TRANSPARENCY
INTERNATIONAL
ZAMBIA

**TRANSPARENCY AND EQUITY
IN THE COVID-19 VACCINE
DISTRIBUTION:
A PRELIMINARY ASSESSMENT
OF CITIZENS EXPERIENCES**

2022
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REGERINGSKANSLIET
Ministry for Foreign Affairs
Sweden

CONTENTS

1.0. THE EXECUTIVE SUMMARY

The Government of Zambia under the Ministry of Health plans to vaccinate an eligible population of 8.4 million people representing 46% of the population of Zambia as a preventative measure to curb the further spread of the COVID-19 pandemic. Over 4,569,202 doses of the approved vaccines: Oxford /Astra Zeneca Covishield, Jansen (Johnson and Johnson), AZD 1222 5- Korean AstraZeneca, and Pfitzer Biotech); have been received in the country as of November 31st 2021.

Transparency International Zambia (TI-Z) under their COVID-19 programme conducted a vulnerability and equity assessment in seven (7) districts namely: Chipata, Choma, Livingstone, Lusaka, Kazungula, Katete and Petauke to understand the extent of corruption and inequity in the country's vaccine campaign. Transparency International Zambia (TI-Z) is a local chapter of the global movement Transparency International (TI), which is dedicated to the fight against corruption and the promotion of transparency, integrity, accountability and generally good governance. Although TI-Z abides by the guiding principles of TI globally, it has adopted its own vision, mission and core values to guide its operations. In the last 20 years of its operation in Zambia, TI-Z has contributed to Zambia's good governance through promotion of integrity, transparency and accountability in the country's governance structures and processes at different levels. This experience has enabled TI-Z to establish itself as Zambia's leading civil society voice in the fight against corruption and the promotion of accountability, transparency and other aspects of good governance.

 The assessment offers an appreciation of the citizens' experience in acquisition of the COVID-19 vaccines in relation to equity and transparency and access to information on the COVID-19 vaccines. From the findings, some of the challenges in the vaccine uptake have been highlighted to be people not wanting the vaccines at 58.71%, whereas 36.52% people indicated that they were not able to receive the COVID-19 vaccines. Generally, the assessment findings indicate more than half of the respondents unwilling to be vaccinated against the COVID-19 due to perceived risk of the vaccines at 22.71%, with 14.25% indicating indifference whether they want to take the vaccine or not and 8.49% plainly refusing without providing a reason. This demonstrates a lack of access to information on the COVID-19 vaccines from the public to ensure confidence and trust in the COVID-19 vaccines. There is a demonstrated level of lack of understanding on the advantages and disadvantages of the COVID-19 vaccines thus fueling the myths and the perceived risks associated therefore.

TI-Z therefore recommends that Government through the Ministry of Health put in measures to intensify monitoring of the vaccine campaign to ensure that vaccines are reaching the intended beneficiaries to ensure equity and capture the most vulnerable such as the differently abled, refugees, people in the remote areas and displaced people. As TI-Z, we also recommend that the information contained in the COVID-19 vaccines daily situational reports be disaggregated according to gender, geographical location, vulnerability status to ensure equity and transparency in the COVID-19 vaccines. TI-Z also recommends that information be packaged according to the different socio-status of the public, education levels and geographical areas to ensure full uptake of the vaccines and reduce the COVID-19 vaccine hesitancy.

2.0. BACKGROUND TO THE STUDY.

Zambia, like the rest of the world has not been spared from the COVID-19 pandemic. The COVID-19 pandemic has changed the world over in the past two years from the time it was first reported. The pandemic has brought about various adjustments and adaptations by the Government in terms of resources and response interventions. People have had to change the way they do things from normal lives in order to adjust to the devastating social and economic effects that the pandemic has brought about. Suffice to mention, the pandemic is an emergency and therefore every intervention that has to be implemented to curb the pandemic has to be around response, recovery and adaptation. The Government of Zambia under the Ministry of Health is implementing a COVID-19 Vaccine distribution campaign to reduce the spread of the pandemic in the country as well as reduce the impact of the social-economic effects of the pandemic on the lives of the Zambians.

In response to the pandemic, the Ministry of health launched the vaccine campaign at the University Teaching Hospital in Lusaka on 14th April 2021. This was as a result of the first consignment of 228,000 doses of the vaccine from the COVAX facility, a global initiative representing partnership between the World Health Organization (WHO), Global Alliance for Vaccines and Immunization (GAVI), United Nations Children Fund (UNICEF) and the Coalition for Epidemic Preparedness Innovations (CEPI) working on the equitable distribution of COVID-19 vaccines[1]. As a result, the COVID-19 vaccination exercise in the country was set to target 8.4 million people above the age of 18 years old. The National COVID-19 Vaccine Deployment Plan prioritized frontline workers who are essential in sustaining the COVID-19 response, those most essential in maintaining core societal functions (teachers, immigration, police, religious and traditional leaders), people at greatest risk of severe COVID-19 disease (those with other underlying diseases and those aged above 65 years) and the population in congregate settings[2].

Transparency International Zambia under the COVID-19 program conducted a corruption vulnerability assessment to assess the extent to which vulnerability corruption and equity risks exist in the COVID-19 vaccine distribution in the country of Zambia. The assessment was conducted in seven districts of Chipata, Choma, Livingstone, Lusaka, Kazungula, Katete and Petauke. To fulfil the objective of the assessment two questionnaires were used: the unvaccinated and those that are vaccinated to understand deeply the issues surrounding the COVID-19 vaccine distribution in the country. The assessment tools targeted individuals that were randomly selected from the streets, malls, markets, schools, and COVID-19 Vaccination Centers.

3.0. METHODOLOGY OF THE STUDY.

3.1. Aim of the Assessment

To understand the extent to which corruption irregularities and equity risks in the COVID-19 Vaccine distribution exist in the 7 districts of Lusaka, Chipata, Katete, Petauke, Kazungula, Livingstone and Choma.

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[1] https://www.afro.who.int/news/zambia-launches-covid-19-vaccination
[2] https://www.afro.who.int/news/zambia-launches-covid-19-vaccination

3.2. Data collection tools.

Primary Data Collection

The data for the assessment was collected using two questionnaires that were administered to respondents as follows:

a) Vaccinated individuals

b) Unvaccinated individuals

Detailed questionnaires were used to collect data in all the seven districts in Zambia for both categories from vaccinated and non-vaccinated respondents.

3.3. Survey Questionnaires

The questionnaires were developed specifically for the target groups of vaccinated (400 questionnaires) and unvaccinated (400 questionnaires) respondents in the country. The survey instruments were specifically tailor-made to pick out issues of corruption vulnerabilities and equity risks in the target communities on vaccine distribution as well as collect baseline date to inform the projects implementation direction. The structured questionnaires were administered to the respondents in selected COVID-19 Vaccine distribution centers and public places (i.e. malls, markets, streets, residential areas, CBD, schools) in the seven Districts of Chipata, Choma, Katete, Kazungula, Livingstone, Lusaka and Petauke. The questionnaires included questions related to demographics of the sample respondents such as (age, occupation, gender, income status and sex) and Citizenship, their knowledge on political, economic and social affairs, main source of COVID 19 vaccines, working status, primary income earner, primary source of income at household, level education, living situation.

4.0. SAMPLING

4.1. Sampling Frame:

The sampling area included seven districts of Chipata, Choma, Katete, Kazungula, Livingstone, Lusaka and Petauke. The districts cover Lusaka, Eastern and Southern provinces of Zambia. Thus, the sample selection within the districts was done based on the random and snowballing sampling

a) Vaccinated Assessment: During the study, 379 respondents were captured under the vaccinated category. The respondents that participated in the survey were randomly selected; from the COVID-19 vaccine distribution centers and few were randomly identified from the street, schools, markets, residential areas, CBD and malls.

b) Unvaccinated Assessment: During the study, 356 respondents were reached under the category of the non – vaccinated. All the respondents were randomly identified and selected from the streets, malls, markets and schools in the target districts.

Table 1: List of the residential areas and designated vaccination sites that were targeted for the assessment in Lusaka

Designated Location	
COVID-19 Vaccination site (vaccinated)	Unvaccinated
Pope square, Kabwata Health Centre	Long acres, Kabwata area
Showgrounds, Chilenje General Hospital	Manda hill, Show grounds area, Chilenje
Kalingalinga Health Center, UNZA clinic	Kalingalinga and UNZA areas

Chainda Health Centre. Bauleni Health Center	Chainda, Bauleni areas
Matero General Hospital, George Health Center, OYDC, Chipata	Matero, George, and OYDC, Chipata areas
Makeni Health Center, Kanyama General Hospital	Makeni Area, Kanyama Area
Chawama Basic School, Lilayi Health Center, Kamwala Health Center	Chawama, Lilayi Kamwala areas
Chelstone ZONAL Hospital, Mtendere Health Center,	Chelstone, Mtendere areas

Table 2: List of the District Level target areas

District	Vaccinated	Non Vaccinated
Chipata	Chipata General Hospital	Chipata CBD
Choma	Choma General Hospital	Choma CBD, Lusaka road, Market
Kazungula	Kazungula District Hospital	Kazungula Border
Katete	Katete General Hospital	Katete CBD, Market
Livingstone	Livingstone General Hospital	Livingstone CBD, Market
Petauke	Petauke Urban Clinic, Petauke General District Hospital	Petauke CBD, Market

4.2. Sample Size:

A total of 379 vaccinated and the 356 unvaccinated respondents were reached during the assessment. The Interview demographics were based on the COVID-19 prioritization and targeting criteria as illustrated in the National COVID -19 vaccine deployment strategic Plan of 2021. The data was collected in the following districts; Chipata, Choma, Kazungula, Katete, Livingstone, Lusaka and Petauke.

Table 2. List of respondents in the survey per district

District	Vaccinated	Non -Vaccinated
Chipata	50	50
Choma	48	43
Katete	34	17
Kazungula	49	48
Livingstone	50	51
Lusaka	100	102
Petauke	48	45
Total	**379**	**356**

4.3 Sampling Method:

Given the mix of the target groups to be interviewed, the project team used a mixture of snowballing and random sampling in identifying and selecting respondents for the assessment.

4.4 Data Analysis:

The data collected in this study was analyzed using both quantitative, and where possible qualitative methods. Qualitative analysis included content analysis where all the non-structured information wias derived from the open-ended questions in the questionnaire. The data was analyzed using MS Excel.

5.0. STUDY FINDINGS FOR NON-VACCINATED.

District of Respondent for the non-Vaccinated Individuals.
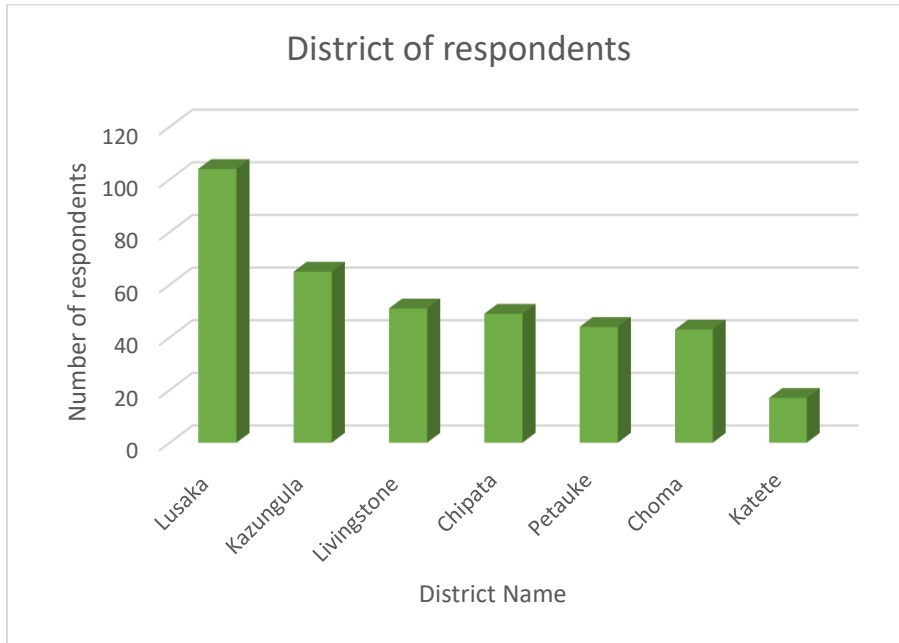
Figure 1 shows the study findings on the district of the respondent.

Figure 1 above shows the study findings on corruption vulnerabilities and equity risks assessment respondent's district namely: Petauke, Lusaka, Livingstone, Kazungula, Katete, Choma and Chipata. From the 356 respondents involved in the study 104 (29%) indicated Lusaka, 65(18%) indicated Kazungula, 17 (4.78%), 51(14%) indicated Livingstone, 49 (14%) indicated Chipata, 44 (12%) indicated Petauke, 43 (13%) indicated Choma respectively. The findings indicate that the study was dominated by views of respondents from Lusaka, this may be attributed to the population size of the district and the fact that the vaccine distribution exercise started from Lusaka. The sample size for Lusaka was much higher than the sample sizes for the districts, the reason for this was that Lusaka has a bigger population and the COVID-19 Vaccine distribution campaign started from Lusaka and thereafter it was rolled out to the districts. However, other substantive information was gathered from other districts that were involved in the study.

