

RCCE Feedback Assessment in IDP Sites

May 2020

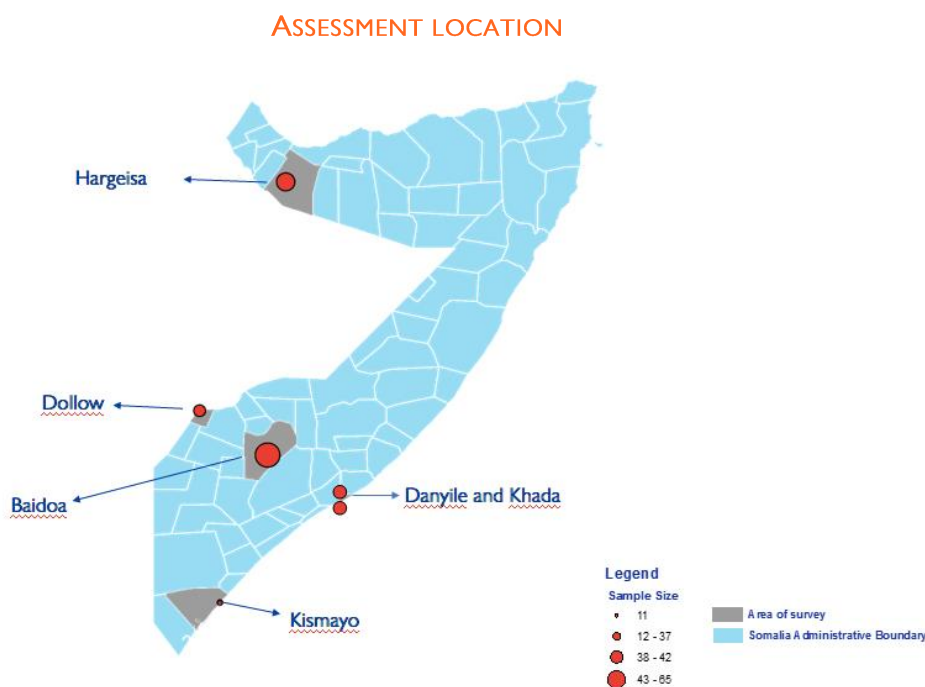
CCCM Cluster and DTM Somalia



INTRODUCTION AND OBJECTIVES

Somalia faces myriad compounding factors that ultimately make it one of the most complex and challenging humanitarian context in the world. Ongoing conflict within the country coupled with environmental climate disasters lead to frequent displacement which puts pressure on delicate government structures and established infrastructure. Currently, there are currently 2.6 million displaced people within the country inhabiting 2,143 internally displaced people (IDP) sites throughout the nation.¹

Prior to the onslaught of COVID-19, Somalia IDP sites were facing acute challenges that undermined service providers efforts of raising living standards. Perennial displacement due to conflict and environmental factors have created a strain on the already limited resources available in urban and peri-urban IDP sites. Additionally, new arrivals of displaced populations tend to move into spontaneously created settlements that are precariously settled on public or private land. Of the 1843 IDP sites surveyed in 2019's Detailed Site Assessment, 813 sites or 44% of IDP sites do not possess adequate space for movements within the built environment.² Moreover, compounding factors such as lack of adequate drainage, sanitation and shelter spacing produce conditions that are favourable for the transmissions of COVID-19.



The spread of COVID-19 has prompted government agencies, with support of humanitarian and development actors, to assemble policy and tactics that aim at mitigating community transmission. The enactment of policy establishing curfews, limiting movement between states, closing schools and further promoting social distancing have been taken by the Somali government³. Moreover, joint initiatives with the objective of penetrating communities with COVID-19 risk

¹ OCHA, 2020 (Global Humanitarian Response Plan for COVID-19) March 25th 2020 <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

² REACH, 2019 (Severity of Needs in IDP-host Districts) https://reliefweb.int/sites/reliefweb.int/files/resources/reach_som_dsa_severity_ranking_district_level_may2019.pdf

³ OCHA, 2020 (OCHA Somalia: Overview of COVID-19 Directives) April 26th 2020. <https://reliefweb.int/report/somalia/ocha-somalia-overview-covid-19-directives-16-april-2020>

communication messages have commenced with a variation of modalities employed such as radio, SMS, phone messages, in-person awareness and loudspeaker use.

CCCM cluster partners have been mobilized to assist in circulating key COVID-19 messages approved by the Ministry of Health and WHO. Utilizing a diverse methodology to adequately disseminate COVID-19 awareness information, CCCM partners have teamed up with stakeholders such as local health ministers and sector partners to hold risk communication sessions in IDP sites. As of May 6th, CCCM partners have delivered RCCE sessions in 852 IDP sites spanning 16 districts. Moreover, government offices, humanitarian and development partners have rolled out comprehensive messaging campaigns geared at improving behavioural change related to COVID-19, and equipping communities with the resources needed to both prevent the spread of the virus, and to respond appropriately during times of community transmission.

The assessment covered three thematic areas: community's understanding of COVID-19, community's ability to prevent and respond to COVID-19 and preferred and most utilized channels for receiving critical COVID-19 messages. The objective of the assessment was to obtain pertinent data from IDPs about the successes and failures of RCCE efforts within IDP communities. Furthermore, the assessment looks to provide details on initial trends in information consumption habits that could propel agencies to adjust methods of information sharing to align more with modalities that are preferred by IDP communities.

