

EBOLA RAPID SURVEY

Eastern Democratic Republic of the Congo

1ST SURVEY REPORT - OCTOBER 2018 (data from September 2018)



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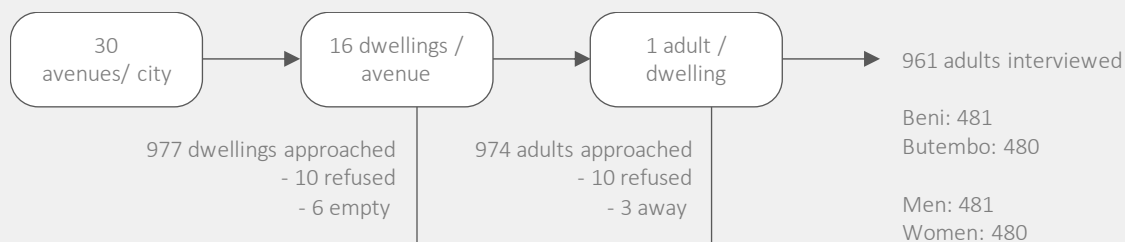
*For internal use
of those working
on the Ebola
response.*

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ABOUT THE SURVEY

This note presents the results of a survey conducted in the cities of Beni and Butembo, North Kivu. A total of 961 randomly selected adult respondents were interviewed over a 10 days period in September 2018. Respondents were selected using a multistage cluster sampling procedure. We randomly selected 30 avenues in each city. In each avenue, 16 dwellings were selected using a random geographic procedure. In each dwelling, one adult was randomly selected for interview. We approached 977 households in the cities of Beni and Butembo to participate in the survey, of which 10 refused to participate and 6 were empty with no possibility to find members. In the remaining 961 households composed of 6,094 individuals, we randomly selected 974 adults for interviews. A total of 10 refused and 3 could not be located. A total of 961 adults (98.3%) were interviewed, 481 in the city of Beni and 480 in the city of Butembo. By design, the survey included 50% women. The average age of respondents was 34 years.

Figure 1: Random selection procedure



Results are representative for each city, with a 5 percent margin of error at a 95 percent level of confidence. The survey was approved by Brigham and Women’s Hospital Human Research Committee and the Université Libre des Pays des Grands Lacs in the Democratic Republic of the Congo. Results are adjusted for the complex design and weighted for unequal probability of sampling.

Acknowledgment:

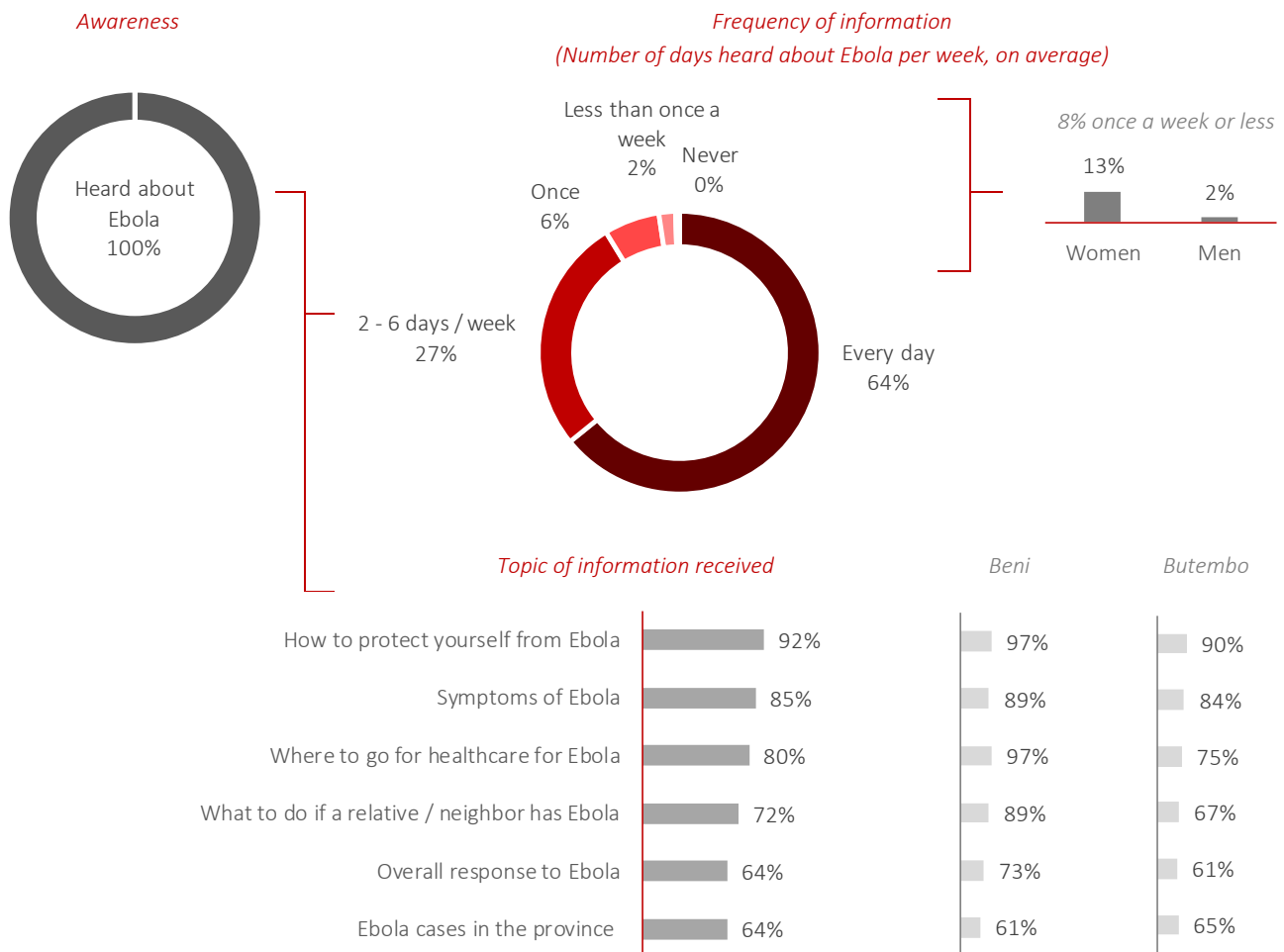
We would like to thank the participants and interviewers who made this study possible. Juliet Bedford of Anthrologica provided invaluable comments on the survey instrument. We would also like to thank Christine Prue of the CDC who provided analytical insights.

