Listening, learning, applying:
From Ebola to COVID-19
Lessons from the Democratic Republic of Congo

Summary

The coronavirus (COVID-19) pandemic is affecting people in many different contexts. While the right to life with dignity is universal, each response to the pandemic must be contextualised to apply humanitarian standards appropriately for that environment. This case study offers examples of good practice.

A community-centred approach by humanitarian actors is critical to reducing the spread of infectious diseases. It builds trust between service providers and those affected. This enables interventions to be co-owned by the affected communities and therefore more contextually appropriate, relevant and effective. Numerous lessons from the Ebola response in the Democratic Republic of the Congo (DRC) have been successfully applied in the response to COVID-19. The need for trust and co-ownership is particularly critical in such a complex operating environment, characterised by displacement, inequity and widening social division.

Key question

How can the **Core Humanitarian Standard** be applied to ensure community engagement and thereby improve the relevance and effectiveness of the COVID-19 response?

Humanitarian standards

Humanitarian response requires effective communication, participation and feedback to ensure interventions are appropriate and relevant (Core Humanitarian Standard **Commitments 1** and **4**).). To succeed in the fight against COVID-19, social norms have been modified to prevent disease transmission. Traditional methods of engaging with communities (such as group discussions or face-to-face meetings) have been modified due to travel restrictions and the need for social distancing.

Ariwara Community, Eastern DRC

Between 2018 and 2020, Eastern DRC was affected by the second-largest Ebola outbreak in the world, resulting in 2,287 deaths. "This created panic, fear, and trauma in the community. Economic activities slowed down and people were afraid to go to the health centre in case they would be infected," reports Sifa Opini Endra of the Multidisciplinary Centre for the Empowerment and Development of Women and their Families (CEMADEF) and a resident of Ariwara. Rumours began to circulate blaming humanitarian workers for bringing the Ebola virus with them and asserting that their interventions would only spread the virus further. The rumours had huge impacts: the population refused to join the Ebola response; young people were preparing to burn down the isolation site; and healthcare providers were threatened.

Poster distribution by P-FIM participants. Photo: Malteser International.

Malteser International has been working in the region since 2000. Through the Ebola response they learnt that if people did not trust them, it was almost impossible that they would trust the Ebola prevention messages. Malteser International therefore piloted and adopted a people-first impact method (P-FIM) approach as a way to build trust during the Ebola response.

"With this community-centred approach we listened to the community in order to first understand the situation of the population, their fears, and the rumours that circulate. Then, we developed activities together with the community. With this approach, little by little, we regained the confidence of the community and the rumours diminished," explains Dr Jean-Paul Uvoyo, Malteser International's regional health advisor.

The adapted P-FIM methodology involved two sessions with around 15 members of the affected population. The first session focused on listening to community perceptions and building an understanding of the context they lived in. This helped the agency staff to gain insights into people's fears and their perception of the virus, and it rebuilt trust. It also helped to identify the starting point for any interventions.

The second meeting adopted a two-way discussion and participatory process to generate designs for a community communication campaign. The community was encouraged to identify what they could do with their own resources and only then was complementary support from humanitarian agencies added to fill gaps. In this second session, people shared their emotions and judgements. People are more likely to share their emotions when a trusting relationship has been established and people are motivated.

Just as Ebola was eradicated, the first case of COVID-19 reached the province, and over 150 cases were reported in the first six months. When coronavirus arrived in the region, Malteser International decided to use the same P-FIM approach.

"Together we identified the behaviours that represented a risk – e.g. shaking hands, not washing hands, gathering in groups – and together with the community we formulated the messages, the place where the messages should be delivered, the timing and the people responsible. Some of the participants became active and helped to prepare and host interactive programmes with the community. Other members of the community were involved in the campaign to distribute leaflets and display images, in door-to-door outreach and interactive radio shows," explained Malteser International's Monitoring, Evaluation, Accountability and Learning Supervisor Antoine Mopepe.

P-FIM participant Jean-Bosco Pario-Amayo, from the Ituri Motorcycle Taxi Association (ATAMOI), cascaded COVID-19 communications to other members of his association. Motorcycle taxi drivers spread public health messages and practices. They installed handwashing facilities in parking areas and informed their passengers, families and fellow association members on how to prevent infection.

Lessons

Responses to pandemics such as Ebola and COVID-19 require community involvement as a matter of priority. It is essential to give voice to the community, listen to community members, understand the context in which they find themselves and make use of their capacities. Only then will the intervention be appropriate, relevant and effective. P-FIM offers an approach that can be effective even in fragile and conflict-affected contexts, while meeting the Core Humanitarian Standard (Core Humanitarian Standard Commitment 1 – Humanitarian response is relevant and appropriate; Core Humanitarian Standard Commitment 4 – Response is based on communication, participation and feedback).

Humanitarian actors must avoid behaving like experts who believe they know everything. Instead, they should act based on ideas put forward by community members and then involve them in delivery of the response. This engagement builds trust and motivation, while strengthening local capacities (Core Humanitarian Standard **Commitment 3** – Humanitarian response strengthens local capacities and avoids negative effects).

Resources
- To learn more about the P-FIM approach, **watch the webinar recording**
- Find resources on the **P-FIM website**
- Read the **Sphere guidance on COVID-19 response**

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