

Voices from Congo

Report 16 – December 2018

Peacebuilding and Reconstruction Polls

(October 2018 data)

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Focus on Ebola – Goma, Bukavu, Uvira and Bunia

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ABOUT THE POLL

On August 1, 2018, the Democratic Republic of the Congo declared its tenth outbreak of Ebola in forty years. The current epidemic, however, defies easy containment, with reported cases spreading as far as 200 miles from the initial site. Key obstacles to containment are not medical. The social and political aspects of community engagement pose major risk factors. This report examines awareness, perceptions and behaviors related to the epidemic in four cities where no cases of Ebola have been reported to date, but that are likely at risk given the mobility patterns of the affected population.

This poll is the sixteenth in a series of quarterly polls aimed to provide reliable data and analysis on peace, security, justice and reconstruction in the Democratic Republic of Congo. The project is a joint initiative of the Harvard Humanitarian Initiative (HHI) and the United Nations Development Programme (UNDP), in collaboration with MONUSCO Civil Affairs. HHI is responsible for the data collection, the independent data analysis and report writing, in partnership with the Université Libre des Pays des Grands Lacs, Université Catholique de Bukavu et Université de Bunia. Results for this poll are based on 1,112 face-to-face interviews conducted in October 2018 with randomly selected adults across urban centers in eastern DRC, as follows:

North Kivu (n=221)

- Goma (n=221)

South Kivu (n=601)

- Bukavu (n=300)
- Town of Uvira (n=301)

Ituri (n=290)

- Bunia (n=290)

The report further draws on results from 961 interviews conducted with randomly selected adults in the cities of Beni and Butembo in September 2018. Respondents were selected using a multistage cluster sampling procedure. The polls were approved by the Harvard T.H. Chan School of Public Health 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. By design, the survey included equal percentages of men and women. The average age of respondents was 37 years.