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COMMUNICATION: Awareness about risk and prevention is high. Fewer are informed about the outbreak situation and state of the response, which is critical to build trust and overall knowledge.

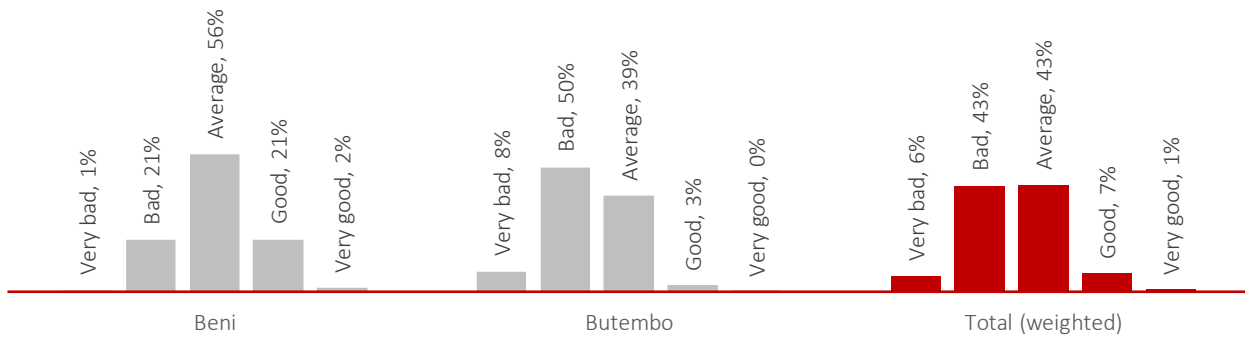
All respondents in the cities of Beni and Butembo heard about Ebola in the last week prior to the survey. They received information frequently - daily for a majority (64%). The percentage of respondents who heard about Ebola once a week or less was higher among women (13%) compared to men (2%). A large majority of respondents report having received information about how to protect themselves from Ebola (92%), the symptoms of Ebola (85%) or where to go for health care for Ebola (80%). Fewer received information about the overall response to Ebola (64%) and the situation / cases in the province (64%). Providing more general information about response effort could help generate support for the response and build trust in implementing actors. It may also address key concerns respondents expressed about the prognostic after contracting the virus and its spread.



Despite the high level of awareness and frequent flow of information, almost half the respondents rank their knowledge of Ebola as bad or very bad (49%). Another 43% ranked their knowledge as average, and just 8% said it was good or very good. Respondents in Butembo ranked their knowledge poorly (58% bad – very bad) more frequently than those in Beni (22%). This reflects actual knowledge of symptoms and modes of transmission of Ebola. A majority of respondents were able to identify symptoms of Ebola like vomiting (74%), diarrhea (73%) and

high fever (70%), but less frequently do in Butembo compared to Beni. Similarly, a majority of respondents knew key modes of transmission of Ebola like physical contact with someone infected with Ebola (74%) or who died of Ebola virus disease (62%), as well as handling and eating bush meat (55%), but those in Butembo knew modes of transmissions less frequently than those in Beni.

Self-reported knowledge about Ebola (% respondents)



Symptoms and transmission modes (% of respondents)

Total

Beni

Butembo

Symptoms

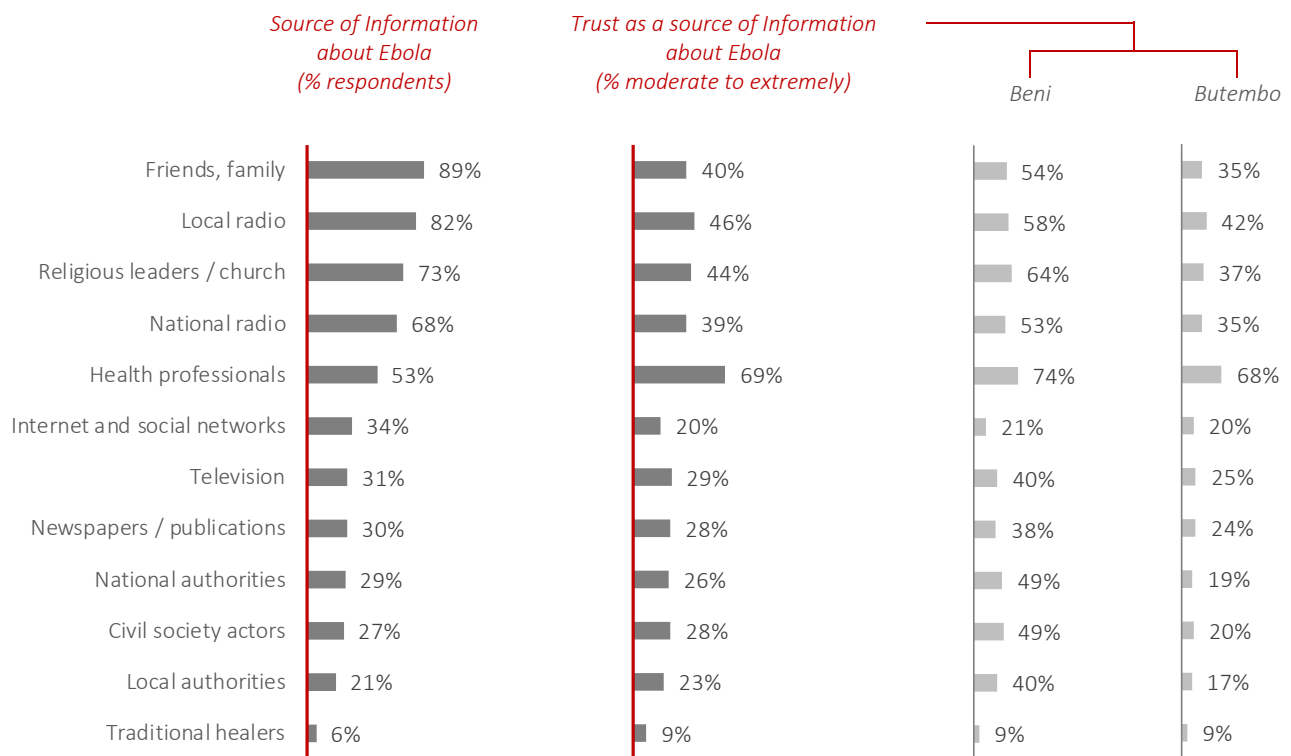
Symptom	Total	Beni	Butembo
Vomiting	74%	90%	69%
Diarrhea	73%	82%	70%
High fever	70%	90%	63%
Acute headaches	55%	60%	53%
Bleeding	35%	30%	37%
Weakness	22%	25%	22%
Tiredness	16%	32%	11%
Muscular pain	11%	22%	8%
Stomach / abdomen pain	10%	4%	12%
Other	5%	2%	5%
No response	1%	0%	1%

