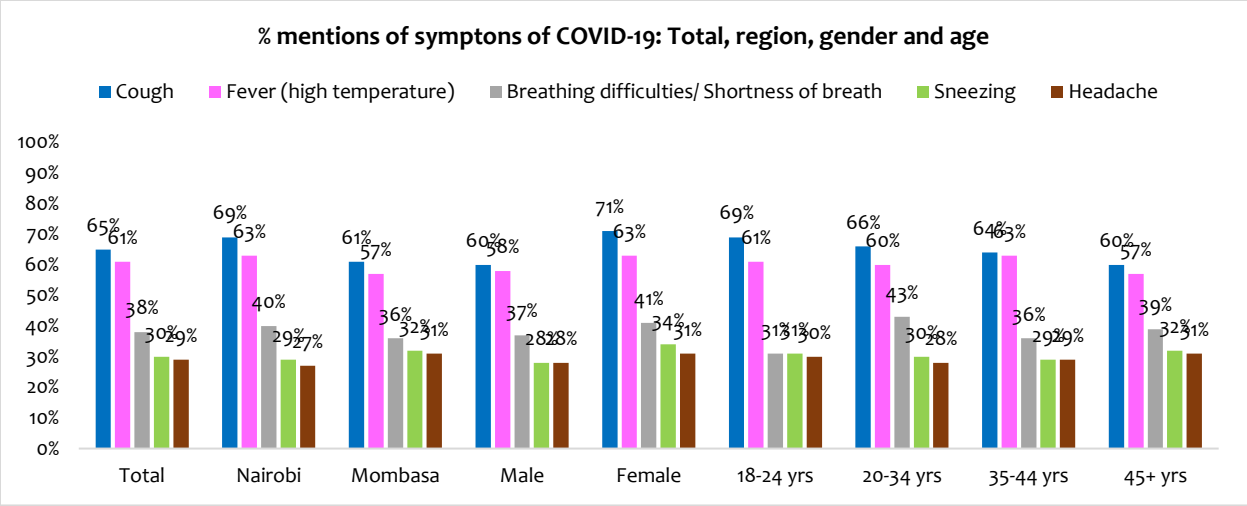


FIGURE 4: COMPARISON OF AWARENESS OF COVID-19 SYMPTOMS

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

Base 2020: 301 (Only respondents living in Nairobi's informal settlements)

3.2.2 Preventive measures adopted: Post COVID-19

Preventive measures of COVID-19 during "post COVID-19" have declined with an average of only 3 to 4 people out of 10 indicating that they wear a mask. About 3 out of 10 people also indicated that they have continued with the practice of hand washing across the counties, gender and age groups. Maintaining social distance had the least mentions across the counties, gender and age groups, this could have been attributed by recent events during the electioneering period whereby there was a lot of overcrowding in places and freedom of movement and assembling. Even though frequent hand washing had relatively few mentions, it was evident that the propensity to wash hands increases by age, similar to previous survey findings.

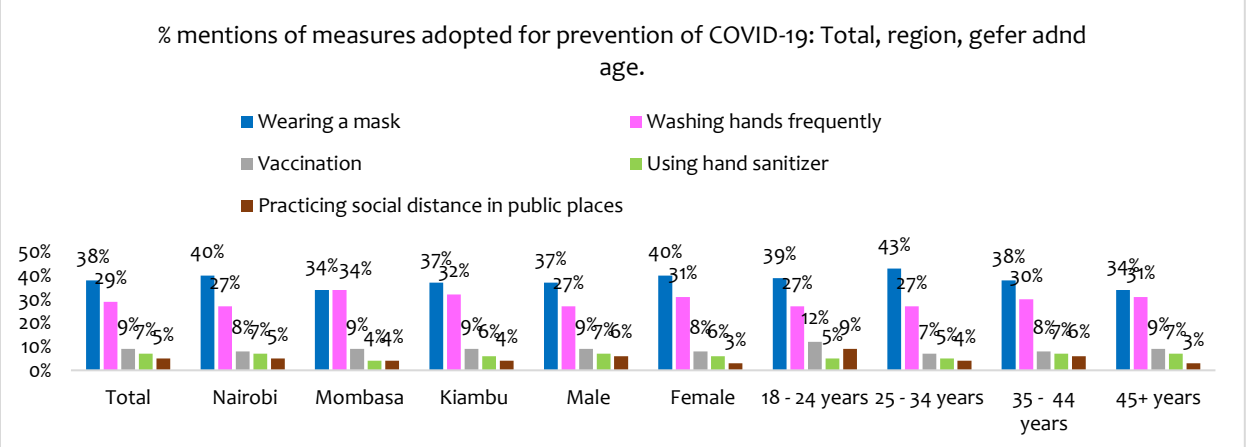


FIGURE 5: ADOPTED COVID-19 PREVENTION MEASURES (POST COVID-19)

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?

Base 2022: All respondents

A comparison of current survey and previous survey findings showed that mask wearing dropped by more than half. A similar trend was noticed for other preventive measures like using hand sanitizers, keeping social distance, and avoiding crowded places. It was evident that despite the drop in mentions for different measures adopted for COVID-19 during COVID-19 and, "post-COVID-19", the propensity to wash hands still increased by age, with the highest incidence of this amongst those aged 45 years and above, a similar pattern was also witnessed with gender where more female (74%) than male (66%) mentioned washing of hands frequently to prevent COVID-19 infection.

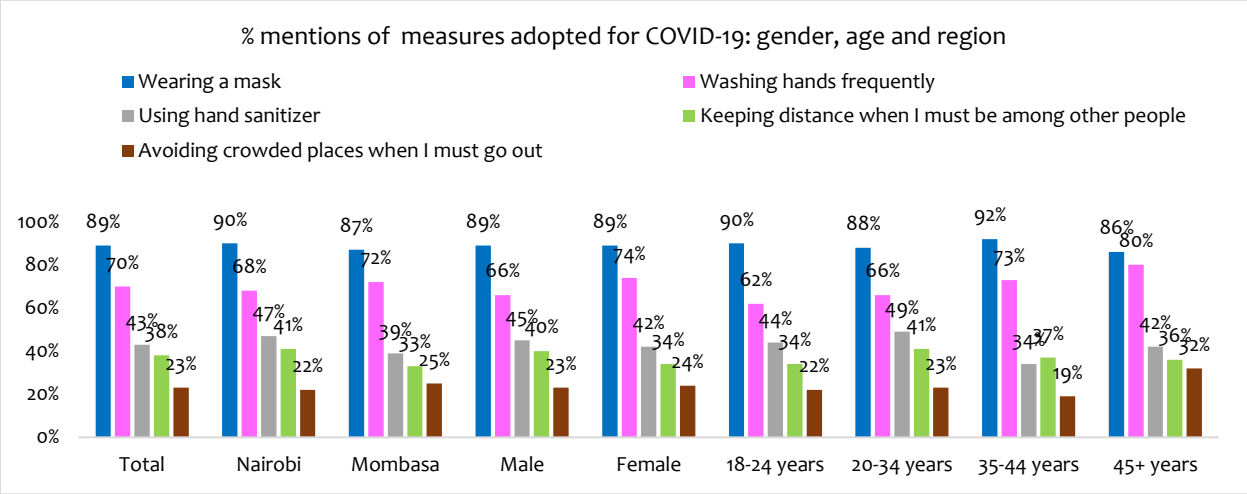


FIGURE 6: COMPARISON OF ADOPTED COVID-19 PREVENTION MEASURES (DURING COVID-19)

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 2020: All respondents

3.2.3 Drivers to adopting preventive COVID-19 measures

Key motivation for adopting preventive COVID-19 measures even when COVID-19 is believed to have subsided is protection from COVID-19. Kiambu had a slight majority over Nairobi and Mombasa in terms of mentions regarding fear of contracting COVID-19 (86%). Slightly more female than male also mentioned that the key driver is protection from COVID-19. Propensity to protect oneself from COVID-19 increases with age as indicated by the survey findings.

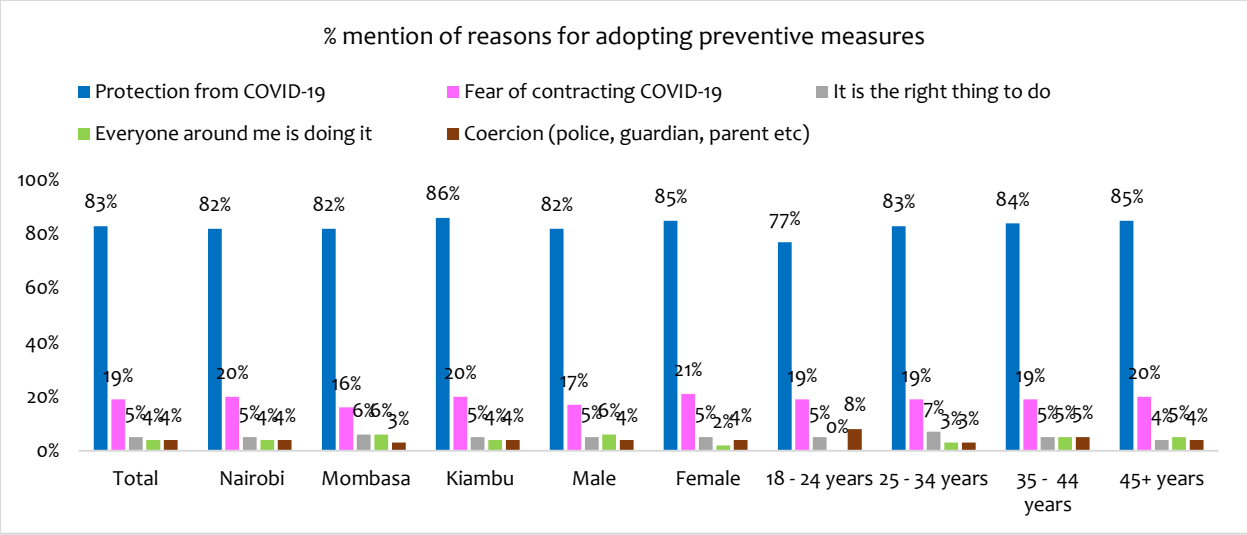


FIGURE 7: REASONS FOR ADOPTING COVID-19 PREVENTIVE MEASURES

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 2022: 992 (Respondents who mentioned that they adopt COVID-19 preventive measures)

A comparison of drivers for adopting COVID-19 preventive measures for the current and previous survey indicated that protection from COVID-19 was still the key driver for adopting COVID-19 preventive measures. During the survey conducted in 2020, Slightly more males than females mentioned their major reason for adopting COVID-19 preventive measures as protection from COVID-19, this however switched in the year 2022. On the same note, there were more mentions by youth in 2020 within the bracket of (18 to 24 years) of major reason for adopting to COVID-19 preventive measures as protecting themselves from contracting COVID-19, this was the opposite in 2022 where youth registered the least mentions.

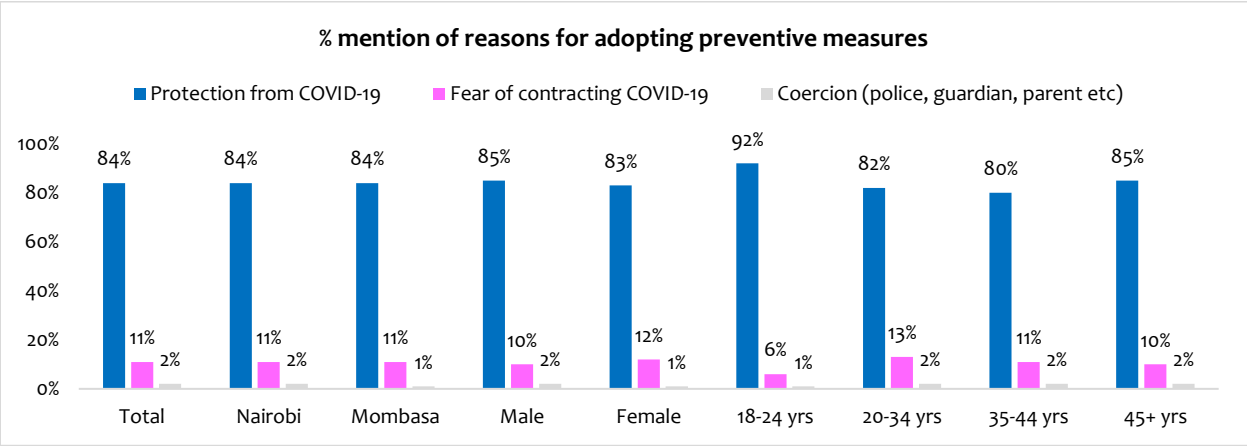


FIGURE 8: COMPARISON OF REASONS FOR ADOPTING COVID-19 PREVENTIVE MEASURES

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 2020: All respondents

3.2.4 Barriers to adoption of key preventive measures

The key barrier that stands out in terms of adopting COVID-19 preventive measures is perception that there is no COVID-19. This barrier cuts across all the demographics regardless of county, gender and age. Kiambu county had majority mentions of perception that there is no COVID-19 followed by Nairobi County target respondents. More female than male, and older adults perceive COVID-19 to be non-existent compared to their counterparts.

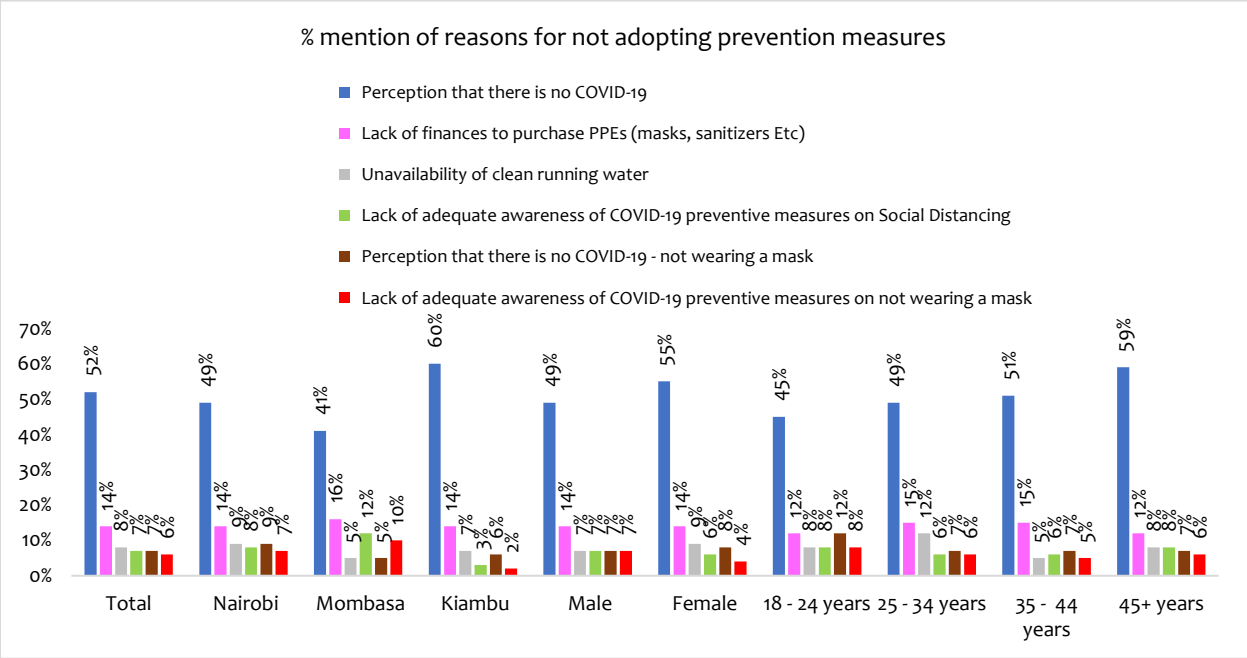


FIGURE 9: BARRIERS TO ADOPTION OF COVID-19 PREVENTION METHODS

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

Base 2022: All respondents

3.3 Attitude towards COVID-19

3.3.1 Fear of infection

Worry is a key motivator of behavioural health changes including motivating people to engage in preventive health care activities (Kim et al., 2020)[6]. In line with this, the respondents were probed on their level of concern on contracting COVID-19. Comparing current and previous survey findings, there has been a total shift in that presently, most respondents, personally (46%) and family (41%) are not concerned at all about contracting COVID-19, this is a complete contrast to previous findings where majority, personally (53%) and family (54%) intimated that they were very concerned about contracting COVID-19.

[6] Hyunji Kim, Sarah J Barber. **COVID-19 Worries and Behavior Changes in Older and Younger Men and Women**. *The Journals of Gerontology: Series B*, 2020; DOI: 10.1093/geronb/gbaa068

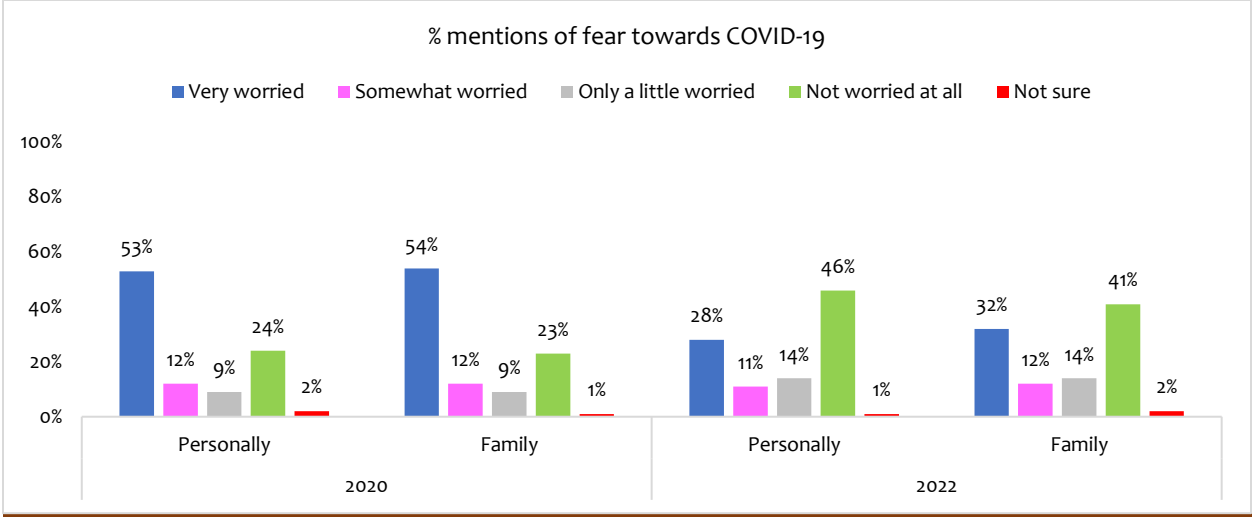


FIGURE 10: ATTITUDE TOWARDS COVID-19

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 2020 Vs 2022: All respondents

3.3.2 Expectations of the future of COVID-19

Majority felt that the worst is passed and things will now improve, this indicates that majority of the target respondent have moved on and now thinking post pandemic. Kiambu, male and older adults were the most optimistic in terms of the worst being behind them. The findings also indicate why there's some leniency in practicing some of the COVID-19 prevention behaviours.

