

June 2021

**KNOWLEDGE, ATTITUDE AND PRACTICES WITH
REGARD TO COVID-19 AMONG THE GENERAL
POPULATION IN ALBANIA**

Findings on national survey of second wave



Title of Publication: Knowledge, attitude and practices with regard to Covid-19 among the general population in Albania: Findings on national survey of second wave. June 2021

Authors: Blerina Metanj (Subashi), Denisa Elezaj, Dhimiter Peci

Peer review: Tijana Comic

Editing: Iain F Wilson

Study manager: Elda Denaj, UNICEF in Albania

Suggested citation for the publication:

Metanj B., Elezaj D., Peci Dh., 2021. *Knowledge, attitude and practices with regard to Covid-19 among the general population in Albania: Findings on national survey of second wave*. USAID, UNICEF in Albania, IDRA.

Disclaimer:

This document was funded by the United States Agency for International Development and prepared for UNICEF in Albania by IDRA Research and Consulting.

The views expressed herein are those of the authors and do not reflect UNICEF's opinion nor the official policies of the United States government. Readers are encouraged to use material from this report for their own publications. As copyright holder, UNICEF in Albania requests due acknowledgement and a copy of the publication.

For further information, please contact:

UNICEF Albania Country Office
Skenderbej Street
UN House Bld, 3rd floor
Tirana, Albania
Telephone: +355 4 45 48 400
Email: tirana@unicef.org

TABLE OF CONTENTS

1. Executive summary	6
2. Background situation	8
3. Methodology.....	10
3.1 Sample distribution.....	10
3.2 Design of the research instrument	10
3.3 Data analysis	10
3.4 Selection of the survey participants	10
3.5 Ethical consideration.....	11
3.6 Limitations of the study	11
4. Main Findings.....	12
4.1 Profile of the respondents	12
4.2 Personal and family history of those who have contracted Covid-19	13
4.3 Practices for prevention of infection and the spread of Covid-19.....	14
4.4 Measures taken by government	18
4.5 Perceptions on risks with regard to Covid-19.....	20
4.6 Vaccination willingness and determining factors	22
4.7 Perceived well-being.....	28
4.8 Financial implications.....	30
4.9 Information	33
Annex 1 – Survey Questionnaire.....	37
Annex 2 – Data Tables.....	42
Annex 3 – Extended methodology.....	58

List of figures

Figure 1. Positive Covid-19 cases in Albania from October 1, 2020, until April 20, 2021.....	8
Figure 2. Number of recorded deaths	8
Figure 3. Demographic characteristics of the respondents.....	12
Figure 4. Households, by whether they have children	12
Figure 5. Proportion of respondents experiencing Covid-19 since the start of the pandemic	13
Figure 6. Proportion of respondents experiencing different levels of severity of Covid-19?.....	13
Figure 7. Percentage of adherence to recommended practices for preventing Covid-19	14
Figure 8. Practices undertaken to prevent the spread of Covid-19, disaggregated by sex	15
Figure 9. Practices for prevention of the spread of Covid-19 disaggregated by age group	16
Figure 10. Percentage of respondents who apply at least three out of five hygienic practices	17
Figure 11. Percentage of respondents who apply at least 5 out of 8 social distancing practices	18
Figure 12. Percentage of respondents who apply at least three out of five hygienic practices, and at least five out of eight practices, by status of contracting Covid-19	18
Figure 13. Level of support for government measures	19
Figure 14. Percentage of respondents who strongly or somewhat support government measures, by sex and urbanity.....	19
Figure 15. Percentage of respondents who strongly or somewhat support government measures, by age group	20
Figure 16. Respondents who strongly or somewhat supported government measures, in Wave 2 and Wave 1	20
Figure 17. Reaction of the majority of respondents' contacts to the risk of Covid-19.....	21
Figure 18. Reaction of the majority of respondents' contacts to the risk of Covid-19, by Wave.....	21
Figure 19. Reaction of the majority of respondents' contacts to the risk of Covid-19, by age group..	21
Figure 20. Level of concern of being (re)infected with Covid-19.....	22
Figure 21. Level of concern of being (re)infected with Covid-19, by sex, age group and urbanity	22
Figure 22. Likelihood of seeking Covid-19 vaccination, by sex	23
Figure 23. Likelihood of getting the Covid-19 vaccination, by age groups and sex.....	24
Figure 24. Respondents with a health condition putting them at risk if they were to receive the vaccine, by age group	24
Figure 25. Factors influencing respondents' decision to obtain Covid-19 vaccine.....	26
Figure 26. Importance of factors in decision to receive Covid-19 vaccine, the average points received by all respondents for each factor	26
Figure 27. Determining factors and willingness to receive the Covid-19 vaccine , the average points received by all respondents for each factor	27
Figure 28. Determinants in getting the vaccine, by status of contracting Covid-19, the average points received by all respondents	27
Figure 29. Self-perceived health, by sex, age groups and urbanity	28
Figure 30. Respondents' perceived level of good spirits over the previous two weeks.....	29
Figure 31. I have felt cheerful	29
Figure 32. I have felt calm and.....	29
Figure 33. I have felt active and vigorous	29
Figure 34. Well-being indicators for Wave 1 and 2, by age group.....	29
Figure 35. Well-being indicator by willingness to have the vaccine	30
Figure 36. Changes in respondent household income due to Covid-19.....	30
Figure 37. Level of decrease in household incomes, by urbanity	31
Figure 38. Level of decrease in household incomes, by family composition	31
Figure 39. Duration of decrease in incomes, by urbanity	32

Figure 40. Duration of income decrease, by household composition	32
Figure 41. Measures taken to counter decline in incomes, by urbanity	33
Figure 42. Information topics on Covid-19 sought by respondents	34
Figure 43. Relationship between willingness to have vaccine and topics of interest about Covid-19	34
Figure 44. Topics of interest on the Covid-19 vaccine	35
Figure 45. Willingness to be informed about the vaccine, by willingness to be vaccinated	35
Figure 46. Channels of information on Covid-19 (.....	36

List of tables

Table 1. Average household size.....	12
Table 2. Classification of practices used in preventing the spread of Covid-19	17
Table 3. Likelihood of seeking Covid-19 vaccination, by age group	23
Table 4. Willingness to receive the vaccine given a health condition that might put the respondent at risk.....	25
Table 5. Measures taken to counter the decline in incomes, by household size (multiple response).	33

1. EXECUTIVE SUMMARY

This report presents findings from the second wave (Wave 2) of the national survey, assessing the level of knowledge, attitudes and practices with regard to Covid-19 among the general public in Albania, conducted in April – May 2021. As with the first wave (Wave 1) conducted in November 2020,¹ Wave 2 includes questions about various practices for preventing the spread of the virus, the level of people's support for the different measures taken by the government to address the pandemic, the way Covid-19 impacted the respondents' households' finances and their well-being, as well as the preferred information channels and topics about Covid-19. This round includes a set of topics that aim to measure the respondents' attitudes towards the vaccine and different factors that might influence their decision on whether to take it. The sample size included about 1,000 respondents, with about one-fifth also having participated in the first wave. The sample included equal participation of men and women, with about six out of ten living in urban areas, respecting the current population distribution.

In general, data from the second wave show that the **respondents seem more reluctant to apply the practices to prevent the spread of Covid-19 compared to the first wave**. The practices most applied are: covering mouth when coughing or sneezing (78% always), washing hands regularly or frequently (74% always), and disinfecting hands and surfaces (66% always). However, **practices related to social behaviour are applied significantly less**, including avoiding going out unless necessary (only 36% always), avoiding physical contact with close family members (41% always), avoiding bars & restaurants, and maintaining at least 1–1.5m distance from others (each 43%). **Compared with the first wave, there is a considerably lower level of caution expressed for almost all measures, especially among women and younger people**, particularly in respect to social distancing.

Measures taken by the government to address the pandemic are highly supported, and similarly by women and men, such as measurements related to the vaccination of the population (with 79% of respondents stating that they strongly or somewhat support this measure), measures to limit the spread of Covid-19 (strongly or somewhat support by 76%), managing the situation of patients in hospitals (74% strongly or somewhat support), and measures for financial support to businesses and families in need (61% strongly or somewhat support).

About half of the respondents think that the community reaction corresponds to the risk that the virus represents (49%). Whereas around 33 percent are of the opinion that the community around them underestimates the risk posed by the virus, some fourteen percent think that the community is overestimating the risk. About **half of the respondents (47%) are concerned about being (re)infected**. **Women are more concerned about being (re)infected than are men** (53% and 42%, respectively), while respondents from **rural areas are more concerned about being (re)infected than those from urban areas** (50% and 45%, respectively). Moreover, **the young population is considerably less concerned and more indifferent to being (re)infected** compared to the older population (31% and 57%, respectively).

More than half of respondents declared that they are likely or very likely to get the Covid-19 vaccine, with men showing a slightly greater willingness to receive the vaccine than women (56% and 50%, respectively). **At time of survey data collection (April – May 2021) one in ten respondents reported to have received a partial or full dose of the vaccine**. One in five (19%) hesitate (are not too likely or not at all likely) to get the vaccine. **The underlying health conditions do not seem to have any impact**

¹ Subashi, B. (2021) 'Knowledge, Attitude and Practices with regard to Covid-19/coronavirus among general population in Albania – 1st wave national survey findings'. USAID/UNICEF in Albania/IDRA. Link: <https://www.unicef.org/albania/documents/knowledge-attitude-and-practices-regard-Covid-19coronavirus-among-general-population>

on readiness to receive the vaccine. More than 56 percent of respondents who have a health condition that might put them at risk if they were to have the vaccine still would take it.

Approval or the promotion of vaccines by international and national health authorities are the main factors for determining a decision to be vaccinated against Covid-19. The brand of the vaccine and incidence of side effects remain factors of lesser importance than other factors.

In general, **results about well-being indicate better results than for the first wave survey,** and young people reported a higher level (62%) of general emotional well-being compared to older age groups (47%). In the first wave, about 36 percent of respondents felt cheerful, relaxed and active, all or some of the time, compared to about 53 percent in this, the second wave.

About one in three households (36%) declare that as a result of the Covid-19 pandemic their income levels have decreased while about 60 percent state that their incomes have not changed. Cutting general household expenses seems to be the most commonly used way (by 64% of respondents) to handle this situation, more so than using savings (47%) or borrowing money (23%).

About 32 percent of respondents claim to be generally well informed about Covid-19, compared to 60 percent in the first wave. **About 45 percent who hesitate to have the vaccine claim that they are already well informed about Covid-19,** in comparison to 26 percent of people who are ready to be vaccinated. Respondents who are very likely and somewhat likely to get the vaccine are more interested to know about vaccination, especially about the level of safety (65%).

Overall, respondents rely mostly on **national or international television (74%) and social media (50%) to obtain Covid-19-related information.** Less frequently, they turn to a physician or other medical professional (16%), official government websites (15%) or their family and friends (14%), and almost not at all to the radio (2%) to be informed about Covid-19 and the pandemic.

2. BACKGROUND SITUATION

The Coronavirus 2019 (Covid-19) outbreak began in December 2019 in Wuhan, China. On March 12, 2020, the World Health Organisation (WHO) announced Covid-19 as a pandemic, requiring countries all over the world to adopt appropriate measures to bring under control any further spread of the virus.

In Albania, the first case of Covid-19 was officially reported on 8 March 2020. On 11 March, the Albanian government declared a state of quarantine, which was foreseen to last until 3 April, but which was then extended until 11 May 2020. During this period normal social activities and occupations such as shopping and recreational and sports activities were not permitted, while institutions of art and culture were shut down, health and beauty centres closed, all education institutions suspended and free movement of citizens was authorised until 21:00 hrs. The national borders were closed, and passenger transport was not permitted, apart from freight transport, which functioned under strict security measures. With a decreased number of daily positive cases, relaxed measures were introduced continuously starting from 11 February 2021 to the present.

By the end of April 2021, 641,968 tests had been carried out, from which 131,276 people were identified as positive,² equivalent to 4.6 percent of the resident population of the country³ (average of 2,837,849 in 2020; INSTAT). The highest concentration of positive cases was found in Tirana County, at 43.5 percent of the total number affected, followed by Fier (8.9%) and Durres (8.2%).

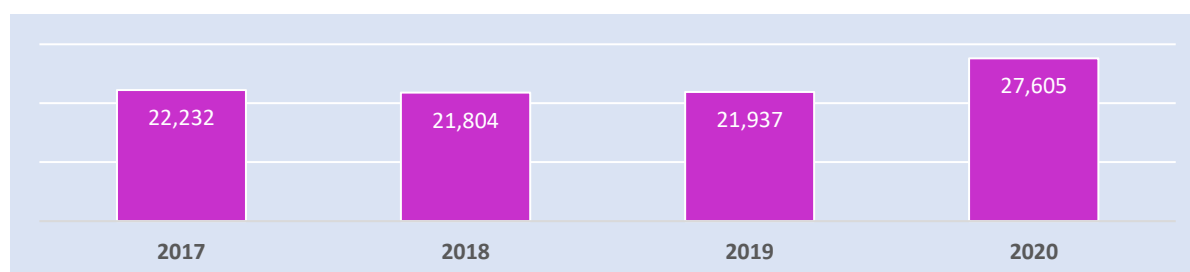
Figure 1. Positive Covid-19 cases in Albania from October 1, 2020, until April 20, 2021

	October				November				December				January				February				March			April					
M	171	295	298	321	525	602	795	557	695	661	422	318	185	376	292	538	865	953	775	1039	764	663	543	344	265	264	125	100	69
T	182	301	294	381	563	694	744	832	753	809	389	574	660	658	586	679	942	1210	801	1021	852	629	475	303	304	141	234	148	130
W	203	297	311	396	507	711	644	705	752	637	503	581	725	707	670	676	1007	1143	1075	1021	851	631	446	448	434	256	207	138	123
Th	157	169	257	302	275	421	410	798	656	782	873	787	510	589	697	660	676	867	1052	1105	1112	986	847	602	590	472	349	317	169
F	199	167	289	306	319	489	490	836	645	801	802	580	553	632	673	641	739	896	1009	1059	1071	916	790	661	494	449	336	286	179
S	152	165	273	302	241	495	532	737	545	846	879	538	375	675	655	561	796	901	1130	1192	1183	899	777	698	519	425	341	360	149
S	149	166	261	299	327	501	597	565	835	840	798	461	499	447	562	474	633	676	1121	1095	1161	952	619	653	659	493	348	236	138

Source: Ministry of Health and Social Protection

According to national official statistical data, in 2020 about 27,000 deaths were registered (Figure 2),⁴ compared to an average number of deaths in the country of 22,000 in the three years prior to the pandemic. These figures indicate an increase of about 25 percent in the number of deaths in 2020 compared to the average pre-pandemic period.

Figure 2. Number of recorded deaths



Source: Institute of Statistics of Albania

² Albanian Ministry of Health and Social Protection.

³ Calculation by authors, based on population data of INSTAT. Link:

<http://www.instat.gov.al/al/temat/treguesit-demografik%C3%AB-dhe-social%C3%AB/popullsia/#tab2>

⁴ Calculation by authors, based on INSTAT data. Link: <http://www.instat.gov.al/al/temat/treguesit-demografik%C3%AB-dhe-social%C3%AB/lindjet-vdekjet-dhe-martesat/#tab2>

Later on, one year into the pandemic, the global efforts to develop and distribute an effective vaccine produced several promising options. Now, immunisation of a critical mass of the world's population, crucial for bringing the pandemic under control, faced a new set of challenges, including dangerous new strains of the virus, global competition over a limited supply of doses, and public hesitation about the vaccines. The last of these is defined by the WHO as "delay in the acceptance or refusal to vaccinate despite the availability of vaccine services."

As far as Albania is concerned, the process of vaccination in the country started on January 12, 2021. The first doses were available from Pfizer and the first persons to be vaccinated were doctors, nurses and epidemiologists. Further, the elderly, people with health problems and those with public functions took priority in being vaccinated. Up until May 2021, some 650 people had been fully vaccinated and around 518,679 citizens had received their first dose, most of which, 419,246, were of age 60 years and above. Vaccines expected to arrive as agreed upon and made available in Albania include Pfizer, Chinese Sinovac vaccine, British vaccine AstraZeneca, and Covax. The authorities predict that by the spring of 2022 every citizen of Albania will have been vaccinated.

Since the start of the pandemic the Ministry of Health and Social Protection in Albania has monitored, and held daily press conferences on, the Covid-19 outbreak. Details and an updated number of cases are published daily on the ministry's website. In order to gain a full picture of the impact that the pandemic has had on Albanian society, it would be very naïve to treat Covid-19 infection as just a health issue. The lockdown has had a profound shock for all societies and economies across the world. From this perspective, some surveys have been carried out and publications dedicated to the impact the Covid-19 pandemic has had on businesses and persons in the country. Nevertheless, no systematic approach in their implementation has been observed, and they might be considered as standalone surveys.

One important survey study, commissioned by UN Women in Albania, was conducted in April 2020⁵, including some 1,300 persons from the age-group 18–65 years. Results showed that the pandemic clearly has burdened women more than men with regard to the situation in the workplace, the household, caring actives and in their psychological and mental situation.

UNICEF in Albania has been at the front line of the Covid-19 pandemic's response, in close coordination with the national authorities. To date, UNICEF in Albania, among others, has led the efforts to provide quality distance-learning education, delivery of cash assistance and psycho-social support to children and families. With the financial support of United States Agency for International Development (USAID), the entire population has been reached with awareness-raising messages on preventing the spread of Covid-19. In November 2020, the first wave (Wave 1) of the *National Survey on the Knowledge, Attitude and Practices with regard to Covid-19* was designed at the onset of the communication campaign, intending for the findings to be used to better shape the communication messages and channels. While the present report introduces the findings of the second wave (Wave 2) survey, conducted in April – May 2021, putting forward a complete comparative picture from the results of both. The survey aligns the set of topics in the second wave with those in the first wave in order to understand more fully the dynamics and make comparative analysis of the various perceptions about the evolution of the Covid-19 pandemic in the country. More specifically, it aims to understand and compare with the first wave study the following: a) practices to prevent Covid-19, b) level of support to different government measures taken with regard to the pandemic, c) perceptions of risk with regard to Covid-19, d) level of concern and emotional well-being, g) financial impact, and, f) channels of information and topics of interest about Covid-19 to be informed about in the future. Considering that the second wave was conducted at a decisive moment in the Covid-19 response, at the point of vaccine programme roll-out, its focus leans towards analysis of respondents' willingness to be vaccinated and reasons for that.

⁵ UN WOMEN Albania. Link: <https://albania.unwomen.org/en/digital-library/publications/2020/12/the-impact-of-covid-19>

3. METHODOLOGY

The present survey aims to assess the knowledge, attitude, and practices in Albania with regard to Covid-19. It is the second round of a national study following on from the first wave study carried out in November 2020. The study involved 1,004 individuals from the public of age 18–64 years, and the results are representative at the national level.

The data collection was carried out by IDRA Research and Consulting using Computer Assisted Telephone Interviewing (CATI) between 21 April and 9 May 2021. During the first wave, respondents were asked if they wanted to be contacted during the second wave. Following the fieldwork, it was calculated that about 200 respondents who had participated in the first wave survey took part in the second survey.

3.1 Sample distribution

In order to maintain consistency and comparability with the results obtained from Wave 1, the eligible population for this survey included individuals of the age group 18–64 years (see Annex 3 for extended methodological notes).

A sample size of 1,004 interviews ensured a representative study with a margin of error of ± 2.72 , with a confidence interval of 95 percent. The margin of error is valid for all the results produced from this survey.

3.2 Design of the research instrument

This survey for the second round included a series of 19 closed questions (see survey questionnaire in Annex 1). The length of the questionnaire and the range of questions were conditioned by an approximate duration of 15 minutes for each phone interview. The survey sustains as much as possible the same data collection instrument as in the first wave to measure the trend over time for topics such as practices to prevent the spread of Covid-19, the financial impact on the household because of the virus, etc. Moreover, in line with the start of vaccination in Albania, the second questionnaire included a set of questions concerning vaccination issues, such as willingness to be vaccinated, health problems that might prevent people from being vaccinated, other factors that determine the decision to be vaccinated, and topics about the vaccine on which people would like more information.

3.3 Data analysis

The data were analysed for each question at the national level, and differentiated by sex, age group, and urbanity to gain an understanding of whether there are differences among these different groups of the population with regard to the specific topics that the survey addressed (see list of data tables in Annex II). The same level of data disaggregation used during the first wave was used here, to enable a better understanding of the dynamics around the indicators.