5.1. Language Spoken by Respondents.
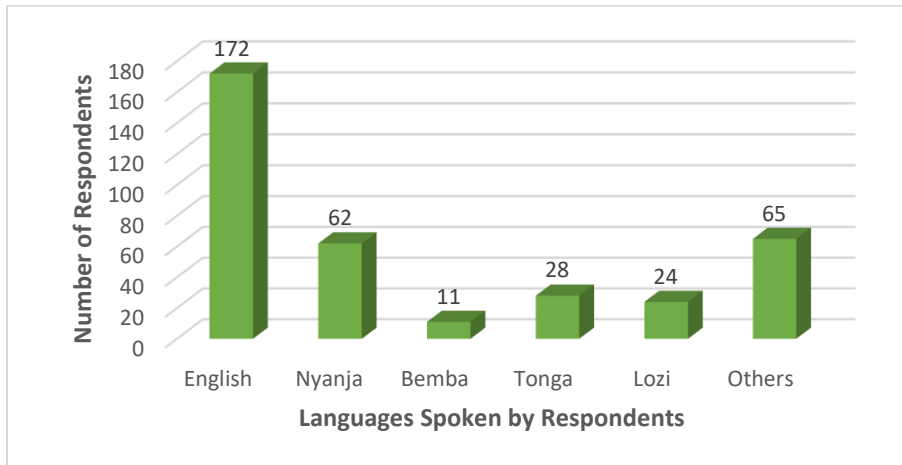
Figure 2: Showing languages Spoken by Respondents.

Figure 2 above shows study findings on the languages spoken by the respondents involved in the study. Out of the 362 responses that were gathered 172(48%) indicated English, 62(17%) indicated Nyanja, 11(4%) indicated Bemba, 28(8%) indicated Chitonga, 24(7%) indicated Lozi and 65(18.26%) indicated other languages respectively. The findings indicated that, majority of the respondents involved in the study preferred to be interviewed in English as preferred to other local languages. This is attributed to the fact that English is the official language in Zambia and mostly used even at district level. However, a substantive number of respondents were interviewed in local language including Chitonga, Lozi and Bemba.
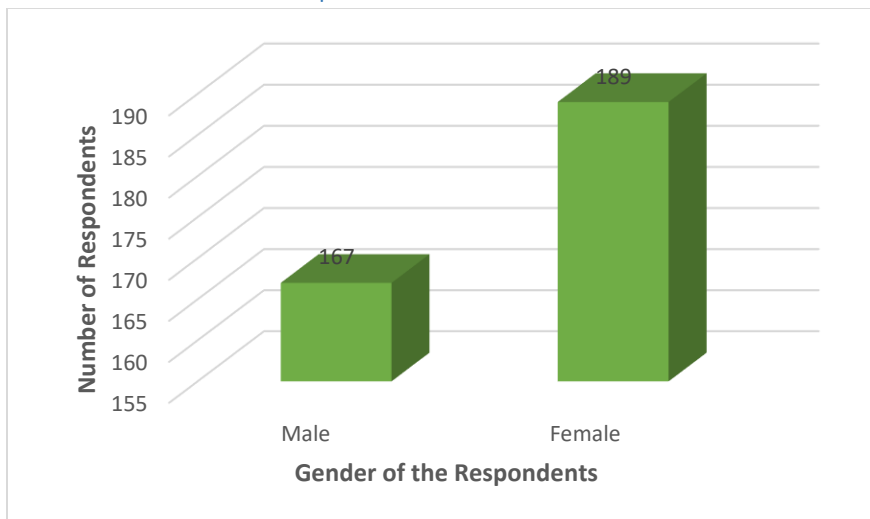
5.2. Gender of the Respondent.

Figure 3 showing the Gender of the Respondents.

Figure 3 above shows the study findings on the gender of the respondents involved in the study. Out of the 356 respondents involved in the study, 189(53%) indicated female and 167(47%) indicated male respectively. The findings established that majority of the views gathered in the study were from female

respondents. However, substantive views were also gathered from male respondents respectively. To some extent the findings of the study represents both views from female and male respondents respectively.

6.0. SOCIO-DEMOGRAPHIC INFORMATION OF THE RESPONDENTS.

The study sought to establish the socio-demographic characteristics of the respondents involved in the study in terms of their Citizenship, there knowledge on political, economic and social affairs, main source of COVID 19 vaccines, working status, primary income earner, primary source of income at household, level education, living situation etc. This section was analyzed using descriptive statistics frequencies and percentages to be able to make a conclusion. The findings are indicated below.

6.1. Citizenship Status of the Respondents.
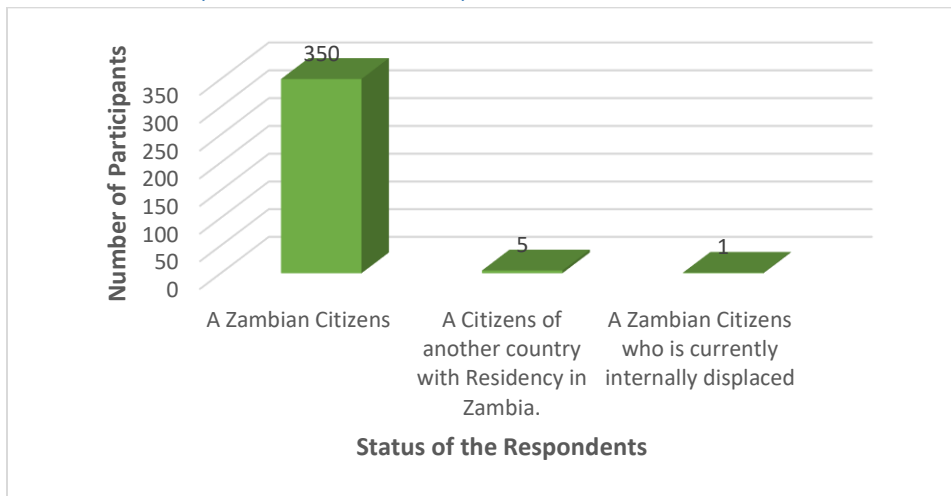
Figure 4 shows the Citizenships status of the Respondents.

Figure 4 shows the study findings on the citizenship status of the respondents. Out of the 356 respondents involved in the study 350 (98.3%) indicated Zambian Citizens, 5(1.4%) indicated a Citizen of another country with residency in Zambia and 1 (0.28%) indicated a Zambian citizen who is currently internally displaced respondents. The findings indicated that majority of the respondents who participated in the study were Zambian Citizens. This is attributed to the fact that they have been travel restrictions for people to come in the country, hence majority of those that participated were Zambian citizens.

6.2. Frequency of Hearing, Reading or watching the news on Political, Economic and Social Affairs.
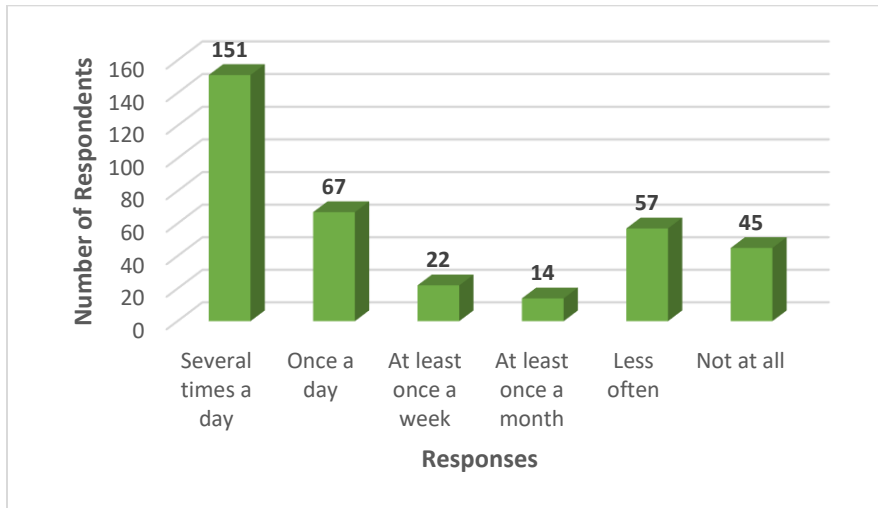
Figure 5 showing the frequency of hearing, reading or watching the news on political, economic and social affairs.

Figure 5 shows the study findings on the frequency of hearing, reading or watching the news on political, economic and social Affairs by respondents. From the 356 respondents involved in the study, 151(42%) indicated several times a day, 67(19%) indicated once a day, 57(16%) indicated less often, 45 (13%) indicated not at all, 22(6%) and 14(4%) indicated at least once a month respectively. The findings show that the majority of the respondents do hear, read or watch the news on political, economic and social affairs several times a day. This maybe be attributed to the fact that majority of the people including those in rural areas have access to Television network, radio and social media for them to be able to hear, read and watch news. This can further be supported by the outcome of the 2021 general elections where the majority of the people were reached through campaigns via social media, television, radio and other online platforms.

6.3. The Main Source of News on COVID 19 Vaccines.
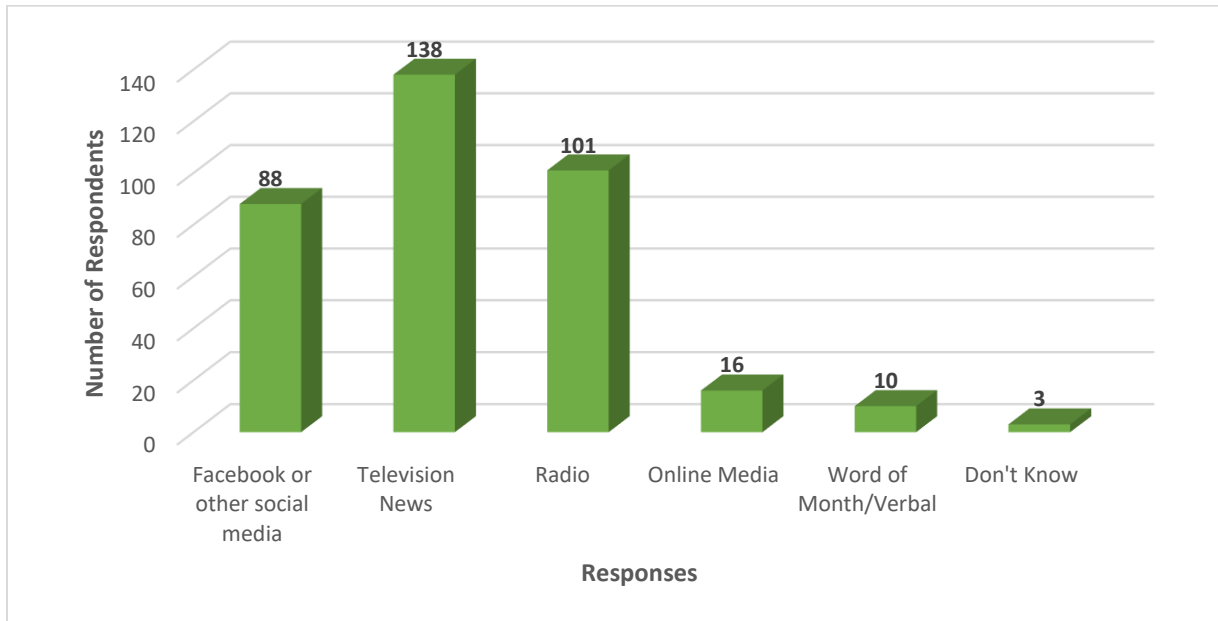
Figure 6 showing the main source of news on COVID- 19 vaccines.

Figure 6 below shows the study findings on the main source of news on COVID- 19 vaccines. From the 356 respondents involved in the study 138(39%) indicated television news, 101(28%) indicated radio, 88 (25%) indicated Facebook or other social media platforms, 16 (5%) indicated online media, 10(3%) indicated word of mouth and 3 (1%) indicated that they do not know anything. The study established that majority of the respondent's main source of news on COVID 19 vaccines was Television news. However, a substantive number of respondents also got such news from different platforms such as radio, Facebook and other social media platforms respectively. This may be attributed to the fact that the country has television networks everywhere and different people of different socio-economic status have the capability to have access to a television set. Further, the study concentrated on peri-urban and urban areas hence which have full access to such platforms of information.

6.4. Working Status of the Respondents.
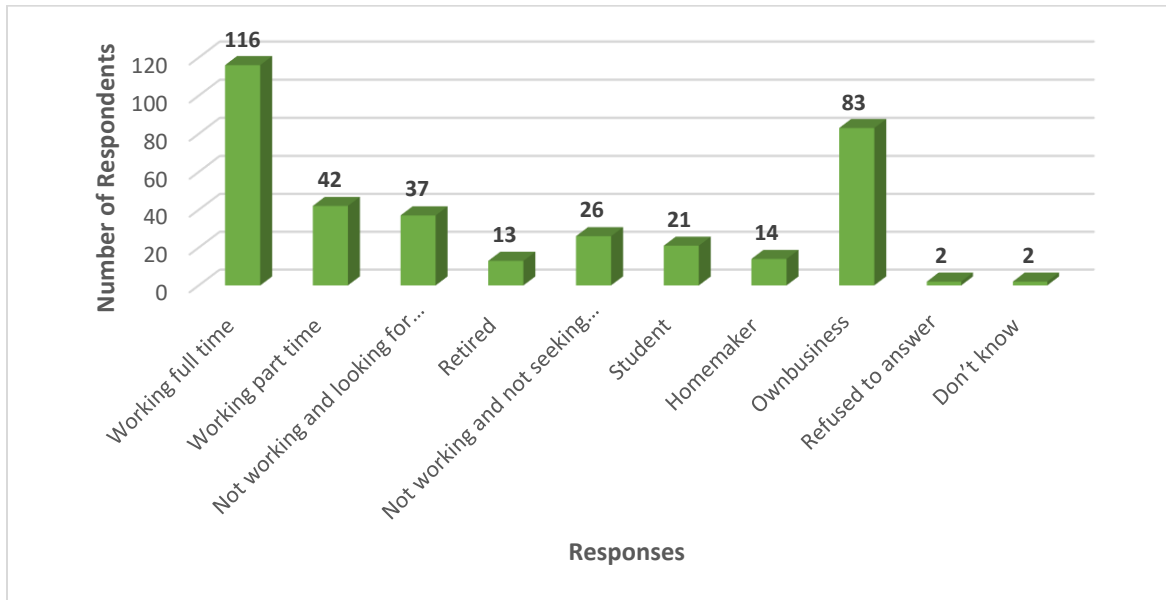
Figure 7 showing the working status of the respondents.

