AFRICA CDC WORKING GROUP SOUTH SUDAN REPORT











METHODOLOGY

1,011

Interviews in Senegal

1/4

Quarterly fieldwork planned for 2022

QC

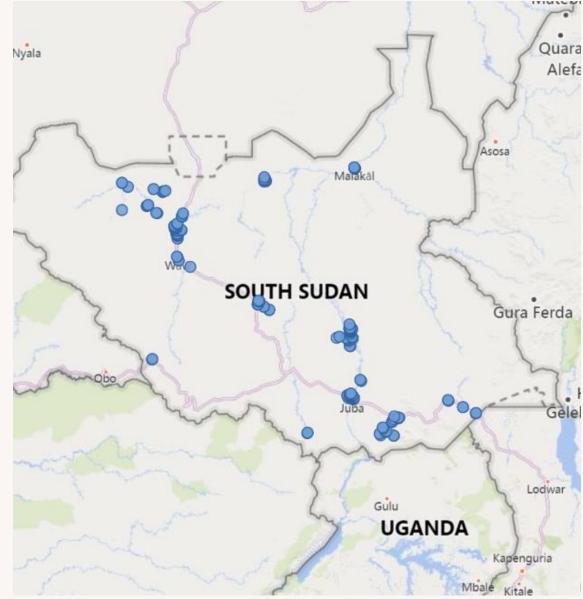
Quality control checked by in-country research teams and centrally in London, UK F2F

Face-to-face methodology using random household probability sampling

TOPLINE FINDINGS STRUCTURE

- 1. VACCINES DEPLOYED VS VACCINES ADMINISTERED
- 2. DEMAND FOR COVID-19 VACCINES
- 3. VCI INDEX
- 4. MIS/DISINFORMATION

LOCATIONS SURVEYED IN SENEGAL



COVID-19 VACCINES DEPLOYED VS ADMINISTERED

585m COVID-19 vaccines delivered across 54 countries in Africa

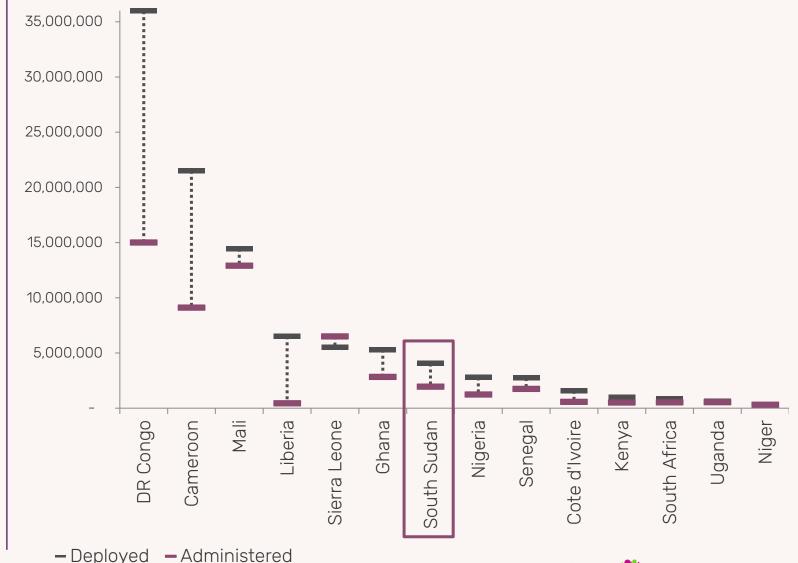
More than twice the amount delivered since Nov-21

61% Of delivered vaccines in Jan-22 have been administered

4.06m Vaccines delivered to South Sudan

194m Vaccines administered in South Sudan

COVID-19 VACCINES DEPLOYED VS ADMINISTERED JAN-22 BY COUNTRIES SURVEYED



Based on Africa CDC data provided to ORB International

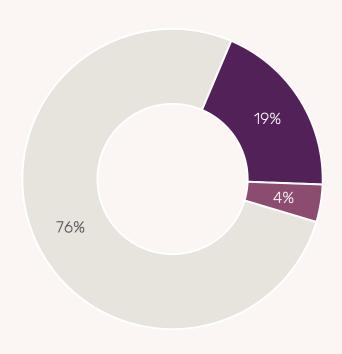






THE VACCINATED

23% of participants in South Sudan have received either one or two doses of the COVID-19 vaccine.



