Research Methodology Note

Accountability to Affected Populations - Assessment of Community Perceptions of Covid-19 and the Covid-19 vaccine SSD1905 South Sudan

May 2021 [Version number 1] REACH Informing more effective humanitarian action

1. Executive Summary

Country of	South	n Sudan					
intervention		1				-	
Type of Emergency		Natural disaster	Х	Con	flict		
Type of Crisis		Sudden onset		Slov	v onset	Х	Protracted
Mandating Body/	REA	СН					
Agency							
IMPACT Project Code	32iAE	El					
Research Timeframe		ternal consultations – 26.4-5.5.2	2021		5. Data collection -	- 20	28.5.2021
	2. To	ol validated – 10.5.2021			6. Data analysed a 15.6.2021	and s	sent for validation –
	3. Pil	ot FGD – 11.5.2021			7. Outputs sent for	vali	dation – 2.7.2021
	4. Tra	inings – 1819.5.2021			8. Outputs published – 12.7.2021		
Humanitarian	Miles	tone			Deadline		
milestones		Donor plan/strategy			//		
		Inter-cluster plan/strategy			//		
	 Cluster plan/strategy NGO platform plan/strategy 						
	X	Other (Specify): The findings can be used be Risk Communication and Community Engagement Technical Working Group TWG) and other actors inv in the vaccine roll-out in So Sudan to inform community and community sensitsation/engagement strategies	(RC olve	CE- ed	There is no dead	line	as such
Audience Type &	Audience type			Dissemination			
Dissemination	X Strategic X Programmatic						ling (e.g. mail to NGO
					consortium; HCT participants; Donors)		
	X Operational □ [Other, Specify]				 Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting 		
					X Presentation of fi Cluster meeting)	ndir	gs (e.g. at HCT meeting;

			Website Dissemination (Relief Web & REACH
			esource Centre) [Other, Specify]
D (H)			
Detailed dissemination plan required	□ Yes	X	No
General Objective	To better understand co	mmunity perceptions of Co	vid-19, the degree to which communities are
	South Sudan. This in tur around the vaccine.	n can be used to inform ris	vels of and reasons for vaccine hesitancy in k communication and awareness-raising
Specific Objective(s)	 a. the i b. the o c. the o about d. the r infor To understance across South S To understance specifically: a. The about b. The infor c. Gen d. Indivision beca e. Infor 	impact Covid-19 has had o degree to which communiti communication channels th ut Covid-19 most trusted communication mation about Covid-19 d levels of awareness of the Sudan d community perceptions of communication channels t ut the vaccine most trusted communication mation about the vaccine eral community perception <i>v</i> idual and perceived comm ame available and was reco	es are concerned about the virus rough which communities commonly hear n channels for communities to receive e Covid-19 vaccine amongst communities the Covid-19 vaccine in South Sudan, hrough which communities have heard/hear on channels for communities to receive s of the vaccine, including concerns or rumors unity willingness to be vaccinated if the vaccine
Research Questions	 How concerne What are the line What are gene What are gene What are the r communities to How willing are recommended What informat 	ed are communities about C evels of awareness of the C eral community perceptions most commonly used and r o get information about bot e people generally to receive I to them?	the impact of Covid-19 on their communities? Covid-19? Covid-19 vaccine across South Sudan? s of the vaccine, including concerns or rumours? nost trusted communication channels for h Covid-19 and the Covid-19 vaccine? ve the vaccine if it became available and was t to help communities in South Sudan make
Geographic Coverage	Bentiu, Nyal, Pariang, an the vaccine only being a	nd Malakal), but with greate vailable in Juba (as of May	•
Secondary data			ment Working Group, " <u>COVID-19 South Sudan</u>
sources			<u>ew - Issue 1</u> ," (27 April 2020).
			ment Working Group, " <u>COVID-19 South Sudan</u>
			<u>ew - Issue 2,</u> " (13 May 2020).
			ment Working Group, " <u>COVID-19 South Sudan</u>
		erceptions Tracking Overvie	
	Communicatio	on and Community Engage	ment Working Group, "COVID-19 South Sudan
	Communicatio <u>Rumor and Pe</u>	on and Community Engage erceptions Tracking Overvie	