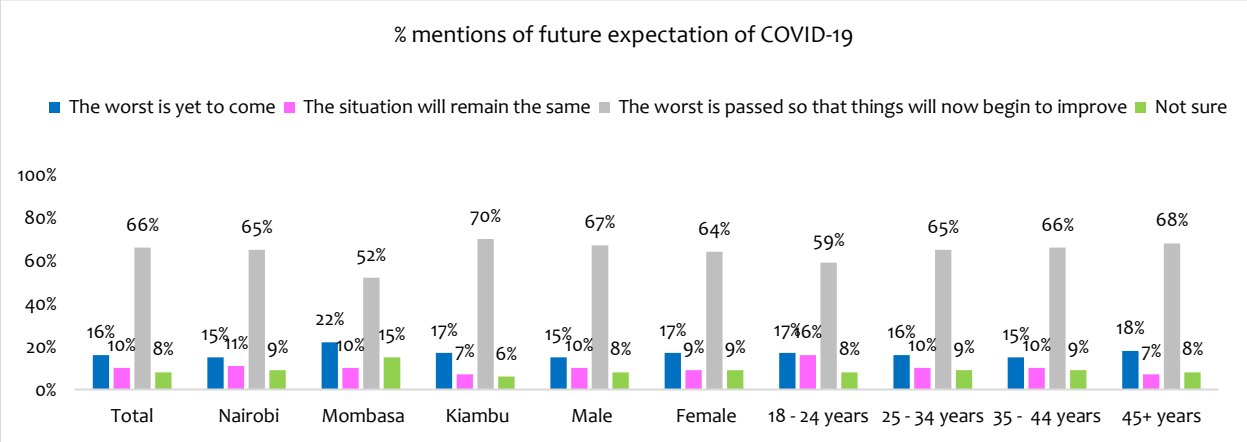


FIGURE 11: LEVELS OF OPTIMISM AND PESSIMISM WITH COVID-19

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 2022: All respondents

Comparing previous and current survey findings, levels of optimism are higher for current survey as compared to previous survey. At total level, only 40% were optimistic that the worst had passed and things will now improve in the previous survey, this was (26%) lower than findings for the current survey (66%). Another notable observation was that whilst in the current survey, older respondents (45+) had higher mentions of the worst having passed, in the previous survey, the older respondents (45+) had the highest mentions of the worst is yet to come, this had been attributed to the fact that the older generation were perceived as having a higher risk or chance of contracting COVID-19 by World Health Organization (WHO).

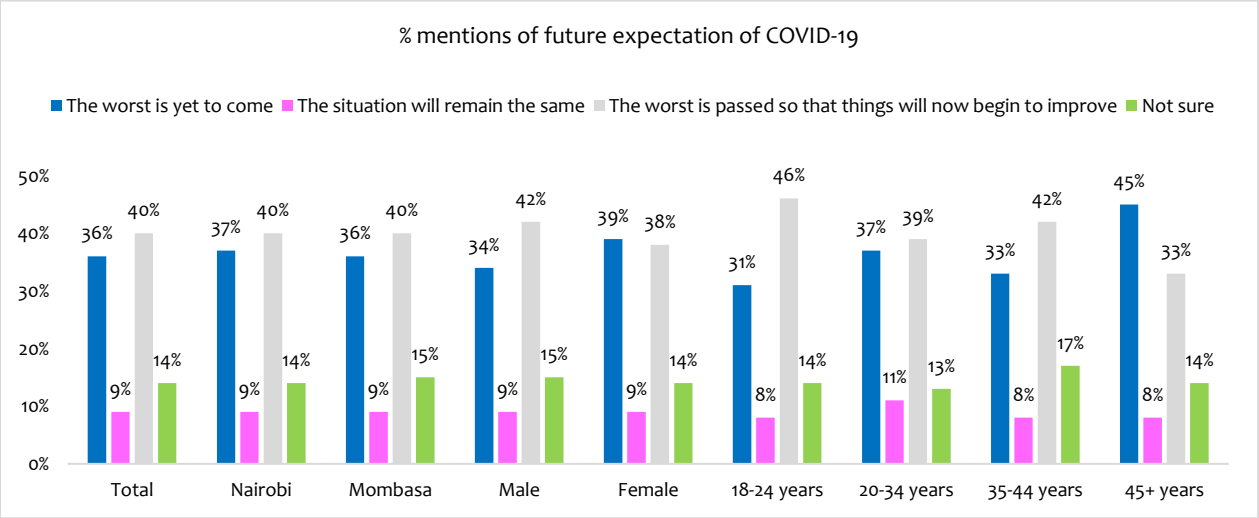


FIGURE 12: COMPARISON OF LEVELS OF OPTIMISM AND PESSIMISM WITH COVID-19

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 2020: All respondents

3.3.3 Belief in COVID-19 Existence

Majority were of the opinion that COVID-19 exists (81%) and this cut across the demographics. Notably, youth aged 18 to 24 years had relatively low mentions of the belief in existence of COVID-19 (73%).

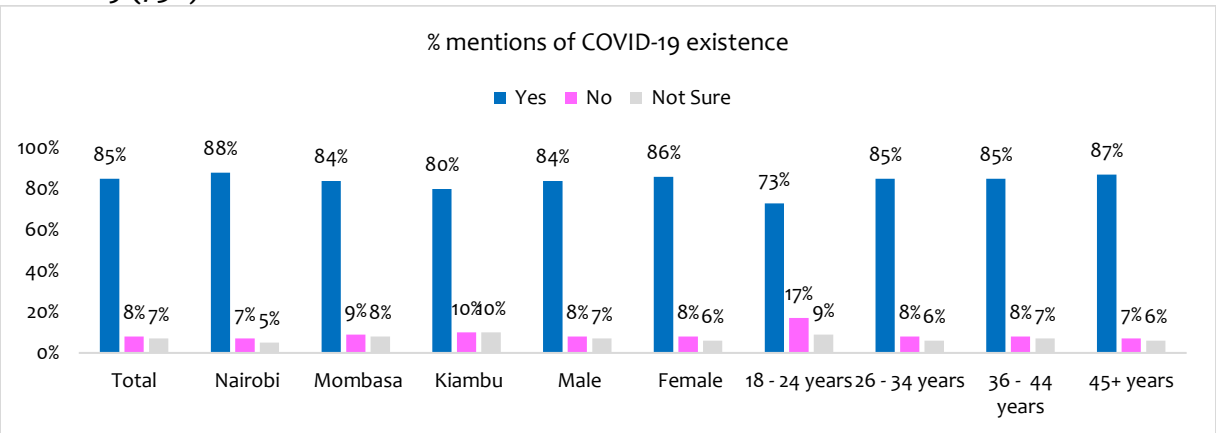


FIGURE 13: BELIEF IN EXISTENCE OF COVID-19

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

Base 2022: All respondents

A comparison of previous and current survey findings shows that there was relatively high belief that COVID-19 actually exists in the previous survey, with an overwhelming majority (91%) at total level supporting the statement. High belief in the existence of COVID-19 cut across the demographics. Even though we have seen a decline in percentages in terms of belief in existence for the two surveys, it is still largely believed that the COVID-19 is here with us.

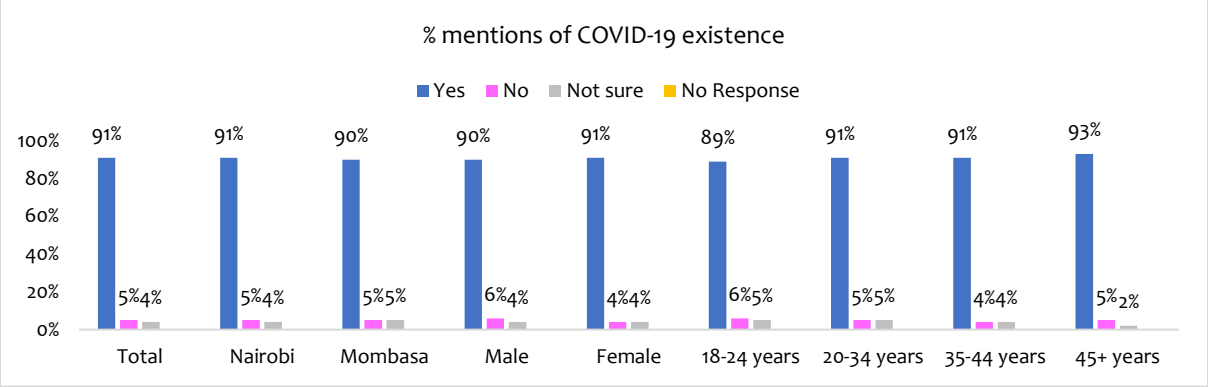


FIGURE 14: COMPARISON IN BELIEF IN EXISTENCE OF COVID-19

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

Base 2020: All respondents

3.3.4 Extent of belief in COVID-19 existence

Those who believe COVID-19 exists

For those who believe that COVID-19 exists in the current survey, most believed that it exists to a small extent (47%). In terms of counties, Mombasa had the highest mentions for those believing that COVID-19 exists to a small extent (55%), there was no significant difference among male and females in terms of their belief in COVID-19 existence, while youth aged 19 to 24 years had contrary opinion, with majority mentioning that COVID-19 exists to a large extent (55%).

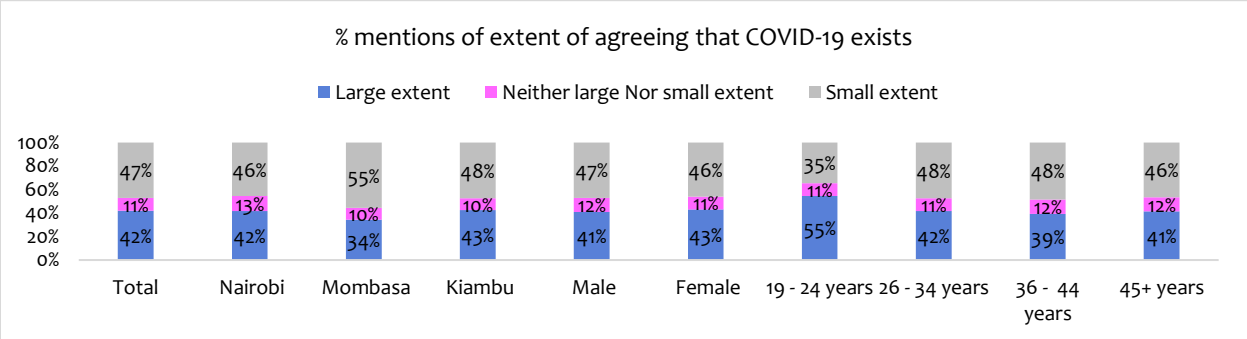


FIGURE 15: EXTENT OF AGREEING ABOUT THE EXISTENCE OF COVID-19

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 2022: 867 (Those who believe COVID-19 exists)

Those who believe COVID-19 does not exist

Overall, for those who believe that COVID-19 does not exist, majority stated that it does not exist to a large extent. Majority of them are female residing in Mombasa and Nairobi counties, and are aged between 26 to 34 years, and 45 plus.

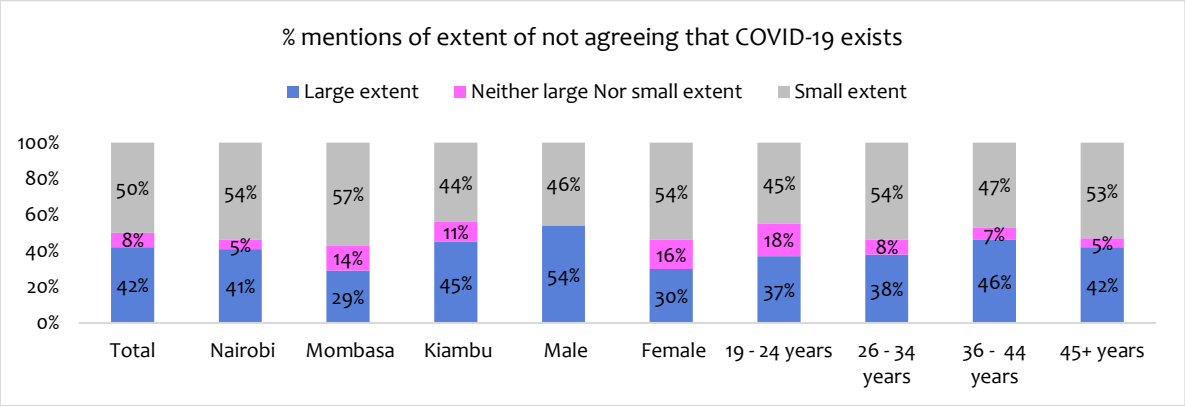


FIGURE 16: COMPARISON OF EXTENT OF AGREEING ABOUT THE EXISTENCE OF COVID-19

Q. To what extent do you agree or disagree with the following statement about the existence of COVID-19? I believe that COVID-19 DOES NOT exist.

Base 2020: 84 (Those who believe COVID-19 DOES NOT exist)

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 for crowded and market places. There was a decline in mentions for "within the estate" probably because people have now embarked fully on economic activities, and not many people are left in the estates.

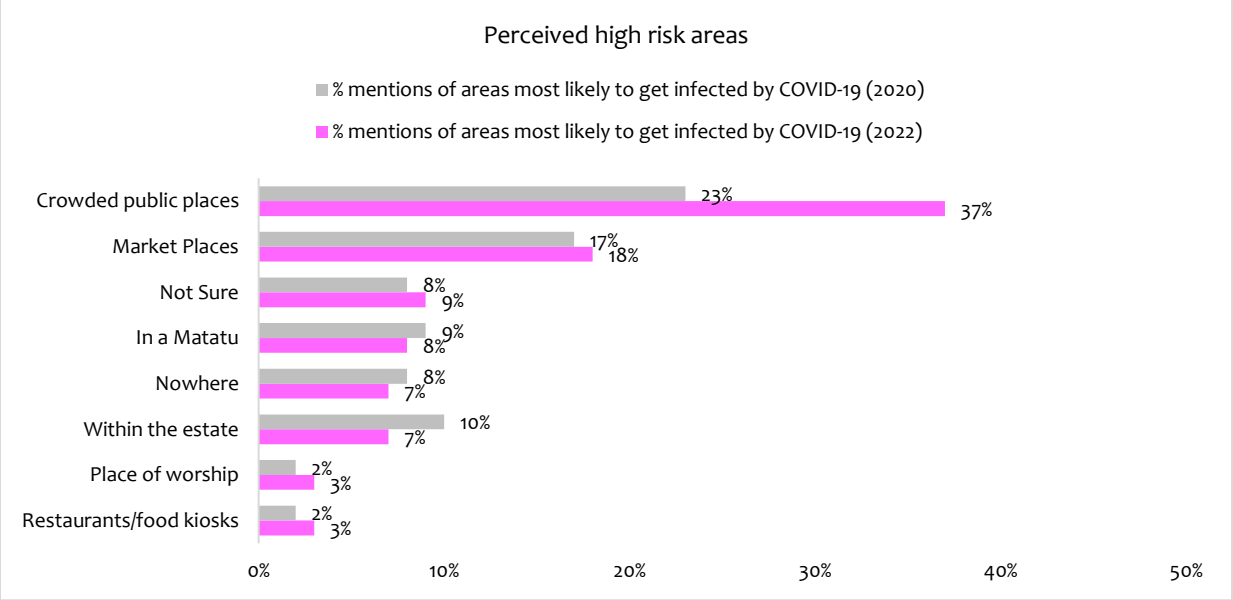


FIGURE 17: AREAS MOST LIKELY TO GET INFECTED

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

Base 2020 Vs 2022: All respondents

3.4 Current practices - prevention measures for COVID-19

Generally, there was high awareness of COVID-19 prevention measures in the year 2022, compared to 2020. Requirement to wear masks was mentioned by a higher percentage of the respondents in both the year 2020 (25%) and 2022 (27%). Other measures that came up in the year 2022 were vaccination (20%), social distance (9%) and handwashing at key times (9%). Prevention of large gatherings was mentioned by a higher percentage of respondents (13%) in the year 2020 as compared to the year 2022 (4%).

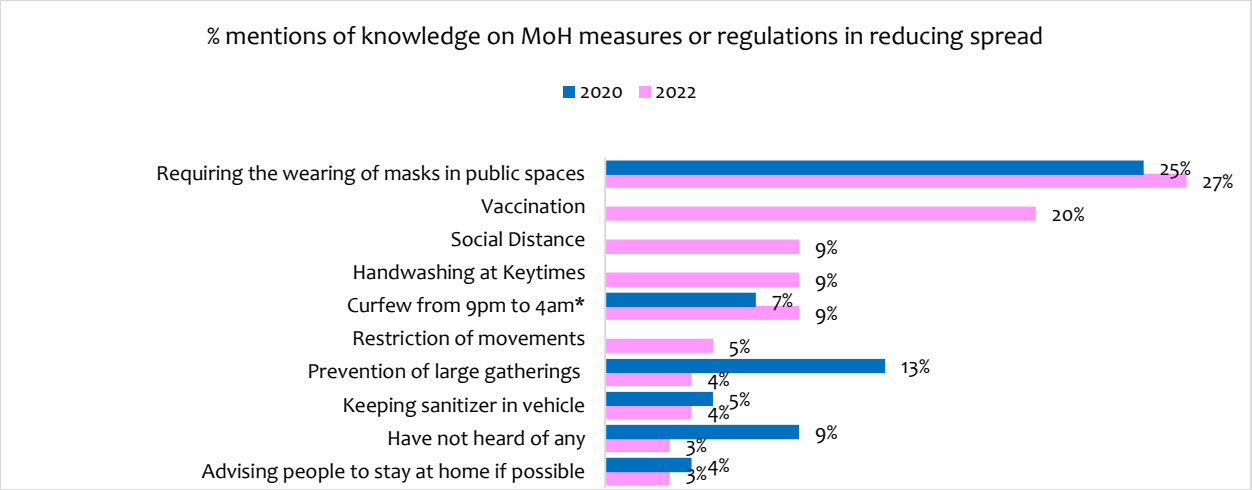


FIGURE 18: PREVENTION MEASURES FOR COVID- 19

Q: 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?

Base 2020 Vs 2022: (All respondents)

Adherence to COVID-19 Measures (March 2020 to June 2021)

Wearing a mask 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, respondents aged 35-44 years old, and the male respondents. 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.

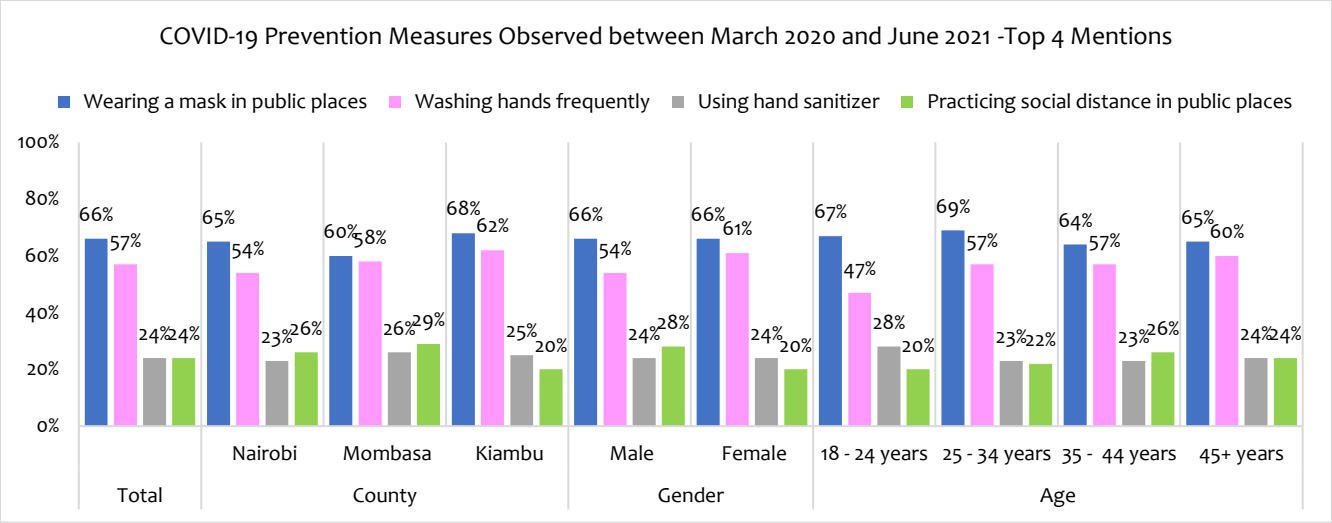


FIGURE 19:COVID-19 PREVENTION MEASURES OBSERVED BETWEEN MARCH 2020 AND JUNE 2021- TOP 4 MENTIONS

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 2022: All respondents

3.4.1 Practices towards COVID-19

Wearing a mask

Generally, there was very little compliance to wearing of masks (33%), and those who mentioned that they don't wear masks at all (30%). There was a higher percentage (65%) of male respondents who had little compliance or did not comply to mask wearing as compared to female respondents (62%). Age wise, there was little compliance among the respondents aged 18 to 24 years old (70%), compared to other age categories. In terms of County, Mombasa County had the highest percentage (72%) of those who had little compliance to wearing of masks.

