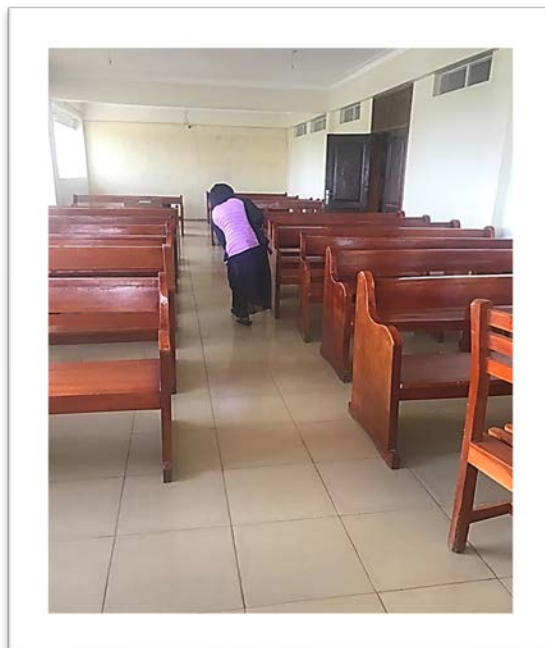


**KAPS SURVEY REPORT: ASSESSING AWARENESS AND SUPPORT NEEDS FOR
INDIVIDUALS WITH DISABILITIES AND THEIR CAREGIVERS DURING EMERGENCIES
SITUATIONS, LIKE COVID-19**



COMISSIONED BY

ASSOCIATION OF PERSONS WITH DISABILITIES LIVING WITH HIV & AIDS(ADPHA)
UGANDA

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ACKNOWLEDGMENT

The authors take full responsibility and exonerate ADPHA Uganda of any misrepresentations in this report, which if found are not intentional but may have arisen from the challenge of analysing the sheer amount of information the respondents very generously provided.

It is our sincere hope that the findings contained in this report will add momentum to the advocacy for universal accessibility of emergency health services for people with disabilities during future pandemics.

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ACRONYMS/ABBREVIATIONS

ADPHA	Association Of Persons with Disabilities Living with HIV & Aids
AIDS	Acquire Immune deficiency syndrome
COVID-19	Coronavirus Disease 2019
FGD	Focus Group Discussion
HIV	Human immune virus
ICT	Information Communication and Training
KAP	Knowledge, Attitude & Practice
OPD	Organization of Persons with disability
SPSS	Statistical Package for Social Science
TB	Tuberculosis
UNEPI	Uganda National Expanded Program on Immunization
VHT	Village Health Team
WHO	World Health organization

EXECUTIVE SUMMARY

① Background

The KAP survey on the experience of persons with disabilities in Masaka was commissioned by ADPHA Uganda to measure the effectiveness of the project implemented to increase awareness and uptake of Covid19 interventions among people with disabilities (PWDs) with unique health care needs and their care givers. The intervention involved training more than 197 health workers and Village Health Team (VHT) coordinators on invisible disabilities and the type of reasonable accommodation they need to access COVID 19 testing and vaccination services and, training 30 people with disabilities as community peer monitors. As a result of the intervention, more than 867 people with disabilities living with HIV/AIDS living in areas of Kalungu, Masaka, Bukomansimbi, Lwengo and Rakai received COVID 19 vaccines. The KAP Survey aimed to evaluate the knowledge, attitudes, and practices (KAP) related to COVID-19 among persons with disabilities and their caregivers before and after the intervention by ADPHA Uganda.

① Methodology

70 respondents, including 20 caregivers and 50 persons with disabilities from 5 districts participated in the survey. The KAP Survey Employed a comprehensive and multifaceted approach designed to capture a wide range of data on the knowledge, attitudes, and practices of persons with disabilities (PWDs) and their caregivers regarding COVID-19. The data collection process was structured around the use of questionnaires, focus group discussion (FGDs), and key informant interview.

Descriptive statistics were generated using advanced Excel functions to summarize and interpret the quantitative data. While the Statistical Package for the Social Sciences (SPSS) was used for more complex analyses, including the handling of multiple responses, this allowed for a more detailed examination of the data and the identification of patterns.

① Findings

There were high levels of miss information about Covid19 among people with disabilities before the intervention. Some people with disabilities had a high level of self- stigmatization and felt they would not be received positively at the health facilities or places where information was disseminated. Some people with disabilities feared covid19 vaccination could potentially worsen their pre-existing conditions like epilepsy and mental illness. Others just feared the effect of the drug burden for example, people with disabilities who were on regular medication for their disability-related conditions felt they would be overwhelmed if they add the covid19 vaccination.

The intervention led to a substantial increase in knowledge about COVID-19 among PWDs and their caregivers, from 37% before sensitization to 89% after. The 52% increase demonstrates that disability-specific public health and emergence interventions are required to ensure effective reach out to people with disabilities in critical public health emergencies. The low level of awareness of covid19 practices demonstrates that mainstream interventions were most likely living out people with disabilities who would have been devastated together with their care givers if ADPHA Uganda did not intervene.

Although the intervention was primarily for promoting access to Covid 19 interventions especially the covid-19 vaccination, the outreach supported by ADPHA Uganda provided the opportunity for accessing other health services by people with disabilities. A health worker explained that.

The survey revealed that females predominantly assume the role of caregiving for people with disabilities, including those with and affected by HIV/AIDS and TB.

Majority of people with disabilities who participated in the study were single and fewer are married. This may present challenges for securing personal care, economic and psychosocial support for persons with disabilities especially in local communities where the extended family is an essential institution for social care and support due to the limited coverage of social assistance and care programs.

Majority people with disabilities and their caregivers who participated in the survey have low levels of education attainment which potentially lowers their ability to benefit from generic behavioral change Information, Communication and Training (ICT) materials. This would be even complicated by such materials being provided in inaccessible formats for the different categories of persons with disabilities.

The economic situation of households with persons with disabilities played an important determinant factor in whether they accessed covid19 services. Even when care givers for persons with disabilities had the right information about Covid19, the decision to support people with disabilities to receive the services was in part influenced by the economic implication. Some care givers had to make the decision whether to use the money they had for transporting a person with disabilities to get the covid19 vaccine or to buy household necessities like food.

The survey paints an interesting age dynamic between people with disabilities and care givers. While most people with disabilities in the survey fell into the 18-35 years category, accounting for 46%, Conversely, most caregivers were in the 36-60 years age bracket, representing 56%.

This finding points to challenges in long-term care for people with disabilities as the older care givers become elderly, pointing to the need to increase the participation of younger persons in care giving for persons with disabilities.

