DETERMINANTS AND LEVEL OF COVID-19 VACCINE UPTAKE AMONG EMPLOYEES

Kindly complete the survey below. Thank you.

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| Introduction |
| Acceptance of the COVID-19 vaccine plays a major role in combating the COVID-19 pandemic. At the Vaccine Program, the level of uptake and factors associated with uptake of COVID-19 vaccines are unknown. This study will describe the level of uptake and determinants associated with uptake of COVID-19 vaccine among staff of the Vaccine Program. Results of the study will inform future strategies on COVID-19 vaccination deployment and implementation. All data will be stored and processed in accordance with national regulations. |
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| If you are willing to take part in this survey, please confirm the following: |
| I understand that my participation is completely Yes voluntary No |
| I would like to take part in this survey Yes |
| No |

Date of interview

Gender Female

Male

Age

((Years))

Social Demographic Data

What is your level education? None Primary Secondary

Diploma/Bachelors

Masters

PhD

Job category Medical

Non-medical

What is your cadre/Job title (Medical)? Senior Scientist/Medical Officer Junior Medical Officer

Intern (Medical)

Clinical Officer

Clinical Research Nurse

Laboratory Manger

Laboratory Technologist/Technician

Laboratory Assistant

Other (Specify)

Others (please specify)

What is your job title (non-medical)? Receptionist Administrator Accountant CEO QMO Driver

Store keeper

Procurement

Other (Specify)

(Tick the most appropriate)

Others (please specify)

What is your area of operation? Clinic Laboratory Community

Data Quality

Finance

Administration

Other (Specify)

(Tick the most appropriate)

Others (please specify)

Have you cared for patients infected with COVID-19? No

Yes

I don't know

(Tick the most appropriate)

Have you ever tested for COVID-19? Yes

No

(Tick the most appropriate)

If yes to the above, what were the results? Negative

Positive

I did not receive results

Have you participated in any COVID-19 vaccine related Yes activities? No

(Tick the most appropriate)

Have you received COVID-19 vaccine? Yes

No

(Tick the most appropriate)

If yes to the above, what were the reason(s)? (Provide an opinion for each by ticking the most

appropriate.)

Confidence

1.Vaccines are safe Yes

No

2. Encouragement by ministry of health Yes

No

3. Vaccination was a requirement at workplace Yes

No

4. COVID-19 vaccines are effective Yes

No

5. Trust in the healthcare systems Yes

No

6. Recommendation by a healthcare provider Yes

No

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| Complacency |
| 1. My health condition puts me at high risk of Yes getting severe COVID-19 No |
| 2. My age puts me at a high risk of getting severe Yes  COVID-19 No |
| 3. My job puts me at a high risk of contracting the Yes  Corona virus No |
| 4. Someone i know died of COVID-19 Yes |
| No |
| 5. Good experience with similar vaccination Yes |
| No |
| Convenience |
| 1. COVID-19 vaccine is free Yes |
| No |
| 2. Vaccination was near workplace/brought at Yes workplace No |
| 3. My workplace created time to go for vaccination Yes |
| No |
| 4. Didn't have transport problem to the vaccination Yes center No |
| Collective responsibility |
| 1. Protect family, patients, and friends from getting Yes infected No |
| 2. Recommendations by the friend/relative/religious Yes leader No |
| 3. Vaccination is a collective action to prevent the Yes spread of COVID-19 No |

4. My friends/employer encouraged me to get Yes vaccinated No

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| If not vaccinated, what were the reason(s)? (Provide an opinion for each)  Confidence |
| 1. Did not think the vaccine was effective Yes |
| No |
| 2. Did not think the vaccine was safe Yes |
| No |
| 3. COVID-19 vaccine production was rushed Yes |
| No |
| 4. Had a bad experience or reaction with previous Yes vaccination No |
| 5. Someone else told me he/she had/knows someone who Yes had a bad reaction after vaccination No |
| 6. Concerned about side effects Yes |
| No |
| 7. Had a bad experience with previous Yes vaccinator/health clinic No |
| Complacency |
| 1. My job doesn't put me at a high risk of getting Yes infected with corona virus No |
| 2. My age doesn't put me at a high risk for severe Yes  COVID-19 No |
| 3. There are better ways of prevention other than Yes vaccination No |
| 4. Fear of needles Yes |
| No |
| 5. Did not think it was needed Yes |
| No |
| 6. COVID-19 is not so severe that I should get Yes vaccinated No |

7. My immune system is so strong; it protects me Yes against disease No

8. Bad experience with similar vaccination Yes

No

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| Convenience |
| 1. Did not know where to get vaccination Yes |
| No |
| 2. Not possible to leave other work (home or office) Yes |
| No |
| 3. Long distance to the vaccination center Yes |
| No |
| 4. Transport costs to the vaccination center Yes |
| No |
| 5. Did not want to spend so much time at the Yes vaccination center No |
| Calculation |
| 1. Heard or read negative media Yes |
| No |
| 2. Did not know where to get good/reliable Yes information No |
| 3. Distrust in government making decision in my best Yes interest No |
| 4. It’s important for me to fully understand COVID-19 Yes vaccines before i get vaccinated No |
| 5. I closely consider whether COVID-19 vaccine is Yes useful for me No |

6. I weigh the benefits and risks to make the best Yes decision possible No

Collective responsibility

1. When everyone is vaccinated, I don't have to get Yes vaccinated too No

2. When i am vaccinated, others are not protected Yes

No

3. My friends/workmates didn’t get vaccinated Yes

No

Trust in source of information

What is your most trusted source of information about Ministry of health

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COVID-19 vaccines? Scientific journals

Newspapers

Online searching

Social media

Television

Radios

Others

(Tick all that apply)

What level of trust do you have for the above Very trusted information about COVID-19 vaccines? Moderately trusted

Somewhat trusted

Not trusted at all

(Please select the most appropriate)

Would you recommend COVID-19 vaccines to others? Yes

No

if no above, why