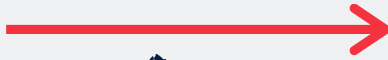




# COVID-19 Community Perception Survey Ecuador - March 2023

## BHA Building trust - Findings Report

Dec 22 - Feb 23



Ecuador

**Presentation:** This survey was applied by Ecuadorian Red Cross (ERC) volunteers in 22 of the 24 provinces of the country and captures part of the participants' perceptions towards the COVID-19 vaccine, three years into the pandemic.

This document presents the main findings identified and is intended to facilitate national/provincial decision-making processes around building trust in COVID-19 vaccination.

**Methodology:** This survey is based on the Collective Service's Question Bank and was tailored to the local socio-cultural attributes with the support of the Ecuadorian Red Cross. Its questionnaire was uploaded to the IFRC server and implemented in person by ERC volunteers through KoboCollect.

In this survey, a non-probabilistic convenience sampling design was applied to communities previously selected by the Provincial Branches of ERC. Therefore, the results presented cannot be extrapolated or generalised. Nevertheless, **they constitute a high-value indicative input to strengthen decision-making processes, at the national or provincial level, regarding building trust in the vaccination processes.**

## MAIN FINDINGS

- ✓ Rumours of **allegedly unsafe vaccines** are reportedly driving respondents' mistrust. This rumour constitutes the **main reason** stated by **respondents who have not yet been vaccinated.**
- ✓ In addition to the distrust of the vaccine resulting from these rumours, **inconvenient schedules, long waiting times** or the **distance to vaccination centres** are, to a lesser extent, **affecting vaccination levels.**
- ✓ **Gender-differentiated socio-economic effects of the pandemic** were detected. While some of these would have preceded COVID-19, following its arrival, they would have emerged clearer.
- ✓ The **demand for Mental Health and Psychosocial Support services** not only persists around the socio-economic impact of the pandemic but given the role of the **vaccine as a social enabler** during the pandemic, it **validates the continuity of work on building trust in the vaccination processes.**
- ✓ **Digital media** constitute the **main space for the implementation** of Community Engagement and Risk Communication (RCCE) strategies aimed at building trust in vaccination, **followed by television and radio.**



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**2,468**

**Surveys collected**

between Dic/06/2022 and Feb/12/2023



**22 out of 24**

Participating provinces



**53,45%** participation of  
women

(Men: 44.84%; Prefer Not to Respond:  
1.26%; and Other: 0.45%)



**10%** Participation of  
ethnic communities

(Indigenous or Afro-Ecuadorian Peoples)



**8,4%** Do not reside in  
their country of origin



**39%** Range 18 to 29

Age concentration

(W: 24%; M: 15%)



**High educational level**

University: 40,57%;

High school: 34,36%

2,68% reported no formal education.

## ACCESS TO AND TRUST IN COVID-19 VACCINATION

### Respondents' access to COVID-19 vaccination services



**94.89%** reported being vaccinated (W: 53.2%; M: 44.8%; PNR: 0.3%; O: 0.2%). The **5.11%** who indicated **not being vaccinated** had as **main reason the rumour that the vaccine is not safe (40.8%)**, followed by the perceived remoteness of the vaccination sites (15.2%); and the belief that COVID-19 is not real (10.4%).



In terms of **susceptibility to COVID-19 infection**, **39.96%** feel **slightly (27.27%) or not at all susceptible (12.79%)**, while 22.18% feel susceptible (14.88%) or very susceptible (7.3%). **This level is higher among female respondents (24.04%**, where 7.78% felt very susceptible) compared to male respondents (19.28%, where 6.76% felt very susceptible).



**6.54%** reported that **accessing vaccination services was not easy at all**, due to **inconvenient schedules, long waiting times or remoteness of vaccination sites**. Of this 6.54%, **14.91% have not been vaccinated** compared to **85.09%** who have been vaccinated. This not only **differs from the general vaccination trend (5.11% unvaccinated compared to 94.89% vaccinated)**, but also **demonstrates the impact of the challenges outlined above in terms of access to vaccination**.