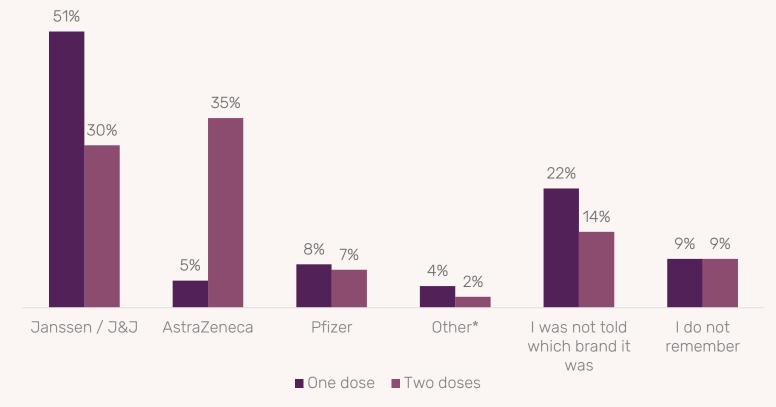
■ One dose ■ Two doses ■ Unvaccinated

All interviews: n= 1,011

35% of those with two doses received an AstraZeneca vaccine, whilst 51% with one dose received a Janssen / J&J vaccine.

Around 1 in 5 participants were not told which brand they received for the first dose, and around 1 in 6 were not told which brand they received for the second dose.

