



SECURITY CHALLENGE: COMMUNITY DISTRUST AND RESISTANCE

Recommendations for work in the DRC in the context of the Ebola emergency response 2019-20

In February, an Ebola response team member was assaulted and injured when local residents clashed with healthcare workers after the transfer of an Ebola case to Tako village in Beni territory, North Kivu.



CONTEXT AND KEY CHALLENGES

Using open sources, key informant interviews and data shared by response actors, **Insecurity Insight** has identified the following contextual challenges relating to community distrust and resistance to the response, which have in turn impacted response actors' security and access to affected communities:

- Reports of community members threatening staff members during programme activities are frequent, and often lead to **assaults and injuries**. In many of these incidents staff members are targeted directly.
- Intimidation, threats and violence were frequently reported between February and May and in October 2019 and coincided with intensified intervention efforts due to the increase in reported Ebola cases in Katwa and Butemo, North Kivu.
- In communities in eastern DRC there are widely held local views that the Ebola outbreak was fabricated to benefit business-owning local elites or to further destabilise the region.
- Distrust in vaccinations and treatments affects the willingness of some communities to seek help from healthcare centres.
- Violence and threats affect staff well-being and their ability to provide care. This has also resulted in staff shortages.
- The use of local healthcare staff in the Ebola response can reduce the availability of healthcare staff for other interventions that communities consider to be important.
- Efforts to contain the spread of Ebola are being hampered by widespread community mistrust and resistance to outside help.



SECURITY STRATEGY

Despite the complexities of navigating through different local communities with diverse customs and languages in eastern DRC, which is an area marked by decades of conflict and poverty, the international experience of the 2013-16 Ebola response in West Africa may provide some indications of how local communities can be transformed into proactive partners to tackle Ebola. **An acceptance approach that includes a strong focus on the local community as an active response partner is key not only for access to communities, but also for the security of response actors.**



SECURITY STRATEGY

Response organisations can use three security strategies in humanitarian settings:

- **Acceptance** involves building a safe operating environment through the approval, consent and cooperation of communities, local authorities and other stakeholders in the operational area.
- **Protection** involves reducing risk by reducing the vulnerability of the organisation and its employees, e.g. through the use of walls, fences and armoured vehicles..
- **Deterrence** involves reducing risk by containing external threats through the use of counter-threats, e.g. obtaining armed protection and exercising diplomatic/political leverage.

Most response organisations will adopt a combination of these approaches, based on what they perceive as being appropriate to a particular setting. However, it is important to remember that the behaviour and approach of a response actor will impact future efforts to develop community acceptance, e.g. the use of armed protection.¹



SECURITY RISK MANAGEMENT MEASURES

In the DRC Ebola response, response actors are encouraged to consider the following community engagement activities when developing their security plans and implementing security measures:

- Train all response staff how to effectively conduct community outreach and communicate with community members to build their trust in and acceptance of response actors and activities. Consent from community members is needed to ensure access and improve response actors' security.
- Recruit and train local community members to help build local capacity and support the sustainability of response activities without unduly diverting attention and resources away from other healthcare and humanitarian issues.
- Listen to the needs and concerns voiced by community members. Use the behavioural data collected and analysed by social science research initiatives such as the **Social Science in Humanitarian Action Platform** and the UNICEF-led **Cellule Analyses Sciences Sociales** (CASS) to inform programmatic and security risk management decisions.
- Run regular focus group discussions, dialogue sessions and workshops with community members, particularly prior to entering a community.
- Provide a free, anonymous phone number for community members to report concerns or ask Ebola-related questions. This was successfully implemented in the West African Ebola response.
- Adapt local rituals to the needs of the response so that they remain acceptable to local communities while still meeting health standards. Specialist **anthropologists and social scientists** can help organisations to adapt their response to local cultural norms.
- Respond to other health and humanitarian needs as well as Ebola to help gain local community trust and acceptance. Local communities have cited security and chronic health concerns as being of particular importance to them, and responders' failure to address these concerns can cause resentment, access constraints and insecurity. Ensure that other health interventions are maintained, particularly those related to other communicable diseases and those that are particularly important to local communities such as maternity and pediatric services and healthcare after accidents and during emergencies.