KEY FINDINGS

Knowledge of Coronavirus

- ❖ The vast majority of IDP participants have heard of COVID-19 with 98% respondents acknowledging the importance of preventing the virus' transmission within targeted communities. However, 35% of respondents in Kahda and 36% of respondents in Deynile were unable to describe the risks of the virus
- ❖ In total, 49% of respondents accurately reported that elderly persons are at a heightened risk of becoming sick. However, only 10% of Hargeisa participants were able to correctly identify this demographic as being at increased risk.
- ❖ 65% of participants recognized sneezes and coughs transmit the virus while 51% knew that touching contaminated objects also spread COVID-19. This figure is highest in Baidoa and Kahda with over 90% of respondents mentioning transmission occurs via being exposed to sneezes and coughs.
- ❖ COVID-19 misinformation appears highest in Kismayo and Hargeisa as the majority of participants believe that COVID-19 is transmitted through mosquito bites or blood transfusion.
- ❖ Participants were able to successfully state the main symptoms of COVID-19 with 90% mentioning fever and 72% stating a cough as the main symptom of the virus.
- ❖ When asked what an informant would do if he/she or a family member develops COVID-19 symptoms, 53% responded that they would go to the local hospital or clinic while 36% expressed that they would stay in quarantine at their homes.

Trusted Sources of Information

- ❖ Participants requested wanting to learn more about how one can protect both his/her community but also themselves from COVID-19 transmission.
- ❖ Radio, Humanitarian Aid Workers and Phone Calls were the main channels in which IDPs are receiving COVID-19 information.
- ❖ Facebook, SMS and TV appear to be infrequent sources for obtaining COVID-19 information among IDPs.
- ❖ Radio is perceived as a trustworthy source for COVID-19 information in Mogadishu IDP sites with 67% of Deynile respondents and 65% of Kahda respondents citing their preference for obtaining critical COVID information via radio.
- ❖ Community leader participants from Deynile and Dollow mentioned the Ministry of Health and Local Authorities as the most trusted sources for receiving COVID-19 updates.
- ❖ Other than Hargeisa IDP sites, religious leaders have broadcasted messaging pertaining to the dangers of COVID-19 and ways in which the community can prevent the spread of the virus. 45% of respondents have mentioned religious leaders as one of the most trustworthy sources of COVID-19 information.

Community Notions of COVID-19

- ❖ However, respondents are mixed when it comes to groups that are more likely to carry the virus with 60% of Kahda participants believing that specific groups are more likely to carry COVID-19, of this 60% of respondents, 75% mentioned that foreign nationals are likely to carry the virus
- ❖ 44% of participants wish to learn more about how they can protect their communities from virus transmission.

METHODOLOGY

CCCM partners have been actively scaling up COVID-19 awareness activities in Somalia IDP sites with the aim of equipping IDP populations with appropriate information to prevent and respond to COVID-19 related issues within their communities. Aligned with the Somalia National COVID-19 Preparedness Response Plan, partners have been mobilizing diverse modalities of information sharing techniques such as holding small information sessions (adhering to social distancing measures), household level information dissemination, use of loudspeakers and megaphones to broadcast key messages and engaging with community leaders to promote the circulation of information from trustworthy members of the community.

In order to grasp the progress that humanitarian actors have been making with risk communication activities, the CCCM cluster has taken part in mixed research methods targeting IDP sites spanning six districts (Hargeisa, Dollow, Baidoa, Kismayo, Banadir-Deynile and Banadir-Khada). Each assessment is designed to capture beneficiary feedback on the success of RCCE activities through their fundamental understanding of COVID-19, utilizing prevention and response methods, identifying trustworthy sources for COVID-19 information within communities and analysing improvements partners can make in RCCE approaches.

A total of 346 quantitative interviews were conducted in IDP sites that CCCM partners have a programmatic coverage in. The objective number of quantitative interviews was 211 in order to provide an 85% confidence interval for IDP sites. However, the number of interviews conducted in Daynile district was higher than the objective (176 instead of 36). In order to keep the representativeness by district of the aggregated/total results, all observations from Daynile district have been weighted. Moreover, CCCM partners randomized datasets of participants mobile numbers to ensure an unbiased representation of the total IDP population. In addition, CCCM partners conducted 36 key informant interviews to enrich the quantitative data and support the validation of findings. The assessment was delivered remotely through the use of mobile device with partners obtaining beneficiary mobile phone information from past cash transfer and distribution operations that have occurred within the sampling area of IDP sites with CCCM presence. Partners also attempted to diversify participants through rolling out face-to-face interviews in some location. Key informant interviews were carried out between April 21st and May 4th. During this time, confirmed COVID-19 cases in Somalia rose to 601.⁴

QUANTITATIVE INTERVIEWS

District	CCCM Partner	Randomized Sample Phone Interviews (HHs)
Doolow	IOM	37
Hargeisa	ACTED	42
Kismayo	ACTED	11
Mogadishu Daynile	NoFYL	171
Mogadishu Khada	SSWC	20
Baidoa	IOM	65
Total		346

