Humanitarian sector (international NGO) support to the community in the city of Goma/DRC during the COVID-19 period: expectations versus reality

Roger Paluku Hamuli1 Mateus Kambale Sahani2

1Hope Medical Center, Goma, Congo-Kinshasa,
2London School of Hygiene and Tropical Medicine(LSHTM), London, England/UK, London, England/UK

The Global Health Network

Published on: Jun 16, 2023
DOI: https://doi.org/10.21428/3d48c34a.59334efc
License: Creative Commons Attribution 4.0 International License (CC-BY 4.0)
Background

COVID-19 has been the largest public health emergency worldwide that has disrupted the social life in general and the health systems worldwide. Moreover, DRC is not spared from this worldwide health shock. Declared in DRC in March 2020, the pandemic created fear and stress countrywide affecting the social life in diverse communities including Goma city. Although Goma city has more than 30 humanitarian organisations (HO), it is important to know how they were closer to locals supporting them overcoming this health stress.

Method

Descriptive and analytical study. It is a cross-sectional study, data collected by administered survey questionnaire to general population (non-health professionals and healthcare professionals) of Karisimbi health zone in Goma city/DRC. The study main aim was to understand how community judge support from humanitarian organisations (HO) operating in Goma city to control COVID-19. The sample size was calculated using g-power software v3.1 with large effect size of 0.5, α=0.05, and actual power of 0.95 leading to minimum sample of 80 participants. The researchers have rounded the actual sample size to 100 participants. Sampling method was the probability sampling, precisely the systematic random sampling with interval of 20 households. In addition, data analysis was made using SPSS software v28.0 of 2021. The Khi square (X²) test was used during the analysis.

Results

This study has shown that most participants felt being abandoned by HO when they need them the most (42%), while 36% valued the actions made by them, and 22% judge the actions made as little. This judgement does not have any relation with the age or the gender of participant (X²=8.868, p=0.175; X²=1.19, p=0.552 respectively).

Most participants expected HO to avail hand washing materials in public places such as churches, markets, hospitals, etc. (37%). In addition, a significant number of participants expected more in combination apart of the previously quoted elements such distribution of personal disinfectants, masks, mobile team to answer questions (32%).

Considering what was done, 32% of participants feel that nothing among their expectations was done and 68% feel that only a little from their expectations was done.

Checking readiness for vaccination, 17% are totally ready, 20% moderately ready, 13% slightly ready, and 50% totally not ready for vaccination.

The study has shown that 78% of participants are ready to get explanation on the relevance of COVID-19 vaccine and 22% are not willing to get such talk. Most people trust more local health professionals that they...
know well to get such explanation (29%), followed by expert from WHO or UN (22%), then any local health worker (19%). The HO staff accepted only at 8% in the community to give such talk, and 3% had other views.

Conclusion

Community is the most reliable partner. Few actions done by HO were not seen by entire community due to lack of joint actions. It is important to map community opinions and involve them in action for effectiveness. Feedback from the community should be sought in advance to inform the project planning and implementation. Community opinion leaders should be identified to be involved in the planning and implementation process.