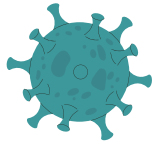
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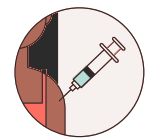
### Respondents' trust in COVID-19 vaccination



**66.83%** of respondents **trust the COVID-19 vaccines** (Very much: 22.94%; Moderately: 43.89%) while **26.67%** trust a little, and **6.5%** do not trust.



Of the **26.67%** who trust a little in the vaccine, **96.03%** have already been vaccinated. Likewise, of the **6.5%** who do not trust the vaccine, **67.5%** have already been vaccinated. The COVID-19 awareness campaigns implemented by various actors, including ERC, would **explain why most participants who have little or no trust in the vaccine have been vaccinated against COVID-19.**



According to the [World Health Organization's COVID-19 Digital Dashboard](#), in Ecuador, **80.66 people out of every 100** have received at least one dose of any vaccine, while **43.63 out of every 100** have received at least one booster dose (Accessed 21 Feb 2023).



This raises the need to analyse: i) the behaviour of trust in the vaccine according to their vaccination schedules; ii) and the **potential challenge associated to not completing vaccination schedules**, so it is recommended to articulate this analysis with the RCCE strategies.

### Respondents' trust in humanitarian staff (ERC) and decision-makers



**70.8%** indicated that, prior to the pandemic, they **trusted ERC** (Very high: 21.31%; Moderate: 49.49%) and that, **with the onset of the pandemic, their trust had either not changed (44.66%) or had increased (38.28%).**



Before the pandemic, **52.83%** of respondents had **trust in decision-makers** (Very high: 5.58% or Moderate: 47.25). Since **COVID-19 was confirmed in the country, 51.6%** say that this trust has not changed, and **22.67%** indicate that this trust has decreased.



Given the relevance and complexity of understanding the perception of trust, it is **recommended that ERC apply specialised studies in trust and its dimensions, to contribute to its operations and trust building.**



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### Levels of respondents' trust in other actors



**Explanatory note:** The previous question asked about trust in ERCs, while this question examined the level of trust in humanitarian actors at the general level, among others.

The main trend found was the **high concentration** of responses in the option "**Don't trust at all**", which was the most frequently selected option.



**Concentration in the "Don't trust at all" option:** Scientific community: 35.96%; Government leaders: 27.42%; Community organisations: 37.45%; Media: 33.96%; Religious leaders: 29.48%; Community members: 37.06%; Humanitarian staff: 44.01%.



It was notable that the **Humanitarian Staff** category (**44.01%**) exhibited the **highest concentration** of responses in this option compared to the other actors.

It is recommended to apply semi-structured interviews with key informants to understand the **drivers** of these levels, and **based on this**, to **build recommendations for CEA strategies on building trust in vaccination**.

## LIVELIHOODS DURING THE PANDEMIC

### Changes in occupation perceived by respondents after the onset of the pandemic.

The main changes perceived after the beginning of the pandemic were: i) **Increase in the occupation Unemployed (9.37 Percentage Points (PP));** ii) **Decrease of 5.13 PP in the occupation Employed;** iii) **Decrease of 2.69 PP in the occupation Students.**



It was also detected that **before** the pandemic, and **after its arrival**, **female participants** not only **perceived higher levels in the Unemployed occupation** compared to those perceived by male participants (**W: From 13.51% to 23.51%; M: From 12.48% to 20.95%**); but that these levels of perception increased more in women than in men (**Increase: W: 10 PP; M: 8.47 PP**).



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### Economic effects perceived by respondents.



**50.9%** indicated that the pandemic affected their economic situation. This perception was higher among women (**53.36%**) than men (**48.59%**) with a **difference of 4.77 PP** between the two.

The **main changes perceived** by these **50.9%** include **reduced income, difficulties in meeting basic needs, and increased cost of living.**



Also, **53.14%** stated that the **current economic conditions are affecting their mental health and emotional well-being**, which will be discussed in more detail in the next section.



These statistical behaviours not only reflect possible **gender-differentiated effects** that would precede the pandemic and, upon its arrival, would have become more evident. They are also consistent with the findings of the regional study **Readjusting the path towards equity** published by IFRC in April 2022, and its **update as of December 2022**.