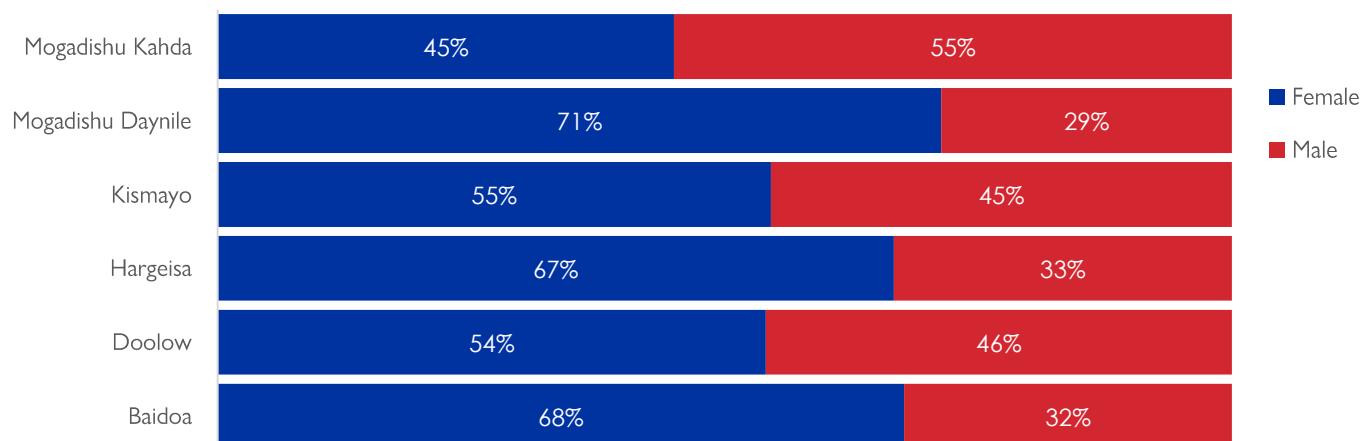
⁴ WHO, 2020 (COVID-19 Situation Report for Somalia)

QUALITATIVE INTERVIEWS

District	CCCM Partner	IDP sites	Site leaders/representatives
Doolow	IOM	2	6
Hargeisa	ACTED	5	6
Kismayo	ACTED	5	6
Mogadishu Daynile	NoFYL	5	6
Mogadishu Khada	SSWC	5	6
Baidoa	IOM	5	6
Total			36

Both quantitative and qualitative questionnaires were translated into Somali and were captured using Kobo toolbox through partner staff (questionnaires are included within this report as annexes). Due to the likelihood of mobile phone owners being male informants, partners were given the option of enhancing participation from female and youth populations through asking permission from a male head of household to speak to members of the family about their knowledge of COVID-19 prevention. This was done after stating the informed consent statement with partner staff asking male respondents if they can speak to female members of the household or youth members as a means of gaining more diversity in participants. Overall, female participation was ostensibly high with 63% of respondents being female. However, the average age of participants was 40, which offers a glimpse of the stark limitation in conducting a remote assessment through contacting participants through mobile device.

SEX OF THE INTERVIEWEE

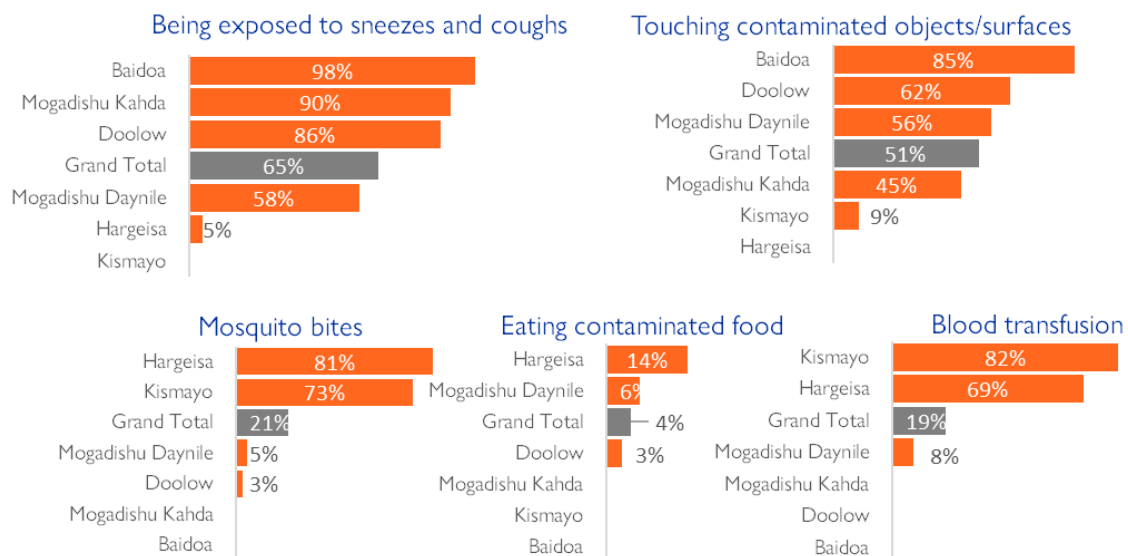


ASSESSMENT LIMITATIONS

While the assessment methodology adamantly attempted to allow for inclusion of demographics such as persons with disabilities (PwD), members of minority clans and youth participants, the method of interview presented challenges in targeting such individuals. For example, partners were only able to contact community members that are accessible via mobile devices with this data either obtained through site-level service mapping or distribution/cash transfer activities in the past. As an attempt to promote broader inclusion within the assessment, partners asked the owner of the targeted mobile device to speak to a younger member of the family. Some partners were able to access demographics of interest through holding household-level interviews with community members although this action was only occasionally utilized due to various constraints caused by COVID-19. Despite such attempts to promote inclusion of marginalized groups and youth within the community, the assessment was unable to achieve a representative sample for such individuals.

COMMUNITY'S UNDERSTANDING OF CORONAVIRUS

HOW DOES CORONAVIRUS SPREAD?