① Recommendations

The Uganda National expanded program on Immunization (UNEPI) which is responsible for coordinating emergency vaccination program like covid19 should consult with ADPHA Uganda and other organizations of people with disabilities (OPD) to develop appropriate disability-specific public health and emergence interventions, allocate adequate financial resources and train health workers in reasonable accommodations required to ensure effective reach out to people with disabilities during critical public health emergencies.

ADPHA Uganda in collaboration with other OPDS should advocate for a universal government-led care-givers support program to ensure that care givers have adequate resources to care for vulnerable persons with disabilities.

ADPHA Uganda and other OPDS should intensify advocacy targeting public health service providers to produce Information and Communication materials in formats and modes accessible for people with disabilities considering their impairment and low education level.

ADPHA Uganda and other OPDs should pilot programs for encouraging younger people to care for people with disabilities to reduce the burden on older care givers.

ADPHA Uganda and other OPDs should also pilot programs for encouraging more male to provide care giving for persons with disabilities.

ADPHA Uganda should advocate for more livelihood support programs for supporting people with disabilities and their households to improve their income generating potential.

CHAPTER ONE: INTRODUCTION & BACKGROUND

1.2 Introduction

This is the report of the Knowledge, Attitude and Practices (KAP) survey commissioned by Association of Persons with disabilities living with HIV/AIDS and TB (ADPHA Uganda) to measure the effectiveness of the project implemented to increase awareness and uptake of Covid19 interventions among people with disabilities with unique health care needs and their caregivers.

The report has four chapters. ① Chapter one – Introduction gives the background of ADPHA Uganda, the global position on persons with disabilities during the Covid19 pandemic, and the situation of persons with disabilities during the Covid19 pandemic in Uganda.

① Chapter two describes the methodology adopted by the KAP survey in terms of the objectives of the survey, Survey sample, Survey approach and Methodology, Data collection tools, Data Entry and Analysis.

① Chapter three uses descriptive statistics to present findings of the survey covering demographic characteristics in terms of total number of respondents, sex, age, and education. Chapter three further presents findings of the Performance of the interventions to improve Knowledge, Attitude and Practices among persons with disabilities and their care givers showing the level of Knowledge on prevention and control of COVID -19 by PWDs & their caregivers, level of attitude on prevention and the change of Practice on prevention and control of COVID -19 by people with disabilities & their caregivers before and after the intervention.

① Chapter four presents the major conclusion derived from the survey findings and recommendations for improving future interventions.

1.3 Background

ADPHA Uganda formerly known Masaka Association of Persons with disabilities living with HIV/AIDS (MADIPHA) is an association of Persons with Disabilities who have tested positive with HIV/AIDS or affected by TB. The association started its operations in 2009 in the districts of Masaka, Kalungu, Lwengo, Bukomansimbi and Rakai. ADPHA Uganda in partnership with Frontline AIDS-PVA Agility Fund supported over 1000 people with disabilities living with HIV/AIDs and affected by TB to access COVID 19 information and services between October 2022 and April 2023.

The intervention involved training more than 197 health workers and Village Health Team (VHT) coordinators on invisible disabilities and the type of reasonable accommodation they need to access COVID 19 testing and vaccination services and, training 30 people with disabilities as community peer monitors. As a result of the intervention, more than 867 people with disabilities living with HIV/AIDS living in areas of Kalungu, Masaka, Bukomansimbi, Lwengo and Rakai received COVID 19 vaccines.

I.4 The global perspective of Covid-19 & People with Disabilities (PWDs)

In April 2020, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reported: ‘While the COVID-19 pandemic threatened all members of society, persons with disabilities were disproportionately impacted due to attitudinal, environmental, and institutional barriers that were reproduced in the COVID-19 response. Covid19 Lockdowns created significant disruption and additional risks to the autonomy, health and lives of people with disabilities Who were already among the most marginalised in most communities – more likely to live in poverty, experiencing higher rates of violence, neglect and abuse with multiple barriers to healthcare, education and employment, Many, who relied on formal support by assistants or service providers or informal support by relatives/friends, lost this due to movement restrictions and physical distancing measures. In some cases, this left them without food, medicine and un accessible medical facilities.

The World Health Organization (WHO) released a policy brief in May 2020 to ensure disability inclusion in the COVID-19 response and recovery that included four areas of action namely.

- ① Mainstreaming of disability in all Covid19 interventions
- ① Ensuring accessibility of information, facilities, services, and programmes.
- ① Ensuring meaningful consultation with and active participation of persons with disabilities.
- ① Establishing accountability mechanisms to ensure disability inclusion in all stages of the response and recovery process.

In June 2020 the international Stakeholders’ Group of Persons with Disabilities published a report on additional and new pandemic-related barriers that persons with disabilities encountered. The findings showed that persons with disabilities had difficulties in accessing COVID-19 related information, experienced barriers in receiving social protection measures and employment, and noticed lack of disability inclusion in COVID-19 response efforts in their countries. It was further reported that even when services were available, fear of infection could influence health-seeking behaviour, especially where required services were provided in large hospitals that were at the forefront of COVID-19 responses. Caring arrangements for people with disabilities such as

support from personal assistants, family members and friends were frequently disrupted due to lockdowns and social distancing regulations, which made it harder to connect with others and travel to health facilities.

1.5 The situation of persons with disabilities during the covid19 pandemic in Uganda

The lockdown caused economic and livelihoods challenges for people with disabilities such as lack of food and a significant disruption to the usual activities that give them some income, such as begging.”. Although the government of Uganda through the Ministry of Gender Labour and Social Development disbursed the National Special Grant for Persons with Disabilities during the Covid-19 crisis so that the livelihoods of people with disabilities, especially those in the rural areas were not drastically affected by the lock down, the special grant was designed before the lockdown and did not undergo any modification to account for the unique challenges brought about by covid19.¹ People with disabilities (or caretakers of people with disabilities) reported not being able to access medical services for existing medical conditions. People with disabilities who often rely on rehabilitation services including physical therapy, occupational therapy, speech therapy and psychotherapy, assistive devices, or regular check-ups by their physician to maintain their health and/or functional independence could not access such services due to the lockdown either directly by much health/ rehabilitation centres shutting down or indirectly through the suspension of both private and public transportation.²

Regarding HIV/AIDS and TB service delivery, The COVID-19 pandemic disrupted clients’ follow-up especially those who reside in informal settlements.³

While attempts to include people with disabilities in COVID19 interventions took a generic “one size fits all” design and approach, people with different categories of impairments faced unique challenges during the covid19 outbreak for example Persons with visual impairments