COVID-19 VACCINES ADMINISTERED: BY BRAND



All vaccinated: n=235

^{*}Other includes Covovax, Novovax, Moderna, Sinovac, Sinopharm and Sputnik

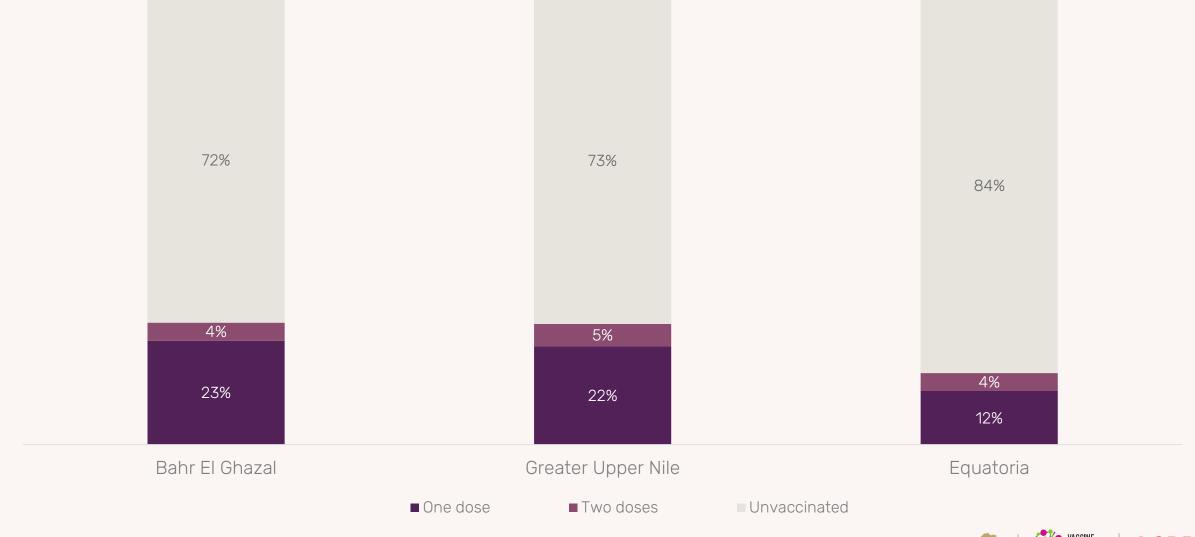






THE VACCINATED

COVID-19 VACCINES ADMINISTERED: SOUTH SUDAN







THE VACCINATED

COVID-19 VACCINES ADMINISTERED: SOUTH SUDAN

When comparing different demographic groups in their vaccine status, some interesting differences can be observed. Female respondents were less likely to have received any doses compared to their male counterparts. There is also, perhaps unsurprisingly, a correlation between age and likelihood to have been vaccinated that is those in younger age groups are significantly less likely to have received two doses of vaccines than those in older and more likely vulnerable age groups. A difference in education level and vaccination status is also seen in the data. Those with a university and secondary education are significantly more likely to be vaccinated than those with primary or no education.









Within the unvaccinated populations in South Sudan, 50% would either definitely take a COVID-19 vaccine or are unsure leaning towards yes – leaving 50% who are likely to refuse a vaccine.

NET REFUSAL HIGHER AMONGST...

Those who are hesitant across the VCI Index (safety, effectiveness and importance)

Those who disagree that the government handled the pandemic well

48% 25-34 year olds

47% 35-44 year olds

Those who believe the threat from COVID-19 is exaggerated

COVID-19 VACCINE ACCEPTANCE: TO PROTECT MYSELF



COVID-19 VACCINE ACCEPTANCE: TO PROTECT FRIENDS, FAMILY AND/OR AT-RISK GROUPS



COVID-19 VACCINE ACCEPTANCE: FOR CHILDREN IN PARTICIPANTS CARE*



■ Definitely yes ■ Unsure, but leaning towards yes ■ Unsure leaning towards no ■ Definitely no ■ Don't know





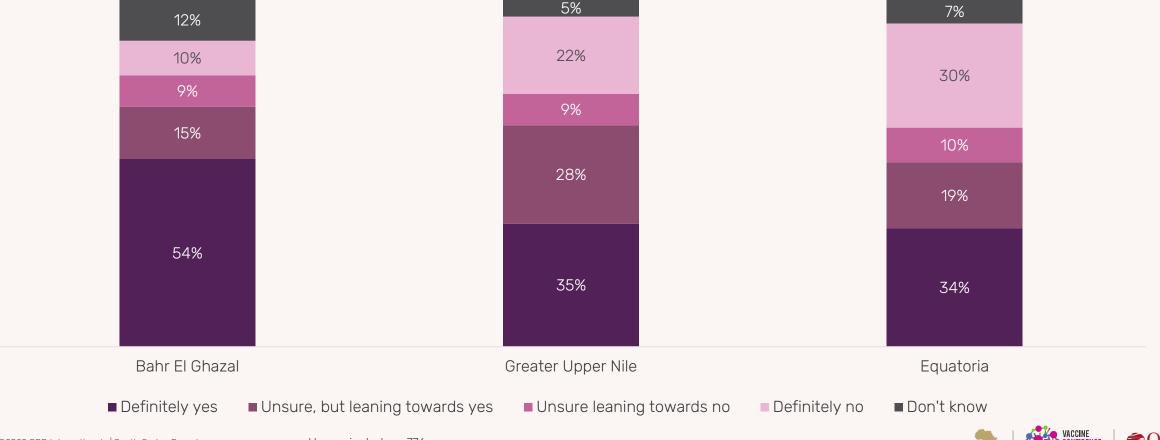


DEMAND FOR COVID-19 VACCINES: THE UNVACCINATED

Although the NET likelihood of accepting a COVID-19 vaccine is similar for Bahr El Ghazal (69%) and Greater Upper Nile (63%), participants in Bahr El Ghazal are more certain about accepting a vaccine, with 54% agreeing they would definitely accept the vaccine vs. 35% in the Greater Upper Nile region.