3.4 Selection of the survey participants

The first step for the operators (interviewers) was to contact the persons that during the first wave had previously agreed to be telephoned again. On obtaining their verbal consent to participate in the second wave, the operator began the interview. To increase the sample size, selection of respondents continued through the use of the CATI Platform, which, by producing a randomly generated number, ensures that the selection of respondents is completely casual. The procedure is based on previously decided geographical quotas for the survey. The operators carried out a quick screening prior to the start of the interview. The screening process was important as it provided information on the profile of the respondents in terms of demographic parameters such as age and gender. The description of the methodology, including CATI, is reported in Annex 3).

3.5 Ethical consideration

Once the quota had been verified, the verbal consent was requested. Respondents were made aware of the voluntary nature of their involvement, and that they could withdraw at any time. All study participants were assured that the study was undertaken anonymously and that their answers would be interpreted only cumulatively, without the risk of any individual response being linked with the identity of any of the respondents.

Given that the respondents shared some personal information (age, gender, telephone number) the research team was responsible for ensuring that the confidentiality was maintained, and that the personal information was protected. This was guaranteed by ensuring that all datasets were anonymised, in the sense that all personal data of respondents were removed before the data were shared publicly.

The data collection and analysis for the study have respected the principles and procedures defined in the following procedures for ethical standards:

- Regulation on 'Ethics of The Research and Publishing Activity', and specifically Article 1.1.4, which requires that institutions "maintain a climate of cooperation that promotes responsibility and ethics during research".
- UNICEF Procedure for 'Ethical Standards in Research, Evaluation, Data Collection and Analysis'.

3.6 Limitations of the study

Due to the situation created by Covid-19, the interviews were undertaken by telephone. The CATI methodology guarantees benefits from face-to-face interviews and online interviews as it ensures a heterogeneous target. However, the it has some limitations, that were reflected also in this survey:

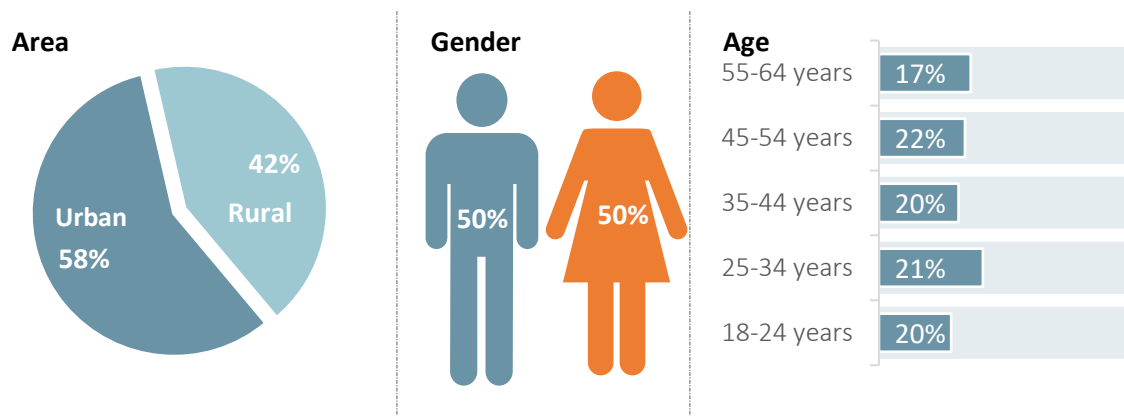
- The limited duration of the phone interview did not permit comprehensive exploration, limiting the possibility for an extended set of questions on a certain topic.
- Due to the lack of face-to-face contact, some respondents required that the questions were repeated, which extended the length of the interview.
- Often telephone calls were perceived as telemarketing and consequently interviews were rejected. Overall, it is estimated that the operators had to contact on average two telephone numbers to obtain one successful interview.

4. MAIN FINDINGS

4.1 Profile of the respondents

In total, 1,004 individuals of age 18–64 years participated in the survey. The sample was distributed according to the population distribution in the different regions of the county by the respective eligible age group. The mean age of the population surveyed was 39.5 years, and the median, 40 years. Half of the respondents were women, and six out of ten were from urban areas (Figure 3). One out of three participants were from the age group 18–29 years.

Figure 3. Demographic characteristics of the respondents



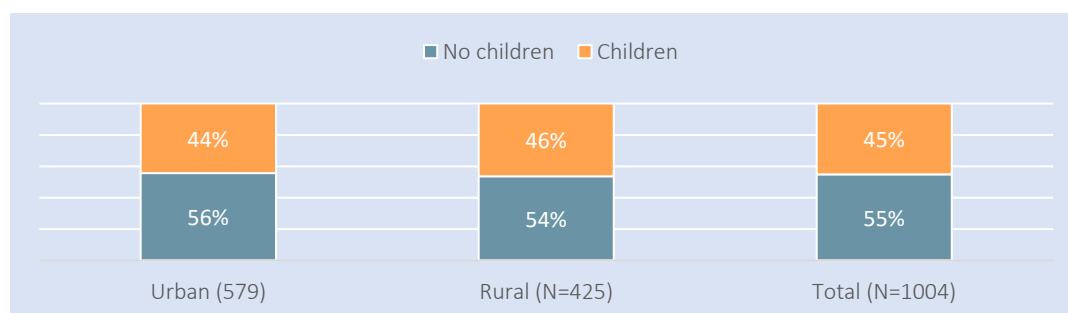
The average household size was about 4.1 members. Rural households appeared to be bigger than those in urban areas (4.4 members and 4 members per household, respectively, Table 1).

Table 1. Average household size

	Living area		
	Urban	Rural	Total
Average household size	4.0 members	4.4 members	4.1 members

About 55 percent of households do not have children under 18 years old living in the household (Figure 4), while 45 percent do have, with no differences between respondents living in rural and urban areas.

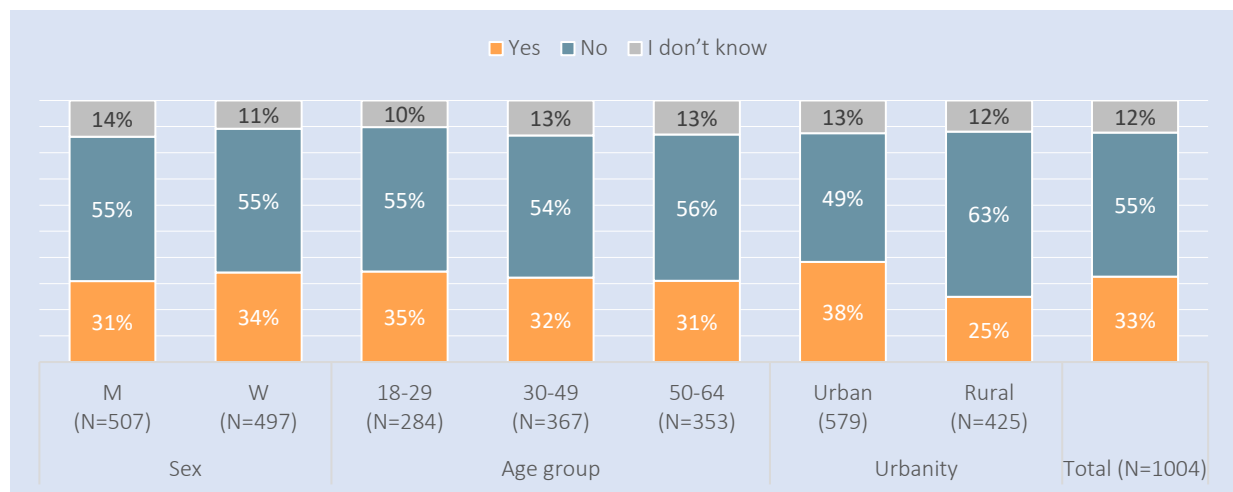
Figure 4. Households, by whether they have children



4.2 Personal and family history of those who have contracted Covid-19

Since the start of the pandemic, about one in three respondents reported they had contracted Covid-19 (Figure 5), with slightly larger numbers among women (34%) than among men (31%). Slightly more young respondents had been infected (35%) than older age groups (50–64 years; 31%). There were important differences between level of urbanity, with significantly more people (38%) in urban areas having contracted the virus than in rural areas (25%).

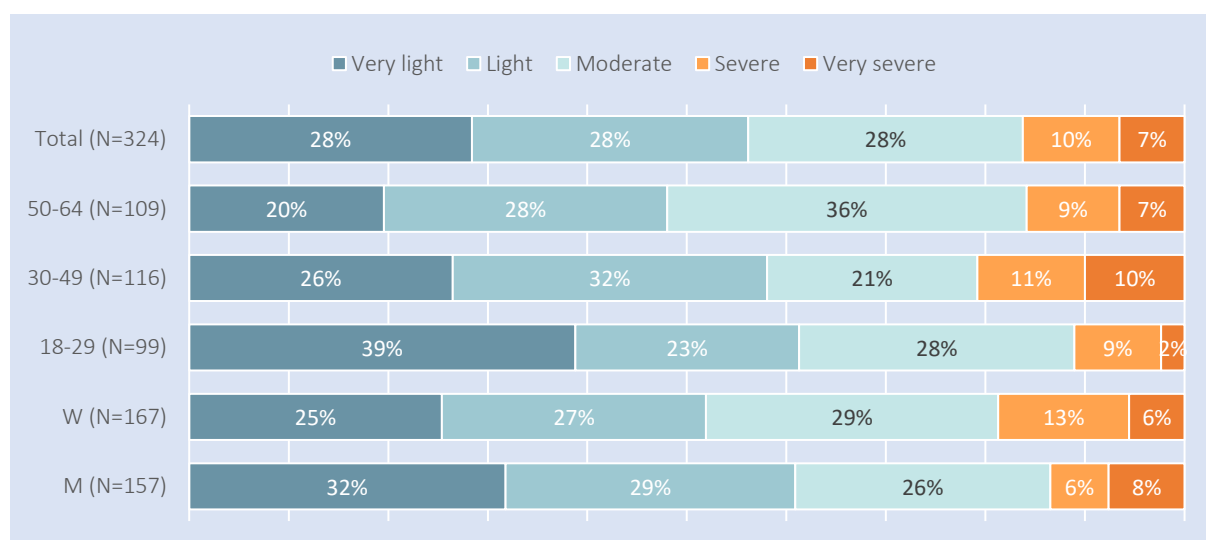
Figure 5. Proportion of respondents experiencing Covid-19 since the start of the pandemic



February 2021 saw the peak of all infections since the start of the pandemic up until the interviews were held, with 18 percent of respondents declaring they had been infected during that month.

The majority of respondents that were infected with Covid-19 experienced it mildly or moderately, with about 17 percent experiencing a severe or very severe condition (Figure 6). More women had a severe or very severe experience of Covid-19 (19%) than did men (14%). About one in five respondents of age 30–49 years experienced Covid-19 severely, double the proportion among the young population of 18–29 years.

Figure 6. Proportion of respondents experiencing different levels of severity of Covid-19?



More than half of respondents (52%) reported that a family member or close friend had been infected with Covid-19 and about 24 percent that one of them had passed away, an overall proportion of thirteen percent (i.e. 1 in 8 respondents had a close friend or family member who had passed away

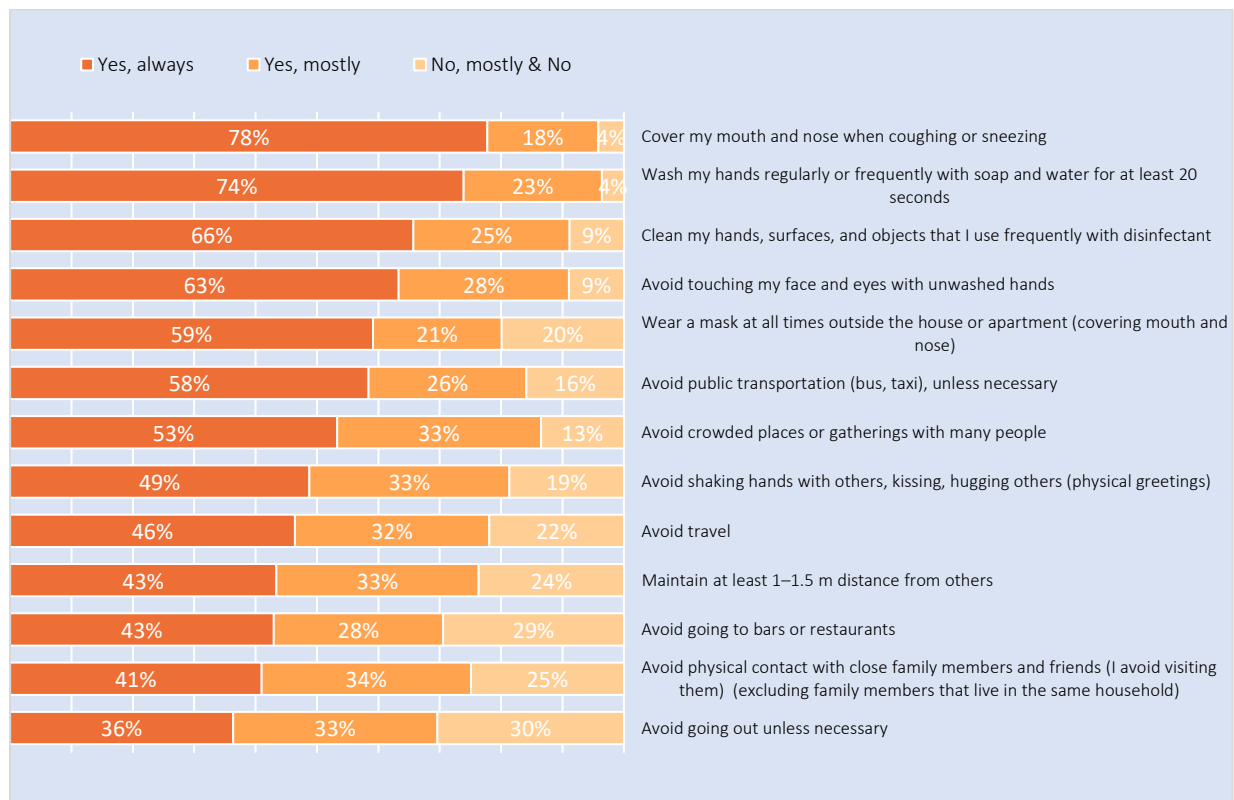
through Covid-19). About 17 percent of respondents from urban areas had lost someone compared to seven percent from rural areas (refer to Annex 2: Data Tables).

4.3 Practices for prevention of infection and the spread of Covid-19

As in the first wave study, the survey included a set of questions addressing the practices applied by the respondents for preventing infection and slowing the spread of disease. These questions help to better identify the practices that are applied well and identify those that still need to be adopted by the general public.

Results (Figure 7) show that the applied practices reported most for preventing the spread of Covid-19 were: covering the mouth when coughing or sneezing (78% always), washing hands regularly or frequently (74% always), and disinfecting hands and surfaces (66% always). However, practices related to social behaviour were significantly less applied, including avoiding going out unless necessary (only 36% always), avoiding physical contact with close family members (41% always), avoiding bars and restaurants and maintaining a distance of at least 1–1.5m from others (each 43%).

Figure 7. Percentage of adherence to recommended practices for preventing the spread of Covid-19



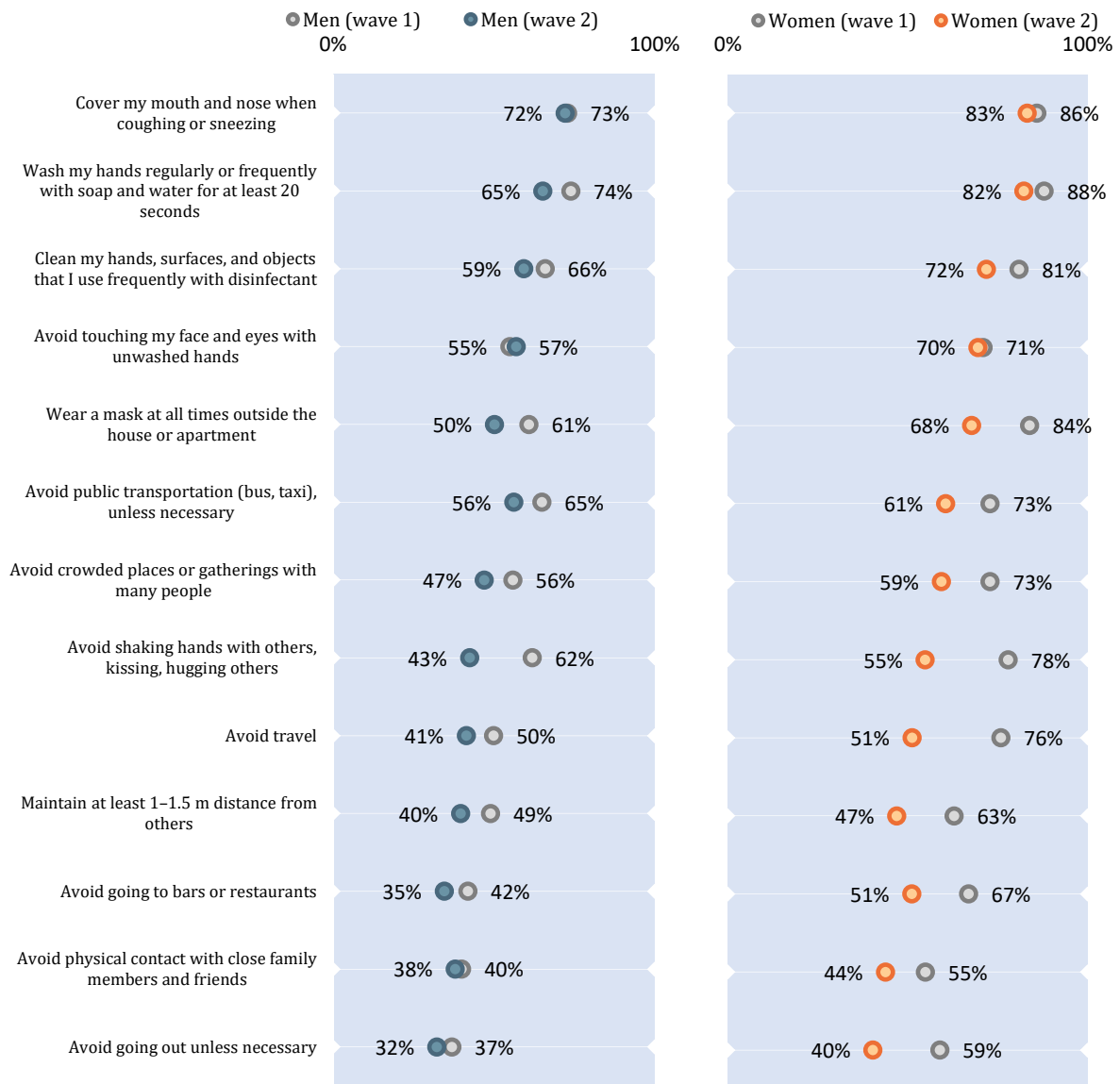
Results by sex (Figure 8) show that overall women practised at a higher level all measures for preventing the spread of Covid-19 than did men. About 83 percent of women stated that they always cover their mouth or nose when coughing or sneezing, compared with 72 percent of men. Moreover, washing hands frequently for at least 20 seconds was always practised by 17 percent more women (82%) than men (65%). Furthermore, disinfecting hands and surfaces was practised by more women (72%) than men (59%), while mask-wearing at all times was practised by more women (68%) than men (50%).

However, it should be noted that while the above-mentioned practices are among the top four most practised behaviours, they were applied significantly less by both women and men than as reported in the first wave survey. Avoiding going out, avoiding physical contact, and maintaining a distance of

at least 1–1.5 m were the least practised measures, by fewer than half of women and men (ranging from 40–51% for women and 32–40% for men).

Nevertheless, compared with Wave 1 the percentages are lower for almost all measures. The biggest difference is seen for women in practices such as mask-wearing outside (68% in Wave 2; 84% in Wave 1), avoiding crowded spaces (59% in Wave 2; 73% in Wave 1), avoiding physical greetings with others, and avoiding traveling (respectively, 55% and 78%, and 51% and 76%).