Figure 7 below shows the study findings on the working status of the respondents. Out of the 356 respondents involved in the study 116 (33%) indicated working full time, 83 (23%) indicated own business, 42 (12%) indicated working part-time, 37 (10%) indicated not working and looking for work, 26(7%) indicated not working and not seeking work, 21 (6%) indicated student,14(4%) indicated homemaker, 13 (4%) indicated retired, 2 (0.6%) indicated refused to answer and 2 (0.6%) indicated don't know respectively. The study established that the majority of the respondents were involved in various full-time work. This is attributed to the fact that the study concentrated on the peri-urban and urban areas where the majority of the people in these areas are involved in full time jobs. However, a substantive number of respondents had different working status ranging from managing their own businesses and working part-time.

6.5. Primary Income earner of the household.
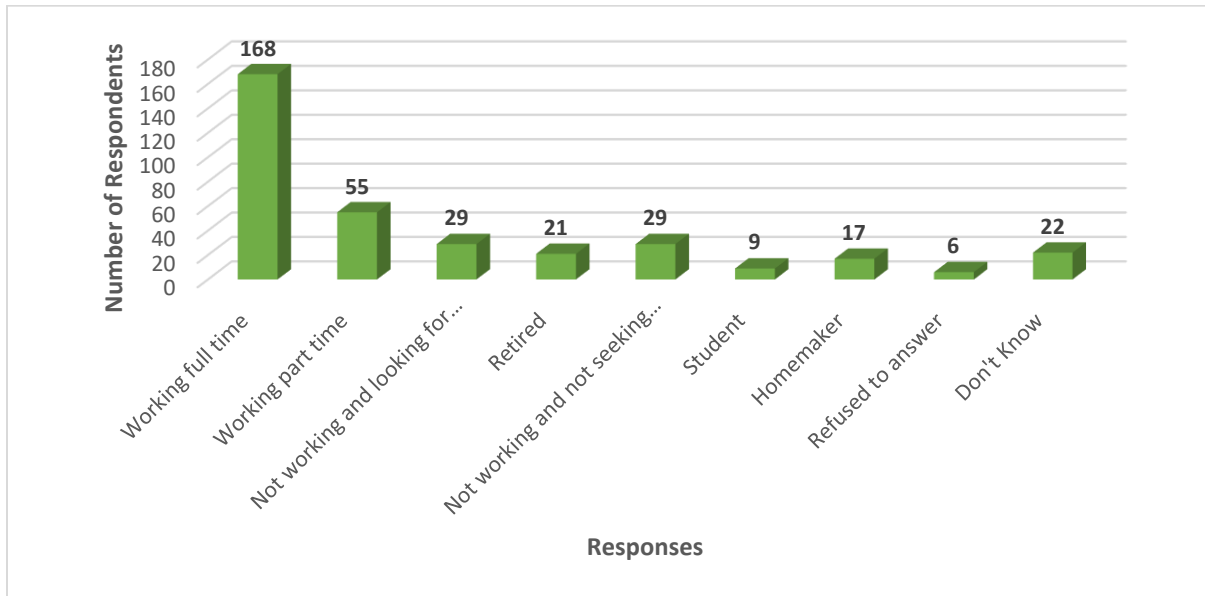
Figure 8 showing the primary income earner of the household.

Figure above shows the study findings on the primary income earner of the household. Out of the 356 respondents involved in the study 168 (47%) indicated working full time, 55(15%) indicated working part time, 29(8%) indicated not working and looking for work, 29(8%) indicated not working and not seeking work, 22(6%) indicated that they don't know, 17(5%) indicated homemaker,9(3%) indicated student and 6(2%) did not answer. The study established that the primary income earner of the household for the majority of respondents was working full time. However, substantive respondents indicated working part time as other sources of income.

6.6. Primary Source of Income of a Household.

RESPONSES	Percentage	Frequency
Farmer	17.41%	62
Trader / Hawker / Vendor	11.32%	40
Domestic worker / Maid / Cleaner / Home help	6.18%	22
Armed services/ Police / Security personnel	1.69%	6
Artisan / skilled manual worker in the formal sector	3.37%	12
Artisan / skilled manual worker in the informal sector	1.40%	5
Clerical worker	1.40%	5
Unskilled manual worker in the formal sector	1.97%	7
Unskilled manual worker in the informal sector	2.25%	8
Company Employee	8.15%	29
Business owner	16.29%	58
Professional worker (e.g., lawyer, accountant, nurse, engineer, etc.)	3.09%	11
Teacher	7.02%	25
Government worker	9.27%	33
Healthcare worker	1.12%	4
Other	5.90%	21

Don't know	2.25%	8
TOTAL		356

Table 1 showing the primary source of household's income.

Table 1 above shows the study findings on primary source of a households' income. The study established that majority of the respondent's 62 (17.4%) depend on farming for income, 58 (16.29%) on business, 40(11.32%) trading/hawking/vending, 33(9.2%) Government worker, 29(8.15%) company employment, 25 (7.02%) teacher as a profession, 22 (6.1%) as domestic worker/maid/cleaner/home help, other 21 (5.90%), 12 (3, 37%) Artisan/skilled manual worker in former employment, 11(3.09) Professional worker (e.g. Lawyer, accountant, nurse engineer, 8(2.25%) unskilled manual worker in the informer sector, 8(2.25%) Do not know, 7 (1.97%) unskilled manual worker in the former sector, 5(1.47%) clerical worker, 5(1.47) Artisan skilled manual worker in the informer sector and 4 (1.12%) health care worker. The study therefore established that the majority of respondents got their primary source of income from farming, running businesses, working as teacher's domestic workers and other forms of livelihood. This is very reflective of the target population that was selected as the majority are peri-urban based and there is a lot of farming that is practiced. However, substantive views were gathered from respondents having different forms of sources of income.

6.7. Highest Level of Education.

Responses	Percentage	Frequency
No formal education	3%	9
Informal schooling only	2%	7
Some primary schooling	8%	27
Primary school completed	10%	35
Some secondary schooling	17%	60
Secondary school completed	15%	52
Some higher secondary/equivalent	7%	24
Higher secondary/equivalent completed	18%	64
Some education at bachelor/equivalent level	14%	50
Bachelor/equivalent degree completed	4%	15
Masters/equivalent degree or above	1%	7
Refused to answer	1%	6
TOTAL		356

Table 2 shows the study findings on the level of education for the respondents. From the 356 respondents involved in the study 64(17%) indicated higher secondary, 60(17%) indicated some secondary schooling, 52(15%) indicated they completed secondary school education,50(14%) indicated some education at bachelor degree,35(10%) indicated they completed primary education,27(8%) indicated some primary schooling,15(4%) indicated that they completed bachelor's degree,9(3%) indicated no formal education, 7(2%) indicated informal schooling only, 7(1%) indicated master's degree or equivalent and 6(1%) they refused to provide an answer. The study established that majority of the respondents that were involved in the study had completed higher secondary education or equivalent. However, substantive views were also gathered from respondents having different education background as shown in the table above. The

findings are attributed to the fact that the study was conducted in the peri-urban and urban areas where education services are available and accessible for everyone.

6.8. Respondents Current Living Situation.
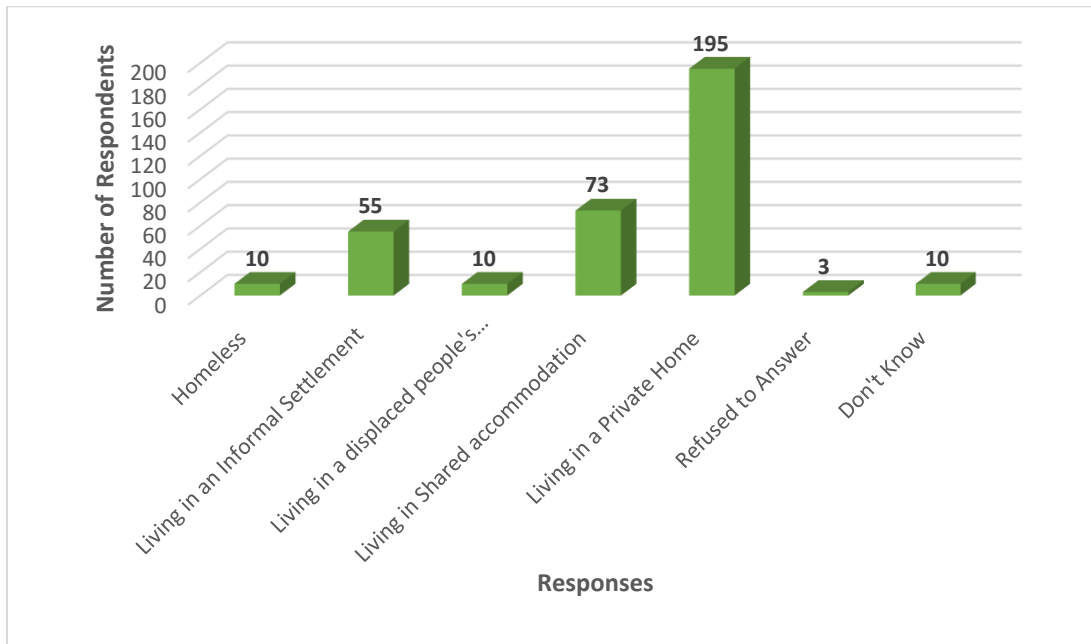
Figure 9 above shows the study findings on the current living situation of the respondents. Out of the 356 respondents involved in the study 195(55%) indicated they are living in private homes, 73 (21%) indicted that they are living in a shared accommodation,55 (15%) indicated that they are living in an informal settlement,10(3%) indicated they are homeless, 10 (3%) indicated they are living in a displaced people settlement, 10(3%) indicated they did not know and 3 (0.8%) indicated they refused to provide an answer. The study established that the majority of the respondents involved in the study were living in their private homes. This may be attributed to the fact that the study concentrated on people that are coming from private homes as compared to segmenting them.

6.9. House description based on Household Income Level.
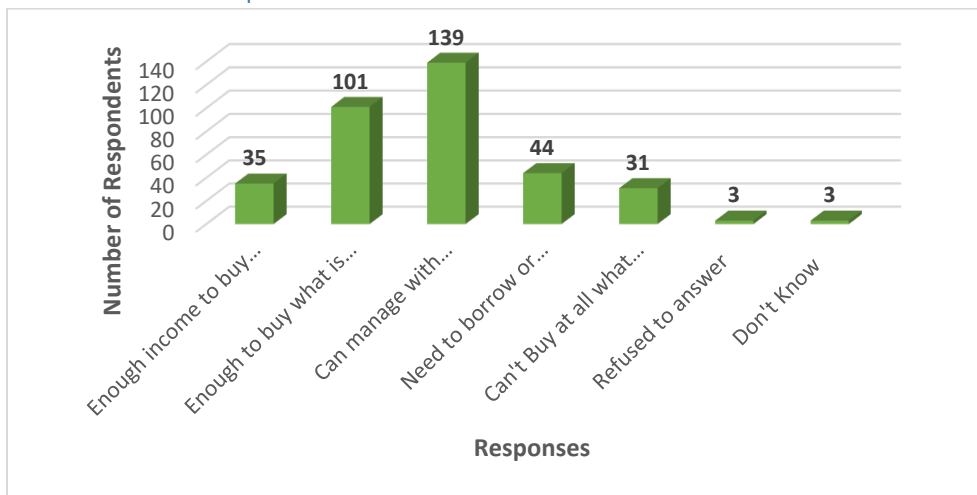
Figure 9 showing the house description based on household income level.

Figure 9 above shows the study findings on the house description based on household income level. Out of the 356 respondents involved in the study 139(39%) indicated that they can manage with difficulties, 101 (28%) indicated they just have enough to buy what is needed ,44 (12%) indicated they need to borrow or spend savings to buy things they need, 35(10%) indicated that they have enough to buy what they want, 31(9%) indicated they can't buy at all what they would need based on their current income, 3(0.84%) indicated that they were not in a position to provide and answer and 3(0.84%) indicated they did not know anything on the topic under investigation. The study established that the majority of the citizens involved in the study can manage to live with difficulties based on their level of household income currently.