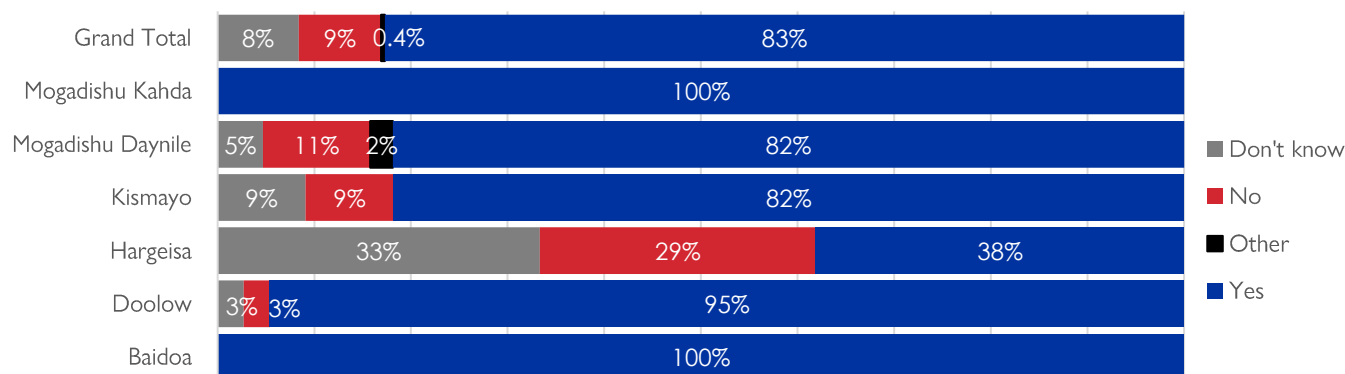


Participants generally responded by stating that being exposed to sneezes and coughs (65%) or touching contaminated objects (51%) were the main sources for COVID transmission. However, participants in Hargeisa and Kismayo appear to believe that mosquito bites and blood transfusion are among the main conduits for COVID-19 transmission.

In general, respondents cited that it is important to take action to protect their communities in all districts. However, CMC leaders in Hargeisa stated that they 'believe that this disease will not affect Muslims, specifically, Somalis.' This statement highlights elements of misinformation. In particular, it highlights the difficulty of some respondents to fully understand the gravity of the current COVID-19 crisis as other pressing needs in substandard IDP settlements still take precedence. For example, this individual went on to say 'COVID-19 is important, but we are dying of hunger and you are only talking about the virus'.

COMMUNITY'S RESPONSE TO COVID-19

DO YOU CONSIDER IT IMPORTANT TO TAKE ACTIONS TO PREVENT THE SPREAD OF CORONAVIRUS IN YOUR COMMUNITY?

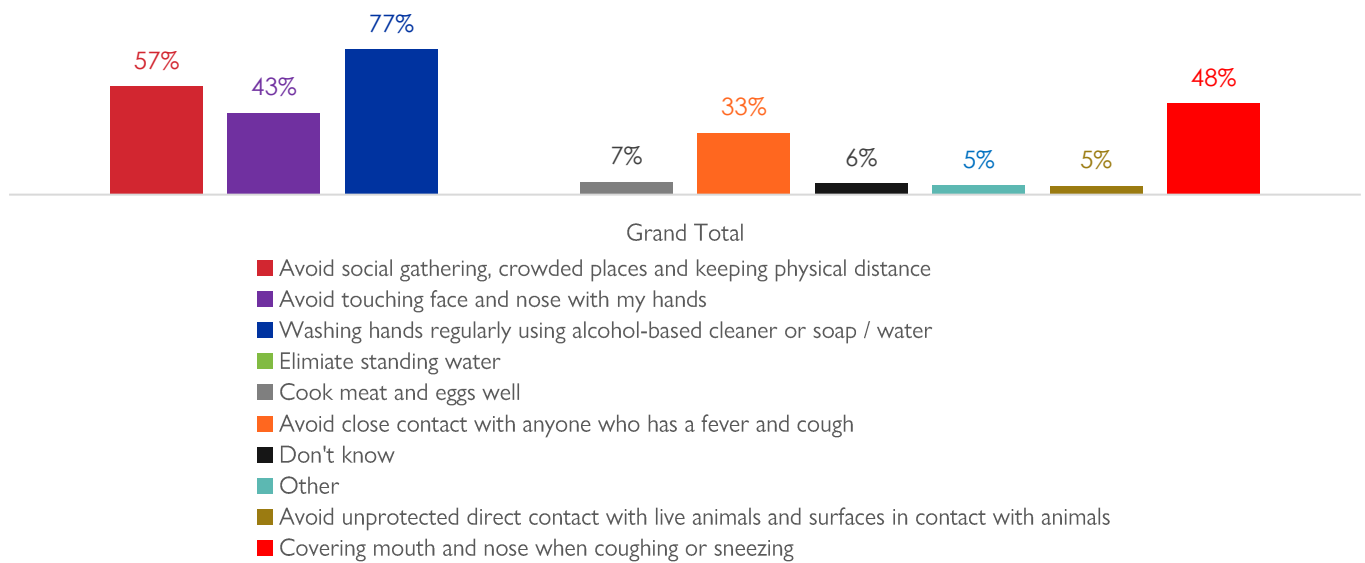


Commonly, assessment participants agreed that COVID-19 prevention is critical to protecting the general community. In total, 83% considered it important to take actions to prevent the spread of COVID-19 in comparison to the 9% that doesn't. Moreover, when asked about methods to prevent the transmission of the virus, respondents stated washing hands regularly (65%), covering face when coughing/sneezing (59%), avoiding touching face and nose with hands (45%) and avoiding social gatherings or crowded places (38%).

Respondents demonstrated a firm understanding of appropriate ways to respond to COVID-19 within their respective communities. When asked about what they would do if they or a family member has symptoms of the disease, 53% responded with "going the nearest hospital or clinic" and 36% responded by saying they would go into quarantine.