Figure 8. Practices undertaken to prevent the spread of Covid-19, disaggregated by sex, only “Yes, always” category shown



Older age groups continue to apply better practices than do other groups to limit the spread of Covid-19. More specifically, data show that young respondents enact fewer practices related to social distancing compared to the older population. Only 33 percent of 18–29-year-old respondents stated that they always maintain at least 1–1.5 m distance from others, compared with 56 percent of respondents 50–64 years old. The same trend is seen for categories such as avoiding physical greeting, where 36 percent of respondents of 18–29 years say that they always avoid shaking hands with others, kissing, hugging others, compared with 60 percent of 50–64-year-old respondents. Moreover, there is a significant difference with regard to avoiding crowded places, for which 42 percent of 18–29-year-

old respondents stated that they always avoid such places compared with 66 percent of older respondents (50–64 years of age).

Figure 9. Practices for prevention of the spread of Covid-19 disaggregated by age group, only “Yes, always” category shown



Respondents living in rural areas apply more frequently practices related to social distancing activities than do those from urban areas (see Annex 2: Data Tables).

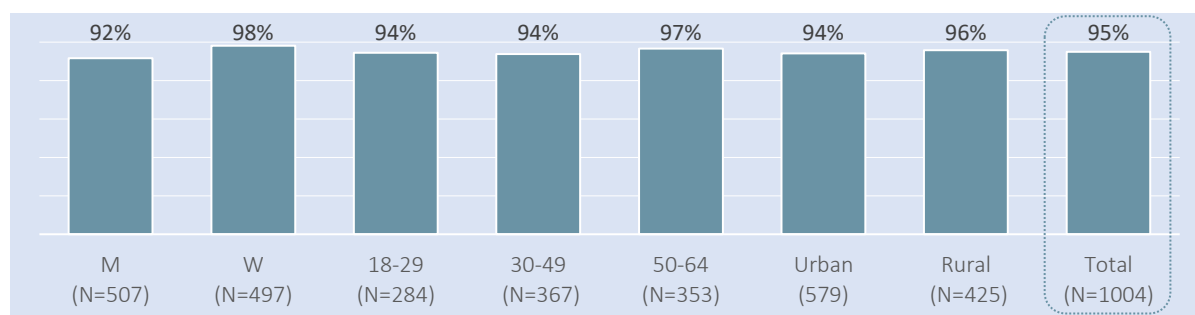
In order to better understand the situation related to the application of practices to prevent the spread of Covid-19, the analysis grouped the practices into two main categories: **practices related to hygiene** and **practices related to social distancing**. Covering the mouth and nose, washing hands, cleaning hands, surfaces and objects used frequently and avoiding touching the face and eyes are considered as hygienic practices, while all the other practices are grouped under the category of social distancing. Table 2 reports the classification of the different practices.

Table 2. Classification of practices used in preventing the spread of Covid-19

Practice	Category
Wash my hands regularly or frequently with soap and water for at least 20 seconds	Hygiene
Clean with disinfectant my hands, surfaces, and objects that I use frequently	Hygiene
Avoid touching my face and eyes with unwashed hands	Hygiene
Cover my mouth and nose when coughing or sneezing	Hygiene
Wear a mask at all times outside the house or apartment (covering mouth and nose)	Hygiene
Maintain at least 1–1.5 m distance from others	Social distancing
Avoid crowded places or gatherings with many people	Social distancing
Avoid physical contact with close family members and friends (I avoid visiting them) (Excluding family members that live in the same household)	Social distancing
Avoid shaking hands with others, kissing, hugging others (physical greetings)	Social distancing
Avoid going out unless necessary	Social distancing
Avoid travel	Social distancing
Avoid going to bars or restaurants	Social distancing
Avoid public transportation (bus, taxi), unless necessary	Social distancing

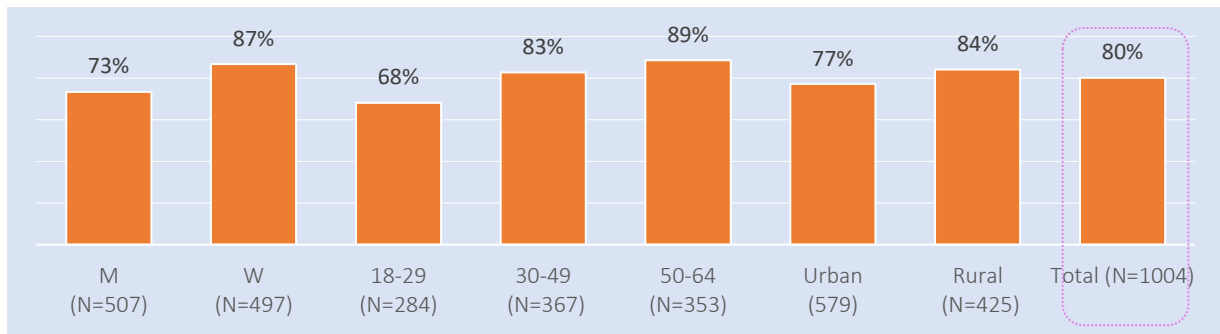
Furthermore, two indicators were calculated for each of the categories: a) the proportion of respondents that apply at least three out of five hygienic measures always or most of the time; and b) the proportion of respondents that apply at least five out of eight social distancing measures. Once again, the aggregate results indicate that hygienic practices are applied more often than social distancing practices, with some nine in ten respondents applying at least three hygienic practices always or most of the time (Figure 10).

Figure 10. Percentage of respondents who apply at least three out of five hygienic practices



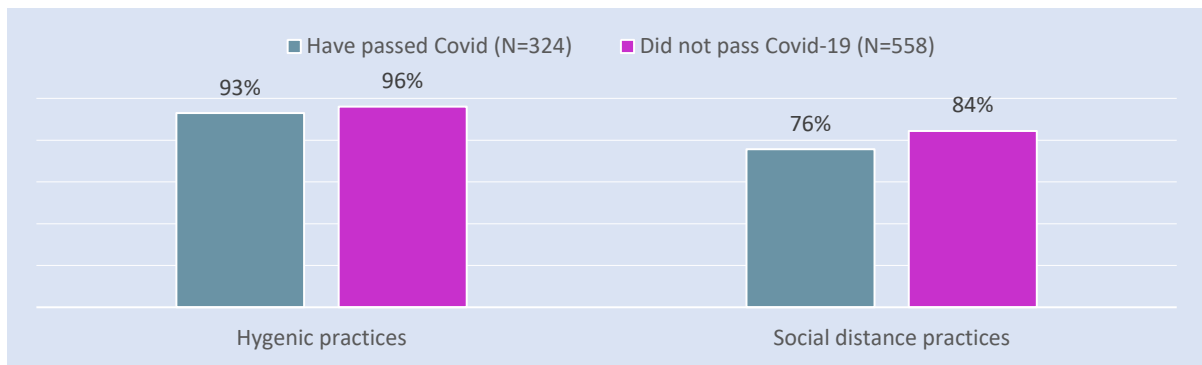
Meanwhile, about eight in ten respondents apply five out of ten social distance measures always or most of the time (Figure 11). The results differ by sex, age group and urbanity, showing that women, older age groups and respondents living in rural areas apply more the practices related to social distancing in order to prevent the spread of the virus (87%, 89% and 84%, respectively).

Figure 11. Percentage of respondents who apply at least five out of eight social distancing practices



The results show that the respondents who did not suffer the symptoms of Covid-19 were more careful in implementing practices against the spread of the virus than were those who went through it (Figure 12).

Figure 12. Percentage of respondents who apply at least three out of five hygienic practices, and at least five out of eight practices, by status of contracting Covid-19

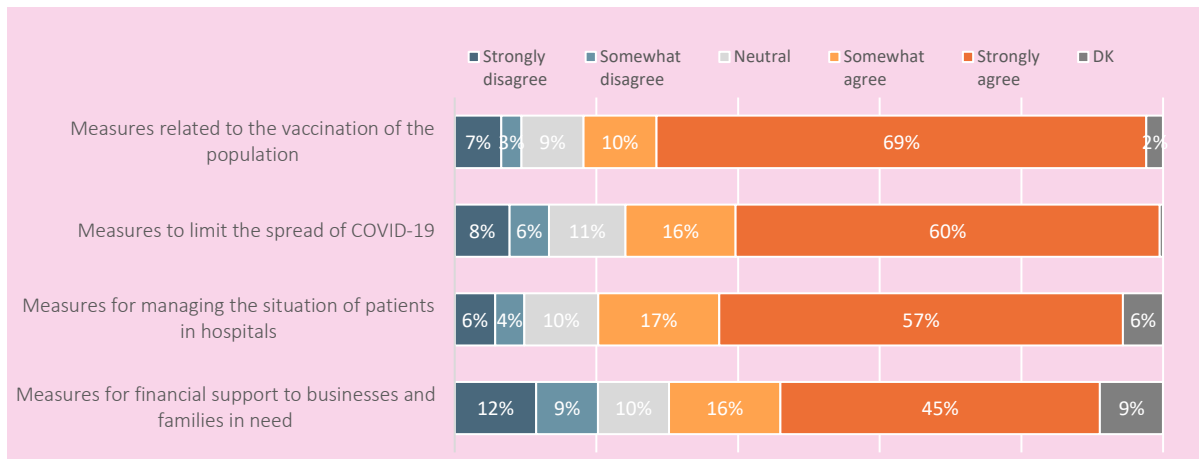


4.4 Measures taken by government

The survey included a set of questions that aimed to measure the level of support among respondents for the measures applied by government since the beginning of the pandemic to prevent and reduce the spread of Covid-19 in Albania.

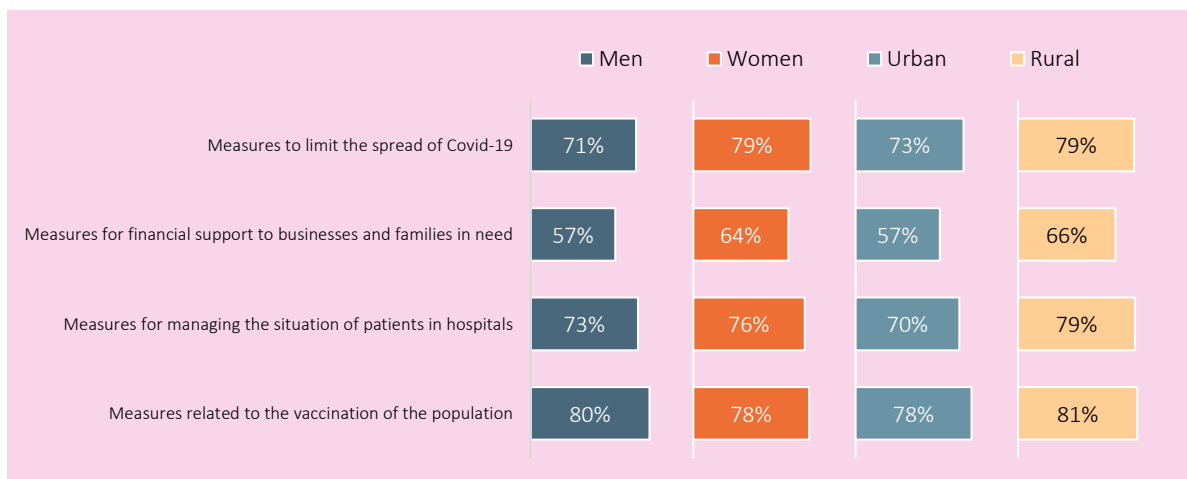
Results show that the respondents highly supported the set of measures stated in the questionnaire (Figure 13), including measures for vaccination of the population (79% of respondents strongly or somewhat support this measure) and to limit the spread of Covid-19 (76%), managing the situation of patients in hospitals (74%), and measures for financial support to businesses and families in need (61%).

Figure 13. Level of support for government measures



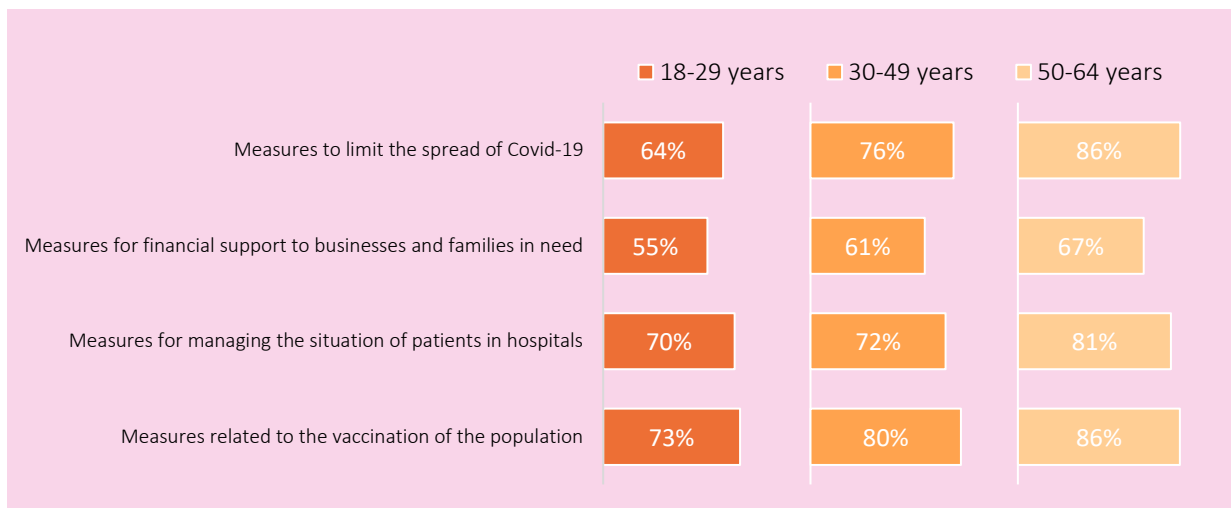
Women and respondents in rural areas were more supportive of the measures taken by government (8% and 6% more than men and urban residents, respectively; Figure 14), financial support to businesses and families in need (7% and 9% more, respectively), and measures for managing the situation of patients in hospitals (3% and 9% more, respectively).

Figure 14. Percentage of respondents who strongly or somewhat support government measures, by sex and urbanity



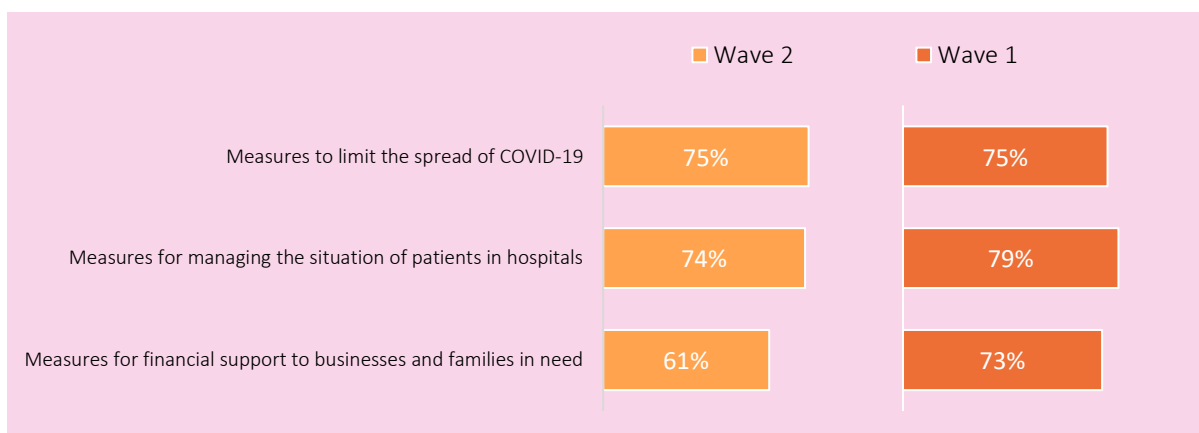
The young exhibited a lower level of support for the various measures taken by government concerning Covid-19. More specifically, 55 percent of respondents of age 18–29 years supported the financial measures taken by government for families in need or businesses (Figure 15), compared to 67 percent among the older population (50–64 years). About two-thirds of young respondents (64%) supported the measures taken, compared to about nine out of ten older respondents (86%). Measures taken for management of the situation of patients were supported by 70 percent of young respondents, compared to 81 percent of older respondents, while measures taken for vaccination of the population were supported by 73 percent of the young, compared to 86 percent of older respondents.

Figure 15. Percentage of respondents who strongly or somewhat support government measures, by age group



In general, the level of support for the measures taken to limit the spread of Covid-19 is the same as that reported in Wave 1 (Figure 16). There was a slight decrease in the proportion strongly or somewhat supporting the measures for the management of the situation of patients in hospitals (5% reduction). Meanwhile, the level of support (strongly or somewhat) for measures linked to the financial support to businesses and families in need during Wave 2 was significantly less than in Wave 1 (12% less). In Wave 1, there was no question on the measures for vaccination of the population as they were not available at the time.

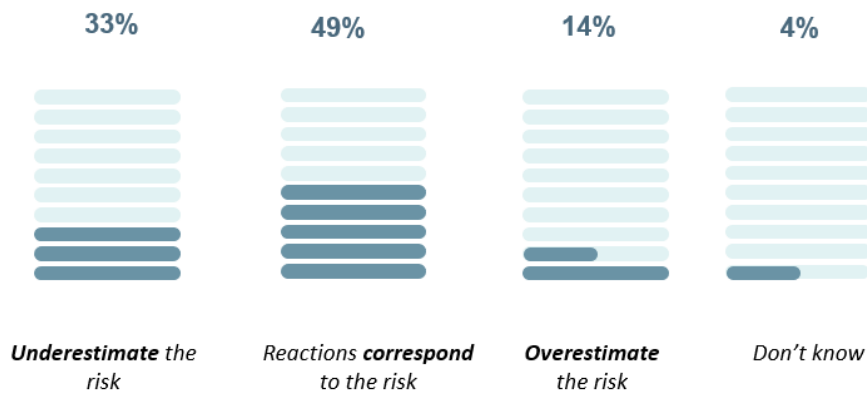
Figure 16. Respondents who strongly or somewhat supported government measures, in Wave 2 and Wave 1



4.5 Perceptions on risks with regard to Covid-19

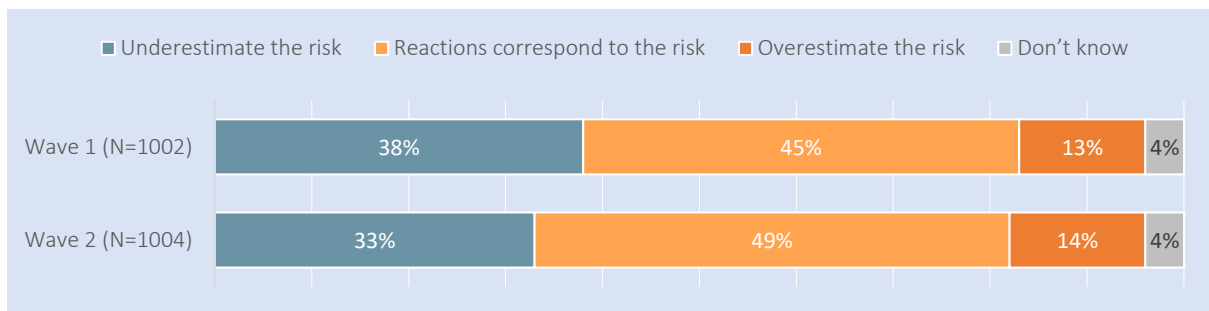
Respondents were also asked how they perceive the reaction of their community (people they are in contact with) towards the risks of Covid-19. About half (49%) of respondents thought that the response corresponded to the risk that the virus represents (Figure 17). Some 33 percent thought that the community was underestimating the risk of the virus, and about fourteen percent that it was overestimating the risk.

Figure 17. Reaction of the majority of respondents' contacts to the risk of Covid-19



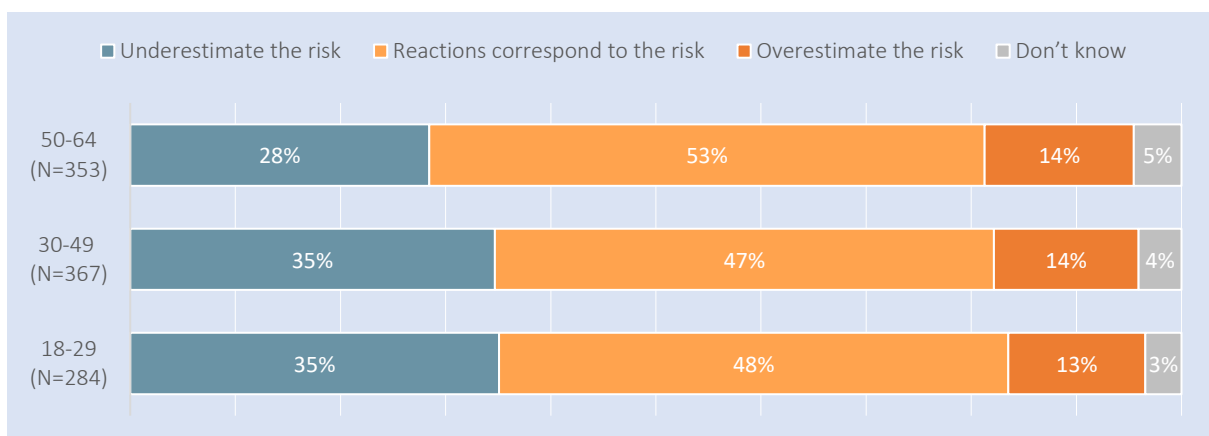
There were slightly more respondents in the Wave 2 survey than in Wave 1 (49% and 45%, respectively), who thought that the reaction of the majority of people they are in contact with was appropriate regarding the level of risk of Covid-19 (Figure 18), and fewer (33% and 38%, respectively) that they were underestimating the risk.

