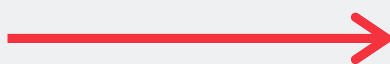
# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)



**February 2023**

**Presentation:** During February 2023, **130** Cholera Perception Surveys were collected in Nippes department by Haitian Red Cross volunteers. Topics addressed include demographics, water, sanitation and hygiene, economic impact, mental health, and community participation and accountability.

This report **provides an indicative input for guiding strategies aimed at building trust in vaccination processes**, in this case, against cholera.

**Methodology:** The Haiti Cholera Perception Survey 2023 was designed based on existing quantitative surveys questionnaires conducted by humanitarian actors in cholera-affected settings woleldwide. Sources include publicly available question banks from: Collective Service, IFRC, USAID, WHO and UNICEF.

Local contextual factors were analysed in the sample design. As a result, a non-probability convenience sampling design was applied on communities previously targeted by the Haitian Red Cross Society.

## Indicative figures

**130** **Collected surveys**

**1** **Visited Department**

**Click to Interim Report: Grand Anse and Sud**

**Click here to access to the dynamic dashboard**

**Restrictions:** Figures presented in this document are not statistically representative, cannot be extrapolated, and do not allow for prospective exercises. Their use is indicative on general topics and contextual matters.

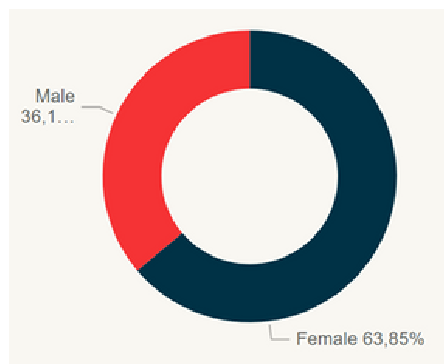
**Disclaimer:** This report does not imply the opinion, concept, data, or position of Haitian Red Cross (HRC) or IFRC. Please, consider this report as an internal document, and an indicative instrument of the opinion of a small portion of the population which may change rapidly. Please, do not share it externally.

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

## Main quantitative findings

### Demographics

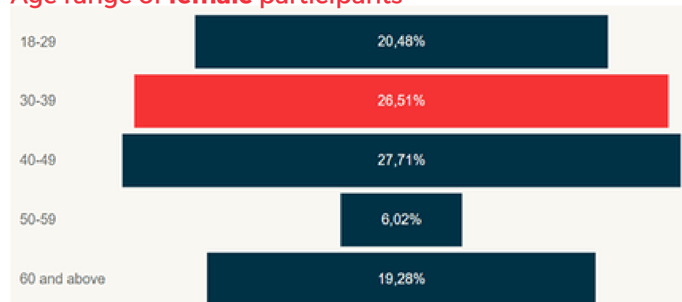



Following the trend observed in the other departments surveyed (Sud, and Grand Anse), women exhibited higher participation **(63.85%)** compared to that recorded for men **(36.15%)**.

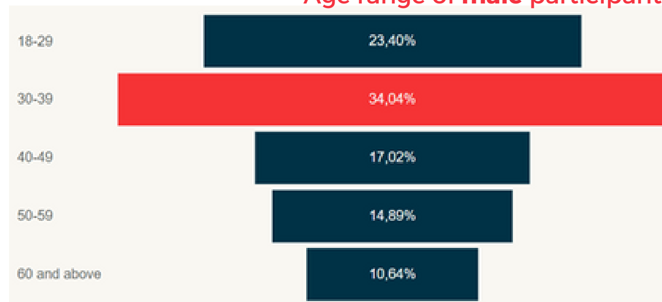
Sample design, and socioeconomic or cultural dynamics may have impacted this concentration.

In terms of age, women **(left graph)** had homogeneous distribution between ranges with a higher point in the 40-49 one **(26.71%).** Men **(right graph)** showed marked concentrations and its peak in the 30-39 range **(34.04%)**.

Age range of **female** participants




Age range of **male** participants



### Connectivity

**Women** with **no mobile phones** represent **18.46%** of participants, and of these, **75%** are **over 40 years old**; while Non-mobile phone-owning men account for **9.2%.** Furthemore, **57.7%** of respondents **lack any internet connection** (Women 36.9% - Men 20.8%)

Of the respondents who **do not take action to improve the safety of drinking water**, or **who did not answer** this question: i) **10%** are **women** with **no mobile phones**, and **0.8%** are men; and ii) **17.7% lack internet access** (Women: 14.62% - Men: 3.08%).