6.10. Respondent's Area of Living.
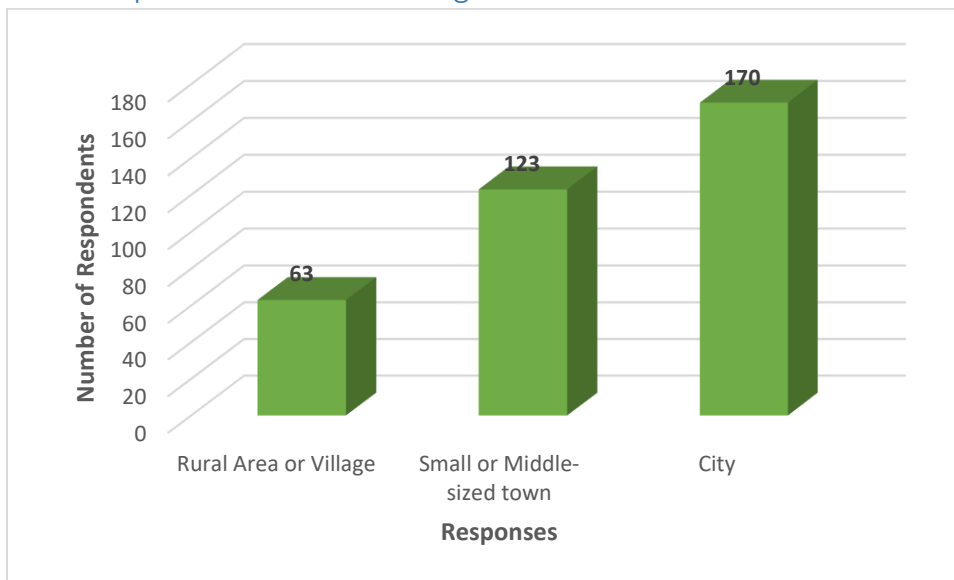
Figure 10 showing Respondent's Area of Living.

Figure 10 above shows the study findings on the respondent's area of living. From the 356 respondents involved in the study 170 (48%) indicated they live in a city, 123(35%) indicated they lived in a small or middle-sized towns and 18(63%) indicated that they lived in rural area or village respectively. The study determined that the majority of the respondents were involved in the study were living in cities. The findings are not surprising as the study targeted people in towns and cities respectively.

6.11. Assistance of the Respondents by Someone.
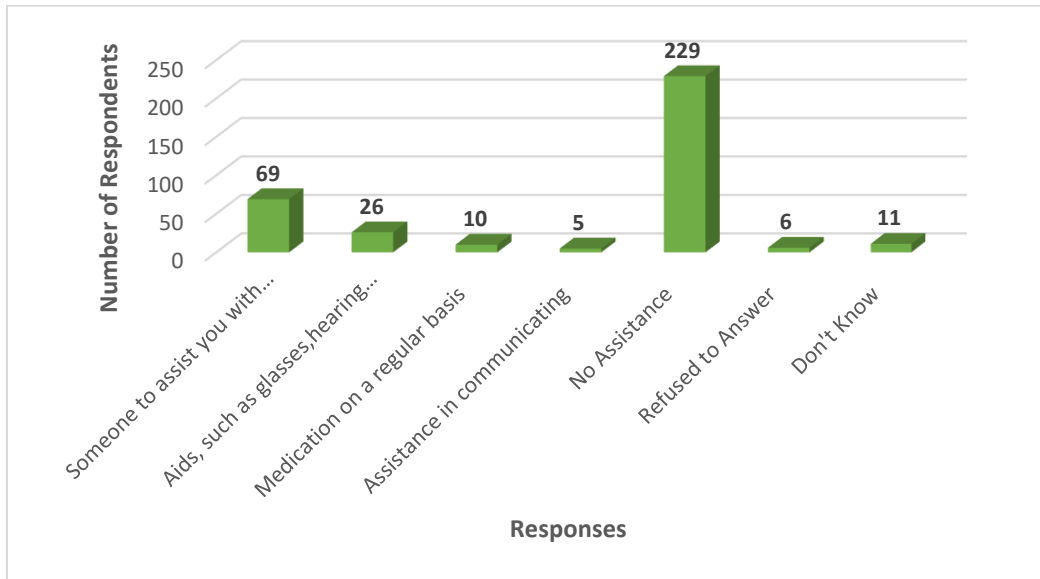
Figure 11 showing whether the respondents requires any assistance.

Figure 11 above shows the study findings on whether the respondents require any assistance. From the 356 respondents involved in the study 229 (64%) indicated they don't need any assistance, 69 (19%) indicated that they need someone to assist them on day-to-day activities at home or outside home, 26 (7%) indicated that the need aids, such as glasses, hearing aids or a cane, 11 (3%) indicated they did not know anything, 10(3%) indicated that they need medication on a regular basis and 6(2%) indicated that they could not provide any answer to this particular question. The study established that the majority of the respondents did not need any assistance with their daily activities.

6.12. Respondent's Medical Condition likely to Increase the Risk of COVID-19 told by the Medical Professional.

Disease Name	Percentage	Frequency
Chronic kidney disease	1.12%	4
Diabetes mellitus, type	0.84%	3
Diabetes mellitus, type	1.12%	4
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)	0.84%	3
Pregnancy and Recent Pregnancy	1.12%	4
HIV	7.86%	29
Overweight	0.84%	3
Sickle cell disease	0.28%	1
Asthma	3.37%	12
Hypertension	5.34%	19
Refused to answer	15.73%	56
Don't know	61.52%	219
TOTAL		**356**

Table 3 above shows the study findings on the respondent's medical condition likely to increase the risk of COVID-19 as told by the medical professional. The study established that majority of the respondents at 219(61.5%) indicated that they did not know, 56 (15.7%) declined to provide an answer to the question, 29 (7.8%) indicated that they had HIV, 19 (5%) indicated hypertension, 12(3.3%) indicated Asthma, 4 (1%) indicated Diabetes Mellitus, 4 (1%) indicated Pregnancy and Recent Pregnancy, 4 (1%) indicated chronic kidney diseases, 3 (0.8%) indicated overweight,3 (0.8%) indicated Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies) and 1 (0.28) indicated sickle cell diseases respectively. The study established that HIV was the common diseases that majority of the respondents had as indicated by a medical professional. It is also important to note that majority of the respondents at 61.5% could not provide any response to this question. This maybe be attributed to the issues of privacy and fear of stigma if known to have a medical condition by the community.

7.0. ACCESS TO INFORMATION.

The study sought to establish the level of access to information of the respondents involved in the study regarding COVID-19 vaccinations. This section was analyzed using descriptive statistics frequencies and percentages to be able to make a conclusion. The findings are indicated below.

7.1. Reasons for not Having Received the Vaccine.
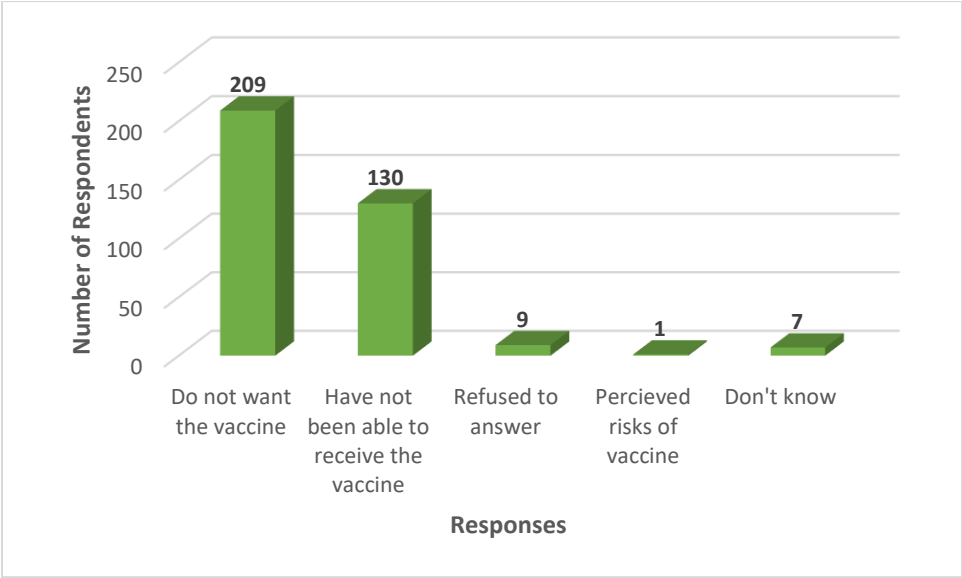
Figure 12 showing reasons for not having received the vaccine.

Figure 12 above shows the study findings on the reasons for not having received the vaccine by the respondents. Out of the 356 respondents involved in the study 209(58.7%) indicated that they do not want the vaccine, 130(36.52%) indicated that they have not been able to receive the vaccine, 9(2.52%) refused to answer,7(1.98%) indicated that they did not know and 1(0.28%) indicated the perceived risks of the vaccine respectively. The study established that the main reason of not having gotten the vaccine by the respondents is that they do not want it as indicated by the 58.7% response rate. This to some extent maybe attributed to the fact that majority of the citizens have not been fully sensitized on the COVID-19

vaccines hence the skepticism and hesitancy around the same. However, a substantive number of the respondents indicated that they have not been able to receive the vaccine.

7.2. In the last months, have you had to pay, give a gift, do a favor or use a personal connection to access healthcare?
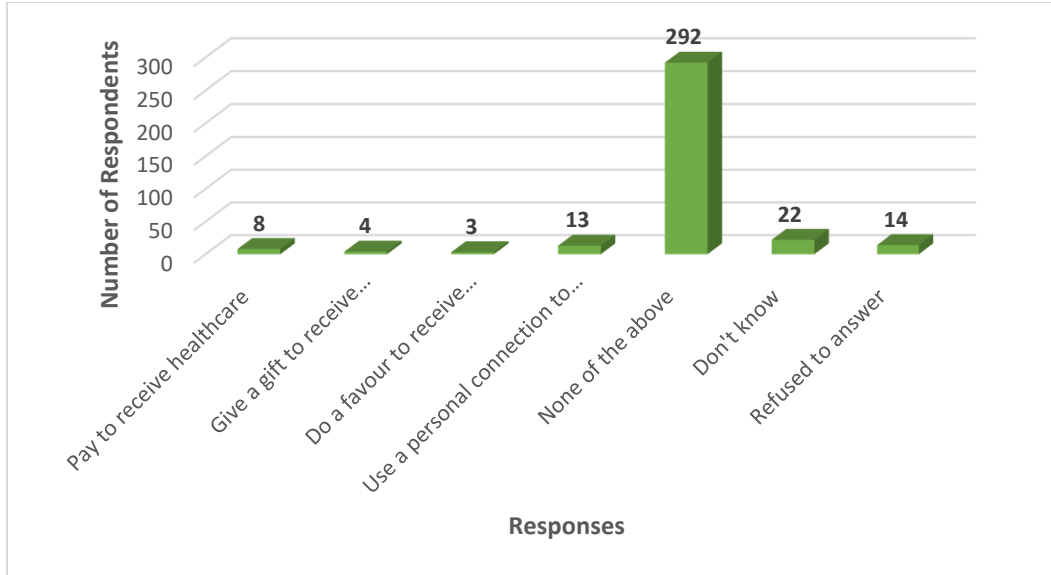
Figure 13 showing the method of accessing health care.

Figure 13 above shows the study findings on whether the respondent in the last months have paid, give a gift, do a favor or use a personal connection to access healthcare. 292(82%) indicated none of the above answers, 22 (6%) indicated that they don't know, 14 (4%) indicated that they refused to answer, 13 (3.6%) indicated that used a personal connection to receive healthcare, 8 (2%) indicated that they paid to receive healthcare ,4 (1%) indicated that they gave a gift to receive healthcare, 3 (0.8%) claimed that they did a favor to receive healthcare services. This implies that the procedure to access healthcare services is always followed.

8.0. FINDINGS VACCINATED RESPONDENTS.

8.1. Gender of the Respondents.
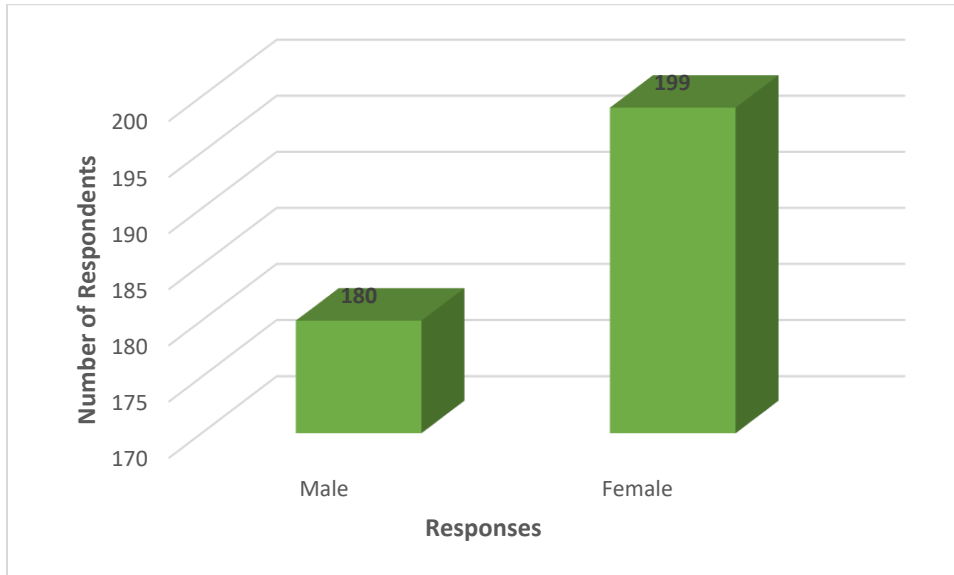
Figure 14 showing the gender of the respondents for the vaccinated respondents.

Figure 14 above shows the study findings on the gender of the respondents for the vaccinated respondents. From the 379 respondents involved in the study 199(52.5%) indicated female and 180(47%) indicated male respectively. The study established that the views from the female respondents were the majority gathered in this study. However, substantive views from male respondents were also gathered in the study. The findings help to validate the study as the views were gathered from both male and female respondents.