Figure 18. Reaction of the majority of respondents' contacts to the risk of Covid-19, by Wave (1 and 2)



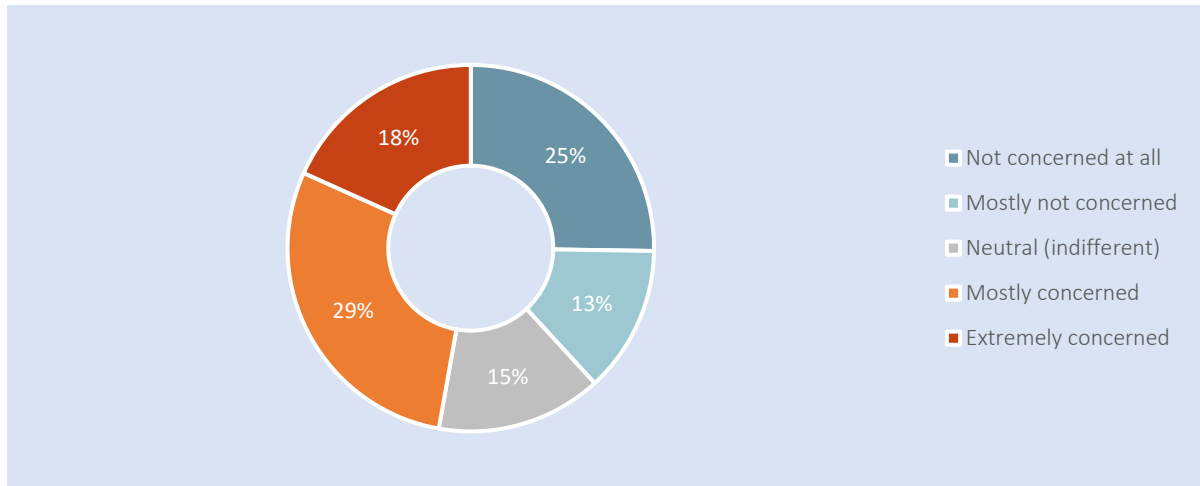
More young people than older age groups thought that those in contact with them underestimated the risks of the disease (35% for 18–29-year-olds compared with 28% for 50–64-year-olds; Figure 19). Results by sex and urbanity show no significant differences in how respondents perceive the behaviour of others around them with regard to Covid-19.

Figure 19. Reaction of the majority of respondents' contacts to the risk of Covid-19, by age group



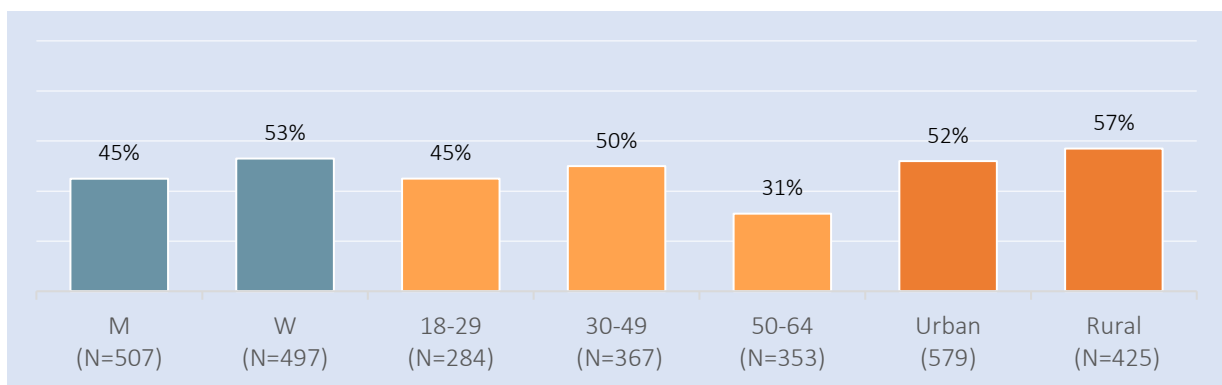
Slightly fewer than half of respondents (47%) were extremely or mostly concerned (18% and 29%, respectively) about being (re)infected (Figure 20), and more than one-third (38%) were mostly unconcerned or not concerned at all about being (re)infected (13% and 25%, respectively).

Figure 20. Level of concern of being (re)infected with Covid-19



Women felt more concerned about being (re)infected than men (53% and 42%, respectively, were extremely or mostly concerned; Figure 21), and respondents from rural areas were more concerned than those from urban areas (50% and 45%, respectively). In contrast, the young population was considerably less concerned and more indifferent to being (re)infected than were older people (31% and 57%, respectively, felt extremely or mostly concerned).

Figure 21. Level of concern of being (re)infected with Covid-19, by sex, age group and urbanity



As predicted, respondents who reported that they had not contracted Covid-19 were more (extremely or mostly) concerned (though only very slightly) about being (re)infected than those who had been infected (49% and 44%, respectively).

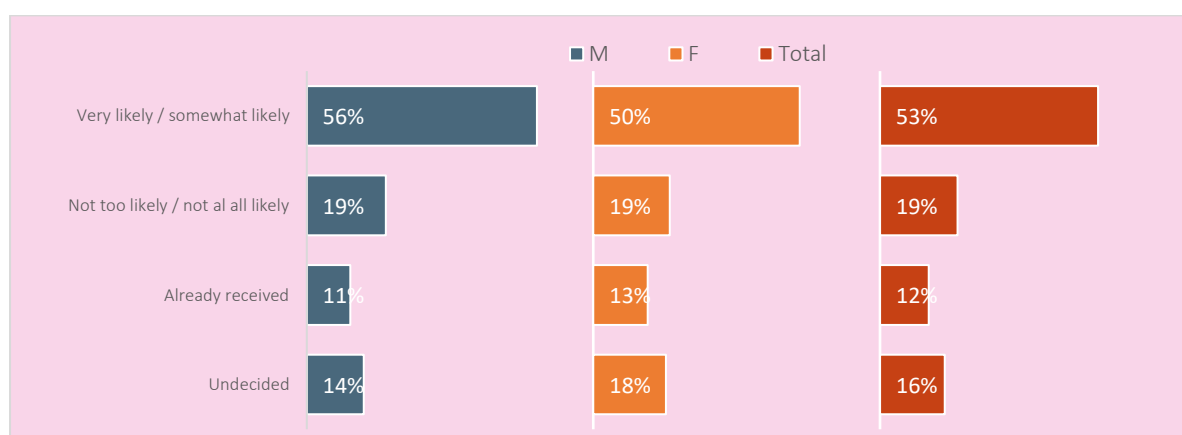
4.6 Vaccination willingness and determining factors

Vaccine hesitancy is one of the most sensitive topics that is being discussed across the world and can affect the vaccination process of the population. To gain an understanding of this issue among Albanian citizens a question was introduced in this round of the survey to assess their attitude on being vaccinated against Covid-19.

More than half of respondents declared that they were very likely or likely to get the vaccine (Figure 22), with **men showing a slightly higher level of willingness to receive the vaccine than women** (56% and 50%, respectively). (About one in ten respondents had already received the first or both doses of

the vaccine.) One in five respondents (19%) stated that they were not too likely or not at all likely to be vaccinated.

Figure 22. Likelihood of seeking Covid-19 vaccination, by sex



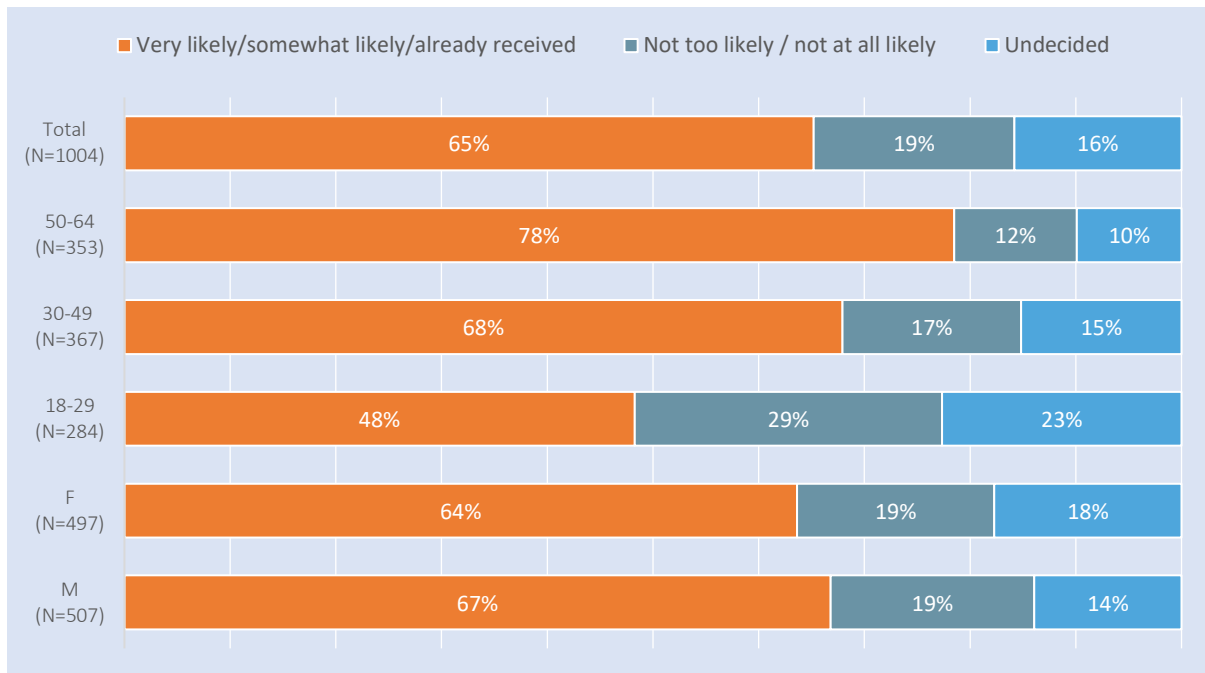
The oldest age group showed a higher predisposition than other age groups to receiving the Covid-19 vaccine (Table 3). About one in three young respondents (29%) hesitated over whether to receive the vaccine compared to one in eight 50–64-year-olds (12%). Moreover, about 23 percent of the young population were undecided compared to ten percent among the older age group. It should be emphasised that the more active population 30–49 years showed more readiness to obtain the Covid-19 vaccine than other age groups.

Table 3. Likelihood of seeking Covid-19 vaccination, by age group

Response	Age group (years)			Total
	18–29	30–49	50–64	
Very likely or somewhat likely (%)	44	62	51	53
Not too likely or not at all likely (%)	29	17	12	19
Already received (%)	4	6	27	12
Undecided (%)	23	15	10	16
Total (%)	100	100	100	100
Number of respondents	284	367	353	1,004

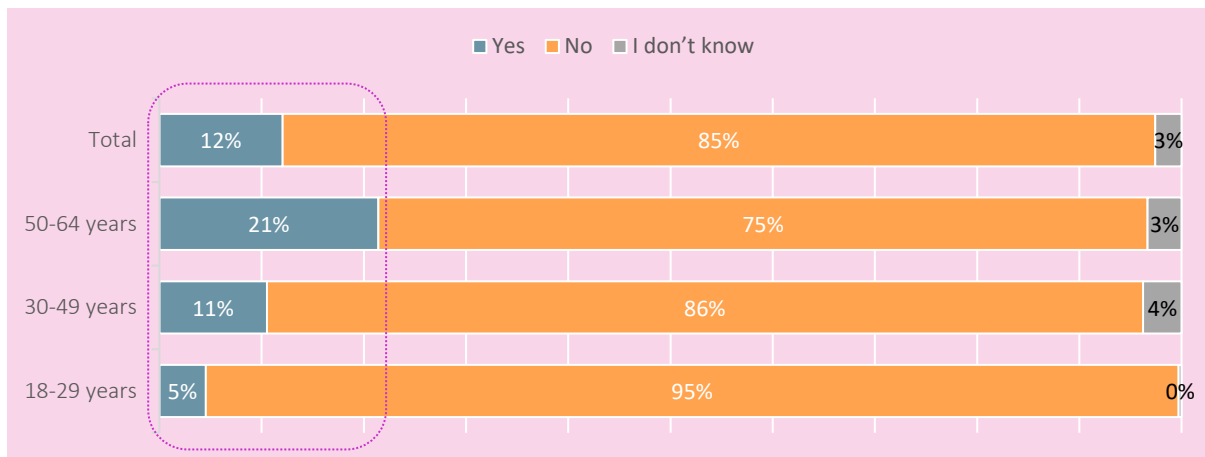
When comparing the results for respondents willing to take the vaccine with those who have already received it (fully or partially) the differences between the age groups is again apparent (Figure 23).

Figure 23. Likelihood of getting the Covid-19 vaccination, by age groups and sex



About twelve percent of respondents (14% of women and 10% of men) declared they had a health condition that might put them at risk if they were to receive the vaccination (Figure 24).⁶ About 21 percent of respondents of age 50–64 years declared they had a health condition that might put them at risk if they were to receive the vaccine, compared to only five percent of 18–29-year-olds.

Figure 24. Respondents with a health condition putting them at risk if they were to receive the vaccine, by age group



Even if age is a determining factor in having health conditions that might put an individual at risk if they were to take the vaccine, still the older age group was willing to receive it. Moreover, the underlying health condition did not seem to have any impact on the readiness to receive the vaccine (Table 4). More than 55 percent of respondents who stated they had a health condition that might put them at risk still wanted to be vaccinated.

⁶ The survey did not ask about the condition. The responses are the respondents' perceptions about their health condition that might put them at risk in case of vaccination.

Table 4. Willingness to receive the vaccine given a health condition that might put the respondent at risk

Likelihood of requesting the Covid-19 vaccine	Health condition putting respondent at risk ⁷	
	Yes (n=130)	No (n=849)
Very likely or somewhat likely (%)	55.6	52.8
Not too likely or not at all likely (%)	19.7	18.8
Already received (%)	10.0	12.3
Undecided (%)	14.6	16.1

Sex, urbanity and underlying health condition do not impact willingness to get the Covid-19 vaccine. Age appears to play an important role, with young respondents showing less reluctance to get the vaccine than members of older age groups.

Of particular importance is the level of understanding of the factors that might determine a decision to take the vaccine. The analysis considered a number of factors, as follows:

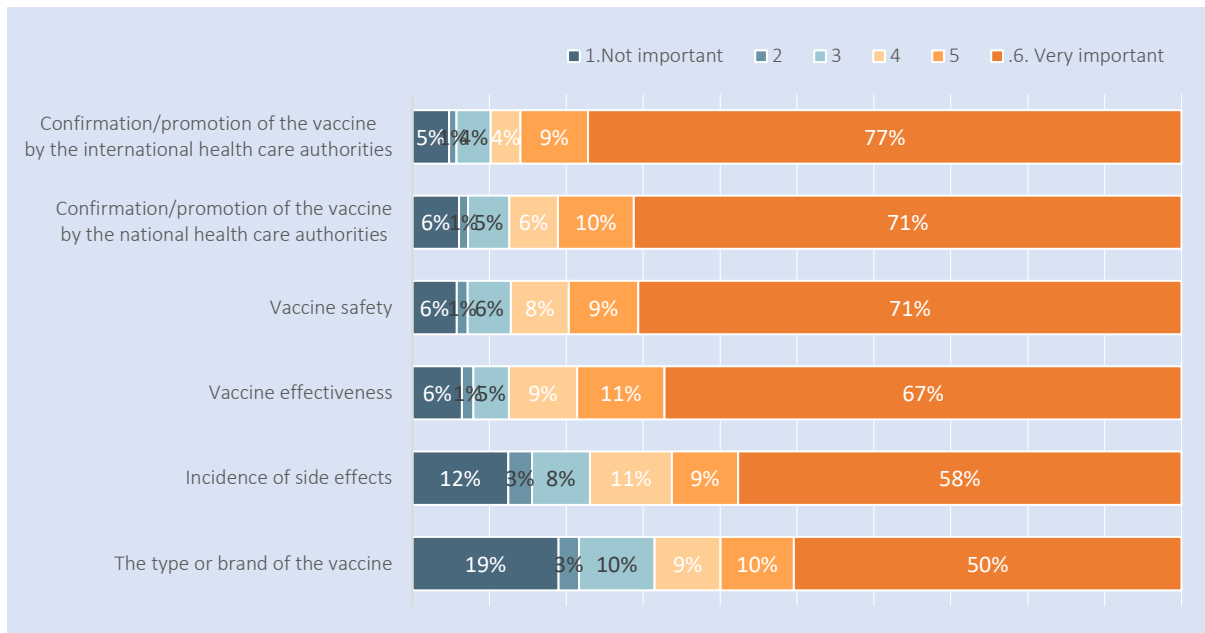
- a) **vaccine effectiveness:** how the vaccine is perceived as protecting an individual from Covid-19 infection in the future
- b) **vaccine safety:** that the vaccine does not pose any risk to the person being vaccinated
- c) **side effects:** any side effects associated with the vaccine
- d) **the brand of the vaccine**
- e) **confirmation or promotion of the vaccine by the national care authorities**
- d) **confirmation or promotion of the vaccine by international care organisations.**

For each of the above factors, respondents were asked to assess the level of importance, from 1 to 6, where 1 was considered as not important at all and 6 was considered very important.

In general, **each of the listed factors was very important for at least half of the respondents (Figure 25)**. Confirmation by the international health care authorities and by national health authorities were considered as very important by more than seven out of ten respondents.

⁷ The category that doesn't know if they have any health condition that might put them at risk is not included in this table.

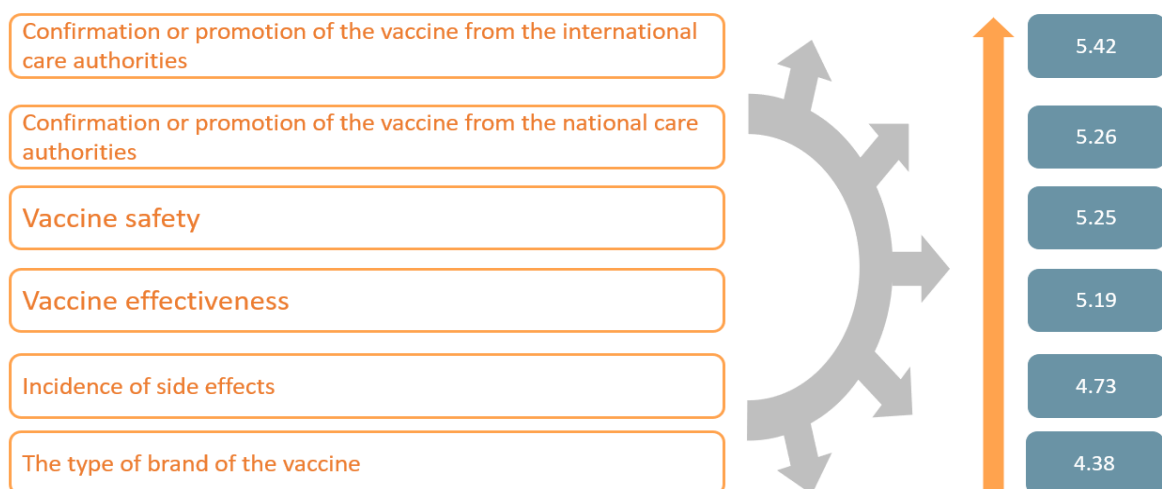
Figure 25. Factors influencing respondents' decision to obtain Covid-19 vaccine



The analysis below describes the results of an indicator calculated as the average of the responses given by the respondents for each the factors influencing their decision on getting the Covid-19 vaccine.⁸ As such, a single indicator can give a rapid assessment on the importance of each of the listed factors and their relative position to the others.