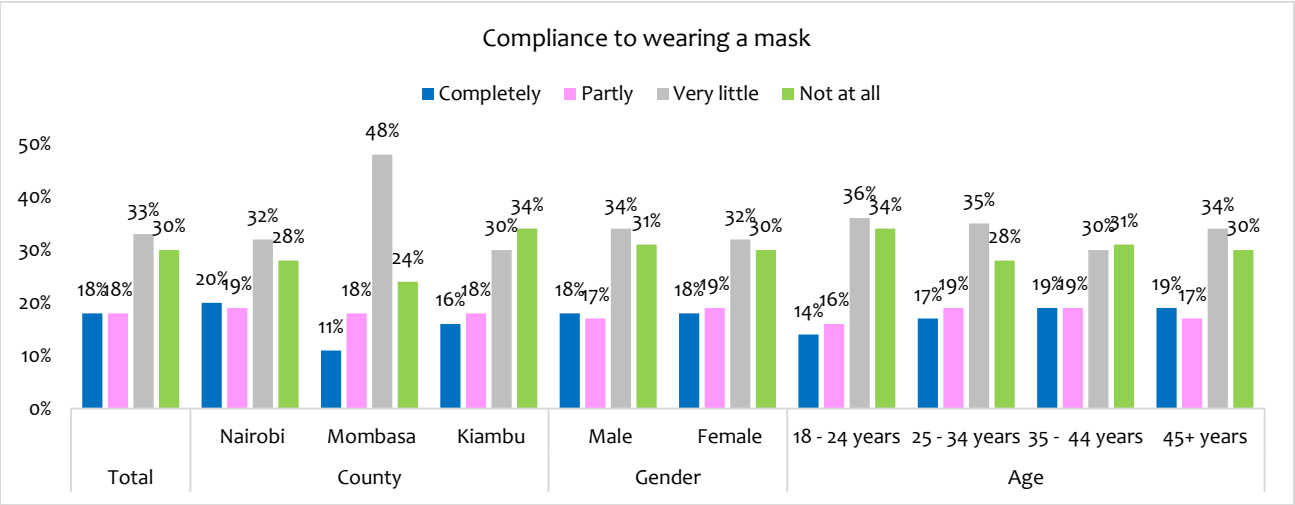


FIGURE 20:COMPLIANCE TO WEARING A MASK

Q: In your opinion, how much is the following being obeyed - Wearing Mask? Would you say it is being obeyed?
Base 2022: All respondents

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

Overall, there was a high percentage (41%) of people who were obedient to wearing masks completely in the year 2020, as compared to the year 2022 whereby 40% of the respondents mentioned that people did not obey the regulation to wear masks at all. The percentage of individuals who obeyed the regulation to wear a mask completely dropped from 89% in the year 2020 to 34% in the year 2022. The sharp drop is attributed to the belief that COVID-19 has subsided and now people can only wear masks sparingly, or when necessary.

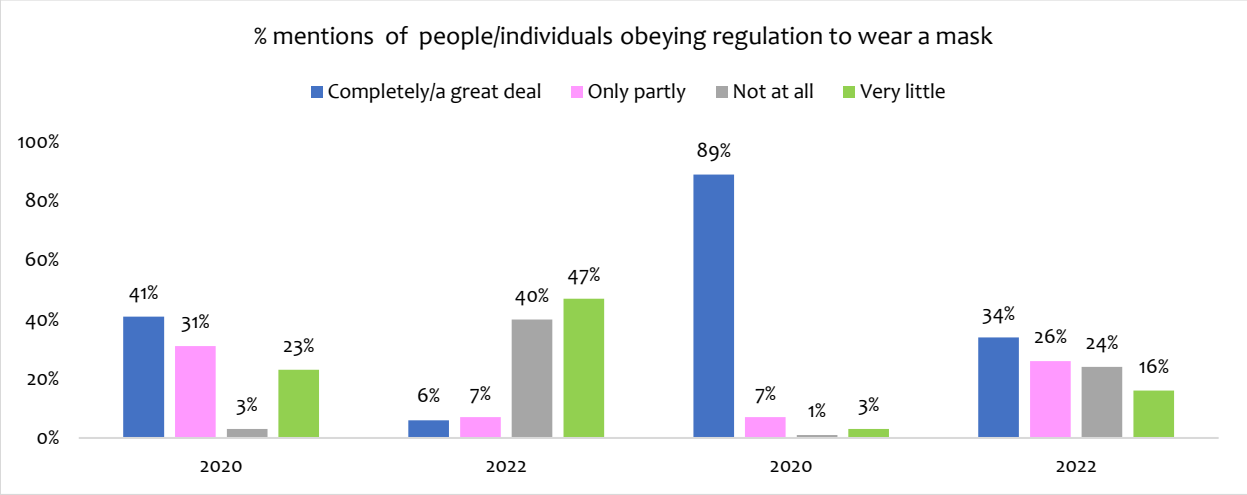


FIGURE 21: % MENTIONS OF PEOPLE OBEYING REGULATION TO WEAR MASKS

Q: How much are people in this area obeying the regulation to wear a mask? Are they obeying it…?
Q: And you yourself, how much are you obeying it? Are you……..?
Base 2020 Vs 2022: All respondents

Barriers to wearing a mask

The main barrier to wearing a mask in the year 2022 was people not believing in the existence of COVID -19 (73%). Other reasons for not wearing a mask were not fearing the virus even if it existed (21%) and that the masks were uncomfortable on one's face (12%).

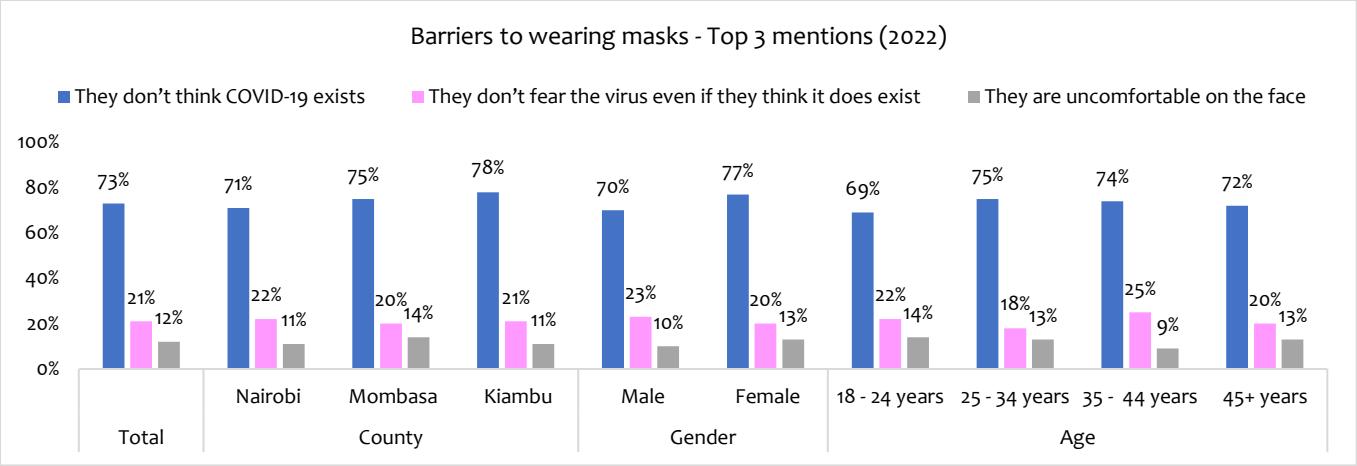


FIGURE 22:BARRIERS TO WEARING MASKS

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

Base 2022: All respondents

Compared to the year 2020, there was an increase (12%) of those who mentioned that they did not think that COVID-19 existed in the year 2022. The percentage of those who mentioned not to fear the virus slightly decreased by 2% in the year 2022.

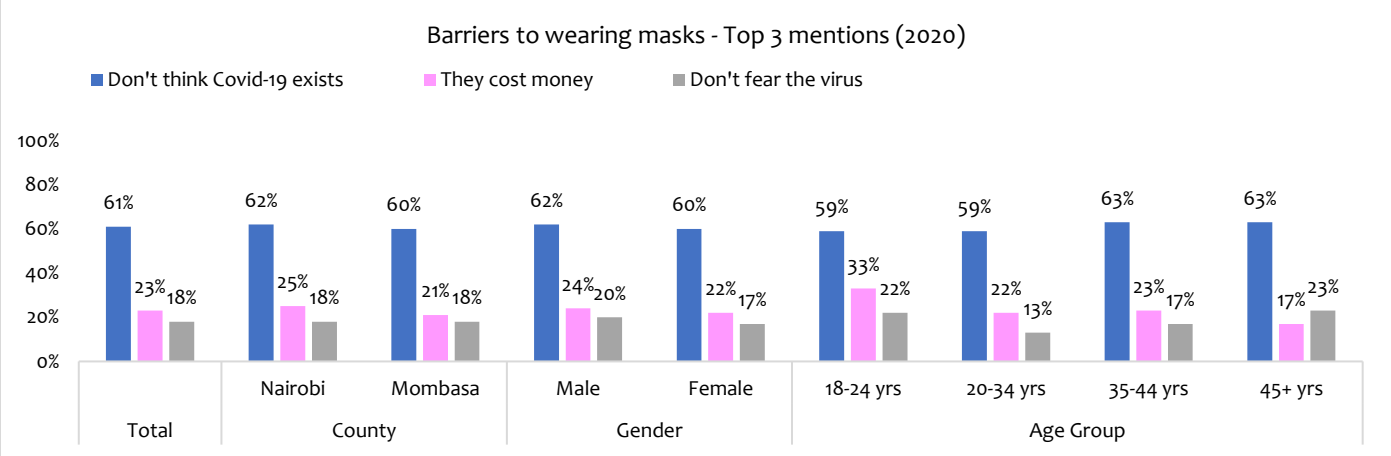


FIGURE 23:COMPARISON FOR BARRIERS TO WEARING MASKS

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

Base 2020: All respondents

3.4.2 Sources of Information on COVID-19

Main Sources of Information on COVID-19

The main source of information on COVID-19 related information is Television (69%). Following Television is Radio (36%), then social media comes at a distant third with (28%). . There was increased social media usage in the year 2022 (+4%) and decreased consumption of television and radio as sources of information (-1%) and (-17%) respectively. Ministry of Health officials had a higher percentage (11%) of those who listened to them as compared to the year 2020,

where they had 4%. These findings show that there's some reliance in social media and MoH as key information sources for health related (COVID-19) related issues.

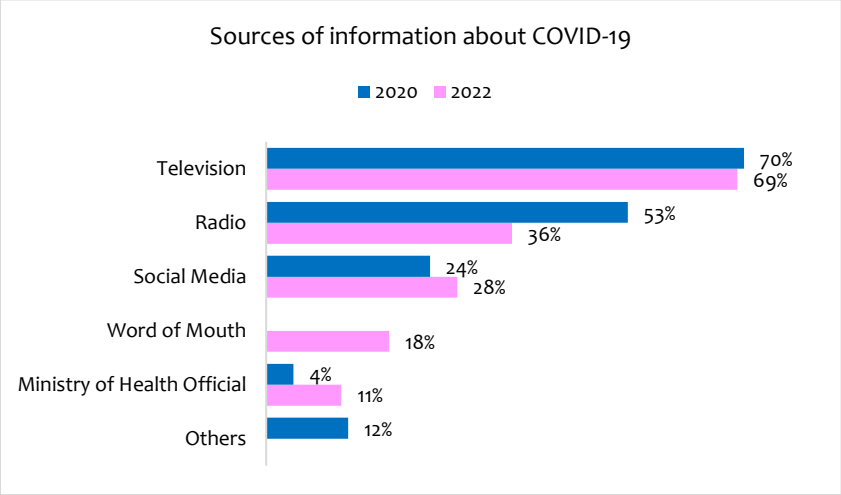


FIGURE 24:SOURCES OF INFORMATION ABOUT COVID -19

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 2020 Vs 2022: All respondents

3.5 COVID-19 communication evaluation: Chanjwa campaign

3.5.1 Knowledge, awareness and recall of Chanjwa campaign

Majority of the respondents (66%) had not seen or heard PS Kenya's Chanjwa campaign on mass media, social media, or from a community worker in the past one week. Only (29%) confirmed that they had come across information regarding the Chanjwa campaign through any of the aforementioned sources of information.

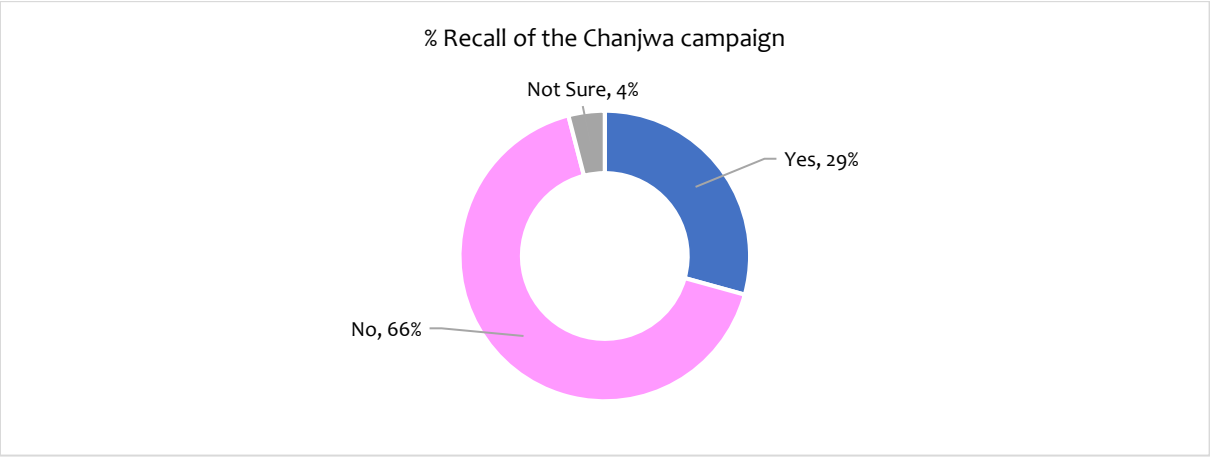


FIGURE 25:RECALL OF THE CHANJWA CAMPAIGN

Q: 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 behaviours or COVID-19 vaccines?

Base 2022: All respondents

3.5.2 Recall of Chanjwa campaign messages on hand washing and mask wearing

Majority of the respondents could not recall seeing or hearing PS Kenya's Chanjwa campaign messages on handwashing at key times (22%) and wearing a mask in public places (20%). This shows that awareness of the two initiatives is very low among the target audiences.

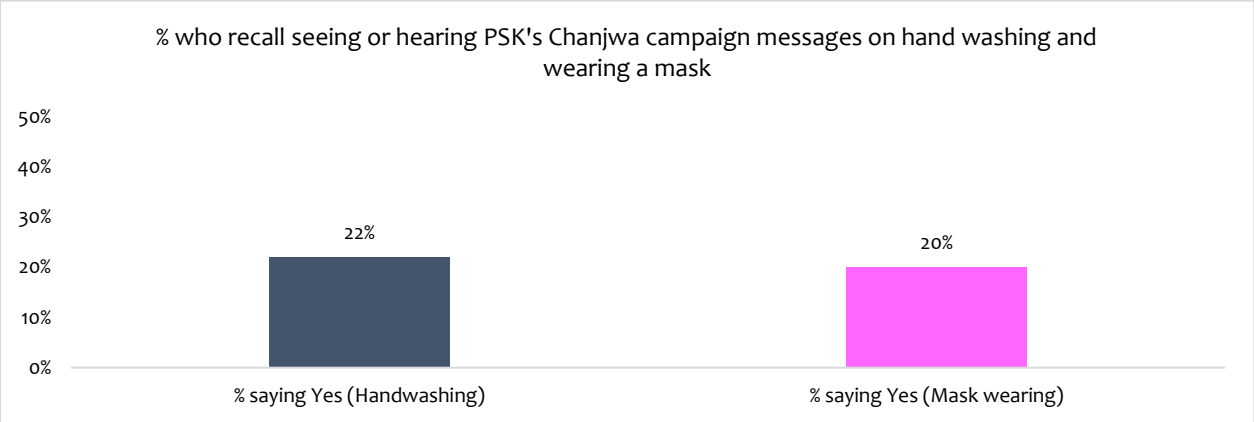


FIGURE 26:RECALL OF SPECIFIC MESSAGES ON CHANJWA CAMPAIGN

Q: 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 and wearing mask at public places

Base 2022: All respondents

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 Continue to wear mask and washing hands (19%) and getting vaccinated (16%). In terms of gender, there was no significant difference in 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 *"Pata Chanjo"* message.

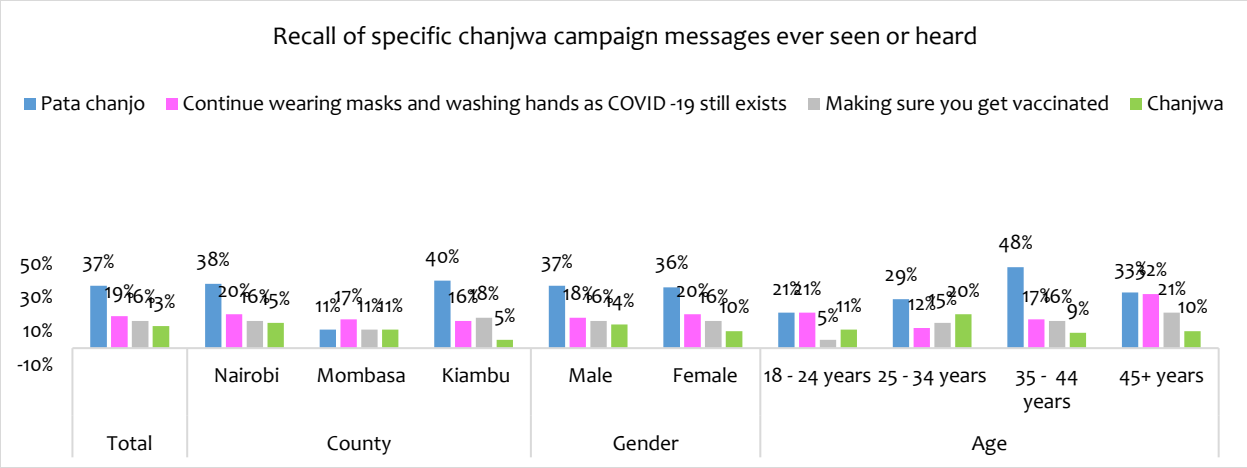


FIGURE 27:RECALL OF SPECIFIC CHANJWA CAMPAIGN MESSAGES SEEN OR HEARD

Q: You mentioned that you saw/ heard about Chanjwa campaign. What specific message(s) can you remember?
Base 2022: 298 (Those aware of Chanjwa campaign)

3.5.3 Sources of information on Chanjwa campaign

Of those aware of the Chanjwa campaign, they mentioned that their top three sources of information about the Chanjwa campaign were: Television (35%), Word of Mouth (33%), and Radio (16%). Ministry of Health and social media had a collective percentage of (20%). The findings show that traditional media still plays a key role in dissemination of health-related messages.