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	 "<u>Community Rapid Assessment on COVID-19: Behavioural Find</u> Round 1 in Kenya, Madagascar and South Sudan," UNICEF (20) 							
				. ,				
		2021)	eme	ed over 'vaccine hesitancy," Eye Radio (27 April				
			o an	nd effective COVID-19 vaccine," Africa CDC (17				
		December 2020).						
			eaka	et al., "COVID-19 vaccine rollout: will it affect				
		the rates of vaccine hesitancy in Africa?" Public Health (28 January 2021).						
		Rumbi Chakamba, "Africans view CO	VID-	-19 vaccines as less safe than other vaccines,"				
		Devex (25 March 2021).						
				/ID-19 vaccines through the COVAX Facility,"				
		World Health Organisation (25 March						
			<u>y it v</u>	will only work with a people-centred approach,"				
		Crown Agents (22 January 2021)						
		Tori Hill, Kari Reid, and Ryan Sheely,						
			ing th	the World Against COVID-19," Mercy Corps				
		(Washington, DC, 2021).						
		Infectious Diseases, Vol 21, Issue 3,		COVID-19 vaccination in Africa," The Lancet				
			•	artial Lockdown on COVID Surge," VOA News				
		(4 February 2021)	<u>5 r a</u>	Intial Electrown on COVID Surge, VOA News				
Population(s)	Х	IDPs in camp		IDPs in informal sites				
	X	IDPs in host communities		IDPs [Other, Specify]				
		Refugees in camp		Refugees in informal sites				
		Refugees in host communities		Refugees [Other, Specify]				
	X	Host communities						
Data collection tool(s)		Structured (Quantitative)	X					
		bling method		ata collection method				
Semi-structured data	Salli		Da					
collection tool # 1	X Purposive			Key informant interview (Target #):				
	🗆 Sn	owballing		Individual interview (Target #):				
			х	Focus group discussion (Target #): 25-30				
	□ [O	her, Specify]		GDs (targeting 4-6 participants each)				
				[Other, Specify] (Target #):				
Semi-structured data	X Pu	posive	х	Key informant interview (Target #): 2-5				
collection tool # 2		owballing	□ Individual interview (Target #):					
		-		Focus group discussion (Target #):				
	□ [O	her, Specify]						
				[Other, Specify] (Target #):				
Dete menenent	v							
Data management	Х	IMPACT		UNHCR				
platform(s)				# 4 Des 61s #				
Expected ouput		Situation overview #: X Rep	oort i	#: 1				
type(s)								
				tation (Final)				
		findings) #: #: 1						
Access	□ X	Interactive dashboard #:_	bma	ap #: Map #: center and other humanitarian platforms)				

	 Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms) 		
Visibility	REACH		
	Donor: FCDO		
	Coordination Framework: N/A		
	Partners: N/A		

2. Rationale

2.1 Background

Between March and November 2020, REACH bases across South Sudan were mobilised to track rumours and perceptions of communities relating to COVID-19 and collect data on community understanding of COVID-19 and the response. This was collated into a rumours and perceptions tracker developed by REACH, which fed into the 'Covid-19 South Sudan Rumour and Perceptions Tracking Overview' products published by the Communication and Community Engagement Working Group (CCEWG) based on data submitted by REACH, IOM and Internews (Issues <u>#1</u>, <u>#2</u>, <u>#3</u>, <u>#4</u>, and <u>#5</u>). This joint data collection and analysis sought to understand how South Sudanese communities perceived the virus, to understand rumours and concerns regarding Covid-19 and inform risk communication strategies. By late 2020, data saturation, Covid-19 no longer being strategically prioritised to the same degree, and the suspension of the CCEWG publication of joint analysis, led to a decision to discontinue REACH rumour-tracking.

However, the beginning of 2021 saw a marked rise in Covid-19 cases, followed by a partial lockdown.¹ At the end of March, South Sudan received 132,000 AstraZeneca vaccines through COVAX.² About a month into the roll-out of the vaccine, only 3,500 people had been vaccinated, prompting concerns of vaccine hesitancy.³ As outlined in a recent Mercy Corps report, "By the time that vaccine campaigns reach communities in fragile and conflict-affected contexts, there is a very real risk that compliance with public health guidelines will be low and vaccine refusal will be high, further prolonging the spread of the virus and fuelling protracted waves of conflict and economic disruption," concluding that a "failure to incorporate community-level beliefs and perceptions into vaccine initiatives...can lead to increased mistrust."⁴ Thus, this assessment aims to get a better understanding of community perceptions of Covid-19 after the surge in cases in 2021, gauge awareness of the vaccine across South Sudan, as well as perceptions and willingness to be vaccinated amongst the South Sudanese population.