Despite **Equatoria** having the largest percentage of unvaccinated respondents (84%), they have the **lowest demand for a COVID-19 vaccine** – only 53% reported they would definitely accept a vaccine or were unsure but leaning towards yes.

COVID-19 VACCINE ACCEPTANCE: TO PROTECT YOURSELF - BY REGION









PARTICIPANTS RANKED THE IMPORTANCE OF ATTRIBUTES IF THEY WERE TO DECIDE WHICH BRAND OF VACCINE TO TAKE...

73%

Agree it is **important** that the brand is recommended by a **trusted healthcare practitioner**

69%

Agree that must be a brand that has a good reputation

65%

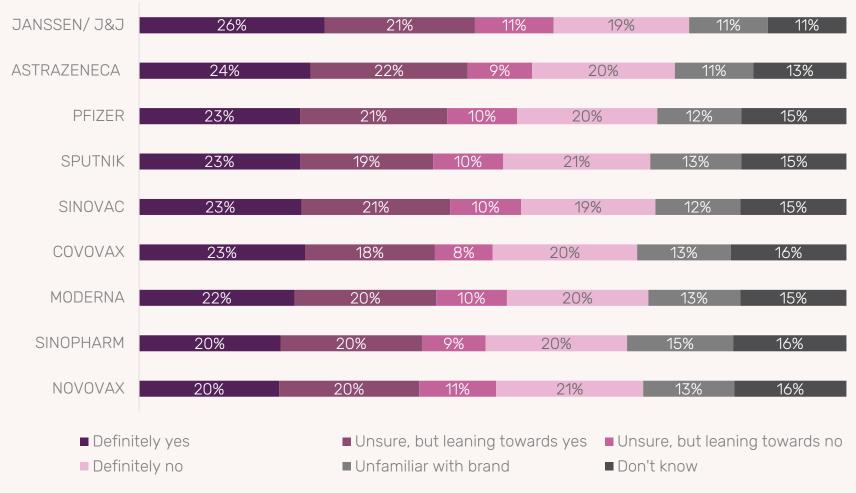
Agree it is **important** it must be **a brand** they are **already** familiar with

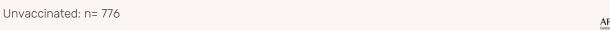
64%

Agree it must be developed in a country that makes them **confident of its quality**

All interviews: n= 1,011

COVID-19 VACCINE ACCEPTANCE: BY BRAND









MOTIVATION AND REASONS FOR REFUSAL

Amongst those who are unvaccinated and are either unsure about getting a COVID-19 vaccine or outright refused, we asked them what would make them more likely to get a vaccine, and secondly what their reasons for refusing a vaccine are...

Of the unvaccinated and COVID-19 vaccine hesitant population - 6% said vaccines go against their beliefs.

26%

If the vaccine was proven to be safe

Highest amongst men over 35 and those who have been exposed to COVID disinformation

25%

If the government made a vaccine mandatory

Highest amongst who work from home and men under 35

26%

vaccine to access health services

If I needed to have a

Highest amongst those over 55 and those who are unemployed

12%

If my employer required me to get one

Highest amongst those with a university education and those who are employed

26%

I do not yet know enough about the vaccine to make a decision

Highest amongst those with a university education and those who believe the threat of COVID has been underestimated.

13%

I am worried that I will get seriously ill/die from the vaccine

Highest amongst those with a university education and those living in Equatoria.

28%

I do not feel I am at risk of catching the virus

Highest amongst males over 35 and those without children <18.

16%

Vaccines are not easily available / convenient to access in my community

Highest amongst women over 35 and those who think the threat of COVID has been underestimated.







RANKING THE LEVEL OF PERSONAL THREAT... THOSE WHO NET AGREE THERE IS HIGH/MODERATE THREAT...

85% Malaria

82% Lack of access to food

77% Lack of access to clean water

65% Tuberculosis

62% COVID-19

53% HIV/AIDs

All interviews: n= 1,011

PERSONAL THREAT FROM COVID-19: BY COUNTRIES SURVEYED









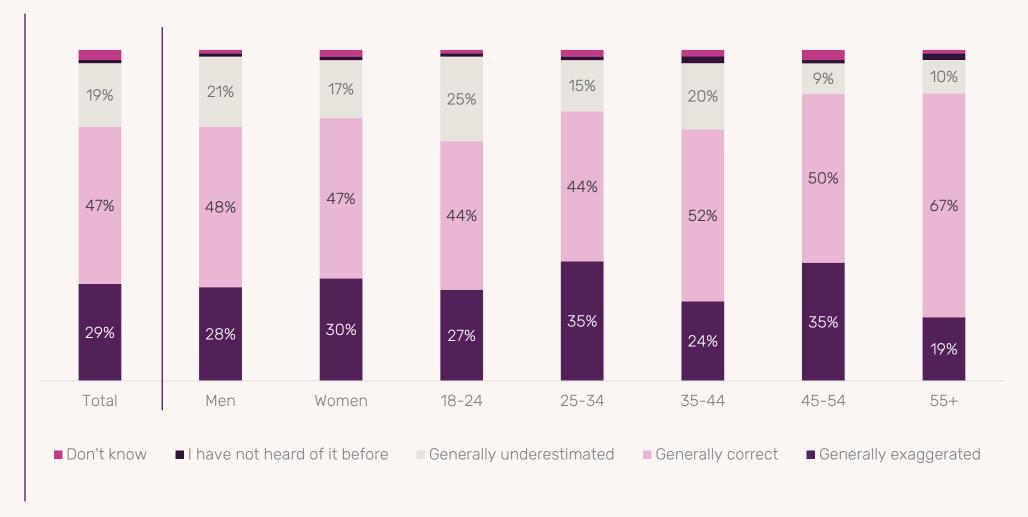
PERCEPTIONS OF THE EXAGGERATION OF COVID-19

PROPORTION OF PARTICIPANTS WHO BELIEVE THAT THREAT FROM COVID-19 IS EXAGGERATED, UNDERESTIMATED OR ABOUT RIGHT

Survey data shows there is some variation in demographics amongst those who feel the threat from COVID-19 is exaggerated..

As well as younger generations agreeing with the sentiment that the threat is exaggerated, it is also higher amongst:

- Those who are unemployed
- Those in **urban** settings
- Unvaccinated populations
- Those who do not agree the government is handling the pandemic well