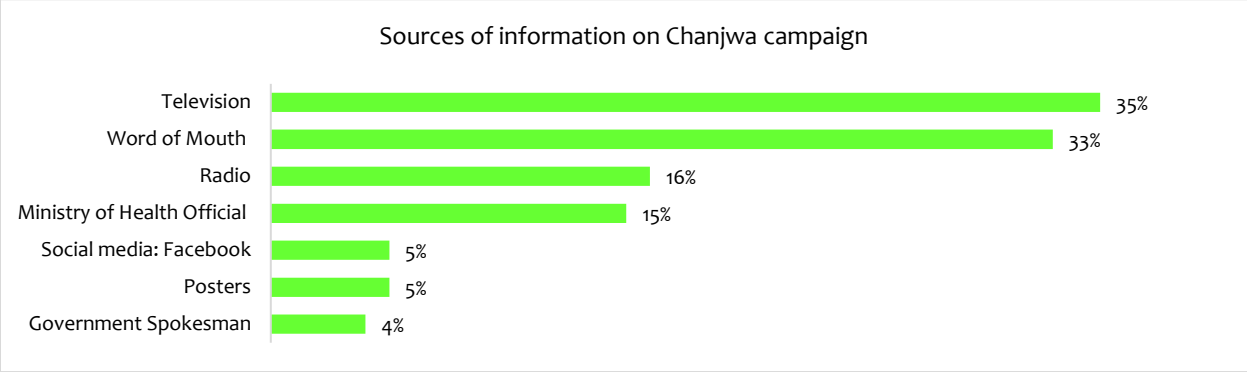


FIGURE 28:SOURCES OF INFORMATION ON CHANJWA CAMPAIGN

Q: Which channels/ sources of information did you see or hear about Chanjwa campaign
Base 2022: 298 (Those aware of Chanjwa campaign)

3.5.4 Believability of specific messages from Chanjwa campaign

Generally, there was believability "to a large extent" of specific messages from 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%).

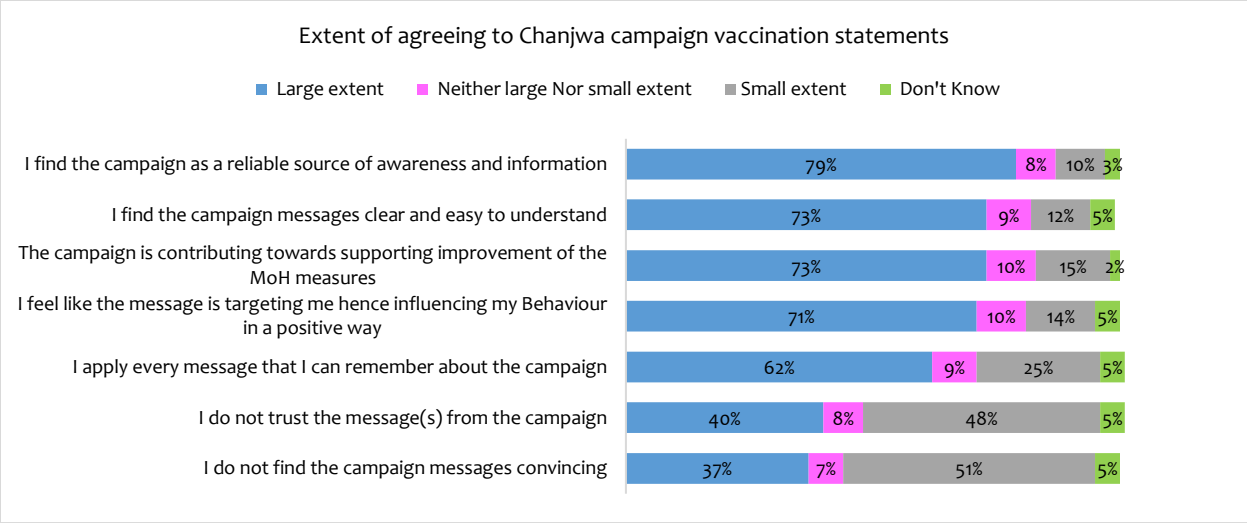


FIGURE 29: EXTENT OF AGREEING TO CHANJWA CAMPAIGN VACCINATION STATEMENTS

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

Base 2022: 298 (Those aware of Chanjwa campaign)

Generally, there was a high percentage of respondents who resonated with the specific messages from Chanjwa campaign.

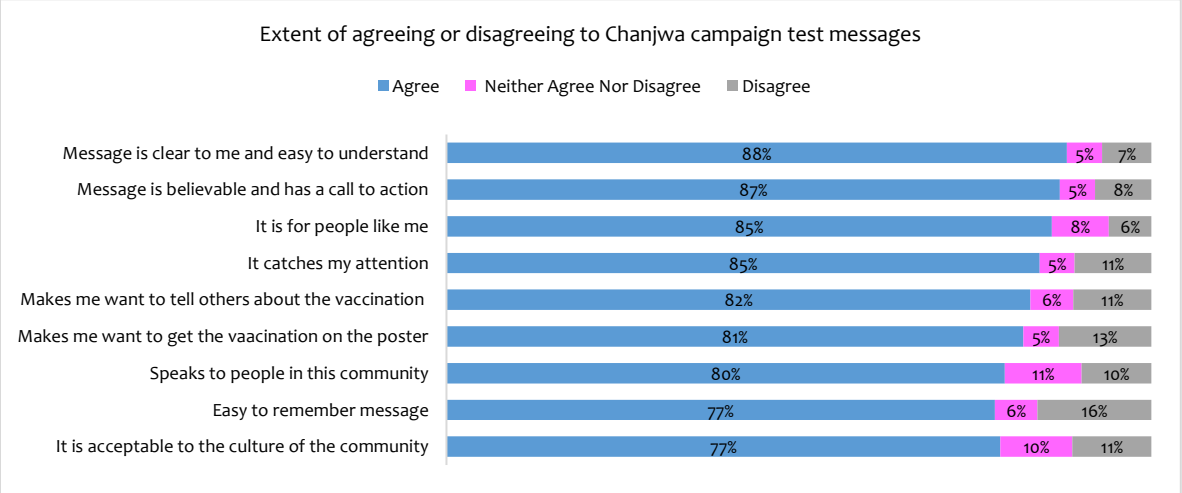


FIGURE 30: EXTENT OF AGREEING OR DISAGREEING TO CHANJWA CAMPAIGN VACCINATION TEST MESSAGES

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

Base 2022: 238 (Those who recall interacting with Chanjwa campaign message on handwashing or wearing a mask)

3.5.5 Likeability of Chanjwa campaign messages

Majority of the respondents (86%) liked the Chanjwa campaign messages. Mombasa County had a higher percentage (8%) of those who disliked the Chanjwa campaign messages.

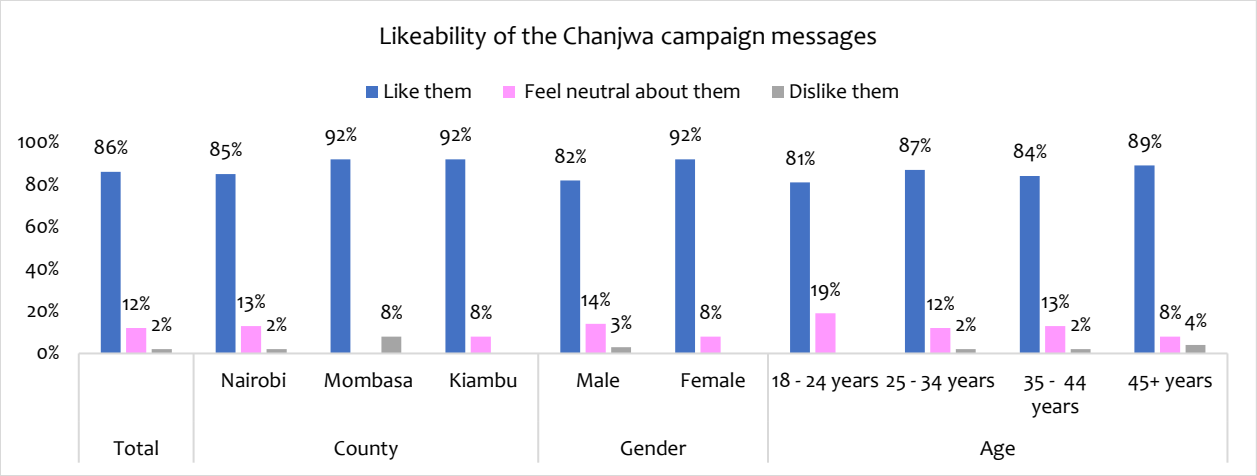


FIGURE 31:LIKEABILITY OF THE CHANJWA CAMPAIGN MESSAGES

Q: Overall, how much do you like the Chanjwa campaign messages from the sources of information you have seen or heard them from?

Base 2022: 238 (Those who recall interacting with Chanjwa campaign message on handwashing or wearing a mask)

3.5.6 Chanjwa Campaign Tagline Evaluation "Chanjwa, Pata Chanjo, Tuwe Chonjo"

Most of the respondents (87%) mentioned that the Chanjwa tagline was communicating to them and that they would be persuaded to take action after reading or seeing the campaign.

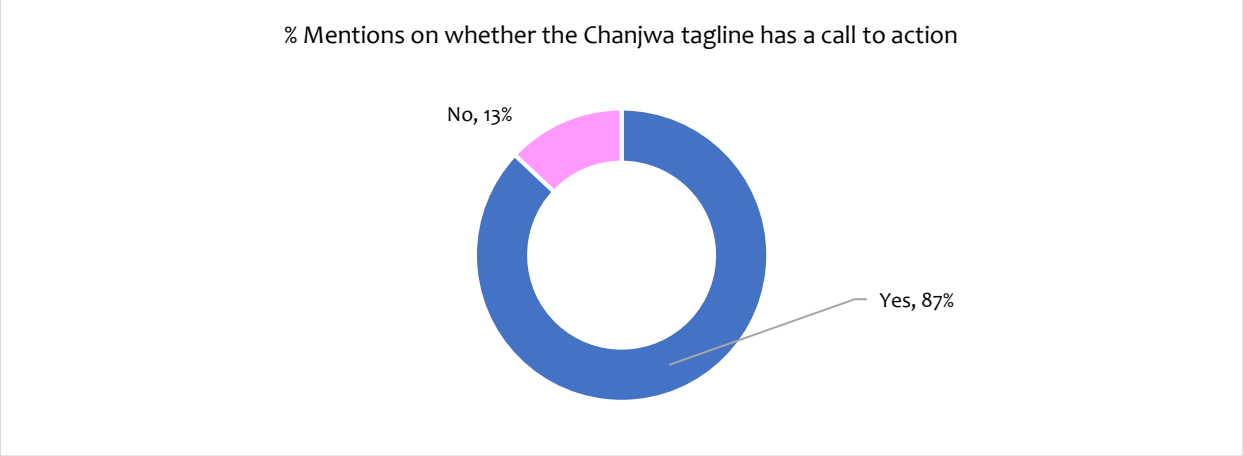


FIGURE 32:% MENTIONS ON WHETHER THE CHANJWA TAGLINE HAS A CALL TO ACTION

Q: 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?

Base: 238(Those who recall interacting with Chanjwa campaign message on handwashing or wearing a mask)

Across the demographics, majority of the respondents were of the opinion that the Chanjwa campaign tagline was communicating, and that they would be persuaded to take action after reading or seeing a campaign message with it. Majority of target audiences who had relatively higher mentions on the taglines influence were respondents living in Mombasa and Kiambu counties, as well as youth aged 25 to 34 years.

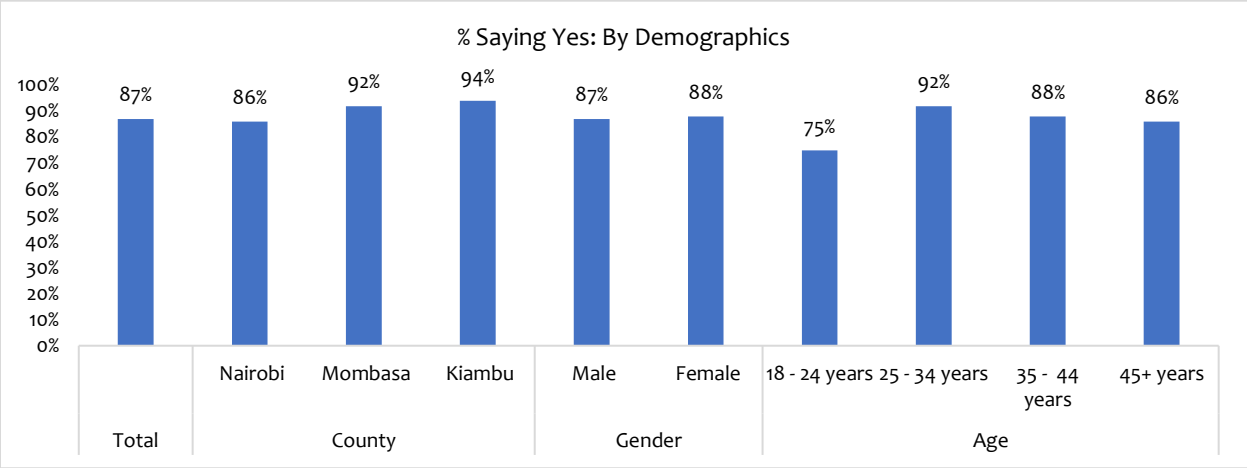


FIGURE 33: % MENTIONS ON WHETHER THE CHANJWA TAGLINE HAS A CALL TO ACTION: BY DEMOGRAPHICS

Q: 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?
Base: 238 (Those who recall interacting with Chanjwa campaign message on handwashing or wearing a mask)

Reasons supporting taking action after exposure to Chanjwa campaign message

The main reasons as to why the Chanjwa campaign tagline was said to have a call to action was because it was promoting prevention of contracting and spreading COVID-19 (43%). Other mentions were that the tagline informs about the vaccine (23%) and that the tagline was educative (14%).

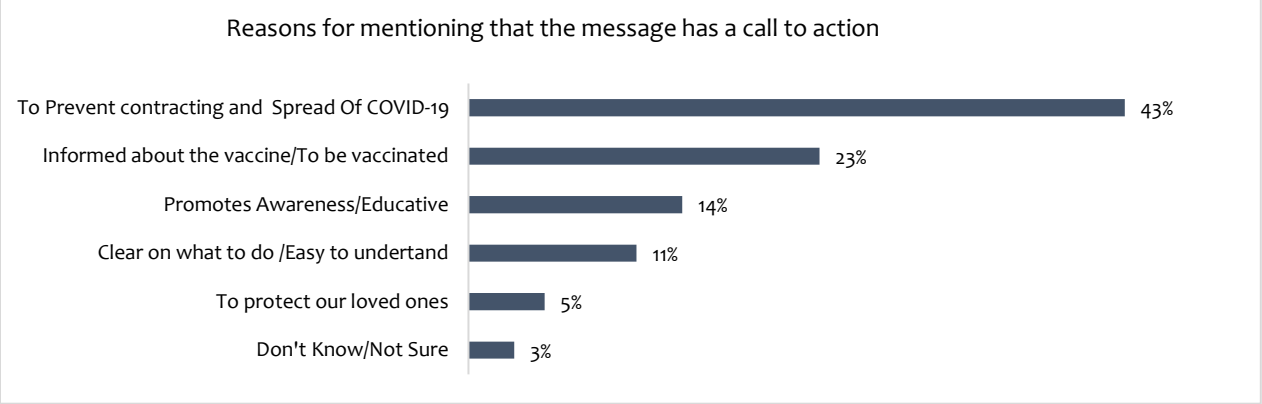


FIGURE 34:REASONS FOR MENTIONING THAT THE MESSAGE HAS A CALL TO ACTION

Q: Why do you say you would be persuaded to take action after reading or seeing a campaign message with it?
Base: 208 (Those who mentioned that the tagline has a call to action)

Reasons against taking action after exposure to Chanjwa campaign message

The top three reasons why respondents felt like the message was not persuasive were because they had already been vaccinated (13%), they could not understand the meaning of "*tuwe chonjo*" (10%) and there were long queues at the vaccination centers (7%).

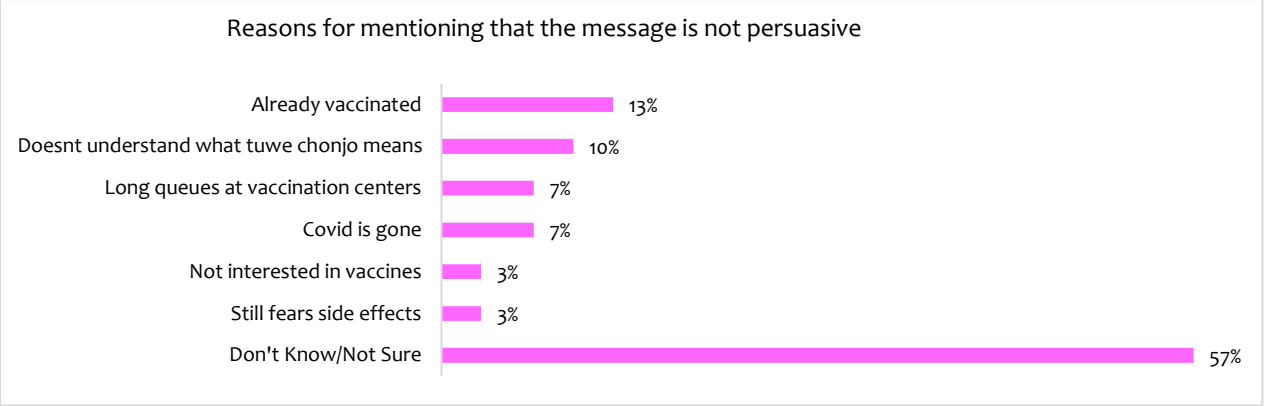


FIGURE 35:REASONS FOR MENTIONING THAT THE MESSAGE IS NOT PERSUASIVE

Q: Why do you say you would not be persuaded to take action after reading or seeing a campaign message with it?

Base: 30* (Those who mentioned that the tagline was not persuasive)

3.5.7 Impact of Chanjwa campaign on uptake of vaccine

The main reasons as to why Chanjwa campaign was mentioned to influence the respondents' behavior in a positive way were because the campaign was said to enhance health and hygiene awareness (50%) and that the campaign was educative (45%).