2.2 Intended Impact

As outlined in the journal *Public Health*, "it is paramount to understand how people plan to reject COVID-19 vaccines and the reasons behind their decision. Accomplishing this will help identify types of effective communication and awareness campaigns that might successfully convince people to accept vaccination services…failure to tackle religious, cultural, or other context-specific concerns related to COVID-19 vaccines will result in escalating rates of vaccine hesitancy in Africa."⁵ Understanding and addressing any potential concerns or rumours circulating around the vaccine is key to ensuring a smooth roll-out of the Covid-19 vaccine in South Sudan. This was also seen as an information gap and of strategic priority to the response, as mentioned both in the Risk Communication and Community Engagement Technical Working Group (RCCE TWG) meeting as well as the meeting of the Steering Committee of the NGO Forum. Consultations with key members of

¹ Winnie Cirino, "South Sudan Declares Partial Lockdown on COVID Surge," VOA News (4 February 2021).

² "South Sudan receives first batch of COVID-19 vaccines through the COVAX Facility," World Health Organisation (25 March 2021).

³ Lasuba Memo, "<u>Health ministry concerned over 'vaccine hesitancy</u>," *Eye Radio* (27 April 2021).

⁴ Tori Hill, Kari Reid, and Ryan Sheely, "Overcoming the Trust Deficit: Engaging Communities to Succeed in Vaccinating the World Against COVID-19," Mercy Corps (Washington, DC, 2021).

⁵ O.C. Ekwebelem, I. Yunusa, H. Onyeaka *et al.*, "<u>COVID-19 vaccine rollout: will it affect the rates of vaccine hesitancy in Africa?</u>" *Public Health* (28 January 2021).

the RCCE TWG confirmed that filling the identified information gaps about Covid– and vaccine–perceptions is important in order to shape risk communication and awareness-raising around the vaccine.

3. Methodology

3.1 Methodology overview

A qualitative approach will be taken in order to better understand the granular perceptions and concerns around both Covid-19 and the vaccine. Consultations were held with staff based in South Sudan from the World Health Organisation (WHO), United Nations Children's Fund (UNICEF), as well as the RCCE TWG to understand information gaps and inform the research design of this assessment. The methodology will primarily be focus group discussions (FGDs), as well as a few key informant interviews (KIIs) in locations of particular interest. A total of about 30 FGDs and two to five KI interviews (depending on capacity and accessibility) will be conducted.

3.2 Population of interest

FGDs will take place across South Sudan in almost all REACH bases in order to provide a sense of differing awareness and views across the country. A greater number of FGDs will be conducted in Juba since the vaccine has almost exclusively been available in Juba (as of the outset of the assessment). To ensure a balance of perspectives in different settings, some FGDs will be held with people living in urban or rural areas, while others will be held with people living in camp settings. The FGDs will be held with members of the general community in the area who speak the same language or feel comfortable sharing in front of each other, with separate male and female groups in each location. There will be a mix of ages but attempts will be made to include at least one older person in each group. The questions will be asked at a community level.

The key informant interviews will be held in Juba with people who have a sense of general community views or knowledge of trusted communication channels, such as community leaders or religious leaders.

3.3 Secondary data review

A thorough secondary review was conducted to inform the objective of the assessment as well as the development of the tool. While there is little academic or in-depth information on Covid-19 vaccine hesitancy in South Sudan, there is a growing plethora of information on vaccine hesitancy focusing on Africa, as well as globally. A study conducted by the Africa Centres for Disease Control and Prevention (Africa CDC) and the London School of Hygiene and Tropical Medicine showed notable variations in willingness to take a Covid-19 vaccine across countries in Africa.⁶ Reasons for vaccine hesitancy varied, but were often linked to misinformation and disinformation, demonstrating a need to identify rumours and concerns, as well as trusted information sources, in order to boost vaccine confidence. In an article focusing on the vaccine in Africa, *The Lancet Infectious Diseases* also reported on the importance of understanding what information is out there regarding the Covid-19 vaccine rollout in Africa could affect vaccine confidence.⁷ Moreover, another study has stipulated that the success of the Covid-19 vaccine rollout in Africa could affect vaccine confidence or hesitancy regarding other vaccines, making it even more essential to get a grasp of community perceptions and potential reasons for rejection.⁸ These studies helped inform the focus of the assessment, as well as the decision to take a qualitative approach to gain a more nuanced and granular understanding of community perceptions of Covid-19 and the vaccine in South Sudan.

Sources consulted to identify information gaps and inform the focus of the assessment:

⁶ "Majority of Africans would take a safe and effective COVID-19 vaccine," Africa CDC (17 December 2020).