Transmission

Transmission Mode	Total	Beni	Butembo
Physical contact with someone infected by Ebola	74%	85%	71%
Physical contact with someone who died of Ebola	62%	84%	54%
Eating / handling bush meat	55%	89%	43%
Contact with objects touched by someone infected by Ebola	46%	58%	42%
Contact with bodily fluids of someone infected by Ebola	33%	47%	29%
Sexual contact with someone infected by Ebola	19%	24%	17%
Sorcery	8%	4%	10%
No response	1%	0%	1%

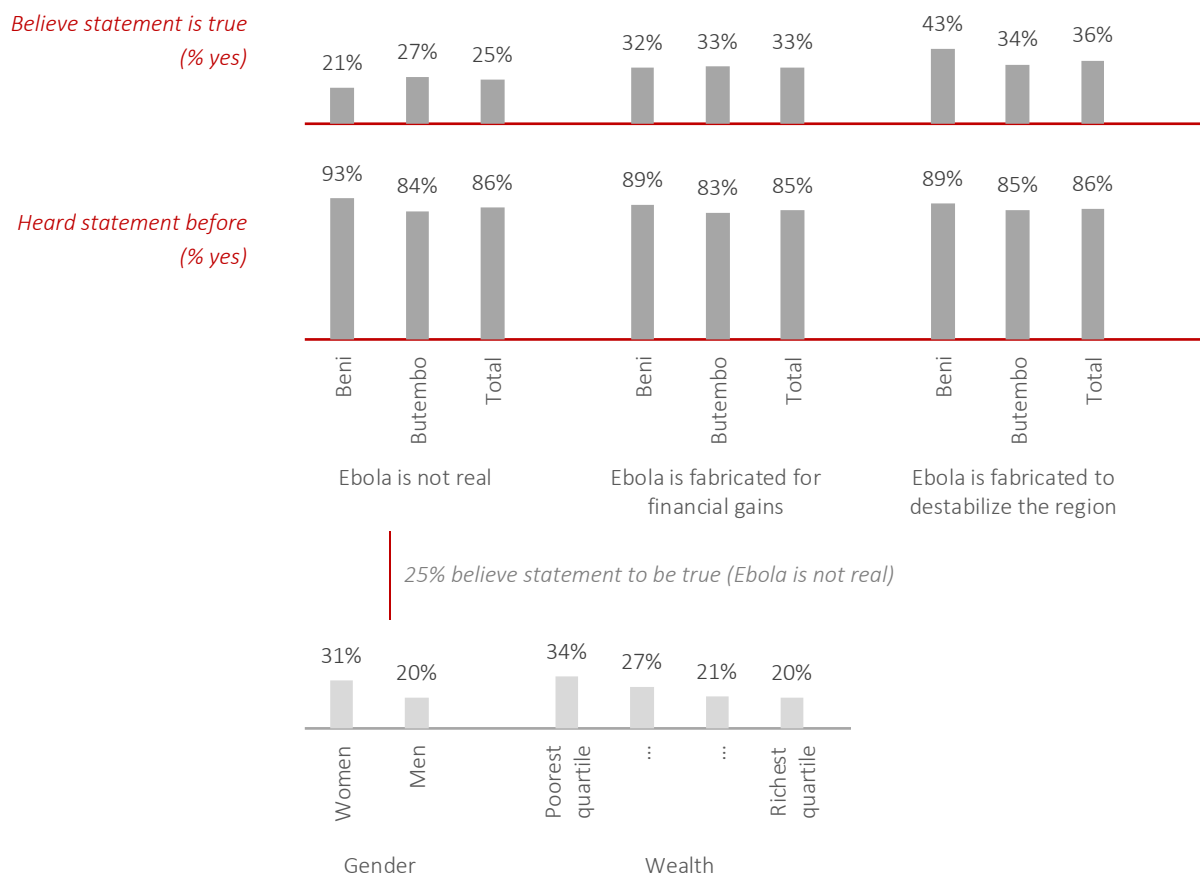
COMMUNICATION: Health professionals are the most trusted source of information about Ebola but are rarely heard from. Overall trust in sources of information about Ebola is low.

As noted, all respondents in the cities of Beni and Butembo heard about Ebola in the last week prior to the survey. They heard about Ebola from multiple sources, including most frequently their friends and family (89%), local radios (82%), religious leaders (73%) and national radios (68%). They have less frequently heard from health professionals like doctors or nurses (53%). Although they hear frequently from these sources, trust in sources of information about Ebola was relatively low. Just 40% of respondents trusted ‘moderately, a lot or extremely’ their friends and family as a source of information about Ebola. The percentage trusting formal media was similar, with 46% and 39% of respondents expressing moderate to high levels of trust in local radios and national radios, respectively. The most frequently trusted sources of information about Ebola were health professionals (69% moderately - extremely). However, health professionals were less frequently heard from than other less trusted sources. Trust in authorities and NGOs as a source of information about Ebola was low (23% moderately – extremely for chefs de quartier, 28% for NGOs). Trust in all sources of information was less frequent in Butembo compared to Beni.