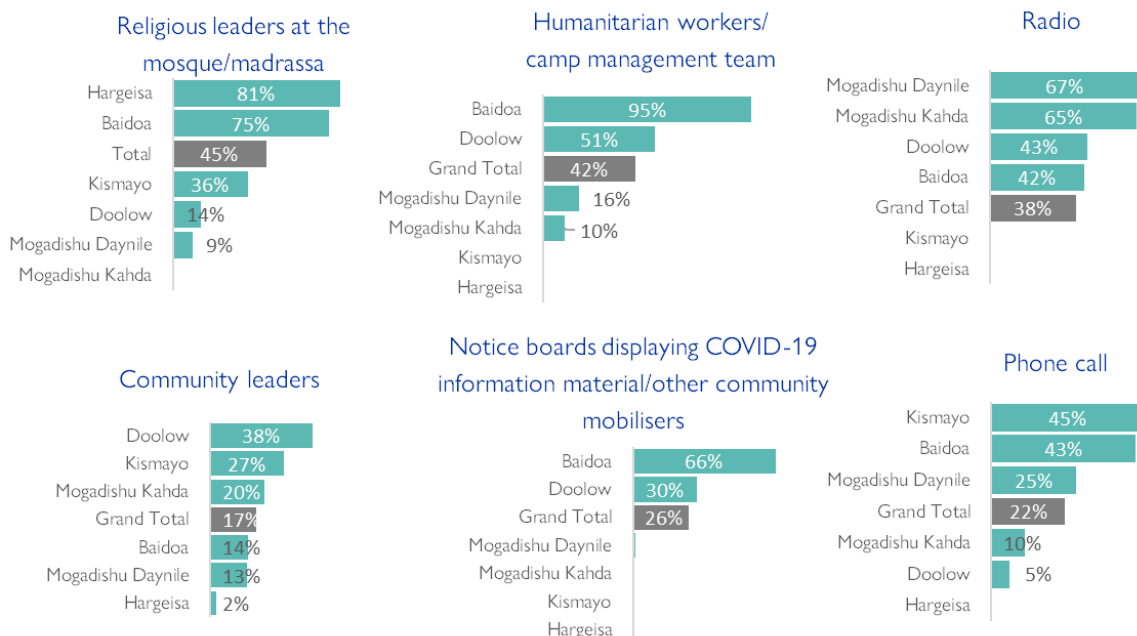
Interviewees also expressed having taken specific measures in the last days in order to protect themselves and their families. 77% of respondents stated that they had washed their hands regularly and 57% said they had avoided crowded places/maintained social distancing. However, preventive practices differed significantly among locations. Handwashing was the most common practice among respondents in Mogadishu-Kahda (100%), Baidoa (94%), Doolow (86%) and Mogadishu-Daynile (77%), but only 43% of respondents in Hargeisa and 27% in Kismayo reported having adopted this practice. Respondents in the same locations reported covering mouth and nose when sneezing/coughing. On the other hand, avoiding crowds/maintaining social distance was most frequently reported in Baidoa (86%), Kismayo (64%), Hargeisa (60%) and Doolow (57%).

WHAT HAVE YOU AND YOUR FAMILY DONE TO PREVENT BECOMING SICK WITH CORONAVIRUS IN THE RECENT DAYS?



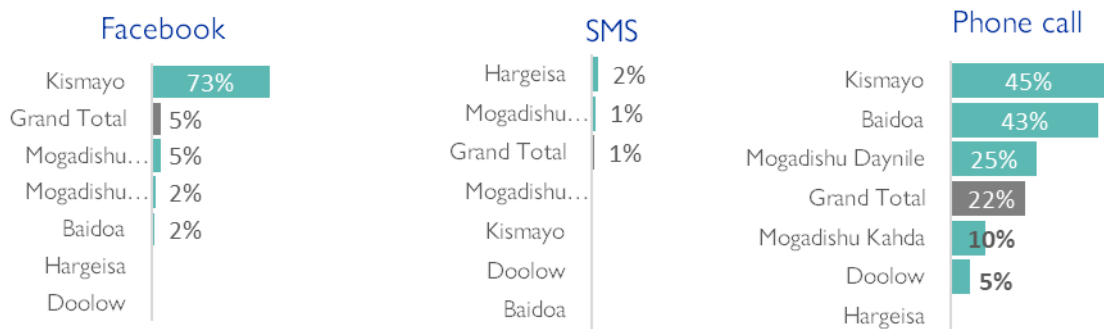
TRUSTED SOURCES OF INFORMATION

WHAT ARE THE MOST TRUSTED SOURCES/CHANNELS TO RECEIVE COVID-19 INFORMATION?