⁷ Udani Samarasekera, "Feelings towards COVID-19 vaccination in Africa," The Lancet Infectious Diseases, Vol 21, Issue 3, (1 March 2021).

⁸ O.C. Ekwebelem, I. Yunusa, H. Onyeaka et al., "COVID-19 vaccine rollout: will it affect the rates of vaccine hesitancy in Africa?" Public Health (28 January 2021).

- Communication and Community Engagement Working Group, "<u>COVID-19 South Sudan Rumor and Perceptions Tracking</u> <u>Overview - Issue 1</u>," (27 April 2020).
- Communication and Community Engagement Working Group, "<u>COVID-19 South Sudan Rumor and Perceptions Tracking</u> <u>Overview - Issue 2</u>," (13 May 2020).
- Communication and Community Engagement Working Group, "<u>COVID-19 South Sudan Rumor and Perceptions Tracking</u> <u>Overview - Issue 3</u>," (3 June 2020).
- Communication and Community Engagement Working Group, "<u>COVID-19 South Sudan Rumor and Perceptions Tracking</u> <u>Overview - Issue 4</u>," (22 June 2020).
- Communication and Community Engagement Working Group, "<u>COVID-19 South Sudan Rumor and Perceptions Tracking</u> <u>Overview - Issue 5</u>," (27 July 2020).
- "Community Rapid Assessment on COVID-19: Behavioural Findings and Insights from Round 1 in Kenya, Madagascar and South Sudan," UNICEF (2020).
- Lasuba Memo, "Health ministry concerned over 'vaccine hesitancy," Eye Radio (27 April 2021)
- "Majority of Africans would take a safe and effective COVID-19 vaccine," Africa CDC (17 December 2020).
- O.C. Ekwebelem, I. Yunusa, H. Onyeaka et al., "<u>COVID-19 vaccine rollout: will it affect the rates of vaccine hesitancy in Africa?</u>" *Public Health* (28 January 2021).
- Rumbi Chakamba, "Africans view COVID-19 vaccines as less safe than other vaccines," Devex (25 March 2021).
- <u>"South Sudan receives first batch of COVID-19 vaccines through the COVAX Facility</u>," World Health Organisation (25 March 2021)
- "The COVID-19 vaccine roll-out: Why it will only work with a people-centred approach," Crown Agents (22 January 2021)
- Tori Hill, Kari Reid, and Ryan Sheely, "<u>Overcoming the Trust Deficit: Engaging Communities to Succeed in Vaccinating the</u> <u>World Against COVID-19</u>," *Mercy Corps* (Washington, DC, 2021).
- Udani Samarasekera, "Feelings towards COVID-19 vaccination in Africa," The Lancet Infectious Diseases, Vol 21, Issue 3, (1 March 2021).
- Winnie Cirino, "South Sudan Declares Partial Lockdown on COVID Surge," VOA News (4 February 2021)

3.4 Primary Data Collection

Data collection will be conducted by REACH staff across nine of the ten states in South Sudan in May 2021. With the exception of a few locations with limited capacity, all REACH bases will participate in the assessment in order to provide a broad sense of awareness and perceptions of the Covid-19 vaccine in different urban, rural and camp locations. Each of these locations will aim to conduct two FGDs, one with only men and one with only women. A higher number of FGDs will be held in Juba town and IDP site due to the vaccine being available in Juba and not yet rolled out across the country at outset of the assessment. Moreover, a few KIIs with one KI at a time will be held in Juba with either community leaders, religious leaders or community health mobilisers to complement the community-level information gathered through FGDs. As far as is possible, female staff will conduct FGDs with women-only groups. Four to six participants will be mobilised for each FGD, in order to account for Covid-19 social distancing measures. The ages of the participants will be mixed, although efforts will be made to include at least one older participant in each FGD. In terms of geographic mobilisation, participants can belong to/be located in different areas as long as they can speak the same language and feel comfortable sharing openly in front of one another. Participants will be mobilised using snowball sampling, starting with key informants known to REACH who can use their social networks to access specific populations of interest and find people willing and able to participate.

Two separate but similar semi-structured tools have been developed for the FGDs and KIIs, starting with perceptions of Covid-19, then covering awareness of the vaccine, and then perceptions of the vaccine. Through the incorporation of a skip logic after the section covering awareness of the vaccine, the FGD tool will account for the possibility that in some groups everyone might have heard of existence of the Covid-19 vaccine, that everyone in a group may not yet have heard of it, and that there may be a mix of awareness within groups.