COMMUNICATION: Speculations about the reality of the epidemic and its fabrication for financial or political gains are widespread, especially among women, the poor.

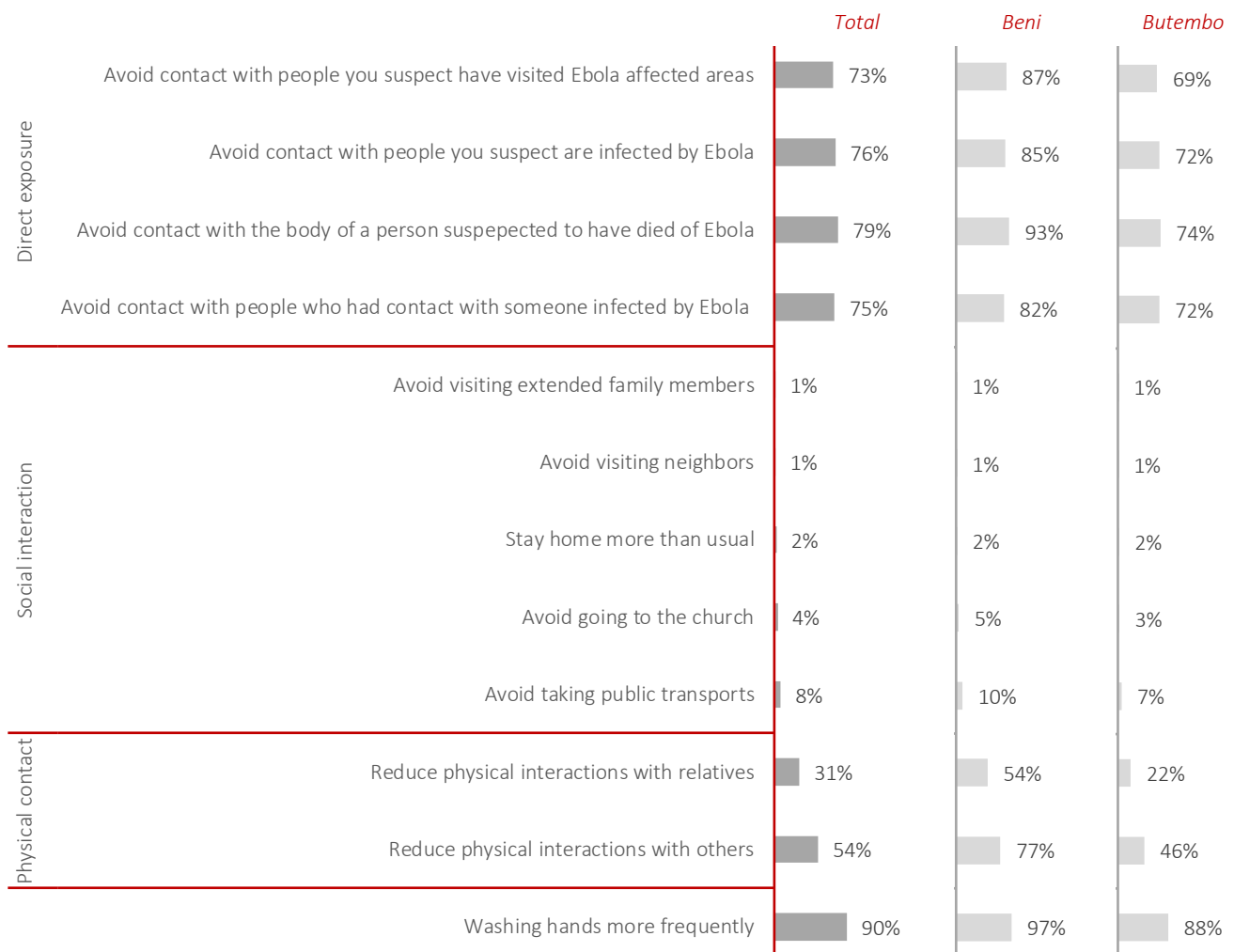
Most people have heard statements that the epidemic is not real (86%), or that it was fabricated for financial gains (85%) or to destabilize the region (86%). Overall, one in four respondents believe that Ebola is not real (25%), and one in three believe it was fabricated for financial reasons (33%) or to destabilize the region (36%). Women and poorer respondents are more likely to believe these statements are true. Belief in these rumors appears to be associated in mistrust in institutions and low adoption of Ebola-related protective behaviors.



BEHAVIOR: The epidemic appears to have had, so far, a limited effect on social interactions, but respondents indicated reduced physical interactions, and most avoided any risk of exposure to people they suspected were infected or in contact with infected people.