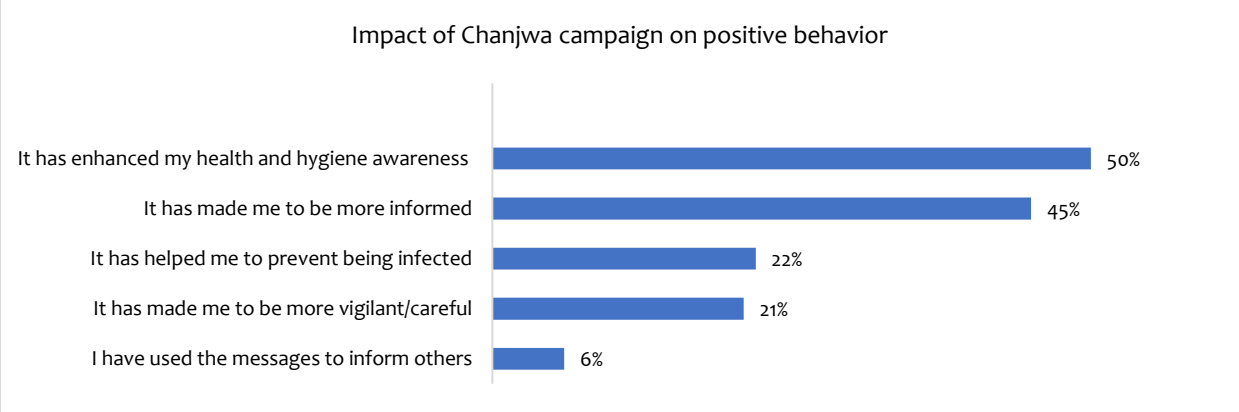
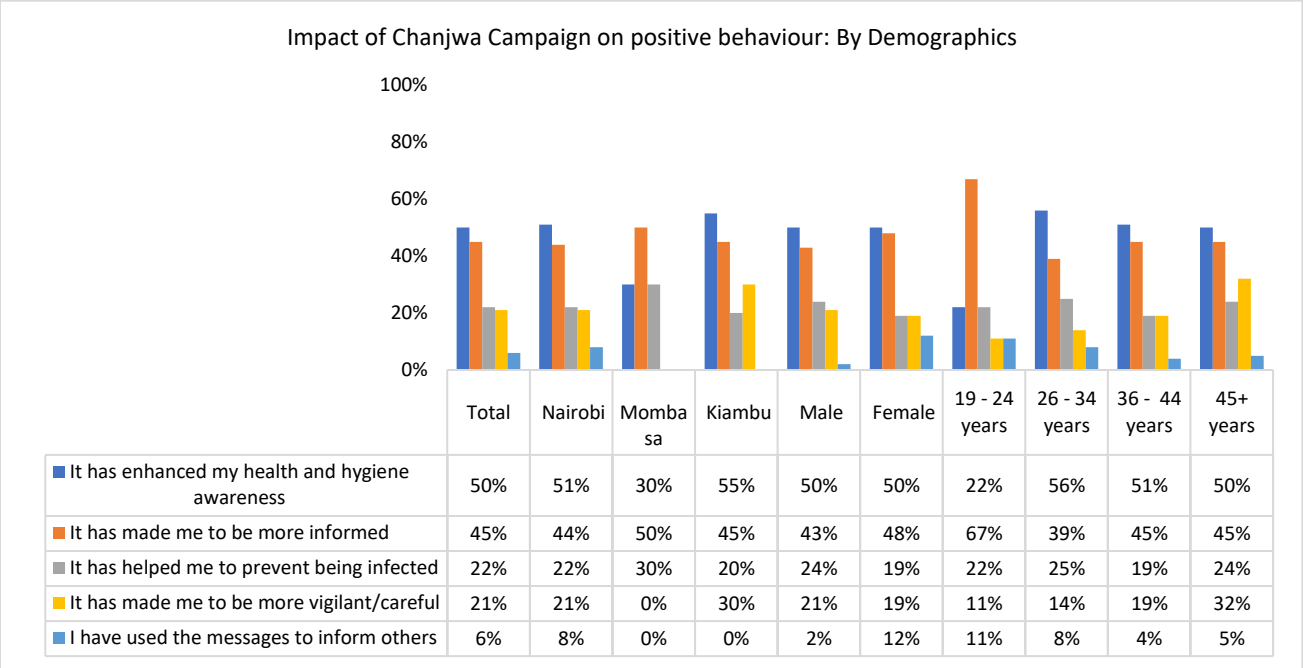


FIGURE 36:IMPACT OF CHANJWA CAMPAIGN ON POSITIVE BEHAVIOR

Q: 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?

Base 2022: 136 (Those who mentioned that Chanjwa campaign messages influenced their behavior in a positive way)

County-wise, Kiambu residents had higher mentions of the campaign making them to be more vigilant, while those aged 19 to 24 years had higher mentions for making them to be more informed. Those aged 45 plus also had significantly higher mentions of the campaign making them to be more vigilant/ careful. More female than male respondents mentioned that they had used the campaign messages to inform others.



	Total	Nairobi	Mombasa	Kiambu	Male	Female	19 - 24 years	26 - 34 years	36 - 44 years	45+ years
It has enhanced my health and hygiene awareness	50%	51%	30%	55%	50%	50%	22%	56%	51%	50%
It has made me to be more informed	45%	44%	50%	45%	43%	48%	67%	39%	45%	45%
It has helped me to prevent being infected	22%	22%	30%	20%	24%	19%	22%	25%	19%	24%
It has made me to be more vigilant/careful	21%	21%	0%	30%	21%	19%	11%	14%	19%	32%
I have used the messages to inform others	6%	8%	0%	0%	2%	12%	11%	8%	4%	5%

FIGURE 37: IMPACT OF CHANJWA CAMPAIGN ON POSITIVE BEHAVIOUR: BY DEMOGRAPHICS

Q: 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?

Base 2022: 136 (Those who mentioned that Chanjwa campaign messages influenced their behavior in a positive way)

3.5.8 Frequency of interaction with Chanjwa campaign messages

For those aware of the Chanjwa campaign, majority (65%) had come across campaign messages on COVID-19 vaccination either daily or weekly. A significant percentage (17%) mentioned that they could not remember coming across the messages.

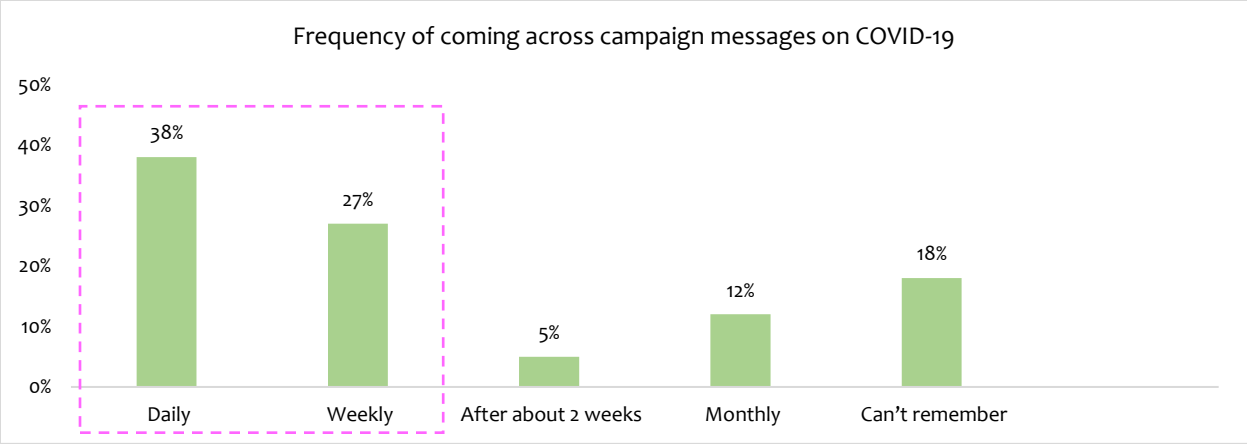
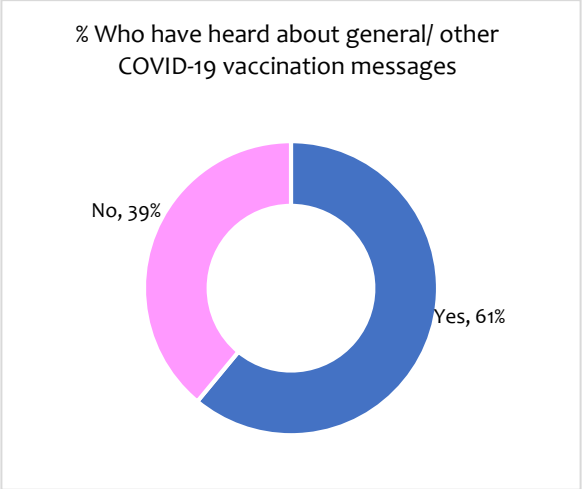


FIGURE 38:FREQUENCY OF COMING ACROSS CAMPAIGN MESSAGES ON COVID-19 VACCINATION
Q: How frequently would you say you come across campaign or messages on COVID-19 vaccination?
Base 2022: 298 (Those aware of Chanjwa campaign)

3.5.9 Awareness of general COVID-19 vaccination messages and information sources

Majority of the respondents (61%) had heard about any/ other COVID-19 related vaccination messages. The top two sources of information mentioned on other COVID-19 vaccination messages heard of were; Mobile Phones (SMS) (43%) and Television (27%).



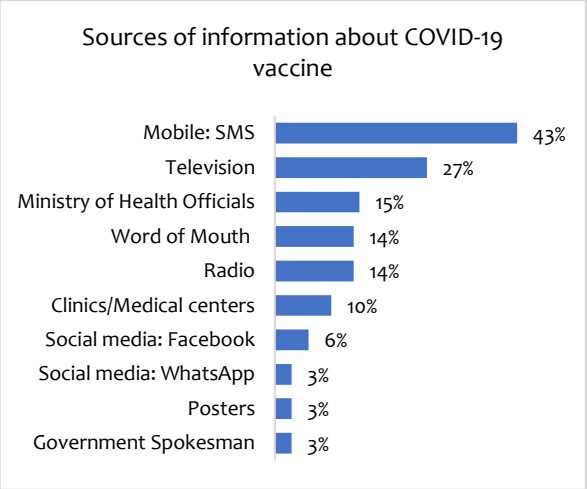


FIGURE 39:AWARENESS OF OTHER COVID-19 VACCINATION MESSAGES AND INFORMATION SOURCES
Q: Have you ever seen/ heard about any COVID-19 vaccination messages?
Base 2022: All respondents; % who have heard/ sources of information (616)

3.5.10 Recall of general COVID-19 vaccination campaigns

The main specific messages about COVID-19 vaccination that could be recalled are; "Pata Chanjo" (26%) and continuous wearing of masks and washing of hands because COVID-19

exists (25%). A significant percentage (12%) of the respondents were not sure about the specific COVID-19 vaccination message they had seen. From this finding, it was evident that the target respondents might have heard or seen the Chanjwa campaign but could not specifically tell that it was Chanjwa campaign.

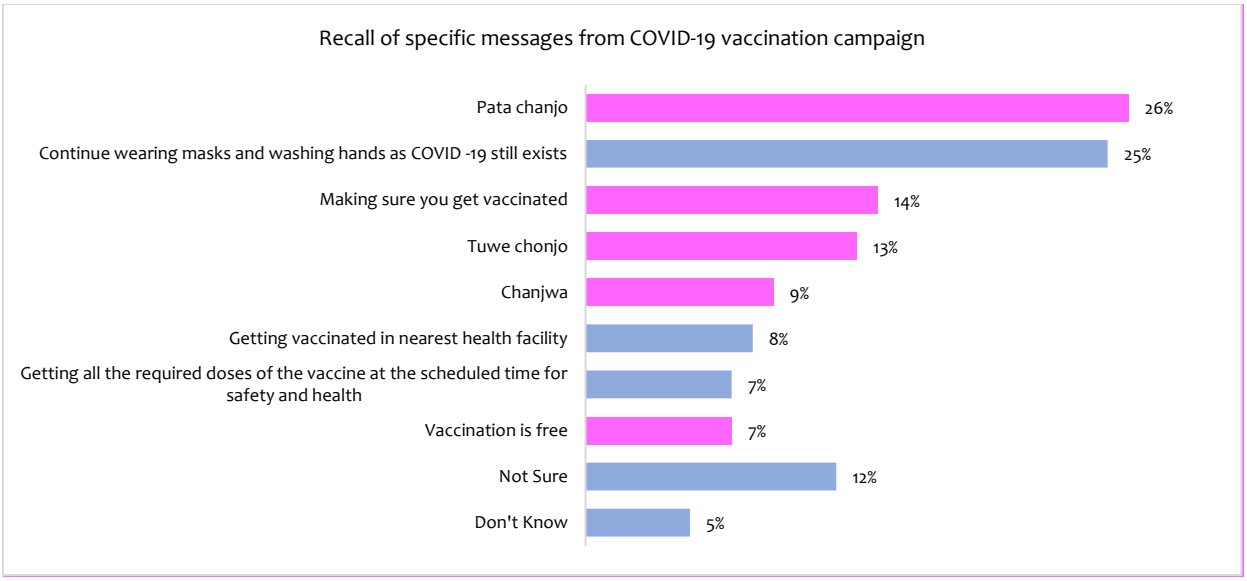


FIGURE 40:RECALL OF SPECIFIC MESSAGES FROM COVID-19 VACCINATION CAMPAIGN
Q: What specific messages can you remember from the COVID-19 vaccination campaign(s)?
Base 2022: 616 (Those who heard about COVID-19 vaccination related messages)

3.6 COVID-19 communication evaluation: Password campaign

3.6.1 Awareness and recall of Password campaign

Overall, majority (82%) of the respondents could not recall seeing or hearing PSI's password campaign on COVID-19 prevention behaviors or vaccine, however, 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%).

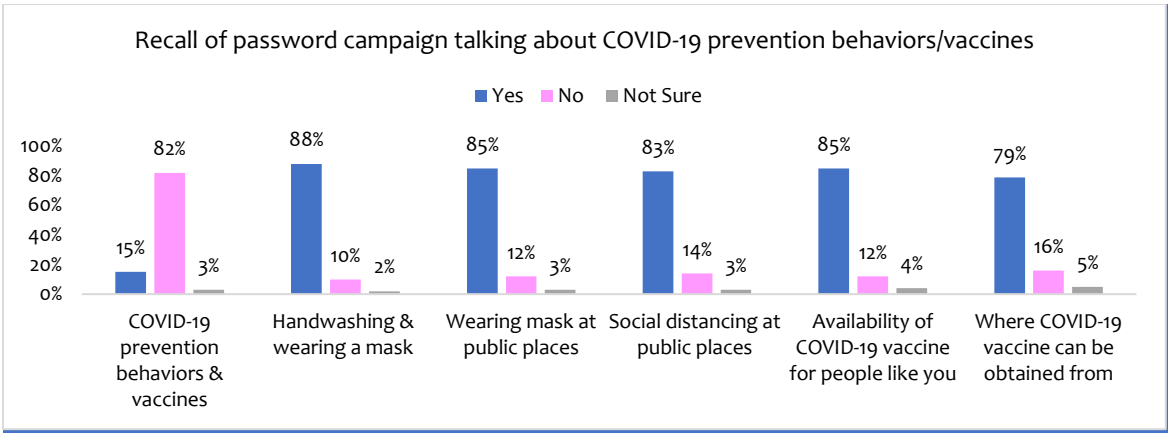


FIGURE 41:RECALL OF PASSWORD CAMPAIGN TALKING ABOUT COVID-19 PREVENTION BEHAVIORS/VACCINES

Q: 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 behaviours or COVID-19 vaccines?

Base 2022: All respondents

Demographically, recall of password campaign talking about COVID-19 prevention behaviours/ vaccines was highest among male (19%) relative to female (12%). Age wise, respondents aged 35 to 44 years old had the highest recall (18%) of the password campaign, closely followed by those aged 18 to 24 years old (17%), and lastly those aged 25 to 34 years old (13%). Nairobi County had the highest recall of password campaign (20%), followed by Kiambu County (9%) and lastly Mombasa County (8%).

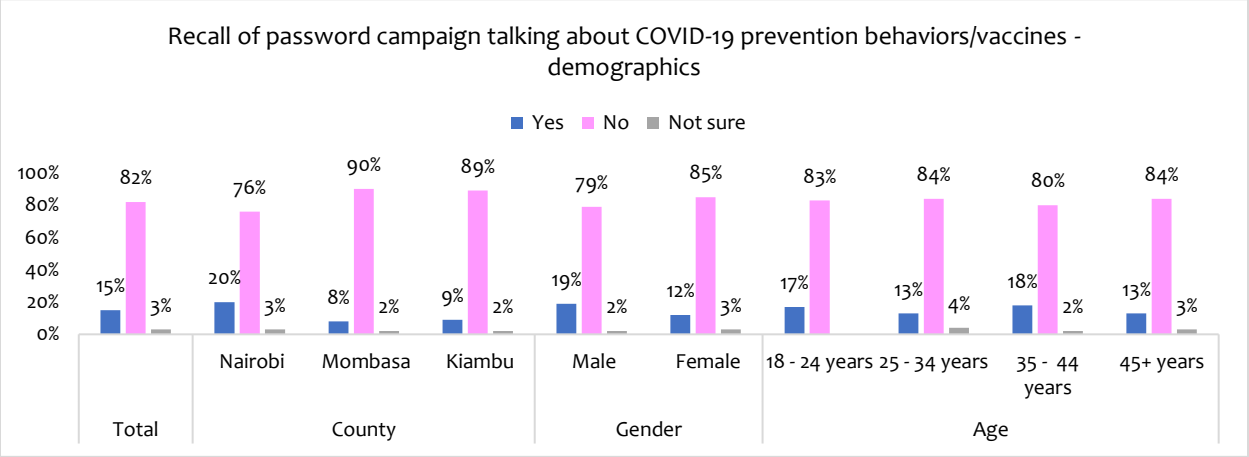


FIGURE 42:RECALL OF PASSWORD CAMPAIGN TALKING ABOUT COVID-19 PREVENTION BEHAVIORS/VACCINES: BY DEMOGRAPHICS

Q: 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 behaviours or COVID-19 vaccines?

Base 2022: All respondents

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

In the past one 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 one week. This could be attributed to easing of mandatory requirement or lack of follow up in terms of mask wearing, and belief that COVID-19 has subsided.

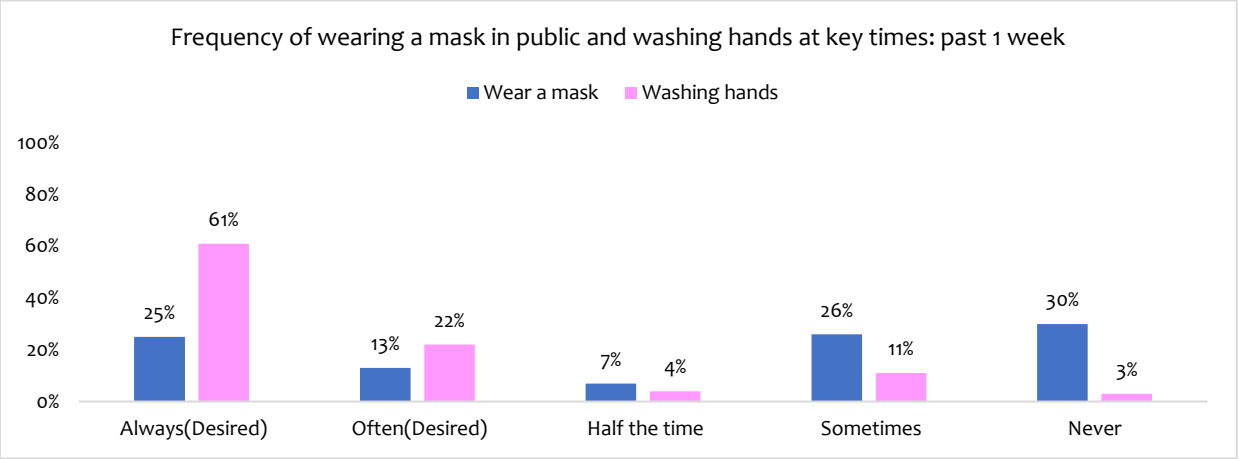


FIGURE 43:FREQUENCY OF COVID-19 PREVENTION MEASURES IN THE PAST ONE WEEK

Q: In the past week, how often did you wear a mask in public or wash hands at key times (before eating, before food prep, after eating, after toilet, after changing children's nappy) to slow the spread of the COVID-19?
Base: 155 (Those aware of the password campaign)

Overall, a relatively higher percentage (36%) of the respondents mentioned not to observe social distancing. Kiambu County had the highest percentage (46%) of those who had mentioned not to observe social distancing. Female respondents had a higher percentage (38%) of those who had mentioned not to observe 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 to observe social distancing.