The figures show that confirmation or the promotion of a vaccine by the international and national health authorities, along with vaccine safety were the factors that were highly ranked, respectively (average: 5.42, 5.26 and 5.25), showing that they are the main aspects in determining the decision to be vaccinated against Covid-19 (Figure 26). The brand of vaccine and incidence of side effects were the least important factors (4.38 and 4.73, respectively). It should be highlighted that each factor stood out higher than the mean of 3.5, indicating that each of the listed factors was of relevant importance in taking a decision on whether to be vaccinated.

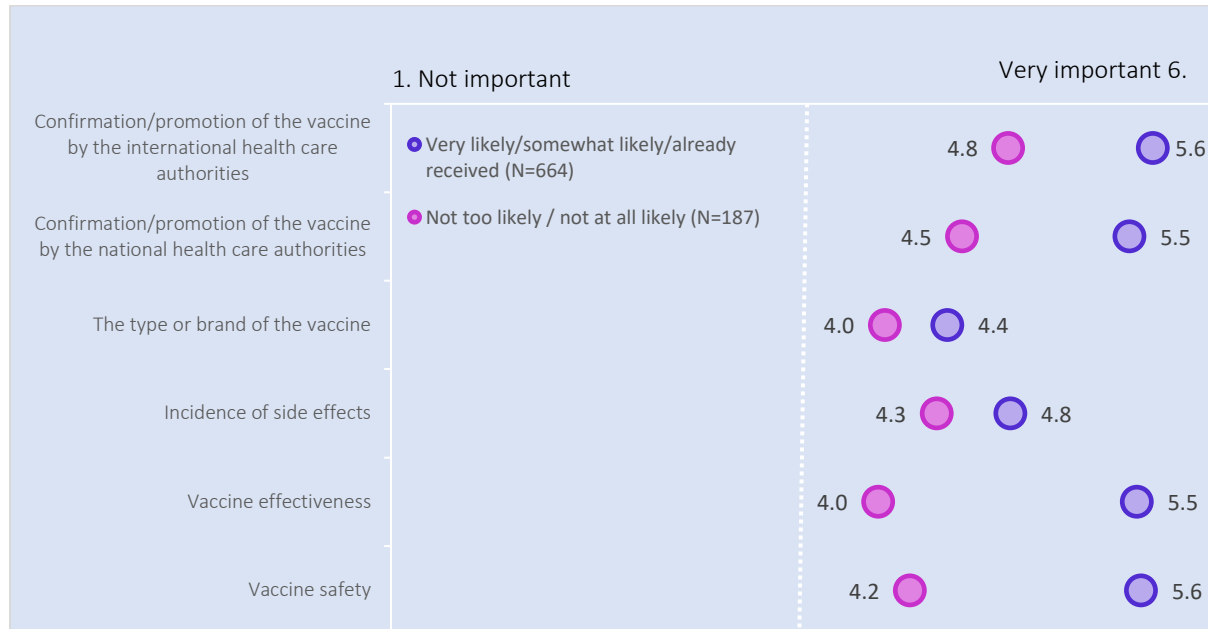
Figure 26. Importance of factors in decision to receive Covid-19 vaccine - the average points received by all respondents for each factor



⁸ The calculation is done by adding up the respective points given by all respondents (from 1 to 6) dividing by the sum of all respondents.

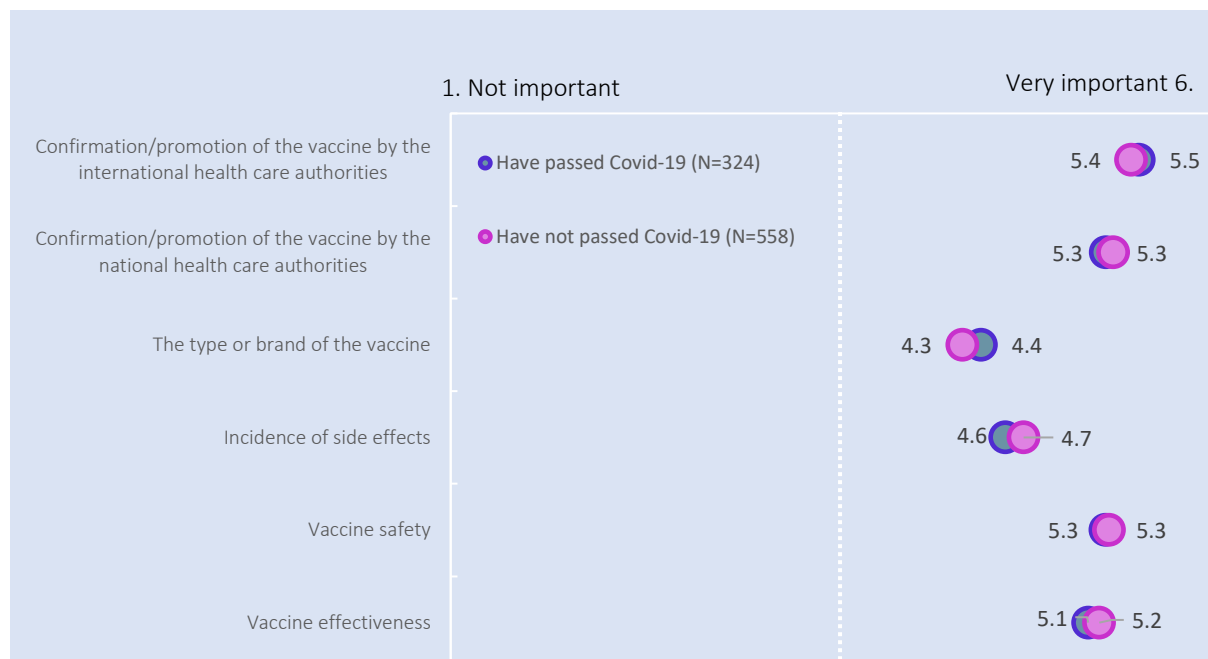
The results suggest that the listed factors were more important to respondents who were ready to receive the vaccine, or who had already taken it, than those who hesitated over being vaccinated. The results (Figure 27) suggest that the hesitancy might be caused by factors other than those listed.

Figure 27. Determining factors and willingness to receive the Covid-19 vaccine - the average points received by all respondents for each factor



Results were further disaggregated to understand whether being previously infected with Covid-19 was relevant in determining the factors that might influence the vaccination decision. Respondents seemed to value more the opinion of the international health authorities than the brand of vaccine (Figure 28). Side effects were more important to respondents who were unsure of whether they had had Covid-19.

Figure 28. Determinants in getting the vaccine, by status of contracting Covid-19 - the average points received by all respondents

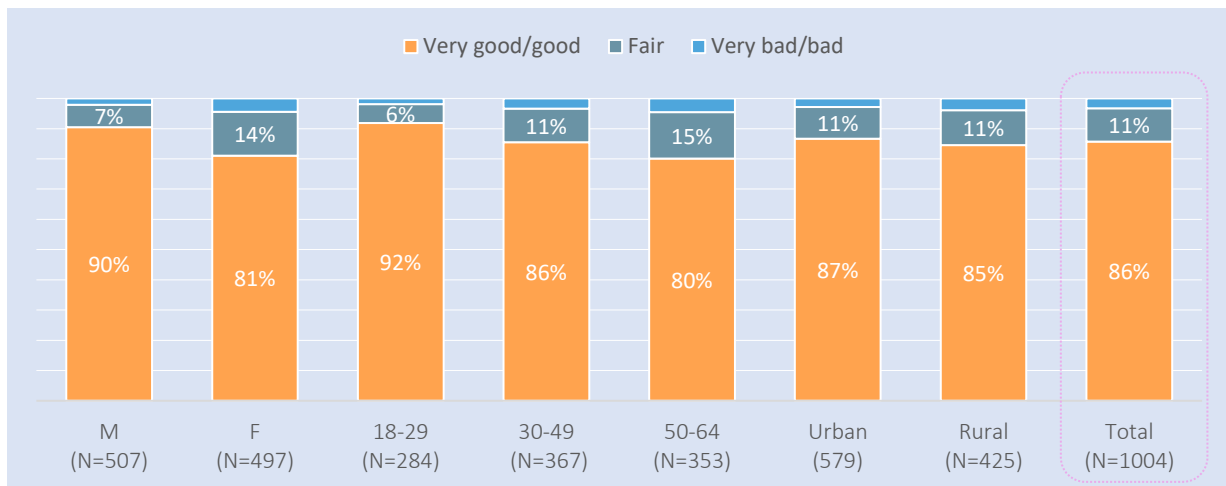


4.7 Perceived well-being

Beyond directly threatening citizens' health, the pandemic aggravated many social factors that could potentially negatively affect people's well-being. The questionnaire included a number of questions intended to assess the respondents' perceived physical and emotional well-being, the latter being potentially affected by lockdown, loss of income, loss of people close to them and other implications brought about by Covid-19 in the lives of people.

When asked about their perceived general health condition,⁹ about 86 percent of respondents stated they felt in very good or good health (Figure 29). Men perceived their general health as in better condition than did women theirs (90% and 81%, respectively, as very good or good). The self-perceived health condition of feeling very good or good decreased with age, with 92 percent of young respondents feeling very good or good compared with 80 percent of 50–64-year-olds. No significant differences were found between respondents living in urban areas and those in rural areas.

Figure 29. Self-perceived health, by sex, age groups and urbanity

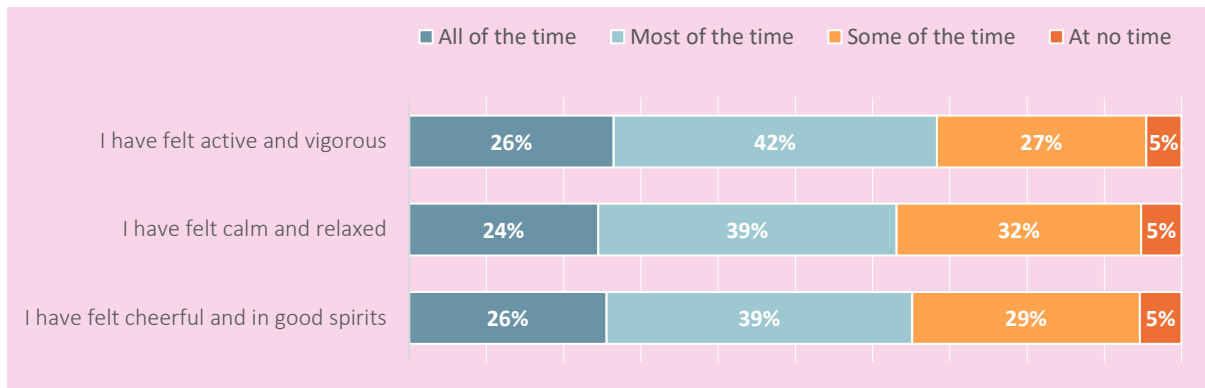


In addition, a set of questions was asked to assess the respondent's emotions and feelings during the two weeks prior to the interview. These questions measured the frequency of feeling cheerful and in good spirits, calm and relaxed, and active and vigorous during a typical day.

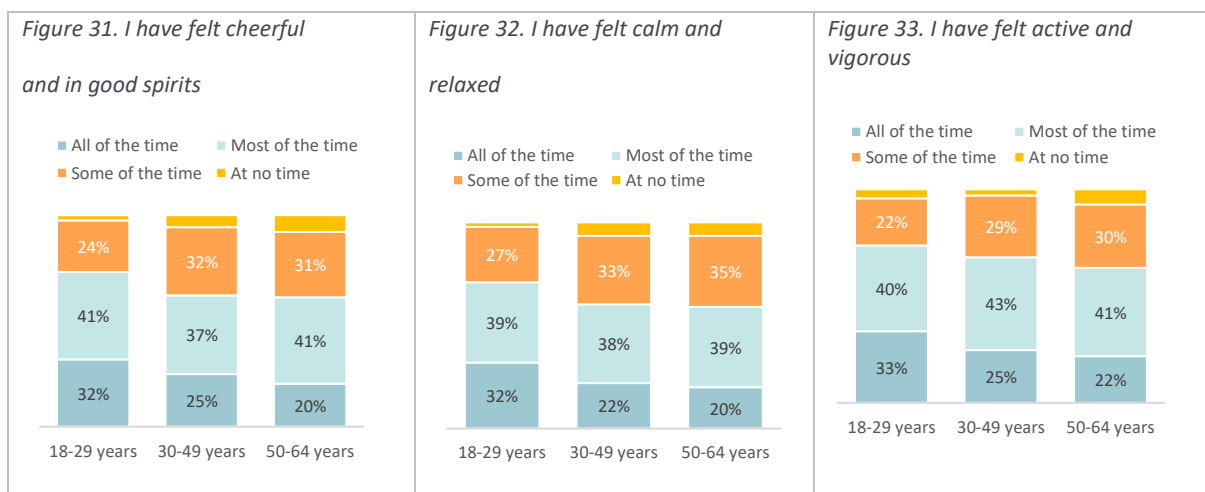
The results indicated that around 65 percent of respondents felt cheerful and in good spirits for most or all of the time for the previous two weeks (Figure 30), and about 63 percent felt calm and relaxed all or most of the time. Men seemed to have been calmer and more relaxed than women (67% and 59%, respectively). A category of satisfactory was identified by 68 percent of the respondents, who felt active and vigorous 'all the time' or 'most of the time', with men feeling more active than women (73% and 63%, respectively). No noticeable differences were found between respondents from urban and from rural areas.

⁹ This question measures the respondent's perception of their health, without asking for a medical assessment of their health condition.

Figure 30. Respondents' perceived level of good spirits over the previous two weeks



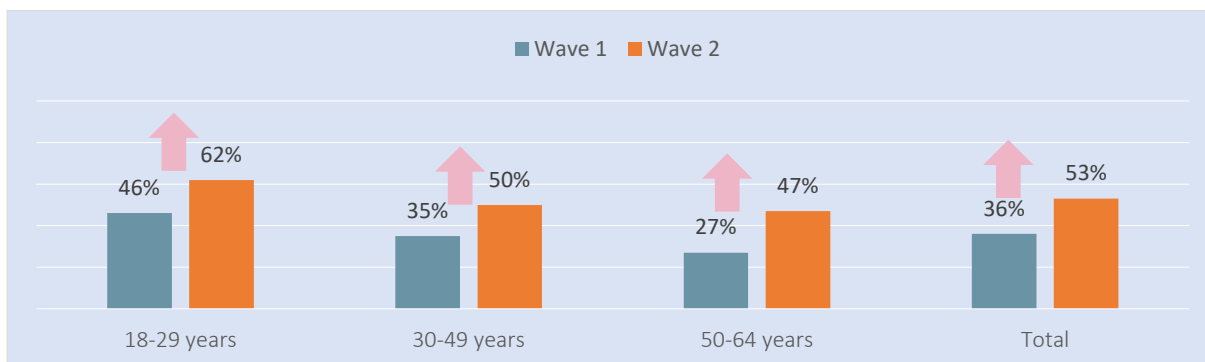
A comparison between different age groups shows a distinct difference between the younger and older people, with the younger respondents being more cheerful, active, and vivid (Figures 31–33).



Based on the above questions, an indicator was composed to better comprehend the well-being of the respondents that found **that more than half of respondents (53%) felt cheerful and in good spirits, calm and relaxed, and active and vigorous all the time or some of the time (Figure 34).** Additionally, young people reported a higher level (62%) of general well-being compared to older age groups (50% and 47% for age groups 30–49 and 50–64 years, respectively).

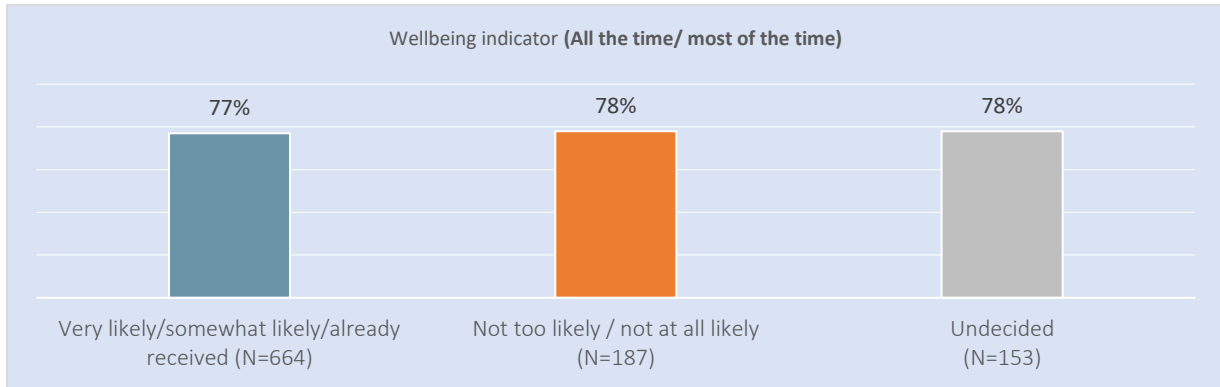
A comparison of this indicator between the two waves found a considerable increase in Wave 2. During the first wave (November 2020), about 36 percent of the respondents felt cheerful, relaxed, and active, all or some of the time, compared to about 53 percent in Wave 2.

Figure 34. Well-being indicators (feeling well 'All of the time' and 'Most of the time') for Wave 1 and 2, by age group



Attempting to see whether any relationship exists between the willingness to have the Covid-19 vaccine and the well-being of the respondents, the survey found no differences whatsoever. Around 77 percent of those willing to vaccinate had had positive feelings most or all the time, while similarly, 78 percent of those not likely to have the vaccine claimed they had had positive feelings over the previous two weeks.

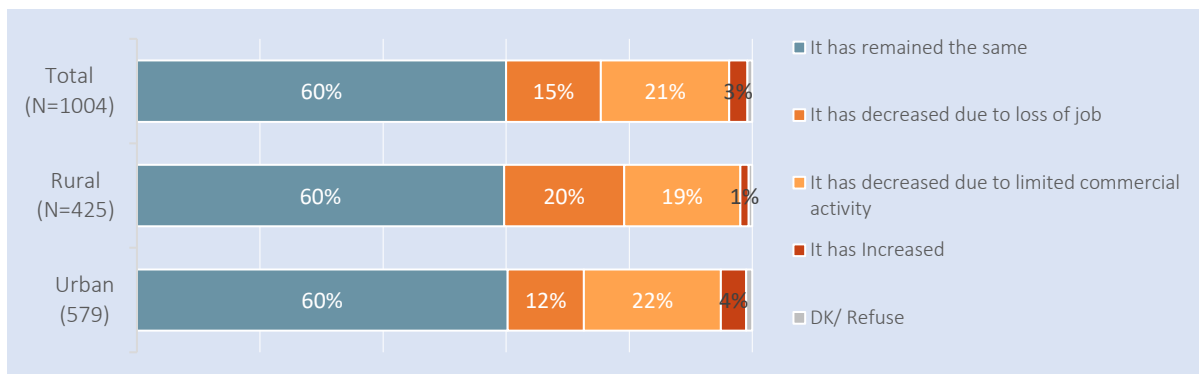
Figure 35. Well-being indicator by willingness to have the vaccine



4.8 Financial implications

This section reports how the pandemic may have affected the respondents’ household finances. Asked about the consequences of the Covid-19 pandemic on household income, three percent of respondents claimed that their household income had increased, 36 percent that it had decreased, and 60 percent that it had not changed, while one percent were unsure. Results by urbanity show no differences in the way Covid-19 may have affected household finances in these different areas. Nevertheless, more households in urban areas reported a decrease in their finances due to job losses compared to rural areas (20% and 12%, respectively), while more household in rural areas reported a reduction in finances due to a reduction in their activity (Figure 36).