¹ R. Sanyu (2020), The state of social protection in Uganda in response to Covid-19 A Technical brief June 2020, Akina mama wa africa, https://www.google.com/url?sa=t&ret=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwihzZbTzciEAxVr8bsIHfEiBzEQFnoECBMQAQ&url=https%3A%2F%2Fwww.akinamamaafrica.org%2Fwp-content%2Fuploads%2F2020%2F10%2Fakina_The-state-of-social-protection-in-Uganda-in-response-to-Covid-19.pdf&usg=AOvVaw3n6Mgkvh-kAt_RcwiK0fkc&opi=89978449

² Track FM and Light for the world (2020) Coronavirus and people with disabilities, Lets Talk interactive radio campaign, https://www.licht-fuer-die-welt.at/app/uploads/sites/8/2021/09/lets_talk_report_compressed.pdf

³ [Positive Women with Disabilities in Uganda puts people at the centre during COVID-19 pandemic - Uganda | ReliefWeb](#)

were susceptible to contracting COVID19 since they heavily rely on third parties such as guides/helpers in their day to day lives, Communication gaps such as lack of sign language interpreters at the health centers make it hard for deaf people to access proper health facilities since they are not able to effectively communicate with the health workers While the physical inaccessibility of health centers and facilities make it difficult for person with disabilities to access the services due to the limited ramps and some of the ramps available do not meet the accessibility standards that are in the Building Control Act.⁴

In line with the above-described situation of people with disabilities during the Covid19 pandemic, ADPHA Uganda conducted various activities to ensure prompt accessibility of COVID 19 services and information by persons with disabilities living with HIV and affected by TB. 197 health workers including VHTs and their support staff were influenced to provide the necessary reasonable accommodation needed by people with both visible and invisible disabilities, 44 cultural and religious leaders as community influencers were reached out to and requested to encourage PWDs in their communities to take get involved in the vaccination exercises, over 1000 people from the general population were influenced to take part in the covid 19 vaccination exercise through holding different radio talk shows and at the end of the project 867 people with disabilities were fully vaccinated.

This report was therefore commissioned by ADPHA Uganda to assess the effectiveness of the project through a knowledge, attitude, and practice (KAP) survey among the target populations to measure the changes in levels of awareness about the unique health conditions and support they need during emergencies like COVID 19.

⁴ [NUDIPU-press-Release.pdf \(afri-can.org\)](#)

CHAPTER TWO APPROACH AND METHODOLOGY

2.1 Introduction

This chapter describes the Study methodology in terms of the objectives of the survey, Survey sample, Survey approach and Methodology, Data collection tools, Data Entry and Analysis.

2.2 Objectives of the survey

Survey aimed to evaluate the knowledge, attitudes, and practices (KAP) related to COVID-19 among persons with disabilities (PWDs) and their caregivers in Uganda before and after the intervention by ADPHA. This study was conducted in response to the global pandemic and the need to understand how different communities are equipped with information and resources to combat the virus.

2.3 Survey approach and Methodology.

The KAP Survey Employed a comprehensive and multifaceted approach designed to capture a wide range of data on the knowledge, attitudes, and practices of persons with disabilities (PWDs) and their caregivers regarding COVID-19. The data collection process was structured around the use of questionnaires, caregivers, focus group discussion (FGDs), and key informant interviews.

2.4 Data collection tools

Data for the survey was collected using triangulated tools and methods including:

- ① **Questionnaires:** Tailored tools were developed for people with disabilities and caregivers to assess their KAP related to COVID-19. These questionnaires were designed to be accessible and to ensure that the information gathered was relevant to each group's unique experiences and needs. The questionnaire was developed for the purpose of assessing knowledge, attitudes, and practices related to COVID-19. While inspired by commonly used questions in public health research, this questionnaire is an original creation for the current study.
- ① **Focus Group Discussions (FGD) and Key Informant Interviews:** FGDs were conducted to facilitate a deeper understanding of community attitudes and practices, while key informant interviews provided expert insights into the local context and the challenges faced by PWDs and caregivers.

2.4 Data Entry and Analysis

The collected data were meticulously entered into Microsoft Excel, which served as the primary tool for organizing and managing the data. Descriptive statistics were generated using advanced Excel functions to summarize and interpret quantitative data.

① **Statistical Analysis:** The Statistical Package for the Social Sciences (SPSS) was used for more complex analyses, including the handling of multiple responses, this allowed for a more detailed examination of the data and the identification of patterns.

① **Qualitative Data Coding:** Qualitative data from the FGDs and interviews were coded into themes and patterns, which were then used to triangulate and enrich to complement the quantitative findings, thus providing a more holistic view of the survey results.

CHAPTER THREE: PRESENTATION & FINDINGS

3.1 Introduction

This Chapter uses descriptive statistics to present findings of the survey covering demographic characteristics in terms of total number of respondents, sex, age, and education.

The Chapter further presents findings of the Performance of the interventions to improve Knowledge, Attitude and Practices among persons with disabilities and their caregivers showing the level of Knowledge on prevention and control of COVID -19 by PWD & their caregivers, level of attitude on prevention and control of COVID -19 by PWD & their caregivers, and the change of Practice on prevention and control & their caregivers before and after the intervention.

3.2 Demographics of respondents.

3.2.1 Total number of respondents

70 respondents participated in the survey including 20 caregivers and 50 people with disabilities. The respondents were from five districts: Lwengo, Masaka, Rakai, Bukomansimbi, and Kalungu.

3.2.2 Sex of respondents

Of the 70 participants, 29 were male and 41 were female, indicating a higher representation of females in the survey.

Among the caregivers, only 4 were male (20%), suggesting that females predominantly assume the role of caregiving, accounting for 80% of caregivers.

The significant gender disparity in caregiving roles suggests a need for community awareness and support programs that address the challenges faced by female caregivers, who are the primary support for PWDs.

3.2.3 Age categories

Table 1 illustrating the % respondents by age.

Age Cat	PWD	Caregivers	Total
18-35	46%	25%	41%
36-60	40%	56%	44%
60+	14%	19%	15%
Overall	100%	100%	100%

- From the study, the predominant age group among the study participants was 36-60 years, comprising 44% of the total respondents.
- The 18-35 years age group represented 41% of the respondents.
- Those aged 60+ years made up 15% of the total respondents.
- Among people with disabilities, the majority fell into the 18-35 years category, accounting for 46%.
 - Conversely, most caregivers were in the 36-60 years age bracket, representing 56%.
- Younger PWDs (18-35 years) may have different KAP related to the subject phenomenon compared to the older age groups, potentially due to generational differences in access to information, education, and technology.
- The predominance of caregivers in the 36-60 years age range could indicate a more mature perspective, potentially bringing more experience and possibly a different set of attitudes and practices to their caregiving roles.
- The age-related differences in KAP among PWDs and caregivers could be influenced by factors such as life stage, responsibilities, social and family support structures, and access to resources.

3.2.4 Marital status

Table 2: Showing the Marital status of respondent.

Marital status	Caregiver	PWD	Total
Married	10	18	28
Separated/divorced	3	5	8
Single	4	20	24
Widowed	3	6	9
Total	20	49	69

The study's findings indicate that within the caregiver group, majority were married (10 individuals), while a smaller number were either divorced/separated (3 individuals), single (4 individuals), or widowed (3 individuals). Conversely, among the persons with disabilities (PWDs), a significant portion were single (20 individuals), with fewer being married (18 individuals), separated (5 individuals), or widowed (6 individuals).

- Married caregivers may have more resources and support, potentially leading to better KAP regarding COVID-19.
- Single PWDs may experience isolation, impacting their access to information and adherence to COVID-19 guidelines.

3.2.5 Education levels of the respondents.

Table 3: Education levels of the respondents.

Education level	Caregiver	PWD	Total
Complete Primary	6	12	18
Incomplete Primary	8	21	29
No formal Education	3	4	7
Secondary	3	10	13
Tertiary Education & Above	0	2	2
Total	20	49	69

The data indicates that the majority of both caregivers and persons with disabilities (PWDs) have low educational attainment, with the most common level being incomplete primary education. Very few participants have education beyond the secondary level. This suggests that these demographic needs educational support to effectively communicate health information and improve knowledge, attitudes, and practices related to health issues.

Findings from Key informant Interviews and FGD also pointed to the challenges people with disabilities experienced in utilizing covid19 information services that could be linked to their low education levels for example several health workers who administered the Covid19 vaccination said that Several people with disabilities they met Had miss information that the vaccine had serious side effects and that it could make their impairment condition worse. Some people with disabilities reported that before the intervention, they were hearing from family members talking about the strange diseases that had attacked the community after Covid19 vaccinations had been received by some community members.

- ① A significant number of participants, 29, did not complete primary education.
- ① A smaller group, 18, completed primary education.
- ① A notable portion, 7, had no formal education.
- ① Only 13 participants completed secondary education.
- ① A minimal number, 2, attained tertiary education.

3.3 Performance of the interventions to improve Knowledge, Attitude and Practices among persons with disabilities and their Caregivers.

3.3.1 Knowledge

Table 4: measuring the level of Knowledge on prevention and control of COVID -19 by PWD & their caregivers.

Indicators	PWD			Caregivers			Overall		
	Before	After	Outcome	Before	After	Outcome	Before	After	Outcome
% of PWDs & caregivers who know how the Covid19 virus is spread	54%	94%	40%	55%	95%	40%	55%	97%	43%
% of PWDs & caregivers who heard of the Covid-19 vaccine	68%	92%	24%	75%	95%	20%	72%	94%	22%
% of PWD & caregivers who know how the Covid-19 vaccine works	20%	88%	68%	30%	95%	65%	25%	92%	67%
% of PWDs & caregivers who know the benefits of getting vaccinated against Covid-19	44%	94%	50%	65%	100%	35%	55%	97%	43%
% of PWDs & caregivers who know the side effects of the Covid-19 vaccine	16%	74%	58%	30%	85%	55%	23%	80%	57%
% of PWDs & caregivers who know the recommended age groups for Covid-19 vaccination	26%	78%	52%	25%	90%	65%	26%	84%	59%
% of PWDs & caregivers who know the recommended number of doses for Covid-19 vaccination	30%	94%	64%	30%	90%	60%	30%	92%	62%
% of PWDs & caregivers who know the recommended time interval between doses of Covid-19 vaccine	16%	90%	74%	20%	85%	65%	18%	88%	70%
% of PWDs & caregivers who know the difference between the various Covid-19 vaccines available	16%	72%	56%	20%	80%	60%	18%	76%	58%
% of PWDs & caregivers who know where to get vaccinated against Covid-19	60%	94%	34%	50%	100%	50%	55%	97%	42%
% of PWDs & caregivers who know how to register for Covid-19 vaccination	28%	90%	62%	25%	85%	60%	27%	88%	61%
Overall	34%	87%	53%	39%	91%	52%	37%	89%	53%

The intervention led to a substantial increase in knowledge among both PWDs and caregivers. Among PWDs, knowledge improved by 53%, rising from 34% to 87%. For caregivers, the level of knowledge increased from 39% before the intervention to 91%, resulting in a 52% increase. Overall, there was a substantial increase in knowledge about COVID-19 among PWDs and their caregivers, from 37% before sensitization to 89% after. This represents an overall 52% increase, indicating a significant improvement due to the intervention.

3.3.2 Attitude

Table 5: Measuring the level of attitude on prevention and control of COVID -19 by People with Disabilities (PWDs) & their caregivers.

Indicators	PWD			Caregivers			Overall		
	Before	After	Outcome	Before	After	Outcome	Before	After	Outcome
% of PWDs & Caregivers who think the Covid-19 vaccine is safe	26%	94%	68%	35%	100%	65%	31%	97%	67%
% of PWDs & Caregivers who think the Covid-19 vaccine is effective	22%	94%	72%	40%	100%	60%	31%	97%	66%
% of PWDs & caregivers who think the Covid-19 vaccine is necessary	30%	92%	62%	50%	95%	45%	40%	94%	54%
% of PWDs & Caregivers who think the Covid-19 vaccine is affordable	16%	58%	42%	30%	75%	45%	23%	67%	44%
% of PWDs & Caregivers who think the Covid-19 vaccine is easily accessible	16%	82%	66%	25%	90%	65%	21%	86%	66%
% of PWDs & Caregivers who think the Covid-19 vaccine is being distributed fairly	30%	82%	52%	40%	100%	60%	35%	91%	56%
% of PWDs & Caregivers who think the Covid-19 vaccine is being distributed in a timely manner	30%	86%	56%	55%	95%	40%	43%	91%	48%
% of PWDs & Caregivers who think the Covid-19 vaccine is being distributed to the right people	34%	86%	52%	45%	95%	50%	40%	91%	51%
% of PWDs & caregivers who don't think the Covid-19 vaccine is a conspiracy	48%	88%	40%	70%	85%	15%	59%	87%	28%
% of PWDs & caregivers who don't think the Covid-19 vaccine is a way for the government to control people	54%	88%	34%	65%	75%	10%	60%	82%	22%
Overall	31%	85%	54%	45%	91%	46%	38%	88%	50%

The study revealed a remarkable improvement in attitudes towards COVID-19. Before the intervention, the attitude level was 31% among PWDs and 45% among caregivers. However, after the intervention, the attitude level surged to 85% among PWDs and 91% among caregivers, signifying a significant positive change. The overall change in attitudes Was an overall increase from 38% before the intervention to 88% after, marking a 50% positive change.

3.3.3 Practice:

Table 6: Measuring the change of Practice on prevention and control of COVID -19 by People with Disabilities (PWDs) & their caregivers.

Indicators	PWD			Caregivers			Overall		
	Before	After	Outcome	Before	After	Outcome	Before	After	Outcome
% of PWDs & Caregivers who received the Covid-19 vaccine	26%	92%	66%	35%	100%	65%	31%	96%	66%
% of PWDs & Caregivers who received all dosage of the Covid-19 vaccine	0%	80%	80%	0%	80%	80%	0%	80%	80%

% PWDs & Caregivers who followed the recommended time interval between doses of Covid-19 vaccine	18%	80%	62%	20%	65%	45%	19%	73%	54%
% of PWDs & Caregivers who received Covid-19 vaccine at a government or private facility	22%	86%	64%	25%	85%	60%	24%	86%	62%
% of PWDs & Caregivers who did not pay for the Covid-19 vaccine	0%	96%	96%	0%	100%	100%	0%	98%	98%
% of PWDs & Caregivers who didn't face any difficulties in getting vaccinated against Covid-19	80%	76%	4%	85%	60%	25%	83%	68%	15%
% of PWDs & Caregivers who received communication from ADPHA regarding Covid-19 vaccination	64%	84%	20%	70%	70%	0%	67%	77%	10%
% of PWDs & Caregivers who received communication from the government regarding Covid-19 vaccination	0%	76%	76%	0%	60%	60%	0%	68%	68%
Overall	43%	85%	42%	52%	79%	27%	47%	82%	35%

The level of practice in COVID-19 prevention measures also saw a notable increase. Among PWDs, the practice level improved from 43% to 85%, representing a 42% increase. For caregivers, the practice level increased from 52% to 79%, resulting in a 27% improvement. Overall, the level of positive practice related to COVID-19 prevention and management improved by 35%, from 47% to 82%.

3.3.4 Impact:

Table 7: Measuring the level of Impact on prevention and control of COVID -19 by Persons with Disabilities (PWDs) & their caregivers.

Indicators	PWD	Caregivers	Overall
The sessions conducted by ADPHA has created awareness about COVID-19	90%	80%	85%
The awareness or supporting sessions has helped understand the disease better	92%	90%	91%
The awareness or supporting sessions has helped understand how to prevent the spread of the disease	96%	90%	93%
The awareness or supporting sessions has helped understand the importance of vaccination against COVID-19	92%	85%	89%
The awareness or supporting sessions has helped understand the side effects of the COVID-19 vaccination	76%	80%	78%
The awareness or supporting sessions has helped understand the recommended age groups for COVID-19 vaccination	84%	85%	85%
The awareness or supporting sessions has helped understand the recommended number of doses for COVID-19 vaccination	88%	90%	89%
The awareness or supporting sessions has helped understand the recommended time interval between doses of COVID-19 vaccine	86%	85%	86%
Overall	33%	20%	27%

The project intervention has had a substantial impact on the lives of both PWDs and their caregivers. The findings indicate a 33% impact among PWDs and a 20% impact among their caregivers. This demonstrates the positive influence of the project intervention in improving the well-being and management of COVID-19 among the minority PWDs community and their caregivers. The significant impact underscores the effectiveness of the intervention in addressing the specific needs and challenges faced by this vulnerable population. The overall positive impact on the management and prevention of COVID-19 improved by 27%.

Table 8: the overall performance of the intervention prior and after the intervention.

PWD			Caregivers			Overall			Categories
Before	After	Outcome	Before	After	Outcome	Before	After	Outcome	
34%	87%	53%	39%	91%	52%	37%	89%	52%	Knowledge
31%	85%	54%	45%	91%	46%	38%	88%	50%	Attitude
43%	85%	42%	52%	79%	27%	47%	82%	35%	Practice
53%	86%	33%	61%	81%	20%	57%	84%	27%	Impact

In conclusion, the sensitization program by ADPHA Uganda had a profound effect on enhancing the knowledge, attitudes, and practices of PWDs and their caregivers regarding COVID-19, leading to improved outcomes in managing the pandemic's impact. The significant improvements in these areas demonstrate the effectiveness of the intervention in enhancing the understanding, attitudes, and behaviours related to COVID-19 management and prevention.

3.4 Summary of findings from Key informant interviews and Focus Group discussion.

The poor economic situation of persons with disabilities and their Caregivers Significantly lowered Access and utilization of emergency interventions like Covid19 services. Although some Caregivers for persons with disabilities had the right information about Covid19, their economic situation prevented them from utilizing the services. A health worker narrated that.



“I met a household with four persons with disabilities who were of the right age to receive the covid19 vaccine. However, this household was far from the government health center where we were administering the covid19 vaccine. This family needed to transport each person with disability to the health center with a care giver, meaning 8 people. A round trip for this family would cost 180,000 UGX, approximately 50

USD. If they were to do this three times to get the full vaccination it would cost 150 USD, more than the annual income of the household from the sale of the surplus crop from their family farm.’

The survey findings revealed that Caregivers had an overwhelming power to decide whether people with disabilities accessed covid19 intervention. A key informant reported that some Caregivers were not willing to transport



people with disabilities to vaccination centers arguing people with disabilities who are already vulnerable with underlying health conditions would be exposed at the health center and were therefore safe staying at home. Other Caregivers argued it was already very challenging to find food and other necessities due to the economic hardships of the lockdown and therefore could not spend money on “boda boda” to transport people with disabilities to the health center when others could just walk.

survey revealed there were high levels of miss information about Covid19 among people with

disabilities before the intervention. Some people with disabilities had high level of self-stigmatization and felt they will not be received positively at the health facilities or places where information was disseminated. Some people with disabilities feared covid19 vaccination could potentially worsen their pre-existing conditions like epilepsy and mental illness. Others just feared the effect of the drug burden for example, people with disabilities who were on regular medication for their disability-related conditions felt they would be overwhelmed if they add the covid19 vaccination.

Although the intervention was primarily for promoting access to Covid19 interventions especially the covid19 vaccination, the outreach supported by ADPHA Uganda provided the opportunity for accessing other health services by people with disabilities. A health worker explained that.

“Although I explained I had come to the home to provide COVID19 information and vaccination, some of the clients clearly needed other health interventions for example, I ended up testing for malaria and indeed some had high levels of malaria. I also came up a person with disabilities who needed an HIV test. When I witnessed on more than two occasions that people with disabilities needed more than the covid19 vaccination, I increased the materials of my mobile kit. Thankfully, I am a senior officer at the health Centre, and I can get most of the medication I need.

CHAPTER FOUR CONCLUSION AND RECOMMENDATIONS

4.1 Introduction

This chapter presents major conclusion derived from the survey findings and recommendations for improving future interventions.

4.2 Conclusion

There were high levels of miss information about Covid19 among people with disabilities before the intervention. Some people with disabilities had high level of self- stigmatization and felt they will not be received positively at the health facilities or places where information was disseminated. Some people with disabilities feared covid19 vaccination could potentially worsen their pre-existing conditions like epilepsy and mental illness. Others just feared the effect of the drug burden for example, people with disabilities who were on regular medication for their disability-related conditions felt they would be overwhelmed if they add the covid19 vaccination. The intervention led to a substantial increase in knowledge about COVID-19 among PWDs and their caregivers, from 37% before sensitization to 89% after. The 52% increase demonstrates that disability-specific public health and emergence interventions are required to ensure effective reach out to people with disabilities in critical public health emergencies. The low level of awareness of covid19 practices demonstrates that mainstream interventions were most likely living out people with disabilities who would have been devastated together with their Caregivers if ADPHA Uganda did not intervene.

Although the intervention was primarily for promoting access to Covid19 interventions especially the covid19 vaccination, the outreach supported by ADPHA Uganda provided the opportunity for accessing other health services by people with disabilities. A health worker explained that.

The survey revealed that females predominantly assume the role of caregiving for people with disabilities, including those with and affected by HIV/AIDS and TB. Therefore, interventions are needed to improve the social economic and psychosocial wellbeing of women Caregivers. Interventions are also needed to encourage and increase the participation of men in providing care for people with disabilities living with and affected by HIV/AIDS and TB. In addition, majority Caregivers for persons with disabilities living with and affected by TB are in the age range of 36 and 60 years indicating a trajectory of older persons being entrusted with the care for people with disabilities affected by HIV/AIDS and TB. This may potentially bring into force the interplay of the dynamics of age and care for a very vulnerable group of people with disabilities.

Majority of people with disabilities who participated in the study were single and fewer are married. This may present challenges for securing personal care, economic and psychosocial support for persons with disabilities especially in local communities where the extended family is

an essential institution for social care and support due to the limited coverage of social assistance and care programs.

Majority people with disabilities and their caregivers who participated in the survey have low levels of education attainment which potentially lowers their ability to benefit from generic behavioral change Information, Communication and Training (ICT) materials. This would be even complicated by such materials being provided in inaccessible formats for the different categories of persons with disabilities.

The economic situation of households with persons with disabilities played an important determinant factor in whether they accessed covid19 services. Even when Caregivers for persons with disabilities had the right information about Covid19, the decision to support people with disabilities to receive the services was in part influenced by the economic implication. Some Caregivers had to make the decision whether to use the money they had for transporting a person with disabilities to get the covid19 vaccine or to buy household necessities like food.

The survey paints an interesting age dynamic between people with disabilities and Caregivers. While the majority of people with disabilities in the survey fell into the 18-35 years category, accounting for 46%, Conversely, most caregivers were in the 36-60 years age bracket, representing 56%. This finding points to challenges in long-term care for people with disabilities as the older Caregivers become elderly pointing to the need to increase the participation of younger persons in care giving for persons with disabilities.

4.3 Recommendation

- ① The Uganda National expanded program on Immunization (UNEPI) which is responsible for coordinating emergency vaccination program like covid19 Should consult with ADPHA Uganda and other organizations of people with disabilities (OPD) to develop appropriate disability-specific public health and emergence interventions, allocate adequate financial resources and train health workers in reasonable accommodations required to ensure effective reach out to people with disabilities during critical public health emergencies.
- ① ADPHA Uganda in collaboration with other OPDS should advocate for a universal government- led care-givers support program to ensure that Caregivers have adequate resources to care for vulnerable persons with disabilities. The care- givers support program

should include among other components of direct financial support, psychosocial support, and training in appropriate care giver skills.

①ADPHA Uganda and other OPDs should intensify advocacy targeting public health service providers to produce Information and Communication materials in formats and modes accessible for people with disabilities taking into account their impairment and low education level so that people with disabilities equitably benefit from public awareness campaigns during pandemics and other health emergencies.

①ADPHA Uganda and other OPDs should pilot programs for encouraging younger people to care for people with disabilities to reduce the burden on older Caregivers. This could take the form of programs targeting young siblings to deliberately train them in care giving while providing them with the appropriate psychosocial support.

①ADPHA Uganda and other OPDs should also pilot programs for encouraging more male to provide care giving for persons with disabilities. This could take the form of per support groups for male Caregivers and appropriate psychosocial support.

①ADPHA Uganda should advocate for more livelihood support programs for supporting people with disabilities and their households to improve their income generating potential. This should be enriched with other programs like support for the formation of informal savings, loans, and investment groups.

ANNEXES

Annex I: KAP TOOL FOR PEOPLE WITH DISABILITIES

Introduction

Dear Respondent, we are conducting a study to assess the impact of COVID-19 sensitization on the community. You have been selected to participate in this study because you are a member of the community that has been affected by the pandemic. Your participation in this study is voluntary and your responses will be kept confidential. The purpose of this study is to evaluate the effectiveness of the sensitization intervention and identify areas for improvement. Thank you for your participation.

COVID -KAP Study -PWD Questionnaire

Name of enumerator	
District	
Sub county	
Interview date	
Household number (start from 001, 002...)	
Note: the caregiver & the PWD to have the same Household number	

Demographics

No	<i>Demographics Characteristics</i> of people with disabilities.			
A1	Sex of respondent		Male	Female
A2	Age of respondent			
	18-35 <input type="checkbox"/>	36-60 <input type="checkbox"/>	60 and above <input type="checkbox"/>	
A3	Difficulty/disability a. Seeing, <input type="checkbox"/> b. Hearing <input type="checkbox"/> c. speaking <input type="checkbox"/> d. Walking/Climbing <input type="checkbox"/> e. psychosocial/intellectual <input type="checkbox"/> f. Albinism <input type="checkbox"/>			
A4	Marital status of respondent			
	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated/divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
A5	Status of respondent in the household			
	Household Head <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent Relative <input type="checkbox"/>	Unrelated Dependent <input type="checkbox"/>
A6	What is the highest level of education completed by the respondent?			

	0=No formal education, <input type="checkbox"/> 1= Incomplete Primary, <input type="checkbox"/> 2= Primary, <input type="checkbox"/> 3= Secondary, <input type="checkbox"/> 4= Tertiary institution and above <input type="checkbox"/>				
A7	Number of household members	Male		Female	
A8	Type of support you received from MADIPHA. Participated in the training. <input type="checkbox"/> Supported Home Based Vaccination <input type="checkbox"/> Listened to the radio. <input type="checkbox"/>				

Knowledge on Covid-19 vaccination (Capture the knowledge Before & After the support e.g., score a Yes or No for each Question before the support & after the support.

No	Knowledge on Covid-19 vaccination:	Before	After
K1	Do you know how the Covid19 virus is spread		
K1	Have you heard of the Covid-19 vaccine? (1=Yes/ 2=No)		
K2	Do you know how the Covid-19 vaccine works? (1=Yes/ 2=No)		
K3	Do you know the benefits of getting vaccinated against Covid-19? (1=Yes/ 2=No)		
K4	Do you know the side effects of the Covid-19 vaccine? (1=Yes/ 2=No)		
K5	Do you know the recommended age groups for Covid-19 vaccination? (1=Yes/ 2=No)		
K6	Do you know the recommended number of doses for Covid-19 vaccination? (1=Yes/ 2=No)		
K7	Do you know the recommended time interval between doses of Covid-19 vaccine? (1=Yes/ 2=No)		
K8	Do you know the difference between the various Covid-19 vaccines available? (1=Yes/ 2=No)		
K9	Do you know where to get vaccinated against Covid-19? (1=Yes/ 2=No)		
K10	Do you know how to register for Covid-19 vaccination? (1=Yes/ 2=No)		

Attitude on Covid-19 vaccination awareness & support (Capture the attitude Before & After the support e.g. , score a Yes or No for each Question before the training & After the support)

No	Attitude on Covid-19 vaccination	Before	After
A1	Do you think the Covid-19 vaccine is safe? (1=Yes/ 2=No)		
A2	Do you think the Covid-19 vaccine is effective? (1=Yes/ 2=No)		
A3	Do you think the Covid-19 vaccine is necessary? (1=Yes/ 2=No)		

A4	Do you think the Covid-19 vaccine is affordable? (1=Yes/ 2=No)		
A5	Do you think the Covid-19 vaccine is easily accessible? (1=Yes/ 2=No)		
A6	Do you think the Covid-19 vaccine is being distributed fairly? (1=Yes/ 2=No)		
A7	Do you think the Covid-19 vaccine is being distributed in a timely manner? (1=Yes/ 2=No)		
A8	Do you think the Covid-19 vaccine is being distributed to the right people? (1=Yes/ 2=No)		
A9	Do you think the Covid-19 vaccine is a conspiracy? (1=Yes/ 2=No)		
A10	Do you think the Covid-19 vaccine is a way for the government to control people? (1=Yes/ 2=No)		

Practices on Covid-19 vaccination awareness & support (Capture the practice Before & After the support e.g. , score a Yes or No for each Question before the support & After the support.

No	Practice on Covid-19 vaccination	Before	After
P1	Have you received the Covid-19 vaccine? (1=Yes/ 2=No)		
P2	How many doses of the Covid-19 vaccine have you received?.....		
P3	Did you follow the recommended time interval between doses of Covid-19 vaccine? (1=Yes/ 2=No)		
P4	Did you receive the Covid-19 vaccine at a government or private facility? (1=Yes/ 2=No)		
P5	Did you have to pay for the Covid-19 vaccine? (1=Yes/ 2=No)		
P6	Did you face any difficulties in getting vaccinated against Covid-19? (1=Yes/ 2=No)		
P7	Did you receive any communication from the government regarding Covid-19 vaccination? (1=Yes/ 2=No)		
P8	Did you receive any communication from another NGO apart from MADIPHA regarding Covid-19 vaccination?		

Impact on Covid-19 vaccination awareness & support (Capture the Impact e.g., score a Yes or No for each Question below

No	Impact on Covid-19 vaccination	No	Yes
IMI	Have you attended any COVID-19 awareness or supporting sessions conducted by MADIPHA or its clusters?		

IM2	How many COVID-19 awareness or supporting sessions have you received?.....		
IM3	Did the COVID-19 awareness or supporting sessions help you understand the disease better?		
IM4	Did the COVID-19 awareness or supporting sessions help you understand how to prevent the spread of the disease?		
IM5	Did the COVID-19 awareness or supporting sessions help you understand the importance of vaccination against COVID-19?		
IM6	Did the COVID-19 awareness or supporting sessions help you understand the side effects of the COVID-19 vaccine?		
IM7	Did the COVID-19 awareness or supporting sessions help you understand the recommended age groups for COVID-19 vaccination?		
IM8	Did the COVID-19 awareness or supporting sessions help you understand the recommended number of doses for COVID-19 vaccination?		
IM9	Did the COVID-19 awareness or supporting sessions help you understand the recommended time interval between doses of COVID-19 vaccine?		

Any other information you would like to share about your experience of COVID19 vaccination.....
.....

Annex 2: KAP SURVEY TOOL FOR CAREGIVERS

Dear Respondent, we are conducting a study to assess the impact of COVID-19 sensitization on the community. You have been selected to participate in this study because you are a

member of the community that has been affected by the pandemic. Your participation in this study is voluntary and your responses will be kept confidential. The purpose of this study is to evaluate the effectiveness of the sensitization intervention and identify areas for improvement. Thank you for your participation.

COVID -KAP Study -Caregiver Questionnaire

Name of enumerator	
District	
Sub county	
Interview date	

Demographics of caregivers

No	Demographics and Household Characteristics			
A1	Sex of the caregiver	Male	Female	
A2	Age of the Caregiver (record age in completed years e.g. 30)			
A3	Do you have a disability/ Difficulty? <ul style="list-style-type: none"> <input type="radio"/> Difficulty in seeing. <input type="radio"/> Difficulty in speaking <input type="radio"/> walking/ climbing <input type="radio"/> Psychosocial/intellectual <input type="radio"/> Albinism. 			
A3	Difficulty/disability of supported person with disability. <ul style="list-style-type: none"> <input type="radio"/> Difficulty in seeing. <input type="radio"/> Difficulty in speaking <input type="radio"/> walking/ climbing <input type="radio"/> Psychosocial/intellectual <input type="radio"/> Albinism. 			
A4	Marital status of the caregiver (tick only one response below)			
	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated/divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
	Relationship with the supported persons with disabilities. (tick only one response below)			
	Spouse <input type="checkbox"/>	Biological child <input type="checkbox"/>	Dependent relative <input type="checkbox"/>	Un related relative <input type="checkbox"/>
A5	What is the highest level of education completed by the Caregiver			

	No formal education <input type="checkbox"/>	Incomplete Primary <input type="checkbox"/>	Primary, (sat p.7) <input type="checkbox"/>	O level <input type="checkbox"/>	A` level <input type="checkbox"/>	Tertiary <input type="checkbox"/>	
A6	Number of supported household members with disabilities. (record in number)					Male _____	Female _____
A7	Number of other supported household members						

Knowledge on Covid-19 vaccination of supported people with disabilities (Capture the knowledge Before & After the support e.g., score a Yes or No for each Question before the support & after the support.