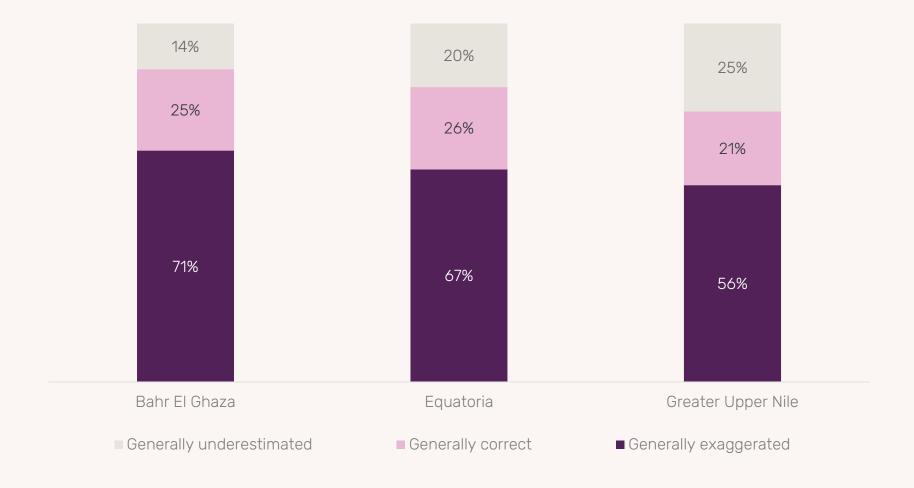


PERCEPTIONS OF THE EXAGGERATION OF COVID-19

PROPORTION OF PARTICIPANTS WHO BELIEVE THAT THREAT FROM COVID-19 IS EXAGGERATED, UNDERESTIMATED OR ABOUT RIGHT: BY REGION

There are some significant regional differences in perceptions of the seriousness of COVID.

Residents of **Bahr El Ghaza** appear to be the most sceptical of the threat of COVID, whereas those in the **Greater Upper Nile** region appear to be the least sceptical.









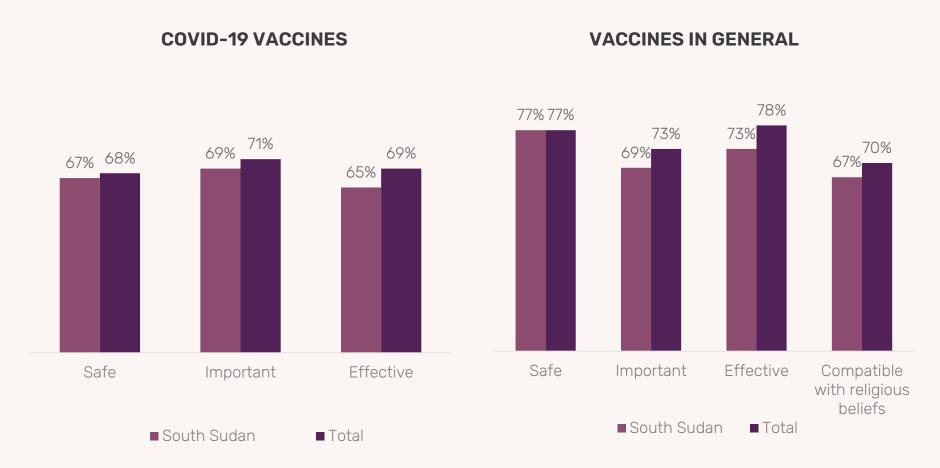
VCI INDEX: OVERALL

Among those countries polled, respondents in South Sudan sit within 4 percentage points of the total sample average for each of the three COVID-19 vaccine confidence metrics. Likewise, among the four general vaccine confidence metrics, respondents in South Sudan sit within 6 percentage points of the total sample average for these four metrics.

The other points in the index (safety and effectiveness) however have remained consistent.

Those who are less likely to agree with statements in the index are...

- Those in the middle age groups, 25-54.
- Those living in the region of Equatoria.
- Those who disagree the government is handling the pandemic well



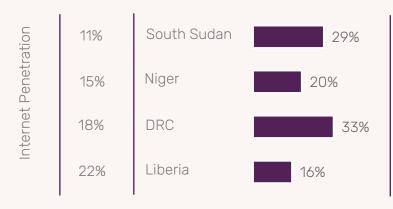






MIS/DISINFORMATION

EXPOSURE TO COVID-19 DISINFORMATION (A LOT/SOME) -SIMILAR INTERNET PENETRATION COMPARISON



When comparing to countries with similar internet penetration, only DRC had a higher proportion of respondents who had been exposed to some or a lot of disinformation about COVID-19.

SOURCES OF MIS/DISINFORMATION

79% of respondents also cited that Family or friends they trust their family or friends for TV reassurance about the COVID-19 vaccine. Social media

This was second only to the World Health Organization (WHO) who scored 85%.

Internet

Radio

PROPORTION OF PEOPLE WHO BELIEVE STORIES OR INFORMATION **AROUND COVID-19 TO BE TRUE OR FALSE**