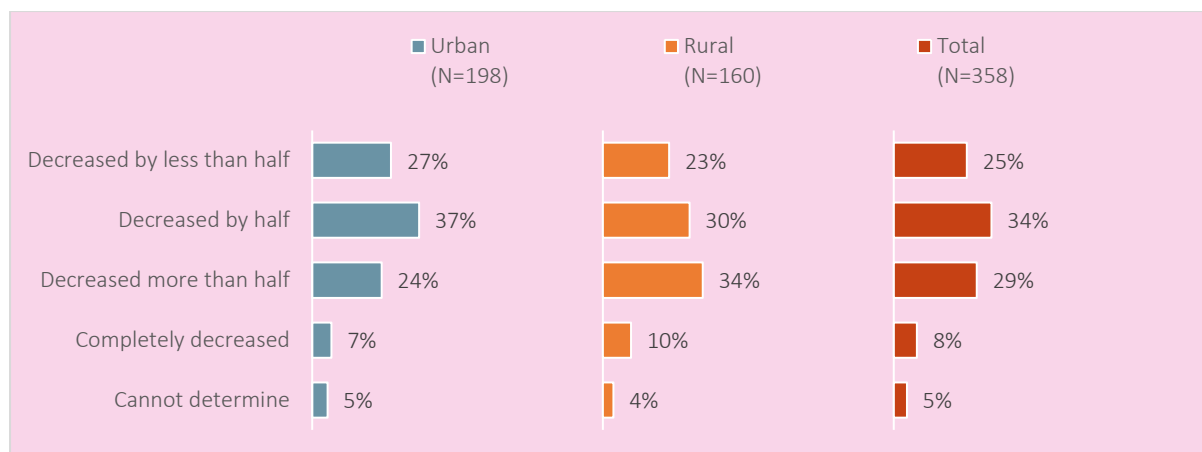
Figure 36. Changes in respondent household income due to Covid-19



Further analysis of the amounts of the decreases found that about 34 percent of respondents claimed that their household’s income had decreased by half, one in three that it had decreased by more than one-half, and about eight percent that it had decreased completely, i.e., they had lost all income.

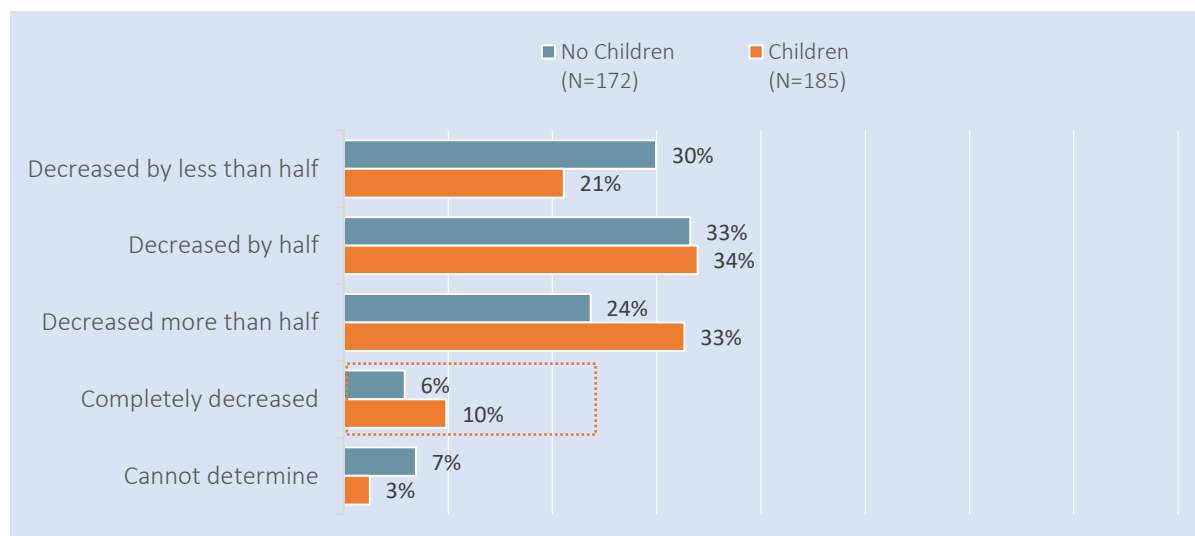
The level of income decreased more among households in urban areas than in rural areas (Figure 37), with about 34 percent of respondents from the latter declaring that their household income had decreased by more than half, compared to 24 percent.

Figure 37. Level of decrease in household incomes, by urbanity



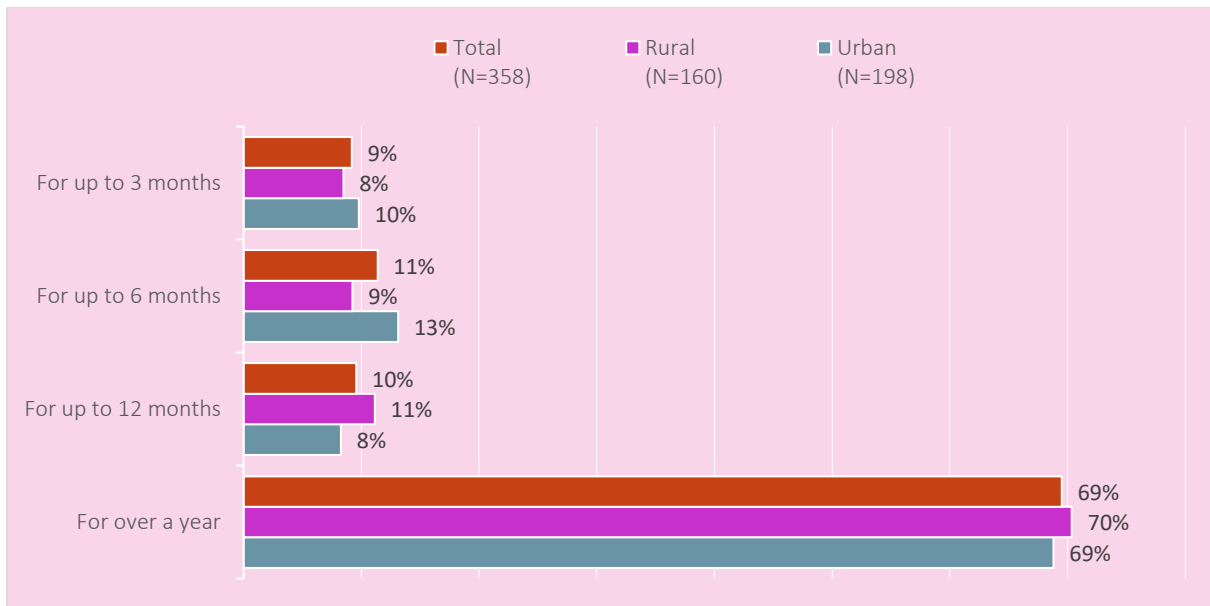
Moreover, families (respondents) with children (under 18 years old) living in the household were impacted more than those composed of only adults (Figure 38). About ten percent of them (respondents with children in the household) declared that their incomes had completely decreased, compared to six percent with no children in the household.

Figure 38. Level of decrease in household incomes, by family composition (with or without children under 18 years old living in the household)



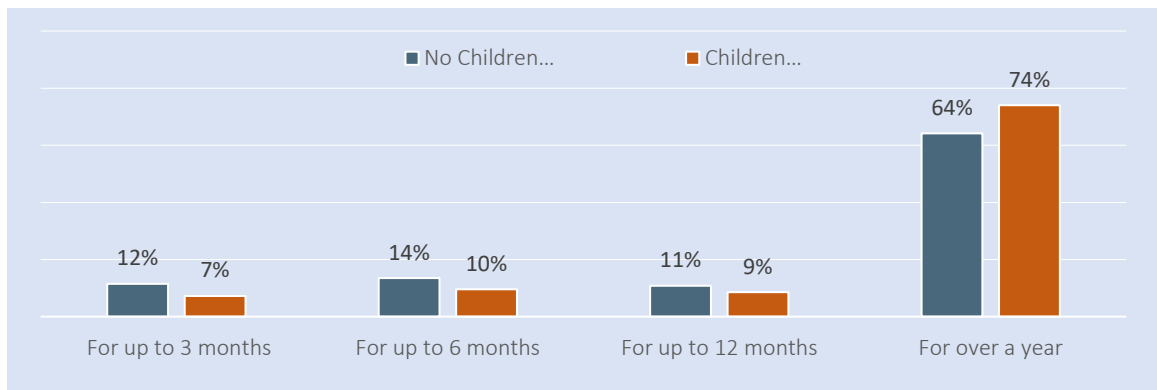
The period of income decline has been relatively long: seven in ten households stated that it has lasted for more than a year (Figure 39).

Figure 39. Duration of decrease in incomes, by urbanity (only households declaring a reduction in finances)



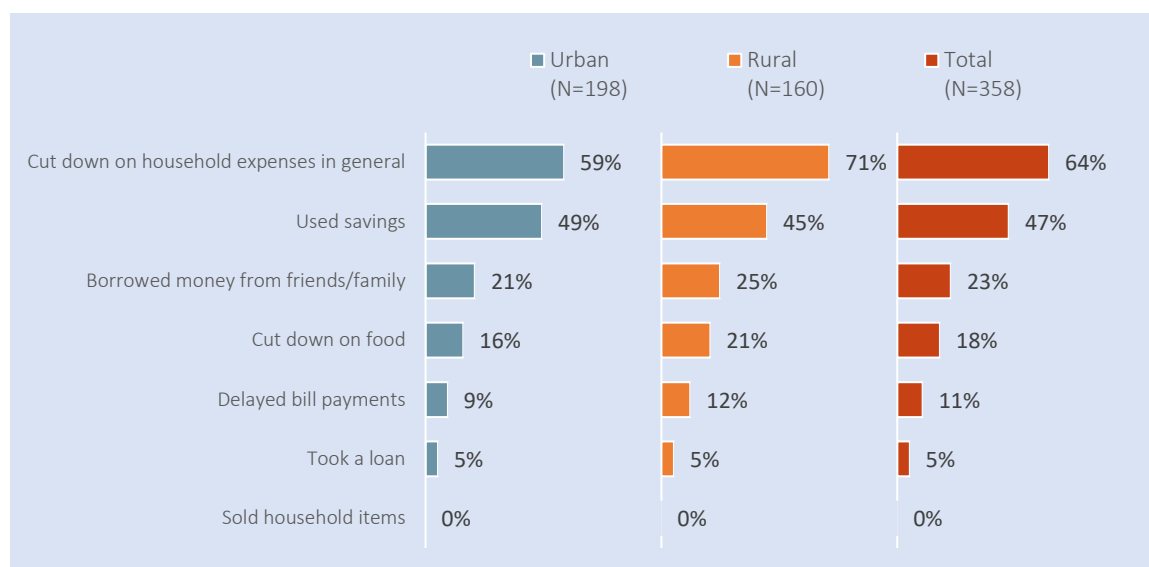
Families with children under 18 years old living in the household have experienced a longer duration of decrease in incomes: over a year for 74 percent, compared to 64 percent among households with no children (Figure 40).

Figure 40. Duration of income decrease, by household composition (only households declaring a reduction in finances)



In general, households have handled this difficult situation mainly through cutting down on their general expenses (64%), and less so by using their savings (47%) or borrowing money (23%). More respondents from rural areas claimed to have cut down on household expenses than did those from urban areas (71% and 59%, respectively; Figure 41).

Figure 41. Measures taken to counter decline in incomes, by urbanity (multiple response)



Larger families seem to have borrowed money from their friends and family more than have other families (Table 5). On the other hand, smaller families have delayed more their payments and used their savings.

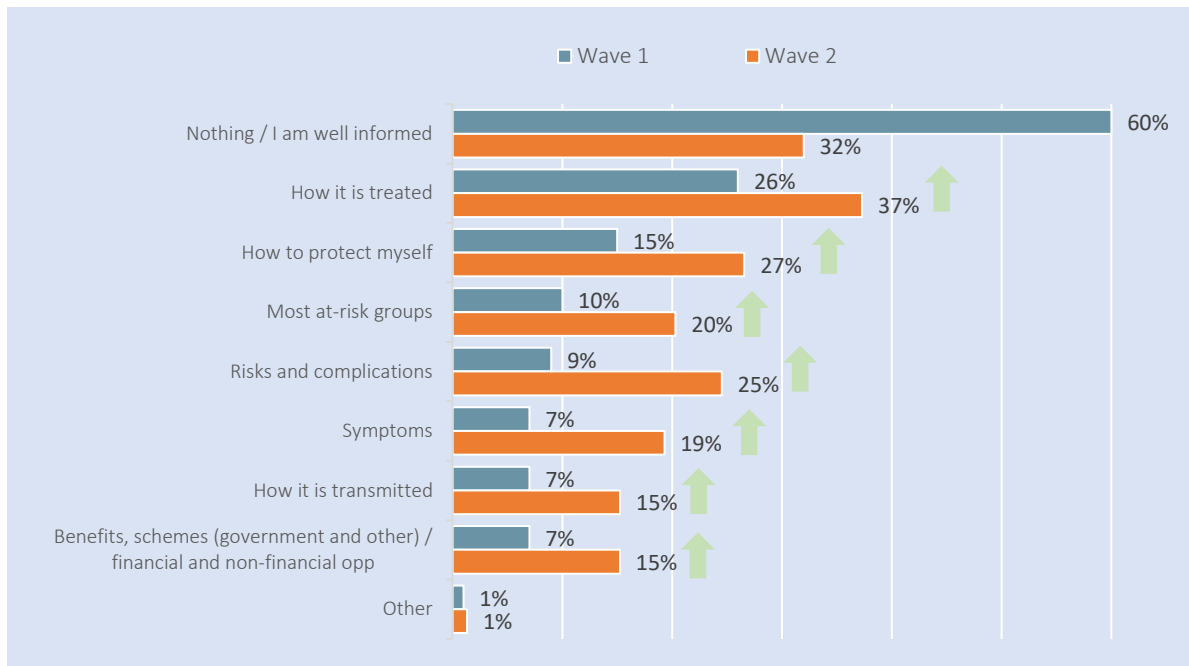
Table 5. Measures taken to counter the decline in incomes, by household size (multiple response)

Measure	1–2 members (n=81)	3 members (n=97)	4+ members (n=448)	Total (n=626)
Cut down on household expenses in general (%)	64	56	66	64
Cut down on food (%)	22	18	18	18
Borrowed money from friends/family (%)	19	18	24	23
Delayed bill payments (%)	19	7	10	11
Used savings (%)	58	56	44	47
Took a loan (%)	8	3	5	5
Sold household items (%)	0	0	0	0
Other (%)	0	1	2	2
Don't know or refuse (%)	2	1	1	1

4.9 Information

The final part of the questionnaire analysis assessed the level of interest among respondents in being informed about Covid-19, including the risks, the recommended preventative action and coping strategies. These topics (Figure 42) were prompted by the respondents during the interview.

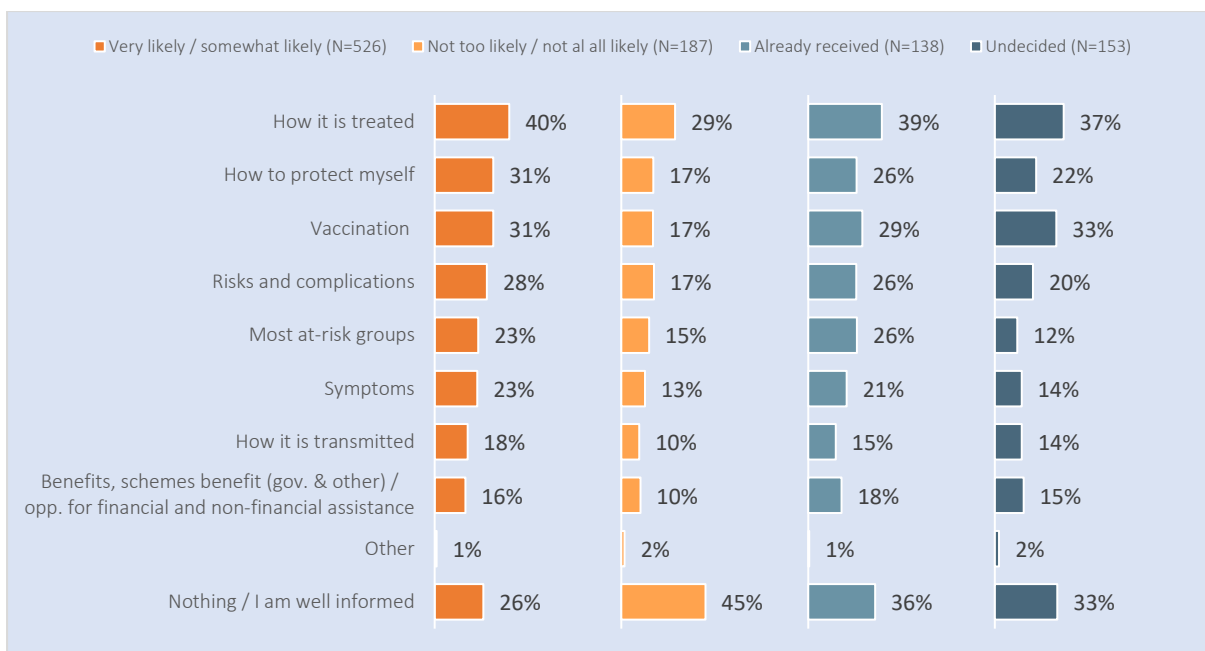
Figure 42. Information topics on Covid-19 sought by respondents (multiple response)



Women showed more interest than men in being informed. About 58 percent of women wanted to know how the disease is treated, compared to 42 percent of men, and about 55 percent wanted to know how to protect themselves, compared to 45 percent of men.

Respondents who were hesitant about having the vaccine showed lower levels of interest in being informed about Covid-19 (Figure 43). About 45 percent who were hesitant claimed that they are already well informed around Covid-19-related topics, in comparison to 26 percent of those who are ready to be vaccinated.

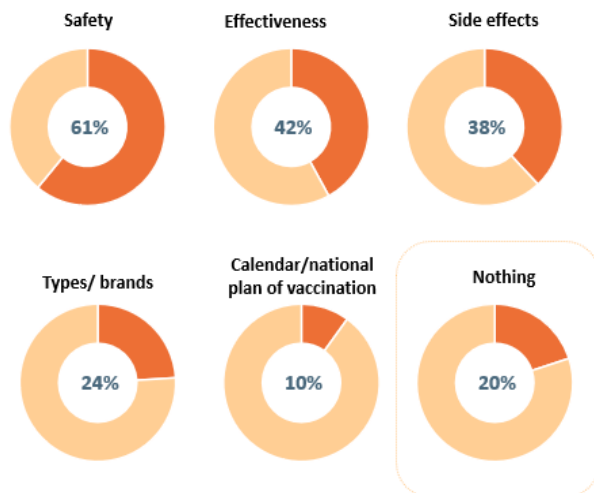
Figure 43. Relationship between willingness to have the vaccine and topics of interest about Covid-19 (multiple response)



When asked about what they wanted to know most about the Covid-19 vaccine (Figure 44), respondents ranked 'Safety' as first choice (61%), followed by 'Effectiveness of the vaccine' (42%)

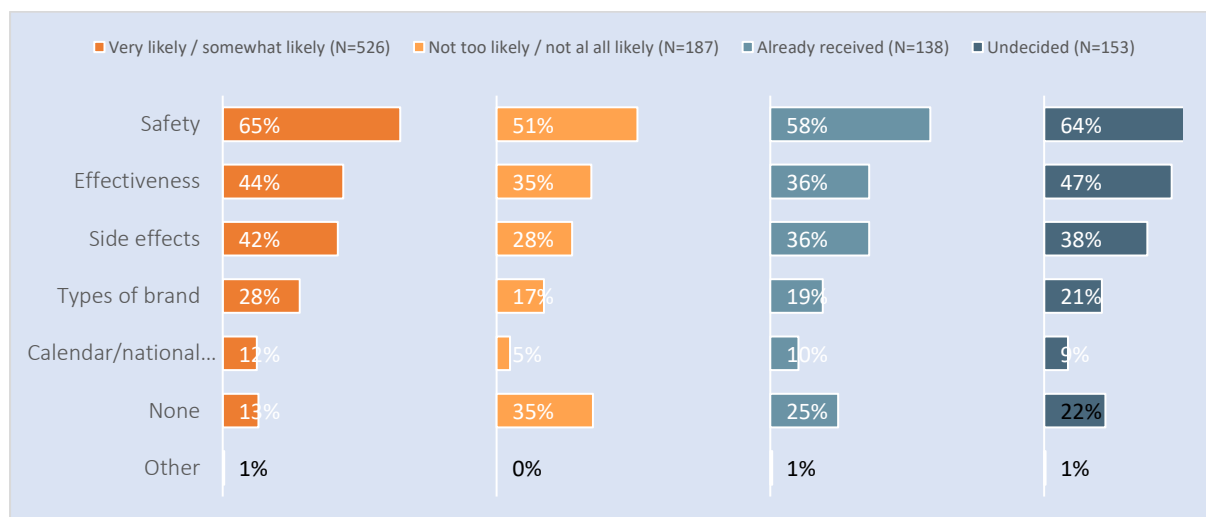
and ‘Side effects’ (38%). Moreover, the topic of least interest was the national plan of vaccination (10%), with 20 percent of respondents reporting that they want no further information on the vaccine.