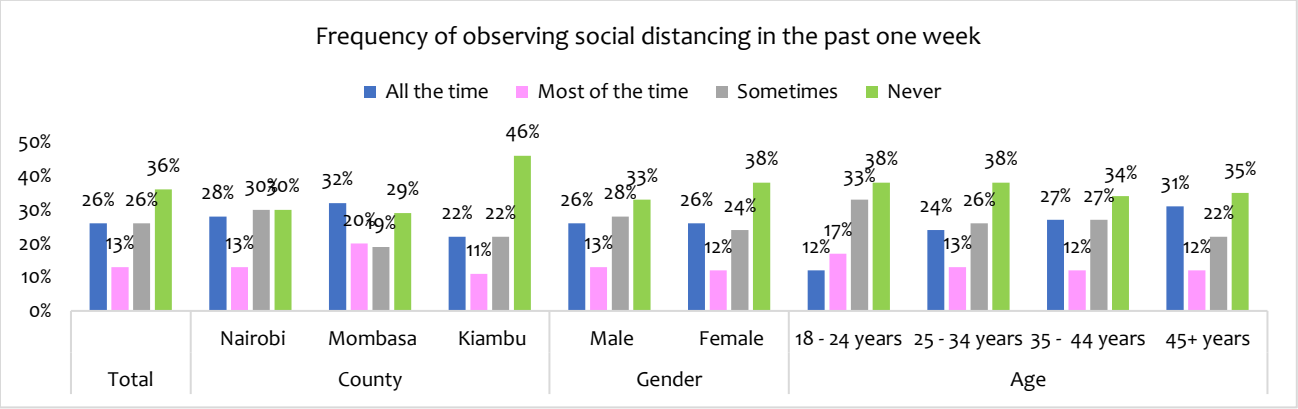


FIGURE 44: FREQUENCY OF OBSERVING SOCIAL DISTANCING IN THE PAST ONE WEEK

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 2022: All respondents

3.7 Campaign's support of selected various MoH initiatives

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

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 of public gatherings as an initiative put in place to manage the risk of COVID-19.

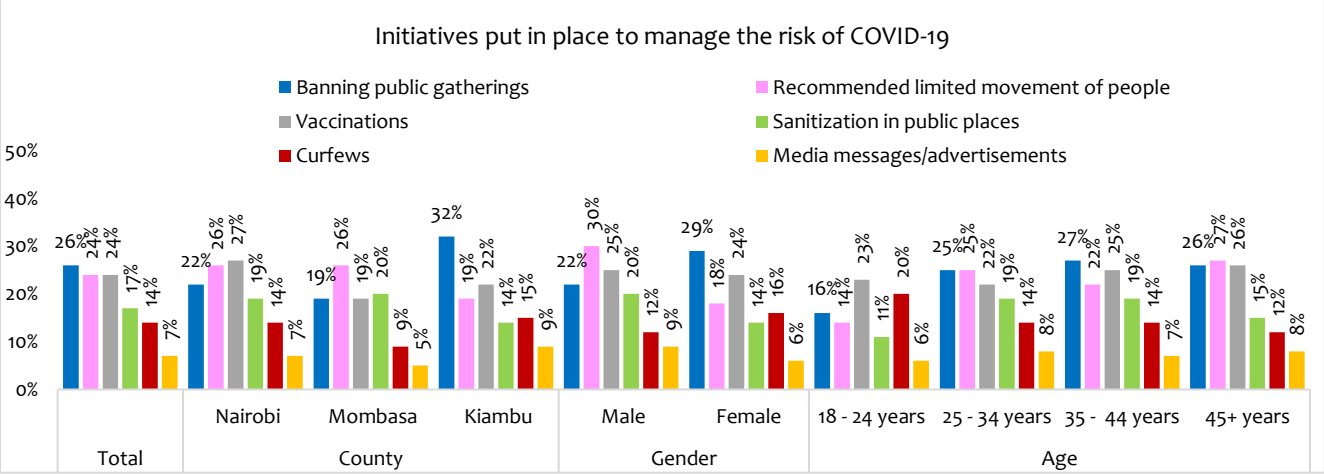


FIGURE 45:INITIATIVES PUT IN PLACE

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 2022: All respondents

3.7.2 Extent of campaigns being 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 as the most effective measure, it still had higher mentions, an indication that the target respondents appreciate the role vaccines play in curbing COVID-19.

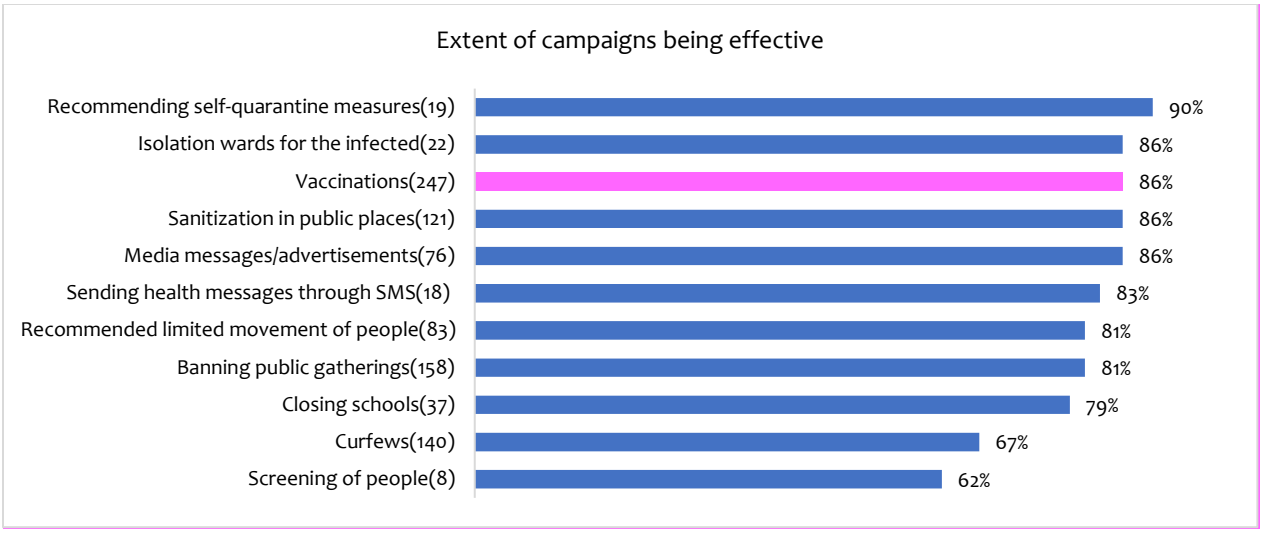


FIGURE 46: EXTENT OF CAMPAIGN EFFECTIVESS

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

3.7.3 Recommendations to MOH on COVID -19 management

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

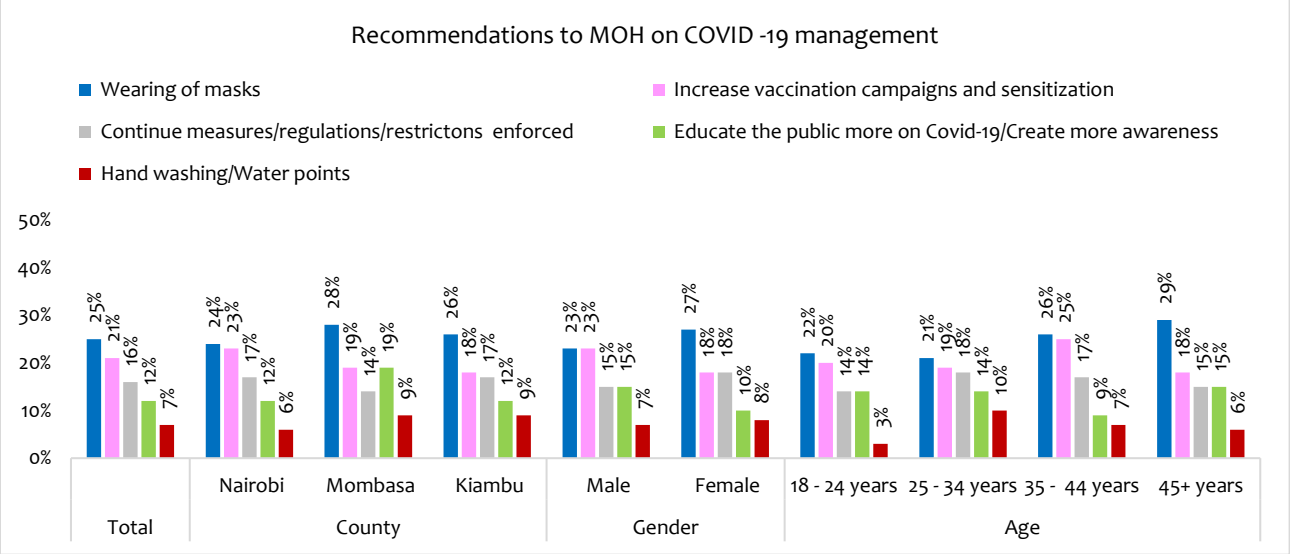


FIGURE 47:RECOMMENDATIONS ON COVID-19

Q. What ONE measure would you have recommended, or recommend now for the Government of Kenya (MoH) to put in place so as to manage the risk of COVID-19?
Base 2022: All respondents

3.7.4 Concerns of contracting COVID-19

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.

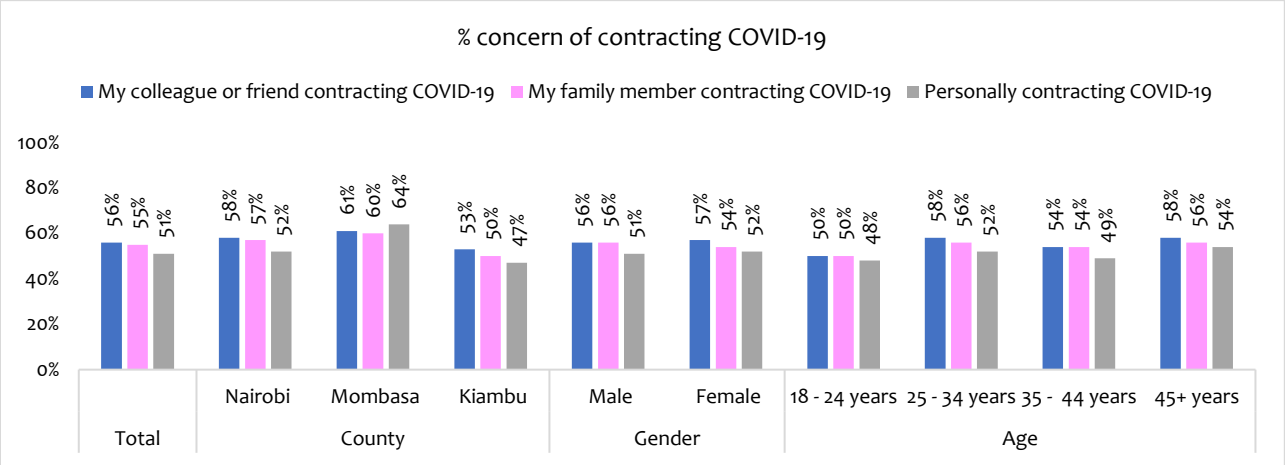


FIGURE 48: RECOMMENDATIONS ON COVID-19

Q. How concerned, are you? Personally, contracting COVID-19, My family member contracting COVID-19, My colleague or friend contracting COVID-19
Base 2022: All respondents

3.7.5 Information sharing

Majority (72%) mentioned that they have shared information on any related COVID-19 campaign with others on how they can prevent COVID-19. This shows that campaign messages from various sources (traditional or social media/ modern) is shared amongst respondents therefore making Word of Mouth (WOM), a key source of information for COVI-19 related information.

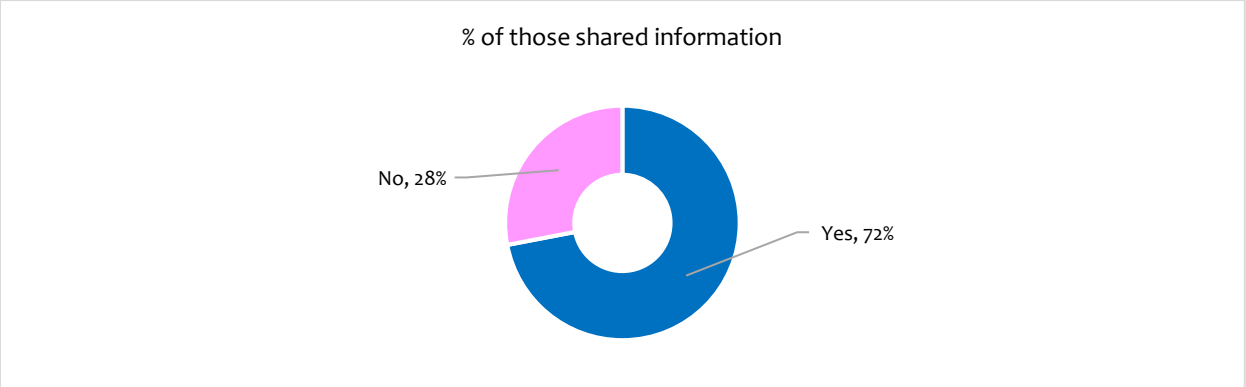


FIGURE 49: SHARING OF COVID-19 RELATED INFORMATION

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 2022: All respondents

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

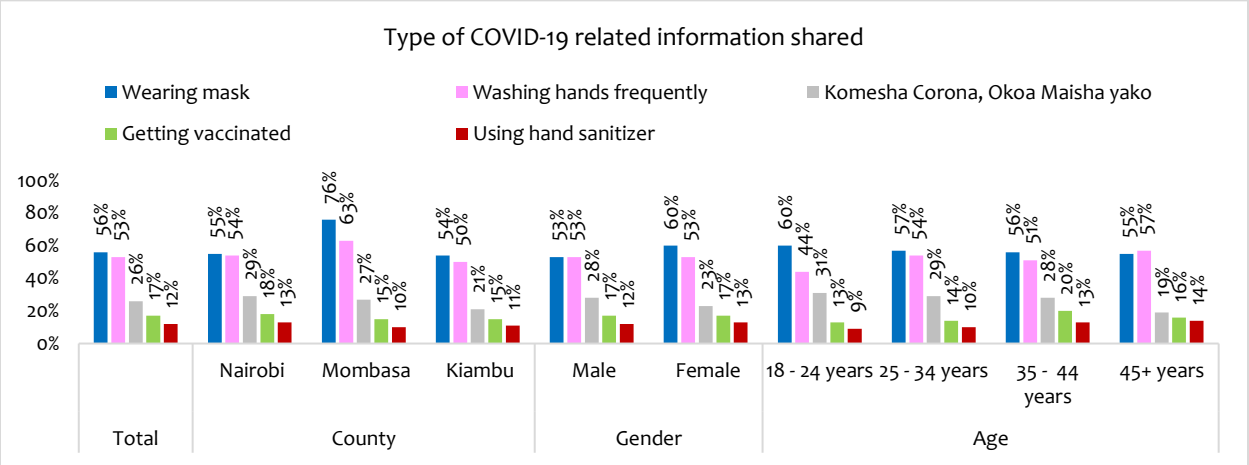


FIGURE 50: COVID-19 RELATED INFORMATION SHARED
Q. What kind of information did you share?
Base 2022: 729 (Those who shared information)

3.8 COVID-19 testing & vaccination

3.8.1 Received COVID-19 vaccine

Vaccines contain weakened or inactive parts of a particular organism (antigen) that triggers an immune response within the body[7]. The current COVID-19 pandemic has shown the importance of vaccination in both the control and prevention of the spread of the disease. Other diseases like polio have been eradicated in countries like India due to effective vaccination strategies. Similarly, COVID-19 can be eradicated in Kenya when people show up for the vaccine.[8] COVID-19 vaccination protects people from contracting COVID-19 and even dying because of the illness. In addition, the vaccine offers added protection to people who had COVID-19 previously, and this protection includes protection against hospitalization and new infections from new variants.[9]

Kenya started its vaccination of adult population against COVID-19 in March 2021, and as at 19th of November 2022, 36.5% of the adult population had been fully vaccinated. In terms of Counties, Nairobi County was leading with 54.8% fully vaccinated adults, followed by Kiambu

[7] https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQiAg_KbBhDLARIsANx7wAwKrYdkRkp8PoOX6T1jM9hFY_-X7pn-hwf6u9hTAP1Clw6wR-0XRbAaAmgTEALw_wcB
[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8217582/
[9] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html

County with 38.0% fully vaccinated adults and lastly Mombasa County with 36.5% fully vaccinated adults.[10]

From the survey findings, a significant number of the target audiences had received the recommended number of vaccination dosages, (38%) receiving both dosages of recommended two, and (11%) receiving one dose out of the recommended one dose. At least (18%) mentioned that they had been fully vaccinated, including receiving the booster dose, with (22%) mentioning that they had not received any dose.

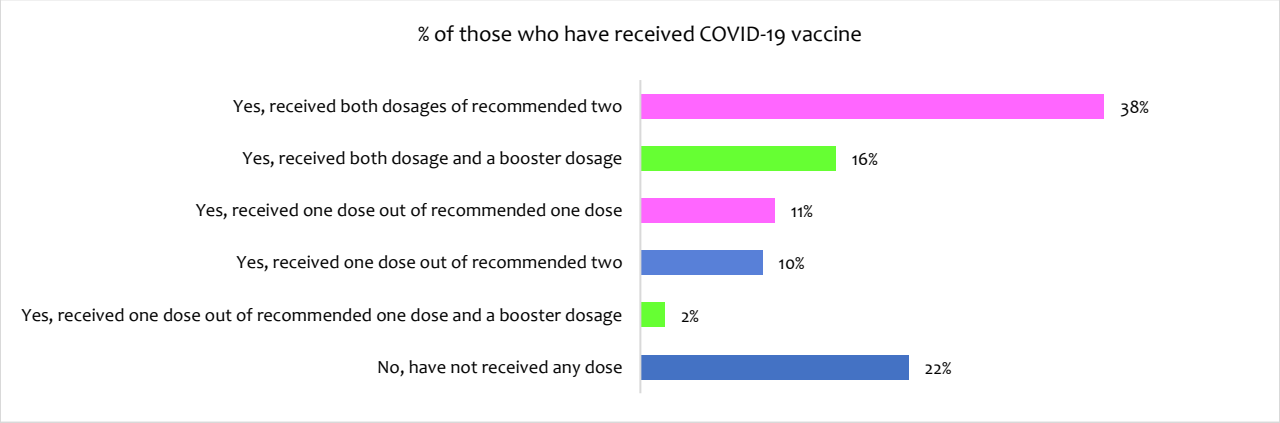


FIGURE 51: COVID-19 VACCINATED RESPONDENTS
Q. Have you received the COVID-19 vaccine?
Base 2022: All respondents

3.8.2 Availability of vaccine

For respondents who had not been vaccinated, most of them (49%) at total level, mentioned that they would not get the COVID-19 vaccine. Counties comparison findings showed that Nairobi had the highest number of respondents who indicated unwillingness to get the COVID-19 vaccine. Slightly more female than male also mentioned that they would not get vaccinated while among age groups, those aged 18 to 24 years mentioned that they would get vaccinated as soon as possible. Other age groups, (25 to 34 years), (35 to 44 years) and

[10] https://www.health.go.ke/wp-content/uploads/2022/11/MINISTRY-OF-HEALTH-KENYA-COVID-19-IMMUNIZATION-STATUS-REPORT-NOVEMBER-19TH-2022.pdf

(45 Plus years), most were unwilling to get COVID-19 vaccine.