8.2. District Name for the Respondents.
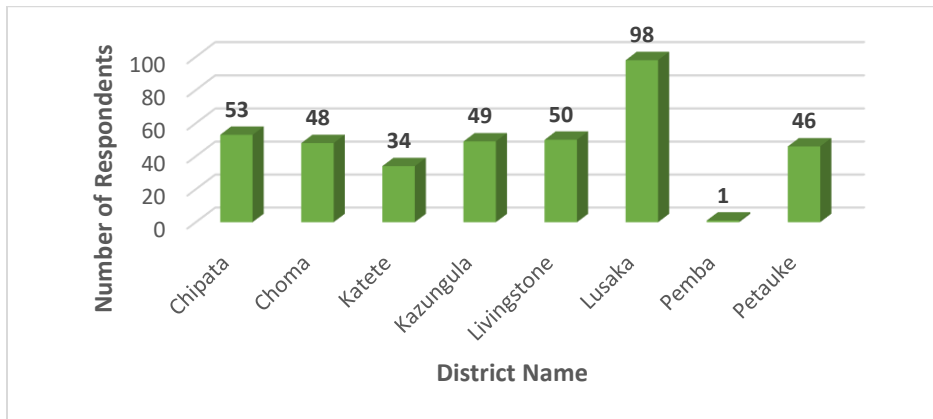
Figure 15 showing the district name of the vaccinated respondents.

Figure 15 below shows the study findings on the name of the district for the respondents. Out of the 379 respondents involved in the study 98(25.8%) indicated Lusaka,53(14%) indicated Chipata,50(13%) indicated Livingstone,49(13%) indicated Kazungula,48(13%) indicated Choma, 46(12%) indicated Petauke, 34 (9%) indicated Katete and 1(0.26%) indicated Pemba. The study established that majority of the

respondents for the vaccinated where from Lusaka district. However, other respondents were from Chipata, Choma, Katete, Kazungula, Livingstone, Pemba and Petauke districts respectively.

8.3. Type of Residency Area for the Respondents.
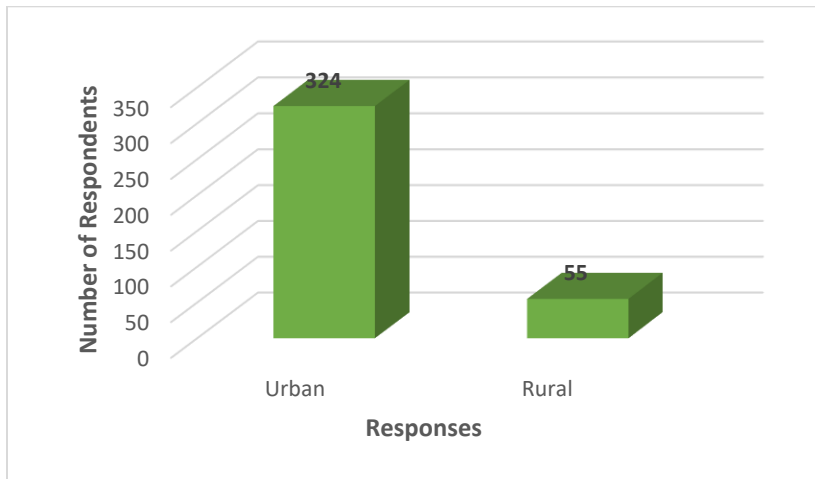
Figure 16 showing the type of residency area for the respondents.

Figure 16 above shows the study findings on the type of residency area for the Respondents. From the 379 respondents involved in the study 324(85.49%) indicated urban area and 55(14.5%) indicated rural respectively. The study established that the majority of the respondents were from urban areas. The study is not surprising as the study targeted peri-urban and urban areas respectively.

8.4. Languages Spoken by Respondents.
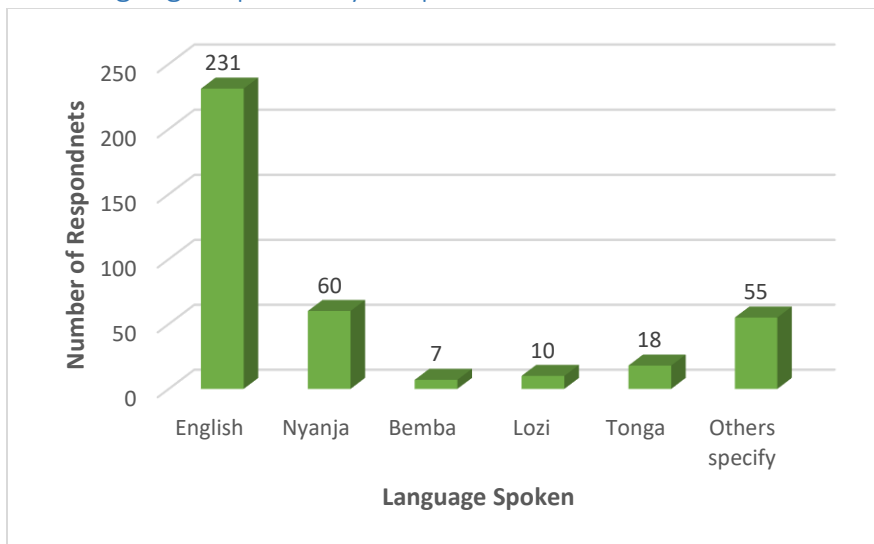
Figure 17 showing the languages spoken by respondents.

Figure 17 above shows the study findings on the languages spoken by the vaccinated respondents. 231(60.95%) indicated English, 60(15.83%) indicated Nyanja,55 (14.51%) indicated others, 10(2.64%) indicated Lozi and 18(4.75%) indicated Tonga. The study established that majority of the respondents involved in the study could speak English. This is not surprising as English is the official language of the

country and the fact that the study was carried out in peri-urban and urban areas where people can frequently speak English.

8.5. Citizenship of the Respondents.
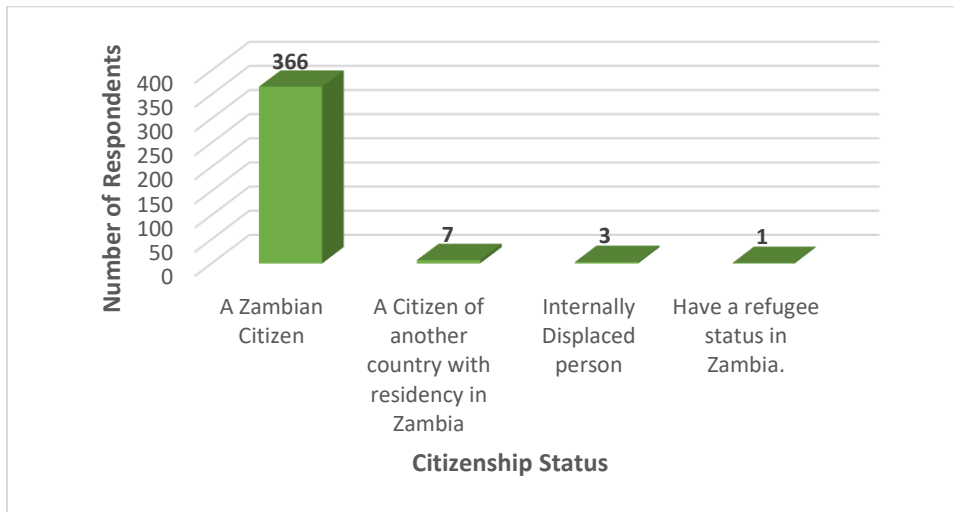
Figure 18 showing Citizenship Status of the Respondents.

Figure 18 above shows the study findings on the citizenship status of the respondents. From the 379 respondents involved in the study 366 (96.37%) indicated that they were Zambian citizens, 7(1.85%) indicated that they were a citizen of another country with residency in Zambia, 3(0.79%) indicated that they were internally displaced persons and 1 (0.26%) indicated that they had a refugee status in Zambia. The study findings established that majority of the respondents involved in the study were Zambian Citizens. This is not surprising as the study mainly targeted the Zambian citizens.

8.5. Main Source of News on COVID-19 Vaccines.
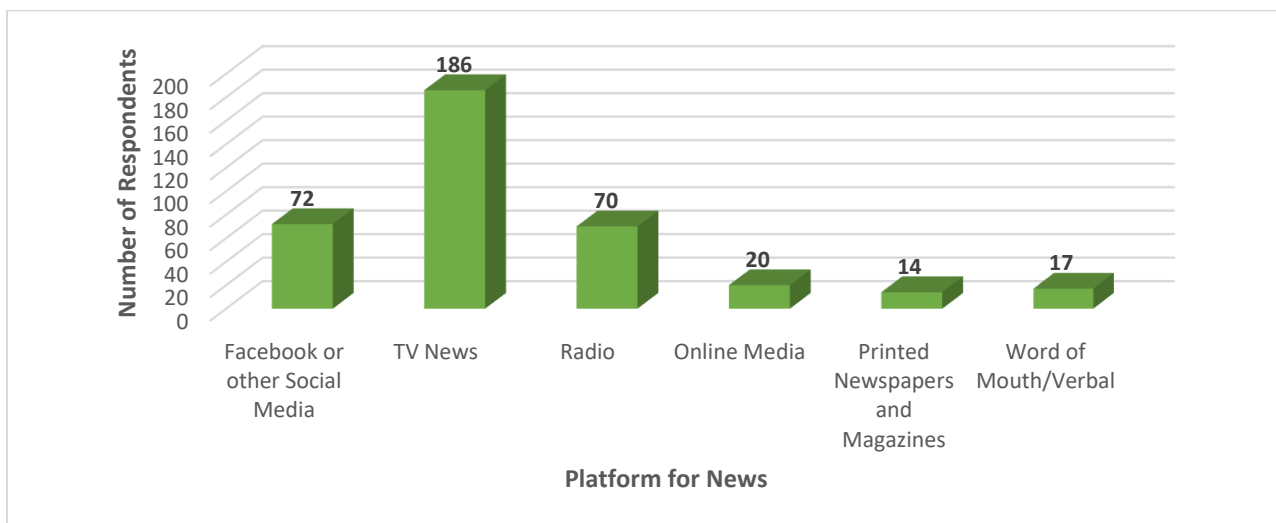
Figure 19 showing the main sources of News on COVID- 19 Vaccines.

Figure 19 above shows the study findings on the main sources of news on COVID- 19 vaccines. From the 379 respondents involved in the study 186(49%) indicated they use TV News, 72(19%) indicated Facebook

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or other social media platforms, 70(18.47%) indicated that radio, 20 (5.28%) indicated online media, 17 (4.4%) indicated word of the mouth/verbal and 14(3.6%) indicated that they get news through printed newspapers and magazines respectively. The study established that the main source of news on COVID-19 vaccines is TV news. However, they are other significant sources of news on the COVID-19 vaccines that includes radio, online media, word of mouth and printed newspapers and magazines.

8.6. Primary Income Earner of the Household.
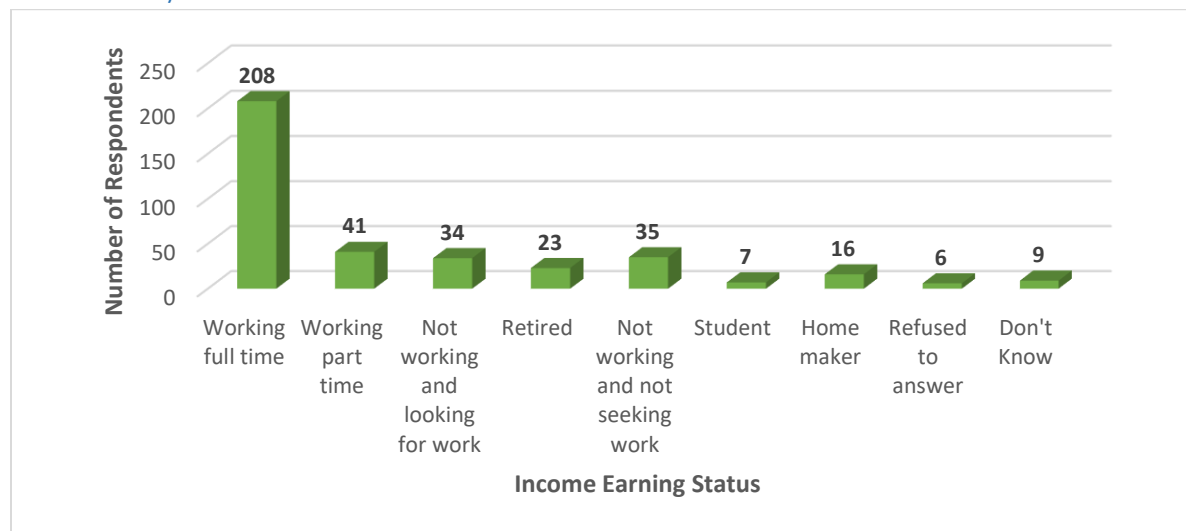
Figure 20 showing the Primary Income Earner of the Household.

Figure 20 above shows the study findings on the primary income earner of the household. From the 379 respondents involved in the study 208 (54.8%) indicated working full time, 41 (10.82%) indicated working part time, 35 (9.23%) indicated not working and not seeking for work, 34 (8.97%) indicated not working and looking for work, 23 (6.07%) indicated they are not working and not seeking for work, 16 (4.22%) indicated that they are home markers, 9 (2.37%) indicated they don't know and 6 (1.58%) refused to answer respectively. The study established that the majority of the respondents involved in the study were working full time as the source of their primary income.