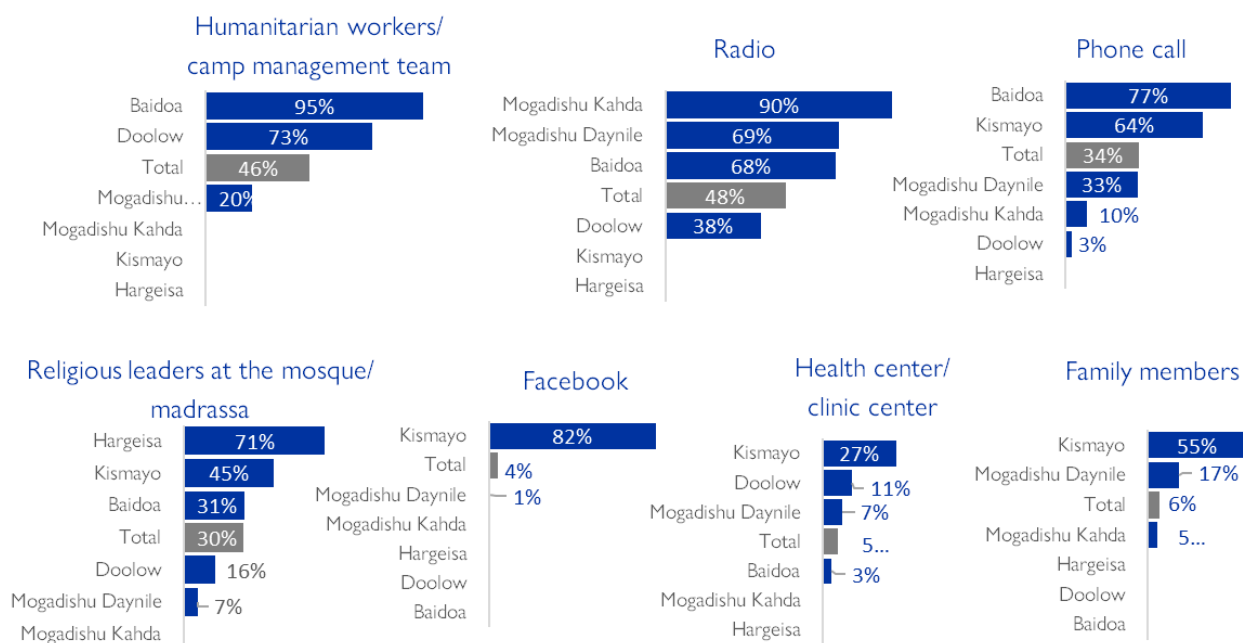


Religious leaders, humanitarian workers and radio are perceived as the three most trust sources of for receiving COVID-19 information. The trust of noticeboards presents an interesting point as the CCCM cluster has grown sceptical of the effectiveness of this activity due to high levels of illiteracy within Somalia IDP sites. Baidoa and Doolow both have scaled up notice board installation and have used this source as a means of continuing the circulation of key COVID-19 messages. Moreover, community leaders such as gatekeepers, CMC members and influential individuals within IDP sites tend to

have mixed levels of trust. The same is also true for phone calls or voice messages sent to beneficiaries. Additionally, other than respondents from Kismayo, participants have a low level of trust of Facebook as a source for COVID-19 information.



WHERE DID YOU HEARD ABOUT THE NEW CORONAVIRUS FROM?



Despite religious leaders being viewed as the most trusted source to receive COVID-19 updates, they remain to be underutilized and stand as the fourth most popular channel for receiving information about the virus. Additionally, it's important to note the contextual discrepancies when it comes to both preferred means of receiving information. There are significant variances between districts when it comes to trusted sources of information and popular channels that are relaying key messages. Moreover, participants were generally able to access humanitarian service provider RCCE activities or consume key COVID-19 messaging via radio programmes showing some successes in enhancing a broader reach in IDP sites. Facebook as a source for receiving COVID-19 information remains invariably low which may be viewed positively due to the potential for misinformation and counterproductive messages.

KEY RECOMMENDATIONS

Information consumption habits differ greatly among districts requiring partners to diversify the methods employed at circulating COVID-19 RCCE in IDP sites. There is a need for partners to understanding the preferred methods of receiving information in respective districts and to tailor approaches around favoured information channels.

Continued emphasis on targeting or including religious leaders within awareness activities is paramount due to their trusted status within IDP communities and because of the moderate success that has occurred with this practice. Religious leaders in Kismayo and Deynile have been telling populations to adhere to guidance outlined by the Ministry of Health. Moreover, religious leaders from Doolow and Kahda have been instrumental in vocalizing a need to follow social distancing measures, even when it comes to religious gatherings.

The methods of using radio and conducting in-person RCCE sessions appear to be the most effective methods of disseminating key information on COVID-19 prevention and response. Comprehensive knowledge of the fundamentals of COVID-19 and what communities can do to mitigate transmission are statistically higher in districts that are receiving COVID-19 messages through these respective modalities.

There are indications that certain groups may be stigmatized in the context of the current pandemic. In particular, persons with a history of international migration (both nationals and foreigners) seem to be at risk. The situation requires close monitoring, especially in areas near international borders or in significant migration corridors.

There is a continued need to survey communities' perception of COVID-19 and analyse a community's ability to prevent and respond to the threat of this virus. Future assessments that aim to highlight RCCE impact should utilize a methodology that allows for streamlined inclusion of these groups.

Many thanks to our donors for supporting us in this endeavor.



Contacts

If you have further questions about the RCCE Assessment in IDP Sites, kindly contact the CCCM Cluster Coordinators Benjamin Conner (bconner@iom.int) and Hassan Yarow (yarowh@unhcr.org)

Annex 1: RCCE Questionnaires

COVID-19 Risk Communication and Community Engagement (RCCE) - Qualitative Questionnaire – April 2020

No.	QUESTIONS	Answer Options
	<p>Hello, my name is XXX, and I am working for XXX, and we are conducting interviews in order to inform the humanitarian response in Somalia in relation to COVID-19 risk communication and community engagement. Furthermore, we are looking to understand how effectively organizations are in reaching displaced communities through passing information about COVID 19 and how we can improve our communication channels with the community on this topic. This interview will take around 15 minutes. Your answers will remain confidential and participation is voluntary. Do you agree to participate?</p>	<p><i>Choose one answer :</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If the respondent has declined consent please end the assessment and find an alternative KI to interview</p>
1	<p>Location: Sex of the interviewee: Interviewee age: KI type (Block leader/women leader/site committee leader/gatekeeper etc)</p>	<p><i>To be filled in from forms at participant registration.</i></p>
2	<p>Have you ever heard about the new coronavirus disease?</p>	<p>(If the interviewee is unresponsive, facilitator asks clarification question: It is also called COVID-19 Have you heard of that?)</p>
3	<p>What do you know about the new coronavirus disease?</p>	<p>(Facilitator prompts participant responses related to what they know about relationship to disease, government involvement, what they have seen on TV, etc..)</p>