SECURITY RISK MANAGEMENT MEASURES

- Adapt information campaigns to local linguistic and social contexts; keep messages consistent and communicate them clearly.
- Be flexible during response activities and health interventions. Because every community in eastern DRC will be different, do not use a fixed community approach.
- Carry out information campaigns that involve two-way dialogue. Carry out house-by-house leaflet drops and mobilise local radio stations. These efforts must be complemented by others that provide community members with the opportunity to discuss their concerns and ask questions.
- Engage local leaders. Community members often trust local leaders more than those at the national or international level. Individuals with Ebola symptoms may first seek advice from pastors or local leaders before going to specialised Ebola treatment centres.
- Train field staff to deal with communication and language issues and to effectively engage in challenging conversations with community members. Provide guidance on how staff should speak with non-specialist audiences; role-play how to answer difficult questions and respond to hostility from community members. Disseminating this guidance and conducting appropriate training can be challenging, given the complexity of the response and the number of responders involved. Creative and rapid ways of building capacity need to be developed.
- Collaborate with community members to develop the joint ownership of programmes. Provide the community with the tools necessary to be the main front line against Ebola. A way of ensuring that communities are able to take ownership is by recruiting and training members of local communities in order to build local capacity. In the DRC, locals are already playing an important role in contact tracing. The establishment of ad hoc decision-making bodies or boards comprising responders and representatives of local communities is a positive step towards greater community ownership of response activities, with positive implications for responders' access to communities and security.

Security risk management process

To improve the security of response actors and their access to affected communities, organisations should follow a security risk management process that involves the identification of risks and implementation of mitigating measures. Broadly, this involves:

- carrying out a contextual analysis and mapping the actors in each operational area;
- assessing the risks that response actors will face in each operational area (i.e. by carrying out a risk assessment);
- identifying possible risk management measures to mitigate identified risks. These include:
 - measures that prevent the risk altogether (e.g. not operating in a given context);
 - measures that reduce the likelihood of risks occurring (e.g. implementing a curfew for healthcare responders);
 - measures that reduce the impact should an event happen (e.g. evacuation and emergency medical support);
- developing a security plan that incorporates these identified measures and provides guidance for staff on how to implement them through detailed standard operating procedures and contingency plans;
- implementing a security incident information management system through which security incidents are reported, analysed and used to inform improved security risk management measures.



FURTHER READING

The New Humanitarian: www.thenewhumanitarian.org/opinion/2019/12/03/ebola-epidemic-Congo-language-communication

Geneva Call: www.genevacall.org/wp-content/uploads/2019/07/GC-Negotiation-of-humanitarian-access-in-NK_EN2.pdf

ICRC: www.icrc.org/en/doc/assets/files/review/2011/irrc-883-schneckener.pdf

<https://armedgroups-internationallaw.org/2019/02/18/engaging-armed-non-state-actors-on-the-protection-of-health-care-some-promising-steps/>

RefWorld: www.refworld.org/pdfid/57e92e4d4.pdf

CSIS: www.csis.org/analysis/north-kivus-ebola-outbreak-day-90-what-be-done

CSIS: https://csis-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/120125_Rubenstein_ProtectionOfHealth_Web.pdf

Acceptance Research: <https://acceptanceresearch.files.wordpress.com/2012/01/acceptance-toolkit-final-for-print-with-notes.pdf>

AWSD: https://aidworkersecurity.org/sites/default/files/AidWorkerSecurityReport_2013_web.pdf

EISF: www.eisf.eu/news/community-mistrust-why-the-drcs-ebola-epidemic/

OTHER DOCUMENTS IN THE SERIES

1. *Introduction to delivering aid and emergency healthcare in insecure settings*
2. *Introduction to Security Risk Management*
3. *Security challenge: Non-state armed groups*
4. *Security challenge: Community resistance and mistrust*
5. *Security challenge: Arson attacks on healthcare facilities*
6. *Security challenge: Abduction of health workers*
7. *Security challenge: Sexual violence and abuse*

RESOURCES OFFERED BY INSECURITY INSIGHT

Mailing list

- Sign up to receive all the *latest news and resources* from Insecurity Insight.

Reports

- *Monthly News Briefs*: These provide briefings on safety, security and access incidents that affect healthcare workers, infrastructure and services around the world. They are compiled from open sources with links to the original information where possible, and provide a summary of WHO SSA-reported events.
- *Attacks on Health Care in the Context of the Ebola Response*: This provides an overview of reported verified submissions from Insecurity Insight partner agencies and open-source incidents affecting the delivery of healthcare in the DRC in 2019.

Datasets

- *Attacks on Health Care in the DRC during the Ebola Response*: This dataset contains verified submissions from Aid in Danger partner agencies and open-source data on incidents affecting the delivery of healthcare in the DRC between January 2018 and November 2019.

Podcasts

- *Humanitarian Incidents podcasts*: These constitute a series of conversations with experts discussing how to understand, manage and use information on incidents, and how this can improve organisations' risk management procedures and access to crisis-affected populations. Developed together with EISF and RedR UK.

Handbook

- *Security Incident Information Management (SIIM)*: This guidance handbook and tool kit shares best practice, guidelines, tools and recommendations to enhance organisational security incident information management. Developed together with EISF and RedR UK.