PREVIOUS PUBLICATIONS

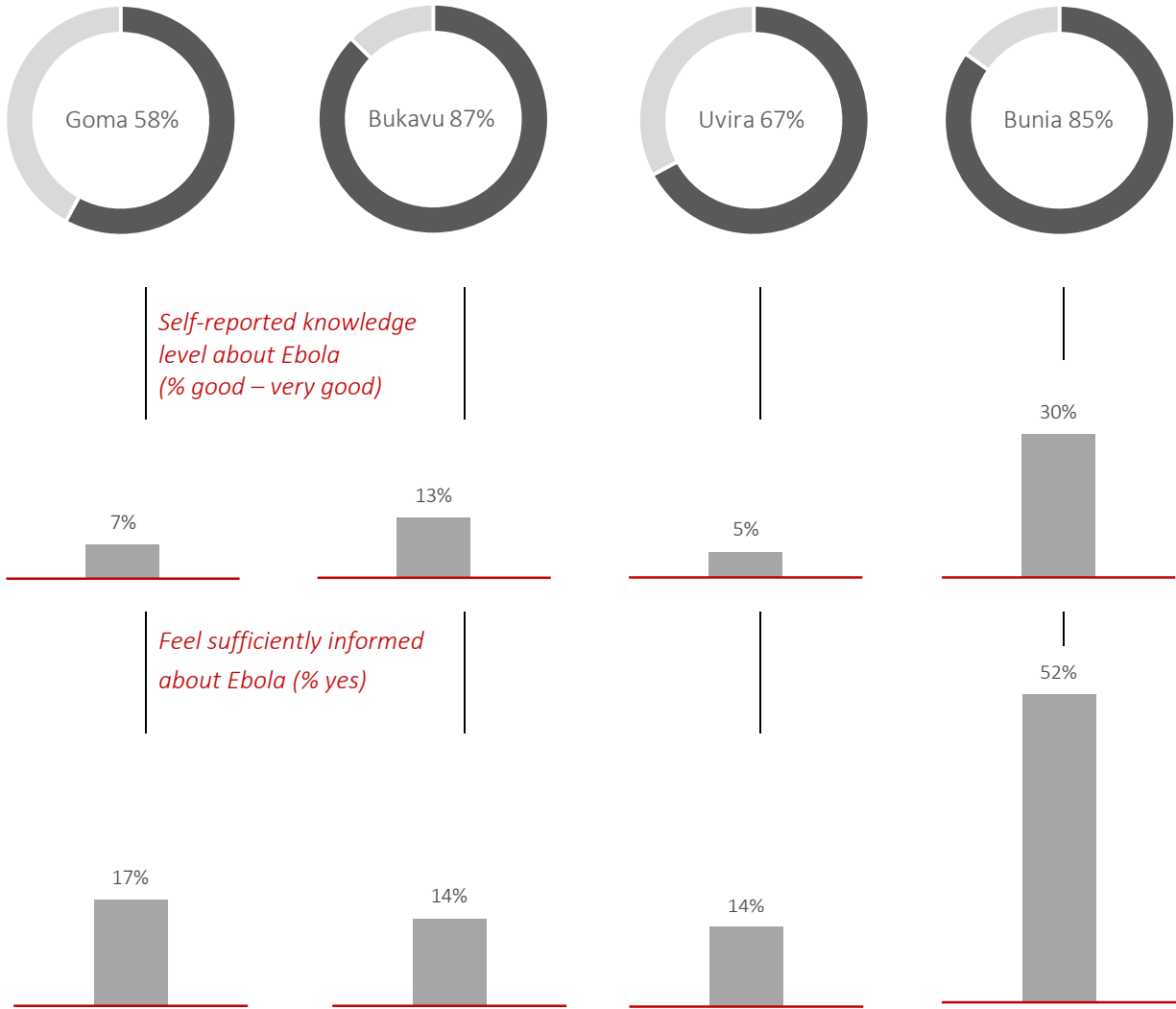
- Baseline, May 2014 (Data from December 2013)
- Poll Report #1, March 2015 (Data from December 2014)
- Poll Report #2, June 2015 (Data from March-May 2015)
- Poll Report #3, August 2015 (Data from June-July 2015)
- Poll Report #4, November 2015 (Data from September - October 2015)
- Poll Report #5, January 2016 (Data from December 2015)
- Poll Report #6, June 2016 (Data from March 2016)
- Poll Report # 7, August 2016 (Data from June 2016)
- Poll Report # 8, November 2016 (Data from September 2016)
- Poll Report # 9, March 2017 (Data from December 2016)
- Poll Report # 10, June 2017 (Data from March April 2017)
- Poll Report # 11 – FOCUS ON SECURITY, September 2017 (Data from July 2017)
- Poll Report # 12 – FOCUS ON GOMA, November 2017 (Data from October 2017)
- Poll Report #13, March 2018 (Data from December 2017)
- Poll Report #14, May 2018 (Data from March-April 2018)
- Ebola Rapid Survey, October 2018 (Data from September 2018)
- Poll Report #15, November 2018 (Data from July 2018)

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COMMUNICATION: Respondents report low, insufficient knowledge of Ebola, primarily gained from informal sources, except in Bunia

Since August 2018, when the current Ebola outbreak was declared, the virus has started spreading in an area known as the 'Grand Nord', a region north of the province of North Kivu encompassing Beni and Butembo. No cases have been reported in the cities covered in this poll. However, awareness about Ebola is relatively high, especially in Bukavu (87%) and Bunia (85%) and to a significantly lower extent in Uvira (67%) and Goma (58%). This is compared to almost universal awareness in Beni and Butembo according to a special poll conducted in September 2018. The low level of awareness in Goma is surprising given the proximity to the epidemic and warrants further investigation. Past polls suggest that respondents in the city often feel less informed than those in the other urban areas of eastern Congo.