8.7. Primary Source of Income of the Household.

Source of Income	Percentage	
Farmer	14.25%	54
Farm worker	0.53%	2
Fisherman	0.79%	3
Trader / Hawker / Vendor	11.35%	43
Miner	0.53%	2
Domestic worker / Maid / Cleaner / Home help	5.01%	19
Armed services/ Police / Security personnel	4.49%	17
Artisan / skilled manual worker in the formal sector	1.85%	7
Artisan / skilled manual worker in the informal sector	0.53%	2
Clerical worker	0.26%	1
Unskilled manual worker in the formal sector	1.85%	7

	Percentage	Frequency
Unskilled manual worker in the informal sector	0.79%	3
Company Employee	7.12%	27
Business owner	12.93%	49
Professional worker (eg, lawyer, accountant, nurse, engineer, etc)	8.18%	31
Supervisor / Foreman	0.26%	1
Teacher	7.12%	27
Government worker	10.03%	38
Healthcare worker	2.37%	9
Refused to answer	1.58%	6
Don't know	3.43%	13
Other (please specify)	4.75%	18
TOTAL	**379**	

Table 4 showing the Primary Source of Income of the Household.

Table 4 above shows the study findings on the primary source of income of the household. The study established that the primary source of income of the households involved in the study is farming, owning businesses, trading, working as a government worker, employed by a company etc. The study determined the respondents involved in the study are involved in different economic activities that gives them the primary source of income at household level.

8.8. Education Level of the Respondents.

Education level	Percentage	Frequency
No formal education	1.58%	6
Informal schooling only	1.32%	5
Some primary schooling	6.86%	26
Primary school completed	6.07%	23
Some secondary schooling	17.15%	65
Secondary school completed	11.61%	44
Some higher secondary/equivalent	7.12%	27
Higher secondary/equivalent completed	12.40%	47
Some education at bachelor/equivalent level	17.41%	66
Bachelor/equivalent degree completed	10.29%	39
Masters/equivalent degree or above	6.60%	25
Refused to answer	1.58%	6
TOTAL		**379**

Table 5 above shows the Education Level of the Respondent.

Table 5 above shows the study findings on the education level of the respondents. From the 379 respondents involved in the study 66 (17.4%) indicated some education at bachelor/equivalent level, 65 (17.15%) indicated some secondary schooling, 47 (12.40) indicated higher secondary/equivalent completed, 44 (11.61%) indicated secondary school completed,39 (10.29%) indicated bachelor/equivalent degree completed, 27 (7.12%) indicated some higher secondary/ equivalent, 26(6.86%) indicated some primary school, 25 (6.60%) indicated masters/equivalent degree or above, 23(6.07%) indicated primary

school completed, 6(1.58%) indicated no formal education, 6(1.58%) refused to answer and 5 (1.32%) indicated informal schooling only.

The study established that the majority of the respondents involved in the study had some education at bachelor/equivalent level followed by those that had some secondary schooling. The findings are not surprising as the study was conducted in per-urban and urban areas where the majority of the people have access to education.

8.9. Living Status of the Respondent.
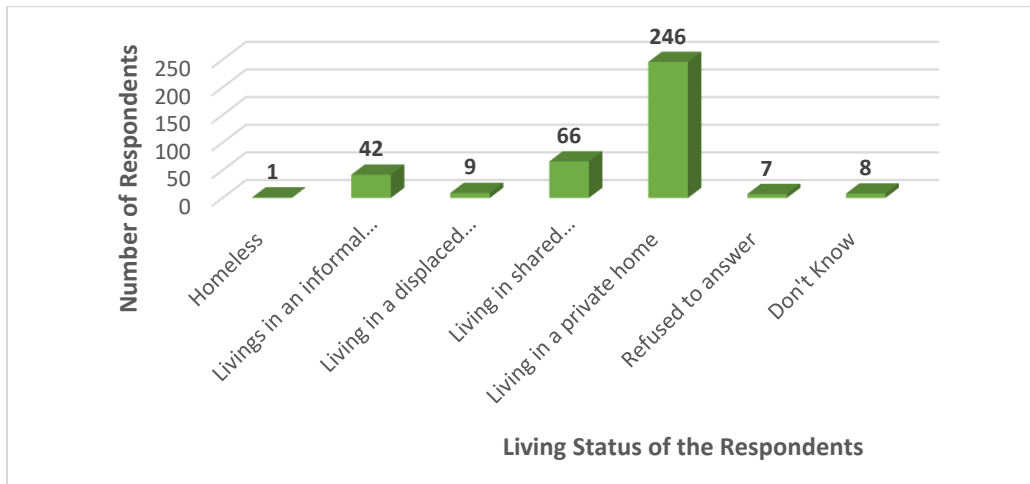
Figure 21 showing the living status of the Respondent.

Figure 21 above shows the study findings on the living status of the respondents. From the 379 respondents involved in the study 246 (64.9%) indicated living in a private home, 66 (17.41%) indicated that they are living in a shared accommodation, 9 (2.37%) indicated they are living in a displaced people settlement, 8 (2.11%) indicated that they don't know, 7 (1.85%) indicated that they refused to answer and 1 (0.26%) indicated that he was homeless and 42 (11.08) indicated living in an informal settlement.

The study established that the majority of the respondents involved in the study were living in private homes. The findings are not surprising as the study targeted people that were coming from different homes within their locality.

8.10. Comments on the Income the Household Earns.
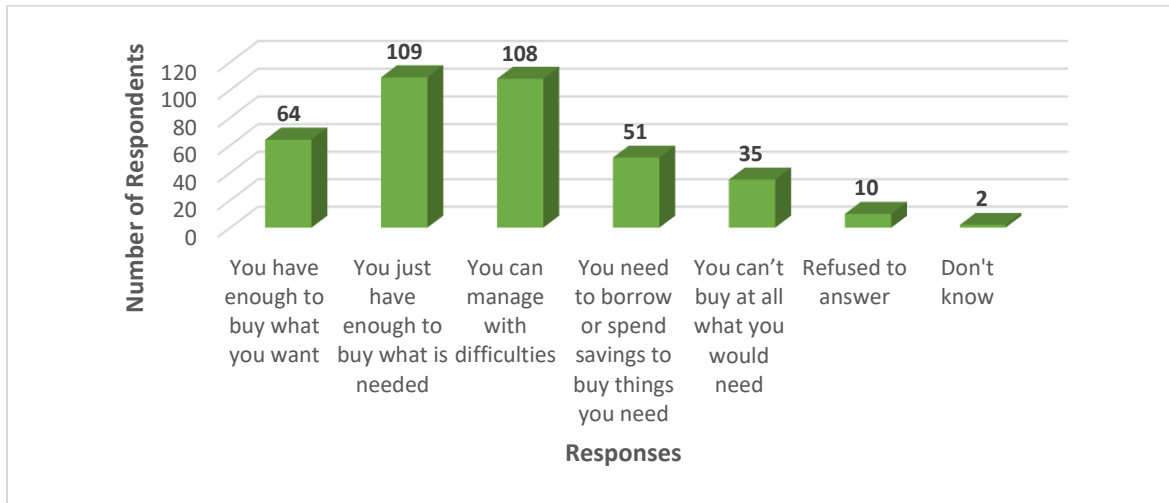
Figure 22 showing Comments on the Income of the Household Earns.

Figure 22 above shows the study findings on the comments on the income of the household earns. From the 379 respondents involved in the study 109(28.76) indicated they just have enough to buy what is needed, 108 (28.50%) indicated that they can manage with difficulties, 64 (16.89%) indicated that they have enough to buy what they want, 51 (13.46%) indicated that they need to borrow or spend savings to buy things that are needed, 35 (9.23%) indicated that they can't buy at all what they need, 10 (2.64%) declined to provide an answer and 2(0.50%) indicated they don't know respectively. The findings established that the majority of the respondents involved in the study have enough income to buy what is needed. This may imply that they are able to meet the basic needs.

8.11. Respondents Locality of Living.

Figure 23 Respondent's Locality of Living.

Figure 23 above shows the study findings on the respondent's locality of living. From the 379 respondents involved in the study 145(38.26%) indicated that they lived in a small or middle-sized town, 171 (45.12%) indicated that they lived in cities, 59(15.57%) indicated that they lived in rural areas or villages and 4 (1.06%) declined to respond respectively. The study established that the majority of the

respondents involved in the study lived in cities. The findings are not surprising as the study targeted both those living in peri-urban and urban areas.

8.12. Do you require any Assistance?
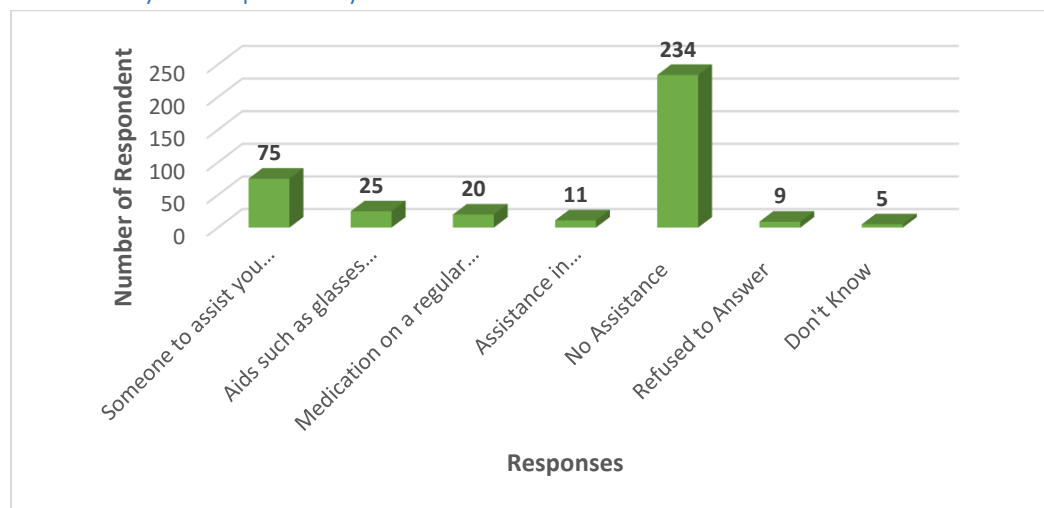
Figure 24 showing if a Respondent Requires Assistance.

Figure 24 above shows the study findings on whether the respective respondent requires assistance or not. Out of the 379 respondents involved in the study 234 (61.74%) indicated that they do not require any assistance, 75 (19.79%) indicated that they require someone to assist them with day-to-day activities at home or outside home, 25 (6.60%) indicated that they require aids such as glasses, hearing aids or a cane, 11 (2.90%) indicated that they require assistance in communicating ,9 (2.37%) refused to answer and 5 (1.32%) indicated that they don't know. The study established that the majority of the respondents involved in the study did not require any assistance. However, a substantial number of other respondents had various requirements for assistance.

8.13. Respondent's Medical Condition that can increase the Risk of COVID-19 Pandemic.

Type of Disease	Percentage	Frequency.
Cancer	0.79%	3
COVID-19	0.53%	2
COPD	1.32%	5
Diabetes mellitus, type	2.9%	11
Gestational Diabetes	0.53%	2
Heart conditions (such as heart failure, coronary artery disease, or	1.32%	5
Obesity	0.53%	2
Pregnancy and Recent Pregnancy	0.53%	2
HIV	4.49%	17
Overweight	1.06%	4
Other lung disease (including interstitial lung disease, pulmonary fibrosis, pulmonary hypertension)	0.53%	2
Sickle cell disease	0.26%	1
Asthma	5.01%	19

Hypertension	11.35%	43
Liver disease	1.06%	4
Immune deficiencies	0.79%	3
Thalassemia	0.26%	1
Refused to answer	20.32%	77
Don't know	48.81%	185
Total Respondents:		379

Table 6 showing Respondent's Medical Condition that can increase the Risk of COVID-19 Pandemic.

Table 6 above shows the study findings on the respondent's medical condition that can increase the risk of COVID-19 pandemic. The study established that respondents had varying diseases that could increase the risk of COVID-19 pandemic ranging from cancer, COPD, Diabetes mellitus, type, Gestational Diabetes, Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Obesity, Pregnancy and Recent Pregnancy, HIV, Overweight, Other lung disease (including interstitial lung disease, pulmonary fibrosis, pulmonary hypertension), Sickle cell disease, Hypertension, Asthma, Liver Diseases, Immune deficiencies, thalassemia etc. It was also noted that the majority of the respondents at 48.8% could not provide an answer to the respective question.

8.14. Process of Obtaining COVID- 19 Vaccination.
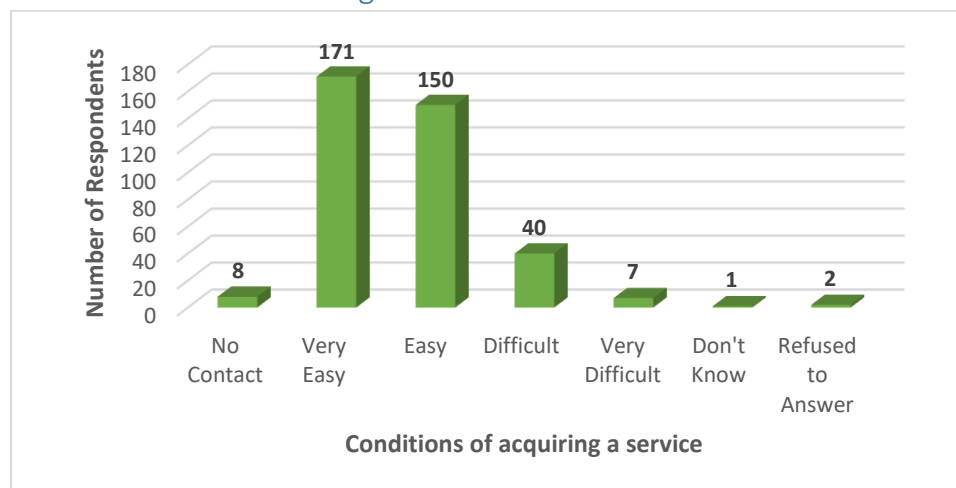
Figure 25 showing the process of obtaining COVID-19 Vaccination.