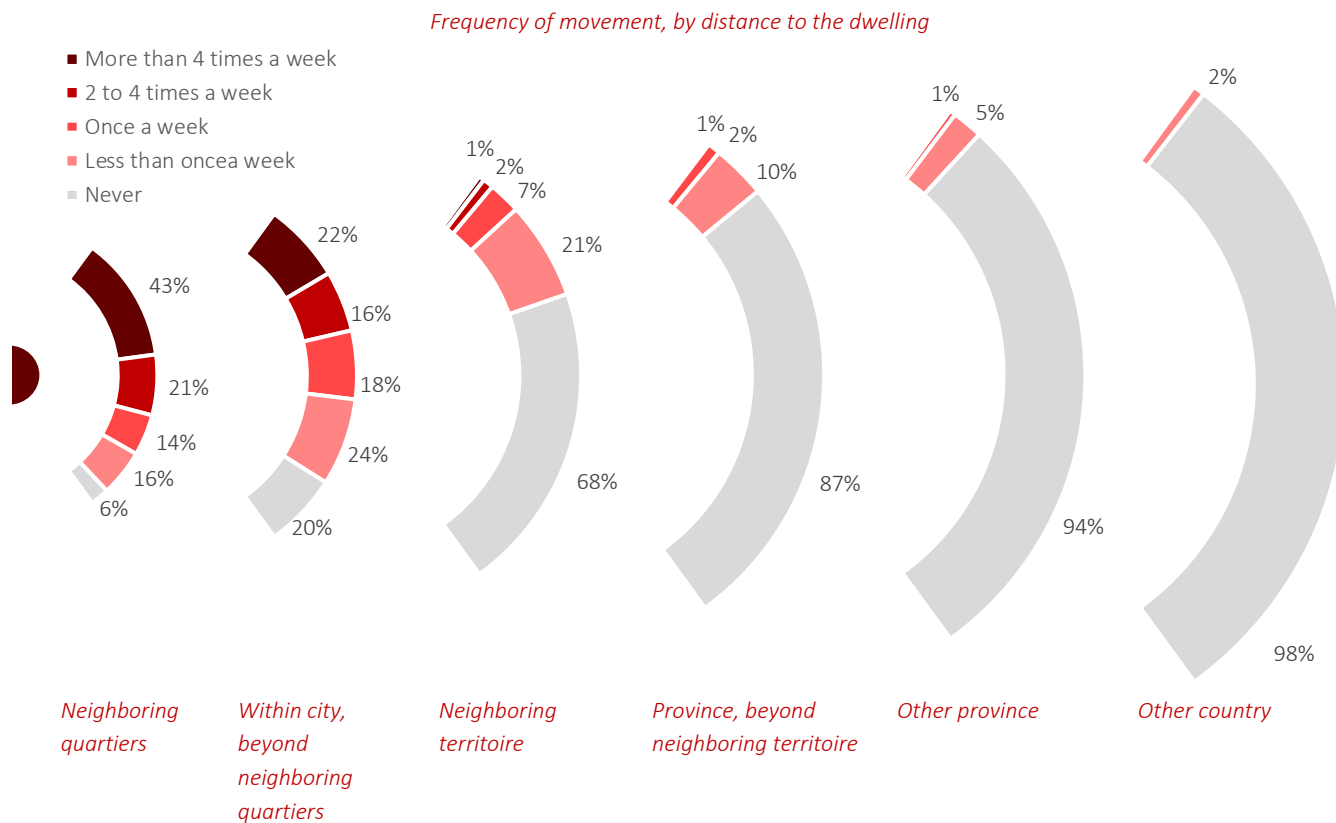
Following the announcement of the outbreak of Ebola in North Kivu, respondents have changed some behavior, most frequently in direct response to the risk of exposure, for example by avoiding contact with people they suspect visited Ebola affected areas (73%), people who are infected with Ebola (76%) or people they suspect died of Ebola (79%). These avoidance behaviors are more frequent in Beni, compared to Butembo, which may be explained by the higher number of cases in the city of Beni to date. Respondents also indicated reduced physical interactions like physical contacts with people in general (54%). Few, however, indicated reduced social interactions, including avoidance of public space. Information and knowledge about Ebola appear to be associated with increased odds of behavior changes.

Ebola-related behavior changes (% respondents)



MOBILITY: Travels are relatively limited, but higher wealth, education and occupation as trader are associated with more frequent movements.

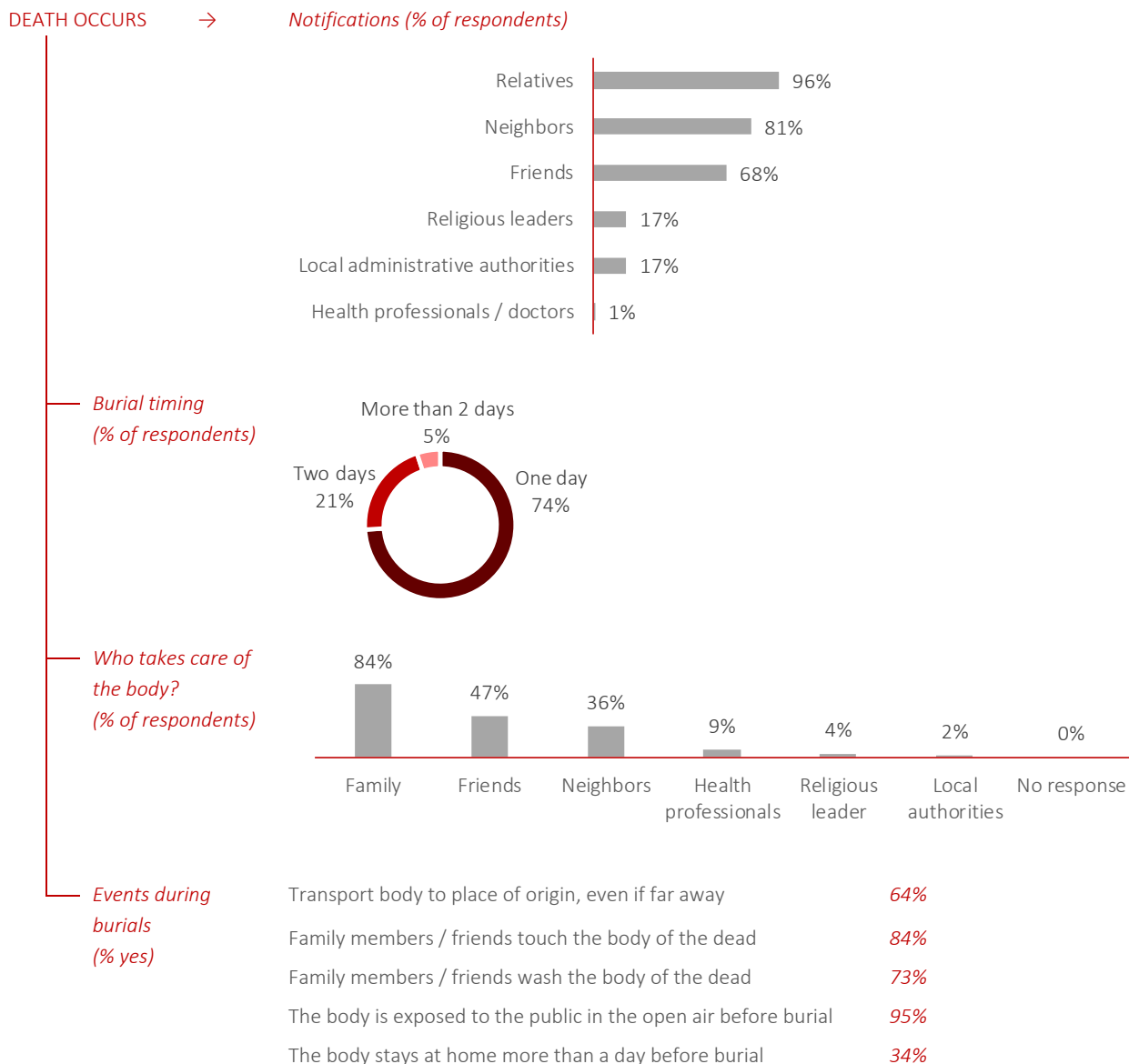
Movements in and out of neighborhood, across the city and across the province and beyond are relatively limited. Overall, 4 out of 10 respondents (43%) indicated moving across neighboring quarters more than 4 times a week, on average. Another 21% moved across neighboring quarters 2 to 4 times a week, and 14% moved across neighboring quarters once a week. The percentage of individuals frequently traveling outside of their quartier decreased when considering longer movements. Overall 31% of respondents traveled across neighboring territoire at least occasionally, and 13% travelled beyond neighboring territoire, but within the province. The percentages of respondents who indicated travelling to other provinces or across the border at least occasionally was small (6% and 1%, respectively). The frequencies of movement were similar among respondents from Beni and Butembo and among men and women. However, higher mobility is associated with wealth, higher education level and occupation as trader or civil servant as opposed to other activities. For example, 42% of the respondents in the wealthiest quartile moved across neighboring territoire, compared to 23% among those in the poorest wealth quartile.¹



¹ The wealth of household was estimated by assessing their possession of ten nonproductive assets such as a table, a chair or a cellphone. A factor analysis was used to compute a global score of relative wealth. This score was then used to delineate quartiles corresponding to the poorest through the richest households.

BURIAL PRACTICES: Physical contact and exposure of the body of the deceased are common. Many aspects of safe and dignified burials are unacceptable to respondents.

This Ebola rapid survey included several questions around burial practices. Generally, respondents indicated that burials occur within one or two days of deaths (95%) and that the body is buried by the family itself (96%). When ask who, if anyone, they notify of the death, respondents indicated that relatives, friends and neighbors are frequently immediately notified. Administrative and religious authorities, on the other hand are much less frequently notified, and health professionals are almost never notified. Respondents frequently indicated that bodies are generally transported to the place of origin of the deceased, even if it is far away (64%). They also frequently noted that relatives have physical contact with the body (84%) and wash the body (73%). Almost all respondents noted that the body is publicly exposed between the death and the burial (95%).



Ebola infection can occur from touching the bodies of those who have died from Ebola virus disease. Safe and dignified practices are promoted to reduce handling of dead bodies and ensure that burials are done by trained teams. The results, however, suggest that many aspects of safe and dignified burials are not acceptable to a large percentage of respondents. Overall, just 13% of the respondents would accept that medical staff dress the body instead of the family, and only 9% would accept having the body stay at a medical facility before burial, rather than home. Similar low percentages found it acceptable to not have the body visible during the ceremony (4% acceptable), to not clean the body but use perfume instead (7%) or to have the medical personnel bury the body rather than the family (2% acceptable). A higher percentage – but still just one in three person- found it acceptable to proceed with the burial without waiting for those relatives traveling from far away. There was little to no difference between respondents in Beni and Butembo.

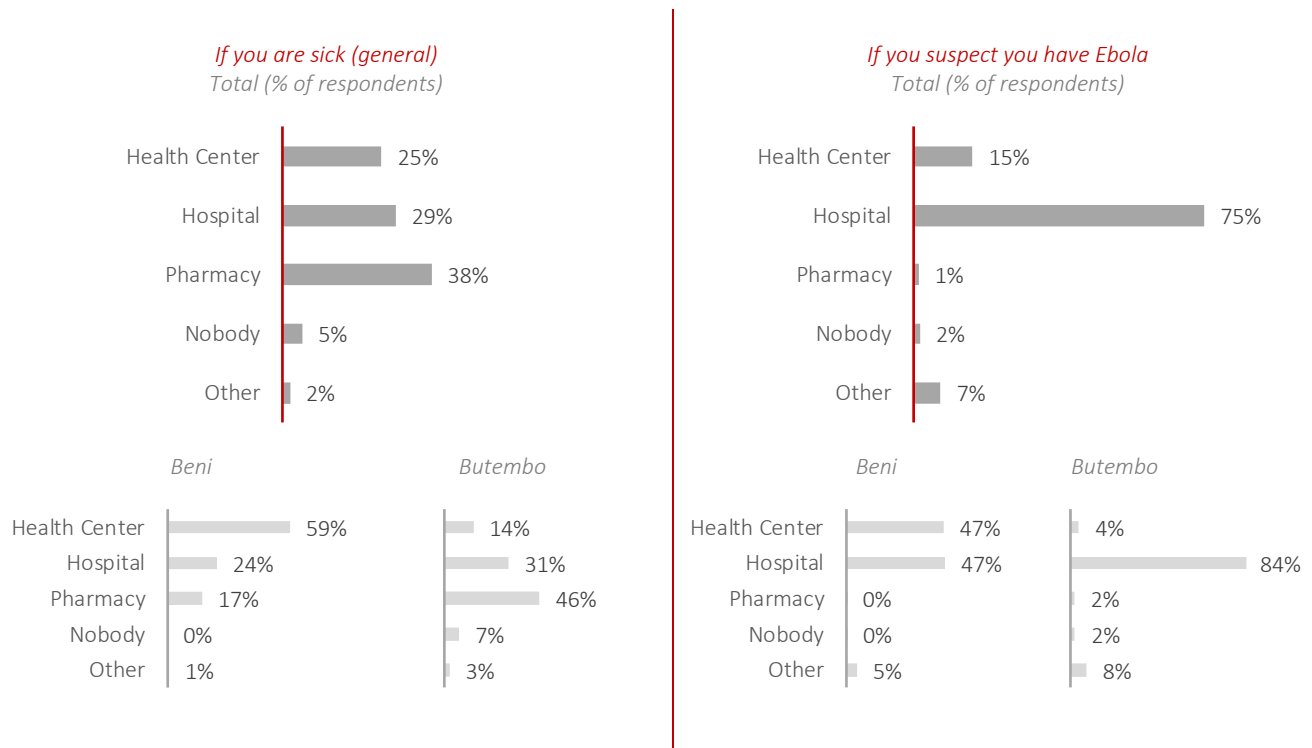
*Acceptance of burial practices
(% of respondents who find the proposition acceptable)*

13%	5%	9%
<i>Medical staff dress the body instead of the family</i>	<i>The body is not visible during the ceremony</i>	<i>The body stays at the hospital / health center</i>
4%	2%	35%
<i>The body is not cleaned, but a perfume is used.</i>	<i>Medical personnel bury the body rather than the family</i>	<i>Do not wait for relatives traveling from far away</i>

HEALTHCARE: Respondents will turn to hospitals to seek care if they suspect they have Ebola, but health centers and pharmacies are frequently used. Overall perception of health professionals is positive. Treatment options are not well known.

Respondents largely turn to health professionals for care. Health centers, hospitals and pharmacies are frequently reported as the place people will go first if they feel sick for any reason (25%, 29%, and 38%, respectively). If they suspected they had Ebola, respondents would more frequently turn to hospitals for care (75%) compared to other health service providers. However, in Beni, more respondents noted they would first turn to health centers (47%) compared to those in Butembo (4%). This likely reflects the overall more frequent reliance on health centers in Beni compared to Butembo when sick. While many respondents turn to pharmacy when they feel sick (38%), few would do so if they suspected they had Ebola (1%). Reliance on pharmacies when feeling sick was more frequent in Butembo than Beni.

Where would you go first for care...



Overall, 67% of respondents said they were aware about the existence of a treatment for Ebola. The percentages were similar in Butembo and Beni. More men (72%) than women (62%) said they were aware of such treatment. Most respondents who had heard about treatment for Ebola believed those treatments could be obtained at hospitals (82%) or at health centers (31%). One in ten respondents (11%) did not know where such treatments would be available. Percentages were similar in Beni and Butembo, except concerning the perceived availability of treatment at health centers, which was much more frequent in Beni (61%) compared to Butembo (21%). This likely reflects the much more common use of health centers to seek care in Beni compared to Butembo.

Awareness and source of treatment for Ebola (% respondents)

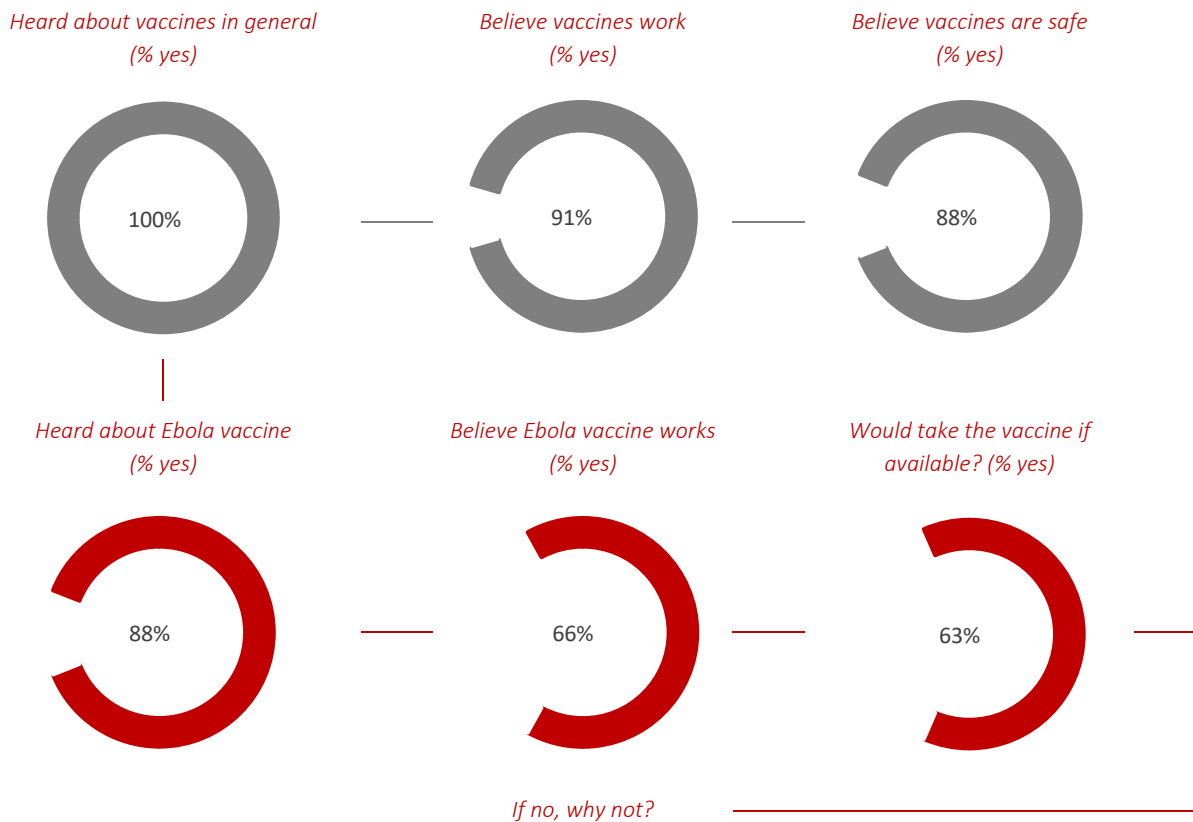


Overall, respondents are positive about health professionals and their contribution to the Ebola response. Three in four believe they can protect the population from Ebola (73%), and a higher percentage believe they are preventing the spread of the virus (83%), compared to a minority who believe they are spreading the virus (7%). Nevertheless, just 62% trusted health professionals to act in the best interest of the population in their response to Ebola; another 30% were neutral, and 8% did not trust them to do so.

