



Hand washing in Mangina, Beni territory, North Kivu. Photo: John Wessels/ Oxfam

STRENGTHENING THE EBOLA RESPONSE IN BENI, DRC BY PUTTING COMMUNITIES AT THE CENTRE

The United Nations, the Government of the Democratic Republic of Congo, and non-government organizations (NGOs) have launched a large-scale response to the Ebola outbreak in Beni, North Kivu. The dedication of health workers on the ground, volunteers in communities, and those working to coordinate the response, has had a clear impact on the spread of the virus.

However, sometimes fear, misunderstanding, a lack of two-way information sharing and sensitive communication hinder the response. In the last week of August, there were almost daily suspected deaths in communities, despite clear messages to urgently bring sick people to treatment centres.

The Ebola response is coordinated across 10 specialized commissions that meet daily.¹ Every day more than 2,000 people who have had contact with people with the virus (contacts) are visited to check how they are, and as of 30 August, 5,150

‘Since the arrival of professionals, it is clear that there are fewer deaths,’

Justin, Mangina

people have been vaccinated. New treatments are also being piloted, and at regular and orderly checkpoints along the road, temperatures are taken and hands washed. Information about Ebola is very visible in key areas and large efforts have been made to raise awareness of it among community members.

As of 30 August, 77 people have died, out of 118 confirmed and probable cases. While the number of new cases in the original epicentre, Mangina, is going down, in the last week of August there were seven cases in Beni town, and new alerts in Butembo, a town of over half a million people. To date there have also been three cases in Oicha, a town around which the ADF, a deadly armed group, is very active. Fears remain of the virus taking root in these areas or emerging elsewhere, and the next weeks will be critical.

This note highlights some of the issues people are dealing with. It calls for increased focus on listening to and working with communities. It also argues that more could be done to ensure that organizations working on the ground have the funds they need.

WHAT COMMUNITIES ARE TELLING US

Initially people thought the virus was caused by witchcraft, but they have rapidly understood that it is a sickness, and Oxfam's field teams find that most people want to learn more about Ebola and how to avoid it. Communities understand the importance of the vaccine and are asking why the whole community cannot be vaccinated.

Of those affected, 55% are women, according to the World Health Organization (WHO).² But this varies in different areas – and the loss of a woman in the family has an extra impact because of the care they give. In one place, people told Oxfam that 80% of deaths were of women, showing that the impact of losing women is very severely felt.

During a recent awareness-raising session, women listened quietly and attentively until it was time for questions. Then the fear and anger came. Although they had information, they did not trust it: fear of treatment centres and ambulances were far stronger – they are death. They talked of people being forced into them against their will and injected with the virus.

Many people are simply too busy surviving to understand what is happening: one woman who took in her neighbours' children after she died of Ebola, told Oxfam that she was not aware of the virus because she has to work in the fields all day. The beginning of the planting season means that people often spend all day, if not several days, away from home.

The beginning of September is also start of the school year. All schools are to open, including in Mangina, and children are encouraged to enrol; however, women Oxfam spoke to said that they will not send their children. Imagine, they say, if you sent your child to school, she had a headache, they called an ambulance and you never saw her again. Better keep the child at home because you might kill someone if they took your child away and she died. Women also said they were worried that small children, who do not understand keeping clean, would get the virus at school.

'At first, we thought it was witchcraft. We thought it was a spell cast on women because they are the ones mostly affected... Many women have died here, at least 20. They are almost all from the same family. It must be said that in our community, it is the women who tend to the sick people, cleaning them and washing their clothes.'

Angel, Mangina

'The community is afraid of us. We feel alone,'

Yvette, Mangina

'In the space of two and a half weeks, we lost 10 family members, including 8 women: my mother, aunt, my four sisters and a child. We are in shock,'

Justin, Mangina

When the Ebola outbreak was declared in August, people left the neighbourhood where it started, potentially spreading the virus to nearby large towns and villages. The market in Mangina was empty, with people saying that traders no longer came, and that they were afraid to take money from people there. Today Mangina's market, one of the main agricultural hubs in the region, is bustling again. But people say that supporting the many people who have fled from armed groups and are seeking shelter in the village is even more difficult than before, because they are struggling so much themselves. *Moto* taxi drivers who provide the only public transport between Mangina and Beni, were initially shunned in Beni as carriers of the virus. Today, they still ask why they cannot all be vaccinated, given the risks they run.

Meanwhile, violence continues in the surrounding areas. On 24 August, the ADF attacked FARDC army positions 4km from Beni town, and there is a risk that they will seize the opportunity of suspended military operations against them to extend their control. There have also been recent clashes between the national army, the FARDC, and Mayi Mayi groups, making it more difficult for people to farm their land.

'Ebola only adds to the difficulties for traders and residents who already live in fear. We regularly suffer kidnapping attempts and are often attacked in our own homes for money,'

Espoire, Mangina

NO SUBSTITUTE FOR COMMUNITY DIALOGUE

The crucial importance of listening to communities and building a response around what communities are doing, thinking and feeling is now understood. Putting communities at the centre of Ebola treatment and prevention is a lesson that has been hard won in previous outbreaks, but remains challenging to implement.

Health workers and community volunteers are key to this. They are working tirelessly in their communities to find people who have been in contact with Ebola patients, to identify sick people, and to share information about how to avoid the disease and what to do when someone is ill.

When there is no, or incomplete, information and people do not understand the medical response, rumours circulate and they become angry, fearful and frustrated. Before the epidemic was declared at the beginning of August, there was conflict between families because they believed that witchcraft had caused the problems. More recently, there has been conflict when people have been referred to the treatment centre by a third party and against their will. Health workers and burial assistants, who have to daily overcome their own fear, have also been the target of community anger. In the worst cases, six so far, this has led to violence.

'Because I was the person taking sick people to the treatment centre, people got angry at me. They thought it was my fault that their family was dying. They thought we were killing them at the hospital. The families chased me with pieces of wood, insulted and threatened me. They shouted "You kill our brothers by taking them to Mangina."'

Apollinaire, a nurse in a health centre

When things become overwhelming, people say that there is a plot by the government and humanitarian community to exterminate them, and speculate that Ebola is a money-making scam for responders: 'no money, no job'. They also suggest that Ebola is a plot to delay elections planned for December.

Accountability to communities and ensuring sensitivity around specific cases is crucial to prevent misunderstandings and their consequences. Women in one village, for example, told Oxfam that they had referred a woman they thought was drunk to the transit centre, as they had been told to, because she was being sick. An ambulance took her away and they never saw her again. According to them, she was only drunk and they thoroughly regret reporting the case. Confusion over her funeral, including her family not being present, led to demonstrations that resulted in the death of a state agent, the burning of the hospital and a tent for handwashing and temperature checks, and the arrest of many people in the village.

Community engagement is a crucial part of this response and crosses the work of many of the commissions, which itself creates a challenge in a somewhat vertical structure. For example, the Communication Commission is an important forum for feedback, and the involvement of anthropologists in the response is very welcome. It can be more of a challenge to get community feedback from, and share community perspectives across, other commissions such as Surveillance, Contact Tracing, Vaccination and Treatment – and to track that they receive the information, respond to it, and that this response is given back to communities and integrated into ways of working with them. The long hours worked in the field and then spent in commission meetings make it difficult to ensure that this accountability to communities is in place across the response.

The need to respond rapidly at speed and scale has also led to a top down approach to working with communities. Getting messages to as many people as possible, as quickly as possible, has meant there has been less time to listen and provide essential feedback. As the response in initial areas enters a second phase, ways of working need to be adapted to integrate this further and build (back) trust with communities. In areas where the virus emerges, more space should also be given to listening.

Community engagement is also not sufficiently resourced. Only 3.6% of the response budget is allocated to it – despite its importance being a key lesson learned from West Africa, and it being a key tenet of the Grand Bargain. The psychosocial element of the response, supporting survivors and victims' families, makes up only 1.6% of the budget. At the same time, far higher amounts are allocated to coordination and logistics and operation costs, including for MONUSCO, the UN stabilization mission in the country.

More could also be done to share information with communities in areas controlled by armed groups, and to find ways to listen to their questions and concerns. Lessons from humanitarian remote programming, for example, could be used – working with communities to map the best focal points to gather and share information with.

IS THE RESPONSE REALLY FULLY FUNDED?

Donors have been very generous in their response to this outbreak, and the response plan was fully funded within weeks, like the one in Equateur but in contrast to the wider humanitarian response for the country which is only 24% funded, eight months into the year. The government has asked donors not to give more money at the moment. Most of the money has gone directly to UN agencies which, while not usually operational (and obliged to comply with UN Security

'We must start by training ourselves, the leaders, so that we can raise awareness. We are well placed to convey the information to the communities because we know them and they know us. If we talk to our communities, they will understand us.'

Louise, deputy chief

measures, including the use of armed escorts), have deployed large numbers of staff.

This funnelling of funding to the UN creates problems for NGOs, many of which, including Oxfam, have years of operational experience in the area and a wealth of contacts. One donor has told Oxfam that they cannot fund it because the response is fully funded and money should be sought from UN agencies.

Some UN agencies do not have well-established systems in place to ensure a swift flow-through of funding, meaning that agencies have to wait many weeks or months to receive the funding. Many UN agencies also have strict guidelines on funding, and these rarely cover all support costs of International NGOs, or cover the global expertise needed to get the response underway in the best way possible.

It is clear that the response can only be considered genuinely fully funded if all actors who have agreed roles and responsibilities in the response have adequate funding – and this is currently not the case. This means that implementers struggle to respond at the speed and the scale that is needed.

The desire of the international community to fund a single coherent and coordinated response is laudable, but there are unintended consequences. As well as delays in funding to operational agencies, this is also leading to centralized decision making driven by a medical imperative. This means that there is little space for humanitarian perspectives and consideration of the impact of the response on pre-existing vulnerabilities and the humanitarian context. It may also stifle the development of more creative multi-disciplinary solutions and alternative viewpoints, as single agencies are acting as leaders, coordinators, implementers and donors.

RECOMMENDATIONS

In addition to the prevention and medical responses needed to bring a swift end to this Ebola outbreak, Oxfam recommends:

- **Community engagement should be further strengthened.** Communities' concerns should be listened to and addressed; communities should be treated as key actors in the response so that the delivery of services, infrastructure and processes works for them, and the way Ebola affects their wider lives is addressed. The Coordination Commission should immediately and inclusively develop a community engagement strategy that cross-cuts all other commissions. Ways of working should be developed to ensure that there is space for communities to raise their concerns, that programmes are adapted to respond to these, and crucially that the feedback loop is closed. Community engagement needs to be properly resourced. It is time- and personnel-intensive, and facilitating genuine dialogue requires particular communications skills. In order to do this well, rapid scale-up and increased funding is required.
- **A move to a more integrated response.** As the response becomes increasingly established, further strengthening will be achieved by working across rather than within silos, including through the ways of working on community engagement outlined in this briefing. There should be regular time in coordination meetings to reflect on how communities experience the different parts of the response and to make this as holistic as possible from

*'The aid system should anticipate (and, hence, counter) that treatment specialists will first and foremost see a world of patients requiring treatment. In West Africa, one weakness in the way strategy was established, was the lack of other expertise and organisations engaged with the Ebola response in the early stages, and hence a lack of diversity at the decision-making table.'*³

their perspective. More should be done to ensure that the wider impact of Ebola on the community in the longer-, as well as short-term, is a central consideration of all response activities. This includes understanding how Ebola relates to livelihoods and protection considerations, and how it interacts with, and impacts on, the wider context. Ensuring that programmes are safe and sensitive to cultural practices and perspectives should also be further prioritized.

- **Donors should hold UN agencies and the government accountable for ensuring that funds are swiftly received by those best placed and ready to respond.** There should be far more transparency and accountability, with actors funded relative to their operations, and more should be done to ensure that a diversity of actors with roots in communities have an equal voice in discussions. Donors need to be proactive in ensuring that money is distributed where it will have the biggest impact. **They should also directly fund international NGOs, supporting alternative perspectives within the response and maximising a range of expertise.**

NOTES

- ¹ The commissions are Surveillance, Treatment, Laboratory Testing, Communication with communities, Prevention, Psychosocial, Vaccination, Logistics, Security and Coordination,
- ² WHO (2018). Ebola Virus Disease, DRC, External situation report 4. Retrieved from: http://apps.who.int/iris/bitstream/handle/10665/274284/SITREP_EVD_DRC_20180826-eng.pdf?ua=1
- ³ M. DuBois et al. (2015). The Ebola response in West Africa: Exposing the politics and culture of international aid. HPG Working Paper. Humanitarian Working Group. Retrieved from: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9903.pdf>

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