Figure 25 above shows the study findings on how easy or difficulty was it to obtain the COVID 19 vaccine. From the 379 respondents involved in the study 171(45.12%) indicated that it was very easy, 150 (39.58%) indicated easy, 40 (10.55%) indicated difficulty, 8(2.11%) indicated no contact, 7(1.85%) indicated very difficult, 2(0.53%) could not provide and answer and 1(0.26%) did not know anything. The study established that the process of acquiring a COVID 19 vaccine was very easy as indicated by 45% response rate. This was attributed to the fact that the Government had decentralized the vaccine access points to communities and included churches and market places.

8.15. Access to Information about the COVID-19 Vaccine Distribution.
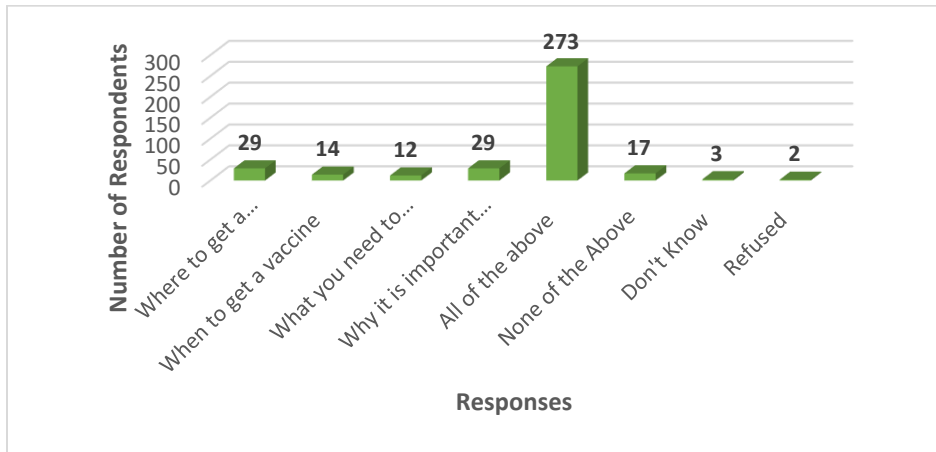
Figure 26 Showing whether Respondents have been given all the required information about vaccine distribution.

Figure 26 above shows the study findings on whether Respondents have been given all the required information about vaccine distribution. Out of the 379 respondents involved in the study, 273 (72.03%) indicated that they have been provided all the necessary information about vaccine distribution, 29 (7.65%) claim that they know where to get a vaccine, 29(7.65%) indicated that why it is important to get a vaccine, 17 (4.49%) indicated that they did not get any information regarding vaccine distribution, 12 (3.17%) indicated that they got information on what you need to buy in order to get a vaccine, 3(0.79%) claimed they don't know and 2 (0.53%) declined to provide an answer.

8.16. Barriers Encountered in Attempting to Receive a Vaccine.
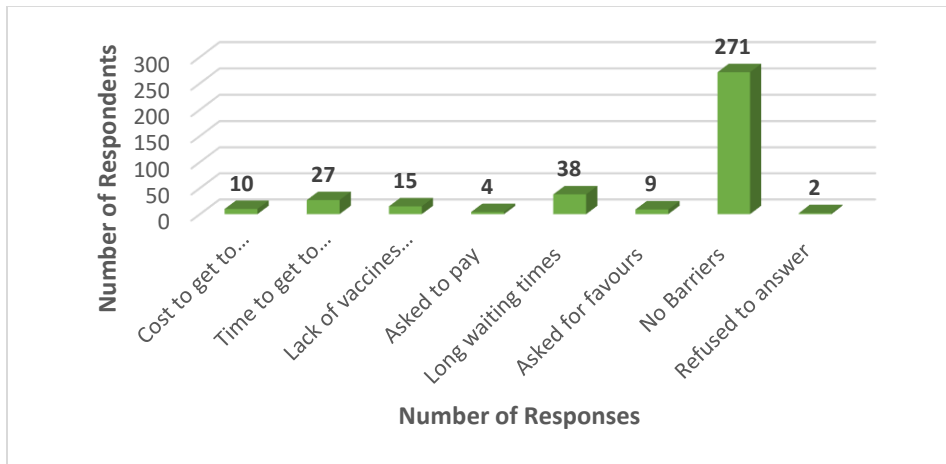
Figure 27 showing barriers encountered in attempting to receive a vaccine.

Figure 27 above shows the study findings on whether there were any barriers encountered by respondents when accessing the COVID 19 vaccinations. 271 (71.05%) of the respondents indicated no barriers, 38 (10.01%) indicated long waiting time, 27 (7.12%) indicated time to get to distribution sites, 15 (3.95%) indicated lack of vaccines available, 10 (2.64%) indicated the cost of getting to distribution sites, 9 (2.37%) indicated they were asked for favors, 3(0.79%) did not know and 2 (0.53%) declined to provide

a response. The study established that majority of the respondents did not encounter any barrier in trying to access the COVD-19 vaccination. For those that encountered any challenge, these where mostly due to time to get to the distribution site, lack of vaccines availability, cost of getting to distribution sites and favors.

8.17. Reasons for choosing not to receive the Vaccination.
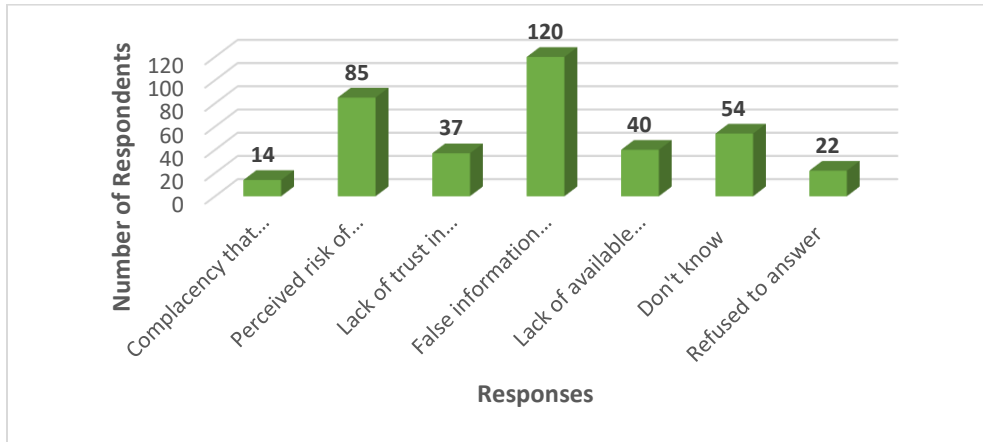
Figure 27 showing reasons for choosing not to receive the vaccination.

Figure 27 above shows the study findings on the reasons for choosing not receive the vaccination. Out of the 379 respondents involved in the study, 120(31.66%) indicated false information about the vaccine, 85(22.43%) indicated perceived risks of the vaccine,54(14.25%) claimed that they don't know, 37(9.76%) indicated lack of trust in the medical services, 29(7.65%) declined to provide an answer and 14(3.69%) claimed complacency that the disease was being prevented respectively. The study established that the main reason why a respondent could not take the vaccine is associated to false information that was being provided about the vaccine.

8.18. Process of getting the Vaccine by the Respondent.
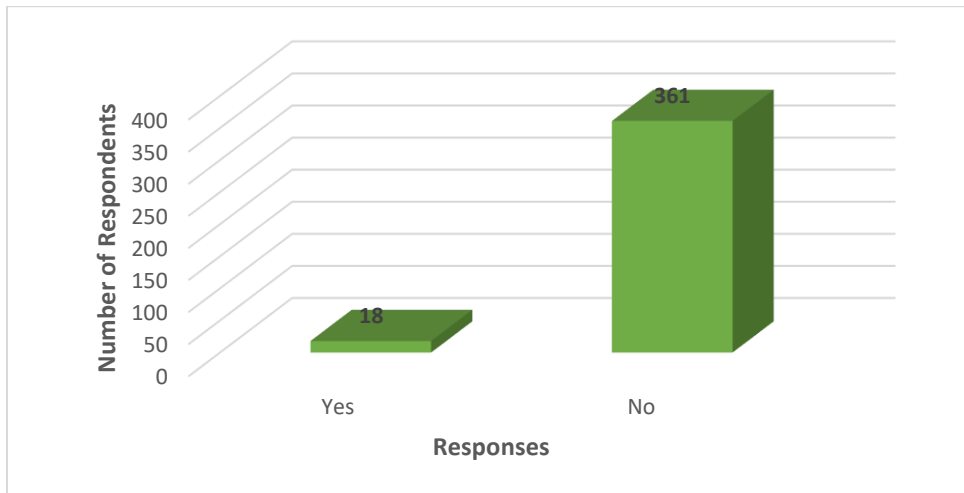
Figure 28 showing the process of getting the vaccine by respondents.

Figure 28 above shows the study findings on whether the respective respondent had personal connections in order to get the vaccine. From the 379 respondents involved in the study 361(95.25%) indicated no and 18(4.75%) indicated yes. Since majority of the respondents 95% indicated no to the statement, this implies that the process of acquiring a COVID 19 vaccination does not require any personal connections.

8.19. Process of Accessing a health care services in the last Month.
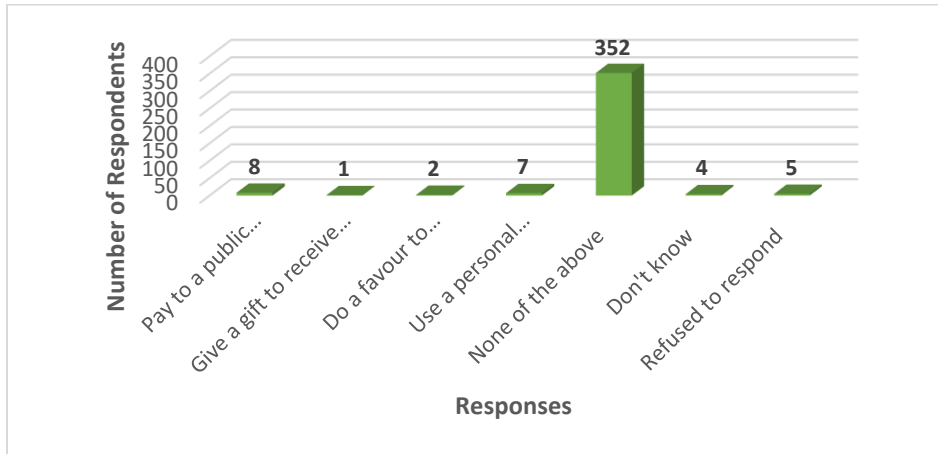
Figure 28 showing the process of accessing a health care services in the last month.

Figure 28 above shows the study findings on the process of accessing a health care service in the last month. From the 379 respondents involved in the study 352(92.88%) indicated that they have not paid to a public health facility to receive a healthcare, give a gift to receive healthcare, do a favor or use personal connections to receive a healthcare service. 8 (2.11%) indicated that they paid to a public health facility to receive a healthcare, 7 (1.85%) indicated that they used personal connections to receive a healthcare service, 4 (1.06%) claimed they don't know,5 (1.32%) indicate that they don't know etc. The study established that majority of the respondents have not paid to a public health facility to receive a healthcare, give a gift to receive healthcare, do a favor or use personal connections to receive a healthcare service.

8.20. Procedure Following at the Distribution Center.
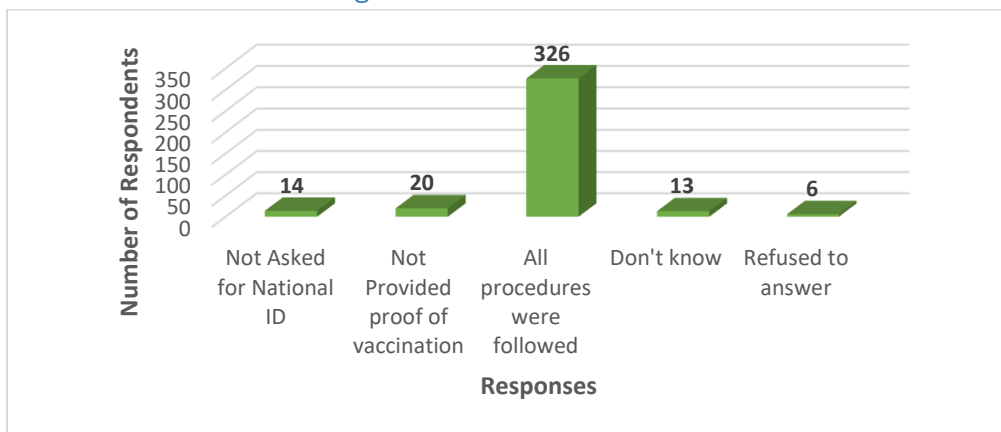
Figure 29 showing whether procedure was followed during the distribution of the vaccine.

Figure 29 above shows the study findings on whether correct procedures were followed during the Covid 19 vaccine distributions. 326(86%) indicated that all procedures were followed, 20(5.28%) indicated that they were not provided proof of vaccination, 14(3.64%) indicated not asked for National ID,13(3.43%) claim they don't know and 6(1.58%) declined to answer respectively. The findings established at 86% that all procedures were followed at vaccine distribution centers.