Figure 44. Topics of interest on the Covid-19 vaccine (all respondents; multiple response)



About 35 percent of the respondents who were hesitant about having the vaccine reported themselves to be already well informed and that they needed no further information (Figure 45). On the other hand, respondents who are very likely or somewhat likely to have the vaccine were mainly interested in knowing about the safety of the vaccines (65%).

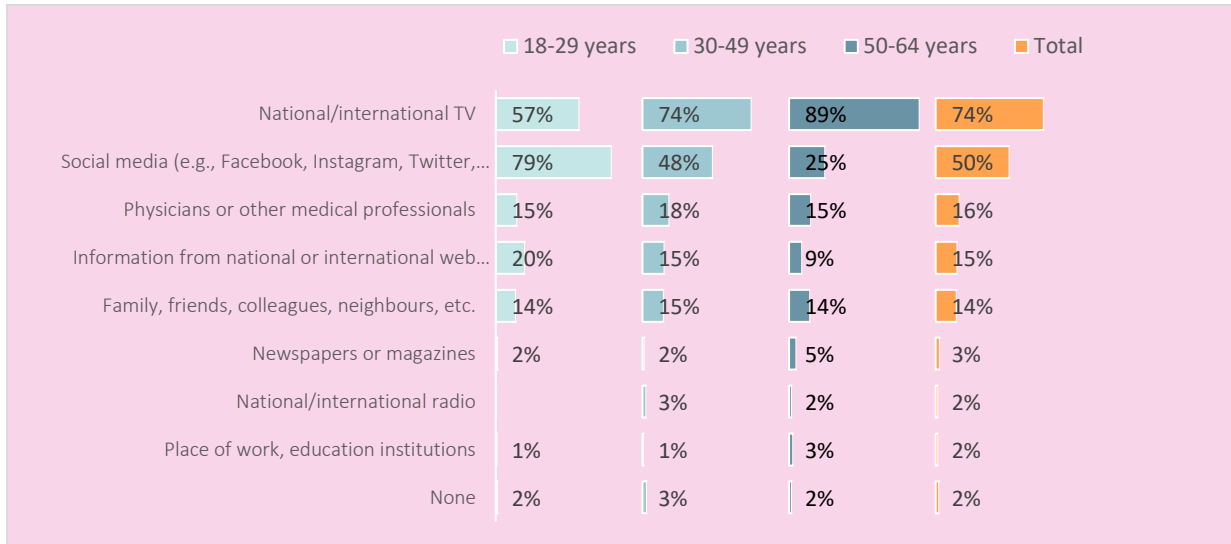
Figure 45. Willingness to be informed about the vaccine, by willingness to be vaccinated (multiple response)



Overall, to obtain information on Covid-19 (Figure 46), the respondents relied mostly on national or international television (74%) and social media (50%). Less frequently they turned to public service announcements (16%), official government websites (15%) and their community of family and friends (14%), with very few turning to the radio (2%). An interesting finding of the survey is the fact that the respondents relied very little on physicians or other medical professionals to obtain information on Covid-19 (16%), while this should be the main source of information. Data disaggregated by age show similarities in the perception across the different age groups: adults of age 30–49 years were informed slightly more by physicians (18%) than were youngsters (15%) and those of 50–64 years of age. The sources of information differ greatly by age, with the majority of young respondents choosing social

media (79%), and only half choosing national TV. Meanwhile, national TV was the main source of information for 50–64-year-olds (89%) and for 30–49-year-olds (74%). Naturally, these results emphasise the different means of channels of information used by different age groups, and of course these different channels can be used to target the different groups. Nevertheless, national TV and social media together would reach the whole population regardless of sex, area type, or age group.

Figure 46. Channels of information on Covid-19 (multiple response)



ANNEX 1 – SURVEY QUESTIONNAIRE

Profile of the respondent		
1	Sex	1. Male 2. Female
2	Age (in completed years) <i>If below 18, stop the interview</i>	_____
3	Living area	1. Urban 2. Rural
4	Including yourself, how many family members does your household have?	_____ members
4a	How many of them are under 18 years of age?	_____ members
5	How would you define your health in general? Self-perceived general health	1. Very good 2. Good 3. Fair 4. Bad 5. Very bad
Individual questionnaire		
6	Thinking back to the beginning of the pandemic, have you had Covid-19?	1. Yes 2. No, Go to 7 3. I don't know, Go to 7
6.1	Approximately, when did you have it?	MM/YYYY
6.2	How would you rate the severity of your condition when you went through Covid-19?	1. Very severe 2. Severe 3. Moderate 4. Mild 5. Very mild
7	Have any of your close family members or very close contacts been infected with Covid-19?	1. Yes 2. No, Go to 8 3. Don't know, Go to 8
7.1	Did any of them pass away because of Covid-19?	1. Yes 2. No 3. Don't know

8 Thinking about the last few weeks, can you determine the level to which you have practised the following measures to prevent Covid-19 and stop its spread?

Prompt the options, Rotate

	Measure	<i>Yes, always</i>	<i>Yes, mostly</i>	<i>No, mostly</i>	<i>No</i>	<i>Refuse</i>
A	Wash my hands regularly or frequently with soap and water for at least 20 seconds.					
B	Clean with disinfectant my hands, surfaces and objects that I use frequently.					
C	Avoid touching my face and eyes with unwashed hands.					
D	Maintain at least 1–1.5 m distance from others.					
E	Cover my mouth and nose when coughing or sneezing.					
F	Avoid crowded places or gatherings with many people.					
G	Avoid physical contact with close family members and friends (I avoid visiting them) (excluding family members that live in the same household).					
H	Avoid shaking hands with others, kissing, hugging others (physical greetings).					
I	Avoid going out unless necessary.					
J	Wear a mask at all times outside the house or apartment (covering mouth and nose).					
K	Avoid travel.					
L	Avoid going to bars or restaurants.					
M	Avoid public transportation (bus, taxi), unless necessary.					

9 Overall, how much do you agree with the measures taken by state institutions over the **last two months** concerning Covid-19?

1. Strongly disagree 2. Somewhat disagree 3. Neutral, neither disagree nor agree

4. Somewhat agree 5. Strongly agree 6. Don't know 7. Refuse

Measure	1	2	3	4	5	6	7
Measures to limit the spread of Covid-19 <i>(obligatory masks outside and inside environments, social distancing, online learning for universities; limited movements, etc.)</i>							
Measures for financial support to businesses and families in need <i>(support for SME)</i>							
Measures for managing the situation of patients in hospitals <i>(increasing of capacities, the opening of Covid hospital 3)</i>							
Measures related to the vaccination of the population <i>(vaccination campaign)</i>							
10 How would you assess the reaction of the majority of people you are in contact with regarding Covid-19?	1. Most of them underestimate the risk of Covid-19 2. Their reaction is appropriate regarding the level of risk that Covid-19 poses 3. Most of them overestimate the risk of Covid-19 4. Don't know						
11 How concerned are you about the possibility of being (re)infected with Covid-19 in the next weeks?	1. Not concerned at all 2. Mostly not concerned 3. Neutral (indifferent) 4. Mostly concerned 5. Extremely concerned						
12 When it becomes available, how likely are you to get the Covid-19 vaccine?	1. Very likely 2. Somewhat likely 3. Not too likely 4. Not at all likely 5. Already received (fully or partially) 6. Undecided or I don't know						
13 From the following statement, could you determine the level of importance to you when deciding about the Covid-19 vaccine? (1, not important at all ... 6, very important)							
	1	2	3	4	5	6	DK or refuse
A Vaccine effectiveness <i>(how much it protects you from Covid-19 in the future)</i>							
B Vaccine safety <i>(it does not pose risk to your health)</i>							
C Incidence of side effects (major and minor)							

	D	The type or brand of the vaccine							
	E	Confirmation/promotion of the vaccine by the national health care authorities							
	F	Confirmation/promotion of the vaccine by the international health care authorities							
13a	Is there any other factor that you consider important in this regard (determining your intention to receiving the Covid-19 vaccine)? Please name it or them: _____								
14	Do you have any health condition that makes you at risk if you receive the vaccine?		1. Yes 2. No						
15	We would now like you to indicate your general well-being:								
	Over the past 2 weeks,								
			All of the time	Most of the time	Some of the time	At no time	Refuse (don't prompt)		
	I have felt cheerful and in good spirits								
	I have felt calm and relaxed								
	I have felt active and vigorous								
16	Due to Covid-19, how has the average level of your monthly household income been affected?		1. It has remained the same, Go to 17 2. It has decreased due to loss of job 3. It has decreased due to limited commercial activity 4. It has increased, Go to 17 5. DK or refuse, Go to 17						
16a	Could you determine how much this decline has been?		1. Decreased by less than half 2. Decreased by half 3. Decreased by more than half 4. Has completely decreased 5. I cannot determine 6. Refuse						
16b	Since the beginning of the pandemic, could you please estimate how long this decrease lasted?		1. For up to 3 months 2. For up to 6 months 3. For up to 12 months 4. For over a year 5. Refuse						

<p>16c</p>	<p>Due to the decline in income, which of the measures mentioned have any of your household members taken?</p> <p><i>Multiple choice; Prompt the options</i></p>	<p>A. Cut down on household expenses in general B. Cut down on food C. Borrowed money from friends/family D. Delayed bill payments E. Used savings F. Taken out a loan G. Sold household items H. Other, specify _____ I. Don't know or refuse (don't prompt)</p>
<p>17</p>	<p>What would you like to know more about concerning Covid-19?</p> <p><i>Multiple choice; Prompt the options</i></p>	<p>A. How to protect myself B. Symptoms C. Most at-risk groups D. Risks and complications E. How it is treated F. How it is transmitted G. Vaccination H. Measures taken by the government (restrictions) I. Benefits, schemes benefit (government and other) / opportunities for financial and non-financial assistance J. Other, specify _____ K. Nothing / I am well informed</p>
<p>18</p>	<p>What would you like to know more about concerning the Covid-19 vaccines?</p> <p><i>Multiple choice; Prompt the options</i></p>	<p>A. Safety B. Types of brand C. Effectiveness D. Side effects E. Calendar/national plan of vaccination F. Other, specify _____</p>
<p>19</p>	<p>17. Which channels of information do you most often use to get information about Covid-19?</p> <p><i>Multiple choice; Prompt the options</i></p>	<p>A. National radio B. National TV C. International radio D. International TV E. Social media (e.g., Facebook, Instagram, Twitter, YouTube) F. Information from national or international web portals (government or independent) G. Physicians or other medical professionals H. Newspapers or magazines I. Family, friends, colleagues, neighbours, etc. J. Place of work, education institutions L. Refuse to answer M. Other, specify _____</p>

ANNEX 2 – DATA TABLES

Table A1. Respondents, by sex

Gender	Count	Percent
Male	507	50.5
Female	497	49.5
Total	1,004	100.0

Table A2. Respondents, by urbanity

Area	Count	Percent
Urban	579	57.7
Rural	425	42.3
Total	1,004	100.0

Table A3. Respondents, by age group

Age group	Count	Percent
18–29 years	284	28.3
30–49 years	367	36.6
50–64 years	353	35.2
Total	1,004	100.0

Table A4. How would you define your health in general?

		Very good (%)	Good (%)	Fair (%)	Bad (%)	Very bad (%)	Total (n)
Gender	Male	54	36	7	1	1	507
	Female	43	38	14	3	2	497
Area	Urban	50	37	11	2	1	579
	Rural	47	38	11	2	2	425
Age group	18–29 years	63	29	6	1	1	284
	30–49 years	47	39	11	2	1	367
	50–64 years	36	44	15	3	1	353
Total		48	37	11	2	1	1,004

Table A5. Have you had Covid-19?

		Yes (%)	No (%)	Don't know (%)	Total (n)
Gender	Male	31	55	14	507
	Female	34	55	11	497
Area	Urban	38	49	13	579
	Rural	25	63	12	425
Age group	18–29 years	35	55	10	284
	30–49 years	32	54	13	367
	50–64 years	31	56	13	353
Total		33	55	12	1,004

Table A6. When did you have it?

	2020 (%)	2021 (%)	Don't know (%)
January	2	12	
February	2	18	
March	2	9	
April	2	2	
May	1	1	
June	2	-	
July	3	-	
August	6	-	
September	2	-	
October	9	-	
November	14	-	
December	13	-	
I don't know	0.6	0.6	0.9
	57	42	1
Total (n)	185	136	3

Table A7. How would you rate the severity of your condition when going through Covid-19?

		Very mild (%)	Mild (%)	Moderate (%)	Severe (%)	Very severe (%)	Total (n)
Gender	Male	32	29	26	6	8	157

	Female	25	27	29	13	6	167
Area	Urban	31	29	25	10	4	219
	Rural	23	24	33	9	11	105
Age group	18–29 years	39	23	28	9	2	99
	30–49 years	26	32	21	11	10	116
	50–64 years	20	28	36	9	7	109
Total		28	28	28	10	7	324

Table A8. Have any of your close family members or very close contacts been infected with Covid-19?

		Yes (%)	No (%)	Don't know (%)	Total (n)
Gender	Male	48	50	2	507
	Female	56	42	2	497
Area	Urban	60	38	2	579
	Rural	41	57	1	425
Age group	18–29 years	58	40	1	284
	30–49 years	48	51	1	367
	50–64 years	52	45	3	353
Total		52	46	2	1,004

Table A9. Did any of them pass away because of Covid-19? (Only those who have close contact who have been infected)

		Yes (%)	No (%)	Total (n)
Gender	Male	19	81	246
	Female	28	72	276
Area	Urban	28	72	349
	Rural	17	83	173
Age group	18–29 years	18	82	166
	30–49 years	29	71	175
	50–64 years	25	75	181
Total		24	76	522

Table A10. Did any of them pass away because of Covid-19? (All respondents)

		Yes (%)	Total (n)

Gender	Male	9	507
	Female	16	497
Area	Urban	17	579
	Rural	7	425
Age group	18–29 years	11	284
	30–49 years	14	367
	50–64 years	13	353
Total		13	1,004

Table A11. Wash my hands regularly or frequently with soap and water for at least 20 seconds

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	65	29	2	3	507
	Female	82	16	1	1	497
Area	Urban	75	21	1	2	579
	Rural	72	24	2	1	425
Age group	18–29 years	73	24	1	2	284
	30–49 years	73	23	2	2	367
	50–64 years	76	21	1	2	353
Total		74	23	2	2	1,004

Table A12. Clean with disinfectant my hands, surfaces, and objects that I use frequently

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	59	28	6	7	507
	Female	72	23	3	2	497
Area	Urban	68	23	4	4	579
	Rural	63	28	5	4	425
Age group	18–29 years	68	24	4	5	284
	30–49 years	62	27	6	4	367
	50–64 years	68	24	4	4	353
Total		66	25	5	4	1,004

Table A13. Avoid touching my face and eyes with unwashed hands

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	57	32	7	5	507
	Female	70	24	4	2	497
Area	Urban	62	27	7	4	579
	Rural	65	29	4	2	425
Age group	18–29 years	62	28	4	5	284
	30–49 years	60	30	7	3	367
	50–64 years	69	25	4	2	353
Total		63	28	6	3	1,004

Table A14. Maintain at least 1–1.5 m distance from others

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	40	32	15	13	507
	Female	47	34	13	6	497
Area	Urban	42	33	13	12	579
	Rural	45	33	15	7	425
Age group	18–29 years	33	34	18	15	284
	30–49 years	42	34	15	10	367
	50–64 years	56	31	8	5	353
Total		43	33	14	10	1,004

Table A15. Cover my mouth and nose when coughing or sneezing

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	72	20	3	5	507
	Female	83	16	1	0	497
Area	Urban	79	17	1	3	579
	Rural	76	19	2	2	425
Age group	18–29 years	75	21	1	3	284
	30–49 years	75	20	2	2	367
	50–64 years	83	13	2	2	353

Total	78	18	2	2	1,004
--------------	-----------	-----------	----------	----------	--------------

Table A16. Avoid crowded places or gatherings with many people

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	47	34	9	10	507
	Female	59	32	6	2	497
Area	Urban	50	34	8	8	579
	Rural	57	32	7	3	425
Age group	18–29 years	42	37	10	11	284
	30–49 years	52	37	7	4	367
	50–64 years	66	25	5	4	353
Total		53	33	7	6	1,004

Table A17. Avoid physical contact with close family members and friends (I avoid visiting them; excluding family members that live in the same household)

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total
Gender	Male	38	35	13	15	507
	Female	44	34	12	10	497
Area	Urban	38	33	13	16	579
	Rural	45	36	12	8	425
Age group	18–29 years	28	36	16	20	284
	30–49 years	43	34	12	10	367
	50–64 years	51	32	9	7	353
Total		41	34	13	12	1,004

Table A18. Avoid shaking hands with others, kissing, hugging others (physical greeting)

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total
Gender	Male	43	33	11	14	507
	Female	55	32	8	5	497
Area	Urban	48	31	9	12	579
	Rural	50	35	10	6	425
Age group	18–29 years	36	33	15	15	284

	30–49 years	50	34	7	9	367
	50–64 years	60	30	6	4	353
	Total	49	33	9	9	1,004

Table A19. Avoid going out unless necessary

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	32	30	17	20	507
	Female	40	36	11	12	497
Area	Urban	34	32	14	20	579
	Rural	40	35	14	11	425
Age group	18–29 years	22	39	17	22	284
	30–49 years	38	32	15	16	367
	50–64 years	49	30	11	10	353
	Total	36	33	14	16	1,004

Table A20. Wear a mask at all times outside the house or apartment (covering mouth and nose)

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	50	23	13	13	507
	Female	68	19	8	5	497
Area	Urban	59	20	10	11	579
	Rural	59	23	11	7	425
Age group	18–29 years	48	25	14	13	284
	30–49 years	57	23	11	9	367
	50–64 years	73	14	6	6	353
	Total	59	21	11	9	1,004

Table A21. Avoid travel

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	41	31	11	16	507
	Female	51	33	8	8	497
Area	Urban	46	30	9	15	579
	Rural	48	34	10	9	425

Age group	18–29 years	32	39	12	17	284
	30–49 years	45	33	11	11	367
	50–64 years	63	23	5	9	353
Total		46	32	10	12	1,004

Table A22. Avoid going to bars or restaurants

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	35	28	18	19	507
	Female	51	27	9	13	497
Area	Urban	38	28	14	20	579
	Rural	49	27	13	11	425
Age group	18–29 years	24	31	18	27	284
	30–49 years	44	29	12	14	367
	50–64 years	60	22	10	8	353
Total		43	28	13	16	1,004

Table A23. Avoid public transportation (bus, taxi), unless necessary

		Yes, always (%)	Yes, mostly (%)	No, mostly (%)	No (%)	Total (n)
Gender	Male	56	26	9	10	507
	Female	61	26	5	8	497
Area	Urban	59	25	6	10	579
	Rural	57	27	8	8	425
Age group	18–29 years	48	29	8	14	284
	30–49 years	60	26	6	8	367
	50–64 years	66	22	6	5	353
Total		58	26	7	9	1,004

Table A24. Measures to limit the spread of Covid-19

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Strongly disagree (%)	12	4	9	7	14	6	3	8
Somewhat disagree (%)	5	6	6	4	5	7	4	6

Neutral, neither agree nor disagree (%)	11	10	11	10	16	10	6	11
Somewhat agree (%)	16	16	18	12	18	15	13	16
Strongly agree (%)	56	64	55	66	46	61	73	60
Refuse or Don't know	0	1	1	0	0	1	1	1
Total (n)	507	497	579	425	284	367	353	1,004

Table A25. Measures for financial support to businesses and families in need

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Strongly disagree (%)	14	9	13	9	14	12	9	12
Somewhat disagree (%)	9	8	9	9	6	9	11	9
Neutral, neither agree nor disagree (%)	10	10	11	9	14	9	8	10
Somewhat agree (%)	14	17	15	17	19	13	16	16
Strongly agree (%)	43	47	42	49	37	47	51	45
Refuse or Don't know (%)	9	9	10	7	12	9	6	9
Total (n)	507	497	579	425	284	367	353	1,004

Table A26. Measures for managing the situation of patients in hospitals

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Strongly disagree (%)	7	4	7	4	8	6	3	6
Somewhat disagree (%)	4	4	5	3	3	5	4	4
Neutral, neither agree nor disagree (%)	11	10	12	9	11	11	9	10
Somewhat agree (%)	17	17	16	18	17	18	16	17
Strongly agree (%)	55	59	54	61	53	54	65	57
Refuse or Don't know (%)	5	6	6	5	7	6	4	6
Total (n)	507	497	579	425	284	367	353	1,004