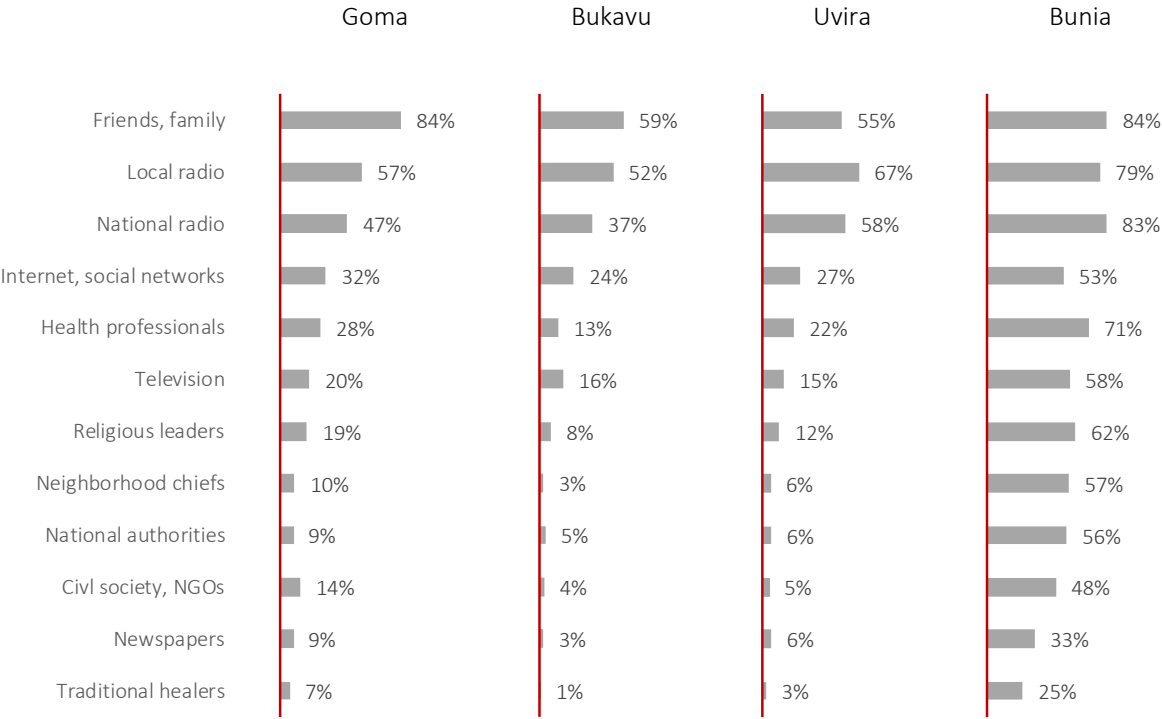
Heard about Ebola (% of respondents)



Among respondents who heard about Ebola, few reported having a good or very good knowledge about the disease: 30% in Bunia and less than 15% in all three other cities (Bukavu - 13%, Goma - 7%, Uvira - 5%). The percentage of respondents that felt sufficiently informed about Ebola was highest in Bunia (52%), with much lower percentage of respondents reporting sufficient Ebola-related information communicated to them in the other three cities. This indicates the need for increasing awareness about Ebola, especially in Goma and Uvira about the risks and prevention measures for Ebola, as well as providing more general information about the virus, its spread across the region, and response efforts. Strategies used in Bunia – a city close to the epicenter of the current outbreak – appear to raise awareness and perceived knowledge of Ebola.

This strategy may have included engaging with multiple sources to reach out and discuss Ebola in Bunia as has been the case in Beni and Butembo. Indeed, health professionals, religious leaders, and traditional healers were rarely mentioned as a source of information about Ebola outside Bunia. More generally, friends/family and radios were the most commonly reported sources of information about Ebola.

Information sources for Ebola in the last week (% among respondents that heard of Ebola)

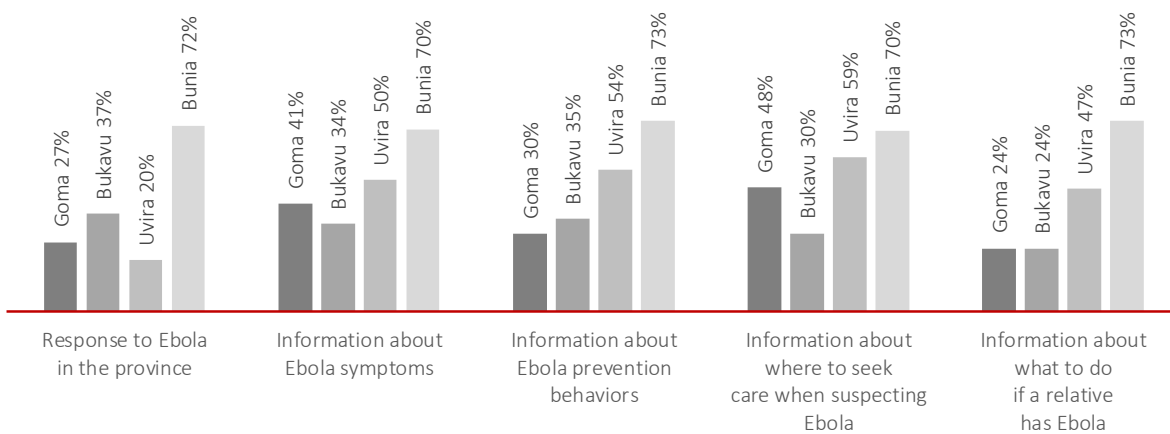


COMMUNICATION: Respondents are informed about symptoms, care-seeking, and prevention measures, but lack information on Ebola response, transmission risks.

The level of awareness and perceived level of knowledge may reflect the type of information that participants have received. The type of Ebola-related information among those who had heard about the virus varied across cities, with 70-73% of respondents from Bunia reporting hearing about prevention, symptoms, care-seeking, and response efforts. In Uvira, about half the respondents had received information about prevention, symptoms and care seeking, but just 20% had heard about the Ebola response in the province – this may reflect the fact that no cases have been declared in South Kivu to date. In Goma, respondents had most commonly heard about symptoms (41%) and care seeking (48%) but fewer had heard about prevention (30%), measures to take if a relative has Ebola (24%), or about the general response in the province (27%). In Bukavu, information about prevention behaviors was received by 35% of the respondents who had heard of Ebola, whereas only 24% had information about helping a relative with Ebola. These results indicate the need to disseminate more information about certain topics, especially regarding about the Ebola response efforts in each region, as well as what to do if a relative or someone close to the person has Ebola.

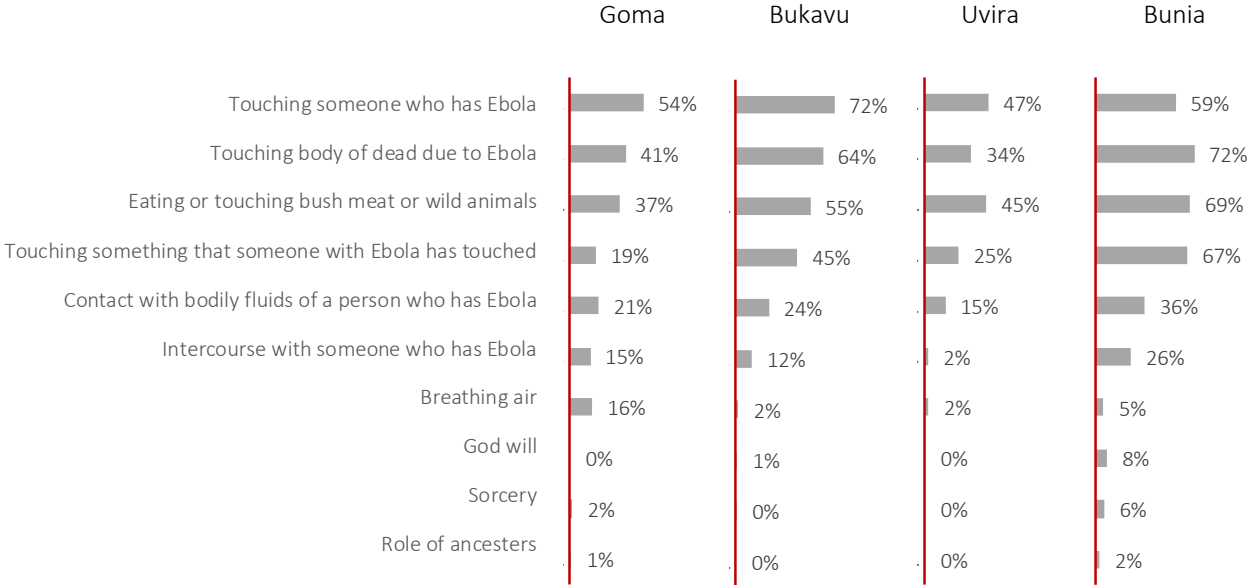
In comparison, in Beni and Butembo, a large majority of respondents reported having received information about how to protect themselves from Ebola (92%), the symptoms of Ebola (85%) or where to go for health care for Ebola (80%). Fewer received information about the overall response to Ebola (64%) and the situation / cases in the province (64%).

Type of information about Ebola received in the last week (if heard of Ebola)



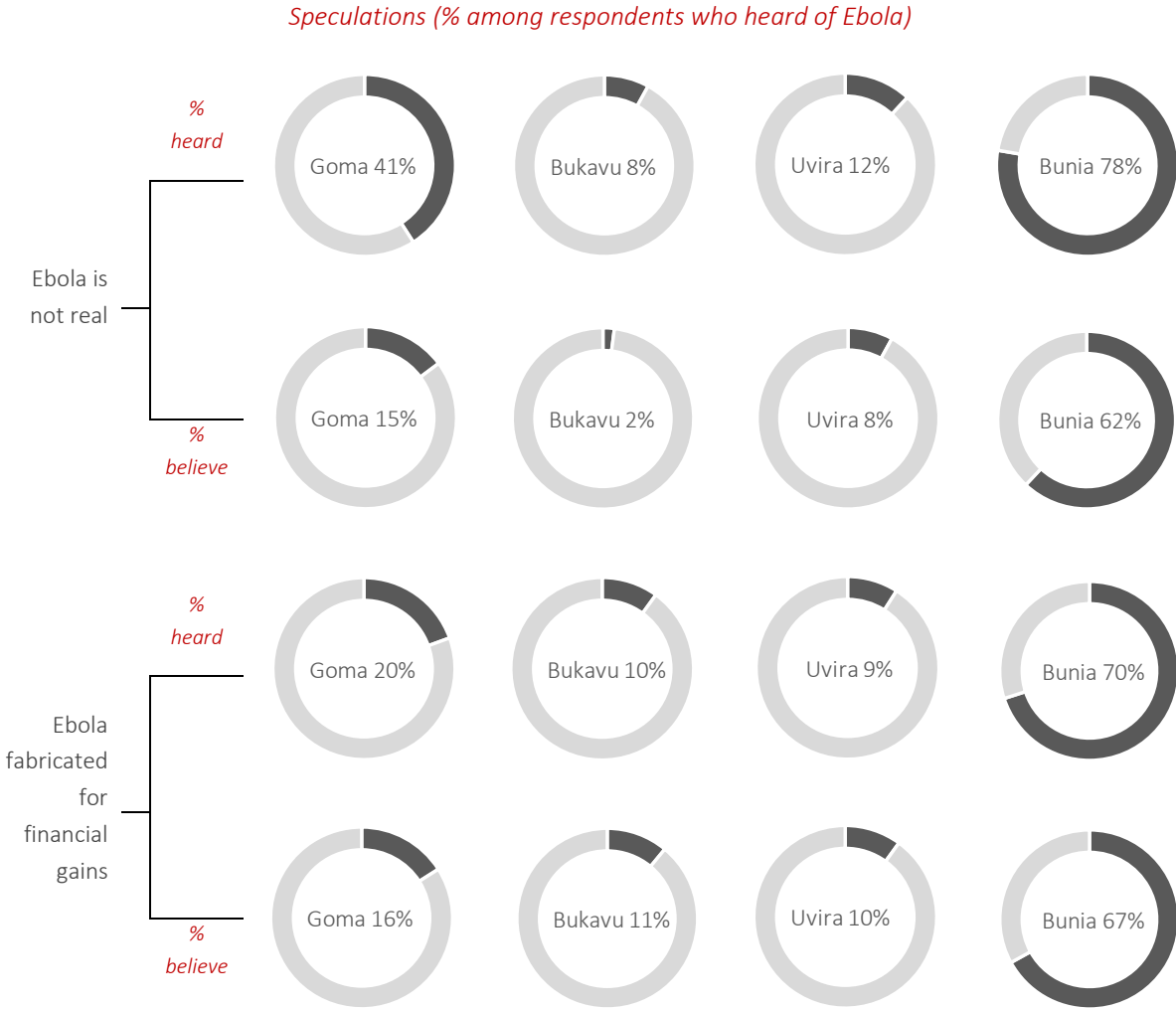
Overall, respondents more frequently identified key modes of transmission of Ebola like physical contact with someone infected with Ebola (59%) or who died of Ebola virus disease (55%), as well as handling and eating bush meat (54%), compared to other key modes such as sexual intercourse (14%) or contact with bodily fluids (25%) with someone who has Ebola. However, these percentages varied across the four cities sampled. Knowledge of Ebola transmission modes among those who had heard of Ebola was generally higher in Bunia and Bukavu, compared to Goma and Uvira.