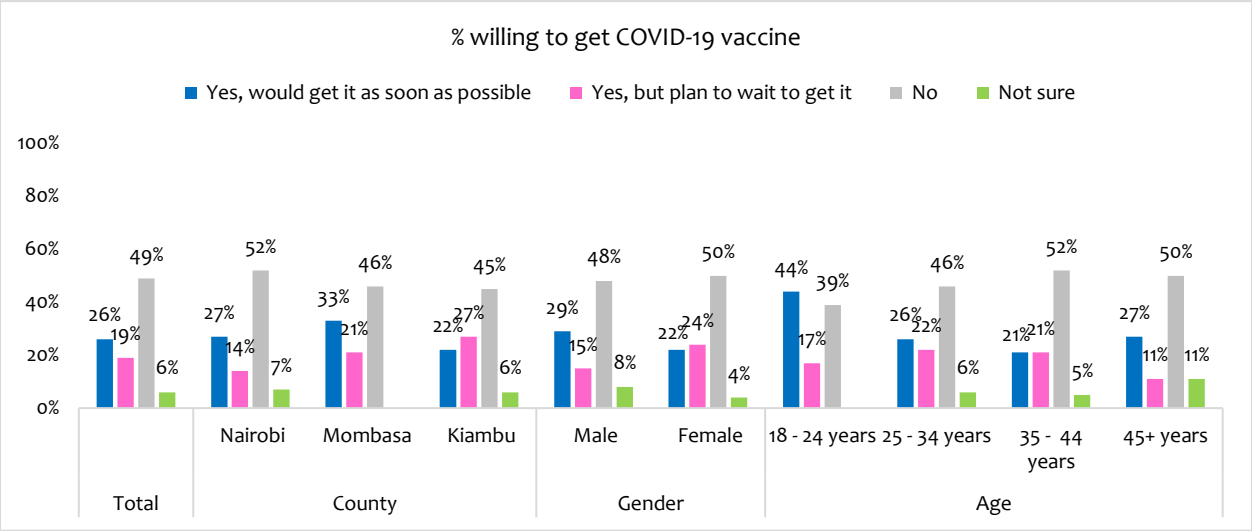


FIGURE 52: WILLINGNESS TO GET COVID-19 VACCINATED

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

Base 2022: 228 (For those who have not received COVID-19 vaccine)

3.8.3 Free COVID-19 test

Majority of the respondents mentioned that they could take a COVID-19 vaccine (76%) however, main barriers would be belief that COVID-19 is a scam (41%) and fear of pain (40%).

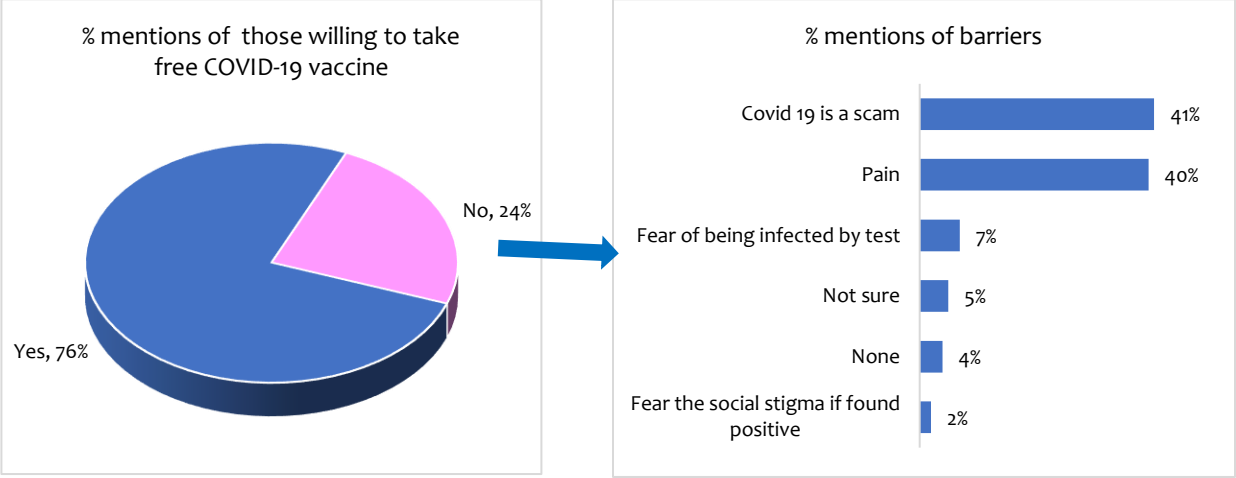


FIGURE 53:FREE COVID-19 TEST UPTAKE AND BARRIERS

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

Q. What is the main reason you would not?

Base 2022: Those who would not take the COVID-19 test

There was a decline in the willingness to take a COVID-19 test in the year 2022 (76%) as compared to the year 2020 (84%)

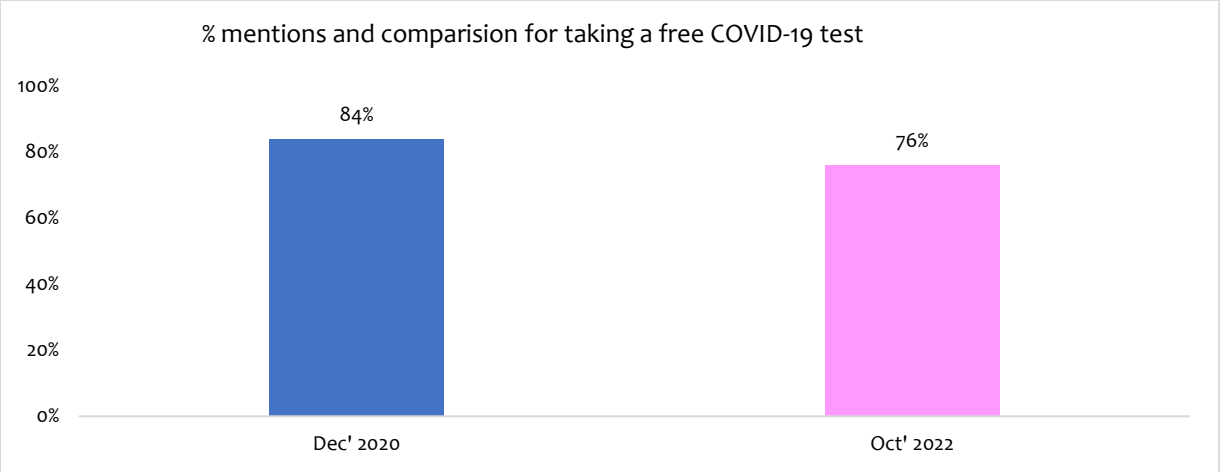


FIGURE 54: COMPARISON OF COVID-19 TEST UPTAKE

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

Base 2020: 301 (Only respondents living in Nairobi's informal settlements– PS Kenya Survey)

Base 2022: All respondents

3.8.4 Awareness of free COVID vaccine

For the audiences who had not received the COVID-19 vaccine, a majority (82%) of them mentioned that they were aware that MoH was giving COVID-19 vaccine for free. This indicates that lack of awareness of free vaccine was not a challenge or barrier.

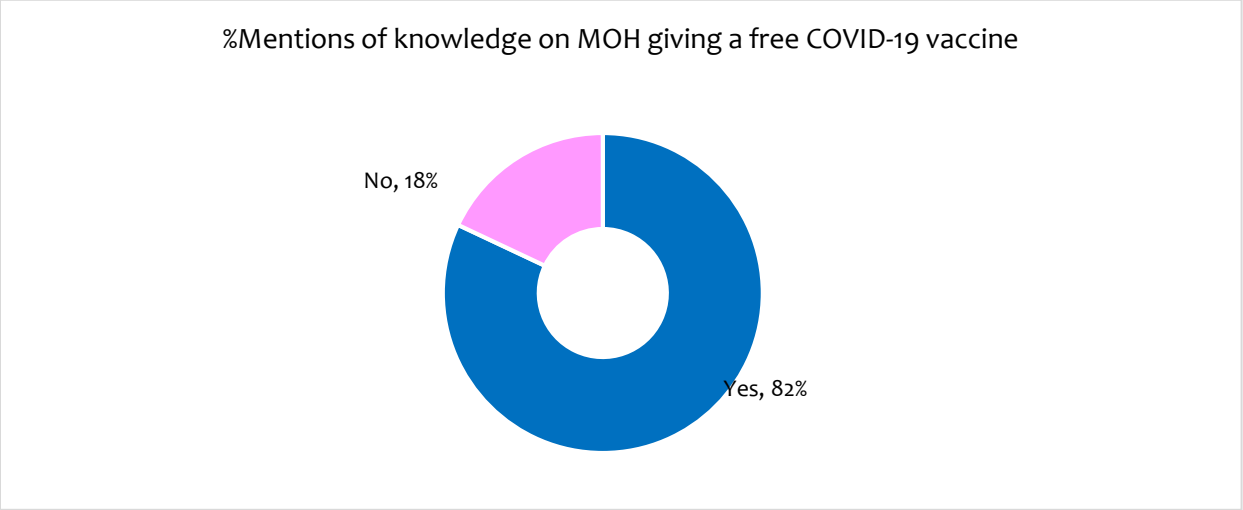


FIGURE 55: AWARENESS OF FREE COVID-19 VACCINE

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

Base 2022: 228 (for those who have not received the COVID vaccine)

3.8.5 Difficulties in accessing COVID-19 vaccine

Majority (76%) of the respondents who had not been vaccinated intimated that accessing the COVID-19 vaccine was not a challenge i.e., they had not experienced difficulties in accessing

the vaccine. This indicates that the target audiences were aware of where to access the COVID-19 vaccine and that lack of awareness of location/ location barrier was not an issue.

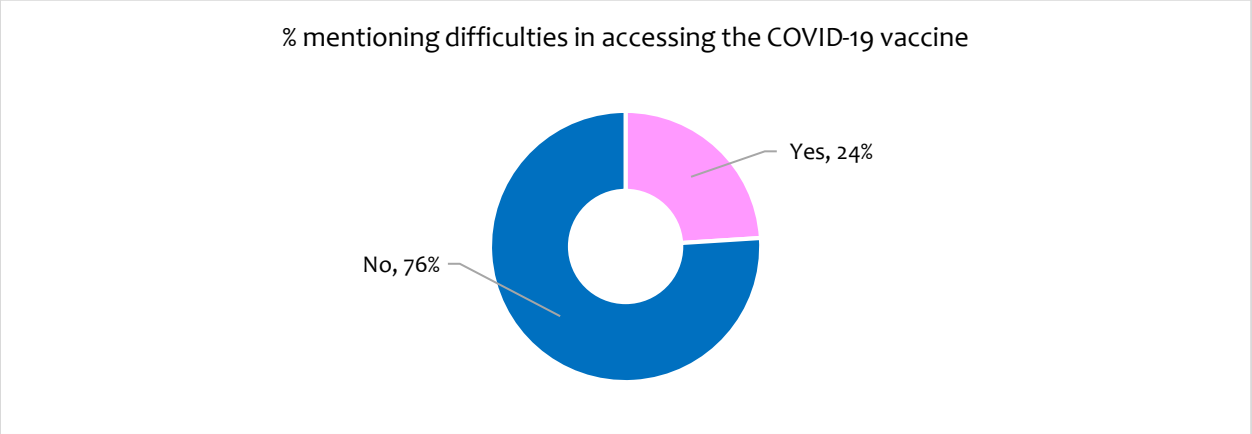


FIGURE 56: DIFFICULTIES IN ACCESSING THE COVI-19 VACCINE
Q. Have you experienced difficulties in accessing COVID-19 vaccine?
Base 2022: 228 (Those who have not received the COVID vaccine)

Generally, fear of contracting COVID-19 was mentioned as the main factor as to why the respondents were motivated to get vaccinated (81%). Following MoH advise was the second most mentioned factor (16%) across all categories. Respondents aged 18 to 24 years old had a significant percentage (11%) of mentions for the need to protect their loved ones.

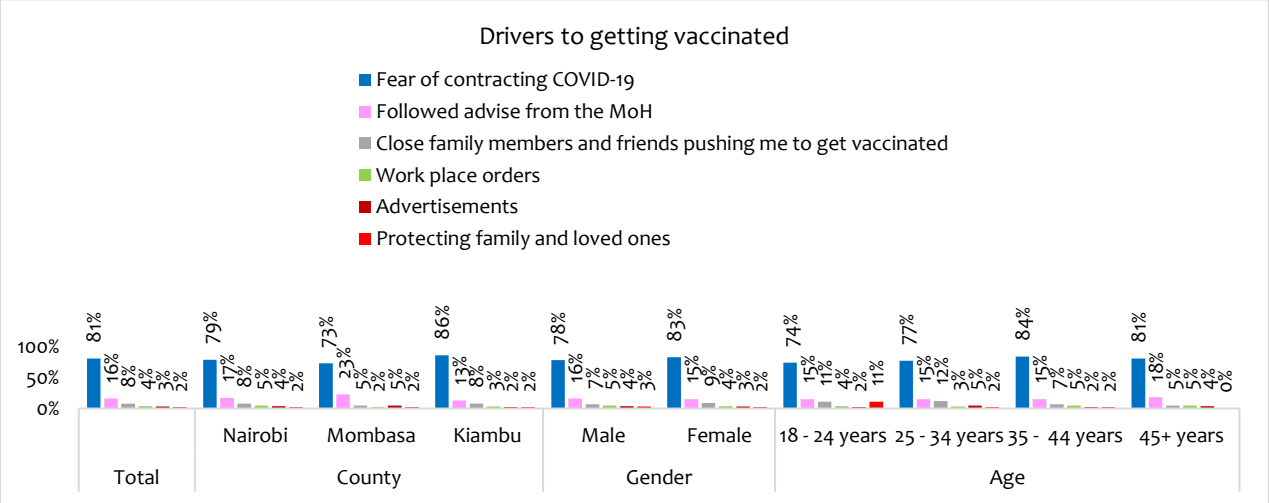


FIGURE 57: COVID-19 VACCINATION DRIVERS
Q. What factor or factors motivated you to get vaccinated?
Base 2022: 787 (Those who have received the COVID vaccine)

3.8.6 Types of vaccines received

For respondents who had taken the single COVID-19 vaccine, majority had taken the Johnson & Johnson vaccine (63%). Interestingly, (16%) of the respondents at total level were not aware

of the COVID-19 vaccine that they had received. Mombasa County had a significant percentage (22%) of respondents who did not know the type of vaccine that they had received.

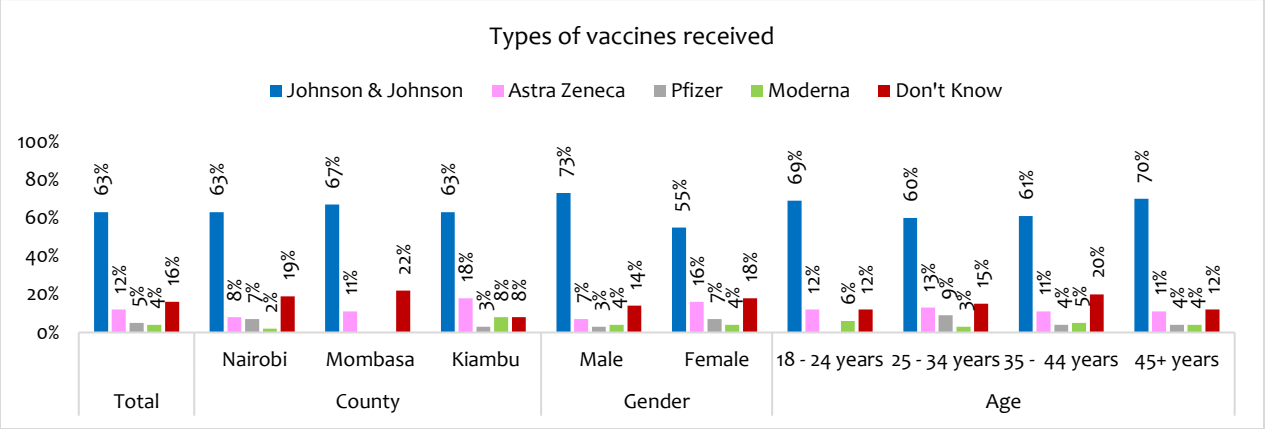


FIGURE 58: TYPE OF COVID-19 VACCINE RECEIVED

Q. Which vaccine did you go for?

Base 2022: 216 (Those who received a single dose)

3.8.7 Drivers to getting vaccinated - Role of family and friends

Half of the respondents (50%) mentioned that they would get the COVID-19 vaccine if recommended by close family friends. On the other hand, (45%) of the respondents mentioned that they would not take the COVID-19 vaccine even if recommended by close family and friends.

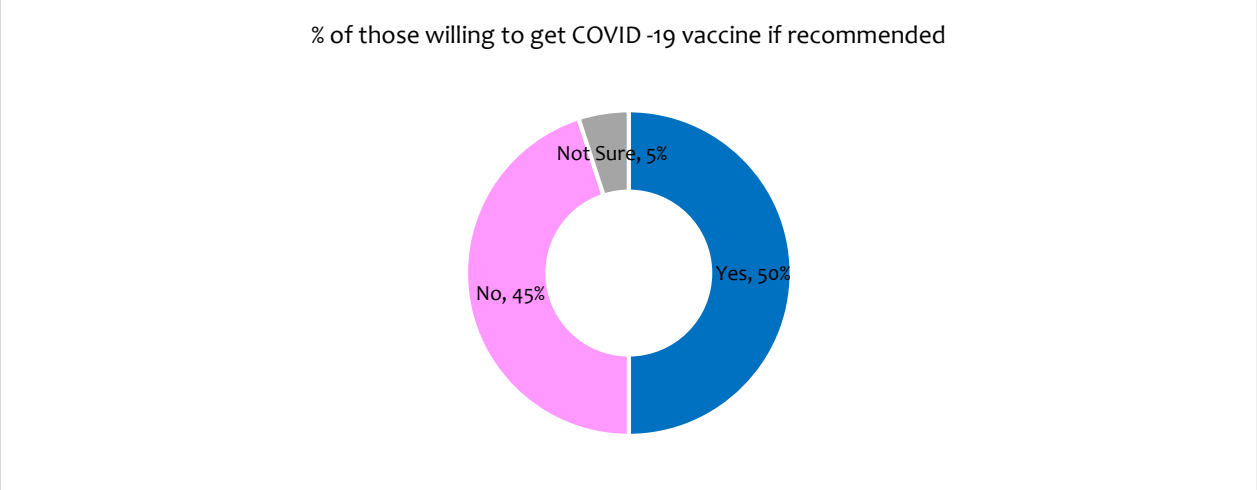


FIGURE 59: DRIVERS TO RECEIVING VACCINE IF RECOMMENDED

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 2022: 228 (for those who have not received the COVID vaccine)

3.8.8 Barriers to getting vaccinated - Role of family and friends

The top three reasons mentioned for not going for the vaccines even after recommendation from family and friends were; hearing negative things being said about the vaccine (18%), lack

of belief in vaccines (17%) and lack of adequate information on the COVID-19 vaccine (17%). Kiambu County had the highest mention of those who do not believe in vaccines (26%), female respondents had a higher percentage of those who did not believe in vaccines (22%) and in terms of age, respondents aged 25 to 35 years old had the highest mention (37%) of those who lacked adequate information on the vaccine.