Table A27. Measures related to vaccination of the population

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Strongly disagree (%)	9	4	7	6	9	7	3	7
Somewhat disagree (%)	2	4	3	2	4	1	4	3
Neutral, neither agree nor disagree (%)	7	11	9	8	12	8	6	9
Somewhat agree (%)	10	11	10	10	12	11	7	10
Strongly agree (%)	71	68	68	71	60	69	78	69
Refuse or Don't know (%)	2	3	2	2	2	3	2	2
Total (n)	507	497	579	425	284	367	353	1,004

Table A28. Assessment of the reaction of the majority of contacts with regarding Covid-19

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Underestimate the risk (%)	33	33	32	35	35	35	28	33
Reactions correspond to the risk (%)	48	51	52	46	48	47	53	49
Overestimate the risk (%)	15	13	14	14	13	14	14	14
Don't know (%)	4	4	3	5	3	4	5	4
Total (n)	507	497	579	425	284	367	353	1,004

Table A29. Likelihood of having the Covid-19 vaccine

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Very likely (%)	47	41	43	45	32	53	44	44
Somewhat likely (%)	9	9	9	10	12	9	7	9
Not too likely (%)	3	6	5	4	6	4	3	4
Not at all likely (%)	17	12	15	14	23	13	9	15
Already received (Fully) (%)	11	13	12	11	4	6	27	12
Undecided or I don't know (%)	14	18	16	16	23	15	10	16
Refuse to answer (%)	0	0	0	0	0	0	0	0
Total (n)	507	497	579	425	284	367	353	1,004

Table A30. Factors of personal importance in deciding on the Covid-19 vaccine (1, unimportant ... 6, very important)

	1, Not important (%)	2 (%)	3 (%)	4 (%)	5 (%)	6, Very important (%)	Total (n)
Type or brand of the vaccine	19	3	10	9	10	50	1,004
Incidence of side effects	12	3	8	11	9	58	1,004
Vaccine effectiveness	6	1	5	9	11	67	1,004
Vaccine safety	6	1	6	8	9	71	1,004
Confirmation/promotion of the vaccine by the national health care authorities	6	1	5	6	10	71	1,004
Confirmation/promotion of the vaccine by the international health care authorities	5	1	4	4	9	77	1,004

Table A31. Level of importance of factors when deciding on having the Covid-19 vaccine (1, unimportant ... 6, very important)

	Average score							
	Gender		Area		Age group (years)			
	M	F	Urban	Rural	18–29	30–49	50–64	
Vaccine effectiveness	5.1	5.3	5.1	5.3	4.9	5.2	5.5	
Vaccine safety	5.2	5.3	5.2	5.3	5.0	5.2	5.5	
Incidence of side effects	4.5	5.0	4.7	4.8	4.9	4.6	4.7	
The type or brand of the vaccine	4.2	4.6	4.4	4.3	4.3	4.4	4.4	
Confirmation/promotion of the vaccine by the national health care authorities	5.1	5.4	5.2	5.3	5.2	5.2	5.5	
Confirmation/promotion of the vaccine by the international health care authorities	5.3	5.5	5.4	5.4	5.4	5.4	5.6	
Is there any other factor that you consider important in this regard (determining your intention to receiving the Covid-19 vaccine)?	2.0	2.0	2.0	2.0	2.0	2.0	2.0	

Table A32. Health condition of risk in receiving the vaccine

		Yes (%)	No (%)	I don't know (%)	Total (n)
Gender	Male	10	89	2	507
	Female	14	82	3	497

Area	Urban	12	84	3	579
	Rural	12	87	2	425
Age group (years)	18–29	5	95	0	284
	30–49	11	86	4	367
	50–64	21	75	3	353
Total		12	85	3	1,004

Table A33. Have felt cheerful and in good spirits

		All of the time (%)	Most of the time (%)	Some of the time (%)	At no time (%)	Total (n)
Gender	Male	30	37	26	6	507
	Female	21	42	32	5	497
Area	Urban	26	39	29	6	579
	Rural	25	40	30	5	425
Age group (years)	18–29	32	41	24	2	284
	30–49	25	37	32	6	367
	50–64	20	41	31	8	353
Total	Total	26	39	29	5	1,004

Table A34. Have felt calm and relaxed

		All of the time (%)	Most of the time (%)	Some of the time (%)	At no time (%)	Total (n)
Gender	Male	31	36	28	5	507
	Female	18	41	35	6	497
Area	Urban	25	38	32	5	579
	Rural	24	39	32	5	425
Age group (years)	18–29	32	39	27	2	284
	30–49	22	38	33	7	367
	50–64	20	39	35	6	353
Total		24	39	32	5	1,004

Table A35. Have felt active and vigorous

		All of the time (%)	Most of the time (%)	Some of the time (%)	At no time (%)	Total (n)
Gender	Male	32	41	23	3	507

	Female	21	42	31	6	497
Area	Urban	28	41	26	4	579
	Rural	25	42	28	5	425
Age group	18–29	33	40	22	4	284
	30–49	25	43	29	3	367
	50–64	22	41	30	7	353
Total		26	42	27	5	1,004

Table A36. How average level of monthly household income has been affected

		Remained the same (%)	Decreased due to loss of job (%)	Decreased due to limited commercial activity (%)	Has increased (%)	DK or refuse (%)	Total (n)
Gender	Male	60	14	22	4	1	507
	Female	60	17	20	2	1	497
Area	Urban	60	12	22	4	1	579
	Rural	60	20	19	1	1	425
Age group (years)	18–29	58	15	21	6	1	284
	30–49	54	19	24	2	1	367
	50–64	70	11	17	1	1	353
Total		60	15	21	3	1	1,004

Table A37. Level of decline in household income

		Decreased by less than half (%)	Decreased by half (%)	Decreased by more than half (%)	Has completely decreased (%)	Cannot determine (%)	Refuse (%)	Total (n)
Gender	Male	28	27	32	11	2	0	178
	Female	23	39	25	5	7	0	180
Area	Urban	27	37	24	7	5	0	198
	Rural	23	30	34	10	4	0	160
Age group (years)	18–29	33	46	15	2	4	0	102
	30–49	23	28	34	10	5	0	159
	50–64	19	29	35	11	5	1	97
Total		25	34	29	8	5	0	358

Table A38. Duration of decrease in household income

		Up to 3 months (%)	Up to 6 months (%)	Up to 12 months (%)	Over a year (%)	Refuse (%)	Total (n)
Gender	Male	11	11	11	67	0	178
	Female	8	12	8	72	1	180
Living area	Urban	10	13	8	69	0	198
	Rural	8	9	11	70	1	160
Age group (years)	18–29	14	17	9	61	0	102
	30–49	7	11	8	73	1	159
	50–64	8	6	13	73	0	97
Total		9	11	10	69	0	358

Table A39. Measures taken by household members as a result of decline in income

	Gender		Living area		Age group (years)			Total (n)
	Male	Female	Urban	Rural	18–29	30–49	50–64	
Cut down on household expenses in general (%)	51	49	50	50	31	44	24	233
Cut down on food (%)	47	53	49	51	17	48	35	69
Borrowed money from friends/family (%)	50	50	51	49	15	51	34	84
Delayed bill payments (%)	49	51	48	52	15	40	45	41
Used savings (%)	46	54	57	43	30	46	24	170
Took a loan (%)	44	56	55	45	22	63	15	18
Sold household items (%)	0	0	0	0	0	0	0	0
Other (%)	44	56	63	37	56	44	0	6
Don't know or refuse (%)	56	44	83	17	0	50	50	5
Total	49	51	55	45	30	47	24	358

Table A40. Decline in income, by family size

	1–2 members (n=41)	3 members (n=59)	+4 members (n=258)	Total (n=626)
Decreased by less than half (%)	29	30	23	25
Decreased by half (%)	39	25	35	34
Decreased more than half (%)	24	29	29	29

Have completely decreased (%)	9	6	8	8
I cannot determine (%)	0	9	4	5
Refuse (%)	0	1	0	0

Table A41. Duration of decrease in household income, by family size

	1–2 members (n=41)	3 members (n=59)	+4 members (n=258)	Total (n=626)
For up to 3 months (%)	16	11	8	9
For up to 6 months (%)	7	11	12	11
For up to 12 months (%)	10	18	8	10
For over a year (%)	67	61	72	69
Refuse (%)	0	0	0	0

Table A42. Topics of interest with regard to Covid-19

	Gender		Living area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
How to protect myself (%)	24	29	24	30	25	28	27	27
Symptoms (%)	16	22	19	20	21	19	19	19
Most at-risk groups (%)	17	24	21	20	18	20	23	20
Risks and complications (%)	22	27	24	25	23	24	26	25
How it is treated (%)	31	43	37	38	36	38	38	37
How it is transmitted (%)	11	20	15	15	12	18	16	15
Vaccination (%)	25	33	28	29	27	27	33	29
Benefits, schemes benefit (government and other) / opportunities for financial and non-financial assistance (%)	13	17	15	16	14	14	18	15
Other (%)	2	1	2	1	2	1	1	1
Nothing / I am well informed (%)	37	27	36	27	32	30	35	32
Total (n)	507	497	579	425	284	367	353	1,004

Table A43. Topics of interest with regard to Covid-19 vaccines

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	

Safety (%)	58	65	60	63	58	64	62	61
Types of brand (%)	20	28	25	22	23	24	25	24
Effectiveness (%)	39	44	43	40	45	40	41	42
Side effects (%)	37	39	38	37	43	34	38	38
Calendar/national plan of vaccination (%)	9	11	9	11	10	8	12	10
Other (%)	1	0	0	1	0	1	0	0
None (%)	24	17	22	18	20	20	21	20
Total (n)	507	497	579	425	284	367	353	1,004

Table A44. Sources of information

	Gender		Area		Age group (years)			Total
	Male	Female	Urban	Rural	18–29	30–49	50–64	
National/international radio (%)	2	1	2	1	0	3	2	2
National/international TV (%)	73	74	69	80	57	74	89	74
Social media (e.g., Facebook, Instagram, Twitter, YouTube) (%)	52	48	55	44	79	48	25	50
Information from national or international web portals (government or independent) (%)	15	15	18	10	20	15	9	15
Physicians or other medical professionals (%)	13	19	18	14	15	18	15	16
Newspapers or magazines (%)	3	2	4	1	2	2	5	3
Family, friends, colleagues, neighbours, etc. (%)	11	18	17	11	14	15	14	14
Place of work, education institutions (%)	1	2	2	1	1	1	3	2
Other (%)	0	0	0	0	0	0	0	0
Refuse to answer (%)	0	0	0	0	0	0	0	0
None (%)	4	1	3	2	2	3	2	2
Total (n)	507	497	579	425	284	367	353	1,004

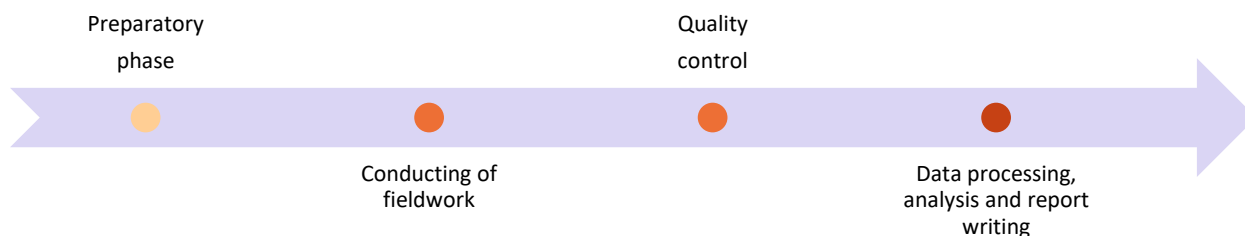
ANNEX 3 – EXTENDED METHODOLOGY

The distribution of the sample was based on official population size estimates for the eligible target groups. Based on these data, the number of interviews per region was projected, and, for each region, the urbanity distribution was respected. Table A45 reports the distribution of samples, respecting the national distribution of the usual residents.

Table A45. Sample distribution for each county

County	Percentage	Number
Berat	5	50
Dibër	5	49
Durrës	9	95
Elbasan	10	104
Fier	11	109
Gjirokaštër	3	27
Korçë	8	81
Kukës	3	27
Lezhë	5	48
Shkodër	8	76
Tirana	28	276
Vlora	6	61
Total	100	1,004

The figure below shows the sequence of phases to ensure a successful implementation of the survey, as well as collection of accurate information from the respondents.



Phase 1 – Preparatory Phase

The Preparatory phase consisted of: a) Reviewing, possibly amending and finalising the assessment instruments and focus areas, translation and back translation of the questionnaire, b) Sampling, and c) Design and programming of the data entry platform (for CATI).

After programming of the questionnaire for CATI, pilot interviews were performed (about 10–15 interviews) to understand and ensure the regular and logical flow of questions, as well as to assess the time needed for correct completion of the questionnaire. The pilot interviews were conducted by the most experienced operators (interviewers) in order to capture every nuance of understanding for all questions. After gathering the results from the piloting phase, the final changes were made to the questionnaire with continuous communication with UNICEF until its finalisation.

Phase 2 – Conducting of fieldwork

The training sessions (Table A46) focused on providing the operators with explanations on the survey methodology and the use of the CATI platform, explaining the context and the content of the survey questions and introducing the operators to the various interviewing techniques that could assist them while on a call.

Table A46. Agenda for operator training

Day 1	Day 2
<ol style="list-style-type: none"> 1. Administrative and Training Logistical Arrangements <ul style="list-style-type: none"> • Introduction • Address administrative details • Identify questions that must be answered during the training 2. Introduction to the Survey <ul style="list-style-type: none"> • Familiarise operators with the scope and methodology of the project • Introduce the survey objectives and discuss their purpose • Questions and answers about the purpose of the project • Methodology explanation • Ethical considerations 3. Defining the Role of the Operators <ul style="list-style-type: none"> • Explain responsibilities of operators for this specific project 4. Understanding the Survey and Questions <ul style="list-style-type: none"> • Familiarise operators with assessment design and content • Question-by-question explanation and discussion • Mock interviews 5. Administrative and Training Logistical Arrangements <ul style="list-style-type: none"> • Introduction • Address administrative details • Identify questions that must be answered during the training 6. Introduction to the Survey 	<ol style="list-style-type: none"> 7. Interviewing Techniques <ul style="list-style-type: none"> • Tips for good interviewing • Practice steps of survey 8. Supervision and Monitoring (Exercise for supervisors ONLY!) <ul style="list-style-type: none"> • Describe supervisor’s responsibilities • Explain interaction between supervisor, operators and the project coordinator 9. Review of Survey Schedule <ul style="list-style-type: none"> • Review logistics of how the teams will conduct the interviewing process 10. Review of Survey Process <ul style="list-style-type: none"> • Discussion of possible problems, causes and solutions • Examples of situations that may occur and how to deal with them • Review of schedule, and when and how to report to the project director • Distribution of survey and reporting forms, operator’s manual, supplies, etc.

<ul style="list-style-type: none"> • Familiarise operators with the scope and methodology of the project • Introduce the survey objectives and discuss their purpose • Questions and answers about the purpose of the project • Methodology explanation • Ethical considerations 	
---	--

Phase 3 – Quality Control

Electronic Data Capturing technology for the data-gathering process was applied during the data collection process: all interviews were conducted via Computer Assisted Personal Interviewing (CAPI).

Through this technology the questionnaires were subject to five kinds of checks:

- a) Range checks,
- b) Checks against reference data,
- c) Skip checks,
- d) Consistency checks, and
- e) Typographic checks.

a. Range checks intended to ensure that every variable in the survey contained only data within a limited domain of valid values. Categorical variables can have only one of the values predefined for them on the questionnaire (for example, gender can be coded only as 1 for males or 2 for females). Chronological variables should contain valid dates, and numerical variables should lie within prescribed minimum and maximum values (such as 18 to 64 years for age.)

b. A special case of range checking occurs when the data from two or more closely related fields can be **checked against external reference** tables such as is the case for *Consistency of geographical regions*.

c. Skip checks verified whether the skip patterns were followed appropriately. Depending on his or her age and gender, each respondent is supposed to answer (or skip) specific sections of the questionnaire.

d. Consistency checks verified that values from one question were consistent with values from another question. A simple check occurs when both values are from the same statistical unit: for example, the date of birth and age of a given individual.

e. Typographical checks control totals and check digit procedures, followed when possible

The telephone used by the operator recorded all the calls that were conducted for the purpose of subsequent data quality checks. The procedure involved checking randomly 5–7 percent of recordings for each of interviewer or operator. This step ensured that the questions were read correctly, and the interview was conducted according to the methodology.

Another measure of data quality was conducting 10–15 percent random back-checks of each completed interview. Respondents that took part in this phase were selected randomly from each stratum, assuring a critical mass of controlled respondents at the strata levels. A quality control module, containing at least five questions from the study was set as the final questionnaire to verify the work of the operators.

In order to preserve respondents' confidentiality of data, personal contact information provided by the respondents was used for the sole purpose of verification of the operators' work and would not be disseminated to any third parties.

The quality control phase started simultaneously with the data collection in order to increase efficiency and to make the most out of the time available for the conducting of the survey.

The quality control assignment was performed by the three fieldwork supervisors and a selected number of operators underwent specific training on the procedures and steps to be taken while on a call.

Phase 4 – Data Processing, Analysis and Report Writing

The data cleaning procedure was carried out prior to the processing of the results, to ensure that the data files would have the correct information and codes. This process was easier when applying CATI or electronic data collection as the electronic tools ensure most mistakes are prevented and that any are reported when CATI is applied.

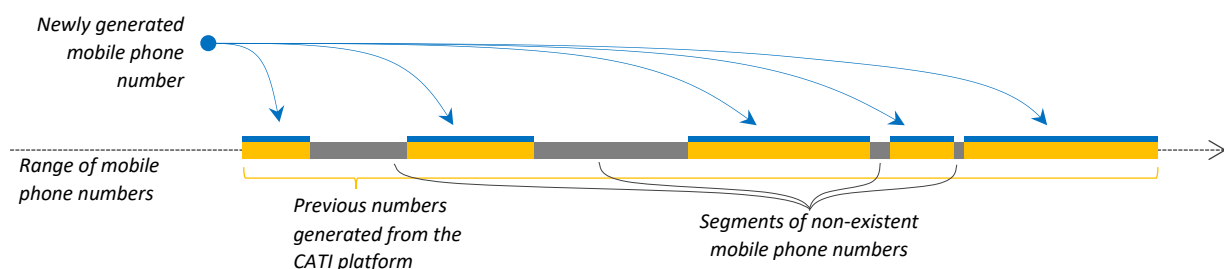
IDRA employed SPSS 25 for the data processing, a specialised package for statistical analysis, and the main tool for processing results and undertaking statistical analysis.

Firstly, the data processing and reporting team produced full tabulation of all the results and disaggregation (all frequencies and cross-tabulations). This provided a basis for the first evaluation of the results and the start of structuring the report. Once these results were produced the process of interpreting and visualising the data (through charts and visual tables) started. The structure of the report and the level of disaggregation had been agreed upon with UNICEF prior to the start of the data processing and report writing.

CATI platform

CATI was implemented for the **random generation of mobile numbers**. This system functions following a 'built-in' algorithm that detects segments of mobile numbers already in use. This algorithm self-improves its efficiency, so that, based on the information that operators provide during each telephone data collection, the status of mobile numbers already contacted was continuously updated. Moreover, during the data collection of each survey, the database of mobile numbers was enriched with data on geographical locations of the previously contacted numbers. In conclusion, former generated and attempted contacts helped in improving the algorithm to better predict the newly generated numbers, in order that they would not fall under a non-existent mobile phone-number segment. The figure below helps in presenting the logic behind implementation of the CATI methodology.

Figure A1. Random generation of mobile numbers algorithm



The operators accessed the CATI platform through a personal login, obtained the number generated by the platform and dialled the number. While conducting the interview, the operator entered the

data into the programmed script of the questionnaire. Meanwhile, the supervisor or coordinator could access the data collected through CATI interviews, download the data and monitor the quotas in order to provide assistance and instruction through the whole process of data collection. The supervisors could download at any time the data for quality control purposes and monitor the performance of the interviewers. The platform allowed them to listen live to the interviews being conducted or they could access the recorded audio files of the calls later on.

The survey data (after being collected) were stored on a dedicated server platform in the Open data kit. After data collection was complete, the data were exported and transposed into a database with labels.

The data collection dashboard was able to show at any moment the main socio-demographic parameters of the surveyed respondents, so that monitoring and reporting could be undertaken at any time during the process.