Knowledge of transmission modes of Ebola (% of respondents, if heard of Ebola)



COMMUNICATION: Information and misinformation travel together: Belief in speculations is highest where knowledge about the epidemic is also highest.

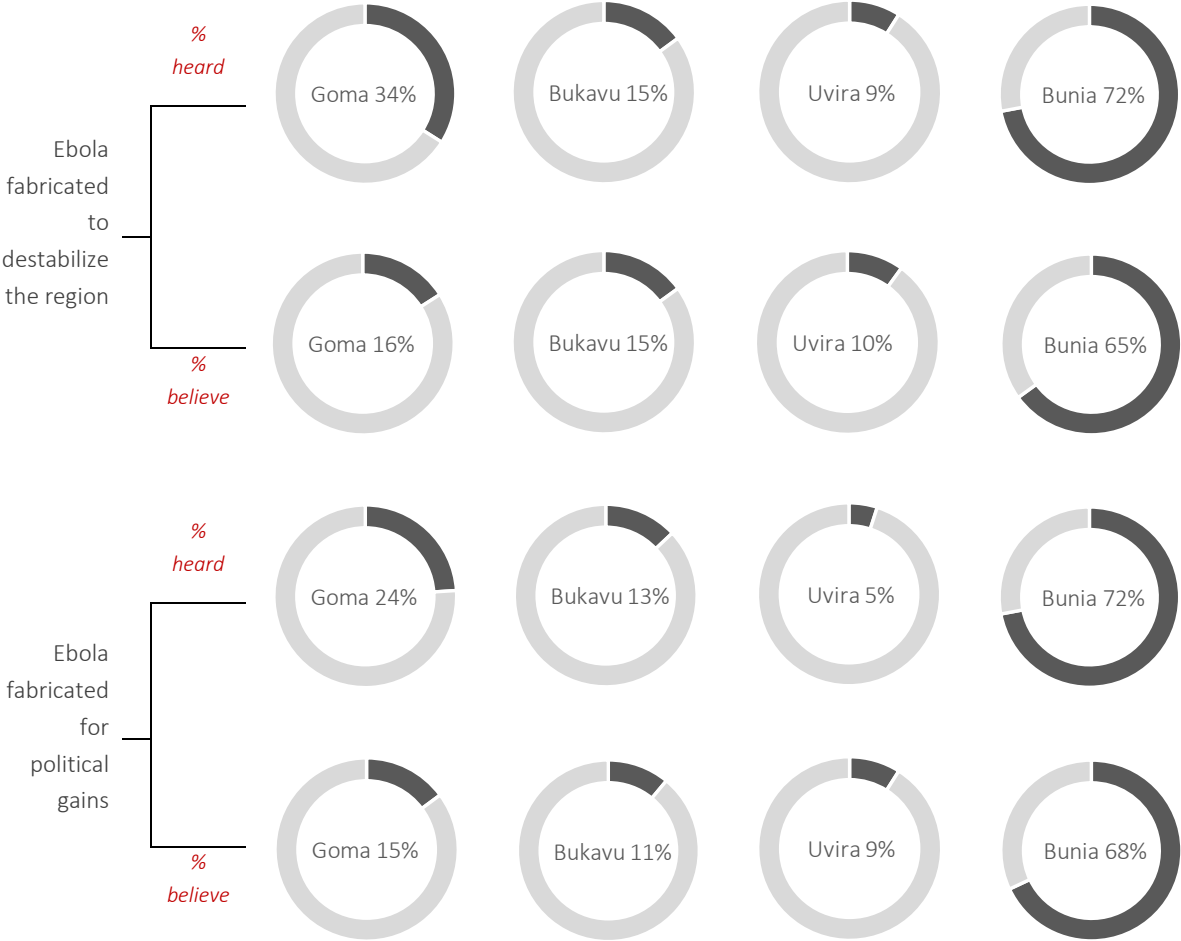
Awareness about the epidemic was highest in the city of Bunia. It is also in Bunia that respondents reported higher level of knowledge in general and about transmission modes, and higher exposure to multiple sources of information about Ebola including health professionals. However, it is also in Bunia that exposure to, and belief in speculations about the reality of the epidemic and its fabrication for financial or political gains, are highest. Most people in Bunia had heard statements that the epidemic is not real (78%) and a majority believed this statement to be true (62%). Many respondents in Bunia also heard that Ebola was fabricated for financial gains (70%), for political gains (72%) or to destabilize the region (72%), with similarly high numbers believing these to be true.