4	Where are you getting your information from?	<p>(Facilitator prompts interviewee's responses, drawing out comments about radio, TV, social media, health care workers, family, friends, NGOs, etc. Facilitator can prompt him/her about any/all of the below depending on time and specifics of participant's responses.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> WhatsApp <input type="checkbox"/> Phone call <input type="checkbox"/> SMS <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Humanitarian workers/Camp management team <input type="checkbox"/> Notice boards displaying COVID-19 information material <ul style="list-style-type: none"> <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Community health workers <input type="checkbox"/> Local or national public health (Ministry of Health) <input type="checkbox"/> Other community mobilisers <input type="checkbox"/> Community leaders <input type="checkbox"/> Religious leaders at the mosque/madrassa <input type="checkbox"/> Traditional healers <input type="checkbox"/> Traditional midwives <input type="checkbox"/> Any person from the community <input type="checkbox"/> Other :
5	Are there some people, information sources or channels that you trust more than others to give you good information about the coronavirus?	(Facilitator prompts participant's responses, probing on whole range of channels/sources as relevant and why he/she trusts one source more than another, etc.)
6	How dangerous do you think the new coronavirus is for you, your family and your community?	(Depending on responses, facilitator probes the participant's responses for why he/she rates the disease as he/she does.)
7	Who is more at sick for getting sick from coronavirus?	(Facilitator solicits responses and asks: Why or why not?)
8	What measures have the local authorities in your area taken to control the spread of the virus?	(Facilitators to remind interviewees of imposed curfew in districts, school closings, closure of mosques. We are looking to retrieve information on the effectiveness or shortcoming of these measures)
9	Have measures taken by the local authorities to control coronavirus impacted you or your community? If yes, how	(Probe to understand aspects of how these measures created community cohesion, disconnection between communities, socio-economic changes)

10	<p>Regarding measures that reduce mobility (curfews, closure of schools/madrases, closure and/or limitation of attendance to mosques, etc): Do you think these measures are effective to control the spread of the virus?</p> <p>Do you think people would follow such instructions?</p> <p>If not, why do you think they are not following them?</p>	(Facilitator should probe to understand whether members of the community are adhering to social distancing measures)
11	What kind of measures have you, your family and your community taken to prevent coronavirus in the recent days?	(Probe to understand what are some of the barriers preventing community members from minimizing corona exposure)
12	Do you consider it important to take actions to prevent the spread of coronavirus in your community?	(Depending on answers, the facilitator asks what type of rumor in the community make it difficult to adequately act on preventing coronavirus)
13	Thank you very much for participating in this very important exercise. If you have any further questions about coronavirus, you can access the coronavirus hotlines which are Mogadishu (449), Garowe (343) and Hargeisa (988)	

COVID-19 Risk Communication and Community Engagement (RCCE) - Quantitative Questionnaire – April 2020

No.	QUESTIONS	Answer Options
	<p>Hello, my name is XXX, and I am working for XXX, and we are conducting interviews in order to understand how effectively CCCM actors have reached displaced communities in passing information about COVID 19 and how we can improve our communication channels with the community on this topic. This interview will take around 15 minutes. Your answers will remain confidential and participation is voluntary. Do you agree to participate?</p>	<p><i>Choose one answer:</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If the respondent has declined consent please end the assessment and find an alternative KI to interview</p>
1	<p>Location:</p> <p>Sex of the interviewee:</p>	<i>To be filled in from forms at participant registration.</i>

	Interviewee age:	
2	Have you ever heard about the new coronavirus disease (COVID-19)?	<p>Choose one answer:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	What do you know about the new coronavirus disease? (Only one option)	<p>Choose one best answer:</p> <input type="checkbox"/> I don't know anything <input type="checkbox"/> It's a virus that can cause a disease <input type="checkbox"/> It's a government/NGO/UN programme <input type="checkbox"/> It's a TV/radio campaign <input type="checkbox"/> Other:
4	What kind of information have you received about the disease? (Legends to be added to the questionnaire)	<p>Mark all answers that are true:</p> <input type="checkbox"/> How to protect yourself from the disease <input type="checkbox"/> Symptoms of the new coronavirus disease <input type="checkbox"/> How it is transmitted <input type="checkbox"/> What to do if you have the symptoms <input type="checkbox"/> Risks and complications <input type="checkbox"/> Other:
5	Where did you hear about the new coronavirus from? What channels or sources?	<p>Mark all channels that you heard about the disease from:</p> <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> WhatsApp <input type="checkbox"/> Phone call <input type="checkbox"/> SMS <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Health centre/clinic personnel <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Community health workers <input type="checkbox"/> Humanitarian workers/Camp management team <input type="checkbox"/> Notice boards displaying COVID-19 information material <input type="checkbox"/> Other community mobilisers <input type="checkbox"/> Community leaders <input type="checkbox"/> Religious leaders at the mosque/madrassa <input type="checkbox"/> Traditional healers <input type="checkbox"/> Traditional midwives <input type="checkbox"/> Any person from the community <input type="checkbox"/> Other:

6	<p>Which channel/who do you trust the most to receive information related to coronavirus? (one or more options)</p>	<p>Check the best channel for you to receive coronavirus information from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> WhatsApp <input type="checkbox"/> Phone call <input type="checkbox"/> SMS <input type="checkbox"/> Facebook <input type="checkbox"/> Youtube <input type="checkbox"/> Twitter <input type="checkbox"/> Health centre/clinic personnel <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Community health workers <input type="checkbox"/> Humanitarian workers/Camp management team <input type="checkbox"/> Notice boards displaying COVID-19 information material <input type="checkbox"/> Other community mobilisers <input type="checkbox"/> Community leaders <input type="checkbox"/> Religious leaders at the mosque/madrassa <input type="checkbox"/> Traditional healers <input type="checkbox"/> Traditional midwives <input type="checkbox"/> Local Politicians <input type="checkbox"/> Any person from the community <input type="checkbox"/> Other:
7	<p>How dangerous do you think the new coronavirus risk is to you?</p> <p>How dangerous do you think the new coronavirus risk is to your family?</p> <p>How dangerous do you think the new coronavirus risk is to your community?</p>	<p>Choose the best answer that matches your belief about the disease:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very dangerous <input type="checkbox"/> More or less dangerous <input type="checkbox"/> Is not dangerous <input type="checkbox"/> Other: <ul style="list-style-type: none"> <input type="checkbox"/> Very dangerous <input type="checkbox"/> More or less dangerous <input type="checkbox"/> Is not dangerous <input type="checkbox"/> Other: <ul style="list-style-type: none"> <input type="checkbox"/> Very dangerous <input type="checkbox"/> More or less dangerous <input type="checkbox"/> Is not dangerous <input type="checkbox"/> Other:
8	<p>Who do you think is at highest risk to become sick from the coronavirus?</p>	<p>Mark all those you think are likely to become sick:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children under 5 years old <input type="checkbox"/> Adolescents up to 15 years old <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Elderly persons

		<input type="checkbox"/> Pregnant women <input type="checkbox"/> Health workers <input type="checkbox"/> People with pre-existing medical conditions
9	How does the coronavirus spread?	<p>Mark all the ways you think the disease spreads:</p> <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Being exposed to sneezes and coughs <input type="checkbox"/> Touching contaminated objects/surfaces <input type="checkbox"/> Contact with contaminated animals <input type="checkbox"/> Mosquito bites <input type="checkbox"/> Eating contaminated food <input type="checkbox"/> Drinking unclean water <input type="checkbox"/> Don't know
11	What are the main symptoms?	<p>Mark all the symptoms you think are caused by the new coronavirus:</p> <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath and breathing difficulties <input type="checkbox"/> Muscle pain and tiredness <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea <input type="checkbox"/> Don't know <input type="checkbox"/> No symptoms <input type="checkbox"/> Other:
12	Do you know how to prevent the new coronavirus? (Select Multiple Answers)	<p>Choose all the prevention steps you know about:</p> <input type="checkbox"/> Sleep under the mosquito net <input type="checkbox"/> Wash your hands regularly using sanitizer or soap and water <input type="checkbox"/> Drink only treated water <input type="checkbox"/> Cover your mouth and nose when coughing or sneezing <input type="checkbox"/> Avoid close contact with anyone who has a fever and cough <input type="checkbox"/> Eliminate standing water <input type="checkbox"/> Cook meat and eggs well <input type="checkbox"/> Avoid unprotected direct contact with live animals and surfaces in contact with animals <input type="checkbox"/> Avoid touching face and nose with my hands <input type="checkbox"/> Avoid social gatherings, crowded places and keeping physical distance <input type="checkbox"/> Don't know <input type="checkbox"/> Other:
13	What have you and your family done to prevent becoming sick with coronavirus in the recent days?	<p>Mark all steps that you have taken:</p> <input type="checkbox"/> Washing hands regularly using alcohol-based cleaner or soap / water <input type="checkbox"/> Covering mouth and nose when coughing or sneezing

		<input type="checkbox"/> Avoid close contact with anyone who has a fever and cough <input type="checkbox"/> Eliminate standing water <input type="checkbox"/> Cook meat and eggs well <input type="checkbox"/> Avoid unprotected direct contact with live animals and surfaces in contact with animals. <input type="checkbox"/> Avoid touching face and nose with my hands <input type="checkbox"/> Avoid social gatherings, crowded places and keeping physical distance <input type="checkbox"/> Don't know <input type="checkbox"/> Other:
14	Do you consider important to take actions to prevent the spread of coronavirus in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Other:
15	What to do if you or someone from your family has symptoms of this disease?	Mark all the actions you would take: <input type="checkbox"/> I will look for a more experienced relative to advise me on what to do <input type="checkbox"/> I will go to the hospital / health centre/ clinic <input type="checkbox"/> I will go to the neighborhood nurse <input type="checkbox"/> I will buy medicines at the market <input type="checkbox"/> I will look for the traditional healer <input type="checkbox"/> I would stay in quarantine <input type="checkbox"/> Other:
16	What more would you like to know about the disease?	Choose all topics that you would like to know about; <input type="checkbox"/> How to protect yourself from the disease <input type="checkbox"/> How to protect my community from the disease <input type="checkbox"/> Symptoms of the new coronavirus disease <input type="checkbox"/> How it is transmitted <input type="checkbox"/> What to do if you have the symptoms <input type="checkbox"/> Most at risk groups <input type="checkbox"/> How to treat it <input type="checkbox"/> Other:
17	Do you think specific groups of people are more likely to carry the virus? (If yes to question 17) which groups do you think are more likely to carry the virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No Mark all the groups that apply <input type="checkbox"/> Somali nationals returning from foreign countries <input type="checkbox"/> Foreign Nationals <input type="checkbox"/> People with chronic illnesses or pre-existing medical conditions <input type="checkbox"/> Other: