Community, Engagement and Accountability

Survey on the beliefs of the vulnerable population regarding the Covid-19 vaccine.

A case study of the Hellenic Red Cross.
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From the beginning of the Covid-19 pandemic, Hellenic Red Cross focused on the design and implementation of programmes aimed at providing accurate, timely and reliable information to vulnerable populations regarding protection measures and precautions against SARS-CoV-2, symptoms, ways of transmission, etc. The aim of the information activities provided was to empower the target groups against the risks of misinformation, the reduction of potential tensions in communities due to uncontrolled rumours and unsubstantiated information, the reinforcement of positive models of behaviour, the adoption of healthy practices and the establishment of trust between the Hellenic Red Cross and the affected communities.

In particular, the provision of targeted information regarding Covid-19 disease was achieved through the creation of printed information material (posters, brochures, manuals, guides), experiential and creative activities, daily face-to-face communication, individual sessions, community meetings, group briefings by specialized health professionals. The use of technical and supportive means, such as TV screens (projection of images and texts), the use of the Hotline of the Multifunctional Refugee Centre of Athens and the use of the Kobotoolbox for the collection of feedback data from the community, also played an important role in providing information as a means of assistance.

Community, Engagement and Accountability (CEA) is an approach that includes all these processes that contribute to the provision of accurate, reliable and targeted information, aiming to improve the living conditions of communities. In particular, through the specialized technical tools and communication methods, the CEA approach contributes to receiving feedback from the community (suggestions, complaints, ideas), aiming at the active participation of the served population in the design and implementation of the programs and actions of the Red Cross and Red Crescent Movement.

In addition, the CEA approach sets the basis for cooperation between the served population and the HRC staff, with the ultimate aim of changing undesirable social behaviours and adopting new healthy social behaviour patterns. At the same time, the possibility of continuous interaction and communication with the members of the community is given, thus promoting open dialogue on issues that concern them, participating and influencing decisions that concern the members themselves, proposing positive changes in the programs and actions provided by the HRC.
One of the key needs during the Covid-19 pandemic is to provide immediate, accurate, reliable and targeted information to migrant populations on protection and prevention of SARS-COV-2. The provision of continuous and up-to-date information based on current scientific evidence on Covid-19 is critical for migrant communities, who, due to language barriers, have limited access to proper information.

Hellenic Red Cross, taking into account the increased vulnerability of migrant populations and socially excluded people in terms of access to timely and accurate information on issues related to the pandemic, as well as the difficulties faced by these population groups, following a previous survey aimed at investigating the information needs of migrants on Covid-19, conducted a complementary survey on the attitudes of the migrant and other vulnerable population towards the SARS-CoV-2 vaccine.

In particular, this research aimed to:

- the collection of valid, reliable and up-to-date information on the awareness needs of the migrant population on issues related to vaccination against the virus.
- measure the attitude of this population towards this vaccine and the reasons for their possible refusal to vaccinate.
- investigating the sources of information on the vaccination programs for the migrant community.

The main purpose of this research was to investigate the attitude of the refugee population towards the vaccine and explore any potential improvement to the ways and the methodologies HRC uses in order to provide understandable and tailored information to the needs of migrants.

The ultimate aim of the research was the creation and design of printed information material, which will contain valid and timely information on SARS-CoV-2 vaccination issues and will be according to the information needs of the population, based on the information and responses collected from the beneficiaries themselves.

In any case, by implementing the principles of Community, Engagement and Accountability (CEA), in this case by seeking feedback from the migrant population through this survey, the empowerment of refugees/migrants on issues of understandable information on SARS-CoV-2 vaccination is automatically stated as a long-term goal of this research. Migrant communities are shielded against incomplete information and protected from information that is not relevant to their needs, avoiding the risk of getting exposed to misinformation and ignorance, while at the same time dealing with feelings of fear, insecurity, anger and anxiety, cultivating at the same time feelings of self-confidence, self-sufficiency and assurance that they are reliably and correctly informed about the SARS-CoV-2 vaccination.
The survey was conducted between 4 and 21 April 2021 (duration 3 weeks) and the method of obtaining feedback was through a questionnaire using the Kobotoolbox to collect the data. The target group of the survey was the vulnerable population groups (refugees, migrants, Roma and Greeks from deprived areas) belonging to different age groups, nationality, gender and being beneficiaries of the services provided by the HRC. Specifically, the survey questionnaire was developed by the staff of the Health Division, aiming to create and design a valid and reliable tool, adapted to the specificities and general profile of the participants.

The questionnaire consists of nine (9) questions and the ultimate aim was to explore the beliefs of the vulnerable population served regarding the Covid-19 vaccine. This research was supported by field staff (interpreters, nurses, program coordinators, psychologists, social workers) who had access to the beneficiaries and with whom they interact on a daily basis.

The research was conducted at the Educational Health Station (EHS) of Athens, Ano Liosia and Kallithea, at the Refugee and Migrant Accommodation Centres in Kleidi Serres, Malakasa, Corinth and Lesvos, at the ACCREF program and at the Multifunctional Centres in Athens and Thessaloniki.
The processing of the questionnaire on the Kobotool was carried out in collaboration with the HRC Informatics Department, where the basic instructions for the use of Kobotoolbox were created and distributed to the survey participants. The information package contained the following documents:

(a) Guide to the Conduct of Research  
b) Instructions for filling in the form of Kobotoolbox  
c) Covid-19 vaccination questionnaire

Briefing sessions on how to use the Kobotoolbox were provided to the survey coordinators who were not so much familiar with Kobo, in order to understand how to use this tool. After the completion of the survey, the statistical visualization of the responses followed, which was distributed to all the groups participating in the survey. A focused group discussion between all the participants who conducted the survey also took place, in order to discuss and analyze the results of the survey. In particular, the meeting was aiming at:

- receiving feedback on the progress of the research  
- identifying and recording of any challenges and parameters that made the whole process difficult, as well as elements that contributed positively to the conduction of the survey  
- discussing and analyzing the results  
- defining the next steps and designing an action plan to provide targeted information on vaccination against SARS-CoV-2, based on the results of the survey
The questions were created by taking into account the above aims and objectives of the survey and were formulated in simple phrases and words, so that they could be easily understood by people of different cultures and lower educational levels.

A total of 569 refugees and migrants participated in the survey, of which 286 were women and 277 men, while a small percentage declared themselves as belonging to a different gender. The majority of participants (353) were in the age range of 18-35 years. 158 were between 36-49 years old and fewer were in older age groups, 46 in the 50-64 age group and 11 over 65.

The majority of responses came from beneficiaries of the ACCREF program (179), with the remaining participants split, almost evenly, among the other structures.

Regarding the country of origin, the majority of the participants were Farsi-speaking (30%), followed by Arabic-speaking (24%), French-speaking (19%) and Greek speakers (17%). Other languages such as Romani (5%), Albanian (1%), Somali (2%) and Kurmanji (1%), had lower participation.

Most of the survey participants (167) were high school graduates. However, there were also many who had a primary school certificate (153), while 152 had graduated from an institution of higher education. The remaining 82 were illiterate and 15 did not want to answer this question.
Native language

- ARABIC: 24%
- ALBANIAN: 1%
- FRENCH: 18%
- Farsi/Dari: 30%
- Somali: 2%
- Pashto: 0%
- Greek: 17%
- Kurmanji: 1%
- Other: 1%
- Romani Dialect: 5%

Age groups by gender

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<thead>
<tr>
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<th>18-31</th>
<th>35-49</th>
<th>50-64</th>
<th>65+</th>
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<tr>
<td><strong>Men</strong></td>
<td>169</td>
<td>179</td>
<td>179</td>
<td>179</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>154</td>
<td>87</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>5</td>
<td>1</td>
<td>0</td>
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Regarding sources of information on Covid-19 vaccination, the survey showed that social media was the main source of information, with 275 out of 447 respondents reporting that they get their information from there. Health professionals (129) and the social environment (117) are also a frequent source of information, while the media in both the country of residence and the country of origin, as well as posted material in various places and locations within the facility, are less responsive.
The majority of participants (246) believe that the vaccine is effective. Of the remaining respondents, 111 do not know whether the vaccine is effective or not and 91 think it is not.

221 participants want to get the vaccine while 172 do not. The other 55 had not yet decided.
- The majority of those who do not want to get the vaccine (62) believe that it causes many side effects, while there is also a large percentage of those (41) who did not want to give reasons for their opposition to the vaccine. 49 people did not consider themselves to be at risk of Covid-19, while 40 people reported that they did not believe the disease existed and that they had not been adequately informed about the vaccine (24).

- One positive outcome from the survey is that the main majority of participants, 314 out of 447, believe that, in general, vaccines are important for disease prevention, while only 68 are negative and 65 do not know.
Most participants (202) believe that they are not very likely to get sick, while 152 believe that they are very likely. 61 are sure they will not get sick at all and 33 do not know.

Most participants (283) considered themselves to be at risk from coronavirus and 127 did not consider themselves to be at risk. The remaining 27 did not know or did not want to answer this question.
Almost all participants (388) answered positively to this question and only 36 reported that coronavirus is not contagious. The remaining 24 did not know or did not want to answer this question.

Do you think Covid-19 is contagious?

Finally, out of the 447, an overwhelming majority (394) believe that the Covid-19 pandemic exists and only 34 oppose this view. The remaining 20 did not know or did not want to answer this question.

Do you think Covid-19 pandemic exists?
During the survey and according to the minutes of the focused discussion meeting held with the staff that conducted the survey, the followings were observed:

- The ACCREF program population had a high rate of survey participation as a result of the everyday interaction and the face-to-face communication, which created a climate of trust that increased the beneficiaries willingness to participate to the survey.

- The majority of survey participants were willing and cooperative in answering the questions.

- The time given for the survey (3 weeks) was considered enough for the collection of a sufficient number of data but in some areas (mainly in the refugee and migrant accommodation centers) the staff was insufficient in number to cover the time of the survey, nevertheless, every effort was made.

- The questionnaire included all the languages that could be supported by the interpreters of the HRC and that adequately cover the majority of the people served in the HRC facilities.

- In the Mobile Health Units, in the accommodation centers, it was observed that a certain percentage of migrants were not able to participate in the survey, because they had visited the clinics with health issues in an acute phase that obviously affected their participation in the survey (they were not in the required psychological state), resulting in an "on-the-spot and informal" selection of those who were able to respond.

- The results showed a higher participation of women, which indicates a higher availability and receptiveness.
Findings

This survey contributed to the collection of useful information on the perceptions of vulnerable populations regarding Covid-19 vaccination and thus contributed to the development of an action plan to adapt suitable methods of targeted information provision to the served populations. In particular, it was proposed:

- The conduction of the present survey contributed substantially to the creation of an interactive communication between the population served and Hellenic Red Cross, contributing to the building of acceptance and trust. In details, the survey was a methodological tool of Community, Engagement and Accountability (CEA) approach and a good practice through which HRC approached vulnerable populations with interest, in order to collect information on their needs regarding the adequacy of the information provided on Covid-19 vaccination, thus investing in the provision of quality and targeted services.

- From the data of the survey it is concluded that the majority of people are not informed by valid sources of information about vaccination against SARS-CoV-2 virus as their main source of information is the Social Media, where the information published cannot be checked for validity and reliability. This poses risks regarding the type of information that they receive, as unreliable information and rumors may create feelings of fear and anxiety.

- The outcomes of the survey are explaining the quite large percent of Covid-19 vaccination hesitancy as many people seem to believe that the vaccine causes side effects or is not so effective. Feelings of fear and anxiety, lack of adequate information and exposure to negative and false news are obviously fostering negative attitudes towards vaccination.

Next steps

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- The creation of information material with question and answer (Q&A) type information in all spoken languages supported by the HRC to cover a large number of questions

- Taking into account the findings of the survey, which indicates that the majority of respondents obtain information from the internet, it was suggested that valid websites, which provide accurate and timely information, should be proposed to them

- In order to obtain the best possible information on the major issue of Covid-19 vaccination, it is proposed to use a combination of communication and information channels for the vulnerable population (eg printed material, posters - in combination with live communication, community meetings, targeted discussion groups, etc)

- The support of the vaccination appointment process by the HRC services, should continue the provision and explanation of relevant, timely and accurate information.

- Establish a Covid-19 vaccination handbook for all employees involved in any way in the process, to ensure that common, valid information is provided by all the service providers