In Goma, a little less than half the respondents heard that Ebola is not real (41%), but only 15% believed this. Considerably fewer people in Uvira and Bukavu had heard about these speculations regarding Ebola, most likely because there was much less knowledge about Ebola overall in these regions, as noted above.

In comparison, respondents in Beni and Butembo were frequently exposed to similar speculations: Most heard statements that the epidemic was not real (86%), or that it was fabricated for financial gains (85%) or to destabilize the region (86%). However, compared to Bunia, a significantly lower percentage were likely to believe these speculations: One in four respondents in Beni and Butembo believed that Ebola is not real (25%), and one in three believe it was fabricated for financial reasons (33%) or to destabilize the region (36%), compared to about two-third of respondents in Bunia.

Speculations (% among respondents who heard of Ebola)



BEHAVIOR: Few have changed behaviours, including actions to minimize risk of exposure, because of the Ebola epidemic. Behaviour changes are most frequent in Bunia.

The September survey about Ebola in Beni and Butembo found that respondents changed some preventive behaviors, most frequently in direct response to the risk of exposure: 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%). In comparison, behavior changes are less frequent in the cities of Goma, Bukavu, Uvira, and Bunia.

Considering the greater awareness and levels of knowledge, a majority of respondents in Bunia (70%) had started washing hands more frequently, but less than half reduced risk of exposure, for example by avoiding contact with people they suspect visited Ebola affected areas (43%), people who may be infected with Ebola (41%) or people they suspect died of Ebola (42%). Such behaviors are less frequent in Goma, and only adopted by less than 10% of respondents in Bukavu and Uvira. Reductions in physical interactions with relatives and others remained infrequent overall, although slightly more frequent in Bunia compared to the other three cities. Few indicated reduced social interactions, including avoidance of religious places, public transport, funerals, schools, and public spaces. This may be explained by the absence of Ebola cases in these cities. Nevertheless, the data suggests that more public health intervention is needed to ensure the population minimizes the risk of exposure and highlights the need to incorporate information about changes in behavior for Ebola prevention along with basic awareness about Ebola virus and its spread. Information and knowledge about Ebola appear to be associated with increased odds of behavior change.

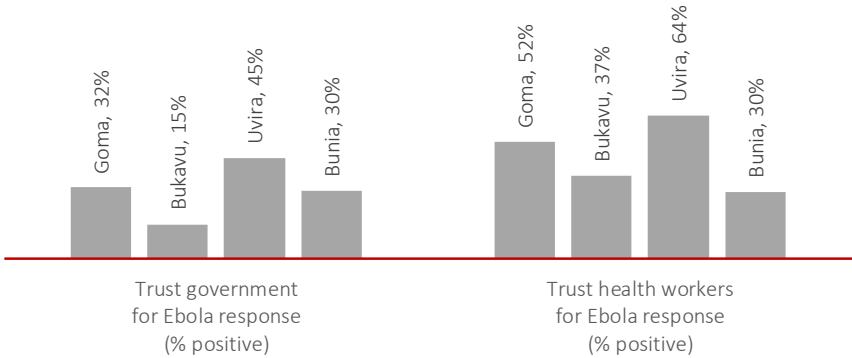
Ebola-related behavior (% of respondents, if heard of Ebola)



EBOLA RESPONSE: Trust in state and perceived contribution of government to the Ebola response is relatively low.

Trust in institutions and the government is low in eastern DRC, likely because of decades of conflicts and poor governance. Less than half the respondents expressed trust in the government to act in the best interest of the population with regards to the Ebola epidemic response. The percentage was highest in Uvira (45%) and lowest in Bukavu (15%). Trust in health workers to act in the best interest of the population with regards to Ebola epidemic response was higher, but nevertheless shared by fewer than half the respondents on Bukavu (37%) and Bunia (30%).

