TRANSPARENCY INTERNATIONAL ZAMBIA

CORRUPTION VULNERABILITY ASSESSMENT

INFOGRAPHIC REPORT ON COVID-19 VACCINES IN ZAMBIA

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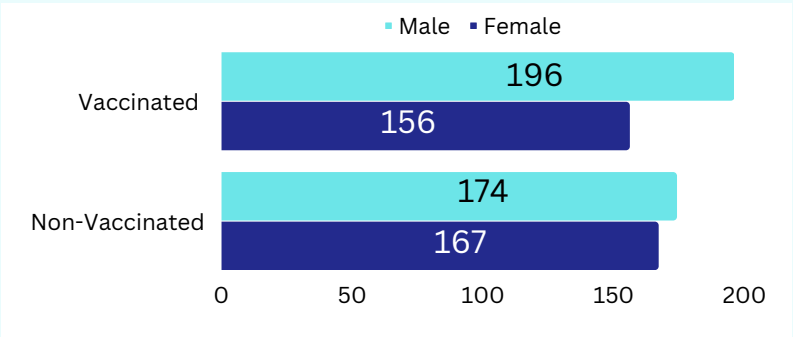
ABOUT THE REPORT

Transparency International Zambia undertook a COVID-19 vaccines corruption vulnerability assessment during the period January to April 2022 in 6 target districts, namely; Kazungula, Livingstone, Choma, Chipata, Katete and Petauke. The assessment was aimed at identifying corruption vulnerabilities, assessing the potential for corruption and the level of equity, transparency, accountability and integrity in the vaccine distribution programme in Zambia and the impact on access.

The assessment took the form of a survey targeting vaccinated and non-vaccinated community members in the selected districts. Respondents were recruited using an exit-survey approach conducted at designated public places such as hospitals, markets, shopping malls and bus stations, in order to capture as many different characteristics as possible. A total of **735** respondents were interviewed, including **365** vaccinated respondents and **370** non-vaccinated respondents. This report presents graphical summaries of the responses and key findings on various issues related to the aforementioned.

1. SAMPLE CHARACTERISTICS

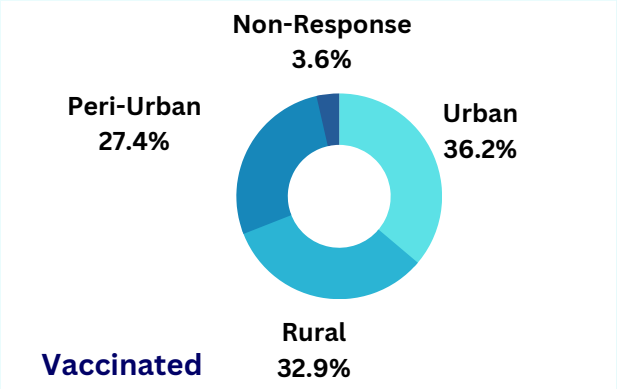
1.1 Gender

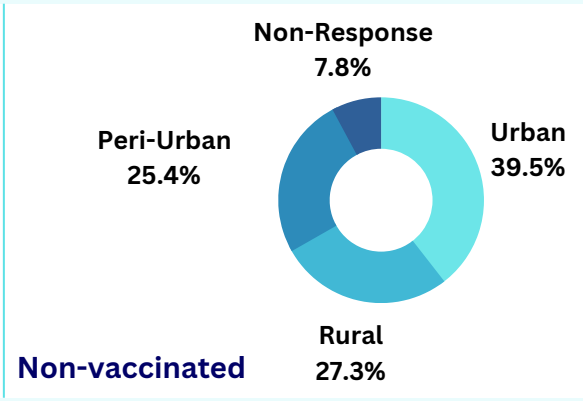


Out of **365** vaccinated respondents, **53.70%** were female and **42.74%** were males while **3.56%** did not indicate their gender.

Further, out of the **370** non-vaccinated respondents, **47.03%** were males and **45.14%** were females, and the non-response was **7.83%.**

1.2. Geographical Location





1.3. Geographic Distribution by District

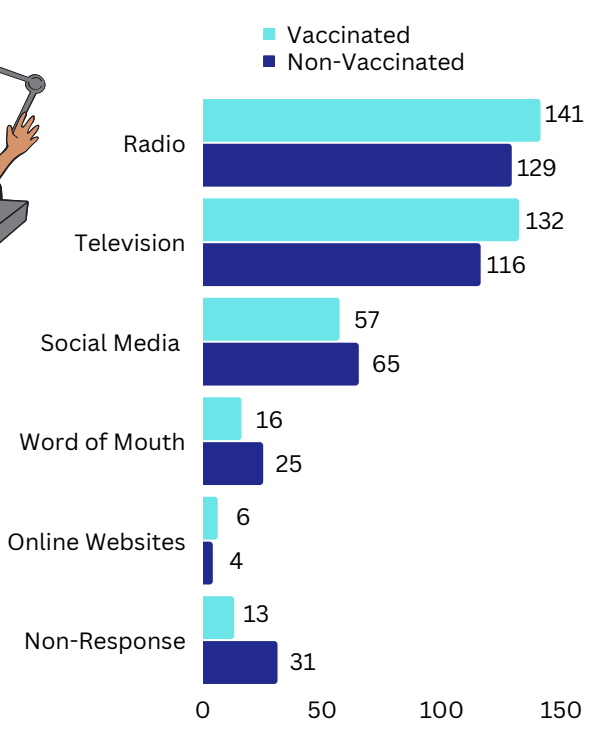
District	Vaccinated	Non-Vaccinated
Chipata	63	59
Choma	53	54
Katete	53	54
Kazungula	52	54
Livingstone	52	56
Petauke	57	73
Non-Response	35	20
TOTAL	**365**	**370**

Note: Each District contributed at least 52 respondents of each type. This was aimed at controlling for differences due to geographical location.

2. INFORMATION ACCESS

2.1. Source of Information on COVID Vaccines

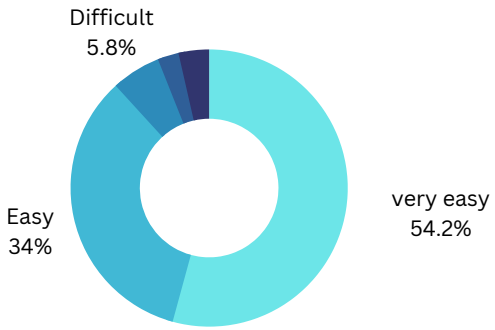
Radio was the top source of information on COVID-19 vaccines and was followed by Television and social media. Further, more vaccinated people as compared to non-vaccinated people got information on COVID-19 vaccines through Radio and Television as compared to Social media and word of mouth which are less persuasive.



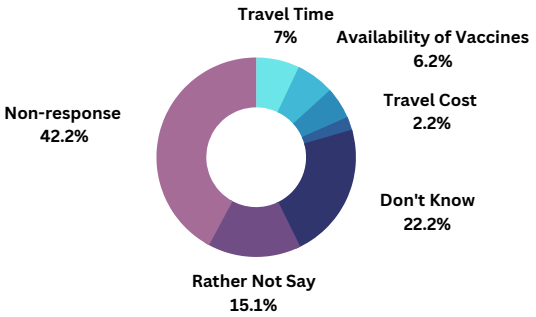
Recommendation 1:
Vaccination campaigns should be scaled up through the production of IEC Materials and the use of Radio and Television to reach a wider audience.

3. ACCESS TO COVID-19 VACCINES

3.1. Vaccine Accessibility and Barriers



Accessibility among Vaccinated

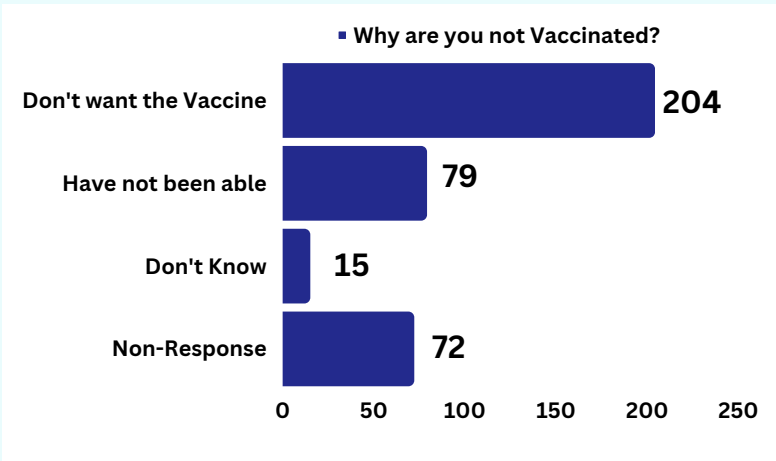


Barriers among Non-Vaccinated

About **88.2%** of the vaccinated respondents answered that it was either easy or very easy for them to access COVID-19 Vaccines. However, among the non-vaccinated, the top barriers to access included; Travel time to the health facility (**7%**), Availability of Vaccines (**6.2%**) and travel time to other points of vaccination (**2.2%**). The vast majority of the non-vaccinated either declined to state a barrier to access **(57.3%)** or failed to identify any barriers **(22.2%)**.

4. ANALYSIS OF VACCINE HESITANCY

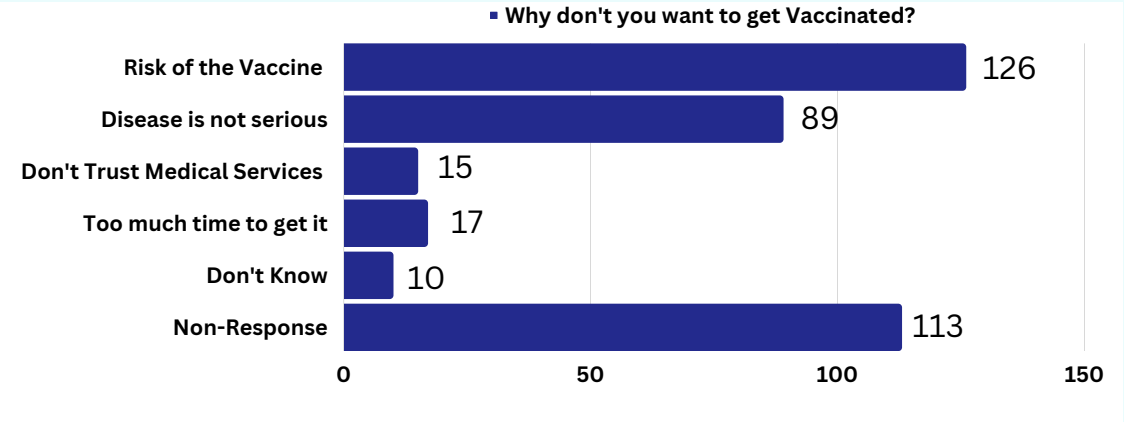
4.1. Status of Vaccine Hesitancy



Out of the **370** Non-Vaccinated Respondents, **204 did not want to get vaccinated.** This represents a **55.14%** vaccine hesitancy rate.

Recommendation 2:
Government should conduct more community-based awareness raising and sensitization to address the myths behind vaccine hesitancy.

4.2. Reasons for Vaccine Hesitancy



Out of the **370** Non-Vaccinated Respondents, **126**, representing **34.1%** believed that the vaccine poses a risk to their health and a further 89 (or **24.1%**) believed that COVID-19 is not serious to warrant vaccination. Though **50.8%** of the non-vaccinated responded that they plan to get vaccinated in future, **34.3%** indicated that they do not plan to get vaccinated. This underscores the importance of sensitization.

It was also found that **41.37%** of the vaccinated delayed to get the vaccines due to false information about vaccines. The main myths which delayed vaccination included the notions that the vaccine is dangerous or harmful (**29.6%** of the vaccinated) and that the vaccine causes death (**27.1%** of the vaccinated)

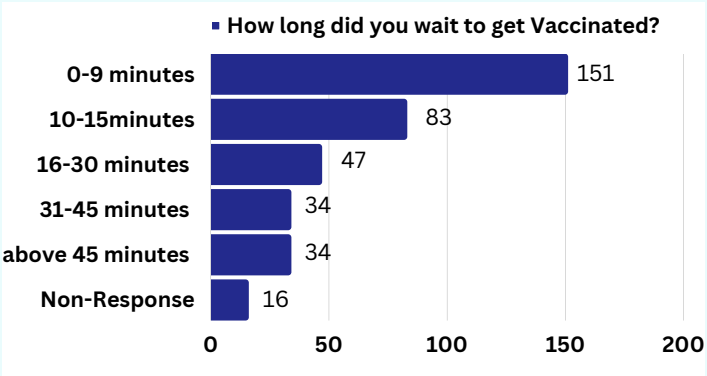
Recommendation 3:

Government should provide simple facts about the nature of vaccines, the effects and patient reviews after vaccination in order to address vaccine myths. There is also need to engage religious and traditional leaders to disseminate factual information.

5. VACCINATION PROTOCOLS AND EFFICIENCY

5.1 Vaccination Waiting Time

The majority of the vaccinated respondents (**64.1%)** spent less than 15 minutes to get the vaccination. Only **9.3%** of the vaccinated respondents spent more than 45 minutes to get vaccinated.



5.2 General Feedback on Vaccination Process

Question	YES	NO
Did the Vaccinator provide pre and post counseling?	65.48%	26.03%
Did the Vaccinator take interest in your fears and concerns about the vaccine?	72.61%	11.78%
Were you asked to wait for 15 minutes for the Vaccinator to observe your response to the vaccine?	58.36%	33.15%
In your opinion, would you say that the vaccination service was good?	87.39%	9.05%
Where you satisfied with the health care worker/vaccinator that attended to you?	92.05%	4.38%

The findings indicate that about **33.15%** of the vaccinated were not asked to wait for 15 minutes following vaccination and that **26.03%** were not provided with pre and post counseling. A further **11.78%** of the vaccinated respondents reported that the vaccinator did not take interest in understanding their fears and concerns about the vaccine. This was partially attributed to low staffing levels in the vaccination centers as health care **workers were rushing to attend to more people.**

Recommendation 4:

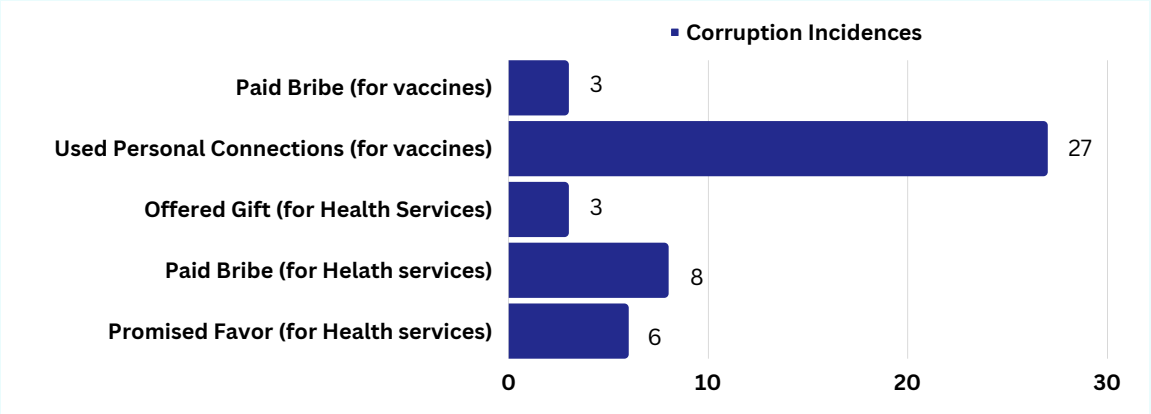
There is need to ensure that all vaccination centers are well staffed in order improve service delivery. Further, Government should ensure that the health care workers follow the COVID-19 vaccination protocols, such as offering pre and post counselling when administering vaccines.

5. CORRUPTION RISKS AND VULNERABILITIES

In order to identify corruption risks and vulnerabilities, the respondents were asked specific questions on bribery in the process of seeking vaccination and general health services.

Out of the **365** vaccinated respondents, **3** respondents reported that they paid bribes in order to obtain a specific type of vaccine and **27** used personal connections to obtain better vaccination services.

With regards, general health services, **3** respondents reported that they offered gifts**, 8 r**eported that they paid bribes and **6** reported that they offered favors to public health care workers to in order to access health services. The top reason for the payment of bribes was the desire to avoid long queues in seeking health services.



Recommendation 5:

TI-Z should work with the Government to ensure that the health care workers and the community are sensitized on the dangers of corruption and existing corruption reporting mechanisms.

6. CONCLUSION

This Corruption Vulnerability assessment has established that corruption is generally low in the vaccination process. However, there are considerable corruption vulnerabilities in the Vaccination process owing to vaccination inefficiencies and the most common form of corruption is abuse of authority through the use of personal connections in obtaining preferential services.

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