Online trainings will be held for field officers and assistants in participating bases to explain the rationale of the assessment and go through the tool question by question. This training will also introduce the enumerator debrief form, in order to ensure that a debriefing takes place and is recorded after each discussion. Each discussion will be led by two REACH staff, one to facilitate the discussion and one to take notes by hand. The transcripts from the FGDs and KIIs will later be written up and sent electronically to the Accountability and Community Engagement Assessment Officer. To protect the anonymity of participants and to put them at ease, discussions will not be recorded.

3.5 Data Processing & Analysis

Records from FGDs and KI interviews will be processed in accordance with IMPACT Initiatives <u>Data Processing and Analysis</u> <u>Guidelines for Qualitative Data</u> and the <u>Qualitative Data Processing & Analysis Minimum Standards</u>. Content analysis will be conducted, which includes the preparation of a Data Saturation and Analysis Grid (DSAG) outlining key topics of conversation. The DSAG will be filled by extracting the information from the transcripts into the different discussion topics (DTs), using the FGD tool as a guide, and discussion points (DPs) based on findings from the discussions. The number of times each DP is mentioned will be counted and used to write a summary of key points. These collated findings will be used to create a narrative report or brief, outlining key community perceptions and common trends, as well as recommendations

4. Key ethical considerations and related risks

The proposed research design	Yes/ No	Details if no (including mitigation)
Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
Respects respondents, their rights and dignity (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	Yes	
Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Depends	Vulnerable groups will not be specifically targeted for data collection but persons with disabilities will not be proactively excluded, as the inclusion of their perspectives is an important part of being accountable to all people affected by crises. The same measures that

		serve to protect all other participants, including anonymity, will apply.
Follows IMPACT SOPs for management of personally identifiable information?	Yes	

6. Focus group discussion question route

Part 1. Covid-19 in general

1.1. What do you know about Covid-19?

• Prompt: What are the signs or symptoms? Do people who are infected always show signs and symptoms? How does it spread? How long has Covid-19 existed in South Sudan?

1.2. Have there been any cases of Covid-19 in your area?

• If yes, can you tell us what you heard about these cases?

1.3. What impact (if any) has Covid-19 had on your community?

• Prompt: restrictions on movement, lifestyle changes, schools closing, economic impact, etc.

1.4. What concerns do you think people in your community have about Covid-19?

• Prompt: Do people think it is dangerous? Do people think they are at risk of getting sick? Why or why not?

1.5. Through which communication channels do people in your community usually hear about Covid-19?

- Prompt: through friends/family, health workers, religious leaders, community leaders, on the radio etc.
- 1.6. What do you think are the most trusted communication channels for your community to get reliable information about Covid-19?
 - Prompt: through friends/family, health workers, religious leaders, community leaders, on the radio etc.

Part 2. Vaccine awareness

2.1. Have people in your community heard about the Covid-19 vaccine?

If yes , skip to Part 3.	If some say yes and some say no,	If no, ask the following questions (2.2, 2.3, 2.4			
	skip to Part 3.	and 2.5) and then skip to Part 4.			

Moderator to explain the following: Vaccines to protect against Covid-19 have been developed and are starting to be voluntarily administered in countries around the world, including in South Sudan.

2.2. What are your thoughts on this?

- 2.3. What do you think would be the most trusted communication channels for your community to get information about the Covid-19 vaccine?
- 2.4. What information and/or activities do you think people would need to make an informed decision about the vaccine?
 - Prompt: <u>Information</u> such as how the vaccine is administered, the potential risks and/or <u>activities</u> such as community meetings with healthcare workers where people can ask questions and raise concerns
- 2.5. If the vaccine became available and was recommended for you or people in your community, do you think most people would be willing to get it?

Part 3. Vaccine perceptions

Reminder to Moderator: If no one in the group has heard of the Covid-19 vaccine, skip this section and go to Part 4.

Moderator read this out: In case any of you have not yet heard about the Covid-19 vaccine - vaccines to protect against Covid-19 have been developed and are starting to be voluntarily administered in countries around the world, including in South Sudan. We would like to understand everyone's views about the vaccine, so even if you are only hearing about it for the first time now, it would be good to understand your perspective to some of the questions.

3.1. Through which communication channels have people in your community heard about the Covid-19 vaccine?

- *Prompt:* through friends/family, health workers, religious leaders, community leaders, on the radio etc.
- 3.2. What do you think are or would be the most trusted communication channels for people in your community to get information about the Covid-19 vaccine?
 - Prompt: through friends/family, health workers, religious leaders, community leaders, on the radio etc.

3.3. What are general perceptions of the vaccine in your community?

• *Prompt:* If they start discussing rumours about the vaccine, ask them where/from which sources they heard these rumours.

3.4. Who do people in your community think the vaccine is meant for?

- *Prompt:* Do they think that anyone can get it, or that it is only meant for certain groups of people? Do they think certain people will be eligible to get the vaccine before others?
- 3.5. If the vaccine became available and was recommended for you or people in your community, do you think most people would be willing to get it?
 - *Probe:* Do they think it will become available in their area?
 - If people say no or there is hesitancy: Why do you think people are hesitant about getting the vaccine?

3.6. What information and/or activities do you think people would need to make an informed decision about the vaccine?

• Prompt: <u>Information</u> such as how the vaccine is administered, the potential risks and/or <u>activities</u> such as community meetings with healthcare workers where people can ask questions and raise concerns

Part 4. Any other issues

• Do you have any other thoughts on Covid-19, the vaccine, or the Covid-19 humanitarian response that you would like to share?

7. Key informant interview question route

Part 1. Covid-19 in general

1.1. What do you know about Covid-19?

• Prompt: What are the signs or symptoms? Do people who are infected always show signs and symptoms? How does it spread? How long has Covid-19 existed in South Sudan?

1.2. Have there been any cases of Covid-19 in this area?

• If yes, can you tell us what you heard about these cases?

1.3. What impact (if any) has Covid-19 had on communities in this area?

• Prompt: restrictions on movement, lifestyle changes, schools closing, economic impact, etc.

1.4. What concerns do you think people in this area have about Covid-19?

Prompt: Do people think it is dangerous? Do people think they are at risk of getting sick? Why or why not?

1.5. Through which communication channels do people in this area usually hear about Covid-19?

- Prompt: through friends/family, health workers, religious leaders, community leaders, on the radio etc.
- 1.6. What do you think are the most trusted communication channels to share information about Covid-19 with people in this area?

Part 2. Vaccine awareness

2.1. Have people in this area heard about the Covid-19 vaccine?

If yes, skip to Part 3.	If no, ask the following questions (2.2, 2.3, 2.4 and 2.5)
	and then skip to Part 4.

Moderator to explain the following: Vaccines to protect against Covid-19 have been developed and are starting to be voluntarily administered in countries around the world, including in South Sudan.

- 2.6. What are your thoughts on this?
- 2.7. What do you think would be the most trusted communication channels for people in this area to get information about the Covid-19 vaccine?
- 2.8. What information and/or activities do you think people would need to make an informed decision about the vaccine?
 - Prompt: <u>Information</u> such as how the vaccine is administered, the potential risks and/or <u>activities</u> such as community meetings with healthcare workers where people can ask questions and raise concerns
- 2.9. If the vaccine became available and was recommended for you or people in this area, do you think most people would be willing to get it?

Part 3. Vaccine perceptions

Reminder for moderator: this section only asked if they said "yes" they had heard of the vaccine

- 3.1 How did you hear about the Covid-19 vaccine?
- 3.2 Though which communication channels do people in this area usually hear about the Covid-19 vaccine? *Probe* through friends/family, health workers, religious leaders, community leaders, on the radio etc.
- 3.3 What do you think are the most trusted communication channels to share information about the Covid-19 vaccine?

3.4 What are general perceptions of the vaccine in this area?

• *Prompt:* If they mention any rumours about the vaccine, ask them where/from which sources these rumours seem to be coming from

3.5 Who do people in this area think the vaccine is meant for?

- *Prompt:* Do they think that anyone can get it, or that it is only meant for certain groups of people? Do they think certain people will be eligible to get the vaccine before others?
- 3.6 Do you think there is more support for or hesitancy around getting the vaccine in this area? *If there is hesitancy:* Why do you think people are hesitant about getting the vaccine?

3.7 If the vaccine became available and was recommended for you or people in this area, do you think most people would be willing to get it?

3.8 What information/activities do you think people would need to make an informed decision about the vaccine?

• Prompt: <u>Information</u> such as how the vaccine is administered, the potential risks and/or <u>activities</u> such as community meetings with healthcare workers where people can ask questions and raise concerns

Part 4: Any other issues

• Do you have any other thoughts on Covid-19, the vaccine, or the Covid-19 humanitarian response that you would like to share?