

# DRC Ebola Response: The importance of real-time community insights in vaccination strategies

The Red Cross Ebola Response in The Democratic Republic of Congo



# TRUST

The work Red Cross does involves gaining people trust by overcoming the fears and misinformation that exist in Ebola-affected communities.





**ACCOMPANY**  
them to be part  
of the solution

**UNDERSTAND**  
context and  
information needs

Provide  
useful and  
actionable  
information  
and **ENGAGE**  
communities

# TRUST

**ACT** on people's  
feedback

Get people's  
**FEEDBACK** and  
analyse needs





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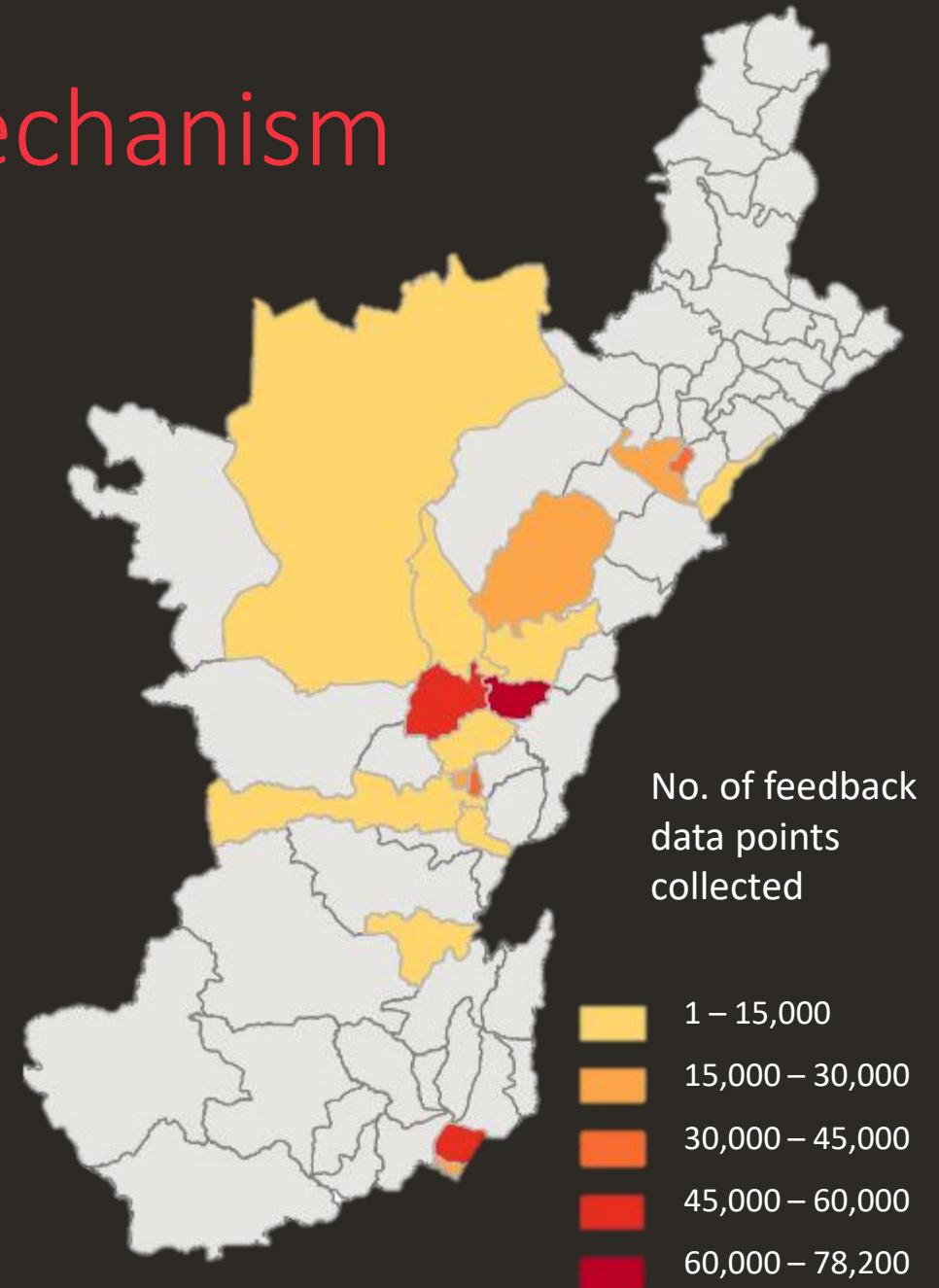
# Community Feedback Mechanism

1,500 volunteers listening to the community

Over 1,580,600 feedback data collected

10,000 average data points collected per week

Latest numbers as of 23 November 2020



# Red Cross Community Feedback to Inform Ebola Response Efforts

## Objective

- Analyze community feedback data in order to adapt community engagement approaches to community needs and inform action on the response pillars, including immunization-related pillar.
- **Key questions**
- What are community perceptions about Ebola vaccination eligibility?
- What are the community's perceptions of vaccination procedures?
- What are community perceptions of vaccine effectiveness and safety?



# COMMUNITIES AT THE CENTER

‘TRUST WORKS BOTH WAYS’

Refusals and reluctance towards:

- ✓ Contact tracing and monitoring
  - ✓ Ebola Treatment Centers
  - ✓ Ebola vaccination

# IFRC community feedback system

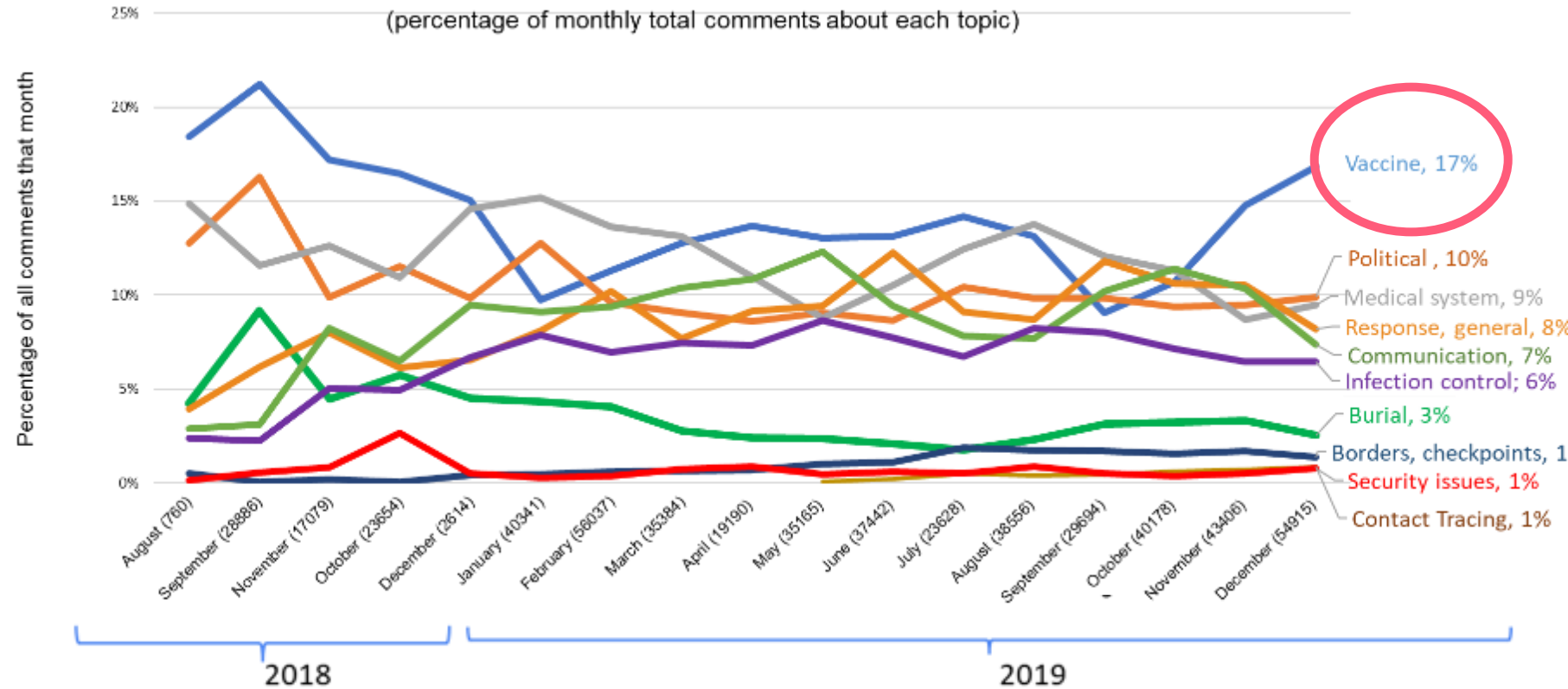
Qualitative rapid feedback data collection - Methods

- During community Ebola health promotion activities, DRC Red Cross field volunteers record all verbatim statements provided by community members (individuals and groups) such as questions, suggestions, rumours, and threats
- Data forms are collected by Red Cross branches, entered verbatim, then coded using a standard text coding protocol co-developed by IFRC staff and CDC behavioral science team members
- CDC supports on data analysis and data interpretation



Total volume of comments over time by topic groupings that align with response pillars

## Codings, by topic and month, August 2018 - December 2019



# Key aspects of the feedback mechanism



**1. Quality:** robust method for gathering, analysing, and translating qualitative insights with a focus on gathering actionable and relevant information;



**2. Coverage:** importance of geography (granular data available by health area);



**3. Speed:** we gather and report insights in a timely manner so information can be used to shape decisions and complement other research data (from CASS);



**4. User friendly formats:** we get insights to health zones in formats that responders can use to take rapid actions.

# Analysis of feedback data

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## Types of analysis outputs:

**Deep diving reports** on specific topics of concern: these reports are developed regularly, based on a deeper analysis of all community feedback data over time. Key findings and recommendations guide response partners.

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**Field analysis:** designed to be short reports which analyse a specific topic or geographical area of operational interest (lighter version of deep dives).

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**Weekly analysis:** done by field teams based on the previous week's feedback and used at interagency coordination presentations as well as internally to guide field discussions and action points to respond to feedback

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# Key results of analysis\*

Key feedback themes around vaccination could be grouped in to three categories:

- 1** Eligibility
- 2** Vaccination process & teams
- 3** Effectiveness and safety

\*CDC & IFRC Analysis of Red Cross Community Feedback, June, 2019. Vaccine and vaccination. IFRC Field analysis on questions on the second vaccine (J&J and Merck).

# Community perceptions about Ebola vaccination eligibility

Community members express concerns and questions about why the entire population isn't vaccinated, why some groups are ineligible to receive the vaccine, and beliefs that there is discrimination about who gets vaccinated by social class and position.

Feedback examples:

- Why isn't the EVD vaccine given door-to-door like other vaccines? Katwa, 2019 April
- Everyone must be vaccinated because people are crowded at the market and in churches. Rwampara, March 2019
- Why not vaccinate pregnant women and babies? Beni, 2019 March

# Community's perceptions of vaccination procedures

Community members express There are concerns about being vaccinated by force and suggestions for redistributing funds to increase coverage of EVD vaccination.

Community members have questions about the donations given to people who are vaccinated, and some allege that vaccination teams are corrupt.

## Feedback examples

- Why do the nurses leave with the police when vaccinating? Mabalako, 2019 March
- Why do the response teams use so many vehicles instead of buying the vaccine for everybody? Beni, 2019 May
- Why is there food for persons who have received the vaccine? Beni, 2019 April

# Community's perceptions of vaccination effectiveness and safety

Regarding the vaccine itself, people have questions about its effectiveness, side effects, and formulation.

They also question whether the vaccine is causing EVD, whether it is wise to vaccinate without first testing for EVD, and concerns about its experimental status.

Feedback suggested a common belief that there is a 'high quality' vaccine for the rich and a 'low quality' vaccine for the general population.

Feedback examples:

- The Ebola vaccine is not a guarantee, because some people who have already been vaccinated also die of Ebola. Beni, 2019 May
- What is the guarantee of the vaccine in the human body given that you say the vaccine is under study? Butembo, 2019, March
- The EVD vaccine leads to paralysis and other side effects. Karisimbi, 2019, April
- There are two quality [types] of vaccine: for health authorities and state people and for the community. Mabalako, 2019 March
- The vaccine contains the EVD microbes, and it's the vaccine that kills. Oicha, 2019 May

# Why the refusal of vaccination?\*

While the majority of statements about the Ebola vaccine are requests to expand the vaccination program to include all members of the community and statements that reflect that the current vaccine distribution strategy is inequitable, a number of reasons for vaccine refusal are captured in these data:

- Widespread belief that Ebola vaccination results in death
- Widespread belief that the vaccine causes Ebola and it is a means to purposefully spread Ebola and exterminate the population.
- Widespread belief that there are two different kinds of vaccine and the one given to the community is not effective (which was reinforced when a second vaccine was introduced (J&J in addition to Merk)
- Concerns about negative vaccine effects for those with pre-existing health conditions
- Some concerns about immediate side effects though not as prevalent as fear of long term side effects
- Concerns about experimental status of the vaccine and doubts about vaccine effectiveness

\*CDC & IFRC Analysis of Red Cross Community Feedback, May 28, 2019. Refusal or reluctance towards contact tracing and monitoring, Ebola Treatment Centers and Ebola vaccination



# Recommendation: communication

To address the concerns around vaccination and mistrust, it is recommended to:

- |   |   |
|---|---|
| ➤ Explain the importance of the vaccine and why it might help to achieve greater coverage | ➤ Make sure health care workers understand how the vaccine functions and trust it   |
| ➤ Speak openly about vaccine side effects and let the community ask questions             | ➤ Work with community leaders and influencers groups.   |
| ➤ Talk about other routine vaccines (cholera, polio, TB, etc.) that are already known.    | ➤ Reinforce immunization teams with detailed information and answers ( it is critical important so they can be able to answer questions in the immediate) |



It is not only about putting community engagement at the forefront of our response, but primarily having the community driving response

Questions?

**+CIFRC**

**Thank you**

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DE LA RDC**

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