8.21. Reporting Incidents of Corruption.
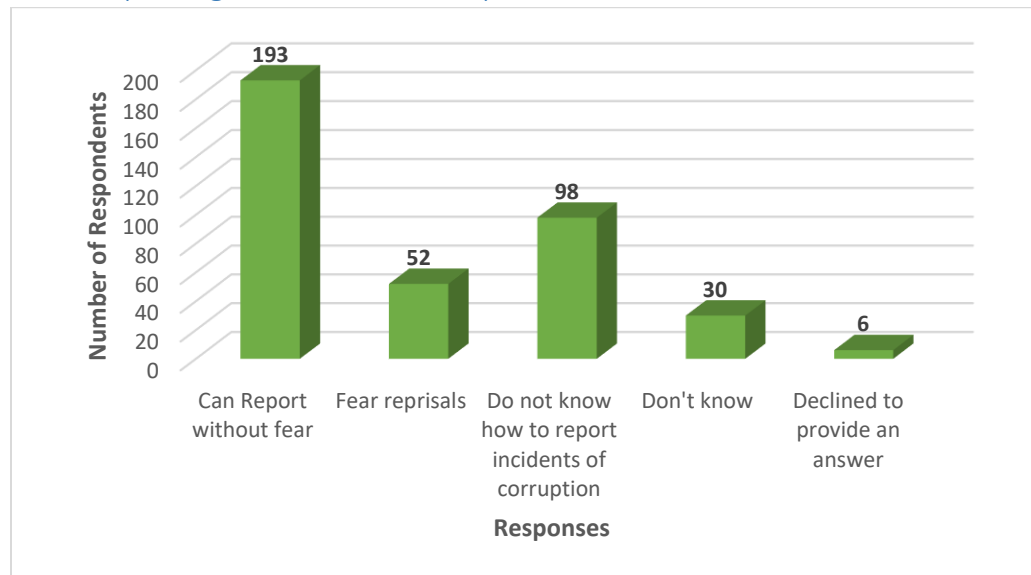
 Figure 30 Showing Reporting Incidents of Corruption.

Figure 30 above shows the study findings on whether ordinary people report incidents of corruption in relation to the country's COVID-19 response without fear, or do you risk retaliation or other negative consequences if they speak out. From the 379 respondents involved in the study 193(50.92) claim that ordinary citizens can report without fear, 98(25.86%) indicated that they do not know how to report incidents of corruption. 52(13.72%) indicated fear reprisals, 30(7.92%) indicated that they don't know and 6(1.58%) declined to provide an answer. The study therefore established that the majority of the respondents involved in the study claim that ordinary citizens can report corruption incidents involved in the distribution of COVID-19 vaccinations.

9.0. COMPARISON OF KEY FINDINDS BETWEEN RESPONDENTS: VACCINATED AND NON-VACCINATED

9.1. Vaccination status per District

District	Vaccination status					
	Vaccinated		Non vaccinated		total	
	No. Of respondents	Percentage	No. Of respondents	Percentage	Frequency	Percentage

Chipata	53	13.98%	49	13.76%	102	13.87%
Choma	48	12.66%	43	12.08%	91	12.36%
Katete	34	8.97%	17	4.78%	51	6.88%
Kazungula	49	12.93%	47	13.20%	96	13.07%
Livingstone	50	13.19%	51	14.33%	101	13.76%
Lusaka	98	25.86%	104	29.21%	202	27.54%
Petauke	46	12.14%	44	12.36%	90	12.25%

The district level vaccination rate varied between 8.97% and 25.86%, whereas the unvaccinated rate varied between 27.54% and 6.88%. Lusaka district had a high sampling size because, it has a higher population and those vaccines were initiated in the location. Katete district scored the lowest because the district experienced some logistical setbacks whilst conducting the assessment. Consequently, the rest of the districts had a fair number of respondents under both categories.

9.2. Type of area and vaccination status

Type of area	Vaccination status				Total number of respondents
	Vaccinated		Unvaccinated		
	No. Of respondents	Frequency	No. Of respondents	Frequency	
Rural area/middle size	59	15.57%	63	17.7%	122
Small/middle size towns	145	38.26%	123	34.55%	268
cities	171	45.12%	170	47.75%	341
Refused to answer	4	1.06%	0	0	4
Total	379		356		735

Comparatively the highest number of respondents were from the cities with 341 respondents out of 745 total respondents indicating an average of 46.44% respondents' rate for both cohorts. The findings indicate that the highest number of the vaccinated at 45.12% were captured from the cities. as well as the unvaccinated responses captured from the cities at 47.75%with rural areas having 17.7% indicating that urban and town dweller are more likely to get vaccinated or in this can interpreted that COVID-19 vaccination centers are easily accessible in cities than rural areas.

9.3. Gender of the respondents and vaccination status

	Vaccinated		Unvaccinated		Total number of respondents
Gender of respondents	No. Of vaccinated respondents	Percentage of respondents	No. Of unvaccinated respondents	Percentage of respondents	
Female	199	52.51%	189	53.09%	388

Male	180	47.49%	166	46.63%	346
Other	0	0	1	0.28%	1
Total	379		356		735

From a total of 388 females and 346 males, more females as opposed to males were likely to go for vaccinations. This can be attributed to social roles in that woman being take cares of homes will opt to seek for medical treatment, prevention and care than the menfolk.

9.4. Main source of news on COVID-19 vaccines

Source of news on COVID-19	Vaccination status					
	vaccinated		Unvaccinated		Total	
	No. Of respondents	Percentage	No. Of respondents	percentage	No. Of respondents	percentage
TV news	186	49.08%	138	38.76%	324	43.92%
Radio	70	18.47%	101	28.37%	171	23,42%
Facebook/other social media	72	19%	88	24.72%	160	21,86%
Online media	20	5.28%	16	4.49%	36	4.49%
Word of mouth verbal	17	4.49%	10	2.81%	27	3,65%
Printed newspaper and magazines	5	1.32%	0	0	5	1.32%
Don't know	0	0	3	0.84%	3	0,84%
Total	379				356	

Concerning the main source of information, respondents indicated that TV news was the main source for both categories with an average of 43.92%. Radio and Facebook /other social media at 23.42% and 21.86 % respectively followed this. Online media, word of mouth and printed newspaper/magazines were the least sources of COVID-19 sources of information for both cohorts. Only 0.84% indicated not knowing where they get information on COVID-19 vaccines. This means that for future campaigns and advocacy messages both TI-Z and MoH would effectively and efficiently capture people through TV news, Radio and Facebook/social media.

9.5. Existence of Comorbidities and vaccination status

Existence of comorbidities	Total number of respondents	Vaccination status			
		Vaccinated		unvaccinated	
		No. Of respondents	Percentage	No. Of respondents	Percentage
Hypertension	62	43	11.35%	19	5.34%
Asthma	31	19	5.01%	12	3.37%
HIV	34	17	4.49%	17	4.78%
Diabetes Mellitus Type 1	10	10	2.64%		
Other diseases	69	37	9.5%	32	6.72%

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Refused to answer	**133**	**77**	**20.32%**	**56**	**15.73%**
Don't Know	**404**	**185**	**48.81%**	**219**	**61.52%**

The majority of the respondents indicated that they were not aware of their underlying diseases that would make them more prone to contracting COVID-19 under both the cohorts. A significant number of the respondents at an average of 18.03% refused to indicate whether they had existing comorbidities that would put them at more risk of contracting the Disease. However, 30.87% (11.35% + 5.01% + 4.49% + 2.64% + 9.5%) indicated knowing their existing comorbidities indicating that at least a significant number of the respondents had accessed vaccines based because of their existing medical conditions. The study therefore indicates that hypertension at an average of 5.34 % and HIV at 4.78% were acknowledged as existing comorbidities amongst the vaccinated and unvaccinated respondents.

9.6. Myths /misconceptions deterring people from obtaining the vaccine (two questions combined)

Myths/misc onceptions	Vaccinated status					
	Vaccinated		**Unvaccinated**		**Total**	
	frequency	**percentage**	**frequency**	**percentage**	**frequency**	**percentage**
Complacency that the disease was being prevented	14	3.69%	0	0.00%	14	3.69%
Do not want it	0	0.0%0	209	58.71%	209	58.71
Belief the disease is not serious	0	0	0.00	0.00%	0	0.00%
Perceived risk of the vaccine	85	22.43%	1	0.28%	86	22.71%
Have not been able to receive the vaccines	0	0.00%	130	36.52%	130	36.52%
Lack of trust in medical services	37	9.76%	0	0.00%	37	9.76
Lack of available vaccines	40	10.55%	0	0.00%	40	10.55%
False information about the vaccines	120	31.66%	0	0.00	120	31.66%

Too much time to get it	0	0.00%	0	0.00%	0	0.00%
Too costly	0	0.00%	0	0.00%	0	0.00%
Don't know	54	14.25%		0	54	14.25%
Refused	29	7.65%%	3	0.84%	32	8.49%

From the assessment 58.71 % under the unvaccinated cohort indicated they did not want the vaccines because of the myths surrounding the vaccines, whereas 36.52% indicated that they were not able to just receive the vaccines. With regards, the vaccinated 31.66 % indicated that they were not willing to take the vaccines because of the false information surrounding the vaccines whereas 22.43% alluded to the reason of perceived risks posed by the vaccines as a hindrance to accessing the COVID-19 vaccines.

10.0. Recommendations.

To further ensure, transparency and equity in the distribution of the COVID-19 vaccines TI-Z recommends that:

- Ministry of Health conducts monitoring of the districts to ensure vaccines are reaching the hard-to-reach geographical rural areas for purposes of reaching the most vulnerable populations in Zambia.
- Strengthen the daily situation updates by incorporating disaggregated information on the status of the COVID-19 vaccination program.
- Ministry of health to have tailor made messages for the various target groups to ensure equity and transparency in the vaccine distribution. For instance, use of sign language in multimedia, braille materials, intensify on text messaging, use of mobile outreach vaccination campaign and door to door campaigns among others.
- Ministry of health needs to ensure that people understand the benefits of the vaccines, vaccine booster to reduce the hesitancy on the vaccine uptake in the country.

11.0. SUMMARY AND CONCLUSION.

The findings for the non-vaccinated on the demographic characteristics indicated that the study was dominated by views of respondents from Lusaka, this may-be attributed to the population size of the district and the fact that the vaccine distribution exercise started from Lusaka with a common language spoken being English. The findings established that majority of the views gathered in the study were from male respondents. However, substantive views were also gathered from female respondents respectively. The findings for the vaccinated indicated that views from the female respondents were the majority and most of them where from Lusaka district in an urban area with English being the common language spoken.

When it came to the socio-demographic characteristics of the respondents involved, the findings for the non-vaccinated indicated that majority of the respondents who participated in the study were Zambian Citizens, do hear, read or watch the news on political, economic and social affairs several times a day and the main source of news on COVID 19 vaccines was Television news. In addition, the study established that majority of the respondents were involved in various full-time work, primary income earner of the household for majority respondents was working full time, primary source of income farming, followed by those managing their own businesses and then those formerly employed and that were involved in the

study had completed higher secondary education or equivalent. Further, the study established that the majority of the respondents involved in the study were living in their private homes, are citizens involved in the study, can manage to live with difficulties based on their level of household income currently, living in cities, who don't need any assistance and the majority declined to provide any medical diseases that may increase the risk of getting COVID - 19 pandemic. Of those that responded, the study established that these respondents had varying diseases that could increase the risk of COVID-19 pandemic ranged from cancer, COPD, Diabetes mellitus, type, Gestational Diabetes, Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Obesity, Pregnancy and Recent Pregnancy, HIV, Overweight, Other lung disease (including interstitial lung disease, pulmonary fibrosis, pulmonary hypertension), Sickle cell disease, Hypertension, Asthma, Liver Diseases, Immune deficiencies, thalassemia etc.

Whilst the findings for the vaccinated indicated that the majority involved in the study where Zambian Citizens with TV being their main source of news on COVID 19 vaccination, working full time, main primary source of income of the households being farming, with some education at bachelor/equivalent level followed by those that had some secondary schooling, living in private homes in cities with enough income to buy what is needed, and do not require any assistance in their daily lives. The findings indicated that these respondents had varying diseases that could increase the risk of COVID-19 pandemic ranging from cancer, COPD, Diabetes mellitus, type, Gestational Diabetes, Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Obesity, Pregnancy and Recent Pregnancy, HIV, Overweight, Other lung disease (including interstitial lung disease, pulmonary fibrosis, pulmonary hypertension), Sickle cell disease, Hypertension, Asthma, Liver Diseases, Immune deficiencies, thalassemia etc. Majority of these respondents indicated that the process of getting the vaccination was very simple as they were being provided information about vaccine distribution and that they were no considerable barriers in accessing the vaccines. The study also established that some respondents were not vaccinated due to the wrong information that they received pertaining to the vaccine.

Regarding access to information, the study on the non-vaccinated established that the main reason of not having gotten the vaccine by the respondents is that they do not want it as indicated by the 58.7% response rate and that in the last past months had neither paid, give a gift, do a favor or use a personal connection to access healthcare.

The findings for the vaccinated indicated that the majority of the respondents did not pay to a public health facility to receive healthcare, give a gift to receive healthcare, do a favor or use personal connections to receive a healthcare service. Further, it was ascertained that all the procedures were followed during the COVID-19; ordinary citizens were free to report on corrupt incidences during the process.