## MENTAL HEALTH DURING THE PANDEMIC

### Access of respondents to mental health or emotional wellbeing services



**60.53%** indicated **no access to mental health care or emotional wellbeing services**. Also, **58.16%** lacked an **emotional support network**; and **73.68%** indicated that they **did not receive psychological or psychosocial assistance during the pandemic**.



Respondents stated that during the pandemic their **main concerns** have included: i) **Losing a family member or not visiting them (31.08%)** ii) **Loss of income (16.49%)** and iii) **Lack of access to health services (15.84%)**.



Respondents indicated that the pandemic has influenced their **mental health or emotional well-being, food security, and economic conditions** at similar levels as the vaccine.

These data indicate: i) **high demand for Mental Health and Psychosocial Support Services (MHPSS)** to address the socio-economic, mental, and emotional impact of the pandemic; and ii) a **high level of influence** caused by the **COVID-19 vaccine**.



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## INFORMATION DURING THE PANDEMIC

### Perception of respondents regarding the COVID-19 pandemic information



For **90.59%** of respondents, the **information** received regarding the pandemic and COVID-19 has been useful (Very useful: 51.92%; Somewhat useful: 38.67%).

While **digital media** (social media, WhatsApp and YouTube, among others) are the **main channel of information** among respondents, **television and radio** also exhibit high levels of response.



While **digital media** represent the **main channels for implementing RCCE strategies** aimed at building trust in vaccination processes, **television and radio** are **still highly relevant** information channels for delivering key messages, particularly in communities or age groups with low levels of connectedness or infrequent access to digital media.



### Health information interests of the respondents



**Health information interests** can be segmented into two groups: i) **Prevention and health promotion** (70.34%); and ii) **Transmissible, endemic, or seasonal diseases** (28.26%).

In terms of **Prevention and health promotion** (70.34%), specific issues account for: i) Mental health (17%); ii) Nutrition (9.25%); iii) Vaccines (7.43%); iv) Child health (7.18%); and v) Diabetes (6.45%).



Likewise, in terms of **Transmissible, endemic or seasonal diseases** (28.26%), the main areas of interest are: i) Covid-19 (6.82%); ii) Monkeypox (6.31%); iii) Diarrhoea / Cholera (4.03%); iv) Ebola (3.75%); and v) Malaria (3.68%).

This analysis reinforces the relevance of the vaccine as a social enabler during the pandemic and validates the continuity of COVID-19's trust-building work in the vaccination processes.



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### CEA RECOMMENDATIONS AIMED AT BUILDING TRUST IN VACCINATION PROCESSES

- ✓ **Strengthen local RCCE strategies** on prevention, transmission, medical treatment, and **promotion of trust in COVID-19 vaccination processes.**
- ✓ Implement regular **social media tracking mechanisms** (Social Listening) **to detect rumours** that affect trust in the COVID-19 vaccine.
- ✓ **Qualitatively analyse** the systems of **ideas and narratives** that make up these rumours, **to target RCCE strategies to address them.**
- ✓ **Include protection, gender, and inclusion approaches, as well as local cultural sensitivity, in RCCE strategies aimed at addressing these rumours, to target messages** with greater impact on specific population groups in each province.
- ✓ Continue to **disseminate information on vaccination days and points, and to advocate for alternative times or locations.**
- ✓ **Disseminate** culturally and gender sensitive **campaigns** promoting trust in vaccination **through digital media, television, and radio.**
- ✓ **Implement** nationally representative **studies** specialising in **building community trust** in the National Society and in immunisation.
- ✓ **Conduct provincial-level research on livelihoods and MHPSS with a gender focus, to align supply with local demand.** For this, IFRC can provide **support from CEA, Protection, Gender and Inclusion, Livelihoods, and MHPSS.**
- ✓ **Strengthen ongoing community feedback mechanisms** to design evidence-based strategies **to address information patterns that may be detrimental to trust in vaccination.**
- ✓ **Map provincial good practices for dissemination** in regional, global, and inter-agency **coordination spaces.**

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