No	Knowledge on Covid-19 vaccination:	Before Yes / No	After Yes /No
K1	Did you know how the Covid19 virus is spread		
K1	Did you Hear of the Covid-19 vaccine?		
K2	Did you know how the Covid-19 vaccine works?		
K3	Did you know the benefits of getting vaccinated against Covid-19?		
K4	Did you know the side effects of the Covid-19 vaccine?		
K5	Did you know the recommended age groups for Covid-19 vaccination?		
K6	Did you know the recommended number of doses for Covid-19 vaccination?		
K7	Did you know the recommended time interval between doses of Covid-19 vaccine?		
K8	Did you know the difference between the various Covid-19 vaccines available?		
K9	Did you know where to get vaccinated against Covid-19?		
K10	Did you know how to register for Covid-19 vaccination?		

Attitude on Covid-19 vaccination awareness & support given to persons with disabilities (Capture the knowledge Before & After the support e.g. , score a Yes or No for each Question before the support & After the support)

No	Attitude on Covid-19 vaccination	Before	After
----	----------------------------------	--------	-------

		Yes / No	Yes /No
A1	think the Covid-19 vaccine is safe?		
A2	think the Covid-19 vaccine is effective?		
A3	think the Covid-19 vaccine is necessary?		
A4	think the Covid-19 vaccine is affordable?		
A5	think the Covid-19 vaccine is easily accessible?		
A6	think the Covid-19 vaccine is being distributed fairly?		
A7	think the Covid-19 vaccine is being distributed in a timely manner?		
A8	think the Covid-19 vaccine is being distributed to the right people?		
A9	think the Covid-19 vaccine is a conspiracy?		
A10	think the Covid-19 vaccine is a way for the government to control people?		

Practices on Covid-19 vaccination awareness & support given to persons with disabilities
(Capture the practice Before & After the support e.g., score a Yes or No for each
Question before the support & after the support)

No	Practice on Covid-19 vaccination	Before Yes / No	After Yes / No
P1	Did you receive the Covid-19 vaccine?		
P2	If yes, which Covid-19 vaccine did you receive?.....(DK=don't know)		
P3	How many doses of the Covid-19 vaccine have you received?.....		
P4	Did you experience any negative side effects after receiving the Covid-19 vaccine?		
P5	follow the recommended time interval between doses of Covid-19 vaccine?		
P6	receive the Covid-19 vaccine at a government or private facility?		
P7	have to pay for the Covid-19 vaccine?		
P8	face any difficulties in getting vaccinated against Covid-19?		
P9	receive any communication from the government regarding Covid-19 vaccination?		

No	Practice on Covid-19 vaccination	Before Yes / No	After Yes / No
P10	receive any communication from another NGO apart from MADIPHA regarding Covid-19 vaccination?		

Impact on Covid-19 vaccination awareness & support given to persons with disabilities
(Capture the impact Before & After the support e.g., score a Yes or No for each
Question before the support & after the support.

No	Impact on Covid-19 vaccination	No	Yes
IM1	attended any COVID-19 awareness or supporting sessions conducted by MADIPHA?		
IM2	How many COVID-19 awareness or supporting sessions have you attended?.....		
IM3	COVID-19 awareness or supporting sessions help him/her understand the disease better?		
IM4	COVID-19 awareness or supporting sessions help him/her understand how to prevent the spread of the disease?		
IM5	COVID-19 awareness or supporting sessions help him/her understand the importance of vaccination against COVID-19?		
IM6	COVID-19 awareness or supporting sessions help him/her understand the benefits of getting vaccinated against COVID-19?		
IM7	COVID-19 awareness or supporting sessions help him/her understand the side effects of the COVID-19 vaccine?		
IM8	COVID-19 awareness or supporting sessions help him/her understand the recommended age groups for COVID-19 vaccination?		
IM9	COVID-19 awareness or supporting sessions help him/her understand the recommended number of doses for COVID-19 vaccination?		
IM10	COVID-19 awareness or supporting sessions help him/her understand the recommended time interval between doses of COVID-19 vaccine?		

Any other information you would like to share about your experience of COVID19 vaccination

.....
.....

APENDIX 5: FOCUS GROUP TOPIC GUIDE FOR MADIPHA BOARD MEMBERS

What inspired MADIPHA to start the covid 19 support project for people with disabilities?

.....

What were the key features of the project to support access to covid 19 services?

.....

From your interaction with the people with disabilities you supported to access COVID 19 information and vaccine,

(A) What was their level of understanding of covid 19 and the vaccine before you intervention?

.....

(B) How did their knowledge and attitude change after your intervention?

.....

What were the unique challenges and fears of people with disabilities towards covid 19 vaccine and related interventions?

.....

From your perspective how were people with disabilities accessing covid 19 services, vaccination and other services provided by government and other NGOs?

.....

If MADIPHA were to implement a similar project, what else should be done to increase people with disabilities access to information and pandemic related services?

.....
.....

APENDIX 6: FOCUS GROUP TOPIC GUIDE FOR PEER MONITORS

Please describe to me your major roles in the project to promote access to information, vaccine, and other interventions by people with disabilities.

.....
.....

From your interaction with the people with disabilities you supported to access COVID19 information and vaccine,

(A) What was their level of understanding of covid 19 and the vaccine before your intervention.

.....
.....

(B) How did their knowledge and attitude change after your intervention?

.....
.....

What were the unique challenges and fears of people with disabilities towards covid19 vaccine and related interventions?

.....
.....

From your perspective how were people with disabilities accessing covid19 services, vaccination and other services provided by government and other NGOs?

.....
.....

If MADIPHA were to implement a similar project, what else should be done to increase people with disabilities access to information and pandemic related services?

.....
.....

APPENDIX 7: KEY INFORMANT INTERVIEW GUIDE WITH HEALTH WORKERS

From your interaction with the people with disabilities you supported to access COVID19 information and vaccine,

(A) What was their level of understanding of covid 19 and the vaccine before you intervention.

.....
.....

(B) How did their knowledge and attitude change after your intervention?

.....
.....

From your interaction with the people with disabilities, did you notice any unique challenges and fears they had towards covid19 and the related interventions. How did you Help them the two over overcome those challenges and

The people with disabilities you supported to access covid19 information and vaccine; had they received information from government sources or any other NGO?

Why?

.....
.....

From your reflection, what could be done improve people with disabilities access to information about pandemics and related interventions.

.....
.....