These findings are **essential** in **defining** key **messages**, their **media channel**, and the **differential approaches** to be considered. It **encourages the use of communication channels apart from mobile phones and internet**

Click to Interim Report: Grand Anse and Sud

Click here to access to the dynamic dashboard

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

### WASH (safety, sources, cooking, and handwashing water)

**81.58%** of respondents take actions to **improve the safety** of their **drinking water**. The remaining 17.54% who do not take such actions is made up of 12.28% **women** (mostly concentrated **between 30 and 49** years) and 5.26% men.

Overall, **Aquatabs and chlorine solution** are the main measures taken. Nevertheless, in **women aged 30-49** years, Aquatabs and **boiling the water** remain the primary measures.

The proportion of **men (84.44%)** who **care for the safety of their drinking water**, is **greater than women (79.71%).** This finding requires further research, and the alignment of communication strategies, channels, and key messages .

Main **drinking water sources**:

**i)** River, stream, lake, and irrigation canals
**ii)** Spring water
**iii)** Rainwater
**iv)** Public piped water

**Sources vary by gender,** while men emphasise spring water and public piped water, women list river, stream, lake and irrigation canals, and rainwater as their main source.

Age range also set differences among women. **30 to 49 women** point at **river, stream, lake, and irrigation canals** as their main source, while **18 to 29 women** list p**ublic piped water** as theirs.

Respondents list as main **sources for cooking and handwashing** rainwater, followed by river/stream/lake/irrigation canal. **This list remains** in the overall figures, and for women aged 30-49, but **varies for women aged 18-29** (Spring water, unprotected; Rainwater) **and men** (Man: Rainwater; Spring water).

**Women** aged **18-29** once again **exhibit distinct behaviour** compared to women aged 30-49, as do men. **Recommendations** include **leveraging in CEA approach** the statistical heterogeneity detected; and **jointly analysing statistics with field staff**.

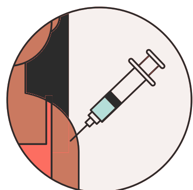
**Click to Interim Report: Grand Anse and Sud**

**Click here to access to the dynamic dashboard**

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

### Vaccination against cholera (information and trusting)



**50%** of participants **have heard** about the **cholera vaccine**, while 48.44% have not, and 1.56% do not know how to respond. **Of those who have heard** about the cholera vaccine:

i) 6.35% have received it, and **92.06% have never received it.**
ii) **54.84% would receive** it when available and recommended, 35.48% would refuse it and 8.06% do not know.
iii) **85.71%** have a **low** level of **trust**, and **14.28% trust in it**.

**Those who have not heard of it were not asked** about their vaccination record or their trust in it. However, it was found that **when it is available and recommended 43.55% would receive it**, 25.81% would refuse it and 29.03% do not know yet. **Main refusal determinants** to a potential vaccination can be grouped into:

i) Fear of the pain caused by syringes and needles **(although the vaccine is not administered by injection but orally).**
ii) Distrust of the vaccine due to lack of knowledge of how it works, what it consists of and/or its side effects.

When participants were **asked if they would give the cholera vaccine to their children** when it is available and recommended, **44.62% would**, 26.92% would refuse it, 20.77% do not know, and 6.62% preferred not to answer. The **main reasons** for **refusal** are:

i) They **do not trust the usefulness and safety** of the vaccine; and
ii) They consider that **it does not improve their children's health** and, on the contrary, **could make them sick**.

It is encouraged that cholera vaccination messages **address the determinants of refusal or lack of knowledge** in participants. The following examples of questions may guide and facilitate this task:

- What is the cholera vaccine, and is it **given** by a shot or by **oral drops**?
- What **good** does it do **for me or my children** to be vaccinated against cholera?
- Does the cholera vaccine **prevent** me or my children f**rom getting choler**a, **or** is it focused on **reducing** the **severity and intensity of symptoms**?
- Does the cholera vaccine have any **side effects** for me or my children?

Click **to Interim Report: Grand Anse and Sud**

Click here **to access to the dynamic dashboard**

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

## Vaccination against cholera (rumours)

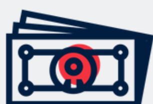
**35.77%** of participants indicate **hearing misinformation, rumours, fears, and stories about the cholera vaccine** in their communities. This is a comparatively **high percentage given that only 50%** of respondents **have heard of the cholera vaccine**.

