Information Saves Lives
Conversations for building trust and acting against Ebola in Equateur, Democratic Republic of Congo

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Project Endline Report

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Contents

Map of the Health Zones Survey Conducted in the Province of Equateur

1. KEY FINDINGS OF THE STUDY:

A. Quantitative survey

- An average of 82% of respondents can reportedly recall targeted health education messages on Ebola. The figure is the same for male and female respondents but slightly higher for respondents within the age bracket of 26-35 (84%) and somewhat low for those 19-25 and over 45 years (80% each).

- An average of 69% of respondents can reportedly identify common rumors and misperceptions about Ebola, including 68% of men and 69% of women respondents. The average response rate varied between age groups: 72% of 19-25-year-olds, 70% of 26-35-year-olds and those over 45, 66% of 36-45-year-olds, and 65% for 15-18-year-olds.

- Forty percent (40%) of respondents recall hearing or listening to the Internews radio program *"Tolobi nini."* The program reportedly reached 45% of men compared to 35% of women respondents. The program was mostly listened to by those between the age range of 36-45 (48%) as compared to 35% for those aged 15-18 and respondents over 45 years. Of those who listened to the radio program, 98% say it improved their knowledge of Ebola and other endemic diseases. 89% of respondents reported to have changed certain behavior and practices including handwashing, refraining from touching the sick or dead as a result of listening to the radio program.

- Overall, more than 70% of the population sampled reported to applying protective measures against Ebola, ranging from frequent handwashing with soap and water to safe burial practices. 87.8% of the sampled population affirm that they will willingly go to a health facility if they suspect the signs of Ebola.

- Seventy-five percent (75%) of respondents believe that Ebola can be contracted from wild animals (chimpanzees, monkeys, bats, etc) – a view shared by majority of all age groups, including 80% of men and 71% of women.

- Several modes of transmission of the virus were identified by respondents including handling of bushmeat (72%), eating fruit left by animals (60%), and the blood of an infected person (60%).

- For 66% of respondents, Ebola survivors no longer threaten their communities, while 30% of respondents think they do. 70% say they can buy fresh vegetables sold by survivors and 65% do not find it dangerous to eat from the same plate as Ebola survivors. 43% of respondents say they will avoid former Ebola treatment health facilities.

- The survey results show that 57% of the population surveyed believe in the existence of Covid-19 in the DRC but only 33% are willing to take the Covid-19 vaccine or recommend it to someone. Lack of confidence in the vaccine (46%) is the main reason given by those who refute the idea, followed by the likelihood of being infected (26%).

B. Qualitative study

I. The Project

- The results show partner appreciation of the *"Information Saves Lives: Conversations to build trust and act against Ebola in Equateur, DRC"* project citing live-saving information on preventive measures and adoption of new behaviors by the population.

- Radio stations are cited as the main channel for getting information about the project through the *"Tolobi Nini*" radio program broadcast by 21 radio stations notably Radio Mwana; Radio Lobiko; Radio Liberté; Radio Mbandkdev; Radio Zoe; Radio Libéral; Radio Sara. But also through the platforms of the Union of Congolese Women in the Media (UCOFEM) and the Provincial Youth Council of Equateur (CPJE).

II. Capacity Building

Participants were satisfied with the training provided by Internews for several reasons:

- The beneficiaries of UCOFEM activities acknowledge improvement in their knowledge about the origin of malaria, the preventive measures against diseases such as Covid-19, Ebola, Monkeypox, etc.
- The beneficiaries of CPJE training reported that the it helped them adopt new preventive measures against Ebola and Covid-19 including self-care and water treatment methods.
- Radio partners reported that the project responded to their capacity needs particularly in producing high quality health radio programs.

However, the following elements of concern were noted:

- Duration of the trainings was deemed short
- Lack of indepth coverage of the different diseases
- Smaller number of participants that benefited from the training
- Lack of visibility materials such as T-shirts and caps during implementation of project activities.

2. INTRODUCTION

2.1 Project Background

Internews was among the early responders to the Ebola outbreak in Equateur, Western DRC through radio programming and community engagement with the re-direction of resources from USAID/OFDA-funded Ebola project in Eastern DRC. Following the declaration of the end of the outbreak on November 18, 2020, Internews refocused implementation of its project: *"Information Saves Lives: Conversations to Build Trust and Acting Against Ebola in Equateur, Democratic Republic of Congo"* to incorporate other health issues including Covid-19 and endemic diseases in Equateur while continuining programming on Ebola prevention and preparedness. The project also included the reinforcement of local partner capacity to respond to health emergencies and address emerging health issues through a combination of radio programming and community engagement activities that provide accurate, timely, and reliable information to audiences and the affected population.

2.2 Objective

The core objectives of this endline survey was to generate data on key project indicators notably:

a) Number and percentage of community members who can recall target health education messages disaggregated by gender and age (500 people participate and 70% recall health messages on protective measures);
b) Percentage of the target population who correctly identify common rumors and misperceptions about Ebola and other endemic diseases as false (500 people participate and 70% identify rumors and misconceptions about Ebola);
c) Number of people reached through public awareness campaigns and participating in exercises (2,000 via social media and community engagement activities and 70% of 500 surveyed).
d) In addition, the final evaluation was expected to capture data on Internews' programming, including its capacity-building work, radio program, and community engagement activities.

To deliver on this, Internews contracted a research firm, **Target** to lead the endline survey with technical support and guidance from the project's M&E Officer and Project Director.

2.3 Survey Methodology

Before the commencement of field data collection, several meetings were held between Target and Internews to better elaborate the scope of work and research methodology. The study was divided into three main sections as detailed below:

A. Preparatory Work

i) Literature review: This phase consisted of collecting existing information on Ebola in Equateur. Various sources were used, including Internews DRC project documents and publications; reports and publications from World Health Organization (WHO), United Nations Children's Fund (UNICEF), Médecins sans Frontières (MSF), United Nations Population Fund (UNFPA), Office for the Coordination of Humanitarian Affairs (OCHA).

Deliverables:

- Selection of field research sites and approach
- Selection of target communities and information providers
- Selection criteria for Key Informant Interviews and Focus Group Discussion participants
- Design of questionnaire for the survey from the extensive Internews database of previous work

ii) Sample: A sample of five hundred (500) respondents were identified, drawn from the total population in Equateur which is estimated at 1,626,606[1] with a 95% confidence level. The methodology below was used for the distribution of the sample which considered the demographic weight of each health zone to deploy and complete the survey. The research also considered the sample's representativeness by the quota method applied to the following variables: gender (50% men, 50% women), age, and place of residence.

Health zone	Estimated population	Proportion in %	Sample distribution	Female	Male	15-18 years	19 - 25 years	26 - 35 years	36 - 45 years	Older than 45 years
Mbandaka	534600	35%	175	88	87	34	46	39	35	21
Wangata	653400	45%	225	116	109	61	30	59	47	28
Bikoro	173010	20%	100	50	50	17	22	32	18	11
Total	1361010	100%	500	254	246	112	98	130	100	60

Source: INS and Smart ZS Bikoro survey summary, March 2020, Action Against Hunger

ii) Training: In collaboration with the Internews Project Director and the M&E Officer, additional field data collectors were recruited to strengthen the local team on the ground. The team was drafted based on representation criteria, aiming for a diverse team that facilitates access to community members identified as most relevant to the research, including vulnerable groups such as women, youth, Ebola survivors. The team included representation across gender and age categories from across the region, emphasizing diverse local language skills.

A two-day workshop with the selected team was conducted with a focus on quantitative and qualitative data collection techniques, following humanitarian principles (dignity, consent, privacy). This was also followed by review of the context of the study, methodology, and pre-testing of the questionnaire (French and local languages) during the training session.

The training also helped with the translation of the questionnaire into the relevant local languages and testing/adaptation based on input from the field research team. Some adjustments were also made to the research tools, (questionnaire and Kobo Collect data collection platform based on feedback from the field researchers.

B. Data Collection

i) Quantitative data collection: Using a sample of 500 from the target population of 1,626,606 inhabitants, sample was distributed at the level of health zones (Mbandaka, Wangata and Bikoro health zones) representing the ley areas of Internews intervention in Equateur and accounting for the areas severely affected by the Ebola outbreak. Data collection was done at the household level with results presented in graphs and tables.

The initial plan was to conduct field data collection in several health zones affected by the Ebola outbreak in Equateur. Given the challenges of movement across Equateur and the timeline for completing the research, data collection focused on two cities and the health zones within them:

[1] Population of provinces and key cities in the DRC: https://www.populationdata.net/pays/republique-democratique-du-congo/

- **Mbandaka:** Mbandaka and Wangata health zones.
- **Bikoro:** Bikoro health zone.

Households in the selected health zones constituted the sampling unit. A population-representative sample was used and considered the demographic weight of each community as the target population for people between 18 and 65 years. The following variables were used to develop a model for the representativeness of the quota based on gender, age, occupation, and place of residence. On the basis of this model, data could be extrapolated to represent the whole population.

ii) Household Selection: The first household visited by the interviewer was the one on the right in their work area (that is, where the supervisor would place them) for the first respondent. They proceeded to skip five houses for the second interview, and so on. For purposes of this study, household is defined as a structure with a residential occupancy. Hence, churches, schools, hospitals, offices, military camps, bars, liquor stores were not eligible as living structures to select a respondent. However, a residential plot with an attached activity such as a liquor store or church was admissible.

iii) Respondent selection: Once in the household, the interviewer took into account the age and gender quota for the respondents following the sequence of male - female (depending on whether the interviewer code was odd) and the sequence female - male (depending on whether the interviewer code was even). At the end of each interview, the interviewer used GPS coordinates to locate their position even though the location was not always visible.

If the interviewer did not find the respondents at home, they had to substitute them by going to the next house. If they did not see the correct respondent in the plot, they were expected to leave and target the other property on the right, which is immediately after the first one.

iv) Qualitative data collection: Key Informant Interviews (KII) and Focus Group Discussions (FGD) were conducted. The team conducted structured interviews with radio partners, listening club members identified from the list provided by Internews, and randomly selected individuals in identified communities.

v) Individual Interviews: The individual interviews were with partners of the selected radio stations that benefitted from the capacity-building work of Internews. Interviews were recorded. The comprehensive report of the insights from these interviews were included in the study's final report. In total three individual interviews were conducted with radio partners.

vi) Focus group discussions: Three focus group discussions were conducted with selected beneficiaries of UCOFEM and CPJE activities and a listening club selected from Internews programming. The moderator ensured that the number of each focus group did not exceed 10 and members were selected following a certain homogeneity – that is they have the same profile (listening club, a beneficiary of activities delivered by UCOFEM or CPJE).

The moderator encouraged the participants to speak up by posing follow-up questions, ensuring each respondent contributed to the discussion. A note taker carefully recorded the responses without distortion and interference in the flow of the conversation. Each focus group lasted for about 90 minutes.

3. PRESENTTAION AND ANALYSIS OF RESULTS

3.1 Quantitative Survey

3.1.1 Demographic data and general characteristics

The survey was administered to 500 individuals in three health zones in Equateur (Mbandaka: 35%, Bikoro: 20% and Wangata: 45%). Female respondents made up 51% (255) of the overall sample and male respondents made up 49% (245).

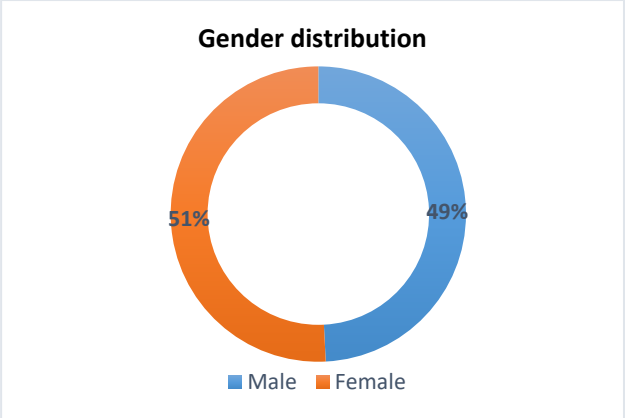

Figure 1: Gender distribution

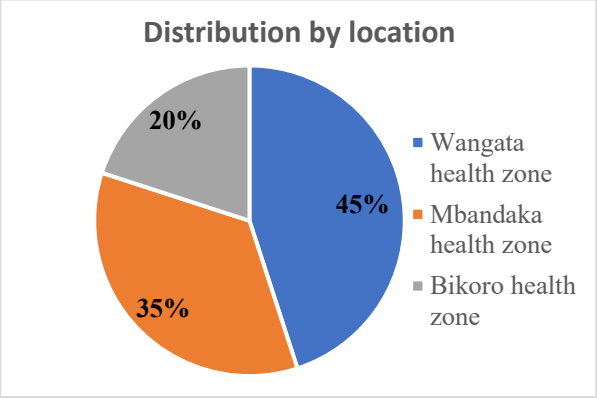

Figure 2: Distribution by location

In terms of age distribution, respondents were classified into five age brackets (15-18 years, 19-25 years, 26-35 years, 36-45 years, over 45 years).

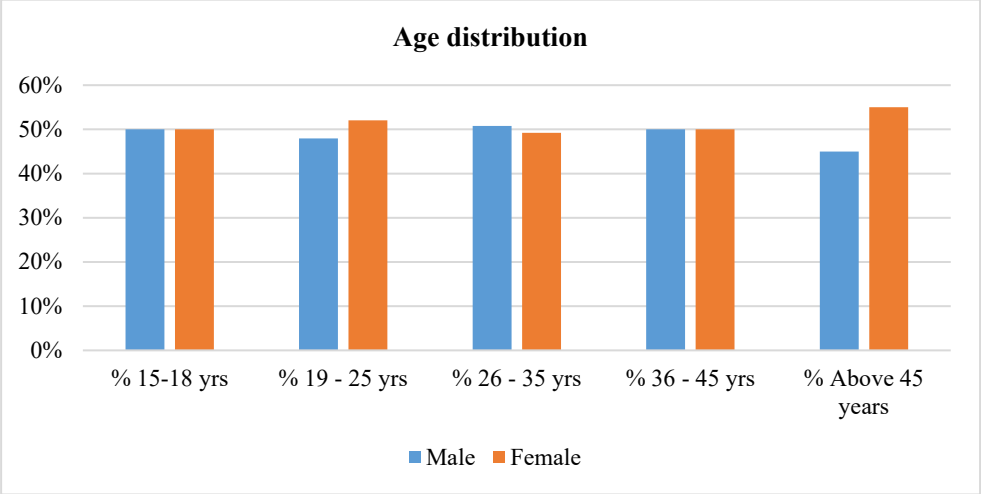

Figure 3: Distribution by age

As The result shows 52% of respondents are single compared to 42% of those that are married with more women reportedly married 45% as compared to men 38%.

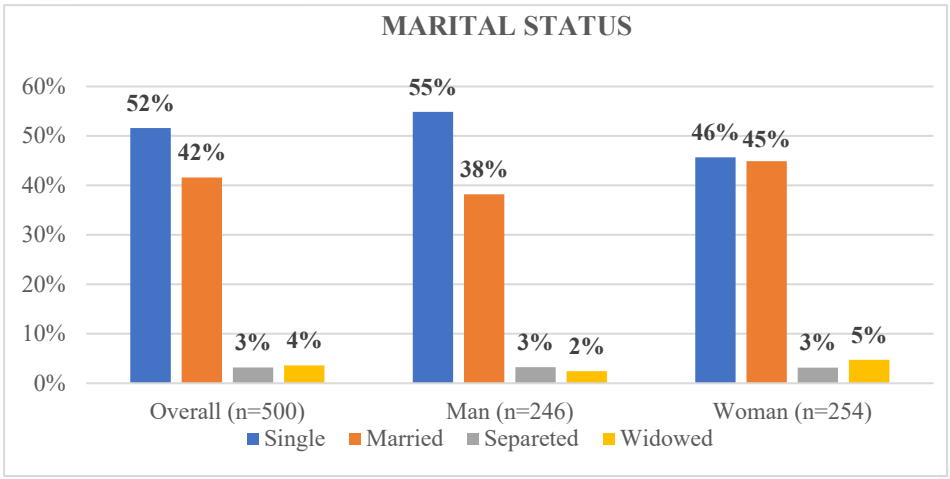

Figure 4: Marital status

Also, 90% of the respondents are Christians compared to only 4% of Muslim believers as per the graph below. This data is similar across gender, age and location where Christians are in a dominant majority.

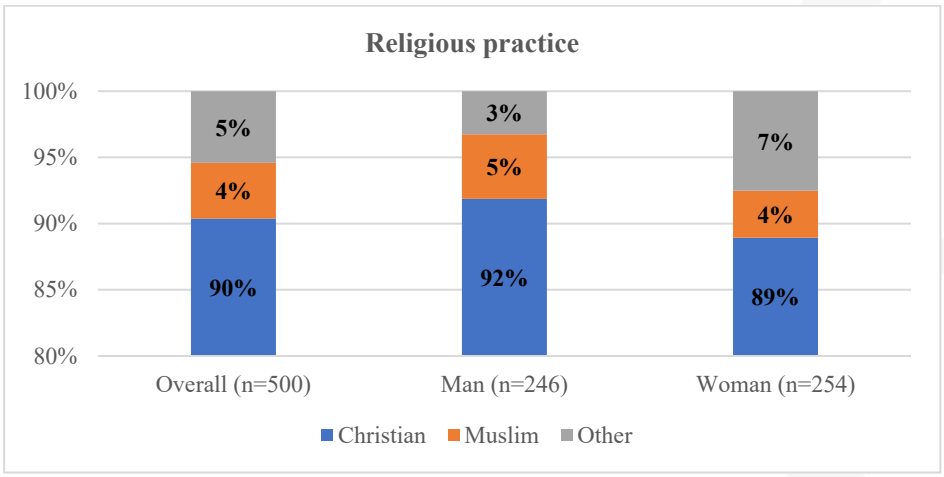

Figure 5: Religious practice

Majority of respondents (60%) surveyed reported to be engaged in some form of employment, compared to 33% who are reportedly unemployed. Only 8% of respondents reported being in formal education, including 11% men and 5% women.

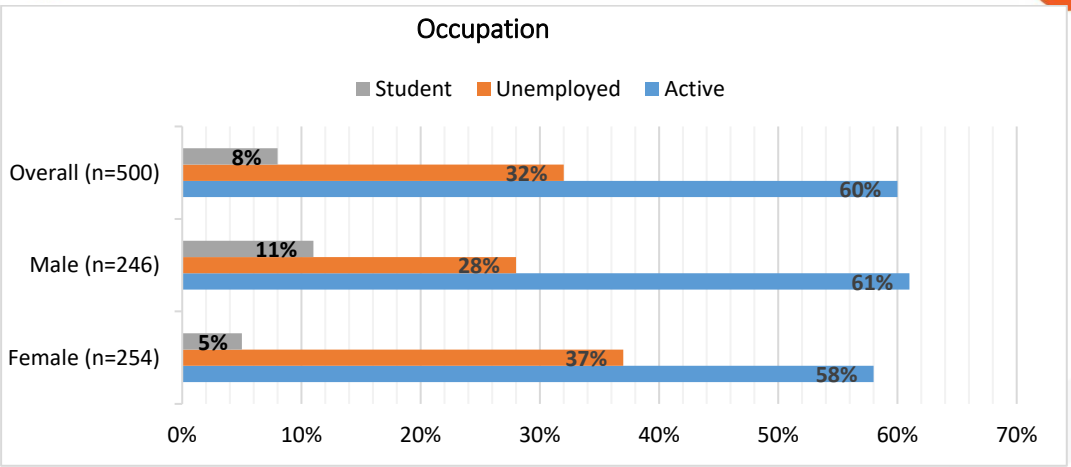

Figure 6: Occupation

The main income-generating activity practised in the three study areas is trade (17%), in which 25% of women (n=254) accounted for the majority as compared to 9% of men (n=246).

	Overall (n=500)	Male (n=246)	Female (n=254)	15-18 years (n=112)	19 - 25 years (n=98)	26 - 35 years (n=130)	36 - 45 years (n=100)	Older than 45 years (n=60)
Unemployed	33%	28%	37%	54%	42%	24%	16%	23%
Plumbing	0%	0%	0%	0%	0%	0%	0%	0%
Carpenter	0%	1%	0%	0%	0%	1%	1%	0%
Electrician	1%	2%	0%	2%	1%	0%	2%	0%
Constructor	2%	4%	0%	2%	3%	2%	2%	2%
Mechanic	1%	2%	0%	0%	2%	1%	2%	0%
Trader / small businessman	17%	9%	25%	4%	18%	23%	20%	20%
Agriculture	5%	7%	4%	1%	3%	5%	9%	11%
Teacher / instructor	6%	6%	6%	0%	2%	10%	9%	10%
Government Agent (public servant)	4%	6%	3%	0%	1%	4%	8%	11%
Student	8%	11%	5%	9%	16%	8%	2%	0%
Transporter (taxi driver, cyclist, bus / mini-bus, etc.)	2%	4%	0%	0%	2%	2%	2%	3%
Physician / Nurse	4%	4%	3%	0%	1%	4%	9%	7%
NGO Worker	2%	3%	1%	0%	2%	3%	4%	2%
Civil society	1%	0%	1%	0%	0%	0%	3%	0%
Other (to precize)		12%	16%	28%	6%	12%	11%	11%

Table 1: Detailed breakdown of respondents' occupation

The result below shows that nearly 7 out of 10 people (67%) have a secondary school diploma. Those with no education make up 2% of the respondents. The result also shows that there are more men with university degrees (32%) as compared to women (18%). The age group of 19-45 years is the most educated.

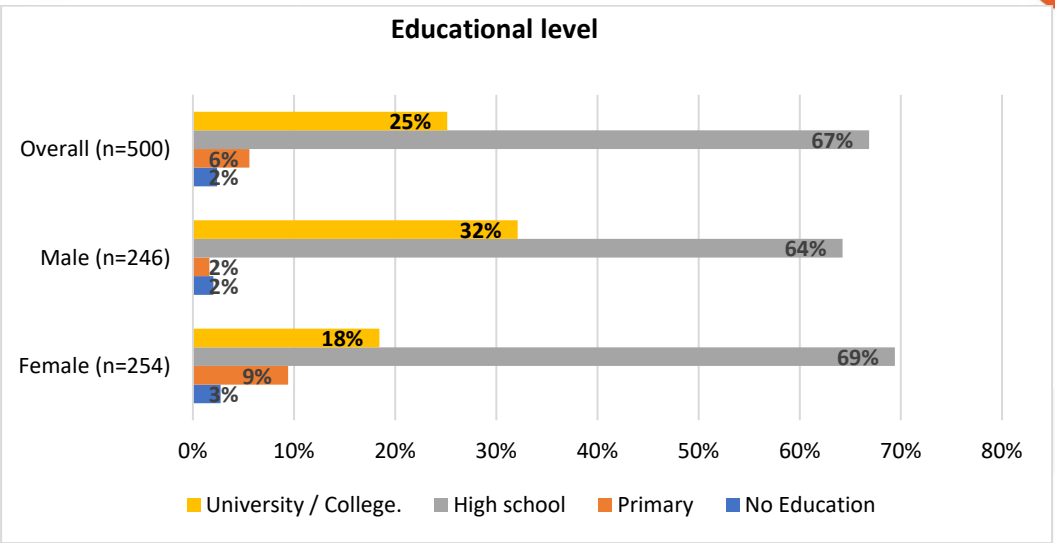

Figure 7: Educational level

3.1.2 Health Information Consumption

The primary source of health-related information is radio as cited by 82% of respondents. This data is similar across gender and the different age groups. Detailed disaggregation can be found in Annex 5.1 attached to this report.

Health information access source	Overall (n=500)	Male (n=246)	Female (n=254)
Radio	82%	85%	80%
Television	26%	30%	22%
Ordinary mobile phone	20%	26%	15%
Smartphone or tablet	4%	6%	3%
Newspaper	5%	7%	3%
Laptop / Computer with Internet	2%	4%	0%
Others	2%	2%	2%
No equipment	11%	7%	15%

Table 2: Health information access

Of those who listen to radio, 59.6% prefer the 7:00-9:00 pm time slot, while 31.7% of respondents say they listen very early in the morning (5:30-7:00 am) and 26.5% prefer listening in the evening (4:00-6:00 pm).

When do you prefer to listen to the radio?	Overall (n=412)	Male (n=209)	Female (n=203)
Very late at night (21h - 12h)	13%	17%	14%
Night (19h - 21h)	60%	72%	73%
Evening (16h - 18h)	27%	33%	32%
During the day (13h - 15h)	7%	11%	6%
Before midday (10h - 12h)	5%	6%	6%
Morning (7h - 10h)	8%	8%	10%
Early in the morning (5h30 - 7h00)	32%	44%	32%

Table 3: Radio listening time preference

In addition to the night time slot (7:00–9:00 pm), people aged 26 and over are the most likely to listen very early in the morning (5:30–7:00 am) as opposed to younger people (15-18 years old) who generally only listen to the radio in the evening (4:00 pm until late at night).

Radio listening by age	15-18 years (n=91)	19-25 years (n=73)	26-35 years (n=115)	36-45 years (n=82)	Over 45 years (n=51)
Early in the morning (5h30 - 7h00).	27%	27%	39%	54%	48%
Morning (7h - 10h)	10%	8%	10%	6%	12%
Before midday (10h - 12h)	8%	3%	8%	5%	4%
During the day (13h - 15h)	12%	11%	9%	7%	4%
Evening (16h - 18h)	35%	32%	36%	26%	31%
Night (19h - 21h)	66%	74%	73%	78%	71%
Late in the night (21h - 12h)	38%	5%	19%	21%	15%

Table 4 : Radio listening by age

Of the targeted respondents, 62% reported being a member of a social network, with Facebook accounting for the highest percentage (41%), followed by WhatsApp (18%).

Only 20% of women reported engagement in social media network groups against 42% for men. The age bracket of 19-25-year-olds reported a slightly higher percentage on Facebook (45%) than other age groups.

	Overall (n=500)	Male (n=246)	Female (n=254)	15-18 years (n=112)	19 -25 years	26-35 years	36-45 years	Older than 45 years
Facebook	41%	54%	29%	43%	54%	45%	40%	13%
Twitter	3%	4%	1%	1%	3%	4%	3%	2%
WhatsApp	18%	26%	11%	13%	20%	22%	23%	7%
Other (precise)	1%	1%	0%	0%	2%	1%	0%	0%
None	58%	45%	71%	57%	46%	53%	60%	87%

Table 5: Social media engagement

3.1.3 Knowledge and attitudes towards Ebola and Ebola survivors

When asked where they heard about Ebola, 87% of respondents cited radio showing its dominance in health information dissemination. Only 20% heard of Ebola on television.

From which channel did they hear about Ebola?	Overall (n=500)	Male (n=246)	Female (n=254)
Radio	87%	89%	85%
Television	20%	21%	19%
Ordinary cell phone	14%	15%	13%
Smartphone or tablet	2%	2%	2%
Newspaper	5%	7%	3%
Laptop / computer with Internet	2%	2%	1%
Friends	2%	2%	2%
Report	1%	0%	0%

Church	0%	0%	1%
Teacher	0%	0%	1%
Family	1%	0%	0%
Training	0%	0%	1%
Hospital	1%	0%	0%
Population	4%	0%	1%
Quartier	0%	1%	1%
Community relay	2%	1%	2%
Sensitization	2%	0%	2%
Work	0%	1%	0%
Neighbors	1%	0%	2%
Never heard	0%	0%	1%
Do not know	1%	0%	1%

Table 6 : Channel respondent heard about Ebola

The table below shows that almost the entire population (98%) has heard about Ebola, most of them within the last three months. Detailed disaggregation of result by age, location can be found in Annex 5.1 attached to this report.

When was the last time you heard about Ebola?	Overall (n=500)	Male (n=246)	Female (n=254)
During the last week	7%	5%	8%
During the last 2 weeks	10%	12%	8%
During the last month	14%	17%	11%
In the last 3 months	32%	31%	33%
In the last 6 months	17%	16%	18%
More than 6 months ago	18%	17%	19%
Never	2%	2%	2%

Table 7: Last time respondents heard about Ebola

When asked about the cause of the Eboa outbreak in Equateur, 75% of respondents believe that the virus originated from wild animals (chimpanzees, monkeys, bats). There were more respondents (80%) as compared to females (71%) who responded the same way. When looking at age, 11% of 19-25-year-olds attributed the virus to politics. Detailed disaggregation can be found in Annex 5.1 attached to this report.

What triggered the Ebola epidemic?	Overall (n=500)	Male (n=246)	Female (254)
Animals (chimpanzees, monkeys, bats)	75%	80%	71%
God	3%	4%	2%
Witchcraft	3%	2%	4%
Curse	1%	0%	2%
Politics	4%	4%	5%
Invention	2%	1%	2%
Virus	6%	6%	7%
Others	1%	1%	0%
I don't know	5%	2%	7%

Table 8: Possible cause of Ebola

When asked how the Ebola virus can be transmitted, majority cited handling of bushmeat (72%) with blood from an infected person and eating fruit left by animals (60%) both following in second place. Respondents under 45 years of age cited eating fruit left by animals as a key factor for the transmission of the virus. Detailed disaggregation of result by age and location is attached to this report in Annex 1.

Mode of transmission of the Ebola virus	Overall (n=500)	Male (n=246)	Female (n=254)
Airplane	11%	11%	11%
Mosquito	18%	16%	19%
Handling bushmeat	72%	74%	69%
Eating fruit left behind by animals	60%	63%	58%
Saliva of an infected person	48%	46%	50%
Blood of an infected person	60%	62%	58%
Sweat of an infected person	43%	43%	44%
Urine of an infected person	32%	28%	35%
Semen of an infected person	29%	29%	29%
Breast milk of an infected person	28%	27%	28%
Secretion of an infected person	24%	24%	25%
Shake hands with an infected person	40%	40%	40%
Other physical contact with an infected person	55%	37%	73%
Handling the body or corpse of an infected person	41%	41%	40%
Having sex with an infected person	23%	25%	22%
Other	2%	1%	2%
Don't know	2%	2%	2%

Table 9: Mode of Ebola transmission

Four symptoms of the Ebola virus disease were identified by at least 5 out of 10 people that cited diarrhea (88%), vomiting (83%), fever (76%), and headache (58%). These results were particularly mentioned by those in the 26-35 and 45+ age groups.

Based on what you have heard, what are the signs and symptoms of the Ebola virus?	Overall (n=500)	Male (n=246)	Female (n=254)	15 to 18 years (n=112)	19 to 25 years (n=98)	26 to 35 years (n=130)	36 to 45 years (n=100)	Older than 45 years (n=60)
Fever	76%	77%	75%	74%	83%	80%	72%	67%
Headache	58%	58%	57%	59%	56%	58%	63%	50%
Aches / muscular pains	22%	23%	20%	17%	20%	22%	27%	22%
Weakness and tiredness	31%	31%	31%	29%	33%	32%	37%	23%
Diarrhea	88%	90%	86%	84%	92%	88%	88%	90%
Vomiting	83%	85%	82%	87%	79%	85%	82%	85%
Chest pain	24%	25%	22%	20%	19%	28%	28%	20%
Lack of appetite	19%	20%	18%	17%	20%	21%	19%	17%
Sore throat	16%	18%	15%	13%	18%	19%	15%	15%
Weakness	29%	33%	26%	29%	31%	30%	28%	27%
Red eyes	47%	46%	47%	41%	42%	57%	43%	52%
Skin rashes	17%	17%	16%	12%	15%	23%	20%	10%

Hiccough	4%	4%	4%	2%	4%	5%	4%	3%
Others	2%	3%	2%	3%	3%	1%	3%	3%
Don't know	1%	1%	2%	1%	0%	2%	2%	2%

Table 10: Signs and symptoms of Ebola

Only 21% of respondents reported that that someone can be infected with Ebola and remain asymptomatic as compared to 73% who reported otherwise. The result is almost the same for male (22%) and female (20%) respondents.

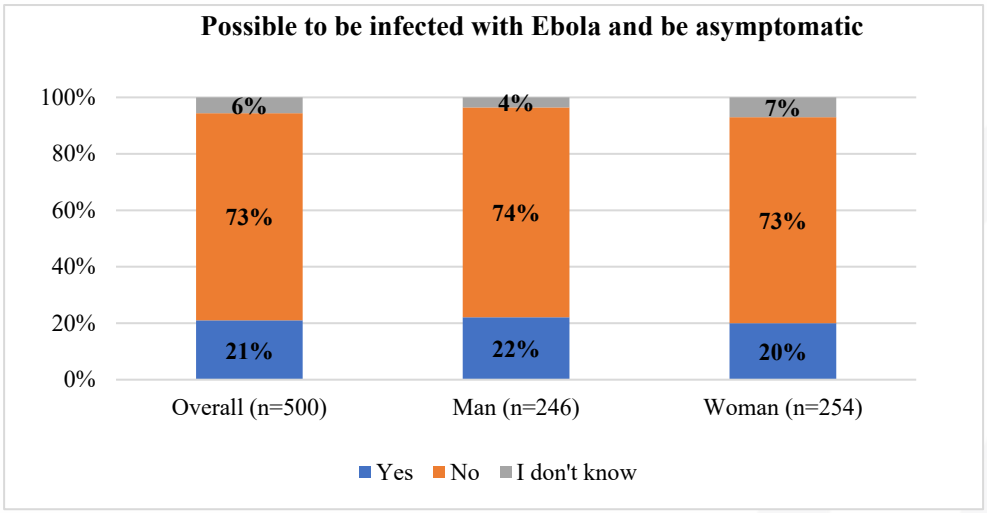

Figure 7: Asymptomatic with Ebola

The result below shows that more than 8 out of 10 people (83%) think that Ebola cannot be cured by traditional healers with only 13% holding a contrary view. When compared to spiritual healers, 42% of respondents believe that they can cure Ebola.

Given the demographics of the respondents that shows 94% are religious, this could account for their view that their religious leaders can cure them of Ebola. However, individuals aged 19-25 are the most skeptical when it comes to believing that spiritual healers can cure Ebola.

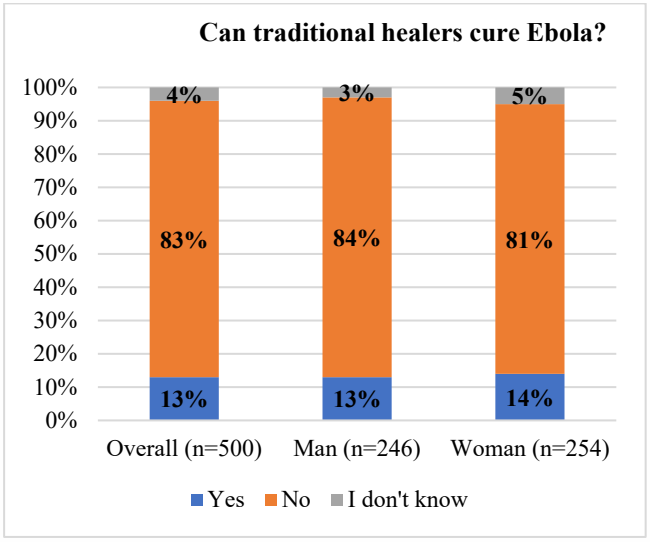

Figure 8: Traditional healers curing Ebola

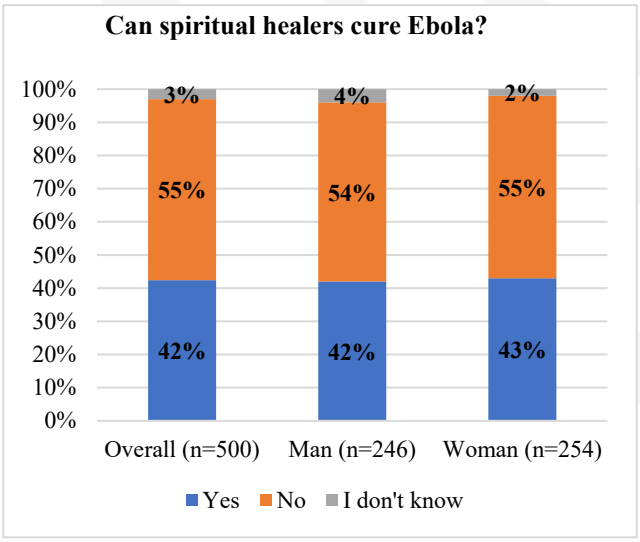

Figure 9: Religious leaders curing Ebola

3.1.4. Attitudes and Practice

Eleven percent (11%) of respondents reported attending burial during the Ebola outbreak. Of this, 42%

said they participated in burial practices, including 44% of women and 40% of men. Detailed disaggregation by age and location is attached to this report in Annex 5.1.

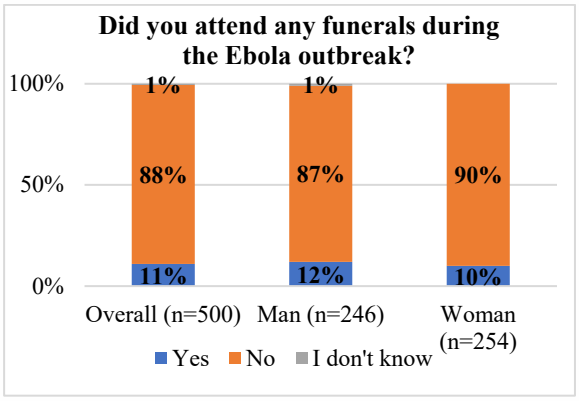

Figure 10: Attended funeral during Ebola

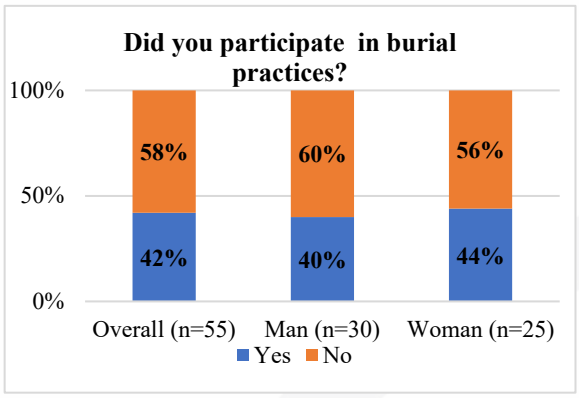

Figure 11: Participated in burial practice

The result below shows that 88% of respondents are willing to go to a health facility if they experience signs of Ebola. This view is predominantly shared by both male and female respondents across all age groups, although it is higher among 36-45-year-olds (97%) and 26-35-year-olds (93%).

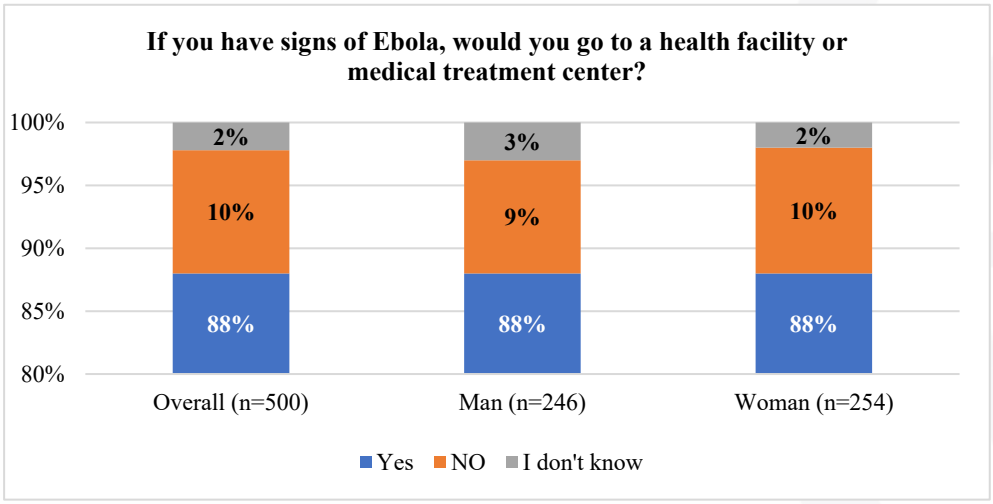

Figure 12: Seeking treatment at a treatmnet center if infected with Ebola

Respondents who said they would not go to a health facility or treatment center if they experience signs of Ebola expressed concern about the safety of hospital claiming that it is infected with Ebola (43%). This figure is much higher among male respondents (48%) as compared to female respondents (38%) even though more women think they won't make it alive at the hospital if they suspect having Ebola (27%) as compared to men (17%). Also more men prefer home-based medical care (22%), and mostly among people aged 26 to 35 as compared to only 4% women who prefer to be treated at home.

If no, why would they not go to a treatment center?	Overall (n=49)	Male (n=23)	Female (n=26)
I don't think I'm going to make it alive.	22%	17%	27%
I think the hospital is infected with Ebola.	43%	48%	38%
I have no money.	4%	4%	4%
I prefer to go to a traditional healer.	2%	0%	4%
I prefer to go to a pharmacy nearby.	4%	4%	4%
I prefer to be treated at home.	12%	22%	4%

In the hospital, I won't have contact with my family	2%	0%	4%
What we call Ebola is the internal hemorrhoid. If you take the roots and leaves of the forest you will be cured	2%	4%	0%
I am afraid that they will keep me in the hospital and I will stay there for good.	2%	0%	4%
I prefer to go to my pastor because he is the one who can cure me of Ebola. In the hospital they kill people to get money	2%	0%	4%
Fear of being infected by the clothes in the treatment center	2%	0%	4%
I don't know.	2%	0%	4%

Table 11: Reasons for not going to a treatment center

In addition, 87% of respondents believe that infected people should be isolated from others with slightly more men (89%) in favor of this as compared to women (86%). Detailed disaggregated result by age and location is attached to this report in Annex 1.

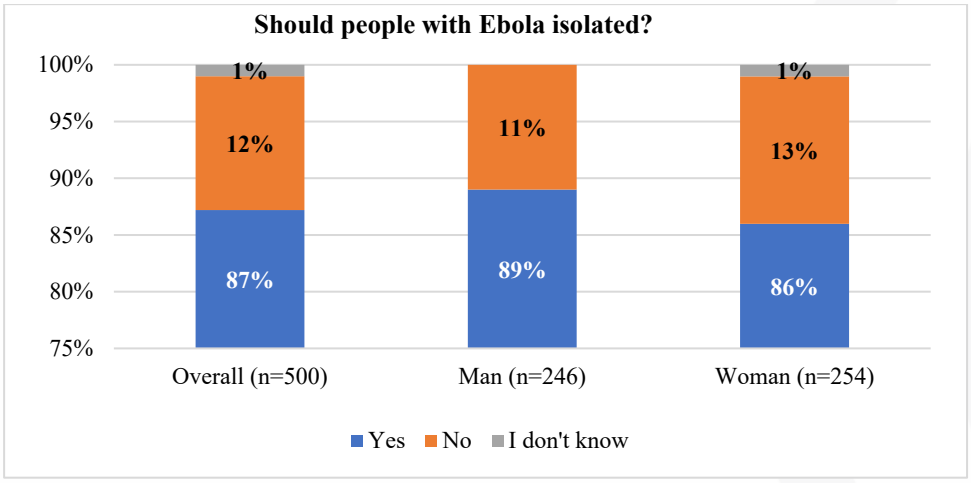

Figure 13: Isolating people infected with Ebola

Despite some of the misgivings about going to a treatment center, majority of respondents (88%) still believe there is a higher chance of survival at a health facility for those infected with Ebola than anywhere else.

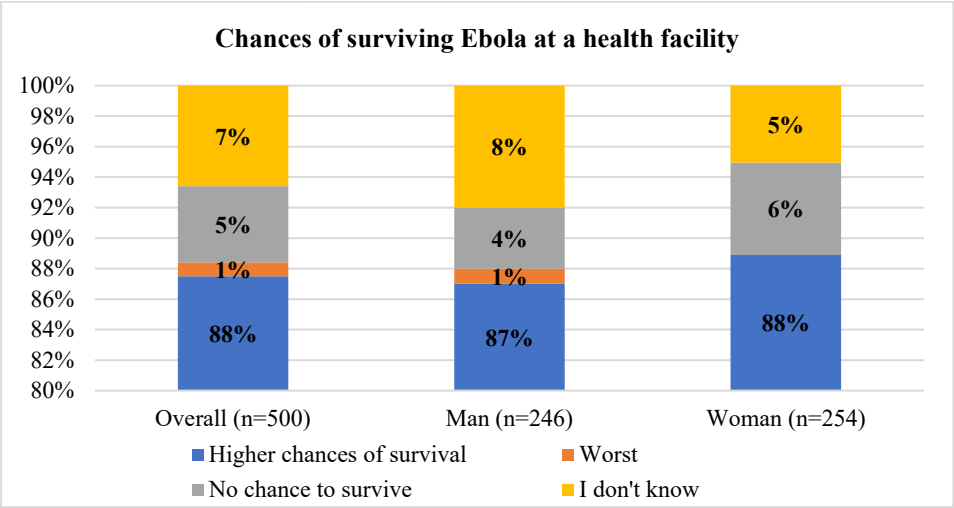

Figure 14: Chances of surviving Ebola at a health facility

When faced with a probable case of Ebola, 32% of respondents are most likely to take the person to an Ebola treatment center, 25% would call the response number and 20% would move the person to the health center. However, it seemed that women were more likely to take the suspected case to an Ebola treatment center (34%) as compared to men (29%).

What would you do if you suspect a family member has Ebola?	Overall (n=500)	Male (n=246)	Female (n=254)
Take the person to the Ebola treatment center	32%	29%	34%
Call the response number	25%	29%	21%
Move the person to the health center	20%	20%	20%
Avoid physical contact and body fluids	8%	8%	9%
Stay away from them for 21 days	5%	5%	4%
Take care of the person at home	5%	4%	5%
Check the temperature by touching their body	1%	2%	1%
Keep them at home so no one knows they are sick	1%	1%	2%
I don't know	1%	0%	2%
Talk to your friends and family	1%	0%	1%
Nothing at all	1%	1%	0%
Quickly inform the community relays	0%	0%	1%

Table 12: What to do if you suspect a family member with Ebola

The chart below shows 86% of respondents would contact their local authorities in the event of a suspected Ebola death in their immediate surroundings and 55% would not touch the corpse while 21% who would immediately bury the corpse.

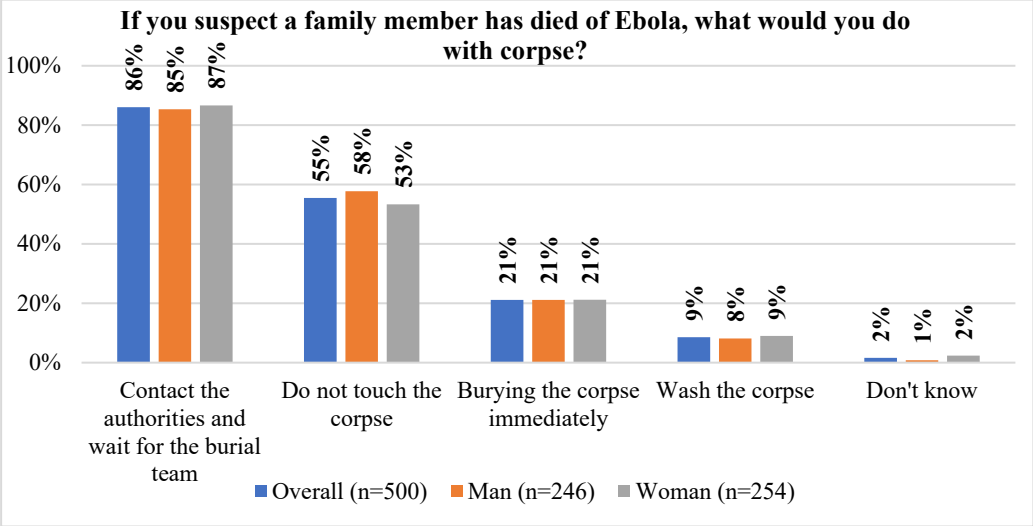

Figure 15: What would you do a suspected Ebola corpse

Moreover, 70% of respondents would allow burial of a family member suspected to have died of Ebola without touching or washing the corpse. However, findings show that more than 10% aged 19-25 and over 36 tend to wash the suspected Ebola dead body before burial.

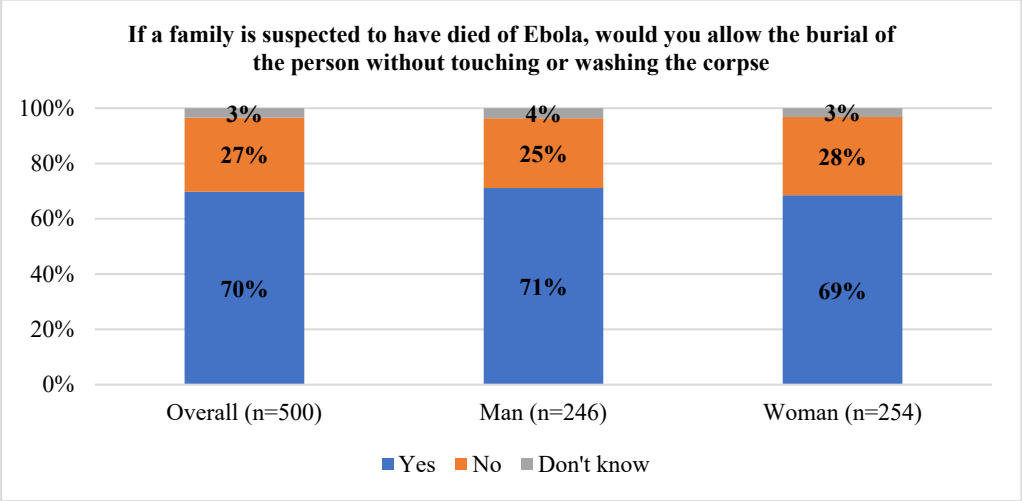

Figure 16: Allow burial without touching or washing the corpse

For Ebola protective measures, the survey data reveals that 75% of respondents cited handwashing and hygiene advice as the most common measure they have adopted to protect themselves and family against Ebola. This finding is slightly higher for female respondents (76%) as compared to male (74%) with 80% of older respondents (45 years and older) mostly likely to do so the same.

What measures have you taken to protect your family or loved ones against Ebola?	Overall (n=500)	Male (n=246)	Female (n=256)	15-18 years (n=112)	19- 25 years (n=98)	26- 35 years (n=130)	36 - 45 years (n=100)	45 years and older (n=60)
Talk to them about handwashing and hygiene	75%	74%	76%	73%	79%	69%	69%	80%
Tell them what to do when someone in the community is sick	3%	4%	2%	4%	5%	0%	0%	3%

Tell them not to touch the sick person or the corpse	6%	4%	8%	4%	5%	11%	11%	7%
Provide water and soap for hand washing	7%	6%	9%	8%	3%	10%	10%	3%
Purchase protective items such as medication, gloves.	3%	4%	2%	4%	2%	4%	4%	0%
Inform the local leader if someone is suspected of having Ebola	4%	4%	4%	4%	5%	4%	4%	5%
Others	1%	2%	0%	0%	1%	2%	2%	2%
Don't know	1%	1%	0%	2%	0%	0%	0%	0%

Table 13: Ebola protective measures

When asked if they are willing to take the Ebola vaccine or recommend it to someone as a protective measure against Ebola, 46% of respondents were willing to do so as compared to 52% who responded "no". Male respondents (51%) and young people between the age bracket of 26-35 years (57%) are most open to taking the vaccine while younger people aged 15 to 18 are most unwilling to take the vaccine (61%). Detailed disaggregation of the result by age and location is attached to this report in Annex 5.1.

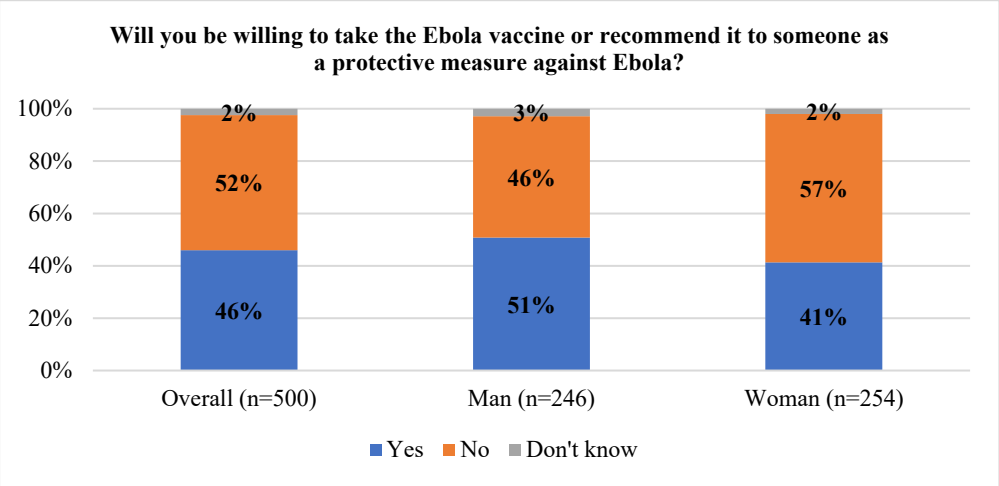

Figure 17: Ebola vaccine

Of those who are unwilling to take the Ebola vaccine or recommend it someone, 48% don't trust the vaccine and 16% believe the vaccine is infected with the virus. Other reasons provided by respondents include statements like the vaccine "is not safe" and "it's a slow killer" with each returning a 11% response rate.

If no, why ?	Overall (n=258)	Male (n=114)	Female (n=144)
I don't trust the vaccine	48%	42%	53%
It's not safe	11%	13%	10%
It is infected with a virus	16%	18%	14%
It can make someone sterile	6%	8%	5%
It kills people slowly	11%	10%	12%
Others	7%	9%	6%
Don't know	1%	1%	1%

Table 14: Reason for not taking Ebola vaccine

3.1.5. Ebola Survivors

About two thirds of respondents (66%) do not view Ebola survivors as posing a threat to the health of their community. However, about one third (31%) think they do. The findings also show that 30% of male respondents and 30% of female respondents to be somewhat less concerned about any potential health threat posed by Ebola survivors.

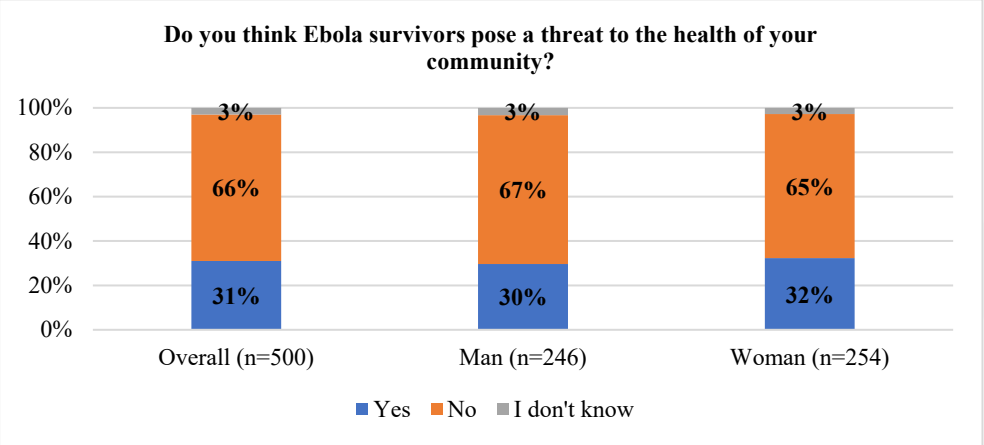

Figure 18: Ebola survivors as threat to the health of community

Majority of the respondents (70%) say they can buy fresh vegetables sold by Ebola survivors although younger respondents (15 to 25 years old) are slightly less likely to buy fresh vegetables from Ebola survivors (63%). Men are slightly more comfortable with purchasing fresh vegetables from Ebola survivors (72%) as compared to 69% for women.

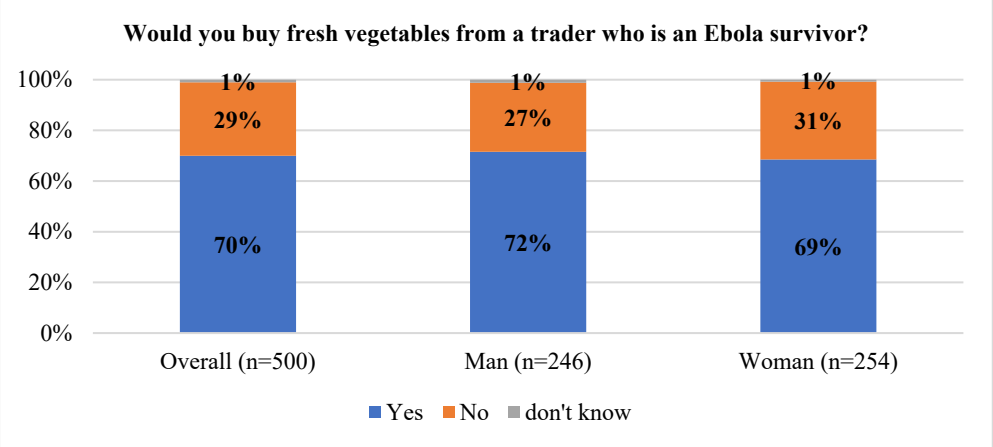

Figure 19: Buying fresh vegetables from Ebola survivors

43% of respondents and 50% of both male and female respondents are concerned about going to a health care facility that has treated Ebola patients.

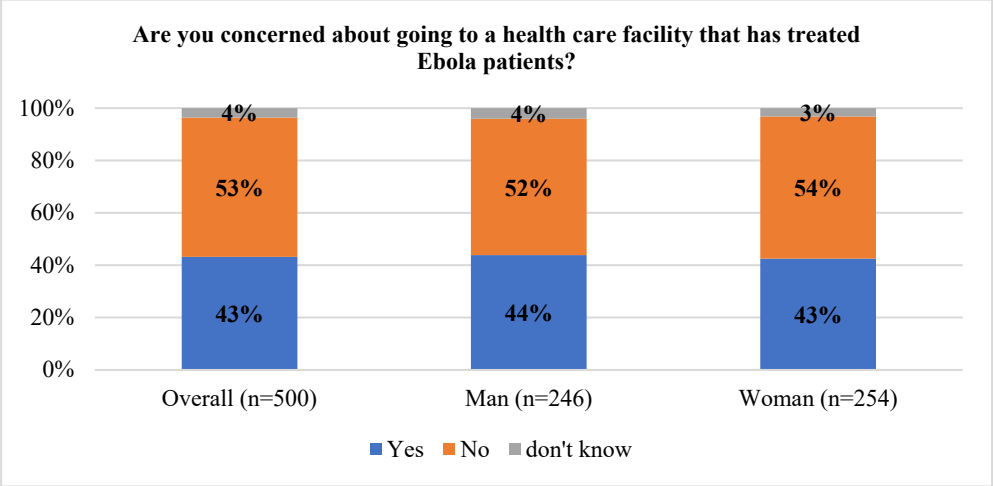

Figure 20: Going to a health facility that treated Ebola patients

About one third of respondents (34%) think that the children of Ebola survivors are a threat to their schoolmates. The result is slightly higher for female respondents (36%) as compared to their male counterpart (32%).

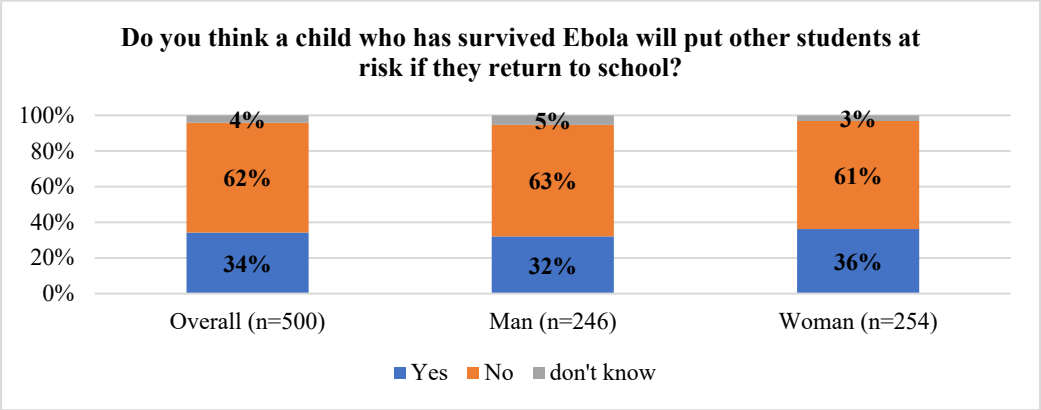

Figure 21: Risk of Ebola survivors in schools

On the other hand, 74% of respondents said they would not mind welcoming their neighbors who survived Ebola – an identical result for those who are willing to welcome Ebola orphans.

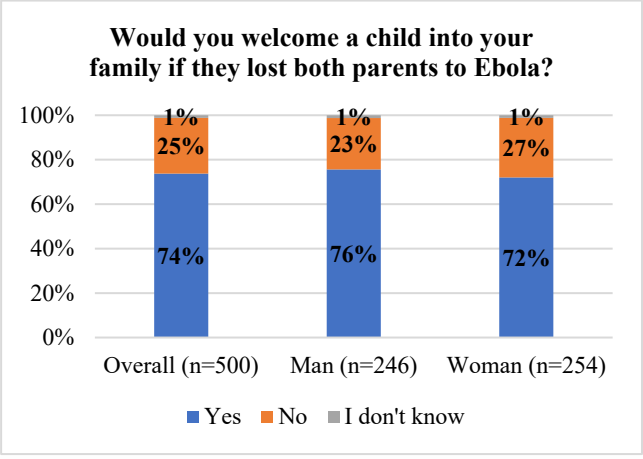

Figure 22: Welcoming Ebola orphans

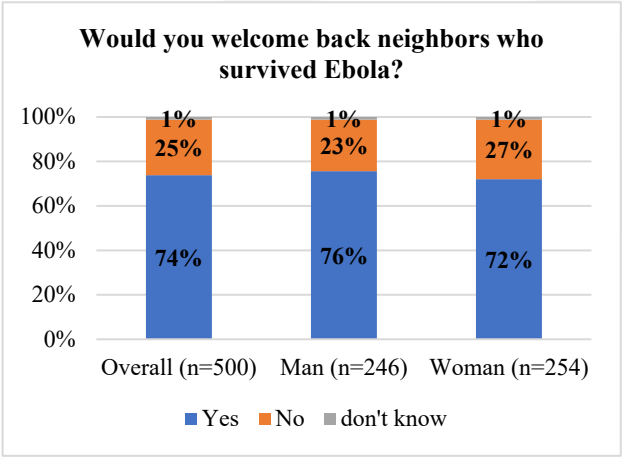

Figure 23: Welcoming Ebola survivors

For 59% of respondents, Ebola survivors do not represent a danger as they said they would embrace a person who has survived Ebola as compared 40% who would not. The figure is slightly higher among men (61%) as compared to women (57%).

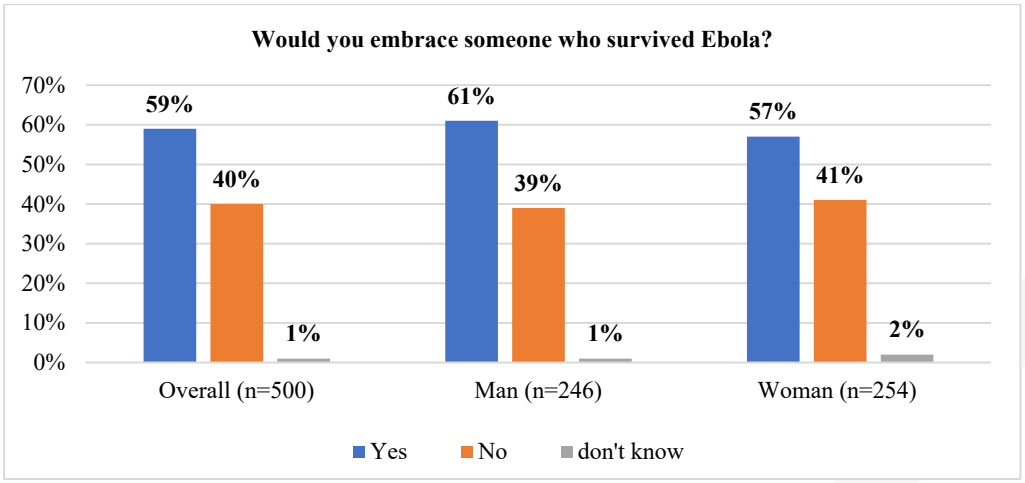

Figure 24: Embracing Ebola survivor

The result below shows that 65% of respondents would eat from the same plate as Ebola survivors and this finding is similar across both genders with 66% of men and 65% of women responding in the same way.

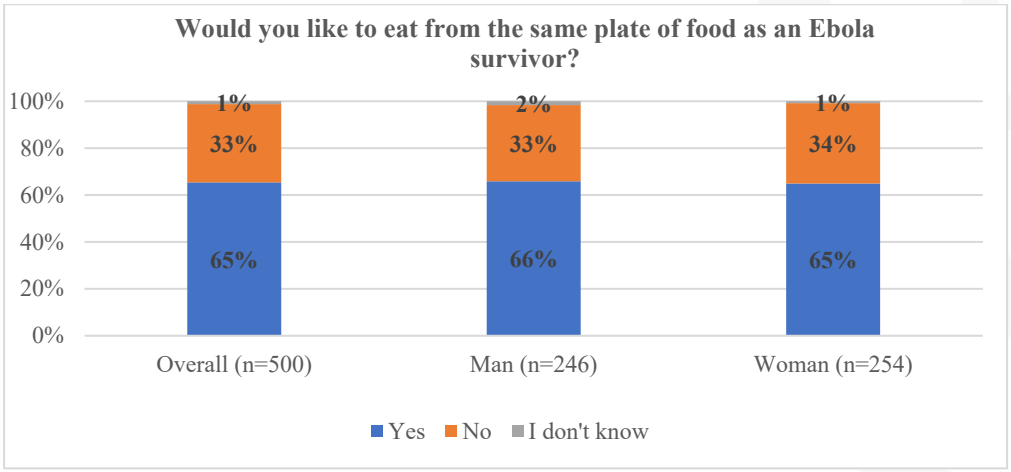

Figure 25: Eating with an Ebola survivor

3.1.6 Intervention of Internews radio program

The research finding shows that 40% of respondents have heard about the Internews radio program, *Tolobi Nini.* The largest audience reported was in Bikoro, where 51% of respondents said they have heard about the radio program, compared to 38% in Mbandaka and 36% in Wangata health zones. The percentage of men who said they have heard about *"Tolobi nini"* is higher (45%) than that of women (35%).

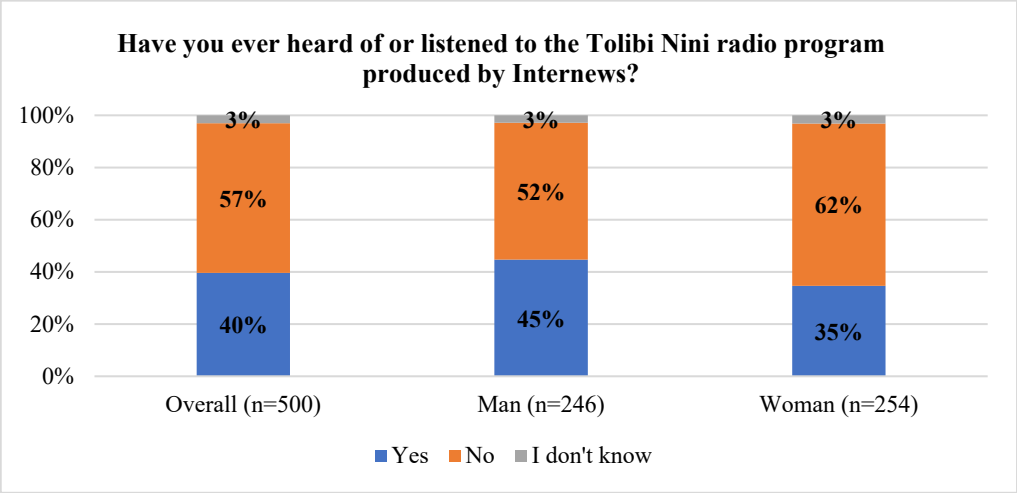

Figure 26: Heard about Tolobi Nini radio program

Of those who listened to the radio program, 95% said they were satisfied with the program as compared to 5%. The result is almost the same for male and female respondents.

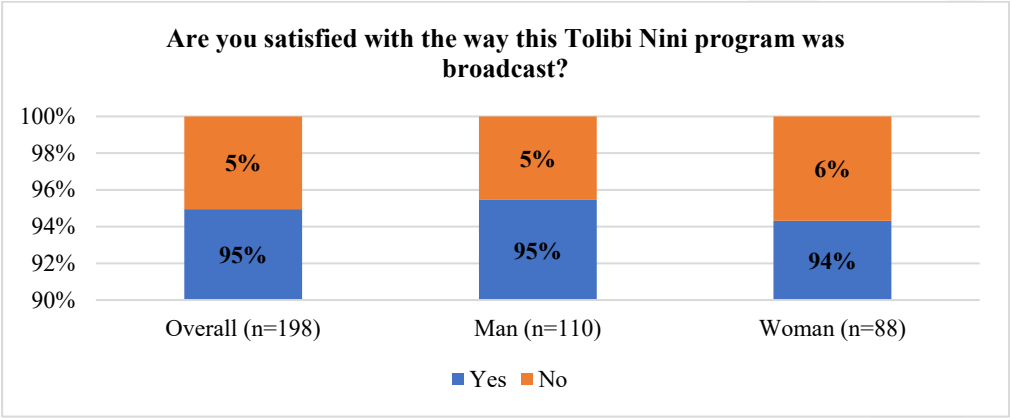

Figure 27: Satisfaction with the Tolobi Nini radio program

Nearly all respondents who are aware of the *"Tolobi nini"* program believe that the program has greatly influenced some of their practices/behaviors, the most important of which is handwashing with 81% of respondents citing it. Across all three health zones in Bikoro, Mbandaka and Wangata, at least 98% of respondents attributed change in practices or behaviors to the radio program.

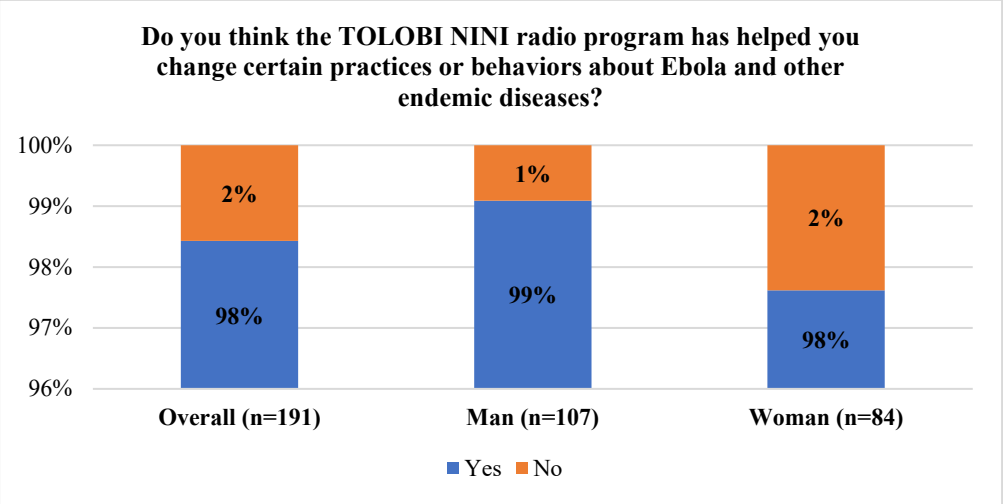

Figure 28: Influence of the Tolobi Nini radio program

The research findings suggest that those who listened to the *Tolobi Nini* radio program adopted new positive behaviors or practices and this includes refraining from touching the sick or dead (90% of respondents) and regular hand washing practices applied by 89% of respondents.

If so, what are some of the behaviors or practices that you have changed by listening to Tolobi Nini?	Overall (n=188)	Male (n=106)	Female (n=82)
Do not touch the sick or dead	90%	90%	73%
Regular hand washing	89%	90%	90%
Agree to a safe and secure burial for your loved ones	65%	67%	63%
Report early for treatment if unwell	60%	59%	61%
Accept Ebola survivors into communities	57%	52%	65%
Willingness to be vaccinated against Ebola	43%	40%	49%
I don't know	14%	11%	17%
Others	3%	0%	0%

Table 15: List of behaviors or practices influenced by the Tolobi Nini radio program

When asked about the preferred communication channel to share concerns about Ebola, the majority of 32% of respondents cited telephone (this finding varied across locations). In Bikoro, 51% of the respondents chose telephone contact versus 22% for radio, while 59% of the respondents in Mbandaka suggested direct communication (face to face). In Wangata, respondents said they preferred telephone contact as first option (40%) with radio (33%) as the second option.

If you have concerns about Ebola and other diseases, what is your preferred channel of communication with aid workers?	Overall (n=302)	Male (n=136)	Female (n=166)
Telephone	32%	34%	31%
Radio	27%	29%	27%
Face to face	27%	29%	26%
Local authorities	12%	10%	14%
Public event	2%	1%	2%

Social Media	2%	3%	1%
Suggestion Box	1%		2%
Religious leaders	1%	2%	1%
Others	1%		2%

Table 16: Preferred channel of community with aid worker on Ebola

3.1.7 Coronavirus

The data collected shows that 57% of the population interviewed is aware about the existence ofCovid-19 in the DRC. Awareness is much higher among men (63%) as compared to women (51%). However, awareness level is the lowest in Wangata (43%) as compared to the other two health zones.

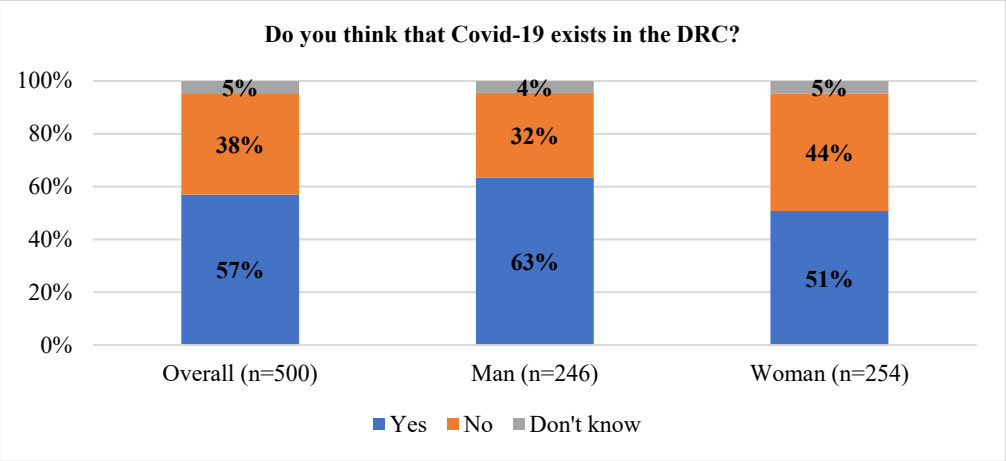

Figure 29: Existence of Covid-19 in DRC

The result below shows only 9% believe that traditional healers can cure Covid-19 with 85% holding a contrary belief – this findings is almost the same across both genders and all age categories.

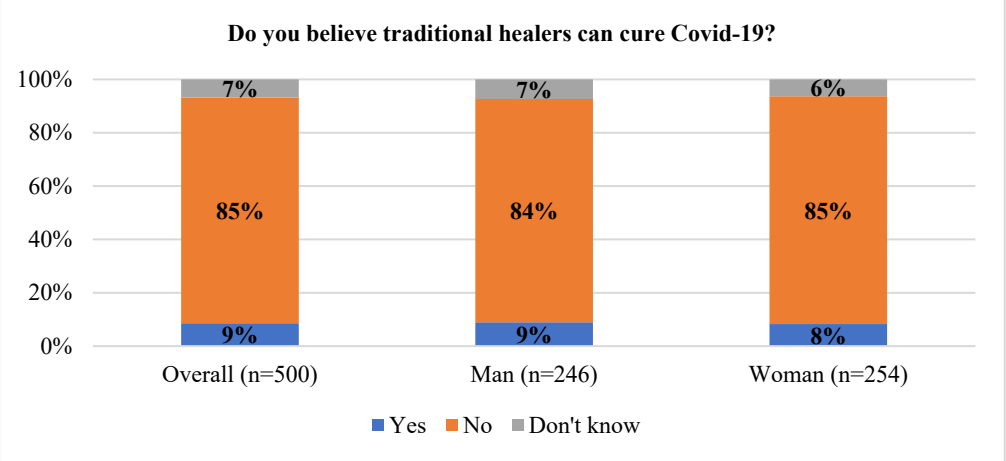

Figure 30: Can traditional healers cure Covid-19?

The findings show that 60% of respondents view facemasks as a protective measure against Covid-19 – which is almost identical for both male and female respondents.

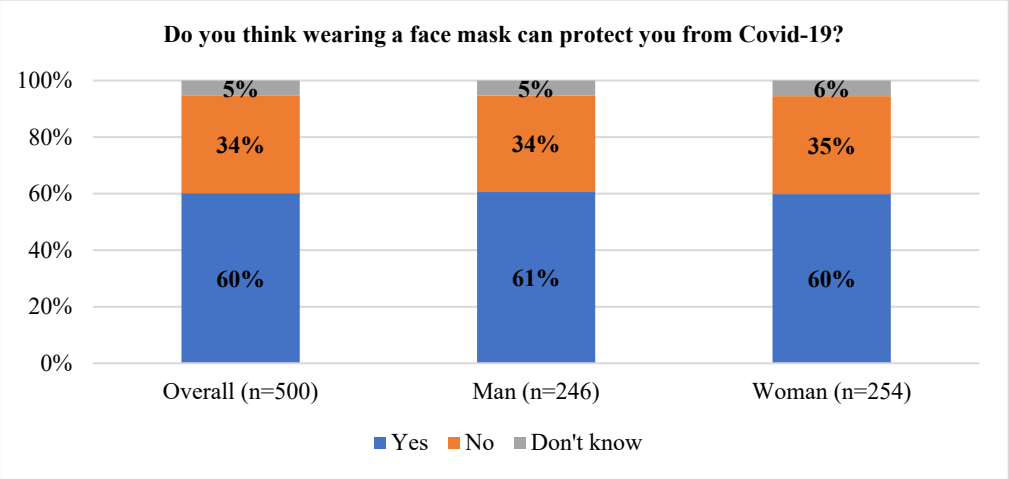

Figure 31: Use of facemask as a Covid-19 protective measure

Even though majority of respondnats are aware of the existence of Covid-19, only 33% are willing to take the vaccine or recommend it to someone. The figure is slighty less for women (30%) as compared to 36% of men who are willing to take the vaccine.

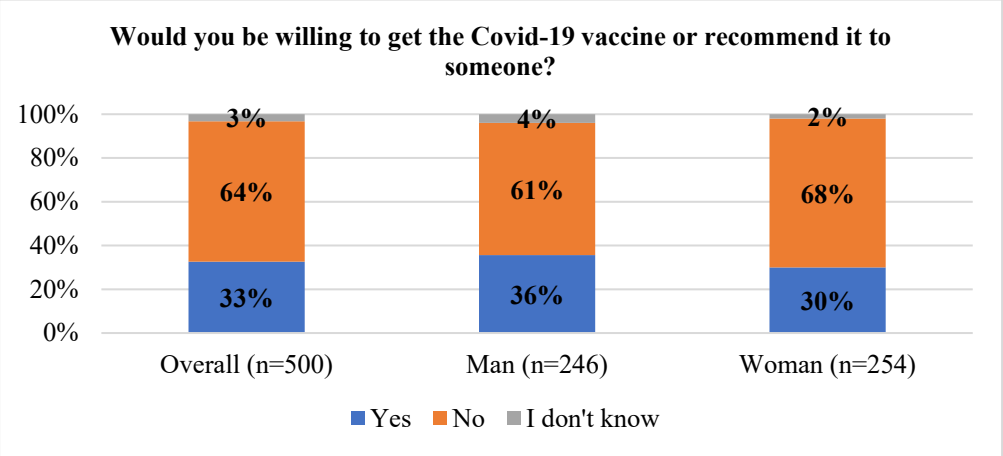

Figure32: Covid-19 vaccine

Lack of confidence in the vaccine (46%) is the main reason given by those who are reportedly unwilling to take it or recommend it to someone, followed by the likelihood of being infected by the vaccine itself (26%).

Why wouldn't you agree to get the Covid-19 vaccine or recommend it to someone?	Overall (n=321)	Male (n=149)	Female (n=172)
I don't trust the vaccine	46%	47%	45%
The vaccine is infected	26%	27%	25%
I am healthy and do not need it.	17%	13%	21%
I am not aware of it	5%	7%	3%
Other	7%	7%	6%

Table 17: Reasons for not taking Covid-19 vaccine

3.2 Qualitative Findings

A. General perception of the population about the Ebola epidemic

- Majority of respondents seem confused about Ebola. For some, Ebola is either a disease or a virus; for others, it is an epidemic or a pandemic; Some perceive Ebola as a death sentence invoking fear in communities.
- The sources of information about Ebola differed among different respondents. While most people found out about Ebola from radio, family, in the street, at work, or on television; small number of respondents interviewed said they heard about it from relatives residing in far away communities such as North Ubangi and Kinshasa.
- Respondents claim that some believe Ebola is the result of an infection from animals. Others perceive it as a punishment for settling old scores - a curse only transmitted to the guilty parties.
- There are some who believe it is an invention of the government supported by doctors to take money out of the state coffers.

B. Communication on Ebola

- Communication was mostly preventative, done through various channels including the media, churches, ringtones from telephone calls, songs, posters.
- The preventative messages disseminated through ringtone during a phone call, were at times, ambiguous. For example, Ebola kills and there is no cure but if you suspect to be sick with Ebola, go to the nearest hospital for treatment.
- Despite the numerous communication methods on Ebola preventative methods, the population was reluctant to heed to the message particularly on Ebola vaccines for fear of getting sick. But this changed following community deaths from Ebola.

C. Impressions of the project

Respondents expressed appreciation for the project, which included:

- **Confidence**: the presence of a specialist during the program certified the truthfulness of the information given and encouraged a change of mentality;
- **Relevance**: the project provided relevant information on several diseases including preventative methods, and what measures to take in case of a disease outbreak.
- **Awareness-raising:** The project reminded the population about the presence of the disease to positively influence perception and practices;
- **Interactivity:** the project provided opportunity for audience engagement – there was a question and answer session that allowed the listeners to understand the subject better, ask questions and receive feedback to their questions.
- **Captivating:** The radio programming and community events captured everyone's attention, especially those of children. *"Through this program, we have benefited from advice without having to move*; *we are no longer ignorant, so we take precautions for ourselves and our children."*

Nevertheless, some concerns were raised such as:

- The duration of the radio program was seen as limited.
- Although the messages on the radio program were clear and easy to follow, it would have been great if the radio program was done in several local languages;
- Some of the presenters of the radio program were slow, and others tended to impose things on the listeners;
- Some of the broadcast times were late and did not allow all family members to follow the program.

D. Contribution of the project

- The project is credited to having contributed to influencing the population to adopt new behaviors, notably handwashing and wearing of facemasks. Handwashing has become a common occurrence that people do not only do it before eating but even after several movements for fear of catching or transmitting diseases to others.
- The project also contributed to improving vaccine acceptance addressing some of the fears and concerns that people had about the Ebola vaccines.

E. Capacity building

The trainings were deemed to be largely positive and this includes:

- Change in the presentation format of radio programs to reach target audience;
- Efficient production taking into account feedback from the population;
- Regular broadcasting of radio programs each week and development of various topics on health issues to increase audience base;
- Respect for editorial standards and the use of research to determine the subject or issues to be discussed.

However, listeners club members and radio practitioners expressed the following concerns:

- Length of radio program (15 minutes) was deemed too short with limitations on the public to participate through direct telephone calls.
- Lack of in-depth training on other aspects of journalism with the training focusing only on health emergencies. Radio partners expressed the importance of training on technical skills development such as editing of audio content.

F. Recommendations from respondents

- Diversify the language to reach a significant number of people;
- Extend project activities beyond Mbandaka and Bikoro;
- Insert a testimonial space: this is to give voice to the inhabitants to testify the impact of Internews' actions and gain the trust of the unbelievers;
- Increase the number of broadcasts of the radio program, *Tolobi nini*
- Increase the duration of the program because the current timing does not allow the speakers to explain the subjects more thoroughly.

4. Conclusion

While the project encountered several challenges including delays in the commencement of field activities, the endline results show an appreciation of the work of Internews in supporting local partners and strengthening their capacity to respond to health emergencies. Though this may not guarantee local partner readiness to respond to emerging health issues, the endline underscores the dearth in partner capacity in health radio programming and engaging communities.

The project was able to pivot to respond emerging health challenges including a monkeypox outbreak that was spreading across several health zones where Internews support to local radio partners and engagement with the Provincial Health Division helped provided life-saving information to audiences at a time of a scale down in the work of humanitarian actors following the end of the Ebola outbreak.

The endline result shows how a combination of rumor data collection, radio programming and community engagement can help change perception and positively influence behavior. The relevance of Internews radio program, Tolobi Nini which was credited for changing certain behaviors and practices of individuals is a case in point. But these gains can only be sustained with long term investment in local media that respond to their immediate and emerging needs.

5. Annexes

Annex 5.1 Detailed analysis

Information%20Saves%20Lives_Equateur%

Annex 5.2 Survey Questionnaire

Questionnaire_ENG.docx

Annex 5.3 Discussion and Interview Guide (Key Informant Interview)

KII_Discussion_Guide_LocalMedia.docx

Annex 5.4 Discussion and Interview Guide (Focus Group Discussion)

FGD_Discussion_Guide.docx