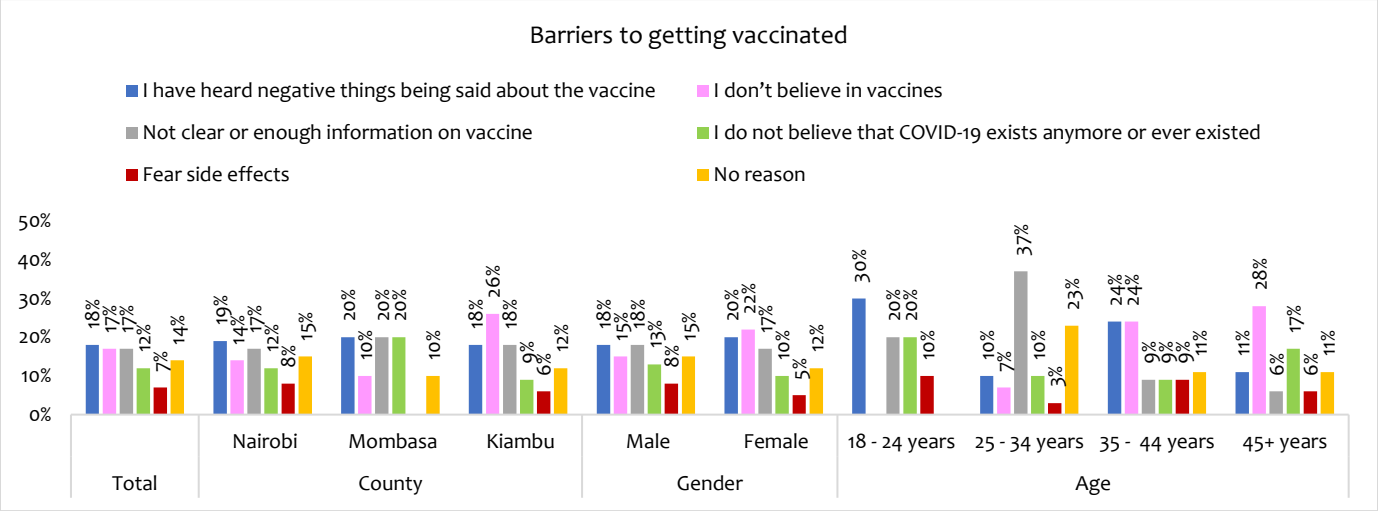


FIGURE 60: BARRIERS TO GETTING VACCINATED

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

Base 2022: 103(Those who will not go for the vaccine though recommended)

3.8.9 Importance of the vaccine

Majority of the respondents (at least 7 out of every 10 respondents interviewed) mentioned that the COVID-19 vaccine was very important to their health. This sentiment cut across all demographics. 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.

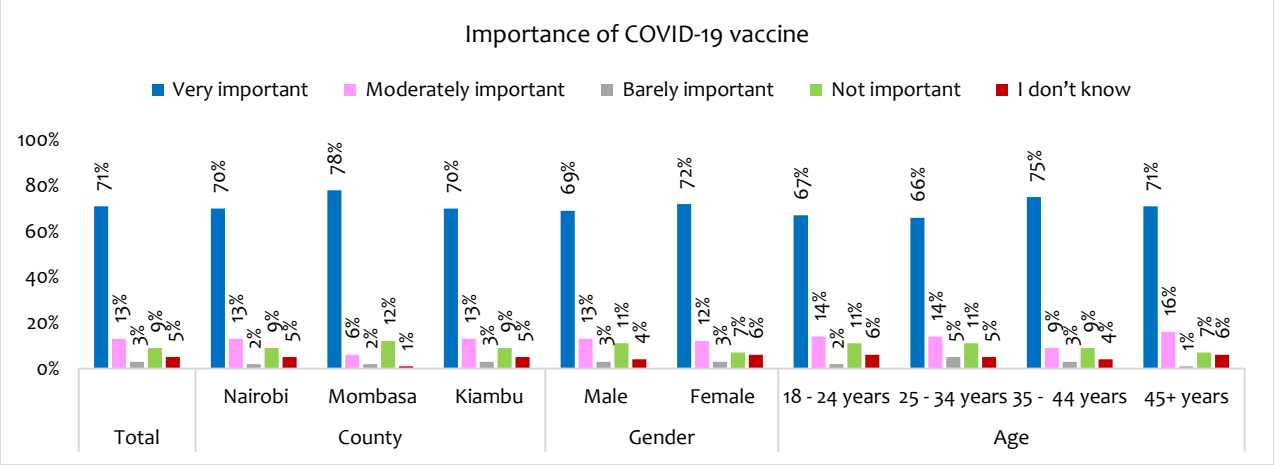


FIGURE 61: IMPORTANCE OF THE COVID-19 VACCINE

Q. How important do you feel COVID-19 vaccine is to your health?
Base 2022: All respondents

3.8.10 Ease of accessing COVID-19 vaccine

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.

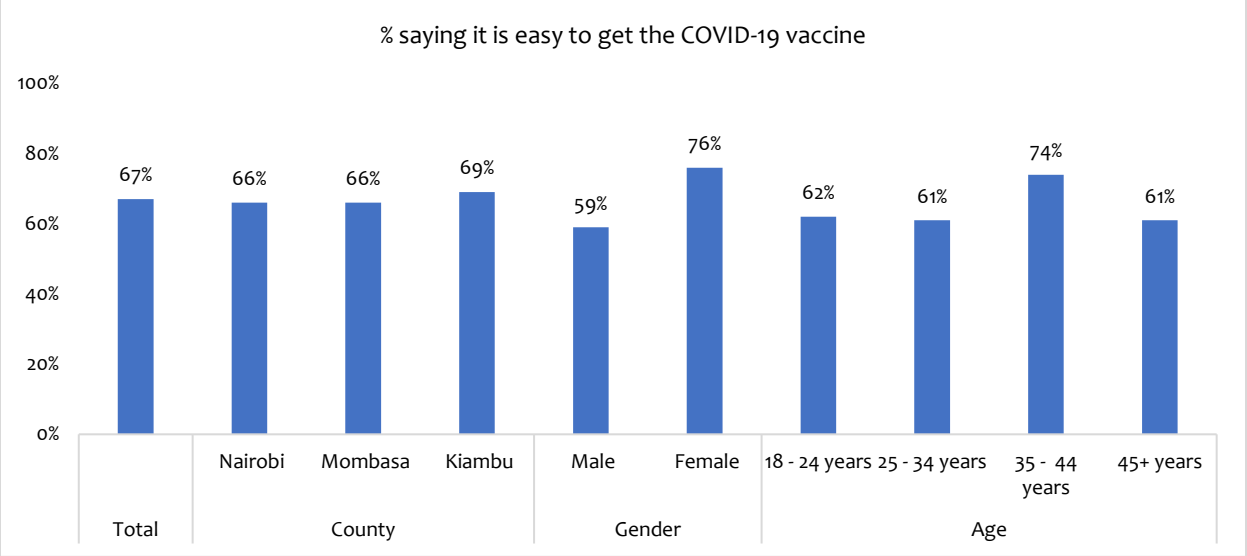


FIGURE 62: EASE OF ACCESSING THE COVID-19 VACCINE
Q. How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say….
Base 2022: 228 (for those who have not received the COVID vaccine)

3.8.11 COVID-19 vaccine access point or centers

Most of the respondents (82%) 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 35-44 years had a higher percentage (89%) of those who knew the COVID-19 vaccination centres.

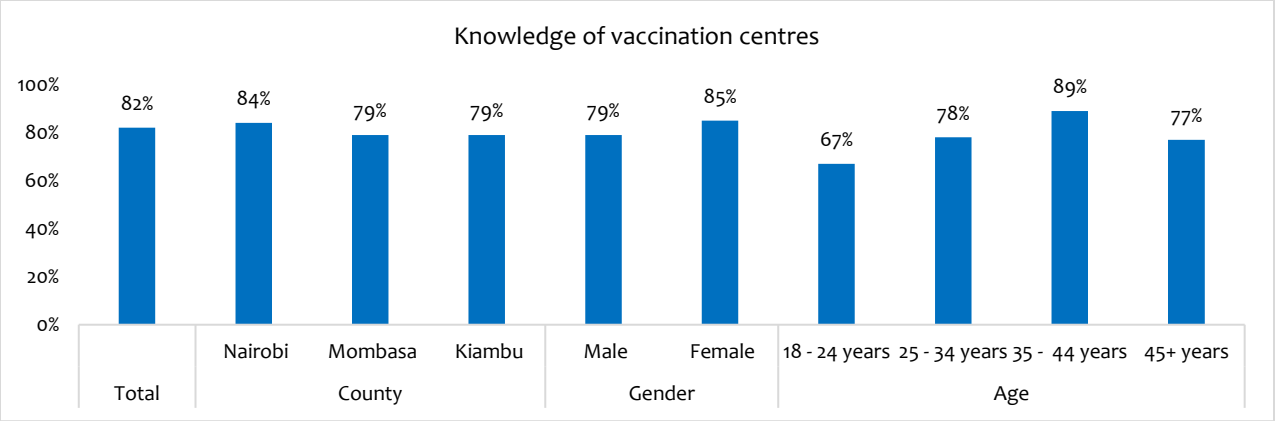


FIGURE 63: LOCATION OR CENTERS OF ACCESSING THE COVID-19 VACCINE

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

Base 2022: 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 main source of information on COVID-19 related issues is Television (67%), and still tops as the most trusted source of information on COVID-19 related issues (52%). Following Television was radio (38%) as a main source of information however it was the third most trusted source (10%). MoH was the third most mentioned source of information (20%) but the second most trusted source of information (13%).

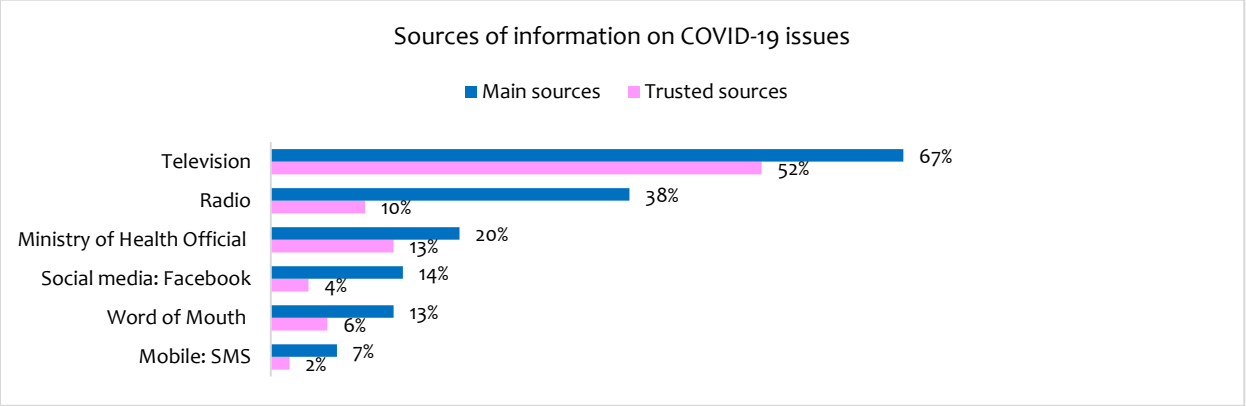


FIGURE 64: SOURCES OF INFORMATION ON COVID-19

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

Q70b. Which one is the MOST TRUSTED source of information? SINGLE

Base 2022: All respondents

3.10 Economic Situation Post COVID-19

Generally, the economic situation post COVID-19 was mentioned to be much worse by the respondents. However, in the year 2022, the percentage of respondents who mentioned that

the economic situation was much worse was lower (73%) than those who mentioned the same in the year 2020 (80%).

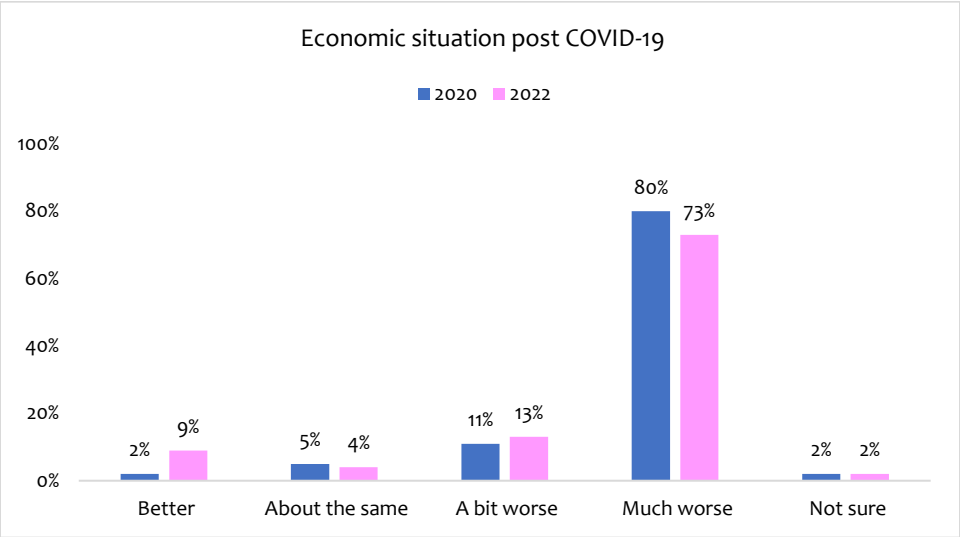


FIGURE 65: ECONOMIC SITUATION POST COVID-19

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 2020 Vs 2022: All respondents

Chapter 4: Appendices

Appendix A: 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

Appendix B: Disability status and type

Gender	Age bracket	County	Specific location	Disability type	Other disability
Female	18-24	Nairobi	Kangemi	Cannot walk or climb steps	N/A
Male	18-24	Nairobi	Huruma	Cannot hear even if using hearing aid	N/A
Female	18-24	Nairobi	Huruma	Cannot see even when wearing spectacle	N/A
Male	25-34	Nairobi	Kawangware	Cannot see even when wearing spectacle	N/A
Male	25-34	Nairobi	Korogocho	People who have epilepsy	N/A
Female	25-34	Nairobi	Molem	Cannot see even when wearing spectacle	N/A
Female	25-34	Nairobi	Mlango Kubwa	Cannot hear even if using hearing aid	N/A
Female	25-34	Nairobi	Mabatini	Cannot hear even if using hearing aid	N/A
Female	25-34	Nairobi	Kibra	Can partially hear	Cannot walk or climb steps
Female	25-34	Nairobi	Mukuru Kwa Ruben	Cannot walk or climb steps	N/A
Female	25-34	Nairobi	Kangemi	Cannot walk or climb steps	N/A
Female	25-34	Nairobi	Laini Saba	Cannot walk or climb steps	N/A

Gender	Age bracket	County	Specific location	Disability type	Other disability
Female	25-34	Nairobi	Huruma	Cannot communicate (understanding or being understood)	N/A
Female	35-44	Nairobi	Mukuru Kwa Njenga	Cannot see even when wearing spectacle	N/A
Female	35-44	Nairobi	Kibra	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Mukuru Kwa Ruben	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Kawangware	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Female	35-44	Nairobi	Korogocho	Cannot remember or concentrate	N/A
Female	35-44	Nairobi	Kangemi	Cannot communicate (understanding or being understood)	N/A
Male	45-55	Nairobi	Mabatini	Cannot see even when wearing spectacle	Cannot walk or climb steps
Male	45-55	Nairobi	Kiambiu	Cannot hear even if using hearing aid	Can partially hear
Male	45-55	Nairobi	Huruma	Can partially hear	Cannot walk or climb steps
Female	45-55	Nairobi	Kangemi	Cannot see even when wearing spectacle	
Female	45-55	Nairobi	Mathare North	Cannot see even when wearing spectacle	N/A
Female	45-55	Nairobi	Molem	Cannot see even when wearing spectacle	Cannot walk or climb steps
Female	45-55	Nairobi	Mukuru Kwa Ruben	Cannot hear even if using hearing aid	Cannot walk or climb steps
Female	45-55	Nairobi	Kibra	Cannot walk or climb steps	N/A
Female	45-55	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Female	45-55	Nairobi	Kawangware	Cannot communicate (understanding or being understood)	N/A
Male	25-34	Nairobi	Mathare	Cannot remember or concentrate	N/A
Male	25-34	Nairobi	Korogocho	People who have epilepsy	N/A
Male	35-44	Nairobi	Kibra	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Mukuru Kwa Ruben	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Korogocho	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Huruma	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Siranga	Cannot see even when wearing spectacle	N/A
Male	35-44	Nairobi	Laini Saba	Cannot walk or climb steps	Cannot talk
Male	35-44	Nairobi	Makina	Cannot care for themselves (such as washing all over or dressing)	Cannot talk
Male	35-44	Nairobi	Mlango Kubwa	Cannot communicate (understanding or being understood)	N/A

Gender	Age bracket	County	Specific location	Disability type	Other disability
Male	35-44	Nairobi	Kangemi	Cannot communicate (understanding or being understood)	N/A
Male	35-44	Nairobi	Laini Saba	Cannot talk	N/A
Male	35-44	Nairobi	Makina	Cannot talk	N/A
Male	45-55	Nairobi	Mathare	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Mabatini	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Mathare North	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Molem	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Kibra	Cannot walk or climb steps	Cannot talk
Male	45-55	Nairobi	Korogocho	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Laini Saba	Cannot walk or climb steps	N/A
Male	45-55	Nairobi	Kibra	Cannot talk	N/A
Male	45-55	Nairobi	Mukuru Kwa Ruben	Cannot talk	N/A
Male	45-55	Nairobi	Kangemi	Cannot talk	N/A
Male	45-55	Nairobi	Mathare North	Cannot talk	N/A
Male	45-55	Nairobi	Mathare	People who have leprosy	N/A
Male	25-34	Mombasa	Ziwa La Ng'ombe	Cannot see even when wearing spectacle	People who have epilepsy
Female	45-55	Mombasa	Moroto	Cannot see even when wearing spectacle	N/A
Female	45-55	Mombasa	Mbungoni	Cannot walk or climb steps	N/A
Male	35-44	Mombasa	Ziwa La Ng'ombe	Cannot care for themselves (such as washing all over or dressing)	N/A
Male	45-55	Mombasa	Mbungoni	Cannot care for themselves (such as washing all over or dressing)	N/A
Female	18-24	Kiambu	Kamenu	Cannot hear even if using hearing aid	N/A
Female	18-24	Kiambu	Kanjeru	Cannot communicate (understanding or being understood)	N/A
Male	25-34	Kiambu	Witethie	Cannot see even when wearing spectacle	N/A
Male	25-34	Kiambu	Wangige - Kibagare slum	Cannot see even when wearing spectacle	N/A
Female	25-34	Kiambu	Wangige - Kibagare slum	Cannot hear even if using hearing aid	N/A
Male	35-44	Kiambu	Wangige - Kibagare slum	Cannot see even when wearing spectacle	N/A
Female	35-44	Kiambu	Githigoro	Cannot walk or climb steps	People who have leprosy
Female	35-44	Kiambu	Umoja	Cannot walk or climb steps	N/A
Female	35-44	Kiambu	Kamenu	Cannot communicate (understanding or being understood)	N/A
Male	45-55	Kiambu	Gachagi	Cannot see even when wearing spectacle	N/A
Female	45-55	Kiambu	Kamenu	Can partially hear	N/A

Gender	Age bracket	County	Specific location	Disability type	Other disability
Female	45-55	Kiambu	Kiandutu	Cannot walk or climb steps	People who have epilepsy
Female	45-55	Kiambu	Gachagi	Cannot walk or climb steps	N/A
Female	45-55	Kiambu	Gachie	Cannot remember or concentrate	N/A
Female	45-55	Kiambu	Githigoro	Cannot care for themselves (such as washing all over or dressing)	N/A
Female	45-55	Kiambu	Kiamburi	Cannot talk	N/A
Female	45-55	Kiambu	Witethie	People who have epilepsy	N/A
Male	35-44	Kiambu	Kiandutu	Cannot talk	N/A
Male	45-55	Kiambu	Gachie	Cannot walk or climb steps	N/A
Male	45-55	Kiambu	Githigoro	Cannot talk	N/A
Male	45-55	Kiambu	Kamenu	Cannot communicate (understanding or being understood)	N/A