**Most reported misinformation or rumours are related to spiritual or religious rituals and practices which form part of the local belief systems.**

This could not only **foster stigmatisation** against religious communities, but also **make it difficult to address vaccine-related rumours** given the elevated **sensitivity** associated with spiritual and religious matters, particularly in a **context of high humanitarian and multifactorial complexity.**

Nevertheless, given the **relevant role of belief systems in local social behaviours**, it is recommended to:

i) Research on the **relationship** between b**elief systems and the willingness or unwillingness** to vaccinate against cholera
ii) **Engage the NS leadership in the design** of vaccination key **messages** to **assure** their **strategic alignment.**



## Socioeconomic effects of cholera cases detected

**61.72%** indicated that recent **cholera** case detection has **affected their economic situation**, as they have:

i) seen their **income reduced**.
ii) perceived an **increase in the cost of living**.

When asked whether the recent detection of **cholera** cases has **affected** their **ability to meet their basic needs**, **42.64% do not know** and **15.50% do not respond** (Total: 58.14%). While **24.81%** said it had **worsened** their ability to meet their basic needs.

Click to Interim Report: Grand Anse and Sud

Click here to access to the dynamic dashboard

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

It is highly likely that these concentrations genuinely indicate that **participants are unable to determine** whether or not the recent detection of **cholera** cases **has been a determinant factor affecting their ability to meet their basic needs**, because:

Cholera **adds to other high-impact factors** that also **influence** both the **ability** of communities to **meet their basic needs** and the local **socio-economic** and **humanitarian** context.

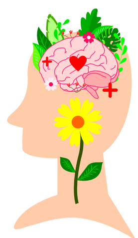
The **language** and **comprehension** of the questionnaire **was validated** through **pilot testing prior** to its **application** in **the field**.

It is recommended that, **when designing CEA strategies** and media channels, various relevant **socio-economic and cultural factors**, as well as local **humanitarian access** and physical **security** conditions, **be considered**.

## Mental health and cholera cases detected

While **only 29.69%** of participants **have access to mental health and emotional wellbeing services** (Women: 25.93% - Men 36.17%), 67.97% indicated that cholera has affected their mental health and emotional wellbeing (Women: 65.43% - Men 72.34%).

Data indicate a **remaining high demand for mental health and emotional wellbeing services** associated with **cholera**, and other **socio-economic** and **humanitarian aspects**.



It is suggested to **engage the internal capacities of the National Society** (Health, Mental Health and Psychosocial Support; Protection, Gender and Inclusion; Livelihoods) **in the analysis** of this hypothesis, with the **resulting evidence informing decision making** on mental health and emotional wellbeing.

**Contracting cholera** is the main **concern** of participants, followed by the **risk of losing a loved one** to the disease. **Inability to meet basic needs** is the third one, being higher in women (24.21%) than men (10.39%). For **participants over 60 years** of age of both genders, the major concern is **losing a loved one to cholera**.

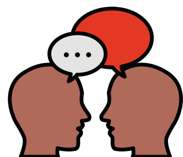
**Mapping these concerns** may be relevant in designing **CEA strategies** aimed at **building trust** in the **cholera vaccine**.

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

## Information acces, and trust in key actors

Participants reported **receiving information** on cholera mainly **through**: **i) Radio; ii) the Ministry of Health; and iii) Community health workers**; and **prefer** to receive this information **in Haitian Creole (97.69%)** or in French and Haitian Creole (2.31%).



**91.34%** found the **information received useful**, and **88.38% was satisfied** at a level with it (Very satisfied: 36.80% - Satisfied: 52%)

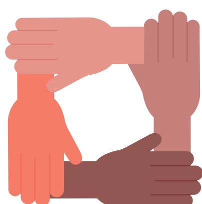
In asking participants about the **most trusted sources of information**, the following were highlighted: i) the **Ministry of Health; ii) radio; and iii) healthcare workers at the community and hospital level.**

Furthermore, the level of **trust in specific actors** was **80.77% for health workers** (Strongly trust: 43.85% - Trust: 36.92%), followed by **religious leaders with 70%** (Strongly trust: 28.46% - Trust: 41.54%), **humanitarian workers with 67.69%** (Strongly trust: 36.92% - Trust: 30.77%), and **scientific staff with 63.85%** (Strongly trust: 30.77% - Trust: 33.08%).

**When designing Community Engagement and Accountability and key messaging strategies, it is recommended to include radio and community media that incorporate health or scientific staff communicating in Haitian Creole.**

## Community Engagement and Accountability (CEA)

**8.46%** of participants are **familiar with Haiti Red Cross Society feedback mechanisms** (Women: 3.08% - Men: 5.38%).



**To increase** this rate, it is recommended to **coordinate with the NS leadership,** technical areas such as Security, Protection, Gender and Inclusion (PGI), Mental Health and Psychosocial Support (MHPSS), among others, Also, is important the **promotion** of the National Society's **feedback mechanisms** during the **transmission of key messages** to the communities.

**Click to Interim Report: Grand Anse and Sud**

**Click here to access to the dynamic dashboard**

# Cholera Perception Survey

## BHA Builidng Trust – Haiti
## Interim report - (June 2023)

**55.38%** of respondents **have received humanitarian assistance** during various emergencies and from multiple actors, and a **39.23%** acknowledged that such **assistance has not met their most important needs**, while **11.54%** stated that **it met their most urgent needs during times of emergency.**

**41.53%** have **felt consulted during the design** of the emergency assistance they receive, **in contrast to 30%** of the respondents.

**66.92%** consider that they **do not have an influence** on the **decisions** made in their **community regarding cholera**. However, **31.54%** say they **do have an impact** on these decisions, which is a relatively **high level given the multiplicity of factors affecting local communities and the complexity of humanitarian setting.**

This represents an **opportunity** for the Haitian Red Cross to continue to maintain its leadership by **encouraging** other humanitarian actors working in the country **to engage communities** when **designing emergency programmes and assistance**, and to demonstrate by example how to **operationally apply the voices of communities.**

## CEA recommendations with operational focus

In **designing** CEA strategies, and defining the key messages to be communicated and their means of dissemination, it is recommended:

Engaging the National Society's internal capacities (Health, MHPSS, PGI, Livelihoods among others) with the objective of delivering the same unified message.

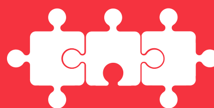
Be culturally sensitive, respect the belief systems of local communities, and include differential approaches (according to age, gender, vulnerabilities among others),

# Cholera Perception Survey

## BHA Builidng Trust – Nippes, Haiti
## Interim report - (June 2023)

Conduct prior an analysis of local humanitarian, socio-economic, cultural, and physical security conditions. This may favour the work without transgressing cultural, social, or belief systems and local community dynamics.

As suggested by the community, deliver messages in Haitian Creole through health or scientific staff, in a style familiar to communities.



Deliver messages through non-conventional means, other than mobile phones. Community radio, community and family networks, and the posting of information pieces at points of community concentration (markets, water collection points, frequently used footpaths, public transport facilities, schools, health facilities, etc.) are recommended.

**Align key messages with:**

**Determinants of vaccine hesitancy [**fear of syringes, and lack of knowledge about the vaccine: (i) delivery; (ii) function; (iii) and side effects in adults and children]

**Participant´s main concerns** (catching cholera, losing a loved one to the disease, and the inability to meet basic needs)

Men (84.44%) taking care of the safety of their drinking water was higher than Women (79.71%). This finding requires further qualitative research at the local level to more efficiently align communication strategies, channels and key messages.

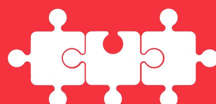
Women aged 30-49 exhibited behaviours that differed from the trend shown by other participants, and it is recommended to analyse these statistics qualitative and with technical and field staff to target key messages more effectively.

# Cholera Perception Survey

## BHA Builidng Trust – Nippes, Haiti
## Interim report - (June 2023)

Conduct local research on the relationship between cholera and/or other health variables, livelihoods, mental health, and emotional well-being.

Promote community feedback mechanisms on a continuous basis and build capacity within the National Society to monitor and operationalise these inputs.



**Monitor the impact of these recommendations**. This includes defining measurable variables, establishing a baseline, setting a target to be achieved, designing an implementation strategy, periodically measuring progress and, if necessary, adjusting during implementation. If necessary, count on technical **support from IFRC's regional CEA team** for the development of these tools.

## If you have any questions, please contact:


**Roméo Nganha - romeo.nganha@ifrc.org**
Delegate - Community Engagement and Accountbility (CEA)
Haiti Country Office

**Carla Guananga - carla.guananga@ifrc.org**
Senior Officer, Community Engagement and Accountbility (CEA)
Americas Region. Health, Disaster, Climate & Crisis (HDCC)

**Virginia Laino - virginia.laino@ifrc.org**
Regional Community Engagement and Accountability (CEA) Strategic Lead
Americas Region. Health, Disaster, Climate & Crisis (HDCC)

### Could you give us your opinion on this report?

**Click here.** Your answers are very valuable to us, as they contribute to the improvement of this document.