Perception of health professionals	Health professionals can protect us from Ebola (% agree)	73%
	Health professionals are spreading the virus (% agree)	7%
	Health professionals are preventing the spread of the virus (% agree)	83%
	Trust health professionals to act in the best interest of the population in their response to the epidemic	62%

VACCINATION: Vaccines are generally trusted but fewer trust Ebola vaccines. Perception of risk and lack of clarity in access undermine trust.

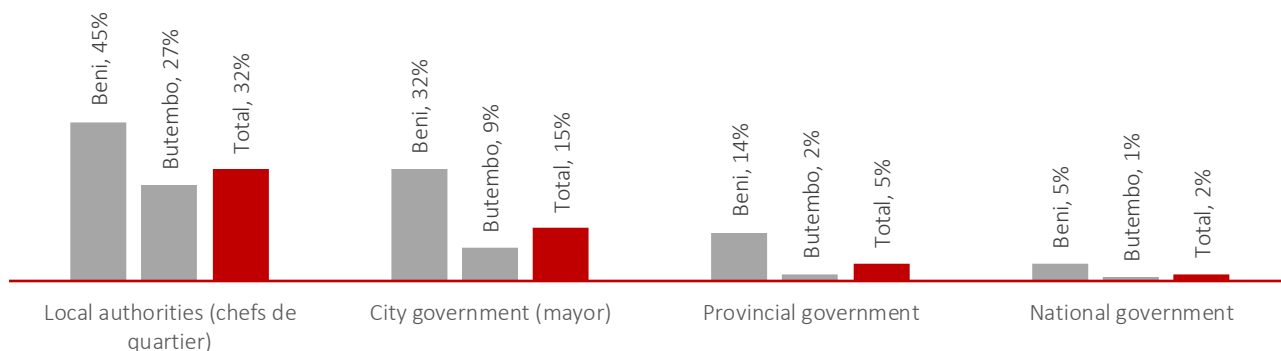
Most respondents have heard about vaccines (100%) and believe that they generally work (91%) and are safe (88%). Most have heard of an Ebola vaccine (88%), more than the percentage of respondents who heard about the existence of treatment (67%). Only 66% of all respondents believe an Ebola vaccine works and about the same percentage (63%) would get the vaccine if it was available to them. The main rationale for not taking the vaccine is the perception that it is dangerous (71%) or does not work (23%), Among other responses (19%) respondents discussed the lack of clarity about who gets the vaccines, and how and where to get it.



TRUST IN THE EBOLA RESPONSE: Trust in institutions is low. While perceptions about the Ebola response are more positive, few see key actors as contributing to the response, which may further undermine trust and cohesion.

For several years, insecurity and lack of services in the region have undermined people’s trust in the government. In general, only a minority of respondents believe that government authorities at all levels represent their interest ‘well or very well’.

How well do authorities represent the interest of the population (% well – very well)

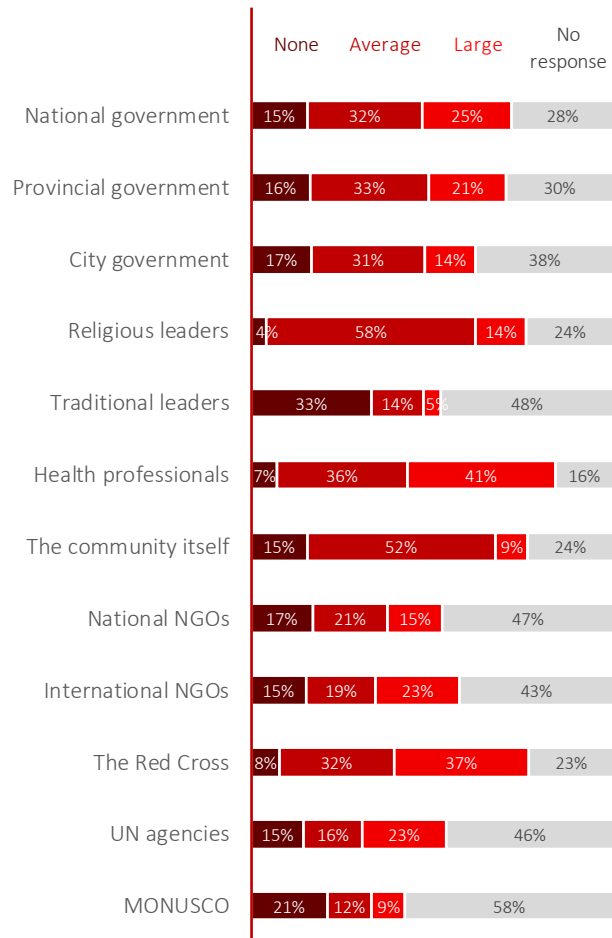


A higher percentage of respondents trust the government to act in the best interest of the population in their response to the Ebola epidemic (41%). Nevertheless, this accounts for less than half the respondents and is lower than the percentage of respondents who trust health professionals to act in the best interest of the population. Furthermore, while few respondents agreed with negative statements about the government response, a large percentage were neutral, suggesting at best some doubts about how much the government cares, is able to protect the population, and acts in their best interests.

		<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>
Perception of government response	The government can protect us from Ebola (% agree)	39%	37%	24%
	The national government does not care that people get sick of Ebola	14%	44%	42%
	Provincial government does not care about people getting sick from Ebola	13%	44%	43%
	Local authorities (chefs de quartier) do not care about people getting sick from Ebola	8%	51%	41%
	Trust the government to act in the best interest of the population in their response to the epidemic	41%	37%	24%

Respondents, however, somewhat recognize the contribution to the Ebola response of actors like health professionals (41% large contribution), the Red Cross (37% large contribution), or the national government (25% large contribution). However, for all actors considered in this survey, many respondents had no opinion about their contribution to the response to the epidemic, reflecting the lack of information about the overall response. That is especially the case in Butembo. Furthermore, at the individual level, few expect direct support from these actors if they were sick (Ebola or other disease).

*Contribution in the Ebola response
(% respondents)*



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