Trust in government and health workers to act in the interest of the population in responding to Ebola

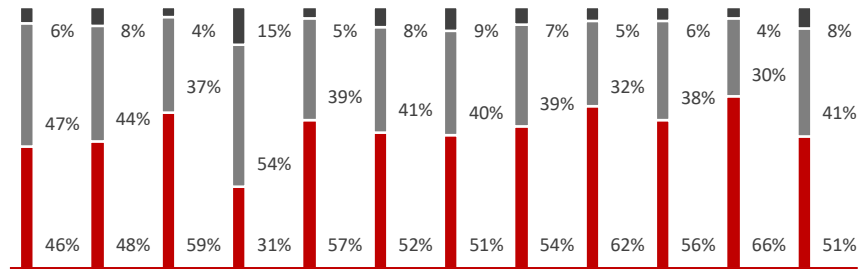


Respondents somewhat recognized the contribution to the Ebola responders like health professionals (Bunia: 54%, Uvira: 50%, Bukavu: 49%, Goma: 48%) and to a lesser extent, the national government (Goma: 63%, Bunia: 47%, Uvira: 38%, Bukavu: 32%), and provincial government (Goma: 46%, Bunia: 44%, Uvira: 37%, Bukavu: 32%). However, many respondents perceived no contribution from most actors at the time of the survey. This may reflect the lack of information about the overall response and role of various actors.

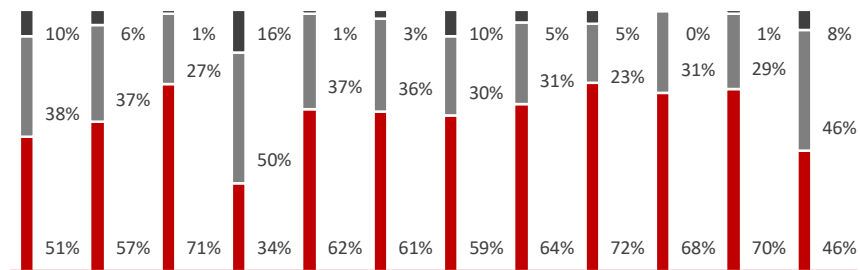
Contribution of selected Ebola responders (% at least some – among those who heard of Ebola)

■ A lot
 ■ Some
 ■ None

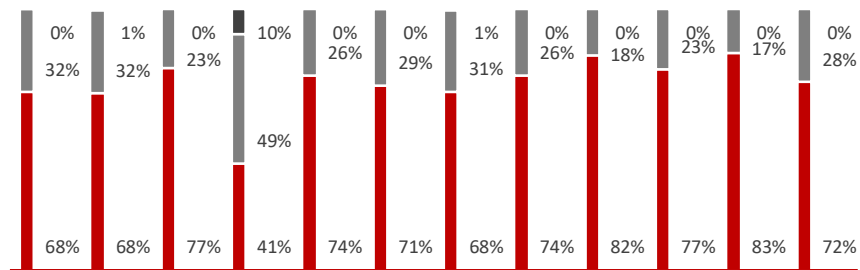
Bunia



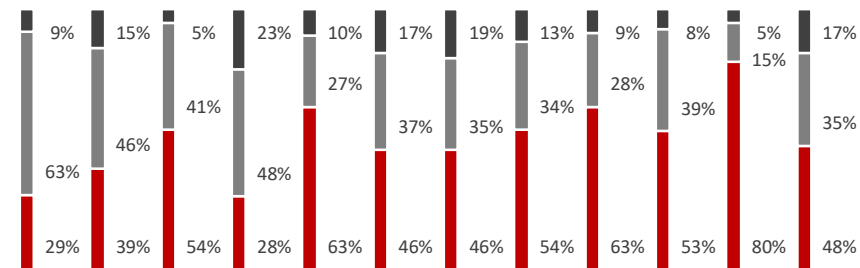
Uvira

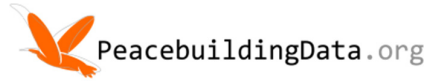


Bukavu



Goma

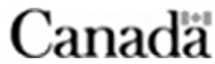




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